

Adolescent Students and Their Experiences of Dealing with Pregnancy: A Mexican Mixed-Method Study

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ABSTRACT

In impoverished communities in Mexico, most adolescent mothers do not attend school; but typically, they become pregnant once they dropped out. Understanding the experiences of adolescents who have had a pregnancy and continue in school is complicated since few manage to do it. The goal of this study is to describe experiences within the family and school context and plans for the future of a sample of Mexican students who have had a pregnancy. We analyze information from the questionnaires of 68 women and 44 men and interviews to 6 women and 5 men. First intercourse was at age 15 and first pregnancy at 16; 39% of men and 57% of women already have a child; 54% of men and 19% of women work and study simultaneously. Dropping out because of a pregnancy/marriage was reported by 41% of women and 14% of men. The support of family and teachers is crucial to stay in school; but the institution remains indifferent to their plight. The immediate needs easily defeat their aspirations. It is fundamental to acknowledge and notice the experiences of these vulnerable young people in order to design focused strategies promoting their success in adult life.

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1. INTRODUCTION

In Latin American and the Caribbean (LAC), 18% of women between ages 20 and 24 get pregnant before they are 18 years old. In Mexico, there are 87 births per 1,000 women between ages 15-19 [1] and it is estimated that 52% of sexually active adolescents between ages 12-19 have been pregnant [2].

Pregnancies in adolescents are a consequence of the interaction of a set of factors [1]. The persistent levels of poverty and inequality existing in LAC and their connection with low educational levels; and the continued existence of traditional gender roles, are a barrier to the reduction of adolescent fertility [3]. Today we know that in Mexico and LAC, adolescent pregnancy happens mostly in low socio-economic strata; from this social reality, this event is not always seen as a problem or constraint [4],[5]. In impoverished communities, most adolescent mothers do not attend school, but typically, they become pregnant once they have dropped out. This has been reported in more than 70% in Mexico [6]. This suggests that social disadvantages precede the pregnancy and that frequently, the educational plans are not priority [5]-[7],[8].

In smaller numbers, pregnancy also occurs among a group who are still studying; but according to national data, 60% of those who were studying at the time of their first pregnancy dropped out of school [6]. Among female students between ages 12-19, less than 1% have had a child compared to 25% of those who do not go to school in Mexico [9]. A common pattern is the abandonment and re-integration into the school, which could be linked to their absenteeism during pregnancy or birth and to the trouble in taking care of the

children in general [8]. These adolescents generally have a limited educational achievements compared to their peers who have not been pregnant [10].

With respect to men, the main reasons for dropping out of school are linked to causes that are different from the birth of a child: while at the national level 12% of women drop out of high school due to reproductive issues, 2.3% of men drop out because they got someone pregnant [11]. However, research on adolescent pregnancy (AP) that focuses on the experiences of male adolescents is particularly scarce. AP is a topic largely explored in LAC. However, previous researches have typically used a traditional framework according to which a pregnancy unavoidably leads into school dropout [12],[13]. Consequently, research on educational trajectories in case of motherhood/fatherhood is limited [14].

An additional challenge emerging from previous research is that the interest has been focused particularly on early motherhood and not on the whole experience surrounding a pregnancy [6], including those of men. This means that the experiences of adolescents that are going through a present pregnancy or those who faced a miscarriage or an induced abortion are not acknowledged, which in turn may result in the omission of aspects that are relevant to understand decisions made during this stage of life. A pregnancy in itself is an important event in reproductive health and thus exploring the experiences of adolescents with a history of pregnancy (HP), being that it ends or not in the birth of a child, would allow reflecting on barriers faced in their daily lives that can affect the successful culmination of their studies. Complementary, it can contribute to shed light on aspects that helped them to stay in school. This is relevant for the LAC region where AP is a current problem closely related to low educational and professional opportunities.

The goal of this study is to contribute to this theme, by describing characteristics related to the family and school context of Mexican male and female students who have had a pregnancy. The aim is to learn about their experiences, interactions and organization within the family and school and also to explore their perceptions on their possibilities for the future.

2. RESEARCH METHOD

This research derives from an exploratory mixed-method (quantitative-qualitative) study with adolescents from eight public schools in central Mexico (2010). We used an exploratory sequential design in which students responded first to a survey and then some participated in an interview to explore in more detail aspects reported in the questionnaire. That is, the quantitative data served as the basis for the selection of participants for the qualitative component. This study focuses on the sample of adolescents reporting a history of pregnancy (HP). The study was approved by the Research, Ethics and Biosafety Committees of the Mexican National Institute of Public Health.

2.1. Population and Sample

The population is formed by students with a HP in public middle and high schools in the state of Morelos and in Mexico City. We chose Morelos and Mexico City because they are geographically near, however the former has a higher degree of marginalization and adolescent pregnancy (AP) prevalence similar to the national mean (18%), while the latter has a lower degree of marginalization and a lower proportion of AP (16.5%) [15],[16].

We selected eight schools using a purposive sampling and guided by the following criteria: a) middle or high school level; a) accessibility and geographic proximity between schools; b) location in urban zones ($\geq 2,500$ inhabitants); c) fewer than 1,000 registered students and c) schools with general or technical education schemes. In Mexico, middle high school is compulsory and includes the 7th-9th grades (students between 13-15 years old), while high school includes grades 10-12 (students are mostly 16-18 years old). We chose general or technical education because they enroll most of the students. Four schools in the central-southern zone of Mexico City were selected, while in Morelos schools were selected from the northern zone (Figure 1). Principals were contacted to invite them to participate in this study.



Figure 1. Map of samples places selected: Mexico City and Morelos

2.2. Ethical considerations

Prior to the administration of a questionnaire, the students were explained the objective of the study and participation required of them. They gave their verbal authorization through an informed consent form. Also, we notified the parents about the study by an information leaflet sent to them. We also posted information of the survey within the schools. Parents were given the opportunity to deny their consent by returning a signed form informing about the withdrawal of authorization. This did not happen in any case. Adolescents that participated in the interview were asked again for their informed consent.

2.3. Instruments and data collection

2.3.1. Quantitative component

We designed an anonymous and self-administered questionnaire that was administered during school hours and directly in the classrooms. In high school, all men and women in the three academic grades were invited to participate, while in middle high schools only those in the third year. No student refused to participate in the survey. A total of 3,858 students were surveyed. At the end of the questionnaire, we included an invitation to participate in an interview to talk more about the topics of the questionnaire, and it was asked that those who were interested provided contact information. It was clarified that not all of the students interested in the interview would be contacted. To keep information anonymous, the name and contact information collected from questionnaires were entered in a different data base.

The questionnaire was designed to gather data regarding sociodemographics, school, family and sexual behavior. Regarding HP, adolescents were asked: 'Have you ever been pregnant or have you gotten a girl pregnant?'. Those who answered 'Yes', and those who specified that they already had a child were considered to have a HP. A total of 112 adolescents (2.9%) reported such an event, independently of whether it ended in an abortion/miscarriage, the birth of a child or a present pregnancy.

2.3.2. Qualitative component

Among adolescents with a reported HP (n=112), almost 50 showed interest in the interview, however not all provided complete contact data. Because it was not possible to interview all of them, we decided to look for cases with similarities in their responses regarding the pregnancy outcome (already have a child or not). We identified 15 to 17 teenagers who could potentially be interviewed and who provided complete contact data, and from these 11 were interviewed. We intentionally looked for a similar number of men and women. Although we identified different HP stories during data collection, we observed that the point of theoretical saturation was reached in the themes that were of most interest for the study [17] (i.e. experiences of pregnancy, marital and housing situation and plans for the future). The interviews had a semi-structured format, providing space for spontaneous narration. These were 45 minutes long in average and were carried out by trained personnel and in school settings, guaranteeing the informants' privacy. The interviews sought to deepen information on the experiences in relation to pregnancy, expectations for the future and to complement information from questionnaires.

2.4. Data management and analysis

Information from the questionnaires was systematized in a data base while information from the interviews was self-recorded and transcribed into text. The analysis of each type of data was done independently. For the quantitative data, descriptive statistics were obtained for the sample of students reporting a HP (68 women and 44 men). The analysis was done stratified by gender. For the qualitative data, we performed an inductive and interpretative analysis on the testimonies of six women and five men, using the basic elements of Glaser and Strauss' Grounded Theory [18]. The data was organized by themes resulting from the code typology created since the design of the interview guide and adjusted throughout the coding and re-coding process, in an exercise where work was done in pairs of researchers. The findings from both the quantitative and qualitative analyses were then integrated into general themes. For most of the topics, we used the qualitative data to corroborate, interpret or extend the findings from the quantitative analysis. However, for some specific topics, the qualitative data guided the findings since some themes were not fully explored on the questionnaires e.g. plans for the future.

3. RESULTS AND ANALYSIS

The reported prevalence of pregnancy within the sample of students from Morelos and Mexico City is shown in Figure 1. As expected, most of the cases of pregnancy were among students in high schools. Since we found variations in their living arrangements and living status, the interviewees were grouped into three categories: A= are adolescents that currently live both with a partner and their parents; B= live with a partner and in-laws and C= live with parents and without a partner.

3.1. Socio-economic context

The socio-demographic characteristics of the surveyed adolescents are shown in Table 1. Most of them lives with mother; their parents are married/cohabitating.

Table 1. Sociodemographics and reproductive behavior of adolescents with history of teenage pregnancy

		Male n=44 (%)	Female n=68 (%)
Mean Age (SD)		17.2 (2.35)	17.3 (1.94)
Lives with	Mother	83.7	73.5
	Father	67.4	50.0
	Siblings	76.7	67.6
	Partner	13.9	26.4
	Other family members	44.1	49.9
	Other people different from family	0.0	5.8
Marital status of their parents	Married/cohabitating	72.7	50.0
	Separated/divorced	13.6	32.3
	Other	13.6	14.6
Father or mother achieved studies of high school or more		65.1	45.5
Adolescent history of a paying job		76.1	62.6
Number of hours per week designated to paid job**			
Not currently working		45.1	80.4
10 or less hours per week		22.5	12.2
11 or more hours per week		32.2	7.3
Adolescent works in some family business or activity without payment		11.9	10.4
History of teenage pregnancy (≤ 16 years old) among family members*			
Father or mother		9.1	17.6
Siblings		9.3	11.7
Adolescent felt pressured to have first intercourse		9.8	14.0
Average of age at first intercourse (SD)		14.8(1.66)	15.3(1.35)
Contraceptive method used during fist intercourse*	None	40.4	33.8
	Condom	52.3	52.3
	Emergency contraception	7.1	10.7
	Other	7.1	3.08
Average number of sexual partners (SD)		6.3(7.48)	2.2(2.19)
Average of age at first pregnancy		16.7(1.70)	16.2(1.64)
Number of pregnancies	1	80.6	94.7
	2 or more	19.3	5.3
History of abortion sometime in their life		47.2	24.1
Already have a children		38.6	56.7

*Each response option is treated as an independent variable (yes / no)

**Among those reporting history of paid job

The description of the interviewees is shown in Figure 2. On average, men and women are 17 years old. Among men, 9% report a HP in their father/mother and also 9% report it in a sibling, compared to 17% of women who report it in their parents and 11% in a sibling.

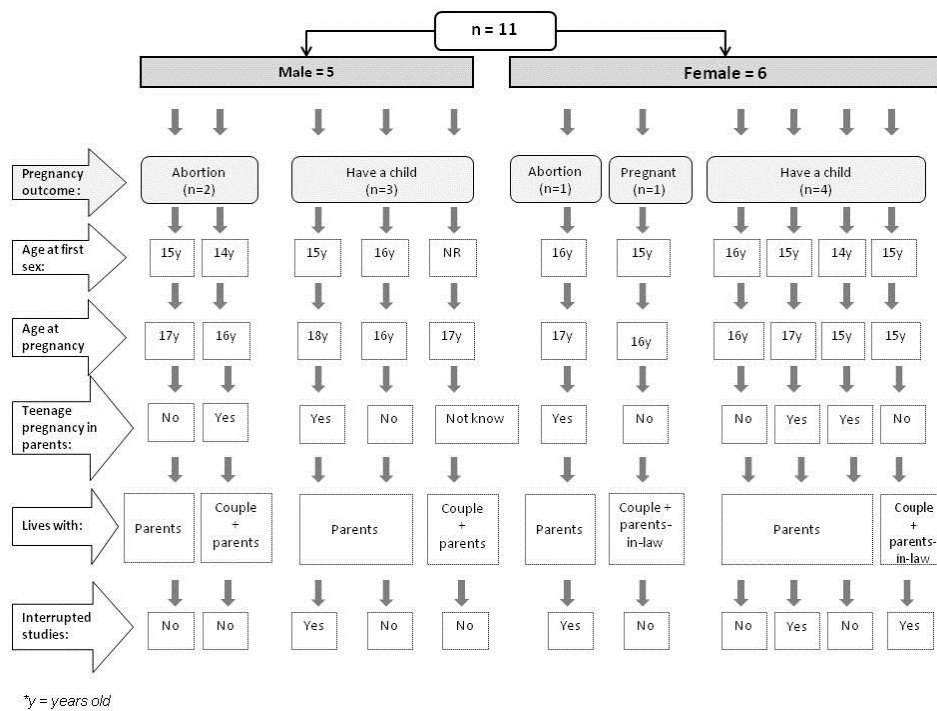


Figure 2. The interviewees

In addition, we can also see from the interviews that similar experiences are present in other close relatives, showing that an AP can be perceived as a common event:

Q: Generally speaking, how many cases do you know [of adolescents with a HP]?

A: Uhhh, there are really many, only in my family, we may say, for example, my uncle has four daughters and three of them had the same experience, and other...well, wow! There are quite a few... (Woman_A).

Most adolescents have had a paying job. Currently, 54% of men and 19% of women work and study simultaneously:

I'm still in high school. I work in the afternoons, in a cell phone business. I did not drop out of school. She (his partner) did drop out because of the pregnancy and the baby, but we have not talked about whether she wants to get back or not (Man_A).

Q: And how did you manage with school, when you got pregnant?

A: Well, I continued to go in the morning and in the afternoon I went to the store [where she worked], I did part of the homework and then later, in my house, and that's all, ...it's hard because there are moments when I have a lot of homework and, well I also want to be with my baby, so it's like sometimes it gets complicated (Woman_C).

3.2. Sexual behavior and reproductive life

Ten percent of men and 14% of women felt pressured to have their first sexual relation and only half of the men and women (52%) report the use of a condom. In a general manner, adolescents acknowledge the use some contraceptive method; however, they do it irregularly: *We started to have sexual relations and sometimes we were careful and sometimes we weren't (Woman_B).*

From the first sexual relation to the time when they got pregnant, at least a year went by. Accordingly, the first sexual encounter on average happened at age 15, while the first pregnancy was at age 16 (Table 1 and Figure 2). A total of 39% of men and 57% of women already have a child, while the rest report a HP. Most report having had only one pregnancy, although 20% of men have had a pregnant girlfriend in more than once. Also, 47% of men report a history of abortion or miscarriage in his partner, compared to 24% of the women (table I). While we did not differentiate between induced abortions or miscarriages in the questionnaire, some narratives from the interviews show that both events can be a possibility for these adolescents. One interviewee expressed his shock when faced with his partner's miscarriage: *'It was something sad, but for me it was a like a relief'*(Man_C). Others considered the termination of the pregnancy but did not go through with this idea due to fear:

We thought about an abortion, but my girlfriend did not want to have an abortion. We were talking about it for around three weeks. Well, to give the baby up for adoption or to have an abortion, that is all...well, the first [option] was to have the baby, the second was adoption and the third was to have an abortion (Men_C)

3.3. Marital and housing situation and family context

Although most adolescents still live with members of their nuclear family, 14% of men and 26% of women live with their partner (table I). There are, however, cases when the girl decides to continue with the pregnancy and the man does not want to take on responsibility for the child or to get involved:

Q: And he has never wanted to meet the boy?

A: Girl [...] Up to now, he hasn't; on the contrary, he's even going out with another woman [...]there you see the love he didn't have (Woman_B)

The experiences of adolescents who are currently cohabitating with a partner allow seeing that once the couple gets together, they don't always become independent. This process, which usually happens under the influence of the parents, implies a process of adaptation:

It has been hard for me to adapt. When I saw him all day I would get a bit tired of him; imagine how it is now when I arrive and sleep with him and stay with him all day ...but also it is nice, a little hard ...up to now, I haven't had a very serious problem ...I get along very well with his family (Woman_B).

Since usually the woman goes to live in the man's house, the situation becomes more complex; besides having to learn how to live with a partner, she has to behave like a 'visitor' and to carry out multiple new tasks in a strange home. The next testimony of a woman shows how this new dynamic affected her to the point where she just became a 'lamb', meaning that she became submissive following everybody's instructions:

Well, yes, it was hard; I went to live with him, it is another world, totally different with his parents, because we are kids, aren't we? Seventeen years old, and like many, we don't know how to wash the dishes or do anything, and you have to learn everything and put up with everything because it's someone else's home, right? So I didn't have anywhere else to go ...and well, I was kind of bummed out, all by myself, because I asked for it ...as a daughter-in-law well, I had to hurry up and help and cook and iron and...well, I didn't really know how to do it, but I was so down that I became a lamb (Woman_C).

Although there are still diverse experiences involved in the formation of a couple, most of the union happens as a consequence of the pregnancy. Some start with hope but the conditions of their daily living melt away the romantic ideas. Among other factors, this explains why many of these unions end in an early break-up, which nevertheless, may help them go back to school:

Well, it's that the first year he gave me everything, it was honey, until one time I woke up and saw myself and said: no ...I got tired of not being able to give what was needed and I didn't want to be like any old woman, I wanted to study, I didn't want to be like his mother, a housewife all her life (Woman_C).

Multiple causes go along with this type of fragility in the relationship; a common case of early break-up may be found in situations where there was an abortion or miscarriage. A testimony of a man shows that he perceived the union as an obligation, due to the pregnancy, but since the loss of the baby he finds no sense in his partner living with him:

Until now we lived together [after the miscarriage] I felt it [mentions thinking about it]: if you no longer have anything, better go back to your house – but I've never said it. I don't know how to tell her (Man_A).

However, not all adolescents choose to live with their partners and some continue their relationship while living apart. In some cases the man is allowed to make periodic visits: *'We live separately, she in her house and I in mine. But on weekends I always go to stay with her, take care of her and be with her' (Man_C)*. This situation is not always an option for them but a decision made by their parents to ensure that they both continue with their studies or because they disapprove the relationship:

Her parents didn't want me to see her, that is, I give her money and everything, my parents help out, but unfortunately, I don't live with her nor with the baby. And well, the truth is that I don't feel good about it because I've only seen her about 3 times, but her parents don't want me even getting near her. I don't know what to do to be by her side (Man_C).

Thus, there are different reactions from the family when facing a pregnancy. In some cases, this support is what allows enduring the situation; in others, the lack of it or the adversity, in which they live, end by making the situation more difficult.

3.4. Experiences with school and studies

The average grade in the previous academic year was seven (on a 1-10 scale), with women having the greater number of failed courses. Almost four in 10 women point out that they have dropped out of school at some point. In men, the percentage is more than double (83%). Dropping out specifically because of a pregnancy or marriage is more common among women (41%) who, when faced with the difficulties of pregnancy and/or motherhood, have to abandon their studies for an indefinite time in order to go back to them later on (Table 2).

Table 2. School context and academic performance of adolescents with history of teenage pregnancy

	Male n=44 %	Female n=68 %
Received some type of scholarship on the last three months	30.3	50.0
Time distance between house and school		
Half an hour or less	31.8	38.2
Between half an hour and one hour	47.7	42.6
More than one hour	20.4	19.1
Main mode of transportation to get to school		
Walking	29.5	20.5
Public transport	61.3	76.4
Car or motorcycle	9.1	2.94
Average of school grades during last academic year (SD)	7.74(0.84)	7.82(0.77)
History of subjects/courses failed during last academic year	52.2	53.7
Number of subjects/courses failed**		
1	47.8	22.2
2	21.7	33.3
3 or more	30.3	44.4
History of school dropout (at any time)	83.7	37.3
Reasons for dropping out of school* · ***		
Economic problems	14.2	4.2
Decided to start working	14.2	8.3
The school was far from home	0.0	4.2
Didn't like to study	0.0	0.0
Didn't like the school or teachers	14.2	8.3
Expelled from school	-	4.2
Marriage/Pregnancy	14.2	41.6
Other	42.8	25.0
Desired educational level		
High School	9.1	8.8
University studies	31.8	23.5
Postgraduate	59	67.6
Perceived benefits of studying		
Find a well-paid job	63.6	73.5
Gain money	59.0	42.6
Meet new people	4.6	4.4
Obtain knowledge	25	27.9
Gain respect from others	9.1	2.9
Make parents feel proud	36.3	41.1
In general school is		
Interesting/funny	84.0	88.2
Boring or cause laziness	20.4	4.4
Does not care about school	9.1	8.8
Satisfaction with school		
In satisfied	61.3	64.7
Satisfied	38.6	35.2

*Each response option is treated as an independent variable (yes / no)

**Among those with history of failed subjects

***Among those with history of school dropout

Two of the interviewed women had previously stopped studying and during that time they got pregnant. As a consequence of motherhood, they became interested in continuing their studies:

I dropped out after middle high school, because I still had a course pending in that time I dropped out, and that was when I got pregnant ...I already had [the baby] and had to face what's coming. I couldn't find a way to start studying. I started school in an open system (GED-type program) and it's really too hard. [Later] I got a chance to get in here, but it was pretty complicated, because of the girl ...the problem was with my schedule, that is, what about my daughter? Where will I leave her in the meantime? (Woman_A)

In the case of men, dropping out because of a pregnancy is less common (14%), since it does not interfere with their school activities, particularly when the pregnancy does not come to full term and/or they do not live with their partners. Dropout due to financial problems, starting work and lack of empathy from professors, are just as frequent as dropping out because of pregnancy or marriage (14%) (Table 2).

The role of the family network is crucial in helping adolescents stay in school. They provide financial support and/or support in taking care of the baby:

My mother supports me [financially and with taking care of the baby] and on days when she works, my father's mother takes care of the baby, before, my sister would get out of school early and she would stay with the baby (Woman_C).

We spoke about it with my parents and they took it well and supported us and it's that, before all this happened, I had a job, not a good or bad one, but I had work. Then they told me to take care of my job, that's all: don't lose it and do your best (Man_C).

Although some men can work and study, for most of them this is practically impossible. In this condition, the financial support given by parents is fundamental since without it they would have to drop out when family sustenance becomes a necessity:

If you don't have sustenance and if you don't have your parents' support, it's very complicated ...or if you don't get along with your family and there's no support [For this reason] I know friends who have backed out (Man_C).

The testimonies of women state that, in their case, parents agreed to their continuing with their studies and this helped them go on. Only one said that her mother didn't want her to go to school, but she kept going anyway.

Also, the support that school and teachers give is very important to prevent drop out. This support is manifested when they allow adolescents to skip school during the birth and postpartum periods, as well as giving them extensions to deliver homework or evaluating in a different way:

[the teachers] gave me a month and a half. I'm still with my parents and I stayed there a month to recover. Later on I went back to school and actually, school was about to end and vacations were starting soon, and I only went to see the teachers and deliver my work and take some exams (Woman_C).

There are teachers who tell you: "not to worry, give me your e-mail address, I'll send you the homework and that's how we'll evaluate you" (Woman_C).

However, they also mention that there are professors who are not supportive. Although they are not blocked from studying, the institution remains indifferent to their plight; in some cases they are told to take a temporary leave of absence, which often leads to a definitively dropout.

3.5. Expectations and plans for the future

Thirty percent of men and 38% of women state that they are afraid or uncertain with respect to the future. Most of them (80%) prefer making plans for the future, while 20% say it is best to wait and let the future define itself (men and women).

Male and female adolescents (91%) say that it is very important for them to reach a high level of studies and practically all of them (95%) perceive that their parents have expectations for them to get a University's degree. However, in some cases, their own view of the future is not always to become a professional, but to at least have a good job:

'Well, because it is better for me and for my son. I had only finished middle high school. Even for a job, even to be a waiter, they require at minimum high school level' (Woman_C).

So, when looking into their future plans, only 2% point out that they have not thought about that or else they state an ambiguous plan. The rest mention expectations centered on the academic sphere: 30% of men and 38% of women see that in the next 10 years they will be doing a job that will require professional studies (law, medicine, psychology, etc.), while 14% and 20% respectively imagine themselves working, without specifying an occupation. For some, their aspirations may be ambitious; however, the reality of motherhood/fatherhood limits them and keeps them away from their wishes:

Q: What were your plans?

A: Well, suppose my life project now is to be a football player and well, the first thing they told me was [when he told his parents that his girlfriend was pregnant] that I wasn't going to be able to play, that I was no longer going to be able to be in school, and things like that, and they actually told me to look for a job, but that anyway, they would help me with whatever I needed, but not just to put out my hand [to receive money] but to make an effort (Man_C).

Q: What did you want to study afterwards?

A: I wanted to study medicine. I don't want to do general medicine, but I want to specialize in gynecology and obstetrics ...but since I fell behind [3 years], well it seems difficult (Woman_B).

For the future ...now I will finish high school, I'm going to take the exam and I hope to stay in some university and if I do, I want to study medicine and stay in psychiatry and in case I didn't stay - though I'm not going to give up right away - well a beauty course (Woman_C).

The experience of motherhood makes them sensitive and awakens new aspirations in the case of women. The desire to be a good mother, the desire to help other women and face the scarce training with which they have to deal with daily life, makes them think differently:

I'm interested in several careers, but I have to see. My plan is to get into university and study nursing. Study nursing, since in the first year it's general, I want to get a degree in obstetric surgical nursing, who are the ones in charge of pregnant women, it's what I'm attracted to now, pediatric nurses. When my son was born he had a complication, I had a caesarean, the birth was complicated... (Woman_C).

Narratives like the previous ones show scenarios and limitations faced by these adolescent men and women who had an early pregnancy. In Mexico, AP may be seen as a relatively common event; especially in marginalized localities. However, understanding the life experiences of those who are still in school is a complicated task, since few manage to do it. Frequently, early pregnancy is, particularly in the case of women, the result of scarce opportunities and the contextual conditions of gender inequality; conditions that make it unimportant to delay motherhood [5]-[19],[20]. This is a reality from which we must start when analyzing the situation of adolescent mothers and fathers.

Findings from the research herein presented show that the relation among pregnancy and educational achievements is not lineal and that dropping out of school is not the only unavoidably option for students facing a pregnancy [13]; however overcoming the challenges that arise from this condition will depend on the resources and opportunities that are available to them, including school, family and partners. Getting back to school will not automatically translate in their successful integration and the culmination of studies, since the road now is fragile and molded by the demands of a child [8]-[21] and/or a family. Their educational path, linked to temporary interruptions and re-entries in different modalities of the educational system (regular or GED-type system) is also a common precedent in the trajectories of these students, which impacts in their educational achievements.

The occurrence of a pregnancy involves challenges both for the individual and the family, which have a direct impact on educational possibilities. Where and with whom they live have a direct influence on their experience and the opportunities that are opened or closed for them. We can see that although some of them are mothers/fathers, they are still in the process of becoming adults [22]. Most of these couples are depending on their parents, living in their homes or having the in-laws or parents make the decisions about studies, work or the baby. This calls into question the milestone of the birth of the first child as an indicator of a transition to adulthood.

Paradoxically, motherhood/fatherhood changes and reorganizes priorities in life and, for some, it can contribute to formulating new plans for the future [8], like the desire to continue studying in order to give their child a better future. In the same way, the prevailing expectation and discourse in the parents with respect to their sons and daughters, is that they 'become someone in life', and this is a hope that seeks to surpass adversity [20].

Nevertheless, the testimonies tell of a complex situation; even when their desires to remain in school appear as an attempt to improve their quality of life, the immediate needs easily defeat their aspirations [23]. Although this group of adolescents can be perceived as a more privileged one since they manage to remain in school, their testimonies confirm one more time that AP occurs mainly within a context of social and/or economic disadvantages. Most of these students have had a previous job and some continue working while also studying, and dropping out of school at some point in their lives was also common.

Whereas it is worth acknowledging that several external factors are involved in school failure, there are also factors inherent to the educational system, since in certain cases, it is incapable of guaranteeing a good education; as a consequence, these adolescents have poor academic performance. Also, we see that the fundamental component that allows them to remain in school is the family network. Once they go in, teachers' support is crucial for the continuation of their studies; however this is an individual decision rather than a formal position of the school to the plight of this group.

Some other findings deserve be noted. In this study we find that a group of females report not having received the support of their partner. Thus, through their narratives, we observe in men a position of “escape” when facing an unplanned pregnancy [24]. This might be partly due to the existence of a traditional conception of reproductive health as an essentially feminine event, which can contribute to men failing to acknowledge their responsibilities when faced with a partner’s pregnancy [5].

In general, research about reproductive health on men is limited. Thus, finding a sample of men who are willing to acknowledge a HP is a successful event that allows us to analyze the experiences surrounding pregnancy under a gender perspective. Male report more number of previous pregnancies, whereas the general prevalence of AP was higher among girls; more women also report that they already have a child. Among the results we can also see how gender roles and norms are present in decisions concerning sexual behavior, and also with respect to work, home and school. Plans for the future are also subject to these same social norms.

The data suggest that the first intercourse is not planned. The beginning of sexual life around age 15 and the low percentage of contraceptive use, together with the age at the first pregnancy, corroborate the close link between risky sexual behavior and unplanned pregnancy [2]. One unexpected finding was the high proportion of abortions reported in the survey. While there is the limitation that we did not differentiate between induced abortions or miscarriages, we know that for some students the pregnancies ended in a miscarriage. However, we also know from some other analyses [24] and by testimonials that for some men [but could also be for some women], the termination of the pregnancy is a viable option. This provides evidence of the importance of recognizing both events as a reality in adolescent’s health. A potential overestimation of these events in the survey is acknowledged.

Related to this, another novel finding is that when a union of two adolescents is linked to a pregnancy, a miscarriage disrupts their sense of living as a couple, for which they become tied to a relationship which they don’t know how to leave. Such situation makes the problem of an early pregnancy more complex and beyond motherhood/fatherhood [24]. While it is true that a pregnancy that ends in abortion or miscarriage won’t have the same impact on an individuals’ ability to attain educational goals, these adolescents are also vulnerable considering that an abortion, either induced or not, is an important event in the reproductive health. This group of adolescents has not been visualized in the studies on AP; future research could consider exploring in more detail their experiences.

Some limitations of this study are listed next. As this is an exploratory study, specific hypothesis regarding pregnancy and academic performance could not be tested and inferences regarding associations among variables can’t be proposed. Thus, a link between pregnancy and the risk of dropping out of school or academic achievements in general can’t be proved. Also, the small sample size limits the possibility of conducting a stronger statistical analysis and similarly, the number of interviews limits the possibility to analyze a more diverse range of experiences. The selection of schools was done under a purposive sampling and thus the results are not representative of other adolescents in other schools. Lastly, the data comes from self-report and thus it is possible that AP was sub-reported.

Nonetheless, information from students who faced a pregnancy is scarce and thus the experiences and narratives presented here could contribute to the design of new research in Mexico and Latin America. Future studies could analyze how schools favor or block the permanence of this group, as well as the motivation for successful re-entry for these adolescents. Also could be worth exploring how the experiences of adolescents who remain in school are different from those who decide not to continue studying and more importantly, if these adolescents have similar or different characteristics to those not having the experience of a pregnancy. Further consideration could also be placed to the subject of how long adolescents living with a partner remained couples post-pregnancy or miscarriage, since this could have an impact on how these adolescents organize their daily lives.

4. CONCLUSION

Adolescent pregnancy and its link to schooling are of interest worldwide. It is a multifaceted problem that cannot be approached in a homogenous way. Clearly it is not the pregnancy itself which leads to school dropout or failure, but the plurality of experiences and inequitable gendered power relations that these young people face daily and that, in many cases, reproduce or enhance social disadvantages that exist prior to a pregnancy.

Today, formal education does not take into account specific strategies for these adolescents and it is not always clear for teachers or principals what to do in case these want to remain in school. The school system needs to build pathways to the successful integration of these adolescents into mainstream schooling, attending to their particular needs. In Mexico there are some programs directed to adolescent mothers/fathers such as scholarships and daycare centers. It is essential to strengthen strategies that favor the link between

schools and these existing programs, providing close monitoring of adolescents living under these conditions. At the same time, the high fertility among adolescents can only be approached if men and women are sensitized that pregnancy is an event that involves both and if access is promoted to contraceptive methods and sex education programs that go beyond a primary prevention vision that focuses only on the avoidance of risky behaviors.

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