

Risky Sexual Internships in College Students in Mexico

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ABSTRACT

Adolescents initiate sexual activity, when they have not reached full biological and cognitive maturity, and can take responsibility for the consequences of their sexual practices. The objective of this work was to identify health-risk sexual practices in new-entry students from the Iztacala Faculty of Higher Studies. A quantitative, descriptive, cross-sectional, exploratory study was conducted with a population of 2684 students (63% women and 36% men); they were asked a questionnaire with variables related to sexual health. The average age of onset of sex life was 16 years. (37.7%) of men and (43%) women don't use the condom. The use of emergency contraception was used by (63%) of the students, the pregnancy presented at 7%, and they have interrupted (4.8 %); the findings of the study will lead to the development of university sex and reproductive education programs, to encourage informed decision-making and reduce health risks.

Keywords: College students, Mexico, Risky sexual

INTRODUCTION

The expression of sexuality is closely linked to the sociocultural environment, and benefits from education in their development. [1] Sexual and reproductive practices that include the use of contraception are largely linked to certain social values and norms; are mediated by gender, power relations, religious, cultural, social, and economic patterns. In males, the construction and experience of masculinity lead to reproduction of traditional patterns such as early sexual onset, multiple sexual partners or to maintain coercive sexual behaviors. For women, the exercise of their sexuality is characterized by passivity and reproduction of behaviors that hinder free choice and difficulty negotiating use of methods that prevent an unplanned

pregnancy or prevention of sexually transmitted infections (STI). [2]

Young people and adolescents are recognized as a priority sexual and reproductive health care team. Among the main health problems identified in adolescents and young adults are STI, it has been documented that 50% of these affect this population group. [3] The Pan American Organization of Health (PAHO) estimates that HIV-AIDS is one of five causes of death for young people in the Caribbean, with approximately 1.6% of 15-24 age population infected with the virus.

A second identified health problem has been unplanned pregnancy; according to medical literature, teen pregnancy is associated with a higher likelihood of complications such as hypertensive disease, anemia, low birth weight, preterm birth,

malnutrition, and intrauterine growth retardation; as a result, high infant, maternal and perinatal mortality rates have been documented. Among social impacts on pregnancy in adolescence is a higher dropout rate, early and compulsory insertion into labour market, and a decrease in quality of life. [3]

Unplanned pregnancies increase incidence of abortions and many of them are carried out in conditions of insecurity, so it can be prevented through use of contraception. According to the Mexican Official Standard, (NOM) 005-SSA2-1993, contraceptive methods are "those that are used to impede reproductive capacity of an individual or a couple naturally or permanently". [4] Contraception is considered relevant insofar as it contributes to people enjoying a full sex and reproductive life, through "prevention of unplanned and high-risk pregnancies, reduction in risk of perinatal mortality, abortion and sexually transmitted infections". [5] The objective of this work was to identify sexual practices of risk to health in new income Generation 2019 students of Faculty of Higher Studies Iztacala.

METHODOLOGY

A quantitative, descriptive, transversal and exploratory study was carried out, the study population was composed of 2682 students of Generation 2019 again to faculty of Higher Studies Iztacala in bachelor's degrees of: Physician Surgeon, Nursing, Psychology, Dentist Surgeon, Biology and Optometry, of both sexes, with prior informed consent, data collection instrument was applied during the Automated Medical Examination (EMA), a self-administered, previously piloted survey that explored sociodemographic variables (age and sex), sexual behavior: sexual onset

age, sexual partners, sexual and reproductive health: use of contraceptive methods such as emergency pill and condom, sources of information on contraception, pregnancy and interruption of same. Internal consistency of test applied in the population was obtained through alpha of 0.70 Cronbach's.

The collected data was checked and organized for its completeness and consistency. The coding of the independent as well as dependent variables was done and data was entered into SPSS version 16. The analysis was done by using simple descriptive statistics like percentage and frequency. The Chi-Square Test was considered to be statistically significant. The analyzed data was presented in tables and narrative forms.

RESULTS

A total of 2684 students answered the questionnaire in its entirety, students were in an age range of 16 to 36 years old, with an average age of 18 years old, were men (36.5%) and women (63.5%) distributed in the following careers: Surgeon Doctor (27%), Dentist surgeon (20%) and Psychology (23%), who showed the highest number of students enrolled in these careers (Table 1).

According to the sources of information of contraceptive methods, according to data disaggregated by sex, as can be seen in the Table 1: men have received information at school (40.5%), followed by medical services (28.6%), family (19.1%) and other media (11.8%); for women receive information at school (39%), in medical services (29%), by the family (19%) and other media (13%). For both men and women, mainly, school and medical services inform students of sexual and reproductive health aspects (Table 1).

Table 1. Socio-demographic characteristics and sources of information on sexual- reproductive health of new-income Generation 2019 students to the Faculty of Higher Studies Iztacala.

Predictors	Total= 2684	Frequency	Percent
Students by career	Biology	378	14.1
	Dentist surgeon	536	20
	Nursing	295	11
	Surgeon	724	27
	Optometry	134	4.9
	Psychology	617	23
Sex	Men	980	36.5
	Women	1704	63.5
Students who have received information about birth control	Men		99.7
	Women		99.8
Sources of information on sexual and reproductive health	Men (n= 980)		
	School	397	40.5
	Medical services	280	28.6
	Family	187	19.1
	Media	116	11.8
	Women (n= 1704)		
	School	661	39
	Medical services	488	29
	Family	329	19
	Media	226	13

Sexual activity and contraception

With regard to the average age of onset of sex life, for men and women it was 16 years old. The (62.3%) and men (57%) use condoms as a barrier method in all their sexual intercourse, while women (43%) and men (37.7%), respectively, they do not use it. The men (95.8%) and women (98.3%) reported having fewer than 10 sexual partners while men (4.2%) and women (1.7%), respectively, indicated to have more than ten and (63%) have used emergency contraception (table 2).

From the chi-square analysis, significant differences were found in; age of beginning of sexual life, number of couples between men and women, use of condom and men who have started their sexual life and have made their partner pregnant.

Table 2. Sexual characteristics of new income Generation 2019 students to the Faculty of Higher Studies Iztacala, UNAM.

Predictors	Total= 2684		Frequency	Percent	P
Students who have started their sex life	Men (n=980)				.001*
	YES	551	56.2		
	NO	429	43.8		
	Women (1704)				
	YES	818	48.1		
	NO	886	51.9		
No. of sexual partners	Men (n=550)				.001*
	<10	526	95.8		
	>/10	24	4.2		
	Women (n=818)				
	<10	804	98.3		
	>/10	14	1.7		
Contraceptive method	Condom				.008*
	Men (n=550)				
	YES	343	62.3		
	NO	207	37.7		
	Women (n=818)				
	YES	466	57		
	NO	352	43		
Emergency contraception	Women (n=818)				
	YES	515	63		
	NO	303	37		

7 % of women have become pregnant and a 4.8 % of them have interrupted the pregnancy. While men (4%) mentioned getting pregnant with his partner, and a 31 % had interrupted pregnancy (table 3).

Table 3. Pregnancy and interruption of the same of new income Generation 2019 students to the Faculty of Higher Studies Iztacala, UNAM.

Predictors		Frequency	Percent	P
Women who have become pregnant (n=818)	YES	58	7	
	NO	760	93	
Women who have interrupted the pregnancy (n=818)	YES	39	4.8	
	NO	19	2.3	
Men who have got their parther pregnant (n=550)	YES	22	4	0.133*
	NO	528	96	
Men whose parthers have interrupted their pregnancy (n=22)	YES	17	77	0.056
	NO	5	23	

DISCUSSION

The distribution by sex and age of the sample studied corresponds to distribution of population in Mexico, according to last census carried out in 2018 by INEGI (National Institute of Statistics, Geography and Informatics). Female dominance manifests its great participation in health sector and greater contribution to country's specialized middle education. [6, 7]

The age of students' first sexual relationship is consistent with country's age of onset of sex life. According to the National Youth Survey, in 2015, 33.6% of young people aged 15 to 19 years old and 75.7% between the ages of 20 and 24 years old had sex. It has been documented that in Mexico, women begin their sex life at age of 17; while boys are 16 years old. According to Mexico's National Population Council, onset of sex life is closely linked to reproductive trajectory, mainly with number of children and age of first pregnancy⁷. In this regard, it is striking that a significant number of students mentioned having started their sex life at age 16, which could relate to a pregnancy at an early age.

The high prevalence of use of contraceptive methods by students of the Faculty of Higher Studies Iztacala, you can go to academic trajectory that they have had to be able to get a bachelor's degree, is

reflected in source of information on contraceptives, in which there is a predominance of school as a preference for information for both sexes, similar to what is shown in other studies. [8-9]

Education programs from basic level have been enriched with sex education throughout history the Secretary of Public Education knows that education is one of central pillars to help children and adolescents strengthen knowledge of their reality through critical reflection, benefit from scientific and technological progress and are promoters of civic and ethical values both in their personal lives, family and community. [8]

If there is no accompaniment to counseling and access to contraceptive use, there is a greater chance that women will have a pregnancy in adolescence or contract an STI. [10] So it continues to train its teachers with up-to-date information on sex education so that by being in front of their groups they can offer quality information, through the development of various training workshops in sex education from primary education to high school today, an example of these training programs is the Continuing Training Program for Primary Education Teachers in the subject of Civic and Ethical Training.

Another source of information they turn to is medical services, as consider that they provide more didactic, clear and complete information unlike that given by teachers in charge of subject matter where these issues are carried out because their doubts are most often unresolved, so they consider the need for participation of health personnel in sexual and reproductive education interventions. [6] Other studies point to the importance of implementing educational interventions to raise level of knowledge on family planning, preconceptional risk, contraception, and increased attendance at health centres. [11]

The most commonly used method of contraception in men remains condom, and lower in women, so it is worrying if you think of inopportune pregnancies and high levels of contagion of sexually transmitted infections that are observed with higher prevalence in women; condom use is usually associated when a man has more than one partner and in his last relationship tends to be protected, or when usual partner demands it, one of the predictive criteria for greater protection is established, a situation that should undoubtedly be promoted education of adolescent sexuality. [12-15]

As for young people who have not started their sex lives, reasons given by men and women are different; women mention personal variables and men of contextual type. [16] As regards the number of sexual partners in men and women, what has been found in these young people is consistent with other research, [12] as it is men who claim to have a higher number of sexual encounters which may result from the sociocultural context that tends to give men the power to have the initiative for sexual encounters, thus promoting gender inequality.

The present study found that 7% of women have become pregnant, other studies have pointed out that one in four teenage pregnancies were not staged and one in ten was not wanted either, university students who were teenage mothers live their motherhood as a time of crisis that

destabilize family and academic relationships of students. In addition, a link between college pregnancy and school dropout has been established. [17]

So in the vast majority of cases it can lead to termination of pregnancy (3.7%), there are several authors who highlight attitude of rejection with which most young women reject an unplanned pregnancy, which explains that it is assumed as a means of solving the problem, as opposed to taking the pregnancy to term. [18-20]

In Mexico, 20% of annual births occur in mothers under the age of 20. [21] This study reports a prevalence of termination of pregnancy in the university population (3.3%), lower than those reported in other studies, [22-23] with values of 28.0% and 45.2%, respectively.

The participation of man in decision to terminate a pregnancy, is of utmost importance Alvargonzález, (2017) [24] mentions three criteria, to carry out this decision, first, the assessment of affective relationship in which they are when the pregnancy occurs; second, weighting of companion as a good mother-to-be and third, inadequacy of the time of pregnancy.

These three criteria are closely related between, decision of abortion is made in terms of whether or not to want to be parents and in that sense, when possibility of interruption is also being assessed with who is to share the parenting and under what conditions right time for parenthood should be realized, and the ideal woman you can assume with. Part of gender mandate for males is needed to refine their ability to identify these aspects in order to make the right choice. [24]

When the inconvenience of time of pregnancy is weighed with greater weight than desire for parenthood, or when males feel negatively assessed by their partners, many of them remain silent and embrace women's desire and decision about continuity of pregnancy. On the other hand, when males assess relationship with women as serious, prevailing view among them is

that decision to discontinue or not interrupt a pregnancy should be shared [25] it is estimated that in Mexico the (30%) discontinuation of pregnancies is carried out with drugs such as misoprostol 3, which is sold without a prescription in any pharmacy even to minors, and in its generic version is inexpensive, or through high-risk obstetric-risk surgical procedures, especially for adolescent women and often not performed in health institutions, is carried out under precarious conditions in houses or other places, due to lack of resources or because the termination of pregnancy is an illegal procedure in some states of the Mexican republic, so it can favor the death of the adolescent. [26]

CONCLUSION

The findings and contributions of this study can guide the elaboration of programs of optional and compulsory subjects in all the careers taught in the faculty, which allow university students to receive sexual and reproductive quality education, to strengthen informed decision-making and decrease risk factors that harm your comprehensive health and life plan.

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