Ciencia y Progreso

Publicada en línea: abril, 2023, RNPS: 2477, ISSN: 2707-7098
http://cienciayprogreso.cug.co.cu

La prevención del embarazo precoz en estudiantes de Secundaria Básica
Preventing early pregnancy in lower high school students

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Recibido: noviembre de 2022
Aceptado: 16 de enero de 2023

Resumen

El tema del embarazo precoz es una problemática vigente en nuestra sociedad que incide en el sano desarrollo de los adolescentes. A partir del empleo de métodos empíricos como la observación, entrevistas y revisión de documentos se determinaron insuficiencias en la labor educativa para atender dicha problemática. Con el fin de atenuarlas, se propone como objetivo: elaborar un Taller de Reflexión Grupal que propiciará a los estudiantes una mayor adquisición de conocimientos y herramientas para evitar el embarazo precoz y a la escuela una modalidad para la prevención de las primeras manifestaciones del embarazo en estudiantes de la Secundaria Básica Abel Santamaría de Holguín. Los resultados del mismo contribuirán a la disminución de casos y a una sexualidad sana, responsable y feliz.

Palabras clave: Embarazo precoz; Trabajo preventivo; Sexualidad sana responsable y feliz; Taller de reflexión grupal.

Abstract

The issue of early pregnancy is a current problem in our society that affects the healthy development of adolescents. From the use of empirical methods such as observation, interviews and document review, it was determined that there are insufficiencies in the educational work to address this problem. In order to attenuate them, the following objective is proposed: to elaborate a Group Reflection Workshop that will provide students with a greater acquisition of knowledge and tools to avoid early pregnancy and the school with a modality for the prevention of the first manifestations of pregnancy in students of Abel Santamaría of Holguín High School. The results will contribute to the reduction of cases and to a healthy, responsible and happy sexuality.

Keywords: Early pregnancy; Preventive work; and; healthy; Responsible and happy sexuality; Group reflection workshop

Introduction

Early pregnancy is a phenomenon that affects the population worldwide. WHO statistical studies reveal that some 16 million girls aged 15-19 became pregnant in the past 2019. Approximately 1 million girls under the age of 15 give birth each year, most of them inhabitants of low- and middle-income countries. Complications during pregnancy and childbirth are the second leading cause of death among girls aged 15-19 years worldwide. WHO (2020)

These worrying figures arouse the interest of sociologists, physicians, psychologists and education professionals to study them. In the bibliographic consultation, it was found that several authors make important proposals to achieve sex education in adolescents and young people through workshops, talks and prevention campaigns. Zaragoza (2018, p.4)

Different studies and research, developed by the National Center for Sex Education (CENESEX) and the Ministry of Education, offer data on an increase, in adolescents, in the rates of coital relations, early pregnancies, early parenthood, nuptiality or consensual unions without the required maturity, and abortions, taking into consideration the fatal consequences that these negative phenomena entail. MINED (1999,p.10).

The issue of early pregnancy in adolescents must be addressed through prevention, since preventing a problem from occurring or reducing its effects is one of the purposes of educational work in schools. To better understand the term, its etymology is consulted. The word "prevention" comes from the Latin

"praeventious"; from "prae", which means before, and "eventious" which is an event or occurrence. Pascual points out that:

> Preventive work is acting so that a problem does not appear or diminishes its effects. It is to adjust creatively to constant and changing problems in search of solutions and/or alternatives to them. It implies: research and knowledge of reality, reflection, planning, teamwork, evaluation and overview. It is to be able and willing to avoid the risks or consequences that a problem may produce. (Pascual, 2005, cited in Naranjo, 2018, p.21).

At the "Abel Santamaría Cuadrado" high school, the National "Sex Education" program is being carried out in the school system, as stipulated. The program states that students should be able to express responsibly in their daily actions that love is the basis of interpersonal relationships, marriage and family stability.

Based on the above, the school's Preventive Work group creates a system of influences, whose main activities are centered in the classroom, complemented by other extra-curricular activities that are fundamentally group-based. In addition, other more individualized guidance alternatives are carried out, such as discussion and reflection sessions, educational talks and workshops where the topic of early pregnancy prevention is debated. However, from the use of different research methods (interviews, survey, observation, document review) the following shortcomings were detected: presence of pregnant adolescents more than the previous year, insufficient preventive work actions carried out by teachers, directors and psychopedagogist in relation to the preparation of students for the enjoyment of responsible sexuality, little knowledge on the part of students of ways to prevent early pregnancy in adolescence, low risk perception of students about the consequences of a pregnancy in their current stage of development.

In order to mitigate this problem, the following is proposed as an objective: To elaborate a Group Reflection Workshop for the prevention of early pregnancy in students of the "Abel Santamaría" High School.

The Group Reflection Workshop offers situations that reflect the experiences of adolescents, their concerns and problems related to pregnancy at this stage of life. Likewise, let's reflect on the behavior to assume in order to enjoy a responsible and happy sexuality.

Development

Preventing adolescent pregnancy requires a change in sex education and access to contraceptive methods and counseling services for adolescents. It is also believed that the support of the parents of adolescents is necessary for them to talk to their children about sex, relationships and contraceptive methods, especially those in high-risk and hard-to-reach groups.

It is called early pregnancy:

> That which occurs in girls and adolescents. From puberty onwards, the process of physical changes begins that turns girls into an adult capable of sexual reproduction. This does not mean, however, that girls are ready to become mothers" (Pérez and Gardey, 2008, p.9).

In general, the term also refers to pregnant women who have not reached the legal age of majority. This figure varies according to the different countries of the world, as well as to adolescent women who are dependent on their family of origin.

More than 80% of adolescent pregnancies are unwanted. And more than half of unintended pregnancies occur in women who do not use contraceptives, and most of the remaining unintended pregnancies are due to incorrect use of contraceptives. Twenty-three percent of sexually active young women admitted to having unprotected sex with a partner who did not use a condom, while 70% of adolescent girls stated that they were embarrassed to buy condoms or any other contraceptive and also to ask a doctor for information. Oramas (2012. P.5)

To avoid all of these consequences, there are many contraceptive options to choose from. No one product is best for everyone. Some methods are more effective than others in preventing pregnancy. There is no one ideal contraceptive method that works for all women and men, at all ages and in all situations.

There are a multitude of methods: natural, hormonal, non-hormonal, and permanent, each with its pros and cons. Using one or the other is a couple's choice since there is no one ideal method for everyone.

Consequences of adolescent pregnancy

Pregnancy bursts into the lives of adolescents at a time when they have not yet reached physical and mental maturity, sometimes in other adverse circumstances such as nutritional deficiencies, and in a family environment that is not very receptive to accepting, accompanying and protecting them. This is why the consequences of pregnancy affect adolescents in their biological, psychological and social development. Apart from these consequences, there are other elements that are affected by teenage pregnancy, such as, for example, emotional, social and economic aspects.

From the medical point of view, there is a greater health risk for the adolescent mother and her child: risk of death during childbirth that is double that of women in their 20s and four times higher for pregnant women under 16 years of age, lower birth weight of the child, worse mental and emotional health conditions of the young woman, and greater social exclusion and consequently, higher levels of poverty. Labacena, (2016).

Also the youngest pregnant women are exposed to prematurity of their babies, obstetric complications such as late medical care for not attending the OB/GYN consultation, toxemia of pregnancy (high blood pressure in pregnant women), anemia, contraction of the uterus, which can trigger bleeding in many cases. Equally alarming is the appearance of cervical cancer in increasingly younger women, who began sexual relations early and did not always protect themselves".

From the biological point of view, adolescence acts on pregnancy as a risk factor that will maintain its potential action throughout gestation, delivery and puerperium. The dangers of motherhood at this stage of life increase with inadequate medical care and it is common to find anemia, urinary sepsis, threatened abortion, premature delivery or immature delivery, toxemia, hypertension induced by the pregnancy itself, placenta previa, cervical incompetence, and infections.

Obstetric complications include preterm, instrumental or surgical delivery, tears, bleeding and infection, while in the neonate it is common to find low birth weight, low Apgar, respiratory distress, infections and obstetric trauma, with a very high risk of death. Before 24 weeks, vaginal bleeding can lead to miscarriage. After 24 weeks, the fetus is considered viable, meaning that it could survive outside the mother's uterus. Bleeding after 24 weeks is known as antepartum hemorrhage, and the two main causes are from the placenta.

Psychological risks in adolescents and their partners generally manifest themselves as emotional disorders. Various conflicts, ambivalences and insecurity are experienced in a situation of early pregnancy. As a consequence, the pregnant woman usually suffers from symptoms of restlessness, sadness, pessimism and feelings of uneasiness, irritability, low self-esteem, feelings of insecurity and even aggression and violence towards her peers and/or adults in the family, school, couple and social context. Some of the most frequent psychological disorders, according to Favier, Samón, Ruiz, & Franco (2018), are:

- Denial or rejection of the pregnancy and the future daughter or son: future mothers who deny their pregnancy and may reach the term of this having rejected their state, and even their future

child and/or neglected all the pre- and post-natal care that the newborn deserves and requires. It is frequent, at this age, that both the adolescent mother and father leave their offspring abandoned or, as often happens, left totally to the care and attention of their grandparents and other relatives, without assuming the maternity and/or paternity in a responsible way that their daughter or son requires.

- Anxious-depressive illnesses, rejection, aggressiveness and/or responsibility avoidance behaviors: it is common for adolescents going through these situations associated with early parenthood to complain or feel in situations of conflict and unhappiness that can provoke strong states of anxiety, despair, accompanied by depression or aggressiveness. In these circumstances, they often face worries and problems that are not typical of this age group. In some cases, if they do not have the support and trust of their families, they may commit suicide.
- Lack of preparation for the role of mother and father. Traumas resulting from the experiences that can present the choice between an abortion in poor conditions and a high-risk pregnancy. Abrupt change in their life project in situations of family conflicts, symbolic violence, intra-family reservations which, in all cases, generally tend to pigeonhole them in the stereotype of woman-mother and wife. Serious personality problems or a dysfunctional family environment, among other aspects that cause a weakness in the psychic potential of the mother-to-be. Unplanned or unwanted births represent a burden in the short and long term, both for the mother and her children.

The social risks of too early pregnancy can be as harmful as the medical complications mentioned above. The unpleasant social consequences that most often accompany adolescent pregnancy are the interruption of studies and technical-professional training. The possibility of becoming a single mother makes it more difficult to establish a stable home afterwards; this setback often initiates a succession of short-lived unions.

Teenage pregnancy thus becomes a socioeconomic problem that definitively changes their lives. It is a violent clash between their internal and external worlds, at a key stage of their personal development, putting them out of phase, since this process interferes with their school and work training and their training as future professionals.

In addition, the arrival of the baby implies an economic challenge, so that in many cases young parents are forced to enter the labor market prematurely in order to meet their basic needs, which limits their

opportunities for improvement and future work. It is also a challenge for families, as mothers and fathers, especially mothers and fathers, will have to assume other roles (grandparenthood) for which they may not be sufficiently prepared.

To avoid all these psychological, biological and social consequences, there are many contraceptive options to choose from. No one product is best for everyone. Some methods are more effective than others in preventing pregnancy. There is no ideal contraceptive method that works for all women and men, at all ages and in all situations.

Each man and woman must decide at the different stages of their fertile life which contraceptive method is best suited to their situation, state of health, personal conditions and frequency of penetrative sexual intercourse. In order to make an informed decision, it is advisable to seek the advice of a health professional. It is important to be convinced that you want to use a contraceptive method, to know how it works and to use it correctly.

Contraceptive methods to prevent adolescent pregnancy

Contraceptive methods have become essential to enjoy sexuality in a safe way. Not only do they prevent pregnancy, but they are also indispensable for avoiding STIs.

There are a multitude of methods: natural, hormonal, non-hormonal, and permanent, each with its pros and cons. Using one or the other is a couple's choice since there is no one ideal for everyone.

Natural methods:

Coitus interruptus or withdrawal: it consists of withdrawing the penis from the vagina before ejaculation, it is not a very safe method and is not very effective, because on the one hand it requires perfect self-control on the part of the man to withdraw the penis in time and on the other hand sometimes some sperm can be thrown during the arousal phase.

Billings or cervical mucus: this method consists of the woman monitoring her fertility, identifying when she is fertile and not in each cycle. The woman's discharge is not always the same, but changes in quantity and consistency during the course of the cycle, becoming transparent and viscous, like egg white, and acquires greater elasticity as ovulation approaches. As soon as a greater secretion and transparency of the cervical mucus is noticed, the couple should abstain from sexual intercourse, since this indicates the ovulation process, that is, fertility, until the mucus has a thick and opaque consistency, which indicates the safe days to have intercourse.

Rhythm or calendar: to use this method, the woman records for six months the length in days of her menstrual cycles, the beginning of the menstrual cycle is taken from the first day of bleeding, the first day of bleeding, the first day of the fertile phase is identified by subtracting 18 days from the shortest cycle. To identify the last day of the fertile phase, 11 days are subtracted from the longest cycle.

Basal Temperature Method: It consists of taking your temperature on the days before getting up or doing any activity and without taking any food, for at least six months. The thermometer should be placed under the tongue to detect the increase in temperature and the day it rises between 3 and 5 tenths, means that there is evolution, so those days will have to avoid having sex, according to this method the pregnancy would not take place from the third day of the rise in temperature until the next period.

Hormonal methods:

Contraceptive injections: prevents ovulation thanks to substances such as progestin and estrogen. It should be applied during the first 5 days of the woman's menstruation.

Subdermal implants: consists in the implantation under the skin of the arm of small thin and flexible plastic tubes that release hormones such as levo-norgestrel, desogestrel, progestogens. The method lasts between 3 and 5 days.

Vaginal ring: it consists of an elastic plastic vaginal ring of approximately 5 cm, which is inserted into the vagina the first 5 days of menstruation, to be left there for three weeks, during which it releases two types of hormones: estrogen and progesterone to prevent ovulation.

Emergency contraception: refers to methods that a woman can use as a backup and in case of emergency, within the first days after an unprotected sexual intercourse, these contain hormones in order to prevent an unwanted pregnancy.

They are contraceptive pills also called morning after pill, morning after pill, emergency pill or postcoital method.

The first pill must be taken within 72 hours, and the second must be taken 12 hours later. In case of vomiting, the dose should be taken again and the 12 hours should be counted from then on.

Contraceptive patches: this is the first contraceptive method in the form of a patch. It delivers through the skin a continuous dose of the same hormones as the contraceptive pill (estrogen and progestin) into the bloodstream for seven days.

It consists of the application of three patches, so it works in 4-week cycles:

There are 2 options for using it:

1-start on the first day of the menstrual cycle, during the first 24 hours, for example, if you start on Thursday the 2 subsequent patches were applied on the same day, the fourth week no patch is applied, since in this one the menstrual cycle will be presented. If starting treatment after the first day of the menstrual cycle, a condom should be used.

2-or start on the first Sunday after the start of the menstrual cycle in order to remember more easily the day to change the patch, therefore, a backup contraceptive should be used in the first week of the menstrual cycle coinciding with a Sunday.

In case it comes off in less than 24 hours. It should be replaced with a new one, do not reapply if the patch no longer has any adherence.

Non-hormonal contraceptives

Male condom: it is a latex sheath, which must be unrolled on the erect penis before penetration, it is removed when ejaculation occurs.

Female condom: a polyurethane sheath that covers the inside of the vagina, preventing contact between the semen and the ovum to avoid pregnancy and the transmission of STIs.

Diaphragm: A circular device made of rubber or latex and shaped like a cup with a flexible rim that serves to prevent pregnancy. Before intercourse, the diaphragm should be filled with spermicide (cream or foam that destroys sperm) and placed in the woman's vagina so that it covers the cervix (small organ that connects the uterus to the vagina). This prevents the sperm from reaching the egg and fertilizing it. If used normally, it has a contraceptive efficacy of 82 percent.

Intrauterine device (IUD): A small device inserted into the woman's uterus to prevent pregnancy. There are two models of IUD currently marketed: the copper IUD, which is a T-shaped structure made of plastic that has a copper wire wound along the central axis, and another similar model that also releases a progestin. The copper device prevents pregnancy because it reduces the ability of the sperm to fertilize the egg.

The immune system identifies the IUD as a foreign body and produces large numbers of leukocytes, immune cells that attack it and thus destroy the eggs and sperm present in the uterus. The uterine lining

is also affected, preventing implantation of the fertilized egg. This device remains active for up to six years. Family planning is a broader concept that refers to making decisions about when and how many children a couple wishes to have and choosing a contraceptive method to prevent pregnancy.

Permanent contraceptives:

Vasectomy: consists of cutting and tying the vas deferens channels through which the sperm pass to go outside, it is a simple and short operation that does not require hospitalization. Sexual relations may continue 5 days after the vasectomy, using a condom during the first 20 sexual relations or during the 8 weeks after the operation.

Tubal ligation: consists of ligating and cutting the fallopian tubes to prevent the egg from being fertilized, by means of a surgical intervention. It is a simple operation that does not require hospitalization. The following week you will be able to resume your sexual life.

Diagnosis of the current status of early pregnancy in "Abel Santamaría Cuadrado"

The diagnosis presented below is based on the theoretical foundations expressed above, which constitute the basis of the research. The Abel Santamaría Cuadrado High School was chosen as the educational center for the application of the research methods and instruments. The dimensions and indicators used for the elaboration of the diagnosis of students for the prevention of early pregnancy are the following:

Level of configuration and manifestation of sexuality: knowledge about sexuality, value systems present in terms of the expression of sexuality when forming a couple, communication with the family about couple relationships, preparation achieved from the preventive work done at school.

Level of knowledge on the prevention of early pregnancy: biological, psychological and social consequences, knowledge of contraceptive methods.

In the present work, 20 students were taken as a sample, their characteristics and levels were studied in depth based on the established indicators and the techniques applied in the interview conducted with 100% of the students of the 8th grade group 4, it was possible to appreciate the insufficient preparation of the students for the enjoyment of a responsible sexuality. In this sense, the answers given show that they have little knowledge about sexuality, since only 3 (15%) students were able to explain correctly what this category consists of, the rest of the group reduced it to sex itself.

All the students recognize that responsibility and love for oneself are the values that are most present in terms of the expression of sexuality before the formation of a couple, however, in the opinion of the

teachers, the value of responsibility is still not shown in the actions of 17 (85%) students, since they constantly change partners, 11 (55%) have unprotected sexual relations and 8 (40%) have become pregnant.

In the surveys and interviews conducted, it is evident that 12 (60%) students know what early pregnancy is, although they frame it only in the age group after 15 years of age. Eight (40%) students do not know about early pregnancy, which contributes to the low risk perception of this age group. Four (20%) state that only one intercourse is enough to become pregnant, while 16 (80%) do not know.

The surveys showed that the students have little information about coital intercourse. They state that sexual relations among adolescents occur: out of curiosity 12 (60%), because of group pressures 6 (30%) and by choice 2 (10%). Twelve (60%) consider that adolescent pregnancy should be the responsibility of the family, 6 (30%) that it is the responsibility of the adolescent and 2 (10%) that it is the task of both.

Eighteen (90%) students state that pregnancy can be avoided by using contraceptive methods, however, when asked about which contraceptive methods they know, they mention condoms with emphasis and reiteration, which they state is very important to prevent diseases and pregnancies. This is not the case with respect to other contraceptive methods.

Considering the difficulties encountered in the diagnosis of the current state of the students' preparation on the prevention of early pregnancy in Abel Santamaría Cuadrado and taking into account that the reflection workshop constitutes a space to share with the students, we propose a group reflection workshop focused on the knowledge and daily life experiences of the sexual problems related to early pregnancy and from it, let's reflect to contribute to transform this reality.

Proposal of the Group Reflection Workshop for the prevention of early pregnancy in adolescence, group 8vo4, Abel Santamaría Cuadrado High School.

Considering that the purpose of the workshop is to encourage adolescents to reflect on the exercise of their sexuality, increase their perception of risk and the skills that will allow them to make decisions, a Group Reflection Workshop is proposed. The workshop consists of 9 sessions of approximately 30 to 40 minutes each, twice a week; in groups of 15 to 20 adolescents on average (this number of participants is recommended as the ideal number to facilitate the reflection process in adolescents). The group reflection

workshop is structured as follows: theme, general objective, specific objectives, contents, orientations and activities.

Motivational, content and closing techniques are applied in the workshop, which allow the affective involvement of teachers with the topic, the assimilation of knowledge and the development of professional skills. These techniques allow not only the knowledge of the participants' interests and needs regarding the improvement of their work, but also stimulate self-reflection, feedback and greater mutual knowledge. Torres and González (2000).

The educational orientation contents that are worked on are: knowledge system about the characteristics of adolescence and sexuality, importance of the adequate choice of a partner, taking into account the self-esteem of the subject and his/her value system, early pregnancy, definition and consequences, as well as the prevention of early pregnancy with the adequate use of contraceptive methods.

Evaluation of the results of the proposal

For the implementation of the proposal as a theoretical level response to the research problem, the methodology of (García, 2001 cited in Naranjo, 2018) was assumed, this has nine working sessions, the first session is framed, where the students are informed how the workshop will be developed and all the important issues to know such as: general objective, essential contents to be addressed, time duration of each working session, place where the activities will be developed and the methodology used. Sessions two through eight are specific to the topic, although session eight is more about the essential skills for prevention, using contraceptive methods. The ninth and last session is for integration, evaluation and closing, where the last arguments on the topic are given, although the contents of interest are not left out.

Each session is divided into four moments: initial moment, thematic approach, elaboration and closing. The proposal was developed with two weekly meetings with duration of 30 to 40 minutes at the chosen and planned times. Sánchez (2010)

Results and discussion of the results obtained

In the triangulation of the results, the implementation of a Group Reflection Workshop for the prevention of early pregnancy in adolescence in the Abel Santamaría hihg school led to the following results. The 20 students who made up the sample were able to identify what the prevention of early pregnancy is and how not to reach these consequences.

The topic of sexual initiation at the beginning brought with it a lot of resistance from the members of the group, who were reluctant to share their knowledge and experiences. In a second moment it was possible to reflect more on the subject. Ten (70%) of them were not aware that even at the initiation of sexual relations it is possible to become pregnant. They were able to understand that for sexual practices it is necessary to be more prepared.

The issue of pregnancy was seen as a problem by all of them, however, more than 50% of those who have initiated sexually recognized that during sexual practices they do not always use condoms. Some of the words expressed about the development of the workshops were: important, necessary and interesting. Fourteen (98%) of the members recognized condoms as the only method of protection. They were oriented about the presence of other methods that should not be ignored, although the most indicated is usually the "condom". The members understood the need to protect themselves not only against pregnancy, but also against Sexually Transmitted Infections (STIs), which have so many negative consequences for the lives of many. They recognized that the information received allowed them to orient themselves on the consequences of a pregnancy at that stage of development and all the complications that can arise for their future life, such as "abortion, to cite an example.

100% made positive statements about the resources used during the meetings, highlighting the videos with which, according to them, they acquired new knowledge. For them it is now evident the need for protection before any sexual intercourse and even in the practice of sexual games. They were able to raise awareness of the need to change their lifestyle towards a healthier one, which includes avoiding risky behaviors such as: not using condoms in every intercourse, not using condoms from the beginning to the end of sexual activity, and not having several or frequently changing partners.

The study during the research process carried out, as well as the application of a Group Reflection Workshop for the prevention of early pregnancy in adolescence and the evaluation of the proposal led to the following conclusions:

Conclusions

The theoretical and methodological assumptions assumed for the prevention of early pregnancy were feasible insofar as it was possible to confirm that there was great progress in the knowledge of this topic and its prevention when developing the sessions with the students the contents, orientations and

methodology used in each of the sessions of the Group Reflection Workshop favored the students a greater acquisition of knowledge and tools to avoid early pregnancy and the school a modality for the prevention of the first manifestations of pregnancy. The orientation modality assumed, the axes, contents, orientations and methodology used favored the establishment of pregnancy prevention based on changes in knowledge, life as a couple and attitudes, all of which contributed to their personal growth at all subsequent stages.

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