Abstract 2.

Social Determinants of Adolescent Pregnancy in Chilean Adolescents

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Comentario
Determinantes Sociales del Embarazo en Adolescentes en Chile.

Esta investigación se realizó en el contexto del seminario de investigación con un grupo de estudiantes de medicina de la Facultad de Medicina Clínica Alemana - Universidad del Desarrollo. Se hizo un análisis estadístico ponderado de la base de datos anonimizada de la Encuesta Nacional de Juventud de 2015, para describir los determinantes sociales de salud que se asocian con haber estado embarazada o embarazar a alguien durante la adolescencia en los 4,3 millones de adolescentes chilenos.

Ser mujer, tener nivel socioeconómico más bajo, no haber completado educación básica y tener previsión Fonasa son determinantes sociales de la salud asociada con el embarazo adolescente en Chile. Las intervenciones sociales centradas en mejorar la inequidad de género, de ingresos y completar la escolaridad hasta educación media, pueden tener un papel potencial en la reducción del embarazo adolescente.

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ABSTRACT

BACKGROUND: In Chile, the 14% of deliveries occur in adolescent mothers. Local determinants of adolescent pregnancy can help formulate strategies to reduce its impact. The objective of this study was to describe social determinants of health of Chilean adolescent pregnancy.

METHODS: Drawing on the 2015 Chilean National Youth Survey, a population-based sample of 9,393 general community youth aged 15 to 29 years, we conducted a study to examine social determinants of teen pregnancy described in the literature associated with the occurrence of an unwanted pregnancy under 19 years of age. This survey used a multistage probability sampling design to select participants who were representative of the 4,283,245 Chilean youth and adolescents in this age group. After stratifying by region and urban/rural residence, a complex sampling approach was used to randomly select households, and 1 eligible individual from each household was selected to complete an in-person home interview. Bivariate analysis and multiple logistic regressions were used. All analyses were weighted to reflect a nationally representative sample using survey estimation commands in Stata version 12.1 that account for complex study design. IRB gave exemption to approval because the data set in anonymized.

RESULTS: 50.85% of the participants aged 15 to 29 years old were females and 49.15% were males. 76% reported onset of sexual activity. 9.91% identified with indigenous ethnicities. 44.43% belonged to low socio economic status, 51.02% to medium and 4.55% to high socio economic status. 6.7% of Chileans had been pregnant or made a partner pregnant when 18 years old or under. Females experienced more adolescent pregnancy (8.73%) than males (4.68%) (p=0.00). Adolescent pregnancy was more prevalent among low socio economic status Chileans (768%) compared to those with medium (6.06%) or high socio economic status (3.83%)(p=0.049). Chileans with public health insurance had more adolescent pregnancy (7.72%) compared to those privately insured (4.94%). When educational attainment was less than high school, adolescent pregnancy was higher (8.77%) compared to those with high school or more (5.56%) (p=0.007). Rural residence, nationality, ethnicity, religion, disability, were not associated with adolescent pregnancy. On multivariate analysis, female gender was a significant risk of adolescent pregnancy (OR=1.82; 95%CI 1.15-2.88)

CONCLUSIONS: Female gender, lower socio economic status, public health insurance, and lower educational attainment are described as social determinants of health associated with adolescent pregnancy in Chile. Social interventions focused on improving gender, income and educational inequality may have a potential role in reducing adolescent pregnancy.