

Sexual And Reproductive Health: Perceptions Of Nursing Students At The University Of Magdalena

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ABSTRACT

The following reflective article has been developed as a result of the research conducted for the academic work entitled "Perspective on Sexual and Reproductive Health of Nursing Students of the Faculty of Health Sciences of the University of Magdalena." The primary focus of this research is the education of students in matters of sexual and reproductive health, and the ways in which protective factors, behaviors, and risk practices affect adolescents and young people. Methodology: the research is developed from a qualitative methodology, implementing the emerging paradigm of complementarity. This approach allows for the use of different methods according to the needs of descriptive research, as it is oriented toward characterizing the problem of the absence of knowledge of reproductive and sexual health in university students. It is also phenomenological in nature, as it is oriented toward discovering the different situations or circumstances that lead students to be exposed to risk factors for early pregnancy or STD contagion. To obtain data, a sample of 12 nursing students was selected and surveyed using a self-directed questionnaire and interviewed using a semi-structured interview format. This study is based on documentary research and is supported by thematic inquiries of the object of study and field conducted because the data collection instruments are applied in the place where the facts occur. In this case, the campus of the Universidad del Magdalena was the site of the inquiry during the second academic period of the year 2022. The results are as follows: The qualitative analysis of the questionnaire and the semi-structured interviews conducted with young university students, selected according to the criteria established by the researcher, is presented. Discussion and Conclusions: the research was conducted in accordance with the principles of informed consent, ensuring the voluntary participation of the students in the study. The questionnaire data revealed that the majority of the students were between the ages of 18 and 19, with the majority hailing from the Magdalena and Atlántico departments. The interview allowed for the collection of opinions, perspectives, and expressions from young university students regarding the subject matter. Overall, participants demonstrated limited knowledge about sexual and reproductive health (SRH), associating contraceptive methods with them but not expressing interest in using them. Additionally, they did not engage in medical check-ups or family planning programs.

Keywords: Sexual health, early pregnancy, STDs, risk factors, adolescence, sex education.

INTRODUCTION

Sexual and reproductive health (SRH) is a fundamental aspect of human existence. Its importance extends beyond mere biological considerations to encompass physical, mental, and social aspects. Consequently, it necessitates special care and attention. The family unit, where the skills essential for its nurturance are acquired, serves as the primary setting for the formation of a child's personality. This process unfolds in three distinct phases: the girl child, the adolescent, and the juvenile stage.

It is of particular importance during the adolescent stage, given the multitude of hormonal, endocrine, biological, emotional, and social changes that occur during this period, as well as the presence of daily situations that require decision-making, which, due to the adolescent's limited experience, can be challenging to navigate. It is essential that the adolescent has access to family and social support networks that provide the resources needed to cope with the various risk situations that may arise.

Sexuality is a multifaceted phenomenon that emerges and exists within a complex sociocultural context. It is shaped by a multitude of factors, including age, biological sex, gender role, and ethnicity. Therefore, it is essential to acknowledge and respect the diversity of sexual forms, beliefs, and behaviors related to our sexuality (Dides et al., 2009, as cited in Montero, 2011).

Sexual health is therefore associated with several different aspects of the human condition, including the somatic, emotional, intellectual, social, and cultural. It has a direct impact on personality, behavior, and well-being (Dides et al., 2009, cited in Montero, 2011). Furthermore, it is associated with the individual's capacity to express their sexuality in a non-coercive, violence-free, and discriminatory-free manner, while also reducing the risk of acquiring sexually transmitted infections or experiencing unplanned or unwanted pregnancies (PAHO/WHO, 2018). In other words, the objective is the development of life and personal relationships.

It is therefore evident that education on sexual and reproductive health (SRH) should commence at an early age, as a lack of adequate sexual and reproductive education exposes minors and young people to a range of risk factors, including early sexuality, exposure to sexually transmitted diseases (STDs), unwanted pregnancies, substance abuse, and others. It is therefore important to address the social issues that arise from the context of people, which have an impact on the psycho-emotional and socioeconomic development of young university students.

It is noteworthy that adolescents typically possess inadequate and often contradictory information about sexuality, frequently associated with negative myths and beliefs that impact their sexual health (Montero, 2011). Furthermore, risky sexual practices that increase the likelihood of contracting sexually transmitted diseases (STDs) or experiencing an unintended pregnancy may be due, in part, to inadequate knowledge about STDs and contraceptive methods (Ampudia, 2020). Social pressure to engage in unprotected sexual intercourse to exemplify masculinity or femininity can result in individuals taking unnecessary risks (Ibarra et al., 2019).

The absence of communication, for instance, if a partner does not discuss the necessity of using condoms or does not divulge their sexual history, increases the likelihood of contracting STDs (Ampudia, 2020). The consumption of drugs and alcohol has the effect of impairing an individual's capacity to make informed decisions regarding sexual practices. Furthermore, the consumption of drugs and alcohol can result in the engagement in risky sexual behaviors, such as unprotected sexual intercourse or sexual intercourse with individuals with whom the individual is not acquainted (Chávez et al., 2021).

Low self-esteem and self-concept can result in individuals engaging in behaviors that may be perceived as risky in sexual relationships, such as unprotected sexual intercourse or engaging in sexual activity with individuals they do not know, driven by the desire for acceptance (Bermejo, 2021). A lack of access to sexual health care services presents a significant challenge for individuals seeking information about sexually transmitted diseases (STDs) and contraceptive methods. This lack of access also hinders individuals' ability to obtain STD testing and treatment, which can increase the risk of STD spread (Boccardi, 2020).

As a result of this issue, there is an increase in absenteeism and school dropout rates, which in turn leads to a decline in the quality of education. This highlights the necessity for educational institutions, businesses, and universities to implement strategies that mitigate the adverse effects of adolescent sexual behavior.

As indicated by the Ministry of Health and Social Protection (MSPS, 2018), the social determinants of adolescent pregnancy in Colombia for 2018 indicate that 13.8% of women between the ages of 13 and 19 have been or are currently pregnant. Additionally, it is estimated that 33% of births occur in girls between the ages of 10 and 14, and 25% in adolescents between the ages of 13 and 19. The highest rates are observed in rural areas, where the percentage is 18.6%. In this setting, over 40,000 births are registered annually among girls and adolescents.

As reported by the World Health Organization (WHO, 2019), approximately one million individuals are infected with a sexually transmitted disease (STD) annually, with over 357 million individuals serving as carriers of these infections. Additionally, the National Survey of Demography and Health in Colombia (ENDS, 2015) revealed that 16.4% of men and 18.6% of women lacked awareness of the existence of STDs.

State of the art

In Colombia, adolescent pregnancy represents a significant public health issue with considerable social, economic, and demographic implications. Its high rates of morbidity and mortality, along with the adverse consequences for adolescents, their families, and society at large (Venegas & Valles, 2019), underscore the urgency of addressing this problem. As reported by the United Nations Population Fund (UNFPA, 2020), Colombia has one of the highest adolescent fertility rates in South and Central America, with 7.7% of the adolescent population between the ages of 14 and 19. These data have been corroborated by the Pan American Health Organization in 2018, during the development of the Andean Week for the Prevention of Adolescent Pregnancy (2020). Furthermore, the Organization notes that over the years, these figures demonstrate an upward trend in contrast to other countries worldwide.

Furthermore, the advent of the SARS-CoV-2 pandemic has resulted in a regression in the progress achieved in recent years. This is due to the circumstances of confinement and the lack of surveillance within family units, which have been put in place to counteract the pandemic. In response to this, macro-level activities have been developed, such as the Andean Week for the Prevention of Adolescent Pregnancy, which was conducted in several major cities across the country, including Bogotá. This initiative has demonstrated a 7.4% reduction in

births among the adolescent population aged 15 to 19 years old. These strategies have been implemented since 2020, as reported by Infobae (2022).

However, Rodríguez (2020) identified several key factors that contribute to the persistence of this problem. A cross-sectional study conducted by Rondón et al. (2018) revealed that residing with a partner at an early age, which is culturally acceptable in some regions of the country, and experiencing physical or psychological violence in the home are significant determinants. Additionally, having partners who are significantly older or younger than oneself is associated with an increased likelihood of adolescent pregnancy.

It is also noteworthy that these social, economic, and psychological factors and determinants contribute to another issue of similar magnitude, namely sexually transmitted diseases (STDs) (Venegas & Valles, 2019). Consequently, recent research in this field has concentrated on the development of public policies and national programs in various Latin American countries, as well as on the knowledge and perceptions of the adolescent population regarding the issue, with a particular focus on the integration of sex education in educational contexts (Rodríguez, 2020).

With regard to the subject of this study, sexually transmitted diseases (STDs) constitute a significant public health concern in Colombia. As reported by the Colombian Ministry of Health, the number of cases of sexually transmitted diseases (STDs) registered in 2015 was 1.4 million, representing a 26% increase compared to the number of cases registered in 2014. Of these cases, 65% are among women between the ages of 15 and 24 (Minsalud, 2019). In order to address these figures and improve the living conditions of the population, the central government and various public and private entities in the country have proposed and implemented a range of strategies with the stated objective of achieving these goals.

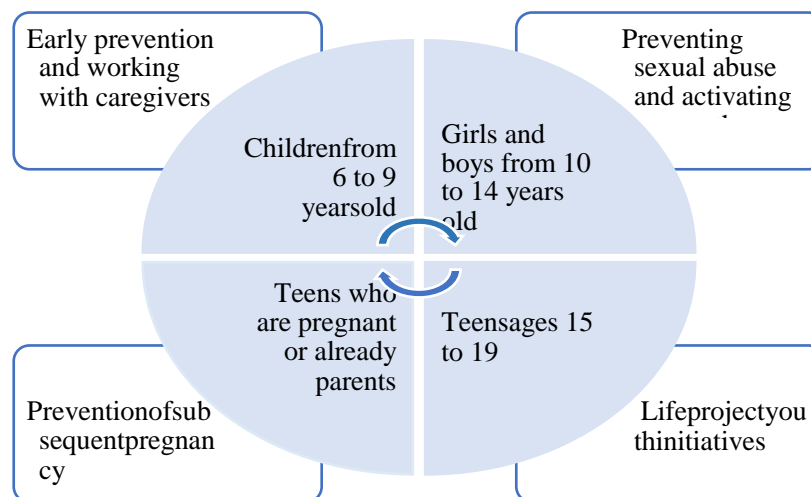
It is also noteworthy that in Colombia, the CONPES Social Document 147, which was approved in 2012, has been a significant development. This document was a national council on economic and social policy that involved the participation of various government entities, including the Ministry of Education, Health and Social Protection, Culture and Defense, and others. The primary objective was to develop guidelines for a strategy to prevent adolescent pregnancy and promote life projects for children, adolescents, and young people between the ages of 6 and 19 (Social Conpes 147 of 2012).

The document presents four fundamental axes, namely, intersectionality, human development and life project, monitoring, evaluation and follow-up, and the provision of sexual and reproductive health services. These axes, in turn, define a series of topics that must be taken into account in the development and implementation of strategies and projects:

- The training of agents who are educators in society.
- The development of activities that seek the empowerment of children and young people.
- Establish guidelines to promote the development of opportunities for children and young people.
- Actions aimed at reducing school dropout as a risk factor for adolescent pregnancy.
- Actions to protect and guarantee the rights of children and adolescents.
- The strengthening of health centers at the level of infrastructure and quality.
- The development of competencies in professionals in the management of sexual and reproductive rights issues.

In accordance with the aforementioned guidelines, the Colombian Institute of Family Welfare (ICBF, 2017) is implementing an ambitious project entitled “Strategy for Comprehensive Care for Children and Adolescents with an Emphasis on the Prevention of Pregnancy in Childhood and Adolescence 2015-2025.” The objective of this initiative is to provide comprehensive support to children and adolescents in accordance with their developmental stage and circumstances, as illustrated in the accompanying image.

Table 1. Aimed at promoting the comprehensive development of children and adolescents



Source: Purpose of Integral Development and Exercise of Rights for Children and Adolescents Conpes 147 of 2012

The project in question is directly financed by the government through this entity and seeks to establish protective environments for children and adolescents in accordance with the public policies outlined in CONPES 147 of 2012. The project employs a cross-sectoral approach that encourages positive engagement with culture, art, and sport. It utilizes strategies that prioritize personal development and the formulation of a coherent identity, to enable children and young people to pursue clear life projects.

In accordance with this approach and with the recognition of effective communication as a crucial element, the Adolescent Pregnancy Prevention (PREA) project was initiated in 2022 in the city of Medellín. The project is structured around a surveillance and action committee, which oversees the implementation of training programs such as “I Decide When.” This initiative aims to equip protective agents and replicators with the skills necessary to prevent adolescent pregnancies. Efforts are being made to guarantee the continuity of education as a favorable indicator of prevention. There are hotlines available to provide assistance and guidance on matters related to child abuse, social inclusion, and health-related issues. Alternative initiatives, such as the integration of sports and educational training outside the traditional school setting, are also being implemented (Mayor's Office of Medellín, 2022).

Other strategies employed by various sectors to address teenage pregnancy include the use of advertising campaigns or social marketing, which aims to disseminate a range of public interest issues that have an impact on the population. In this regard, Juliana L. (2021) outlines the implementation of the communication strategy “Sin Sexura,” which is based on Watzlawick's communication theories and their communicative axioms. This strategy was designed for young people in their final year of school from various educational institutions. Additionally, it involved the participation of the educational community, including teachers, parents, and students, through interviews. Furthermore, the strategy was contextualized using the primary mass media of students, namely the social networks Instagram and TikTok, throughout the course of 2021.

The results of the program demonstrated a high level of acceptance of the communicated messages among the student population. It is noteworthy that their active involvement throughout the construction process facilitated a more profound approach and adoption of the presented information (Juliana, 2021). However, potential limitations to the implementation of the project are also identified, including the communication gap between teachers, parents, and students on the topics of sexual and reproductive education. This can result in family and school communication being perceived by the latter as either non-existent or of little value (Juliana, 2021).

Similar results were obtained in a qualitative study employing a descriptive design examining the development and impact of policies aimed at reducing adolescent pregnancy in the Department of Atlántico (Vásquez, 2018). Furthermore, the necessity for strengthening the knowledge and relationships between parents, teachers, and students is underscored, as is the importance of developing manuals of conduct that can educate children and young people on the distinction between correct and low-risk behaviors and those that may pose a greater risk in terms of their sexual development.

In the city of Bucaramanga, a similar research project was conducted. In addition to analyzing data from national and municipal entities regarding their activities, the research team also conducted fieldwork at two schools. This allowed them to gain insight into the perceptions and recognition of the educational communities regarding the activities carried out (Gelvez et al., n.d.). In general, it was evident that there is a lack of knowledge about contraceptive methods, and most adolescents still adhere to myths about sexuality. Furthermore, despite the fact that 69% of the aforementioned individuals receive talks about sexual and reproductive education at home and on campus, these are provided on an occasional basis, and in some cases,

the appropriate content is not offered. This results in a significant issue of misinformation, which has been identified as a primary cause of adolescent pregnancy (Rodríguez, 2020).

In this case, it was evident that although there is a considerable level of commitment on the part of public entities to generate strategies that seek to mitigate the growth of adolescent pregnancies, many of the programs promoted in the institutions lacked comprehensiveness. This was due to the unclear guidelines regarding the execution of public policies, which often resulted in these programs being limited only to occasional talks that led to greater misinformation towards young people by complementing this information by other means (Gelvez et al., n.d.). A particularly troubling finding is revealed when the survey data is examined. It is evident that over 81% of students possess limited knowledge about contraceptive methods and their proper use.

Notwithstanding the aforementioned shortcomings, it is noteworthy that workshops are conducted in which adolescent mothers are integrated into the program following the socio-humanistic approach. This approach has facilitated the clarification of students' ideas regarding their life projects and the importance of establishing good sexual and reproductive health as a foundation for these projects (Gelvez et al., n.d.). This reinforces the necessity for the formulation of strategies that are aligned with the social and developmental context of young people (UNFPA, 2020).

Nevertheless, it can be argued that many of the initiatives employed in the prevention of adolescent pregnancy also exert an indirect influence on the control of the spread of sexually transmitted diseases in these populations, particularly when such strategies encompass the management of a stable partner, the use of condoms, or even abstinence (Gaitán-Duarte, 2017). In other words, it is evident that these initiatives are insufficient and that direct action is imperative to address this issue.

In contrast, the authors Valencia, Burgos, Sabala, Moreno, and Sierra (2021) indicate that the majority of research in this area has focused on identifying the obstacles and facilitators that young people encounter in accessing protection methods and the knowledge and practices they engage in regarding safe sex. In accordance with the findings of Guerra et al. (2019) and Ortega et al. (2020). It has been established that even today, access to health services for the treatment and early detection of sexually transmitted diseases (STDs) remains limited. Furthermore, the commercialization of prevention has resulted in a more commercial than preventive approach, where a massive and free distribution of condoms is not permitted as the primary means of care during sexual intercourse (Valencia et al., 2021).

About the knowledge that young people may possess regarding STDs and methods of prevention, studies have been conducted in both university populations (Suárez et al., 2021) and secondary schools (Ortega et al., 2020), as well as in the context of the migratory phenomenon (Guerra et al., 2019). The findings indicate that a significant proportion of the investigated populations, exceeding 70%, demonstrated a lack of awareness about STDs. The most commonly identified contributing factors include limited access to information and resources in their environments, particularly regarding their sexual and reproductive rights (Ortega et al., 2020).

Another research project that involved the creation of educational materials for use in the classroom was conducted by Riascos & Ruby (2019) in Buenaventura. This project utilized a variety of digital resources, including videos, infographics, and online educational materials, to facilitate class sessions focused on the prevention of sexually transmitted diseases (STD), with a particular emphasis on HIV/AIDS, genital herpes, gonorrhea, syphilis, and hepatitis B. Similarly, contextualizing the information to the students yielded positive outcomes in terms of knowledge acquisition and attitudinal change regarding sexual practices.

General objective

- To identify the perceptions of students of the nursing program at the University of Magdalena regarding sexual and reproductive health.

Specific objectives

- To analyze the different conceptions about sexual and reproductive health of the students of the nursing program at the University of Magdalena.
- To interpret the aspects concerning sexual and reproductive health that students of the nursing program at the University of Magdalena have.

Research Methodology

To conduct this academic study, the researcher employed communication skills, including active listening, comprehension of the personal circumstances of adolescents and young people, an empathetic disposition, and an understanding of their motivations. Additionally, the researcher evaluated the questioning of one's reality and the awareness of the responsibility involved in the management of information on sexual and reproductive health in the present and future lives of these young university students.

As Ríos (2017) notes, the paradigm enables researchers to present reality through a variety of lenses, drawing on theories that are grounded in scientific evidence throughout the description of a phenomenon. In accordance with the principle of complementarity, Martínez (1996) asserts that the intricacies of reality cannot be fully

encompassed by a singular perspective, viewpoint, or approach. To achieve a comprehensive description of any entity, whether physical or conceptual, it is essential to integrate the insights of diverse thinkers into a unified and coherent whole. This integration can be achieved through a multifaceted approach that encompasses diverse schools of thought, methodologies, and disciplinary perspectives.

In light of the tenets of paradigmatic complementarity, a descriptive and phenomenological study is put forth as a potential avenue for investigation, one that can be pursued at various stages of the research process. In terms of the phenomenology developed by Edmund Husserl, it is concerned with how individuals comprehend the meanings of lived experiences. As posited by Hernández et al. (2014), qualitative research is founded upon an interpretative perspective that is centered on the comprehension of the significance of the actions of living beings, particularly humans and their institutions (p. 9).

In accordance with Arias (2012), the objective of descriptive studies is to identify and describe the characteristics of the real context of the object of study, thereby providing data that can be used to gain insight into the experiences of the subjects. The study in question is descriptive in scope, as it aims to characterize the issue of the lack of knowledge of sexual and reproductive health among university students.

As Martínez and Benítez (2012) observe, the research design is shaped by the approach strategies deployed in the context of the study, which the author employs to obtain information. In this case, the research is based on documentary evidence, as it is supported by thematic inquiries into the object of study, and fieldwork, as the data were collected directly in the place where the events took place. In this instance, the University of Magdalena was the site of the research during the second academic semester of 2022.

Hernández et al. (2014) posit that key informants constitute units of analysis situated within the context of the problem. The informants are undergraduate nursing students from the University of Magdalena. There are currently 507 active students, with ages ranging from approximately 17 to 30. They hail from diverse regions and populations across the country, which contributes to a rich tapestry of cultural, ethnic, and lifestyle variations.

It is of great value to the ongoing research to gain insight into the diverse dynamics and representations held by young university students on matters of sex education, as they represent the primary actors within this research. It is therefore important to investigate the knowledge and training that students have about sexual and reproductive health in order to ascertain whether it is a protective factor in the prevention of STD and PD infection.

To this end, the student's participation in the academic research was sought, and a sample of 12 nursing students was selected for the administration of a questionnaire and semi-structured interview. The age range of the students to be interviewed was limited to those between the ages of 18 and 22. The research team must obtain permission from the program management to contact students according to the class schedule. Additionally, students must be actively enrolled in the program, be in their first, second, or third semester, and voluntarily agree to participate by signing the informed consent form.

At the outset of the students' participation, they are provided with informed consent materials. Should they opt to engage with the research through their voices and perspectives, the questionnaire is administered to characterize the population. The semi-structured interview is then conducted to collect sufficient information to describe the feelings, points of view, opinions, and conceptions held by the social actors involved in the research.

The organization of the information resulting from the questionnaires was conducted using the Power Bi software, which was employed to perform the graphic analysis of the data and identify similar or disparate patterns of behavior among the adolescents. For the interviews, the Atlas.ti software was utilized to capture the expressions, meanings, and representations of sexual and reproductive health as perceived by young university students. Both programs comprehensively facilitate the organization of information, thereby enabling the subsequent conduct of the requisite analysis.

Analysis of the information and results obtained

The interview format and the designated spaces for the application of the test enabled the researcher to ascertain the diverse motivations of young people and adolescents regarding their sexuality and reproduction. Additionally, it facilitated the investigation of their perceptions about unwanted pregnancies, abortion, and sexually transmitted diseases. Furthermore, it provided an opportunity to inquire about their objectives, such as their aspirations for personal and family life. The questions and dialogue with the student were designed to identify characteristics of their behavior. This was done to learn about the beliefs, attitudes, customs, and visions that allowed them to identify particularities according to context and the community to which they belong.

Before the application of content analysis, a preliminary analysis phase was initiated, during which the two interviews and corresponding indicators were selected. This phase concluded with the delineation of the text, the formulation of the categorical system (Table 1), and the designation of the indicators. Subsequently, the material was subjected to an in-depth examination. This entailed the organization of the data, commencing with the identification of the unit of record, which represents the segment of content essential for categorization. This

unit of analysis refers to the elements that must be taken into account in the analysis of the data, namely, “what is told.” In this exercise, the units selected are the theme, which may be considered a nucleus of meaning within the context of this study's objective, and the character, which may be defined as the actor or teacher, for example.

Table 1: Categorical system

1. CATEGORY	Sex			
SUBCATEGORIES	Risks	Sex	Causes	Aftermath
INDICATORS	Adolescence Alcohol consumption Drug use Irresponsibility Freedom Debauchery Sexist No protection	Experience Initiation of sexual relations Insecurity Maturity Couple Sexual partners Early relationships Protection Active sex Responsibility	Correct decisions Lack of knowledge of the subject Lifestyle	Economy Pregnancy Early pregnancy Unwanted pregnancies Errors Not achieving dreams Obstacles Family problems Promiscuity Relative
2. CATEGORY	Sex education			
SUBCATEGORIES	Resources	Characters	Teaching	Risk of lack of training
INDICATORS	Internet Television	Friends School Vulnerable communities Teachers Family Age Groups Mum Parents University	Understanding reality Confidence Formation Lack of education Don't make mistakes No training Values	Abortion Errors Promiscuity Prostitution
3. CATEGORY	Birth Control			
SUBCATEGORIES	Types	Absence	Accessibility	Knowledge
INDICATORS	Arm Condom IUD Injection Pills	STD Misinformation	Friends Professional help Gynecologist Drugstores	Differentbodies Planning

Note. Table 1 presents the analysis categories, subcategories, and indicators that emerged from the participants' narratives.

The results of applying Bardin's (2002) content analysis technique to the two interviews are presented below. In the initial stage, the categories addressed are presented in an organized manner according to the frequency of allusions made by the participants in the indicators, thus applying the frequency enumeration rule (Table 2).

Table 2: Frequency of Indicators for the Analysis Categories

CATEGORIES	FREQUENCY
Sex	33
Sex education	29
Birth Control	14

Note. Categories according to the number of allusions to the indicators found in the participants' narratives.

In this way, segments of the participants' narratives will be shown considering the frequency of each category, as well as the subcategories and indicators identified. In order not to reveal the data of the participants, it is proposed to use the letter P accompanied by a number to refer to each one.

Sex

In this category, students referred to the risks, sex, causes, and consequences that explain their perspectives on sexual relations. Regarding the risks, they pointed out that adolescence is an important stage of development that is associated with the initiation of sexual relations and not being prepared to make decisions in the face of some situations that derive from such relationships "... a person, a man or woman of 14 or 15 years old, suddenly does not have the maturity, suddenly to discern between certain situations and do things with a certain responsibility"**Q2**.

They also referred to the consumption of alcohol and drugs as factors that could generate risks when having sex, as well as irresponsibility, freedom, debauchery, machismo and not having protection, expressing that in their social context there may be little responsibility in the face of sex education "... I would say yes, there is not suddenly that responsibility in the part of doing things responsibly in terms of sex education"**Q2**, in addition to the "... freedom, licentiousness..."**P1**.

In the gender subcategory, they pointed out that being older they found it as an advantage, since it gives them more experience "Currently, since I have a little more experience, let's say in quotation marks..." **P1**, because you can be more mature and responsible "... in certain cases age is proportional to maturity and the responsibility with which things are done" **P2**. Protection will be related to maturity, experience, and responsibility (see Figure 2), as Participant 2 said: "Well, I think that as long as it is done with responsibility, in the sense of protecting oneself, protecting oneself and the partner and that the partner with whom he or she is protected I think there is no problem..." **P2**. Protection was also taken into account by Participant 1 in her first sexual relationship, stating "Yes, of course (...) So yes, I also had sex at 18"**P1**.

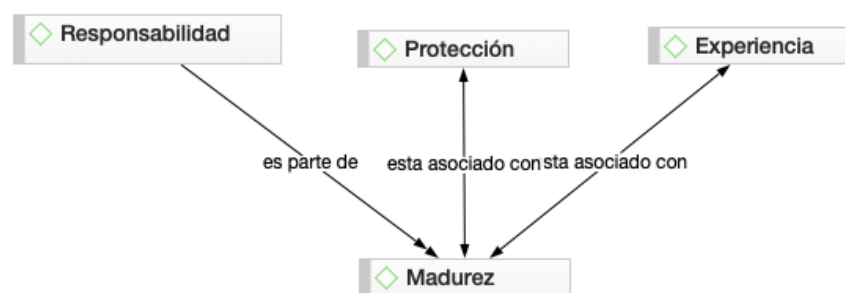


Figure 2: Network on how maturity is linked to factors such as responsibility, experience, and protection in young people's sexual relationships.

Note. On the network, the relationships between codes associated with the category of sexual relations are observed, specifically what has to do with maturity.

One of the young people identified lifestyles and lack of knowledge of the subject as risk factors for the onset of diseases or pregnancies at an early age "... many adolescents are currently unaware of the subject, suddenly they make certain mistakes and more in the part aimed at the methods of protection of the barrier methods that we know"**Q2**, however, he also believes that education can help make correct decisions "I think that education helps to discern between making the right decisions at the right time to guide that adolescent or that adolescent"**Q2**.

Among the consequences generated by the above factors are the economy, pregnancy, early pregnancy, unwanted pregnancies, mistakes, not achieving dreams, obstacles, family problems, and promiscuity, however, this could be relative. This is what they said "I think so because if I am studying obviously it will be an obstacle or I have to stop, say, no, that they are going to take care of it, I think that, if it is an impediment to my dreams, or what I want to achieve, then I consider it" **Q1**, "... There are other factors, one knows, to put it in a colloquial term, the history of the person, if the person has had different sexual partners as well, as in the case of men, that is a bit macho, yes, but if one of the men looks at the person, the woman, has not had too many sexual partners, because things are changing"**Q2**.

Sex education

Resources such as the internet and television make it easier to learn about some topics associated with sex, as they expressed it "... one was looking for how to instruct oneself either through the Internet"**P1** "... sometimes there are in certain television programs, there are topics of sexuality, so sexologists or sexologists talked about the subject and there were topics in which the purpose was, how these were used, condoms" **Q2**.

Among the findings, it was possible to recognize important characters of their sex education. Participant 1 stated that her friends told them things, but that they were wrong "... the friends from school who were saying it, but it was erroneous information" **P1**. For their part, university teachers have oriented their training from the classrooms "... let's say that I have received education (...) from teachers" **P1** in "The same classes of certain subjects" **Q2**. The family, the mother and parents in general, have assumed an important role in sex education since they have given them confidence to talk about the subject "... From what the elders said, in this case, my mother always told me, well, that I will consult with her." **Q1**, in addition to giving them good advice "And I inquire with certain people such as my parents, who can give me good advice on that subject" **Q2**.

With regard to the institutions, it is observed that in the school education was scarce or non-existent, stating that "... On the part of let's say education from the school I did not receive, mostly because of the time" **Q1**, In this line, it is considered that in this context "... sex education is totally null or they touch on the subject superficially, in some talks" **Q2**. For its part, at the university, there is evidence of training, and talks on the subject, but sporadically, "Well, yes, in certain talks given in the auditorium, I have participated in some..." **Q2**, although for Participant 1 the issue has not been addressed, expressing "At the moment no, I have not attended any training or any meeting that has to do with the subject" **Q1**.

For Participant 2, it is necessary to educate vulnerable communities and age groups "I advocate for this promotion that there be more programs aimed at vulnerable communities or age groups that have the possibility of unwanted pregnancies, STDs and others" **Q2**.

As part of the content analysis technique, the rule of enumeration of co-occurrence with the units of character and theme registration is presented. This allows for the identification of actors involved in the training process in sex education. Table 3 illustrates the number of times the indicators meet each other, thereby facilitating an understanding of the role and impact of the characters in the training process. In this regard, it is acknowledged that the university plays a pivotal role in training, although it is also evident that the approach to this matter is somewhat sporadic. The university is perceived as an optimal setting for instruction; however, the school is regarded as an environment devoid of discourse and a rigorous training process. Both contexts, by their nature, require greater emphasis on training in sex education, as indicated by the participants. This is also illustrated in Figure 3.

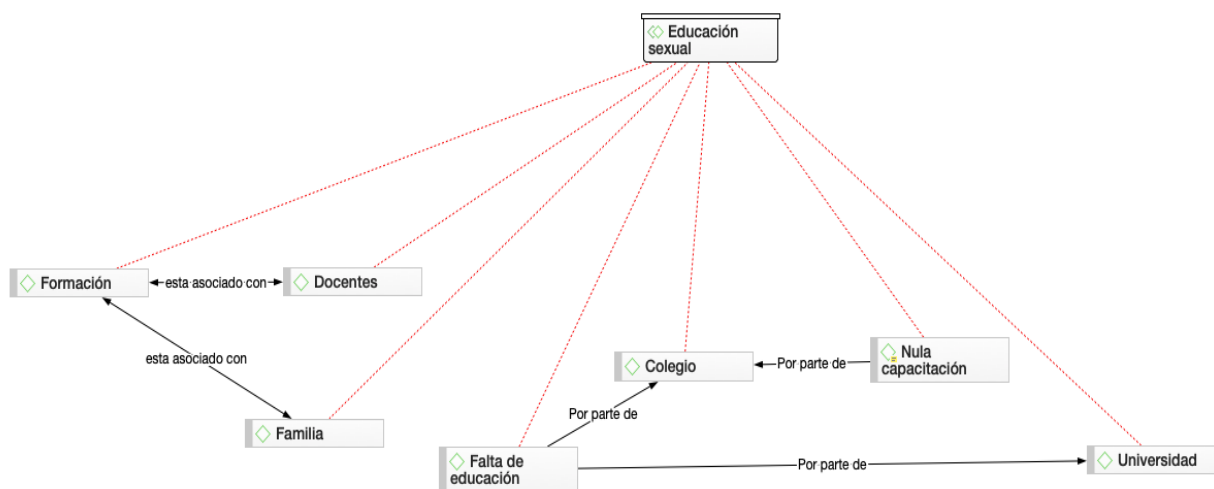


Figure 3: Network that explains the characters and actions associated with sex education

Note. A network generated by the Atlas.ti software in which you can see the links between codes in the same category.

Table 3: Co-occurrence between the units of character registration and theme -sex education-

Co-occurrence between the units of character registration and theme -sex education-													
Characters / Sex Education	School	Understandingreality	Confidence	Teachers	Sex education	Lackofeducation	Family	Formation	Misinformation	No training	Parents	University	Values
Friends	0	0	0	0	0	0	0	0	1	0	0	0	0
School	0	0	0	0	1	2	0	1	0	1	0	1	0
Teachers	0	0	0	0	0	0	0	2	0	0	0	1	0
Family	0	0	0	0	0	0	0	0	0	0	1	0	0
Mum	0	0	0	0	0	0	0	0	0	0	0	0	1
Parents	0	0	1	0	0	0	1	0	0	0	0	0	0
Couple	0	0	1	0	0	0	0	0	0	0	0	0	0
University	1	1	0	1	1	0	0	5	0	2	0	0	0

Note: The table shows the co-occurrence enumeration rule to see the implications between the record units.

As for the teaching subcategory, this activity has helped him to have a greater understanding of reality, confidence, and information on this subject is fundamental “Of course it is, it’s too fundamental for both men and women...”**P1**, this leads them not to make mistakes, and to know how to discern better “I think that education helps to discern between making the right decisions at the right time to guide that adolescent or that adolescent.” **P2**. At the same time, it is recognized that it is important to educate about sexuality since there is evidence of no or little teaching of it in schools and universities. “... It is not normal that there are talks in schools and universities if they are, they are very scarce, one a year for thematic topics of the school and university part, but they are very few compared to how they should be”**Q2**.

This can also be evidenced in Figure 3 from the links between the codes identified in the young people's narratives. In fact, the absence of training could lead to abortion and promiscuity “... So I wonder if it should be an education so that this type of case does not occur, because abortion is also seen and right now that is normal...”**P1**.

Birth Control

The types of contraceptive methods recognized by the two participants were the arm method “The one with the arm”**P1**, “condoms in the case of men...” **Q2**, IUD, injection, and pills, the latter being the preferred by Participant 1 as stated: “I prefer injection...” **Q1**. Using these methods helps ensure that STDs are free and misinformation is generated. They access contraceptive methods through friends, although they can generate incorrect information on the subject, and they choose to go to a professional, specifically a gynecologist who guides according to their body the most effective type of method, this has led them to plan their sexual relations in a better way. Thus, participant 1 expressed “... with the help of gynecologists and all that, then he instructs us on what methods would best suit our body, our organism with which we feel better”**Q1**. The above can be recognized in Figure 4.

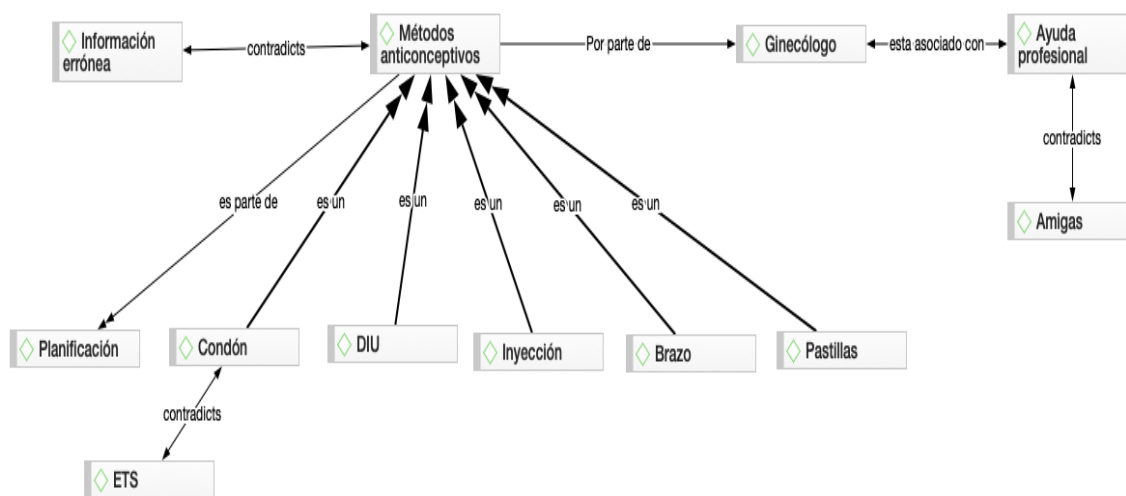
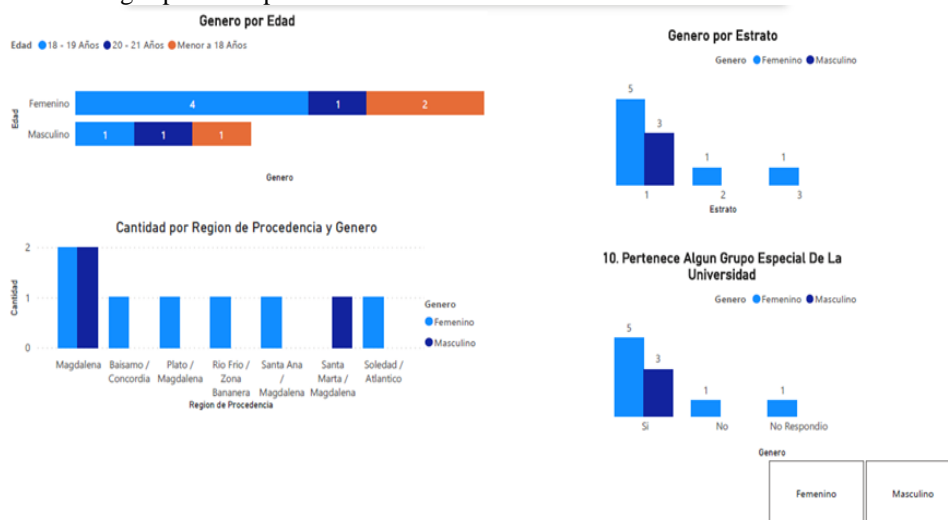


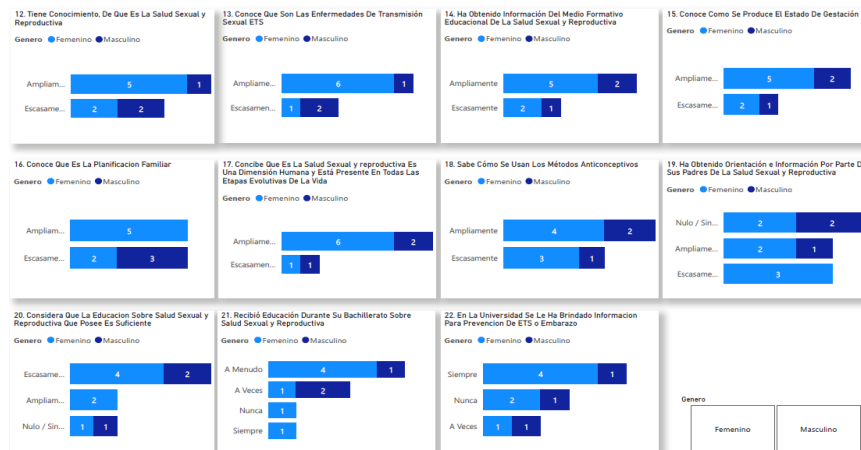
Figure 4: A network that explains how the different codes in the contraceptive category relate to each other. Note. This network is generated by the Atlas.ti software by establishing the relationships between codes and the group of contraceptive methods based on the young people's narratives.

Regarding the questionnaire, when analyzing the graphs provided by the implementation of the PowerBi software, the following aspects are pointed out:



Figures 1 to 4: Characterization of the surveyed students of the nursing program

In terms of age, the sample is distributed as follows: 50% of the sample is between the ages of 18 and 19 years, 20% of those interviewed are between 20 and 21 years of age, and 30% are under 18 years old. With regard to sex, 70% of the respondents are female, while the remaining 30% are male. The predominant social stratum is 1. The geographical origin of the respondents is primarily from the Magdalena department, with 10% hailing from the Atlantic region. Of the respondents, 50% identified as coming from rural areas, while the remaining 50% identified as coming from urban areas. The urban respondents hailed from various locations within the Magdalena department, including Bálamo-Concordia, Plato, Río Frío-Zona Bananera, Santa Ana, and Soledad Atlántico. This illustrates the presence of multiculturalism within the sample. Additionally, half of the respondents belonged to specific university groups. However, it is noteworthy that none of the interviewees identified as belonging to ethnic groups or as peasants. All respondents indicated that they were not recipients of any scholarship or assistantship programs sponsored by the government or the university administration.



Figures 5 to 15: Conceptions of sexual and reproductive health of nursing students

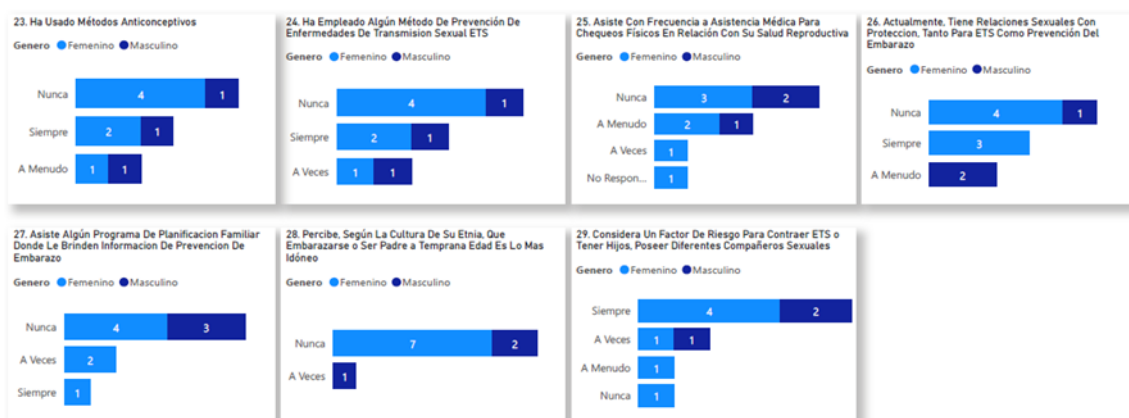
A majority (60%) of the population asserts that they possess a substantial understanding of sexual and reproductive health. Conversely, a significant minority (40%) indicates that their knowledge in this domain is limited. The majority of the sample (65%) indicated that they possess extensive knowledge of sexually transmitted diseases (STDs), while the remaining 35% reported limited familiarity with the subject matter. In similar proportions, the surveyed population indicated that 65% of respondents had obtained their information on sexual and reproductive health through formal educational channels, while 35% had received their training through the same means.

A total of 50% of the interviewees demonstrated a comprehensive understanding of family planning, whereas the remaining 50% exhibited a limited grasp of the subject matter. With regard to contraceptive methods, 60% of the respondents indicated that they possess knowledge of how contraceptive methods are used, whereas 40% stated that they have limited knowledge in this area. Forty percent of the students indicated that they had not received any training from their parents on sexual and reproductive health. Thirty percent reported having limited knowledge from their parents on the subject, while the remaining 30% demonstrated extensive knowledge of sexual and reproductive health from their parents.

Sixty percent of the sample indicated that their knowledge of sexual and reproductive health was inadequate, 20 percent asserted that their knowledge was sufficient, and the remaining 20 percent stated that their knowledge was inadequate. Half of the interviewees indicated that they received education in sexual and reproductive health during their high school years. Thirty percent of the respondents reported that they sometimes received such education, while 10% stated that they always did. The remaining 10% reported that they never received any education about sexual and reproductive health during their high school years.

In regard to information regarding the prevention of sexually transmitted diseases (STDs) and pregnancy, 50% of the interviewees indicated that they always receive such information. Conversely, 30% stated that they never receive such information, while 20% reported that they sometimes receive it.

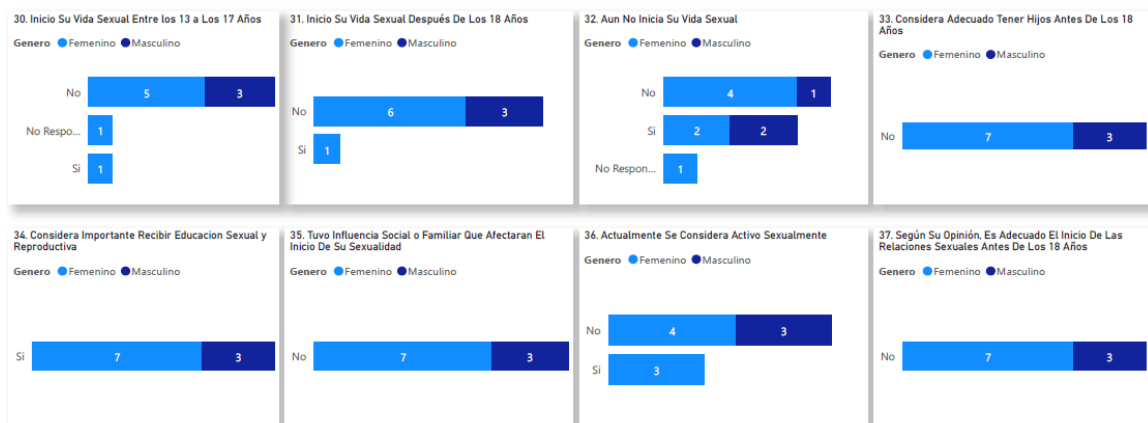
When asked if they have used contraceptive methods, 20% of the interviewees responded that they often do so, 50% stated that they never use contraceptives, and 30% reported that they always use contraceptives.



Figures 16 to 22: Manifestations of sexual and reproductive health care of nursing program students

With regard to the question of whether they frequently attended medical check-ups related to their reproductive health, 50% of respondents answered in the negative, 30% indicated that they did so often, 10% stated that they never did so, and the remaining 10% declined to answer. In response to the question of whether they had participated in a family planning program that provided guidance on pregnancy prevention, 70% of respondents indicated that they had never done so, 20% reported that they had sometimes done so, and 10% stated that they had always done so.

When queried as to whether they perceived that, according to the cultural norms of their ethnicity, becoming pregnant at an early age was the optimal outcome, 90% of respondents indicated that this was never the case. Conversely, with regard to the question of whether they considered that engaging in sexual relationships with multiple partners posed a risk of contracting a sexually transmitted disease (STD) or of becoming pregnant, 60% of interviewees asserted that this was always the case. A further 20% indicated that this occurred sometimes, 10% stated that it occurred very often, and the remaining 10% indicated that it never occurred.



Figures 23 to 30: Aspects concerning the sexual and reproductive health of students in the nursing program

The majority of respondents (80%) indicated that they did not initiate sexual activity between the ages of 13 and 17. This finding is noteworthy given that when asked about the age at which they began sexual activity after reaching the age of 18, 90% of respondents reported that they had not yet done so. This suggests that approximately 50% of the respondents may have initiated sexual activity between the ages of 17 and 18, while the remaining 50% may still be in the process of doing so. With regard to the question of whether it was appropriate to have children before the age of 18, all respondents answered in the negative. Similarly, all respondents answered in the affirmative to the question of whether it was important to receive sexual and reproductive education. Finally, 100% of the surveyed population stated that they had not received social or family influence that had affected the beginning of their sexuality.

CONCLUSIONS

The students' responses to the instruments applied indicate that they have limited knowledge about sexual and reproductive health (SRH). Despite acknowledging the existence of contraceptive methods, the majority of students reported not using them. Additionally, the students demonstrated limited knowledge about sexually transmitted diseases (STDs), as evidenced by their lack of protection against STDs and their absence from medical check-ups or family planning programs. There is consensus that it is inadvisable to have children at an early age or to engage in sexual activity before the age of 18. This is because it can impede the realization of one's life project, particularly in the context of pursuing a university education. Additionally, the risk of contracting a sexually transmitted disease is significant, as it can necessitate prolonged hospitalizations.

In terms of the instruments implemented, the questionnaire allowed for the characterization of the social actors and the identification of shortcomings related to SRH. The interview provided insights into the perspectives, thoughts, and expressions of young university students on the subject, which were then differentiated from the data obtained at the national and community levels by various entities on the issue of adolescent pregnancy and sexually transmitted diseases.

In light of this social phenomenon that affects the adolescent and youth population, despite the implementation of programs designed to reduce the figures, the results remain relatively low compared to those of other countries where similar strategies are employed. The lack of coordination among the various entities involved in the execution of these programs represents a significant obstacle to the effective implementation of the policies. Additionally, the absence or inadequacy of evaluation methods for these projects further hinders the efficacy of the policies. It is also important to consider the target audience, in this case, adolescents, when developing strategies. Strategies are often created or copied from what is believed or known by adults, but these may not

align with the needs of young people. There have been instances where a message that is meaningful to adolescents has been interpreted as senseless by elders, and vice versa.

It can be argued that the most effective projects are those that ensure young people have access to comprehensive sex education, adequate contraception, and support systems. This is because these factors are crucial in reducing the occurrence of teenage pregnancies and the spread of STDs. In addition to fostering an environment where young people feel at ease discussing sexuality and its associated risks, it is crucial to integrate their families and educational communities through the use of straightforward, contextualized language. Furthermore, providing economic and educational opportunities for young people can help reduce the likelihood of adolescent pregnancy or the transmission of sexually transmitted diseases.

Conversely, with regard to the prevention of STDs, advertising campaigns and psychoeducational models have been demonstrated to have a beneficial effect, as they educate adolescents on how to maintain a healthy sexual and reproductive life. However, for these initiatives to be truly effective, it is essential to ensure that they are accompanied by access to contraceptives, accurate information, and quality health services. Ultimately, it is imperative to supplement the aforementioned campaigns with the implementation of legislation that safeguards and advances the sexual rights of adolescents and young adults.

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