Unexplored Male Adolescent Sexual Behaviors and Teenage Pregnancy in Mexico

Extended Abstract

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Abstract

This study looks at how the age of first sexual intercourse, the use of birth control of young men and women aged 15 to 19 changed between the years of 2000 and 2010, in order to understand the recent and growing trend of teenage pregnancy in Mexico during the last decade. This research points out that during 2000 and 2010, Mexican girls and boys from the second poorest strata, presented the highest teenage pregnancy ratio. In contrast, high-income urban women are the ones that accounted for the highest increment in risky sexual behaviors and teenage pregnancy incidence from 2000-2010. In addition to this trend, it was found out that, in 2010, boy´s risky sexual behavior was relatively higher in upper-income strata. Finally, the medium-income strata presented mixed results between men and women. The primary aim of this research is to influence policy decision making by introducing a gender based approach. We argue that differences between male and female sexual behavior need to be considered when implementing public policies that aim to reduce teenage pregnancy.

I. Introducción

In Mexico the proportion of teenage mothers shows an increasing trend since 1997 (INEGI, 2012). Moreover, the teenage fertility rate increased 7.3% from 2005 to 2008, after a downward trend since the early nineteen nineties (CONAPO, 2009).

After two decades of policy initiatives and program implementation aimed at adolescent sexuality in Mexico, this population continues to engage in risky behavior such as becoming sexually active at a young age and not using birth control. These adolescent high-risk behaviors have been shown to have long-term, negative effects on teenagers' health, education and career prospects (Gruber 2001). For example, young women and girls who engage in sexual activity at an early age are at high risk to become pregnant during adolescence (Antecol & Bedard, 2007).

Teenage pregnancy is one of the undesirable consequences of risky sexual behaviors among adolescents, in addition to AIDS/HIV and sexually transmitted infections. Based on Levine's (2000) work, teenage pregnancy may be considered as a payoff of a "game tree" of sexual activity

decisions, with four stages: 1)sex/no sex, 2)birth control/no birth control, 3)pregnant/not pregnant, 4)give birth/abort. The probability of becoming pregnant depends on the decisions taken in previous stages. Hence, an increase in adolescent risky sexual behaviors such as earlier sexual intercourse and unprotected sex increases the probability of becoming pregnant. Our objective is to explain sexual behaviors´ differences, from a gender perspective, in order to better understand current trends in teenage pregnancy in Mexico.

To date most studies about teenage pregnancy focus on girls and there is a large literature studying the effects of teenage pregnancy and young mothers´ future outcomes. Also extensive is the literature analyzing the determinants that affect girls´ probabilities of becoming pregnant, but much less has been said about teenage males. Giving this lack of research focusing on teenage males, using cross sectional data from the Mexican National Youth Survey (ENJUVE) 2000 and 2010, we explore boys' patterns of sexual behavior. We want to know if this kind of behavior has increased for the case of males as we seek to explain the differences between boys and girls. The findings describe changes in risky behaviors, and identify the population where these changes have been more accentuated.

II. Literature review

There is a lack of research that focuses on the role of men in teenage pregnancy; to date, teenage girls have been the center of attention. There is a wide body of literature analyzing the risk factors for female teen pregnancy (for a review see Wolfe, et. al., 2007). In addition, there have been many studies which focus on the long-term, negative impact that teenage pregnancy has on young women and their children, especially regarding educational levels and income compared to women who postpone childbearing until after adolescence (Steward, Farkas & Bingenheimer, 2009). Governmental programs which focus on reducing teen pregnancy also have principally focused their attention and resources on women and girls. Programs that provide outreach to young men as well are a recent phenomenon (Trivedi, et. al., 2009).

However, the rate of teenage pregnancy out of wedlock has increased in recent years (Wu and Wolfe 2001; Maynard, 1996; UN, 1989). This has created a growing recognition of the need to study the behavior and motivation of adolescent males in order to explain the evolution of female adolescent fertility (Goldscheider and Kaufman 1996). Like that of teen mothers, adolescent paternity is associated with a decreased ability to invest in their own human capital (Manning and Smock 2000) due to the long-term financial responsibility of having children at a young age.

Young adolescent males generally become fathers outside of marriage and in unstable relationships (Manning, Smock, and Majumdar 2004). Recent studies have demonstrated that families formed by unwed parents face difficulties in finding good jobs, maintaining stable and lasting family units, and parenting their children (McLanahan, et. al., 2010). On the other hand, some studies have found that becoming parents during adolescence can motivate some teens to settle down, increasing their future success (Sampson and Laub 1993).

Nevertheless, the growing number of teenage single mothers can indicate that young men facing a pregnancy during adolescence often become absentee fathers. There are significant differences between the experiences of men and women who become parents at a young age. Women generally assume the responsibility for the care and education of their children (Hofferth, & Goldscheider, 2010). Men, on the other hand, usually have a greater choice in the role that they take in their children's' lives. They can decide between being residential fathers (married or not) who live with the mother of their child, or being non-residential ones (Hofferth, & Goldscheider, 2010). Non-residential fathers often are at the margin of their children's lives, education and upbringing.

There is empirical evidence showing a negative relationship between unstable parenting relationships and children's behavioral problems as well as their educational achievement (McLanahan, *et. al., 2010,* Biblarz & Raftery, 1999, Jonsson & Gahler, 1997, Garasky, 1995, Wojtkiewicz, 1993, Manski et al., 1992, Sandefur et al., 1992, and Astone & McLanahan, 1991).

This instability could originate from a divorce (Painter & Levine, 2000), or from being exposed to continuous changes in family structure (Osborne & McLanahan, 2007; Fomby & Cherlin, 2007)

High-risk adolescent behavior is also associated with family instability for both boys and girls. Young people from unstable homes are at greater risk for becoming sexually active at a young age (Wu & Thomson, 2001, Wu & Martinson, 1993, and Capaldi, Crosby and Stoolmiller, 1996), drug and alcohol use (Antecol & Bedard, 2007; Comanor & Phillips, 2002; Painter & Levine, 2000; Cherlin et al. 1995; Flewelling & Bauman, 1990; McLanahan & Bumpass, 1988; and Matsueda & Heimer, 1987), and increased criminal activities for young males (Harper & McLanahan, 1999).

Subsequently, it is of the utmost importance to study the evolution and reproductive behavior patterns of adolescent males, since teenage pregnancies generally occurs in no lasting relationships or end up in a nonresidential fatherhood. This information can be a helpful tool for those who create public policies that focus on reducing teen pregnancy and single motherhood in order to offset the negative social costs that absentee fatherhood generates.

Teenage fertility decision tree

Teen pregnancy is one of the negative consequences of high-risk sexual behavior. This type of risk-taking behavior increases a teenager's chances of contracting an STD or becoming pregnant. Some of these behaviors include: engaging in sexual intercourse at an early age, having unprotected sex, and having multiple partners and casual sexual relationships. There is a body of empirical studies documenting a correlation between becoming sexually active before the age of fifteen and an increased risk of becoming pregnant during adolescence (Abma and Sonenstein 2001).

In order for a teen pregnancy to occur, young people must make a series of decisions which begin with the one to have sexual intercourse and to use (or not use) birth control (Afxentiou & Hawley, 1997). Levine (2000) presents a simple model of female adolescent fertility represented as a decision tree formed by four consecutive stages: 1) sex/no sex, 2) birth control/no birth control, 3)

pregnant/not pregnant, 4) give birth/abort[1]. Young women decide which of the two possible behaviors to choose at each stage by considering the costs and benefits of their future decisions. Depending on the decisions made at earlier stages, each branch of the tree represents the possibility of having a child. Subsequently, teenage pregnancy reflects changes in the decisions made regarding sexual behavior, specifically those which involve levels of sexual activity and/or the use of birth control (Levine, 2000).

Teenage pregnancy and risky sexual behaviors in Mexico

In Mexico, the incidence of adolescent pregnancy is highest in low income sectors of the population (Stern, 1997). The correlation between poverty and increased rates of teen pregnancy is consistent in all countries, including developed ones like The United States (Levine & Kearney, 2012). As a result, high rates of adolescent pregnancy take on a double importance because they accentuate the transmission of poverty from one generation to the next (Buvinic, 1998). This creates problems of economic development in a country and aggravates social problems (Buvinic, 1998; and Silva, González & Torres, 2008).

In Mexico, it is not possible to speak about teenage pregnancy as a homogeneous phenomenon across social sectors. For example, there are differences between rural and urban sectors as well as different socio-economic strata. Some studies have found that there is a greater incidence of teen pregnancy in rural areas than in urban ones (Welti, 2000 and 1992; Zúñiga *et. al*., 2000; Menkes & Suárez, 2003; and Menkes *et. al.,* 2004). Traditionally, adolescent rural pregnancies are characterized by the common and socially accepted practice of marriage and family formation at a young age (Stern, 2012).

In order to understand the phenomenon of urban teen pregnancies, it is necessary to analyze at least three different social strata: very low income, lower middle class, and middle and upper class. For

[1] Figure 1 shows the teenage sexual decision tree, presented in Levine, 2000.

young women who live in poverty, teenage pregnancy is generally correlated with family and social conflicts. Labor instability and limited life choices as well as violence, problems and sexual abuse within the family are common issues which these young people must face. Subsequently, teen pregnancy in this social sector can be defined as *"The solution to family problems in a situation with a lack of options"* (Stern, 2012, pg. 150).

Among lower middle class families, there are often family and social aspirations for a better life. Children (including adolescents) are encouraged to study and young people often aspire to upward mobility through education and hard work. In this context, an adolescent pregnancy is, according to Stern, "*is an unexpected event that can end the hope of upward mobility"* (Stern, 2012, pg. 151).

The middle and upper classes are characterized by high educational aspirations for both men and women. This, of course, increases the amount of time that young people are economically dependent upon their parents. Middle and upper class teenagers generally have an increased knowledge of birth control compared to other social sectors. Stern defines teenage pregnancy in this group as: *"An 'accidental' one due to the failure or inadequate use of birth control."* Stern notes two other types of adolescent pregnancies in this social sector: *"Wanted pregnancies involving young couples that are still economically dependent on their parents but are in stable relationships;"* and *"planned pregnancies (a small, but possibly growing number of women) involving women who want to have a child outside of marriage"* (Stern, 2012, pg. 152).There has been an increase in the number of teen pregnancies in this social sector compared to other ones since the early 1990s (Stern & Menkes, 2012).

The different factors that define adolescent pregnancies in rural, urban and distinct social classes suggest that the sexual and reproductive behavioral choices that young people make will vary according to where they live and their social class.

There are also significant behavioral differences between men and women (Szasz, 2008). Single men have a *"clear authorization to experience sexual relationships… the majority of which occur outside of marriage or even a stable relationship"* (Szasz, 2008, pg. 465). A predominantly traditional image of male sexuality prevails in Mexico. Young men are expected and often encouraged to begin their sex life at a younger age than women and they face peer pressure to do so. It is also permissible to experience a variety of sexual partners (Stern, et al., 2008).

Rojas and Castrejón (2007) identified two contrasting patterns of male sexual initiation in Mexico by analyzing the 2003 National Reproductive Health Survey (Encuesta Nacional de Salud Reproductiva). Middle and upper class urban adolescents are at one end of the spectrum. They generally experience an early sexual initiation (before the age of 16) outside of marriage. Indigenous, rural, low income and very low income men are at the other extreme. Their sexual initiation frequently occurs after the age of 18 within the context of a first marriage (Rojas & Castrejón, 2007).

In contrast, female sexuality is traditionally limited to the confines of marriage. This is especially true among the very low, low income and working classes. There are a growing number of upper-middle and upper class women who display "modern" sexual and reproductive behaviors. On the one hand, these young women generally postpone their sexual initiation and marriage until after the age of 23, primarily as a result of studying at a post-secondary level. On the other hand, they eventually acquire sexual behavior similar to that of men because they have an increased probability of separating their sexual initiation from marriage and reproduction. This is due to the fact that they have a greater knowledge of, access to and use of birth control (Solís, et al., 2008).

There are also significant gender and social class differences in the use of birth control among adolescents in Mexico. In a study done in Guadalajara,[2] Caballero and Villaseñor (2001) found that women consistently reported less condom usage that men. González-Garza, *et. al.* (2005), in their

[2] The second largest city in Mexico after Mexico City

study of the 2000 National Health Survey (Encuesta Nacional de Salud 2000), found that the adolescents who were most likely to use birth control in their first sexual relationships were young men over the age of 18 with higher levels of education, prior knowledge of contraceptives.

To this author's knowledge there has not been a nation-wide study in Mexico analyzing the sexual behavioral changes and distribution of male and female adolescents using recent national data bases. This study will focus on patterns of sexual behavior in rural and urban areas controlling for the variables of gender and social class in order to identify the population with the greatest increase in teenage pregnancy in Mexico from 2000 to 2010.

Recent trends in teenage pregnancy in Mexico

Teen pregnancy rates in Mexico have increased significantly during recent years. Fertility rate statistics show that although there was an important decrease in the number of adolescent pregnancies during the first half of the 1990s, this trend was dramatically reversed in the first decade of the 21st century. Figure 1 illustrates the fact that in 2010, slightly less than 19% of all Mexican births were to mothers under the age of 20. This number surpassed the percentage of teenage births in 1991. Furthermore, the birth rate of young women aged 15 to 19 increased 7.3% between 2006 and 2008 compared to the period of 2005-2008. This increase is in direct contrast with the global birth rate, which decreased 4.3% during the same period (CONAPO, 2010). In addition, the Mexican 2010 Census registered the fact that 0.6% of 12 year old girls and 12.5% of young women between the ages of 15 and 19 had already had at least one child.

III. Method

Using cross-sectional data from the Mexican National Youth Surveys of (ENJUVE) 2000 and 2010, a gender analysis has been developed to answer the following questions: Have teenage risky sexual behaviors increased during the last decade in Mexico? What are some of the behavioral differences between men and women? This study aims to identify the population which has the greatest incidence of high risk behavior in order to be able to focus future public programs at these groups to

reduce teenage pregnancy. Based on the decision tree proposed by Levine 2000[3], we develop a descriptive analysis, by calculating the changes in high risk sexual behavior and adolescent pregnancy in men and women aged 15 to 19 in Mexico.

Data

ENJUVE is a national and state survey focused on men and women from 12 to 29 years. It shows individual information about education, sexuality, procreation, family background and health, among other topics. It was developed by the Mexican Institute of Youth (IMJUVENTUD) jointly with the *Universidad Nacional Autónoma de México* (UNAM). The sample design is probabilistic, stratified, multi-phased and conglomerated. The total sample size for the year 2000 was 49,312 individual questionnaires and in 2010, it consisted of 28,005 individual ones. The total number of adolescents interviewed aged 15 to 19 was 15,526 in 2000 and 9,724 in 2010.

Variables

The high risk sexual behaviors in this study are defined in the following manner:

Early sexual initiation: When the adolescent surveyed answered that they had their first sexual experience at or before age 15.

No contraception use during their last sexual intercourse: When the adolescent surveyed responded that they had not used any type of contraceptive during their last sexual intercourse and they are not married or in a civil union.

Teenage pregnancy: When the adolescent answered that they had experienced a prior pregnancy or got a girl pregnant.

[3] Levine's Sexuality Decision Tree (2001) will be followed to stage 3: 1) sex/no sex, 2) birth control/ no birth control, 3) pregnant/not pregnant. The fourth stage deals with the decision to give birth or abort and is outside of the scope of this analysis since the focus here is teen pregnancy and not childbearing.

Rural areas are defined as communities which have fewer than 500,000 inhabitants and urban ones are defined as cities which have 500,000 or more residents. Socio-economic class is divided into four categories based on per capita family income:[4] Very low, low, middle, and upper class[5].

IV. Preliminary Results

Teenage pregnancy patterns

The number of men aged 15 to 19 who stated that they had gotten someone pregnant increased 21% in ten years, going from 2.8% in 2000 to 3.3% in 2010. In contrast, the number of teenaged women who stated that they had been pregnant reached 11.6% in 2000 and basically remained stable at 11.8% in 2010, as demonstrated in Figure 3.

There was a significant difference between rural and urban zones. The percentage of men in urban areas that reported that they had gotten someone pregnant showed a growth that was five times greater than those in rural areas. The percentage was 26.3% for the former compared to 4.7% for the latter. The percentage of female urban teenagers reporting a prior pregnancy grew 5.9% during the analysis period. However, the percentage of female rural adolescents stating that they had been pregnant actually declined 8.8%. These results are presented in Figures 4 and 5.

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[4] Aside from family income, socio-economic categorization also depends on educational levels and occupation. By using family income as the only defining variable, these stratification groupings constitute an approximation of what would be a more complete analysis of socio-economic status.

[5] Due to the fact that the survey provided income information for each individual family member, monthly family income was calculated and divided among the total number of household members.
The division between very low income and low income is based on the nutritional poverty line and is calculated by the National Council of the Politics of Social Development (Consejo Nacional de Evaluación de la Política de Desarrollo Social or CONEVAL). Thus, the very low income group is composed of individuals whose per capita monthly family income is below the poverty line and they are unable to meet basic individual nutritional needs for one month. Individuals in low income group are unable to meet their health care, educational, clothing, housing and transportation needs. This is true even if all family income resources are used. The middle class is composed of individuals whose income is above the poverty line and below the average monthly per capita income of the 5th quintile (20% highest) of people in Mexico. The upper socio-economic group is defined by individuals located at or above the 9th decile (the top 20%) for each of the years analyzed. The income deciles are calculated by utilizing the National Survey of Income and Household Expenses (Encuesta Nacional de los Ingresos y Gastos de los Hogares or ENIGH) for the year 2000, CEFP in 2008 and 2010, and the source was INEGI in 2012.

Figure 6 and 7 shows the results controlled for by socio-economic groups for girls and boys. In both years, the greatest raw numbers of female adolescent pregnancies were found in the low income group, going from 12.8% in 2000 to 13.3% in 2010. In 2000, the young men with the greatest number of reported pregnancies were also in the lowest income group (3.1%) while in 2010, 4% of low income men reported that they had caused a pregnancy, and it was the highest proportion among the income groups. The most significant changes during the period of 2000-2010 were caused by women in the middle income group. Here, female reported pregnancies actually decreased by 22.5%. Very low income and low income women only reported an increase from 3.6% to 6.3% respectively. The proportion of young, middle class men reporting a pregnancy was the one that presented the greatest increase (39%). On the other hand, very low income men only showed a 4.26% increase. Upper income men reported a significant decrease compared to the year 2000[6].

Early sexual initiation

There was a considerable change in the number of young men and women reporting early sexual initiation. Between the years of 2000 to 2010, the increase in the percentage of men and women reporting early experiences grew 90.5% for the former and 88.1% for women. In the year 2010, almost 20% of young men and 11% of young women had their first sexual experience at the age of 15 or younger. This increase for urban men (91.7%) was considerably greater that of rural ones (63.9%). There were equally drastic changes for young women as well; rural women reported a 34.8% increase and urban ones had an extraordinary figure of 114.5%.

When looking at social class, it is clear that the women in the highest and lowest income groups had the greatest increases, with an 864.1% and a 153% change respectively. Low income men showed

[6]This data should be viewed with caution because the high income sample group represents only 0.45% of the total in 2000 and 1.69% in 2010. Subsequently, the sample is so small that it is impossible to state these facts with certainty. In addition, 7.91% of the participants did not report income in 2000 and 8.88% in 2010, making them ineligible for this study.

the greatest increase with 131.54%, followed by middle class ones with a 75.75% increase. Upper class men actually reported a decrease of 16.9% between 2000 and 2010. In spite of this decrease, upper income men actually had the highest levels of early initiation, reaching a total of 36.2%. Very low income, low income and middle class men had the respective totals of 16.5%, 20.2% and 22.3%.

No contraceptive use

Unmarried teenagers' failure to use contraceptives during last sexual intercourse also showed an increase for both men and women, increasing 59.5% for the former and 41.8% for the latter. The total percentage of teenagers who failed to use contraceptives in 2010 was 11.6% for men and 6.9% for women.

This increase was concentrated principally in urban areas. There was an increase of 79.9% of urban men who did not use contraceptives, compared to an increase of 4.7% in rural areas. Similarly, the total number of urban male adolescents who failed to use contraceptives during their last encounter was 12.6% while the same statistic for rural teens was 8.5%. For their part, the increase of rural women who failed to use contraceptives was 63.9% and urban women reached 36.8%. With this increment in rural girls, in 2010 the total percentage of urban and rural women who reported not using birth control during their last sexual encounter was almost equal, 11.8% for urban ones and 11.7% for rural ones.

In terms of socio-economic levels the upper income group represented the highest proportion of men who failed to use contraceptives. The total percentage of this group was 14.2%. Very low income, low income and middle class groups represented 8.4%, 12.0% y 13.9%, respectively. Nevertheless, the middle class group showed the greatest change, increasing 116.9% from 2000 to 2010. Women in the high income group not using birth control had an exorbitant increase, going from 0.4% in 2000 to 9.1% in 2010. The second highest increase was among women of the low

income group, increasing 71.3% during the ten year period. The total percentage of young women in this group not using birth control was 8.1% and the percentage of women in the middle income group was 7.5%.

V. Discussion

The proportion of adolescents aged 15 to 19 that experienced early sexual initiation and/or failed to use contraceptives in their last sexual encounter increased drastically between 2000 and 2010. These figures are 88.1% and 59.5% for men and 90.5% and 41.8% for women. During the same time period, the number of adolescent men and women who reported a pregnancy grew 21% for men and 1.8% for women.

There are significant differences in sexual behavior in Mexico for men and women. These differences are made even greater when controlling for social class (Szasz, 2008). The statistics presented in the descriptive analysis corroborate this statement. Between the 2000 and 2010, high income adolescent men represented the greatest proportion of men practicing high-risk behavior. In 2010, there was a significant increase in the proportion of men who experienced early sexual initiation and failed to use birth control and the higher the social class, the greater the increase. However, this increase wasn't reflected by an increase in teen pregnancies for upper class men. In contrast, this was the case for low and middle income men.

This contrasts significantly with the number of reported female pregnancies among women of the middle class. As you can see above, this was the only group in the study that actually reported a decrease of 22.5%. On the other hand, upper class women were the ones who reported a surprising growth in both high risk sexual behaviors and teen pregnancy. This is suggestive of the fact that the "modern" behaviors that began occurring during the late 1990s took hold among middle and middle high – high class (Solis, et. al., 2008), but that upper class teens failed to adopt birth control methods at the same level as the middle class.

The greatest total number of teen pregnancies was concentrated among very poor and poor women in both 2000 and 2010 (12.8% and 13.3%, respectively). Low income group also has second place, after upper class teens, of young women who failed to use birth control (9.1% vs. 8.1%). Very low income women had the greatest total percentage of young women who experienced early sexual initiation (12.55%). This confirms the general idea that for very low and low income girls, pregnancy and possibly marriage (or living together) is often viewed as a way out of a bad situation (Stern, 2012).

Rural areas actually had higher rates of teen pregnancy than urban ones until the late 1990s (Welti, 1992 and 2000; Gonzalez, 1998; Zuñiga et. al. 2000; Menkes and Suarez, 2003; Menkes et. al., 2004). This is perhaps the most interesting finding of the study. In 2010, for the first time, urban teens had a higher percentage of adolescent pregnancies than urban ones. Although these differences are small (0.1% for women and 0.3% for men), rural women actually had a decrease in teen pregnancies of 8.8% while rural men reporting that they had caused a pregnancy increased 4.7%. Nonetheless, urban men had an increase of 26.3%.

Regarding early sexual initiation, both urban men and women had greater increases than rural ones. In addition, urban men (who are not married nor cohabitating), had a greater proportion of failure to use birth control than their rural counterparts. The inverse case is true of women. Rural women were less likely to use contraceptives than urban ones in both 2000 and 2010. This fact can be explained by the fact that many rural teens marry young and intentionally become pregnant within a marriage.

VI. Conclusions

To date, no research has been done regarding changes in teenage fatherhood and risky sexual behaviors using national representative data in Mexico. Our findings suggest that teenage boys have higher risky sexual behaviors, compared to teenage girls. The percentage of boys that had an early sexual initiation, and had unprotected sex in the last sexual intercourse (not married nor cohabitating), is nearly 40% higher than girls´.

Our findings suggest that, in 2010, total urban population account higher concentrations of risky sexual behaviors as compared with those who live in rural areas. This relationship is also true for teenage pregnancy. For the first time since data on sexual behavior is available in Mexico, teenage pregnancy concentration appears to be higher in urban than in rural areas.

Girl´s from the higher economic strata, presented enormous increments of risky sexual behaviors and teenage pregnancy from 2000 to 2010; and boys from the same strata accounted the higher concentration of risky sexual behaviors in 2010. Girls from the very poor strata presented the higher concentration of early sexual intercourse in 2010. Meanwhile, boys and girls from the second poorest strata are the ones who had the higher percentage of teenage pregnancy in the same year. From 2000 to 2010, boys from the medium economic strata accounted for the highest rise of teenage pregnancy while girls from the same strata were the only ones who diminished their proportion of teenage pregnancy with respect to the strata's whole population during the same period.

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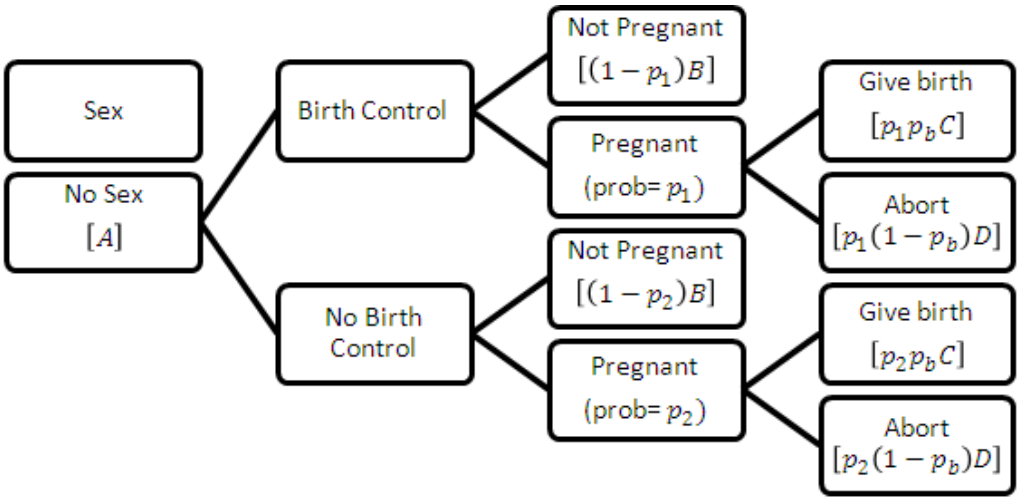
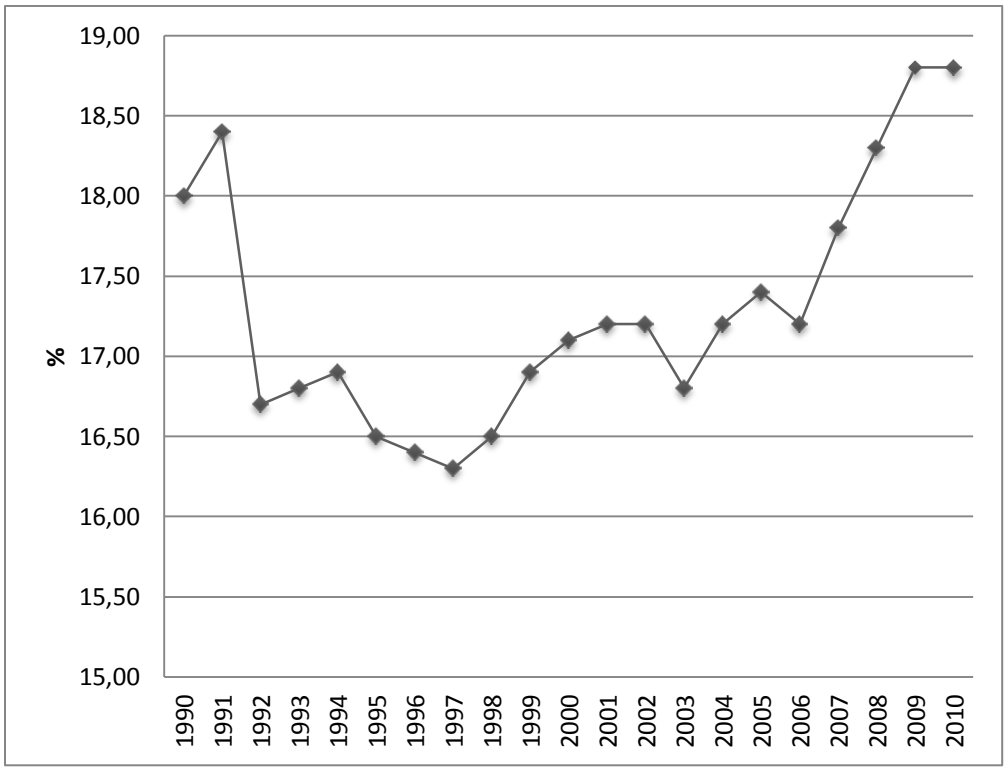
FIGURE 1: Teen Sexuality Decision Tree



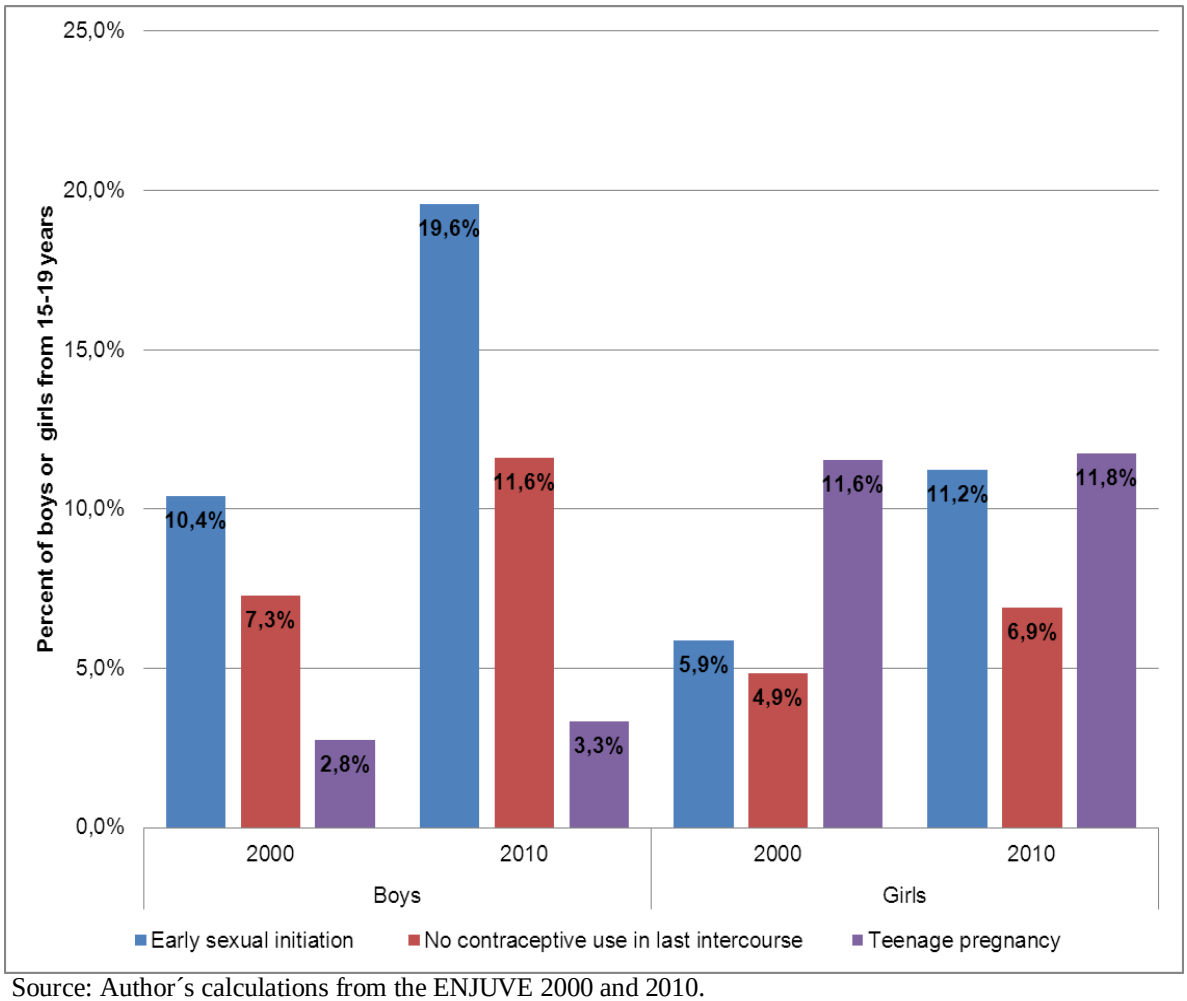
Source: Levine, 2000.

FIGURE 2: Proportion of mothers aged 15 to 19 from total births in Mexico 1990-2010



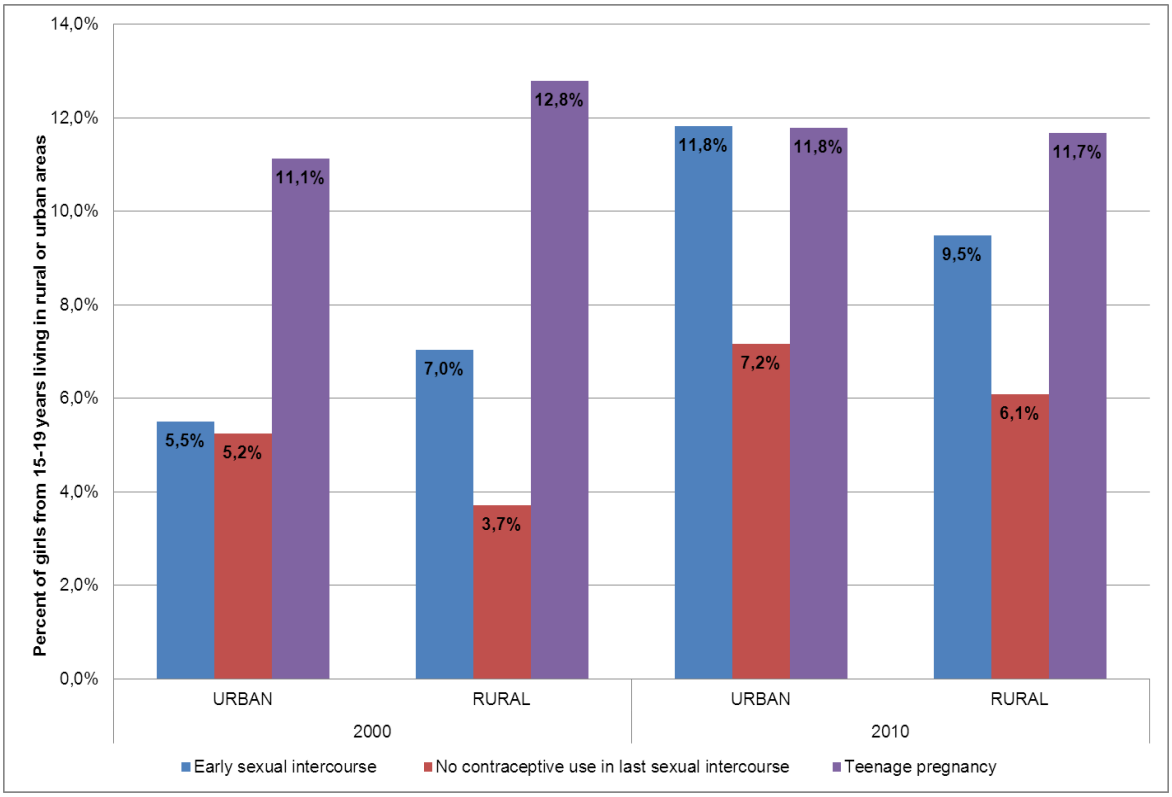
Source: National Institute of Statistics, Geography and Informatics (INEGI). Fertility Statistics, 2012.

FIGURE 3: Teenage Risky Sexual Behaviors and Teenage pregnancy in Mexico 2000 and 2010



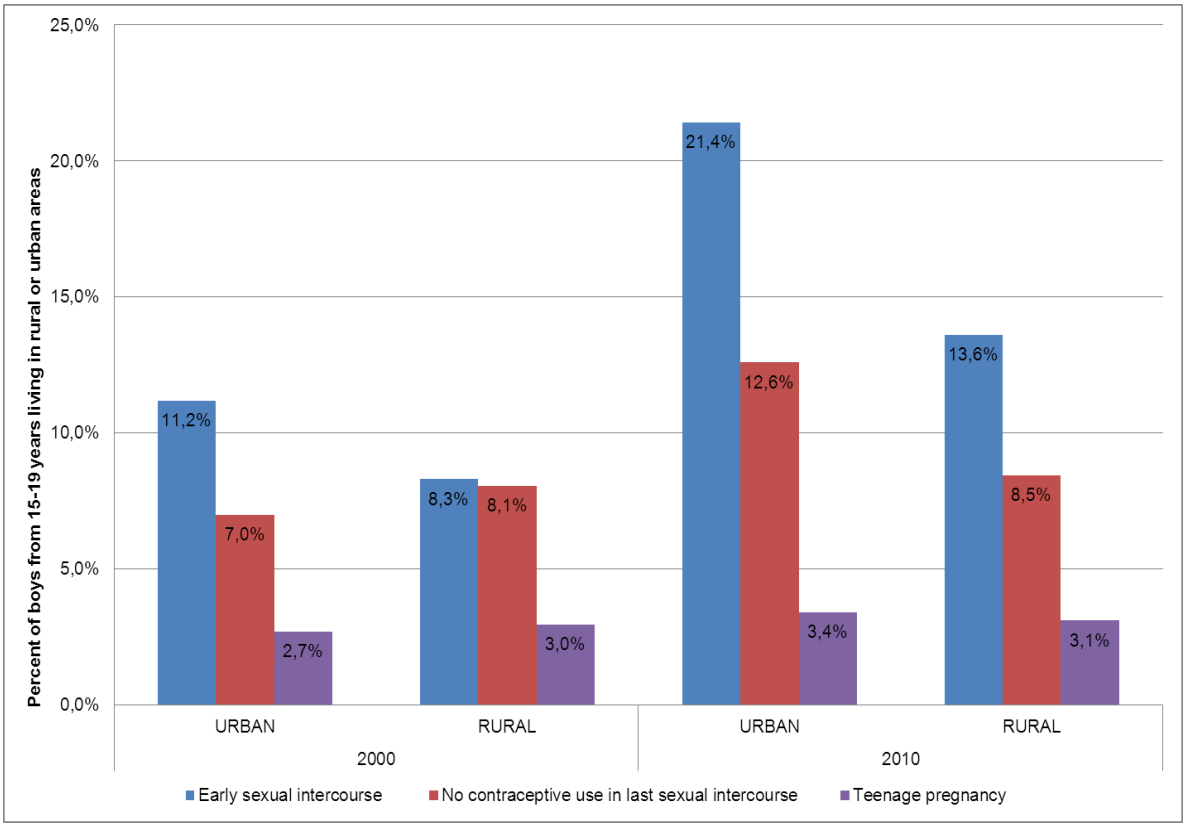
Source: Author´s calculations from the ENJUVE 2000 and 2010.

FIGURE 4: Girl´s Risky Sexual Behaviors and Teenage pregnancy change in Mexico by rural-urban residence, 2000-2010



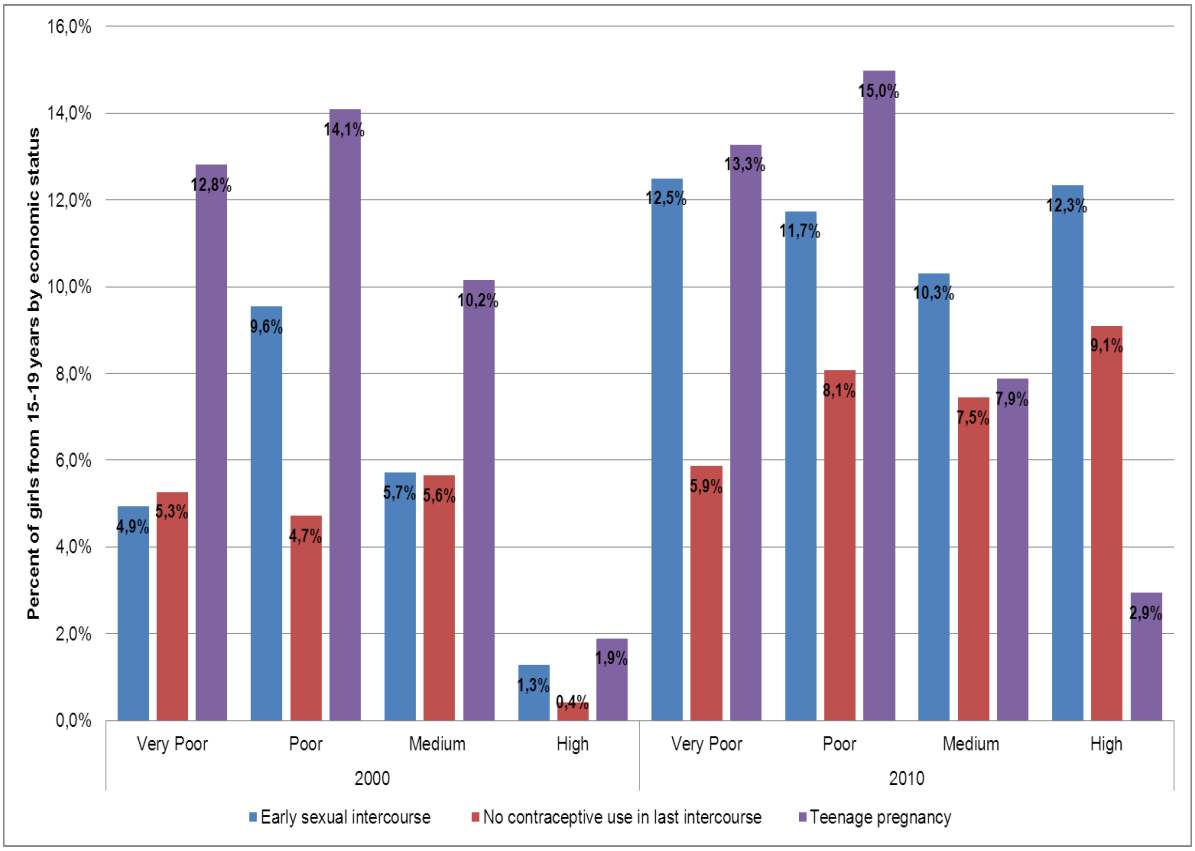
Source: Author´s calculations from the ENJUVE 2000 and 2010.

FIGURE 5: Boy´s Risky Sexual Behaviors and Teenage pregnancy change in Mexico by rural-urban residence, 2000-2010



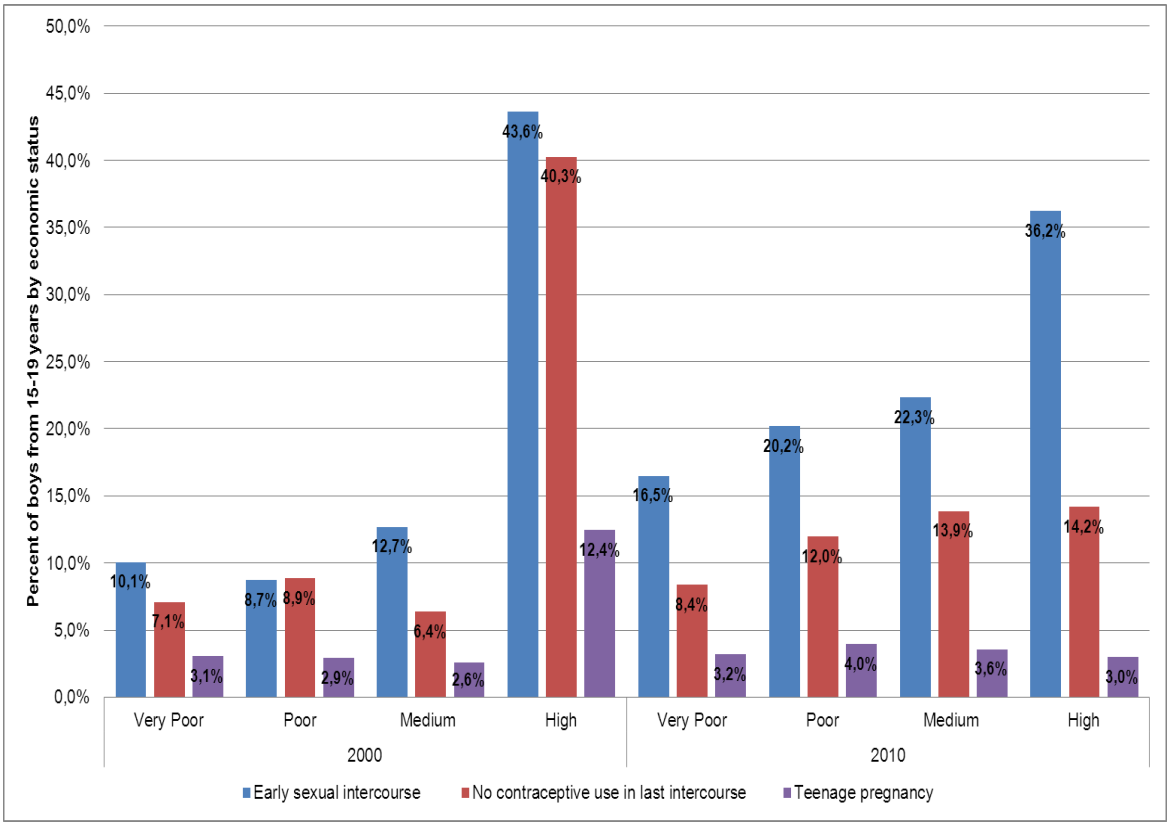
Source: Author´s calculations from the ENJUVE 2000 and 2010.

FIGURE 6: Girls´ Risky Sexual Behaviors and Teenage pregnancy change by economic status, 2000-2010



Source: Author´s calculations from the ENJUVE 2000 and 2010.

FIGURE 7: Boys´ Risky Sexual Behaviors and Teenage pregnancy change by economic status, 2000-2010



Source: Author´s calculations from the ENJUVE 2000 and 2010.