Representaciones sociales de los métodos anticonceptivos

Social Representations of Contraceptive Methods

Representações sociais de métodos contraceptivos

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Resumen

En México, 64 % de las mujeres en edad reproductiva de 15 a 19 años con vida sexual activa, no usan métodos anticonceptivos. Seis de cada diez adolescentes que regularon su fecundidad recurren a los métodos del ritmo y retiro. Asimismo, 34 % de los adolescentes ha utilizado un método anticonceptivo durante la primera relación sexual. Los índices de mortalidad materna en mujeres de 15 a 19 años de edad son el doble de los correspondientes a las mujeres de 20 a 29 años. Por ello es de suma importancia conocer las representaciones sociales de los métodos anticonceptivos en estudiantes de una universidad pública, de la ciudad de Culiacán, Sinaloa, para determinar el núcleo central de la representación y establecer estrategias innovadoras de educación sexual y reproductiva y así prevenir embarazos no deseados y enfermedades de transmisión sexual. La metodología utilizada fue el paradigma cualitativo interpretativo de orientación procesual.

Palabras clave: representaciones sociales, métodos anticonceptivos.

Abstract

In Mexico, 64% of women in reproductive age of 15 to 19 years with sexually active, do not use contraceptive methods. Six of every ten teenagers which regulated their fertility resort to the Rhythm and Pull Out Method (Withdrawal) methods. In addition, 34% of teens been used a method of birth control during sexual intercourse. The rates of maternal mortality in women of 15 to 19 years of age are twice those for women 20 to 29 years. Therefore it is important to know social representations of contraceptive methods in students of a public University in the city of Culiacán, Sinaloa, to determine the central core of the representation and establish innovative sexual and reproductive education strategies and thus prevent unwanted pregnancies and sexually transmitted diseases. The methodology used was the qualitative interpretive paradigm of procedural guidance.

Key Words: social representations, contraceptive methods.

Resumo

No México, 64% das mulheres em idade reprodutiva, de 15 a 19 anos sexualmente ativos, não utilizar contracepção. Seis em cada dez adolescentes que regulavam sua resort fertilidade aos métodos de ritmo e de retirada. Além disso, 34% dos adolescentes têm usado um método contraceptivo na primeira relação sexual. taxas de mortalidade materna em mulheres de 15 a 19 anos são duas vezes aquelas para mulheres com idade entre 20 a 29 anos. Portanto, é extremamente importante conhecer as representações sociais dos métodos anticoncepcionais por estudantes de uma universidade pública, a cidade de Culiacan, Sinaloa, para determinar o núcleo de representação e inovadoras estratégias de educação em saúde sexual e reprodutiva e evitar gravidezes doenças indesejadas e doenças sexualmente transmissíveis. A metodologia utilizada foi a orientação processo interpretativo paradigma qualitativo.

Palavras-chave: representações sociais, contracepção.

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Introduction

The attention of the sexual health of adolescents has been quite worked in academic, political and social areas. In spite of this, reflections are not exhausted, on the other hand are raised more concerns and problems to solve. When you specify that the adolescent population is diverse, not only for their individual characteristics, but also by the contexts that determine them, problems and reflections are expanded and touch different fields of knowledge (Collazos, 2012). This explored the structure and content of the social representations of the contraceptive methods in professors of the school of nursing at a public University in the city of Culiacán, Sinaloa.

In Latin America and the Caribbean population between 10 and 24 years of age reached 155 million in the year 2000, which represents around one-third of the total population of the region. In this region many young people are having sex, often unprotected, which places them at risk of unwanted pregnancies, unsafe abortions, and Sexually Transmitted Infections (STIs), including HIV. Investigations reveal that teenage pregnancy is still frequent in Latin America, and that the HIV/AIDS epidemic is alarming among the young in the Caribbean. However, some initiatives to address the needs of sexual and reproductive health of young people are giving encouraging results (Moya, 2002).

Mexico is a deeply unequal country; sexual and reproductive practices of its residents respond to an ample and very differentiated range of living conditions, while their levels of poverty, as well as the backlog in terms of food, education, social, prevention and health care, have an impact directly on the State that holds their sexual and reproductive health (Lerner, 2009).

Multiple inequalities are evident. To qualify as a success that Mexican women are postponing the age to have the first child, usually does not indicate that are mostly the upper class who become mothers at the age of 24, while those living in precarious conditions do before reaching the age of 19, having a greater number of children in comparison with the first. The situation is exacerbated among women farmers and indigenous, because only half of them use contraception (Lerner, 2009).

Understand the challenges of the Sexually Transmitted Diseases and Reproductive Health (SSR by its name in Spanish) from the perspective of human rights, social justice and citizenship implies recognizing that the Mexican State is obliged to incorporate the dimensions of inequality, primarily those of gender, economic, ethnic and generational in population policies and plans, in the manner as agreed in the Programme of Action of the IV International Conference on Population and Development (Cairo, 1994).

Behaviors in health care are rooted in accumulated knowledge and social representations, which have a dynamic character and are built at different stages of life. In turn, the symbolic world comprises structures of thought and frames of reference from which are interpreted phenomena that affect subjects by configuring a system of logical thinking that is applied in everyday practices. When logical thinking is guided by the symbolic world, the phenomena of health and disease are codified from that frame of reference, giving rise to specific behaviors that are in agreement with its explanatory background and that are very resistant to change, due to the Process of objectification, naturalization and anchoring (Candreva, 2004).

Content development on the selected theme

The population of Sinaloa today shows deep transformations that affect its growth and structure by age. The decline in infant mortality, new patterns of causes of death, increased life expectancy at birth, increased use of modern contraceptive methods and intensified migration are directly responsible for these changes, among other factors. Fertility is one of the main components of population growth and change in age structure. The decline in fertility in Sinaloa has been mainly due to increased access to reproductive health services, including information and availability of contraceptive methods in health services. This has allowed women and men to better plan their families, specifically on the number of children they wish to have and the time they want them, while reducing fertility has contributed to minimizing women's health risks and Of children (Fernández, P., et al., 2014).

Within the MEF group, the presence of adolescents (15 to 19 years old) requires special attention due to the risks inherent in these ages. The requirements would focus on generating sex education programs to prevent sexually transmitted diseases and acquired immunodeficiency syndrome (HIV / AIDS), prevent unplanned pregnancies and make appropriate use of contraceptive methods, as well as the risk of drug use. In 2010, adolescents represented an important percentage within the MEF group, due to the fact that about one in six women (17.5%) were adolescents. During the projection period, it is expected to pass from 17.2% in 2013 to 15.9% in 2020 and to 14.8% in 2030 (Fernández, P., et al., 2014).

Regarding Sinaloan adolescents' knowledge of contraceptive methods, 90.5% of the population between 12 and 19 years of age reported having heard of contraceptive methods. Likewise, the answer to this question by age group shows that 85.5% of younger adolescents (12 to 15 years old) said they had heard of some method, as did 94.7% of those aged 16 to 19 years. In contrast, among adolescents 12 to 19 years of age, 73.9% in 2000 and 79.4% in 2006 reported knowing or having heard of any contraceptive method (ENSANUT, 2012).

On the other hand, the basic knowledge of the adolescents on the use of the male condom was investigated. In this regard it was asked: how many times can a condom be used? The results showed that 78.0% of the total adolescents responded once. In this sense, 82.6% of the men and 73.2% of the women responded correctly. Regarding the question of whether the male condom is used to prevent pregnancy or sexually transmitted infection, 82.2% answered that for both situations, and the percentage of reported use response by sex was 85.1% for men and 79.1% % for the women. The percentage of knowledge about the use of the male condom used to prevent pregnancy or a sexually transmitted infection in Sinaloa was above the national level (82.2 vs 78.5%) (ENSANUT, 2012).

Of the total number of adolescents between 12 and 19 years of age who started sexual life, 33.1% did not use any method of contraception at the first sexual intercourse, a higher percentage than the national one (22.9%). Of those who did use a method, 64.3% used a male condom, which is lower than the national percentage (72.2%). Comparing this

information with that of 2006, 55.2% of Sinaloan adolescents did not use any contraceptive method at the first sexual intercourse, while 35.3% used a male condom (ENSANUT, 2012).

In the last sexual intercourse, the use of contraceptive methods shows that 26.3% of adolescents did not use any method; Meanwhile, of those who reported having used one, 60.3% used the male condom, which was lower than the national level (66.0%). The trend of male condom use in Sinaloa between the first and last sexual intercourse is similar, as that of those who did not use any method. When comparing this information with that of 2006, 36.2% of Sinaloan adolescents reported having used condoms in the last sexual relationship (ENSANUT, 2012).

Concerning access to condoms, 28.4% of adolescents aged 12 to 19 reported receiving it free of charge in the last twelve months, a lower figure than the national one (32.7%). The average number of male condoms received was 9.5%. Regarding adolescent pregnancy in Sinaloa, the results show that 55.7% of women between the ages of 12 and 19 with onset of sexual life have ever been pregnant (ENSANUT, 2012).

In relation to social representations (RS), Jodelet points out that when people refer to social objects, they classify, explain and evaluate them, because they have a social representation of that object; And an object is represented when it is mediated by a figure; And it is only in that condition that the representation and corresponding content emerge. People know the reality that surrounds them by means of explanations extracted from the processes of communication and social thought. Social representations synthesize these explanations and, consequently, refer to a specific type of knowledge that plays a crucial role in how people think and organize their daily lives: the knowledge of common sense (Jodelet, 2006).

The reality of daily life, therefore, is an intersubjective construction, a shared world. This presupposes processes of interaction and communication through which people share and experience others and others. In this construction, the social position of people as well as language, play a decisive role in enabling the accumulation or social accumulation of knowledge that is transmitted from generation to generation. In short, the cultural

environment in which people live, the place they occupy in the social structure, and the concrete experiences they face daily influence their way of being, their social identity and the way they perceive reality Social. The previous approach enjoys consensus in a broad sector of those conducting research in the social sciences (Ibáñez, 1988).

It is a question of ending the separation between the processes and the contents of social thought and following the example of anthropology and psychoanalysis, elucidating the mechanisms by seeing the content that results from them and deducing the contents from the mechanisms; To revert the role of laboratory and the role of observation, that is, to undertake the study of social representations in their own context, taking care of our realities. The emphasis on the collective and the understanding of social reality from its social construction, are central elements of the SR theory. On the other hand, Moscovici indicates that in the subject-object interaction there is not a single subject, but other subjects intervene, which the author calls Alter (A), which, in addition to being closely related between them and them, also keep intimate Relation to the corporate purpose. In this view, Moscovici transcends a dyadic scheme, where subject (S) and object (O) interact, to move to a triadic scheme where other subjects also interact and influence the subject-object relationship (Moscovici, 2000).

Moscovici 's triadic scheme gives primacy to the relation of subject - group (other subjects), because: a) The others and others are mediators and mediators of the process of construction of knowledge and b) The relation of the others to the object Physical, social, imaginary or real is what makes possible the construction of meanings. This conception, in turn, illustrates the epistemological position in which is inscribed who studies the social representations. In the first place, it is assumed that knowledge is not only understandable from the traditional conception that indicates the existence of scientific knowledge and everyday knowledge or common sense. In this conception knowledge is understood as phenomenon or complex phenomena that are generated in circumstances and dynamics of diverse nature and whose construction is multideterminada by social and cultural relations (Banchs, 1994).

For the formulation of their theoretical proposals these authors start from a basic assumption: reality is built in everyday life and the sociology of knowledge must study the processes through which knowledge is generated. The reality of daily life presents itself to me as an intersubjective world, a world I share with others. This intersubjectivity establishes a marked difference between everyday life and other realities of which I am aware. I am alone in the world of my dreams, but I know that the world of everyday life is as real to others as it is to me. In reality, I can not exist in everyday life without interacting and continually communicating with others. I know that my natural attitude towards this world corresponds to the natural attitude of others, who also accept the objectifications by which this world is ordered, that they also organize this world around "here and now" of their being in it And they propose to act in it "[Quoted in the original] (Berger y Luckmann, 1991, pp. 40-41).

The work of Berger and Luckmann brings three fundamental elements to the theoretical proposal of Moscovici: the generative and constructive character that knowledge has in daily life. That is, our knowledge rather than being reproducing something preexisting, is produced immanently in relation to the social objects we know. That the nature of that generation and construction is social, that is, through communication and interaction between individuals, groups and institutions. The importance of language and communication as mechanisms in which reality is transmitted and created, on the one hand, and as a framework in which reality acquires meaning, on the other. These aspects contributed significantly in the SR theory. The approaches to everyday knowledge, seriously considering the producer rather than the reproductive character of the meanings of social life is a clearly visible element in the theory (Elejabarrieta, 1991, p.259).

Jodelet indicates that the field of representation designates common-sense knowledge, whose contents make manifest the operation of certain generative and functional processes with a social character. Therefore, allusion to a form of social thought. Social representations are the way in which we, social subjects, apprehend the events of daily life, the characteristics of our environment, the information that circulates in it, the people of our near or distant environment. In short, "spontaneous", naive knowledge is usually called

common-sense knowledge or natural thinking as opposed to scientific thinking (Jodelet, 2006).

The process of anchoring, like the process of objectification, allows to transform what is strange into familiar. However, this process acts in a different direction from that of objectification. If the objectification is to reduce the uncertainty of objects by operating a symbolic and imaginary transformation on them, the anchoring process allows to incorporate the strange in what creates problems, in a network of categories and meanings by means of two modalities: insertion Of the representation object in a known and pre-existing frame of reference. Social instrumentalization of the represented object or the insertion of the representations in the social dynamics, making them useful tools of communication and understanding (Jodelet, 2006).

Although the anchoring process allows to deal with innovations or contact with objects that are not familiar to people, it should be noted that innovations are not treated equally by all social groups, which evidences the social rooting of representations and Its dependence on the various social insertions. In fact, the interests and values of the various groups act strongly on the mechanisms of selection of information, opening up more or less the established schemes so that innovation can be integrated. If the new object that has appeared in the social field is likely to favor the interests of the group, it will be much more receptive (Jodelet, 2006).

In short, the cognitive integration of innovations is conditioned both by the already established schemes of thought and by the social position of individuals and groups. The anchoring process, in turn, is broken down into several modalities that allow us to understand: how the object represented is represented in relation to the meaning given to the representation and how representation is used as a system of interpretation of the World social framework and instrument of conduct. This modality allows to understand how the elements of the representation not only express social relations, but also contribute to constitute them (Jodelet, 2006).

How its integration operates within a reception system and the conversion of the latter elements related to representation. Subjects behave according to representations; The systems of interpretation provided by the representation guide the behavior. Acting together and for its integrative function, anchoring and objectification serve to guide behaviors. Objectified, naturalized and anchored representation is used to interpret, orient and justify behaviors (Jodelet, 2006).

According to Moscovici, SRs emerge determined by the conditions in which they are thought and constituted, having as denominator the fact of arising in moments of crisis and conflicts. In a convergent way, he proposes that social representations respond to three needs: a) to classify and understand complex and painful events; B) justify actions planned or committed against other groups; And c) differentiate one group from the other existing ones, at a time when that distinction seems to vanish. In sum, causality, justification and social differentiation. Moscovici infers three emergency conditions: the dispersion of information, the targeting of the individual and collective subject and the pressure on the inference of the socially defined object (Tajfel, 1999).

Human care is the object of nursing study, this is constituted by transpersonal and intersubjective actions to protect, improve and preserve humanity helping the person to find a meaning to illness, suffering, pain and existence and help another to Acquire self-control, self-knowledge and self-healing. However, hospital institutions impregnated with the biomedical and curative model reduce the human to the biological by moving the nurses' work away from their humanistic and holistic view of care (Watson, 2010).

Hospital institutions as social subsystems fulfill the function of socializing individuals with guidelines, established norms, adapting them and integrating them into the system, in this way holistic care is made difficult by the multiple tasks delegated biomedical type being relegated to actions such as Effective communication and interacting with the patient and family in a close manner, called by Watson transpersonal care in such actions valued by care subjects (Watson, 2010).

The concept of "comprehensive care" implies that care must be taken care of the person as a whole, contemplating both their physical and psychic aspects. Keeping in mind that the alteration or disharmony in any of its dimensions (biological, psychological, social, spiritual and unitary) will affect to a greater or lesser degree the rest, it is obvious the need to take care from a global and comprehensive perspective. It is also important to emphasize the importance of health care. The fundamental objective of nursing should be to promote health and prevent disease. When this is no longer possible, care should be directed towards resolving the problem and rehabilitating or encouraging adaptive behavior, or toward helping the person "die" (Novel, 2005).

Nursing models and theories are based on a humanistic view of care, for example Watson refers that care is for nursing its moral reason, is not a procedure or an action, caring is an interconnected, intersubjective process of shared feelings Between the nurse (s) and the subject of care. Human care must be based on reciprocity and must have a unique and authentic quality. The nurse is the call to help the patient to increase their harmony within the mind, body and soul, to generate processes of self-knowledge. From this point of view, care not only requires the nurse to be scientific, academic and clinical, but also a humanitarian and moral agent, as a partner in human care transactions (Watson, 2010).

Through cross-cultural studies, Leininger makes the first attempts to clarify and conceptualize the notion of care: care is for nursing the central domain of the body of knowledge and practices. He states that the construct care has been manifested for millions of years as fundamental in the growth and survival of human beings. Care allows the human species to live and survive under the most adverse environmental, social, economic and political conditions. The antecedents of care were already traced back to Roman mythology, in which care is the one who creates man and protects him. From this it follows that the action of caring is, then, something proper to the human being and reveals his intimate constitution. Leininger considers that care is of a universal character, but it is the processes, methods and techniques with which the culturally varying ones develop, so that in the Anglo-Saxon culture there is a distinction between the terms carei and caring, Careî is caring and "caring" also incorporates a humanitarian sense and intentionality in nursing (Watson, 2010).

Another aspect to be considered by nursing theorists as Leininger is to establish the difference between healing and care, where it adds: the processes of healing and care present differences in their essence and in their main characteristics; There can be no cure without care, but there can be care without cure. The ontological differences between healing and caring activities, according to Medina, are based on the dissimilarity of the epistemological and philosophical perspective from which both depart. The biomedical and curative aspects are based on an analytical, empirical and experimental perspective, reducing the human to the biological, the human being is a disease or object of study (Watson, 2010).

On the other hand, care of ancestral origin has a different view, it sees the subject as subject-sick, rather than its object-illness, allowing the suffering that can be relieved is not concealed in the biological depth of the organism. Care reduces the distances between treatments and the meaning of the disease, which is why nursing is based on a holistic, biopsychosocial vision, focusing on the responses to morbid and health processes. Other authors such as Colliere, establish that this ancestral knowledge of nursing, has been hidden by the hegemony of technical rationality, embodied in medical knowledge, which has prevailed in health systems. According to this author, nursing has been developing three different types of activities within these institutions: activities that depend directly on the decision and initiative of the nurse (Watson, 2010).

In contrast, the humanistic view of Watson's care speaks to us of the importance of the view of nursing care in hospital systems; Care must acquire a deep dimension that goes beyond a simple technique, to plan an attention, to receive a shift or to a routine education day by day; Is to be there with the other, is to share their feelings and their emotions (Watson, 2010).

Another important aspect to take into account in care is the gender perspective. The discipline that first used the gender category to make a difference with sex was psychology, in its medical aspect. Robert Stoller (Sex and Gender, 1968) studied disorders of sexual identity, examining cases in which sex allocation failed, as external features of the genitals lent themselves to confusion. Such is the case of girls whose external genitalia have been masculinized, by an adrenogenital syndrome; That is, girls who, although they have a

genetic sex (xx), anatomical (vagina and clitoris) and female hormonal, have a clitoris that can be confused with penis (Lama, 2008).

The role (role) of gender is formed with the set of rules and prescriptions that dictate society and culture about female or male behavior. Although there are variants according to culture, social class, ethnic group and even the generational level of people, a basic division can be maintained that corresponds to the most primitive sexual division of labor: women give birth to children, and Therefore, they take care of them: ergo, the feminine is the maternal, the domestic, opposed to the masculine as the public. The masculine-feminine dichotomy, with its cultural variants (of the yang and yin type), establishes the most rigid stereotypes that condition the roles and limit the human potential of people by stimulating or repressing behaviors according to their suitability To gender (Lama, 2008).

The gender perspective implies recognizing that one thing is the sexual difference and another is the attributions, ideas, representations and social prescriptions that are constructed with reference to that sexual difference. All societies structure their life and build their culture around sexual difference. This anatomical difference is interpreted as a substantive difference that will mark the destiny of the people. The logical thing, it is thought, is that if the biological functions are so disparate, the other moral, psychic characteristics will also be so (Lama, 2008).

In Mexico, the adolescent population between 10 and 19 years of age represents 23.2% of the total, that is, almost 21 million people. The average age for the onset of sexual intercourse is 16 years. Males begin earlier than females with a difference of one or two years. In addition, 76% of unmarried men and 35% of unmarried women under the age of 20 report having had sex. The men report having had their first sexual relationship with a friend while the women say they start with their boyfriend. The agenda of the Cairo International Conference on Population and Development (1994) recognizes the right of adolescents to sexual education and adequate health services for them (SSR, SSA, 2001).

According to the World Health Organization (WHO), adolescence is one of the stages of life and one of the population groups, which is between 10 and 19 years of age (chronological definition). It begins with puberty, which is characterized by biological and bodily changes such as the development of secondary sexual characteristics and the acquisition of reproductive capacity (biological definition). The most important emotional changes of this stage are: the search for identity, separation of parents, mourning for infancy and strengthening of the self (psychological definition). It is conceived as a period of postponement and preparation for the responsibilities of adult life: finding employment, starting life as a couple or becoming a father or mother, defined according to each culture (SSC, SSA, 2001).

Reproductive health is a state of complete physical, mental and social well-being in everything related to the reproductive system, its functions, processes, and not simply the absence of disease or weakness. Reproductive health implies the ability to enjoy a satisfying, safe and procreative sexual life, the freedom to decide to do it or not, when and how often. Men and women have the right to obtain information and access to safe, effective, affordable and acceptable methods for the regulation of fertility, as well as the right to receive adequate health care services that allow pregnancy and childbirth without Risk and with the greater possibilities of having a healthy child. World Health Organization (SSR, SSA, 2001).

Sexual rights are part of basic human rights, that is, what we have people for being. These rights refer to respect for the physical integrity of the human body, the right to information and sexual health services, the right to make decisions about one's own sexuality and reproduction. Adolescents should first know that they have sexual and reproductive rights and that, like human rights, they form part of their individual guarantees and, therefore, they can request information on sexuality and sexual and reproductive health services Accessible, without fear of being sanctioned (SSR, SSA, 2001).

All teens in the world, regardless of sex, religion, color, sexual orientation or physical or mental ability, have the following rights as sexual beings: the right to be themselves, free to make their own decisions to express what they think , To enjoy sexuality, to be sure, to choose to marry (or not to marry) and to plan a family. The right to be informed about sexuality, contraceptives, STIs and HIV / AIDS and sexual rights. The right to be protected from unplanned pregnancies, STIs, HIV / AIDS and sexual abuse. The right to have confidential medical services, at affordable prices, good quality and respectful. The right to participate in the planning of youth programs, take part in meetings and seminars and try to influence governments, by appropriate means (SSR, SSA, 2001).

Material and method

The methodological design of this research consisted of a qualitative descriptive and interpretative study of procedural orientation, making use of analytical techniques, based on the results and specificity of the research participants. Specifically, it contemplated the formulation of initial categories of analysis, which were identified during the theoretical construction and analysis of results of the technique of networks of associations (De la Rosa, 1995).

Results and discussion

In this section we present the results obtained in the interviews conducted with the theoretical saturation principle related to the subject under study, through the individual interview in depth and the participant observation, with the dialogue established between the researchers and the students, Nursing students in Culiacán, Sinaloa. After collecting the data of the procedural approach of the social representations of the contraceptive methods, the analysis of the information with the participants during the interview and through the analysis of content, the meanings of a category with five subcategories emerged.

Category I: Social representation of female and male contraceptive methods, with five subcategories: 1) Male condom, 2) It is the responsibility of men and women to protect themselves, 3) Pills / IUDs, 4) Emergency pill, 5) Condom.

We can understand social representations as forms of knowledge from which individuals understand, perceive and organize the phenomena of social reality (Moscovici, 2002). The analysis of social representations has become a privileged object of study to collect the forms of cognitive and symbolic construction with which subjects approach reality. Sexuality, as a dimension of the human being, is in fact a personal but also a social representation that is organized in individual and collective mental structures as an autonomous and protected domain to which a collective and culturally shared subjective knowledge underlies.

The articulation between: private experiences, individual and collective practices, and the knowledge and traditions that support them are thus highlighted. In other words, a movement that goes from the subject to the society and from the society to the subject: a cognitive construction, a psychological and social elaboration of reality, made in the interaction with the others contributing to produce a common sense, a Common vision to a given social and cultural segment: in the case of our study. This interaction with the other occurs in the space of conversation, inter subjective human experience oriented to make sense of the experience of social reality. Conversation is an immediate space available for the production and exchange of representations (Moscovici, 2002).

Representations, in their productivity of common meanings through conversation, are situated within the experience of everyday life, in the place of emergency of moral experience. "Morality, as an experience of everyday life, has a dimension of communication and recognition that has its expression in the common senses of groups and communities: Moral means here moral experience, that in and for which you and I recognize each other And we communicate in the multiple interactions of a real coexistence. Representations in the field of sexuality are not alien to the production of daily morals, in their dimension of social habits. This is a particularly sensitive place when it comes to communication interventions in terms of the formation of habits in subjects' sexuality (Mercadeo social del condón, 2005).

The results of the procedural approach of the social representations of contraceptive methods showed that the majority of students of both sexes made associations related to the category of sexual and reproductive health care in the female and male contraceptive methods. It was found that the central nucleus of such representation is formed around male condom care accompanied by peripheral axes of health protective representation, such as the consensus that it is the responsibility of men and women to protect themselves equally and the combination of Methods such as pills / IUDs. Gender differences were also found, in the case of women a significant representational level but also peripheral is the practice of using the morning-after pill. And in the case of men combine the practice of intercourse interrupted / condom. It is also necessary to take into account the presence of other peripheral axes that are not the most important, as a whole show particularities of representation. IUDs, pills, use of hormonal methods, salpingoclasia and non-vaginal relationships.

In fact, in the networks of associations that are presented in the configuration of the central nucleus of social representations in the analysis of the discourses of the interviews, the categories determined in the networks of associations were taken into account. The content analysis of the interviews made it possible to highlight the central nucleus, which is also observed in the following speeches when the interviewers ask:

What do the contraceptive methods mean to you?

Women's Speeches

- A way of birth control. (F-1)
- These are methods used to carry out planned family planning. (F-2)
- A method necessary to plan the family and have the one you want. (F-3)
- They are the way of family planning and avoiding unwanted pregnancies. (F-4)
- They are very important because they prevent pregnancies and, in some cases, sexually transmitted diseases. (F-5)
- They are methods that help women and men to have responsible active sexuality. (F-6)

- They are methods of contraception that prevent conception of pregnancies as well as diseases. (F-7)
- They are barriers that can help prevent unwanted pregnancies, as well as various sexually transmitted diseases. (F-8)
- A good tool for planning or spacing pregnancies and preventing illness. (F-9)
- Contraceptive methods are barrier tools that are used to prevent pregnancies and sexually transmitted diseases, such as condoms, IUDs, pills, and so on. (F-10)

Nursing student discourses emphasize that contraceptive methods are devices used to carry out family planning and also help prevent unwanted pregnancies, and in the case of condom use it prevents the spread of sexually transmitted diseases .

Men's Speeches

- They are the methods by which it is tried that the woman does not get pregnant. (M-1)
- Care for unwanted pregnancy and prevent sexually transmitted diseases. (M-2)
- Protect yourself and not have unwanted pregnancies. (M-3)
- Methods to protect sexually active persons from sexually transmitted diseases and unwanted pregnancies. (M-4)
- Protection against unwanted diseases and pregnancies. (M-5)
- They are all those methods that serve to prevent pregnancy and take care of sexually transmitted diseases. (M-6)
- They are the methods that serve us for family planning. (M-7)
- They are barriers that are used to take care of diseases and unwanted pregnancies. (M-8)
- These are the methods used to prevent unwanted pregnancies and sexually transmitted diseases. (M-9)
- Devices to prevent pregnancy. (M-10)

The discourses of some nursing students on contraceptive methods also emphasize that by their use we can be useful to take care of our sexual and reproductive health by preventing unplanned pregnancies, and also some methods like the condom allow us to protect ourselves from sexually transmitted diseases .

That is, for nursing students, contraceptive methods mean: a form of birth control, family planning that also allows to prevent unwanted pregnancies and in some cases also sexually transmitted diseases. In addition, the use of contraceptive methods helps both women and men to exercise their sexuality in a healthy and responsible manner. They are also conceived as tools for planning or spacing desired pregnancies. On the other hand, in the case of nursing students, contraceptive methods are represented as tools that allow us to avoid an unwanted pregnancy, as well as to plan the desired children. They also make it possible to exercise a healthy and responsible sexuality: condom use prevents pregnancy and some sexually transmitted diseases.

Interviewers ask again:

In your opinion, which contraceptive method would you recommend to a friend? Why?

Women's Speeches

- Condoms or devices are the safest. (F-1)
- Condom, because it is a contraceptive method that prevents sexually transmitted diseases. (F-2)
- Condom, as it takes care of sexually transmitted diseases and unwanted pregnancies. (M-3)
- The condom because it takes care of you pregnancies and can help a little to avoid some disease. (F-4)
- Condom, because it is more reliable as long as it is used properly. (F-5)
- The IUD, because it is more comfortable. (F-6)
- The hormonal implant along with the condom, because I have been using it for four years and it works. (F-7)

- The condom because it is available to all and can protect against sexually transmitted diseases. (F-8)
- The condom and the IUD, because I believe that the IUD is comfortable and safe in marriage. (F-9)
- With a condom, because it is a 99.99% safe method to prevent pregnancies and sexually transmitted diseases. (F-10)

Men's Speeches

- The condom is the most reliable and least harmful. (M-1)
- The condom, because it is more at the hand of anyone. (M-2)
- The condom because it is one of the most effective. (M-3)
- With condom. It has 99% security to take care of the diseases of sexual transmission and unwanted pregnancies. (M-4)
- The condom is the most practical and is also the most effective for taking care of yourself correctly. (M-5)
- The use of the condom, since it is easy to obtain and is available to all. (M-6)
- Implant women as it is more effective not to get pregnant and the man the condom so as not to become sick. (M-7)
- The condom is one of the safest and most accessible methods. (M-8)
- The condom and pills. (M-9)
- The condom because it is the most common and easiest method to use. (M-10).

Nursing students, both women and men, use different contraceptive methods to care for their sexual and reproductive health, such as the male condom, pills in combination with the IUD, the emergency pill and sometimes interrupted intercourse, and Consider the male condom as an easy, safe, effective and preventive method; It has been demonstrated that the latex male condom is the only contraceptive method that protects against the transmission of almost all types of STI, including a high degree of protection against HIV infection (Secretaría de Salud de México, 2002).

Both women and men take care of contraceptives such as condoms, pills, IUDs and withdrawal. "Social representations constitute a form of socially elaborated knowledge, which is established from the information that the individual receives from his experiences and models of thought shared and transmitted among young people" (Pérez, A).

The representational structure of sexual and reproductive health care in male and female contraceptive methods was organized around a figurative nucleus that included several subcategories. The use of the male condom as a favorite method par excellence, accompanied by the responsibility of both sexes to take care of each other, pills and IUD, the emergency pill. A last subcategory only in the case of the men was to alternate intercourse interrupted with the use of the condom.

The analytical developments in the above categories are presented below.

2) It is the responsibility of both sexes to protect themselves

He asks: who should be more careful in a sexual relationship, man or woman?

Women's Speeches

- Women should be careful not to become pregnant and not to contract a venereal disease (F-1)
- The woman always has to lose, so she is the one who has to take more care, because she can get pregnant (F-2)
- Women should take care of themselves and know well who you are getting into, that is, getting to know the person well (F-3)

Men's Speeches

- Both of them should be cared for since it is through health and, above all, try not to impregnate the couple (M-1)
- The woman should be more careful because she is the one who stays with the children if the couple does not respond (H-2)

- Women, as they may become pregnant (H-3)

Nursing students, both women and men, agree that women are the ones who must bear the responsibility for the care of their sexual and reproductive health and that of the couple, since socially the representation of what they are They are those who become pregnant and they are the responsibility of raising children alone if they do not have the support of the couple. Second is your health, which is not visualized until pregnancy is prevented. Bodies are historically and culturally constituted and respond to idealized needs, ideologies, thoughts and perceptions of a society, to conduct themselves with a sexuality based on moral principles, not only in terms of physiological structure, but also personality and appreciations On which the individual directs or acts constantly in his life.

Meanwhile, studies of gender and sexuality refer to the symbolic constructions of the roles played by women and men, are learned by individuals and relate them throughout their lives, admitting them as a normal way of living their sexuality (Martínez, 2005).

Weeks (1998) mentions that individuals are not only carriers of a sexed body, but also their destiny is linked to the cultural constructs of society, beginning with the place and time in which they live and grow. Based on this posture, sexuality determines in man how it should be and what to do with the body it possesses, depending on the cultural and historical aspects that establish attributions and particularities about the sexed body (Martínez, 2005).

Sexuality is handled differently in men and women, based on age, sex, gender roles and context. This is the case of a university man, whose personality is influenced by his experiences, family experience and cultural aspects, so that being part of a higher level institution makes him different from other young people. Being at this level of education means achievement in the social field, which is of great importance not only in the individual but also in their interaction with others. Thus the individual shows energy and enthusiasm for culminating an educational cycle, as well as the ability to develop new skills and goals that he considered unknown. Little by little, through his relationships within and outside the university, he will conceive himself prepared to assume a behavior "as a man" (Martínez, 2005).

Consciously or unconsciously one has a need for belonging, in addition to being identified by their peers when being included in a social group, because one group defines the men of

others and this allows them to prove to be more interesting, daring, knowledgeable and Experienced in life, giving this idea and appearance to university women. It is therefore common to identify that when they enter the university, boys have a way of dressing, thinking and developing at this stage, but as time goes by, some begin to change their way of dressing, expressing themselves and giving an opinion about the circumstances of the lifetime. This is given in response to social networks that are developed inside and outside the educational institution, and by the contents seen in a professional way (Pérez et al., UNAM, 2009).

3) Pills in combination with intrauterine device

As seen in the following speeches, when the interviewers ask: besides the condom, what other contraceptive method do you recommend and why?

Women's Speeches

- The pills, because they are very effective to prevent pregnancy (F-1)
- The IUD is easy to use and does not pose any health risk (F-2)
- I have used the IUD since I had my first child and it worked very well (F-3)
- The pills are easy to follow and are 100% effective (F-4)
- The pills, because it is easy and if you forget to take one nothing happens (F-5)
- The IUD because it carries no risk and is very effective (F-6)

Nursing students agreed to use birth control pills as a method of birth control, followed by the use of the IUD as highly effective methods and with no risk to their sexual health.

4) Emergency Pill

Interviewers ask: Would you recommend using the emergency pill to prevent unwanted pregnancy?

Women's Speeches

- Of course, they say it is very effective within the first 24 hours after intercourse (F-1)
- Yes, because it is very effective and easy to use, they also recommend it a lot on TV (F-2)
- Yes, it is best to use it when the condom was not used by the couple so as not to become pregnant (F-3).

Students assume that it is better to use the morning-after pill to prevent an unwanted pregnancy when the woman or partner for some reason was not taken care of and that it is better to use the latter remedy rather than getting pregnant.

This refers to the use of birth control pills to prevent pregnancy shortly after unprotected intercourse. Emergency contraception has not been designed as a standard form of contraception. After use, a standard method should be started or continued if pregnancy is not desired. Emergency contraceptive pills (ECPs) are a special regimen of progestin-only or combined oral contraceptive pills (Contraceptive Introduction / SSA, 2002).

5) Interrupted coitus combined with condom use

Interviewers ask: in addition to the condom, what other contraceptive method do you recommend and why?

Men's Speeches

- More than another method would be natural because it does not feel the same (H-1)
- The condom is fine, but from time to time you must do it without a condom by taking the proper precautions (H-2)
- There is no better thing than natural, but because of pregnancy and diseases that is why the condom is used.

Students mention that interrupted intercourse is a very common practice in consuming intercourse, even though they know it is a high-risk behavior for a pregnancy or sexually transmitted disease. The belief that "it does not feel the same" is still deeply rooted in the macho practices of the dominant stereotype.

Interrupted intercourse and periodic abstinence are contraceptive methods that couples always have at their disposal, cost nothing and have no side effects. Also known as "coitus interruptus," it requires the penis to be withdrawn from the vagina before ejaculation to prevent contact between the sperm and the ovum. Contraceptive efficacy is similar to that of barrier methods, with pregnancy rates of approximately 4% with perfect use and at least 19% with typical use during the first year. Even when this method is used correctly, there are still chances of pregnancy since the pre-ejaculatory fluid may contain sperm. The correct and systematic use of interrupted intercourse requires that the man be disciplined and have control of himself so that he withdraws the penis from his partner's vagina before ejaculation (Introducción a los métodos anticonceptivos/SSA, 2002).

Conclusions

The processes of anchoring and objectifying the social representations of contraceptive methods are mainly focused on the use of the male condom in both sexes as a primordial method for the control of the birth and prevention of sexually transmitted diseases. Public policies on birth control are focused mainly on female corporeity (pills, injections, IUD, among others). And practically the male condom is at the center of the social representation of both sexes as a method of first choice. It was found that the central nucleus of such representation is formed around male condom care accompanied by peripheral axes of health protective representation, such as the consensus that it is the responsibility of men and women to protect themselves equally and the combination of Methods such as pills / IUDs. Gender differences were also found, in the case of women a significant representational level but also peripheral is the practice of using the morning-after pill. And in the case of men combine the practice of intercourse interrupted / condom. It is also necessary to take into account the presence of other peripheral axes that, although not of the

most importance, as a whole show particularities of IUD representation, pills, use of hormonal methods, salpingoclasia and non-vaginal relationships.

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