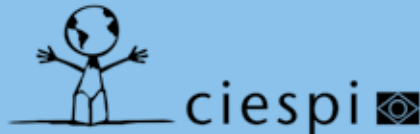


International Center for Research and Policy on Childhood - CIESPI

Pontifical Catholic University of Rio de Janeiro - PUC-Rio

CIESPI RESEARCH AND POLICY BULLETIN Nº 2, 2016

**ADOLESCENT PREGNANCY AND MATERNITY
IN THE CONTEXT OF THE STREETS**



centro internacional de estudos e pesquisas sobre a infância
international center for research and policy on childhood
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CONCERNED ABOUT CHILDREN THROUGHOUT THE WORLD

The **International Center for Research and Policy on Childhood** at the Pontifical Catholic University of Rio de Janeiro (CIESPI at PUC-Rio), is dedicated to engaging in research studies on, and social projects for, children, young people and their families and communities. Its purpose is to support the development and implementation of policies and practices for children and young people that contribute to their full development and the promotion and defense of their rights. CIESPI is particularly concerned with children growing up in contexts of vulnerability including poverty.



Rio de Janeiro, July 2016

CIESPI is grateful to the Oak Foundation in Geneva, Switzerland and the Bernard van Leer Foundation of The Hague for partly funding CIESPI's work in this area. CIESPI operates in association with the Pontifical Catholic University of Rio de Janeiro and is grateful for its continuing support. We thank Cynthia Ozon Bhogossan (CIESPI research staff) and Dr. Evelyn Eisenstein (Center for the Integrated Study of Children, Adolescents and Health, and consultant, CIESPI) for their contribution to this bulletin. The text is by Irene Rizzini, (president of CIESPI, and professor, PUC-Rio), and Renata Mena Brasil do Couto (CIESPI research staff). The English translation is by Malcolm Bush (senior advisor, CIESPI).

INTRODUCTION

The issue of teenage pregnancy and maternity has important implications for the young women, their families and public health and other policy areas. In general, the incidence of such pregnancies has diminished in Brazil and in other countries in the last decade.

Teenage pregnancy however deserves major attention. It is frequently associated with low levels of schooling and high levels of poverty. When it occurs in the context of other vulnerabilities as in street youth, the risks increase enormously.

Teenage pregnancy rates in Latin America and the Caribbean are among the highest in the world, almost as high as those in sub-Saharan Africa and South Asia. A majority of countries in these regions are among the fifty countries with the highest rates of adolescent child-bearing. Brazil has the 49th highest rate with 70 live births for each 1,000 women between the ages of fifteen and nineteen.

The condition of teenage pregnancy and motherhood is aggravated by economic and social inequalities and unstable family connections. Children and adolescents in the situation of the streets¹ or who live in other highly vulnerable contexts are particularly open to the violation of their rights.² These include pregnancy, the transmission of sexual diseases, and sexual abuse; limited access to health services including family planning; drug abuse and risky sexual behaviors.

TEENAGE PREGNANCY IN BRAZIL

Demographic studies show important changes in teenage pregnancy rates in Brazil. Between 2000 and 2012, the percent of all mothers who were 19 or younger in Brazil declined from 23.5 % to 19.3 %. This trend is related to another trend, namely the increase in the average age of pregnant women. The proportion of new mothers of all mothers thirty years old or older in Brazil increased from 22.5 % to 30.2 % between 2000 and 2012 (Ministry of Health, 2013).³

Studies also show a reduction of fertility in all social groups internationally. This decline reflects a number of social changes in the last decades including increased urbanization and access to information; a greater participation in the workforce by women; increased levels of schooling; and greater access to contraception. According to data from the Synthesis of Social Indicators from the Brazilian Census Bureau (the Brazilian Institute of Geography and Statistics, IBGE, 2015), between 2004 and 2014 there was a considerable decrease in fertility in Brazil, falling from 2.14 children per women of childbearing age to 1.74.

The same period saw a considerable decline in the fertility of women between the ages of 15 and 19. This fertility rate dropped from 78.8 births per 1,000 women to 60.5 per 1,000. We should note, however, that births to mothers in this age group while declining a little, remained a high percent of all births falling slightly from 2004 to 2014 from 18.4 % of all births to 17.4% in 2014 (DATASUS/MS, 2014).

The research literature suggests a relationship between youthful motherhood and educational and work opportunities. Data from IBGE (2015) show that among young people in Brazil between the ages of 15 and 29 who were neither enrolled in education or had jobs, (called 'youth neither, nor, nor'-jovens nem, nem, nem), around 75% were women, of whom 62% had at least one child, and 91% dedicated themselves to domestic tasks and work. These figures would suggest that such women lacked options for the care of their children while they studied or worked. More research is needed, however, to understand the full complexity of the lives of these young women and their work and educational trajectories (BOGHOSSIAN, 2014).

The profile of young women in Brazil between 15 and 19 years of age who had at least one living child in 2014 includes the following:

35.8% *lived in the Northeast region;*

65.9% *were 18 or 19 years old;*

69% *were black or brown;*

37.1% *were themselves daughters in the household in which they lived;*

59.7% *were neither in an educational program nor worked in the study reference week and they had as a whole an average of 7.7 years of education (IBGE, 2015).*

A 2009 study by the Brazilian Institute of Applied Economic Research (IPEA, 2009), suggested a strong relationship between adolescent pregnancy and poverty. The study showed that among adolescents aged 15 to 19 who had at least one child born live in 2009, a remarkable 44.2 % lived in households where the per capita monthly wage was one or less minimum wage.⁴ For the group of women in that age group living in households where the per capita monthly income was above five minimum wages the percent with at least one live birth was less than 1%.

The reasons for the relationship between poverty and pregnancy rates include the difficulty of access to information, to contraception, and to health services including safe methods of abortion.⁵ Other factors include lower levels of education and workforce participation. We should also bear in mind that among different groups of young women there are different attitudes about pregnancy and maternity.

Contrary to popular belief, adolescent pregnancy is not always unwanted. While it may be the result of exclusion from the mainstream, many times it is wanted in a young woman's search to increase autonomy and social recognition (UNICEF, 2011). The option to be an adolescent mother especially for women living in contexts of poverty could be perceived as a personal life project. Often, the goals of getting into the workforce or achieving professional goals give way to the desire of starting a family even while the fact of having a child can reinforce the determination to study and improve the young woman's life conditions. Studies show that parenthood is frequently related to the sensibility of becoming an adult and assuming adult responsibilities even if it requires the help of the young woman's family.

ADOLESCENT MOTHERHOOD AND YOUNG MOTHERS IN THE CONTEXT OF THE STREET

Little is known about the specific phenomenon of young mothers on the street. There is some recent evidence that as young women on the streets become mothers they establish relationships of love and affection which did not exist for them before. (GONTIJO, 2007; FERNANDES, 2012; PENNA et AL, 2012a e 2012b; SANTOS e MOTTA, 2014). These studies explore the contradictions between discourses that characterize teenage pregnancy negatively and those that describe how this event is actually experienced by the young women. For some young mothers, the pregnancy is considered a natural stage of growing up and a way of recovering hope over adversity. The following quotations illustrate this point of view:

He [my son] came to change my life, if he hadn't....I think I would already be dead.⁶

I will marry my man, have more children and a house; this is to have what I have never had.⁷

In the majority of these studies, various positive aspects of motherhood along with the wish to build a family and guarantee the children adequate life conditions are seen as stepping stones to life changes for the young mothers. But the same studies also show the constant presence of low levels of education, difficulties with reading and writing, and consequently great difficulties in moving on a path to the employment that will support autonomy (RIZZINI, 2011). An integral part of female-headed families with absent fathers includes poverty, unstable and changing housing, drug abuse and violence. The young women talk about precocious sexual relationships without the use of contraceptives and they suggest that sex is used as a survival strategy and to permit the purchase of drugs (SCAPPATICCI, 2006).

We should note that while these adolescents are able to choose motherhood and, at the same time, live this experience as positive, this phenomenon cannot just be seen as an option for the poor. We must also understand the full context in which they live and of the opportunities they have. In many instances, the choice of motherhood is the result of the absence of opportunities to see a different future for themselves.

While it is important to demystify the question of teenage pregnancy, we must continue to examine the social reality young mothers are subject to when they live on the streets.

PATHS TO ACTION

Several strategies are possible to assist young people experiencing motherhood and fatherhood when they are living in contexts of high vulnerability including being on the streets.

These include:

1 | Help young mothers and fathers cope with the experiences of violence and abandonment they suffered in childhood;

2 | Open pathways for reconnection to the social world and the world of work with the goal of increasing the possibilities to live in dignity;

3 | Strengthen the provision of all relevant services the young people need in accordance with each person's specific circumstances;

4 | Assure the provision of shelters for mothers and babies that provide for their needs and protection.⁸

There are also strategies to help young people before young women become pregnant and during pregnancy.

- 1 | *Provide more information about contraception in schools and in public health clinics;***
- 2 | *Guarantee timely access to pre- and post-natal health services;***
- 3 | *Prioritize adolescents and especially young people in the situation of the streets at health clinics, and ensure that those clinics are well equipped and the staff well trained;***
- 4 | *Provide access to food and adequate nutrition during pregnancy and nursing;***
- 5 | *Encourage the help and participation of fathers in all phases of pregnancy and parenthood;***
- 6 | *Provide post-natal care, both scheduled and walk-ins, for new-borns and their mothers;***
- 7 | *Expand pregnancy prevention programs for adolescents;***
- 8 | *Pay special attention to children and adolescents living in contexts of vulnerability, especially those on the streets, to guarantee their protection, providing the necessary.⁹***

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1. *The term children in the situation of the streets as opposed to street children is a very deliberate usage that includes both children who spend their days on the streets and have somewhere else to sleep at night, and children who are on the streets day and night.*
2. *Most countries have a language of rights but in Brazil many public policy issues are discussed in the language of rights and the Brazilian Constitution of 1988 includes many very specific rights.*
3. *Data from the National System of Live Births (SINASC), available at: MINISTÉRIO DA SAÚDE. Saúde Brasil 2013. Uma análise da situação de saúde e das doenças transmissíveis relacionadas à pobreza, 2013.*
4. *The most common representation of the Brazilian minimum wage is the per capita wage of each person in a household per month. The level is set by the federal government, but several cities set a higher wage. The US dollar equivalent of that wage varies fairly widely with the exchange rate but as of this writing the 2016 Brazilian minimum wage per capita, per month, is US\$266.*
5. *Abortion in Brazil is only legal in cases of rape, and where the pregnancy and birth would put the life of the mother at risk.*
6. *Quotation from one of the interviews with adolescent mothers with experience of life on the streets and institutional placement in GONTIJO e MEDEIROS, p.471, 2008.*
7. *Quotation from one of the interviews with pregnant women and mothers with babies under 2 years of age in the situation of the streets. In COSTA ET AL, p.1098, 2015.*
8. *Recommendations adapted from the seminar Adolescent and youth maternity in the context of the streets, organized by CIESPI/PUC-Rio in April 2016. The seminar was attended by various professionals including advocates, attorneys, social workers, doctors, street educators, and psychologists.*
9. *The National Network for Early Childhood (RNPI). Biennial Conference 2013/14: INSTITUTO DA INFÂNCIA – IFAN. Cartilha Primeira Infância e Gravidez na Adolescência, 2014.*

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