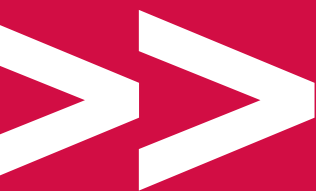


# challenges

Number 4, January 2007

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Newsletter on progress towards the Millennium Development Goals from a child rights perspective



## Teenage motherhood in Latin America and the Caribbean Trends, problems and challenges



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## Teenage motherhood: pregnant with consequences

This issue sets out to show the situation of teenage pregnancy in the Latin American and Caribbean region. The central article draws attention to the persistently high levels of adolescent fertility, which are closely linked to conditions of increased poverty and vulnerability and lead to difficult situations for the young mother, her family and her offspring.

Teenage motherhood is an important issue in terms of progress toward the achievement of the Millennium Development Goals, firstly because it occurs most often among the daughters of poor families and therefore tends to perpetuate poverty and the lack of opportunities from generation to generation, together with risks of infant malnutrition. Secondly, it leads to increased incidence of infant morbidity and mortality, as well as complications during birth and the postpartum period. Thirdly, it is closely linked to early school dropouts among teenage girls.

Teenage pregnancy and motherhood are directly related to the absence of effective reproductive rights and the lack of protection for minors at risk. A high proportion of teenage pregnancies are unwanted, resulting from sexual abuse and above all from irresponsible behaviour by the fathers in relation to partnership and paternity.

In this issue of *Challenges* we provide a forum, not only for policy experts, but also for adolescents and young adults to express their opinions on teenage pregnancy and motherhood. We also offer provide brief information on meetings, programmes, legislative initiatives and best practices in various countries of the region concerning sexual health and the prevention of teenage pregnancy and motherhood.

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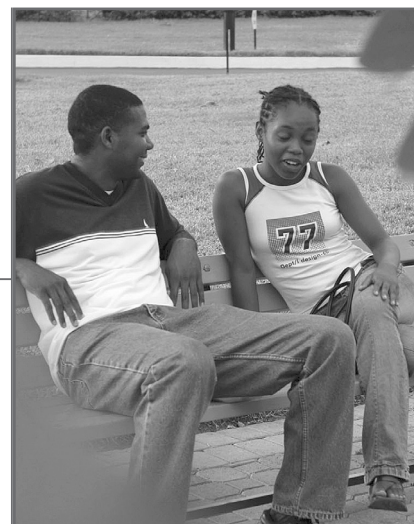
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## Recent events

### >> ECLAC/UNFPA. Meeting of experts on population and poverty in Latin America and the Caribbean

On 14 and 15 November 2006, the group studied the relationships between demographic trends, poverty-related factors and current social protection policies in the region.

<http://www.cepal.org/cgi-bin/getProd.asp?xml=/celade/agenda/5/26955/P26955.xml&xtsl=/celade/tpl/p3f.xsl&base=/celade/tpl/top-bottom.xsl>

### >> United Nations, Commission on the Status of Women

At its fifty-first session, from 26 February to 9 March 2007, the Commission's priority will be "the elimination of all forms of discrimination and violence against the girl child." From August to September 2006, UNICEF promoted an online discussion with young people whose recommendations will be considered during this session. Also, the Division for the Advancement of Women (DAW) organized an Expert Group Meeting on the issue in conjunction with UNICEF, from 25 to 28 September 2006, in Florence, Italy.

<http://www.un.org/womenwatch/daw/csw/51sess.htm>

### >> ECLAC/UNHCHR/UNFPA. Expert Group Meeting on Population, Inequalities and Human Rights

Held on 26 and 27 October 2006, this meeting addressed the establishment of a human rights approach in the understanding of population phenomena.

<http://www.eclac.cl/cgibin/getProd.asp?xml=/celade/noticias/noticias/7/26817/P26817.xml&xtsl=/celade/tpl/p1f.xsl&base=/celade/tpl/top-bottom.xsl>

### >> Eighth Ibero-American Conference of Ministers and Senior Officials Responsible for Childhood and Adolescence

This Conference was held on 6 and 7 October 2006, in Montevideo, Uruguay. Its central theme was migration and its effects on the rights of girls, boys and adolescents. Representatives of 22 Ibero-American governments signed the Montevideo Declaration.

<http://www.inau.gub.uy/cumbre/sobrelacumbre.pdf>

## Key Documents



### >> ECLAC, 2006

*Social Panorama of Latin America 2006*, (LC/G.2326-P), Santiago, Chile, 2006.

<http://www.cepal.org/cgibin/getProd.asp?xml=/publicaciones/xml/4/24054/P24054.xml&xtsl=/dds/tpl-i/p9f.xsl&base=/tpl/top-bottom.xslt>



### >> UNICEF, 2006

*Argumentos y herramientas para influenciar la inversión social en favor de los adolescentes en América Latina y el Caribe*. (UNICEF, 2006, Arguments and tools to influence social investment in adolescents in Latin America and the Caribbean)

[http://www.unicef.org/lac/overview\\_4171.htm](http://www.unicef.org/lac/overview_4171.htm)



### >> PAHO/WHO, 2006

*Youth: choices and change*. Promoting healthy behaviors in adolescents (Cecilia Breinbauer and Matilde Maddaleno).

[http://www.paho.org/English/DD/PUB/SP\\_594.htm](http://www.paho.org/English/DD/PUB/SP_594.htm)

## Adolescents and young people of Latin America and the Caribbean express their views on teenage pregnancy

- "Abstinence is not a solution, the problem is that many women are having children without even knowing how they got pregnant." Teenage girl, Argentina.
- "Even though sex is now openly discussed, it has become unsafe. In fact, I think that if abstinence was promoted outside religious circles, many problems, like the spread of HIV/AIDS, could be avoided." Teenage boy, Argentina.
- "The problem is that girls start having sex at a very young age. In my opinion, the best way to avoid pregnancy is to tell adolescents about methods of contraception and to make these freely available." Teenage girl, Brazil.
- "Adequate sex education is essential in avoiding teenage pregnancy. I think that if adolescents had their eyes wide open on the effects and repercussions of sex – especially unprotected sex – many would think twice before starting, or they would at least be more responsible about protection. Having a child as a teenager is not the end of the world, and with help from responsible adults they can raise their children successfully." Young man, Barbados.
- "Pregnancy and diseases are facts of life. However much people protect themselves during sex, the only way to be 100% safe is abstinence. No form of contraception is 100% effective. I think that young people need to be taught not to have casual sex (at least when unprotected). However, I don't think our society is ready for this, so I hope the governments will continue to promote methods of contraception." Teenage girl, Mexico.

UNICEF, Online forum: Voices of Youth.  
<http://www.unicef.org/voy/>





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# Teenage motherhood in Latin America and the Caribbean

## Trends, problems and challenges

Jorge Rodríguez, Research Assistant, CELADE-Population Division of ECLAC  
and Martín Hopenhayn, ECLAC Social Affairs Officer



## 1. The hard facts

### (a) Teenage fertility rates in the region are not decreasing

Since the 70's, fertility has fallen sharply in Latin America and the Caribbean due to a combination of changes in many areas including the social-economic (industrialization, urbanization, modernization), cultural (secularization, individualization of life plans, new family styles), gender (increasing role of women in labour and social protagonism) and technological (in terms of contraception). In some countries, this process has been supported by public family planning policies and campaigns. In addition, the spread of new ideas and behaviour guidelines backing reproductive control, have contributed to offering women a greater variety of social roles and life options.

Given this historical context, it would be expected that young people would begin to reduce the number of children they produced, particularly in those age groups with high fertility levels. The reduction was expected to extend to adolescents, which effectively happened in the 1980s. However, since the end of that decade, fertility levels amongst the under-twenties have shown a different tendency, first reflecting the reduction and then showing the propensity to increase in several countries. As can be seen in Table 1, only four of 16 countries in the region (Belize, Guatemala, Nicaragua and Paraguay) show a clear reduction in percentage of mothers amongst women aged from 15 to 19 years old. If the 19 year old age group is also taken into account – the age shown to have the highest probability of teenage motherhood – Chile also joins the list.<sup>1</sup>

### (b) The region stands out on a world scale for its high levels of reproduction during adolescence

This resistance to reduction in adolescent fertility has placed the region in an ambiguous position on a world scale. On the one hand, its fertility levels are below the world average and that of the developing countries. On the other hand, its levels of adolescent fertility ostensibly surpass the world average, only exceeded by African rates. It is also the region of the world where births to adolescent mothers represent the largest fraction of total births (see Table 2).<sup>2</sup>

Persistent high levels of adolescent pregnancy and motherhood in the region are a cause for concern and have cultural and political implications. Amongst the former, the increasingly early beginning of sexual activity amongst young people is worth mentioning, and the uncertain impact exercised by eroticism in the media, even in programmes aimed at children and adolescents. From a policy perspective, a marked insufficiency of sex education exists in many countries, a lack of public policies on sexual and reproductive health for adolescents and single young women and a lack of consideration for adolescents' sexual and reproductive rights.

<sup>1</sup> Adolescent fertility refers to the relative frequency of births among adolescents, and is measured by the number of births from mothers aged 15 to 19 years old per 1,000 women of that age. Teenage pregnancy, meanwhile, identifies the probability of having a first child during adolescence.

<sup>2</sup> Even if adolescent mothers still have, on average, more children at the end of their child-bearing years than mothers who start their family after their twenties, this is not associated with a high number of total births; the birth of the first child increasingly brings adolescents in contact with sexual and reproductive health services and, thus their control of reproduction following their first early pregnancy.

**TABLE 1**  
**SELECTED COUNTRIES IN LATIN AMERICA AND THE CARIBBEAN: TREND**  
**IN THE PROPORTION OF WOMEN AGED FROM 15-19 YEARS WHO HAVE**  
**HAD CHILDREN, BY SIMPLE AGE GROUP**  
*(1990 and 2000 census rounds)*

Country	Census year	Age in years					Total
		15	16	17	18	19	
Argentina	1991	3.3	6.6	11.2	17.3	23.1	<b>11.9</b>
	2001	3.7	6.5	11.2	17.2	23.6	<b>12.4</b>
Belize	1990	2.5	7.7	15.4	26.2	34.9	<b>16.9</b>
	2000	2.8	6.7	14.4	25.4	33.0	<b>15.8</b>
Bolivia	1992	1.6	4.4	9.9	17.9	28.0	<b>11.7</b>
	2001	2.0	5.7	11.7	20.8	29.2	<b>13.5</b>
Brazil	1991	2.2	5.2	10.4	17.2	24.3	<b>11.5</b>
	2000	3.3	7.6	13.8	20.8	28.1	<b>14.8</b>
Chile	1992	2.1	4.8	9.8	16.1	24.8	<b>11.8</b>
	2002	6.3	5.1	10.2	16.7	24.1	<b>12.3</b>
Costa Rica	1984	2.0	5.6	10.9	18.6	27.5	<b>12.8</b>
	2000	2.5	6.2	11.8	19.8	27.5	<b>13.2</b>
Ecuador	1990	6.2	5.4	11.0	19.4	27.9	<b>13.5</b>
	2001	3.2	8.1	14.9	23.9	32.5	<b>16.3</b>
Guatemala	1994	2.9	7.3	14.5	25.1	35.5	<b>16.1</b>
	2002	2.6	6.9	14.2	23.1	33.0	<b>15.5</b>
Honduras	1988	3.6	8.1	15.6	25.2	34.6	<b>16.6</b>
	2001	3.0	8.4	17.1	27.6	38.0	<b>18.3</b>
Mexico	1990	1.4	3.8	8.6	16.1	24.2	<b>10.4</b>
	2000	1.8	4.8	10.7	18.2	26.2	<b>12.1</b>
Nicaragua	1995	5.0	12.6	23.7	34.8	46.0	<b>23.9</b>
	2005	4.3	10.7	19.8	28.9	38.4	<b>20.0</b>
Panama	1990	3.6	8.2	15.2	22.4	30.8	<b>16.1</b>
	2001	4.1	9.3	16.2	25.4	33.3	<b>17.4</b>
Paraguay	1992	2.0	6.2	13.0	23.4	32.9	<b>15.0</b>
	2002	1.9	5.1	10.1	17.8	26.7	<b>12.1</b>
Trinidad and Tobago	1990	1.0	3.2	6.1	12.3	18.9	<b>8.0</b>
	2000	1.2	2.2	4.7	18.3	21.4	<b>9.3</b>
Venezuela (Bolivarian Rep. of)	1990	3.3	6.9	13.0	19.9	27.5	<b>13.8</b>
	2001	3.2	7.5	13.7	21.7	29.8	<b>15.0</b>
Uruguay	1985	1.2	3.4	7.2	12.4	19.3	<b>8.4</b>
	1995	5.0	7.7	12.8	18.4	24.6	<b>13.9</b>

Source: Special processing of census microdata REDATAM.

**TABLE 2**  
**REGIONS OF THE WORLD: ESTIMATED GLOBAL FERTILITY RATES FOR**  
**2007, SPECIFIC ESTIMATE FERTILITY RATE FOR THE 15 TO 19 YEAR**  
**OLD AGE GROUP FOR 2007 AND THE PERCENTAGE OF TOTAL LIVE**  
**BIRTHS TO ADOLESCENT MOTHERS <sup>a</sup>**

Region	GFR 2007	Specific fertility rate: 15-19 years, 2007	Percentage of total live births to adolescent mothers
<b>The World</b>	<b>2.55</b>	<b>52.9</b>	<b>13</b>
Africa	4.68	103.4	17
Asia	2.35	39.94	11
Europe	1.43	17.41	7
<b>Latin America and the Caribbean</b>	<b>2.38</b>	<b>75.67</b>	<b>18</b>
North America	1.98	45.49	12
Oceania	2.23	25.5	7

Source: <http://www.un.org/esa/population/unpop.htm>  
<sup>a</sup> Around 2004.

## Teenage motherhood rates are not falling in Latin America and the Caribbean and this places adolescent mothers in a position of lifelong social exclusion



### 2. Resistance to reducing reproduction in adolescence is perplexing, worrying and challenging

#### (a) Perplexing

The pattern of adolescent fertility described above is perplexing for at least three reasons. Firstly, on a global scale there is a correlation between reductions in overall fertility and in that of adolescents, while the region shows virtual stability in adolescent fertility despite a fall in the general fertility rate (GFR).<sup>3</sup> In conclusion, the experience in the region is virtually unprecedented.

Secondly, classic demographic transition is generally followed by a “second demographic transition” the components of which include a later start to the first sexual relationship and the first pregnancy, but that is not the case for this region. Thirdly, material factors such as increasing urbanization and higher levels of education are historically linked to falls in fertility, including that of adolescents, but the presence of these trends has failed to lower adolescent fertility.

#### (b) Worrying

In addition to its persistently high levels, adolescent fertility is also a matter of concern for other reasons. It leads to a series of problems that affect not only the mother and child but also the preceding generation, the parents of the adolescents, who generally provide support in the face of the manifest difficulties that adolescents experience with raising a child. At least six types of problem have been widely documented, namely:

*(i) Greater health risks, especially perinatal risks.* At all socioeconomic levels, reproduction in adolescence is linked to higher probabilities of foetal death, infant mortality and morbidity, and obstetric problems in the postpartum period. The greatest risks come with under-18 pregnancies, as the reproductive system appears to reach full maturity at this age.

*(ii) Obstacles to schooling and training.* There are real difficulties in reconciling pregnancy and child-raising with education and work. Adolescent reproduction is not conducive to the achievement of economic independence, as most teenage mothers live in the homes of their parents or in-laws, where they carry out domestic work. Although they no longer attend school,

<sup>3</sup> In Latin America and the Caribbean, GFR fell by 39.7% between 1971 and 1998, but the fall was only 2.8% in the 15–19 age group. In Asia, between 1970 and 1997, the corresponding reductions were 52.9% and 40.4%, respectively, and in Africa, 26.5% and 24.3%, respectively.





they also do not enter the labour market, or if they do, it tends to be on a casual basis. These vulnerabilities are compounded by the pressure on the household budget of the mother's parents, who often end up taking on a large part of the work of child-rearing; the younger the mother, the more this occurs.

In the realm of education, there are still mechanisms in the region which result in the expulsion or marginalization of pregnant students. In spite of this, surveys show that teenage pregnancy is not the main cause of early school leaving; of greater significance are socioeconomic pressures, demotivation and frustration at the poor quality of education or its lack of relevance to finding well-paid work.

Meanwhile, a normal schooling path – being in the appropriate grade in relation to age – coincides with levels of teenage motherhood that are close to zero. This is due to the “armour-plating” effect of school which has been widely stressed in the literature, but which is partly real and partly fictitious; the latter is because normal progress through the school system has only been possible by virtue of the fact that the student has not experienced early pregnancy. Also, teenage mothers who are following a “normal” educational path are far more likely to stay

at school than those who have fallen behind their age group, regardless of socioeconomic level.

*(iii) Disadvantages for the future of parents and child.* There are also disadvantages to tackling the raising of children at a stage in the parents' lives when they themselves are still shaping their own identities and society assigns roles to young people that are different from the parental role. This adverse effect is harder to measure, as it is based on the very much unproven premise of a lower learning capacity among adolescent mothers. In Latin America and the Caribbean, this problem tends to be counteracted by family support, with “child-rearing grandmothers,” for example. But this is an uncertain mechanism and is unfair to members of the older generation, who have already done their child-rearing duty. Lastly, it is only fair to say that there are cases in which motherhood becomes the life goal of the adolescent girls themselves, given the lack of other choices or plans.

*(iv) Fertility rates are much higher amongst poor adolescents.* The probability of motherhood during adolescence is higher among poor adolescents. According to the most recent study in the region, based on the processing of census microdata, the concentration of teenage pregnancy risk has increased amongst the poor in recent years, both on a national scale and in urban areas (see figure 1).<sup>4</sup> In all the countries studied, the specific rate of adolescent fertility of the poorest quintile is at least three times that of the richest quintile, and in many cases the ratio is 5 to 1.

This is particularly worrying, because early initiation of reproductive life, together with the adverse effects listed above, is considered one of the contributory factors to intergenerational replication of poverty. Thus, adolescent fertility prevents the achievement of the first Millennium Development Goal.

*(v) Teenage mothers have a higher risk of being single mothers, faced with absence and irresponsibility on the part of the fathers.* Historically, teenage pregnancy has tended to occur under informal nuptial arrangements, for either material reasons (financial limits, dependence on the parental home), psycho-social reasons (such as unstable relationships and pregnancies resulting from violence) or both. According to recent data, this trend has strengthened, worsening the situation of single mothers, with males (both adolescent and adults) tending to be absent fathers and partners, taking no responsibility for the children they have produced with an adolescent woman. This increases the financial pressure and care load for the grandparents.

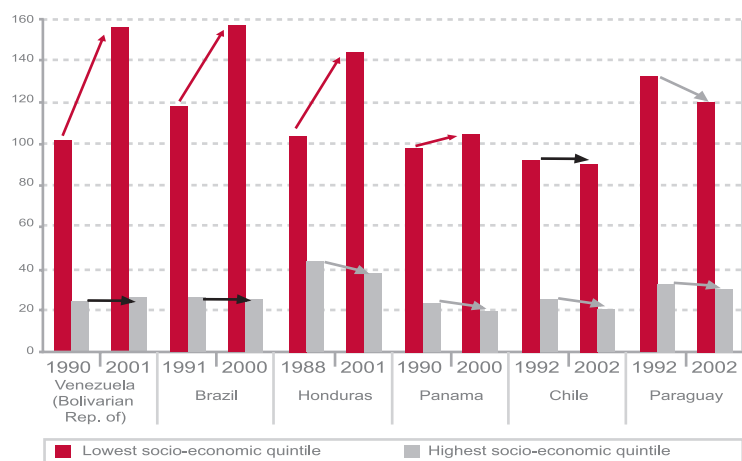
**The probability of early motherhood is highest amongst poor adolescents**



<sup>4</sup> Economic Commission for Latin America and the Caribbean (ECLAC), Social Panorama of Latin America, 2005) chapter III, Santiago, Chile, 2006. United Nations Publication LC/G.2288-P. Sales No: S.05.II.G.161



**FIGURE 1**  
SIX LATIN AMERICAN COUNTRIES: ADOLESCENT FERTILITY RATE (PER THOUSAND) AT EXTREME SOCIOECONOMIC LEVELS, URBAN AREAS  
(1990 and 2000 census rounds)



Source: ECLAC, Social Panorama of Latin America, 2006 (LC/G.2288-P), Santiago, Chile, 2006, chapter III. United Nations publication, Sales number: E.05.JI.G.161.

**(vi) Unwanted pregnancy, the exercise of rights and gender inequity.** A large number of births to adolescent mothers are unwanted, although the number varies from country to country and between social groups within countries.<sup>5</sup> The vast majority are first births, which in other age groups are generally wanted and planned by the parents. These high indices of unwanted pregnancies suggest that the reproductive rights of adolescents are not being exercised; this problem lies at the heart of current discussions on the problem and on the best ways to tackle it.

The connection between unwanted fertility and denial of the exercise of rights is a particularly clear example of gender inequity, for it is women who have to suffer the worst consequences of unwanted births. This may be because males (adolescent or not) tend to shirk their responsibility; because responsibility for prevention is unilaterally and unjustly placed upon the woman, although men should be at least equally involved in preventing unwanted pregnancies; because sexually

active adolescent girls who take precautions tend to be stigmatized and insulted by male peers and other women. Worse still, a hard-to-quantify proportion of births to teenage mothers result from sexual violence and abuse or from the male, usually an adult, having taken unfair advantage of the girl.

### (c) Challenging

Lastly, the difficulty of bringing down adolescent fertility, together with all the related problems, represents a challenge for public policy as it reveals analytical weaknesses and planning failures. It clearly demonstrates the need for cross-cutting and complementary approaches in a number of areas.

There is general agreement that the reduction of overall fertility rates in Latin America and the Caribbean has been caused by the influence of one predominant variable: the use of modern contraceptives, which has extended significantly since the 1970s. However, the same has not happened in the case of adolescents, where contraceptive use has increased without this translating into a reduction in teenage fertility. This paradox may be explained by the fact that the expansion of contraceptive use has been countered by a drop in the age of first sexual activity (increasing exposure to the risk of pregnancy), by a relatively low rate of uptake of contraceptive methods amongst adolescents compared with that in industrialized countries, and the fact that they are not always used properly or in a timely manner.

<sup>5</sup> [www.measuredhs.com](http://www.measuredhs.com) and [www.cdc.gov/reproductivehealth/Global/index.htm](http://www.cdc.gov/reproductivehealth/Global/index.htm)





## Males (both adolescent and adult) tend to be absentee fathers and partners who fail to take responsibility for the children they have procreated with adolescent mothers

This variable is accompanied by others of a psychosocial nature, which imply at least four approaches to the problem of the region's high teenage fertility rate. Each field responds, in turn, to a particular view of the problem, and the interventions go far beyond the mere delivery of information, which is important, but is not enough in itself to change adolescent behaviour.<sup>6</sup>

*The first approach* concentrates on the psychology of adolescents, who are living through a process of maturing and defining their identities, a phase of experimentation and of sexual awakening, and having difficulty in exercising reasoned self-control or in reaching agreements with their partners regarding sexual activity and the prevention of pregnancy. From this viewpoint, therefore, one level of intervention must aim to strengthen the capacity for control or negotiation in adolescents of both sexes in order to avoid high-risk behaviours (be this through sexual abstinence or contraceptive use). Training can be given through a variety of awareness-raising programmes which include workshops for adolescents and information and training for others who are close to them; and also the transmission of these attitudes and this knowledge through the education and health services (schools, hospitals and health centres). It is essential that adolescents should be aware of their right to reproductive health and able to demand its fulfilment.

*The second approach* looks at the cultural ambivalence resulting from the collision between increasingly liberal attitudes to sexuality affecting people of all ages – expressed in codes of conduct and actual behaviour, and in the messages and symbols predominant in the culture – and the persistent denial of autonomy in sexual matters for adolescents. This adds up to a syndrome of “truncated sexual modernity,” which encourages the concealment of sexual relationships and limits access to the information and services needed for the prevention of unwanted pregnancies. The main policy guideline for this focus aims to recognize adolescents as sexually active subjects and remove cultural and family barriers that prevent them from practicing safe sex from their first relationship onwards. This could be achieved by encouraging the media to implement community programmes aimed at intra-family communication, and by promoting services and laws to support adolescents – an element which always sends a signal to families on the importance of making the issue transparent. A family which is present, active, empathetic and open to discussion with the adolescent of today, that is able to set limits and deal constructively with conflict, can play an important role in the prevention of early pregnancy.

*The third approach* stresses the lack of opportunities for training and productive integration of adolescents, which could lead them to consider early motherhood as the only life plan in which they can affirm their independence, find meaning and move on into adulthood. The main conclusion of this approach is that the best policy for the prevention of adolescent fertility is to provide other options which give adolescents something to look forward to in life. In this framework, there are two particularly important and systematic interventions. First, within the education system, conditions can be improved in terms of both supply and demand so that adolescents of both sexes in the poorest sectors remain in school and move forward in line with their age groups. Remaining at school and being in the correct year group strongly protect adolescent girls from the risk of or desire for pregnancy. Second, real opportunities for training and the transition from school to work should occur precisely in the last years of adolescence.

*The fourth approach* concentrates on institutional and sectoral bias against adolescents, above all in the realm of health. Adult sexual and reproductive health programmes are based on the assumption of a systematic approach, independence and maturity which are simply not present in the case of adolescents. The lack of specialized, holistic and confidential programmes, including counselling, keeps adolescents away from public services. Faced with outdated regulations and practices which require parental authorization for care or services, adolescents are clearly discouraged from using them.<sup>7</sup> Legal, institutional and planning reforms are therefore needed in order to offer appropriate, specialized, confidential, efficient and adolescent-sensitive sexual and reproductive health care.

In conclusion, teenage fertility is a serious problem in Latin America and the Caribbean; while rates remain high, they will include a high percentage of unwanted births which involve greater risks to reproductive health than in other older age groups. Teenage mothers often find themselves in a lifelong position of social exclusion – most are poor, undereducated (and prevented from continuing their education), unmarried and without a partner. This is therefore a problem which adversely affects and threatens progress toward the Millennium Development Goals relating to reduction of poverty, expansion of education and improvements in mother-and-child health. The impact on reproductive rights and gender equity is very severe. Furthermore, this type of problem has complex and multiple roots, such that the criteria used to tackle the issue must be cross-cutting and include different levels of action, as has been discussed above.

<sup>6</sup> C. Breinbauer and M. Maddaleno, “Youth: choices and change. Promoting healthy behaviours in adolescents”, PAHO Scientific and Technical Publication, No. 594, Washington, D.C., 2005.

<sup>7</sup> One of the findings which reinforce this focus is the high proportion of adolescent girls who state that they began using contraceptives after having their first child. This is due to a change in classification which occurs within the health system – as a mother, the adolescent girl is considered a sexually active woman who is capable of independent control over her reproduction – but it is evidently belated, as it should take place when adolescents first become sexually active.

# What do teenage mothers say are the main causes of teenage pregnancy? What measures should be taken to guarantee teenage mothers' right to education?



## Beryl Weir

Director, Women's Centre of Jamaica Foundation

In Jamaica, pregnancy is the main reason why girls drop out of secondary education. Between April 2005 and March 2006, the Women's Centre of Jamaica Foundation helped 1,625 teenage mothers, 206 of them below the age of 15. Most often the pregnancies were unwanted and the girls were traumatized by the responsibilities of parenting and the suspension of their education.

Teenage mothers give several reasons to explain their pregnancies, the most important being curiosity and peer pressure. Sexual relations without contraception, the lack of parental guidance, and erroneous myths and beliefs concerning sex are also key factors. Lastly, sexual abuse and sex as a form of payment for presents or favours are also causes of unwanted pregnancies in teenagers.

In Jamaica, a girl who becomes pregnant must leave school voluntarily, or she will be expelled when the pregnancy is discovered. She may never again have access to education, unless she joins the Women's Centre of Jamaica Foundation programme for teenage mothers. Even though the Education Law states that girls should be allowed to continue their education in the school they were attending or in another State establishment, schools do not admit teenage mothers easily. Clearly, these girls are being denied their right to education.

Throughout its 28 years, the Foundation has fought for the mandatory admission of these young mothers to the formal education system and has achieved greater recognition for the urgency of this issue through discussion with the relevant authorities.

# How to improve the participation of adolescent boys in programmes to prevent teenage pregnancy and to provide appropriate conditions for adolescent mothers and fathers?



## Gary Barker

Director, Promundo Institute, Brazil

For a long time, we have considered adolescent boys and adult men to be villains, absent from or indifferent to the issue of teenage pregnancy. Today there is enough evidence to understand that the factors which motivate the sexual activity of adolescent boys, and their use or non-use of contraceptive methods, are complex and varied. Some want to prove their fertility; others have sexual relations in order to show their peers they are "real men." Others do not think of the consequences of their sexual activity and do not see themselves as "reproductive beings." Others think that protection is a matter for girls. Others become responsible and caring fathers, despite our negative expectations.

If we want to take seriously the role of boys in the prevention of teenage pregnancy, we must begin far earlier. Discussions of male identity must be included in sex education, and teachers, parents and young people must be persuaded to take part in open discussions of how adolescent boys see their sexuality. Older parents must be involved, to act as role models, mentors and reference points of responsible parenting. Boys and young men must be brought into community and media campaigns to challenge the idea that contraceptive use is the sole responsibility of women, and to spread the clear message that sex by coercion is not acceptable, nor should older men use money and power to obtain sex with young women.

Experiences in Brazil, Mexico, India and other countries indicate that education in participatory groups with young men, along with community campaigns, can make a difference. We have documented an increased use of condoms, the reduction of some forms of violence against women and young people and a change in attitude toward the role of boys in the use of contraception. That is, we know what has to be done in order to involve adolescent boys. The question is whether we are prepared to take them seriously and involve them as partners in the process.



# Programmes for the prevention of teenage pregnancy and motherhood

The high adolescent fertility rates in Latin America and the Caribbean, and the persistence of this problem despite the overall drop in fertility rates, is a matter of great concern to governments, families and civil society in general. Not only because a large number of teenage pregnancies are unwanted, but also owing to the increased risks to reproductive health, and because teenage mothers are mostly poor, undereducated and without a partner.

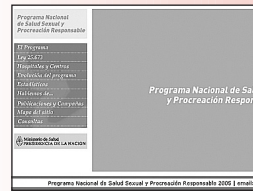
It is therefore essential that we reverse the fatalism related to this situation and seek out innovative initiatives and policies. These must aim at strengthening adolescent girls' confidence in and understanding of their sex lives. They must use educational support as a kind of protection to keep girls focused on projects relating to their personal development; they must offer health services that do not stigmatise, that guarantee confidentiality, offer preventive services, supply appropriate methods of contraception and provide support to help families deal with these situations better. This implies changes in both the services available and the surrounding culture.

The services mentioned below reflect the diversity of recent proposals. It should be noted that legal reforms ensure greater protection and prevention – like granting adolescents greater access to emergency contraception such as the free provision in Chile of the “morning-after pill” to girls aged 14 and over currently being debated, training for staff working with adolescents and their families, and holistic care for pregnant teenagers in order to facilitate greater family and social integration.



UNICEF Brazil / 2002 / Henry

**National Programme of Sexual Health and Responsible Procreation.**  
Ministry of Health, Argentina  
[http://www.msal.gov.ar/hm/site/salud\\_sexual/site/programa.asp](http://www.msal.gov.ar/hm/site/salud_sexual/site/programa.asp)



Created by National Law No 25,673, the programme seeks to respond to the problem of maternal mortality as a result of abortions for unwanted pregnancies, teenage pregnancy and infection with HIV and other sexually transmitted diseases (STDs) as a result of unprotected sex. It also provides supplies and supports campaigns and counselling centres at the community level.

**Emergency Contraception Programme. Clinical guidelines and technical standards on the regulation of fertility.**  
Ministry of Health, Chile  
<http://www.minsal.cl/ici/destacados/NormasFertilidad.pdf>



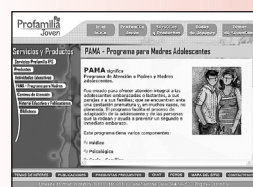
A measure currently being debated in Chile is the free provision in Chile of the “morning-after pill” to girls aged 14 and over in order to reduce the risk of unwanted pregnancy and higher rates of death from complications during pregnancy; the interruption of education; gender inequity in access to contraception; and negative effects on unwanted babies.

**The “Formal Education for Responsible Sexual Conduct” Programme for adolescents and young people.**  
National Programme of Sex Education.  
Education Ministry. National Centre for Sex Education, Cuba  
[http://www.piie.cl/entrevistas/miriam\\_rodriguez.htm](http://www.piie.cl/entrevistas/miriam_rodriguez.htm)



Using the cascade technique, which includes training, curricular improvement and contacts with adolescents and families, the Project cites as its achievements: validation of the teacher as education agent, improvement of communication within families, greater use of condoms, increasing emphasis on the emotional side of sexuality, reduction in school dropout rates and strengthening of inter-agency coordination.

**Programme of Care for Teenage Fathers and Mothers (PAMA).**  
Association for the Well-Being of the Colombian Family (PROFAMILIA)  
[http://www.profamilia.org.co/jovenes/002\\_servicios/04pama.htm](http://www.profamilia.org.co/jovenes/002_servicios/04pama.htm)



Offers holistic care for pregnant or breastfeeding adolescents, their partners and families with early and, in many cases, unplanned, pregnancies. Eases the process of adaptation of the adolescent girl and the people around her, and helps to prevent a second pregnancy through medical, psychological, social/family and educational components.

**... that Latin America and the Caribbean have a population of 107 million people aged between 10 and 19; that is, one in every five people in the region fits within this age group?**

(Figures updated in August 2005 on the basis of estimations and projections from CELADE-Population Division of ECLAC.)

**... that in 2004, 76 of every 1,000 girls aged between 15 and 19 in the region gave birth –a figure only surpassed by Africa (103 per 1,000) and substantially higher than the average for less developed regions (57 per 1,000)?**

(Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2004 Revision Population Data Base).

**... that in the majority of countries with recent specialized surveys, at least one in every five women had their first child before the age of 18 –the age at which they should finish secondary school?**

(ORC Macro, Demographic and Health Surveys-DHS: Bolivia, 2003; Colombia, 2005; Haiti, 2000; Nicaragua, 2001; Peru, 2004; and Dominican Republic, 2002; and Centres for Disease Control and Prevention International Reproductive Health Surveys-IRHS: Ecuador, 2004; El Salvador 2002/03; Guatemala, 2002; Honduras, 2001; and Paraguay, 2004).

**... that an approximate regional average shows girls from the poorest fifth of the population are four times more likely to become pregnant than those in the richest fifth. and Recent research shows this inequality has become more accentuated in the last 15 years?**

(ECLAC, *Social Panorama of Latin America*, 2005, chapter III).

**... that Objective 7.44 (b) of the Programme of Action of the International Conference on Population and Development, adopted in 1994 by 179 countries, is to “substantially reduce all adolescent pregnancies?”**

(United Nations, Programme of Action of the International Conference on Population and Development, Cairo, 1994).

4



UNITED NATIONS



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