

Experiences and accounts of pregnancy amongst adolescents

An approximation towards the cultural, social and emotional factors influencing teenage pregnancy, through a study in six countries in the region



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Abbreviations and acronyms

CAMAJ	Municipal Houses for Adolescents and Youth
ECLAC	Economic and Social Commission for Latin America
FCI	Family Care International
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
ILO	International Labor Organization
NGO	Non-Government Organization
ONU–DAES	United Nations Organization-Department of Economic and Social Affairs
PAHO	Pan American Health Organization
PROAMA	Program for Care of Adolescent Mothers
SRH	Sexual and reproductive health
SRR	Sexual and Reproductive Rights
STI	Sexual transmitted infection
TFR	Total Fertility Rate
UNICEF	United Nations Children’s Fund
UNFPA	United Nations Population Fund
WHO	World Health Organization



TRANSMISIÓN DE LA MADRE AL HIJO (A)



NOTAS

- ESTA TRANSMISIÓN PUEDE PRODUCIRSE DURANTE EL EMBARAZO, A TRAVÉS DE LA PLACENTA O BIEN DURANTE EL PARTO.
- DESPUÉS DEL NACIMIENTO, EL AMBIENTAMIENTO ES UNA FUENTE POTENCIAL DE TRANSMISIÓN.
- PARA PREVENIR LA TRANSMISIÓN VERTICAL, EL MINISTERIO DE PROTECCIÓN SOCIAL RECOMIENDA A LAS MUJERES EMBARAZADAS QUE:

FORMAS DE TRANSMISIÓN

¿Algunas piezas no encajan?



Prologue

Adolescent fertility rates in Latin America and the Caribbean have not decreased at the same rate as the rest of the world. In fact, the Population Division of the Department of Economic and Social Affairs of the United Nations foresees that the rates in the region will be the highest in the world, and that they will remain stable between 2020 and 2100.

Girls who become pregnant before they are 18 are rarely able to exercise their rights to education, health, protection and an adequate quality of life. They lose their childhood and have to, take on adult obligations, often without being able to enjoy the benefits of adulthood.

This study reflects the complexities associated with teen pregnancy. Amongst the causes of teen pregnancies are a lack of information and opportunities, the desire on the part of the girl to be a mother, societal expectations as well as sexual violence. Long term solutions need to address underlying problems, such as the persistence of a chauvinistic culture despite the significant advances girls and women have achieved in the region; the resulting gender inequality and the negative attitudes of boys and men toward girls and women; the norms that perpetuate violence and impunity; the poverty that forces girls into sexual relations with older men as a survival strategy; and the inadequate protection of human rights.

Likewise, the study indicates that countries should strengthen the criminal justice response against perpetrators of sexual abuse alongside more holistic measures, such as the promotion of social sanction mechanisms, recognizing that in many places teenage pregnancy and sexual relations between adolescent girls and adult men are in some ways acceptable to their communities. Public policy needs to be strengthened to support the empowerment of teenage girls; provide for comprehensive

sexuality education programs that address the affective and emotional dimensions of sexuality, start in the primary school years, are age-appropriate and adjusted to the needs and expectations of teenagers—both male and female; and ensure that teenage mothers are not discriminated against and can continue their education

This publication has been produced to provide an approximation of the cultural, social and emotional factors that contribute to the high rates of teenage pregnancy in the region. Plan International and UNICEF hope this report will contribute substantively to the debates and reflections on this important topic that are ongoing in many countries and within regional and sub-regional forums. It has been produced recognizing that governments and society in general are now becoming more aware of the problem, and are adopting sub regional plans, social policies and launching promising programs.

Plan International and UNICEF renew our commitment to support, together with other actors and other agencies of the United Nations, actions for the prevention of teenage pregnancy and for the creation of conditions in which all girls, without exception, are able to fully exercise their rights. Plan International and UNICEF support policies and programs that seek to contribute to the realization of the rights of children and adolescents, including the right of children and adolescents to live their childhood and adolescence fully and be protected from all types of violence. ■

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Summary

Latin America and the Caribbean is the region with the highest adolescent fertility in the world, after Sub Saharan Africa. Recent projections indicate that the rate of teen fertility in Latin America will be the highest in the world and will remain stable during the period 2020-2100. In the region, one third of pregnancies occur amongst girls aged less than 18 years of age, and almost 20% of these are amongst girls aged under 15 years. In Latin America, a region where girls and boys are at high risk of different forms of violence, it is estimated that pregnancy amongst these youngest girls is often a result of sexual violence. Added to this problem, the risk of dying during pregnancy, childbirth and postpartum is doubled among girls who become pregnant before 15 years of age.

Empirical evidence indicates that among the factors associated with early motherhood are the socio economic characteristics of the home of the adolescent, including household poverty and the parent's income and educational levels. The evidence also suggests that there are relevant contextual factors, such as lack of access to comprehensive sexuality education, to modern methods for family planning and—above all—to the guarantee of the exercise of their rights. Furthermore, teenage pregnancy and motherhood are mediated by a set of cultural representations around gender, motherhood, sexual relations, sexuality, adolescence and relationships between couples.

According to Jorge Rodríguez (2008), the key factors that explain the high teen fertility rates in a modern context can be summarized in terms of a) the reticence on the part of key institutions—the society and family—to recognize teenagers as sexually active, which results in restrictions to their access to contraceptive methods and to education and knowledge for safe sexual behaviors; and b)

inequality, which appreciably shortens the horizon of life options for adolescents living in poverty and results in early motherhood/fatherhood being seen as a mechanism for providing meaning to their lives. Adolescents with low educational levels have five times greater probability of becoming mothers than those with higher levels of formal education.

The accumulated evidence around teenage pregnancy has contributed to the growing political consensus—at the regional and global levels—around the importance of positioning early motherhood/fatherhood in the public policy agenda and of the need to take concrete measures to prevent teenage pregnancy, especially through the health, education and labor sectors. One of the main reasons why early pregnancy and motherhood are considered to be social problems is that these frequently result in interruption of the girl's education, resulting potentially in the inter-generational transmission of poverty.

Beyond the measures adopted and a few best practices identified, current indicators and projections show that teenage pregnancy and motherhood have not been addressed adequately by the public policies currently in place in the region. Moreover, there is a scarcity of information regarding the impact of the different laws and initiatives on the prevention and sanction of sexual abuse, an important cause of teen pregnancy, particularly amongst girls aged less than 15 years. The impunity and the need to strengthen criminal justice procedures against the perpetrators of sexual violence are themes that are generally absent from the analysis and development of public policies on teenage pregnancy.

For a better understanding of this situation, Plan

International and UNICEF's Regional Office for Latin America and the Caribbean carried out six qualitative studies on the social, cultural and emotional factors that influence teenage pregnancy in rural, indigenous, Afro-descendant and peri-urban contexts of Brazil, Colombia, Guatemala, Honduras, Paraguay and Dominican Republic. The studies focused on the perceptions around motherhood and early pregnancy of teenagers, their partners and other key actors from their familial and social environments. The perceptions of male adolescents were also included. The studies paid particular attention to two sectors: health and education.

An anthropological and socio-constructivist approach was used to try to understand more completely the way in which teenagers make sense out of their experiences with pregnancy, motherhood-fatherhood, sexuality and reproduction and why teen pregnancy rates continue to rise in the countries studied. The analysis was based on the biographic trajectories of the participants in the studies. In this regional report, as in the reports prepared in the study countries, discussions revolved around the evidence that teen pregnancies have not only increased in number but have also become serious social problems that needs to be addressed by both governments and society. Furthermore, while it is true that there has been progress with the elaboration of public policies aimed at the prevention of and attention to teenage pregnancy (in the health, education and labor sectors, among others) these continue to be insufficient, fragmented, sector-specific rather than integral, and in general, poorly implemented. In addition, the social interpretations and cultural meanings of adolescence and sexuality held by families, peers and social institutions remain anchored in traditional structures that continue to idealize the status of motherhood and reinforce gender inequality and the non-recognition and non-exercise of sexual and reproductive rights. The contexts of poverty, violence, modernity and migration add further complexities to this situation.

Below, based on the analysis of the findings of the studies, we provide an overview of the situation of teenage pregnancy, and the challenges that the region faces for resolving the problem.

CONCEPTIONS OF AND APPROACHES TOWARDS ADOLESCENTS AND THEIR SEXUALITY

- The current discussions in the region reflect static and contradicting conceptions of what it means to be an adolescent: on the one hand adolescents are perceived as rights holders and protagonists in their own development, and on the hand are adult-centric messages that focus on the vulnerability, rebelliousness and limited capacities of adolescents. There is, as a consequence, a clear gap between the formal recognition of adolescents as rights-holders and the prevailing socio-cultural conceptions of and values assigned to adolescence. This gap increases the vulnerability and risks faced by adolescent girls for early pregnancy.
- Even today, sexuality is perceived as taboo, a perception that is reinforced and reproduced through silence, myths and negative emotions. As a consequence, the possibility that the sexuality of adolescents of both sexes can be discussed and addressed openly and holistically, in consistency with a rights-based approach are drastically reduced. This in turn impacts negatively on the approaches and interventions that are adopted for the prevention of, and attention to, teenage pregnancy. A relevant, integral understanding of the problem, within the framework of a human rights approach, requires a review of the categories currently used in the analysis and interpretation of adolescence, teenage pregnancy and the social, cultural and emotional factors associated with these phenomena. It also requires closer attention to the different conditions and experiences of each girl and how these influence their feelings about becoming pregnant and the consequences of the pregnancy.

GENDER CONSTRUCTS: MOTHERHOOD AND FATHERHOOD DURING ADOLESCENCE

- Regardless of the context, motherhood and fatherhood are highly valued socially and culturally. The degree to which parenthood is valued outweighs the negative perceptions of maternity amongst girls below the socially accepted age for motherhood: what is most important is that the girl is complying with her socially expected and assigned role of reproduction.
- In terms of emotional factors, motherhood continues to be idealized as a necessary condition for existence. This idealization often does not permit a full assessment of the life-changing consequences of teenage motherhood and the contradiction between fulfilling the responsibilities associated with caring for a child on the one hand, and on the other the ability to realize one's aspirations and ambitions for life.
- The high value attributed to motherhood represents, as a consequence, one of the main barriers to working effectively and holistically on adolescent sexuality and the prevention of teen pregnancy. Added to this, it underpins the societal mandate that the burden of pregnancy must be borne by the woman, and that—as well as being good mothers—they have to set to one side their personal ambitions for life and assume the traditional domestic roles assigned to the female gender.
- On the other hand, the diversity of forms, meanings and implications that the experiences of adolescent pregnancy and motherhood have for different girls mean that it is difficult to identify clear patterns and trends, or unequivocal cause-effect relationships including the socio-cultural, economic and/or emotional factors that underpin teenage pregnancy.
- The fact that society is focusing significantly on maternity amongst teenagers with less attention to teenage paternity—along with the issue of the limited availability of knowledge and information about young men as partners and fathers—

mean that further study on adolescent fatherhood, as well as the phenomena of older men partnering with adolescent women, is needed.

- Unplanned pregnancies are not always equivalent to unwanted pregnancies, despite the difficulties they may bring. Some adolescent girls, and adolescent men, include marriage and early motherhood/fatherhood in their life plans, and pregnancy is sometimes seen as an escape, a solution, a cause for happiness, rather than a problem. More case studies are also needed to increase our understanding of voluntary motherhood among adolescents, the conditions under which this occurs and its consequences.
- The country studies also provide clues that help to dispel myths about teenage pregnancy: that is the result of insufficient information about family planning methods; that girls get pregnant when they do not have an alternative plan or perspectives for their lives; that it is a consequence of the fact that adolescents are risk takers and do not evaluate the consequences of their sexual decisions. The accounts provided by several adolescents in the different studies, in contrast, reveal that many do have important dreams for the future and they clearly recognize the implications and limitations that an adolescent union and/or pregnancy may place on their lives.

VIOLENCE AND TEENAGE PREGNANCY

Aside from the diverse factors mentioned above, the studies indicate that teenage pregnancy is associated with gender based violence in its broadest sense, including physical, psychological, economic and symbolic violence. It is, therefore, important to visualize and precisely understand the link between pregnancy and violence in its multiple forms. Further analysis is also needed of the sexual relationships—voluntary or involuntary—between adolescent girls and older men and the generally passive and tolerant attitudes communities have about these relationships.

Significant age gaps within the couple are often associated with dynamics of domination and unequal power relations, which in turn may lead to sexual violence.

Impunity and the criminal punishment of cases of gender violence are subjects that are generally absent in the analysis and formulation of public policies on teenage pregnancy. This situation increases the urgency for carrying out more qualitative and quantitative study of pregnancy and maternity amongst girls aged less than 15 years, in order to deepen our understanding of this issue amongst this extremely vulnerable group.

PUBLIC POLICIES

The studies carried out confirmed, in general terms, the same social determinants for teenage pregnancy described in the literature. These are: economic insecurity and poverty, low schooling and educational level, residence in rural areas, gender inequity and inequality, and patriarchal norms and values, among others. Our findings showed that there have been few substantive changes in these determinants over time, despite the existence of norms, policies, programs and projects, which raises the question as to why decision makers and public and private institutions are not re-crafting or reviewing their policies.

The study findings also indicate that—despite the existence of policies addressing various aspects of adolescent pregnancy—there is a large gap between policy and action. This gap is likely related to multiple factors: the fact that youth represent a low priority group in many societies; persisting taboos around sexuality; the idealization of motherhood; and the failure to recognize adolescents as rights-holders. Changing this situation will require that youth are included and participate actively and effectively in the design and implementation of the norms, policies, norms, and social protection mechanisms that are the responsibility of the States.

Faced with the complex and multidimensional

factors that underpin teenage pregnancy, the responses of public policies have been generally fragmented, sector-specific rather than integral, and not contextually adapted. In many cases, the response has been limited to the health and education sectors, with the labor sector less frequently engaged. This disjointed approach could potentially result in a negative boomerang effect on the exercise by adolescents of their rights, given that it weakens the implementation and effectiveness of the policies.

Public policies need, therefore, to ensure a multi-faceted, comprehensive approach for the prevention of teenage pregnancy, that addresses all the important underlying factors—poverty, exclusion and social inequalities—as well as the complex cultural and emotional determinants. This approach will be essential to ensuring that public policies are effective in terms of addressing the causes of teenage pregnancy (instead of focusing more exclusively on the protection of the girl's rights once she becomes pregnant) and deconstructing and challenging the moralistic premises upon which the strategies currently in use are often founded.

Our studies also showed that many education professionals and health-workers reproduce the cultural values and stereotypes around adolescence and sexuality in their work with teenagers, and that these attitudes and behaviors in turn translate into barriers for the exercise of health and education rights. Their attitudes and behaviors mean that schools and health-services offer limited opportunities to adolescents to talk freely about sexuality, emotions, their dreams, aspirations and life projects. A multi-dimensional approach is needed to strengthen sexuality education programs, using teaching methodologies that are sensitive to the different values and meanings that different adolescents attach to sexuality and affectivity, and the psychological and emotional implications of these.

An additional element that needs to be considered in educational policy is the role of the family and the family environment for

pregnant teenagers and mothers. Support from the family is fundamental not only for guaranteeing the material conditions for the wellbeing of the girl and her child: perhaps of more importance is the support that families provide for the girl's emotional wellbeing and empowerment in order that she opts to continue her education after giving birth.

In order to maximize the effectiveness of public policies, identify advances and setbacks, and develop a fuller understanding of the problem of teenage pregnancy, national demographic and health surveys also need to be reviewed, to ensure collection of data regarding adolescent paternity as well as pregnancy amongst girls less than 15 years of age. ■

Chapter I

By way of an introduction

Since the 1970s, the total fertility rate (TFR) in Latin America and the Caribbean¹ has declined significantly, as a result of *economic factors* (urbanization, migration, industrialization, and modernization), *cultural factors* (secularization, new types of family, changes in gender roles) and *technological factors* (access to information). Population and sexual and reproductive health policies—including access to modern family planning services—have also influenced this decline in fertility. Nevertheless, there are still significant differences between and within countries that are related to economic situation, ethnicity and education level.

Whilst overall fertility has declined, adolescent fertility (measured as the specific fertility rate amongst women aged 15-19 years) has behaved differently; at first it remained static and then, over the last 30 years, it has actually increased in several countries. Latin America and the Caribbean is the only region in the world in which teenage fertility has actually increased. According to a recent document

¹ Total fertility rate represents the number of children that would be born to a woman if she were to live to the end of her childbearing years and bear children in accordance with current age-specific fertility rates. From <http://data.worldbank.org/indicator/SP.DYN.TFRT.IN>

Underlying Causes of Teen Pregnancy

- Early Marriage.
- Gender Inequality.
- Obstacles to Human Rights.
- Poverty.
- Sexual Violence and Coercion.
- National Policies that restrict access to family planning and age-appropriate sex education
- Lack of access to education and reproductive health services.
- Under-investment in the human capital of girls (UNFPA, 2013)

published by ECLAC and UNICEF, almost all the countries in the region are in the list of the 50 countries with the highest teenage fertility rates worldwide and rates are particularly high in Nicaragua, Honduras, Panama, Guatemala and Ecuador (Rico and Trucco 2013).

Amongst the factors associated with early childbearing are those related to the socio-economic characteristics of the adolescent's family, including household poverty and the parent's income and educational levels. The

evidence also suggests that there are relevant contextual factors, such as access to comprehensive sexuality education; access to modern methods for family planning and, above all, to the guarantee of the exercise of their rights (Arceo-Gómez and Campos-Vázquez, 2011). It is increasingly recognized that the determinants for teenage pregnancy are primarily related to social, economic and cultural factors and extend, therefore, beyond the health sector (FCI, 2008).

Similarly, teenage pregnancy and motherhood are mediated by a set of cultural representations around maternity, adolescence, sexuality² and relationships between couples, among others. In some social sectors, motherhood symbolizes a step towards adulthood and affords improved status within the community. To become a mother is a pathway to commanding new respect and to becoming a “complete” woman as defined by her society (Rico and Trucco, 2014). Teenage motherhood is seen as an option that gives meaning and a purpose for life, particularly in contexts where there are few or no alternatives (Binstock and Pantelides, 2006, Stern, 1997). However, it is important to note the frequent association between sexual violence and teenage pregnancy, particularly in the case of girls aged under 15 years.

One of the main reasons why teenage pregnancy and childbearing have come to be considered as a social problem is that, in most cases, becoming pregnant or a mother prevents or seriously hinders the continuing education of the adolescent parents—in particular the adolescent mother—with consequences therefore for their achievement of life aspirations and projects. Additionally, teenage pregnancy and motherhood may impact negatively on opportunities for professional development and

² “The term sexuality refers to a fundamental dimension of our experiences as human beings. It includes gender, sex and gender identity, sexual orientation, eroticism, emotional bonds and love, as well as reproduction. It is experienced or expressed in thoughts, fantasies, desires, beliefs, attitudes, values, activities, practices, roles and relationships. Sexuality is the result of the interaction of many factors—biological, psychological, socioeconomic, cultural, ethical, religious or spiritual. While sexuality can include all these aspects, not all of them are necessarily experienced or expressed. Nevertheless, and in summary, sexuality is experienced and expressed in all that we are, we feel, we think and we do” (PAHO / WHO, 2000).

employment, which in turn are linked to the reproduction of poverty, the non-realization of sexual and reproductive rights and other factors, such as, frustration, lack of motivation and expectations for the future (Flórez and Soto, 2006; ECLAC, 2011; Ricco and Trucco, 2014). Teenage pregnancy can, therefore, impact negatively on the development potential, autonomy, participation and citizenship of the adolescents affected (FCI, 2008).

Meanwhile, comprehensive sexuality education—as part of formal and non-formal education programs—is recognized as a key strategy that supports adolescents and young people to understand and make autonomous and responsible decisions concerning their emotions, sexuality and sexual and reproductive health. Evidence also suggests that comprehensive rights-based and gender-based sex education programs can lead to greater gender equality (LACRO-UNFPA, 2014).

According to Jorge Rodríguez (2008), the key factors that explain the high teen fertility rates in a modern context can be summarized in terms of:

- a) The reticence on the part of key institutions—the society and family—to recognize teenagers as sexually active, which results in restrictions to their access to contraceptive methods and to education and knowledge for safe sexual behaviors; and
- b) Inequality, which limits the array of options available to the population living in poverty, thus reducing the “opportunity cost” of early maternity/paternity and simultaneously affording more value to maternity/paternity as a mechanism for providing meaning to life.

The accumulated evidence on these issues has contributed to the development of a growing political consensus—at the regional and global and levels—around the importance of positioning early motherhood/fatherhood on the public policy agenda and of the need to take concrete measures to prevent teenage pregnancy and to reduce fertility, through sexual and reproductive health policies (including



sexuality education, access to comprehensive SRH services, including family planning). The consensus also emphasizes that policies and programs on teen pregnancy should be implemented without coercion and with full respect for the rights of adolescents themselves (Rodriguez, 2013).

Recognizing this regional reality, it is essential that studies are conducted to understand the socio-cultural determinants of teenage pregnancy, as well as the impact that pregnancy has on the adolescent mothers and fathers in the personal, social, and family spheres. Also, there is a need to identify those public policies that seek to transform these determinants and guarantee the rights of girls and adolescents who are pregnant or are mothers.

In order to deepen the understanding of this situation, in 2013 Plan International and UNICEF's Regional Offices for Latin America and the Caribbean carried out six qualitative studies on the social, cultural and emotional

factors that influence teenage pregnancy in rural, indigenous, Afro-descendant and peri-urban contexts of Brazil, Colombia, Guatemala, Honduras, Paraguay and Dominican Republic. The studies focused on the perceptions around motherhood and early pregnancy of teenagers, their partners and other key actors from their familial and social environments. The studies paid particular attention to the policies and programs of two sectors: health and education.

This publication is based on the study reports from the six countries³ and an initial document consolidating and analyzing the results prepared in June 2013. It aims to identify and discuss some of the ideas these studies have provided regarding the cultural, social and emotional factors⁴ that influence the high rates of teenage

³ The Colombia report was not available for review, however the transcripts of the interviews were analyzed.

⁴ Emotions have to do with the "mood" of a person: they reflect the interpretations we make of a given situation and whether it is good or bad, favorable or unfavorable. Emotions range from the positive (such as joy, happiness, hope) and the negative (e.g. pain, sadness, fear, guilt). Emotions impact on a person's behavior (Weiner, 1986; Goleman 1996; Bisquerra, 2000).

pregnancy in the Latin American and Caribbean Region, the effects of these, and their links to the education and health sectors. In preparing this report, the reports prepared by the six participating countries were analyzed and their findings were organized, identifying themes common to some or all countries as well as specific themes related to specific contexts.

The report is organized in eight chapters. The first chapter introduces the rationale for the study, including the magnitude of the problem of teenage pregnancy and the scope of the regional study and of this report. Chapters II and III briefly describe the current situation of

teenage pregnancy in Latin America and the Caribbean, as well as a review of public policies and the main trends observed in the region. Chapter IV offers a brief description of the studies and the contexts in which these were conducted in each country. Chapter V presents and analyses, within the framework of a rights approach, the main findings of the studies, focusing on critical issues, trends and specific findings in specific contexts. Quotes and selected examples from the different countries have been included to illustrate key ideas and findings. Chapter VI provides a final overview of the main findings, outlining some recommendations. ■

Chapter II

Between the shadows and the light: Teenage pregnancy in the region—current situation and trends

As mentioned in the previous chapter, Latin America and the Caribbean is the region with the highest teenage fertility rates in the world, after sub-Saharan Africa. During the 1990s, the percentage of teenagers who are mothers increased in most of the countries of the region, in contrast to the steady decline in total fertility amongst women of all ages (Rodríguez, 2013).

Although the results of the 2010 censuses in seven countries 2010 (Brazil, Costa Rica, Ecuador, Mexico, Panama, Uruguay and Venezuela) showed a reverse in this trend, adolescent fertility rates remain higher on average than the rest of the world. In most countries, with the exception of Costa Rica and Panama, current rates are also higher than rates in the region during the 1990s.

Furthermore, this decline in the adolescent fertility rate contrasts with the steady increase in the proportion of births that are to teenage mothers (Rodríguez, 2012, cited in ECLAC-UNFPA, 2012). In its most recent projections, the Population Division of UN-DESA estimates that the adolescent fertility rate in Latin America will be the highest in the world and will remain stable over the period 2020-2100 (Rodríguez, 2013). Other projections suggest that births to

girls aged under 15 will increase to three million per year in the region by 2030 (UNFPA, 2013).

Currently in Latin America and the Caribbean, one out of three girls becomes a mother before the age of 20. The countries in the region with highest percentages of teenagers who are already mothers are: Nicaragua (28%), Honduras (26%), Dominican Republic (25%), Guatemala and El Salvador (24%), Ecuador (21%) and Bolivia and Colombia (20%) (UNFPA, 2013). Almost all the countries in the region are on the list of the 50 countries of the world with the highest rates of adolescent fertility (World Bank, 2012).

Moreover, as emphasized by the report published by ECLAC and UNICEF on the right to education and the welfare future of adolescents:

In addition to the differences from one country to another, there is a strong link between early motherhood and poverty in all countries. In fact, pregnancy is four times more common amongst adolescent girls of lower income families: the rate of teenage maternity in the lowest income quintile is 15.4% on average, while in the highest income quintile it is less than 4%... (Rico and Trucco, 2014).

Another critical issue is that teenagers are becoming mothers at an increasingly early age. One third of all pregnancies are amongst adolescents aged less than eighteen, and almost 20% of the adolescent pregnancies are amongst girls aged under 15 years (ECLAC and UNICEF, 2007; UNFPA, 2013).

According to Rodríguez (2012), the current trend shows a steady increase in pregnancies amongst teenagers aged under 15 years, and this situation is closely associated with sexual violence.⁵ The World Health Organization (WHO) estimated that in 2002, around 150 million adolescent girls were victims of forced sex or other forms of sexual violence (Andrews, 2004, cited in UNFPA, 2013).

The Framework of Actions for the Follow up to the Program of Action of the ICPD Beyond 2014 highlights the issue of violence against women and girls. Existing information on both intimate partner and non-partner sexual and physical violence against women and girls demonstrates that 30% of women aged 15 years or above who have previously had a partner have experienced some form of intimate partner violence (LACRO-UNFPA, 2014). Meanwhile, several studies conducted at the national and sub-national levels report that between 15% and 45% of young women who have had sex before marriage were victims, on at least one occasion, of sexual coercion (UNFPA, 2013).

The risk of death due to causes related to pregnancy, childbirth and postpartum complications doubles if girls become pregnant before the age of 15. Maternal mortality is also clearly associated with adverse outcomes for the baby, including increased rates of peri-natal mortality and low birth weight. Furthermore, maternal mortality amongst women aged 15 to 19 years is one of the major causes of death in the region (LACRO-UNFPA, 2014).

⁵ The World Health Organization (WHO) defines sexual violence as “Any sexual act, attempt to obtain a sexual act, comments or unwanted insinuated sexual advances, or acts to commercialize or otherwise use the sexuality of a person by coercive means by another person, regardless of its relationship with the victim” (Krug et al., 2002: 149 cited in UNFPA, 2013).

Abortion represents an important cause of maternal mortality. It is estimated that, of the total number of unsafe abortions occurring in the region, 15% involve adolescents (PAHO, 2012). While data suggests declining rates of maternal mortality due to abortion, some organizations are hypothesizing that deaths due to abortion are being registered under other direct causes of maternal mortality, such as hemorrhage, or indirect causes such as deaths related to suicide during pregnancy, especially amongst adolescents (LACRO-UNFPA, 2014).

Empirical evidence suggests that factors associated with teenage pregnancy include the household characteristics of the adolescent, including family income and the parents’ educational levels. Other factors include the level of access to comprehensive sexuality education, to different methods of family planning and, in general, to the extent to which the adolescent girls’ rights are being guaranteed.

Recent studies in Latin America have also documented the consequences of teenage pregnancy. In Mexico, teenage pregnancy and motherhood are associated with a reduction in the number of years of schooling as well as of hours worked in employment (Arceo-Gómez and Campos-Vázquez, 2011). Other studies in Chile document that adolescent childbearing decreases the probability of completing secondary school and of enrollment in postsecondary education (Berthelon and Kruger, 2012). If pregnancy and maternity reduce the educational and employment opportunities for the adolescent, and if maternity is commoner amongst adolescents from low income households, then adolescent maternity is clearer a catalyst for the intergenerational cycle of poverty. Adolescents from low income families are more likely to become mothers, becoming a mother in adolescence means lowers school achievement and less access to decent work, and these consequences in turn mean that the adolescent mother and child will probably continue to live in poverty.

The ECLAC/UNICEF (2014) report indicates that domestic work and motherhood rank amongst the most important reasons why young women in the region do not attend school: on average, 13% of adolescents report these factors to be the main reasons for not attending school. Amongst female adolescents aged 16 to 18 years, 17% report that they do not attend school because of household/maternal responsibilities, while amongst young men, only 0.5% reported housework or parenting as the main reason for non-attendance. This gender disparity is also related to the fact that the incidence of parenthood in adolescence is higher amongst women than men, a phenomena that reflects that majority of the partners of teenage girls are not adolescents (Rico and Trucco, 2014). Recent DHS surveys, which in some countries in the region have included male adolescents in the sample, show that the percentage of adolescent men who have had a child varies from 0.3% to 3.7%: meanwhile the percentage of female adolescents who have had a child is between

4.5 and 7 times. According to the ECLAC/UNICEF (2014) study, the educational gap between adolescents who are mothers and adolescents who are not also appears to be increasing: this gap ranges from 2.7 years in Haiti to 5.1 years in Peru. The smaller gap in Haiti is explained by the fact that this is the country with the poorest educational indicators of the countries surveyed, where the majority of teenagers have low levels of educational achievement. In contrast in Peru, women who did not have a child during adolescence had 12.2 years of education on average, while women who had a child during their teenage years had an average of only 7.1 years of education.

Adolescents with lower numbers of years of schooling are at least five times more likely to become a mother than those who have completed their formal education. Teenage pregnancy rates are increasing both amongst girls who have received a low number of years of schooling (0 to 6 years) as well as an



intermediate number (7 to 12 years). Teenage pregnancy rates in the meanwhile are decreasing amongst girls with 13 years of schooling or more. While the region has seen progress in terms of ensuring that more children complete at least six years of elementary school, unless inequalities in access to quality education are addressed, it is unlikely that the problem of teenage pregnancy will be resolved. Educational progress contributes to the decline in adolescent fertility, but does not guarantee it (CELADE, 2012).

Analysis of the other variables related to teen pregnancy, and that might help to explain why rates decreased in the first decade of this century as compared to the increase in the 1990s, suggest that these fluctuations were not related to changes in the age of initiation of sexual activity. This has been gradually decreasing in most countries, reflecting what happened in “developed” regions during the last decades of the twentieth century (ICF International, s/f). Similarly, sexual initiation is increasingly premarital in nature, while marriage/civil union is also occurring at a later age (ICF International, s/f). The confluence of these different variables mean that teenage pregnancy increasingly occurs outside of union and amongst girls who remain dependent on their immediate family; and that the percentages of pregnancy amongst girls of all ages that are unwanted are increasing (Rodriguez, 2013).

Where adolescent fertility has dropped, this is related to other variables including the increasing use of contraceptive methods amongst adolescents (ICF International, s/f). Nevertheless, use of contraception remains low and inefficient compared to developed countries (Rodriguez, 2012) and in several countries of the region, the use of family planning methods

only begins after an adolescent has had her first child, in the context of public health programs designed to prevent a second pregnancy.

The State of the World’s Population Report (UNFPA 2013) calls for a shift away from interventions targeted at girls towards broad approaches that both build girls’ human capital and help them make decisions about their lives, including regarding their sexual and reproductive health, but also offer them real opportunities so that motherhood is not seen as their only destiny.

As can be seen throughout this chapter, there are still more shadows than lights in the area of teenage pregnancy. On the one hand, as suggested by the report of the State of World Population (2013) dedicated to early motherhood:

More comprehensive data and background information is needed on patterns, trends and circumstances of pregnancy in girls under 18 (in particular, the cohort of adolescents aged 10 to 14) in order to have a basis for defining the objectives for interventions, formulating policies and to have a deeper understanding of the causes and consequences, which are complex and multidimensional, and beyond the sphere of pregnant girls. But also important is the fact that there is limited data and information about the fathers—whether these are adults or adolescents—of the children born to these teenage girls.

On the other hand, from the human rights perspective, the fact that teenage pregnancy continues to rise, and is occurring at earlier ages, demonstrates that the rights of girls and adolescents continue to be denied and undermined. ■

Chapter III

A look at public policy

This chapter provides an overview of public policies in the region, with a closer look at the situation in the sectors of health, education and work. It does not provide a complete mapping and assessment of the effectiveness and efficiency of public policies in this area, rather it offers some illustrative examples and good practices from different countries. While the main focusing is on specific policies for pregnant teenagers and mothers, it provides some information on general policies that are relevant for adolescents.

Given its impact, implications and consequences, governments in the region have included adolescent pregnancy and reproduction—defined in operational terms as those that occur before 20 years of age⁶—as one of the priorities in health. The efforts and resources invested in the prevention of teenage pregnancy often focus on girls aged 15 to 19 years. However, the most vulnerable girls, and those with a higher risk of complications or

mortality related to pregnancy and childbirth are those aged 14 years or less.

In general, the issues of teenage pregnancy and maternity have not received an adequate response in terms of policy in the areas of education, health and youth. Recognizing this, some actors are recommending that addressing these phenomena is a matter of public policy, particularly given that pregnancy and maternity are often unplanned and not the result of an autonomous decision on the part of the girl, and particularly because of the impact of teenage pregnancy on reduced educational achievement (World Bank, 2012).

At the same time, no clear recipe in terms of the effective interventions for preventing teenage pregnancy has been identified. The different approaches and interventions adopted; the heterogeneity of the populations involved and of the results achieved; and the scarcity of comparative studies all preclude definitive answers in terms of which interventions are most relevant, efficient and cost-effective. There is, however, a growing consensus on the need for integrated and multi-sector approaches and policies. Other priorities identified include the incorporation of education on human rights and

⁶Although the United Nations defines an adolescent to be any person between 10 and 19 years old, most of the comparable statistics and estimates available globally regarding pregnancy and births amongst teenagers cover only part of the cohort: the girls aged 15 to 19 years. There is much less information available about girls aged 10 to 14 years, although this is precisely the age-group for which the needs and vulnerabilities may be the most important (UNFPA, 2013).

sexual and reproductive rights and health into the school curricula; the active involvement of male teenagers (within an approach centered on shared responsibility of the mother and the father); the need to adapt policies, using an intercultural approach, to different cultural contexts; and the importance of addressing the employment dimension.

From a gender perspective, it should also be noted that policies are usually focused on teenage mothers and less on their partners. These policies focusing on the protection of and support for teenage mothers reproduce, directly or indirectly, the idea that pregnancy is an “issue for women”, as well as the gendered inequalities that are the result of teenage pregnancy. The Guatemala study illustrates this point:

“The young men, who do not take charge of caring for the baby, continue their lives as if nothing had happened and follow their goals, while the young mothers—as women—are unable to move forward”.
(Teacher, Guatemala).

With respect to the issue of gender-based sexual violence, most of the member States of the OAS have ratified the Inter-American Convention to Prevent, Sanction and Eradicate Violence against Women (1994). However, in terms of legal frameworks to prevent and treat abuse, neglect and violence against women, only 57% of countries reported—according to the global survey monitoring the results of Cairo + 20—that they had enacted and implemented laws criminalizing rape and other forms of sexual violence (LACRO-UNFPA, 2014). Even when these laws do exist, there is often minimal information on their results in terms of the prevention and sanctioning of sexual violence. Moreover, the issue of impunity and the need to strengthen criminal justice procedures against the perpetrators of sexual violence are themes that are generally absent from the analysis and development of public policies on teenage pregnancy.

In general, then, most policies addressing the issues of teenage pregnancy and maternity are

those found in the health, education and labor sectors. Some do extend into other areas, such as is the case of Costa Rica’s Public Policy for Youth which also promotes access to housing programs for single mothers as well as teenage fathers that are the heads of a household.

HEALTH

The implementation of a comprehensive health approach to adolescent care means the consideration of not only biological-reproductive aspects, but also the psychological and psychosocial dimensions. This is true both in the provision of health services as well as in other related domains, such as the health programs offered by schools, community based organizations and other civil society organizations. In consistency with this understanding, the regulatory frameworks of health services in some countries in the region have introduced counseling services for adolescents to support them make free, informed and responsible decisions about their reproductive lives. In parallel, in order to ensure the quality of services, the policies require that health professionals providing them be adequately trained to do so. Meanwhile, initiatives involving direct work with families, communities and the adolescents themselves are often promoted by civil society organizations and less frequently from public institutions.

Meanwhile, a key aspect of health policies for teenage mothers is that these should provide integral care that at the same time is differentiated and adapted to attend their specific situation and needs. While rates and levels of implementation may vary, most countries in the region have begun to incorporate the model of “adolescent-friendly health services” into their legislation. For example, the Colombian National Public Health Plan defines precisely the scope of their adolescent-friendly sexual and reproductive health services model, emphasizing the provision of counseling, modern contraceptive methods and risk prevention. The focus is on adapting the health-services to ensure that they

respond to the needs of the young people and on reducing the barriers to access to comprehensive sexual and reproductive health services through the implementation of a group of mechanisms that can be synthesized in the two elements below:

- a) The provision of the services at times of the day most appropriate for the adolescents (this might be through a full time service or at specific hours) and in a designated and exclusive physical space for attention (this might be within the existing health centre infrastructure or in an alternative space).
- b) The provision of care by professionals specialized in the treatment of adolescents, as well as specialists from other areas, as required.

With respect to the provision of a continuum of care that extends to health services of higher levels of complexity (such as tertiary level services), a lack of specific protocols and procedures for the treatment of teenage girls presenting with obstetric complications has been documented. The reality is that adolescent-friendly, differentiated health services are largely limited to the primary healthcare level. Recent research in Bolivia has demonstrated that when an adolescent cannot access hospital care, they will often end up following the same route as adult women, and as a result are unlikely to receive the quality and integral treatment and care they need (CIDES, 2014).

Despite the regulations for the prevention, reporting and criminalization of cases of sexual abuse and violence, most health services are not equipped with trained human resources; nor do they have designated spaces to receive victims or institutionalized and legal protocols to ensure adequate attention when cases of violence are detected (UNFPA 2013).

Some of the best practices identified in the course of our analysis of public policies are highlighted below.

Good practices

•**Nicaragua:** A total of 43 municipalities have created Municipal “Homes” for Adolescents and Youth (CAMAJ) with the objective of supporting local governments to address issues around sexual and reproductive health in collaboration with youth leaders. The CAMAJs are implementing a peer education strategy, with support from local training teams and using play-based (ludic) and bio dance methodologies. Adolescents and young people are selected and trained to become facilitators in processes of reflection with their peers, under the premise that they will enjoy greater credibility and other youth will identify more with educators/facilitators when these are from the same age group. According to the information available, these peer education programs have been successful in reaching their educational objectives. However, this is probably not an initiative that can be significantly scaled (not all peer education approaches have been sustainable over time).

•**Argentina:** The Pan American Health Organization (PAHO) and the Ministry of Health recognized, during the process of selecting initiatives for a National Award for Best Practices in Safe Motherhood, an initiative called “Care Program for Teenage Mothers” (Proama). The program, created in 1988 by members of the Maternity Hospital Ramón Sarda, was later incorporated into national policy for adolescent sexual and reproductive health. Using an interdisciplinary approach, the program involves the participation of teenage mothers aged 16 years or less and their children, in a three year process that focuses on the prevention STI’s and prevention of a second pregnancy. The fundamental premises of Proama are: listen without prejudice, guide and counsel with restraint and educate with preventive procedures.

•**Colombia:** In order to meet the needs of teenagers, the Duitama health center provides differentiated health services for more than 600 young people, ranging from dental health to sexual and reproductive health and psychotherapy. “Our program is not just about health, but also

communication”, says Nubia Stella Robayo, a nurse specializing in maternal and perinatal health for teens. “We consulted the young people themselves on the program right from the beginning of the project and they are the real implementers of it”, she added. In addition to leading workshops, forums and other activities, the young people gather to discuss issues ranging from responsible sexuality to gender-based violence, including sexual violence prevention and substance abuse (UNFPA, 2013).

EDUCATION

Educational policies for adolescent mothers include those aimed at supporting them to stay in school. In Brazil, as early as 1979, the 6202 Act ensured the right of the pregnant student—from the eighth month of pregnancy and up to three months after childbirth (with additional periods for medical reasons)—to receive classes at home, as well as to have their school progress evaluated using homework assignments.

Bolivia and Ecuador recently proposed the adoption of more inclusive policies of non-discrimination and multiculturalism. In Ecuador, for example, the Organic Law of Intercultural Education (2011) includes the development and implementation of curricular changes designed to ensure the inclusion and retention of people with a disability as well as pregnant adolescents within the educational system.

In Central American countries, there are also regulations oriented towards ensuring that teenagers that are pregnant or mothers remain in school and continue their studies. Beyond general principles and measures to guarantee the right to education of pregnant teenagers, some of these countries have developed specific strategies. Nicaragua, for example, through the Policy for the Restitution of Rights and Special Protection of Children and Adolescents (2003), promotes the continuation of studies for boys, girls and adolescents, including pregnant adolescents, through the

provision of technical and vocational education programs. In Panama, the Public Policy on Youth (2004) promotes the establishment of schools and counseling centers for adolescent parents, in order that they can complete their basic and secondary education.

Meanwhile, in countries such as Panama, Argentina and Costa Rica, policies have been designed to promote conditions that facilitate that pregnant teenagers continue to study, through the provision of kindergartens and day care centers for their children.

Some countries in the region—amongst them Colombia, Costa Rica, México and Venezuela—have mechanisms for economic support of teenage mothers who are at risk of dropping out and use incentives, subsidies and scholarships to support them to continue and complete their basic education. These subsidy approaches are particularly relevant to adolescents living in poverty and marginalization and those from rural communities. In Mexico, these programs have resulted in a substantial increase in the number of girls receiving scholarship (for example, there was an increase of over 300% in 2008-2009 compared to the 2004-2005 school year). However, there is still insufficient information to

Lessons learned

• **Colombia:** Families in Action, one of the country’s educational subsidy programs, provides assistance to poor families with children under 18 provided they are enrolled in school and attend classes regularly. A second program, called “Educational Subsidy for Students” requires that in order for the subsidy to be renewed, the student must successfully pass into the next grade level. Evaluations of these programs showed that the second program was more successful in preventing and reducing teenage maternity, because it linked the renewal of the subsidy to academic performance. The incorporation of school success as a condition to continue receiving the subsidy had become a positive stimulus for these young people.



assess the impact of these scholarships on the permanence of teenage mothers in the Mexican educational system (PLAN/UNICEF, 2013).

It is also important to note there has been little study of the effects that conditional cash transfers, including bonds and scholarships grants, may have on preventing a second pregnancy.

With respect to sex education, sexuality education is the term now preferred in some countries, understanding that this reflects a more comprehensive and inclusive approach to sexual education that extends beyond the transmission of information and knowledge about family planning methods and sexual and reproductive health. In several countries policies and strategies are directed towards supporting adolescents to develop other relevant social skills such as self-control, negotiating skills and consciousness of their rights. This approach understands that adolescent sexuality is influenced by dimensions other than rationality

in which new knowledge drives behavior change: it is also influenced by emotions, impulsivity, power and agency. Given this, it is understood that educational interventions cannot be limited to the mere transmission of information and knowledge, but need to encompass emotions and affective relationships, as well as capacities for negotiation and decision-making.

While there has been progress with respect to conceptual frameworks and approaches, the limited levels of institutionalization and lack of continuity of sexuality education programs, related to their vulnerability to political changes and parental resistance, have represented obstacles to progress in the education sector with sexuality education.

While the measures are often still insufficient, many countries are clearly making efforts to prevent teenage pregnancy, through the provision of sexuality education and family planning services for adolescents, as well as to

support teenagers that are pregnant or mothers. Many of the measures do not, however, address the underlying determinants of teenage pregnancy—including gender inequality, poverty, sexual coercion and violence, social pressure, exclusion from educational and employment opportunities, and the negative attitudes and stereotypes surrounding adolescence. Transformative changes in the social and economic conditions of adolescents are needed, as well as programs to increase access to sexuality education or to improve the availability modern contraception (UNFPA, 2013).

As well as the specific weaknesses of the existing policies and the mechanisms for and progress with their implementation and evaluation, different qualitative and quantitative investigations have highlighted various social functions that link social institutions (the education and health services, families, peers, community groups and the media) to sexuality education and, therefore, the prevention of teen pregnancy: These represent factors that influence the implementation, monitoring, evaluation and social control of public policies. These factors include the following:

- The limited understanding and capacities around sexual and reproductive rights on the part of the different actors, and the absence of an open dialogue on topics such as gender and sexuality in many societies in the region.
- Schools, which are recognized and respected as a key source of information and knowledge about family planning methods and sexuality, do not always have the conditions, the necessary information or protocols for providing an integrated rights-based approach to their educational programs. (Heilborn, Reis Da Silva and Brandao, 2007; Ruiz-Canela, López-Del Burgo, Carlos, Calatrava, and De Irala Osorio, 2012).
- The school has also become the primary space for adolescents to meet and socialize with their peers: this is where they learn to relate to the opposite sex and often have their first romantic

Good Practices

• **Chile** deserves special mention for the comprehensive approach of the Protection Act for Adolescent Mothers and Pregnant Women (Law 19,688, 2000). This Act declares that pregnancy and motherhood cannot represent barrier to enrollment and permanence in school and to the completion of twelve years of education—including free and compulsory secondary education—by the age of 21 and without discrimination as established in the 2003 Constitutional Reform. The national regulations state that it is the duty of the State to safeguard enrollment and school attendance of the students who are pregnant or are teen mothers, as well as provide the necessary academic facilities. Second, it is the duty of the State to monitor educational institutions ensuring that these do not discriminate against the teenagers of commit arbitrary acts against them that force them to change school or school hours, be placed in parallel study programs, be expelled or refused enrollment, or have their studies suspended.

• **Guatemala:** Mayan girls are among the most disadvantaged group in the country, experiencing limited educational opportunities, high fertility rates, social isolation and chronic poverty. Many marry when they are still young girls. Since 2004, the Population Council and other groups, with the support of UNFPA, UNICEF and UN Women amongst others, have implemented a project to strengthen support networks for Mayan girls aged 8 to 18 years living in rural areas, that aim to support their transition to adolescence and to adulthood. The Abriendo Oportunidades program established community-based clubs for girls that were safe meeting spaces where they could develop practical life and leadership skills and build social networks. 100% of the girls involved in the initiative successfully finished sixth grade compared to an 81.5% completion rate for all girls nationwide. The program has since expanded to include 40 communities and has reached more than 3,500 indigenous girls (UNFPA, 2013).

and sexual experiences (Rodríguez 2013). At the same time, they also can suffer intense group and peer pressure to adopt specific behaviors, including behaviors that are high risk or not gender equal (UNFPA, 2013).

- Both the educational system and communications media in general reproduce the prevalent social and cultural norms related to adultism, sexism, and gendered stereotypes (Heilborn et al, 2007. Ruiz-Canela et al, 2012.).
- The family is another institution which, influenced by the same social and cultural norms, often opposes the access of girls and adolescents to comprehensive sexuality education or information for the prevention of teenage pregnancy (UNFPA, 2013).

EMPLOYMENT

Along with policies which aim to promote the continuation of studies, Argentina, Ecuador, Costa Rica and Cuba also have policies specifically aimed at teenage mothers (as well as—on occasions—teenage fathers) which aim not only to facilitate their completion of education but also their access to employment.

In Argentina, the employment of teenage parents is regulated in the National Plan of Action for the Right of Children and Adolescents; Protagonists of the Bicentenary (2008-2011). The National Plan aims to strengthen the capacities of young people aged 15 to 17 years to access employment without discrimination, through the formation of linkages between school and work.

The Ministry of Labor in Costa Rica, through its Decree No. 7.735 of 1997, calls for the creation of job opportunities for teenage mothers aged over 15 years and the construction of temporary shelters for teenage mothers who do not have the support of their families.

Article 53 of Cuba's National Children's and Youth Code (1978) regulates the access of adolescents and youth to employment. The

Good Practices

Perú, as part of their National Employment Policy (Supreme Decree No. 052-2011-PCM), formulated a comprehensive and multi-sectorial youth employment policy which has several elements: periodic data collection on youth employment; regional plans for youth and youth employment; the establishment of a Roundtable for Social Dialogue for Decent Youth Employment (which has been recognized by the ILO); the creation of an online portal for youth employment; the issuing of a standard Certificate for Youth Employment (known as the "Certijoven") by the Ministry of Labor and Employment. This Ministry also provides an Occupational and Vocational Guidance Service for young people. The initiative includes a pilot program for teenage mothers called the Wawa Wasi Jobs program which provides the support to successfully enter the workplace. This pilot program was implemented with 437 young mothers and included the provision of career counseling and job skills training. Results were positive in terms of completion of training and access to decent work.

National Code promotes that young mothers with professional/technical qualifications return to work, under the premise that employment can contribute materially to the care and upbringing of the child, and in addition provides the mother with an opportunity to "give back" to society the resources invested in her training. The legislation aims to support early return to work and to avoid, while at the same time recognizing the specific family context of each girl.

In addition to the countries mentioned above, Colombia and Honduras are regulating the entry of teenage mothers into remunerated work activities. For instance in Colombia, different sectors are collaborating to strengthen the linkages between secondary education and the commercial sector, in order that conditions are created in which these young women can pursue their life projects.

In Honduras, the regulation for Universal Access

of Youth to their Economic Rights through Decent Work and Rural Development (2007-2011), provides for the provision of free child-care to facilitate equal access to employment for

young parents; the recruitment of young people into the Municipal Technical Units; and the provision of employment opportunities for young graduates with little prior experience. ■

Chapter IV

A brief review of the studies and their contexts

The overarching objective of the study was to:

- Identify the social, cultural and emotional factors associated with teenage pregnancy, especially pregnancy occurring amongst young women from rural areas, low income families or belonging to excluded ethnic or racial populations/ groups, in order to understand the significance of these factors and ensure their incorporation into relevant and effective programmatic and advocacy interventions.

In the course of data gathering, the study carried out a general review of existing legislation, case law and policies for the exercise of the rights of teenage mothers, including the identification of best practices in the different countries.

Study Contexts

The research was carried out in six countries: Brazil, Colombia, Guatemala, Honduras, Paraguay and Dominican Republic. The socio-cultural contexts in which the study was conducted can be summarized in two groups: the first, predominantly rural and composed of indigenous and Afro-latina groups, and the second, composed of vulnerable urban

populations, that share histories of migration—both “ancient” and more recent.

The table on the following page presents data describing these contexts.

Participants in the research

The population samples in each country included a wide variety of actors, as follows:

- Eight adolescent women who were pregnant or already mothers and came from the different geographic and social contexts—rural, urban, ethnic.

- Key actors involved in different aspects of pregnancy during adolescence, namely: the girl’s partners, family (father, mother, brothers/sisters), school teachers, health-workers and other actors from the community and work settings.

- Key actors in the formulation and implementation of relevant public policy at the national, regional (provincial/district) and/or local levels.

Country	Context	Characterization
Brasil	Sao Luis	Vulnerable urban
	Codó	Vulnerable urban, recent rural migration
Colombia	El Pozón – Cartagena	Vulnerable urban afro
	Primavera	Rural afro
Guatemala	Campur	Rural – Mayan
	Jalapa	Rural – emigrants
Honduras	Santa Ana de Yusguaré	Rural municipal
	Belén Gualcho	Rural municipal – Lenca ethnic group
Paraguay	Caaguazú	Vulnerable urban
	Unión San Pedro	Rural
Dominican Republic	Azua	Rural – emigrants
	Barahona	Vulnerable urban

Source: Draft regional report of the Study, June 2013.

Methodological approach

The studies used an anthropological and socio-constructivist approach⁷ to identify the ways in which adolescents “understand” the experience of a pregnancy, maternity-paternity, sexuality and reproduction. Through this approach, which focused on the language and words of the adolescents themselves, the study sought to capture the social atmosphere and the universe of experiences that surround the event of pregnancy/maternity during adolescence, in order to understand why the number of girls making this “choice” continues to increase in the countries studied. The analysis was based on the biographical trajectories of the participants⁸.

The study methodology included the following steps:

1. Review of secondary sources: Public policies

⁷ Constructivism is a position incorporated into different psychological and educational research approaches and theories. These include the theories of Jean Piaget (1952), Lev Vygotsky (1978), David Ausubel (1963), Jerome Bruner (1960). Constructivism is a theory that attempts to explain the nature of human knowledge. Constructivism holds that learning is essentially active. A person who learns something new will incorporate with previous experiences and into his/her mental structures. Each new bit of information is assimilated and deposited in a network of knowledge and experience that existed before the new knowledge was introduced (Carter, 1997).

⁸ Some theoretical references related to the use of biographical trajectories include: Phenomenology (Schutz, 1974, Berger & Luckmann, 1968; De Certeau, 1986); *Record on every day experiences that involves analysis of the relationship between body, space, language, emotions and time* (Ries, 2002; Elster, 2003; Castillejo, 2008); and *Critical studies on sexual and reproductive health involving categories such as gender, class, ethnicity and the role of media and communication content* (Chirix 2003, Das, 2008, Tuhiwai, 2001, Pacheco & Nieto, 2006, 2011).

and research on adolescent pregnancy in Latin America and the Caribbean.

2. Anecdotal information: Selection of key stakeholders whose life trajectories and storytelling ability provided an insight into understanding of the meanings and experiences of pregnancy and motherhood.

3. Rapid Ethnographic data gathering: intensive field work (interviews, participant observation, mapping of daily lives, informal conversations and diagrams).

The processing and analysis of data collected in each country was based on an interpretive study of the oral histories of the adolescent girls and other subjects and actors from different institutions. It also built on the reflections and analysis of the researchers that undertook the fieldwork (triangulation⁹).

Ethical considerations

In order to ensure compliance with ethical guidelines for research during the study, an Ethics Committee was formed¹⁰ whose principal

⁹ Triangulation is a technique of confrontation and comparison between different sources and types of data, that contributes to the validation of a study and to the strengthening the conclusions that are derived from the study findings.

¹⁰ Members of the Ethics Committee were Olga Lucía Restrepo Espinoza-Colombia, Maria Faget-Argentina, Mirtha Sáenz-Colombia, Gustavo Pineda-Nicaragua, María Teresa Escobar-Colombia, Ana Silvia Monzón-Guatemala and Linda Criollo-Colombia.

objective was to guarantee that the study protocol incorporated the key actions necessary for ensuring the rights of the study participants, with particular emphasis on informed consent.

The study protocol required obtaining informed consent from the study participants: the consent forms provided information on the ethical principles that would be used while managing the information, the objectives of the research, and information about the institutions sponsoring the research. In order to ensure the confidentiality of the respondents, all the names of the studies' participants were changed.

Consent was obtained from:

- Adolescent women with histories of pregnancy and maternity.
- Adolescent women without a history of pregnancy and maternity.
- The mother/father or other caregiver, to

substantiate the life stories of the adolescents with histories of pregnancy and maternity.

- The mother/father or other caregiver, to substantiate the life stories of adolescents without histories of pregnancy/maternity.

Strengths and limitations of the study methodology

In keeping with the overall objective of the research, the six studies conducted in different countries provided qualitative information to support an understanding of teenage pregnancy occurring in quite different contexts—which at the same time share certain characteristics—and thereby to outline some common issues across the countries. Unlike many studies, this research placed the accounts of the adolescent girls at the center of the analytic process. This approach not only clearly positions the key actors involved; their different life stories and trajectories are also useful for identifying trends and for drawing contrasts. The inclusion of a



variety of actors (family members, school staff, peers, partners, health-workers and others) contributed to identifying the different influences on and values attached teenage pregnancy, and to contextualize the situations, circumstances and complex factors influencing it.

The wide variety of socio-cultural contexts in which the six country studies were conducted, the different conceptual understandings of the research teams for each, as well as the heterogeneity of the country study reports, posed some challenges and limitations to the analysis at the regional level and the

preparation of this report. In addition, the absence of a masculinities approach at the study design phase meant that an analysis of this key dimension for teenage pregnancy was impossible—this will need to be addressed in future studies.

Recognizing the above, it is important to be realistic about the scope of the research and its findings. These are not representative of the entire region. However, the study does provide some important clues with respect to patterns and trends present in many, if not all, the countries and contexts. ■

Chapter V

Adolescents, pregnancies and maternities: Between differences and coincidences—the principal findings of the study

This chapter is organized into thematic sub-sections and presents the main results of the study in the six participating countries. The report describes common findings—in terms of shared issues and trends—as well as specific findings related to a particular context (such as urban vs. rural).

Each of the sub-sections includes a general interpretation and conclusions based on the results in the six countries. Each sub-section also includes several quotes of the informants that serve to illustrate or highlight a particular situation. Following the principles of qualitative research¹¹ (which was the approach used in the studies), the selection and inclusion of cases and quotes from the different countries in the text is not intended to justify but rather to exemplify the findings and conclusions presented.

¹¹ Qualitative approaches, as explained by several authors (Castro, 2008; Taylor and Bogdan, 1990) emphasize the interpretive study of subjectivity of individuals, and of the results of interactions between individuals. The central aspect of this approach is the meaning that informants give to their experiences, and how these meanings are expressed in their stories and externalized in their behaviors. Their stories are not passive reflections of the external world; rather they are actively constructed interpretations of the world. In this sense, qualitative approaches emphasize the validity (meanings) of the data rather than its reliability and reproducibility (quantity, frequency).

UPON BEING AN ADOLESCENT

1. Adolescence(s): Scope and limitations of the category

Sociologically, adolescence is “the period of transition between the dependency of childhood and the autonomy of adulthood” (Muuss, 2003). It is framed, therefore, by the dichotomy between childhood and adulthood. It is a period in which social institutions and cultural experiences channel and determine the influence of physiological factors. This means that there is no universally agreed upon definition for the ages at which adolescence begins and ends. For example, in the Mayan community K’anpur in Coban (Guatemala), adolescence begins at age 10. Amongst the urban migrants in Macaws, Jalapa (Guatemala), adolescence is said to begin later, between 13 and 14 years of age. These differences are explained by different processes of socialization and different expectations of the role of adolescents. While in the Mayan population K’anpur, adolescence is a stage of early life that has defined social and cultural responsibilities—especially for women (trade, domestic duties and maternity); amongst the Macaws, socialization is based

more on the Western ideal of progress (study-work-future).

According to the anthropologist Ruth Benedict (1954), the transition from childhood dependence to adult independence occurs in different ways in different cultures, so that none of these transitions can be considered as natural and universal (citation in Muuss, 2003). The term adolescence does not, therefore, refer to a homogeneous group, but rather, on the contrary, to various socio-cultural constructs of what it means to be or not to be a teenager in any given context. This underscores, as Brazil's report does, the importance of emphasizing the perspectives and experiences as described by the adolescents themselves.

In some of the rural and urban field study scenarios, the period of adolescence was viewed as moveable, having less to do with particular age periods and biological changes than other important life events such as marriage and pregnancy, events which are seen as catalyzing an automatic "leap" into adulthood, especially for women. A teenager who is married/in civil union or a teenager who has a child stops being a teenager and takes on the role of an adult woman, with the prestige, roles and reproductive and domestic responsibilities that this adult status carries. This role change replaces and takes precedence over the position and rights that the girl is entitled to as a teenager. For instance in the case of the right to education:

"Yes, it was a very big change for me because I went from living my life as a young person. It completely changed me because now I have many responsibilities: a husband, laundry, food.. It was a drastic change, but I felt ready". (Focus group adolescent girls. Azua, Dominican Republic.)

"The young men who do not take charge of caring for the baby, continue their lives as if nothing had happened and follow their goals, while the young mothers—as women—are unable to move forward". (Teacher, Guatemala.)

The study found that, especially in rural and indigenous contexts, a baby is seen not just as a personal life project: given that the expectations are that it will become a productive member of the community and its workforce, the baby is also seen as a collective commitment for the community and the family. In these contexts, the transition from childhood to adulthood can be very rapid, almost direct. For example, the report from the rural village of K'anpur (Guatemala), highlights that girls in particular take on, at an early age, adult roles related to care and reproduction in the home: *"The kitchen is inherited by female children at an average age of 8; this is the time when they start to go to the mill, to fetch water from the river and to learn the traditional of tortilla making"; "The daily narrative is get up – cook – serve dinner – sleep. Having time for leisure is absent from the narrative"; "The life of women is totemic, a chain of traditional tasks that are not easily questioned."*

As in Guatemala and Paraguay, in the community of Pozón in Cartagena (Colombia), maternity grants another status to adolescent mothers. Here, she does not stop being a girl, but rather assumes additional roles, those of an adult woman. This in effect, creates a new category—one that is neither a child nor an adult, but rather the sum of both:

"...when they become a teenage mother they assume another role, as I say to them—'you do not stop being girls but now have other roles—a mother, a student, a daughter and now a partner/spouse'". (Public worker, Cartagena, Colombia.)

In summary, in the contexts studied adolescence is a category which varies between contexts and within communities is also flexible, dynamic and complex. This variability and flexibility reflects the different socio-cultural definitions and age-ranges for adolescence in each particular context, but also the fact that other factors—such as early union or having a child—signify adulthood regardless of the physiological and emotional maturity of the girl.

This dynamic situation has significant implications for the formulation and implementation of public policies, given that a solid understanding of how adolescence is conceived is necessary if the approaches and strategies proposed in the policies are to effectively address the needs and problems of adolescents. Moreover, these different understandings of adolescence as a phase in the life-course can represent barriers to or enablers of the implementation of national policies in specific contexts and, consequently, the degree to which adolescents' rights are monitored, claimed and protected.

2. Troublemakers, Childlike and Victims: Conceptions of adolescence

The laws and policies in the different countries studied recognize adolescents as rights holders as well as actors and protagonists in their own development. In the study, however, the adult informants framed an understanding of adolescence that is at odds with the concepts embodied by these laws and that influences importantly in the adolescents in their communities and how they develop, are valued, make decisions and access opportunities.

The first of these adult concepts is that of the immature, childlike teenager, incapable of self-control and of making decisions, who is therefore a "subject of protection". Adolescents are not recognized as rights-holders, capable of making decisions and of exercising their sexual and reproductive rights:

"...youth allow themselves to get carried away by passion and do not know the implications of pregnancy (...) they just let themselves go." (Nurse, Guatemala).

Other reports also explicitly refer to this immaturity in adolescence. For example, in the Dominican Republic, the investigators report that the adult respondents' affirmations demonstrated a lack of knowledge about the sexual dimensions of adolescence. A second meaning, found especially in the

urban settings of the different countries, is that of adolescents as perverse, as trouble makers who act on instinct and without thinking. According to this view, adolescents need to be controlled. This is illustrated by the following quotes excerpted from various reports:

"The fire that cannot be contained"
"The fever..."
"Unfortunately, they are really active"
"The hormones take over..."

These connotations have greater meaning when there is a pregnancy involved:

Q: Why do men deceive women?
—Because they flirt: When a girl is flirty a man comes along, has sex, leaves her pregnant and is gone. (Male adolescents focus group participants, K'anpur, Guatemala.)

This conception of adolescence also emphasizes that adolescents are incapable of making good decisions about their lives. Consequently, the objective is to control—in order that they delay entering into emotional relationships, and even more so into sexual relationships; in order that they delay entering into union; in order that they reach the appropriate age for maternity/paternity before having a child.

A third meaning is one of the adolescent woman as victim, and therefore, as an object of intervention. In consistency with the first two concepts, here too the adolescent is assumed to be incapable of making good decisions, because—from her situation of vulnerability—she is unable to recognize danger or to deal with risk. Her capacity for self-autonomy, for making decisions for her life is not recognized. Interventions to protect her must be identified and implemented by adults and institutions, including interventions that are done "in spite" of her but are considered to be in her "best interests":

"...Timid, with little knowledge of the future that awaits her, with an incredible passivity regarding her situation,

and lacking an understanding of the magnitude of what is happening.” (Healthcare provider, Paraguay.)

This last meaning is linked to a concept that recurred frequently in many of the accounts and which is one that has been passed from generation to generation: the idea that the bodies of the women belong to the collective rather than the individual girl/woman. The following account of a teenage mother illustrates this point:

“...my father... he used to say, ‘when you have a boyfriend, you won’t go out on the street, you won’t go anywhere, because if you do that boy can say he has touched you and kissed you when, in reality, nothing has happened. He can go around talking bad things about you. That’s why I won’t let you go, you won’t go anywhere; if you go, your mother will go; if you go to make flour for tortillas your mother will go with you... so that there won’t be any problems someday, so that other people can’t say that you are one of “those” women, I don’t want any problems’...” (Mother of an adolescent, Guatemala.)

The three adult concepts of adolescence described in the preceding paragraphs and that were identified through the country studies are each different but have a key element in common: the perception of adolescents as individuals that are incapable of exercising their rights and making their own decisions. A fourth concept of adolescence was noted, albeit less commonly, amongst some health providers and teachers who understood adolescents as autonomous subjects with potential and with abilities and therefore, rights-holders. This perception was documented amongst actors in some urban settings, particularly among institutional actors who have received training in adolescent care:

“Liberation doesn’t mean that women are making bad sexual decisions, rather they are liberating themselves from a mentality, but they aren’t being given the possibility of making decisions.” (Doctor, Colombia.)

In general, looking beyond the different concepts, the studies support the conclusion

that there is a gap between the formal recognition of adolescents as rights-holders and the socio-cultural concepts and values attached to adolescence.

3. Between tradition and modernity: the socialization¹² of adolescents

In the rural contexts studied, the traditional culture has been influenced and is undergoing a process of transformation—to differing degrees and rates—as a result of the dynamics of the rural area itself as well as the confrontation with the cultures and values associated with the West. Migration; access to mass media, information technology and social networking; the presence of religious, health and educational institutions and non-governmental organizations (NGOs), among others, are all factors influencing this transformation. In consistency with other research on the sexual and reproductive health of indigenous adolescents conducted in the region¹³ the country studies highlight the coexistence of the traditional and the modern. They highlight also that this co-existence can take on specific forms in different contexts: from syncretism (the reconciliation/union of apparently contradictory beliefs) to the existence of two parallel worlds which adolescents have to negotiate.

In these contexts, the migration of families, youth groups, social networks, participation in comprehensive sexuality education programs, among others, all represent opportunities to broaden the scope of daily interactions, in communities where these interactions are usually limited to the home, relatives and immediate neighbors.

¹² Socialization refers to the process of teaching and learning of skills, norms and values within the family and social environment, which essentially begins in infancy and continues to early adolescence, producing adults that meet the expectations and mandates of their environment and are able to function effectively in their social and cultural context (Nanda, 1980).

¹³ *Between tradition and modernity: The socio-cultural constructs of sexuality and pregnancy among adolescent women and men, Aymara Municipality of San Andres de Machaca*. La Paz; and PAHO (2010). *Sexual, reproductive Health and HIV in indigenous youth and adolescents in Bolivia, Ecuador, Guatemala, Nicaragua and Peru Health*. PAHO: Washington, D.C.

Broadening these opportunities for interaction permits new mindsets and questioning about the existing social order, the culture, what is “normal”, what is prohibited...

In these complex and changing contexts adolescents may be learning, acting and deciding receiving quite different messages and influences, adopting different life strategies for the “use” of available resources, and building life projects which straddle the traditional and the modern. For example, in the context analyzed in Azua, Dominican Republic, the acceptability or not of early marriage is no longer as clear-cut, as the following account illustrates:

"While the peasant tradition tolerates and accepts unions between young women and older men, the discourse of the urban middle class—transmitted through schools and non-formal spaces for participation—is that adolescents should postpone marriage until completion of university education”.

On the other hand, as the country studies have shown, the relationships between parents and their children underpins the reproduction amongst these of the values, meanings and stereotypes that permeate their culture. In addition, the studies suggest that these same relationships are in general distant and characterized by a lack of communication, disinterest and lack of devaluation of the children. This in turn results in a delegation of responsibilities to external institutional actors, such as the school, as illustrated in the following example which comes from the Honduras report:

“...they already know (how) a woman becomes pregnant... Before... one was innocent. My mother, when I was 15 and she was pregnant, told me an old lady brought her a little boy... she said ‘look, that old lady has bought me a baby boy’. I was innocent, a really innocent kid. Now, however, at school they teach you how to make love, all about how you put the penis in, all that. I was 15, I never knew that, understand, I was 15 and never knew that. Before that, there was a lot of innocence but not now; but if I tell my children I

don't want it this way, I risk complaints or beatings from bad people”. (Father of teenager, Honduras.)

The following quotes, also from Honduras, but expressed by teachers, also illustrate this situation, as well as the tensions and contradictions that are often involved:

“We teachers fear giving sex education classes because of the low educational level of the parents and the taboos about sexuality..they believe that educating young people about sexuality will encourage their sexual activity, when it's quite the contrary”. (School director, Honduras.)

“Yeah, we provide primary education and then they are over there; they continue in contact with us, or parents look to us for advice, because sometimes they are a bit off track. I always sit and talk with them and tell them they should keep on studying, that they should make the effort to finish their studies and then, after that, think about boyfriends”. (Professor, Honduras.)

In this sense, for example, in K’anpur, Coban (Guatemala), where the entire population is Maya Q’eqchi, the informants said that being an adolescent means to live in a tension between the traditional (referring to culture and origin) and modernity (urban, school and health services). Adolescents confront the tension between the traditional norm of early marriage and pregnancy, and the expectations, needs and opportunities that are associated with the urban setting, namely study and work.

On the other hand, in urban settings such as in Jalapa (Guatemala), where the population is mestizo along with a significant presence of indigenous groups (such as Pocomames and Xinca) the socialization process of children and adolescents is underpinned by modern ideals of progress: namely study – work – future. This is reproduced through various social institutions including the family, school and church. The migratory processes also confirm this ideal, as evidenced, for example, by families impacted by the migration of one or more of its members to the United States.

As the Guatemala report notes, “...a contemporaneous time, the expressions of the people, the idea that being white means being civilized, the thousands of globalized ‘things’ that become part of one’s body and part of the spaces where people live—the jeans, the music, the ways of speaking—and that do not preserve identities but rather to hybridize them. This is the essence of Jalapa; a melting pot, a mixture in all aspects of social life, including in the discourse of its inhabitants”.

Living between tradition and modernity presents adolescents with challenges, threats as well as opportunities for the construction of their identities, the exercise of their rights and the definition of their life projects. It requires that they develop strategies—knowledge, attitudes, values—in order to be recognized and be able to perform in different and often contradictory contexts, each of which comes with mandates, expectations, permissions and prohibitions that often conflict.

4. From dreams and projects: Facing realities

In general, that data collected shows that adolescents build their dreams and life projects in a place that falls between what I “want to be”, “can be” and “ought to be”; i.e. between the expectations, ideals, goals and projects that are themselves the result of multiple factors: the complex process of development of personal and social identity and sense of self (who I am and who I want to be); the opportunities and constraints that derive from their situation and their life conditions; and, finally, the social and cultural mandates and expectations of the contexts in which they are growing up, and which may be multiple and even contradictory, as seen in the previous section. At the same time, it is known that in contexts of poverty and structural violence, the identification of aspirations and life projects for the future is severely challenged by the realities in which the adolescent is living and which severely limit the possibility of social mobility and for building a unique and different future. This situation is illustrated in the following sections, with

excerpts from various country reports.

The report from Guatemala, for example, provides two accounts of adolescents facing this reality, and addressing it through strategies that offer opportunities for “survival” on the one hand and at the same time a new role in life. *“In the cases of Martina and Javiera... being pregnant put a stop to the dreams and life projects planned for them, particularly those of their parents... For Martina, the need to escape from authoritarianism and violence in the home (was) the trigger for pregnancy. And for Javiera, who had a caring uncle, his migration to the city and the struggles of her mother to support the other children meant that her emotional needs were not satisfied inside the family and she looked for these to be fulfilled by her partner and her child”.*

In Primavera, Chocó (Colombia), an area with a predominantly Afro-descendant population, high levels of production of coca had meant that this represented a key income source and many adolescents lost interest in school when they saw the very high wages they could obtain as pickers. When, a couple of years ago, however, the government destroyed the crops, young people were once again left without an income. Furthermore they discovered that the education they were receiving did not represent the path to social mobility and that even those who had completed their education faced subsistence employment in agriculture or traditional mining. These adolescents discovered that neither short-term economic prosperity nor an education provided them the prospects or were a vehicle for achieving a sustainable standard of living and the social mobility to which they aspired. The possibilities of building a future life that differs from the reality of their parents are almost nil in these contexts of poverty and structural violence.

These contextual elements are also present in other vulnerable urban areas such as Sao Luis and Cartagena, where some teenagers see involvement in illegal activity and/or gangs as the only option given the virtually non-existent

possibility for change and for a better future offered by the contexts in which they are growing up.

In the contexts of poverty, violence and high vulnerability described—in which limited options and opportunities and inequalities are reproduced from generation to generation—early marriage and pregnancy or even pregnancy and single motherhood can be seen as an opportunity to achieve adult status; to be recognized and to access individual rights as well as material and non-material resources. In contexts of vulnerability and inequality, teenage pregnancy can offer social mobility, a new status in the community, and access to the minimal economic and emotional resources for survival.

Being able to imagine and aspire to a (different) future represents, therefore, an important protective factor against teenage pregnancy. Alone however, it isn't sufficient to ensure self-care and the exercise of sexual and reproductive rights on the part of adolescents. The country studies provide clues that dispel many generally held myths and beliefs around teenage pregnancy: that teenagers become pregnant because they have insufficient information on family planning methods; or because they have no life projects; or because during adolescence teenagers are fascinated with risky behavior and fail to analyze the potential consequences of having sexual relations. The stories of several teenagers reflect that, on the contrary, some do have important dreams for the future and clear ideas about the contradictions and limitations that an early union and/or a pregnancy could mean for their fulfillment:

"I feel I have dreams and I want to fulfill them, I want to study two careers—medicine and languages. I'm not saying that any guy would ruin it, but they simply cannot pay for these two careers. Plus I'm not going to take his dreams away from him and place mine on his shoulders. I'm sure that boys today also have their dreams, maybe not to study two careers like mine, but perhaps to study one or leave the country. I also don't feel ready for that, because truthfully, I have never had

a boyfriend and I don't know what that's like; maybe I'll feel nervous, maybe not". (Adolescent Women, Las Yayas, Dominican Republic.)

From these ambiguities and conflicts, some new possibilities emerge for the adolescents for life and living. For example, for some adolescent girls a "career" is just an imaginary projection for the future, an aspiration that can take her beyond the confines of her family and indeed, the community. In this regard, an interesting detail was observed in adolescents from Azua, Dominican Republic, who explained that achieving their career aspirations would only be achieved through their own decisions and personal effort, and not through relying on a husband or partner to sponsor, authorize or promote their project.

ADOLESCENT SEXUALITY: BETWEEN TRANSGRESSIONS, REPRESSIONS AND RIGHTS

1. Interpretations of teenage sexualities

In the contexts studied, sexuality is taboo. Adults speak very little about sexuality and even less about adolescent sexuality. The subject is so taboo that some believed that even talking about it would provoke/trigger sexual activity:

Because sometimes mothers believe that if they talk (about sexuality), the girls will start having sex earlier: whatever you tell them the girls will go ahead and do it —so they are afraid to talk about it.

Q: What about the men, fathers, what about them?— well, that's a different matter. (Male teenager, Azua, Dominican Republic.)

"With my wife, they told her not to use contraceptives because she was unmarried and her duty was to study, so we did not have sex. Now (adolescents) are told: 'you have to use them': but it feels like they are being given permission to have sex whenever they feel like it. In our case, we were told, 'you're not going to have sex before you're married' ". (Father of an adolescent woman, Honduras.)

The studies indicate that these taboos and fears

are transferred from generation to generation through silence, disapproval, and the communication gap between parents and children. While the limitations of intergenerational communication are varied and general, there are some particular factors that prevent talking about sexuality.

In terms of communication around sexuality between mothers and daughters, the information collected through the study showed that sexuality is perceived as “a bad thing” and, therefore, a topic that is “improper” and that shouldn’t be discussed. Any activity should be conducted quietly and secretly, with both mother and daughter going about their lives pretending that neither know about it or are concerned about it.

Mothers related that they did not feel sure or comfortable discussing sexuality with their daughters because they see it as an intimate subject, “something bad” or because they “trust” their daughters and are sure that they are “not going to do it”. The daughters, meanwhile, agreed that it wouldn’t be appropriate to talk about sexuality, because of the negative connotations and the risk of disapproval from their mothers who represent both an authority figure as well as a good person deserving of respect.

In some cases, mothers participating in the study reported that they did not discuss the issue because they feel unprepared, having received no orientation on sexuality, much less on how to address the subject in the family. The following testimonials are illustrative:

“Very little, I don’t like to do that, it’s hard for me, I also need to receive a talk on that... I am ignorant on those things because nobody ever talked to me about that; ignorant, that’s the word, I do not know how, I don’t even know how it is, how to care for myself, there is a lot of disease, and one has to protect oneself; that’s the only thing I can say”. (Mother of teenage woman, Honduras.)

“I didn’t say anything about that, because I never thought about it... for that reason, I never talked to her

about it... I never thought it would ever happen, that if I had known, I would have given her guidance, because I also didn’t tell her anything, also because we didn’t think she would ever do something like that”. (Mother of teenager, Honduras.)

The taboo was also evident from the testimony of the adolescents, particularly the female adolescents, who explained feelings of loneliness, secrecy and silent embarrassment and the identification of alternative sources to resolve their doubts, fears and needs. Nowadays, some have access to the information on the internet and social networks. While these do not require interpersonal communication, they pose serious risks given the uncertain quality, reliability and relevance of information disseminated:

“We really do not talk to anyone about sex, so I went to the internet. I didn’t want to talk about it because for me to talk about sexuality has always been a taboo, I cannot talk to just anyone about it. My friends were my age and for me they don’t know enough to tell me anything about it. With mom I was sure she was going to ask: ‘ah, are you having sex?’ something I didn’t want to tell her. And with my teachers, well we talk about everyday thing; I could never speak about something as deep as this”. (Adolescent woman, Honduras.)

In other cases, respondents related that sexuality was talked about, but to a limited extent because of fear and potential intimidation:

Q: In those days, did your mother talk about your sexuality, give you advice about boys?

–Yes, but what she said she would say in vulgar ways, “Don’t trust the boy because if you do, he will touch your breasts and then your vagina, and soon you will be pregnant”, and I didn’t trust anyone. (Adolescent mother, Dominican Republic.)

In the midst of these silences, fears and secrets, the study revealed gendered particularities and biases that underpin the different ways that girls and boys are socialized with respect to sexuality, and which shape the different

relationships that each will eventually establish with their own body. A common feature in all the study countries was that for the women, the focus was on the idea of being a “good woman” and the need to protect the body constantly given that this represents a place where temptation and sin may occur but which, at the same time, is vulnerable to violence and abuse. This socialization of women, based on emotions such as fear, mistrust and self-defense, is in contrast with the socialization of men, who are taught that they have the right to “possess” and exercise power over women’s bodies. It may lead to a constant sense of “desperation” amongst adolescent women about how they can relate to the male world, as illustrated by the following example:

“They often tease and play around. If you say something jokingly to them, they start talking with their friends, talking about things that you do not do with them. That’s why they are like that... Now, if you’re married, it’s bad, you’re committed, you should know that you shouldn’t do it. But it’s worse if you are unmarried, the way they talk discredits you, they will use bad names about you like ‘trash’, ‘bitch’, things like that”. (Focus group female adolescents, Azua, Dominican Republic.)

It is noteworthy that when adolescents were asked about sexual relations, they did not always reflect the prevailing taboo or negative connotations in their responses. At the same time, when asked about the consequences of these relationships, they expressed fears about a possible pregnancy or about not having used protection:

Q: What do you think of sexual relations?
–That it is a very good part of the relationship between partners, to show the feelings each has for the other, not with words, but by the way one is. It’s a way to have a good time as a couple.
Q: What do you think are the consequences of having sex?
–Diseases, getting pregnant, and perhaps they don’t want to be with you for life, but just for the moment. (Focus group adolescent women, Macaws, Guatemala.)

Meanwhile, the studies revealed that a common element with respect to the socialization of men is that this centers on generating feelings of power, control and superiority. For example, in Dominican Republic, when some mothers refer to a man as a “rooster” or a “tiger”, it means that the man has several female partners and is able to satisfy them sexually. This gives a man a sense of security, that he is masculine beyond a doubt; it affirms his virility and masculinity:

Q: Did you talk to your father about sex?
–Yes, he talked to me about things like: “what do you do to a woman, how do you do it with them?” I replied “Look, I am rough with women”, and I asked him: “And how many women did you have?” “Well, if I started to count them, we wouldn’t finish (for a long time), he said. (Focus group of adolescent males, Azua, Dominican Republic.)

In indigenous contexts such as Chocó (Colombia), sexual relations or the body are also considered ‘taboo’ themes that can only be discussed in private. Here, however the reasons are not necessarily the socio-cultural factors mentioned previously. According to an indigenous leader interviewed, the fact that these are taboo themes has more to do with conditions and the spaces in which they live: the families live in dwellings that are open (without doors) meaning that it is difficult to talk about or have sexual relations in private:

“[I] We never talked about that... For example, the intimate relationships happen at night, not during the day... they will never do it in the daytime... sometimes people ask what happens if we move, intimate things, and it is precisely because we indigenous people share our living spaces. So how can you do it?... It’s like the worm. This is for you to more or less understand where a whole series of taboos come from for them... In general, we live in a community, we spend the time with other community members, our huts aren’t separated from each other. You don’t have the option to say ‘I’m off to change...’ These are the differences that mean the taboo is more complicated and we are more self-conscious; we don’t talk much, even when falling in love we are very different”. (Indigenous leader, Tarena, Chocó.)

A common thread in most of the interviews with the adolescents was the existence of taboos around their sexuality. These taboos were expressed in different ways and for different reasons, but in all cases a common element was the desire to hide something. The fact that adolescent sexuality is a taboo subject, something morally wrong that should not be discussed, drastically limits the possibilities for discussing adolescent sexuality openly and comprehensively from the rights perspective, and also will potentially adversely affect any interventions that might be proposed.

In some interviews, adolescents did express opinions consistent with their sexual rights: that sexual and emotional relationships can be good and are a part of life; that sexual relations do not necessarily need to result in pregnancies; and that it is a failure to use protection that brings risks and undesired consequences rather than sexual relations. These concepts, however, were far and away the exception in the majority of cases, and the taboo around sexuality was a dominant theme in their thinking.

2. Cultural ambivalences and risks: Rights, Freedoms and “wrongdoings”

As already mentioned, according to Rodriguez and Hopenhayn (2007), adolescents grow up confronted with the contradictions related to a truncated hypothesis of sexuality in modern times: a “cultural ambivalence which is a result of the clash between a growing sexual liberalization for people of all ages - expressed in predominant codes of conduct, behaviors, messages and symbol—and the persistent denial of autonomy with respect to their sexuality for adolescents” (Rodriguez, 2009).

This cultural ambivalence underpins morality-based interventions on the part of adults within families and institutions, and as consequence the creation of barriers to accessing information, comprehensive sexuality education and health services. It also underpins the fact that many adolescents keep their emotional and sexual lives secret for fear of reprisals from adults,

meaning that these may be unsafe or risky. This fear of reprisals, of adults learning that the teenager is sexually active seems to be greater than the fear of becoming pregnant, dropping out of school or of spread of STIs. This cultural ambivalence and contradiction has the effect, therefore, of increasing the risk of teenage pregnancy.

“He wanted to try it, I told him no. He said that I didn’t love him, that he would have other (girls), until I finally showed him. I was a virgin, he made me a woman. He said before that I had had other boyfriends, but I proved to him that I hadn’t. But I was scared. I was afraid that my mother and father would know”.

(Adolescent girl, Barahona, Dominican Republic.)

From another perspective, the ambivalence regarding the roles and responsibilities of adults towards the rights and sexuality of adolescents also impacts negatively on the professional performance of service providers who should be clear about their role. For example, in some health centers in Colombia and the Dominican Republic, the staff had doubts about whether they should provide condoms to teenage women who requested them, or if it would be “better” to neither provide them nor teach them how to use them, in order to prevent any “risk”. This demonstrates the persistence of the belief that offering teenagers unrestricted access to family planning methods will be an incitement to greater sexual activity.

On the other hand, in urban contexts such as Jalapa (Guatemala), we noted that while there was greater access to information and education on sexuality, the adult service providers were also exercising greater level of control over the adolescents and the decisions they were making about their lives. The control of sexuality, for both male and female adolescents, is a theme that was also identified in other contexts such as Las Yayas and Azua (Dominican Republic) and was seen as being associated with increased risk of teenage pregnancy:

Q: Would you carry condoms in your purse?

–No, I wouldn't carry them. My mother and I trust each other a lot and I want to show her that I have nothing to hide; if I did carry them and left them at home she would find them. She would feel unhappy because she would be sure I was doing bad things. (Adolescent girl, Azua, Dominican Republic.)

It can be concluded from the results of the study that the confusing interpretation of freedoms, rights and morality as well as the dominant idea that sex is still something "improper", results in situations of insecurity and uncertainty in which adults—parents, mothers, teachers, health-care providers—prefer “not to see” or to not be “accomplices” to something that could result in directly or indirectly “motivating” greater sexual activity and increase the risk of pregnancy. For example, they would prefer not talk about sexuality or provide information and/or access to family planning methods.

3. Family planning vs. reputation: the subtle and not so subtle expressions of machismo

One conclusion reached from the different perspectives sought in the study is that the image and sexual behavior of “real men” (those who have several female partners) is at odds with them engaging in decision-making around family planning.

On one hand, men associate condom use with the pursuit of pleasure with women who do not have a “good reputations” and have possibly had multiple sexual partners. On the other hand, men see a girl suggesting the use of a condom as a sign of lack of confidence. For instance in the Dominican Republic, the “home girls” (a concept used to describe women who have not had sexual relations) are expected to have confidence in the man and not request that he uses condoms. Men may be more open to using other methods, such as birth control pills, which do not involve them, as shown in the following account:

Q: How do you differentiate between a girl that you won't use a condom with, and a girl you have to use one with?

–Sometimes, because you don't love them. Or you do love them, but the girl doesn't have a good reputation. –Just by looking, because a girl who goes around with this boy and then with that one... You'd get a disease there.

Q: And if a girl says “I don't want to be a mother”, would you put on a condom?

–I don't want to be father either, but I'd say take the pill.

Q: And what if she says, “OK, that's OK, I'll take the pill, but still don't want to get an STI”?

–Well that has to do with trust, because if you don't trust me, then let's not do it... (Extract from a focus group of male adolescents, Las Yayas, Dominican Republic.)

In other cases, the decision-making and control of fertility and use of contraceptives is delegated to the man:

“No, he didn't say anything. He organized contraceptives so I wouldn't get pregnant... I would take that pill... He would buy them for me... the first time he had me take them, it was after I got sexually involved with him that I learned about them”.

(Adolescent, 15, Barahona, Dominican Republic.)

“His father told us that if you have sex with your husband, it's for getting pregnant... I was taking pills to not get pregnant. He told me to stop taking them and I did as he said... he is my husband, I had to obey him, so I stopped taking them. After one month, my period didn't come...” (Teenage woman, Honduras.)

When men control decision-making about family planning, this can inhibit adequate usage of methods, even in contexts where people have good knowledge such as in Pozón community in Cartagena (Colombia). Here, most people reported knowing, accepting and having easy access to methods such as Norplant and Jadelle in the health services. Participating adolescent girls 13 to 18 from Tado, Choco (Colombia), also reported having received information about family planning and the risks that an early pregnancy could have for them.

Despite the access to information and good levels of knowledge in these two areas, the informants also reported low levels of usage of

family planning methods and the fact that decisions regarding use are made by the male partner. Generally, men expected women to be obedient and were opposed to the use of family planning methods because “women should provide children for their men”. Added to this, the poverty and violence results in increased risk and vulnerability of the girl adolescent, as well as her increased submissiveness towards her male partner, particularly when he is an older man.

These examples from Colombia clearly illustrate the gap between information and the use of information that occurs in situations of unequal power relations, social pressure or when social meanings, mandates and expectations are barriers to its translation into informed and autonomous decisions.

GENDERS: COMPLEMENTARITIES TO THE DEBATE

1. Being a woman has to be earned: Gender relations and life projects for women

Notwithstanding the variations existing between rural and urban contexts, and despite the significant advances achieved by women in terms of insertion into the labor market, political participation and the claiming of other rights, gender relations in Latin America and the Caribbean continue to be characterized by traditional norms and expectations. Gendered inequalities, the different forms of exclusion and discrimination – some more explicit than others, violence against women and other rights violations, the delegation of household chores to women, and the fact that they remain invisible and undervalued are all situations still found in many contexts and realities of the region.

The studies in the six countries showed that beyond the contextual differences in gender relations, roles and stereotypes, the road ahead is still long. In this context, teenage pregnancy represents a major problem whose multiple causes, determinants and effects, reflect the obstacles to and patchy progress with the

achievement of gender equality and women’s rights. The studies also provided evidence of the tensions that exist between the expectations and life projects of the younger generation, especially the young women, and the limitations that are imposed on them by their socio-cultural and economic realities at the individual, family and community level, and that result in the reproduction of the poverty and gender inequality that was experienced by previous generations and their mothers.

In most of the rural contexts studied, the findings evidenced the reproduction of traditional gender roles driven by the entrenched cultural values and norms. In many cases expectations regarding the role of women were linked with motherhood and responsibility for domestic chores. In the case of men, there was also a link between masculinity and paternity without, however, any automatic obligation with respect to childcare or housework.

Q: What do women do here in your house?

–They wash dishes, iron, wash clothes and make my food. When I come home, she has everything ready for me. She treats me very well.

Q: Is it hard work?

–For them, I would say yes because there is little time to rest. We men come home at noon, rest all afternoon; on the other hand, women often work until 8 or 9 pm every day. (The partner of an adolescent mother, Guacamayas, Guatemala.)

The role of the male is focused mostly on his work and public life, a role which is ascribed greater value than the domestic responsibilities of women (who are expected to be responsible for the domestic chores even if they take on other jobs, study, etc). This situation reflects the fact that women occupy a lower position than men and the roles they are ascribed are valued less in Latin American societies which are characterized by the domination of men, the subordination of women, and interdependence and complementarity between the roles of the two sexes.

In relation to the above, the report from the Las

Yayas region, Dominican Republic, sheds some light on how culture transmits and reproduces these gender roles: *“The idea of the good woman is anchored in the past and is transmitted through the memories and stories about other women. Good wives are exemplified in the music and the community lore”*.

As seen in several accounts, the gender socialization process is underpinned by situations, conditions, and messages that are often ambivalent and characterized by unequal power relations. In this way, faced by an *“image of men as predators or deceivers, which is passed from mother to daughter and is strengthened by the fear of abandonment on the part of the father”* (Guatemala report) the daughters, rather than react and rebel, repeat the pattern they see in their mothers. These young women gradually incorporate, naturalize and reproduce the same inequalities in the process of constructing their own ideal of the “good woman”:

Q: Were you ever sad or angry with your spouse? Yes I've listened to him, but it's bad to get angry with your husband because if you get angry he will go off and find another (woman) who is better and more peaceful; if you get angry, he'll think you're not a good wife, that is very bad, he will think all sorts of things—this is why we are both happy. (Adolescent Woman, Guatemala.)

The Honduras example below also alludes to the gender socialization process and the construction of what it means to be a woman:

“For me, you aren't a woman just because others call you one. You have to earn the title, be responsible, be good, be a woman. Just because you are born a girl doesn't automatically make you a “woman”... you need to learn become one”. (Pregnant teenager, Honduras.)

“Being a woman is... I'm not yet a woman, I'm still a girl because I haven't begun to have sexual relations; a woman is when you begin to have sexual relations and have children”. (Focus group of female students, Honduras.)

In Las Yayas (Dominican Republic) the “girls of

the house” (niñas de la casa in Spanish)” is an identity that also reflects the prevailing ideas about women and the female body as a domain that is controlled by a dominant male—the “cock of the roost” or “he-man”—; a possessive masculine figure that has multiple partners and the provider role. This unequal relationship is tolerated and negotiated in return for the promise of romantic love and the establishment of the nuclear family, these representing the maximum expression of happiness.

In this way, the concept of the woman as selfless and responsible for holding the home together—especially when there are children—is reinforced. Socially the expectation is that the woman will do her utmost to stand by her partner, be patient, perform her assigned duties, “endure” and “behave”. The following testimony from various accounts in Honduras is illustrative:

“I tell her to calm down, behave, because later, to leave her with him with her child, you know that it needs commitment from both sides”. (Mother of an adolescent girl, Honduras.)

“...[for me] to be a woman, one has to do a lot of things, not just be a woman, you have to do everything for him and keep him happy”. (Adolescent woman, Honduras.)

“...the way she behaves with me. She is well behaved; she is very attentive to what I need”. (Partner of an adolescent woman, Honduras.)

Women are also expected to preserve their honor and chastity, through complete abstinence from sex and the suppression of sexual desire. Thus, for example, in Caaguazú, Paraguay, adolescents reported that during courtship women have to be passive and cannot show their sexual desire.

The study also detected that religious beliefs also frequently determine the decisions of parents to not allow their teenage child to have a boyfriend/girlfriend and to not discuss sexuality with them. In these situations, the communication from parents is focused on

threats and on messages of fear and guilt if a pregnancy occurs, along with messages extolling the virtues of motherhood and alluding to children as a “blessing”:

“There’s one who said to me, ‘Well, Miss, I did not plan to get pregnant, what happened was [that] my mother is religious, is a believer and I was a girl in my house, the only bad thing was that I had my boyfriend... any given day, my mother would say this and say that, and then would give me a beating and so I went to the house of a friend’. She stayed in the friend’s house a week, but when this did not go well, she went to her boyfriend’s house: three months later she was pregnant”. (Public provider, Cartagena, Colombia.)

“A woman who doesn’t want to have children... I don’t see anything wrong, it’s her decision, but it also is not very proper, because a child is a blessing and never a bother”. (Adolescent woman, Azua, Dominican Republic.)

The gendered roles/norms; the definition of femininity as a state of subordination; the restriction of freedoms and the violation of rights; the belief that motherhood is the only option for self-realization as a woman and for social recognition all translate into factors that adversely affect the potential for self-determination for many teenage women. These are also determinants that underpin increased risk of unwanted pregnancy and lead to the acceptance of emotional relationships with men that often violate the rights and dignity of the female adolescents.

2. The “Girls of the house: Stereotypes and mandates of the female gender

In the different contexts studied, first intercourse was generally perceived as a rite of passage from being a girl to becoming a woman. Virginity is interpreted, in these contexts, as a value associated with positive feminine qualities. In this regard, the report from the Dominican Republic notes that *“the identities of the ‘girls of the home’, as well as the ‘he-man’ or the ‘cock of the roost’ are founded on patriarchal values that persist in the region, and are rooted in the*

concept of a good woman as being one who embodies community values such affection, beauty and delicacy and who is sexually abstinent until she is married/in union. At the core of her femininity are her obedience and observance of social norm”.

In other contexts such as Jalapa (Guatemala), a sexually active teenager who used family planning methods to prevent pregnancy is considered as “daring or reckless” or “provocative”, and this behavior is considered a transgression that must be “sanctioned”.

Other examples come from the field of education. In a school in Brazil, a professional noted that adolescent girls “expose” themselves too much to men by using provocative clothing, and that this is a cause of the increased rates of teenage pregnancy. Meanwhile, a school director Guatemala blamed a case of pregnancy in a girl of 11 years of age on the improper education she had received from her mother:

“She dressed the girl in tiny heels, with flirty clothes, she put makeup on her, and the girl was only about 10 years old. When she was about 11, she got pregnant. This is because her mother made her start her adolescence earlier, the girl felt more feminine, she felt older than her years”. (School Principal, Guatemala.)

As is evident from the above examples, the ideal woman particularly if she is still an adolescent—is one who is asexual and who has the power and abilities to overcome the temptations associated with her sexuality:

“[We] never think with the vagina, and there are many more places for women than for men: there are many ways to make the life of a woman beautiful, because, for example, women can enjoy the weekends, it’s marvelous... We do a lot of things; men only think with their penis and sleep. We can wash, cook, clean and watch television”. (Adolescent, Dominican Republic.)

This ideal of the “asexual woman” who builds her “power” from the denial of her sexuality and her rights, represents a mechanism which reproduces unjust and unequal gender roles

and expectations and which is appropriated and even claimed by the women themselves, making it appear more “legitimate” and creating the illusion of self-determination. This ideal, and this concept of feminine power, underpin women’s reproduction, justification and acceptance of gendered inequality, their denial of their own rights and their legitimization of the subordinate role that they occupy.

3. For us men, he is a “Grammy”: Stereotypes and Mandates of the Male Gender

Various studies carried out in the late nineties led to questioning of the “hegemonic model” or “normative model of masculinity” (Valdés and Olavarria, 1997 and Fuller, 1998), and drew attention to how this model affects the construction of masculine identities and experiences around a range of themes including parenting, sexuality, their relationships with other men and their relationships—characterized by domination and subordination—with women. The findings from the six country studies, similarly, demonstrated the existence of a gender binary system in which of the construction of the masculine identity is based on values, mandates, rights and opportunities that are in opposition to and are complementary to those upon which the construction of feminine identity is based. Thus, while the ideal for women is the “good woman”—spiritual in essence; a partner that is faithful, obedient and unconditionally; a mother that is self-denying, self-sacrificing—the masculine ideal is focused on their sexual behavior. In order to be recognized and valued as a true man, men need to demonstrate that they are highly sexually active, and preferably have multiple female partners.

—What they say is that he is very good, that he is the best, because he has several girlfriends, several women..they say that he is really good.

—They make him feel his is the real thing, that he is the macho man around here.

—Because instead of damaging him, this elevates him in the eyes of others and makes him feel better, because they see it as another victory, something that

lifts him far above the women..the woman, meanwhile, is nothing, we say that she is “garbage, that she is “worthless,” but the man, he is a “Grammy”.

(Focus group of adolescent men, Azua, Dominican Republic.)

All the contexts studied reflected the relatively greater value that is placed on masculinity and as a logical extension, the acceptance of male superiority and domination. In all contexts, the studies highlighted that the greater value is related to their potential as providers and protectors, the fact that men are seen as less vulnerable, and the fact that—according to the perceptions of the community—boys are easier to raise and bring up than girls: girls mean more worries and responsibilities as they need to be cared for and protected. Thus, the socio-cultural constructs of femininity reinforce the pre-existing preference for and the higher value attached to masculinity. They also in turn, reaffirm the beliefs that women are needy, vulnerable, lacking and dependent. The studies also found that children are viewed as “an extension” of their mother: the work and the worries they create are her responsibility and are eventually seen as her needs and problems. This view reinforces the image of female teenagers as being needy and a source of concern:

“I’ve always liked sons, they are easier. When my son was about to have a child I said ‘I hope that it will be a boy’. Trying to get on in life, I have filled my life with children, but they haven’t been a weight on my back. Almost all of them are boys, they take care of me; I don’t work anymore. Today, my children are big, my sons are adults and they respect me, they aren’t bad people’. (Mother of a teenager, Honduras.)

Both maternity and paternity constitute milestones in the consummation of the feminine and masculine ideal, though the expectations, obligations and implications for women and men—prescribed by their respective gender mandates—are different. For many men, paternity is about procreating, producing an heir, without significant future obligations except for the expectation (which is not always seen as a



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responsibility or obligation) of providing financial support for the upbringing of the son or daughter. In the case of the many women interviewed, the sons or daughters are perceived to be an extension of the mother, which means that she assumes full responsibility for their upbringing, care and education, irrespective of whether or not she receives support from the father. By way of an example, in Azua (Dominican Republic), the young men interviewed described a strong desire for parenthood as a step on the path to becoming “a man”:

*–I would have a kid every day.
 –I would have already have children if I could.
 –You asked which one of us would like to be a dad and I think all of us would like to be a father, who would not want to have a daughter or a chamaquito (a little boy)?
 The problem is lack of money, for this reason we evade the issue of fatherhood: if we had the means we would all be fathers.
 (Focus group, adolescent males, Azua, Dominican Republic.)*

In the community of Pozón in Cartagena (Colombia), which is characterized by a highly patriarchal culture, early initiation of sexual intercourse (between 8 and 11 years) and having a partner are important for young men, even if they are still living at home.

As already emphasized, it is important to remember that while maternity/paternity represent states in which the expectations and aspirations for women and men “meet”, in no way are the values, roles and implications attached to parenthood for men and women the same or shared. So while for men parenthood is an “honor” and one which means that they are more highly valued as individuals, for women motherhood can be an “obligation”, a state that allows them a place in society, but potentially at the cost of their self-determination, their exercise of their rights and their ability to take advantage of other opportunities. In this context, motherhood and fatherhood also become a reason and a pretext for—on the one hand—demanding—and on the other—accepting

relationships that are unequal and undermine human rights.

4. “We see him with eyes of love”: The hope for romantic love

Most of the country studies demonstrated that promise of romantic love and its association with happiness is a core element upon which adolescent girls seek to anchor their emotional relationships:

“... [He said] that he liked me, that he loved me, that someday we would have a child, things like that, that he wanted to marry me, and once invited me to his house and that's when we started having sex”.

(Teenager, Honduras.)

“Well, he said, ‘let’s go home, I’ll make you happy...’”.

(Teenager, Honduras.)

“He dedicated songs to me, he sent me letters via his niece who was my friend; he would call me on her phone; send me gifts; he was very nice to me, I liked him and I trusted him more than my parents”.

(Teenager, Guatemala.)

Eloping forms part of this ideal of romantic love: a love that hurts and a woman who sacrifices everything she has—her studies and/or the family—for the sake of love. The following accounts from Honduras and Dominican Republic exemplify this:

“I was drinking a coffee when his call came; we had already planned that I would go with him that day. He said, ‘my love, are you going to come with me?’ And I thought and thought about leaving my parents... About this time he would always come to wait for me and I did not want to leave, because my parents were always watching to see where I was going. And 8:30 am came and my mother ‘let’s go to my sister’s’. Her house is pretty far from the main the road, down we went. When we got to aunt’s that position, along he came, I called him and he said to me ‘come away from here, from here it is easy’. So I steeled my courage and I went with him”. (Female teenager Honduras.)

Q: What motivated you to go with him?

–In spite of the short time (that I had known him) I loved him a lot and I still love him, I shared a lot with him, I got to know him a bit; he inspired me, but we also had some conflicts...

Q: What did your parents say?

–They didn’t say anything to me, because he was not welcome in my house. The more they talked about him, the more I loved him. It wasn’t good news for them, but later, they began to accept it. Because when things that are prohibited, one is curious. For me, it’s a bit dangerous, but that’s good. The more they talk, the more I wanted to know why. Sometimes we do it to be contrary, because they see him in a way that we don’t, they don’t see him favorably, but we see him through the eyes of love...how beautiful he is, how well he treats me, why not do it? - There’s nothing wrong.

(Female teenager, Azua, Dominican Republic.)

Beyond the promises, promises that are often unfulfilled, there is always the exception to the rule: the man who is different, romantic and also responsible who will commit to marriage and to having a family, as illustrated by the following example of two male adolescents from Pozón, Cartagena (Colombia):

Q: How long after becoming boyfriend and girlfriend did you wait before having sex?

–After a year.

Q: How did you convince her, how did that happen?

–We talked about it. I made it into a telenovela, I put roses on the bed, I laid out what she should do, and what I wanted to happen, happened.

Q: Had you talked about what could happen?

–Yes, before being together, she wanted to find out more by Internet, how to protect herself and not get pregnant at an early age, and she told me “I have protected myself!”.

Q: You both agree that you don’t want children now?

–Yes, we agree.

(Male adolescent, Pozón, Cartagena.)

It is important to note that the idealized romantic attachment is often seen as a means of realizing rights that are being denied, or to receive affection that is not being offered by the family. As the Guatemala report demonstrates, a girl’s decisions about entering into a union are often “motivated by contexts of violence and lack of freedom”:

"I met my husband when he was also about 13 years old, he was at school with me... He started talking to me, told me that we would marry, that he would take me to his house... When he told me he was going to take me home, I said yes: I wanted to go live with him because my father used to beat me a lot". (Teenager, Guatemala.)

For many of the women interviewed, emotions such as trust, illusion and hope strongly influenced their decision to become a couple. Teenagers entered into unions thinking that this would at least be better than what they already had, or with the hope that "he will change" and that their baby would make him love them and help to bring them together.

In contrast, among men romantic love stands in opposition to another possibility, abandonment:

"If she gets pregnant and I love her, I support her; if I don't love her, I will abandon her". (Male adolescent, Guatemala.)

"I was scared, I was afraid, I didn't to get pregnant young, I wanted to continue studying. I was scared he would find another woman and leave me". (Teenager, Barahona, Dominican Republic.)

In both the urban and rural settings studied, in most cases when a pregnancy occurs, the responsibility automatically falls on the woman, irrespective of the circumstances. This represents a form of de facto abandonment by the man. In both contexts, it is the woman who abandons her studies and her expectations for life in order to ensure the care of the child:

"Yes, it was a very radical change because I went from living my life as a young person... because I have many responsibilities: a husband, laundry, food; It was a drastic change, but I felt ready". (Focus group of female adolescents, Azua, Dominican Republic.)

"The young fathers who don't take care of the baby continue their lies as if nothing happened and can follow their goals, while the girl's life is stalled". (Teacher, Guatemala.)

From this, one can conclude that in the case of the young women interviewed, the experiences of love and sexuality are rights that—given their relationships, contexts and the situations of poverty, inequality and violence in which they are developing—increase their vulnerability and translate into risk factors that block the possibility of having a different future or of exercising other rights. The frustration, hopelessness and other negative emotions resulting from these hostile environments further reduce the capacity of adolescents to make decisions and increase their willingness to accept situations of subordination and violence.

5. "We write our own histories": Female voices for emancipation

Faced with the image of the submissive woman who decides nothing, and faced with the realities of the complex contexts in which exist structural barriers to constructing and implementing changes and realizing their dreams, in "real life" an increasing number of adolescent women are becoming aware of their situation, taking decisions, defining their life-project and building their autonomy, though this is a process that is complex, non-linear and slow.

For example, the narratives of the adolescent women interviewed in Azua (Dominican Republic) contain emancipatory ideas of gender roles and provide a very clear picture of the inequality between men and women. Their analysis of their context demonstrates their capacities for reflection regarding the inequalities and the macho context in which they live; their expectations with respect to being able to transition from being a "girl of the house" to being an adolescent that is autonomous and dignified; and their intolerance of the violations of their rights. In general, they articulated an awareness of the disadvantaged position of women and an understanding of their reality, a reality that constrains, strikes at and punishes the expectations and aspirations they have, expectations that are transgress the gender order and norms:

"We write our own history, because we make the decisions, we are the owners of our own life... if you want to be happy, you will be, nobody can oblige you if you don't want... there are happy endings for all of us, all we have to do is find the right road to get there". (Focus group female adolescents, Azua, Dominican Republic.)

In the emancipatory narratives of these teenagers—as well as those of some mothers—there are elements of autonomy and the deconstruction/challenging of the traditional values that are still used as promises for happiness and well-being: marriage and motherhood. The once complacent attitudes for women have opened up to the possibility of imagining and aspiring to on the one hand different possibilities for life, union and relationships, and on the other hand, to the possibility of experiencing and negotiating pleasurable sexual relationships:

"I am happy today because I have changed. I don't keep quiet any more. Before, when they said something I said nothing, nothing at all. If he said 'there's no money' I remained silent. I am happier now, he likes me more now, we are living happier now. If I say 'I want this thing' he has to give it to me. Before not, before if he gave me money I would have to tell him what I bought with it and why I spent so much. Now, not—if he gives me money and complains, I start to get annoyed, and I can't get annoyed—when I get mad, I get sick, and I've told him this. First you have to talk to the man in order to be happy, because sometimes the man who bosses people around doesn't have anything in the house. Before, I didn't have any chairs. Now I do, they're ugly, but I have them". (Teenage mother, Dominican Republic.)

Narratives like one above demonstrate that women are beginning to question the unequal gendered patterns and relationships which up to now have been considered normal and accepted. The accounts of the young women are beginning to reflect, albeit it in ways that are incipient and not always consistent, new understandings of relationships with partners, based on respect, freedom and equality, while also open the possibility of enjoying a full and pleasurable sexuality:

"That should not be surprising because we are in the XXI century, because if a woman has not had sex, it's prudent that she be prepared. It's like being sure that you always have makeup on, wherever you go, because you never know when something might happen. And the fact that you had a condom helped you not get pregnant. I was smart, I say to the men, 'We're both going to enjoy this, here's the condom', and today, condoms are a luxury". (Focus group female adolescents, Azua, Dominican Republic.)

It is through the discussion of the use of condoms that adolescents begin to attach new meanings to the role of "girls of the house", to the free exercise of their sexuality and to how they see themselves as women of the 21st century.

FAMILY DYNAMICS

1. Families on the move: Access to rights, opportunities and new risks

Today, as a result of cultural changes, migratory patterns and the transformations resulting from globalization and technological expansion, the "traditional" family—father, mother and children—has become weakened. These same changes—as well as the human rights framework—have also led to a questioning of the role of the family. One analysis of this phenomenon can be found in the study on teenage pregnancy conducted in the Andean region (Latin America) by the Andean Health Organization - Hipólito Unanue (ORAS-CONHU 2009).

With respect to this regional report, the studies in six countries identify different situations/cases that exemplify how different factors are shaping a scenario in which the models and the composition of families are increasingly diversified and more complex. As an example, the Brazil study shows that today only 50% of families fit the traditional model with a mother, a father and children. Similarly in Paraguay, "in the cases studies, we saw different sorts of family structure, including nuclear, male-headed, single-parent and female-headed".

As already mentioned, migration is one of the factors influencing the diversification of models and the changes in family composition. Migration results in new familial and social arrangements and changes which are sometimes very significant for the adolescents:

“Sometimes we have had a large number of students who are not living with their parents. Their mothers went abroad to the United States, Spain, and leave them with people who are not their parents; sometimes an aunt, sometimes a grandmother. This isn’t the same because they don’t care in the same way, sometimes the girls get depressed”. (Teacher, Honduras.)

Migration also represents, for the family, new opportunities and projections, as the Dominican Republic report illustrates: *“Soon, the women aren’t talking only about (home), they are also talking about the requirements for family reunification, the strategies needed in order to stay in a more productive part of Europe, of marriage, of running away, of study”.*

In several of the countries studied, migration has a lot to do with the dynamic between the urban and rural contexts and the different access to opportunities, rights and resources in these. It can present new risks for the adolescents, given that they encounter new and previously unknown realities and contexts for which they may be ill-prepared; and give also their emotional vulnerability resulting from loneliness, the exploration of new feelings and relationships, and even a questioning of their own identity, among others.

In this context, many teachers reported that the fact that adolescents from distant rural communities far from the school come to stay in the homes of relatives and friends in urban areas, where there is less control and greater freedoms, is a problem and increases the risk of adolescent pregnancy. One teacher reported:

“Some live with aunts, uncles, with grandmothers, some with friends of the family... in some of the cases I’ve seen where young people have begun having relationships at a very young ages, it has been

because they come from these communities far away, they aren’t living with their parents, there is no authority figure. In the case of this young woman who became pregnant, she lived with her aunt and when I talked to the aunt she said: ‘I don’t know what to do, the situation is out of hand... I told the parents that they should take her back’. The same happens with other adolescents who aren’t with their parents; for this reason they have (sexual) relationships at an early age”. (Teacher, Honduras.)

Analyzing the subject more deeply, the above narrative suggests that when a child has to migrate at an early age to an urban center in order to realize their right to an education—sometimes without a family network to support and protect them—typically, they face situations of greater vulnerability and risk with respect to teenage pregnancy. The underlying problem isn’t a lack of or an excess of freedom, but the fact that the teenager has had to leave the family in order to continue studying; that the adolescent has to deal with loneliness, which is particularly difficult given that they often haven’t received information or training beforehand to prepare them for the new challenges; that the adolescent has to establish new relationships in cultures and contexts that repress emotions and naturalize violence; and that she or he has had to effectively abandon their childhood in order to access accessing fundamental child right.

2. Families and teenage pregnancies

According to the studies, the family—whatever its composition—represents the only institution from which teenagers who are pregnant or mothers receive support. Several reports note that many of the girls’ families end up accepting the situation, even in the face of difficult circumstances, and welcome the teenager, her baby and in some cases, her partner. For instance in the Dominican Republic: *“Margarita, aged 15, grew up with both parents, in love with her boyfriend, a drug-dealer. After she decided to move in with him, just when she got pregnant her partner was jailed. Her child is now two years old, but from the moment ‘I began to have*

a belly', as she recounts, she returned to her parents' house".

In other cases, such as cases in Pozón (Colombia), a teenager who left or was expelled from her home after becoming pregnant ended up being welcomed by the family of her partner. In the Dominican Republic, the family of the partner assumed the role of the family of a pregnant teenager, even after she had been abandoned by her partner and the father of her daughter.

"Mia, 16, arrived in Santo Domingo when she was 15 where she met her first partner who was subsequently, the father of her daughter. Several months after giving birth to her child, the partner abandoned her. Her in-laws, however, welcomed her and gave her shelter, affection and shelter. Her 'Mom and Dad' are the parents of her ex-partner. She handles her 'Dad's' financial affairs, cares for the nephews. Mia is so well-cared for that she can't imagine leaving this house. Her adoptive parents have even allowed her to have a new boyfriend and bring him to the house". (Dominican Republic Report.)

When alluding to "the family" we are referring generally to a family context that provides shelter, protection and support for pregnant adolescents, who may or may not be her family. The fear of abandonment of the partner, of the family, and society in general is, as we have seen, one of the biggest fears that go with teen pregnancy.

On the other hand, the family plays a major role in decision-making and determining the consequences of pregnancy, for example with regard to whether or not the girl continues her studies. In this respect, the support is not confined to practical matters that are key to ensuring that she continues in school, but also the provision of emotional support and guidance, of building up her confidence, of empowerment:

"And the only advice I gave her was 'I support you in everything that you need, and the only thing I don't want is for you to stop studying'—well so far she has

not left school". (Mother of an adolescent, Azua, Dominican Republic.)

In many cases, the pregnancy means the loss of the right to belong, enjoy and be supported by a family. The gender constructs and characteristics of the couple—with the male often being older—increase the girl's vulnerability to a second pregnancy; to accepting a relationship in which violence is accepted and losing her dignity; to dropping out of school and relinquishing her life projects; and in general to accepting the violation of her rights.

MOTHERHOOD

1. Fantasies, meanings and emotions around motherhood

The imaginations, meanings and emotions surrounding motherhood, as well as how motherhood is experienced and its causes and consequences, are different in the different urban and rural settings studied: indeed differences and ambiguities were noted within the same context.

The life stories of the young women interviewed in San Luis Codó Brazil demonstrated variations in terms of the causes of early pregnancy, how pregnancy and childbirth were experienced and the impact that these had on the girls' education, despite the fact that the girls shared similar socioeconomic conditions and family histories (most did not come from a "traditional" nuclear family, had limited conditions to support their studying and entered the labor market at an early age). These variations were noted in both contexts even amongst teenagers who became pregnant with their first sexual partner.

Of the six teenagers surveyed, two became pregnant as a result their first sexual intercourse, but in quite different circumstances. In one case, the girl was in an established emotional relationship and became pregnant because of incorrect condom use. In the other case, the 12 year old adolescent had her first

intercourse with a 23 year old man that she didn't know beforehand (though she emphasized that intercourse wasn't forced). Two other teenagers became pregnant one by their husband and the other by her only sexual partner. These two provided opposing perspectives regarding what had happened: the married teenager said she had planned the pregnancy with her husband while the other, aged 16 years, says that she tried to take a "pill" straight after having sex but still got pregnant. Neither of these girls lived with their biological parents, both were brought up by grandparents and older siblings. Finally, the other two other teenagers became pregnant as a result of casual sexual encounters: in one case, the partner did not use a condom but said he would prevent pregnancy using the withdrawal method. In the other case, the fact that it was "unexpected" meant that this was the one time that the girl didn't use a condom.

Looking at the complexity of pregnancy from another angle and from an individual perspective, it is important to note that multiple identities may co-exist within each adolescent—adolescent, mother, adult—and that these may be inter-related or influence and confront each other. Adolescent girls, depending on the context and the moment, may prioritize one identity. They may also seek at the same time to be recognized and valued as a sexual partner, to enjoy the prestige of "adult" mothers and to have the fun, affection and protection accorded to young "girls". The following account from Dominican Republic reflects, to a certain extent, these tensions and ambiguities:

*Q: How was your life before and after pregnancy?
Before I smiled very little, I had no purpose; it was a meaningless life after what happened with him. However, things changed when the baby came. That's why I wanted to have baby—to not feel lonely or guilty. The truth is I do not blame myself because I know that it wasn't my fault. If someone says no, it's because they don't agree... sex is a decision between the two people, not just one... I don't feel responsible... I do feel badly sometimes, but that doesn't matter. I give thanks to God for everything, I know He is there and*

He knows why He does things.

Q: What do you like about your life now?

—That I don't feel alone now that I have my baby and I feel proud every time that I see my baby growing, talking to me, smiling and everything.

(Teenage mother, Dominican Republic.)

While the preceding paragraphs demonstrate the diverse situations, the contextual variations and the complexities of individual experiences, the studies demonstrate—as a common theme—the high value placed on motherhood, particularly in the rural contexts where culture continues to play a critical role. This was the case in K'anpur (Guatemala) and Yayas (Dominican Republic), where becoming a mother or father is part of assuming responsibilities expected by the community. In this way, teenage motherhood becomes commonplace and accepted. However, the fact that it is considered "normal" is underpinned by the fact that in these context, a newborn child isn't considered to be just a new personal life project for the couple, but represents part of the collective—the community as well as the household—in terms of the child's future contribution to the community's labor force and social security:

"...when you grow old, you will have your child to do things for you". (Mother of an adolescent, Las Yayas, Dominican Republic.)

Thus, in the communities studied in Guatemala, the value and the social acceptance of motherhood are so significant that they counter-balance any sanctioning of adolescent pregnancy or of unplanned or unwanted pregnancy. If an adolescent becomes pregnant, it is taken for granted that she will have her baby and placing it for adoption is inconceivable; in fact, deciding to give up the child for adoption can be even more questionable than the pregnancy itself. In other contexts in the countries studied such as Pozón (Cartagena, Colombia) and the Las Yayas region (Azua, Dominican Republic), teenage pregnancy is also very much a part of the reality of families and is accepted as normal.

This is also the case in urban settings, such as in Codó (Brazil): here too adolescent pregnancy is considered “normal” (or normalized) by families, neighbors and even by the doctors. Here, the director of the Maternity Unit observed that adolescent pregnancies are so frequent that they are generally not perceived to be a problem by the health professionals. Here too, the mother of one of the teenagers was surprised by the fact that her daughter hid her pregnancy for a while, despite the fact that it “wasn’t really anything special” and that her sisters had also become pregnant whilst teenagers.

At the same time, in other areas such as Union (Paraguay), the teenagers interviewed were reluctant to face motherhood. According to the interviews, the manner in which they experienced the pregnancy and attached meaning to being pregnant depended to a significant extent on whether the girl had a partner who supported her and on the extent to which her situation was accepted by the family. Here, motherhood is seen as an experience full of sacrifices made in order that the woman’s children can move ahead, conclude their studies, get a job and form stable homes themselves.

“Before she suffered a lot, because it’s really difficult having three children in school and she would cry, because in the mornings she had to make them breakfast and it was difficult—sometimes her husband even had enough money but he told her no, that she didn’t need it, he asked what it was for. He’s changed now, although she still needs things, it’s not like before when it was really hard”. (Teenage mother, Union, Paraguay.)

In contrast, in other urban settings such as Villa Central (Dominican Republic), an area affected by multiple forms of violence, the girls’ narratives present pregnancy as a state or situation that gives meaning and value to a girl’s existence. The situation was similar in other complex contexts marked by violence, poverty and exclusion, such as Barahona in the Dominican Republic, which is a sugar growing

area with a high percentage of Haitian migrants. In these areas, the emotional dimension of a pregnancy is of particular importance and pregnancy is explained and justified as a way of addressing the lack of emotional bonds with others as well as existential needs:

*Q: Tell me a little about your life, what you’d like to tell me. For example, what’s your earliest memory?
–I don’t remember, I married at 13 and that was my life...
(Teenager, 15, Barahona).*

2. The search for freedom

Early marriage can be a pragmatic response for adolescents looking to expand their individual freedoms, particularly in conservative cultural contexts which place many restrictions on adolescents, particularly if they are female, based on constructs and conceptions of adolescence as a period characterized by irresponsibility, stupidity, inability and rebellion. These conceptions produce a number of prescriptions, limitations and prohibitions that restrict, often dramatically, the freedom of adolescents and their exercise of their sexuality. Faced with these constraints, especially when they are drastic in nature, leaving home may be seen as an opportunity to achieve greater freedoms, particularly when leaving home means a change in status from being an adolescent to being an adult. As the report from Dominican Republic, in its section on the findings from Yayas (a rural region in Azua) underscores, a teenage wife accesses the freedoms of adulthood, including freedom to move around, to go to parties and to have free time at the weekends. *“(Achieving) these minimal freedoms is part and parcel of the cycle of adolescence. However, when adolescence is understood as a period associated with a lack of self-control and with irrational and perverse behavior, the response of the adult world is to control and punish. The tension between this search for minimal freedoms on the one hand and on having one’s body and actions controlled and watched over by adults on the other, is resolved through early union/marriage”.*

Meanwhile, in the imaginations of the young men, early union and paternity are part of the masculine ideal and of what makes it “fantastic” to be a man. In contrast to the women, some of the young men link these experiences to a fantasy of personal growth, economic independence, self-determination and freedom to make decisions. This also includes taking on the role as provider, which is seen as both a challenge and, in turn, as an achievement in the context of such aspirations.

–To be a man is to be fantastic because from that point on life changes you..Your father isn't controlling you anymore because you are living in his home. Now, you can lead your life the way you want to; you can work, you can even take care of them (the parents), and that's fantastic.

–Being a man is great. Now, if my dad tells me to do something, I have to do it. But if I were a man and my father told me to do something, I would do it but not in the same way as now, because it's obligatory now, but because I want to do it. (Focus group of men, Azua, Dominican Republic.)

So, on the one hand, freedom “in excess”—based on criteria that are highly relative and variables linked to an absence of control—is seen a cause for teenage pregnancy. In apparent contradiction, teenagers may associate early pregnancy and union with adulthood and with leaving home, thereby gaining the very freedoms that their families and society are denying. A case from Brazil illustrates this point: *“Marriage... quickly placed her in another part of the community. She now has a home to look after, she can go out at night with her husband, she has access to a local network of solidarity and care... because she is pregnant, she gets a little more attention and freedom than she had before, than when she was just a teenager.”*

Often this “gain” is short-lived and lasts only until the birth of the child: this depends on the characteristics of the relationship that the girl has with her partner and the permissions and prohibitions that are gradually established for

her within the new union. In other words, becoming pregnant may mean “losing freedom to win freedom”.

3. Violence and teenage pregnancies

Throughout this report, we have seen how the experiences related to pressure, subordination, control and violence provide clues about some of the realities related to teenage pregnancy. These are realities in which different forms of violence and the violation of rights are tolerated and considered natural. These violations are sometimes very subtle, such as the pressure exerted on a girl by her peers to have a boyfriend and to initiate sex at an early age, as evidenced by the following narratives from Paraguay:

“I rushed to have a boyfriend because my cousin had a boyfriend; my cousin introduced me to her boyfriend's brother and so began my relationship with my ex-boyfriend. Now I don't want another boyfriend before I am 18 (years old)—I don't want one because I had a bad experience with that relationship and I don't want that to happen again”. (Teenager, Paraguay.)

“...in my daughter's school they say that if you don't have a boyfriend nobody will hang out with you; my daughter is 15”. (Teacher, Paraguay.)

In some rural, traditional contexts, the emotional response to the initiation of sexual relations, and to marriage, pregnancy and motherhood is influenced significantly by the recurring association between the body of a woman, the family—especially the father—and the community. According to the Guatemala study, in indigenous communities the woman's body is perceived as part of the body collective: it is the property of the family and community, and therefore must be preserved for them. This notion of social and collective ownership of women's bodies is also found in non-indigenous contexts, as a product of the prevailing gender order. An example of this is found in the Dominican Republic report: *“The history of women in Yayas seems to repeat itself, as a time that goes on forever; the women may have*

other names but their stories do not change. The narrative begins with experiences in which their bodies and the spaces that they occupy are dominated by adults, whether these are family members or representatives of other institutions—priests, pastors, teachers. The women move around and their bodies are disciplined in accordance with the needs of the community”.

A majority of the different accounts of teenage pregnancy related reflect a convergence of different types of violence that increase the risk of pregnancy and at the same time are reproduced once the girl is pregnant. As previously discussed, firstly there is the structural violence, linked to poverty, that reduces the life possibilities and social mobility of the adolescents, often making early pregnancy the only option for life, social recognition and self-worth:

“Mostly, it is poverty; we live in a pretty poor country. Mothers and fathers don’t have the resources, and so young girls look for other options, they don’t care for themselves, they take the leap without taking care. It’s as if they are running from the lives they lead within the home”. (Mother of an adolescent, Barahona, Dominican Republic.)

Secondly, there is the symbolic violence associated with stereotypes about their bodies, gender roles and mandates, which imply for women a lack of knowledge about and the denial of their sexuality along with the glorification of their spirituality and of a selfless and suffering motherhood. All of this too is related to and supported and legitimized by authoritarianism and sexism.

In addition, there is the sexual violence which represents a direct and brutal cause of teenage pregnancy, in which the age of the partner becomes a variable when the perpetrator is an adult. It should be recalled that when the pregnant adolescent is under the legal age of consent for sexual intercourse in the country, then her pregnancy is considered to be the result of a crime, sexual violence.

The report from the Dominican Republic describes the complex web of different forms of violence that represent both cause and consequence of adolescent pregnancy: *“Pregnancy in Azua is no longer an important event in the life cycle, instead it is a link in a chain of violence. It in itself is an act of violence because it fractures meaning. The narratives describe adolescents struggling to belong and who enter a crisis when they have to confront the different worlds that surround them: a context of poverty that blocks the promise of attaining upward social mobility through personal effort; an adult world that sees them as irresponsible and provocative; institutional actors who either victimize or infantilize them; a male world based on authoritarian values. The results of this cacophony of voices and actions are pregnancies that are often unwanted, that are part of the structural violence in the community and that in turn, are often experiences marked by even more violence”.*

Thus, although families representatives and public service providers interviewed in Pozón, in Cartagena (Colombia), censored and disagreed with sex at an early age, much less teenage pregnancy, the context of familial disintegration, marginalization, violence and poverty end up being more important and some parents prefer that their adolescent children form a family in order that they are responsible, work hard and do not get involved with gangs and drugs.

“The families are breaking down, they come from broken homes, the girl does not live with her real parents but with her grandmother. And her mother, well she is a single mother and so the older girl has to work to help the mother to support the family each day, these are the main factors”. (Health Provider, Honduras.)

In the fantasies of some teenagers, fantasies filled with hope and idealizations, pregnancy provides a possible escape route from the violence in and around the home:

“I lived with my father; he mistreated me a lot, punched me a lot, and I came here one day, and my father did

not know where I was. I came here, I met him, fell in love with him, had sex with him and had this little girl". (16 year old teenager, Barahona.)

"Well, many become pregnant because of ignorance, others because of the workload at home... they are so young and they leave them for the older men, most of the men are older". (Health provider, Honduras.)

"So I said 'marry me, that will solve things' that's what one thinks; then as time passes, you think again, you think perhaps it would have been better not to have done it. But as the saying goes, that's over and done with. My mother said to me: 'Get married; your father beats us'". (Mother of a teenager, Guatemala.)

As mentioned previously, the rate of adolescent paternity is much lower than the rate of adolescent maternity, which reflects the fact that, in the majority of cases, the partners of the pregnancy adolescents are adults. Given their vulnerability to multiple forms of violence, adolescent girls will seek protection—sometimes from a father-substitute—and this need for protection may be the catalyst for initiating relationships with adult men, often considerably older, who in one way or another, exercise sexual violence on the teenager. The Brazil report relates, for example, that: *"Paula [who became pregnant at age 12] had her sexual initiation with an older boy [23], with whom she had had no previous contact"* (Brazil report).

Other quotes from Colombia and Guatemala allude to the same problem:

"There are other teenagers who all of a sudden are pregnant to older men. This is considered a violation because they are 13 and they are not prepared. But they defend those boyfriends, they say they were not to blame... their ignorance is so great, they don't want to harm the men, they think they are in love. There is a lot sexual abuse here, lots of things, displaced people, drug addiction". (Staff, health center, Cartagena.)

"Even when the girl or adolescent gets married, I'd say that it's very difficult that at that age they can make a decision". (Public worker, Guatemala.)

It is violence, then, in its many forms and manifestations, that acts as a trigger for the situations and relationships that in turn lead to adolescent pregnancy. The pregnancy is a response to both despair and hope. It has as much to do with the idea that there is "nothing to lose" as with the belief that a better life can be found by escaping the violence. As the Brazil report observes, in Codó, sexual relations between girls, boys and adolescents with adult men and women, both consensual and nonconsensual, are part of the daily life of girls, boys, and teenagers in the city.

4 Stigma and Redemption

In most of the contexts studied, even though motherhood is highly—and almost unconditionally—valued, with the few exceptions described above, this is not true of teenage pregnancy. In contrast, teenage pregnancy is frowned upon; it is seen as the result of breaking that the taboo of sexuality, it is associated with attitudes of rebellion and disobedience against the established social and cultural precepts. It is thus not surprising that pregnant adolescents feel shame and regret, as pregnancy is proof that they have had sex: it means losing honor, it implies losing the respect owed to the father, the family and the community:

"Usually what happens is that they leave the child with its grandmother and the mother probably travels away, often for economic reasons, but in a few cases to escape from society and save themselves from embarrassment". (Director of a health service, Paraguay.)

The sensations of being a bad person or of having committed a mistake are converted into stigmas and are incorporated into the being of the adolescent, leading to feelings of shame that involve their corporeality and subjectivity. In this way, the adolescent rationalizes that she deserves rejection and punishment, the guilt is internalized and eventually is transformed into feelings of resignation about the situation. This further deepens her low self-esteem, negative

feelings and regret, until there is no room or possibility for positive feelings, emotions or decisions.

In some of the schools studies, teenage pregnancy is associated with the shame of having failing this formative institution; guarantor of rights, a key space for socialization but also for the reproduction of the social and cultural order and values. In the school settings, censure and sanctioning also occur, in different and often not explicit ways. For example, the distinction between a “Miss” and a “Mrs.” in school imposes a sense of “voluntary” exclusion as a result of the stigma of having “failed”:

Q: Up to what grade did you attend school?

–I left it (school). Until the seventh grade; when I got pregnant, at 13 years of age, I left school.

Q: When you were in school did you want to be something when you grew up?

–I wanted to be an engineer; I loved it; I wanted to be that but I couldn't. I could do it now if I wanted to, it can be done but I am not up to that any more.

Q: Have you thought about going back to school?

–Yes, I have thought about it sometimes, but then I go back on the idea. It's that... look... I felt ashamed to go back to school after I had the baby; I'm ashamed.

...

–Yes, he says to wait for him to take me and pick me up; he gets jealous because there are lots of boys who run around after the girls. These boys get you to fall in love with them by talking with you.

Q: What do your parents say about you going back to school?

–They have told me to go, I'm the one who hasn't wanted to go, my mother has told me to buy clothes to go to school, my uniform, and I said no.

(Adolescent, Barahona, Dominican Republic.)

This stigma is as an attribute that reduces the credibility and the social value of the adolescent:

“Teenage pregnancy is the result of what we have been talking about: first, the very early initiation of sexual activity, loss of values... nowadays (we have a situation where) freedom is confused with licentiousness, where promiscuity is the order of the day, precisely because of

this loss of values. I am not talking about the loss of Christian values, because we all have different religious beliefs, but the loss of the values around taking care of one's body”. (Health provider, Paraguay.)

The high value ascribed to motherhood does not mean, then, that pregnancy during adolescence is not stigmatized and sanctioned. But pregnancy is a stage on the path to motherhood, and motherhood redeems and returns to the teenager the place and value within society she had before.

SCHOOLS AND CONSEQUENCES

1. Sexuality education

As various documents and studies report (e.g. Aller Atucha, 1994; Ministerio de Educacion Direccion y Planeamiento, GCBA, 2007; ORAS-CONHU, 2009), recent years have seen changes in public education policies and strategies in different countries with respect to sexuality education and its content, approaches and other operational aspects. There are also variations between countries with options ranging from providing sexuality education as a specific course to the identification of minimum content that will be incorporated into an existing subject matter—usually biology, because of the “biological” bias and the idea that the purpose of sexuality education is to “inform” the adolescent with “objectivity and neutrality” on issues related to anatomy and the reproductive functions of the human body. Additionally, the curriculum often has a medical approach to the prevention of sexually transmitted infections, an approach based on fear. Added to these factors are others which impede the provision of comprehensive sexuality education: the lack of prioritization of this area and as a result the limited availability of budgetary resources: funding for sexuality education often comes from international donors. These gaps in the provision of sexuality education occur despite the existence of favorable legal and normative frameworks at the national and sub-national levels, which were identified in the various country studies.

In this context, the different studies also show that in many schools, sexuality education is the responsibility of science teachers, meaning that the education is more likely to be based on a scientific, biological-reproductive approach (rather than an integral approach) which fails to consider the different experiences and the multiple dimensions of adolescent sexuality and the emotional, social and cultural factors that act as determinants of adolescent pregnancy. In the case of Colombia, in order to comply with the government mandate, a mathematics teacher reported she had assumed responsibility for sexuality education in her school, without any specialized training on the subject and therefore without the knowledge, tools and skills to provide integral, rights-based education that addresses sexuality and emotions, the prevention of teenage pregnancy and the management of pregnancy and motherhood during adolescence. It should be noted that, in general, the schools in the contexts studied did not have protocols for managing cases of pregnancy and motherhood amongst adolescent students; neither did they have the appropriate material and symbolic conditions for this.

The challenges for sexuality education are even greater when it is recognized, as is the case in Brazil, that most of the adolescents surveyed reported they were already aware of the risks and the ways to prevent pregnancy. Health professionals in Brazil and Colombia professionals also expressed doubts about the effectiveness of sexuality education policies, especially if they are not adapted to particular contexts and subjects where they will be applied. As one informant explained:

"We have a few achievements; we have the standards that the Ministry has given us. But the concern about complying with these standards means that we often work mechanically and forget about the need to take into account the context and environment, given that the standards provided by the Ministry are very general. When you try to apply them, out of the eagerness for meeting these goals and achievements that the Ministry is forcing you to do—which tell you that a child should have this basic knowledge by such

and such grade, should be taught in such and such period—we just concentrate on complying with these standards, and forget about the other things in the environment in which the child develops that should be discussed or at least taken into consideration when we are thinking about how sexuality education should be, how it should be understood". (School Principal, Colombia.)

As well as these problems with the sexuality education offered in many schools—discontinuity, limited attention to standardization and weak structuring—many teachers indicated they are not or do not feel adequately trained to deliver the curriculum:

"...Sometime it's difficult because they haven't trained us, we blush when students ask about sexuality, we often define sex badly, we think of other things, we do the best we can as teachers. In the program, from early education onward, these topics are all included, but the teachers just aren't prepared for them so they skip that page, they don't teach that area. There is a lack of thorough teacher training on these topics". (Teacher, Paraguay.)

Several of the teachers interviewed for the studies confirmed the existence of a fragmented approach and biological—medical focus of sexuality education. As the Paraguay report notes, teachers often limit themselves to teaching about the risks for sexually transmitted infections and how to prevent pregnancy.

In Honduras, the rector of one of the school districts also acknowledged that the teaching program should go beyond teaching about disease prevention and the use of family planning methods:

"You need to work on cultural precepts and provide dynamic and creative opportunities for these young people". (Principal, Honduras.)

At the same time, there were some interesting experiences, using innovative approaches based on human rights and citizenship, as illustrated by the case of a school in Cartagena (Colombia):



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“We address sexuality education as a cross-cutting theme, this means dealing not only with the scientific aspects but also the ethical aspects, that’s to say behaviors. We consider behaviors, consciousness as citizens, in terms of prevention we include everything about sexual abuse and harassment. This education is called ‘institutional project’—in other words, the teachers are required to include these subjects from preschool through the eleventh grade”. (School Director, Cartagena.)

The country studies found that many teaching professionals, while working as educators, have a cultural resistance to sexuality education, based on their traditional ideas about of sexuality, although there were also other cases where teachers were working with from a more integral, rights-based perspective, with attitudes of comprehension and support.

There was a general view that sexuality education is a task for the schools because “times have changed”, teenagers know more and demand more. Mothers and fathers both

affirmed that they felt that they had both insufficient knowledge to explain these topics, and were also embarrassed about discussing them.

In this way, parents delegate to schools the responsibility for providing education regarding sexuality, sexual and emotional relations:

“Now things about sex etc are explained in the school”. (Mother of teenager, Honduras.)

“But in the family, little or nothing (is discussed), because it’s taboo, it’s something vulgar, so parents have a hard time talking about it”. (Professor, Paraguay.)

Thus, the responsibility is handed off to educators to regulate the emotions and “discipline” the bodies of adolescents, through teaching processes that—either implicitly or explicitly—often integrate those values for the given context regarding what is “right” and “normal” in terms sexuality, emotions,

relationships and feelings. These are educational processes that also imply rewards and punishments, through academic evaluations and disciplinary codes. For example, educators from a school in Honduras reported that having boyfriends or any emotional relationship between students is not allowed:

“Here, the school rules prohibit dating; sometimes we have had problems with girl students who have been seen with a young man in places they shouldn’t be, we have had to call the parents”. (Teacher, Honduras.)

Teachers face an additional dilemma: they are required to teach and transmit information for decision-making through comprehensive sexuality education programs (for which as has been explained some do not have sufficient knowledge nor the right tools)—while in the judgment of some teachers, adolescents are incapable and immature and providing more knowledge on the subject will potentially increase the risk of pregnancy:

Q: Are you working on the issue of sexuality education here in school?

—A Lot. We have brought people in to give lectures—psychologists, doctors, nurses, and in two or three months after those classes, all kinds of things happen.

Q: You mean it's not good to bring them?

—For me, I say no, because we have brought people like that to give talks; we, have distributed condoms and that's how things...

(Teacher, Colombia.)

In Colombia, there were cases where the discourse of the professionals demonstrated inconsistencies between the “knowing”— their knowledge of the how to address teenage pregnancy and maternity from the rights perspective—and the “believing” based on values and principles, which in the end play a more dominant role and result in moralizing criticism of adolescents and their attitudes to sexuality. Similar situations were seen in other countries, as illustrated by the following quote from the director of a school in Paraguay, who described a reflection previously shared with his students:

“What happens when you bite into a guava that is not yet ripe and is still green? You give it a bite. Then, what do you do? And that [is] what happens when our body and our mind are not yet prepared, aren’t ready to have sex, you can’t even enjoy a sexual relationship at the age of 14 or 15”. (Teaching coordinator, Paraguay.)

In the schools studied in the Dominican Republic, the informants also described situations where the effects of teenage motherhood are presented as a threat, with potentially fatal consequences, in order to instill fear and promote abstention:

“You’re advising her, at the same time it’s a kind of threat, because this is the way you want things to be, so she doesn’t get lost—(you say) ‘it might feel good, but it can kill you’”. (School principal, Dominican Republic.)

At the same time, in some other educational settings studied, while abstinence was being promoted as an option, the option of accessing and using family planning methods was not ruled out:

“We talk to them about abstinence, but they know if they will practice this or not. We’ve always told them to not be ashamed, to go to the Health Centre if they need a condom”. (Teacher, Guatemala.)

Thus, while the school represents an ideal space for the socialization of adolescents—and to a large extent has replaced the family in this function—internally there is a contradiction between the school as an institution which reproduces and monitors the prevailing socio-cultural values, norms and taboos, and its role in terms of providing comprehensive sexuality education and promoting the exercise of their rights by adolescents. As a result, students may fear that any confidence shared within the school might come to light and expose them to moral judgments and the accompanying consequences of punishment, marginalization and stigmatization.

As the Brazil report emphasizes, on several occasions adolescents reported that they don’t

have sufficient trust in the schools and their staff to share their questions and experiences with respect to emotional relationships and sexuality; neither do they trust their fellow students as these are also seen as playing a role with respect to reproducing and monitoring cultural norms and values. .

The same report from Brazil also notes that the information provided by the educators is usually focused on how to prevent pregnancy, human biology, use of family planning methods, etc. and addresses the issue of teenage pregnancy only from the perspective of the damage and negative this may have for teenage mothers and fathers.

Another theme that emerged in the accounts of teachers is the idea of the “loss of adolescence” and of this being of equal concern as the problem of students dropping out of school.

2. “It sounds ugly”: The many causes and faces of school dropout

“If parents support her and allow her to continue studying. Even when they allow the girls to continue studying, they don’t give much importance to their studies. They have to leave school, to work and take care of the baby”. (Teacher, Honduras.)

The process leading up to abandonment of studies may be gradual and not necessarily abrupt, and is linked to a redefinition and re-organization of “life priorities” on the part of the adolescents, within a social, economic and cultural context in which continued study seems less important. From the emotional perspective, this reduction in the importance of education has a lot to do with the shame, stigma and self-marginalization associated with teenage pregnancy.

The formal expulsion of a pregnant teenage isn’t the only mechanism through which the educational establishment itself can disrupt the educational trajectory of the girl. In the Dominican Republic, the study reports situations where pregnant teenagers are not summarily

expelled from school, but rather, forced to leave the school system and placed in a special alternative program or in an adult education program:

“The school sent her to an adult education program that we have here so that we don’t have a pregnant girl mixing with girls of 5 or 6 years of age... it looks ugly, it sounds bad”. (School principal, Dominican Republic.)

The fear of the girl being a bad influence, of “contagion” amongst both parents and teachers—can result in discriminatory attitudes against the girl that in turn trigger abandonment:

“The parents rejected that, they asked why we were providing space for a student who was already married. They were upset because they believed that she would teach things to the younger children and that this would awaken their interest in sex”. (School principal, Guatemala.)

“The teachers are afraid that if a [pregnant student] continues in school, then a load of girls will get pregnant”. (Auxiliary Nurse, Honduras.)

The Colombia study reported that, contrary to expectations, the number of teenage pregnancies fell after the school implementation of an activity to sharing experience in the school that dealt with the need to safeguard their rights and non-discrimination of parenting adolescents.

HEALTH SERVICES: MORE A BARRIER THAN AN ENABLER?

1. Censorship as a cure

The different country studies identified a variety of situations in terms of the characteristics and conditions for service provision to adolescents for their sexual and reproductive health. From a rights perspective, however, there seemed to be considerable censorship by some of the service providers, related to a limited recognition of adolescents as rights-holders and as agents capable of making decisions for their sexuality:

“Young people are driven by passion and do not know the implications pregnancy, (they) just let themselves go”. (Nurse, Guatemala.)

“They come here in pairs to look for condoms, all excited...”. (Auxiliary Nurse, Honduras.)

However, we did find a number of testimonials from health professionals who had a more rights-based perspective regarding adolescent sexuality:

“I don’t see them as more liberated; they just understand their rights better”. (Nurse, Paraguay.)

“Liberation doesn’t mean they are making bad decisions about sex, rather, they are liberated from old ways of thinking, but they are just not given the opportunity to make decisions”. (Physician, Colombia.)

Similarly to the observations about the education professionals, some health providers assumed a role as actors promoting specific moral values, rather than as actors responsible for protecting and guaranteeing the exercise of the rights of adolescents. Consequently, beyond the protocols and the “scientific knowledge” possessed, their values, judgments and ideas about adolescence and sexuality affect the way in which health services are provided, reproducing patterns of exclusion, discrimination and subordination. These, in turn, impact negatively on the vulnerability and the risk of pregnancy and are factors that can limit the access of adolescents to health services.

2. Abstinence is better than prevention

A common finding in the country studies is the substantial gap between family planning policies and strategies and the way in which adolescents experience their sexuality and sexual lives, which is linked to impulsivity, romantic love and other emotions. In this context, Brazil’s report strongly underscores the gap between the current prevention models and strategies and the commonly encountered characteristics of the sexual relations that culminated in teenage pregnancy; early and

unprotected sexual initiation; casual and spontaneous sexual encounters, often with strangers; and sex with older men. With respect to the last characteristic, it is important to emphasize that, as mentioned above, when these relationships are with teenagers below the legal age of sexual consent—even when they are consensual—the act is legally defined as rape.

Some of the health providers in the study encouraged abstinence or delay of the initiation of sexual activity, using strategies that included moral and religious arguments, arguments that knowledge would promote sexual activity and even messages instilling fear of death:

“For example, if I give a talk to a young woman and just tell her that the condom prevents pregnancy and sexually transmitted infections, for me this can produce a dilemma, that by learning how to use it, as it is true that it can prevent pregnancy and disease, the girl is left with doubt and will start to try it out. So I say, (you should) talk openly about all the risks which they will be facing... These are issues that I have been told about and in the same way I have to tell them, just tell them about contraceptive methods, nothing more...”. (Auxillary nurse, Honduras.)

“If you start to have sex, you can be sure that a pregnancy will occur at any moment; if you go with a guy because he’s your boyfriend and he made you have sex, you will get pregnant. That is a high risk pregnancy”. (Female counselor, Dominican Republic.)

The information provided concerning the prevention of pregnancy and maternal mortality sometimes contains messages based on fear, to the exclusion of messages about self-care and rights.

As the Brazil study emphasizes, after being pregnant for the first time, the teenagers had a greater understanding about this and were more preoccupied with preventing a second pregnancy. Nevertheless, they were not always certain whether they would go to the health centre for support, not because of a lack of awareness or concern, but because the family

planning services provided are designed more for couples in a stable relationship and for individuals who are more able to predict when they will have sex, a situation that doesn't apply to the majority of the teenager. Recognizing the instability of the teenagers' relationships, services would better focus on reproductive planning for individuals.

3. Access without access

Although the health staff in the different countries generally recognized that adolescents have special health care needs, it appeared that the treatment programs used in health facilities, for various reasons—capacity, resources, individual will etc.—only employed generic, standardized protocols used with pregnant women and mothers of all ages, with no adaptations made for pregnant teenagers. This finding confirms those of many other studies and assessments in different countries and contexts of the region. The overall conclusion is that health facilities, from hospitals to

community health posts, are not prepared for the provision of comprehensive care to adolescents who are pregnant/mothers across the continuum of prevention, childbirth, antenatal and postpartum care, as well as treatment of possible complications at the different stages.

Without question, there are positive examples of models of comprehensive care for adolescents, such as the one found in Cartagena (Colombia) which is based on Ministry of Health Resolution 412 (2000) of the Ministry of Health, which contains as part of the technical standards and guidelines for care, a section on how to ensure “early detection of developmental disorders of young people 10 to 29 years”. However, most of the accounts from the countries,—for example Guatemala, Honduras and Paraguay confirmed that in the areas studied “there are no specific, differentiated and integrated programs for care of adolescents”. “Nor are there professionals trained to provide rights-based adolescent sexual and reproductive health services”.



Information and Educational sessions are generally provided in environments such as the waiting room, are generally not very conducive to learning and have little formality and structure.

In more general terms, the lack of adequate resources for the prevention of and attention to adolescent pregnancy is a reality that affects most teenagers and a factor that inhibits the protection of their health, and their potential to prevent pregnancy and promote their own right to sexual health and the autonomous exercise of their sexuality free from violence and abuse.

The studies in Paraguay and Honduras also underscore the fact that many communities are located a significant distance from health facilities, meaning that there may be significant logistic requirements—such as fuel and ambulances—for the transfer of pregnant adolescents to the centers (in Honduras, this transport is the responsibility of the girl and her family). In Colombia, in rural Chocó, one respondent reported that river transport to the health center cost \$20,000 pesos (around US\$10), a major expense in the family budget. There are also gaps at the level of the primary, basic health services, as the following example in Honduras explains:

“We have a problem here because we don’t have a laboratory for tests that are needed. There are girls who seem to be okay but sometimes come in with serious anemia; we have to order tests and send them

to the hospital in Choluteca where they can do this kind of test, and they send the results back for us to read. However, many times we send the samples off and they never return. To prevent this, what we do is that—instead of sending them to get tested—as a preventive measure we give them vitamins and nutritional guidance. We do this because most are low-income, many work and have no time”. (Health provider, Honduras.)

Added to the “moral”/attitudinal, physical, geographical and economic barriers to adolescent sexual and reproductive health services mentioned above, there are other barriers related to emotions, fears, myths and cultural beliefs. In this regard, the Honduras report notes that “the health centers provide basic care and counseling to the adolescents who access these; however often girls do seek care at the most important time, during the first months, because they are afraid of confirming that they are pregnant or of facing the disapproval of the family, or because of cultural beliefs – such as the belief that the looks of others will affect the baby”.

This constellation of hurdles for accessing resources and the conditions to protect their health and exercise their rights represent a permanent barrier between the health services available and the potential adolescent clients. This barrier clearly increases their vulnerability and risks with respect to pregnancy and maternity and a threat to the exercise of their sexual and reproductive rights. ■

Chapter VI

A summing up, perspectives and challenges

CONCEPTS AND APPROACHES REGARDING ADOLESCENCE AND SEXUALITY

In the different contexts studied, a common finding was that most of the concepts of adolescence reflect static perceptions, usually constructed from the viewpoint of a “what you should be” and based on adult norms and values. These concepts do not allow for the possibility of an adolescent identity that is flexible and dynamic, which is a reality for many adolescents as a response to cultural and social changes resulting from migration, new family structures, other identities and groupings (youth culture), new technologies and spaces for communication/social contact amongst other factors. Similarly, there is an ambivalent and contradictory position between the discourse that recognizes adolescents as “leaders in development” and rights-holders and the adult-centric messages that emphasize the vulnerability and rebelliousness of teenagers and their incapacity to deal rationally with everyday life.

- As the different country studies also showed, the gap between the formal recognition of the adolescents as rights-holders on the one hand,

and the negative socio-cultural concepts around adolescence which circulate and are reproduced constantly impact, both in general and specifically, on the self-esteem of adolescents, their conditions and the possibilities they have to make decisions and to access resources and opportunities. This reality has significant implications in terms of increasing their vulnerability and risk to teenage pregnancy. Teenage pregnancy in turn reproduces and increases the vulnerability of the girl, who first faces the stigma of being pregnant and then is “redeemed” by becoming a mother, a role that is valued by society over and above the fulfillment of her rights.

- With respect to sexuality in its broadest sense, the interviews showed that the norms and values around sexuality remain rooted in traditional beliefs, and it is from these that the behavior of adolescents is either sanctioned or accepted by society. Sexuality is seen as taboo, and this perception is reinforced through silence, myths and negative emotions, including the fear of intimate relationships, sex, pleasure, eroticism and affectivity. It is a taboo that is expressed in different ways, and has different causes, though these are all related to the idea that there is something that has to be kept

hidden. Since sexuality is a taboo topic and one that should not be talked about, the chances that adolescent sexuality will be discussed and addressed openly and comprehensively, from the right's perspective, by adult actors are drastically reduced: these factors ultimately impact negatively on the effectiveness of the interventions that are proposed.

- The result of these traditional and conservative forces, as well as the struggle for subsistence, means that ensuring care and attention for adolescents – and in particular their sexuality and sexual and reproductive rights and health, is relegated to become a non-priority. Families and institutions impose other priorities related to material needs (work), household responsibilities and aspirations for social mobility (study, migration).
- With respect to the above points, the study did not identify different determinants in the urban vs the rural contexts. The fact that the determinants are similar stem on the one hand from the fact that both contexts share similar conditions of poverty and structural violence. Secondly, socio cultural contexts are no longer so static or distinct from one another: the “urban” and the “modern” are now very present in rural areas and vice versa. The new cultural and social dynamics, as well as migratory trends, require approaches that respond to the inter-relatedness of the different contexts and the implications of this for adolescents.
- Developing a relevant, comprehensive and rights-based understanding of the situation of teenage pregnancy requires first a review of the established categories used for the analysis and interpretation of adolescence, teenage pregnancy and the social, cultural and emotional phenomena associated with teenage pregnancy. More attention also needs to be given to the influence of the social conditions and individual experiences on the meaning attached to pregnancy and on the consequences of this state. This means considering both adolescence and teenage pregnancy recognizing the diversity and complexity of these categories,

incorporating also the dimensions of subjectivity and power.

GENDER CONSTRUCTS, ADOLESCENT MOTHERHOOD AND FATHERHOOD

- In all the contexts studied, parenthood is highly valued, in some cases even when occurring amongst teenagers younger than the socially permitted age. Irrespective of age, what is important is that the individual fulfills their assigned reproductive role. To this is added, in traditional communities, the additional value attributed to having a child given that this means expanding the family circle and future workforce.
- Amongst the emotional factors influencing teenage pregnancy is the idealization of motherhood – “children are life”. This means that being a mother or a father become necessary conditions for existence. Of course, in this idealization, the consequences of the event are not given taken into consideration. Rather this is a social desire associated with positive emotions, a decision that is expected to be made, that is pre-approved and seen as qualified. This idea, however, enters into conflict with other messages and emotions that are based on reality, namely, “a child is a big responsibility that can end your dreams and life projects. At the same time, in contexts where denial of rights is the reality, where there is the sensation of not having a future in any case, then having a child can be seen as providing a meaning and a focus for life.
- As the studies showed, the high value attributed to motherhood often results in the subordination of the expectations and life projects of the teenage mothers. It represents, therefore, one of the key obstacles to working more effectively and comprehensively on the issue of adolescent sexuality and the prevention of teenage pregnancy.
- Based on the life trajectories of the adolescent girls interviewed, it can be concluded that— while their socio-economic and cultural conditions and backgrounds were relatively

homogenous—their experiences of teenage pregnancy were quite varied: in terms of the cause of the pregnancy, its evolution and the impact that motherhood had on the lives of the individual girls. This heterogeneity and the importance of the specific and individual histories and experiences of teenage pregnancy was a common feature in the different contexts and countries.

- But even taking into consideration these different individual circumstances and conditions, a common finding was that—according to the prevailing gender mandate—the burden of pregnancy typically falls primarily on women. In addition to being good mothers and giving up their personal life projects, they also have to assume the traditional domestic roles assigned to their sex, regardless of their age, civil status or place of residence (and whether they continue to live with their parents, move to the partner’s home, or set up home with their partner independently). In all cases, the domestic obligations of the girls increased, limiting further their ability to pursue life projects and aspirations, including their studies.

- Gender roles also determine the different expected behaviors with respect to sexual relations for male and female adolescents. For women, virginity is a value that should be safeguarded. The ideal woman is one that is “asexual”; a woman who builds her “power” and strength through the self-denial of her sexuality and her rights; a woman who ends up eventually reproducing and re-vindicating the same injustice and unequal gender order. From the analysis of power relations, this idealization represents an effective, but dangerous mechanism for the reproduction, justification and acceptance of gender inequality and the denial of women’s rights as well as the legitimization of women’s subordination.

- The social and cultural emphasis placed on motherhood with less attention to teenage paternity—along with the issue of the limited availability of knowledge and information about young men as partners and fathers—mean that

further study on adolescent fatherhood, as well as the phenomena of older men partnering with adolescent women, is needed. This research is necessary in order to devise effective strategies with men to reflect on and deconstruct the hegemonic masculine models amongst adolescents, as a complementary approach to the empowerment of adolescent girls.

- Particularly in the urban settings studied, teenage pregnancy occurs within a union motivated by the social promise of romantic love —“a man that will complement me”—and the idealization of what has been called the “holy family”—“a husband and child will ensure that my life is successful”. At the same time, these aspirations are often seen as a way of escaping domestic violence and familial disintegration—the hope that things can only get better represents a key motivator for establishing and accepting relationships with a man even these are less than “ideal”.

- It is also important to realize that unplanned pregnancies are not always equivalent to or are recognized as unwanted pregnancies, despite all the difficulties associated with them. As already noted, in contexts of poverty, violence and exclusion, frequently adolescent girls—as well as some adolescent men—include marriage and early motherhood/fatherhood in their life plans, and pregnancy is sometimes seen as an escape, a solution and a cause for happiness, rather than a problem. More case studies are needed to increase our understanding of voluntary motherhood among adolescents, the conditions under which this occurs, and its consequences; these would also generate important information to raise awareness regarding the responsibilities of society towards adolescent motherhood.

- For adolescent females, pregnancy can also represent an opportunity to affirm their own identity, obtain social recognition for their new role and move into the adult world. In pregnancy and motherhood, adolescents may seek the protection, affection, identity or status which has been denied them before. While being pregnant

may at first be a cause for shame and is seen as an overt demonstration of the “loss of honor”, becoming a mother is a cause for pride and an opportunity for redemption by being a “good” woman.

The findings also presented a variety of scenarios and social conditions surrounding teenage motherhood, leading to the conclusion that this is a complex phenomenon that cannot be associated with a specific or limited set of social, cultural and emotional factors. Hence, the narratives described a spectrum of causes –from pregnancies that were the result of sexual violence and generated extremely negative emotions, to cases where it was seen as something “normal”, to cases where the pregnancy was a conscious decision taken as part of the girl’s planned life project and associated with joy and hope. Regardless of these different stories, it is important to recognize as a common element that –one way or another, explicit or not– the denial of the rights of the teenagers represents both a cause and a consequence of teenage pregnancy

The country studies also provided clues that help to de-mystify some general and homogenous points of consensus and conclusions about adolescent pregnancy: that is the result of insufficient information about family planning methods; that girls get pregnant when they do not have an alternative plan or perspectives for their lives; that it is a consequence of the fact that adolescents are risk takers and do not evaluate the consequences of their sexual decisions. The accounts provided by several adolescents in the different studies, in contrast, reveal that many do have important dreams for the future and they clearly recognize the implications and limitations that an adolescent union and/or pregnancy may place on their lives.

VIOLENCE AND ADOLESCENT PREGNANCY

Aside from the diverse factors mentioned above, the studies indicate that teenage pregnancy is associated with gender based violence in its

broadest sense, including physical, psychological, economic and symbolic violence. It is, therefore, important to visualize and precisely understand the link between pregnancy and violence in its multiple forms. Further analysis is also needed of the sexual relationships—voluntary or involuntary—between adolescent girls and older men and the generally passive and tolerant attitudes communities have with regards to these relationships. Significant age gaps within the couple are often associated with dynamics of domination and unequal power relations, which in turn may lead to sexual violence.

Impunity and the criminal punishment of cases of gender violence are issues that are generally absent in the analysis and formulation of public policies on teenage pregnancy. This situation increases the urgency for carrying out more qualitative and quantitative study of pregnancy and maternity amongst girls aged less than 15 years, in order to deepen our understanding of this issue amongst this extremely vulnerable group.

Aside from the diverse factors mentioned above, the studies indicate that teenage pregnancy is associated with gender based violence in its broadest sense, including physical, psychological, economic and symbolic violence. In the course of our contact with the life trajectories of the adolescents in the study, one could sense the way in which many had coped with the relationship between pregnancy and violence in its many forms and degrees of subtlety. In the life trajectories of many of the adolescents, we could begin to see how the different and sophisticated forms of symbolic and psychological violence operate and become a normal part of the everyday lives of the girls, including the control of the female body on the part of institutions, parents and partners, up to the point where the female body is seen as a social body, something owned collectively by the community. So for instance, while the women may know about family planning methods, it is almost always their partners who decide whether or not the women will use them.



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Adolescents are also subjected to stigmatizing discourses about their ages, bodies and pregnancy from staff of health centers and educational institutions, and the attitudes of these same staff that are directly and/or indirectly discriminatory and exclusionary in their effect.

- In relation to the point above, there is a need to analyze and understand in more depth the relationships—voluntary or not—between adolescent girls and older men and the generally passive and tolerant attitudes communities have with regards to these relationships. Significant age gaps within the couple are often associated with dynamics of domination and inequality. For example, while the teenage girls are often focused on the establishment of the relationship, the expectations of the older men are more often centered on having children, an expectation which is materialized through control of the girl's body and fertility, often through the use of sexual violence.

Impunity and the criminal punishment of cases of gender violence are issues that are generally absent in the analysis and formulation of public policies for teenage pregnancy. This situation increases the urgency for carrying out more qualitative and quantitative study of pregnancy and maternity amongst girls aged less than 15 years, in order to deepen our understanding of this issue amongst this extremely vulnerable group, provide evidence of the magnitude of the problem and support the design and implementation of evidence-based policies and actions.

PUBLIC POLICIES

The studies carried out confirmed, in general terms, the same social determinants for teenage pregnancy described in the literature. These are: economic insecurity and poverty, low number of years of schooling and low levels of educational achievement, residence in rural areas; gender inequity and inequality, and patriarchal norms and values, among others.

Our findings showed that there have been few substantive changes in these determinants over time, despite the existence of norms, policies, programs and projects. This raises the question as to why decision makers and public and private institutions are not re-crafting or reviewing their policies.

It would seem that these policies and programs are not working, and it is a cause of concern therefore that decision-makers and public and private institutions are not working to identify new ways to achieve impact on the problem. In the same way as studies are repeatedly commissioned and show the same results, so the policies and approaches are implemented as before, despite the fact that these do have impact.

The study findings also indicate that—despite the existence of policies addressing various aspects of adolescent pregnancy—there is a large gap between policy and action. This gap is likely related to multiple factors: the fact that youth represent a low priority group in many societies; the persisting taboos around sexuality; the idealization of motherhood; and the failure to recognize adolescents as rights-holders. Changing this situation will require that youth are included and participate actively and effectively in the design and implementation of the policies, norms and social protection mechanisms that are the responsibility of the States.

On the other hand, both the documentary analysis as well as the individual experiences and the perceptions of the different actors collected in the different study countries showed that despite the existence of multiple and diverse policies addressing various aspects of adolescent pregnancy—there is a large gap between policy and implementation. The overall impression is that on the majority of occasions policies do not progress beyond an enunciation of good intentions framed in politically correct language and accompanied by insufficient resources. Other obstacles to implementation are the fact that youth represent a low priority

group in many societies; the persisting taboos around sexuality; the idealization of motherhood; the failure to recognize adolescents as rights-holders and the absence of social movements and strategies to demand the implementation of the policies.

Changing this situation will require that youth are included and participate actively and effectively in the design and implementation of the policies, norms and social protection mechanisms that are the responsibility of the States. This will require to the identification of best practices and lessons learned existing initiatives, the promotion of participatory mechanisms for advocacy, social audit and control, and holding the state to account and demanding the implementation of public policy for the prevention of and attention to teenage pregnancy.

An additional factor limiting the effective implementation and progress monitoring of public policies has to do with the dearth of quality information available. In this sense it is essential that, in order to assess progress and setbacks and to have a complete panorama of the situation, the national Demographic and Health Surveys should include collection of data regarding paternity in adolescence as well as data about pregnancy and maternity amongst girls under 15 of age. Alongside this, it would be desirable to develop spaces/mechanisms at the local level for the monitoring of the contexts and for the analysis of information on teenage pregnancy, as a means of ensuring timely adjustments of programs to emerging trends. To this end, it is essential to include actions and budgets at the local level (municipalities, autonomous regions, etc.) for the prevention of and attention to teenage pregnancy.

In general, recognizing the complex and multidimensional contexts and situations in which teenage pregnancy occurs, the public policy response has tended to be fragmented, not comprehensive and not adapted to the contexts. The policy response has often been sector-specific and limited to health and

education sectors, with the labor sector included on occasions. This disjointed approach could potentially result in a negative “boomerang effect” on the exercise by adolescents of their rights, given that it weakens the implementation and effectiveness of the policies. One obvious example is the low compliance and effectiveness of the norms which are in place to prohibit expulsion from school and to ensure that pregnant teenagers continue to study. Based on this example, the conclusion is that public policy should address the totality of the factors underlying teenage pregnancy (poverty, marginalization, inequality) as well as the complex emotional and cultural determinants, ensuring that programs address the causes and are not limited to the protection of pregnant adolescents.

This point above also implies recognizing that teen pregnancy is a fact, regardless or not of whether we wish it were not so. Key limitations of the existing policies, as well as the service providers responsible for their implementation



are the moralistic premises underpinning their approaches and strategies. For example, some prevention initiatives do not correspond with the lifestyles of adolescents and the ways they establish relationships with others. For this reason, an evidence-based, integral and multi-sector approach is needed—that is broader than health and education—for policies directed at the prevention of and attention to teenage pregnancy. Approaches should be adapted to the context and to the individual adolescent, and should have effective and efficient mechanisms built in for coordination and joint action. This implies, in turn, the inclusion of differentiated programs and policies directed at issues in adolescent fatherhood, and not as secondary actions or ancillary to programmatic efforts dealing with teenage motherhood.

In the education sector, the studies confirmed that pregnancy and motherhood reduce the probability of completing the education cycle. Whether or not norms and policies exist for the prevention of school desertion on the part of teenagers who are pregnant or mothers, social conditions (poverty and marginalization), the cultural context (reproduction of gender roles and the idealization of the maternal state) added to stereotypes around pregnant teenagers represent multiple mechanisms driving exclusion and often contribute to the decision that the girl will discontinue her studies.

As a result, and departing from a paradigm shift based on the recognition of adolescents as rights holders, countries need to create the social, cultural, and economic conditions and mechanisms that will mean that maternity is not directly at odds with the continuation of studies. These might include the provision of a specially adapted curricula; adjustments to the school calendar and classroom hours; flexible approaches to school attendance during the periods of pregnancy, childbirth and postpartum; providing the conditions in order that the girl can attend school along with her baby (for instance through the provision of in-school day care) or can breastfeed her baby while at school. Ensuring that the discourse and the

environment within the school (at all levels—teacher-student, parent-student, student-student) do not discriminate against the young mothers is another key measure that could impact favorably on the prevention of school dropout associated with adolescent motherhood.

Our studies also showed that despite the formal rules, knowledge and existing policies, many education professionals and health-workers continue to reproduce the cultural values and stereotypes around adolescence and sexuality in their work with teenagers. Their interactions with teachers are often moralistic, punitive and reflect an undervaluing of adolescence and as a result represent for the exercise on the part of adolescents of their health and education rights. They limit the availability of adolescent-friendly spaces in which adolescents can talk freely about sexuality, emotions, their dreams, aspirations and life projects. While this was the general situation, a number of educators and health-workers did provide an alternative perspective, one supporting multi-dimensional and rights-based approaches to address the issue of teenage pregnancy.

As a result, a multi-dimensional approach is needed, that implies the strengthening of sexuality education programs. This in turn will require the development of and training in pedagogies and methodologies based on the recognition that each person has a particular way of understanding the world, being in the world and relating to others (subjectivities) and that are sensitive to the different values and meanings that different adolescents attach to sexuality and affectivity, and the psychological and emotional implications of these.

In this regard, the emotional dimension needs to be integrated into sexuality education and adolescent healthcare approaches, in order to

foster more open and sensitive attitudes on the part of service providers and operators, supporting them to generate conditions and respond emotionally in ways that protect rather than stigmatize or exclude adolescents, particularly when they are pregnant or mothers. This includes the need to expand and improve strategies for strengthening the self-esteem and empowerment of adolescents for decision-making, specifically for their protection and for the negotiation of condom use. Moreover, a review should be carried out of the approaches and family planning strategies that are currently aimed at young people to ensure they are realistic, contextualized and contribute to the exercise of their rights.

An additional element that needs to be considered in educational policy is the role of the family and the family environment for pregnant teenagers and mothers. Support from the family is fundamental not only for guaranteeing the material conditions for the wellbeing of the girl and her child: perhaps of more importance is the support that families provide for the girl's emotional wellbeing and empowerment in order that she opts to continue her education after giving birth.

Given the importance of the family in terms of ensuring that pregnant adolescents continue their studies, good practices should be identified where schools and families have worked together, and specific actions should be implemented directed at parents/guardians in order to strengthen their capacities in terms of communication, orientation and support to adolescents, within the rights framework. From a broader perspective, it will also be important to analyze further the role and impact of social and community participation on programs for the prevention of and attention to teenage pregnancy. ■

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