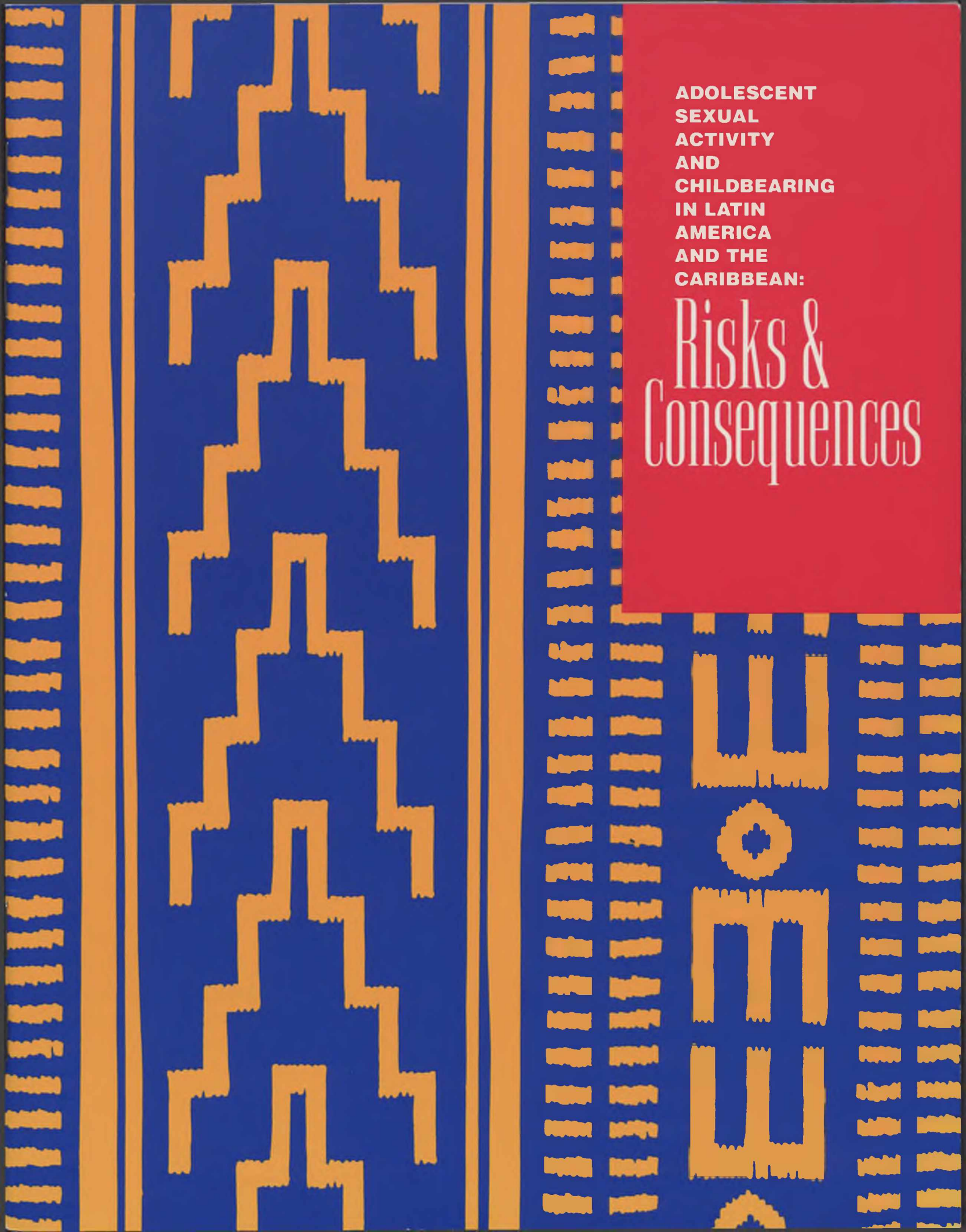

ADOLESCENT SEXUAL ACTIVITY AND CHILDBEARING IN LATIN AMERICA AND THE CARIBBEAN:

Risks & Consequences

This booklet is a collaborative production by the Population Reference Bureau, Inc. (PRB), the Demographic and Health Surveys Project of Macro International (DHS), and the Division of Reproductive Health of the Centers for Disease Control (CDC). It is one of an occasional series on population and family planning topics produced by PRB's International Programs. It was prepared by Nancy Yinger and Alex de Sherbinin (PRB); Luis H. Ochoa (DHS), and Leo Morris and Jennifer Hirsch (CDC). Programming assistance for DHS data was provided by Guillermo Rojas.

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SUMMARY

Adolescent sexual activity and childbearing are of growing concern in Latin America and the Caribbean. Recent trends pose fundamental concerns about the health and education of teenage mothers; the health and social development of children born to these young women; the well-being of teenage men exposed to sexually transmitted diseases or who quit school to support young families; and society's losses and obligations incurred by adolescents and their children who are not able to become fully productive and independent citizens.

Finding appropriate responses to these problems has been made all the more complex by the social revolution wrought by rapid modernization. Increasingly, people live in urban areas, are more prosperous and are better educated and informed about lifestyle options, but attitudes toward sex, motherhood and attendant public policy are still influenced by the mores formed by yesterday's traditional rural societies.

This booklet reviews recent survey data on adolescent sexual activity and childbearing and presents policy options to assist readers to reach their own conclusions about this growing social problem.

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INTRODUCTION

V. ENGLEBERT, COLOMBIA

In 1992, there are nearly 23 million young women between the ages of 15 and 19 in Latin America and the Caribbean — accounting for about 25 percent of the women of reproductive age. Women in this age group are bearing 16 percent of the region's annual total of nearly 13 million births — slightly more than 2 million births. Births to adolescents have been increasing in recent years, both as a percentage of total births and in absolute numbers.

In traditional, predominantly rural societies, it is the norm for women to marry and start their childbearing at young ages. Consequently, young wives and mothers in these settings generally have the economic and social support of their families and communities. In Latin America and the Caribbean, however, traditional norms are weakening; the forces of modernization — urbanization, rising educational attainment, more exposure to the mass media, and changes in the status of women — have altered every aspect of life, including the patterns and consequences of early childbearing.

Today, unintended pregnancies and childbearing among adolescent women in Latin America are a source of increasing concern because of their impacts in three areas:

The young mothers themselves—***Early exposure to unprotected intercourse and unintended pregnancy puts the health of a young mother at higher risk***, whether she chooses to bear the child or seek an illegal abortion. At the same time, early marriage and/or childbearing may terminate a young woman's education, limiting her future job prospects. In extreme cases, young, unmarried mothers may be rejected by their families and end up on the streets.

The children of teenage mothers—***The obstacles faced by infants born to teenage women mirror those of their mothers:*** they face an elevated risk of illness and death, of being abandoned and becoming street children, and of being caught in a cycle of poverty, passed on from one generation to the next.

Society at large—***Countries face several interrelated burdens.*** First, if a young woman fails to complete her education, her economic contribution to her country, as well as to her family, is likely to be less. Thus, society will not benefit as much from the investment made so far in her education. Second, countries will have to struggle to find ways to help support young mothers and their children who are often trapped in poverty. Finally, early childbearing is often associated with higher fertility throughout women's reproductive lives. This

leads to more rapid population growth which, in turn, hinders socioeconomic development.

While early pregnancy may have the biggest impact on a young woman's life, initiating sexual activity poses other risks for her as well, not the least of which is exposure to sexually transmitted diseases (STDs) including AIDS.

There are also 23 million young men between the ages of 15 and 19 in Latin America and the Caribbean. They, too, face consequences from early sexual activity and fatherhood, including exposure to STDs and the need to drop out of school to support their families. Their attitudes are important and have policy implications.

The purpose of this booklet is to explore the extent and consequences of sexual activity and childbearing for today's adolescent women and men ages 15 to 19. The discussion draws on a rich database from three sources: 1) the Demographic and Health Surveys (DHS), 2) reproductive health surveys which were provided with technical assistance by the Centers for Disease Control (CDC), and 3) CDC-coordinated Young Adult Reproductive Health Surveys (YARHS).* The first two sources are national-level studies of women of reproductive ages which provide national comparative information on fertility levels and trends; contraceptive knowledge and use; and infant and child health. The Young Adult surveys, covering three countries and 10 cities in five other countries, provide a more detailed look at young women's and young men's attitudes and practices concerning sex, childbearing and family planning.

BRAZIL

* See p. 20 for more detailed information about these three survey series.

THE DIMENSIONS OF ADOLESCENT CHILDBEARING

Adolescent childbearing in Latin America and the Caribbean is relatively common. Figure 1 shows the fertility rates for women ages 15 to 19.

- In Central America, there are between 99 and 139 babies born per 1,000 women ages 15 to 19, each year. The rate is higher in the poorer countries.
- In South America, the range is lower than in Central America — 83 to 97 births per 1,000 women.
- In the Caribbean, every 1,000 women, ages 15 to 19, have between 84 and 104 babies each year.

What do these numbers mean? A rate of 100 per 1,000 means that 1 in 10 women will have a child in a given year. For adolescent women, a rate of 100 means that half of the women are likely to have a baby at some point between the ages of 15 and 19.

In the Central American countries (except Costa Rica), the data imply that close to two-thirds of the 15-to-19-year-olds are likely to have had a child before the age of twenty, about half in the Caribbean, and about two-fifths in South America.* As a point of comparison, a quarter of 15-to-19-years olds in the United States and an eighth of the teens in Canada are likely to have had a baby before their twentieth birthdays.[1]

Variation within countries is also significant. Figure 2 compares the adolescent fertility rates for urban and rural areas. In 12 of the 13 countries shown, rural adolescents are more likely to have had a baby than those living in urban areas, ranging from twice as likely in Honduras, Bolivia, and Peru to about 25 percent more likely in Brazil. In Trinidad and Tobago, a small island nation without significant urban/rural differences, urban adolescents are slightly more likely to have had a child during their teen years.

The lag in adolescent fertility decline—Overall fertility has declined by more than 30 percent in Latin America over the past two decades. With a few exceptions, adolescent fertility has also declined, but to a lesser extent. Figure 3 shows the differential declines for nine Latin American and Caribbean countries where there have been Demographic and Health Surveys.

- In six of the nine countries, the fertility of adolescents has declined less than that of older women, ranging from a difference of two points in the Dominican Republic to 18 points in Colombia.
- In Brazil, the DHS data indicate that teenage fertility has increased slightly, while that of older women has declined by 31 percent.

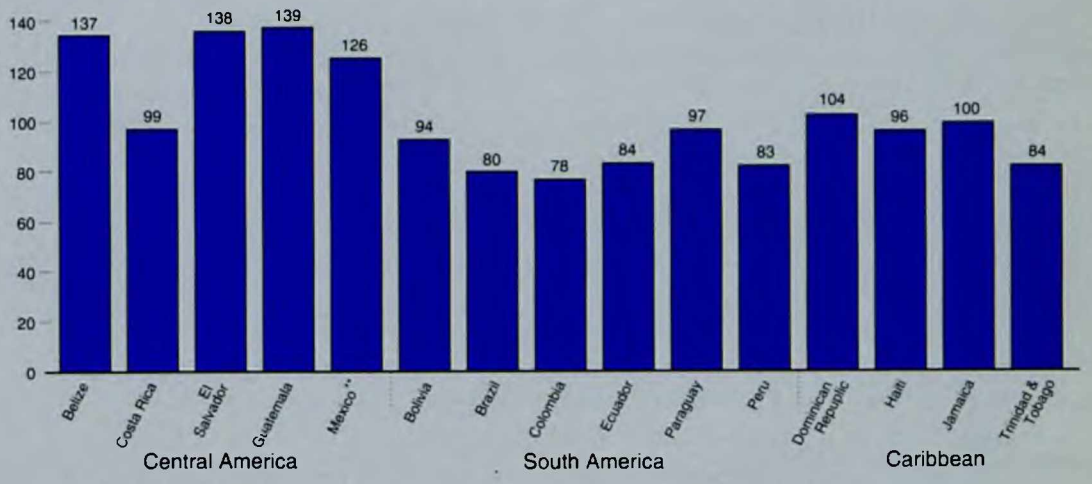
* These proportions assume that young women will have no more than one child during their teenage years; of course, some young women may have more than one.

■ In both Bolivia and Guatemala, the fertility of women ages 15 to 19 has declined slightly more than that of older women.

These data indicate that in countries where family planning services are readily available — Brazil, Colombia, Mexico, and Trinidad and Tobago — older women have taken advantage of these services more than adolescents have. It may be that young women, especially those who are married, want to have children. It may also be that they do not have access to family planning information and services, especially those who are unmarried. In countries where family planning services are generally less accessible, the difference between the fertility declines of women ages 15 to 19 and those of women ages 20 to 34 is less.

Figure 1

Fertility Rates for Adolescent Women*



*See p.20 for information about when the data for each country was collected.
**In this and subsequent figures, Mexico has been grouped with its Central American neighbors even though geographically it is part of North America.

Figure 2

Adolescent Fertility in Urban and Rural Areas

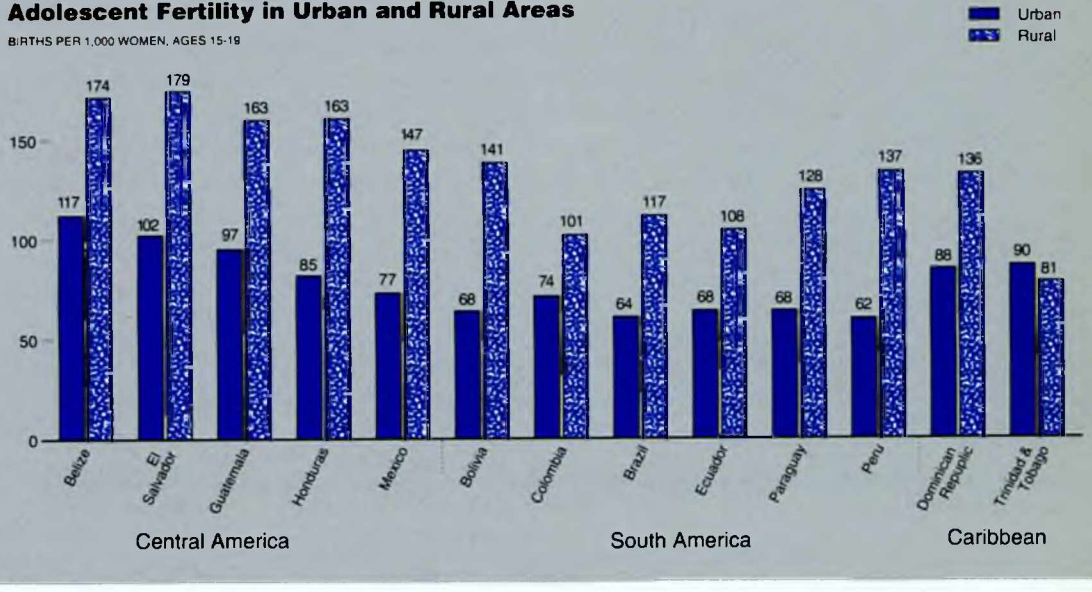
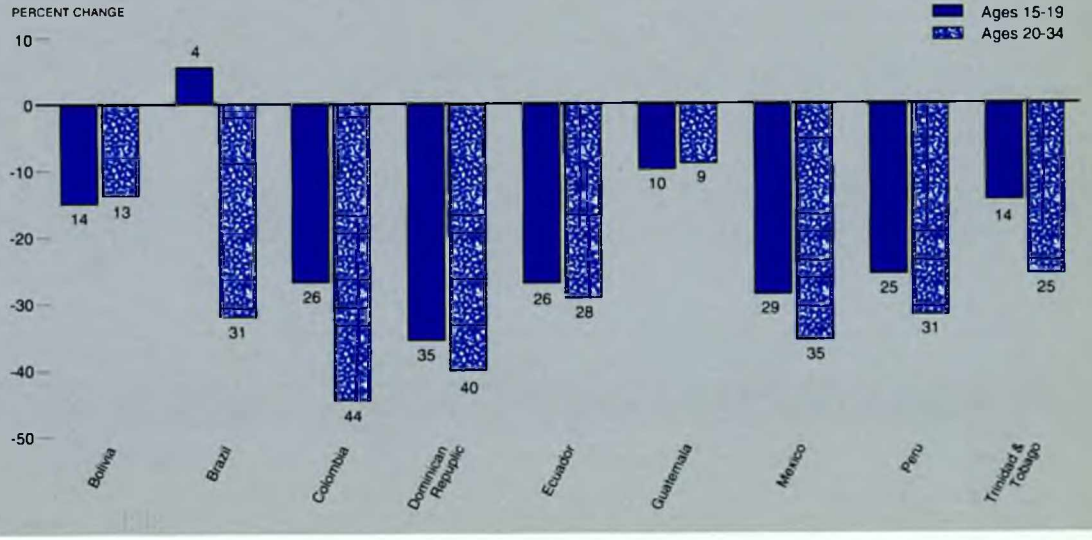


Figure 3

Changes in Fertility in the Last 15 Years among Women, Ages 15-19, in Comparison with Women, Ages 20-34



A Comparison of Chile and Guatemala

A comparison of data from Santiago de Chile, Chile, and Guatemala City, Guatemala, illustrates how the profile of an at-risk adolescent changes as educational and professional opportunities expand. Increased access to education and an expanded range of options for young people are likely to lower the overall risk of pregnancy. However, in Santiago, as traditional roles weaken and women's sexual behavior begins to resemble that of their male peers, young women appear to be at increased risk of unintended pregnancies. Age at first marriage has risen to a point in Santiago where premarital intercourse is common, and a much higher percentage of first births result from premarital conceptions.

In Santiago, the average age of first premarital intercourse for young women is about eight-tenths of a year later than in Guatemala. This can be attributed in part to the higher level of educational attainment among Santiago's young women.

Teenage boys in Santiago de Chile also report a higher average age at first intercourse — 15.2 years, a year older than in Guatemala City. A prime reason for this, rather than educational factors, is that in Guatemala 45 percent of young men between the ages of 15 and 17 had their first sexual experience with a prostitute — a traditional way to lose one's virginity — whereas in Santiago only 3 percent of those under 18 went to a prostitute.

While Santiagan women's educational and professional opportunities might lead to delays in their first sexual experience, once unmarried women start having sex, they are much more likely to be sexually active in Santiago than in Guatemala City.[16*] Moreover, rates of sexual activity for unmarried women are significantly higher than for their male peers, perhaps because women are more likely to have their first sexual intercourse and subsequent relations in the context of an ongoing relationship.

* In Guatemala City, there were fewer than 25 women ages 15-19 in the sample who were sexually active. However, comparing women ages 15-24, 37 percent were sexually active in Santiago de Chile, compared to 17 percent in Guatemala City.

Sexual Behavior, Contraception and Fertility in Santiago and Guatemala City
(Men and Women, ages 15 to 19)

INDICATORS	SANTIAGO DE CHILE		GUATEMALA CITY	
	Male	Female	Male	Female
Percent with less than 6 years of education	26	22	26	40
Average age at first premarital intercourse	15.2	16.7	14.2	15.9
Percent reporting premarital sexual experience	48	19	64	12
Percent using contraception at first premarital intercourse	17	17	14	3
Percent currently sexually active, not married	22	43	22	**
Contraceptive use rates, not married	57	48	29	**
Contraceptive use rates, married	**	45	**	31
Percent of women ever pregnant		11		13
Births per 1,000 women		35		58
Percent of first pregnancies reported as unintended		40		21

** = *fewer than 25 cases*

The high proportion of unintended births— A significant proportion of births to teenagers are unintended. For example, according to DHS data, between 41 and 47 percent of the births to women ages 15 to 19 were unintended in Bolivia, Brazil, the Dominican Republic, El Salvador, Peru, and Trinidad and Tobago. The percentage of unintended pregnancies is significantly lower for three countries — Colombia, Ecuador, and Guatemala — where the proportion of unintended births ranges from 17 to 27 percent. Unintended pregnancies may be less common in these countries for several reasons: both Colombia and Ecuador have relatively low teenage fertility rates; in Guatemala, a higher percentage of teens is married* and DHS data show that relatively few women of reproductive age, especially among the indigenous population, say their births are unintended.

Many births are unin-

EDUCATION AND URBANIZATION

tended because many of them are conceived premaritally. Evidence from the YARHS shows that between 22 and 63 percent of first births to married young adults are conceived before marriage. The percentages in the Brazilian and Chilean cities surveyed and in Haiti tend to be on the higher end of the spectrum, in part because the average age of marriage is higher and women are more likely to have sexual experience before marriage. Conversely, the percentage is lower in Central America where the average age of marriage is lower.[2]

* Throughout this booklet, "marriage" refers to legal, consensual, and visiting marriages, all of which are common in Latin America and/or the Caribbean.

Adolescent childbearing in Latin America and the Caribbean is occurring in a dynamic social environment marked by expanding educational opportunities and rapid urbanization. (See YARHS Focus 1.) Today's young men and women are much more likely to have gone beyond grammar school (seven or more years of education) than people now in their early 40s. The gains in education are especially impressive because they took place during a period of rapid population growth.

Figure 4 highlights the educational changes for women:

- Among women ages 40 to 44, the percentage of women who completed at least seven years of schooling ranges from 5 percent in Haiti to 51 percent in Trinidad and Tobago;
- For women ages 15 to 19, the proportion has increased in every country, ranging from 21 percent in Guatemala to 90 percent in Trinidad and Tobago.

Of course, as Figure 4 shows, there are significant regional differences. For example, educational levels for adolescents were, and remain, lower in Central America and Haiti, mirroring those countries' poorer economic situations. There are also significant differences within countries; in every country shown on Figure 5 young urban women are more likely to have had seven or more years of schooling than young rural women. Differences are particularly striking in Bolivia, Guatemala, and Peru.

Education and teenage childbearing have an interactive influence on young women's lives. On the one hand, education is the key to enhancing young adults' life chances by helping them learn how to gain control of their own lives and opening the door to good jobs. Generally, women with less than a primary school education are more likely to marry or become sexually active

D. JACOBSON, BARBADOS

SEXUAL ACTIVITY AND MARRIAGE

"...In the first place I felt sad because I want to go bach to school and I am pregnant and missing school. In school, I have a lot more things that I don't know as yet so I miss school. School means a lot to me and improves my education. I really did not make up my mind what I wanted to be but I feel if I had an education when the time come for me to get a good job I will."

WEST INDIAN TEENAGER.[3]

before age 20.[1,3] They also tend to have more children both as teenagers and over their reproductive lifetimes. In Latin America and the Caribbean, teenagers with some secondary education are roughly one-third as likely to have had a child as those who have less education. Over their lifetimes, more educated women average 3 to 4 children, while those with less education average 6 to 7 children.[1]

On the other hand, young women who become pregnant while still in school almost always drop out. In the Caribbean, for example, pregnancy is the single most important reason why girls fail to complete secondary school.[1] Using data from the 1987 YARHS in Jamaica, Figure 6 highlights this problem for first pregnancies. Among very young women, ages 13 to 15, 80 percent were in school when they became pregnant but only 26 percent of the new mothers returned to school after their babies were born; for women ages 16 to 17, 46 percent were in school and only 17 percent returned after delivery; and among 18- to-19-year olds, only 15 percent were still in school, of whom 12 percent returned after their babies were born.

Rapid urbanization in Latin America and the Caribbean has expanded access to education, information and services, all of which can improve the ability of young women to control their reproductive lives. However, life in the city is not all positive. Some young women, particularly those who live on the streets, may face sexual exploitation and a greater risk of contracting AIDS and other sexually transmitted diseases. As young women from rural areas move to cities in search of work and a better life, they leave behind the family and community restraints that might help them avoid early sexual initiation and sexual exploitation.[1]

The probability that a young woman will bear children is directly affected by whether she is married or has had premarital sexual experience. Figure 7 shows, for 12 countries, what percentage of young Latin American and Caribbean women are married, what percentage are single and have had sexual intercourse, and what percentage are single and not sexually experienced:

- In Central America, between 18 and 24 percent of the 15-to-19-year-olds are married and between 3 and 11 percent are currently sexually experienced before marriage.
- The data show that in South America the marriage rates are lower. Only between 12 and 17 percent of the 15- to-19-year-olds are married, while those reporting current sexual experience before marriage range from 6 to 13 percent.
- In the Caribbean countries, between 17 and 20

percent of the teenage women are married. Few young Caribbean women reported current sexual experience before marriage in these surveys, except in Jamaica where 35 percent report such experience.

National-level surveys provide some indication of the situation of young women in the region and variations among countries, but the data need to be interpreted with caution. Sex before marriage may be under-reported, and marriage is broadly defined to include informal unions that are likely to be less stable than legal marriages. In addition, data from the YARHS show that a high percentage of young married women had premarital sexual experience. (See Figure 8.)

Having had a sexual experience does not necessarily mean that an unmarried teenager is promiscuous: in the cities surveyed by YARHS, only about one-third of the sexually experienced, unmarried men are currently sexually active.

Figure 4

Educational Attainment of Women

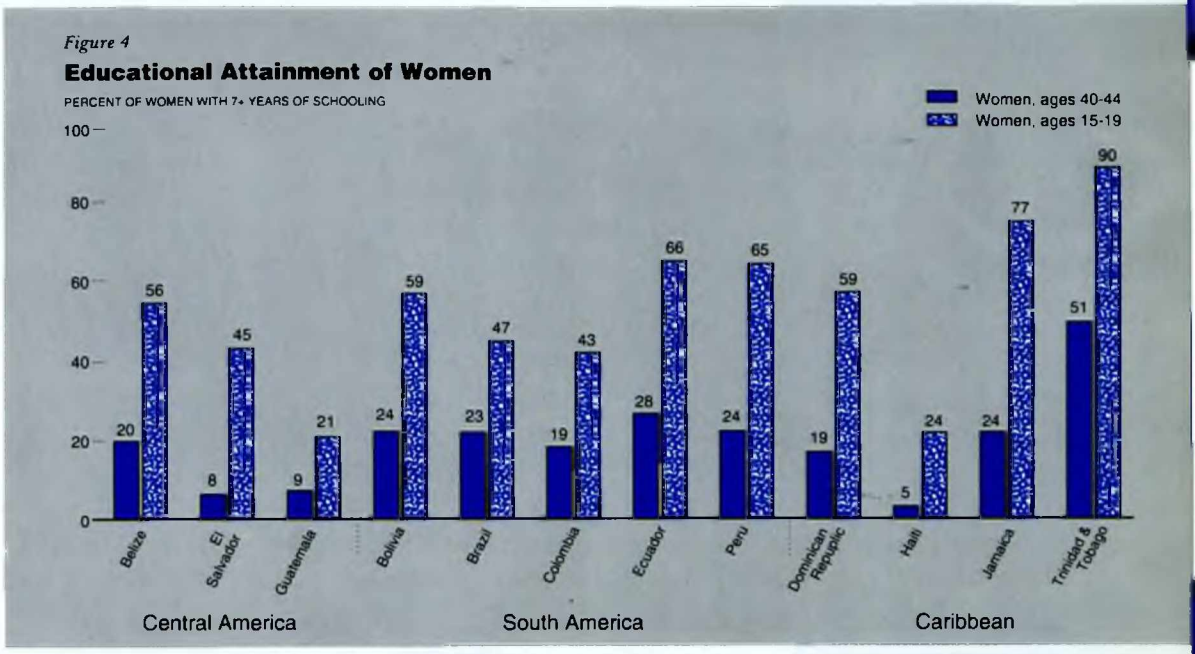


Figure 5

Educational Attainment of Adolescents in Urban and Rural Areas

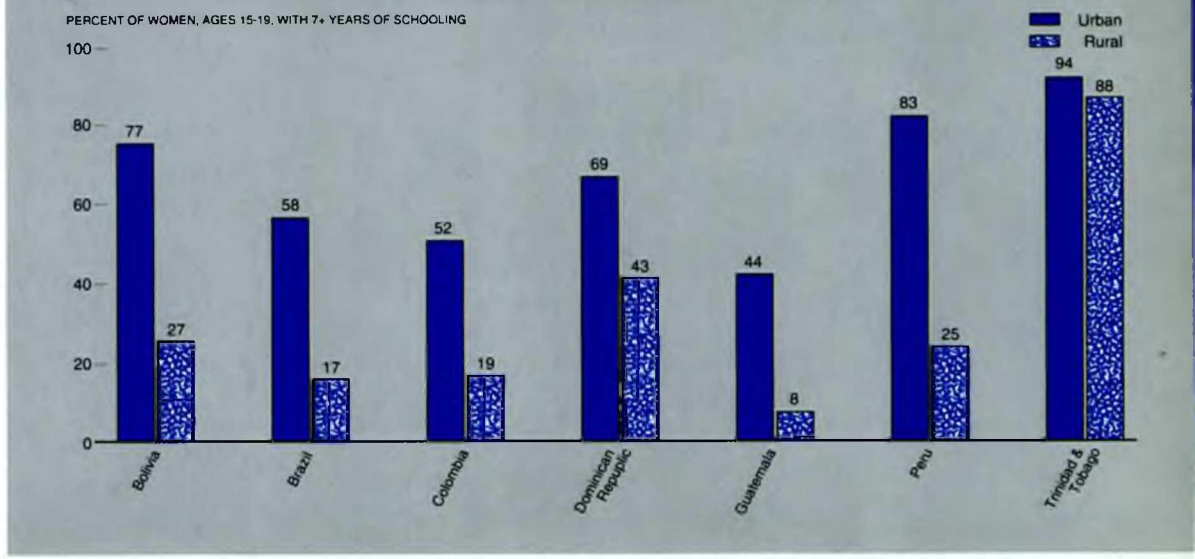
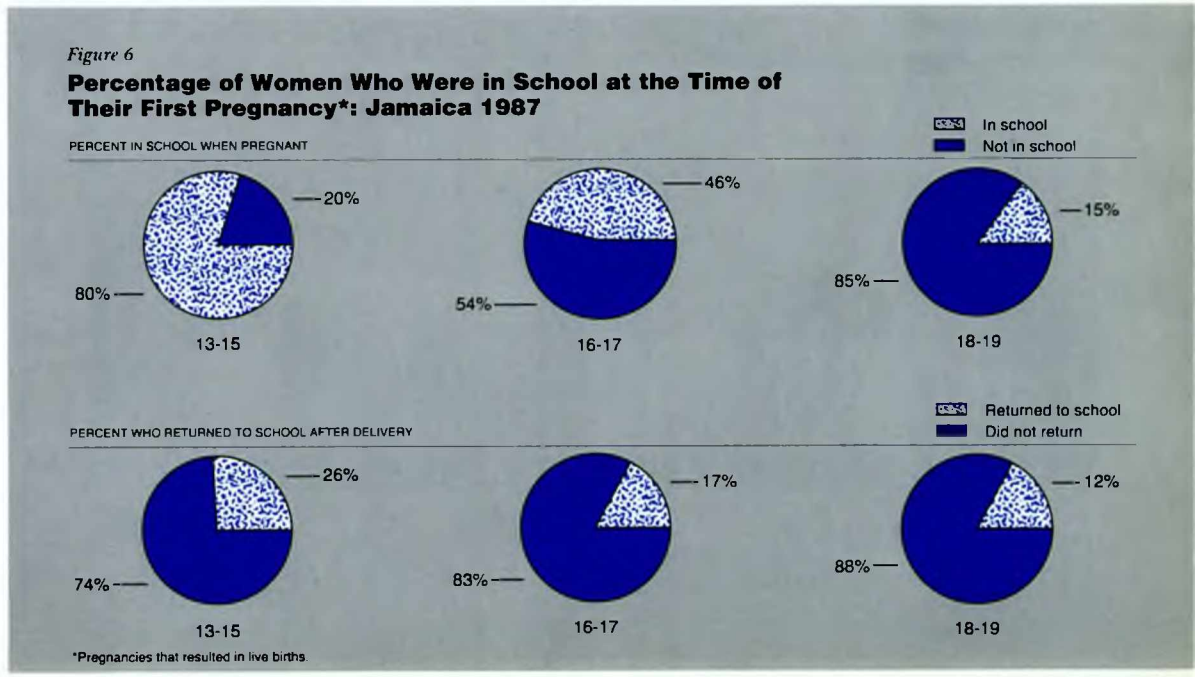


Figure 6

Percentage of Women Who Were in School at the Time of Their First Pregnancy*: Jamaica 1987



*Pregnancies that resulted in live births.

Figure 7

Marriage and Sexual Experience among Teenage Women

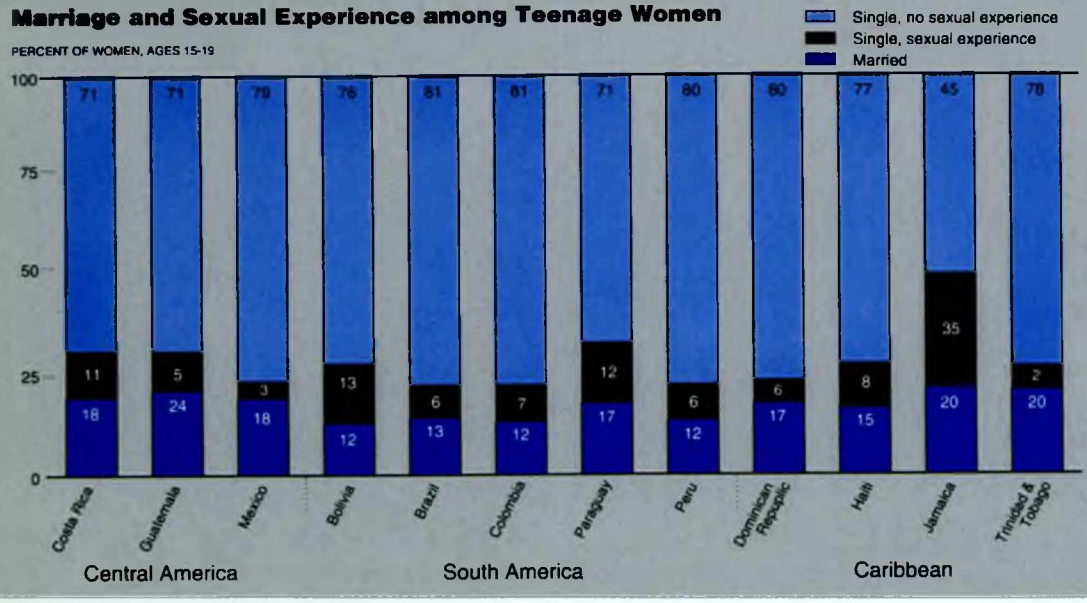


Figure 8

Premarital Sexual Experience among Married Adolescents

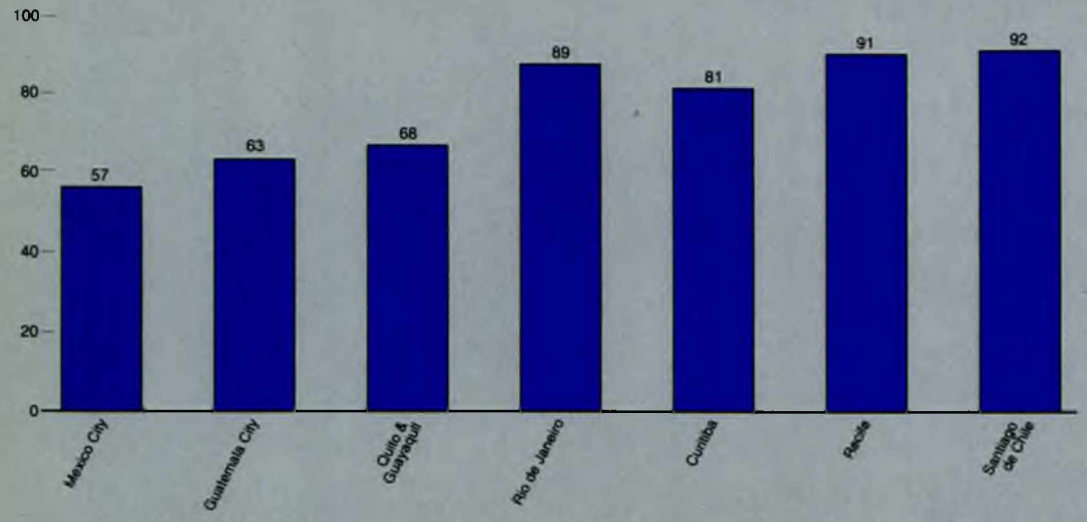
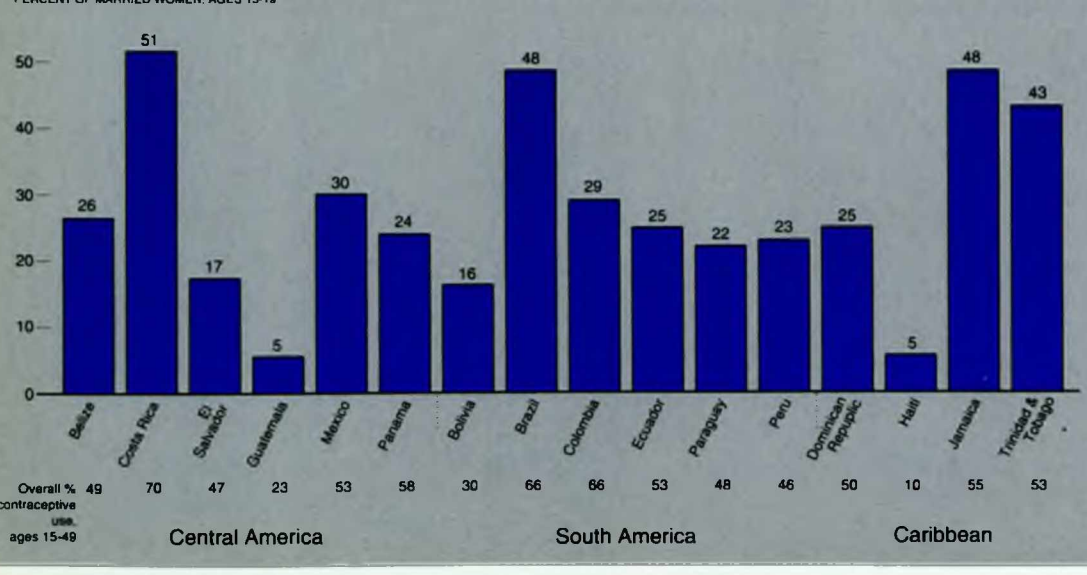


Figure 9

Use of Family Planning among Married Adolescent Women



While the percentages are higher for young women, they are still under half in most countries, and fewer than 5 percent of the young single women report having more than one partner. YARHS Focus 2 highlights this data.

There are rural/urban differences in early marriage and sexual experience: in every country shown on Figure 7 rural women ages 15 to 19 are more likely to be married than their urban counterparts. The same pattern is generally true for premarital sexual experience in Central America and the Caribbean. In South America, there are two countries in which young urban women are more likely to have had premarital sexual experience: Brazil and Colombia.

USE OF FAMILY PLANNING

The stability of early marriages—Even though the majority of young adult women are married by their early twenties throughout Latin America and the Caribbean, many of these marriages are informal. For example, in the three Caribbean nations of Dominica, St. Lucia, and St. Vincent, among the "married" women ages 15 to 19, only 12 percent were legally married, 24 percent had common-law marriages, and 64 percent were in visiting relationships, during which the young woman does not live with her partner.[5]

For women who marry in their teens, informal unions are less stable than legal marriages. For example, in Colombia, 63 percent of informal first marriages broke-up compared to 13 percent of legal marriages; 53 versus 7 percent in Peru; and 57 versus 23 percent in Panama. This pattern influences the life chances of the young mothers *and* their children. In many Latin American and Caribbean countries, the majority of children born to teenage mothers are born to young women who are not legally married, a fact which does not augur well for the economic and social stability of these new families.[1]

The situation for young men—Data from the YARHS show that very few teenage men, ages 15 to 19, have ever been married, legally or informally. Even for young men ages 20 to 24, more than 69 percent are single. Among those who have married, the data show that only 2 to 4 percent were virgins at the time of their weddings. The double standard regarding virginity is still strong in Latin America; in the cities surveyed, between one-third and two-thirds of the young men believe that a woman should be a virgin when she marries.

The use of family planning is expanding among women ages 15 to 19 in Latin America and the Caribbean. Studies show that a young woman is more likely to use family planning if she is married, is older when she first has sexual intercourse, has more education, lives in an urban setting and has had sex education.[7,4] Figure 9 shows how many young married couples in Latin America and the Caribbean are currently practicing family planning:

- There is significant variation in the percentage of Central American married teenagers using contraception, ranging from 5 percent in Guatemala to 51 percent in Costa Rica. In general, women in the poorer countries are less likely to be using contraception.
- In three of the four Caribbean countries shown between one quarter and

MEXICO

YARHS FOCUS 2

Those with Sexual Experience Not Necessarily Sexually Active

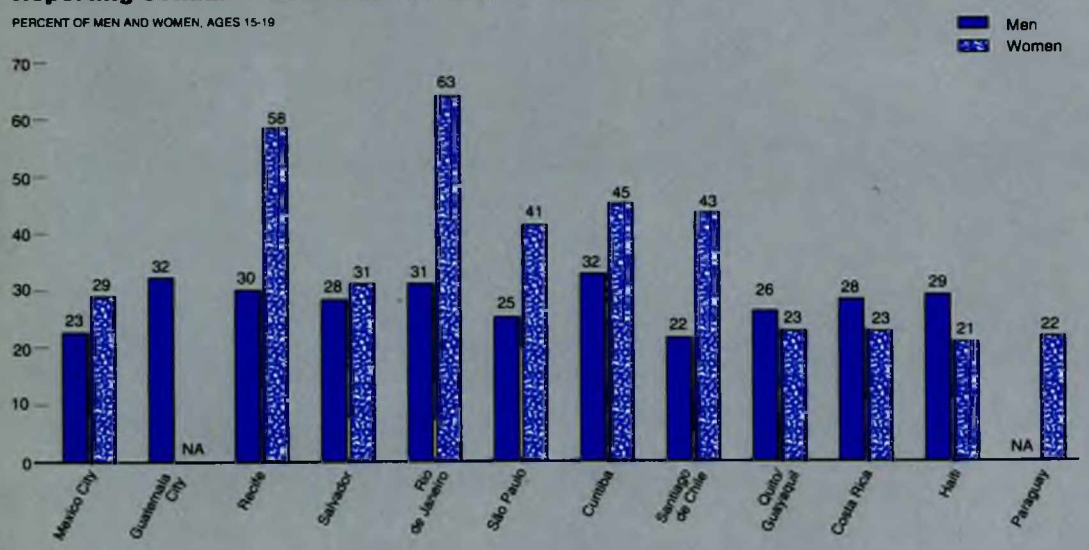
Unmarried young men and women, ages 15 to 19, with premarital sexual experience are not necessarily sexually active, defined as having had sex at least once in the past month. The Young Adult Reproductive Health Surveys provide data on current sexual activity.

Fewer than one-third of all unmarried, sexually experienced males ages 15 to 19 report having had intercourse in the past month. For unmarried, sexually experienced women in the same age group the percentage is higher, but still less than 50 percent everywhere but Rio de Janeiro and Recife, Brazil.

For sexually active, young, unmarried men and women, the average reported frequency of sexual activity is between 2.4 and 4.8 times per month. Few unmarried women are involved with more than one partner. None of the women surveyed in Quito/Guayaquil, Sao Paulo, or Santiago reported more than one partner in the past month, and the proportion reporting more than one partner in the other cities ranged from 1 percent to 4 percent.

The percentage of unmarried men with more than one partner is much higher than that of women: between 8 and 33 percent of young men reported that they had more than one partner in the past thirty days; the percentage was lowest in Santiago.

Unmarried, Sexually Experienced Adolescents Reporting Sexual Intercourse in the Past Month



one half of the married teenagers are using a method of family planning. In Haiti, only five percent of the married teens are using contraception.

■ In South America, a significantly higher percentage of married teenagers in Brazil (nearly half) practice family planning than in the other countries shown (ranging from 16 percent in Bolivia to 29 percent in Colombia).

While it might seem surprising that even this many young married women are already practicing family planning, these patterns mirror the overall use of family planning in their countries (see data across the bottom of Figure 9). Young married women mainly practice family planning following the births of their first children in order to space the births of their subsequent children farther apart.

Unmarried, sexually experienced teenagers are not likely to use contraception at first premarital intercourse. YARHS data show that fewer than 40 percent of young women and 30 percent of young men used any method of contraception during their first premarital intercourse. Young men and women may engage in sexual activity without planning for or thinking about the consequences. In addition, adolescents may also encounter significant barriers to obtaining family planning services. Unmarried adolescents who are sexually active and who do not use contraception face higher risks of unintended pregnancy and abortion. (See YARHS Focus 3.)

Unmet need for family planning—Despite the increases in contraceptive use, many young women who say their last pregnancy was unintended or that they would like to avoid a pregnancy still do not practice family planning. They can be defined as having an unmet need for family planning. Figure 10 highlights this point.

- In South America between 20 and 42 percent of married women ages 15 to 19 can be defined as having an unmet need. In general, unmet need is higher in countries where a lower percentage of young women are practicing family planning, for example, Bolivia and Peru.
- For the Central American and Caribbean countries shown, between 29 and 42 percent of the young women fall into the unmet-need category.

Family planning methods used—The challenge to improving access to family planning information and services is not limited to those with an unmet need. The family planning methods that adolescents are using may not necessarily be appropriate to their needs nor are they necessarily used correctly. Figure 11 shows, for five countries, the kinds of family planning methods that young married women are using. A significant proportion are using traditional methods, but particularly so in Bolivia — a country with low overall use of family planning. In Brazil and Costa Rica, the pill is the most commonly used method, by far. In Jamaica, the pill is also commonly used as are condoms. In El Salvador, the most common methods are the pill, followed by condoms and sterilization. Fertility for Salvadoran women, ages 15 to 19, is among the highest in the region and a relatively high proportion have already chosen surgical contraception.

The profile of sexual activity among unmarried young adults suggests that different family planning methods may be more appropriate for them than for married, older couples. They need inexpensive methods which are available over the counter, and which help protect them against HIV and other STDs.

"...many of my friends have had sex with their boyfriends and not one of them has become pregnant. I believe that my teachers and parents say that if you have sexual relations you can get pregnant only to scare us and to keep us from having them. We thought about using contraceptives but we don't use them — in the drugstore people notice you and we don't like that. In addition at school, people say so many things that I don't know which is the best."

COLOMBIAN TEENAGER.[8]

CONSEQUENCES

Early sexual activity, marriage and childbearing have far reaching consequences for today's adolescents in Latin America and the Caribbean. Events like marriage or the birth of a child that are natural and welcome parts of life for a more mature person may create obstacles a young person will have difficulty ever overcoming. In addition to affecting the young people themselves, their children may also be negatively influenced by having such young parents. Society pays a price as well. Analysts have identified several key consequences of early sexual activity and childbearing:

Health consequences for young people—*Early childbearing may endanger the health of young mothers, whether they are married or single.* Very young mothers (younger than age 17) face an elevated risk of maternal mortality because their bodies are not yet mature enough to bear children; they particularly face the risk of obstructed labor due to small pelvic size. Yet older adolescent mothers, who are often poor and less educated, face health risks as well. Teenage women may not know or may be afraid to acknowledge the signs of pregnancy. Thus, they may not receive the prenatal care essential to prevent problems for themselves and their infants. They may not, for example, receive proper nutritional information on how to prevent anemia.

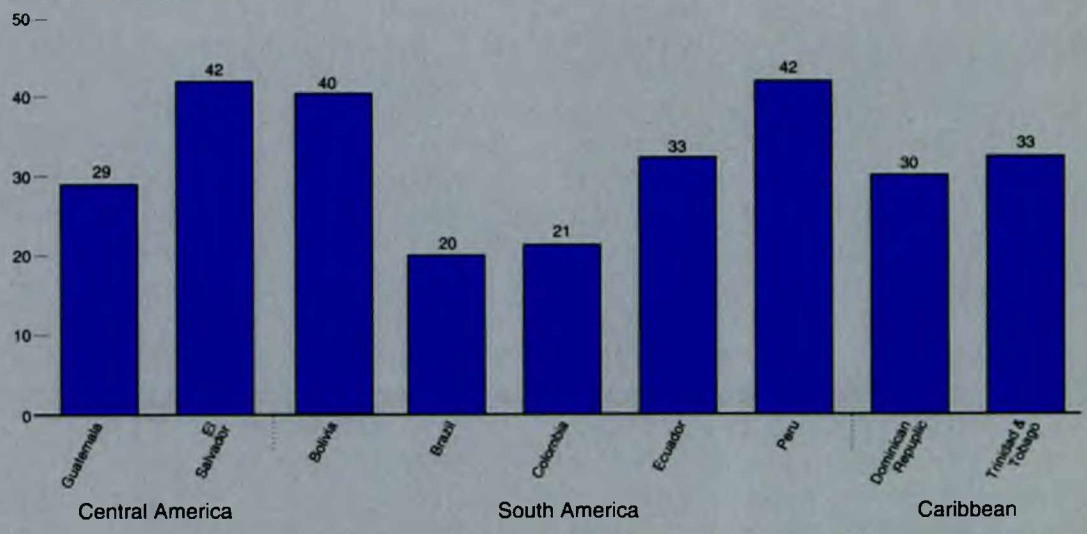
One report estimates that complications from childbearing and abortion are among the five principal causes of death for women ages 15 to 19.[8] A significant proportion of births to teenage mothers are unintended. And this does not include the number of unintended *pregnancies* that do not result in live births. Although reliable data on illegal abortion are not available (and abortion is illegal or highly restricted throughout Latin America and the Caribbean)[9], the YARHS provide evidence that young adults do often turn to abortion to end unintended pregnancies. Illegal, clandestine abortions are often unsafe and put young women's health at risk.

Unprotected sexual activity can also place young people at risk of AIDS and other STDs. Even though the YARHS show that adolescents in Latin America have considerable knowledge of AIDS, its characteristics, and who is at risk, their perception of personal risk is low. Less than ten percent of both men and women in all of the cities surveyed see themselves at risk, despite their higher-risk behavior. (See Figure 12.)

Individual's life chances—*Because teenage women have not yet had time to acquire the education and skills they need to earn good incomes, teenage pregnancies, particularly*

Figure 10

Unmet Need for Family Planning among Adolescents



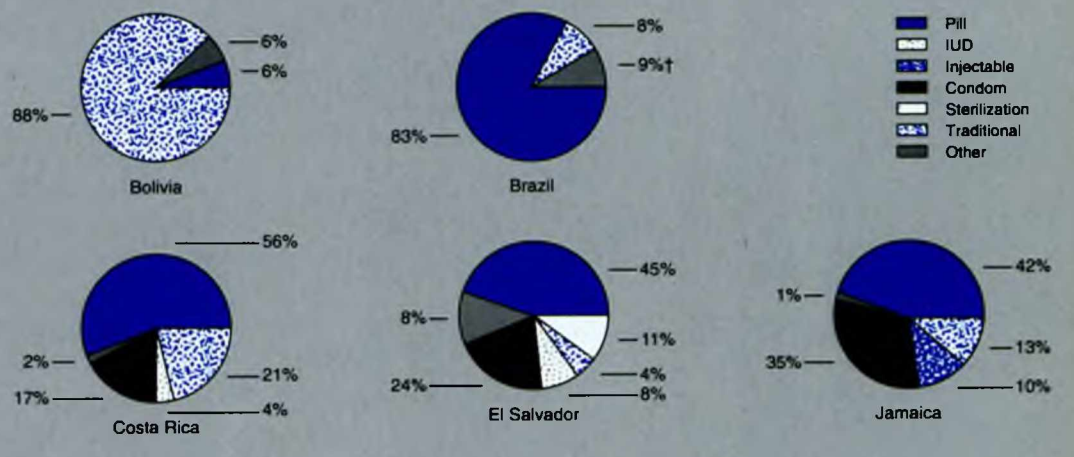
premarital ones, may trap them in poverty and dependent status. Teenage mothers are seven times as likely to be poor as older mothers, and their average income is half the poverty level.[8] In 1986, in Brazil, 65 percent of those who gave birth before they were age 20 were living in families whose household income was below the national median compared to 48 percent of those who delayed childbearing.[1]

Young, unmarried women who become pregnant may also find themselves in unintended, often unstable marriages. Forced marriage might be a good way to provide after-the-fact legitimacy to an unintended pregnancy, but it may also contribute to the end of a young woman's education and trap her in a dependent status.

Young unmarried teenage mothers who do not marry before their babies are born may be stigmatized. In extreme cases, these young women may be rejected by their families and even be forced into prostitution.

Figure 11

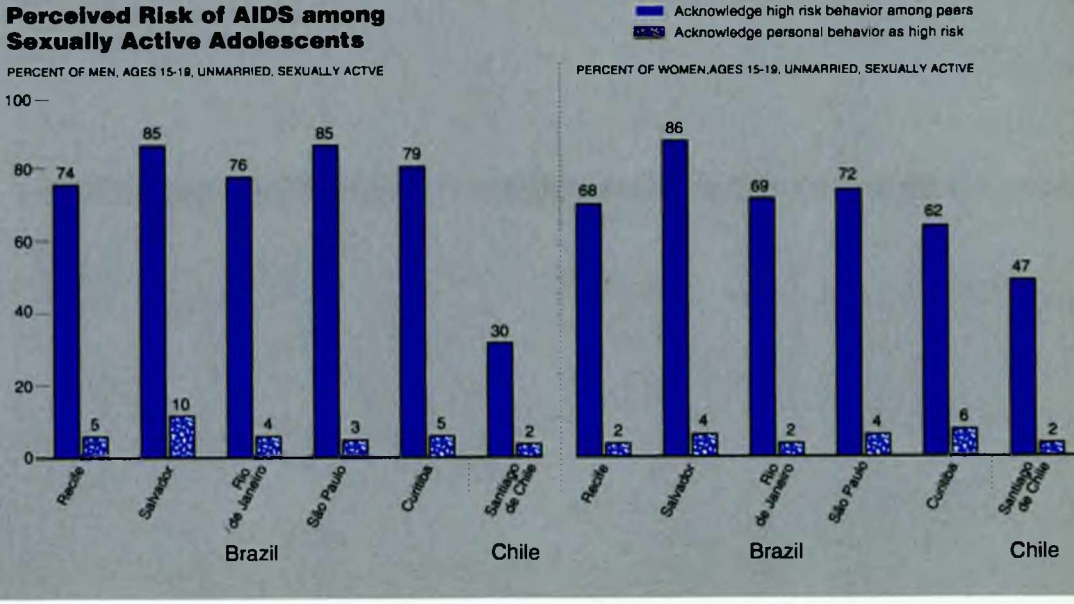
Use of Specific Methods of Family Planning*



*Among women, ages 15-19, who are practicing family planning.
† Also includes IUD.

Figure 12

Perceived Risk of AIDS among Sexually Active Adolescents



YARHS FOCUS 3

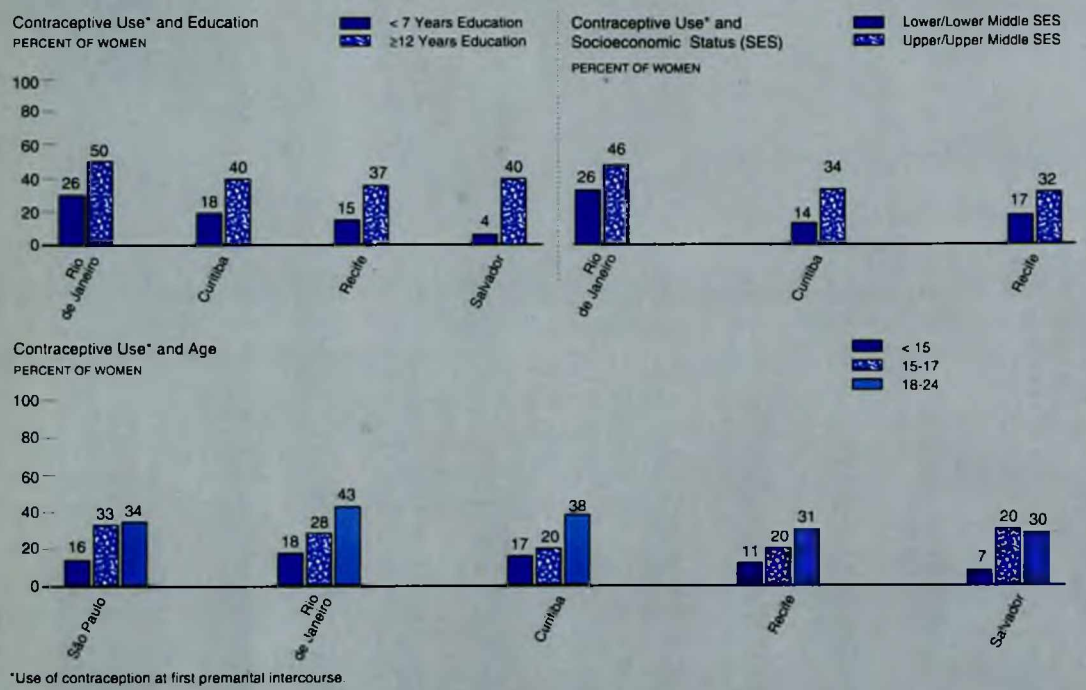
Brazil: Young, Less educated, Low-income Women at Higher Risk of Unintended Pregnancy and Abortion

In the five Brazilian cities surveyed, use of contraception at first premarital intercourse is consistently lower among younger women, less educated women, and women with lower socioeconomic status. The surveys also found that if these young women became pregnant, many of the pregnancies were unintended. The percentage of women with one child who said the pregnancy was unintended is more than twice as high for single women than for married women in Sao Paulo, Salvador and Rio de Janeiro, and more than three times as high in Curitiba and Recife.

Younger women in particular are more likely to say that their most recent pregnancy was unintended, mainly because they are less likely to be married. These young women face the burdens of single parenthood compounded by their families' and communities' reactions to out-of-union pregnancies (one of the main reasons young prostitutes give for entry into prostitution is that they were thrown out of their house by their parents after a pregnancy was discovered).[17] Under these conditions, many young women turn to abortion. Poorer women do not have the resources to seek safe, though clandestine, abortions. Thus, they are more likely to resort to illegal abortions from untrained, nonmedical professionals.[18]

Data from the YARHS in Curitiba and Rio de Janeiro show that more than half of the men interviewed were involved in a pregnancy that ended in an abortion. For Recife, the number was lower, but still almost one third. Data such as these suggest that the incidence of illegal and unsafe abortion in Brazil merits considerable attention.

Risk Factors for Unintended Pregnancy



*Use of contraception at first premarital intercourse.

Effects on the children— ***Babies born to teenage mothers face a higher mortality risk.*** Infant mortality rates are 33 percent higher for infants born to mothers under 20 years of age than to older women.[8]

Adolescent mothers play a critical role in the welfare and life opportunities of their children. Research in Barbados and Chile shows that the children of young mothers with less schooling have lower nutritional status and school performance. Lack of opportunities for the mothers contributes to the intergenerational transmission of disadvantage to their children.[10]

Children may also suffer if their fathers are not active in their lives. The same research in Barbados and Chile showed that about 40 percent of the partners of adolescent mothers seldom see these children or contribute financially to their support.[10]

POLICY OPTIONS

Potential losses to society—*A young woman's economic contributions to her family and to her country's development may be limited if her educational attainment is curtailed.* Instead of benefiting from the contributions of more educated people, societies will have to find ways to help support young mothers and their children who are often trapped in poverty.

Overall fertility in Latin America and the Caribbean is higher because of adolescent childbearing. Women who start having children when they themselves have just left childhood, end up having larger families than women who postpone their first births. If women who have less than a primary school education were to postpone having a child until they were out of their teens, they would be more likely to limit their family size to around 4 instead of 6 or 7 children. Similarly, the family size of better educated women might stay at 2 or 3 children on average rather than the 3 or 4 they are likely to have if they first give birth before their 20th birthdays.[1]

Young men and women, their children and society all pay a price for the early initiation of sexual activity and childbearing. Concerned policymakers and analysts have called for policies in several areas:

Educational policies—*All young people should be encouraged to go beyond grammar school.* Not only are educated youth able to find better jobs but they also have higher self-esteem, which is associated with lower fertility; they are more informed about their own bodies and about family planning options.[1,5]

Vocational and recreational programs—*Young people need recreation outlets and forums to discuss such issues as sexuality and family planning as well as vocational training and income earning alternatives.*[11,10] These kinds of programs are especially important for young people who have already dropped out of school or who are already parents. Some of the best adolescent programs have been designed in collaboration with the youth themselves; for example, AGES in Guatemala, CORA and Gente Joven in Mexico, and Casa de Passagem in Recife, Brazil, are training peer educators to act as information and referral resources for their friends. In some programs, peer educators are also trained to distribute barrier contraceptives.[12]

Sex Education—*Youth need to be taught before they become sexually active that sex carries serious responsibilities and that they can make responsible choices.* Sex education programs need to be carried out both for young people still in school and for those who have already dropped out.[8,1,11] (See YARHS Focus 4.) Programs should address AIDS and STD prevention as well as contraception. Studies show that general knowledge of HIV and its transmission is not enough. In Latin America, as elsewhere, programs

> ***"I provide information to young people who are about my age and to some adults. I answer their questions and help them with their doubts. And I distribute contraceptives — condoms and spermicides."***
>
> Espinosa Garcia, age 19, Gente Joven peer educator, Mexico City.[13]

YARHS FOCUS 4

Sex Education: Too Little, Too Late

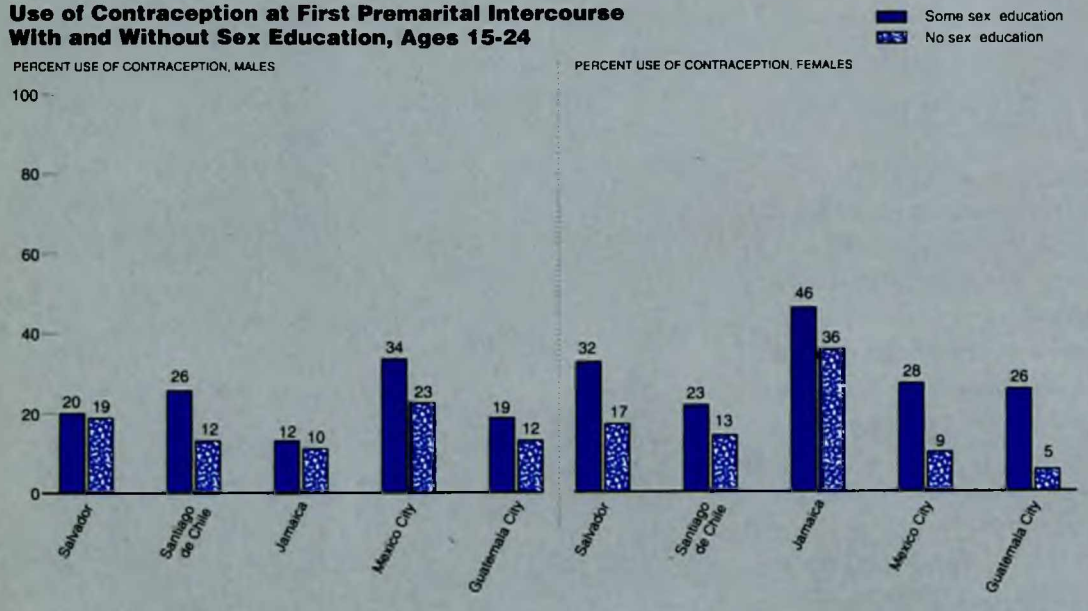
Sex education in schools is an increasingly important way to reach young people with the information and skills they need to plan their futures. About half of all the young men and women surveyed had received some sex education; percentages ranged from a low of 32 percent for men and 39 percent for women in Salvador, Brazil, to a high of 64 percent for men and 65 percent for women in Mexico City.

Yet at the same time, young people are getting information (or misinformation) from other sources. For example, in Santiago de Chile, Rio de Janeiro, Recife, Curitiba, San Jose, Quito, and Guayaquil the leading source of information about sex for young men was their peers. Young women in these cities listed their mothers first, and then their peers. And in some cases, sex education is coming too late: in Jamaica, the only country for which such data is available, a tenth of the young women and almost one-third of the young men had already had intercourse before they had their first class in sex education.

Sex education appears to make a difference, especially for young women. In Salvador, Santiago, Jamaica, Mexico City, and Guatemala City rates of contraceptive use at first premarital intercourse were 10 to 21 percentage points higher for young women who had received sex education in school than for those who had not received any. For men, the difference ranged from 2 percentage points in Salvador to more than 10 in Santiago and Mexico City.

YARHS data indicate that both the content and quality of sex education need to be improved. In 10 of the Young Adult surveys more young men than young women reported receiving information on contraceptives. In some cases, such as Guatemala, the difference was as great as 20 percentage points. In addition, although more than 24 percent of women in five of the surveys reported using natural family planning methods at their first premarital intercourse, less than a third of all young women had accurate knowledge about a woman's fertile period — even though more than 85 percent of all the women who received sex education said that their classes included an explanation of the menstrual cycle.

Use of Contraception at First Premarital Intercourse With and Without Sex Education, Ages 15-24



need to help young people build the skills necessary to translate knowledge into behavior change.[11]

Family planning information and services—***These programs can be either efforts targeted specifically at youth or special emphases within existing family planning programs.*** Programs need to be developed that serve young men as well as young women and unmarried as well as married young people. In some countries, providing services to unmarried adolescents will require legal and regulatory changes. Programs to help young mothers return to school and prevent additional unintended pregnancies are also helpful. One program, The Jamaica Women's Centre Programme, has had considerable success in helping young mothers return to school to finish their educations. The Centre reports that 58 percent of the young women who became pregnant in

CONCLUSION

primary school and who had participated in their program had returned to school, as compared to 14 percent in the control group. Of the young women who had become pregnant in high school, the percentages were 44 versus 13 percent. The program was also effective in preventing second pregnancies: 39 percent of the control group had another pregnancy within three years, compared to 15 percent of those participating in the program.[15]

Information campaigns directed at society at large—***The attitudes of parents, teachers and other opinion leaders influence young people's patterns of sexual activity and childbearing.*** Helpful information efforts might include media campaigns about the consequences of early marriage and childbearing; programs that teach parents to talk to their children about sexual and reproductive matters; and messages stressing that sex education and family planning services do not foster early sexuality.[1]

As Latin America becomes more urban, more educated, and more economically developed, the rate of adolescent childbearing is likely to continue declining, both within and outside of marriage. Improvements in the status of women will have an impact. However, it will also be important to make sex education and family planning counseling and services more readily available. As the age of marriage increases, more young people will become sexually active outside of marriage; most of these young adults will want to delay childbearing.

At the same time, despite socioeconomic change, there are still many young women who have little education and poverty-level incomes. Compared with their counterparts who have better educational and job opportunities, poor women have less control over their lives, less understanding of their bodies, and less knowledge about and access to family planning. In their marriage and childbearing patterns, these young women are behaving more like their mothers than their peers. For these young women, the doors to better education and employment must be opened, concurrent with better access to family planning information and services.

"...it costs countries less to invest in prevention and promotion programs than to pay the social, economic and individual costs of providing for adolescents with no possibility for full development."

INTERNATIONAL CONFERENCE ON ADOLESCENT FERTILITY IN LATIN AMERICA AND THE CARIBBEAN, Oaxaca, Mexico, 1989.[11]

SURVEY DESCRIPTIONS

The Young Adult Reproductive Health Surveys—To obtain data on young adults, both male and female, 13 Young Adult Reproductive Health Surveys have been conducted since 1985 by family planning and youth organizations with technical assistance and coordination provided by the Division of Reproductive Health of the Centers for Disease Control. Personal interviews were conducted with multistage area probability household samples of men and women 15 to 24 years of age (14 to 24 in Jamaica), with interviews conducted by trained male and female interviewers respectively. The interview focuses on previous sex education, attitudes toward sex education, sexual activity and family planning, fertility, history of sexual experience and use of contraceptives, as well as a wide range of social, economic, and demographic characteristics. In the eight South American surveys, a special module on knowledge of transmission and prevention of HIV/AIDS was added.

YARHS Collaborating Institutions—

Cities:

BRAZIL

Recife, 1989
Sociedade Civil Bem-Estar Familiar no Brasil (BEMFAM)

Salvador, 1987
Universidade Federal da Bahia

Rio de Janeiro, 1989
BEMFAM

São Paulo, 1988
Centro Materno Infantil e Planejamento Familiar

Curitiba, 1989
BEMFAM

CHILE

Santiago de Chile, 1988
Depto. de Salud Pública, Facultad de Medicina, Universidad de Chile

ECUADOR

Quito, 1988
Centro de Estudios de Población y Paternidad Responsable (CEPAR)

Guayaquil, 1988
CEPAR

GUATEMALA

Guatemala City, 1986
Asociación Guatemalteca de Educacion Sexual (AGES)

MEXICO

Mexico City, 1985
Centro de Orientación Para Adolescentes (CORA)

Countries:

COSTA RICA, 1990

Programa de Salud Reproductiva, Caja Costarricense de Seguro Social

DOMINICAN REPUBLIC, 1992

Instituto de Estudios de Población y Desarrollo

PROFAMILIA

JAMAICA, 1987

National Family Planning Board

Demographic and Health Surveys— Between 1985 and 1989, the Demographic and Health Surveys (DHS) collected data from nationally representative samples of women of reproductive age (15 to 49) in 9 Latin American and Caribbean countries. (Data from surveys carried out after 1989 are not included in this booklet.) Trained local interviewers (in most cases female) conducted the surveys, usually in the native language of the interviewed women. The DHS contain a wealth of data on women's reproductive histories, knowledge and use of contraception, sexual experience, and infant and child health. Because DHS uses standard questionnaires and survey procedures in all participating countries, a comparative assessment is possible.

DHS Collaborating Institutions—

BOLIVIA, 1989

Instituto Nacional de Estadística

Ministerio de Planeamiento y Coordinación

BRAZIL, 1986

Sociedade Civil Bem-Estar Familiar no Brasil (BEMFAM)

COLOMBIA, 1986

Corporación Centro Regional de Población (CCRP)

Ministerio de Salud

DOMINICAN REPUBLIC, 1986

Consejo Nacional de Población y Familia (CONAPOFA)

Secretaría de Estado de Salud Pública y Asistencia Social

ECUADOR, 1987

Centro de Estudios de Población y Paternidad Responsable (CEPAR)

Instituto Nacional de Investigaciones Nutricionales y Médico Sociales

EL SALVADOR, 1985

Asociación Demográfica Salvadoreña (ADS)

GUATEMALA, 1987

Instituto de Nutrición de Centro América y Panamá (INCAP)

MEXICO, 1987

Dirección General de Planificación Familiar

Secretaría de Salud

PERU, 1986

Dirección General de Demografía

Instituto Nacional de Estadística and Consejo Nacional de Población (CNP)

The Centers for Disease Control—
CDC provided eight national family planning surveys in Latin America and the Caribbean with technical assistance between 1985 and 1991. The surveys coordinated by CDC cover most of the same topics as DHS, but in somewhat less detail. The questionnaires used in the surveys were not standardized; they were designed to be flexible to meet the needs of the individual countries. However, about 75 percent of the data collected is comparable between countries and with the DHS.

NOTE: If both DHS and CDC have data for a particular country, the figures use the more recent survey.

CDC Collaborating Institutions—

BELIZE, 1991
Central Statistics Office

COSTA RICA, 1986
Asociación Demográfica Costarricense (ADC)

ECUADOR, 1989
Centro de Estudios de Población y Paternidad Responsable (CEPAR), Ministerio de Salud

EL SALVADOR, 1988
Asociación Demográfica Salvadoreña (ADS)

HAITI, 1989
Institut Hatien de L'enfance

JAMAICA, 1989
National Family Planning Board (NFPB)

PANAMA, 1985
Ministerio de Salud

PARAGUAY, 1987
Centro Paraguayo de Estudios de Población (CEPEP)

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1. Susheela Singh and Deirdre Wulf, *Today's Adolescents, Tomorrow's Parents: A Portrait of the Americas* (The Alan Guttmacher Institute: New York, 1990). For further information on the issue of teenage pregnancy, this book is an invaluable resource. It is a thorough analysis of DHS data, supported by other sources.

2. Leo Morris, "Sexual Experience and Use of Contraception among Young Adults in Latin America," *Centers for Disease Control Surveillance Summaries*, MMWR 1992, 41 (No. 55-4) 28 August 1992.

3. Deirdre Wulf and Susheela Singh, "Sexual Activity, Union and Childbearing Among Adolescent Women in the Americas," *International Family Planning Perspectives*, Vol. 16, No. 4 (December 1991).

4. Tirbani P. Jagdeo, "Teenage Pregnancy in the Caribbean: A Plea for Action," paper presented at the Conference of Caribbean Parlimentarians on Population and Development, Heywoods Resort, Barbados, 14-15 June 1985.

5. Tirbani P. Jagdeo, *Teenage Pregnancy in the Caribbean*, (New York: International Planned Parenthood Federation, Western Hemisphere Region, Inc., 1984). This volume is a detailed report of a qualitative research project during which the author systematically interviewed 141 teenage women in Grenada, Dominica and Antigua.

6. Personal communication from German A. Lopez, director of Profamilia's Youth Center, reporting on a study of pregnant teenagers, 28 August 1992.

7. Jennifer Hirsch, "Teenage Pregnancy and Sexually Transmitted Diseases in Latin America," fact sheet prepared by Center for Population Options, 1990.

8. Cynthia Harper, "Adolescent Pregnancy in Latin America and the Caribbean," (New York: International Planned Parenthood Federation, Western Hemisphere Region, Inc., 1989).

9. Stanley K. Henshaw and Evelyn Morrow, *Induced Abortion: A World Review*, 1990 Supplement (New York: The Alan Guttmacher Institute, 1990).

10. Myra Buvinic, Juan Pablo Valenzuela, Temistocles Molina, and Electra Gonzalez, "The Fortunes of Adolescent Mothers and Their Children: A Case Study on the Transmission of Poverty in Santiago, Chile," Working Paper, Population Council/ICRW Joint Program on Family Structure, Female Headship and Maintenance of Families and Poverty, January 1992.

11. "Overview," International Conference on Adolescent Fertility in Latin America and the Caribbean, Oaxaca, Mexico, 1989 (Watertown, MA, and New York: The Pathfinder Fund and The Population Council, no date).

12. For a listing of some of the programs working with adolescents that have implemented peer educator programs, see Gary Barker, Jennifer Hirsch and Shara Neidell, *Serving the Future: An Update on Adolescent Pregnancy Prevention Programs in Developing Countries* (Washington, D.C.: Center for Population Options, 1991). This volume is also available in Spanish.

13. Roberto Brito Lemus, "Mexican Agencies Reach Teenagers," *Network*, Vol. 13, No. 1 (Family Health International, August 1992).

14. See for example, Carol S. Weiman, et al., "AIDS Knowledge, Perceived Risk and Prevention Among Adolescent Clients of a Family Planning Clinic," *Family Planning Perspectives*, Vol. 21, No. 5 (September/ October 1989); Laura Kann et al., "HIV-Related Knowledge, Beliefs, and Behaviors Among High School Students in the United States: Results from a National Survey," *Journal of School Health*, Vol. 61, No. 9 (November 1991); J. Ron Faulkenberry et al., "Coital Behaviors, Attitudes, and Knowledge of Students Who Experience Early Coitus," *Adolescence*, Vol. 22, No. 86 (Summer 1987); Ralph J. DiClemente, "Predictors of HIV-Preventive Sexual Behavior in a High-Risk Adolescent Population: The Influence of Perceived Peer Norms and Sexual Communication on Incarcerated Adolescents' Consistent Use of Condoms," *Journal of Adolescent Health*, Vol. 12, No.5 (1991); D. Wight, "Impediments to Safer Heterosexual Sex: A Review of Research with Young People," *AIDS Care*, Vol.4, No.1 (1992).

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17. *Planejamento Agora*, "Brasil Tem 500 Mil Menores Prostitutas" (VI:195:1, Rio de Janeiro, Brazil, 31 October 1990).

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