

# **The impact of traditional gender interactions and beliefs on sexual and reproductive behavior of young women living in a slum in Belo Horizonte, Brazil.**

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## **1.INTRODUCTION**

In this we study explored how traditional gender interactions and adherence to traditional gender beliefs influence the sexual and reproductive behavior of impoverished young women living in a slum in Brazil. The goal is to understand and propose strategies of how community intervention, from both governmental agencies and non-governmental organizations, can act to improve young women's autonomy inside relationships and empower them, thus reducing their susceptibility to unwanted pregnancies and STIs/HIV infections.

In Brazil, unequal gender relations between men and women make difficult for women to negotiate the timing of sex and condom use and consequently to prevent getting pregnant and/or being infected. Thus, fundamental to the development of new approaches for understanding sexual and reproductive health is to understand first of the role of gender inequalities in constructing the social conditions that result in increased susceptibility for women, especially for young women. Central to the prevention of the spread of the disease is the issue of women's sexual autonomy: No amount of education can protect a woman from exposure to the virus if she cannot negotiate safe sex. If she lacks autonomy she will not feel empowered enough to refuse sex or demand the use of condoms. Therefore, lack of autonomy in the sphere of sexuality then poses a risk to women's sexual health.

In our study we sought to analyse which factors related to young women's more or less autonomous behaviour are more or less linked to susceptibility to pregnancy and STI/HIV among poor young women living in a slum urban area of Brazil. If gender inequality in traditional relationships affects women's autonomy, it is also affects their capacity to protect themselves and negotiate a healthy sexual life with her partner. In order to explore our research question we analysed data collected by a cross-sectional survey, developed by Chacham et al (2005) that was applied to a random sample of 356 young women between 15 to 24 years old, living in Taquaril area. Taquaril is a *favela* (slum) located on the extreme border of the eastern region of Belo Horizonte, Brazil. That research took place in one of Belo Horizonte's poorest neighbourhoods: Taquaril. The city of Belo Horizonte, capital of the State of Minas Gerais in Brazil, is the third largest city of the country with 2,234,000 inhabitants (2000 Census), and over 3,500,000 in its greater metropolitan area. Taquaril is located on the extreme border of the eastern region of Belo Horizonte and it is one of the poorest areas of the city. Due to its poverty levels and the difficult access to health services in the area, it concentrates a large number of young women in a situation of added risk of unwanted pregnancies and infection by STDs and HIV. From a population of 2,437 young women between 15 to 24 years old living in Taquaril, a sample of 354 young women was interviewed using a questionnaire. Data from those questionnaires were used by us to examine the relationship between the sexual and reproductive behaviour of those young women with the prevalence among them of more traditional forms of gender

interactions and adherence to stereotypical gender beliefs regarding women's and men's role inside the family, in the economic decision making and on sexual behaviour.

## **2. DIFFERENT DIMENSIONS OF AUTONOMY IN WOMEN'S LIVES AND SUSCEPTIBILITY TO UNWANTED PREGNANCIES AND STIs/HIV/AIDS**

As defined by Mason (1997:158), gender refers to the socially constructed set of relations, attributions, roles, beliefs and attitudes that define what it means to be a woman or a man in social life. In most societies gender relations are unequal, with imbalances in relation to power between men and women. Gender imbalance is reflected in law, policies and social practices, as well as in people's identities, attitudes and behaviours. The concept of gender, when it incorporates dimensions of power, exposes the asymmetries and the hierarchies (hierarchies in which women occupy a subordinate position) within the relations between men and women.

Unequal gender relations between men and women make difficult, if not impossible, for women to negotiate the use of condoms and to prevent HIV infection. Numerous studies have pointed out that the negotiation of safer sex through condom use is rendered problematic not only by the negative connotations associated with the method, but also by cultural attitudes toward female sexuality: women who want to practice safer sex may not be able to do so for fear of being considered immoral and untrusting and for fear of reprisals in the form of anger and rejection (Gage, 2000:195). Negotiating of condom use is even more problematic when a woman is totally or mostly economically dependent on their partner and sex is one of few bargaining tools they have.

Young women and girls are in a particularly vulnerable position, given their economic vulnerability, especially when they have unplanned pregnancies and/or an early marriage. In Brazil, both teen pregnancy and early marriage are more common in poor rural areas and urban slums. In this context, the ability of adolescent girls to negotiate whether sex will occur and whether condoms and contraceptives will be used may be further reduced. In many instances, the threat of male violence can also contribute to the pressure on teenage girls to agree to unsafe sexual practices. In addition to that, the presence of traditional gender roles and expectations reinforce especially among females the notion of romantic love, as Giffen (1999:284) comments: "for many women, unprotected sex means trust and intimacy while the use of a condom symbolizes multiple partners, and lack of trust and intimacy." In Brazil, adolescents both male and female tend to reproduce traditional gender roles and to present a conservative approach in relation to sexual matters. The masculine model to be emulated is based on the capacity to provide for a family and to be sexually potent, while the female model is based on maternity, with sexual attractiveness and romantic love as ideals. Sexual autonomy can be further reduced in this context.

Autonomy has been defined as: "The degree of women's access to, and control over, material resources (including food, income, land and other forms of wealth) and to social resources (including knowledge, power and prestige) with the family, community and society at large" (Dixon, 1978:54). Basically the concept of autonomy relates to the extent women exercise control over their own lives within the family in which they live (Jejeebhoy, 2000: 205). Based in this definition, Jejeebhoy (2000:218) created five dimensions of autonomy and selected indicators for each. They are: economic and child-

related decision-making; mobility; freedom from threat from husband/partner; access to economic/social resources; and control over economic resources. In regard specifically to the reproductive and sexual sphere autonomy means, according to Sen & Batliwala (2000:29), whether a woman/girl can safely determine when and with whom she will engage in sexual relations, sexual health, regulate her fertility and safe childbirth. In our study we use some of those indicators proposed to analyse which autonomy factors are more or less linked to sexual and reproductive behaviour among poor young women living in a slum urban area of Brazil.

### **3.MAIN FINDINGS**

#### **3.1 Social, Economic and Demographic Profile of Adolescents and Young Women Interviewed at Taquaril**

The median household monthly income was low amongst our respondents, as expected, around US\$ 150.00. With average of 5 people living in each household, median monthly income *per capita* is US\$ 32.00. Just over half of them (51%) declared an income below the poverty level established by UN of one dollar a day *per capita*. Over a third of all households were headed by females. Monthly income is lower than average in those households, however, albeit poorer, adolescents and young women living with their mothers had the same levels of education as those living in father headed households, and even had higher levels than those living with their husbands or by themselves. The most vulnerable households are those headed by respondents alone. Among the households with incomes of less than US\$100.00 a month, respondents themselves headed 62%.

Three quarters of respondents were born in city of Belo Horizonte. Eighty-four percent identified themselves as black or brown (The Brazilian Census uses colours- white, brown, black and yellow- instead of race/ethnicity), and only 16% as whites. In the last census almost 50% of Brazilians reported to be black or brown, indicating a disproportionately high number of blacks living in this area.

A third of the respondents (107 women) was married or united at the time of the interview and 137 (38%) had ever been married at least once, however, among 20 to 24 years old, the proportion of ever married was much higher. Among those respondents who were not married or in a union at the time of the interview, 47.0% were dating and only 14.1% declared never having a boyfriend. Three women declared having a female partner at the time of the interview.

There was a predominance of Catholics (49%), although this number is low compared to the 70% of Catholics among Brazilian population found in the last Census (IBGE, 2000). Evangelic/Pentecostals compose 34% of the sample, as compared to 15% for the general population (IBGE, 2000). Church frequency is quite high, over 60% reported going to church at least once a week, and for a large majority religion is very important in their lives. However 12% declared they did not belong to any religion at all. We found a higher number of single women among Catholics (50%), than among Evangelic/Pentecostal women (32%).

In relation to schooling, among the 15-19 years age group, as expected a much higher number (70%) are still studying when compared to the 20-24 years age group (19%). It is important to notice that among those who left school 39% had already finished high school. This number rises to 45% among 15 to 19 years old and falls to 36% for 20 to 24 years old. Our data does not allow any inference on why those 15 to 19 years old tend to be better educated than those 20 to 24 years old, but it probably follows a general trend towards increasing secondary level enrolment in Brazil in recent years.

Among those who quit school, 37% did so because of pregnancy or to care for children, or to marry. A much lower number of single women left school because of pregnancy (13%) than among those married now (22%). Also, among those who are still single a much higher number left school because they finished high school (58%) than among those married/united (20%). The probability of finishing high school is directly linked to family income. Sixty-five percent of the higher income group (with a monthly household income of over 500 US dollars) had finished high school as opposed to 24% of the general sample.

Employment rate is quite low, considering that this is a population with a higher level of education (9 years of schooling) than most Brazilians have (where 5 to 6 years is the average for the general population). Only 26.7% among them have regular paid work. Even among the older ones, the employment rate is low. Although the number of 20 to 24 years old working (28.8%) is higher than among those between 15 to 19 years old (24.6%), it is not as high as might be expected. Among married women the employment rate is lower (23.4%) than among single women (28.2%).

Among those employed, only 32% have access to social security and other benefits. Over 90% of those who work are concentrated in only five types of jobs: working as maids, nannies, hairdressers and/or manicurists, cashiers or salesperson, and a few as secretaries or receptionists (data not shown). Our respondents earn in average less than national minimum wage (around US\$ 150.00). Among those who have an occasional occupation, for example as a manicurist or baby-sitter, earnings are much lower, around US 20.00 per month. Only 14% have a checking account or a savings account and 16.3% have no source of income at all. Compared to their partners or husbands, while they are generally not much older (with a 4 year difference), and have the same amount of schooling on average (9 years), with even fewer having graduated high school (19%) than the respondents, 76% of them are working right now. When we consider the kinds of jobs these men hold, we find much more diverse and better paid occupations: construction workers, mechanics, plumbers, repairmen, drivers and police officers, as well as other types of jobs in the service sector. The findings suggest a gender imbalance in economic power and access to economic resources.

**Table 1: Demographic, Social and Economic Characteristics of females between 15 to 19 years old living in Taquaril, Brazil, 2005.**

AGE GROUPS		15 to 19 years old n=178	20 to 24 years old n=175
Monthly Income	Up to 100 dollars	23%	27%
	From 100 to 300 dollars	66%	52%
	300 dollars and up	11%	21%

<b>Schooling Levels</b>	2 <sup>a</sup> to 5 <sup>a</sup> grade	6%	21%
	6 <sup>a</sup> to 8 <sup>a</sup> grade	40%	24%
	Uncompleted high school	40%	22%
	Completed high school/some college	14%	23%
<b>Religion</b>	No religion	15%	12%
	Catholic	48%	51%
	Evangelical	37%	37%
<b>Church Attendance</b>	Do not attend	14%	8%
	Attend church	86%	92%
<b>Marital Status</b>	Married/united	11%	49%
	Single/separated/widow	89%	51%
<b>Ever been married</b>	Yes	14%	63%
	No	86%	37%
<b>Paid work</b>	Yes	25%	29%
	No	75%	71%
<b>Head of household</b>	Father	47%	26%
	Mother	38%	21%
	Husband	8%	42%
	Respondent	1%	6%
	Others	6%	5%
<b>Age at first intercourse</b>	Up to 14 year old	17%	21%
	From 15 to 18 years old	35%	60%
	19 years old and up	0%	12%
	Never had intercourse	48%	7%
<b>Age at first Pregnancy</b>	Up to 14 year old	24%	7%
	From 15 to 18 years old	70%	61%
	19 years old and up	6%	32%
<b>Sexual experience and pregnancy</b>	Had sex and got pregnant	19%	74%
	Had sex and didn't get pregnant	33%	19%
	Never had sex	48%	7%

Most respondents (72%) **had sexual intercourse** at least once. At the time of first intercourse they were on average 15.8 years old, a similar age reported in other recent Brazilian surveys on youth and sexuality (BEMFAM, 1999; UNICEF, 2002; Ministério da Saúde, 2000; Aquino et al., 2003). Among single women, 55% already had their first sexual experience. Pre-marital sex is the norm; among all the 258 respondents who had at least one sexual intercourse, only 6% of them had their first sexual experience with their husbands. On average they had had two sexual partners.

While 70% currently **use some contraceptive method**, 86% declared not using any contraceptive method at the time of their first pregnancy. Lack of knowledge is not an explanation for this low level of contraceptive use, with only one respondent not knowing any contraceptive method. Most respondents (53%) declared they wanted their first

pregnancy, so that non-use of contraceptives or condoms is more likely to be related to a desire for early motherhood.

Among those who ever had sex, 63% **have been pregnant** at least once and most of them (84%) had their first pregnancy before 20 years old. The rate of very early pregnancy was high: 11% got pregnant before they were 15 years old. The median age at first pregnancy was 17 years, so that on average respondents get pregnant one year after they start having sex. The median age they enter their first marriage/union is also 17 suggesting both phenomenon are related. The prevalence of adolescent pregnancy (from 13 to 19 years old) was 38%, higher than the prevalence of 29% among 19 to 24 years old female interviewed in four major metropolitan areas in Brazil by Aquino et al (2004). This difference indicates that in Brazil early pregnancy is much more common among the lower income class, since that survey was directed to the general population. Not surprisingly adolescents/women who were married/united at least once are much more likely to ever been pregnant than single women: 90% of them compared to 17%.

Among those who have ever been pregnant, 88% had at least one child born alive and 44.5% two or more children. About eight percent (8%) were pregnant at the time of the interviews (this number was about the same for both age groups). Among those with at least one child born alive, 19.3% had children with 2 or 3 different partners. Pre-natal care prevalence is high with 97% of them getting pre-natal care (and 80% having 6 or more consultations) at their last pregnancy, generally at their local health centre.

### **3.2 Determinants of Sexual and Reproductive Behaviour:**

Some correlations were found between some social and economic indicators and the frequency of sexual experience and pregnancy, age at first intercourse and first pregnancy, comparing the two age groups (adolescents between 15 to 19 years old, and young women between 20 to 24 years old). Income and education influence both the chance of having had both vaginal sex and have ever been pregnant. Although we did not find a significant correlation between family income with the probability of having vaginal sex among adolescents, young women with a high school education or higher were less likely to have had experienced sexual intercourse, as well as those with a higher family income. They were also less likely to have had gotten pregnant if they have had sex. The more educated the adolescent/woman, the higher the possibility she has never been pregnant. Among 20 to 24 years old with 2 to 5 years of education who were sexually active, 91.7% had at least one pregnancy while among those with a high school degree who were sexually active only 51.0% had ever been pregnant.

Age at first intercourse is also influenced by income. Among those in the upper income level the median age of sexual initiation was 17, while among those in the lowest income level it was much lower at 14 (data not shown). We also found that education influences age at first pregnancy. Almost 19% of young women with 2 to 5 years of education who ever got pregnant, had their first pregnancy by age 14, compared to 3.3% among those with high school education (data not shown). In both age groups, respondents who were married/united or had been married/united were much more likely to have gotten pregnant at least once. Those lived in households headed by their mothers were more likely to have engaged in vaginal sex than those living in household headed by their fathers. However, they were not much more likely to have ever been pregnant than the latter.

Religion did not appear to be correlated to ever being pregnancy for both age groups. However, among adolescents, Evangelic/Pentecostals were less likely to have had sex than Catholics or non-religious respondents. Paid work outside of the home seems to be negatively associated with having children for both age groups. But it is difficult to establish a causal relationship here: it may be that women who work outside home were less likely to get pregnant or that women who ever got pregnant are less likely to work outside because they have small children.

In relation to condom use, those who used it at their first intercourse and at their last intercourse were less likely to have ever gotten pregnant than those who did it use it. Although the difference is less dramatic among those who were 20 to 24 years old, it is still significant.

**Table 2: Sex and pregnancy experience according to social and economic characteristics by age group among females between 15 to 24 years old living in Taquaril, Brazil, 2005.**

Age groups		15 to 19 years old			20 to 24 years old		
Sex and pregnancy experience		Has had sex and gotten pregnant	Has had sex and not gotten pregnant	Has not had sex	Has had sex and gotten pregnant	Has had sex and not gotten pregnant	Has not had sex
<b>Monthly Income<sup>2</sup></b>	Up to 100 dollars	27%	27%	46%	89%	11%	0%
	From 100 to 300 dollars	20%	35%	46%	78%	17%	6%
	300 dollars and up	0%	47%	53%	47%	33%	19%
<b>Schooling Levels<sup>2</sup></b>	2 <sup>a</sup> to 5 <sup>a</sup> grade	40%	10%	50%	89%	8%	3%
	6 <sup>a</sup> to 8 <sup>a</sup> grade	19%	32%	49%	98%	2%	0%
	Uncompleted high school	14%	40%	46%	82%	16%	3%
	Completed high school/some college	19%	27%	54%	43%	40%	17%
<b>Religion<sup>3</sup></b>	No religion	8%	42%	50%	90%	10%	0%
	Catholic	21%	36%	43%	68%	24%	8%
	Evangelical	20%	26%	55%	76%	16%	8%
<b>Marital Status<sup>1</sup></b>	Married/united	80%	20%	0%	92%	8%	0%
	Single/separated/widow	11%	35%	54%	56%	30%	13%
<b>Ever been married/united<sup>1</sup></b>	Yes	84%	16%	0%	94%	6%	0%
	No	8%	36%	56%	40%	42%	18%
<b>Paid work<sup>1</sup></b>	Yes	11%	50%	39%	58%	34%	8%
	No	21%	28%	51%	80%	14%	6%
<b>Head of household<sup>1</sup></b>	Father	11%	29%	61%	54%	30%	15%
	Mother	13%	44%	43%	58%	33%	8%
	Husband	86%	14%	0%	93%	7%	0%
	Respondent	100%	0%	0%	80%	10%	10%
	Others	18%	27%	55%	70%	20%	10%

<b>Age at first intercourse<sup>1</sup></b>	Up to 14 year old	52%	48%	—	89%	11%	—
	From 15 to 18 years old	29%	71%	—	82%	18%	—
	19 years old and up	—	—	—	47%	52%	—
<b>Participation in a family planning group at local health center</b>	Yes	48%	52%	—	93%	7%	—
	No	32%	68%	—	63%	37%	—
<b>Condom use at first intercourse<sup>1</sup></b>	Yes	29%	71%	0%	67%	33%	0%
	No	54%	46%	0%	93%	7%	0%
<b>Condom use at last intercourse<sup>1</sup></b>	Yes	24%	76%	0%	71%	29%	0%
	No	53%	47%	0%	84%	16%	0%

<sup>1</sup>Significant for both age groups at p-value=0.05 <sup>2</sup>Significant for 20 to 24 years old only at P=0.05

<sup>3</sup>Not significant at P=0.05 for any age groups

### 3.3 Relationship Between Adherence to Gender Stereotypes and Sexual and Reproductive Behaviour:

The questionnaire had three boxes with several different statements. The respondents were asked to choose whether they agreed or disagreed with, or had no opinion on, each statement. One box had eight to ten statements about stereotypical gender roles in general, another had statements about stereotypical gender roles related to financial matters and the last had statements regarding stereotypical gender roles related to sexuality. For this analysis we eliminated those statement that the overwhelming majority (over 80%) agreed or disagreed with and selected five statements for each item and classified the respondents according the following criteria: those who agreed with four or five statements were considered as having a high adherence to gender stereotypes; those who agreed with two or three statements were considered as having a medium level of adherence to stereotypical beliefs; and those who agreed with one or none of those statements were considered to have a low level of adherence to stereotypical beliefs.

In the first box the five statements reflecting traditional views of men and women's behaviour selected were: "to study is more important for men than for women"; "a woman who is beaten by her husband and stays is because she enjoys it"; "a woman should stay away from friends her husband disproves of"; "a woman should avoid to go out with friends if bothers her husband"; "it is only fair to men to have the last word at home".

In the second box the five statements reflecting traditional views of men and women's sexual behaviour selected were: "men should initiate sex"; "to avoid kids is woman's responsibility"; "it is important that the husband has more sexual experience than the wife"; "a woman who agrees to have sex quickly is a slut"; "if a women provokes a man she has to go all to way".

In the third box the five statements reflecting traditional views of men and women's control of economic resources selected were: "the man should be the main responsible for household expenses"; "men handle financial matters better"; "women should stop working when their children are small"; "my salary belongs only to me, my husband's salary belongs to both of us"; "it is only fair that who makes more money have the last word at home".

The results presented in the tables below suggest that adolescents/young women who held more stereotypical beliefs tend to be poorer and less educated than those who have a lower level of adherence to traditional beliefs, although the relationship is not always statistically significant for both age groups. Younger and single respondent tended to have lower level of adherence to stereotypical beliefs than older and married ones, regarding gender roles, sexual behavior and control over economic resources. Women who declared their husbands were the head of the household tended to have more conservative beliefs (especially regarding sexual behavior) than all the others, while older respondents who lived with their mother tended to be the least conservatives. However, adolescents who lived in households headed by a father tended to have less traditional beliefs than those who lived in households headed by their mothers. Religion did not seem to play a role. None of the correlations were significant although Pentecostals tended to be held more traditional beliefs regarding gender roles and sexual behavior than Catholics. Women who worked outside home also tended to have less traditional beliefs than those who did not work and that difference was more significant among older (20 to 24 years old) respondents.

In relation to their sexual and reproductive experiences, although not statistically significant, adolescents/young women who had had sex and gotten pregnant tended to hold more traditional beliefs on gender roles, sexual behavior and control over economic resources than those who had sex and had not gotten pregnant and those who never had sexual intercourse (although regarding sexual behavior, younger respondents who never had sex also expressed more conservative beliefs). Regarding condom use, both in the first and in the last intercourse, results suggest that respondent who did not use it tended to have a higher level of adherence to traditional beliefs, especially in relation to gender roles and sexual behavior compared to those who did use condoms both at their first and last intercourse.

**Table 3: Level of adherence to stereotypical beliefs regarding gender roles according to social and economic characteristics by age group. Brazil, 2005.**

<b>Age groups</b>		<b>15 to 19 years old</b>			<b>20 to 24 years old</b>		
<b>Level of adherence to stereotypical beliefs regarding gender roles</b>		<b>High</b>	<b>Medium</b>	<b>Low</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Monthly Income<sup>1</sup></b>	Up to 100 dollars	11%	46%	43%	13%	61%	26%
	From 100 to 300 dollars	13%	42%	45%	13%	53%	34%
	300 dollars and up	16%	47%	37%	14%	30%	56%
<b>Schooling Levels<sup>3</sup></b>	2 <sup>a</sup> to 5 <sup>a</sup> grade	40%	30%	30%	22%	51%	27%
	6 <sup>a</sup> to 8 <sup>a</sup> grade	11%	45%	43%	15%	58%	27%
	Uncompleted high school	10%	44%	46%	8%	55%	37%
	Completed high school/some college	8%	42%	50%	12%	38%	50%

<b>Religion<sup>3</sup></b>	No religion	8%	50%	42%	20%	50%	30%
	Catholic	8%	48%	44%	8%	57%	35%
	Evangelical	18%	36%	46%	21%	40%	40%
<b>Marital Status<sup>1</sup></b>	Married/united	15%	40%	45%	20%	55%	26%
	Single/separated/widow	12%	44%	44%	8%	45%	47%
<b>Paid work<sup>1</sup></b>	Yes	12%	44%	44%	8%	44%	48%
	No	12%	44%	44%	16%	52%	32%
<b>Head of household<sup>1</sup></b>	Father	11%	37%	52%	13%	41%	46%
	Mother	13%	50%	37%	—	47%	53%
	Husband	14%	50%	37%	21%	57%	22%
	Respondent	—	100%	—	10%	60%	30%
	Others	5%	45%	46%	26%	30%	50%
<b>Relationship sex and pregnancy<sup>1</sup></b>	Had sex and got pregnant	18%	42%	40%	13%	56%	33%
	Had sex and didn't get pregnant	7%	52%	41%	12%	35%	53%
	Never had sex	13%	38%	49%	25%	25%	50%
<b>Condom use at first intercourse<sup>3</sup></b>	Yes	9%	47%	44%	10%	52%	38%
	No	15%	54%	31%	16%	51%	33%
<b>Condom use at last intercourse<sup>a</sup></b>	Yes	4%	46%	50%	8%	52%	40%
	No	21%	53%	26%	16%	51%	33%

<sup>1</sup>Significant for both age groups at p-value=0.05 <sup>2</sup>Significant for age group 20 to 24 at P=0.05

<sup>3</sup>Not significant at P=0.05 for any age groups <sup>a</sup>Significant for age group 15 to 19 at p=0.05.

**Table 4: Level of adherence to stereotypical beliefs regarding sexual behaviour according to social and economic characteristics by age group. Brazil, 2005.**

<b>Age groups</b>		<b>15 to 19 years old</b>			<b>20 to 24 years old</b>		
<b>Level of adherence to stereotypical beliefs regarding sexual behaviour</b>		<b>High</b>	<b>Medium</b>	<b>Low</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Monthly Income<sup>2</sup></b>	Up to 100 dollars	23%	46%	30%	33%	52%	15%
	From 100 to 300 dollars	12%	40%	48%	13%	47%	40%
	300 dollars and up	16%	32%	53%	8%	47%	44%
<b>Schooling Levels<sup>3</sup></b>	2 <sup>a</sup> to 5 <sup>a</sup> grade	—	—	—	—	—	—
	6 <sup>a</sup> to 8 <sup>a</sup> grade	20%	20%	60%	30%	51%	19%
	Uncompleted high school	18%	51%	31%	15%	56%	29%
	Completed high school/some college	13%	41%	46%	21%	50%	29%
<b>Religion<sup>3</sup></b>	No religion	4%	38%	58%	7%	40%	53%
	Catholic	23%	38%	39%	20%	40%	40%
	Evangelical	12%	36%	52%	14%	50%	36%

<b>Marital Status<sup>2</sup></b>	Married/united	—	55%	45%	19%	57%	24%
	Single/separated/widow	16%	42%	42%	16%	39%	45%
<b>Paid work<sup>3</sup></b>	Yes	5%	49%	46%	12%	57%	24%
	No	17%	42%	41%	19%	39%	45%
<b>Head of household<sup>2</sup></b>	Father	9%	48%	43%	20%	41%	40%
	Mother	22%	35%	43%	8%	33%	58%
	Husband	—	57%	43%	19%	56%	25%
	Respondent	—	—	100%	20%	70%	10%
	Others	18%	35%	27%	20%	50%	30%
<b>Relationship sex and pregnancy<sup>2</sup></b>	Had sex and got pregnant	15%	47%	43%	19%	50%	30%
	Had sex and didn't get pregnant	8%	48%	44%	9%	41%	50%
	Never had sex	17%	42%	41%	17%	42%	42%
<b>Condom use at first intercourse<sup>3</sup></b>	Yes	17%	62%	21%	16%	62%	22%
	No	19%	65%	15%	25%	49%	25%
<b>Condom use at last intercourse<sup>a</sup></b>	Yes	15%	65%	20%	19%	60%	21%
	No	21%	61%	18%	21%	54%	25%

<sup>1</sup>Significant for both age groups at p-value=0.05 <sup>2</sup>Significant for age group 20 to 24 at P=0.05

<sup>3</sup>Not significant at P=0.05 for any age groups <sup>a</sup> Significant for age group 15 to 19 at p=0.05

**Table 5: Level of adherence to stereotypical beliefs regarding control over economic resources according to social and economic characteristics by age group. Brazil, 2005.**

<b>Age groups</b>		<b>15 to 19 years old</b>			<b>20 to 24 years old</b>		
<b>Level of adherence to stereotypical beliefs regarding financial matters</b>		<b>High</b>	<b>Medium</b>	<b>Low</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Monthly Income<sup>1</sup></b>	Up to 100 dollars	16%	38%	46%	13%	57%	36%
	From 100 to 300 dollars	4%	33%	63%	7%	35%	58%
	300 dollars and up	—	21%	79%	3%	19%	78%
<b>Schooling Levels<sup>2</sup></b>	2 <sup>a</sup> to 5 <sup>a</sup> grade	20%	40%	40%	17%	53%	31%
	6 <sup>a</sup> to 8 <sup>a</sup> grade	7%	39%	54%	10%	44%	46%
	Uncompleted high school	5%	31%	64%	8%	46%	53%
	Completed high school/some college	—	19%	81%	2%	22%	76%
<b>Religion<sup>3</sup></b>	No religion	15%	31%	54%	10%	40%	50%
	Catholic	3%	39%	63%	6%	42%	52%
	Evangelical	4%	33%	63%	11%	33%	56%
<b>Marital Status<sup>2</sup></b>	Married/united	5%	35%	60%	6%	48%	46%
	Single/separated/widow	6%	33%	61%	10%	28%	62%

<b>Paid work<sup>2</sup></b>	Yes	2%	28%	70%	4%	22%	74%
	No	7%	35%	58%	10%	44%	46%
<b>Head of household<sup>2</sup></b>	Father	4%	32%	64%	6%	24%	70%
	Mother	7%	37%	56%	11%	31%	57%
	Husband	7%	36%	57%	7%	46%	47%
	Respondent	—	—	10%	—	100%	—
	Others	—	—	—	—	—	—
<b>Relationship sex and pregnancy<sup>3</sup></b>	Had sex and got pregnant	6%	45%	49%	8%	41%	51%
	Had sex and didn't get pregnant	2%	32%	66%	9%	24%	67%
	Never had sex	8%	29%	63%	—	42%	58%
<b>Condom use at first intercourse<sup>3</sup></b>	Yes	6%	35%	59%	13%	31%	56%
	No	11%	38%	50%	11%	43%	47%
<b>Condom use at last intercourse<sup>3</sup></b>	Yes	7%	37%	56%	10%	39%	51%
	No	8%	39%	58%	13%	35%	52%

<sup>1</sup>Significant for both age groups at p-value=0.05 <sup>2</sup>Significant for age group 20 to 24 at p=0.05

<sup>3</sup>Not significant at P=0.05 for any age groups <sup>a</sup> Significant for age group 15 to 19 at p=0.05

### 3.4 Determinants of Condom Use

We used condom use as a major indicator of vulnerability. Condom use prevents risk of HIV and sexually transmitted infections and also enables women to exercise choice over pregnancy. We explored condom use at both first and last intercourse.

#### 3.4.1 Determinants of Condom Use at First Intercourse:

Table 6 shows frequency of condom use at first intercourse distributed according selected demographic and sexual autonomy indicators, controlling by age group (15 to 19 years old and 20 to 24 years old). Adolescents/young women who have ever been married were less likely to have had used a condom in their first intercourse than those who never married. Adolescents were more likely to have used condoms in their first sexual intercourse than 20 to 24 year old women, even among those who had ever been married (data not shown). Age thus has an effect independently of marital status. Those who have ever been pregnant were less likely to have used condoms at their first intercourse, in both age groups.

To have ever been tested for HIV is also associated with non-use of condoms. This probably reflects the high number (97%) of women who were tested for HIV during their last pregnancy, reflecting the correlation between pregnancy and reduced condom use, as well the negative association with participation in a family planning group among single women: when they go there, in general they are already pregnant (data not shown).

Adolescents/young women who live with their mother were also more likely to have used a condom at their first intercourse. Although not a significant association, among single

women, those who live in households headed by their mothers present the highest proportion of condom use at first intercourse (75%) when compared to those who live in household headed by their fathers, husbands or other relatives.

**Table 6: Frequency of condom use at first intercourse among 15 to 24 year females living at Taquaril, according to some sexual autonomy indicators, controlled by age. Brazil, 2005.**

Frequency of condom use at first intercourse	15-19		20-24	
	Yes %	No %	Yes %	No %
<b>Ever been married</b>				
Yes	52	48	45	55
No	78	22	74	26
<b>Ever been pregnant</b>				
Yes	58	42	46	53
No	78	22	85	15
<b>Ever been tested to HIV</b>				
Yes	61	39	48	52
No	80	20	75	25
<b>Under the influence of alcohol/drugs at first intercourse</b>				
Yes	17	83	23	77
No	76	24	57	43
<b>Talked with partner about how to avoid children before first intercourse</b>				
Yes	86	14	73	27
No	54	46	32	68
<b>Wanted first intercourse</b>				
Yes	76	24	60	40
No	62	38	38	62
<b>Who decides about what method to use</b>				
She alone	62	38	44	56
Partner alone	100	--	--	--
Both of them	78	22	63	37
<b>Finds difficult to propose condom use to partner</b>				
Finds very difficult	43	57	57	43
Finds somewhat difficult	54	46	47	53
Finds no difficult at all	79	21	58	42
<b>Partner ever refused to wear condoms</b>				
Yes	50	50	46	54
No	81	19	61	39
<b>Believes condom use interferes during sexual intercourse</b>				
Yes	71	29	45	55
No	74	26	60	41
Does not know	--	100	--	100

Significant at p-value=0.05

Some indicators of sexual autonomy were correlated with the use of condom at first sexual intercourse. Respondents who discussed with their partner about how to avoid a pregnancy before having their first sexual experience had a higher frequency of condom use at their first intercourse, even when controlling by age and marital status. This is an important variable related both to the capacity of women to negotiate condom use and men's important role in this process. Those who wanted to have their first sexual intercourse at

the time they had it were more likely to use condoms at the first intercourse, as well those who decided together with partner what contraceptive method to use. This correlation was, however, only significant among 20 to 24 years old and single women.

Variables related to mobility “to ever been forbidden of wearing some clothes”, “to ever been forbidden to have a friend” and “to have a time set to arrive at home”, are all related to a lower frequency of condom use at the first sexual intercourse among adolescents (table 7). The kind of relationship (if more equal or authoritarian) that a young woman is likely to establish with her partners seems to influence in the likelihood of condom use, even before marriage.

**Table 7. Frequency of condom use at first intercourse among 15 to 24 year females living at Taquaril, related to some autonomy indicators, controlled by age group. Brazil, 2005.**

Frequency of condom use at first intercourse	15-19 N=93		20-24 N=163	
	Yes %	No %	Yes %	No %
<b>Ever been victim of physical violence</b>				
Yes	62.8	37.2	34.4	65.6
No	78.0	22.0	67.7	33.3
<b>Who hit</b>				
Parent	69	31	48	52
Partner	29	71	26	74
Never was hit	78	22	67	33
<b>Ever prohibited to wear some kind of clothes</b>				
By parents	69	31	73	27
By boyfriend	86	14	64	36
By husband/partner	44	56	34	66
Never was prohibited to wear any kind of clothes	67	33	59	41
<b>Ever prohibited to have friends</b>				
By parents	62	38	60	40
By boyfriend	93	07	53	47
By husband/partner	50	50	40	60
Never was prohibited to have friends	72	28	60	40
<b>Has time limit to get home</b>				
Established by parents	80	20	50	50
Established by husband/partner	25	75	44	56
Has no time limit	65	35	52	45

Significant at p-value=0.05

Indicators related to freedom of threat also were correlated with condom use. To have ever been a victim of physical violence and to have ever been a victim of physical violence by a husband was associated with a lower frequency of condom use at the first time, among all groups although not a significant association in some. These findings reflect the high level of domestic violence found in the area. Thirty-seven percent of them have seen their mothers being hit by their fathers/stepfathers. Among women who have ever been married, 27% have been victims of physical violence from a partner/husband. Domestic violence significantly increases young women’s susceptibility to unwanted pregnancies and STIs/HIV and is directly linked to gender inequality and lack of autonomy among women.

Given the strong relationship found in our analysis that talking to partners about preventing pregnancy before having first sexual intercourse in relation to condom use, we explored other independent variables that could be linked to the probability of adolescents/young women talking with their partner about contraception before intercourse. There was a greater likelihood of discussing condom use with partners in younger and single women, in women who were 18 years or older at first intercourse, and in those who talked with the mother about sex. Schooling levels, having had sex education in school and having received information on HIV prevention in school were significantly positively associated with talking with partners about contraception, but only for 20 to 24 year olds. These results suggest that the exposure to sexual information either at home or at school increases the likelihood of has young women engaging in preventive behaviour regarding HIV and AIDS.

### 3.4.2 Determinants of Condom Use at Last Intercourse:

At last sexual intercourse, both older and married women were less likely to have used condoms, as were those who had ever been married, or who had ever been pregnant. Condom use at first intercourse was not associated to condom use at last intercourse. Condom use at last intercourse was higher for adolescents in a relationship where they decided together with partner what contraceptive to use and for single women who lived in mother headed household. Some indicators women's sexual autonomy and less traditional relationships between men and women seem thus to be positively associated with condom use at last sexual intercourse.

There are some factors that mediate in this. Condom breakage during sex is associated with less condom use for adolescents and single women (maybe reflecting their lack of experience with condoms). Women's belief that condoms interfere with sex (either by hurting or by diminishing the pleasure) also influenced the frequency of condom use at the last time among adolescents. This is a subject that is treated frequently from the male point of view however it also seems to affect how women perceive condoms and their willingness to use them. Adolescents' complaints about condoms hurting or interfering in pleasure may also indicate that they do not have enough lubrication (related maybe to not feel enough pleasure during sex or the presence of some vaginal infection).

Two variables presented an unexpected influence at on condom use at last time: young women who used alcohol or drugs were more likely to have used condoms and single and married women who declared they enjoyed sex were less likely to have used it. It may be that the latter finding may indicate that women in a more stable relationship are more likely to enjoy sex and to use fewer condoms. Women who used alcohol or drugs at their last intercourse were less likely to be married (92% of them were single) and thus more likely to wear condoms. Data presented in table 8 also indicates that married women who participated in a family planning group were more likely to have used condoms, the opposite association found with first time. This is an encouraging finding about the role of health centres in prevention.

**Table 8: Frequency of condom use at last intercourse among single and married females living at Taquaril. Brazil. 2005.**

Has used condom at last intercourse:	Single/separated		Married	
	Yes %	No %	Yes %	No %

<b>Ever been pregnant</b>				
Yes	52	48	23	77
No	71	29	9	91
<b>Head of household</b>				
Father	54	46	20	80
Mother	74	26	25	75
Husband	-----	-----	21	79
Respondent	33	67	50	50
Others	63	37	17	83
<b>Condom has ever broken</b>				
Does not use	0	100	0.0	100
Many times	25	75	50.0	50
A few times	60	40	13.5	86
Never	69	30	28.3	72
<b>Enjoys sex</b>				
Yes	57	43	17	83
Sometimes	80	20	57	43
No	76	24	31	69
<b>Ever participated in Family Planning at health centre</b>				
Yes	61	39	29	71
No	64	36	12	88

Significant at p-value=0.05

These findings differ from those related to condom use at first time, indicating that the non use of condoms is a woman's decision too, reflecting her beliefs about love, relationships and intimacy.

#### 4. CONCLUSIONS

Our findings indicate that there are associations between young women's condom use, as an indicator of susceptibility to unwanted pregnancies and STIs/HIV, and some indicators of autonomy. This is particularly so for indicators linked to autonomy in the dimensions of sexuality, mobility, and freedom from threat from a husband/partner. Age and marital status, and particularly the latter, also determine condom use.

Although sometimes the correlations found were not statically significant, seems to exist a clear pattern in holding less traditional beliefs and having more autonomous behavior regarding different dimension of young women's lives. Women's autonomy and ability to reduce risk appears to be affected by the kind of relationships young women establish with their husband/partners. Our findings also suggest that sexual autonomy seems to be correlated with preventive practices, especially among adolescents. Structural gender inequality as reflected in unequal relationships, seems to have an explanatory role in young women's vulnerability to unwanted pregnancies and exposure to STIs/HIV. It is also very clear in our results that men's role is fundamental in this process of successful negotiating a healthy and enjoyable sexual life for both partners. Nevertheless, men's role are much less studied and understood. Consequently, young men almost are a lesser focus of public health policies.

On the other hand, while young women are frequently the targets of sexual and reproductive programs, this appears from our data to be *after* they have become pregnant,

in their roles as mothers, and they appear to be ignored by the other programs, governmental or not, that currently focus in empowering young men through vocational training and job placement. The few programs geared towards young women tend to reproduce traditional gender roles by teaching them for instance how to be manicurists or nannies, jobs that generally are poorly paid and without opportunities for professional growth.

Hence although women tend to be better educated, they are less likely to hold a job and have far less work options that men have, so that programmes that do not challenge these structural inequalities may end up and reinforcing gender inequality. As young women graduate from high school and find themselves without real prospects, getting pregnant and marrying (or not) may seem a logical solution to what to do with their lives.

We propose that giving wider economic opportunities to young women, getting them into the health services *before* they get pregnant and attracting more men into reproductive and sexual health programmes would be a welcome, necessary shift in the public policies that have developed until now. We further propose that social programs improve young women's livelihood opportunities through professional training, and that preventive programs be implemented to curb domestic violence. Programs for women's health that do not incorporate any of the decades old discussion on sexual and reproductive rights and tend just the reproduce social stereotypes where women are main responsible for the families health care and their health needs reduced to pre-natal care and family planning services.

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