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Gender-based violence and sexual and reproductive health among low-income youth in three Brazilian cities

Alessandra Sampaio Chacham,^a Andrea Branco Simão,^b André Junqueira Caetano^c

a Associate Professor, Department of Social Sciences, Pontifical Catholic University of Minas Gerais, Brazil
Correspondence: achacham@pucminas.br

b Associate Professor, Department of Social Services, Pontifical Catholic University of Minas Gerais, Brazil

c Associate Professor, Pontifical Catholic University of Minas Gerais, Brazil

Abstract: *In this article, we investigate how gender-based violence (GBV) affects the sexual and reproductive health of impoverished adolescents and young adults. We analyse data from a 2011 survey of 450 young women and 300 young men aged 15–29, living in poor neighbourhoods of three middle-sized cities in Minas Gerais, Brazil. In this survey we used a closed-ended questionnaire to collect data from 150 women and 100 men in each city. Our main goal was to explore the relationship between GBV and young women's autonomy in relation to their sexuality, using indicators appropriate to Brazil. Our results showed a decreased prevalence of condom use at first intercourse and an increased prevalence of teenage pregnancies among young women who were in a relationship with a controlling and violent partner. Lower condom use was observed mostly among young men who acknowledged being violent and controlling towards a partner and they also were more likely to have made a partner pregnant as teenagers themselves. We conclude that some variables utilized here as indicators of control and violence from a partner and of young women's autonomy can help us to understand how GBV inside relationships affects the reproductive and sexual health of young men and women, and how empowering them can reduce their susceptibility to unwanted pregnancies and HIV and other STI infections. © 2016 Reproductive Health Matters. Published by Elsevier BV. All rights reserved.*

Keywords: gender-based violence, youth, teenage pregnancy, sexual health, reproductive health, Brazil

Introduction

This study sought to analyse how gender-based violence (GBV) increases young women's and men's susceptibility to unplanned pregnancies and HIV and other sexually transmitted infections (STIs). It is well known that GBV affects women's reproductive and sexual health.^{1–3} It might have an even stronger effect on younger women, especially those already in marital unions, who may already have less autonomy and control over their sexuality.⁴ Although GBV generally benefits males by perpetuating male dominance over women both in private life and in social life, it can also affect them negatively as men's violent and controlling behaviour may expose them to risk if it makes them less likely to use condoms to protect themselves.

In order to explore those issues, we used data from the META survey carried out in 2011 in three middle-sized cities in the state of Minas Gerais, Brazil. In this survey, we collected data from heterosexual youth to examine the association between the prevalence of

GBV in their romantic and sexual relationships and young women's autonomy and control over their sexuality and their reproductive decisions. 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.”² In the reproductive and sexual health sphere, autonomy means a woman/girl can safely determine when and with whom she has sexual relations, and can regulate her fertility and safe childbirth.⁵ Several indicators of women's autonomy in different spheres have been explored in surveys such as Demography Health Surveys (DHS) in countries in Asia and Africa,⁶ and in a few in Latin America,^{1,2} but they have not been systematically included in surveys done in Brazil.

In our work, we used some of the indicators of autonomy to examine whether and how a reduced degree of autonomy in different dimensions of young women's lives increases their susceptibility

to unplanned pregnancies and to HIV and other STIs. Ventura maintains that teenagers and women of reproductive age are most vulnerable to forced sexual relationships, aggression, rape, prostitution and sexual assault.⁷ However, men can also be affected by a partner's violent behaviour, albeit in lower proportions. We focused therefore on the experiences of both young men and women from lower economic strata, as both teenage pregnancy and early marriage are more common among the most impoverished sectors of the Brazilian population.^{8,9} The challenge we confronted was how to build indicators of different dimensions of young women's lives that would make sense within the social and cultural context of low-income youth living in urban areas in Brazil, a country that presents a façade of sexual openness amid the persistence of traditional values, riddled with the *machismo* that characterizes Latin American cultures.¹⁰ Results from two previous surveys done with adolescents and young women living in Belo Horizonte (the state capital of Minas Gerais) guided us in this process.^{11,12}

Methods

Minas Gerais is the second most populated state in Brazil, with almost 20 million inhabitants in 2010,¹³ and is located in the more economically developed region of the country. However, mirroring Brazil's overall inequalities, there is a sharp contrast between the richer south and the poorer north regions of the state. The cities selected as research sites – Teófilo Otoni, Varginha and Betim – are located in different regions in order to reflect this diversity.

Teófilo Otoni, located in the north with approximately 135,000 inhabitants in 2010, is a centre of extraction and commerce of precious stones. Varginha, in the south, with a population of 123,000 in 2010, has both industries and large coffee plantations. Both cities are important regional centres attracting migrants from neighbouring areas, but Varginha is a much more affluent city than Teófilo Otoni. Betim is located in the middle of the state and belongs to the metropolitan area of Belo Horizonte, the state capital. The city had 377,000 inhabitants in 2010 and, as an important industrial district, it attracts migrant workers from all over the state. Betim is a wealthy city but very unequal, with large *favelas* (slums) surrounding the city.¹³

These three Brazilian cities were included as research sites in the META survey. In Brazil, data on adolescents' sexual and reproductive health,

especially teenage pregnancy, are rarely collected in smaller cities outside large metropolitan areas, where most of the Brazilian population live. The Meta survey is one of the few studies that provide this kind of information. The questionnaire comprised ten different sections, collecting information about socio-demographic characteristics, sexuality, norms and values. In this study we use data from sections regarding education, sexual and reproductive history, and domestic and sexual violence, as well as from a section designed to capture norms and values. The META Project was approved by the Ethics Committee of the Pontifícia Universidade Católica de Minas Gerais: CAAE-0100.0.213.000-10.

The research questions and hypotheses were limited to the targeted population, i.e., the urban poor. We defined as poor the census tracts where the average income of the head of household was below the minimum wage in July 2000 (USD84.00). The only complete set of census tracts for sampling procedures available in 2011 was from the 2000 Census, so the information was somewhat out of date.

In order to include as many site variations as possible, we randomly selected ten census tracts for young women and ten for young men in each municipality. We listed every resident of each household in those tracts and interviewed either one female or one male subject in a given household. Given time and resource limitations, the goal was 15 female interviewees and ten male interviewees per census tract. Female and male college students conducted the interviews between June and August 2011, supervised by the researchers.

We interviewed 450 young women (150 in each town) and 300 young men (100 in each town) aged 15–29. In each town, we interviewed the same number of female and male respondents in each age group (15–19, 20–24 and 25–29 years old). Older youth (25–29) were included to study the longitudinal impact of sexual and reproductive behaviour.

Our questionnaire was based on previous surveys focusing on women's autonomy in Brazil.^{11,12,14} In order to examine the relationship between the prevalence of teenage pregnancy and condom use among our respondents, and their experience of GBV, we selected the questions presented in **Box 1** as indicators of control and GBV from or towards a partner, and of autonomy in the sexual sphere.

The answers were coded, entered into a database and analysed using the Statistical Program for Social Sciences (SPSS 16.0). The Chi-square test was used to assess the statistical significance for each bivariate association, set at $p < 0.05$. The Cramer's V was then

Box 1. Indicators of control and gender-based violence and sexual autonomy**Indicators of control and gender-based violence (female respondents)**

If a partner has ever forbidden her to wear some types of clothes
 If a partner has ever forbidden her to have contact with some friend(s)
 If a partner has ever set a time limit for her to arrive home
 If she ever had a time limit to arrive home set by a partner
 If a partner has ever forbidden her to go somewhere
 If she has ever been hit by a partner
 If she has ever suffered sexual violence from a partner

Indicators of control and gender-based violence (male respondents)

If he has ever forbidden a partner to wear some types of clothes
 If he has ever forbidden a partner to have contact with some friend(s)
 If he ever set a limit for a partner to arrive home
 If he has ever forbidden a partner to go somewhere
 If he has ever hit a partner
 If he has ever forced a partner to have sex against her will
 If he has ever suffered physical violence from a female partner

Indicators of sexual autonomy (female respondents)

Age at first sexual intercourse
 If she desired to have first intercourse
 If she discussed contraception use with partner before first sexual intercourse
 If a partner ever refused to use a condom
 If she would feel able to avoid sex if partner did not want use a condom
 If she would feel safe to interrupt sex to request use of condom
 If she had ever been forced by a partner to have sex against her will

Indicators of sexual autonomy (male respondents)

Age at first sexual intercourse
 If he desired to have first intercourse
 If he discussed contraception use with partner before first sexual intercourse
 If he has ever refused to put on a condom
 If he would avoid sex if partner did not want use a condom
 If he would accept a partner interrupting sex to ask him to put on a condom
 If he has ever forced a partner to have sex against her will

Source: “META – Projects and reproductive, educational and professional trajectories of young women and men between 15 to 29 years old in Minas Gerais: the role of adolescent parenthood.” Brazil, 2011

used as a measure of the strength of those associations. The odds ratio* (OR) was calculated for each bivariate association to indicate the differential odds of experiencing a teenage pregnancy and of using condom at first intercourse.

Results**Sexual and reproductive behaviour and social and economic determinants**

We found that the proportion of respondents who ever had sex is practically the same for

females and males (77% versus 81%). The sexual initiation mean was age 16 for women and 15 for men. Pre-marital sex was common among both young men and women; however, for most women (74%) the first intercourse occurred in the context of a stable relationship with a boyfriend or fiancé, while over half the men reported their first sexual experience was with a friend or acquaintance.

The prevalence of condom use in first intercourse was similar for males and females, around 72%. Among women, we observed a significant decrease of condom use in the last intercourse compared to the first, with 40% declaring condom use in their last intercourse. Among men, we found a much smaller decrease of condom use from the first to the last intercourse, which can be attributed to the fact that, according our data, young men were less likely to be in a stable

*Odds Ratio (OR) is the preferred method of quantifying associations in social sciences. The OR simply indicates the probability of having one condition if you have another, but it does not establish causality.¹⁵

Table 1. Prevalence of teenage pregnancy among young women as reported by young women and men in Betim, Teófilo Otoni and Varginha, according to selected socio-economic characteristics. Brazil 2011.

	Young women (n=450)			Young men (n=300)		
	Yes (%) (n=115)	No (%) (n=335)	Cramer's V	Yes (%) (n=20)	No (%) (n=280)	Cramer's V
Monthly family income						
<1 minimum wage	25.2	12.8	0.175*	0.0	6.1	0.101
1-2 minimum wages	32.2	27.8		30.0	26.8	
2-3 minimum wages	23.5	28.7		40.0	26.4	
>3 minimum wages	19.1	30.7		30.0	40.7	
Schooling level						
Up to 5th grade	18.3	6.9	0.286*	30.0	9.7	0.180*
6th to 9th grade	40.0	21.8		15.0	27.6	
Some high school	21.7	27.8		25.0	26.9	
High school	18.3	35.8		30.0	28.3	
College	1.7	7.9		0.0	7.5	
Head of household						
Father	15.7	39.4	0.382*	25.0	48.2	0.310*
Mother	13.0	20.3		0.0	13.6	
Respondent	11.3	7.8		55.0	20.7	
Husband/wife	48.7	19.4		0.0	1.8	
Parent in law	4.3	0.3		10.0	0.7	
Stepfather	2.6	1.8		0.0	1.1	
Other relative	4.4	11.0		10.0	13.9	
Marital Status						
Single/divorced/widow	34.8	73.1	0.347*	35.0	82.1	0.289*
Married/in a union	65.2	26.9		65.0	17.9	
Work outside home						
Never worked	11.3	13.4	0.143*	0.0	11.7	0.150*
Yes	35.6	44.2		100.0	62.7	
Not at the moment	48.6	32.2		0.0	19.0	
Student only	4.5	10.2		0.0	6.6	
% of household expenses you pay for						
Nothing	26.2	27.1	0.293*	5.3	16.3	0.196*
Less than half	16.4	32.6		26.3	38.9	
Half	11.5	22.1		10.5	17.4	
More than half	21.3	8.3		21.1	11.1	
Everything	24.6	9.9		36.8	16.3	
Still in school						
Yes	13.9	46.3	0.291*	5.0	41.1	0.185*
No	86.1	53.7		95.0	58.9	

Table 1 (continued)

	Young women (n = 450)			Young men (n = 300)		
	Yes (%) (n = 115)	No (%) (n = 335)	Cramer's V	Yes (%) (n = 20)	No (%) (n = 280)	Cramer's V
Why did you leave school?						
Finished high school	8.3	33.3		0.0	19.98	
To work	9.5	11.6		65.0	33.3	
Pregnancy/children	38.1	9.6		5.0	0.5	
Did not like school	23.8	12.6	0.432*	0.0	17.2	0.281*
Cannot afford school	3.6	15.7		10.0	12.4	
Others	16.7	17.2		20.0	16.7	
n	99	180		19	165	

Source: "META – Projects and reproductive, educational and professional trajectories of young women and men between 15 to 29 years old in Minas Gerais: the role of adolescent parenthood." Brazil, 2011
* Statistical significance accepted at p-value ≤ 0.050.

relationship and more likely to have casual sex, findings that match results from other surveys.^{10,11} Almost half (47%) of the female respondents had become pregnant at least once, 25.5% of them before they were 19 years old, and 44% had at least one child. The prevalence of teenage pregnancy was very similar among respondents in all three cities.

Just 22% of male respondents declared they had ever made a partner pregnant, and this was much less likely to have been during adolescence; only 7% of them declared they made a partner pregnant before they were 19 years old.

The young men and women interviewed also varied a lot in their social and economic characteristics, even when they lived in the same areas. Female respondents tended to live in households with lower income levels, although on average they had more years of education than the male respondents. These differences were even greater in the context of the socioeconomic characteristics of those who ever experienced a teenage pregnancy. The results demonstrate that young women who experienced a teenage pregnancy had fewer years of schooling and a lower income level than women who did not (Table 1). Pregnancy and caring for children were significant causes for teenage mothers to leave school. They were also less likely to be working or still in school at the time of the interview and were much more likely to be married or living in a stable union than the young women who did not have a teenage pregnancy. Although their

average earnings were less than those who had not experienced a teenage pregnancy (data not shown), a higher proportion of them declared they were the main providers for the household at the time of the interview.

In contrast, we found no income difference between male respondents who made a partner pregnant as teenagers and those who did not. Although the former had fewer years of schooling, they earned approximately the same amount as the other men (data not shown). They were more likely to declare they were the person responsible for the household and to be working and out of school at the time of the interview. The need to work was the main reason for leaving school. Like their female counterparts, a much higher proportion of them were married or living with a partner and were also the main provider for the household.

Gender inequality, autonomy indicators and sexual and reproductive behaviour

Data analysing the relationship between teenage pregnancy and exposure to GBV show that among female respondents, those who became pregnant as teenagers reported higher rates of physical or sexual violence from a partner. Among them, 20% reported having suffered physical violence from a partner and 10% reported having been subjected to sexual violence from a partner, compared to 5% and 3% respectively of those who did not get pregnant as teenagers. Although, it is not possible to estimate to what extent experience of violence was

Table 2. Probability of teenage pregnancy among adolescents and young women and men interviewed in Betim, Teófilo Otoni and Varginha, according to selected indicators of violence and control from towards a partner (excluding those never partnered). Brazil, 2011.

(1) Reference category	Young women (n = 410)				Young men (n = 258)			
	Yes (%) (n = 115)	No (%) (n = 295)	Odds Ratio	Confidence Interval	Yes (%) (n = 20)	No (%) (n = 238)	Odds Ratio	Confidence Interval
Partner ever controlled clothes (females) / ever controlled partner's clothes (males)								
Yes (1)	39.2	22.3			55.0	20.2		
No	60.8	77.7	2.265*	1.423-3.605	45.0	79.8	4.863*	1.907-12.401
Partner ever controlled friendships (females)/ever controlled partner's friendships (males)								
Yes (1)	37.2	26.4			30.0	10.9		
No	62.8	73.6	1.629*	1.028-2.580	70.0	89.1	3.511*	1.242-9.928
Has time limit to arrive home set by partner (females) / ever set time for partner to arrive home (males)								
Yes (1)	32.7	15.1			20.0	13.0		
No	67.3	84.9	2.706*	1.632-4.487	80.0	87.0	0.377	0.526-5.344
Partner controls places she can go (females) / controls places partner can go (males)								
Yes (1)	40.7	27.4			30.0	21.0		
No	59.3	72.6	1.783*	1.134-2.805	70.0	80.0	1.620	0.592-0.430
Has ever suffered physical violence from a partner (for females and males)								
Yes (1)	19.8	5.4			42.1	11.8		
No	80.2	94.6	4.351*	2.163-8.751	57.9	88.2	5.483	2.020-14.879
Has suffered sexual violence from a partner (females) / has been physically violence towards a partner (males)								
Yes (1)	9.8	2.9			21.1	8.2		
No	90.2	97.1	3.676*	1.437-9.400	78.9	91.8	3.022	0.907-10.071

Source: "META – Projects and reproductive, educational and professional trajectories of young women and men between 15 to 29 years old in Minas Gerais: The role of adolescent parenthood". Brazil, 2011
* Statistical significance accepted at p-value ≤ 0.050.

underreported, this difference shows a significant association between exposure to GBV with teenage pregnancy that is reinforced by findings presented in Table 2. As demonstrated, a higher proportion of girls who became pregnant as teenagers also reported ever having a partner forbidding them to wear certain kind of clothes, to have friends, to go to particular places, or setting a time for them to arrive home. These questions are in a sense more readily answered by respondents than questions on physical violence, as controlling behaviour is frequently romanticized and attributed to loving feelings from a partner. They may, therefore, be less likely to be underreported and support our main finding: in every single question related to violence and control from a partner, respondents who became pregnant as teenagers were more likely to answer positively than those who never got pregnant or who got pregnant after they were 19 years old.

The findings were symmetrical: male respondents who were teenagers when they made a partner pregnant reported having had violent and/or controlling behaviour in higher frequency than those who did not. They also reported more frequently having ever controlled a partner's clothes, set an hour for her to be home and having ever hit a partner. A much higher proportion of them (42%) also reported having been victims of physical violence by a partner compared to the other male respondents, although none declared needing medical attention or denouncing their partners because of this aggression.

The respondents tended to minimize both the violence committed and the violence received as "not a big deal" and many of them, when asked about their controlling behaviour, declared proudly they did not need to forbid a partner to do something, because "she knew her place" or "how to

Table 3. Probability of teenage pregnancy among adolescents and young women and men interviewed in Betim, Teófilo Otoni and Varginha, according to selected indicators of sexual autonomy (virgins excluded). Brazil, 2011.

(1) Reference category	Young women (n=350)				Young men (n=242)			
	Yes (%) (n=115)	No (%) (n=235)	Odds Ratio	Confidence Interval	Yes (%) (n=20)	No (%) (n=222)	Odds Ratio	Confidence Interval
Age of sexual initiation								
Up to 15 years old(1)	66.7	26.3			80.0	52.3		
16 years old or older	33.3	73.7	5.690*	3.482-9.297	20.0	47.7	3.655*	1.184-11.280
Talked to partner about contraception before 1st intercourse								
No (1)	60.0	37.8			75.0	70.7		
Yes	40.0	62.2	2.435*	1.536-3.860	25.0	29.3	1.242	0.434-3.559
Condom use at first sexual intercourse								
No (1)	40.4	20.1			30.0	27.0		
Yes	59.6	79.9	2.691*	1.637-4.422	70.0	73.0	1.157	0.425-3.149
Partner ever refused to use a condom (females) / has ever refused to use a condom (males)								
No (1)	65.8	80.6			73.7	88.2		
Yes	34.2	19.4	0.462*	0.277-0.770	26.3	11.8	0.375	0.125-1.127
Would feel safe to refuse (females) / would accept partner refusal (males) to have sex without a condom								
No (1)	26.8	16.5			45.0	25.0		
Yes	73.2	83.5	1.850*	1.067-3.206	55.0	75.0	2.440*	0.960-6.198
Has ever been forced by a partner to have sex (females) / has ever forced a partner to have sex (males)								
No (1)	89.5	95.9			95.0	96.7		
Yes	10.5	4.1	1.390*	0.775-2.494	5.0	3.3	0.714	0.085-6.012
Condom use at last sexual intercourse								
No (1)	71.3	53.1			65.0	33.3		
Yes	28.7	46.9	2.193*	1.354-3.550	35.0	66.7	3.714*	1.422-9.703

Source: “META – Projects and reproductive, educational and professional trajectories of young women and men between 15 to 29 years old in Minas Gerais: The role of adolescent parenthood”. Brazil, 2011

* Statistical significance accepted at p-value ≤ 0.050.

behave properly”. These answers show how internalized traditional gender roles are in Brazil: even among the younger generation, women are expected to be submissive in their behaviour, especially regarding their sexuality, and men are assumed to have the right to control it.

These findings also suggest the prevalence of controlling and violent behaviour by young men might be even higher, although the proportions of affirmative responses to questions on controlling/violent behaviour reported by males were notably close to that reported by female respondents to questions on experiencing controlling or violent behaviour by their partners.

The association between selected indicators of women’s autonomy over their sexuality with the prevalence of teenage pregnancy among the

respondents (Table 3) and with condom use at first intercourse (Table 4) point in the same direction.

As presented in Table 3 and Table 4, having less autonomy and experiencing control and violence from a partner were associated throughout young women’s sexual trajectory with a higher rate of teenage pregnancy and a lower rate of condom use at first intercourse. According to our results, higher chances of a teenage pregnancy and lower chances of condom use were associated among female respondents with affirmative answers to the following questions used as indicators of young women’s autonomy in the sexual sphere: “if she has ever being forced to have sex by a partner”; “if a partner ever refused to use a condom”; “if she does not feel safe enough either to

Table 4. Probability of condom use at first sexual intercourse among adolescents and young women and men interviewed in Betim, Teófilo Otoni and Varginha, according to selected indicators of sexual autonomy (virgins excluded). Brazil 2011.

(1) Reference category	Young women (n=350)				Young men (n=242)			
	Yes (%) (n=249)	No (%) (n=101)	Odds Ratio	Confidence Interval	Yes (%) (n=176)	No (%) (n=66)	Odds Ratio	Confidence Interval
If desired first intercourse								
No (1)	12.0	20.9			9.4	9.4		
Yes	88.0	79.1	1.926*	1.023-3.629	90.6	90.6	0.996	0.372-2.668
Talked to partner about contraception before 1st intercourse								
No (1)	37.1	67.0			63.6	90.9		
Yes	62.9	33.0	3.448*	2.076-5.726	36.4	9.1	5.714*	2.338-13.966
A partner ever refused to use a condom (females) / has ever refused to use a condom (males)								
No (1)	79.8	64.4			87.4	86.2		
Yes	20.2	35.6	0.458*	0.269-0.779	12.6	13.8	0.901	0.391-2.073
Would feel safe to refuse (females) / would accept partner refusal to (males) have sex without condom								
No (1)	16.9	28.4			37.4	50.0		
Yes	83.1	71.6	1.995*	1.103-3.465	62.6	50.0	1.677	0.941-2.990
Would feel safe to interrupt sex to demand (females)... / would accept partner's demand for (males) use of condom								
No (1)	13.3	29.2			24.7	32.3		
Yes	86.7	70.8	2.695*	1.495-4.859	75.3	67.7	1.454	0.779-2.713
Has ever hit a partner (males)								
No (1)					93.4	80.6		
Yes					6.6	19.4	3.408*	1.387-8.374

Source: "META – Projects and reproductive, educational and professional trajectories of young women and men between 15 to 29 years old in Minas Gerais: The role of adolescent parenthood". Brazil, 2011.
* Statistical significance accepted at p-value ≤ 0.050.

interrupt intercourse to demand a condom"; or "if she does not feel safe to refuse intercourse if the partner does not want to use a condom". Affirmative response to the question "discussed with their partner about contraceptive use before first intercourse", which denotes young women's autonomy and control over their sexuality, was associated with higher chances of condom use at first intercourse and lower chances of a teenage pregnancy.

For young men, only the variables "age at first intercourse" and "used condom at last intercourse" had a significant correlation with getting a partner pregnant as teenagers. However, among those respondents, and also among those who did not use a condom at their first intercourse, a higher number declared they have refused to use condoms or that they would refuse to stop intercourse to put on a condom if their partner wanted. The variable "if he discussed

contraceptive use with his partner before first intercourse" was associated with condom use while "if he ever hit a partner" was associated with lower chances of condom use, as we would expect. (Table 4)

When we considered both male and female respondents, only age at first intercourse showed a statistically significant correlation with teenage pregnancy for both genders. Sexual initiation before or at age 15 was associated with a higher teenage pregnancy rate. This association cannot be explained by the longer period of exposure to the risk of becoming pregnant: young women who got pregnant during adolescence had their first sexual experience on average at around 15.2 years old and became pregnant at 16.6 years old, a difference of a little more than one year. In contrast, young women who became pregnant after age 19, had their sexual initiation at 17.5 on average and their first pregnancy at

22.0 years old, almost five years later. Sex at younger ages could probably be associated with a lesser degree of autonomy and control over the circumstances of sexual initiation, heightened vulnerability to partner's pressure to have sex, in particular for females, and consequently, less capacity to demand condom use at that moment and in subsequent relationships. Results from other studies regarding condom use support this assertion.^{12,16}

Discussion

Our study aimed to expand our understanding of teenagers' sexual and reproductive behaviour, more specifically teenage pregnancy and condom use at first intercourse, by considering the impact of gender-based inequality and violence. This research project drew upon data available through the META dataset that included teenagers living in medium-sized cities in Brazil. Research on these issues often studies teenagers in large Brazilian urban areas. For example, the GRAVAD[†] Survey focused on three state capitals. Consequently, teenagers living outside large cities receive very little or no attention. In addition, although many studies confirm that teenage pregnancy confers considerable hardship on the girls' lives, only a small portion of the literature has examined the GBV that permeates the lives of young people, and practically none evaluates the impact of GBV on boys. In this sense, this study sheds light on important elements regarding the relationship between sexual and reproductive behaviour and GBV among teenagers living in diverse social conditions.

Many of our results, especially those related to age at sexual initiation and to the rates of condom use, confirmed those found by the GRAVAD Survey¹⁶ and by other surveys on adolescents' sexual behaviour in Brazil. The rates of teenage pregnancy we found in our study are also similar to those found for rural areas and for impoverished suburbs of metropolitan areas in Brazil^{8,18} and Latin America.¹⁰ In a study of the socio-

demographic behavioural profile of low-income teenagers in a very poor neighbourhood in São Paulo, the largest Brazilian city, Chalem et al.¹⁸ found that 27% of 1,000 girls included in their study had been pregnant at least once. Using the GRAVAD data set, Dias and Aquino¹⁹ have shown that from a total of 4,634 teenagers from different social backgrounds interviewed, 18% of the girls and around 6% of the boys had experienced parenthood during adolescence. The difference between the rates of teenage pregnancy found by GRAVAD and by our study can be explained by the fact that the teenage pregnancy rate is much lower for respondents with higher family income than those in lower income brackets¹⁹ and our respondents had a lower average income than in GRAVAD.¹⁶ In this sense, our results are in line with previous findings,^{8,17,19,20} that point to the impact of class inequality on the probability of being a parent during adolescence.

Our findings also point to the gender imbalance in the consequences of a teenage pregnancy for girls when compared to their male counterparts: young women who got pregnant as teenagers were less educated, had lower levels of income, were more likely to have left school than young women in the same social class and living in the same area, but who did not get pregnant as teenagers. In other words, they were more likely to have a lower degree of access and control over material and social resources. Moreover, a particularly relevant result of our study in terms of gender unbalance is the association between teenage pregnancy and young women's exposure to violent or controlling behaviour from a partner.

Young women who became pregnant as teenagers were more likely to declare having ever been victims of physical abuse and controlling behaviour than young women who never became pregnant or became pregnant after adolescence, regardless of their marital status. However, we have to be cautious here and point out that with our data we cannot establish a direct cause and effect relationship, as we cannot imply that teenage pregnancy results in a greater likelihood of violence. Neither can we show that experience of violence leads to teenage pregnancy, as it is not possible to trace the temporal order of events from our data. Our results only indicate the presence of statistically significant associations that have been found in our previous studies.^{11,12} Data from different Latin American countries from the

[†]The GRAVAD Survey was the biggest study done on adolescents' sexuality and reproductive behavior in Brazil. For this study 4,634 young men and women between 18 to 24 years old living in three large metropolitan areas in Brazil, were interviewed between 2001 and 2002.¹⁶

1990s have also shown that, for many teenage women, violence starts or increases during pregnancy.²¹

Nevertheless, our results definitely point to the negative effect of GBV on young women's sexual and reproductive lives, as it leads them to less favourable positions within their relationships, making it difficult for them to negotiate condom use and the timing of sex. The positive association between the desire for condom use and having discussed contraception with their partner before sexual intercourse and actual condom use also points to the importance of young women's autonomy and of more equal relationships, improving the odds of safer sexual relationships for both sexes.

These findings were mirrored and reinforced by the results we found for young men, even if a small proportion of our male respondents had made a partner pregnant as teenagers. There is a very consistent association between ever having controlling or violent behaviour towards a partner with both condom use and getting a partner pregnant during adolescence. These findings reinforce how GBV has a negative impact on both young boys and girls' sexual health, as a young man's refusal to use condom would affect their female partners' sexual health too. The asymmetry of power between men and women in different areas of social life amplifies females' vulnerability at different levels, especially at the level of sexuality; nonetheless, it has implications for men's health too. While the double standard that still prevails in much of Brazil and other Latin-American countries expects young women to deny sex while encouraging young men to be "macho" and to act as sexual predators, it puts men in a position where they cannot deny sex nor be denied, and conflict and violence may arise. In this context, the capacity of young women negotiating the terms of sex timing and condom use is very limited as their partners expect them to take sole responsibility for contraception and not to insist on condom use. The right to use women's bodies for sex is implicit for those who feel they have the right to control their partner's clothes, friends, time and mobility and even to be physically violent to exercise their "rights".

Overall, our results support the call to implement public policies geared towards adolescents' and young adults' needs as fundamental to increasing the access of poor young women and

men to better educational and economic opportunities. In general, those who are more conservative and accepting of traditional norms and values present lower rates of educational attainment and have fewer profitable economic opportunities. It is well known that those in the forefront of changing attitudes have higher educational levels. Additionally, public policies targeting poor young women and men should develop strategies in order to assure they will have access to sexual and reproductive health education and services to prevent unwanted pregnancy, HIV and other STIs. It is also very important that health services train providers to deal with adolescents' and young people's needs without prejudice or conservative approaches. Health professionals should, for example, be able to talk openly with adolescents and young people, irrespective of gender, about how to have a pleasant but safer sex life. These are not easy tasks; facing them implies dealing with deeply rooted cultural and social norms and values that reinforce gender inequality as the natural order.

Furthermore, public policies should consider more seriously implementing school programs to inform and educate about the pervasiveness of gender violence within families and couples, as well as to develop strategies to curb the trend and combat impunity. These seem to be viable, although not easy, ways to overcome the persistence of unequal and oppressive gender relations.

The main limitation of this study, and a common problem with this kind of enquiry, is the relatively small sample size, especially of men, that limits the strength and scope of the statistical analysis. However, even with these limitations, our results point to indicators of women's autonomy in different spheres of life that can be useful as a measure of the impact of GBV and male control on young women's sexual and reproductive health, even in countries characterized by a high level of urbanization and modernization, such as Brazil.

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Résumé

Dans cet article, nous nous demandons comment la violence sexiste influe sur la santé sexuelle et génésique d'adolescents et de jeunes adultes démunis. Nous analysons les données d'une enquête de 2011 auprès de 450 jeunes femmes et 300 jeunes hommes âgés de 15 à 29 ans, vivant dans des quartiers pauvres de trois villes moyennes à Minas Gerais, Brésil. À l'aide d'un questionnaire à questions fermées, nous avons recueilli des informations auprès de 150 femmes et 100 hommes dans chaque ville. Notre principal objectif était d'étudier le lien entre la violence sexiste et l'autonomie des jeunes femmes en rapport avec leur sexualité, en utilisant des indicateurs adaptés au Brésil. Nos résultats ont montré une diminution de l'utilisation du préservatif lors du premier rapport et une prévalence accrue des grossesses chez les adolescentes qui étaient dans une relation avec un partenaire ayant un comportement dominateur et violent. Une moindre utilisation du préservatif a été observée principalement chez les jeunes hommes qui ont reconnu être violents et dominateurs à l'égard de leur partenaire. Ils avaient aussi plus de probabilités d'avoir engrossé une partenaire étant eux-mêmes adolescents. Nous concluons que certaines variables utilisées ici comme indicateurs de la domination et la violence d'un partenaire et de l'autonomie d'une jeune femme peuvent nous aider à comprendre comment la violence sexiste dans les relations influencent la santé sexuelle et génésique des jeunes gens et des jeunes femmes, et comment les responsabiliser peut réduire leur risque d'avoir une grossesse non désirée ou de contracter le VIH et d'autres IST.

Resumen

En este artículo, investigamos cómo la violencia de género afecta la salud sexual y reproductiva de adolescentes y adultos jóvenes empobrecidos. Analizamos datos de una encuesta realizada en 2011 de 450 mujeres jóvenes y 300 hombres jóvenes, entre 15 y 29 años de edad, que vivían en barrios pobres de tres ciudades medianas en Minas Gerais, Brasil. Utilizando un cuestionario cerrado, recolectamos datos de 150 mujeres y 100 hombres en cada ciudad. Nuestro objetivo principal era explorar la relación entre la violencia de género y la autonomía de las jóvenes con relación a su sexualidad, utilizando indicadores adecuados para Brasil. Nuestros resultados mostraron menor prevalencia en el uso de condones la primera vez que tienen coito sexual y mayor prevalencia de embarazos en la adolescencia entre las jóvenes que estaban en una relación con una pareja que mostraba comportamientos controladores y violentos. Se observó menor uso del condón principalmente entre hombres jóvenes que admitieron ser violentos y controladores hacia su pareja; además, resultó más probable que ellos hubieran embarazado a su pareja cuando eran adolescentes. Concluimos que algunas variables utilizadas aquí como indicadores del control y la violencia de una pareja y de la autonomía de las jóvenes nos pueden ayudar a entender cómo la violencia de género en las relaciones afecta la salud sexual y reproductiva de las mujeres jóvenes y hombres jóvenes, y cómo empoderarlos puede reducir su susceptibilidad a embarazos no deseados, VIH y otras ITS.