Contraception Education in Brazil

Barbara Hastings-Asatourian describes some of the initiatives under way to educate young Brazilians about birth control and sexual health, including the use of traditional music

My visit to Brazil in October 2004 came about after I launched the resource, 'Contraception: the Board Game', and began to investigate the potential of bringing the concept to an international audience. This article represents a combination of my observations on fertility, sexual health and sex education in Brazil. It includes information gathered from discussions with non-governmental organisations (NGOs) and private providers, from a commissioned UK Trade and Investment research paper and sources of statistics recommended to me by the NGOs.

Brazil has a population of 181 million and is the world's fifth largest country. More than 32 million of its inhabitants are aged 10-19. While there, I heard Brazil referred to as "third world", with extremes of wealth and poverty, exemplified by infamous suburban settlements or 'Favelas'. Just 10 per cent of the population own 51 per cent of Brazil's wealth, yet 18 per cent (32 million) live in poverty, many young people literally begging on the streets. The average life expectancy is 67 years for men and 72 years for women (UKTI 2004).

Fertility

Brazil's total fertility rate declined steadily from 6 per 1,000 in the 1940s to 3.3 in 1986 and to 2.44 in 1994. (Replacement level is 2.2.) Projections indicate a total fertility rate of 1.8 in 2020. In 1996 the crude birth rate was estimated at 21.16 births per 1,000 population, compared with 42.1 from 1960-65 (Country Studies 2004a).

Larger families have become less affordable than in the past, when young children worked at home, cost their parents very little, and supported their mother and father in their old age.

The Catholic *laissez-faire* approach, while not actively promoting family planning, did nothing to stop contraception. The resulting demographic change came about by women themselves taking control. NGOs told me that very few people give religious reasons for not using contraceptives.

One significant contributor to the population decline was that in the 1980s, as many as a third of women having caesareans were illegally sterilised because doctors could earn an attractive fee (Mirsky 1995).

In the 1980s, as a result of public opinion and the women's movement, the Ministry of Health began to include family planning services in an integrated women's health programme. The 1988 constitution included the right to family planning. The Family Planning Law took effect in 1997, regulating sterilisation, making it available in the public health network, but forbidding it during childbirth. At the same time legislation enabled other birth-control alternatives. Oral contraceptives became available "over the counter".

A large BEMFAM survey of 1996 found that 40 per cent of women in stable relationships had been sterilised. The average age at which women underwent this procedure was 28.9 years in 1996, compared with 31.4 years in 1986. In contrast, in 1986 only 0.8 per cent of men had had a vasectomy, compared with 2.6 per cent in 1996. This continued to contribute to a decline in Brazil's fertility rate. About 65 per cent of Brazilian women use contraceptives (Country Studies 2004b).

In the early 1990s, 1.4 million abortions were performed each year, almost all technically illegal: there was approximately one abortion for every two live births. Although abortion in Brazil is legal only in cases of rape and danger to the mother's life, the law has never been strictly enforced. Back-street abortions explain the country's position as having the fifth highest maternal mortality rate in Latin America, estimated at 141 deaths per 1,000 births. Recent statistics show that 219,834 teenagers had abortions between 1999 and April 2003.

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(Country Studies 2004b).

Teenage sex

Teenage fertility rates remain high:

- Births among teens aged from 10-19 climbed from 565,000 in 1993 to 698,000 in 1998, but are now showing signs of decline.
- Between 1993 and 2002, the teenage birth rate fell from 37.7 to 32.2 births per 1,000 pregnancies.
- Ministry of Health figures show that 210,946 Brazilian teenagers gave birth between 1999 and April 2003.
- One in 10 Brazilian girls aged between 15 and 19 has at least two children.
- Fifty per cent of Brazilian teenagers who become pregnant have their first child by the time they are 16.
- Only 14 per cent of sexually active teenagers between 15 and 19 say they use contraceptives.

(United Nations Population Information 1995, 1996; Singh 1997; International Planned Parenthood Federation 2003)

Sex education

In spite of having a well-developed educational system, Brazil has high levels of illiteracy. Although education is compulsory, and free from seven to 14 years, more than two million children do not go to school. At secondary level this number is estimated to be three million (UKTI 2004).

Issues relating to sexual awareness and sex education in Brazil parallel those in the ▶

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Above: **Perhaps surprisingly, Brazil's Catholic church has adopted a laissez-faire approach regarding contraception**

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UK. Television and new technologies openly deal with sexual issues. For man y reasons there is still a lack of comprehensive sex education nationally in schools, in spite of evidence that prolonging the school career and providing comprehensive sex education in school has a positive impact. Young people with five or more years of education are more likely to delay sex, more inclined to use contraceptives, and less likely to have an unplanned pregnancy. Use of condoms during the first sexual experience is increasing, as is condom use during the most recent sexual encounter.

The issue of who should deliver sex education remains contentious. In one survey, 47 per cent of teachers said they felt ill prepared to teach sex education to children; and, as in the UK, many Brazilian parents find talking to their children difficult. One Brazilian survey reported that only 32 per cent of parents discussed sex with their children, and 50 per cent claimed never to have done so. However, one study found that when sex education was available at home, teenagers were much more likely to use contraception (Boender et 2004; IPPF/WHR 2001).

HIV/AIDS epidemic

Around 1.6 million people are living with HIV in Latin America. In 2003 around 84,000 people died of AIDS, and 200,000 were newly infected. In Brazil national prevalence is well below 1per cent, but alarming infection levels above 60 per cent have been reported among injecting drug users in some cities (UNAIDS 2004). When AIDS emerged in the 1980s, the Brazilian government directed its efforts to the south. In 1987, it established a programme to respond more widely to the epidemic and to identify partnerships with NGOs, private-sector companies and international development agencies.

In 1993 and 1998, the World Bank substantially funded prevention, treatment, testing and capacity building. AIDS prevention programmes were launched throughout the country. Initially, these targeted those at highest risk but later, between 1993 and 1997, they focused on behavioural intervention, information, education and communication initiatives, as well as on providing support to AIDS patients. The project also funded research centres and groups such as sex workers and indigenous tribal councils. During this time these organisations distributed condoms and educational material to 500,000 people, provided specialised orientation to 200,000, and trained 2,000 community workers.

A decline in new AIDS cases and morbidity levels among the leading risk groups followed, probably resulting from free anti-retroviral medication and an increased number of treatment centres. UNAIDS has consequently selected this programme as a 'best practice' example. Typically, however, 80 per cent of Brazil's HIV/AIDS budget is spent on treatment and less than 10 per cent on prevention (Pan American Health Organisation 2000).

Schools programme

The National Schools Prevention Programme had two stages. The first involved 13-19 year olds; the second, four-12 year olds. Training was delivered by distance learning via the open television channel, which has now reached 52,000 schools and around 30 million students aged from four to 19 (Chequer et al 1998).

One study of 11-19 year olds found inconsistent understanding of the facts about pregnancy and the spread of disease. Only 20 per cent of students knew that there was risk of pregnancy prior to the menarche, and only 50 per cent of boys believed pregnancy could result from first intercourse (Singh et al 2000; Blanc and Way 1998).

Yet, one international survey of 15-19 year olds found that Brazilian adolescents did demonstrate the highest knowledge of protecting themselves. An estimated 90 per cent of Brazilians understand STD/AIDS transmission fully, and the Brazilian government feels that the objective of the first phase of prevention has been achieved. Nevertheless, a third of reported AIDS cases occur in young Brazilians aged from 15-29.

In Brazil, as internationally, those living in poverty and in disadvantaged circumstances are at greatest risk of teenage pregnancy and HIV/AIDS. But with low

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levels of school attendance in poorer areas, school-based programmes are not reaching those most in need. An approach that does not rely on literacy or school attendance is clearly needed (Gigante et al 2004).

The wealthier areas in southern Brazil have a better social infrastructure and benefit more from the work of health agencies than northern areas. Young people in the south are more likely to use contraceptives – although consistent condom use is doubtful as the south has a higher prevalence of AIDS.

Sex trade

Sex work is often used to meet immediate economic needs, and therefore the longer-term impact of unprotected sex is not immediately considered. Abstinence-only schemes or those promoting faithfulness (eg, Uganda's ABC programme – Abstinence, Be Faithful, Use a Condom) are unlikely to have relevance for sex workers (UNICEF 2002).

Perception of relationship stability and risk has highlighted gender differences. For example, when asked if they were in a stable relationship at the time of their first sexual experience, 45 per cent of boys in one study replied yes compared with 94 per cent of girls (Magnani et al 2001). In one sample from the Alan Guttmacher Institute (1998), Brazilian young men averaged 2.6 sexual partners in the previous year. While the women reported improved attitudes to safer sex following an intervention, no significant differences were found in the men. These differences may result from social pressures, in common with stereotypes experienced in the UK – for example, the dual standards surrounding the carrying of condoms (Population Council 2003).

There is also a macho male culture in Brazil that begins very early. One NGO provided me with a selection of excellent educational materials for challenging male stereotypes and domestic violence, and suggested that sex-specific programmes might be a solution in issues such as violence, peer pressure, alcohol and drugs. The Working with Men project uses traditional music (*forro*) in such initiatives (Galvao et al 2002).

I was very impressed by the explicit messages of both safer sex and negotiation in the context of adolescence, and issues such as alcohol and peer pressure. The quality of materials, although very different from UK resources and much less reliant on computer technology, was also high. ▶

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Throughout my visit, it became clear that factors influencing sexual health and the challenges faced by governments, NGOs and the general public are similar internationally. Poverty and inequality feature prominently in AIDS prevalence, in teenage pregnancy, and in general health breakdown. Clearly, the most successful political initiatives are those operating neither in isolation from, nor in competition with, other main players, but those that – through a spirit of generosity – collaborate, draw from and build on each other's expertise. **TPM**

Barbara Hastings-Asatourian is a Senior Lecturer at the University of Salford and Managing Director of Contraception Education.

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Contraception Education promotes sexual health awareness, primarily among young people. In 2003 Barbara Hastings-Asatourian was a finalist in the British Female Inventor of the Year competition for her innovative contraception board game. She features on the 2005 BFIY calendar.
enquiries@contraceptioneducation.co.uk
www.contraceptioneducation.co.uk
Telephone +44 (0) 1457 850860

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