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# Pregnancy, Marriage, and Fatherhood in Adolescents: A Critical Review of the Literature

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## Keywords

Adolescent fathers · Adolescent morbidity and mortality · Cultural construction · Mother-to-child transmission of HIV · Unmarried adolescent fathers · Risk behavior · Precocious pregnancy · Politics of pregnancy · Sexually transmitted diseases

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## Introduction

Adolescent fatherhood is an issue that is poorly understood and insufficiently covered in the professional literature. Even more problematic, there are few intervention programs in the field of sexual and reproductive health to address their needs and concerns. Starting in the 1980s, however, there has been a growing interest in adolescent fathers by researchers, specialists, activists, government workers in the area of reproductive and human rights (especially those of children and adolescents), and international bodies such as the World Health Organization. In this chapter, the authors will provide an overview of adolescent demographics in both developed and developing countries regarding pregnancy, marriage, and the role of adolescent fathers; this is a demographic group that is often

overlooked in the literature as most research targets the plight of pregnant adolescent girls.

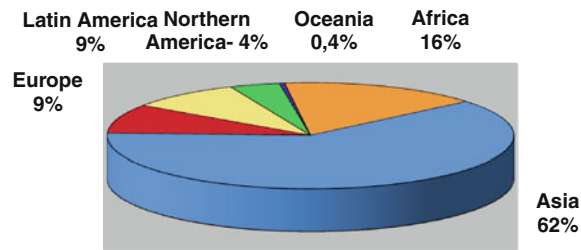
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## Adolescents: A Global Picture

Demographic studies show that young people now make up a significant proportion of the world's population (Salgado and Cheetham 2003). Although the definition of age range for children and adolescents may vary, the UN collects global statistics using the following definitions: children, 0–18; adolescents, 10–19; youth, 15–24; young people, 10–24; dependent young, 0–15. Nearly half of all the people in the world are under 25. The world today has the largest ever generation of young people between 15 and 24 and this age group is rapidly expanding in many countries. The vast majority of these young people, however, some 890 million, live in developing countries. Most adolescents (aged 10–19) come from developing countries and more than half are both out of school and out of work. Some 715 million adolescents live in Asia, 184 million live in Africa, 105 million live in Latin America and

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**Fig. 1** Adolescents (aged 10–19) by area, 2000 (in millions). *Source* Salgado and Cheetham (2003)

the Caribbean, 98 million reside in Europe, 43 million reside in North America, and 4 million are found in Oceania, as Fig. 1 shows.

The proportion of young people (aged between 10 and 19 years) in relation to the overall world population stood at 21 % in 1980, 19 % in 1995 and 17 % in 2010 (McCauley and Salter 1995; World Bank 2011). In 1980, the lowest percentages were found in Europe, North America, and Oceania; the highest were found in Asia, Latin America and the Caribbean, and Africa. By 1995, East Asia had become one of the regions with the lowest percentage of young people, while the figure for the world, as a whole remained almost the same. However, comparison of the percentage of growth between 1980 and 1995 with that projected for 1995–2010 reveals a worldwide tendency toward a slowing down of the growth of the population as a whole; especially in the 10–19 age groups (Table 1).

It should be pointed out that the socio-economic situation of these young people is quite complex. For example, 57 million young men and 96 million young women living in developing countries cannot read or write and only 76 % of girls, compared to 96 % of boys, receive some level of primary schooling. Over 70 million young people are unemployed and looking for work. The International Labor Organization (ILO) estimates that unemployment rates among young workers almost everywhere are at least twice as high as the adult average.

Only 17 % of sexually active young people use contraceptives and about 14 million women between the ages of 15 and 19 give birth each year. In the least developed countries, 1 in 6

births is to a young woman aged 15–19. Worldwide, 10 teenage girls undergo an unsafe abortion every minute. The risk of dying from complications related to pregnancy or childbirth is 25 times higher for girls under 15, and twice as high for 15–19 year-olds, compared to women in their mid-20s. Adolescent mothers will have more children than women who start childbearing later. Raising the mother's age at first birth from 18 to 23 could reduce population momentum by over 40 %. At least 1 in 10 abortions worldwide occurs among women aged 15–19. More than 4.4 million adolescent women undergo abortions every year, 40 % of which are performed under unsafe conditions.

So far as HIV/AIDS and other sexually transmitted diseases are concerned, it has been shown that every minute, five people under 25 are infected with HIV. The highest rate of new cases of HIV transmission occurs among young people aged 15–24. During 1998, more than 8,500 children and young people became infected with HIV each day—six every minute. Women and girls are most vulnerable to infection. Every year, one in 20 adolescents contracts an STD. Some 23 million adolescent girls are believed to be infected with Chlamydia, which is often without symptoms, and can leave women infertile. The highest rates of gonorrhea are among women aged 15–19 and men aged 20–24. In addition to risky sexual behavior, more than 100,000 young people commit suicide each year.

So far as marriage between adolescents is concerned, in some countries it has been shown that half of all girls under the age of 18 are married; this is often in response to poverty or fear of out-of-wedlock pregnancy. The

**Table 1** Young adults in the world population—estimated populations for 1980 and 1995 and projected populations for 2010. All ages and ages 10–19, world and regions

Region	Population (in millions)										% Increase			
	1980					1995					2010		All ages 10–19	Ages 10–19
	All ages	Ages 10–19	10–19 as % of all	All ages	Ages 10–19	10–19 as % of all	All ages	Ages 10–19	10–19 as % of all	All ages	Ages 10–19			
Sub-Saharan Africa	384	87	23	596	136	23	896	211	24	5	56	0	55	
Northern Africa <sup>1</sup>	110	25	23	161	37	23	215	44	20	6	48	4	19	
East Asia	1,179	271	23	1,424	228	16	1,605	234	15	1	16	3	3	
South-Central Asia	990	222	22	1,381	294	21	1,817	365	20	9	32	2	24	
Southeastern Asia	360	84	23	484	104	21	607	116	19	4	24	2	12	
Western Asia	113	26	23	168	35	21	234	48	21	9	35	9	37	
Europe	693	109	16	727	100	14	729	83	11	5	8	*	17	
North America	252	44	17	293	40	14	332	46	14	6	9	13	15	
Latin America and Caribbean	358	83	23	482	101	21	604	111	18	5	22	5	10	
Oceania	23	4	17	29	5	17	35	5	14	2	25	1	*	
World	4,444	950	21	5,716	1,073	19	7,032	1,253	18	9	13	3	17	

\*Less than 1/2 %. Source Medium variant from United Nations. The sex and age distribution of the world populations 1994 (488). <http://www.jhuccp.org/pr/j41edsum.stm> (McCauley and Salter 1995)

<sup>1</sup> Including Western Sahara

**Table 2** Median age at first marriage (among women ages 20–24 and 45–49 when surveyed) and legal age for marriage for men and women

Region, country, and year of survey	Median age at first marriage		Minimum legal age of marriage	
	20–24	45–49	Women	Men
<i>Africa, Sub-Saharan</i>				
Cameroon 1991	17.3	16.0 <sup>d</sup>	21	21
Ghana 1993	19.0	19.0	Varies	Varies
Kenya 1993	19.5 <sup>a</sup>	18.1	18	18
Madagascar 1992	19.5	17.1	18	18
Namibia 1992	24.9 <sup>b</sup>	23.3 <sup>d</sup>	NA	NA
Nigeria 1990	17.8	17.3	Varies	Varies
Rwanda 1992	20.9 <sup>a</sup>	18.7	21	21
Senegal 1992–1993	18.3	15.8 <sup>e</sup>	16	20
Sudan 1989–1990	20.5 <sup>a</sup>	16.3 <sup>d</sup>	NA	NA
Zambia 1992	18.6	16.6	21	21
<i>Asia and Pacific</i>				
Bangladesh 1993–1994	15.3	13.6	18	20
India 1992–1993	17.4	15.5 <sup>e</sup>	18 <sup>c</sup>	21
Indonesia 1991	19.8	16.9	16	19
Pakistan 1990–1991	18.9 <sup>a</sup>	18.8	16	21
Philippines 1993	21.8 <sup>a</sup>	21.1	18	20
<i>Latin America and Caribbean</i>				
Bolivia 1993–1994	20.6 <sup>a</sup>	21.2	14	16
Brazil 1991	20.6 <sup>a</sup>	20.2	21	21
Colombia 1990	21.5 <sup>a</sup>	20.0	18	18
Dominican Republic 1991	19.8 <sup>a</sup>	17.7	18	18
Nicaragua 1992–1993	18.6	18.2	18	18
Paraguay 1990	20.8 <sup>a</sup>	21.0	12	14
Peru 1991–1992	21.8 <sup>a</sup>	20.7	18	18
<i>Near East and North Africa</i>				
Egypt 1992	19.9 <sup>a</sup>	18.3	16	18
Jordan 1990	21.2 <sup>a</sup>	18.9	18	18
Morocco 1992	22.3 <sup>a</sup>	17.6 <sup>f</sup>	<sup>g</sup>	21
Turkey 1993	20.0 <sup>a</sup>	18.3	15	17
Yemen 1991–1992	18.1	15.7	16	18

<sup>a</sup> Median is for women ages 25–29; median for 20–24 was not calculated since less than 50 % had married

<sup>b</sup> Median is for women ages 30–34 because median for younger groups was not calculated since less than 50 % had married

<sup>c</sup> The minimum age for women is reported to have been raised to 18 years

<sup>d</sup> In these countries, the measure excludes single (never-married) women

<sup>e</sup> Women ages 40–49

<sup>f</sup> Women ages 40–44

<sup>g</sup> Parental consent required for all ages

NA = Not available

Sources Demographic and Health Surveys except India: International Institute for the Population Science 1995 (583) and Nicaragua: Stupp et al. (1993) (466); minimum legal age at marriage from United Nations 1989, 1991 (490, 491) and Alan Guttmacher Institute 1995 (18)

Note In survey reports, “marriage” is defined to include consensual unions—couples living together—as well as formally recognized unions, either civil or religious

percentage of girls aged 15–19 who are already married include 74 % in the Democratic Republic of Congo; 70 % in Niger; 54 % in Afghanistan, and 51 % in Bangladesh (Salgado and Cheetham 2003).

The Table 2 shows data collected on the median age at first marriage among women aged 20–24 and 45–49 when surveyed, in sub-Saharan Africa, Asia and the Pacific, Latin America and the Caribbean, the Middle East and North Africa. This Table 2 also shows the legal age for marriage for men and women. It should be noted that the legal age for women varies between 12 (Paraguay) and 21 (Cameroon, Zambia, Rwanda, and Brazil), while the legal age for men is generally older, varying between 14 (Paraguay) and 21 (Pakistan, India, Cameroon, Zambia, Rwanda, Brazil, and Morocco). The age at first marriage, however, does not necessarily follow such conventions. The youngest ages reported varied from 13.6 (in Bangladesh) to 21.8 (in Peru).

The high-profile attention that these data have received in recent years has been accompanied by discourse and practices founded on the notion that marriage, pregnancy, and fatherhood in adolescence is somehow untimely, that it is *precocious* and *premature* and, as such, undesirable.

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## Adolescent Fatherhood Research and Programming

In order to understand the complexity of the issue of pregnancy and fatherhood among adolescents, it is necessary to comprehend the multiple meanings of adolescence that guide research and current programming. A basic assumption that is not questioned in the vast majority of the literature is the belief that adolescence is a vulnerable age.

### Is Adolescence a Vulnerable Age?

Discussions about adolescent sexuality produce a variety of contradictory reactions. Adolescence at the same time fascinates and scares, amuses, and worries most of us. It is cause for admiration

and envy, but also jealousy and fear. It seduces and captivates, but is also seen as aggression. Adolescence is at the same time synonymous with confusion, life, threat, energy, haphazard discovery, happiness, a sense of adventure, freedom, romance, problems, and solutions.

Publications (scientific or not), Internet sites, and television programs that address the issue of adolescence or claim to be aimed at an adolescent audience, tend to expose a variety of different facets of this stage of life. In general, however, they directly associate it with ideas of crisis, disorder, and irresponsibility. In short, they see adolescents as a problem for society.

The concept of being at risk is strongly linked to this litany of associations respected by phrases such as “at risk or highly at risk of getting pregnant,” at risk from HIV infection, vulnerable to illicit drug use, at risk of falling into “bad company,” and at risk of being a victim of violent crime. Risk and vulnerability seem to define and circumscribe this *chaotic* time of life (Medrado and Lyra 1999).

Scientific studies in the West have conformed to the image of adolescence as an “age of risk” (seeing risk as a constitutive part of being an adolescent) or an “age at risk” (exposed to risks because of various organic, psychological, psychosocial factors that supposedly characterize adolescence and lead to greater vulnerability) and this seems to be especially closely linked to the classical epidemiological definition of risk as the probability of occurrence of an undesirable, morbid or fatal event. It is also influenced by the development of increasingly accurate techniques for calculating risk that seek, by way of various scale models, to measure behavior, perceptions, and risk-taking (Arnett 1992; Fagot et al. 1998; Ojeda and Krauskopf 1995; Yunes and Rajs 1994; Gullome and Moore 2000).

Studies cover various issues. Research on “risk behavior,” for example studies both forms of behavior considered “risky” *per se* such as alcohol consumption, smoking and illicit drugs, dangerous driving, and unprotected sex, but the term also deals with the negative consequences of these forms of behavior (accidents, mortalities related to drug abuse, unwanted pregnancy, and

sexually transmitted diseases, including AIDS). More recently, the question of violence and the use of aggressive behavior to resolve conflicts (covering both acts of self-aggression, including attempted suicide, and aggression directed at others, physical violence and homicide) have come to be highlighted in such studies (Tursz 1997; Wiselfisz 2000). As Oliveira (2001), points out, an obviously “sanitary” approach to adolescence and adolescents can be seen in such studies. While, the adolescent is generally described as naturally adventurous, immature, and as one whose sense of invulnerability puts his or her physical well-being constantly at risk.

Additionally, some authors have come to reflect on exposure to risk using the notion of *resilience*, given the fact that not all people react to adversity in the same way. As defined by Rutter (1993), *resilience* can be seen as the capacity to recover and sustain acceptable behavior after suffering harm. This point of view has given rise to research that seeks to identify the needs and the mechanisms capable of diminishing emerging problems, including as a priority the reinforcement of exogenous and endogenous defenses in the face of exposure to trauma and stress in children and adolescents (Serrano 1995).

### Psychological Studies on Adolescent and Risk

This association between adolescence and risk can also be found in psychological studies. In research carried out by the Center for Research in Social Psychology and Health, coordinated by Mary Jane Spink, the aim was to understand the role psychology plays in constructing “the social language of risk,” focusing on the linguistic repertoires to be found in discourse in this area. The main source of information was the indexed literature found in *Psychological Literature* (PsycLit), the database of the American Psychological Association (APA), which contains publications in psychology and related fields from more than 50 countries and has been published regularly since 1887 (Oliveira 2001).

On the whole, the results suggest that the concept of risk has become an issue of considerable importance in psychology. In particular in the case of publications that contain the word “risk” in the title, there has been a startling rise in frequency from the 1950s onwards, this being an excellent indicator of the high profile that the concept of risk has assumed in the field.

A representative sample of these publications that contain risk in the title was analyzed. The authors were particularly interested in indexed references in the fields of *psychological and physical disorders* and *developmental psychology*. Both categories contained a high number of references to adolescence and adolescents.

Texts classified in the *psychological and physical disorders* category which emphasizes the “risk factors” approach to psychological, physical, and social disorganization focus on adolescence as a disturbing time of life. The references included an article by Tursz (1997) that discusses the methodological problems associated with the research design and analytical epidemiological procedures used in studies of risk, morbidity, and mortality at this period in human development. This study is described in more detail below.

Research on risk in the *developmental psychology* category focused on themes such as juvenile delinquency, alcohol use, and pregnancy in female adolescents who drop out of school. Hagan’s 1991 article, entitled *Destiny and drift: subcultural preferences, status attainment, and the risks and rewards of youth*, for example, uses risk in the common sense everyday sense of the word and focuses his discussion on the concept of *drift*—in the sense of drifting away from the family and from school—and its relation with the subculture of delinquency and parties. Taking *transition* as the main feature of adolescence, risk in this work is the determinate of the possibility (or not) of the adolescent attaining the *status* of an adult (Montemayor, 1986).

Colder and Chassin (1997), on the other hand, in their article, *Affectivity and impulsivity: temperament risks for adolescent alcohol involvement*, examine various dimensions of

temperament (impulsivity, and negative and positive affectivity) that are considered risk factors for alcohol use among adolescents.

Manlove (1998), focusing on the issue of pregnancy in adolescence, has tried to develop a predictive model for pregnancy in young females of school-going age by incorporating as explicatory factors, the family environment, race and performance at school, and using data from a longitudinal nationwide study.

Taken as a whole it is possible to perceive in these texts a clear division of risk by gender and even a distinction between subage groups of adolescence. Gullome and Moore (2000), for example, in their research on the relation between personality (seen as a whole rather than as a collection of characteristics or traits) and *adolescent risk-taking*, conclude that younger adolescents (aged 11–14) and girls are better able to assess the degree of risk of a given situation and generally take less risks than older adolescents (aged 15–18); thereby corroborating, according to the authors, the findings of earlier research.

Sexuality and reproduction, with the exception of so-called precocious pregnancy, the major risk factors are in general attributed to the adolescent or young person of the male sex, described as naturally violent, aggressive, promiscuous, irresponsible, adventure-seeking, and impulsive (Ojeda and Krauskopf 1995; Yunes and Rajs 1994). The tendency, however, to view adolescence as an “age of risk” or an “age at risk” is generalized and taken as being characteristic of this so-called stage of human development described as essentially dangerous, irrespective of the lived-experience and social conditions within which the adolescent is growing up.

The arguments of those who define adolescence as a time of life when the sensation of invulnerability leads to greater exposure to risk are, first and foremost, numerical ones. Statistically speaking, adolescents, according to authors such as Arnett (1992), register high scores in all the categories of risk-taking behavior. Researchers, however, do not always agree even about the numbers.

An interesting article published in the *Journal of Adolescent Health*, by Tursz (1997), as

cited above, reports recent epidemiological data (from the 1990s) on juvenile morbidity and mortality and high-risk behavior from various countries and identifies some methodological problems both with the collection of data and the interpretation of epidemiological research on the adolescent population. Although Tursz does not propose to undertake a comprehensive review, she gives a number of relevant examples that help to explain the complex (and at times equivocal) association between adolescence and risk. Her question is extremely simple: What is really specific to adolescence? Is risk really a fundamental characteristic of adolescence?

Tursz (1997) questions, for example, the fact that, in general, research tends to take adult behavior as a yardstick or measure of what constitutes low, medium, and high levels of risk. Yet, Tursz points out, that most research does not provide the same wealth of detailed information for other age groups, thereby making it impossible to make comparisons and may lead to biased interpretations.

Tursz also asks why in sports, for example, experiences that involve risk are considered “gratifying” and morally enriching, as is the case with the whole industry of radical sports and adventure activities. Sport, she reminds us, is one of the few kinds of aggressive violence that people are allowed to express in Western society. It is, at root, a question of the values that underlie the definition of what is considered “risky” and what is not.

In short, Tursz points out three major problems with the research on adolescent risk behavior. First, there are serious methodological problems with the collection of data that may affect the reliability of the results. Secondly, there are not enough data available to justify the affirmation that high-risk behavior is specific to adolescence. Finally, she postulates that the statistical approach may lead to analyses that are too superficial or too rigid to identify the complex causes behind the statistical differences related to race, gender, geographical location, or place of origin. This occurs because high-risk behavior originates in a multiplicity of psychological, social, and cultural factors that influence

not only what is seen to be “in fact” a risk, but also the meanings that are attributed to risk.

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### Transitionally as a Characteristic of Adolescence

Much of the research on adolescences can be described as attempts to produce a precise (natural and objective) definition of what adolescence is. Making a sharp break with this approach, Levi and Schmitt (1996) propose a dynamic definition of adolescence, which highlights the fluid and imprecise character of adolescence. Their definition emphasizes that adolescence is a transitory phase between infantile dependence and the autonomy of adult life.

This transitionally has a fleeting nature loaded with feelings of “promise and threat, potential and fragility...which in all societies, receives careful attention full of expectations” (Levi and Schmitt 1996, p. 8). These authors quite clearly state that this “time of life” is *reflexively* “defined by in definition:”

This “time of life” cannot be defined clearly using demographic quantification, nor by legal style definitions, and, for this reason, it seems to us quite useless to try to identify and establish, as others have, very clear limits (Levi and Schmitt 1996, p. 8).

The idea of transition to adult life, however, is loaded with ambivalent feelings of “hope” and “distrust,” leading to protective impulses and taking chances. This is perhaps the central characteristic of the transition to maturity: ambivalence and uncertainty.

It should also be pointed out that, of the categories that are used as the basis for classifying and governing populations (i.e., such as sex and race/ethnicity), age has one special feature: it is transitory from the point of view of the individual. In other words, people do not *belong* to any one age group. On the contrary, as Levi and Schmitt argue, they *pass through* age groups.

Unlike social classes (that individuals experience difficulty in leaving, although in some cases they do succeed in realizing their hopes of social mobility), and unlike sexual difference

(that is unequivocal, fixed once and for all), to belong to a given age group—and especially youth—represents a temporary condition for each individual (Levi and Schmitt 1996, p. 8).

This notion of *transitionally*, from the government point of view, according to Levi and Schmitt (1996), may generate societies that are “hotter” or “colder.” In “colder,” more structurally static societies, certain legal and symbolic processes tend to be based on and emphasize features that represent continuity and the reproduction of predefined places, roles, and attributes at each stage in development. They are guided, therefore, by governmental strategies based on control, prevention, and discipline. On the other hand, a “hotter” society recognizes the value of transition and change, being tolerant toward the inevitably ambiguous and critical character of transition from one age to another. Such a society is thus concerned mainly with the transmission of rules and knowledge from one generation to the next.

### What Happens When Adolescents Do “Adult Things”?

What happens when an adolescent decides to get married and have children? According to Levi and Schmitt, they would be breaking with the supposedly natural “cycle of life” according to which it is expected that pregnancy and motherhood or fatherhood are experiences restricted exclusively to adult life. So, in general, married adolescents or adolescent parents are treated in the literature and in intervention schemes primarily as adolescents. The fact that the adolescent is married or a parent is treated as a secondary characteristic. By adopting this point of view, the most common tendency is invariably to focus exclusively on the problems and to attribute all the difficulties faced by the newlyweds and/or adolescent mothers and fathers to the simple fact that they are adolescents. Thus, the provision of services are problem oriented and are not focused on the needs of adolescent parents and their children.

Sposito (1997) in an article providing an overview of contemporary trends in the study of



youth, from the perspective of the Sociology of Education, brings to bear an interesting discussion of the transformation of the perception of adolescence and youth as a linear process. Although youth and adolescence refer, in principle, to distinct phenomena in the human and social sciences literature, there is often confusion as to the use of the terms. Whereas sociologists usually employ the term *youth*, psychologists prefer the term *adolescence* to refer to the transitional stage between childhood and adult life.

Inspired by the work of Chamboredon (1985), Sposito (1997) rescues the concept of decrystallization to analyze the discrepancy, or lack of synchrony, characteristic of the transition from real youth, and from the heteronomy of childhood to the autonomy of adult life. The concept of decrystallization is understood to refer to the process, which, together with latency is thought to be indicative of the transitory nature of contemporary youth.

Chamboredon (1985) cites as examples of these processes, in first place “performing adult sexual activities while still in puberty, dissociated from their reproductive and family functions,” (or not, we should add!). In second place she cites the “undertaking of professional training offered by the education system without immediate entry into the job market...”

This first aspect decrystallization can be seen in Brazilian and Latin American research that shows a pattern of sexual activity in both male and female adolescents. Mundigo (1995) relates, for example, the extent to which premarital sexual experience among adolescents is common in Latin America. The percentage of young people between the ages of 15 and 19 of both sexes who claimed to be sexually experienced was 42 % in Costa Rica, 44 % in Mexico City, 73 % in Rio de Janeiro, Salvador and São Paulo, and 78 % in Jamaica. In all these places, the mean age for the first sexual relationship was around 15 years for males and 17 for females. The most common form of initiation for the male adolescent, in many societies, is still provided by sex workers. However, researchers and those who work in this area are noting that changes are taking place in the sexual behavior of adolescent boys so far as

the choice of the partner with whom they first have sexual relations is concerned.

One of the tangible consequences of this type of behavior, as observed above, is the possibility of becoming pregnant and the adolescents becoming parents. However, parents’ expectations of their adolescent children (especially middle-class parents) are focused on school, and later on, a good job, and starting a family and having children is seen as a more long-term goal. To put it another way, middle-class parents, along with social institutions, generally seem to have incorporated the model of adolescence as a transition to adulthood (at least for males) with the following stages: finish school, find a good place in the job market, get married (to someone of the same social class), set up a home and, finally, have children.

In the case of the less privileged sectors of society, Sarti (1994) provides important information on the place parents attribute to children in families and raises a number of questions concerning what it means for parents when their adolescent children gets pregnant and become parents themselves. In cases of separation or the death of one of the parents, in other words, in the absence of a male or female role model, others may be chosen to occupy this role, for example, the elder brother or sister. The position of children is determined by the roles attributed to men and women in the family.

When a son or daughter is forced to play the role of head of the household, and at the same time has to divide his or herself between being responsible for the family and dealing with a pregnancy, it is worthwhile to examine the way the family acts as a network of support.

Having children, like getting married, implies responsibility... When they have a child men and women come of legal age and must be responsible for themselves, which ideally implies removing themselves from their parents’ family and setting up their own new family unit. Having a child can, therefore, become a way of achieving this separation (Sarti 1994: 47–50).

According to the same author,

A woman’s authority is tied to her value as a mother, in a world which sees a woman as a

woman, and ensures that she is recognized as such... A man exercises his authority by acquiring material resources, respect and protection for his family, as breadwinner and intermediary with the outside world... (Sarti 1994: 47–48).

So, in our societies we live with models of transition from adolescence and youth to adult life that are not always equal; for the middle strata of society, the model is supposed to follow a more rigid sequence; for the lower strata, the passage to adult responsibility may be brought about by vicissitudes imposed on the family or by cultural factors. We should also bear in mind the meanings and diverse possibilities that the experience of school has for different social classes.

As numerous studies have shown, the duration of youth has been prolonged, mainly, because of staying longer in school, at least in developed and developing countries (Chambo-redon 1985). The experience of attending school is not the same for children and adolescents of different social strata. In spite of the value attributed to education as a strategy for social ascension, the barriers children from low-income strata come up against within the school system are more difficult to overcome than those faced by children from the middle classes. Expulsion from school is linked, in a complex fashion, with the desire to work on the part of children and adolescents from low-income homes. School, in this case, does not prolong the transition period of adolescence, but runs parallel to a relative autonomy stemming from precocious entry (in comparison with middle-class standards) into the job market.

At this point, it is worthwhile to make a distinction between the two sexes. While autonomy for the young male stems principally from his entry into the work market, in the case of the young female, it can come from two different directions: working outside the home (economic independence) or starting a family, by marrying and having children. Thus, some studies, especially those on low-income classes, have pointed out that adolescent girls do not always get pregnant due to lack of care, irresponsibility or chance, but also, because they

want to be a mother and see this as a way of becoming independent. *Wanted* pregnancies among adolescent girls do, therefore, exist (Paula 1992, 1999).

It is worthwhile discussing pregnancy in adolescence, albeit briefly, at this point, as a far greater wealth of information on and discussion of this subject is available than is the case with pregnancy for this age group. Despite the paucity of information we have on their adult or adolescent partners, these pregnant adolescents may be the adolescent fathers' main partners, and it is the former who make it possible, in most cases, to have access to the latter. It is also on this subject that most questioning of "catastrophic" discourse and repressive policy has arisen in recent years.

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## Pregnancy in Adolescence

Rosenheim and Testa (1992) re-examined the preconceptions implicit in conventional approaches to prevention of pregnancy in adolescence and re-assessed the extent to which a rise in the problem of motherhood/fatherhood requires that the issue be addressed.

Fatherhood and motherhood in adolescence in the 1970s, according to Rosenheim and Testa (1992), were, and still are, seen as a public health problem. The prognosis at that time was that rates would decline because of sex education for adolescents and access to contraception and abortion. However, although the birth rate in the United States is now lower than in the 1950s, there has been no significant reduction in pregnancy in adolescence since the 1970s. Between 1986 and 1989, the rate for the adolescent population actually rose 15 % (National Center for Health Statistics 1991; Testa 1992: 1). This increase has worried experts in the field, who are now carrying out studies and proposing different kinds of intervention in accordance with the significance they attribute to it.

Elster (1986) points out that the experience of pregnancy and fatherhood in adolescence may affect the fathers differently from the way it

affects older fathers, as the situation is perceived as a premature transfer of roles. Adolescent couples are, generally, engaged in relatively unstable relationships and social forces opposing their relationship affect their level of commitment. Some authors think that this leads to the perpetuation of poverty and ignorance, the figures for pregnancy being higher among young people who are illiterate or have minimal schooling, whose chances of escaping from the cycle of misery are virtually nil (Madeira and Wong 1988). Concern over the perpetuation of the poverty cycle has guided a large number of the studies on the subject, as well as public policy aimed at this segment of the population.

Some authors, however, have adopted a different position (Macintyre and Cunningham-Burley 1993; Pearce 1993; Reis 1993) criticizing, as we do in this text on pregnancy and fatherhood, the specialist discourse on pregnancy in adolescence. Alberto Reis (1993), in his doctoral thesis, analyzed articles in the area of health indexed by the *index medicus* (which lists international periodicals in the field of health) on the subject of the pregnant adolescent between 1930 and 1989. This study made it possible to show how medical discourse has changed over this sixty-year period. These changes, the author argues, reflect phases or dominant tendencies that have the following characteristics:

In the 1930s and 1940s the subject was closely associated with bio-naturalism,...and the notion of risk. In the 1950s, in the United States, pregnancy and adolescence came to be treated together using collective and preventive, obstetric and pediatric methods. Between the 1950s and the 1960s...the pregnant adolescent came to be seen as a wider problem. In the 1970s, the first proposals were drawn up using a community-based approach. In the 1980s, this was translated into directing public health strategies towards the most vulnerable groups in society, [with] a new aim of preventing pregnancy, in spite of the fact that the adolescent might want it... (Reis 1993: 148–150).

In his criticism of the public health discourse on pregnancy in adolescence, this author sees the need to question the negative and moralistic

way the subject is viewed, based on the criterion of age and seeing pregnancy as a problem.

Two other studies recently published in *The Politics of Pregnancy: Adolescent Sexuality and Public Policy* (Lawson and Rhode 1993) also question the meanings attributed to motherhood in adolescence by specialists in the United Kingdom (Macintyre and Cunningham-Burley 1993) and the United States (Pearce 1993). Macintyre and Cunningham-Burley point to two recurring problems in the literature on pregnancy in adolescence. The first is that the authors tend to start out with the preconception that pregnancy in adolescence is a problem. Secondly, their arguments lump together analytically and empirically distinct aspects of pregnancy in adolescence, such as chronological age, marital status and whether the pregnancy was planned and/or wanted or not. Generally speaking, it is presupposed that the pregnant adolescent is single and the pregnancy was unplanned.

For example, much has been written about the rise in the rates of pregnancy in adolescence. However, at least in the United Kingdom, Macintyre and Cunningham-Burley (1993) did not find significant differences between the numbers of births attributed to the 15–19 age groups, in comparison with the rest of the population. According to these authors, what have in fact gone up, for this age group, are the rate of births out of wedlock (from 45 % in 1971 to 66 % in 1986) and the rate of abortions (from 26 % in 1975 to 33 % in 1985).

Studies tend to view all the difficulties faced by adolescents as being inherent to pregnancy or adolescence, and this ends up guiding their argument. Rarely are authors concerned to define clearly which problems exactly are directly related to pregnancy in adolescence. This is a problem, according to these authors, since, though there are problems, these can be minimized if an adequate network of support is available (Taucher, 1991).

In the same way, Pearce (1993) is fairly vehement in her criticism of the US social mobilization campaign's use of the slogan "children

having children” in view of its impact on public policy. For this author, in US history and at many stages in the history of the world it has been normal for adolescent women to marry and have children. “To define adolescents who get pregnant as children thus reflects a cultural construction of the end of childhood that is substantially later than the real transition” (Pearce 1993: 47).

The ambiguity of the phrase “children having children” has consequences for intervention, as Pearce points out (1993: 47). Pregnancy in an adolescent or child is a consequence of two related but distinct forms of behavior: having sexual relations and not using effective methods of contraception. When the pregnant adolescent is regarded as a child, sexuality will be repressed (by moralistic, alarmist discourse and an emphasis on this in sex education), as the full right to sexuality is reserved exclusively for adult men and women. An article by Patrícia Decia, *1927 Law is revived to curb teen pregnancy*, published in the *Folha de S. Paulo* newspaper 28/07/96, nicely illustrates this controversy. This article reports that a public prosecutor in the city of Emmet Idaho in the United States charged six “teens” with fornication.

The purpose of the prosecutor, however, did not have much to do with morality. He aimed to eradicate, or at least, reduce the number of pregnant adolescents in the State, especially those that seek financial assistance from the government to have their babies. About a million U.S. teens get pregnant each year. The cost of feeding these families has reached \$25 billion (...)

If the emphasis is placed on “responsible sex,” however, the adolescent will be treated as an adult, at least so far as sexuality is concerned, thereby paving the way for public policy compatible with accepting that adolescent boys and girls are also sexually active.

As we have seen, pregnancy in adolescence has been seen as a problem for less than 60 years. As an object of study and intervention, it has been scrutinized, pathologized, categorized, and subjected to attempts to prevent it in a repressive, or as in recent years, more understanding manner. Adolescence and womanhood and motherhood are not mutually exclusive.

Adolescent fatherhood, on the other hand, has been cloaked in silence and its timid voice is only now beginning to be heard.

Conscious of this ambiguity, we should be careful not to turn adolescents into adults, but to bear in mind that they are young people in a phase of transition who share some aspects of adult life, such as sexuality. Seeing this as a process of decrystallization in the transition from the heteronomy of childhood to the autonomy of adult life (Sposito 1997), in association with the ethical position advocated by Reis (1993)—of respecting adolescents—leads to a fairly sensitive style of intervention that attempts both to shy away from repression and negation and, at the same time, not treat adolescents as fully fledged adults, offering them the support they need at this time of life, in the form of educational, and not just work, opportunities, special health services, and so forth.

## Searching for Information

The first stage in producing this paper on fatherhood and pregnancy and marriage in adolescents was to visit the PAPAI Institute’s Documentation and Information Center, which houses a relatively large collection of texts, images, and videos on issues relating to gender, sexuality, and reproduction. Subsequently, we entered into dialogue with key informants—academic researchers and/or professionals who work in NGOs—with a view to gathering their opinions, suggestions, and references. These contacts allowed us both to locate reference material, published or not, and moreover to identify the main controversies, impasses and dilemmas in the field. All the texts recommended were read in their entirety and are cited in the introduction, and the argument and analysis throughout the paper.

## A Systematic Survey

In a more systematic fashion, we contracted a professional librarian to help draw up our search strategies, with a view to locating published

scientific or technical texts on marriage, pregnancy, and fatherhood among adolescents, based on the following predefined criteria:

- (1) Texts published (English and non-English literature—Portuguese, Spanish, and French in various database);
- (2) Texts published 1985–1995 (Lyra 1997); 1990–2002 (Lyra and Medrado 2004); 2000–2009 (Medrado et al. 2011).
- (3) Studies covering adolescents and young people aged 10–24;
- (4) Studies on fatherhood or that have focused on married and pregnancy female adolescents, but also report on the implications for and actions of the male partners.

**Database** Given the scope of this study, we chose to confine ourselves to seven large-scale database:

MEDLINE/PubMed—MEDLARS Online.  
International literature

LILACS—Literatura Latino-Americana e do Caribe em Ciências da Saúde (Latin American and Caribbean Health Sciences Literature)

WHOLIS—WHO Library Information System

PAHO—Pan-American Health Organization  
Head Office Library Catalogue

ERIC—Educational Resources Information  
Center

PsycInfo—Source for Psychological Abstracts  
by American Psychological Association

Web of Science

Bank of theses and dissertations for the Coordination of Improvement of Higher Education Personnel (CAPES)

SciELO—Scientific Electronic Library  
Online

This survey consisted, on the one hand, of a search using descriptive phrases (or indexed keywords—fatherhood; pregnancy; marriage and adolescents) in Health Sciences, but searches were also carried out using isolated words, used as standards by search engines and database, with distinct adaptations for searches and results.

This systematic analysis, along with the dialogue with specialists and the literature available at our Documentation Center, has provided us

with an broad overview of the issue of pregnancy, marriage, and fatherhood in young people and has led us to conclude that married or mother/father life and the acts of conceiving and raising children are human experiences culturally attributed to adults, especially women, with little attention being paid to young men and young fathers. Fatherhood, when the subject is broached, is seen from the woman's point of view, thereby reinforcing the idea that women alone are responsible for pregnancy. Men are almost never asked about the part they play in reproduction, their wishes, and responsibilities.

This lack of interest or social engagement does not in itself justify its relevance for society or as a source of concern. Research, reflection, and intervention across the world show what is obvious to some, but a novelty for others. The importance of men being involved in reproductive life, and the desire on the part of some men to participate in it suggests that better knowledge of male practices and representations could help to improve the outcome of programs in the areas of children's health, prevention of sexually transmitted diseases, and family planning (Mundigo 1995). A better understand of fatherhood could also help alleviate the suffering of men who feel a desire to get involved in a world that society tends to reserve for women (Kaufman 1995).

To make up for shortcomings in this area, the main aim of some sexual and reproductive health policies have been to “increase the level of responsibility of men in all areas relating to raising a family and human reproduction,” as the International Conference on Population and Development in Cairo/Egypt (ICPD 1994) put it: As a result, growing interest has been shown in recent years in “men” and “masculinity” in studies and interventions that are said to deal with sexual and reproductive health. It is worthwhile explaining how this area of work is understood.

As the International Conference on Population and Development, 1994, action plan Chapter VII states, sexual and reproductive rights are understood to be individual human rights with a gender relations perspective; “...reproductive health is a state of total physical, mental and

social well-being in all aspects of the reproductive system, its functions and processes... [it] also covers sexual health, whose objective is to enhance life and personal relations.”

Reproductive rights include some human rights already recognized by national law, in documents on international human rights and other relevant United Nations consensus documents. “Special attention should be paid to promoting relations of mutual respect between the genders, and particularly, meeting the needs of adolescents in terms of education and services that enable them to deal with their sexuality in a positive and responsible manner” (ICPD 1994: 17).

Despite such efforts, as Mundigo (1995) observes, this is not as simple an undertaking as it seems, since, in order to ensure greater participation on the part of men, various cultural, ideological, institutional, and personal barriers need to be overcome by both men and women. However, there are some signs that intensive, specific interventions involving male and female adolescents may help them assume the responsibilities of parenthood.

More importantly, it should be mentioned that the lack of interest in the issue constitutes a public health problem, in so far as there is evidence that action to provide support for adolescent fathers can have a positive impact on the life of these young people and their children and creates opportunities for broader reflection on responsibility in sexual and reproductive life and childcare. This is an interactive process: The difficulties adolescents have been found to have assuming adult responsibilities are, sometimes, reinforced or even generated by social institutions that make it difficult or impossible for adolescent fathers to take on the responsibilities expected or wished of them by their children and partners. For this reason, discussion of this issue and the proposal of alternative ways of understanding and dealing with it are of great scientific interest and social importance.

Analyzing articles on pregnancy in adolescence written in the 1970s, Robinson and Barret (1982) found five main problems that stand in the way of acquiring knowledge in this area:

- Studies of parenthood (fatherhood and motherhood) in adolescence tend not to include fathers in the sample. When adolescent fathers are included in other study samples certain inferences are made (for example regarding single fathers);
- Information on fathers is obtained in an indirect manner, through the mothers;
- The results are too imprecise for any analysis of psychological and cultural change; and
- Samples that are not representative are commonly used.

Eleven years later, another study, this one carried out by Adams et al. (1993), came to similar conclusions, without merely replicating the earlier study. These authors concluded that it is difficult to obtain data on young fathers, because studies focus on the role of the mother, surveys do not ask what men think about reproduction or fertility, and the information available is generally restricted to those who actually live with their children. It is unlikely that an absent father will admit that he has a child that he does not assume responsibility for. Studies tend to include in their samples only young fathers who are already past adolescence and men who are already participating in young fathers programs. Consequently, not many young fathers' voices are heard.

According to Adams et al. (1993), the exact number of male adolescents who get female adolescents pregnant is difficult to measure, as many mothers refuse to identify the fathers of their children, and the age of the father has not been included in statistical studies carried out in the United States. Nevertheless, according to these authors, some studies in the United States show that the male partners of pregnant girls tend to be 2 or 3 years older than the mother of their child (McCoy and Tyler 1985; Westney et al. 1986; Robinson 1987).

Cartwright (1994) provides a fairly in-depth descriptive study of adolescent fathers in the United Kingdom. Cartwright observed that more young men than young women describe themselves as sexually active, and that young men tend to have more sexual partners. Even so, fewer men under the age of 20 were identified as

fathers. For example, in 1991 of the 52,386 live births to women under 20 years of age, only 12,959 (25 %) named men under 20 as the father. If we add to this the number of young women who would not name the father, the total would still only add up to 28,208 (less than 50 %) live births for adolescent fathers.

There are a number of hypotheses that might explain these results:

1. the survey of live births and rate of fertility do not collect data on fathers;
2. female adolescents have more than one partner and, when they become pregnant, name the oldest partner as the father;
3. pregnancies with adolescent males may show a higher tendency to end in abortion;
4. young men may be less fertile than young women;
5. young men may use more effective methods of contraception when their partners are adolescents.

Chambers concludes that surveys typically used to gather demographic data of adolescent sexual activity and its consequences need to be redesigned to obtain more accurate results.

As is known, the specific issue of young people needs to be more visible and should be better recognized by society to make it possible to develop public policies specifically designed for this segment of the population and effectively incorporated into overall policy planning. The attempt to develop a precise sociodemographic profile of young people is, therefore, far from being purely of theoretical or academic interest.

The changes in values and customs occurring in contemporary society, which are reflected in and by the dynamic of family relations, have given rise to a restructuring of rules for behavior and opened up the possibility of initiating sexual relations earlier, principally for girls, and have broadened the reproductive options available at this time of life. Studies of reproductive behavior among adolescents have considered marriage, pregnancy, and fatherhood and motherhood within the broad social context of the prolongation of the transition of adolescence

to independence in adult life in postindustrial society (Rosenheim and Testa 1992).

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### **Social Images, Stereotypes, and Adolescent Fathers**

Social images are shot through with stereotypes of adolescents in general, and particularly of adolescent fathers. These stereotypes repeatedly obscure the way the adolescent father is perceived. Various studies and social intervention programs have shown that such stereotypes should not be applied in a generalized fashion to all adolescents. Studies of pregnancy in adolescence point out that some adolescent fathers are involved in the experience, both physically and psychologically, having loving relationships with both mother and child. The deficiencies of a backward education system and economy produce severe difficulties for adolescents, frequently causing them great anxiety in the face of the responsibility of providing for the material needs of their families.

Some recent US studies that are more sensitive to social and psychological factors, and are guided by more accurate indicators, suggest that not all adolescent fathers are reckless and that not every experience of fatherhood is negative for adolescents.

Apart from this, these studies seek to understand a little more about the statement that the act of fathering a child is an irresponsible one in an adolescent. Adams et al. (1993), in a study for the Child Defense Foundation (Washington, D.C.), analyze the decline in rates of pregnancy among adolescents who get their partners pregnant. The study questions the recurring stereotyping of adolescent fathers who do not get married as irresponsible, indifferent toward their partners, and lacking interest in their children. The authors argue that the situation of these men is much more complex than this stereotype suggests, although it is impossible to generalize for all young people. They suggest the need to investigate this complexity and the pressures put on adolescent fathers.

For these authors, fathers try to support their child and its mother. Such assistance, however, is highly informal, as the adolescent fathers are generally more economically vulnerable, have difficulty finding a job, and have little formal education. So they make other family arrangements, as they cannot themselves support the family that was brought about by the pregnancy. According to Adams et al. (1993), the first sign of a feeling of responsibility would be recognizing they are father to the child (both legally and informally/voluntarily). In cases where they recognize themselves as the father of their own free will, the adolescent tries to accompany the rearing of the child and makes an effort to support the mother. This takes the form of contact with the mother and the child involving feeding and caring for the child, including financial and emotional support. The father thereby establishes a loving relationship with the child, and in some cases with the mother as well. In other words, there is a need to break the stereotype of the adolescent father and thereby see what can be done in the way of intervention or affirmative action.

Methodologically speaking, research that makes a direct association between fatherhood (or motherhood) in adolescence and a negative impact on the children fails to observe that such children are usually the firstborn and that experiences with firstborn children tend to be more problematic.

If methodological care is taken and the impact of stereotypes on the researchers is controlled, the results of US research show that adolescents are not always worse fathers than adults. For example, Heath and McKenry (1993) carried out a study of family life, highlighting aspects relating to the instability of intimate relations, to evaluate two main elements: conjugal satisfaction (well-being in pregnancy) and parental satisfaction (interest in family activities), based on data from a national survey. A comparison of the responses of men who fathered their first child during adolescence ( $n = 227$ ) with those of men who first fathered a child at an age older than 20 ( $n = 1,032$ ) was done—all men interviewed were between the

ages of 18 and 40 at the time of the interview. The analysis of the data carried out by these authors suggests that men who become fathers in adolescence experienced levels of marital satisfaction and instability in relationships similar to those of older men. However, men who became fathers in adolescence reported a greater increase in parental satisfaction in the course of their relationship than men who became fathers after 20 years of age. The importance of networks of support—by way of strengthening those already in existence in the community or by creating new ones—has been emphasized in reports of the impact on adolescents of services intended for them.

One important structural component of this network of support that has been stressed in various studies is the family of the adolescent (Burton and Stack 1993; Cervera 1991; Dellmann-Jenkins et al. 1993). Based on the premise that families have their own agendas, their own interpretations of cultural norms and their own histories, a number of factors stand out that need to be taken into account when dealing with these families: the temporal and interdependent dimension of the transition of roles, the creation and transmission of intergenerational norms, and the dynamics of negotiation, exchange, and conflict surrounding the way they construct their life trajectories (Burton and Stack 1993).

### **Adolescent Father Friendly Programming**

Another important component of this network of support is programming that is designed to include the adolescent father. The Department of Pediatrics at the University of Utah Medical Center (United States) includes work with adolescent fathers, relying on the permission and help of mothers in identifying them. Information on the pregnancy is collected in an interview with the adolescent couple. The objective is to involve the father in all aspects of care for the child and caring for himself. Training is also available for clinic staff with a view to changing preconceptions, transmitted verbally and nonverbally, regarding



the participation of young men, and ensuring that young men feel welcome at such clinics. Action is also taken to provide careers advice, work opportunities, and accommodation for the fathers. This kind of intervention shows that adolescent fathers end up getting more involved in the pregnancy of their partners and, subsequently in childcare, these programs succeed in minimizing the structural difficulties, such as financial problems, social isolation, and other difficulties faced by adolescents (Roye and Balk 1996).

This US experience is a very rich one, as it points to the complexity and the interrelatedness of channels opened up by an intervention project to include the adolescent father. This would not require a new program. By taking advantage of the already established social fact that support for the pregnant female adolescent is already institutionalized, it is more like adding a component to existing programs for pregnant adolescents. There is an investment in the training of the staff that provides services for pregnant adolescents, and the scope of the services is broadened. Nevertheless, given the assumption that fatherhood has a positive impact on the mother and the child, programming that included adolescent fathers would reduce the health burden.

Moreover, programming designed to include adolescent fathers changes the analytical focus of interest. Such a shift in perspective would also mean that the support given to fatherhood in adolescence does not respond exclusively to the father's needs, but also to the small child's (Fagan and Lee 2011). One approach including fathers is laws that give rights of service to the child. For example in Brazil, a place in a pre-school crèche, which has been the right of every working parent, is now legally the right of every child in Brazil. This change of focus amounted to a political victory. In a similar way, children have a right to have their father involved in their life as much as is feasible.

Another interesting scheme providing incentive for adolescent fathers to get involved in childcare is the *Teenage Pregnancy and Parenting Project (TAPP)*, introduced in San Francisco, California (United States). In this program, the fathers have access to all the services available to

the mothers, including guidance, health care, an educational program, and lessons in childcare. In particular, fathers who still have not lived with the mothers and their babies have greater involvement in prenatal activities when using this service. The involvement of adolescent fathers in this program has been shown to increase the weight of the babies at birth compared to babies born to adolescent mothers where the father was not involved.

In Brazil, in 1997, the PAPA Institute (which means DAD in English) founded in the northeast part of the country was the first Brazilian Adolescent Fathers' Support Program. The main aim of the program was carving out a social space for the adolescent father, both in terms of public policy and in studies on sexual and reproductive health in society at large.

Nowadays, in hospitals and public health centers in Recife, the PAPA Institute is holding weekly meetings with young fathers and/or partners of pregnant adolescents who are attending prenatal classes or at childcare facilities for recent mothers. These meetings take the form of workshops and using a "waiting room" system, focus on issues relating to pregnancy, childbirth, childcare, and paternal responsibilities.

Apart from this, in an effort to promote the widespread participation of men in childcare, PAPA uses art education. An example of this is the 3.5-m-high PAPA mascot, which is brought out for public events, especially at carnival time. The mascot represents a young man carrying his child in a baby bag, thereby symbolizing the association of the male image with childcare, an area culturally restricted to the female.

These experiments give us a glimpse of the positive impact on adolescent fathers, their partners and children that is brought about when networks of support are created or strengthened. They also show the need to develop multiple strategies, mobilizing not only the father, but also the mother, the family and specialists by way of various programs and interventions.

Nevertheless, analysis of some research on sexuality in adolescence shows that the approach tends to focus on the girl's health issues, pregnancy in adolescence having been seen primarily from the point of view of the mother and child,

leaving the father out of the picture. One relevant exception to this rule was the research on sexual and reproductive health recently carried out by the Sociedade Civil Bem Estar Familiar no Brasil (BEMFAM 1992, 1997), where information was collected on adolescents and young people of both sexes.

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## Ethical Values

Investigation of this issue and intervention in the area of pregnancy and fatherhood in adolescence entails discussing deep-rooted prejudices, stereotypes, and reflection on the possibility of adopting a different set of values. We shall therefore mention those values that have guided work in this area internationally, and which so far as we know, may guide research and action proposals for this segment of the population that is coming out from under the burden of repression by supporting the adolescent in his or her passage toward autonomy.

*Equal opportunity between men and women in all areas*, including in family and community life is a goal of many. People, who are in favor of equal opportunity between the sexes, have admitted that not only productive work activities should be shared between men and women, but also responsibilities regarding reproduction, children, and housekeeping. (European Commission Childcare Network 1990; ICDP 1994).

Programming that adopts this perspective should, thus, consider questioning the double standard in existence in society whereby the initiation of sexual activities is encouraged in boys while restrictions are put on girls (Parker 1991). Discussion of new standards of behavior is bringing men into the public health sphere and stressing the importance of their involvement in family planning. Given the reality that among other things, males live continually with the possibility of getting the female they have sexual relationships with pregnant (because male's fertility is constant and not periodic like that of women) including males as an essential player in

family planning would reduce unintended pregnancy (ICDP 1994).

Concepts that include fathers (including adolescent fathers) became more visible at the IV International Conference about Population and Development, in 1994 in Cairo, and the IV World Conference about women, in 1995 in Beijing. At these two forums, guidelines were laid out for ensuring greater male participation in promoting sexual and reproductive rights. The recommendations of the Cairo Conference (ICPD 1994) are:

Special efforts should be made to emphasize men's shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behavior, including family planning; prenatal, maternal and child health; prevention of unwanted and high risk pregnancies; shared control of and contribution to family income, children's education, health and nutrition; and recognition and promotion of the equal value of children of both sexes. Male responsibilities in family life must be included in the education of children from the earliest ages. Special emphasis should be placed on the prevention of violence against women and children (ICPD 1994, Sect. 4.27).

It is from this perspective that Mundigo (1995) states that one of the major problems presently confronting reproductive rights policies is the need for increased knowledge of, and access to and use of contraception in adolescence. In other words, there is a need to discover ways of encouraging a review of the concepts of masculinity during adolescence—principally in so far as they affect sexual behavior.

*Respect for younger generations.* This issue has two facets. On the one hand, it refers to respect for adolescents who become fathers (or get married), helping them become independent and empowering them. *Empowerment* is understood as a process that strengthens and builds the capacity of specific social groups (Parker et al. 1996). On the other hand, it means respecting children by admitting that their lives can be healthier and that they are more likely to develop their full potential when both mother and father are involved in their care. This does not imply, necessarily, that the nuclear family is the only way of ensuring the presence and

involvement of both mother and father in childcare. Accepting that a plurality of ways of organizing the family exists may result in better care for the small child.

*Adolescent pregnancy is not always unwanted.* When we speak of unwanted pregnancy, we are emphasizing a general tendency in the literature on adolescent pregnancy that takes this adjective to be the rule for all adolescents. We looked up the definition of the Portuguese word “indesejada” but could not find it. Instead we found the word: “Indesejável/Undesirable,” defined as “not desirable, that is not to be desired;...” (Ferreira 1998). Pregnancy, fatherhood, or rather *parenthood*, may bring substantial emotional benefits for some adolescent mothers and fathers. *Parenthood* refers to the position of two social actors of both sexes in the process of constituting a parental tie, and no longer presumes a priori that this tie is the result of sexual intercourse between the two (Combes and Devreux 1991). Although, generally speaking, researchers and clinics tend to view pregnancy in adolescence negatively, some adolescent couples have shown a good performance at school, in family life, and in childcare (Elster 1986). Pregnancy in adolescence has almost always been viewed a priori as a social problem, characterized by a generally alarmist discourse, associated with negative aspects that may occur for the adolescent and her baby (dropping out of school, difficulty getting a job, low birth weight of baby, etc.) and with pejorative adjectives such as *unplanned*, *unwanted*, *precocious*, and *premature* (Cerveny 1996; Melo 1996).

This criticism of the prejudice against pregnancy, motherhood, and fatherhood in adolescence does not mean that we accept that becoming a mother or father in adolescence is always the best option for all involved or for any adolescent. What we are trying to highlight is the fact that, it is becoming increasingly necessary to discuss and question who gains from the repressive and exclusionary approach to the reproductive life of adolescents and what is the impact (Reis 1993).

A less coercive approach would make it possible, in our view, to design programs that better suit the needs of adolescents, without

preconceiving fatherhood and motherhood at this stage of life as something purely negative that are caused, inevitably, by irresponsible behavior on the part of the young people.

In general terms, as Rosemberg (1999) suggests, the issue of sexuality and reproduction among adolescents does not elicit a neutral stance on the part of the specialist. For example, health studies have tended to view the pregnant adolescent or adolescent mother differently from country to country and from one historical epoch to another. The way adolescent pregnancy is currently viewed is a relatively recent social construct based exclusively on the female adolescent experience. As such, the transition into adulthood is not based on as precise physical and social indicators as it is for male adolescents whose transition is marked by entry into the job market or military service.

In contemporary society, one of the tendencies when discussing the issue of procreation in adolescence is the assumption that childbirth inevitably leads to negative consequences for the mother and child. Only rarely are fathers mentioned. Pregnancy is considered to be undesirable, precocious, and the cause of dropping out of school, unemployment, family/conjugal instability, mortality, and morbidity of the child and the female adolescent, and perpetuation of the poverty cycle. Hence, the need to curb pregnancy in adolescence is only logical conclusion. This can be brought about either by way of information/training in the area of reproductive rights, or by improving education.

Another tendency we identified is the search for the causes of the “pathology” of pregnancy/motherhood in adolescence in broader social phenomena (including its pathologization in society), which would explain what the other school of thought considers to be an impact on the condition of being an adolescent itself. From this point of view, even though there is no ready-made theory, it is suggested that a complex dynamics of relations of class, gender, and generation (and possibly race and ethnicity as well) are in play alongside individual characteristics. According to this view, it would be desirable to admit from the outset that pregnancy

in adolescence (as determined by age group) is not always unwanted, as it may form part of the individual's life plan. The end result of such an approach would be to put forward policies for protecting adolescents who get pregnant and become mothers and fathers, to prevent the undesirable impact of the "pathologization" of pregnancy, motherhood, and fatherhood in adolescence.

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### **A Critical Reading of Protagonist as a Strategy for Managing Adolescence**

In a recent study, Medrado et al. (2011) analyzed an historical series of UNICEF publications and identified three contemporary strategies for managing life based on the individual's place in the life cycle: (1) care based on protection of the *developing individual*, who, by his or her very nature "needs help," (2) respect for citizens' rights, according to which the needs of the individual become a right and a duty of the state, (3) encouraging the participation of the individual in implementing and managing strategies for solving the problems that affect his or her own development.

Medrado noted that as the target-public broadens (from child to "developing individual") and as the notion of rights is incorporated into the description of strategies, UNICEF progressively guides its strategies in the direction of *participatory* management, in which the individual him or herself takes out a commitment to and has responsibility for transforming and overcoming the difficulties that stand in the way of "full development."

Generally speaking, these management strategies found in UNICEF documents suggest a tendency to change the paradigm for management of life on the basis of age, moving from a model based on norms and authority to a local, contextualized approach, guided by the responsibility, in the first place, of communities and families, and, secondly, of the individual person, for solving social problems, by encouraging

"self-management." However, one may well ask oneself, "What practical and ethical implications does this paradigm shift represent?"

From the point of view of social and educational intervention, this reorientation has been well received by some activists and young people involved in health and education programs. As Madeira and Rodrigues (1999) point out:

In response to the importance that the question of youth has assumed, there have been a growing number of projects and programs aimed at young people coming from social work institutions and human service agencies. Generally speaking, although they are still in the minority, they have shown themselves to be open to "youth protagonism," suggesting that this is effectively a more appropriate space for participation in experimenting with new ways of thinking and innovative social action (p. 54).

Thus, under the aegis of the concept of youth protagonism, programs and projects have been developed that aim to bring about a more effective presence of young people not only in the implementation of projects, but moreover in the planning of activities and participation in the development of social and educational strategies.

There are, however, an ever growing number of social intervention projects that use the "label" *participation* to define their action plans, but which in practice do not develop this concept, resulting in products where the *participation* of young people is restricted to public events or the implementation of techniques and resources previously determined by the adult project coordinators.

Other experiments, with greater commitment to social transformation, have sought to introduce genuinely *participatory* management into work with young people and these have encountered various difficulties. One such issue is the dilemma of the educator, who frequently comes to disregard the pedagogical function of an activity in which both teacher and learner exercise complementary and reciprocal functions. If the desire of the young person is imperative in an education for health project, what is the place and the role of the educator supposed to be? In what sense do we want *participation*?

History has shown that authoritarian models of education based on the figure of the adult and a unilateral attitude to the production of knowledge is inefficient from the point of view of human development. Apart from this, management based solely on the calculation and prevention of risks has given rise to public administration strategies for adolescents that are not particularly democratic and these are still present in our “postmodern” world.

Thus, today, we have a mass media that extols and exploits the “values of youth” (creativity, adventure, beauty, and freedom) and a number of educational initiatives that give pride of place to adventure. On the other hand, we also find adverse reactions that suggest an exaggerated degree of concern, based on fear, distrust, control, and repressive prevention. However, is making young people entirely responsible for their actions and the course of their development a strategy that necessarily leads to “freedom” and “equity?”

From an ethical point of view, we should be attentive to the fact that encouragement of greater participation on the part of young people, as part of a progressive, self-management approach, may be anchored in new forms of public administration. These do not necessarily involve control in the disciplinary sense—based on explicit pacts and fixed rules—but a form of regulation based on an invisible, but perhaps, for this reason more effective self-governing strategies (Ayres 2001).

This chapter is an effort to make the critical point that understanding unmarried adolescent fathers is a complex issue and one needs to avoid simplistic assumptions about so-called absent unmarried adolescent fathers. Another challenge when calling attention to married or unmarried young fathers is the lingering question about their roles as fathers. In recent years, there has been significant research in the child development and public health field about whether fathers matter (mostly in Western Europe, North America, and the Caribbean), a question that extends to adolescent fathers or fathers/partners of adolescent mothers. Taken as a whole, the emerging consensus in the fields of child

development and health is that men’s participation as fathers, as co-parents, and as partners with women in domestic chores and childcare and childrearing does matter. Depending on the quality of the father’s presence, child development can be enhanced. Father presence is generally also positive for household income. When fathers participate in household chores, in general, women benefit. And finally, positive engagement as caregivers and fathers is generally good for men themselves.

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## Final Considerations

With this brief overview, we offer the following recommendations for research, program development, and policy when considering the roles of young fathers:

Rather than a stand-alone area within the area of adolescent mothers and married adolescent women, we recommend that issues of young married men and adolescent fathers be incorporated within all aspects of research, program development, and policy regarding married adolescents and adolescent parents.

- We suggest that existing documents and UN pronouncements on the importance of engaging men and boys in the promotion of gender equality be taken into account when making recommendations on the issue of married adolescents.
- These include previous documents by UNAIDS on men and AIDS; the Cairo Program of Action; WHO documents on adolescent boys; and the recommendations from the Commission on the Status of Women, made at their expert meeting on the role of men and boys in achieving gender equality (Brasilia 2003).

## Research Recommendations

- Listen to the needs of the partners of adolescent mothers and married adolescent women and seek to understand the cultural context of gender and manhood as related to the demand

for young brides and the pressure that may exist for men to marry young women.

- Conduct additional research on the sexual initiation of young men and the preference for “virgins” or sexually inexperienced girls/young women.
- Carry out research on the social norms related to gender and manhood that encourage and reinforce age differences between partners.
- Conduct research with “positive deviants” (aka positive outliers or voices of resistance)—men who do not support early marriage. Such research is extremely useful for designing interventions and campaigns by identifying “cracks” in existing social norms. Indeed, a more complete picture will be obtained by looking at attitudes across the continuum of how young men act in their relationships with their partners and their children.
- Carry out research on younger adolescent boys to understand the early socialization patterns that promote early marriage.
- Support research on family formation, pressures to work, migration patterns, and sexual behavior among young married men and young fathers who migrate for work.
- Include additional questions both for and on men and male partners within existing research instruments (e.g., Demographic and Health Surveys), particularly questions more appropriate to understanding the realities of young men, and obtain information from them directly rather than indirectly.

### **Program Recommendations**

- Carry out campaigns targeting social norms and take advantage of positive outliers that already question early marriage and the age difference between married partners. These campaigns could be associated with existing campaigns targeting men, such as the White Ribbon Campaign (the campaign of men working to end violence against women), and could include men who serve as role models

for young men and demonstrate positive aspects of manhood.

- Provide training for service providers in the health and education sectors on the aforementioned issues, including offering skills in how to engage young people in discussions about these issues.
- Implement workplace-based approaches in the formal and informal sector, as well as via the military (i.e., places where large numbers of men can easily be reached).
- Engage young fathers and young husbands/partners in activities conducive to maternal health. A number of programs in India and sub-Saharan Africa are beginning to engage men (many of them younger) in maternal health programs, some with positive evaluated outcomes. These program examples could be considered as models for expansion. Some of these programs also involve men in the prevention of mother-to-child transmission of HIV.
- Engage young fathers and young husbands/partners in sexual and reproductive health programs. Many programs in sub-Saharan Africa and Asia have taken this approach, with generally positive results. In Zimbabwe, for example, a joint project of the Centre for Population Studies at the University of Zimbabwe and the Horizons Program engaged couples via antenatal clinics to promote maternal and child health and reduce mother-to-child transmission of HIV. Whether and to what degree these programs serve married adolescents and what special attention this population needs are areas for intervention research.
- Work with young men to help them consider their potential future roles as fathers or as caregivers in general. The majority of the world’s adult men will at some point in their lives be fathers, although this is a role for which men often are unprepared. A few programs that work with young men are doing this. In Trinidad and Tobago, the nongovernmental organization (NGO) SERVOL program requires that all participants in its vocational training—

both young men and women—spend some time in the day care centers caring for young children. For young men, SERVOL staff report that this is often their first experience in caring for young children or providing caregiving of any kind. In Brazil and Mexico, a coalition of four NGOs (Promundo, Papai, Salud y Genero, and Ecos) have developed a field-tested curriculum with group educational activities for young men designed to promote changes in attitudes related to gender, including a set of activities on fatherhood and caregiving. As mentioned above, this series of manuals—entitled Program H—also includes an impact evaluation study to measure quantitatively changes in attitudes and behaviors on the part of young men, including attitudes related to fatherhood.

- Support young men who already are fathers by providing information, counseling, and training on the fatherhood role. Instituto Papai in Brazil is one of the handfuls of NGOs in sub-Saharan Africa, Latin America, and the Caribbean carrying out these kinds of activities.
- Enhance vocational training/employment creation to take into account the issue of early marriage and early parenthood. This may include the need to consider special programs for young people in areas with high rates of migration for work.
- Reflect carefully on when to work with couples together, and when to work with men and women separately.

### **Policy and Advocacy Recommendations**

- Carry out awareness-raising workshops/events for senior policymakers. Include the issue of early marriage within existing HIV/AIDS policy.
- Prepare briefing documents for policymakers that present existing and evaluated models for engaging young men, including interventions that have been shown to lead to attitude and behavior change among men. In short, this would entail demonstrating to policy makers

that it is possible and desirable to change some aspects of traditional male roles.

- Influence existing HIV/AIDS funding, particularly in sub-Saharan Africa, making changing norms about masculinity part of national AIDS campaigns.
- Carry out efforts to show that engaging men is part of promoting gender equality and that funding such efforts does not detract from funding for efforts to enhance the status of women.

Finally, a major aspect of existing gender inequity is the great disparity between fathers and mothers regarding roles and responsibilities related to childrearing. Data suggest that, worldwide, fathers contribute far less time to the direct care of children than do mothers, although there is tremendous variation across countries and among men. Studies from diverse settings find that fathers contribute about one-third to one-fourth of the time that mothers do to direct childcare. However, even if they are not as involved in caring for children, fathers make decisions about the use of household income for children's well-being, education, and health care, in addition to contributing income. Engaging fathers—and young men who will likely be fathers in the future—has the potential to set the stage for greater gender equality over the life course.

In this chapter, we argue that there is an emotional and material benefit to including adolescent male partners and adolescent fathers in services provided to adolescent girls who are sexually active, pregnant, or parenting. We also point out how critical working assumptions are in the design and provision of health services. For example, when the assumption is that adolescent sexual behavior is inappropriate or “bad,” there is no compelling or logical reason to reward adolescent fathers for inappropriate sexual behavior by including them in pre- or postnatal care. Conversely, when services are based on the assumption that adolescents and their children have a right to services appropriate to their need, adolescent fathers will be provided the support they need to be able to play a positive and responsible role in their partner relationships and in the lives of their children.

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