HIGH ADOLESCENT FERTILITY IN THE CONTEXT OF DECLINING FERTILITY IN LATIN AMERICA

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A. INTRODUCTION

Adolescent fertility is both a relevant and an emergent issue in Latin America for several reasons. First, adolescent pregnancy implies greater health risks for both mother and baby. Second, early motherhood and fatherhood typically result in disadvantages as lower educational achievement, including early school dropout and weaker performance in the labour market. Third, adolescent mothers are more likely to suffer gender bias, experience cultural stigma or find themselves confined to traditional women’s activities. Fourth, adolescent mothers are less mature and therefore less able to cope with the challenges of childrearing. Fifth, adolescent mothers find it more difficult to consolidate a family. Sixth, poor adolescents have higher fertility rates. The combination of disadvantages and poverty bias means that adolescent fertility is one of the components of the poverty reproduction cycle. Seventh, adolescents tend to be more vulnerable to sexual violence, peer pressure and risky behaviour. Eighth, social, cultural and familial acceptance and tolerance of premarital sexual activity among adolescents is a sensitive issue; in fact, in the region, unmarried adolescents who are sexually active often face societal disapproval and condemnation. And ninth, while reproductive and health policies and programmes have successfully reduced fertility among young and adult women (especially married adult women), they have not had the same effect on adolescent fertility. Thus, in many countries of the region the total fertility rate has fallen rapidly in the past 40 years but the age-specific rate for the 15-19 age group remains virtually unchanged.

In light of these considerations, there is now clear political consensus both in the region and worldwide to: (a) regard early parenthood as a relevant issue to be incorporated in public policies; and (b) take steps to prevent adolescent pregnancy and fertility. This consensus provides a firm basis for governments to carry out campaigns to highlight and aware adolescents on the disadvantages of early parenthood. Moreover, it justifies active reproductive health policies to: (i) empower adolescents to take preventive steps, including delaying first intercourse; (ii) provide them with an appropriate sexual education; and (iii) offer them contraceptive services in accordance with their particular needs and wishes. Moreover, the number of unwanted pregnancies among this age group is in fact growing, providing stronger grounds for public policies and programmes designed to improve adolescent access to sexual and reproductive health services, including the provision of sexual education and contraception. Despite this political consensus, however, policy interventions on adolescent pregnancy cannot be imposed against the will of adolescents.

This paper focuses on adolescent fertility in Latin America. First, comparative trends—between regions of the world and between countries of Latin America—in two indicators: (a) the fertility rate of adolescents aged between 15 and 19 years; and (b) the percentage of mothers in the 15-19 age group, are presented using the most recent sources, including projections by the United Nations Population Division, international demographic surveys, vital statistics and censuses. Second, trends relating to key proximate determinants—as sexual activity, timing of the union, and use of contraception—are shown and discussed. Third, trends and patterns of unwanted fertility among adolescents and the total population are explained and compared. Fourth, the historical social inequality of adolescent motherhood is re-examined using the most recent data and taking into account changes in educational structure in the region. The final section discusses the policy implications of the findings.
B. COMPARATIVE REGIONAL AND NATIONAL TRENDS

1. Latin America: An outlier with high adolescent fertility

Figure 1 shows that Latin America has the second highest adolescent fertility rate in the world behind Africa and is moving away from the stylized link between the fertility at early ages and the total fertility rate. In fact, the age-specific adolescent fertility rate for the 15-19 group is much higher than might be expected based on its total fertility rate. Figure 2 gives the same data broken down by country in the region and shows that nearly every country stands out as having an adolescent fertility rate that is considerably higher than might be expected based on its total fertility rates. These findings suggest that the structural socio-economic changes, cultural transformations and public programmes that encouraged the rapid, sustained decline in total fertility rates in Latin America have not had the same effect on adolescent fertility.

Figure 1

![Figure 1](image1)

Figure 2

![Figure 2](image2)
2. Latin America: An anomaly in long-run projections

The persistently high levels of adolescent fertility in Latin America undermine the optimistic hypothesis that adolescent fertility will decline inexorably purely because it has done so in other regions of the world. The United Nations Population Division appears to have taken this into account in its latest projections, shown in figure 3, by predicting that adolescent fertility rates in Latin America will be the highest in the world by far and virtually stable for the period 2020-2100. These projections are not without grounds: they are based on regional adolescent fertility trends over the past 30 years.

The assumption that such a peculiar trend will persist throughout the twenty-first century is nonetheless a bold one. Moreover, this paper provides new background on the non-desirability of procreation in adolescence, the link between union and fertility in adolescence and the use of contraception by adolescents indicating a change in some of the determinants of high adolescent fertility, which could be becoming more responsive to the policies and programmes designed to reduce it.

3. National trends according to specialized surveys

Although adolescent fertility has traditionally been measured by the specific fertility rate for the 15-19 age group, the proportion of women in that group reporting to have had one or more live births is also very useful because this figure: (a) is simple and straightforward to calculate and interpret; (b) can be obtained directly from both censuses and surveys; (c) is not affected by cumulative fertility in adolescence; and (d) is more relevant for policy purposes, since it quantifies the adolescent mother and enables an estimate of that population in the future assuming that current conditions remain unchanged. As a result, this indicator or something similar (percentage of mothers or first-time expectant mothers among women aged between 15 and 19 years, which can be obtained only from surveys) is the main indicator used in this paper.

Table 1 shows the percentage of adolescent mothers or pregnant for first time recorded in surveys carried out in the 1980s or 1990s and in or after 2000, and therefore portrays trends in adolescent motherhood. Although the findings vary—in six countries adolescent fertility has declined while in five it has risen—they certainly suggest that adolescent fertility behaves differently to the total fertility rate, which has been falling consistently in all countries in the region.
4. National trends according to vital statistics

Four of the region’s countries without international specialized surveys—Argentina, Chile, Costa Rica and Uruguay—have relatively reliable vital statistics allowing adolescent fertility trends to be tracked. These countries are special cases since they have undergone the most socio-economic development in the region, according to the Human Development Index (HDI), and Uruguay and Argentina in particular have led the sustained decline in fertility in the region (ECLAC, 2005).

As shown in figure 4, adolescent fertility in Uruguay and Argentina is currently higher than it was in the 1960s, a trend that contrasts with total fertility (not shown in the figure), which fell in both countries during the reference period. In Chile, however, adolescent fertility is now lower than in 1960, but the fluctuations in its trajectory contrast with the steady decline in total fertility. Moreover, while adolescent fertility currently stands at 80% of the 1960 rate, total fertility stands at just 40% of that rate. Only in Costa Rica has adolescent fertility declined consistently and considerably, although it has still fallen less than total fertility (32% and 57%, respectively).

In short, trends in these four countries reflect the resistance of adolescent fertility to downward change and in two cases the rate has risen in the past 50 years despite the decline in total fertility and social changes that should have triggered a drop in adolescent fertility, such as increased school enrolment (Grant and Furstenberg, 2007).

5. Censuses

The question on the number of live-born children included in nearly all censuses in the region was used to calculate the percentage of women aged between 15 and 19 years who are mothers. The traditionally high rate of omission in this question was corrected by imputing zero children to girls who left it blank (Rodriguez, 2005 and 2009). Figure 5 shows the differences in the two percentages obtained from censuses carried out in the 1980s or 1990s and in or after 2000. In most cases the percentage has risen during the period of reference. It remains for the censuses conducted in the 2010 decade to update the overall pattern in adolescent fertility trends. In the meantime, 2010 surveys carried out in Panama and Mexico show varying trends: a slight increase between 2000 and 2010 in Mexico contrasting with a fall in Panama in the same period.
C. PROXIMATE DETERMINANTS

1. Introduction: Proximate determinants of adolescent fertility

The pioneering work of Davis and Blake on the direct and indirect determinants of fertility (1956), followed by Bongaarts’ formalization of the proximate determinants and their impact on natural fertility (1978 and 1982) and the subsequent revision of his model by Stover (1998) have been very valuable in the social research on human fertility. The conceptual framework of proximate determinants is also useful for analysing adolescent fertility, but it is more difficult to formalize and requires more sophisticated methodology than with other age groups. The proximate determinants of fertility are essentially the start of menstruation (age of menarche), exposure to sexual activity, the use of contraception and abortion.

There is consensus that menstruation is starting at an earlier age in most of the region’s countries (Gómez, Molina and Zamberlin, 2011; Rodríguez, 2009), increasing the risk of adolescent fertility. But given that menarche was around age 14 in the past, its earlier onset would have only minimal direct effects on the fertility of the 15-19 age group studied in this paper.

With regard to sexual activity, a key change made by Stover to Bongaarts’ model concerns the use of sexual activity rather than marriage to indicate exposure to pregnancy (Stover, 1998). This is important because premarital sexual activity tends to be more frequent, increasing the likelihood of early reproduction without prior union (Ali and Cleland, 2005; Bozon, 2003). This does not point to pregnancies or births resulting from casual sexual relations, however. On the contrary, the sexual activity of Latin American adolescents overwhelmingly begins in the context of romantic relationships, but a higher proportion of these do not constitute consensual unions or marriages. Certainly, once sexual initiation has taken place the opportunities for—and therefore the frequency of—casual sexual relations increase but it is generally rare for these to result in adolescent motherhood.

As a proximate determinant, sexual activity can be broken down into the age of sexual initiation, crucial in the case of the adolescent group, and frequency. Age of initiation can be determined by a simple question in a specialized survey (although bias may affect the responses). Frequency, however, is more difficult to assess because specialized surveys do not provide for a
That said, a question on sexual activity during a given, recent period can give a broad indication of the frequency of sexual activity and a method has been developed to convert the data from this question into estimates of annual coital frequency, although there are doubts as to the quality of these estimates (Ali and Cleland, 2005). Accordingly, this paper uses age of sexual initiation as an indicator.

With regard to the use of contraception, the current models of intermediary variables and their impact on fertility use current prevalence as an indicator. But even if Stover’s refined concept is used, current prevalence is fundamentally flawed in the case of adolescents since it assumes that all girls currently using contraception are protected against the risk of pregnancy when in fact this does not apply to those who are already mothers. Moreover, cross-sectional multivariate models (typically logistic regression) using the current use of contraception as a variable determining the likelihood of a girl becoming an adolescent mother tend to find that women who use contraception are more likely to become mothers (Rodríguez, 2009; Di Cesare and Rodríguez, 2006), as confirmed by data from recent surveys. For illustrative purposes only, the first two columns of table 2 show the findings for the Plurinational State of Bolivia based on that variable, namely that girls already sexually initiated and not using contraception are just over half (54.9%) as likely to become a mother than those currently using contraception. Of course this does not mean that contraception use increases the probability of becoming an adolescent mother. What happens—as confirmed by a wealth of evidence (Rodríguez, 2009)—is that, in Latin America at least, it is common for adolescent girls to start using contraception after the birth of their first child, because the fact that they are already mothers breaks down the barriers to accessing contraception. Consequently, and in the absence of synthetic indicators of contraception trends, the indicator measuring contraceptive protection used in this paper is the use of contraception in the first sexual intercourse. Although this approach has evident weaknesses inasmuch as the use of contraception in the first sexual intercourse is no guarantee of protection in future sexual relations, the evidence available shows that this is a good indicator of future preventive behaviour (Di Cesare and Rodríguez, 2006).

Lastly, with regard to abortion, what little evidence there is for the region is fragmented, since abortion is illegal in most Latin American countries. Only recently have international surveys (Demographic and Health Surveys; and International Reproductive Health Surveys) included questions on induced abortions but their findings are pending technical validation. Official statistics from Cuba, where abortion is legal, suggest that it has a significant impact on adolescent fertility levels but that early motherhood is nonetheless more common than might be expected based on the country’s low fertility rate. In Chile, the Sixth National Youth Survey carried out in 2009 showed that 6% of the adolescent who have had unplanned pregnancies have undergone at least one abortion (male responses—which nevertheless tend to be less reliable or consistent on these matters—place the percentage much higher). Despite its importance, the lack of information means that this proximate determinant has to be excluded from the analysis below.

2. Childbearing and marriage among Latin American adolescents: A complex relationship

In several of the region’s countries, vital statistics show that most adolescent mothers are unmarried, especially in Chile, where 39,902 births were recorded in 2008 to mothers aged between 15 and 19 years, of whom 38,132 were unmarried. However, a large proportion of these seemingly single mothers have been or are in a relationship, probably with the child’s father. This can be inferred from figure 6, based on census data, which shows that, with the exception of Argentina in 2001, Chile in 1992 and 2002 and Paraguay in 2002, less than 40% of mothers report being single. All the same, figure 6 also highlights the rise in single adolescent motherhood, a trend that is deeply worrying given that on top of the difficulties inherent in raising a child before 20 years of age, adolescent mothers in this position have to contend with lack of support from a partner. Here, support often comes from the families of adolescent mothers and the baby is raised by both its mother and grandmother (Oliveira and Vieira, 2010; Tobío 2003), thereby involving a third generation in the daily care of babies and children.
3. Sexuality and marriage among Latin American adolescents: A weakening link

Prevailing social theories on sexual initiation trends predict that: (i) it will take place at an earlier age; (ii) it will increasingly occur before union (whether formal or consensual); and (iii) the gap between the respective ages of sexual initiation of men and women and of adolescents in the various socio-economic strata will gradually narrow (Bozon, 2003). The cultural transformations driving these trends are the secularization of sexuality and the increasing autonomy of adolescents in decision-making and value formation, both taking place in Western developed countries (Grant and Furstenberg, 2007). These trends could spread to Latin America given that ideas and behavioural patterns in developed countries tend to influence the region (Ali and Cleland, 2005). While it was less clear based on data from the 1990s (Guzmán and others, 2001), data from the 2000s show that sexual initiation is taking place at an earlier age, increasing the risk of adolescent motherhood (see table 3).

With regard to marriage, both modernization theory and the second demographic transition theory predict that young people will increasingly delay getting married (Castro and others, 2010; Grant and Furstenberg, 2007). Moreover, adolescent marriage is generally predicted to virtually disappear as young people concentrate on their education and on gaining personal and professional experience, both of which are almost incompatible with raising a child. However, according to recent studies (Castro and others, 2010; Esteve and others, 2010; Fussel and Palloni, 2004), Latin America diverges from this pattern since, despite the socio-economic and demographic changes that have taken place in the region, its decades-old marriage pattern remains unchanged. The above conclusions are essentially logical in view of the evidence gathered up to the end of the twentieth century, but they should be clarified. First, while civil registers show that the average age at first marriage is indeed rising significantly, there has been no change in the pattern relating to the age of informal union. Second, the average could disguise divergent trends among socio-economic groups and, far from being a stable pattern, it appears to be a polarized one. Third, specialized surveys conducted in the 2000s suggest a decline in adolescent unions, but only a slight one and with national specificities (see table 3).

In summary, although young people are becoming sexually active at an earlier age, they are not forming consensual unions any earlier, resulting in a growing gap between the two and an increased risk of adolescent motherhood outside a consensual union, as reflected in the rise in single mothers.
4. Contraception

Both the menarche and first intercourse are occurring at an earlier age, and if this is not to bring about an increase in adolescent motherhood, more adolescents must use contraception. The figures available suggest that contraceptive use has indeed risen over the past two decades, largely because AIDS prevention programmes have led to greater use of condoms (Rodríguez, 2009). Nevertheless, contraceptive use remains very low and is clearly insufficient to address the high and rising levels of unwanted fertility recorded in the region, which will be analysed in depth in the next section.

Table 4 illustrates ones of the reasons behind the apparent contradiction between increased contraceptive use and a growing unmet need for contraception among adolescents. In all countries, the proportion of adolescent girls having been at some stage in a union who have never used contraception is falling sharply. In principle, this suggests greater protection from unwanted fertility. However, the protective impact is lower, because in most countries there has been a corresponding increase (although more moderate) in the proportion of adolescent girls who are or have been in a union who began to use contraception after having their first child. This finding illustrates the drawbacks mentioned earlier of taking current contraceptive use as a factor protecting adolescents against unwanted pregnancy since their sexual initiation. A more relevant indicator, which also concerns all sexually initiated teenage girls, rather than only those who have been in a union, is examined below.

This is the “Use of contraception at first intercourse” indicator, which is systematically captured and published by International Reproductive Health Surveys for the 15-24 age group. Here again, taking all contraceptive methods into consideration, there is a trend towards using contraception during first intercourse. Paraguay in particular stands out: contraceptive use increased from 23.6% in 1995/96 to 70.5% in 2008 (National Demographic and Sexual and Reproductive Health Survey (ENDSSR), CEPEP, 2008). Over a similar period of time (1998-2008) it rose from 9.5% to 28.2% in El Salvador (National Family Health Survey (FESAL), ADS, 2008). In Ecuador it climbed from 4.8% in 1994 to 13.5% in 2004 (Demographic and Mother-and-Child Health Survey (ENDEMAIN), CEPAR, 2004).

However, with the exception of Paraguay—where not by chance there has also been a sharp decline in adolescent fertility over the past 20 years and levels are currently among the lowest in the region—those who use contraception during first intercourse are still in a minority. When only modern methods are considered (pills, condoms and injections), Paraguay is the only country with a figure of over 50%, which is still far below the almost 90% recorded in Spain in 1995 (see figure 7). In fact, contraceptive use right from the start is the fundamental reason why the adolescent fertility rate in Spain is around 10 per 1000, or a seventh of the region’s, despite having a similar age for first intercourse as Latin America.
<table>
<thead>
<tr>
<th>Countries and years</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Brazil, 1996 (15-19)</td>
<td></td>
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<tr>
<td>Costa Rica, 2000 (18-19)</td>
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<tr>
<td>Ecuador, 2004 (15-24)</td>
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<td>Ecuador, 1994 (15-24)</td>
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<td>El Salvador, 2002/03 (15-24)</td>
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<td>El Salvador, 2008 (15-24)</td>
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<td>Guatemala, 2004 (15-24)</td>
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<td>Honduras, 2002 (15-24)</td>
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<td>Honduras, 2008 (15-24)</td>
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<td>Paraguay, 2008 (15-24)</td>
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<td>Paraguay, 2004 (15-24)</td>
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<td>España, 1995 (18-19)</td>
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</table>

The reasons for failing to use contraception during first intercourse are relevant to sexual and reproductive health policies and programmes aimed at adolescents. If an explicit desire to have children were responsible for lack of contraceptive use, policies should focus on addressing these expectations, since programmes designed to provide better access to contraceptive methods would not be successful while they persisted. However, the data does not appear to indicate that this is the case since the reasons given for not using contraception during first intercourse have little to do with a desire for children; rather, they are far more strongly associated with insufficient prevention and poor access to contraception. Insufficient prevention is the reason behind responses such as “Did not expect to have sex” (32.2%, El Salvador 2008, ADS, 2008), “Carelessness” (44.1%, Paraguay 2008, CEPEP, 2008) and “Was irresponsibly” (28.1%, Chile, 2009, special processing of the data from the Sixth National Youth Survey (ENAJU), INJUV, 2009). Lack of access is reflected in responses such as “Did not know what methods were available”, (15.2% in Paraguay and 15% in El Salvador), “Partner didn’t want to” (8.2% in El Salvador), “Could not get any” (Chile, 9.3% among women and 16% among men). With regard to the desire to have children as justification, this ranged from 12.2% in El Salvador, to 4.6% in Paraguay and to 5.7% in Chile. For Paraguay, El Salvador and Ecuador a distinction is made between first intercourse within a union and first intercourse outside a union, since the reasons for not using contraception vary significantly in each case: in couples who are married or in a union, the desire to have children is stronger—in fact, it is the main reason cited in El Salvador in 2008.

This data reinforces the complex interaction between sexual activity, union and pregnancy in adolescence. On the one hand, sexual activity prior to union is increasing, which in principle limits the relevance of union as an explanation for teenage fertility. On the other hand, a not insignificant proportion of Latin American girls form a union at an early age, in particular impoverished girls, as will be seen later. Many of them have explicit expectations of early reproduction, and the beginning of the union continues to be a sign that pregnancy will follow soon after. This is particularly true of early unions that are the product of cultural norms, as in many indigenous communities. But it also seems to apply to some poor urban teenage girls, who view forming a union and having a family as a way to acquire an identity, a home and a sense of purpose in an environment that offers few alternatives.

D. UNWANTED FERTILITY AND SEXUAL AND REPRODUCTIVE RIGHTS: A CRITICAL ISSUE

Studies and researchers in Latin America have traditionally suggested that adolescents want to have children and, in particular, that they want to do so more than at other ages. The arguments underpinning this proposal range from demographics—that is, birth order, because first order births...
are more desired and most births to teenage mothers are first order births—to anthropology—cultural norms that prize early reproduction—to sociology—early motherhood as an option that provides meaning and a life plan—particularly in contexts with few or no alternatives (Oliveira and Vieira, 2010; Binstock and Pantelides, 2006; UNFPA, 2005; Stern, 1997).

These arguments are not supported by the current evidence. Figure 8 is unequivocal in this respect. It shows how the desirability of children born in the five years prior to each survey has changed over time among adolescents and among all women between the ages of 15 and 49. Surveys conducted during the 1980s and 1990s do bear out the greater desirability hypothesis. In all countries, the percentage of births described as “wanted then” was higher for births before the age of 20. Surveys carried out during the first decade of the twenty-first century, however, point to (i) a systematic and considerable drop in some countries in the desirability of children conceived during adolescence; (ii) lower levels of desirability for births during adolescence compared to all births in most countries.

These findings are highly relevant for policy decisions, since they signal a greater need for sexual and reproductive health services, in particular access to contraception, and suggest that there is considerable scope for programmes promoting preventive behaviour in regard to teenage pregnancy. In the 1960s, the high levels of unwanted fertility detected by the surveys on fertility in Latin America (PECFAL) among women from a number of Latin American cities (CELADE/CFSC, 1972) served as a justification for establishing family planning programmes in the region. The evidence regarding the decline in planned births among teenage mothers is an incentive and powerful argument for stepping up reproductive and sexual health public policies and programmes for this group.

E. EARLY MOTHERHOOD IN LATIN AMERICA: AN EXPRESSION OF LONG-STANDING, SHARP SOCIAL INEQUALITIES

In Latin America, national averages hide sharp social inequalities. This is undoubtedly the case for adolescent fertility, because it is highly correlated with educational level and social standing. In fact, the most recent results from specialized surveys in the region suggest that this relationship persists, given that girls with low levels of education continue to have much higher probabilities of becoming mothers during adolescence. Furthermore, in most countries, the differences between educational groups with regard to adolescent motherhood are much greater than the disparity recorded in the total fertility rate. The region’s success in tackling disparities in the number of children women
have is marred by the persistent disparity in reproductive timing, as women in disadvantaged groups continue to start their reproductive life much earlier (Jimenez and Rodriguez, 2009; ECLAC, 2005).

The close correlation between education and adolescent motherhood has raised expectations that the predicted expansion in access to secondary and university education in the region will be accompanied by a sustained decline in adolescent fertility. Simply because of a statistical composition effect, more schooling does in fact tend to reduce aggregated levels of teenage fertility and motherhood (Rodriguez, 2009). Figure 5 illustrates this effect and draws on new data from the 2010 Panama census. The census shows that 15.5% of girls aged between 15 and 19 were mothers in 2010, less than the 17.2% recorded in 2000 and the 16% in 1990 (an overall decline between 1990 and 2010). However, when this percentage is disaggregated by educational level, an increase in all categories is observed, with the exception of “No education” (see figure 9). The composition effect is the reason behind these contradictory trends. If it were not for the expansion in schooling between 1990 and 2010—during which the percentage of adolescents with low levels of education, in other words below secondary, fell from 34% to 17%—the adolescent motherhood rate would have been 20.8% in 2010, far higher than the 15.5% recorded that year and the 16% recorded in 1990.

Figure 9

Panama’s experience is not unique. Figure 10 illustrates how, when the data is separated by educational group, adolescent motherhood has risen almost across the board in most countries of the region. While the trend observed in the national percentage for teenage motherhood is less clear-cut (as seen in table 1 and figure 5), this is due to the composition effect, which arises from the declining proportion of adolescents with low levels of education, who, as has been explained and demonstrated, continue to experience far higher levels of adolescent motherhood than highly educated adolescents.
Figure 9 sounds an alarm bell for Latin America. Without a doubt education continues to be a factor protecting against teenage motherhood, but its ability to prevent has declined and, above all, the educational threshold needed to provide a close-to-zero probability of adolescent motherhood has risen from secondary school to university. This is much more marked in countries where secondary education is widely available, since socio-economic disparities in these countries are increasingly expressed as a distinction between adolescents who enter higher education and those who do not. In countries where only a minority of adolescents have access to secondary education, attaining this level still prompts a sudden drop in the likelihood of becoming a teenage mother.

Given that progress towards providing universal secondary education in Latin America has not been accompanied by improvements in the job market and social inequality persists (ECLAC, 2010), a not insignificant proportion of the educated teenage population has low expectations regarding the benefits and opportunities that these extra years of study will bring. They find it difficult to imagine themselves in good jobs, they see going to university as complicated or financially unfeasible, and alternatives paths to personal fulfilment based on economic and domestic emancipation seem out of reach. All of these factors ensure that the losses and costs associated with early motherhood are less keenly felt by a section of Latin American youth. As such, structural change in the form of a more equal society that offers adolescents and young people more opportunities should clearly foster a decline in the region’s high teenage fertility rate.

In addition, school, to which there is now mass access, has become the main place for socialization during adolescence (rather than simply a place to receive education). Teenagers meet their peers at school and are influenced by them. This is where they learn how to relate to the opposite sex. In this context, they make their first romantic and sexual forays. However, neither society nor the school itself has adapted to this new reality. Both the family and the health sector continue to deny that teenagers are sexual beings and place barriers in the way of access to contraception. Even sex education, which should be a fundamental part of the education provided by a modern school, remains firmly attached to “biological” approaches, which do little to help teenagers develop preventive behaviour.

Schools in Latin America are therefore presented with great challenges. These must be faced on the basis that merely imparting knowledge and rules to students is not enough if they are to be able to act in a healthy, safe, well prepared and self-determined way.
Finally, inequality is also observed in the case of the proximate determinants. For first intercourse, figure 11 confirms the familiar pattern: the most disadvantaged groups report an early first sexual experience, largely because they form a union earlier. However, figure 11 also illustrates a theory that had not been borne out in the region until now: the trend towards social convergence of first intercourse. As is clearly shown, there has been a sharp fall in the age at first intercourse among women with university or higher education, but much less so in the case of girls with a low level of education. What may happen therefore in the medium term is that the social disparity for first intercourse will become less acute and less important as a determinant of social inequality in adolescent motherhood (as is already happening in countries such as Chile, according to the Sixth National Youth Survey of 2009). In any case, the importance of first intercourse does not depend solely on the age at which it occurs but also on whether or not it occurs within a union. Accordingly, if the age of first intercourse among poor girls continues to be linked to union, there is a high probability that it will continue to result in pregnancy.

The other key proximate determinant is contraception. According to the latest surveys available, even if all methods are included (that is, even traditional methods, which are far less effective and far more common among underprivileged groups), the disparity continues to be great (see table 5). Thus, sexual and reproductive health policies and programmes face a dual challenge. On the one hand, they must facilitate access to contraception for all adolescents who need it when they become sexually active, since the overall figures for protected first intercourse are low and unwanted teenage fertility is on the increase. On the other hand, they must pay particular attention to the poorest groups in the population, which in many countries demonstrate levels of protected first intercourse that are close to zero.

F. POLICY IMPLICATIONS AND RESEARCH CHALLENGES

In the absence of a sustained and solid increase in contraceptive protection during adolescence, teenage fertility in Latin America will remain stubbornly high, since the increasingly early age of the menarche and first intercourse appear to be trends that are difficult to reverse. Moreover, unwanted fertility will continue to rise among adolescents, both because the desire to have children during adolescence is declining and because a growing percentage of sexual activity is beginning and continuing outside union, making reproductive intentions less likely.
As a result, public policies and programmes are needed that aim to provide adolescents with universal access to comprehensive sex education and relevant and specialized sexual and reproductive health services. The first important decision concerns first intercourse, and comprehensive sex education should strengthen adolescents’ ability to make a careful, considered decision. In addition, merely distributing contraception is ineffective because adolescents need more: the require instruction, advice and empowerment if they are to use contraception regularly.

In terms of research, several subjects are still outstanding, to the extent that they have not even been mentioned in this paper. These include the specificities of indigenous communities, teenage parents, and the behaviour of men in the context of adolescent motherhood. Although some work has recently been done in the region and worldwide (Olavarría and Madrid, 2010; Del Popolo, López and Acuña, 2009; Rodriguez, 2009; Guzmán and others, 2001; Greene and Biddlecom, 2000), this has only scratched the surface. Abortion is also notable by its absence, but sources of data on this remain scarce.

At least three of the subjects analysed in this paper require in-depth research in the future. The first is the inequality that persists in both reproduction and the intermediate variables. The second is the fact that some adolescents form a union early, which is directly linked to inequality (the poor and indigenous are much more likely to form such unions) and this is a crucial point for policymakers on account of the reproductive preferences these girls tend to exhibit. Finally, there is the matter of social institutions such as the family, the health sector, the media and schools, whose actions and omissions have a direct impact on adolescent behaviour (Rodríguez, 2009).

This paper attributes more importance to education and schools because it was deemed necessary to underline the existing contradiction between what they offer and the new risk factors for adolescent motherhood which adolescents face and which increasingly operate at school. The message of this paper aims to highlight a school’s ability to protect. This requires schools, in particular secondary schools, to adapt to the new reality of mass access to education and to respond to the needs and concerns of its students, including those relating to comprehensive sex education, impulse control and affective development. Without a doubt the deep-rooted inequalities that persist in the region, including educational and labour segmentation, conspire against the equalizing role of education. Yet school remains the key institution for education. Future generations in Latin America depend on its ability to modernize and to offer a good-quality, comprehensive education to all.
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These reasons are not universally accepted. Some researchers argue that adolescent fertility does not involve greater health risks, except for pregnancy at a very early age (under 15). Experts also highlight the socio-economic and cultural roots of teenage fertility in developing countries. Other scholars using data from the 1980s and 1990s argue that wanted fertility is higher among adolescents. Finally, some specialists reject the link between adolescent fertility and poverty reproduction, arguing that other factors (such as economic, educational and political inequalities) are the key drivers of poverty reproduction (Oliveira and Vieira, 2010; Binstock and Pantelides, 2005; Guzmán and others, 2001; Stern, 1997; Furstenbers Jr. 1998).

Indeed, the adolescent fertility rate (i.e. for women aged 15 to 19) has become one of the indicators for Millennium Goal 5.B: “Achieve, by 2015, universal access to reproductive health” (Jimenez and Rodríguez, 2009), despite an appeal not to set quantitative fertility targets expressed in the Programme of Action of the International Conference on Population and Development (Cairo, 1994) (United Nations, 1994).

The term union is used in this paper to refer to consensual union or formal marriage, or both, whereas the term marriage refers only to formal marriage.

This is particularly important when the number of births above first order among adolescents decreases, but not first order births, which is exactly what is happening in many Latin American countries (Rodríguez, 2009).

The percentage of mothers in 2010 is even slightly lower than that recorded in 1990. A standardization exercise to control changes in the single age structure between the 1990 and 2010 censuses does not alter this relationship; in other words, the decrease is not due to age composition.

Teenage union continues to be closely associated with adolescent motherhood, since the desire to start a family is often stronger once an adolescent begins to live with their partner. However, the reverse is not uncommon, where a pregnancy arising within the context of a romantic relationship that has not been formalized and the partners do not live together prompts union, usually consisting of cohabitation without marriage.

And possibly its relationship to the likelihood of pregnancy.

In fact, a study that makes rigorous use of the information provided by the Demographic Health Surveys states that “The calendar contains no information about frequency of sexual intercourse or number of sexual partners, which is a major limitation. We therefore have no alternative but to consider time after loss of virginity as sexually active.” (Ali and Cleland, 2005, p. 1177).

“Contraceptive prevalence should be defined as the proportion of sexually active, fecund women using contraceptives that does not overlap with the proportion experiencing postpartum amenorrhea.” (Stover, 1998, p. 262).

This will in fact be condom use at first intercourse. The databases available already contained this indicator, and condoms have become by far the most common form of contraception used during first intercourse in recent years, owing it would seem to AIDS prevention campaigns promoting its use.

The best indicator would of course be the “Percentage of sexually active time protected by contraception” indicator, calculated by Ali and Cleland (2005) using data from Demographic and Health Surveys complete contraceptive histories. However, this is a difficult indicator to calculate and can only be obtained from countries with Demographic Health Surveys. Moreover, even with this sophisticated indicator, a distinction would have to be made between time protected before and after having the first child.


Census data captures the following categories: married, single and in a consensual union. This ensures that single girls are not merged with girls in an informal union (as tends to happen in the case of vital statistics). In any event, the declaration by a girl of “single” in a census does not necessarily imply that the baby’s father is absent, as she may be in a romantic relationship but not live with the father, or the father and mother may be separated but the father be present. However, it is highly likely that a teenage mother who declares she is single is neither in a relationship with nor supported by the father of her child.

“To the extent that attitudes among young people in Latin America are influenced by mass media messages emanating from North America and Western Europe, where levels of premarital sexual activity are much higher, the trend may be irreversible.” (Ali and Cleland, 2005, p. 1183)

This is a more meaningful indicator of the risk of becoming a mother during adolescence than median age at first union or the singulate mean age at marriage (SMAM) indicator, both of which are used in most studies on marriage trends in Latin America (Castro and others, 2010).
“Because of pervasive declines in the protective effect of virginity, conception rates among single women in Latin America are rising. Contraceptive uptake, particularly of condoms, is increasing but not sufficiently to offset the decline in virginity.” (Ali and Cleland, 2005, p.1175).

National surveys also capture this data. In Chile, the Sixth National Youth Survey (ENAJU) in 2009 recorded a figure of 58.8% for protected first intercourse among girls aged 15 to 19.


In the case of Chile 2009 (ENAJU), up to three reasons could be submitted. Percentages may therefore total more than 100%.

This does not mean casual sex. In the case of El Salvador 2008, for example, 91.4% of girls aged 15 to 24 who became sexually active before marriage declared their sexual partner to have been a boyfriend and only 1.5% to have been a casual encounter (ADS, 2009, table 7.7).

Of course, early union and reproduction do not always provide an identity, a home or a life plan. Rather, the evidence available tends to suggest the opposite. As has been seen, the proportion of single teenage mothers increases, as does the proportion of teenage mothers living with their parents rather than making their own home.

Guzmán and others, 2001: “….with few exceptions, the highest percentage of wanted, even planned, children are born to mothers in the 15-19 age group.” (p.43; free translation).