Pregnancy among adolescents and child welfare: Is the mother´s age a determinant factor?[1]

Maria Coleta Oliveira (Population Studies Center, State University of Campinas)
Joice Melo Vieira (Population Studies Center, State University of Campinas)

Abstract

Using data from the 2006 Demography and Health of Women and Child (PNDS), the study's aim is to explore hypotheses about the effect of adolescent motherhood for both mothers and children. Those who got pregnant or gave birth before 20 years old were considered adolescent mothers. The paper draws a sociodemographic profile of adolescent mothers, folowed by a discussion of fertility implications of this phenomenon in Brazil. Impacts of early reproduction are then dealt with, beginning with a descriptive analysis of 15-24 years old women's perceptions about their childbearing experiences: their explanation for the event, the perceived life changes upon the delivery, and the degree of autonomy in taking decisions. The focus of the analysis turns then to the children of adolescent mothers. Health indicators of 0-4 years old children will be examined. Anthropometric measures and circulation of children will be explored as proxies of the level of children's welfare.

Introduction

Recent studies have shown that Brazilian fertility has undergone a rejuvenating process in recent years (BERQUÓ and CAVENAGHI, 2004; BERQUÓ and CAVENAGHI, 2005). Results of the 2006 Demography and Health of Women and Child (PNDS) reinforce such a view. Fertility of women between 15 and 24 years represents 53% of the total female fertility. The mean age to have the first child has decreased from 22.4 years in 1996, to 21 years in 2006 (MINISTRY OF HEALTH, 2008).

Part of such rejuvenating process is explained by the increased fertility among adolescents between 15 and 19 years old. A few specialists, however, prefer to analyze such participation of adolescent fertility in the total Brazilian fertility within a broader context, arguing that it has stood out precisely because fertility at other ages has never been at such low levels as it is now.

But it is not only when compared to fertility of other age groups that pregnancy among adolescents gains relevance in Brazil. A preliminary exploratory analysis of the 2006 PNDS data shows that 23.2% of Brazilian adolescents between 15-19 years of age have already began their reproductive life – 16.2% are mothers and 5.5% were pregnant for the first time at the time of the interview and 1.5% had experienced one pregnancy without resulting in a live-born child. Ten years before, such rates were lower, when 18% of the adolescents had begun their reproductive life

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– 14% were mothers and 4% were pregnant (BRANDÃO, 2006: 64). That is, there are more adolescents performing or about to perform the social roles typical of maternity in 2006.

Pregnancy among adolescents has called attention and even caused a certain perplexity. The media and public opinion alternate between morally condemning pregnancy during adolescence and criticizing the youth´s lack of responsibility, or demonstrating compassion for the pregnant girls. Brazil has undergone deep changes in the last forty years both within the family and public spheres. When compared to the reality of the preceding generations, potentially, young girls would have today better chances of being engaged in the job market, having higher education levels than the boys of their generation and being better informed about pregnancy and contraceptive methods than their mothers when they were at the same age. The young girls are under the social expectation that they have before them alternatives that did not exist before, since marriage and maternity are not the only option as in the past. It is not rare to see pregnancy in adolescence associated with an image of backwardness that contrasts with the supposed modernity achieved by the country. There are even those who consider it a step back in the feminine achievements of the last century.

In a critical analysis of the Brazilian literature on pregnancy among adolescents Heilborn (2006) identifies three discursive lines. The first one, followed by medical doctors, epidemiologists and a few demographers, deals with the issue as a public health problem (CAMARANO, 1998). It points out that pregnancy in adolescence represents a risk to the health of both mother (who is more exposed to spontaneous abortion, early delivery and even death), and child (more susceptible to present low weigh at delivery and to die along the first year of life). The second discursive line sees pregnancy among adolescents as a psycho-social risk for the adolescents and their children. It emphasizes the limitations that early pregnancy imposes on the development of the adolescents, their lack of financial capacity and emotional maturity to raise a child. It usually points out as the cause of the problem the strong precocious eroticization that permeates the Brazilian culture; the lack of authority among parents; the lack of education that prevents the control over one´s own sexuality. Pregnancy among adolescents would put us, therefore, in face of a type of moral problem (SERRA, 1999). The third type of discourse associates pregnancy among adolescents with the very context of poverty (SOUZA, 1998). It is at the same time cause and consequence of poverty. The main argument of this line is that the girls get pregnant due to the lack of information or access to contraceptive methods or further to the lack of an alternative life project to maternity.

This paper seeks to test the hypotheses concerning the disadvantages of pregnancy among adolescents to the young girls and their children, resorting to the recently announced 2006 PNDS data. The first part presents a general picture of pregnancy among adolescents in the country and the respective impact on Brazilian fertility, as well as a social-demographic characterization of the adolescent mother at the time of the survey. Thereafter we present an analysis of information

concerning how the adolescents and young women perceive their early pregnancy and maternity experience, involving the reasons they give to what happened with them and their own evaluations of the impacts such events had on their lives. The final part of this paper shifts the focus from the young mothers to their children aged between 0 and 4, approaching a few aspects associated with child welfare. As a proxy of the welfare level of children born of adolescent mothers we have compared three indicators. The first one concerns the circulation of the child, evaluating the possibility of adolescent mothers transferring to other adults the task of raising their children. The second indicator concerns the existence or not of a certain deficit shown by the anthropometric evaluations of the children. The third indicator refers to the possibility of children of very young mothers being submitted to greater risks of accidents.

Data and Methods

The 2006 PNDS corresponds to the third application of the Demographic and Health Survey (DHS) in Brazil. There had been two editions before this survey, carried out in 1986 and 1996. Though it suffered changes in relation to the previous editions, the 2006 PNDS allows for the comparison with similar surveys conducted in Brazil and in other developing countries.

The main target-population of the 2006 PNDS consists of women aged between 15 and 49 years and their children with less than 5 years. It has national representativeness and allows for the breaking down of data according to the five largest Brazilian administrative regions (North, Northeast, Center-West, South and Southeast), as well as according to household location (Rural/Urban).

The sample follows the stratified model of simple random conglomerates in two stages. The first stage consisted of the random draft of the conglomerates (census sectors) and the second, of the selection of the households that would be interviewed. The interviews encompassed 14,617 households and 15,575 women in reproductive age. General information was also obtained about around 27 thousand live-born children, of which approximately five thousand were below the age of 5 years. The enquire was refined for the latter.

The 2006 PNDS covers a broad range of interests related to women and child health. It makes available data on the general characteristics of the household and all its dwellers, in addition to focusing on food safety issues. The interviews with the female population in fertility age approached the following aspects: reproduction; contraceptive methods; marital situation and sexual activity; fertility planning; characteristics of the spouse and woman´s job; the history of all live-born children and access to medications. Anthropometric measures were also collected as well as blood samples for laboratory tests and anemia detecting. Specifically for children born after January 2001, information was raised about the pregnancy and child delivery record, data on breastfeeding and nutrition, health (vaccination, presence of disease symptoms; accidents involving

these young children); weight and height of the child and, finally, blood was collected for clinical tests.

Based on the ages at the time of the first pregnancy and of having the first child, women of all ages were classified as having begun their reproductive life during adolescence whenever such ages proved to be of less than 20 years. The objective was to submit to test hypotheses that the early reproductive life of the mothers would have an impact on the welfare of children. In other words, whether the children under 5 years of age of these women who began their reproductive life earlier would present any type of weight or height deficit for their age; and whether they would be more exposed to accidents that might have serious implications (falls, intoxication, burns, etc.). For children between 0 and 14 years old, the association between the beginning of an early reproductive life of the mother and the circulation risk of these children was investigated. Would very young mothers be more inclined to delegate temporarily or definitely the day-to-day motherhood tasks of taking care and raising their children to third parties? Though rudimentary, a way of detecting this is by identifying whether the mother and the child live in the same household.

The results analyzed here are based on the application of logistic models of one sole variable and of multiple variables (HOSMER and LEMESHOW, 2000; HAIR JR. et. al., 2006). In a few situations variables that would be important from the theoretical viewpoint proved to be non-significant when the model was controlled by other variables.

A first model aims at investigating the association of social-demographic characteristics with the dependent variable "beginning of early reproductive life" (before 20 years of age). Because the PNDS focus was on children born as of January 2001, a 24 year old young woman in 2006 could be the adolescent mother of one of those children, had she given birth at the age of 19. Therefore, the observations referring to young women aged 15-24 years were included. Though it could be interesting to build a model with women aged 15-49 years, the more time had lapsed since the child was born, and as the women left adolescence behind, the more difficult it would be to assume that the current characteristics of women were the same they presented when they became mothers for the first time. They may have had more chances of having migrated, of having resumed education, of being united today but single when they were adolescent mothers, etc. In short, a series of changes could have taken place after an early pregnancy/motherhood, so that the chances of the current characteristics of the woman being different from those at the time she experienced pregnancy/motherhood increase with age. For the younger ones, the event was recent, that is why it is possible to suppose that most of the social-demographic characteristics must have been maintained similar, though the marital situation may have changed.

The three following models – which considered, respectively, as dependent variables: 1) being in circulation (not living with the mother); 2) presenting some type of deficit (of weight to height, of height to age or of weight to age); and 3) having suffered an accident in the preceding

year – were controlled per household situation, geographical area of the household, child´s sex and age and social-demographic characteristics of the mother. After many attempts we have selected the results for which the variables of interest proved to be statistically significant.

A Picture of Adolescent Pregnancy and Childbearing in Brazil

The scope of adolescent reproductive experience in the Brazilian population is larger when all responding women are taken into account, aged between 15 and 49 years, and not only the adolescents at the time of the survey. According to information raised in 2006, 35.5% of Brazilian women between 15 and 49 years old began their reproductive life before they were 20, that is, they had one pregnancy or one live-born child when they were still adolescents. A total of 28.4% were mothers before they were 20 years of age. Such rates are worth noting and they conceal a fluctuation of the occurrence of the event along the generations. Data shown in Table 1 give us an approximate view of how such occurrence evolved over time, obviously considering the women surviving at the time of the survey.

The information shows that the occurrence of pregnancy or motherhood before 20 years of age was greater among women who were between 25 and 34 years of age at the time of the survey, with the proportion of women who had undergone at least one reproductive event – one pregnancy or one live child – still before completing 20 years of age being around 40%. The other female age groups presented adolescent reproductive experience rates above 30%, with the exception of those currently adolescents, with a 23.1% rate. It is obvious that women between 15 and 19 years of age on the date of the interview probably offer an underestimated picture of reproduction occurrence among adolescents of the younger generation, since more women of this group may experience one pregnancy or the birth of a live child still within the limits of the age group they were in 2006[2]. Data, however, suggest that there has been a broadening of the pregnancy occurrences among adolescents in the 1990s, followed by a reduction when the millenium passed. The levels at the end of the XX Century represented a change at least in relation to the situation of the three preceding decades, when only fluctuations at the same level were observed. Data for women between 20 and 24 years of age at the time of the survey – therefore with ages immediately above the limit considered as adolescence – show a 38.9% with the experience of pregnancy or motherhood before 20 years of age. Maybe we are living a period of decline of the so-called early pregnancy, but it is still premature to draw more precise conclusions.

[2] This reason may explain in part the difference between the rate of 15-19 years old adolescents who have already begun a reproductive life found in the 1996 PNDS (18%) and the rate of 41.3% of women aged 25-29 years (therefore at 15-19 in 1996) who began their reproductive life before the age of 20, found in the 2006 PNDS.

Table 1– Percentage distribution of women according to the current age group and experience of pregnancy/motherhood during adolescence

Age group	N	Got pregnant before 20 years of age *	Had a LBC before 20 years of age	Is pregnant before 20 years of age (primiparous)	Is pregnant before 20 years of age (reincident)	Not applicable **	Total
15-19	8417796	1.5	14.8	5.5	1.4	76.8	100%
20-24	8660654	5.3	33.6	-	-	61.1	100%
25-29	8023501	6.3	35.1	-	-	58.6	100%
30-34	7276363	8.8	31.0	-	-	60.2	100%
35-39	7097828	5.7	28.8	-	-	65.5	100%
40-44	6947800	8.8	28.1	-	-	63.1	100%
45-49	5937511	6.7	27.9	-	-	65.4	100%
15-49	52361453	6.0	28.4	0.9	0.2	64.5	100%

Source: 2006 PNDS.

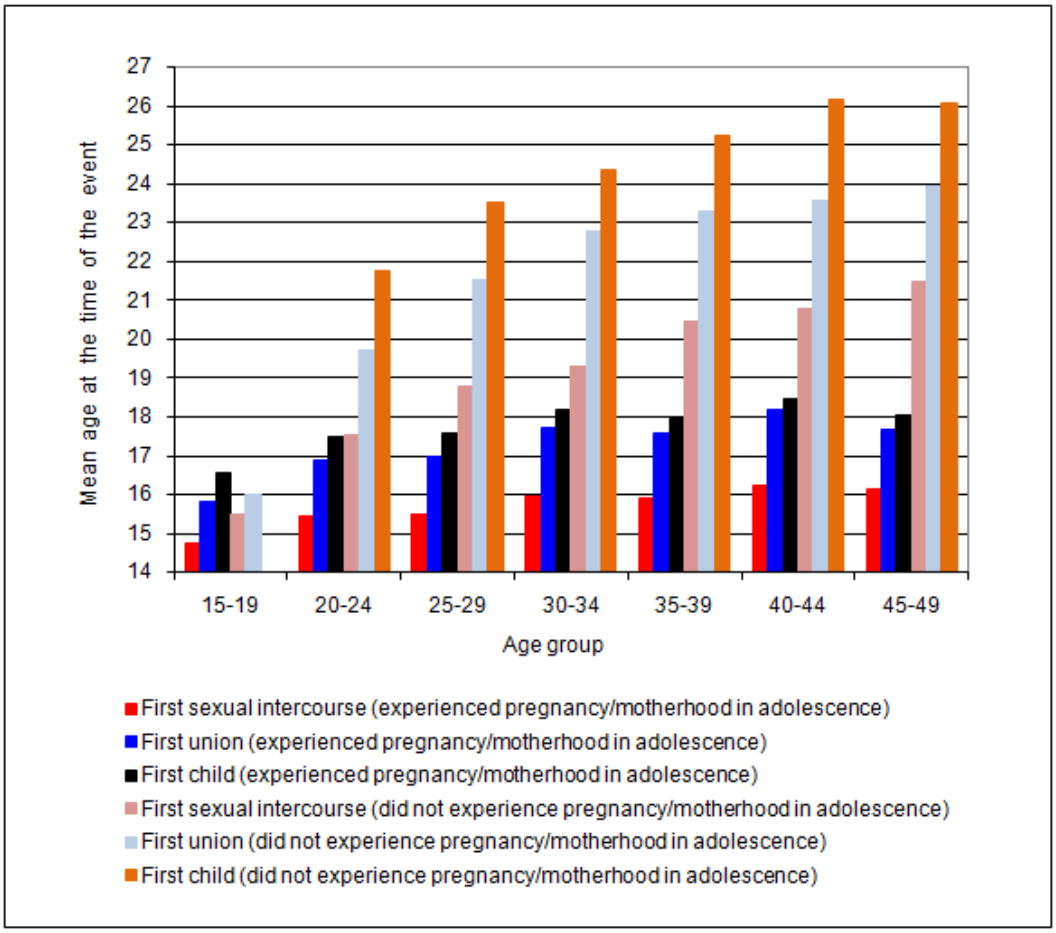
* Includes women whose pregnancy was interrupted before delivery and women who were pregnant at the age of 19 years, but delivery occurred only when they had completed 20 years of age.

** Did not experience pregnancy or motherhood during adolescence.

The data presented show that the adolescent pregnancy and motherhood phenomenon in Brazil is not new. Either because some segments of the population used to marry and still marry earlier than others, or because non-planned early pregnancy used to bring on unions sooner, the fact is that we live in the country with relative high rates of young girls beginning their reproductive life very early.

The information presented in Graph 1 below has interesting indications about the phenomenon. It contrasts two groups of women: those who had a reproductive occurrence before they completed 20 years of age and those who did not. The mean ages of the first sexual intercourse, first union and birth of the first live child are presented for both groups of women in the various age brackets at the time of the survey.

Graph 1- Mean age at the time of occurrence of events selected according to current age group



Source: 2006 PNDS.

The sequence of experiences that accompany reproduction takes place earlier in the group of women who lived a reproductive event before 20 years of age[3]. Note that the first union takes place at younger mean ages than the first pregnancy or birth of the first child, suggesting that to a great extent reproductive precocity is associated with the precocity of the unions. It is not possible to dismiss the hypothesis that the emergence of a non-planned pregnancy precipitates the union formation. The gap of the mean ages at the time of the first sexual intercourse and of the first reproductive event also suggests that we are facing a scenario where adolescents and young women begin emotional-sexual relationships quite early, distinguishing this group from the other women.

Longo and Rios-Neto (1998) argue that the trend of a more and more precocious sexual initiation and the decline in the rate of women who keep themselves virgin until marriage may, on

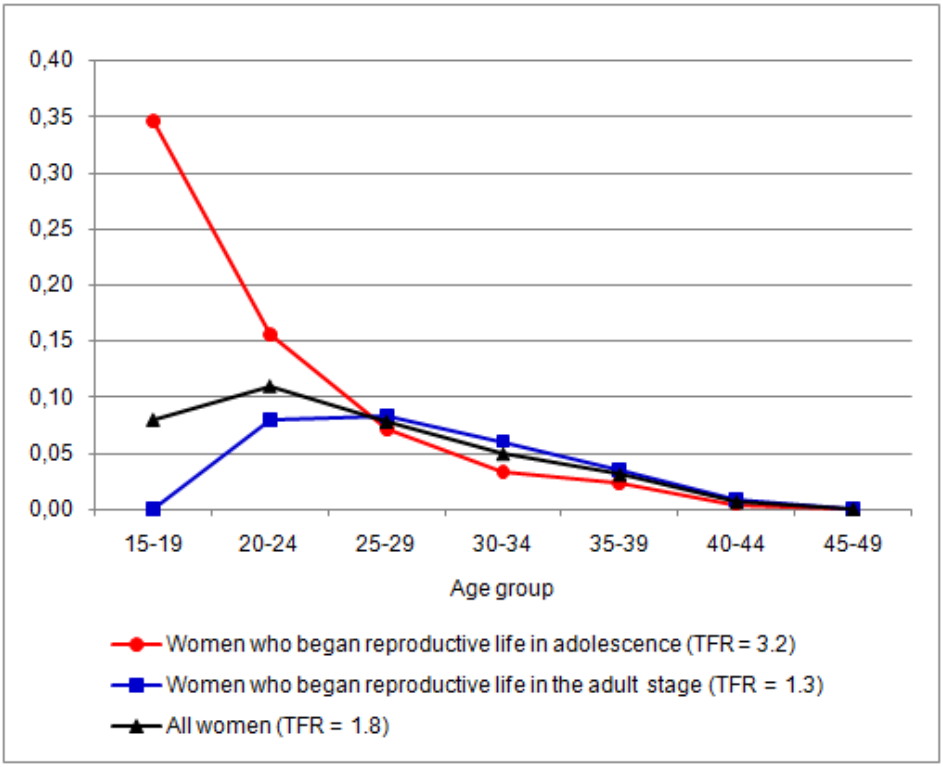
[3] It should be highlighted that among women aged 15-19 years, 44.8% have not begun an active sexual life, a rate that reaches only 12.6% among women aged 20-24 years and 6.7% among those aged 25-29 years. Likewise it is worth noting that 72.1% of the girls aged 15-19 years are single (with no union experience, whether formal or consensual); this percentage drops to 38.5% in the 20-24 year-old group and it represents only 2.1% in the group aged 25-29.

the one hand, mean the existence of liberal values with respect to the family in Brazil. The authors warn, however, that traditionalism is present in other forms, especially by electing marriage as a "response adjustment", when abortion is not a viable solution for the great majority of pregnant adolescents. Either by virtue of family values, of the illegality of such practice in the country or of financial unfeasibility, since the cost of a safe abortion is high, marriage in view of an unexpected pregnancy may be a solution. According to these authors, we are living in Brazil a "bi-modal transition pattern", where certain groups already overcome the stigma of a child born outside a union, while for other groups marriage still during pregnancy, therefore before the child is born, is the best way for a "reparation" of the facts. The order of the events is subverted, but not the association between the formation of the married couple and the birth of the child.

It is worth noting that the 1990s´ was precisely the period when the theme of pregnancy among adolescents acquired significance in Brazil, coinciding with the increased fertility of female groups with less than 20 years of age (YASAKI, 2003; BERQUÓ and CAVENAGHI, 2004) and going in the opposite direction of the dropping trends among the other age groups. The evaluations of various data sources for Brazil, carried out by Berquó and Cavenaghi (2005), suggest that it would not be the case of a sustained trend of increasing fertility at extremely young ages but, rather, a short duration phenomenon, in spite of the general trend of rejuvenating fertility in Brazil along its decline process.

The so-called early pregnancy had and still has impacts on Brazilian fertility. In order to make evident the magnitute of such impact, we have carried out the exercise of estimating, based on 2006 data, the Total Fertility Rate for the two sub-groups of women considered above. The results are shown in Graph 2 below.

Graph 2 – Fertility rates per age and TFR according to pregnancy/motherhood experience in adolescence and for all women. Brazil, 2006



Source: 2006 PNDS.

As it can be observed, the early reproductive experience leads to higher fertility results, with a difference of 1.9 child between the two groups of women considered in this exercise. The fertility curves show that, for precocious women, there is an advance of fertility in time and a concentration of the reproductive activity in the first age groups, getting only close to the women without a precocious experience in the 25-29 years age group. Women who began their reproductive life very early go through the 20-24 years of age with a much higher fertility than those who began at the adult age (with 20 or more years of age). Beginning with 25-29 years the age specific fertility of the two groups of women is maintained at the same level, and the precocious women have a fertility rate slightly lower at the 30-34 years age group. In other words, precocious women accumulate fertility prior to the adult age, their behavior not differing from then on in relation to the others. There seems to be, in fact, a selectivity of those women to the effect that their behavior as adult women does not offset fertility of adolescence, resulting in a TFR of 3.2 children per women, compared to 1.3 children of the women who began to have children at the age of 20 years.

Some Women's Sociodemographic Characteristics

Table 2 shows information concerning the school level reached by the responding women of all age brackets between 15 and 49 years. Data are broken down for groups of women in each age bracket according to the experience of pregnancy or motherhood before they complete 20 years of age. Such data ensure us the perception that the average schooling of women who have never had a reproductive experience – pregnancy or live-born child – while they were still adolescents is always higher than those who experienced pregnancy or children at early ages. The differences tend to be maintained around the 2 – 2.5 years, with the exception of the older ones (difference of 3.18 years) and the younger ones (difference of 1.5 years). Note that the schooling levels themselves vary according to the population cohorts that the different age groups represent. The data are consistent with the increase of women´s schooling in Brazil, which has taken place in a sustained manner from the 1970s´ to the present. Thus it is only the young population, with 20 to 24 years of age at the time of the survey and without a reproductive experience when adolescent, that reached the average schooling of 10 years of study, including therein certainly in a higher proportion those who completed college education.

Table 2 – Average number of years of study according to age group and classification according to pregnancy experience in adolescence

Age group	Pregnancy/ motherhood experience in adolescence		Total
	No	Yes	
15-19	8.70	7.20	8.35
20-24	10.02	7.54	9.06
25-29	9.64	6.77	8.46
30-34	8.88	6.99	8.13
35-39	8.66	6.21	7.82
40-44	8.23	5.76	7.31
45-49	7.66	4.48	6.58

Source: 2006 PNDS.

These data reinforce the results of other studies that identified pregnancy in adolescence as a reality specific of the less privileged social strata of the population (CAMARANO, 1998; BERQUÓ and CAVENAGHI, 2005). It is not our objective to go deeper into the discussion of the determinant factor of the occurrence of pregnancy or motherhood in adolescence. We know, notwithstanding, that multiple factors take part in the problem, and we also know that the early reproductive experience is associated with less satisfactory social indicators.

The controversies around the impacts of an early pregnancy in the education development of the adolescents focus, on the one hand, on the possible effects of a reproductive event in schooling interruption and, on the other, on the fact that the schools and the job market lack

attractiveness as a motivation to continue at school for the poorest segments of the Brazilian population (AQUINO et. al., 2003; HEILBORN, 2006). One of the arguments concerns the possibility of early motherhood being part of a life project in contexts where the job market offers little perspectives for the adolescents of the less privileged strata. This would be one of the reasons to explain the early engagement in stable unions.

The data in Table 3 below show that the great majority of the adolescents (70.9%) who experienced a reproductive event before 20 years of age were already united, formally or consensually. The 15-19 years old group is, however, the one that presents a higher proportion of singles, corresponding to 20% of the adolescents who had a reproductive experience. Irrespective of the precocity of their sexual and reproductive experiences, however, the tendency is that women will get married, and among the young girls, aged up to 29 years, the consensual modality of the union prevails, with more than 50%.

Table 3 – Percentage distribution of women per current marital situation and current age group

Pregnancy/ motherhood experience in adolescence	Age	Single	Formal Union	Consensual Union	Separated/ divorced/	Widow	Total
No	15-19	87.7	3.2	7.6	1.5	0.0	100
	20-24	58.6	18.4	19.5	3.2	0.3	100
	25-29	34.8	34.5	24.1	6.4	0.3	100
	30-34	18.3	47.0	25.8	8.7	0.2	100
	35-39	11.5	52.8	25.4	9.2	1.2	100
	40-44	10.4	57.6	19.8	10.6	1.5	100
	45-49	10.2	55.0	14.4	15.2	5.2	100
	Total	**37.3**	**35.5**	**18.9**	**7.2**	**1.1**	**100**
Yes	15-19	20.2	18.4	52.5	8.9	0.1	100
	20-24	6.9	25.4	56.3	10.7	0.7	100
	25-29	4.3	33.0	50.8	10.5	1.4	100
	30-34	2.7	48.9	37.0	10.6	0.8	100
	35-39	0.9	44.5	39.1	14.2	1.3	100
	40-44	0.4	54.7	26.9	14.9	3.1	100
	45-49	0.5	51.1	28.6	12.7	7.1	100
	Total	**4.8**	**39.1**	**42.5**	**11.7**	**1.9**	**100**

Source: 2006 PNDS.

The inffluence of the social-demographic variables on the chance of beginning a reproductive life before 20 years of age was evaluated by means of a logistic model. In such model only women from 15 to 24 years of age who had already began an active sexual life were

considered. The variables that proved to be significant in successive evaluations were maintained, namely: region of the country where they live, skin color, level of schooling, current school status, age of the first sexual intercourse, age of the first union and current marital situation[4]. The results are shown in Table 4.

Table 4 – Multivariate logistic model for the beginning of a reproductive life in adolescence

Variables	Odds	Wald F	Significance	
Great administrative regions of current residence				
North	1.158			
Northeast	0.833			
Central-west	1.265	3.354	0.010	***
South	0.673			
Southeast	1.00			
Color				
White	1.00	10.124	0.002	***
Non-white	1.737			
First sexual intercourse				
16 years or less	2.168	16.614	0.000	***
Over 16 years	1.00			
First union				
Never united (single)	2.073			
With 17 years of age or less	3.158	17.272	0.000	***
Over 17 years	1.00			
Schooling degree				
None	7.468			
Non-seriated	7.745			
Elementary School	7.323	193.355	0.000	***
Highschool	4.085			
College	1.00			
Is studying				
Yes	1.00	3.213	0.073	*
No	1.447			
Current marital situation				
Single	1.00	6.725	0.010	***
United once	8.892			

Source: 2006 PNDS. Significance level: * 0.10; ** 0.05; *** 0.01.

[4] The model excluded the variables that have not shown a significant relation to reproduction below 20 years of age in successive evaluations, namely: current urban or rural household, urban or rural household up to 12 years of age, religious option, attendance to religious cerimonies, job status and position at the household. Income has shown contradictory behaviors, attributed to the number of missing cases, having been removed from the final model.

Non-white women have a 73.7% higher chance of beginning reproductive life in adolescence when compared to white women. Those who experience the first sexual intercourse around 16 years[5] of age or less double the chances of beginning their reproductive life still in adolescence when compared to those who postpone the first sexual intercourse to after completing 16 years of age. Those who form a marital couple at the age of 17[6] or younger have 3 times more chances of also experiencing pregnancy/motherhood at an early age. Compared to those who reached College education, women without any study or those with Elementary School have 7 times more chances of becoming adolescent mothers. This data calls special attention because Elementary School has no impact on reducing motherhood among adolescents, since having Elementary School or no study, according to these data, has the same effect. The girls who reach Highschool have 4 times more chances of experiencing pregnancy/motherhood before 20 years of age when compared to those with College education. In anyway Highschool reduces by three times the chances of an early pregnancy. The fact that the girl is not studying increases by 44.7% the chance of the girl being part of the group that begins reproductive life at less than 20 years of age. As to the marital situation, being united or having been united any time increases by 8.9 times the chance of the girl experiencing pregnancy/motherhood in adolescence.

These data lead us to conclude that early pregnancy/motherhood tends to reach less educated girls, who are not so integrated in the school system – since those who do not study are more inclined to be mothers – and who begin their sexual life and marital union below the median age of the girls of their age group.

With respect to pregnancy in adolescence, adopting the Southeast as a parameter, the girls in the South of Brazil are less prone to get pregnant and become mothers in adolescence, followed by the girls in the Northeast, the poorest region in the country. Whereas the girls in the Central-West and North Regions are more vulnerable to an early pregnancy.

Adolescent's Perceptions on Early Reproduction

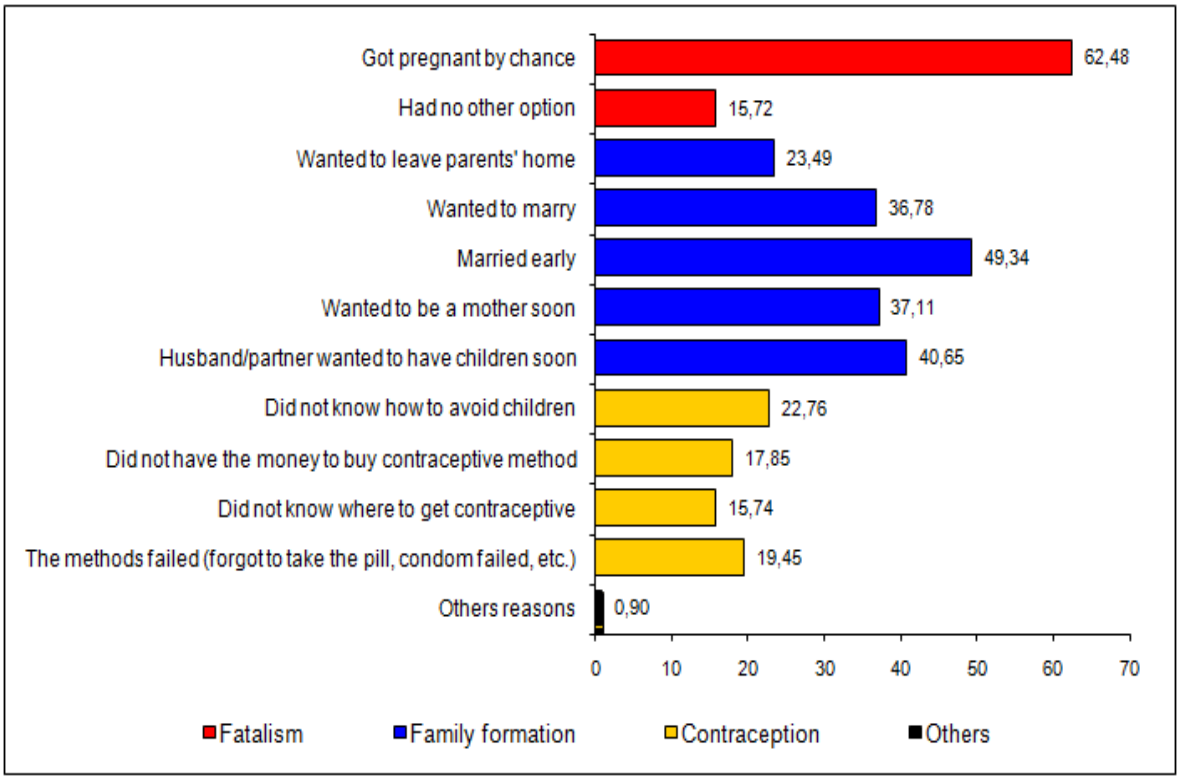
The PNDS also investigated how women perceived their reproductive experience during adolescence, including adolescents (18-19 years at the time of the survey) and young adult women (20-24 years at the time of the survey) who experienced a reproductive event when they were still adolescents.

A first series of reasons expresses the perception of the respondents about the reasons that justify or explain why they got pregnant or had children before they were 20 years of age, allowing multiple choices of answers. The results are shown in Graph 3, making a distinction of groups of

[5] 16 years is the median age for beginning a sexual life in the group with 15-24 years old.
[6] 17 years is the median age of the first union of the group with 15-24 years old.

reasons. The first group expresses absence of pregnancy planning or non-existence of another alternative for women, here called fatalism (red in the Graph). The second expresses the association of pregnancy with a life project where getting pregnant and having a child would make sense to the woman. The third indicates lack of information or of access to methods to prevent pregnancy.

Graph 3 – Reasons for becoming pregnant



Source: 2006 PNDS.

The first conclusion is that pregnancy has taken most women by surprise. In fact, when questioned about the reasons they believed could explain why they became mothers 62.48% admitted that the child was not planned. Among them the currently pregnant adolescents who already had a child before the current pregnancy stand out. Among them 83.16% state that they got pregnant by chance, apparently leaving no doubt that they had not planned a second early pregnancy. Note also that those who relapsed declared to a greater proportion that they had no option other than pregnancy, with 40.75% of the cases, whereas the average chosing this justification is 15.72%, expressing that there is a certain fatalism in relation to reproduction.[7]

The main justifications, however, are concentrated on the status changes that mark the passage into an adult life (blue in the Graph). There is a strong association between marriage and motherhood. They consider they are young mothers because they equally married young (49.34%).

[7] The data broken down according to adolescent situation is shown in Table A1, in the Annex.

Or they see pregnancy as a way to accelerate the changes in the marital and residential status, that is, getting married (36.78%) and going away from the parents´ home (23.49%). Not to be overlooked is the fact that many of them explain adolescent motherhood with the partner´s wish (40.65%) or their own wish to have children (37.11%). The option for these answers indicates that pregnancy is part of a life project, meaning more a choice than a fatality.

It is interesting to note that the adolescents who already have at least one child - the relapsing ones and those who had a child and are not pregnant at this time – are the ones who state most frequently that they got pregnant because they wanted to leave their parents´ home. They represent 42.36% among the former and 33.55% among the latter, the others placing themselves at lower levels. This justification takes us to the strategy of getting pregnant with the partner as a means to create for oneself a life project away from the family of origin.[8]

Another aspect to be noted is that of the proportions of choice of reasons that express lack of information or of material means to have access to contracpetive methods. Reasons related to knowledge, access and use of contraceptive methods form the third block of justifications (yellow in the Graph). But these justifications are admitted by a smaller fraction of women. Even so, it is worrisome the fact that 22.76% have stated that they did not know how to avoid having children. The lack of information penalizes repeatedly a group of adolescents among the respondents. They are precisely the relapsing adolescents who present a higher proportion choosing this justification, with 41.83% of them expressing unawareness of contraceptive methods.[9]

The choice of reasons or motives associated with marriage is no surprise if we take into account that pregnancy before 20 years of age occurs frequently in Brazil in the context of a union, as alreay approached in this paper. It is not by chance that the motives related to the partners have been chosen by a significant though variable proportion of the responding women. Reasons associated with the knowledge, access and use of contraceptive methods form, from their viewpoint, a secondary block of justifications, because they are admitted by a smaller fraction of adolescents. Even so, data show that there is still a lot to advance with respect to access to contraceptive methods, as shown by the adolescents who are pregnant of a second child. Data raised by the survey, however, suggest that it is not possible to explain early reproduction simply by the insufficient family planning in the country.

The survey asked also about the life changes perceived by the respondents with pregnancy or the birth of a child when still adolescents, including also for this series of multiple choice questions the adolescents and young adults at the time of the survey. The results are shown in Graph 4, distinguishing two blocks of perceived changes. A first block is made of changes that may be taken as positive in the evaluation of the respondents (blue in the Graph) and another that

[8] Data presented in Table A1 of the Annex.
[9] Data presented in Table A1 of the Annex.

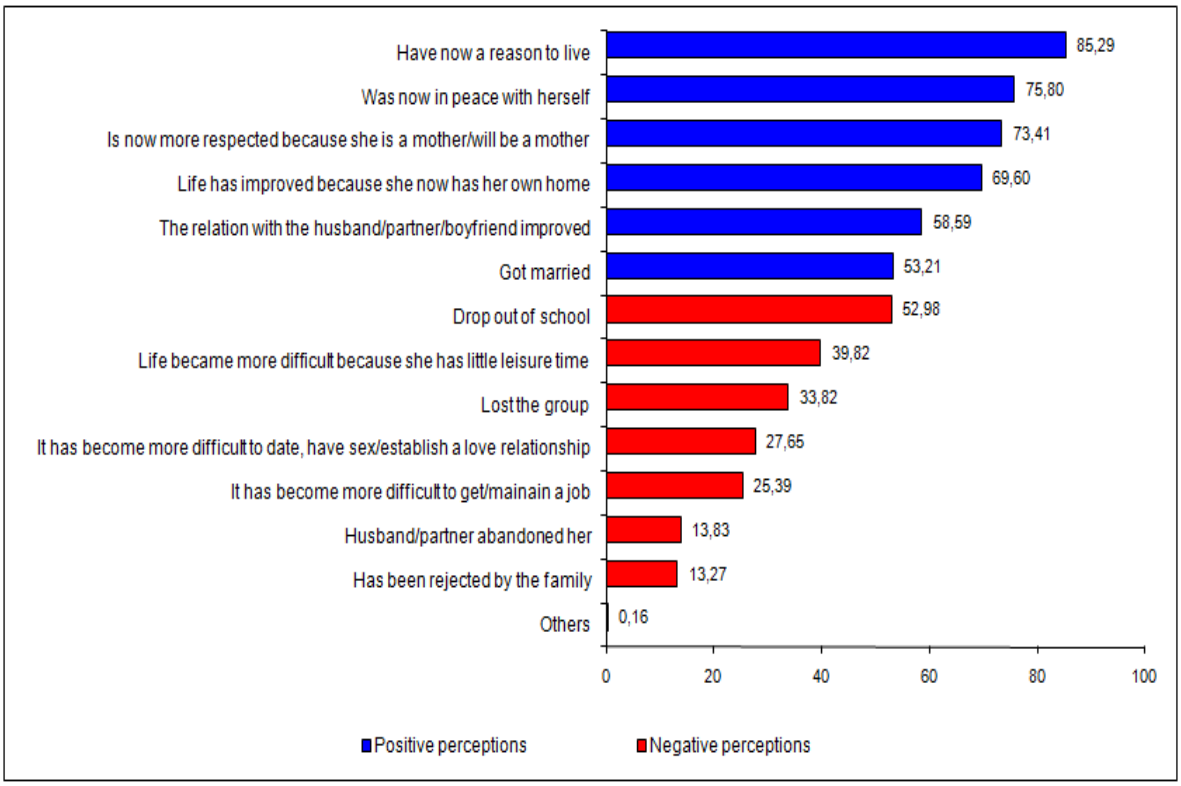
includes changes that show a negative evaluation of the impact of adolescent reproduction (red in the Graph).

When asked about the changes caused by pregnancy or the birth of a child to their lives, in general women made a positive evaluation of the event. The absolute majority of the adolescent mothers or future mothers believes that she now has a reason to live and feels better with herself. These results reinforce findings present especially in the anthropological literature which already pointed out that, in the absence of a clear life project, motherhood is for many Brazilian adolescents a type of emergency plan, an extreme resource to give meaning to existence.

The two most cited changes refer to motherhood as a source of personal accomplishment. Changes in social status and in the family condition are also recurrent and evaluated positively, they believe they gained respect after they became mothers and, for many of them, the relationship with the partner improved.

However, 52.98% of the young women say that pregnancy or the birth of a child during adolescence led them to drop out of school, a risk that is emphasized in the literature on the subject. Consequences related to sociability at this life stage are also pointed out as negative consequences of the early reproduction. They regret the little time for leisure and the lost of contact with their group of peers. It is interesting to note that while a little more than ¼ of the women considers that establishing love relationships has become more difficult, only 14% of them report being abandoned by the partner as a consequence of the pregnancy or birth of the child. Likewise, family tolerance in relation to female life alternatives that do not conform to the socially valued standard is expressed by a small proportion of young women who report that they were rejected by the family when pregnancy was found out or when a child was born while they were still adolescents.

Graph 4 – Adolescent's Perceptions of the Life Impacts of Early Pregnancy or Motherhood



Source: 2006 PNDS.

Early Reproduction and Children's Welfare

Children´s welfare is a broad theme with multiple implications. Only three aspects contemplated by the 2006 PNDS are evaluated here: the chances of the children born of adolescent mothers being sent to be raised by other adults – the so-called circulation of children –, the probability of presenting some physical deficit evaluated by anthropometric measures (especially weight, height, and weight to height relation) and the risks of suffering accidents of any type.

In Brazil the tasks of taking care of children continue to be mostly performed by the mothers, or at least managed by them. More than a practice, this is a social rule. What prevails is a construction of gender that not only emphasizes the expectation that women will become mothers, but which considers the mothers as the most adequate caretakers of their children, at least while they are still small. Both child circulation and the health incidents with the children are associated with the inability of the one who would be mainly in charge of the child´s welfare. And this welfare involves much more than physical integrity and health.

Due to the PNDS scope, it is not possible to make a substantial characterization of the mother-child relation. However, the indicators investigated here offer elements, though precarious, of the quality of care given to children in view of the social prescriptions over mothers of any age. The intention here is not to state that the mother, whether adolescent or adult, is or should be the

only person in charge of taking care of children, or necessarily holding the parents responsible for all the occurrences involving their children.

Children's Circulation

One of the concerns present in the literature about pregnancy in adolescence is related to the difficulties that very young mothers would have when taking care of their children. Part of the literature presumes that adolescent mothers are out of stable marital relations, do not have the financial resources to pay their own expenses and those of their children and would also lack the degree of emotional maturity necessary to raise children. The inadequate conditions to which the adolescent mothers would be submitted gains significance in view of the fact that there is a strong association between pregnancy in adolescence and poverty[10].

In view of these concerns, one hypothesis would be that other adults would ultimately assume the task of raising those children of very young women. The alternatives would be leaving the children to be raised by the mother´s or father´s family or by other adults outside the family circle. A study on children circulation conducted in Brazil shows that the mother´s age at the time the child was born affects the chances of the child circulating. Likewise, women with more than one marital union would have more chances of having a child who does not live with them (SERRA, 2003). The anthropological literature in Brazil repeatedly refers to how often children of the lower strata are informally adopted by other families – the so-called "Brazilian-style adoption" – or even circulate between neighboors´ or relatives´ houses for variable periods, as a consequence of the economic difficulties and drawbacks of the marital relations of their parents (FONSECA, 1995, 2001 and 2006; HITA-DUSSEL, 2004).

In order to evaluate the chances of the children of adolescent mothers not living in their mother´s company, multivariate logistic models have been tested, taking as basis the selection of variables made by Serra (2003)[11]. The results presented in Table 5 include only the variables that proved to have a significant impact on the chances of the child circulating, that is, not living at the time of the survey with their biological mother.

It should be pointed out that 6.4% of the children of the responding women were in circulation. There is an important variation, however, according to the stage in life when the woman becomes a mother for the first time. Among the women who began their reproductive life during adolescence the rate of children between 0 and 14 years who were circulating reaches the

[10] Within the scope of this paper the income variable requires specific treatment, to be accomplished subsequently, in view of the difficulties resulting from information gaps.

[11] The logistic models were tested involving the following variables, which did not prove to be significant and for this reason are not included in Graph 2: urban or rural household location, urban or rural household up to 2 years of age, color of mother, religious option, attendance to religious ceremonies, job status and child´s sex.

level of 9.5%. Whereas for women who began their reproductive life during the adult stage such rate is quite lower, only 2.5%.

Table 5 –Multivariate logistic model for children in circulation (0-14 years)

Variables		Odds	Wald F	Significance	
Child	Current age				
	0-6 years	1.00	23.040	0.000	***
	7-14 years	1.970			
Woman	Age when the child was born				
	Less than 20 years	4.646	26.208	0.000	***
	20-29 years	1.980			
	30 years or more	1.00			
	Age when the 1st child was born				
	Less than 20 years	1.620	5.623	0.018	**
	20 years or more	1.00			
	Live-born children				
	1 to 3 children	1.00	9.210	0.002	***
	4 children or more	1.638			
	Great administrative regions of current residence				
	North	1.586	1.971	0.097	*
	Northeast	1.524			
	Central-West	1.379			
	South	1.082			
	Southeast	1.00			
	Time of residence in the municipality				
	Less than 10 years	1.499	5.877	0.003	***
	More than 10 years	0.798			
	Has always lived	1.00			
	Current marital situation and number of previous unions				
	United 1 time	1.00	87.400	0.000	***
	United / +1 time	8.407			
	Not united / 1 time	7.967			
	Not united / +1 time	8.808			
	Receive Government Family Welfare Assistance				
	Yes	1.00	14.779	0.000	***
	No	2.009			

Source: 2006 PNDS. Significance Level: * 0.10; ** 0.05; *** 0.01.

The circulation of children presents important regional distinctions. Children residing in the Southeast of Brazil are those with the lowest chances of circulating. Data suggest that in the more developed regions from the social-economic point of view there are less chances of the children

being circulating. If compared to children residing in the Southeast, children living in the South present 8.2% higher chances of being circulating. This same chance is even higher in the Central-West, Northeast and North, where the increased chance of being circulating is of 37.9%; 52.4% and 58.6%, respectively.

It is interesting to note that women residing in households that receive the transfer of income from governamental programs – the Family Welfare Assistance from the federal government – report less often the existence of children in circulation, in spite of their social-economic vulnerable situation. According to data, the chance of circulation of children is twice higher in the case where the mother resides in a household that does not receive the Family Welfare Assistance. This finding is certaining related to the fact that the presence of children younger than 14 years of age in the household as well as regular school attendance is necessary to be eligible for the program. We are probably looking at situations that involve selectivity or even where the benefit itself discourages the circulation of children.

The circulation is more common among older children (7-14 years). They have twice the chance of circulating when compared to younger children (0-6 years). The reasons of the mother-child separation are unkown. A few hypotheses, however, may be put forward. The fact that there is more circulation among children 7-14 years may indicate, on the one hand, that the mothers attempt to take care of their children, postponing separation as much as they can. On the other hand, if we imagine that many assistance programs give priority to assisting families with younger children, as these children grow these families lose the social support. Consequently, older children must fit into alternative family strategies, such as, for instance, housework at households of other families. Further, in view of the fact that, in Brazil, marriages that are interrupted last on 10.5 years in average, and considering that the time interval between the union and the birth of the first child is not usually much long, part of these children may be in circulation by reason of a family rearrangement after the break-down of the parents´ marriage.

The age when the woman becomes a mother is an important factor signalling that it is strongly associated with the circulation of children. The younger the woman becomes a mother for the first time the higher is the chance of the child circulating. Irrespective of the child in circulation been born during the adolescent stage of the mother or when she was already an adult, the reality is that if she had the first child before she was 20 years, other children, irrespective of the order of birth, have 62% more chances of circulating when compared to children of women who became mothers for the first time at an adult age.

However, the age when she had the child who is in circulation is more decisive than the age when the woman had the first child. If the child was born when the mother was less than 20 years, the chances that the child will be in circulation are 4.6 times higher than that of a woman who gave birth at 20 or more years.

The higher the number of children, the higher is the probability of one of them being in circulation. The chance of a child with three or more brothers or sisters being in circulation is 63.8% higher than that of a child with no more than two brothers or sisters. The circulation of children is, therefore, an alternative in the horizon of many big families, and may be seen as a strategy to accomodate high fertility.

The mother´s condition of being a recent migrant is a factor that inffluences the circulation of children. The chance of circulation of children whose mothers have resided for less than 10 years in the municipality is 49.9% higher in relation to the chance of circulation of children whose mothers reside in the municipality of origin. This fact reflects strategies where the young adults of the family migrate, leaving behind the old who take care of the children.

No factor, however, seems to weigh more on the circulation of children than the current marital situation and number of unions of the mother. Children of women who had more than one marital union or even those who had only one marital union, but who are currently without a partner present at least 8 times more chances of circulating when compared to children of women currently united and living their first union. The drawbacks of the mother´s marital relations seem to comprise factors that affect the circulation of children most. Either because of the difficulties of raising children by themselves, or the non-acceptance of the presence of children of a previous marital union in a new family after the break-down, the fact is that children whose mothers are out of a marital union or have undergone more than one union have more chances of living without the mother´s company.

Anthropometric Deficits

The 2006 PNDS evaluated by means of anthropometric checkings the weight and height deficits *vis-à-vis* the children´s age and weight in relation to height of children younger than 60 months of life, that is, from 0 to 4 complete years. The results show that 6.9% of these children presented a height deficit for their age, 2% had a weight deficit in relation to the age and only 1.6% presented a weight deficit in relation to height.

A series of potentially relevant factors when determining these deficits were tested in multivariate models. In particular, in view of the purposes of this paper, we were interested in finding out to what extent the mother´s age at the time she had the child and the woman´s age at the time she had the first child would change the chances of the child presenting an anthropometric deficit before completing 5 years of age. Such hypothesis was not confirmed, there being no

differences between children of adolescent and adult mothers with respect to the chances of presenting an insufficient physical development[12].

We present below the results of the logistic regression model only with the variables that proved to be significant when explaining the existence of at least one of the evaluated deficits.

Table 6 – Multivariate logistic model for some type of deficit (children from 0 to 4 years old)

Variables		Odds	Wald F	Significance	
Child	Sex				
	Girls	1.00	3.774	0.052	*
	Boys	1.392			
Woman	Current age				
	0-24 months	2.054	15.524	0.000	***
	25-59 months	1.00			
	Education level				
	None	4.855	1.261.413	0.000	***
	Non seriated	24.610			
	Elementary school	3.441			
	Highschool	1.928			
	Technical Course	1.437			
	College	1.00			
	Great administrative regions of current residence				
	North	2.374	6.295	0.000	***
	Northeast	1.133			
	Central-West	0.951			
	South	1.591			
	Southeast	1.00			

Source: 2006 PNDS. Significance Level: * 0.10; ** 0.05; *** 0.01.

Considering the multivariate model in which all the variables considered are significant, the boys have a 39.2% greater chance than the girls of presenting some type of anthropometric deficit. The child age proved to be highly significant with respect to the deficits presented, when other variables are controlled. The data show that children up to 2 years old have twice as much chances of presenting some type of deficit when compared to children over 2 years of age but who have not reached yet 5 years. Likewise, in less developed regions of the country there are more chances of children presenting some type of the mentioned deficits. Those living in the Northern

[12] The following variables were eliminated from the model on some type of deficit: urban or rural current household location, color, age when child was born, age when the first child was born and number of live-born children.

region have 2.4 times more chances of presenting some type of deficit when compared to children in the Southeast of the country, for instance.

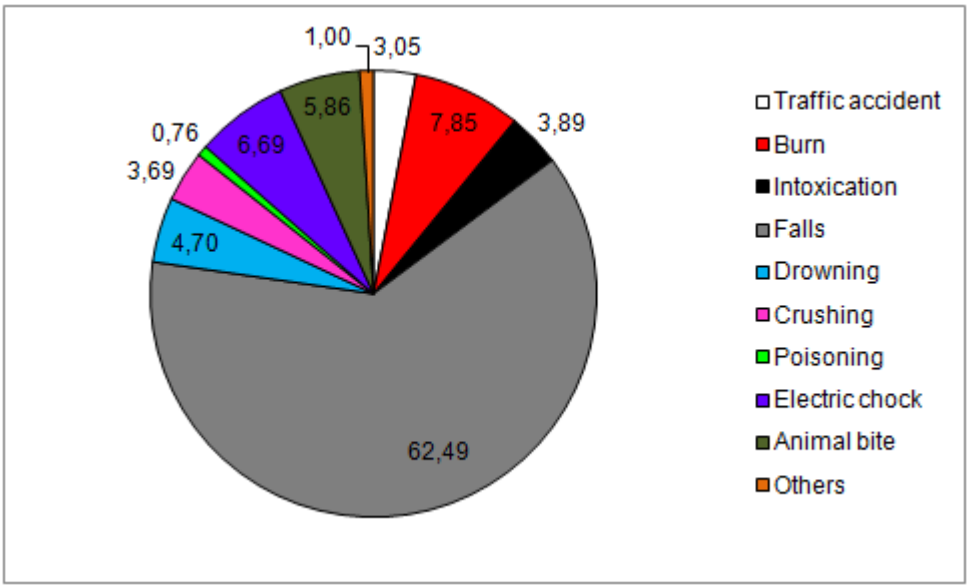
Another significant factor is the schooling degree of the mother. Children of mothers with no education have 4.8 time more chances of presenting some type of deficit and children of mothers who have only Elementary School have 3.44 times more chances of presenting an anthropometric deficit when compared to children of women with College education. In fact, it seems that after Highschool the chances of the children presenting some type of the evaluated anthropometric deficits decrease significantly, though they remain disadvantaged when compared to children of mothers who reached College education level.[13]

Children Victims of Accidents

Accidents involving children constitute common occurrences in the day-to-day life of families of all social strata in the whole world. The literature on the subject calls attention to the fact that the control of infectious diseases and medical advances for diagnosing infermities that hit children have produced as a result the preeminence of the accidents as a cause of health incidents during childhood (PEDEN et al, 2008; BACARAT et al, 2000). According to 2006 PNDS, 37.3% of the children below 60 months in Brazil had suffered some type of accident in the 12 months preceding the survey. Though the proportion draws attention to the relevance of this type of episode during infancy, the level of seriousness of the occurrences is difficult to evaluate. Among the children who suffered some type of accident, only 10.4% were hospitalized and ¼ of them received care at a health service center.

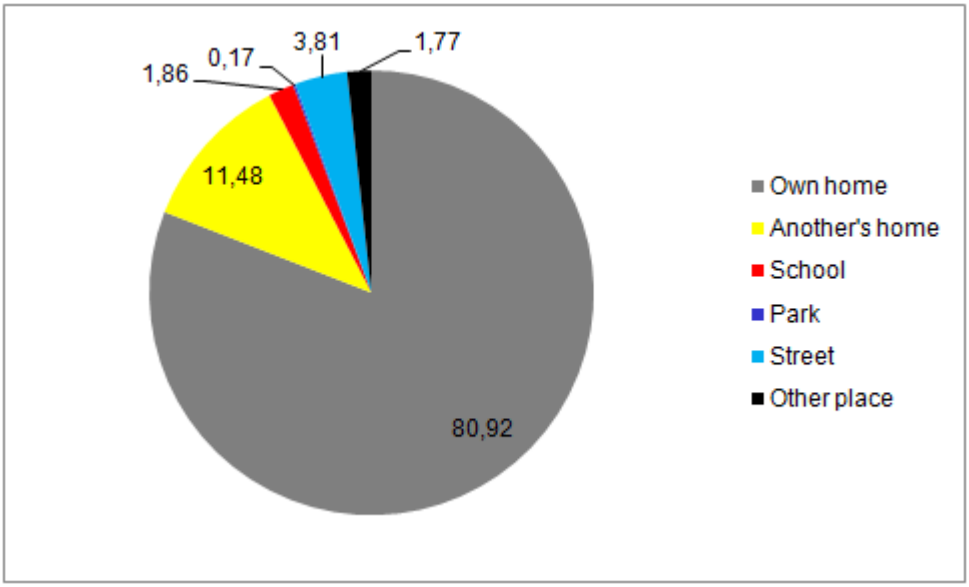
[13] Note that the model emphasized a possible extreme disadvantage of children of mothers who followed non-seriated courses, including therein special adult alphabetization courses, among others. However, the number of cases in this modality of course in the PNDS sample is extremely low, a situation in which the results should not be taken into account.

Graph 5 – Main types of accidents involving children aged 0-4 years



Source: 2006 PNDS.

Graph 6 – Place where the accidents took place involving children aged 0-4 years



Source: 2006 PNDS.

Graphs 5 and 6 above show the main types of accidents suffered by the children aged 0-4 years and the place where these accidents occurred. The falls stand out, with 62.5% of the cases of accidents. Most of the accidents occur at the child´s home. These characteristics constitute a strong reason of concern for the child health specialists, since many of such occurrences could be avoided with easily implemented preventive measures.

This study explores the hypothesis that children of adolescent mothers could have more risks of suffering accidents, due to the contingent inadequacy of the care that they would be able to offer to their children. The models submitted to tests with a set of potentially relevant variables, however, showed results that do not support the tested hypothesis. Like in the case of the supposed disadvantage from the viewpoint of physical development, the mother´s age when she had the child and the age of woman when the first child was born apparently do not have a significant impact on the chances of the child suffering accidents when other variables are present.

Table 7 – Multivariate logistic model for accidents suffered in the last 12 months (children aged 0-4 years who live with the mother)

Variables		Odds	Wald F	Significance	
Child	Sex				
	Girls	1.00	9.724	0.002	***
	Boys	1.506			
	Current age				
	0-24 months	1.00	17.241	0.000	***
	25-59 months	1.592			
	Great administrative regions of current residence				
	North	1.816	22.132	0.000	***
	Northeast	2.293			
	Central-West	0.678			
	South	0.532			
	Southeast	1.00			

Source: 2006 PNDS. Significance Level: * 0.10; ** 0.05; *** 0.01.

It should be highlighted that the PNDS data do not allow retrieving the accidents suffered in last year by children who do not live in the same household as the mother or who passed away. This is the reason why it is not posible to explore the hypothesis that children in circulation would or would not have more chances of suffering an accident.

Note that when mother´s age at the time she had the child is tested separately, the results proved to be significant[14]. Children of adolescent mothers presented a 45% higher chance of suffering an accident than children born of adult mothers. The data shown in Table 7 above put together the results of the logistic regression model including the variables that proved to be significant even in the presence of the others.

[14] The successive model testing excluded the following variables: current urban or rural household location, color, schooling degree of the mother, age when the first child was born, age when the child was born, number of live-born children and mother´s participation in the job market.

The variables that proved to be significantly associated with the accidents were the child´s sex and age, in addition to the region of the country where the child lives. The chance of suffering an accident is 50.6% higher for a boy than for a girl. Older children (25-59 months) also have a 59.2% higher chance than smaller children (up to 24 months). As it occurs with the existence of anthropometric deficits, the chance of a child who lives in the poorest regions suffering accidents is higher. An example of the regional differences may be verified with the risks of children in the Northeast suffering an accident, which is twice higher than the probability of the same occurring with a child who lives in the Southeast of the country.

Concluding Remarks

This study calls attention to the peculiar characteristics of the girls who became adolescent mothers. A characteristic that stands out is that many of these girls have a positive perception of their life courses, which does not prevent them from being able to adopt a critical view of the events through which they have been and from acknowledging the possibilities that were lost.

Schooling is beyond doubt a dividing line in the female course of life, with strong implications on the chances of an early beginning of reproductive life. It is quite probable that the Highschool expansion process currently underway in Brazil will produce an impact on the medium term on precocious pregnancy/motherhood, and will ultimately consolidade a decline of adolescent fertility, reinforcing the trends already pointed out in the literature. As we have seen, reaching Highschool reduces by three times the chance of an early pregnancy when compared to girls with less schooling.

Among the risks examined here to which the children of adolescents mothers would be, hypothetically, submitted, the only one that proved to be real is the risk of being put into circulation.

We have to remind that the children who were born when their mothers had less than 20 years presented four times more chances of being in circulation. The circulation, however, presents no selectivity related to the child´s sex and this point deserves to be highlighted. The marital history of the mother also gives clear signs of fostering the circulation of the child as much as or in a more significant manner than the age when the woman became a mother.

If, on the one hand, there are studies that in fact support the theory that adolescent mother children present low weight when they are born, what we see here, considering also older children, is that the trend is for these children to fit into the average of the population of their age before 5 years old. No differential pattern could be found between children of adolescent mothers and adult mothers with respect to the existence of some type of anthopometric deficit. Likewise, the accidents hit without distinction children of adult mothers and of adolescent mothers, when multiple variables are controlled.

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Annex

Table A1 – Reasons for becoming pregnant, according to age group with respect to the situation of pregnancy and pregnancy completed

	Got pregnant before 20 years		Had LBC before 20 years		Was pregnant before 20 years (primiparous)	Was pregnant before 20 years (relapsing)
	(current age: 15-19 years)	(current age: 20-24 years)	(current age: 15-19 years)	(current age: 20-24 years)	(current age: 15-19 years)	(current age: 15-19 years)
Got pregnant by chance	66.26	46.58	61.52	63.28	59.23	83.16
Had no other option	6.40	9.65	12.11	19.32	12.81	40.75
Wanted to leave the parents´ home	7.81	13.53	33.55	22.25	6.64	42.36
Wanted to marry	35.04	31.40	40.60	36.33	26.51	35.03
Married early	40.55	37.67	47.49	51.71	45.95	58.18
Wanted to be a mother	19.74	40.03	41.27	38.08	36.69	31.61
Partner wanted to have a child soon	28.91	38.41	46.06	40.00	39.70	27.26
Did not know how to avoid children	19.43	13.79	14.50	26.97	15.71	41.83
Had no Money to buy contraceptive method	22.71	21.17	14.45	18.07	16.35	25.12
Did not know where to get a contraceptive	9.78	12.33	7.99	18.66	16.66	16.22
Method failed	19.15	15.97	19.49	20.09	19.62	8.49
Others	0.00	1.41	0.52	0.94	0.08	0.00

Source: 2006 PNDS.