

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

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

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Introduction

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

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

GBV in their romantic and sexual relationships and young women's autonomy and control over their sexuality and their reproductive decisions. Autonomy has been defined as “the degree of women's access to, and control over, material resources (including food, income, land and other forms of wealth) and to social resources (including knowledge, power and prestige) with the family, community and society at large.”³ In the reproductive and sexual health sphere, autonomy means a woman/girl can safely determine when and with whom she has sexual relations, and can regulate her fertility and safe childbirth.⁵ Several indicators of women's autonomy in different spheres have been explored in surveys such as Demography Health Surveys (DHS) in countries in Asia and Africa,⁶ and in a few in Latin America,^{1,2} but they have not been systematically included in surveys done in Brazil.

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

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

Methods

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

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

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

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

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

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

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

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

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

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