

Girls' Sex Education and Teenage Pregnancy in Southern Brazil: Abject Bodies?

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Abstract

This paper presents the results of a study aimed at describing the treatment given by schools, family, and social group to pregnant adolescents and at examining sex education in the family and school environments. Theoretically, we revisited some approaches concerning gender studies. We show quantitative results obtained from a structured questionnaire applied to a sample of pregnant students at a state-owned elementary school in Novo Hamburgo, state of Rio Grande do Sul (Brazil). The results indicate that 87.5% of the adolescents informed they got pregnant because they were reckless about contraceptive methods, which was confirmed when they answered why they ended up pregnant. This association is statistically significant and we understand that, based on the social group to which these adolescents belong, being a teen mother is natural, as the recklessness associated with protection during sexual intercourse is directly related to their desire to get pregnant, a common, easily accepted, and highly value behavior in the social group in which they are inserted. Most pregnant adolescents who drop out of school are not encouraged by schools or their families to go back to studying; adolescents are abject bodies as they are bodies whose lives are not regarded as "lives" and whose materiality is seen as "unimportant" by schools (Butler, 2015). Adolescents seem to understand that their importance and value just exist when they repeat what is reinforced by their social group: girls get pregnant early on.

Keywords

Teenage Pregnancy, Gender, Sex Education, School, Brazil

1. Introduction

At present, there are more than one billion people aged 10 to 19 years around the globe, accounting for almost 20% of the world population. In Brazil, there are 35 million male and female adolescents aged 10 to 19 years. This striking number of young people is a contributing factor for early pregnancy, which has been a concern worldwide, having been included in the United Nations' Millennium Development Goals (ONU, 2008).

Teenage pregnancy is considered by the Brazilian Ministry of Health to be a public health problem. Statistics show that the number of pregnant adolescents had been increasing year after year for decades; however, currently, it has been gradually decreasing. Nevertheless, since 2005, national surveys on early pregnancy have demonstrated that pregnancy has occurred at a younger age, including children aged 10 to 14 years (Instituto Brasileiro de Geografia e Estatística, 2005).

Unfortunately, few educational studies have been conducted about the incidence of pregnancy in this age group. In the State of Rio Grande do Sul, early pregnancies are of relevance even when the number of teenage pregnancies is said to have possibly dwindled. Pregnant adolescents account for 17.4% of the total number of pregnancies, and according to 2008 data, higher rates may be assumed as abortion is prohibited in Brazil. For that reason, those adolescents who seek private and illegal clinics to terminate their pregnancies might have health complications caused by often poorly done abortions. Those adolescents may eventually die and, in most cases, other causes of death will be included in their death certificates due to the fact that abortion is illegal.

A 2013 survey indicates that Brazil has 5.2 million female adolescents aged 15 to 17 years. Among these, 414,105 were believed to have at least one child and only 104,731 of them attended school; the remaining 309,374 were out of school. The survey also shows that most of the adolescents did not work and/or go to school; only a minority (52,062) had a job (Moreno & Gonçalves, 2015).

Early pregnancy is certainly a concern worldwide and has been included in the United Nations' Millennium Development Goals. Goal 5, which deals with the improvement of maternal health, has an indicator of adolescent fertility and highlights the importance to reduce it by achieving this goal and by its implication for other goals, since teenage pregnancy contributes to increasing the risks of maternal and infant deaths and often causes adolescents to miss out on educational and socioeconomic opportunities (ONU, 2008).

This goal, which concerns maternity among women and adolescents, establishes that maternal death be reduced to 35 deaths per 100,000 live births by 2015 in Brazil.

An overview of child births in Brazil indicates that cesarean sections accounted for nearly 56% of all deliveries in Brazil in 2012. Deliveries by individuals younger than 15 years accounted for 39.8% of C-sections, which are quite invasive and pose serious risks to women and their infants. The World Health Organization (WHO) recommends that C-sections should not exceed 15% of deliveries (Presidência da República—Secretaria de Políticas para as Mulheres, 2015).

A 2010 report on Millennium Development Goals points out that teenage pregnancy was reduced in some regions and countries. However, it is still a problem and, in Latin America it is estimated at more than 70 births for every 1,000 women (ODM, 2010).

According to the study “Juventudes e Sexualidade” (García, Abramovay, & Da Silva, 2004), commissioned by the United Nations Educational, Scientific and Cultural Organization (UNESCO) in Brazil, one in every 10 students gets pregnant before the age of 15 years and 10% of them will likely become pregnant; in addition, only 7% will have a college degree.

The Ministry of Health acknowledges that, for several years, this was a problem among very poor people. Nonetheless, the figures demonstrate a 34% incidence of pregnancy among middle-class adolescents in the past years, which indicates that teenage pregnancy is not only associated with poor individuals or with their level of education (IBGE, 2009).

The implications of teenage pregnancy, clearly perceived in our daily life, are described as a concern that surrounds us and instigates our investigative efforts.

In our preliminary analyses, we focused on pregnancy experiences, mother-daughter relationships, how sexual identity was revealed to mothers, and the links associated with pregnancy (Quaresma da Silva, 2007).

Thereafter, we focused on schools, given their role, curriculum, and social responsibility, seen by adolescents as a temple of knowledge—and of wise individuals—which will answer their questions. Schools are rife with gender markers and attributes and it is not possible to think of an institution without taking into account the social and cultural constructs of masculinity and femininity (Louro, 1997).

Sexual education in Brazilian schools began in the last century, influenced by European medical-hygienists ideas, focused on the need to discourage masturbatory practices and venereal diseases (Sayão, 1997: p. 108).

In the 1960s and 70s, schools in Brazil remained as a “sacred territory”, a place to learn about everything except sexuality (Ribeiro, 2004: p. 15). Institutions that fled the pattern with important and revolutionary initiatives were suppressed by the military regime, after the coup in 1964, which banned all political manifestations. The strictness of the censorship promoted the stagnation and/or decline in sexual education, implementing a wave of puritanism in the country (Barroso & Bruschini, 1982: pp. 22-23).

Finally, as of 1978, there was a retake on the projects for the implementation of sexual education in school curriculum, and in December 1996 the Law of Guidelines and Bases “Darcy Ribeiro” was approved, which establishes the National Curricular Parameters (NCPs) for the achievement of education as guarantee of citizenship, responsibility, human dignity, focusing on the need for the youth to fully experience sexuality. In these parameters, sex education is pointed out as a transversal theme of the school curriculum and should be interrelated with the content of various other school subjects. There is also the emergence of other themes deemed important by the country in the making of an inclusive and sustainable nation, such as ethics, environment, gender, health and cultural diversity. In other words, sexual education does not appear as a specific and mandatory subject in school curricula, but as an issue that teachers are challenged to intertwine harmoniously with the school curriculum and extracurricular activities (Ribeiro, 2004, p. 24).

From these NCPs, schools should have the social commitment to implement sexual education activities for the pregnancy prevention, sexual and reproductive health and general biopsychosocial development of teenagers.

The complexity surrounding this topic and its multiple mediations raise some questions that guide our analyses: what is going on in families in terms of sex education? What is sex education for adolescents like? By whom and how is sex education conducted in the family environment? What happens to pregnant adolescents? How are they treated by their peers when they get pregnant? What does teenage pregnancy mean in the school environment?

We understand that families and schools provide an unquestionable context due to their role in the prevention of teenage pregnancy, without leaving aside the necessary participation of other institutions/groups.

2. Method

In this study, we present the results obtained from the quantitative analysis carried out in “Geographies of exclusion of pregnant adolescents in schools in southern Brazil: abject bodies”. The aim of the present study was to describe how pregnant adolescents are treated in their schools and by their peers by examining sex education both in the family and school environments.

More specifically, we present the results of structured questionnaires applied to eight students from a state-owned elementary school¹ in Novo Hamburgo, state of Rio Grande do Sul, Brazil, who got pregnant at the ages of 13 to 16 years in 2015—three (37.5%) at 15, three (37.5%) at 16, and two (25%) at 13.

Although the sample size is small, it is significant, as it refers to a very specific population: pregnant girls attending the same elementary school during one school year.

The SPSS (Statistical Package for Social Sciences) software, a tool widely used in data analyses, was used for the quantitative analysis. A qualitative chi-square test was used to compare frequencies, showing whether there is any statistical significance between the variables, i.e., whether statistical significance (p) is lower than 5%.

3. Data Analysis: Results and Discussion

Simple frequency tables were built for the quantitative analyses of the structured questionnaires and later compared, revealing elements that ought to be commented on and explored based on their political implications and the biopsychosocial development of adolescents.

Regarding level of education, 37.5% had finished the 7th grade, 25% had completed the 8th grade, 12.5% had completed the 5th grade, and 25% had finished the 6th grade. None of the adolescents completed elementary education, which is extremely alarming, since they are very likely to drop out of school if they get pregnant, as shown in **Table 1**.

The adolescents were asked about whom they were currently living with. We found out that 37.5% lived with

¹Elementary education in Brazil goes from the 1st to the 9th grade. A student who does not repeat any grade concludes elementary school at the age of 14 or 15 years, i.e., the sampled adolescents aged 16 years repeated a grade.

Table 1. Level of education. Source: Authors.

Level	Frequency	Percent	Valid percent	Cumulative percent
Completed the 5th grade	1	12.5	12.5	37.5
Finished the 6th grade	2	25.0	25.0	25.0
Finished the 7th grade	3	37.5	37.5	75.0
Completed the 8th grade	2	25.0	25.0	100.0
Total	8	100.0	100.0	

their parents, 25% with their husbands, 25% with their mothers only, and 12.5% with their baby's father's family, as shown in **Table 2**.

Table 3 shows that 12.5% of the adolescents had one sibling, 12.5% had two siblings, 25% had three siblings, 37.5% had four siblings, and 12.5% had five siblings, i.e., 75% of them had more than two siblings.

The first sexual intercourse occurred at the age of 14 years in 37.5% of the adolescents, at 13 in 25%, at 15 in 25%, and at 11 (one adolescent) in 12.5%. When asked what they thought the ideal age for the first sexual intercourse would be, 37.5% said it would be at 16 years, 37.5% at 18, and 25% at 17.

By comparing the results of the latter two questions, we obtained the following result, as shown in **Table 4**.

Twenty-five percent of the interviewees said the ideal age for the first intercourse would be 16 years, but they had it at the age of 14 and were mothers already, and 25% stated that the ideal age for the first sexual intercourse would be at 17 years, but they had it at 13. The association between ideal age and age at first sexual intercourse was not statistically significant ($\chi^2 = 9.778, p = 0.134$) or ($\chi^2 = 9.778, p > 0.05$); however, non significance may be due to the small sample size (n) or to failure to meet the prerequisites of the chi-square test, which requires that 20% of the cells be filled in with valid answers, thus compromising statistical significance. On the other hand, this qualitative result is valuable as it clearly indicates that the adolescents are aware that their first sexual intercourse did not occur at an appropriate age, allowing us to infer that it might not have been a good experience for them and that they would not want their peers to go through that, as they suggest they should have had sexual intercourse later on.

With respect to sex education received from their families, we asked the adolescents with whom they talked about it at home and 87.5% said they talked about it with their mothers while only 12.5% talked about it with their fathers, i.e., only one adolescent received sex education from her father, as shown in **Table 5**.

Regarding the fathers' level of education, 37.5% had completed the 6th grade, 25% had finished the 5th grade, 25% had completed the 4th grade, and 12.5% had attended only the 1st grade in elementary school, and none of the fathers of the pregnant adolescents had finished elementary education, which indicates no talk about sex education with their daughters.

Comparatively, concerning the mothers' level of education, 37.5% had finished the 5th grade, 25% had completed the 6th grade, 25% had finished the 4th grade, and 12.5% had graduated from the 8th grade. This means that only one mother had finished elementary education, which is relevant in terms of the sex education they provided their daughters with.

When we investigated the occupations of the adolescents' fathers, we found that 50% of them worked in civil construction, 25% were unemployed, 12.5% owned small businesses, and 12.5% worked in the industrial sector, i.e., 87.5% lived on low wages.

It has been broadly documented worldwide (Mensch, Bruce, & Greene, 1998; Caldwell et al., 1998) and in Brazil (Ferraz & Ferreira, 1998; Berquó & Cavenaghi, 2005; Cavenaghi & Alves, 2011; Heilborn & Cabral, 2011) that teenage pregnancy occurs predominantly in economically underprivileged groups.

As far as the mothers' occupations are concerned, 87.5% were homemakers and only one had a job outside the home (12.5%), having no professional qualification and working as a housekeeping cleaner in a company. This finding led us to think that, as these adolescents' mothers did not work, they should be available to look after their daughters and give them guidance, and also because the adolescents mentioned it was their mothers who were in charge of their sex education. In this case, apparently, the mothers do not care about instructing their daughters on sex-related matters or leave their daughters to their own devices; therefore, in spite of living with mothers who do not have a job and have plenty of time to look after them, these adolescents end up getting pregnant early.

Table 2. Who the adolescents lived with. Source: Authors.

Living with	Frequency	Percent	Valid percent	Cumulative percent
Their baby's father's family	1	12.5	12.5	12.5
Mothers only	2	25.0	25.0	37.5
Their parents	3	37.5	37.5	75.0
Their husbands	2	25.0	25.0	100.0
Total	8	100.0	100.0	

Table 3. Siblings. Source: Authors.

Siblings	Frequency	Percent	Valid percent	Cumulative percent
One sibling	1	12.5	12.5	12.5
Two siblings	1	12.5	12.5	25.0
Three siblings	2	25.0	25.0	50.0
Four siblings	3	37.5	37.5	87.5
Five siblings	1	12.5	12.5	100.0
Total	8	100.0	100.0	

Table 4. Cross tabulation: In your opinion, what is the ideal age for the first sexual intercourse? At what age was your first sexual intercourse? Source: Authors.

At what age was your first sexual intercourse?		14 years	13 years	15 years	11 years	Total
16 years	Count	2	0	1	0	3
	% of Total	25.0%	0.0%	12.5%	0.0%	37.5%
17 years	Count	0	2	0	0	2
	% of Total	0.0%	25.0%	0.0%	0.0%	25.0%
18 years	Count	1	0	1	1	3
	% of Total	12.5%	0.0%	12.5%	12.5%	37.5%
Total	Count	3	2	2	1	8
	% of Total	37.5%	25.0%	25.0%	12.5%	100.0%

Table 5. Sex education at home. Source: Authors.

Whom they talked to	Frequency	Percent	Valid percent	Cumulative percent
Talked about it at home	7	87.5	87.5	87.5
Only with their mother	1	12.5	12.5	100.0
Total	8	100.0	100.0	

When asked about whether someone in their families had had children while they were still in their teens, 50% of the adolescents said someone had and 50% affirmed otherwise. Among those who said there were cases of teenage pregnancies in their families, 25% reported that their mothers had gotten pregnant in their teen years, 12.5% said their sister had been impregnated, and 12.5% answered their cousin had been a teen mother. So, it is possible to say that all of them had a first relative who had gotten pregnant in her adolescence.

As to sex education at school, we asked in what grade they were introduced to sex education. **Table 6**

Table 6. In what grade were you introduced to sex education at school? Source: Authors.

Sex education at school	Frequency	Percent	Valid percent	Cumulative percent
In the 5th grade	2	25.0	25.0	25.0
In the 6th grade	4	50.0	50.0	75.0
In the 7th grade	2	25.0	25.0	100.0
Total	8	100.0	100.0	

presents that 50% of the adolescents were given information about sex education in the 7th grade, 25% got such information in the 5th grade, and 25% in the 6th grade, i.e., this finding shows how late sex education is introduced by schools, corroborating the results of other studies that indicate that teachers believe sex education must be introduced only in these grades and, in many cases, only to female students (Quaresma da Silva, 2014).

When the adolescents were asked whether they had continued their studies after finding out about their pregnancies, 37.5% said they had quit school immediately while 62.5% had some special treatment and did their school assignments at home or occasionally went to school.

We asked whether they had noticed any change in their friends' behavior after revealing about their pregnancy, 62.5% mentioned no change in behavior, 25% said they were discriminated against by their classmates/schoolmates, and 12.5% reported that their friends' behavior changed for the better, i.e., 75% indicate no changes in their friends' social behavior, as shown in Table 7.

Possibly, adolescents have been influenced by the context in which they live or, as claimed by Bandura, Azzi and Polydoro (2008), getting pregnant early on may have been dictated by the cultural environment.

As pointed out, the results obtained herein demonstrate that, on the one hand, these adolescents are surrounded by individuals who got pregnant very early on such as their mothers, sisters, and cousins. Having these role models may trigger such behavior without the need of any other factor (Bandura, Azzi, & Polydoro, 2008). On the other hand, if this model is not refuted, the probability that the behavior will repeat itself is similar to the probability observed in cases in which the model is rewarded for her behavior. Repeated behavior is reduced in cases in which the learner expects that her behavior will be punished. The findings of this study point out that 75% of the girls did not experience negative consequences or seen any disadvantages in being pregnant, whereas only 25% mentioned having had some negative effect associated with being pregnant. These findings are in line with those obtained for other cultural contexts (Diiorio et al., 2001) and seem to support the idea that context has been conducive and contributed to the acceptance of teenage pregnancy as the environment has provided adolescents with countless models that are not punished for their behavior; quite on the contrary, they are sometimes rewarded for getting pregnant.

We asked the adolescents if they had used some protection during sexual intercourse and 100% said they had not used any kind of protection; however, 87.5% of the adolescents mentioned they were aware that contraceptive methods help prevent pregnancy and only one of them (12.5%) said she did not know about that. Nevertheless, when we asked them why they ended up pregnant, 87.5% said they got pregnant for being reckless while one of them (12.5%) said she wanted to get pregnant.

Table 8 presents that, however, when we compared the data on how pregnancy occurred and why adolescents got pregnant, we found the following:

Note that 87.5% of the adolescents informed they understood their pregnancy occurred because they were carelessness and they confirmed that when asked why they got pregnant. One of them (12.5%) said she wanted to get pregnant. This association is statistically significant ($\chi^2 = 8.000$ and an alpha of 0.005 ($p < 0.05$)).

This finding reinforces our understanding that, given the social group to which the adolescents belong, being teen mothers is quite common, as the recklessness they admit having (not using protection) is directly related to their desire to get pregnant, which appears to be common, well accepted, and highly valued in the social group in which they are inserted.

Motherhood plays an important role in the construction of female subjectivity. Ever since birth, a girl hears that being a mother is a woman's strongest desire. Perhaps this unconscious desire to be a mother may influence her so much that she is careless about protection during a sexual intercourse. We hypothesize that adolescents maybe expressing the necessity to be recognized as "women", trying to have the same social status of those who

Table 7. After you got pregnant, was there any change in the behavior of your friends? Source: Authors.

Behavior of your friends	Frequency	Percent	Valid percent	Cumulative percent
No change in behavior	5	62.5	62.5	62.5
Friends' behavior changed for the better	1	12.5	12.5	75.0
Discriminated against	2	25.0	25.0	100.0
Total	8	100.0	100.0	

Table 8. Cross tabulation: In your opinion, how did you get pregnant? Why did you get pregnant? Source: Authors.

Why did you get pregnant?		Carelessness	She wanted	Total	
Did you know the contraceptive methods?	Aware	Count	7	0	7
		% of total	87.5%	0.0%	87.5%
	Didn't know	Count	0	1	1
		% of Total	0.0%	12.5%	12.5%
	Total	Count	7	1	8
		% of total	87.5%	12.5%	100.0%

are mothers and who live close to them, and trying to enjoy the liberty that changing from an adolescent into a woman could offer them.

In the complex process of acceptance/subjectification/objectification of what has been socially and historically built around being a woman and being a man in societies endowed with a patriarchal culture, the myth of romantic love becomes unarguably relevant (Illuz, 2014).

For an adolescent who is overwhelmed by the image of idealistic love, it is difficult to associate love and couple relationships with problems, suffering, or disease. This might also be a relevant perspective to understand why so many adolescents do not recognize or neglect the risks of pregnancy or of a disease whenever they have sexual intercourse and believe that having sex without protection is not a problem at all, but something that is trivial.

Paradoxically, when we asked these adolescents about what they think of getting pregnant at such an early age, 87.5% of them believe teenage pregnancy is bad because they are too young; only one of them (12.5%) found it good to be a mother at an early age.

Regarding education, we asked them what they thought their teachers would say about teenage pregnancy and 75% of the adolescents thought their teachers would regard teenage pregnancy as an irresponsible behavior while 25% of them believed their teachers find teenage pregnancy to be absurd.

We agree with Butler (2015) when he says that speeches actually inhabit bodies, settling into them. We postulate that the stigma attached to teenage pregnancy observed in the school environment leaves these girls at the margin of society and prevents educational workers and policymakers from creating policies that facilitate carrying on their studies during pregnancy and after delivery.

In this study, we confirm that this recurrent stigma attached to pregnancy cause adolescents to drop out of school and/or withdraw socially just because they do not fit into the social rules that are imposed on them: only "good girls" stay in school. Pregnant girls represent abject bodies as they are bodies whose lives are not considered to be "lives" and whose materiality is seen as "unimportant" by schools (Butler, 2015). Adolescents seem to understand that their importance and value just exist when they repeat what is reinforced by the social group they belong to: girls get pregnant early on.

4. Conclusions

This study, conducted with pregnant adolescents attending an elementary school in Novo Hamburgo, southern Brazil, allowed us to identify situations and practices with a remarkable political implication, not only because they take place in public spaces such as state-owned schools, but also because they are run counter to the desires and ideas of inclusion, equality, and respect for diversity advocated by the Brazilian society.

Pregnant adolescents feel they are not accepted by teachers in the school environment as they are from the ideal of femininity constructed for this stage of life; actually, schools do not take into consideration that pregnancy might have been planned. Pregnant adolescents, in general, begin to face the expectations built around their gender about this stage of life and experience social exclusion and abandon their studies, being subtly “invited” to stay home and be more “protected” or they simply vanish from the school environment as they feel rebuked by their teachers. Concomitantly, these adolescents are accepted by their social group and families, which ends up reinforcing the idea that they do not belong in school, repeating the female role they have at home, which contributes to phenomena such as feminization and intergenerational transmission of poverty (Novellino & Belchior, 2008).

We found out that most pregnant women who drop out of school are not stimulated by schools or by their families to go back to school. Quite on the contrary, abandonment is regarded as normal and there is no concern about that. This is corroborated by the fact that there are no records of teenage pregnancies in the schools these adolescents attend, showing disregard for these abject bodies.

We conclude that the absence of participatory methodologies in the planning and elaboration of sexual education activities is one of the aspects that should be modified in schools, since the activities held throughout the year in elementary schools frequently emerge from the personal standard of those responsible for the task. In these cases, when addressing the students’ pregnancies, they often only talk about the fact to point out the consequences of pregnancy, such as academic exclusion.

We point out the need to transform sexual education into a serious work, organized and constant. To think, design, implement and evaluate sex education, the commitment of the teachers and management staff is fundamental. It urges the creation of spaces inside the school that enable the education and updating on sexual education topics, the didactic tools for them to be addressed and the methodological training for its exploitation, evaluation and improvement.

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