

Evidence and Justice:

Making the case for adolescent health and rights post 2015



BRAZIL

Instituto de Bioética, Direitos Humanos e Gênero (Anis) in Brazil, Realizing Sexual and Reproductive Justice (RESURJ), and Columbia University's Mailman School of Public Health have produced this paper¹ to provide an overview of the social, economic and environmental context in Brazil related to adolescents and young people, with a specific focus on adolescent girls and young women. This is one of five papers (the others are Egypt, Nigeria, Mexico and India), which make clear that the Sustainable Development Goals will not be met by 2030 without the proper attention and investment in the health, development and human rights of adolescents and young people over the decades to come. This paper can serve as a tool for activists, academics, researchers, policy makers and evaluators who are vested in advancing the health and human rights of adolescents and young women in the country.

Background

Despite progress, the economic growth and development that Brazil has experienced over the last two decades and which have qualified Brazil as a middle-income country have not benefited all Brazilians equally. **Brazil remains one of the most unequal countries in the world.** While income has risen among the poor, income inequality based on gender, age, race, ethnicity, and geographical location persist and continue to deepen. Approximately 38% of Brazilian adolescents aged 12 to 17 live in poverty (compared to the national average in the general population of 29%). Young people and women also have limited economic opportunities and experience higher unemployment rates compared to their adult and male counterparts.

Health (SDG 3) and Education (SDG 4)

Under the 1988 Constitution, Brazil recognized health as a right of citizens and an obligation of the state. This led Brazil to establish the Unified Health System (Sistema Único de Saúde - SUS) based on the principles of universality, integrality and social participation. Brazil has taken major steps towards ensuring free, universal access to health services, including the provision of medications. However, access to health services remains unequal where the concentration of health facilities and services are located in the more developed regions of the country and thus neglecting the most poor and vulnerable.

Sexual and reproductive health and rights in Brazil, especially those of adolescents and young people, have not been fully realized. Pregnancy and childbirth complications are the third highest cause of death among adolescents in Brazil, yet Brazil is only making slow progress towards decreasing the adolescent birth rate for 15-19 year olds. The fertility rate among adolescents aged 15 to 19 in Brazil remains one of the highest in Latin America and the Caribbean. **Adolescents**

seeking contraceptives or sexual and reproductive health information face cultural and institutional barriers including prejudice, stigma and unpreparedness from health providers in dealing with adolescent sexuality. Abortion is illegal in Brazil under the Criminal Code of 1940, except in the case of rape, when pregnancy threatens the life of the woman, or in cases of anencephalic fetus. Unsafe abortion is the fourth leading cause of maternal death in the country. Brazil's increasing religious fundamentalist climate has contributed to hindering the implementation of sexual and reproductive healthcare policies and has negatively impacted the health and rights of women and young people.

Education and Knowledge on Sexual and Reproductive Health and Rights

Brazil does not have a national comprehensive sexuality education (CSE) curriculum. Although Brazilian public schools offer some programs on reproductive health and prevention of sexually transmitted infections (STIs), including HIV, the classes hardly ever include components of comprehensive sexuality education. **Sexuality education in Brazil does not focus on the development of agency, human rights, or gender equality.** As a result, the biomedical approach to sexuality education currently provided in some public schools does not enhance adolescents' ability to make informed decisions about their sexual and reproductive lives, and often does not have a significant impact on the prevention of STIs, including HIV.

In Order to meet **SDG 3 "ensure healthy lives and promote well-being for all at all ages,"** Brazil must strengthen its health system through increasing funding and investment in human resources with particular attention to reaching the poorest women and adolescents, bearing in mind regional differences, race and ethnicity. For Brazil, monitoring and measuring universal access to services should also take into account the multiple barriers—legal, social, economic, and cultural—that prevent adolescents from accessing available sexual and reproductive health services and information. This includes developing indicators measuring the quality, accessibility, affordability and acceptability of all SRH services and programs for adolescents in all their diversity, which includes the collection, use and dissemination of disaggregated data by sex and age (five-year cohorts).

To meet **SDG 4, "ensure inclusive and equitable quality education and promote life-long learning and opportunities for all"** Brazil must fully implement current multi-sectoral programs aimed at providing information on sexual and reproductive health and rights. This includes re-instating the anti-homophobia-kit, which expands the subject reach of the Prevention and Education in School Programs. Brazil must also

¹Full paper LINK

expand, adapt and implement the Prevention and Education in School Program into a nationally available, evidence-based comprehensive sexuality education program that is universal, accessible and meaningful for students of all sexual orientations and gender identities.

Gender Equality and Women's Empowerment (SDG 5)

Brazilian women represent more than half of the country's population and have higher educational attainment overall than men, but women remain the minority in high-level parliamentary positions at the municipal, state, and federal levels of government as well as in the judiciary, unions, and universities. Inequalities also persist in employment opportunities and pay. Although women are more educated than men, they are still lagging behind in salary and experience higher levels of un- and underemployment. Historically, women, especially black women, are heavily concentrated in the social service sectors including healthcare and domestic work. Brazilian women also continue to bear the burden of unpaid domestic work, spending an average of 27.7 hours per week on household chores while men spend about 11.2 hours weekly.

Women in Brazil face high levels of domestic and intimate partner violence. According to research carried out in 2010, 20% of women in Brazil report having experienced some degree of violence and/or aggression by men. In 80% of the cases reported in the research, a woman's intimate partner was the perpetrator of the aggression. Poor, black women are most likely to experience domestic violence than women of other racial groups. **Sociocultural risk factors for violence in Brazil include gender inequality, weak economic status, lack of support network, history of violence, and use of drugs and alcohol.**

Brazil has implemented a number of social programs and statutory responses to combat homicide rates and intimate partner violence. However, there is a significant need for widespread and multi-sectoral monitoring of those policies' success, in addition to continuing efforts to decentralize programs addressing violence, particularly against women and girls, and also to destabilize pervasive cultural notions of masculinity that often serve to justify violent behavior.

In order to meet **SDG 5**, "achieve gender equality and empower all women and girls," Brazil must address the diverse inequalities and forms of discrimination that girls and young women experience so that they can grow up with equal opportunity and free from violence, coercion and discrimination. This requires that Brazil provide adolescent girls and young women full access to legal and social protections that promote and protect their health and human rights; develop a multi-sectorial and multidimensional approach that focuses all policies and programs towards eliminating poverty, increasing girls' economic empowerment; end a culture of impunity that enables the perpetuation of violence against girls and women; and eliminate structural, legal, social, and economic barriers that prevent adolescent girls from accessing sexual and reproductive health and information.

Inequalities and Discrimination (SDG 10)

Discrimination and inequalities based on race, geographical location, sexual orientation, gender identity, and HIV status remain pressing concerns for Brazil and prevent Brazilians from enjoying a life free from violence, stigmatization, and discrimination. Racial inequalities in access to education have diminished but remain high. And while the legalization of same-sex marriage, insurance coverage for sex reassignment surgery, and the right for same-sex couples to adopt are important advances for LGBT persons in Brazil, **social and cultural barriers still prevent LGBT persons from leading open lives free from fear of violence.**

To meet **SDG10** "Reducing inequality within and among countries," and translate its related targets into real change for all adolescents and LGBT people in all their diversities at the national level, Brazil needs to take concrete measures to repeal all discriminatory policies and implement positive violence prevention policies and programs throughout the country and ensure that the human rights of every Brazilian citizen, regardless of any factor such as race, sexual orientation, gender identity, or HIV status is fully respected.

Conclusions

Adolescents, especially girls, are those most impacted by vulnerabilities including poverty, violence, sexual abuse, low levels of education or poor quality education, work exploitation, pregnancy, STIS/AIDS and the exclusion from communities and families. These vulnerabilities, however, don't affect all Brazilian adolescents (approximately 26 million of them) in the same manner, as they are made worse by historical inequalities emerged from prejudice and discrimination based on ethnic/racial, gender, economic status, abilities and geographical location. Despite these variations, adolescents and young people in Brazil and around the world experience similar transitions as they go from childhood to adulthood; economic dependence to autonomy, and sexual initiation to maturity. Investing political will and financial resources in the health and human rights of 10-24 year olds may be one of the better ways to achieve a peaceful and sustainable Brazilian society.

Two priorities which are likely to influence progress in Brazil in the decades to come are the 1.) *dissemination and use of sex and age disaggregated data by five year cohorts (10-14; 15-19; 20-24)* and 2.) *the creation and full implementation of a national policy on comprehensive sexuality education that is accessible for all in and out of schools and which includes modules on human rights, gender-based violence, and relationship negotiation skills.*