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Emma Näslund-Hadley¹ and Georgina Binstock

Abstract

Our interest in understanding the determinants of adolescent childbearing and how adolescent childbearing influences educational trajectories derive from a concern about the inverse relationship between educational outcomes and adolescent fertility. Through in-depth interviews with 118 women, we contrast the educational trajectories of adolescent and adult child-bearers in urban neighborhoods in Paraguay and Peru. The findings suggest that adolescents who face obstacles that discourage academic achievement and high aspirations in life are also more likely to bear children. Their expectation of having a life different from their parents is small or nonexistent. Such females lack incentives to prevent pregnancy and may even plan to get pregnant. Moreover, the results of this study do not support the conventional assumption that the problem of school dropouts begins with the pregnancy, but can also result from early formal unions, the low quality of education offered, and generally low expectations of life. The policy responses therefore have to do much more than merely provide information about and access to contraceptives. The paper calls for a series of school-based interventions to provide adolescents with quality sex education, encouragement in setting life goals, and support in remaining in school and returning after childbirth.

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I. Introduction

As in other parts of the world, the total fertility rate in Latin America and the Caribbean (LAC) has progressively declined over the past several decades. Despite this general trend, however, LAC is the only region in the world that has seen an increase in adolescent fertility over the past 30 years. LAC's adolescent fertility rate of over 80 per thousand is around 50 percent higher than the world average of 55 per thousand women aged 15 to 19, and is surpassed only by Africa (Vignoli 2009). Important cross-country differences exist, as some countries have experienced dramatic increases in fertility while others have seen a decline. But in all countries the decline of the adolescent fertility rate has been slower than that of total fertility. In 2010 over 2.1 million children were estimated to be born to adolescent girls between 15 and 19 years of age in the LAC region.²

There is ample literature on the risk factors for adolescent childbearing and on how adolescent childbearing impacts educational outcomes. In LAC adolescent childbearing has been found to be associated with poverty (Chedraui and others 2004, Florez 2005, Guijarro and others 1999, Guzman and others 2001, Pantelides 2004, Peña and others 1999, Porras 2003), low educational attainment (Alcázar and Lovatón 2006, Giovagnoli and Vezza 2009, Pantelides 2004, Rios-Neto and Miranda-Ribbeiro 2009), intergenerational effects that make teenage childbearers more likely to be the daughters of teenage mothers (Rios-Neto and Miranda-Ribbeiro 2009), early sexual debut (Eggleston 1998, Rios-Neto and Miranda-Ribbeiro 2009), intimate partner violence, and past incidents of sexual abuse (Pallitto and Murillo 2008). While it has been possible to establish a link between adolescent childbearing and each of these risk factors, researchers have had trouble demonstrating causal effects (Giovagnoli and Vezza 2009). Many of the negative outcomes that conventional wisdom ascribes to the age of adolescent parents may be as much effects of adolescent childbearing as causes of it. The principal risk factors are similar to those found in more developed regions of the world. But the relationship between adolescent childbearing and education levels—whether measured in terms of school attendance, enrollment, or completion—appears to be stronger in LAC than in other parts of the world. For example, Giovagnoli and Vezza (2009) find that adolescents who bear children

² The estimate is based on population projections from the United States Census Bureau International Database.

complete between 1.8 and 2.8 fewer years of education than adolescents who do not. But this may not be due to childbearing itself but rather to preexisting differences between adolescent and adult mothers.

Gaps in previous research require further exploration to effectively guide policy decisions. Relevant questions include: Why do adolescent girls engage in sexual activity so early and why do they get pregnant so quickly following their sexual debut? What factors influence the decision of early childbearers (aged 15–19) to drop out of or remain in school? What support structures influence the decision of some to return to school after childbirth? Does early childbearing alter young women’s academic motivation and life plans? How do the interactions and involvement of the fathers of children born to adolescent mothers influence these mothers’ educational choices?

The objective of the current study is to advance a more complex understanding of the determinants of adolescent childbearing and of how such childbearing influences educational trajectories and life plans. To achieve this objective, the study uses a qualitative research methodology to contrast the educational trajectories of early and adult childbearers in urban neighborhoods in two countries that have followed the overall fertility trends of the region: Paraguay and Peru. Based on an analysis of the factors that have influenced the educational and life choices of the two groups of women, we identify policies and activities in the education sector that promote the educational achievement of pregnant and childbearing adolescents by encouraging them to stay in or return to school.

II. Background

Over the past few decades, fertility rates in Paraguay and Peru have paralleled the general trends of the LAC region: both the total fertility rate and the adolescent fertility rate have declined, though at different speeds. In Paraguay the adolescent fertility rate decreased by 35 percent between 1990 and 2004, while the total fertility rate fell by 46 percent over the same period. Meanwhile, in Peru, the gap between the two rates was even more pronounced. While the adolescent fertility rate decreased by 25 percent, the fertility rate of women aged 20–40 dropped by 35 to 40 percent (and that of women over 40 dropped by more than 60 percent). As a result of these trends, the overall proportion of adolescent births has increased. In Peru adolescent births

represented 10.2 percent of total births in 2005, up from 8.3 percent in 1980. In Paraguay adolescent births represented 12.8 percent of total births in 2005 compared with 10.2 percent in 1995–98. The proportion of adolescents aged 15 to 19 who conceived before the age of 20 was similar in both countries: 9 percent in Paraguay and 10 percent in Peru (DHS 2004/08; ENDSSR 2008).

In both countries low socioeconomic status is a risk factor for adolescent childbearing. In Peru 29.2 percent of girls in the 15–19 age group of the first income quintile are mothers, compared with 4.1 percent in the fifth quintile (DHS 2004/08). In Paraguay the adolescent fertility rate among females of low socioeconomic status is more than double that among those of middle-income status. Meanwhile, in households where only Guaraní is spoken the rate is double that of households where only Spanish is spoken. Adolescent childbearing also varies by geographic location; in rural areas it is double that of urban areas, and in remote geographic locations the rates are even higher (ENDSSR 2008). Alcázar and Lovatón (2006) point out that the adolescent fertility rate in certain jungle areas is three times higher than in Lima.

Schooling and Work

Schooling is compulsory until the age of 14 in Paraguay and 16 in Peru. Nevertheless, in practice its enforcement is unequal across regions and populations. Disparities in the educational attainment of adolescent and adult childbearers and of rural and urban students are pronounced in both countries. In Paraguay, only 13 percent of adolescent mothers are attending an educational institution, compared with 65 percent of their nonchildbearing peers. These differences are reflected in levels of educational attainment. The proportion of women who at the very least initiated secondary education is 39 percent among adolescent childbearers compared with 72 percent among those who bore children later (ENDSSR 2008).

Similarly, in Peru only 9.4 percent of adolescent mothers are attending an educational institution, compared with 69.3 percent of their nonchildbearing peers. As a result adolescent childbearers complete 7 years of education on average, compared with the 10 years completed by most women who postpone childbirth until after adolescence. If controlling for other factors, such as residence, ethnic group, number of siblings, and domestic violence, the difference remains but decreases from 3.0 to 1.8 years (Giovagnoli and Vezza 2009).

Adolescent mothers in both countries appear to join the workforce earlier than their peers. Alcázar and Lovatón (2006) find that during adolescence, Peruvian mothers often work only or do not study or work, while their peers tend to study only or to combine work and study. When they reach adulthood, adolescent childbearers tend to have less stable and lower-paid jobs, probably as a consequence of fewer schooling years.

III. Methodology

One-hundred and eighteen women from Lima and Asunción participated in the study. Of these 80 women were between 23 and 33 years of age: 38 of whom had their first child during adolescence and 42 who became mothers after adolescence. In Paraguay 16 currently adolescent childbearers (and 6 of their mothers) were included in the study to allow for an examination of emerging issues. In Peru 10 currently adolescent childbearers were interviewed, as well as 6 of their mothers. For the purposes of this study and in accord with international praxis we define early childbearers as women who give birth when under 20 years of age. Women who give birth to their first child after turning 20 are referred to as adult childbearers.

Purposeful sampling (Patton 1990) was used in both countries. In each country sections of two urban neighborhoods were selected, ensuring that both lower-middle-class and poor families were represented. A criterion for selection was the presence of schools offering secondary education. The selected neighborhoods in Peru were located on the outskirts of Lima: Comas in the northeast of the city and San Juan de Miraflores in the south. In Paraguay, the selected neighborhoods were Chacarita and Barrio Jara.

In Paraguay a census was conducted in the selected neighborhoods to identify all mothers who had borne children between 23 and 32 years of age and below 20 years of age, classifying them into late and early categories. Mothers currently below 20 years of age constituted a separate category of current adolescent mothers. Since the potential purposeful sample size was too large, random purposeful sampling was used to select the final samples. In Peru, as a result of the large size of the selected neighborhoods, it was not feasible to conduct a census of the communities. Instead, snowball sampling was used to draw participants to the study. Snowball sampling is a nonrandom method of identifying research subjects that uses social networks to recruit potential study participants. Because a nonrandom method of recruitment was used, there is a possible selection bias in the sample. To maximize sample variability, an attempt was made

to scrutinize the referral chains that were generated in Peru. In both countries, every potential participant was asked whether she had at some point been enrolled in secondary school. In 16 cases the referred person did not meet this criterion and was omitted from the study. Saturation was attained and the sampling came to an end when no new patterns emerged in the data.

Data were collected through in-depth, open-ended individual interviews, encouraging participants to use their own words to describe internal and interpersonal processes. The central purpose of the interviews was to engage in dialogue with the study participants to draw out their descriptions and understanding of themselves, the events affecting their pregnancies, and their family circumstances, their mothers' commitment to education, and work and life aspirations. A pretested, validated, structured interview guide was used as a basis for the qualitative interviews. One interview was conducted with each of the 118 participants and varied in length between 1 and 2 hours. Interviews were conducted by teams of local sociologists and anthropologists. In the case of adolescent childbearers, permission was obtained not only from the participant but also from a parent or head of household. Participants were assured that they could withdraw from the interview at any time. Interview protocols were developed to ensure that each participant addressed all dimensions of study interest. Several strategies were employed to ensure the reliability of the findings, including the use of audio tapes and a systematic verification of interview transcripts and data analysis conducted by a research coordinator.

The data collected were broken down and categorized, allowing the authors to contrast categories and analyze relationships among categories. Saturation occurred when all the data were captured in categories, no new categories emerged from additional analysis, and central themes had emerged (Guest, Bunce, and Johnson 2006). These themes were used to identify policies and activities in the education sector that would support the educational achievement of pregnant and childbearing adolescents.

IV. Findings

The study draws on participants' own perceptions of childbearing and educational trajectories, and reveals a complex picture of concerns, aspirations, and problems that can be analyzed at five levels: upbringing and parental control, partners and sexual initiation, contraceptive use,

educational attainment and aspirations, and school-based responses to prevent teenage pregnancies and ensure the education of early childbearers.

Upbringing and Parental Control

Several key aspects of family upbringing were strikingly similar across both the adolescent and adult childbearers. The overwhelming majority had spent their childhood close to the area where they currently resided. Almost all grew up in extended family households, sharing space with many relatives. Approximately half the participants lived in the same household as their mother and father, and the other half were brought up in single-parent households. The educational attainment of their parents was generally low—only a few had completed secondary school. A substantial proportion of the participants—33 percent in Peru and around 40 percent in Paraguay—described their upbringing in a context of domestic violence, sometimes even as victims themselves.

Consistent with the data from the latest household survey (DHS 2004/08) almost no participants from Lima spoke an indigenous language in their childhood home. In Paraguay, 22 participants had spoken Guaraní in their childhood home, (mostly in combination with Spanish).

The main difference observed between the two groups with respect to upbringing was the level of parental control. While all participants spoke about strict parental control and supervision, parental discourse appeared to have been a central factor in adult childbearers' decision to delay their sexual debut. In only a few exceptional cases, however, had participants' parents discussed reproductive health and contraception options, as these topics were taboo in the household. (This finding was confirmed by the interviewed mothers of adolescent childbearers.) Rather, parents appear to have sought to delay their daughters' sexual debut by promoting abstinence and the importance of having a boyfriend who would not abandon them in case of pregnancy. As articulated by one adult childbearer, the advice from her mother was: "Be careful, don't be with any man who will trick you, get you pregnant, and leave." When pregnancy did occur, several participants testified to their parents' interest in their continued schooling, but parental objection and involvement generally were insufficient to prevent their dropping out.

Partners and Sexual Initiation

A striking difference was noticed in the romantic and sexual relations of the two groups. The adolescent childbearers all had an earlier sexual debut than the adult childbearers. The younger they were at the time of their first intercourse, the earlier they got pregnant. The participants who had their first child before turning 18 were on average 15 years of age at the time of their first sexual intercourse. Those who became mothers between 18 and 19 years of age were on average 16 years old at the time of their sexual debut. Adult childbearers, on the other hand, were on average 17.5 years of age at the time of their first sexual intercourse. This held true irrespective of their age at the birth of their firstborn.

A majority of the women described their sexual debut as something they desired at the time. As a woman who became a mother at 17 articulated, “Yes, I wanted it. I wanted to experiment, I was already old, I was already 15.” A smaller segment of participants indicated that they had felt pressure from their partner to engage in their first sexual intercourse. Such pressure was more noticeable the younger the woman’s age at the time of her sexual debut. For those who had significantly older boyfriends, the age gap appears to have reduced the bargaining power of the woman, making her more worried about being abandoned if she refused to have sex. As described by a participant who had given birth at 16: “My first relationship was at 15. He was my boyfriend but only he and I knew . . . I was going to turn 16 and he was 25 years old . . . we dated secretly for three months. I didn’t want to; I was afraid . . . I didn’t like it. He pressured me.”

The younger the woman’s age at the initiation of a romantic relationship, the more accelerated was the rhythm of the relationship. By rhythm we mean the amount of time that passes between the different stages of a relationship: from the first dates to the label of being “in love” to the initiation of sexual relations to pregnancy. For the youngest participants the time between the first date and conception was often just a few months. A mother at 16 explained: “The father of my child and I were a new couple. He was around 22 and we had been together for three months . . . we did not know each other well.” Naturally, all relationships did not pass through all stages; some women engaged in casual sex without defining themselves as “in love.” The stories of these participants highlight how limited and brief their romantic experiences were.

An overwhelming majority of the adolescent childbearers became pregnant as a result of their first romantic relationship.

Another important distinction between the two groups was that the adolescent childbearers had partners who were several years older than themselves. In Paraguay more than half had their first romantic relationship with a man who was between 4 and 10 years older. The participants from the group of adult childbearers more often initiated their first romantic relationship with boys their own age, often students attending the same school. In Peru, the two groups are not distinct in these terms. In both the adolescent and adult childbearer groups around half had their first relationship with a partner about their own age, and only a few initiated a relationship with a man significantly (more than seven years) older.

The opinion of girlfriends appears to constitute a stronger force than the pressure of partners. In many cases, the principal driving force behind a woman's sexual debut was the desire not to be different from her peers. Childbearing was seen as a rite of passage into adulthood. As expressed by a woman from the group of adult childbearers who became a mother at 22: "Later I wanted to, since all my girlfriends pressured me. How could I, who was so old, not yet have done it?"

The proportion of participants who were living with their partner at the time of conception differed across the two countries. In Peru only one case of cohabitation prior to pregnancy was identified. In Paraguay, on the other hand, one-fifth of the early childbearers were living with their partner and his family prior to their pregnancy. Among the group of current adolescent childbearers, a third were living in a marriage or formal union at the time of becoming pregnant. In all these cases, the time frame between the onset of sexual relations and pregnancy was more compressed than in cases where the couple was not living together. The substantial proportion of Paraguayan women who lived with their partner prior to pregnancy, brings into question the popularly presumed sequencing of events. It is not always the case that adolescent pregnancies lead to early formal unions. Early formal union may also predate and accelerate the pregnancy.

A majority of both adolescent and adult childbearers currently live with a partner, whether married or in a union. But in Paraguay the proportion is larger among adult childbearers than among adolescent childbearers. In both countries, the proportion of women who live with

the father of their firstborn is much larger among adult childbearers. Moreover, the partner trajectories of adolescent childbearers are much more complex than those of adult childbearers. As evident in the case of the Peruvian study participants, they have had more partners and their relationships tend to be less stable and more violent. In Peru, one-third of adolescent childbearers have been in violent relationships, compared with only two among adult childbearers. At the time of the interview, most had managed to break out of the relationship, but some were still living with a violent partner. In most cases, the perpetrator was the father of their firstborn child. In Paraguay, the situation was different. Among both groups of participants—early and adult childbearers—few women have suffered violent episodes in their relationships.

Contraceptive Use

The study unequivocally points to adolescent girls' lack of power to exercise their reproductive rights. This finding applies to adolescent childbearers in Peru and Paraguay. Although the women might have told their partners that they were concerned about getting pregnant, they did not feel that they could demand the use of condoms. As a result, practically no one used condoms to prevent pregnancy. The principal reason was almost always "he did not like it."

In many cases, the boyfriend allegedly argued that contraceptives were used only to prevent sexually transmitted diseases and should therefore be used only when engaging in casual sex. Other forms of contraception were also not used. In the case of adolescent childbearers, one of two answers was generally provided to explain why the woman did not use contraceptives that she could have without informing her partner. Either the woman had been "embarrassed to go to the health clinic," or had thought that she was sterile and therefore unable to get pregnant. Adolescent childbearers' nonuse of contraceptives continued even after initial conception. Frequently, though participants at first affirmed that they or their partner used a contraceptive, during the interview a different picture emerged showing an intermittent use of contraceptives or the use of less effective techniques such as withdrawal before ejaculation or the calendar method. The experiences of adult childbearers are completely different. Not only do they use contraceptives more frequently, but also in a more effective way. This difference between the two groups is evident in the much higher number of children born to adolescent childbearers, as well as by the larger number of sexual partners of adult childbearers prior to their first pregnancy.

Gynecological examinations prior to pregnancy were equally rare across the two groups in both countries. In Paraguay and Peru only one or two participants had visited a gynecologist prior to getting pregnant. Although they were aware of the existence of health institutions that provided information about sexual and reproductive health, the overwhelming majority of participants had never visited one of these institutions. The main reason provided was embarrassment. As articulated by a mother at 17: “I was embarrassed . . . [maybe] they would think I was promiscuous.”

Educational Attainment and Aspirations

In both national samples, there is a strong association between adolescent childbearing and educational attainment. Close to half the Peruvian and two-thirds of the Paraguayan adolescent childbearers did not complete secondary school; meanwhile almost all the adult childbearers had completed it. Similarly, among the current adolescent childbearers, almost all had discontinued their secondary education.

Although in a handful of cases adolescent pregnancy clearly spurred mothers to drop out of school, the general theme emerging from our data is that educational underachievement precedes rather than stems from pregnancy and adolescent childbearing. Over half the Paraguayan and close to a quarter of the Peruvian adolescent childbearers had dropped out of school prior to their pregnancy. The primary reason given for discontinuing their schooling was a lack of interest that had resulted in low achievement levels and the repetition of one or more grades. The second reason cited was the economic situation of the woman’s family and her subsequent need to contribute financially to the household. Of those who entered the labor market prior to abandoning their education, it was clearly very challenging to balance work and studies. Their achievement generally deteriorated, soon prompting them to drop out.

Of those who were in school at the time of their pregnancy, two-thirds testified that they dropped out as a result. The decision to drop out of school, however, was generally so swift that it appears the respondents never seriously contemplated continuing their education. Two factors stand out as central in the decision to discontinue education: the women’s current level of academic achievement and the degree of progress in their studies. Those who abandoned school immediately upon learning about their pregnancy were already doing poorly in school and had several years left before completing their secondary education. Another perhaps interrelated

element was that the perceived low quality of the education offered frequently appeared to discourage adolescent childbearers from continuing their schooling. On the other hand, those adolescent childbearers who chose to continue and complete their secondary education had less time left before completion—sometimes only a few months—and were stronger academically. Many respondents also indicated that they were embarrassed to continue their studies. The participants frequently referred to observed experiences of other students who had suffered bullying as a result of their pregnancies. As articulated by a mother at 14 who discontinued her schooling shortly after learning that she was pregnant: “Once when a girl got pregnant, they spoke about her, making her too ashamed to come to school.”

An interesting finding is that among the adolescent childbearers who did complete their secondary education, the proportion who continued their education at the postsecondary or tertiary levels was similar to that of adult mothers (around 50 percent). Moreover, in our samples, the adolescent childbearers who remained in school were as likely to graduate as the group of adult childbearers.

Although the majority of the adolescent childbearers initially indicated that their first pregnancy was unplanned, when probing deeper into their reasoning and expectations at the time, a large group of participants indicated that they let it happen. As a participant who became a mother at 14 put it: “It was not planned, but when it happened it happened. I was not going to abort or anything.” Some participants went as far as planning their pregnancies. As a woman who had her firstborn at 16 said, “I took precautions for a month. After that I stopped. I had this crazy idea that I should have a baby.” As indicated above, for many participants who were doing poorly in school their pregnancy was a convenient excuse to drop out. Our findings also pointed to a set of additional, often overlapping, factors that helped explain why these women planned or did not actively try to avoid pregnancy. The group of adolescent mothers viewed childbearing as a way to establish an adult identity, keep their boyfriend, satisfy their desire to feel needed, and in some cases obtain financial support.

With respect to life plans, the group of adolescent childbearers who dropped out of school had lower aspirations for their future than the group of adult childbearers. These women in most cases did not believe that they had the power to transform their own lives through education. Their expectation of having a life different from their parents was small or

nonexistent. Pregnancy therefore did not dramatically alter their life trajectory but simply accelerated it.

The tendency of these women to believe that their only option is to follow in the footsteps of their parents is also evident in the high proportion of adolescent childbearers who were themselves daughters of adolescent mothers. Seven of the 18 Paraguayan adolescent childbearers had mothers who also had their first child prior to entering adulthood. Of current adolescent childbearers, close to half were children of adolescent childbearers. In Peru, by contrast, about two-thirds of both adolescent and adult childbearers were themselves children of teenage mothers. In this respect, our data (partially) support findings from other regional studies that point to an intergenerational transmission of adolescent childbearing (Porrás 2003).

School-based Responses to Adolescent Pregnancy

In the interviews, the efficacy of three types of school-based responses to adolescent pregnancy was examined: sex education that seeks to discourage adolescent pregnancy, initiatives to promote the schooling of pregnant students, and efforts to reintegrate or keep students in school after giving birth.

Our findings indicate a lack of quality school-based sex education. Although a large proportion of participants in both countries indicated that their school had provided some type of information about reproductive health, in most cases it appears to have been sporadic and limited to a few information sessions about the functioning of the reproductive system that did not provide information on how to prevent pregnancy. Though in Peru a handful of participants had attended more frequent information sessions, only two participants considered that the information they had received through their school had been central to controlling their fertility.

In light of the limited knowledge exhibited by the participants—about the reproductive system and about contraceptive methods—the sex education provided was clearly insufficient. As expressed by an adolescent childbearer who had her sexual debut with a boyfriend who also lacked previous experience with contraception: “Maybe we used it wrong because neither one knew ... after two or three months I got pregnant.” Another participant who became a mother at 15 explains: “We had a sexual education class. They told us that if we had unprotected relations we could get AIDS, sexually transmitted diseases ... but no one explained to us why. They always explained everything as taboo.” A central problem was that the sessions were considered

embarrassing, particularly when provided to mixed groups of males and females. According to most participants, a female student who appeared interested in the class or asked a question transmitted a message that she was interested in sexual relations. The interviews with current adolescent childbearers indicated that the quality and frequency of school-based sex education or pregnancy prevention efforts has not improved since the group of adult study participants were in school 5 to 15 years ago.

In both countries the majority of adolescent childbearers who were attending school abandoned their schooling immediately upon discovering that they were pregnant. Even if the schools did not formally expel the adolescent childbearers, in most cases they failed to offer special arrangements, thereby contributing to the adolescents' decision to leave school. For example, when the students missed school due to morning sickness or childbirth, they were not given extra support. A mother at 14 stated: "In practice, they discriminated against me. I was the only pregnant student." The overwhelming majority of these women indicated that their decision had been based upon a presupposition that they would be forced out of the education system. A few of the adolescent childbearers were encouraged by the school authorities to change to the night shift during their pregnancy as they would "constitute a bad example" for their peers.

A handful of early childbearers stated that they received support from their school to remain enrolled, including moral encouragement. These women tended to be high-achieving students, as explained by an early childbearer in Peru: "If I had been another student who did not do my homework and did not turn in anything, the teachers would not have helped me."

After giving birth, the adolescent childbearers often felt isolated. They lost contact with their peers, and sometimes also with their families if they had moved to the household of their boyfriend or simply been thrown out of their own household. The schools discussed did not have any reintegration programs in place, nor did they reach out to the adolescent childbearers after their babies were born. The participants were not offered access to child-care facilities, tutoring, or flexible class schedules to encourage them to return to school. In fact, those who managed to return to school after giving birth did so with the support of their families rather than their school.

V. Discussion and Recommendations

The conventional wisdom is that a teenage pregnancy can deprive young girls of education, autonomy, employment, and life choices. The order of these events is assumed to be initiated by pregnancy, which results in marriage or a union and a subsequent departure from school—and the educational and occupational disadvantages that less education implies. The results of this study do not support this assumption. A group of study participants dropped out of school prior to getting pregnant, mainly as a result of low academic achievement; some even appear to have planned their pregnancies as an excuse to discontinue their education; other participants already lived in a formal union at the time of their first pregnancy. Any effective policy response needs to acknowledge that the problem of school dropouts does not necessarily begin with early childbearing, but can also result from early formal unions, the low quality of education offered, and generally low expectations of life. The policy responses therefore have to do much more than merely provide information about and access to contraceptives.

Policy makers, educators, and parents have a responsibility to impart values and aspirations that help adolescents develop life goals that go beyond replicating the socioeconomically disenfranchised lives of their parents. The adolescent childbearers interviewed were generally already so multiply disadvantaged that in their minds an early pregnancy would not alter their life trajectory but merely accelerate it. This absence of hope for a better future was particularly stark in the area of education. At the time of pregnancy, increased education was not expected to improve career prospects, thereby lowering the overall cost of childbearing. As a result, the incentive to use contraceptives was limited, and the adolescents had little reason to remain in school during their pregnancy or to return to school after giving birth. A policy conclusion is that school-based prevention efforts cannot be limited to sex education, but must also seek to mitigate adolescents' negative expectations by fostering belief in the future, clear and positive identities, self-determination, and recognition of positive behaviors.³

A disturbing commonality among many adolescent childbearers was the lack of support and involvement offered by the fathers of their firstborn children. The women who managed to continue their education generally did so with moral, financial, and child-care support from their

³The positive youth development literature identifies a series of approaches that can be used to promote these types of objectives (see, for example, Catalano and others 2002, and Elias and others 1994).

parents rather than their partners. Our findings build merely on the views expressed by the adolescent childbearers as no interviews were conducted with the fathers of their firstborn children. Future research is needed among this group of men to ensure that vital factors surrounding them are better understood, including expectations and obstacles adjusting to parenthood, the financial contributions provided to their offspring, and the consequences of their continued schooling. To our knowledge, no research of this type has been conducted in the LAC region.

Cost considerations make schools the ideal mechanism for delivering widespread initiatives to discourage adolescent childbearing in LAC. Schools also constitute an ideal vehicle for involving parents in early pregnancy prevention and in supporting students during pregnancy and after childbirth. Yet our findings suggest that the schools of the study participants failed to provide effective sex education. Nor were any programs in place to help pregnant students remain in school or to encourage them to complete their education after childbirth. The adolescents' families are seen as responsible for moral, financial, child-care, tutoring, and other support. Sadly, in most cases the families were unable or unwilling to provide the support required to keep their daughters enrolled in school. School systems need to respond to this void by providing pregnant and childbearing adolescents with support to continue their education, including tutoring, mentoring, flexible hours, and child care.

Schools play a vital role in the socialization of the next generation, and school systems need to take up the task of leading and evaluating programs that seek to reduce adolescent pregnancies through quality sex education and the promotion of life goals. If this type of support had been provided to the study participants, a larger proportion may have delayed their childbearing. As articulated by an adolescent childbearer, "I do not regret my daughter, but I would not have gotten pregnant so early; I would have preferred to wait a little longer."

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