

Reproductive Rights in Rocinha

‘Practices and perceptions of adolescents on reproductive health, family planning and sexuality in a Brazilian *favela*’



Name: Debbie Vermeij
Studentnumber: 3119793
Master: Latin American and Caribbean Studies
Supervisor: C.G. Koonings
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Abstract

To have reproductive rights means that women and men combined, share the right to (reproductive) health care, the right to decide if and when they would like to have children, the right to decide the number of children they would like to have, the right to protect themselves against diseases, etc.

This thesis explores the practices and perceptions of young women and men living in Rocinha, Rio de Janeiro on the issues of reproductive health, family planning and sexuality and the factors that influence these practices and perceptions. It looks at issues such as gender, religion, state influence and community influences in order to create a complete picture of their reality. Outcomes are interesting and sometimes very different from expectations one might have when looking at theoretical debates.

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Introduction

Reproduction lies at the core of life, but interestingly enough reproductive rights have only been on the agenda of important international institutions since the late 1970's. To have reproductive rights means that women and men combined, share the right to (reproductive) health care, the right to decide if and when they would like to have children, the right to decide the number of children they would like to have, the right to protect themselves against diseases, etc.

These rights may seem normal to most Westerners, but they aren't normal for many other people in the world. The reasons for this can be found many different areas like culture, gender relations, state policies, family, community, etc. For instance, Hartmann (1987, p. 7) states that in most third world countries, having lots of children means security. They can provide for you in times of need and make an important contribution to the household economy. But is this truly the case? Is having lots of children always a conscious decision or does it also have something to do with a lack of information, a lack of autonomy on the part of women and a lack of health services? These questions interest me greatly and that's why I decided base my research on the combination of the topic of reproductive rights with the location I planned to go to: the *favela* Rocinha in Rio de Janeiro, Brazil. This combination led me to the question: 'What are the practices and perceptions of young women and men in Rocinha, Rio de Janeiro on the issues of sexuality, family planning and reproductive health and what are the factors that influence these practices and perceptions?'

In order to formulate a complete answer to this question I have not only taken a deeper look at the main concepts of reproductive rights, family planning and reproductive health but also at: HIV/AIDS, religion, the role of NGO's, gender, masculinity, femininity, machismo, marianismo and state policies regarding reproductive health and family planning.

Research setting: Rocinha

As mentioned, my four months of research (from the 3rd of February until the 1st of June) have taken place in Rocinha, Rio de Janeiro. I combined my research with voluntary work for the Two Brothers Foundation. This voluntary work consisted of teaching English to children, adolescents and adults. In my proposal I mentioned that there would possibly be opportunities to set up workshops or activities of my own. I'm sad to say that I did not get a chance to do this but that hasn't made my experience any less meaningful. The work in general meant direct contact with *favela* residents and therefore part of my research population.

The foundation had arranged for me to stay in the *favela*. One of the advantages of this was that it gave me an opportunity to see firsthand how people in *favelas* live. It also meant that I was not simply an outsider who only came into the *favela* to pry into other people's lives, but I was part of the community and developed relations with the people there. The fact that I worked for the 2 bros. foundation also contributed to my safety during my stay. This too comes back to the fact that people knew that I wasn't simply an outsider but that I belonged to the foundation (which is a respected part of the community).

To get a better understanding of Rocinha and the people who live there, I would like to give some information about the context in which my research took place. In discussions about Brazil, inequality and poverty occupy prominent places. One of the most visible consequences of this inequality and poverty are the large *favelas*¹ that have emerged around Brazil's major cities. Rio de Janeiro now has more than 600 *favelas* in and around the city. Some of these

¹ Favelas are the Brazilian equivalent of shanty towns.

favelas have merged to form ‘complexes’ of communities across adjacent hillsides. Each of these is the size of a large Brazilian city and the largest (Rocinha, Jacarezinho, Complexo do Alemão and Complexo de Maré) have a combined population of more than half a million (Perlman, 2004, p. 107). The *favelas* are often situated right next to wealthier areas. Rocinha for instance, lies in between the neighborhoods of Gávea and São Conrado, the latter being the wealthiest neighborhood of Rio.

Exclusion and discrimination is part of daily life for *favela* residents. They are seen and treated as second class citizens. Living in a *favela* means that you will have fewer opportunities on the job market and people therefore struggle to provide for themselves and their families.

The *favelas* of Rio de Janeiro are infamous for their drug related violence. Zaluar (2004, pp. 146-147) states that illegal drug trafficking wasn’t a major problem in Rio de Janeiro until the late 1970’s. It was then that cocaine started to be trafficked on a larger scale. International cartels chose new drug routes to send cargoes to Europe and the United States. This meant that the drugs passed through many Brazilian cities, creating new markets on their way. The drug trade changed dramatically and became more and more violent. According to UN statistics nearly 50.000 people were shot dead between 1980 and 2000 (Neate, 2006).

As mentioned, the *favela* Rocinha served as the background for my research. It’s said to be the largest *favela* in Brazil and estimations on inhabitants run anywhere from 150.000 to 300.000. Its history began in the 1920’s when the first clusters of shacks were noticed and it experienced its largest growth in the 1950’s and 1960’s. Nowadays almost all the houses are made of brick or concrete and most of them have basic sanitation, plumbing and electricity. Because of its size, Rocinha is divided into approximately 21 different neighborhoods with names such as Ropa Suja (dirty clothes), Nove-Nove (nine-nine), etc

Rocinha is a very busy and a very economically active place. There are lots of small shops and you can pretty much get anything you need right there in the *favela*. There are supermarkets, drugstores, clothing shops, opticians, jewelers, etc. There are also different restaurants (even one where you can eat sushi) and bars and there are always people out on the streets, day or night.

Because of the main road that runs right through the *favela*, Rocinha has buses and vans running through it. There are also companies that have guys riding around on motorbikes (*mototaxis*) that can take you to pretty much any place in- and outside the *favela*.

Due to its location and its size, Rocinha has had its fair share of attention in the past and is set to get more attention in the future. Probably the best example of this is the Programa de Aceleração do Crescimento (PAC) which has rewarded Rocinha with a sum of more than 175 million Reais (app. 65 million euros). The money is to be invested in housing projects, a new health clinic, a swimming pool, a new bridge that crosses the main road outside the *favela* and a number of other projects.

Sadly Rocinha has its share of problems as well, drugs being one of the biggest ones. The drug gang that has control over the *favela* is called *Amigos dos Amigos* and they are in charge of the drug trade inside the *favela*. Nowadays, drug trade and violence seem inseparable. The gang is armed to the teeth and they are not afraid of using their weapons. They carry them around wherever they go and there hasn’t been a day gone by without me seeing at least one gun. The saddest thing is that you become used to them being there. It kind of becomes normal.

One of the examples of drug related violence that I myself experienced were shootouts between the gang and the police during a number of police raids. On a couple of occasions, the family I stayed with warned me and my roommates to stay in the house because of the shootings. A very sad result of one of these shootouts was the death of an eleven year old girl who got hit by a stray bullet while she was playing a video game inside her house.

However, these episodes of violence do not define Rocinha. Mostly it's just a nice and very lively urban neighborhood. It's poor and has its problems, but that doesn't stop people from trying to make the best of things.

Research methods

My main methods of research these last four months have been: participant observation, informal conversations, two focus groups and different interviews.

The participant observation included living in the *favela*, participating in daily life, attending family planning classes, attending theater classes and attending a couple of parties (pagode). The participant observation gave me a chance to really see how people live and interact with each other, instead of reading about it in books. It thus provided me with information which would otherwise have been impossible to obtain.

The informal conversations were probably the most important part of my research, together with participant observation. Informal conversations are conversations that you have in an informal setting but people do know that you're a researcher. These informal conversations allowed me to talk about subjects that people might be reluctant to talk about in a formal setting so this method also provided me with crucial information.

During my research period I organized two different focus groups, one with women and one with men. I would have liked to organize a third focus group with both men and women but this turned out to be impossible due to a lack of time. The focus groups that did take place proved to be useful sources of information. The participants talked freely and responded well to comments that others made. Many of the quotes that I've used in this report have come from one of these meetings. However, the names I used are fictional. This is because at the start of each focus group I told the people that were present that I would use the information they gave me but that I wouldn't mention their names.

Organizing the focus groups taught me two important lessons: to always remind people multiple times that they agreed to come to the meeting and to not let others plan things that you should be planning yourself.

The interviews I held were with representatives of certain institutes such as the state, different churches, NGO's and the residents associations. For these interviews I made sure that I had certain questions written down but if the conversation took a different, but equally interesting and useful, direction I would stray from this questionnaire.

In total I have spoken to approximately 30 people, some of which I spoke to frequently and some of which I spoke to only once.

Thesis outline

The thesis will have a slightly unconventional outline. The different sections will follow the topics that were in my research questions but the way the theoretical and empirical parts will be placed are somewhat different than usual.

I will start with some theory surrounding reproductive rights, reproductive health including HIV/AIDS, family planning, sexuality and gender after which I will continue with an empirical section concerning these topics. Next there will be another theoretical section on family, community and state influences and this section will be followed by an empirical section regarding these subjects. After this I will continue with a theoretical piece on religion. The reason why I don't include religion into the family/community/state section is because this is such a large piece that it deserves its own section. The thesis will be completed with a conclusion that will combine the most important research results and thereby formulate an answer to the main research question.

1 Reproductive rights

In a world where human rights are on top of many organizations' agenda's, reproductive rights take up an important part of the discussion. The concept of reproductive rights is a very broad one and I will therefore present a few statements regarding the subject that have been made by two renowned international organizations: Amnesty International and the United Nations.

According to Amnesty International USA, having reproductive rights means that: "an individual has access to sexual and reproductive healthcare and has autonomy in sexual and reproductive decision making" (Amnesty International USA, n.y.).

The United Nations give reproductive rights an extra dimension by stating that individuals need to be able to exercise control over their sexual and reproductive lives in order to attain the goals of sustainable and equitable development. According to them, this includes the following rights (United Nations Population Fund, n.y.): "the right to reproductive health as a component of overall health (throughout the life cycle, for both men and women)", "the right to reproductive decision-making, including voluntary choice in marriage, family formation and determination of the number, timing and spacing of one's children and the right to have access to the information and means needed to exercise voluntary choice", "the right to equality and equity for men and women, to enable individuals to make free and informed choices in all spheres of life, free from discrimination based on gender" and last but not least the right to "sexual and reproductive security, including freedom from sexual violence and coercion, and the right to privacy".

As we can see the issue of reproductive rights isn't limited to women having control over their own body and their own sexuality. A number of other important topics can be linked to the subject, such as: gender relations, poverty, education, health care etc. According to Gutierrez (2004, p. 21), sexual and reproductive rights should be seen from three perspectives: "as a matter of public health, because the state should guarantee both absolute respect for private decisions and the material conditions for its implementation; as a matter of social inequality, because while the lack of policies and legislation affect all women, it has lethal effects of poor women; and as a matter of citizenship and democracy, because it empowers women for decision making".

Various reproductive rights have been incorporated in the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which is one of six UN Conventions that have been widely ratified and monitored. The six conventions of the UN system form the legal core of the human rights system. CEDAW was designed in 1979 and it emphasizes equal rights for men and women and explicitly prohibits discrimination on the basis of sex (Engle Merry, 2006, pp. 73-74). After ratification, CEDAW is legally binding (Engle Merry, 2006, p. 89). Also, in 1994 and 1995 the UN organized two large conferences in Cairo and Beijing, where they focused on different reproductive rights stating that they were an intrinsic part of women's rights as a whole (Cook & Fathalla, 1996).

The conclusion that can be drawn from the different statements and quotes presented is that there are a number of issues that are at the basis of reproductive rights. These issues are: 'every person should be allowed to make their own decisions regarding reproductive issues' and 'every person should have access to health care and the government is ultimately responsible for providing this health care'.

1.1 Reproductive health

Reproductive health could be considered one of the most important reproductive rights. The notion of reproductive health was born in 1994 in Cairo at the UN sponsored population conference. Delegates formally recognized that all aspects of reproductive health, including sexual health, were important for improvement of quality of life for women, children and communities (Glasier & Gulmezoglu, 2006).

Mbizvo and Bassett (1996, p. 84) state that while reproduction should be a dual commitment, in many parts of the world it is seen as the sole responsibility of the woman. She is the one who will not only bear the burden of pregnancy and childbirth, but she will also suffer from negative side effects like excessive child bearing, undiagnosed STD's (including AIDS) and infertility investigation. They go on by saying that "in all societies today sexual relationships can be a source of pleasure and reproduction as well as a risk to health. This has spurred research into the foundations of sexuality and the gender dynamics that underlie sexual and reproductive health, and into interventions that address the negative health outcomes. Often, community social structures and belief systems, defined and dominated by men, perpetuate gender unbalances which contribute to poor outcomes in reproductive health" (Mbizvo & Bassett, 1996, p. 84). This quote taps into a number of interesting issues but especially the reference to gender is an interesting one. As mentioned earlier, gender is an important part of the entire (reproductive) rights discussion and in understanding gender relations we can begin to understand certain other processes within a society. The concept of gender will therefore be further discussed in different other parts of this thesis.

AIDS and HIV take up an important part of the discussion about reproductive health. According to the AIDS fund of the United Nations (UNAID) there were an estimated 38,6 million people worldwide living with HIV in 2005. An estimated 4.1 million people became newly infected with HIV and an estimated 2.8 million people lost their lives to AIDS. The region most affected by AIDS and HIV is sub-Saharan Africa. In 2005 more than 24 million people in that region were living with the disease and an estimated 2.7 million people were newly affected (UNAIDS, n.y.).

In Latin America the effects of AIDS and HIV are far less extensive but in 2005 there were still an estimated 1.6 million people living with the disease and an estimated 140.000 people were newly infected. Over one third of HIV infected people in Latin America live in Brazil. At first the disease mainly affected men who have sex with men and injecting drug users. Nowadays, the epidemic has grown more heterogeneous and heterosexual transmission is responsible for a growing share of HIV infections. The Brazilian government has strongly supported the fight against AIDS and they've provided free treatment through the national health care system. Currently more than 180.000 people have access to this treatment (UNAIDS, n.y.). However, Juarez and Castro Martín (2006, p. 33) describe how the Brazilian government only distributes free condoms as part of the action plan against HIV/AIDS to people that are registered at health clinics and who have had a medical examination. So although the Brazilian government is very active on the subject of HIV/AIDS prevention, they will not reach the entire population with their programs.

1.2 Family planning

Family planning, the right for both men and women to decide if, when and how many children they would like to have, is another important reproductive right. But just as the right to reproductive health, the right to plan your own family is also something that cannot always be taken for granted.

The concept of family planning is influenced by many things such as power relations inside and outside the household, gender, religion, education, availability of reproductive health care services and politics. Over the years governments worldwide have tried to implement family planning programs in order to influence the population growth in certain areas. Famous example of course is China, with their one-child policy which promotes couples having only one child in rural and urban areas².

According to Hartmann (1987, p. xiii) the philosophy of population control in the 1960's, the 1970's and the 1980's rested upon three basic assumptions: "Rapid population growth is a primary cause of the Third World's development problems, notably hunger, environmental destruction, economic stagnation and political instability", "People must be persuaded or, if necessary, forced to have fewer children without fundamentally improving the impoverished conditions in which they live" and "Given the right combination of finance, personnel, technology and western management techniques, birth control services can be 'delivered' to Third World women in a top-down fashion and in the absence of basic health care systems. In both the development and promotion of contraceptives, preventing pregnancy should take precedence over health and safety concerns".

Hartmann believes that when the overriding goal of family planning programs is to reduce population growth rather than to expand women's right to choice the results are often detrimental to women's health and well-being and even ineffective (Hartmann, 1987, p. xiv).

Although Hartmann's book is rather dated the philosophy of population control hasn't changed. According to Seltzer (2002, p. 14) "the consensus among most governments of developing countries is that rapid population growth and high fertility are detrimental to development, and most have policies that favor lower rates of population growth and lower fertility". For instance, the government policy in Peru is to provide all Peruvian women with a free family planning program. Contraceptives can be obtained for free or at minimal cost. Still, the availability of these contraceptive methods doesn't automatically mean that they are frequently used. To use the example of Peru again, condom use is not wide spread because it is linked to sex with prostitutes (Olthoff, 2006, p. 158).

In Brazil, official policy states that all families have a right to public family planning services and various reversible contraceptive methods and sterilization (male and female). Yet in practice, women have few choices in what type of birth control they would like to use (Chelekis, n.y., p. 3). This is partly due to the limited access to health care in many parts of the country. Other reasons are certain doctors who see women as unfit to decide which type of birth control they would like to use and a medical culture that favors surgical and invasive methods which means that women are encouraged to get their 'tubes tied' (Grilo Diniz, de Mello e Souza, & Portella, 1998, p. 60).

² Couples in rural areas are allowed to have a second child if the first is female or disabled but this second child is subject to birth spacing which means that there has to be a certain number of years between two children in the same family. Additional children that do not fall in the previous mentioned category will result in large fines which means that families will either have to pay large sums of money or might be denied bonuses at their workplace (Family Planning in China, 1995).

1.3 Sexuality

Discussions on reproductive health and family planning wouldn't be necessary if it wasn't for sexuality. Sexuality refers to the way people experience and express themselves as sexual beings but to say that sexuality is just an expression of biological urges would be an over simplification. Sexuality could, and should, be discussed while taking into account issues such as culture, politics, legal aspects, morality, religion, gender and powerstructures in a society because in any social context, the creation of a sexual universe is essentially linked to the structures of power (Parker, 1991).

Gender (which will be further discussed in the next section) is arguably one of the most important factors when it comes to sexuality. In most human cultures one can find what is called a gender hierarchy. Around this gender hierarchy a system of meanings has been built up that determines the distinctions between masculinity and femininity, activity and passivity, domination and submission etc. (Parker, 1991, pp. 65-66). These distinctions in turn have their influence on sex/sexuality.

Rubin (1996, p. 111) states: "Sex is sex, but what counts as sex is equally culturally determined and obtained. Every society has a sex/gender system, a set of arrangements by which the biological raw material of human sex and procreation is shaped by human social intervention and satisfied in a conventional manner, no matter how bizarre some of the conventions may be." What she means by this is that for every expression of human sexual behavior, there's a category in which it can be put and which explains, to some extent, (the reasons for) this behavior.

One example to clarify the statements above is the practice of men sleeping with men without calling it homosexuality. Smallman (2007, p. 6) claims that western societies normally think of two main sexual identities: either you're homosexual or you're heterosexual. However, he states that because of *machismo* (which will be further discussed in the next part) there's a third identity present in Latin America: men having sex with other men while claiming to be heterosexual. He explains: "Homophobia is an aspect of *machismo* that denigrates all aspects of femininity in a man. Being gay is equated with being passive. This entails a different conception of sexuality. Men are not necessarily thought of as being gay if they assume the dominant role in the sex act." This example clearly demonstrates the gender hierarchy that exists in, in this case, Latin American society. A man can still see himself as a true heterosexual man as long as he displays all the features that are recognized as being truly masculine (taking control, being dominant, etc.).

1.4 Gender

Each of the previously mentioned subjects is tightly linked to gender. When defining reproductive rights it's important to realize that it has a lot to do with the value that is placed upon men and women. And that is where gender comes in. Gender stands for the differences between men and women, not on a biological level but on a social and cultural level. Some definitions are:

"Gender normally refers solely to behavioral, social and psychological characteristics of men and women" (Pryzgodá & Chrisler, 2004, p. 553).

"Gender can be described as a social construction of beliefs, images and preconceptions about masculinity and femininity and the expectations and rules of conduct for both men and women that go along with that. Gender, in contrast to sex, is not static but culturally determined" (K.U. Leuven, 2000)

In Brazil, the construction of gender, and therefore the interpretations of masculinity and femininity and how men and women should relate to one another, has been hugely affected by a patriarchal ideology. In this patriarchal ideology the man is superior and the woman inferior and as a result the man has unquestioned domination. The present-day gender relations aren't as black and white, but still this patriarchal ideology should be seen as an important foundation for contemporary Brazilian thought on gender relations (Parker, 1991, pp. 30-35).

1.4.1 *Machismo/marianismo*

A concept that connects to this patriarchal ideology is *machismo* and this *machismo* is one of the most important expressions of gender in Latin America and is therefore important for concepts such as reproductive rights and sexuality.

It is usually believed that *machismo* revolves around obtaining power and control over women. Yet Lancaster (1992, pp. 235-237) states that *machismo* is not exclusively or even primarily a way to express power relations between men and women. It is a way to express power relations between men. Just like drinking, gambling, taking risks, giving your opinion and fighting, conquering women is something that is done with two audiences in mind. The first audience is other men, to whom you have to constantly prove your own masculinity. The second audience is you yourself, because you have to prove your masculinity to yourself as well. *Machismo* then becomes a way to determine your masculinity through active instead of passive behavior. But *machismo* is not only something men impose on women. Chant & Craske (2003, pp. 14-16) describe how recent studies on *machismo* show that women's expectations on how their men should behave only enforce the concept. So to a certain extent, *machismo* is expected by women.

When it comes to *machismo*, Brazil is no different from other parts in Latin America. The macho figure is called *machão* and according to Parker (1991, p. 44) he 'embodies the values traditionally associated with the male role in Brazilian culture: force and power, violence and aggression and virility and sexual potency'. The *machão*, combined with the figure of the father (who, in his turn, is defined by dominance), provide an ideal of what the modern man should be.

The feminine counterpart to *machismo* is called *marianismo*. Within *marianismo* women are compared to the virgin Mary, who suffered in silence. So women's suffering is made into something holy by saying that women are morally and religiously superior to men and therefore have an endless capacity to endure pain and suffering. While the husband is expected to behave badly, come and go as he pleases, get drunk and treat his wife as his servant, the woman is expected to accept this out of the name of *marianismo* (Ehlers, 2000, pp. 152-153).

1.5 Conclusion to part one

This first part of the thesis has discussed reproductive rights, reproductive health, sexuality and gender. It has shown that reproductive rights include an array of topics but two of the most significant would have to be reproductive health and family planning. However, these issues wouldn't be of importance if it wasn't for sex and sexuality. Throughout this first part it has also become clear that gender is one of the most influential factors on all of these topics. The next section will discuss the views of the young men and women living in Rocinha on these topics.

2 Reproductive health, family planning, sexuality and the youth of Rocinha

‘Brazilians love to love’. If there’s one quote that has stuck with me throughout my research this would be it. Brazilians love to love. And this ‘love for loving’ is visible in many different ways. One is the rapidness with which ‘emotions’ are shared. Men are very vocal about their feelings and they will tell you that they love you and that they want to be with you on the first day that they meet you. To give extra power to their supposed love for you they will talk about your future together and ask you to be the mother of their children, all within a matter of days/weeks. When asked about a partner it doesn’t matter whether you confirm or deny their existence. If you deny there is no apparent reason not to get together and if you confirm the reply is: ‘but he’s not here now, is he?’

Another result of the ‘love for loving’ is that people might love more than one person at a time. Almost every woman I have spoken to has expressed the fact that Brazilian men cheat. Frequently. And that men in Rocinha are no different. They also admit that women might cheat but that they are smarter about it and are less likely to get caught. And that they don’t do it as frequently as men do.

During the focus groups I held with both men and women I asked them about their views on the other sex. The results are interesting. In the answers that the women gave, the emphasis lies on the fact that men are unreliable. Men cheat on you, they will leave you when they feel like it, they can be violent with you and they don’t take the responsibility that they should take in a relationship or after, when there are kids involved. So they tend to not have a very positive view on men and generally just don’t expect that much from men, or from relationships for that matter. They also commented on the clear double standard that exists. Maria says:

‘A woman will never keep a man to herself. A man goes out and gets together with multiple women on the same night. Imagine a woman doing the same. What people will think. You always have to deal with what other people think. A man will always be able to do more than a woman.’

Vivienne adds:

‘If a woman sleeps with more than one man, she is seen as a *piranha* (a slut). If a man sleeps with more than one woman he earns the name of *pegador* (roughly translates as conqueror) [...] A woman, no. She is subject to the stigma and she gets more criticism than she deserves’.

When asked about their opinion on women (what comes to mind first when they think about women) the men that participated in the focus group said that they believed that women are much more open when it comes to talking about sex. From the things that were said and the comments that were made I could tell that they tend to believe that women hold the power in sexual relationships. One of the quotes that best describes this point of view is one made by Paulo:

‘Do you know what a woman needs to do to excite a man? She only has to be present.’

This quote suggests that women use their sensuality and sexuality to seduce men and men are just helpless puppets. Another thing that sparked an interesting dialogue was the comment about it being clear when a woman wants more than just friendship. According to all men

you can tell by the way she talks, the way she behaves and the way that she dresses. Women who wear miniskirts, tube tops or just shorts with a bikini display a certain lack of education (in Brazil the word education (*educação*) is not only used for schooling but also to describe the way people are raised, the values people have etc.). They also attribute sensual behavior to a lack of (school) education. Because many women only finish high school and therefore have no diploma's to fall back on, they use their beauty and their sexuality as a way to get validation and some men are more than happy to comply.

2.1 Pregnancies and abortions

A subject that undoubtedly comes up when discussing sex and sexuality is pregnancies. What I found interesting during my research was the fact that people frequently ask you if you have children or not. Sometimes even before they ask you whether or not you have a boyfriend. Apparently, having children from your early twenties onward is very normal and therefore worth asking about. The care for a child, however, is generally seen as a woman's task. A man may be around for a while, but when it comes down to it, the woman is the one that bears the responsibility of raising the child and providing it with a home, food and clothing. During the focus group, Maria had the following to say about this:

'For a man, whether he is married or dating someone, the life he leads today is the life he's always going to lead. For a woman this is different. If she becomes pregnant she will have to take care of the baby'.

When the discussion continued Ana said:

'the guys here that have children don't bother helping out with their kids. They say that it's the woman's job.'

Maria added:

'[...] for some men having children is special but for others it means nothing. They say: "Well, I'm going to pay alimony". But the emotional support, is that not important?'

The women agreed that nowadays, there was no need for young girls getting pregnant by 'mistake'. Especially Sofia was very vocal about this:

'My opinion is this: here in Rocinha, as well as in other places, women get pregnant and have a bunch of kids because they want to. Because we have places that hand out condoms and other birth control methods and it's all for free, precisely to avoid [pregnancies]'

Ana joins in by saying:

'On Rua 1 there's a health post, down here there's a health post, there are many places. There's the [residents] association.'

And Sofia continues:

‘So I believe that is mostly by choice you know? [...] Take me for example, I don’t have children. This is rare, people from here not having children. Usually they start [having children] when they’re very young. I’ve had my share of experiences, I’ve had boyfriends. But I think it has to do with the person. And with respect to the social issue, or the morality or community, I think that these aren’t motives. “I’ve had kids because I didn’t receive any information to prevent pregnancies”. Ah, for the love of God. In school this subject is discussed. Ok, sometimes you don’t have a mother or a father who can discuss these issues with you, but you’d have somebody in your family or a friend to inform you [....].’

This being said, it can be intimidating to walk into a health post or the residents association and ask about condoms or other types of birth control, especially for women. There’s a big chance that there will be people there that know you or your family and often times you don’t want the whole world to know that you’re sexually active. The alternative to free birth control is buying condoms in pharmacies but this also requires a certain degree of courage.

The men’s point of view on pregnancies differed greatly from the women’s. They believed that young women getting pregnant was due to a lack of information and a lack of education. João told me that adolescents do get sexual education in high school but that the teachers are free to decide on the topics they would like to discuss in these classes. The quality of education therefore differs from school to school. Another interesting point is that they too have a tendency to describe women as being the ones who have to sacrifice things in order to raise their children. Joaquim:

‘When a man has seven children he can still make something out of his life but when a woman has seven children her life is pretty much over.’

If this quote displays the general way of thinking, that would imply that men have a much more relaxed way of thinking about having children. After all, their life isn’t ‘over’. However, the men I spoke to all said that they took having children very seriously and that it wouldn’t be something that they would do on a whim.

When talking about pregnancies you cannot exclude talking about abortions. None of the people that I’ve spoken to has admitted to having had an abortion but most people know somebody that has had one at a certain point in their life. According to a spokesperson of the *prefeitura*, there had been over 1.000.000 illegal abortions in Brazil in 2007. For the *prefeitura*, this is a reason to discuss abortion in their classes as well. At a certain point during the family planning classes the attendants are shown a video that tells the story of a boy and a girl who have had unprotected sex. The girl gets pregnant and tells the boy about it. He starts off by asking her if it’s his and when she tells him this is the case, he says that she can do whatever she wants with it. The girl then decides to take medicine to induce a miscarriage. This fails and she goes to the hospital to get treatment and they abort the baby. After she feels a bit better she has a consultation with a hospital official who informs her that abortions are only legal under some conditions (one of these conditions being that if the life of the mother is in danger the baby can be aborted, which in the end happened to her) and that inducing a miscarriage is the same as attempting an abortion and is therefore punishable by law.

In Rocinha, there has been a clinic where they would perform abortions. Officially it was a clinic that assisted women in giving birth and they performed various other surgical procedures but in reality they mostly performed abortions. The authorities supposedly didn’t know anything about this. The clinic was shut down several years ago because a father had

taken his 16 year old daughter to get an abortion. Sadly, she died of complications. The father distanced himself from everything and pressed charges against the clinic, saying that his daughter had gone there without him knowing about it. It became a big scandal and the authorities shut the clinic down. According to my sources there has not been another place in the *favela* where women can get an abortion since then. But that doesn't mean that abortions don't take place. It seems that women turn to alternative measures when they want to have the pregnancy terminated. One of the ways that is supposedly very common is to either use very heavy medicine (which is bad for pregnant women), a homemade brew that involves coca-cola or a tea made of marijuana.

2.2 Family planning and reproductive health

Young women and men in Rocinha view family planning and reproductive health as being more or less the same. For them, family planning has to do with planning when to have children and reproductive health has a lot to do with preventing pregnancies. Preventing illnesses is also mentioned by some but it is generally less of a concern. Which doesn't mean that these illnesses don't exist in Rocinha. It is just that for many young people, pregnancies pose as a bigger threat.

When asked about family planning, all of the participants (both men and women) answered that they would definitely plan having children. Even Maria, who already has two children, said that she had her children because she wanted to have them and that she wouldn't become pregnant again anytime soon. The main reason for planning were economic. They all stressed the fact that you should be financially ready before bringing a child into this world.

When I asked the women about reproductive health and what it means to them, they didn't include issues such as the availability of gynecologists, midwives, clinics, pre-natal care, etc. in their answers. Even illnesses aren't discussed that much. Instead, they stress the fact that you should use condoms or another type of birth control to avoid unwanted pregnancies. Even in the family planning classes that I attended at the *prefeitura* (which will be discussed further on) the focus on pregnancy prevention was clearly visible. At a certain point during the classes, the attending girls are asked about the birth control method that they are currently using and they are given the option of choosing another method which will be provided for free by the *prefeitura*. During the times that I was present, many girls chose a method that would replace the condom, such as for instance the pill, which shows that their concern isn't so much getting sick as it is getting pregnant.

As for birth control methods in general, condoms are used most frequently as they are the easiest to obtain. As mentioned before they can either be obtained freely at different health posts or at the residents association or they can be bought at different pharmacies.

During the focus group the women were asked if they would talk to doctors about birth control and if they thought that a doctor would be the right person to turn to with questions. Ana answered that she didn't have the courage to go and talk to a doctor and that it is easier to talk to friends. Others mentioned that doctors don't provide the necessary information for women to make an informed decision on what birth control method they should use. In some cases they are even reluctant to prescribe a birth control method at all, especially to women that are younger, stating that they shouldn't be having sex.

Another thing that was mentioned in the focus group and in different conversations that I had with women, is that most men aren't a fan of condoms. Maria told us about a conversation she had with her current boyfriend:

‘For me, when I got together with my boyfriend for the first time, I wanted to use a condom. He told me that he used them but that he didn’t like them. He compared it to eating an unpeeled banana. But it’s not the same, is it. [...] You shouldn’t have shame when you ask for a condom. [...] The guy might say: “Wow, do you think that I have AIDS or something like that”, but that isn’t it. You are right for asking.’

All the women in the focus group said that they were adamant about using condoms, at least up until a certain point (this point usually being a switch to another birth control method), and if men didn’t want to use them they wouldn’t have sex with them. Whether or not this is truly the case or if they were giving me a politically correct answer is something I cannot say.

However, in my conversations with men, they too stressed the fact of using protection to avoid getting a girl pregnant or becoming sick. But what I could conclude from the things that were said by both men and women, pregnancy prevention is generally seen as a woman’s task and this probably has to do with the previously discussed fact that the care for children is also generally seen as a woman’s task.

2.3 Gender relations in Rocinha and their influence on reproductive health, family planning and sexuality

Gender relations in Rocinha seem to resemble the gender relations that can be found in other parts of Latin America. When there is a man in the picture, he is the head of the household. He is the one that has the power. And this power might even be visible when the man is not physically present. I have heard stories about men who are locked up in prison but still try to control the actions of their girlfriends/wives. A good example is the story I heard about a girl who had a boyfriend who had been involved in illegal activities and had been sent to jail. When she came to visit him he started questioning her about her whereabouts on a certain day, because people had seen her leaving the house and walking up to another part of the *favela*. This meant that he had people watching her in the *favela* who reported back to him about her whereabouts and he activities.

Interestingly enough, when the subject of power structures inside the household was discussed in the men’s focus group, they started out by saying that men are the providers within a household. However, halfway through this conversation they started to talk about women and how they are important as well, according to some even more important than the men. João:

‘Often times you hear the comparison of a family to a body. The man is the head of the body and therefore decides where the body goes. Well, the man might be the head, but the woman is the neck and if the neck is broken, the head does very little.’

I’ve also heard many women say that they are the ones that make the decisions inside the home. However, they continue by saying that when they want something or when they want to go out they have to ask their husbands (or their partners), which means that he is the one that is ultimately in control.

Another important factor in gender relations in Rocinha is money (or the lack there of). In many households the man is the only person that works and therefore the only one that makes money. Because of this, he is the one that makes the decisions (and he feels entitled to do so). When women start to work and earn their own money this power shifts. All of a sudden women aren’t dependent on their partner anymore and this can create problems.

Violence is sadly very common between partners. I've heard many, many stories about women who have been beaten or who have been faced with other forms of violence. And what is probably even worse is that most stories ended with women accepting their fate because they really had no other place to go. They had their house, their kids, their family life and the man was the one that financed it all. They had no education and no job so if they left their husbands where would they go? Of course, there are also exceptions. During the focus group, Maria was very open about her past. She too had been in an abusive relationship. Her ex, the father of her children, had beaten her on several occasions. She pressed charges against him and he was found guilty. In the end he didn't go to jail but she was glad that she pressed charges anyway.

As I mentioned in the previous chapter men are said to cheat on a regular basis and this is considered to be somewhat normal. I have learned through my conversations that women aren't that innocent either, they are just less vocal about it. As I have mentioned earlier, women run the risk of being called a slut when people find out that they have been with several men. Another reason why women are less vocal is the possibility of repercussions if their boyfriend finds out and these repercussions usually include some form of violence.

Another type of violence that is somewhat common is the violence between gang members and their girlfriends. Again, I've heard many stories about women who were involved with gang members who beat them publically, for everyone to see. One story was about a girl who was beaten and dragged through the street by her hair. After the guy was done she went up to him and started yelling. She left only to return a couple of minutes later asking for his forgiveness and begging him not to leave her. Another story was about a girl who was dating a gang member as well. On one particular night he had told her not to go out but she had gone anyway. When he discovered this, he went to her house and found her sitting on the doorstep. He started hitting her with a wooden plank on her back and she didn't even make a sound. Her mother had seen the beating and had supposedly said to others that they shouldn't interfere because she was the one that was making the choice to stay with this man.

Nearly all of the people I spoke to tended to think that gender relations outside of the *favela* were different, mainly because of economic reasons. In the higher economic classes men and women are thought to discuss things with each other in a rational matter and make a decision based on both of their opinions. Another thing is that women have had an education, they have jobs and they have their own money so they are not reliant on their spouse. Women in the higher economic classes are also thought to suffer less from violence in the household because they have the ability to provide for themselves.

3 Families, communities and state involvement

As mentioned in previous sections the state has a role in reproductive rights, be it positive or negative. However, the different views of people all around the world on reproductive issues aren't solely determined by information provided by the state or their religion for that matter. Culture plays an important part as well. If we take Egypt as an example we can see that many traditions that may seem harmful or degrading to Westerners are regarded as normal and even functional by local women. They are deeply rooted in their culture and are seen as providing protection and a sense of dignity (Seif el Dawla, Hadi, & Wahab, 1998, pp. 69-70). Another example is Nigeria where it is believed that women have such strong sexual powers that they can overcome men and enslave women to their own desires. Many traditional practices therefore aim at containing these powers and it is also tradition that discourages the use of contraception in Nigeria (Osakue & Martin-Hilber, 1998, pp. 184-185).

In Brazil the case is somewhat different. Despite the previously mentioned patriarchal ideology that is heavily integrated in Brazilian culture, for some places, especially rural areas, it is not only traditional customs but also the lack of information or misinformation on reproduction, sexuality and bodily functions that stand in the way of women fully exercising their reproductive rights (Grilo Diniz, de Mello e Souza, & Portella, 1998, p. 48).

Of course it's not only culture that influences reproductive practices. Family and community dynamics do as well. An example of these dynamics are the changing family compositions due to migration. In many developing countries, migrating for economic reasons is very common. This means that either men, women or entire families move away in search of economic opportunities. The relocation often means that women obtain new knowledge, new roles and in many cases more autonomy (Seif el Dawla, Hadi, & Wahab, 1998, pp. 71-72). If we take Brazil, this migration led to the construction of the many *favelas* that exist today. In Rocinha for instance, you can find a very large north eastern community with people from provinces such as Ceará, Alagoas and Pernambuco.

Another example of community influences that are of importance when discussing Brazilian *favelas* are the gangs. Drug gangs often control (parts of) *favelas* and this control extends itself to many parts of daily life. These gangs frequently ensure that residents of *favelas* have access to certain services. In return these residents must abide by the rules that are set by these gangs (Dowdney, 2002, p. 39). This practice could very well influence reproductive rights and reproductive health if the services that are being provided include healthcare.

3.1 Influences of the family, community, state, NGO's, drug gangs and media on reproductive health, family planning and sexuality

3.1.1 Community

From what I have observed I can say that the community does influence the views and practices of young women and men in Rocinha on the previously mentioned issues. If you look at the way people dress, the music they listen to, the shows they watch on tv and the way people interact with each other on the street and at parties it seems almost impossible to conclude that this wouldn't somehow have an impact.

From all the conversations I had with different people I can conclude that both men and women view the community as an influencing factor in the behavior of people. However, the men tend to attribute more power to the community than women do. In the focus group I held with men this was also visible. For example, Miguel said:

'It's rare to have a situation where you get to have a child that is educated and has good ethics and who is not influenced by the environment in which he or she lives. In most cases the child ends up being persuaded [by his environment] to change its ways of dressing, its way of behaving, its way of speaking and its way of interacting with other people. [...] And when women get children of their own, they are going to teach them what they learned, what they observed. It creates a domino effect.'

According to the men it all comes down to education (again, in the broad sense of the word) and environment.

3.1.2 Family

When it comes to knowledge on reproductive health and sexuality I have found that it is rarely passed on from parent to child. People get most of their information from their peers or from internet. Joaquim told me about his family:

'I grew up in a household with 5 women, all older than me, and I was always stressed out. For example, I remember my mom who raised us very strictly. She was very religious and came from the northeast, from the inlands of Ceará, and I believe that she was raised in the way other women from the northeast were raised: born and raised to have a husband and a family and to take care of the house. She brought those values with here and instilled them in all of us.'

Later in the conversation he tells us:

'[...] My youngest sister is 28. When she was 13 she left the house for the first time because she suspected being pregnant by one of the guys that she knew. [...] All of my family turned against her. I think that happens a lot, people turning on family members. A woman gets pregnant and the parents think that they have done everything right but they forget one detail: to tell their children about sex. In the end she turned out not to be pregnant but at 16 she had her first child. She had her second at 18, her third at 20 and so on. She now has four children by four different men. [...] But you know what I see with my other brothers and sisters who also have children? They start to educate their children about sex.'

So in the case of his family, it was the experiences of siblings that taught them to handle things differently with their own children. Of course, not all families are the same and for some, the views of a parent can be an example on how they want to go about planning their life. A good example is Ana who told me:

‘My grandmother had 8 children but my mother had less. She came from the northeast when she was 18 and my grandfather told my mother “you should have 10 children”. The first child my mother had, aged 26, was my brother and she didn’t want to have any more children. 11 years later she had me, aged 37, and after that she had her tubes tied. My mother had always been scared. When she was young she suffered a lot, there were times when she didn’t have anything to eat, and she was scared that the same would happen to her children so she had only two. My granddad believed that it should be like this: that because he had a bunch of children his children should have a lot of children as well.’

It became clear during the conversation that because of the way her mother thought, Ana wasn’t planning on having a lot of children as well. She wants to finish her school and get financially stable before she starts her family. For her, one of the most important lessons that her mother taught her was that having a child is not something that just happens to you but that it is something that you should plan.

3.1.3 State and NGO’s

At the start of my research I had some preconceptions about the role of the state and the services that they’d provide (or the lack there of). I had thought that NGO’s would be widely present to provide the services that the government wouldn’t or couldn’t deliver. These preconceptions were based on the knowledge that in many other Latin American countries you see this phenomenon of NGO’s stepping into vacuums left by the government. But as it turned out, the state is very much involved in the issues of reproductive rights, reproductive health and sexuality in Rocinha and NGO’s are barely present. There was one NGO called Transformarte who worked on AIDS prevention, held theater classes and distributed flyers and free condoms but they have moved to the centre of the city (which isn’t very easy to access from Rocinha, since it’s very far). There are also two women’s organizations present but they are mostly involved with running a daycare for children of working parents and have trouble finding the funds to properly organize activities in the field of family planning and reproductive health. Besides these initiatives, there aren’t any NGO’s present. There are a couple of residents associations but they currently do not have any programs on reproductive health or family planning either. One of the nurses that works at a small health clinic attached to the residents association told me that they used to have programs but that funding had stopped so now they had nothing. Later on the head of the association told me that they would like to execute different projects based on these issues but that they lack the funding to really do anything. They do however distribute free condoms.

The state has two small health posts located inside the *favela* and they have a *prefeitura* building that is located right outside Rocinha. The *prefeitura* has provided the community with a place where young men and women can go to get educated on the topics, they can visit doctors, gynecologists, nurses, a psychologist and they can get birth control, etc. They have family planning meetings to educate young men and women about the human body and the ways to prevent pregnancies and diseases and they organize theater classes for adolescents. In these theater classes topics such as violence are touched upon. The department

that is based right outside the *favela* is actually intended for more neighborhoods than just Rocinha, such as Gavea and São Conrado but in reality its mostly people from Rocinha that come. And as I understood, the services they provide are free. As said, they organize family planning meetings for girls and boys (although it's mostly girls that attend) who come asking for birth control or who come for information on the subject of reproductive health. Each month there are three meetings organized and each meeting deals with a different topic. The first meeting I went to dealt with the different birth control methods. The girls and boy that attended were shown different birth control measures and they were taught how to make a fertility schedule. After the meeting everyone was asked what they were using as birth control at the moment and if they would like to change to anything else. Most girls said that they were currently using condoms but that they would also like to use the pill. This was noted and the pill would be provided by the *prefeitura*.

The interesting thing about the family planning meetings was that it was led by two men. At first I thought that this would serve as a barrier for the girls to talk freely or that the men might not comment on certain things that the girls were saying but this turned out not to be the case. An example was a conversation about how to behave during your fertile period. One of the girls mentioned that she would just say no to her boyfriend and that that would be enough. One of the men asked her: 'so, you're just not going to have sex for 10 days'. And she replied with a firm yes. Then he asked her if her boyfriend would be ok with that. She replied that he didn't have a choice, if she didn't want it to happen it wouldn't happen. Then he replied: 'but talk seriously, if you and your boyfriend start kissing and everything and he asks you if you could have sex you would say no? Even if he keeps asking you? Like oh baby, why not, please, nothing can happen, everything will be fine, come on'. After this she started laughing and said that saying no probably wouldn't be enough.

Another family planning meeting focused on the subject of abortion. The girls (no boys this time) were shown a video that told the story of a boy and a girl who had had unprotected sex. The girl had gotten pregnant and told the boy about it. He didn't take responsibility and told her to do whatever she wanted. The girl then decided to take medicine to induce a miscarriage. This failed and she had to go to the hospital to get treated and they aborted the baby. After she felt a bit better she had a consultation with a hospital official who informed her that abortions were only legal under some conditions (one of these conditions being that if the life of the mother is in danger the baby can be aborted, which in the end happened to her) and that inducing a miscarriage is the same as attempting an abortion and is therefore punishable by law. After the video the girls were asked what they thought about it all. I had attended the meeting with one of my roommates who was interested in my research and wanted to come along. She is from Poland and we were both asked about the situation in our countries. That was interesting because the Netherlands was the only one out of the three which permitted abortion, be it with some restrictions. This led to a conversation about why different countries had different beliefs, etc. The girls couldn't really come up with explanations but one of the men that led the meeting said that it had to do with the fact that Brazil was a Catholic country and for the Catholic Church abortion is a mortal sin. There was another observer present who was doing research on abortions in Brazil. He shared a story about a guy he had interviewed who had mentioned that his girl used the birth control pill. He had asked the guy if his girlfriend used this pill frequently and the guy had replied that she used it everytime they had sex, which was frequently, not knowing that that wouldn't be sufficient to prevent pregnancies. This led to a conversation about the importance of the right use of birth control methods.

At another one of the meetings the two leaders had decided to talk a little bit more about birth control methods and this led to a discussion about appropriate methods and the importance of family planning (a discussion in which I was also included). One of the girls

that was also present at the previous meeting had brought her husband along to talk about sterilization. She had talked to the nurse the previous week and according to her the nurse had said that male sterilization was reversible, so the couple had decided that that was the way to go. But this week, the nurse wasn't present and the man that was leading the meeting wasn't that big a fan of sterilization, especially since the couple hadn't reached the age of 30 yet. He told them that male sterilization was only reversible in the first 5 years after the procedure was done and he asked them to think about what would happen when they would split up. If either of them would be sterilized this would mean that they wouldn't be able to have children with another partner. The couple responded by saying that they believed that their marriage would last. The girl in particular was very upset after she was told that she should think about it some more. She had set her hopes on her husband getting sterilized. They already had two children and she didn't want to have any more kids. She wanted her husband to get a sterilization because the procedure for him would be so much easier than for her. The husband remained relatively calm and kept asking questions. In the end they decided to think about it some more but you could tell that the girl was disappointed.

Another point of discussion was the situation of one of the other women who was attending the meeting. She already had a 2 year old son (she was 19 years old) and she was now 4 months pregnant with her second child. Both she and the father didn't want to have a second child but she had gotten pregnant in a period where she was switching between birth control pills. She was currently living in the house of the father but he was living elsewhere. They weren't a couple and she knew that he slept with other women. He had already given her syphilis twice and her first baby was born with syphilis as a result. She told us that he had been in and out of prison but that he wasn't involved in any illegal business at the moment. She was asked if he had ever been violent with her she said that he had been. When asked why she kept sleeping with him she said that she liked him and that that was the reason why she kept going back.

These are examples of just some of the meetings I attended. The different stories show that the issues that are discussed are diverse and relevant. The two men that led the different meetings create a very open and relaxed atmosphere where people aren't afraid to talk and to ask questions about issues that are important to them.

Yet, despite my positive view on the role of the state I do believe that living in a *favela* influences your ability to get reproductive healthcare. Although there are different facilities available to residents one must not forget that Rocinha is huge and I think that the available facilities are not nearly enough to accommodate everyone that lives there. A small example is the time it takes to go and see a doctor. You can easily cancel all your plans for the day when you go to a clinic because it will take you a long time to see a medic, if there's even someone available. For research purposes I tried to schedule appointments with different gynecologists. One was so busy that I could only schedule an appointment with her a month later and that was just to talk. The other one was hardly ever in her office, and when she was there she was immensely busy. One positive thing is that all of the health posts there are free condoms available.

The fact that the *prefeitura* is present at the bottom of the *favela* is a good thing but not everybody knows that it's there and that it's free. The people working there have not been into the *favela* to actively promote their work so certainly not all of the people living in Rocinha have knowledge of the places to go for reproductive healthcare.

However, if everything goes as planned, the state will expand its influence due to the PAC plan. PAC (Programa de Aceleração do Crescimento) is a plan designed by the government of Brazil to improve the living conditions in different *favelas* in Rio. As I mentioned before, Rocinha has been awarded over 175 million Reais and one of the things that this money is intended for is a health complex and a new daycare. The residents of the

favela are somewhat skeptical of the government plans. They are used to hearing nice stories about everything that is going to improve for them but to see something actually taking place is an entirely different thing. They already suspect that the money will disappear into the pockets of the project developers.

3.1.4 Drug gangs

As far as I can tell, drug gangs do not directly influence the issues of reproductive rights and reproductive health. To an outsider, the interaction between the drug gangs and the community of Rocinha is a somewhat odd one. On the one hand they have a tight grip on the community when it comes to committing crimes, being that committing crimes within Rocinha or the neighboring areas is not allowed. For example, if somebody is robbed either within the community or in one of the neighboring areas, all they need to do is talk to one of the commanders of the gang. What they will do is contact the people within Rocinha that are known to deal in stolen goods. They will be asked if they have the certain item that has been stolen and if so, who they have gotten it from. This person will be tracked down and will be made an example of so that others see that they shouldn't make the same mistake. This is one of the reasons why the beach at São Conrado is one of the safer beaches in Rio. But besides the ban on crime (crime that doesn't involve drugtrafficking that is), the gang doesn't seem to have that tight of a grip on the community. There seems to be some sort of a coexistence. I do, however think that the gang might have an influence on sexuality in the sense that gangmembers present a certain attraction for young women. They seemingly have power and money (although that supposedly isn't what it used to be, as there are a lot more people involved nowadays) and being involved with a high ranked gang member gives you some prestige (or at least that's what they think).

3.1.5 Media

The different forms of media in Brazil (papers, tv, tabloids, etc) display a lot of nudity. There are many programs on tv where women are dressed in tight outfits, short skirts, bikinis or lingerie. And these programs do not necessarily air late at night. You could be watching a family show on a Sunday afternoon, when all of a sudden a group of women appears showing the latest fashion in lingerie. Newspapers and tabloids also frequently have women on their frontpage who are dressed in next to nothing.

But then again, according to an article (Planet, 2008) about a study that was done on telenovelas in Brazil, birth rates had gone down due to novelas that were shown on tv. Research showed that in every region the novelas aired, birth rates had dropped. According to the researchers, one of the reasons may lie in the fact that families in novelas are often small which serves as an example to Brazilian women. But, according to them, novelas also educate people on certain issues such as family planning, racism, emancipation etc. So media influence, I think, is twofold. On the one hand they provoke certain behavior by showing all that nudity, but on the other hand they might have a positive influence through novelas.

Another thing that came up in many conversations are the baile funk parties and the baile funk music. Baile funk is a very popular form of music and it somewhat resembles American gangster rap. Over the years this music has gotten more and more explicit in its lyrics and the dance steps that accompany these lyrics. An example is the song *Creu* which is very popular. The song talks about the five different *velocidades*³ of *creu* to which you should dance. It is somewhat difficult to explain the dance on paper but I will give it a try. The first

³ velocities

velocidade is very slow and involves a person moving his or her pelvic area slowly from the back to the front while moving the arms and hands towards his or her stomach (as to say ‘take this’). As you go from number one to five the movement gets faster and faster. The final *velocidade* involves people (mainly women) standing against a wall and shaking their behinds in a way that very little Dutch people would be able to do.

Although baile funk is very popular in Rocinha (and many other places in Rio) a lot of people that I spoke to had nothing good to say about it.

Tiago, one of my students, said:

‘Baile funk used to be about romance or about societal issues. You would hear lyrics about things that were happening in Rio or about a guy that was in love with a girl. Nowadays it’s just about sex’

Most people believed that the music is raunchy, that people dance to it in a very inappropriate way, that the old baile funk was much better and that this baile funk has a bad influence on children because they start copying dance moves that are very explicit.

Mariana, a fellow student, said:

‘the worst thing is that you see kids in the street singing along with the lyrics and dancing to the music’

I myself have also seen girls as young as 7 or 8 dance copy those moves and sing along with the music. And although they have no knowledge of the sexual connotation attached to the dancing and the singing and see it as innocent, that doesn’t mean that it is.

4 Religion

When it is estimated that over 85% of people worldwide belong to some kind of religion (CIA World Factbook, 2007) one can imagine that religion plays an important part in the discussions on the previously described concepts.

Christianity in general is the most widely practiced religion in Latin America. Christianity consists of three main divisions: The Roman Catholic Church, Protestant Churches and Orthodox Churches (Schenker, 2000, p. 78).

The two main religions in Latin America are Catholicism and (Evangelical) Protestantism. During the 20th century Protestantism began expanding tremendously throughout the region, most notably in Brazil and Central America. Between 1968 and 1988 the number of Protestants had more than quadrupled, rising from 12 million to approximately 55 million (Dodson, 1993, p. 61).

However, despite the Protestant up rise, Catholicism is still the dominant religion in Latin America (CIA World Factbook, 2007) and because the Vatican is the only religious entity with a seat in the United Nations their influence is greater than any other religious group (reproductiverights.org, n.y).

The Catholic Church is very much involved in the debate on reproductive rights. When Argentina drafted a bill on reproductive health in the aftermath of the Beijing Conference it opened a debate on reproductive rights. The Catholic church reacted with a systematic media offensive alluding to feminism gone mad, biological colonialism, the right to life since conception, parental authority over minor children and the parental right to teach adolescent children” (Gutiérrez, 2004, p. 23).

In Colombia, the official position of the Catholic Church on sexuality and sexual and reproductive rights comes down to “opposing contraception and abortion, sex education in public schools and recognition of gay rights” (Posada González, 2004, p. 48)

In Chile, the Catholic Church has become more involved in the discussion on reproductive rights, reproductive health and sexuality. “Conscious of the importance attached to its regulatory role, the Catholic Church has given much play to its doctrinal and religious guidelines on sexuality, successfully turning them into almost mandatory reference” (Hurtado, Pérez, & Dides, 2004, p. 68)

These are just some of the examples of the influence of the Catholic Church. Their influence, however, isn't always immediately visible. Even in communities where religion doesn't seem to have such a big influence on the practices and perceptions of people its effects shouldn't be disregarded. A research done by Jacobijn Olthoff among teenage girls in migrant popular neighborhoods in Lima, Peru is an example of this. Olthoff (2006) found that although Catholicism doesn't seem to be an important factor in the daily lives of the girls she studied, the catholic values that are deeply rooted in Peruvian society do influence the things that they say. An example is that girls deny that sexuality plays a role in their lives. Olthoff says that this is a direct result of the catholic environment in which they grew up, where sex is only supposed to take place within the marriage. She mentions a conversation she had with a girl about her boyfriend and if they did or did not have sexual relations. The girl replied with an absolute no and only a few weeks later the author discovered that the girl was pregnant (Olthoff, 2006, p. 141).

Catholic influence combined with poverty can also create negative conditions for women. Nugent (2004, p. 89) describes how in societies where poverty is a part of daily lives and restrictive legislation on the subject of sexuality is mainly under the control of the Catholic lobby, primarily poor women are getting hurt. The reason for this lies in the fact that public health facilities enforce legal restrictions much more vigorously than private facilities.

Since poor women are condemned to public facilities, they are the ones who deal with the restrictions most.

Basically all streams within Christianity have a common core of principles when it comes to reproduction. However, the vision of Protestant Churches somewhat different from the Catholic vision because they do permit the practice of birth control (within the marriage). They tend to view sexual intercourse between spouses as something that is not solely intended for procreation but also for pleasure (Schenker, 2000, p. 84).

According to the CIA Factbook, 93,4% of the Brazilian population belongs to one faith or another. Among religions are Protestantism and alternative religions like Umbanda and Candomble but the most important religion is still Catholicism. 73,6% of the Brazilian population is considered to be Catholic. This means that the influence of the Catholic Church is still very much present in Brazilian society.

4.1 Religion and its influence on reproductive health, family planning and sexuality

Again, going into this research, I had some preconceptions about the different religions and their beliefs on the subjects of reproductive rights and sexuality. From what I have read and heard about the church (be it catholic or Protestant) I had the idea that they would have very old fashioned views on gender relations, sexuality and everything that comes with it. That these preconceptions were shared by others became clear when I mentioned my plans on interviewing church representatives to one of my Brazilian friends. His first remark was: 'you're never going to get an honest response to the questions you want to ask'. Luckily for me, the opposite turned out to be true.

Very near to Rocinha (on one of the corners next to the entrance) you can find an Universal Church of the Kingdom of God. This Universal Church of the Kingdom of God is a massive Evangelical church with locations all around the country. I had seen it many times walking in and out of the *favela* and there were often people standing outside asking you to come in and praise the Lord. It seemed like a good place to interview a pastor. When I approached him and asked if I could talk to him about certain subject he was a bit standoffish but as the conversation progressed he became very open and willing to talk.

According to him God gave man the freedom to make choices and these choices can have good and bad consequences. Because would it be God's will that some many children live on the streets. Another point that he made was that he tries to teach people to use their heads and think about family planning. Because if you just have money to raise one child, don't have 3 or more. Another question he asked was who I thought had more children, poor or rich people. I replied the poor and he agreed and said that this is because rich people use their heads when it comes to procreation. They wait until a proper time to have children, the poor don't. According to him they don't think, they just have children. Another interesting point that he raised was that the evangelical church often gets scolded by the catholic church for promoting the use of birth control and for talking freely about subjects related to sexuality. What he said was that the problems that exist today in society when it comes to these subjects are to blame on the Catholic Church because their message has always been: go and procreate. And according to him that is exactly what the Brazilian people have been doing. When I asked about birth control and their vision on the subject the pastor mentioned that the church did promote the use of birth control, be it only within the marriage because sexual interactions outside of the marriage is not something that the church promotes.

One of the other questions I asked, had to do with gender roles and the churches' vision on those. He mentioned that back in the day, the church promoted the traditional roles for husband and wife. What they do now is advise a man and a woman to help each other. A woman is not the maid of her husband and a man is not a housekeeper to his wife. They need

to work together as a team to achieve their separate goals. He also acknowledged the fact that nowadays a woman often has to work for a family to be able to get by.

The second person I spoke to was a youth group leader of another evangelical church located in Rocinha. She also had some interesting things to say. She spoke about how her church followed the bible but she emphasized the fact that at the same time, they didn't try to make people feel guilty if they did something that went against the teachings of the bible. She told me that young people do come to her with questions about sex and sexuality and that she always asks them what they think would be the right thing to do. If they have their doubts she asks them why they have these doubts and if they think that these doubts could maybe be a sign that what they are about to do or have done is not the right thing to be doing. What I found very interesting is that the pastor at her church talks openly about sex and says that it is not only meant for procreation but also for pleasure. And that a woman is not just some toy you can play with. Her church teaches people about family planning but again, just within the marriage and they try to do it in such a way that the church doesn't come between a couple. So they inform but don't try to press their ideas on the congregation.

The conversation I had with the representative of the Catholic Church confirmed some of my preconceptions but it also provided me with some new insights. The Catholic Church is obviously against all forms of birth control except the natural methods (such as monitoring ovulation). When young people come into the church with questions they give answers that coincide with the official point of view of the church. However, they don't try to tell people what to do. The person I spoke to stressed the fact that they only wanted to encourage people to think for themselves. They don't want to come across as being condescending (as is the stereotypical image that many people have, especially of the Catholic church).

The church believes that women should educate themselves through study and work but the *frei* admitted that the role of women within the church is somewhat complicated and doesn't comply with the message that they are giving to their followers (which I think is interesting because this is an example of 'do as I say, don't do as I do'). He believed that the church should go back to the way things were many centuries ago when women and men had an equal say. He thinks that the unequal treatment of women within the church is one of the churches' biggest weaknesses.

When it comes to family planning, the church does try to educate people (mainly couples). They try to start a dialogue with people in which they discuss the importance of planning before you start having children. And of course they do not discuss birth control methods other than the natural ones. They also organize meetings where certain issues are discussed in the presence of experts (these experts are always part of the church). However, the *frei* did stress the fact that in reality people will do what they want to do, without necessarily listening to what the church has to say. Another thing he mentioned was that Latinos have problems with thinking rationally. According to him they are lead by their emotions, not by their head.

I asked if women who are divorced or who have illegitimate children are treated different than others when they come into the church and I was told that was absolutely not the case because the reality of Rocinha is that most people are currently involved in their 2nd, 3rd or even 4th relationship/marriage. Everybody is treated equally and divorced women can also have their children baptized (which is forbidden in some branches of the Catholic church)

I had told the *frei* about the conversation I had with the pastor of the Igreja Universal (note: when I mentioned this church the *frei* rolled his eyes) and what he had said about the poor. He didn't agree with the pastor. He told me that he believed that this might have been true in the past but that things were changing. Back in the day people had a very rural

mentality when it came to having children. Back then people were living on the countryside in bigger houses and were pretty much self-sufficient so they could provide for the children that they had. But when they migrated towards the city, they took this mentality with them. The new generation, the one that is born in the city not in the countryside, doesn't want to have large families anymore. They have seen their parents struggle to make a living and they want to do things differently.

Because I hadn't been able to talk to any representatives of alternative religions I decided to ask the *frei* if he believed that these religions had a big influence on the community. He told me that alternative religions wouldn't be popular in Rocinha because most of the people living there were originally from the *nordeste*. According to him, these people were mostly Catholic. If I would go into a *favela* where more African descendants lived I would find much more expressions of alternative religions. Of course I asked other people about these religions as well and they completely disagreed with the *frei*. They said that many people practice alternative religions next to the catholic religion and that one of the reasons why the Catholic church might not know could lie in the fact that all the holidays in alternative religions coincided with the Catholic holidays. Another thing that was mentioned was that alternative religions are often much more involved in people's lives (in all aspects). This also shows in the names of the leaders of these religions, which are called either *pai* or *mãe de santo*. Although nobody admitted to be involved themselves I did hear stories about people that had devoted their lives to these religions and who weren't to be messed with because they were able to place curses on people.

The information that I received from different women indicates that although they believe in God and might even go to church on a regular basis, their religion doesn't influence the question whether or not they will have sex with someone. Vivienne:

'I go to church on Sundays and I do believe in God but I don't let that influence whether or not I sleep with someone. I lost my virginity at 15 and that isn't what the church says you should do, you know. They say you should stay a virgin until you marry. But nowadays, who waits until then? And I'm not planning on getting married anytime soon.'

It also doesn't influence the use of condoms or any other type of birth control. I haven't heard any stories from women who didn't use birth control because their faith prohibits the use. Which means that people acknowledge the importance of using protection when engaging in sexual activities.

Religion is mainly something that lies in the background. God's name is used frequently in sentences like *Graças a Deus* or *Deus me livre* but this is more a figure of speech than proof that people are highly religious.

When I asked about the role of the church in relation to reproductive rights and sexuality during the second focus group, the men pretty much agreed that there were a lot of discrepancies between what the church says and what is happening in real life. They thought that the church often has a condescending way of talking to its followers and that it tries to get its message across through finger pointing and telling people what to do instead of heaving room for a discussion. Ronaldo:

'The church is often condescending to its followers. They have the bishop that tells you what you should and shouldn't be doing. But the teachings of Jesus weren't condescending.'

This is interesting because as I mentioned in the previous piece at least one church tries to distance themselves from condemnation and tries create a space where people can talk openly. But that obviously isn't the idea that most people have when they think about the church.

Another thing that the men mentioned was that they believe that reproductive health isn't seen as an issue or a priority by church leadership. It doesn't have a place within the church. This is also interesting because the representatives I spoke to said that there was room in their respective churches for this subject. At least to some extent. So miscommunication seems to be a problem because the ideas that people have about churches are different from the message that I got when talking to church representatives.

Conclusion

The purpose of this research has been to answer the question: ‘What are the practices and perceptions of young women and men in Rocinha, Rio de Janeiro on the issues of sexuality, family planning and reproductive health and what are the factors that influence these practices and perceptions?’. During the course of four months I’ve talked to young people living in Rocinha, representatives of the state, representatives of different churches, people working at NGO’s, people working at the residents association and I’ve taken a look at family and community influences. All the information I’ve gathered has led me to the following conclusions.

In the literature on reproductive health and family planning there is a tendency to describe these two issues as results of people having rights. It all starts with human rights, which lead to reproductive rights, which in turn lead to reproductive health and family planning. For the youth of Rocinha, it seems to be the other way around. It’s the experience of their own sexuality and that of others that leads to a need for family planning and reproductive health. Their understanding of family planning and reproductive health isn’t as extensive as the literature would suggest. They view family planning and reproductive health as being more or less the same. For them, family planning has to do with planning when to have children and reproductive health has a lot to do with preventing pregnancies. To understand the sexual behavior of these young men and women it’s important to look at the gendered complex that frames their behavior and perceptions.

Gender relations in Rocinha seem to resemble gender relations in other parts of Latin America. When there is a man around, he is the head of the household and he is the one that makes the decisions. The patriarchal ideology that Parker mentions as an important foundation for present-day gender relations in Brazil is visible in Rocinha as well. A small but clear example was given by the women during the focus group I held with them. They commented on the double standard that exists between men and women when it comes to having multiple sexual partners. Men are seen as *pegadores* (conquerors) and women as *piranhas* (sluts). Yet, the fact that this double standard exists doesn’t stop them from engaging in sexual relations would mean that women are (very) slowly breaking free from the pressure of this patriarchal ideology.

The community that these adolescents live in does influence their practices and perceptions on the previously mentioned areas of interest. Their families, their friends, the environment they live in, the media, all of these aspects are important in the way they look at and the way they experience sexuality, family planning and reproductive health. But not all to the same extend. For some it’s the experiences of growing up in their specific families that taught them their most important lessons and for others it’s what they see around them that makes them decide to go a certain direction. And these are exactly the two factors that were said to be of the biggest influence: family and environment. Media, music and drug gangs might have some influence as well but they are not as important as these two factors. Because even though people might not receive direct information about sex, family planning or reproductive health from their parents, it is the actions of family members that leave a permanent impression on people. The same goes for environment (to which I include friends/peers). It’s what they see other people do that leaves a mark. They learn by the experiences (be it successes or mistakes) and actions of others.

The state is very much involved in the issues of reproductive rights. In Rocinha, the state is the one that is most visible and has the most extensive programs. This quite to the contrary of what I had expected to find before going into the field. I had thought to find numerous NGO’s that had stepped into a void that should have been filled by the government. It turned out to be exactly the opposite. NGO’s that are working on issues such as family

planning and reproductive health are barely present and the ones that do exist have problems with finding sufficient funds. The state has doctors, gynecologists, nurses and a psychologist working in a building that is based right outside the *favela* and they provide free theater classes that deal with different social questions, free family planning classes and they distribute free birth control. However, despite the current presence of the state and all of their activities I do believe that they could do more. For one, they should actively promote the work that they are doing at the *prefeitura* so that people know what's available to them. Hopefully, the PAC program will resolve this.

In a country as religious as Brazil one would expect religion to play an important part in the decisions that are made regarding the previously mentioned issues. At the very least in an indirect manner such as described by Olthoff in section 4. However, within my group of respondents, religion doesn't seem to play an active role in their decision making. The people I spoke to made it clear that although they might believe in God and even go to church, this doesn't mean that it influences their decision on sleeping with someone or their use of birth control. What church representatives say and how young people perceive the church are two very different things so miscommunication seems to be a problem.

The first thing that becomes clear after looking at these separate conclusions is that the debate on reproductive rights as it is held by the international community is far too abstract for young people living in Rocinha. Their concerns are far more basic than worrying about whether or not their rights are acknowledged. They worry about avoiding pregnancies and to some extent about avoiding diseases. Other issues such as the availability of gynecologists, midwives, clinics, pre-natal care, etc. don't come up in conversations. But the fact that their concerns are basic does not mean that they are not entitled to reproductive rights. To me, it would mean that there is still a lot of ground to cover and people should be educated to know what their rights are.

However, the question remains if the youth of Rocinha is that different from youth in other parts of the world. Yes, they do have their distinct cultural and community influences but many of the issues they describe are things we find in, for instance, the western parts of the world as well. The double standards, the seeming irrelevance of religion when it comes to sex, the influences of the outside world. These are all things that adolescents here have to deal with as well. The difference lies in the consequences of their decisions and the fact that the implications of their actions are often larger. For example, one can imagine that a teenage pregnancy poses a much bigger burden for a family in Rocinha than for a family in an average city in Holland.

So does reproductive rights awareness have a chance in Rocinha? I believe that it does and I believe that it should start with building awareness and that is where the state has opportunities. An example is providing more facilities such as the *prefeitura*. As I mentioned before, the work that they do there is very relevant but their facilities aren't big enough to cover the majority of the *favela*. What I believe to be best is to make family planning classes mandatory for young people from a certain age. This way they would receive a proper education on reproductive health and family planning. Yet, I doubt if this would ever become a reality. I think that any plans in this direction would create a large debate on what would be a proper age to start with these classes and I think that there would be a great deal of criticism from different parts of society. So for now, providing the community with more places that are easy accessible and that offer free education on areas of reproductive health and family planning would be a good start.

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