

“I Can Be a Mother”

Reinserting Choice as a Right for At-Risk Adolescent Mothers in Brazil

This study explores the work of Lua Nova, an innovative rehabilitation centre for at-risk adolescent mothers based in São Paulo state, Brazil. Founded by psychologist Raquel da Silva Barros in 2000, the organisation was the first centre in Brazil to allow at-risk teenage mothers to stay with their children while undergoing treatment for chemical dependence. Lua Nova reinserts the right of choice for adolescent mothers: while the phenomenon of teenage pregnancy seems to be universally associated with social disorders and instability, Barros' philosophy is driven out of the belief that many of these teenagers want to be mothers, and that motherhood can be a positive factor towards recovery for these adolescents. Lua Nova's work is part of larger social activist trends in Brazil that increasingly reassert the complex relationship between teenage pregnancy and social disorders, in addition to a growing rights-driven approach to the ability of adolescents to choose to be mothers as a method of achieving stability, independence, and secure family life.

Globally, social policies and treatment strategies for at-risk adolescent mothers most often reflect the negative status such women hold in contemporary society. Young mothers with histories of drug abuse, homelessness, or prostitution are most typically restricted access or fully separated from their children, evincing the widely-held belief that such women are unfit to mother, and that they have no right or capacity to care for their children. This study describes the work of Lua Nova (“New Moon”), a drug rehabilitation facility based in Brazil which combats this negative image of adolescent motherhood, fighting deep-rooted prejudice and re-asserting the rights of teenage moms through employment, education, and skills training programming. In exploring the unique methodology of Lua Nova as it works to rehabilitate young at-risk mothers, it is

evident that the experiences of adolescent mothers are far from static, and that universalizing social policies towards the treatment of young moms need to be seriously reevaluated in the context of complex lived realities.

The article begins in describing the process of Lua Nova’s formation, as founder Raquel da Silva Barros explored new methods of clinical treatment for drug addiction abroad. The following section will then explore the context in which Lua Nova works, particularly the rise of both incidence and stigma against teenage pregnancy in Brazil. This section problematizes the relationship of adolescent motherhood with larger social problems including drug abuse, poverty, and domestic violence. The following two sections will then reassert the rights of the adolescent mother, and show how in teaching residents employment skills including home construction at Lua Nova, the organisation has proven how adolescent mothers are capable of building secure lives with their children, combatting the propensity to associate teenage pregnancy with instability and consumptive drug use. The study then briefly concludes in couching Lua Nova’s work in larger threads of motherhood mobilisation in Brazil.

Founding Lua Nova

In the late 1990s, Brazilian psychologist Raquel da Silva Barros experimented with a new method of drug rehabilitation for chemically dependent mothers while working at a psychiatric unit in Venice, Italy. The Venetian facility followed the conventional wisdom on drug rehabilitation for mothers: separate the women from their children as they pursue addiction recovery treatment. This routine practice is born out of the belief that children act as a distraction for women, hampering their ability to focus on their personal journey away from substance abuse.

Contrary to custom, however, Barros noticed that those women separated from their children were on the whole unmotivated, sullen, and slow to recover. Barros decided to deviate from routine and gave women the choice to continue living with their children while under recovery. The difference was profound: in caring for their children while learning to care for themselves, the women were better able to adapt to routines, cultivate positive energy, and perhaps most critically, avoid the pain and disruption caused by forced separation of mother and child. What is often implied in that separation is that the woman is incapable of fulfilling her capacity as a mother, a vote of non-confidence that can not only be deeply destructive to a woman’s self esteem, but also dampen her energy and ambition to abandon addictive behaviours and substance abuse. Even if a woman is capable of full recovery in the absence of her children, returning to the role of mother after rehabilitation can often be deeply jarring

and alienating. Barros' approach emphasised the right of choice for the mother: these women could choose to continue mothering their child, even while under reduced circumstances themselves. This approach is rooted in a philosophy that not only does the child need the mother, but in many cases, the mother also has profound need for the child.

It was this experience in Italy that prompted Barros to found Lua Nova upon returning home to Sorocaba, Brazil in 2000. This unique organisation acts as a rehabilitation centre for at-risk adolescent mothers recovering from a host of issues, most commonly a combination of chemical dependence, homelessness, prostitution, and family abandonment. The adolescents live at Lua Nova's shelter with their children, receiving psychiatric care in addition to schooling and work skills training. When opened in 2000, Lua Nova was the only shelter in Brazil where adolescent mothers could live alongside their children, providing a revolutionary environment in which previously out-cast adolescents were placed in a position of great confidence and ability. At Lua Nova, these young moms are met with a supportive network that fosters their capacities as educated, working women and mothers, not neglecting the role their children play in their psychological health and wellbeing. Though at-risk youth, the residents of Lua Nova are given the opportunity to choose to be a mother, a choice that even if desired, is simply not an option for the teenager in other institutional settings. In this way, the approach of Lua Nova has had a profound impact in altering both the administration of psychiatric care and social image of adolescent mothers in Brazil.

The Rise of the Adolescent and Single Mother

Brazil has experienced one of the most dramatic declines in fertility rates in the last 50 years—from an average of six children per woman in 1960, to 2.48 in 1990—representing a 50 percent decline in a mere 30-year period (De Oliveira 120). At the same time, fertility rates for women less than 20 years old have conversely increased in the last decades (De Oliveira 123), with 2.9 percent of girls aged 12-16 falling pregnant in 1982 as compared with 5.8 percent in 2004 (Barros and Victora S462). Mothers without partners have also increased significantly from 8 percent in 1982 to 17 percent in 2004 (Barros and Victora S462), accompanying the altering domestic arrangements in Brazil, with the amount of people living alone and female-headed households representing a mere 11 percent of households in the 1960s, to over 20 percent in the early 1990s (De Oliveira 122).

A review of literature on adolescent motherhood in Brazil reflects the most common themes associated with teenage moms: homelessness, drug use, lack of social support, mental disorders, and a propensity towards situations of



Lua Nova was the first drug rehabilitation facility in Brazil to allow children to remain with their mothers while undergoing treatment.

sexual and physical violence (Scapatucci). In a study of adolescent mothers in the town of Recife, two-thirds of pregnant adolescents came from single-parent households with weak household supervision. Nearly half of the adolescents had already dropped out of school, and while a quarter had received financial support from their parents during the pregnancy, the rest were forced to fully support themselves (Ebrahim and Marques). With adolescent pregnancy becoming an increasingly visible phenomenon in Brazil, commentators have considered the increased rates of teenage mothers as a dangerous public health problem, characterised in terms of disease as alternatively an “infirmity,” “illness,” and “epidemic” (De Almeida et al). There have even been discussions on how to “prevent adolescence” altogether, as teenagers are viewed as trapped in a turbulent period of life that is in essence risky and problematic (Galindo et al.). Overall there has been little effort to actively work with adolescents on the concept of their rights, causing many Brazilian teenagers to internalise their vulnerable status. A group of sociologists interviewed Brazilian youth on their perceived capacities, wherein one adolescent conceded “we can’t do anything—we can only choose an ice cream flavour” (Galindo et al.).

At the same time, the work of organisations like Lua Nova and more recent studies continue to show how the actual experience of adolescent mothers in Brazil is by no means straightforward, and cannot be universally characterised as essentially problematic. The figures on Recife teenagers mentioned above, for instance, can be potentially misleading: the authors note how in most cases



While living at the shelter, mothers join together in a shared raising of children, dividing household, working, and childcare tasks as a group.

the disruption in schooling for the teenagers occurred before the pregnancy and not after, reversing the assumed causal relationship between motherhood and school drop-outs. The same percentage of mothers who were no longer in school were also married either before or following the pregnancy, indicating a potential support network in their spouse, while 58 percent were living with the child's father either with or without marriage (Ebrahim and Marques). Another crucial study of adolescent mothers in a shelter in Rio de Janeiro asserts how these young women view motherhood as a choice in a life of few options (De Santana and Uziel). Even if pregnancy or sex itself wasn't an act of choice, the mothers are often loathe to abandon their child now that he/she is there.

In viewing teenage pregnancy as a problem, it is assumed that it is something unwanted, and often merely limits the potential support network for the adolescents. But in abandoning the solely problematic narrative of adolescent motherhood, one can reemphasise the rights of these mothers to choose and define their lives in an active manner. In studying female-headed households in Mexico, Sylvia Chant has shown how often women see single motherhood as an attractive alternative to the nuclear family, free from the more restricting aspects of a male-dominant culture and the violence often inherent therein (Chant). While prevailing theories and social policies have argued for the troubling nature of teenage pregnancy, in practice it is often treated in terms more pragmatic and even positive: indeed less than ten percent of adolescent mothers in Ribeirão Preto, Brazil stated they had been criticised by friends



The length of stay at Lua Nova varies, from a few weeks to two years. Many mothers are in vulnerable situations, and it takes time for them to recover and start a new life on their own.

or family for falling pregnant (De Almeida et al. 522). While abstract social commentaries often condemn teenage pregnancy as a potential public health risk or nationwide epidemic, the very communities that experience incidences of adolescent motherhood are rarely as apocalyptic in their outlook. The same study in Ribeirão Preto showed that 89 percent of adolescents wanted to be pregnant even if it was initially unplanned, while 80 percent stated that the pregnancy had been well-accepted by their families (De Almeida et al. 520). These figures demonstrate a clear counter-narrative where adolescent motherhood is characterised by positivity, support, and choice, and not an immediate gateway to social disorder.

Since Lua Nova's foundation, national policies in Brazil have been slowly shifting towards this more nuanced and rights-driven view of adolescent motherhood. While legislation in Brazil has always been supportive in theory of single and adolescent mothers, it was only with the introduction of the National Plan for the Defence and Guarantee of the Rights of Children and Adolescents to Family and Community Life in 2004 that a more assertive avowal of the rights of all mothers was put forward (Dell'Aglio and Siqueira). This specific action plan acknowledges the extended nature of family and community support networks, while also specifically advocating for the rights of adolescents emerging from shelters and rehabilitation facilities. The national initiative is meant to encourage the rights towards socio-economic reintegration of these adolescents, and how that reintegration can involve a host of individuals outside



Some adolescents come to Lua Nova while still pregnant. Often arriving in a state of despair, they learn that pregnancy is not a death sentence, and that they can still achieve educational and occupational aspirations, as a mother.

the nuclear family network, including neighbours, friends, and indeed, other adolescents. More nuanced studies have also emerged to show how there is less causal relationship between single-parent households and incidences of drug use, abuse, and poverty than previously assumed: it is rather the relations amongst household members that indicates the actual presence of such social problems. A nuclear family structure does not automatically safeguard against social vulnerabilities, but rather factors including quality communication, every person playing an interactive role in the domestic environment, and the appearance of trustworthy authoritative figures that create a more secured family structure (Dell’Aglío and Siqueira).

Securing a Mother’s Rights

In this shifting landscape, Lua Nova’s work has been critical in actively promoting new forms of supportive household structures that reassert the potential of the adolescent and single mother. Their work aligns with emerging discourses on citizenship, employment, and housing rights for women previously excluded from the nuclear, middle-class driven political economy. Brazilian activists have noted how often poor women, left out of the rewards of macro-economic reforms and formal democratic participation, develop new ways of understanding their own citizenship as it relates to their family and community needs

(Wheeler). Adolescent mothers are by no means immune from the quest for active social participation and citizenship rights. They are assertive in their quest for autonomy, and in a study interviewing several adolescents in São Paulo, it became clear that finding a job was a factor of extreme importance, not only to support themselves but also their families (Abramovay and Castro). One adolescent noted that if she secured employment, “I won’t be dependent on the money of my mother,” and indeed, it is clear how the entrance into motherhood can help these teenagers secure a potentially potent level of autonomy and independence (Abramovay and Castro 152). The increasing rates of teenage motherhood in Brazil, accompanied by higher incidences of persons living alone or in female-headed households, would indicate how the society is shifting towards a more self-assertive culture where especially women are claiming their rights towards self-expression and sustainability.

The ability to claim such rights is still in many ways a luxury, however, and dependent on accompanying rights of access to basic needs. In her study of female-headed households in Mexico, Chant notes that the positive potential women saw in motherhood was in many ways deeply reliant on their liberal access to house ownership, granting them greater security and flexibility than would have been achieved in renting (Chant). As work with Lua Nova progressed, Raquel Barros noted a similar trend: it was the unstable housing environment which characterised life for the adolescent mothers of Brazil that contributed most violently to their situation of vulnerability. It has been noted how severely unstable lifestyles, particularly those in which a person travels between situations of homelessness and temporary residences, are directly correlative to the compulsive consumption of drugs, especially crack (Adorno and Raup 57). As crack constitutes the most popular drug amongst Lua Nova’s residents, preventing relapses into the instability that drives the drug’s consumption has become critical.

Building a Home, Building a Life

While falling fertility rates in Brazil have been accompanied with booming urbanisation, critics have remarked how uneven this urban expansion has been, with peripheral communities expanding even as economic opportunities in the centre of the cities remain stagnant. One commentator has noted that Brazil’s urban expansion can be characterised merely as a “de-ruralisation,” with populations moving en masse to the favelas, or shanty-towns found on the urban periphery, finding little to no actual employment opportunity or change in economic status (Ribeiro). Brazilian cities are the most acute representation of the inequality that characterises Brazilian society, with favelas attracting by and large ethnic minorities, women, and adolescents (Morais et al.).



Many adolescents have either run away or been thrown out and at Lua Nova they have to re-learn their worth and value, despite the challenges they have been through.

Lua Nova has fought this inequality head on, not only by providing job skills training to all the mothers living at the shelter, but particularly through the introduction of a contracting and construction school in 2003. The school teaches the teenagers how to build their own homes, from forming the bricks to laying the plumbing, all in an effort to ensure these young women are never forced to rely on the instable and corrupt landlords of the favela. Lua Nova's construction school is in many ways the most radical method for Barros to assert her belief in adolescent mothers as holding essential rights to autonomous livelihoods. Understanding

that their status as teenage mothers may leave Lua Nova's residents prone to pervasive instability in options for housing, Barros decided that if these young mothers could actually build their own homes brick by brick, they could not only achieve a sense of domestic permanence and security, but also gain a renewed confidence to control their life without the crutch of drugs and other destructive behaviours. The goals for the program were thus two-fold: combat the housing shortage in Brazil by building new permanent homes for these marginalized young families, and grant an unprecedented degree of stability and foundation to these mothers' lives.

Barros began by collecting the savings of a handful of willing mothers to buy a plot of land on the outskirts of Sorocaba's urban centre. Securing donated or at-cost building materials, Lua Nova conscripted contractors to teach

the girls the process of housing construction. Finishing twelve initial homes within the first year on the bought land, nearly twenty teenage mothers now live in the homes with their children, providing a secure home environment and community where they mutually support one another in employment, childcare, and household obligations. The primary challenge of the program, however, is scalability: Barros has been frank in admitting that Lua Nova’s construction project isn’t the answer to Brazil’s national housing shortage—the program worked in an isolated community of less than a hundred individuals, but would be difficult to replicate on the scale of millions. Securing land and materials for such a number would be impossible without considerable state intervention, while the training of youth as construction workers requires significant long-term commitment.

Still, the effect of Lua Nova’s project on the community of mothers in Sorocaba has been profound. As one mother, aged 24, explained:

I lived on the street, used and trafficked drugs, and because of this lost my children, my dignity, and my citizenship. With [my fourth child] I have had the opportunity to feel for the first time like a complete mother, whereas before I didn’t make space for motherhood—other things were given greater priority. Lua Nova has shown me that today I can be a mother, I have the capacity to change—before I didn’t believe that, I didn’t have any hope that I could start again. But here I am with my son at my side, and I am happy. (Personal interview, Apr. 2011)

This testimonial delineates clearly the initial environment of hopelessness and discrimination faced by adolescent and at-risk mothers, and how such an environment can be dramatically reversed to foster encouragement, potential, and positivity through motherhood. The experience of mothers at Lua Nova also contrasts sharply to common critiques of psychiatric institutionalisation—particularly for vulnerable or discriminated populations including adolescents—that the institution merely perpetuates the capitalist logic of exclusion (Scisleski). Adolescent mothers are in a sense pathologized by the social suspension that has been imposed on them in the shelter environment, and residents—particularly teenagers—have described the feeling of failure associated with entering rehabilitative care. Young mothers already face a degree of social stigma that can merely be compounded when entering a psychiatric facility. A study by Dorian Arpini notes how important it is to alter this stigmatisation of institutionalised adolescents and the negative character of the institution itself; shelters should be seen as a place of possibility, protection, and acceptance, not just a deposit ground for the outcasts of society (Arpini). The author notes that all adolescents deserve a place to construct their own possibilities and

dreams, and it is on this philosophy that Lua Nova has operated for the last decade. In granting the mothers the opportunity to build their own homes, Lua Nova inverts the transitory nature of institutionalised care, granting the mothers an actual degree of permanence and stability on which to build their lives. The testimonial of the mother above clearly demonstrates the potential benefit of such a stable, supportive, and rights-driven institutional model for adolescent rehabilitative care.

Conclusion

There are several parallels between Lua Nova's philosophy of constructing new households and new families to other feminist mobilisation movements in Brazil, particularly those documented by Kevin Neuhouser. Neuhouser describes the integrative dynamic of housing and motherhood in an experience from 1970s Recife when a group of women rapidly constructed a line of shacks along the city's main canal. When the police arrived to tear down the new favela, the mothers retorted assertively: "if you want to tear it down, go ahead. There's a child inside sleeping, three months old. If you want to tear it down on top of her go ahead" (cited in Neuhouser 337). The city then resorted to bureaucratic means to try and force the mothers off the land, but the women mobilised and fought for their rights at city hall, arguing that renting before had put them in constant threat of eviction and instability, and asserting their rights to housing meant their only recourse was to build their own homes along the canal. While the city relented, allowing the mothers to stay, Neuhouser notes the profound difference between poor women and poor men in this community. Why was it the women, not the men, who mobilised to build their own homes at great risk of legal action and possible imprisonment? The answer comes from the women themselves. One of the women is frank when she states:

a mother has to be a mother. If she isn't, who will be? If she doesn't take care [of the children], doesn't get things, doesn't fight for her children, who is going to take care of them? It just has to be her. (cited in Neuhouser 339)

The work of Lua Nova recentres the debates on adolescent motherhood and drug abuse in Brazil on this principle of the right to be a mother, even if that right has been driven out of mere necessity. Drawing on her experiences in rehabilitating mothers in Italy, Raquel Barros has used motherhood as an active and positive tool towards recovery from substance abuse and other social disorders common in teenage life. While conventional wisdom discriminates against these adolescents as incapable and dangerous, Lua Nova

reverses the causal relationships of teenage pregnancy, drug abuse, and social instability. Rather than placing pregnancy and motherhood as the root of all social problems, Barros sees motherhood as a critical and positive tool in the fight against the instability that drives drug consumption, poverty, and abuse. Lua Nova's revolutionary approach to the "epidemic" of teenage pregnancy in Brazil is the purest form of motherhood activism, promoting a non-discriminatory approach of support to all women in their capacity and right to be a mother.

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