

Growing up in Rio's favelas

Children and adolescents living in Rio de Janeiro's shantytowns face a barrage of assaults on their health, including drug-related violence and sexually transmitted diseases. Barbara Fraser reports.

When Fabrício Rosa Mendes was growing up, kids in Alemão—a rough Rio de Janeiro neighbourhood of steep, canyon-like streets stacked with haphazard houses—had two choices: studying or dealing drugs. “I felt a lot of discrimination. Because I was black and because my address was in Alemão, it closed off a lot of opportunities”, he says. “I’m one of the few who decided to study.”

Mendes is now in his second year of nursing school. When he is not in the classroom, he climbs up and down Alemão's streets as a community outreach worker in the national Family Health Program, listening to and counselling his neighbours, preventing health problems, or referring them to medical or dental services at the health centre down the hill.

In more than 600 shantytowns or favelas around metropolitan Rio, children and adolescents grow up in overcrowded, poorly ventilated homes, surrounded by armed gangs that defend their drug turf with heavy weapons, and cutoff from the rest of the city by economic and cultural barriers that can be as effective as barbed wire.

That environment contributes to health problems from diseases like dengue, tuberculosis, and HIV/AIDS, to teen pregnancy and violence. National and city health officials are attacking the problems with preventive efforts, through community outreach workers like Mendes and adolescent health promoters who provide information to peers.

Although some health indicators have improved since 1990—a recent report by the national Human Rights Secretariat cites infant mortality down by 58%, a decrease in child malnutrition from 20% to 2%, and a 30% decline in pregnancies in girls

between ages 10–19 years—others remain high. Particularly alarming is the youth homicide rate, which rose from 41.7 per 100 000 in 1996 to 52.9 per 100 000 in 2008.

“Kids on the streets or in the favelas—who are vulnerable to abuse and merit protection—are often seen as problems instead of as children.”

“Drug traffickers walk around openly in the communities”, says Fabiana Gaspar, a psychologist with the non-profit organisation Viva Rio. “When they kill someone, they make sure people see it, to teach them a lesson.”

Drug traffickers flaunt their physical and economic power with flashy motorcycles, multiple girlfriends, and guns that kids begin to crave. “For many young people, who lack a broader perspective and never go far from the favela, the world becomes reduced to the favela, and they want to be like that”, says Gaspar, who coordinates grassroots psychological and social programmes, including a harm-reduction programme aimed at reducing drug-related health problems. “Some start to think the violence is normal”, says 25-year-old Ana Carolina da Silva Almeida, a tall, slender woman with a heart-shaped face and a talkative 2-year-old son, who grew up in Rocinha, a huge conglomeration of houses crowded on a hillside on Rio's south side, not far from the tourist beaches of Ipanema and Copacabana. This stressful situation leads to behavioural problems, aggressiveness, and learning difficulties, Gaspar says, but there is little mental health assistance in the favelas.

Guns become a way of settling all kinds of personal disputes, and young people who get caught up in the drug trade as couriers or small-scale dealers

might receive death threats because they dated a rival's lover, pocketed proceeds from a deal, or smoked the drugs they were supposed to sell.

Several government agencies offer protective services, assigning a mediator to work with the victim and aggressor to solve the dispute, says Osmar Vargas, who recently completed a study for Viva Rio of protective measures for youths threatened with death. If the victim owes money, for example, relatives may chip in to pay the debt. “The system works, to some extent”, Vargas says. “If a mediator gets involved in time, it can be effective.”

Families are often unaware of the services, however, or fear that if they approach a government agency, the young person will be arrested. Vargas found that lack of communication among the agencies also undermines effectiveness.

In 2009, the Rio city government launched a “pacification” programme targeting the favelas. Instead of the violent police crackdowns of the past, authorities announce that they will be going into a favela, giving traffickers a chance to leave or surrender. They confiscate weapons, set up a police station, and patrol on

See [Series](#) page 1778



Health workers Fabrício Rosa Mendes (left) and Neusca Laira de Andrade dos Santos



Barbara Fraser

A pacification programme took place in the neighbourhood of Rocinha in late April

foot. Establishment of public services follows.

The goal is to establish a government presence in neighbourhoods. The Family Health Program, which involves community outreach workers like Mendes—local residents who know their neighbours and visit a certain number of families every month—are a key part of that presence.

Alemão, which was pacified in November, 2010, has had a Family Health Program since 2004, but now also has services such as mail delivery, and kids no longer risk getting caught in crossfire in the street, Mendes said.

But while violence is down in pacified favelas, the drug trade continues. Alcohol remains the most-abused substance, but crack use is increasing because it is cheap, accessible and fast acting, Gaspar says.

With taboo topics like drugs and sexuality, adults' efforts to teach preventive health skills often fail. Neusca Laira de Andrade dos Santos, who has been the nurse technician for the Alemão Family Health Program since it started, learned that the hard way the first time she offered a youth-health education workshop. "Nobody came", she says. "That's not the way adolescents do things."

Dos Santos, an effervescent woman with a colourful loop of beads around her neck, learned that music or games drew a larger teen crowd than anything reminiscent of a classroom.

As she gradually gained the teenagers' trust, they began talking about their problems. "You don't raise a subject with them—they raise it with you", she says.

Almeida uses the same approach in Rocinha and other neighbourhoods. She and other young people in the city's Adolescent Health Promoters Network use activities such as theatre, videos, and street fairs to raise health topics with their peers.

The goal is for young people in the favelas to play a leading part in improving community health, says Viviane Manso Castello Branco, who heads the Rio Health Department's Inter-Agency Policy and Action Office.

The network grew out of *Adolescentos*, launched by the city in 2000 to provide preventive services and health care, especially in reproductive health, for youths in low-income neighbourhoods. Although it began informally, Branco brought the Adolescent Health Promoters Network, which now operates in about 50 communities, under the city health department's umbrella in an effort to ensure steady funding. "The idea is to value the teens' protagonism", Branco says.

Lucas Pablo S de Oliveira says he did not know what that word meant when he got involved in making a video about youth protagonism. He says he learned that the concept is tied to self-esteem, which is "important for all aspects of health—physical, mental, and spiritual".

Videos made by the youth promoters serve as discussion-starters with peers, says Anna Rosaura Trancoso, who heads the programme's video office. Although peer outreach helps bridge the information gap, making services more accessible to young people remains a challenge. That is especially true for kids who spend most of their time on the city's streets. Although they can easily be found sleeping, hanging out, or scrounging for food in public places, those children are almost as invisible as those in the favelas, says Claudio Barria, of the non-profit group,

Se Essa Rua Fosse Minha. A recent government survey estimated that there are about 24 000 children on the streets in 75 cities in Brazil, including about 5000 in Rio.

Although risky behaviours—including drugs and unsafe sex—are common on the street, if the kids go to a public hospital or clinic, "they're shunted aside, told to wait, given a sermon—which is called counselling—and then get two or three condoms", Barria says. Even the hospital's data-entry system can be an insurmountable obstacle, because it requires the kids to provide a street address and postcode, which they do not know or do not have. "It's unconstitutional, but that's the way it is", Barria says. Although some health-care workers are sympathetic to street kids, others are afraid of them—an attitude stemming from a tendency to see the kids as a social problem rather than as children who are especially vulnerable, he says.

For Irene Rizzini, president of the International Center for Research and Policy on Childhood in Rio de Janeiro, the underlying problem is one of recognising children as citizens who have rights. "Far more than 50% [of children] are born into poverty in Brazil, a country that is supposed to be, in the future, one of the five strongest economies in the world", Rizzini says.

Brazil's Constitution and juvenile code reflect the principles of the UN Convention on the Rights of the Child, but implementation falls short. Kids on the streets or in the favelas—who are vulnerable to abuse and merit protection—are often seen as problems instead of as children, she says.

Rizzini's centre is gathering data about children younger than 6 years. The goal, she says, is to "look at those who are not seen as criminals or trash, who are still in their communities, who are still seen as children, and see if there is anything we can do to [help policy makers] really do what they say they will do" to protect them.

Barbara Fraser