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Affective-sexual trajectories of adolescents in poverty and their intentional decisions-actions to become pregnant

Trajetórias afetivo-sexuais de adolescentes em situação de pobreza e suas decisões-ações intencionais para engravidar

Trayectorias afectivo-sexuales de adolescentes en situación de pobreza y sus decisiones-acciones intencionales para conseguir embarazar

ABSTRACT

Objective: to understand how relational events, positions on contraceptive methods and negotiations with the partner about having a child are involved in the participants' pregnancies. **Method:** sixteen pregnant women between 15 and 19 years old participated, who intended the event, selected in a socially vulnerable territory of a Brazilian capital. Face-to-face interviews were conducted, guided by themes, with the additional use of resources: self-portrait, relational map, photo-elicitation and WhatsApp, considering the precepts of Thematic Content Analysis. **Results**: pregnancies proved to be intricate to the intention to form a family with children, to the construction of affective-sexual trajectories directed to this outcome, with secondary contraception, and to the decision of having a child little reflected and negotiated with the pair, characterized by pressure, imposition and transfer of responsibility, exercised by both. **Conclusion:** the approach of health professionals regarding pregnant of adolescents requires considering the influence on them intertwined with aspects of subjective, relational, agential and social order.
Keywords: Reproductive health; Adolescent pregnancy; Decision making; Intention; Poverty.

RESUMO

Objetivo: entender como eventos relacionais, posições sobre métodos contraceptivos e negociações com o parceiro sobre ter o filho encontram-se implicados nos engravidamentos das participantes. **Método:** participaram dezesseis grávidas entre 15 e 19 anos, que intencionaram o evento, selecionadas em território de vulnerabilidade social de uma capital brasileira. Foram realizadas entrevistas presenciais, orientadas por temas, com o uso adicional dos recursos: autorretrato, mapa relacional, foto-elicitação e WhatsApp, considerando preceitos da Análise de Conteúdo Temática. **Resultados**: os engravidamentos mostraram-se intrincados à intenção de constituir uma família com filhos, à construção de trajetórias afetivo-sexuais direcionadas a esse desfecho, com contracepção secundária, e à decisão do ter filho pouco refletida e negociada com o par, caracterizada por pressão, imposição e transferência de responsabilidade, exercida por ambos. **Conclusão:** a abordagem, pelos profissionais de saúde, do engravidar de adolescentes requer considerar a influência nelas imbricada de aspectos de ordem subjetiva, relacional, agencial e social.
Descritores: Saúde reprodutiva; Gravidez na adolescência; Tomada de decisões; Intenção; Pobreza.

RESUMEN

Objetivo: entender cómo los hechos relacionales, las posturas sobre los métodos anticonceptivos y las negociaciones con la pareja sobre tener un hijo intervienen en el embarazo de las participantes. **Método:** participaron 16 embarazadas de entre 15 y 19 años de edad que pretendían el evento, seleccionadas en un territorio de vulnerabilidad social, en una capital brasileña. Se realizaron entrevistas cara a cara, guiadas por temas, con el uso adicional de recursos de autorretrato, mapa relacional, fotoelicitación y WhatsApp; y se consideraron los preceptos del Análisis de Contenido Temático. **Resultados**: destacan en sus embarazos la intención de constituir una familia con hijos, la construcción de trayectorias afectivo-sexuales encaminadas a ese desenlace, con anticoncepción secundaria, y la decisión de tener un hijo poco discutida y negociada con la pareja, caracterizada por la presión, la imposición y la transferencia de responsabilidad, ejercida por ambos. **Conclusión:** el abordaje del embarazo en adolescentes por parte de los profesionales de la salud requiere considerar la influencia imbricada de aspectos subjetivos, relacionales, de agencia y sociales.
Descriptores: Salud reproductiva; Embarazo en la adolescencia; Toma de decisiones; Intención; Pobreza.

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INTRODUCTION

Many studies correlate adolescent pregnancy with poverty, insufficient social support, family breakdown, low education, lack of sex education and gender hierarchies, among other social determinants. This perspective has been shown to be essential for the recognition of contextual elements involved in the event and to urge a broad institutional approach. However, the science of the theme often dichotomizes contexts, subjectivities and behaviors or actions, fragmenting them, or even establishing a linear relationship, for example, between reproductive behaviors and knowledge or rational aspects. Despite the large number of studies on the subject, it is common to approach the occurrence and repercussions of pregnancy in adolescence, as well as the ways of adolescents to deal with it, disregarding peculiarities of their social realities, life experiences and their ways of managing the issue[1-2].

In this context, some scholars have recommended, for further research on the subject, the valorization of relations with particularities, both of social insertion [3], and of the life stories, experiences and subjectivities of adolescents[4], overcoming fragmentations and explanatory generalizations. In the same direction, they have highlighted the necessary approach to affective and sexual-reproductive trajectories (AST) of adolescents[5-6], as well as the emotional processes, meaning[7] and relationship-communication[8-9] involved in pregnancy.

Affective and sexual-reproductive trajectories (AST) are related to the use of time and the organization and concretization of events in the spheres of sexuality and reproduction (affection, dating, sex, union/marriage, separations/resumption of the relationship, pregnancy/motherhood, use of contraceptive methods, happiness, suffering and others), in certain social and biographical circumstances and through exercises of individualities[5]. As for the use of time, the AST include succession and interval of events, which relate to episodes, states, attitudes, actions, relationships, meanings, decisions, learning, consequences/developments in their social insertions [5-6] and individual exercises.

The authors of this paper believe that studies with this new perspective can either broaden the understanding of what affects decisions-actions around fertility, or subsidize the elaboration and implementation of policies, programs and professional actions aimed at sexual and reproductive health of this public.

Considering the gap highlighted, the present study analyzed the overlap between the pregnancy of poor adolescent women, who intended-acted to do so, and their subjectivities, decisions-actions and contexts of insertion[1]. In this communication, AST are addressed in order to know the individual and social aspects involved jointly in pregnancies.

Thus, individual and social aspects were correlated from the Foundations of Giddens' Theory of Action [10-11] that support the understanding that the meanings attributed to pregnancy and motherhood, the desire to experience them, psycho-affective needs and unconscious motivations, which integrate the actions of adolescents in the direction of their avoidance or occurrence, are not detached from the totality of their lives, constituting it.

Given the above, the question arises: how were the affective and sexual-reproductive trajectories of pregnant adolescents? To answer it, it was defined as an objective to know how relational events, positions on contraceptive methods and negotiations with the partner about having a child are implicated in the pregnancies of the adolescents.

METHOD

This is a qualitative-interpretative research, which analyzes the agency of adolescent women inserted in poverty in the face of pregnancy, which gives visibility to the overlap involved in its occurrence and which uses as a reference the concepts of action, agent/agency, rules and resources of Giddens[10-11].

According to this framework, human intention-action is the expression of determinations of the

context that interferes in the course of things and can modify social realities. That is, there is an interrelation of individual and social levels, and the subject is a social actor/agent, through the exercise of agency. Rules and social resources are considered both the means and the result of social practices. Thus, rules are codes of meaning, involved in the attribution of meanings, and normative elements, which guide evaluations and sanctions of conduct. In this sphere, symbolic orders and associated discourses are considered the locus of ideology, asymmetries of domination that link meaning to the legitimation of interests. Resources refer to capacities (cognitive, practical and emotional), power and possessions that allow subjects to act or exercise control over the context, themselves and others[10-11].

Action as an agency consists of reflective monitoring, rationalization and motivation of action, in articulation with each other and with rules and resources, as well as with consequences of actions. That is, these actions are intentional, that is, directed by knowledge and expected endings. Acting involves some degree of autonomy, but always in the midst of meanings and norms constructed in social practices, of an ideological character, and also according to developed capacities and available and/or mobilized possessions [10-11].

Based on this reference, it is considered that adolescents in historical-social interaction have the capacity and power to effect decisions made and to mobilize references, possibilities and limits present in the diverse contexts experienced. That is, in the context of the present study, the adolescents' reproductive affective sexual decisions-actions articulate among themselves certain subjectivities, ways of acting and elements of contexts.

Adolescent agents, therefore, have the capacity and power to make decisions, conscious or not, to mobilize possibilities and limits present in the contexts and to control situations, people and relationships, which can be done with greater or lesser autonomy. What agents do is influenced by the social world, but it also shapes it. In this way, the adolescents' AST reflect bridges and movements between characteristics of modern life and its historicity, in addition to particular experiences and their constructions in action, which are social-agency experiences.

In short, it is considered that knowledge-capacities, senses, motivations-desires, feelings, needs, rules and resources are implicated in the AST of adolescents. In addition, sad are not only events and their organization in time, but constructions that encompass intention-actions that are relational in nature, thus glued to the life and action of other participants in the interaction.

The study was carried out in the area covered by six Family Health Units (FHUs), in the District of 27 de Julho (fictitious name), in the southern region of Cuiabá, Mato Grosso, Brazil. It was considered that this region had the highest number of live births of adolescent mothers, compared to the others. That is, the neighborhood selected had the highest number of pregnant adolescents registered in prenatal care[12], in addition to being characterized as of low socioeconomic level, with a predominance of residents with monthly income of up to two minimum wages[13].

The possible participants were identified by consulting the pregnant women's records books, the e-SUS system and the medical records. Of the 67 pregnant women undergoing prenatal follow-up, 31 did not meet any of the previously established criteria, namely: living in the elected neighborhood, being aged between 15 and 19 years, having intended pregnancy and being at most 35 weeks pregnant. Of the 36 pregnant adolescents approached personally, 17 intended to be pregnant, but one did not accept to participate in the survey. Therefore, the 16 available adolescents were included and, with the thematic analysis of the empirical material, their sufficiency for the intended exploration of the object of study was judged, given its qualitative nature.

In assessing the intention of pregnancy, questions were used from the London Measure of Unplanned Pregnancy (LMPU)[14] and National

Survey of Family Growth (NSFG)[15] instruments, such as: Did you think about having a child at this time? Have you thought about having children at another time? Did you use any Contraceptive Method (CM)? (If yes) What and for how long? Have you stopped using it? (If yes) For what reason? About the current pregnancy, did it occur too early, too late, at the right time or whatever?

Data were collected from April to August 2019, through individual interviews at two times, the first soon after inclusion in the study, and the second around 30 days after the first. At first, the themes were: identity (who you are, how you see yourself or think others see you); life history focusing on the events of the beginning of sexual activity; dating, engagement and stable union/marriage; pregnancy intentions; ideas and experiences in relation to reproductive planning; decision making-action in relation to pregnancy. In the second interview, these same themes were deepened and particular situations and contexts of life of the participants were explored, based on the indications arising from the analysis of the initial material available and the recognition of thematic nuclei linked to the object and objectives of the study.

The first interviews lasted, on average, 50 minutes; nine took place at home, and seven at the insertion FHU. The second moment of interview also lasted, on average, 50 minutes and were carried out in households with fourteen adolescents, one accepted it only through the exchange of messages in the application and another refused it. Home contact was important to better understand the life context of each of the adolescents.

In the second interview, additional resources were used: self-portrait (to obtain information on how the adolescent perceived herself and the stage of development she was experiencing); relational map (to identify significant people and influential actors in the production of their meanings about reproductive planning); and photo-elicitation (using images from advertising campaigns of 2007 and 2008 of the Ministry of Health on reproductive planning care, to explore positions and related self-care experiences).

It is noteworthy that, during the period of "approximation" to the study subjects, the main researcher was present at the FHU and carried out some actions, with the aim of favoring the bond with the unit's professionals and, mainly, with the pregnant adolescents. Among the actions carried out, the "Solidary Clothesline" stands out, with the collection and sharing of donations (clothes, toys and hygiene products), and the "Craft Workshop", with the making, by the adolescents themselves, of a cover for their babies' vaccination records. Furthermore, after the first interview, informal contacts made with the adolescents, at the FHU and via WhatsApp, cultivated the bond and allowed clarifying the adolescents' doubts, in addition to complementing the construction of data.

Content analysis, thematic modality[16] and contextual analysis were performed. Initial analytical notes were made on the set of material and on each interview. In new analytical-interpretative readings, the process was deepened, according to the object's outline, also matured in the process. In reading, the literal and underlying content of interest was sought, defining the recording units and classifying these units into major themes, such as: the desire for family constitution and to have children, psycho-affective and social needs that influence pregnancy, stage of adolescent development, decision making about having children and use of contraceptives, with the reasons for use or not. Registration units and themes were contextualized, interpreted/reinterpreted and classified/reclassified, building related knowledge. This process was based on the scientific literature, on inferences suggested by the empiricist himself and on the confrontation with the data of the context and life history of the participants. Finally, the theoretical discussion was systematized into three categories: 1) affective-sexual experiences: events, succession and age moment; 2) affective-sexual experiences: the place of contraceptive methods; and 3) affective-sexual

experiences: sharing the intention to have a child with the partner. The process was reviewed by the advisor and by the evaluators of the research.

The development of the study was approved by the Ethics Committee in Research with Human Beings of the signatory institution (Opinion number 3,228,348). The participants signed the Informed Consent Form (ICF), and their guardian also signed the Informed Consent Form (ICF). Adolescents over 18 years of age signed only the ICF. For anonymity, participants were identified with fictitious names.

RESULTS

The sixteen pregnant adolescents who participated in the study had a partner (living with them or not), lived in a situation of socioeconomic vulnerability and depended financially on others (partner, family or nuclear family) in whole or in part, in addition to education until high school.

Box 1 presents a synthesis of the socio-demographic profile of the participants and their partners, characterizing them in relation to physical-population attributes and socio-cultural and family conditions.

Box 1 – Sociodemographic characteristics of adolescents and partners. Cuiabá--MT, Brazil.

Adolescent			Partner	Family
Name Age (years)	Race Religion Marital status	Education School insertion Employment/Occupation	Age Education Occupation or Social Situation	Housing Income
Agnes 16	Brown Evangelical SU	3rd Cycle IEE Pre-pregnancy school dropout has never worked	20 CEE In situation of prison	Lived with partner's family DK
Anne 18	Brown Married Evangelical	CSE Pre-pregnancy school dropout Worked/Seller	22 ISE Military	Lived with partner ≥2<3 MW
Anela 15	Brown None SU	3rd Cycle IEE Pre-pregnancy school dropout has never worked	22 ISE Bricklayer's helper	Lived with partner's family DK
Fani 18	Brown Evangelical SU	ISE Studying 11th year Worked/Audiovisual support	19 CSE Unemployed	Lived with partner >1<2 MW
Glaci 19	Brown Evangelical Married	CSE Pre-pregnancy school dropout Worked/Seller	27 CSE Store Manager	Lived with partner ≥2<3 MW
Graça 19	Brown None SU	ISE Pre-pregnancy school dropout Worked/Seller and Cleaning lady	22 Yes Machine operator	Lived with partner and child >1<2 MW
Isis 18	Brown Evangelical SU	CEE Pre-pregnancy school dropout Worked/Seller	29 CSE Truck Driver	Lived with partner and child ≥2<3 MW
Lita 17	Brown Evangelical SU	3rd Cycle IEE Pre-pregnancy school dropout Work/Merchant	23 CEE DK	Lived with partner ≥2<3 MW
Lisa 16	Brown Catholic SU	CEE Pre-pregnancy school dropout Worked/Trainee	24 CEE Furniture Assembler	Lived with partner ≥2<3 MW
Luna 18	Brown None SU	3rd Cycle IEE Pre-pregnancy school dropout Work/Manicurist	22 DK Bricklayer's helper	Lived with partner >1<2 MW

(Continue)

Adolescent			Partner	Family
Name Age (years)	Race Religion Marital status	Education School insertion Employment/Occupation	Age Education Occupation or Social Situation	Housing Income
Nina 15	White None SU	3rd Cycle IEE School dropout during pregnancy Has never worked	19 Yes Unemployed	Lived with nuclear family and partner DK
Rael 19	Brown Catholic SU	ISE Pre-pregnancy school dropout has never worked	19 CEE Tire repairman	Lived with partner >1<2 MW
Raia 17	Brown None SU	CEE Pre-pregnancy school dropout Has never worked	19 CEE Waiter	Lived with partner DK
Sarah 18	Black None SU	CEE Pre-pregnancy school dropout She works/Seller	19 DK In prison situation	Lived with grandmother and sister. DK
Vivian 18	Black Evangelical SU	Yes Attending Year 12 Work/Trainee	18 Yes Cleaning assistant	Lived with partner's family ≥5<6 MW
Zoe 17	Brown Evangelical Married	ISE Pre-pregnancy school dropout Worked/Informal caregiver	28 Yes Seller	Lived with partner ≥2<3 MW

Note: In Brazil, the level of education is organized in cycles: Elementary Education, 1st cycle (1st-4th year), 2nd cycle (5th-6th year) and 3rd cycle (7th-9th year); Secondary Education (10th-12th year).

Legend: Stable Union/SU; Complete Elementary Education/CEE; Incomplete Elementary Education/IEE; Complete Secondary Education/CSE; Incomplete Secondary Education/ISE; Don't Know/DK; Minimum Wages/MW.

Affective-sexual experiences: events, succession and age moment

In the AST of adolescents, from sexual initiation to pregnancy, the experience of several affective-loving events with the partner(s) was identified, such as dating, sexual activity, union/marriage, separation and reproductive situations, which occurred with one or more partners (Box 2 and 3) and resulted in one or more pregnancies and even abortions.

Although pregnancy was intended by all, their positions and actions regarding fertility, reproduction and motherhood were not uniform. For some adolescents (Group 1) the succession of affective-loving events experienced occurred in a traditional and socially accepted way between certain social groups (dating -> marriage -> sex -> pregnancy/motherhood). Likewise, there were young people among whom this sequence was different (Group 2).

Glaci's experience highlights the traditional course of events in his AST, at an interval of about three years. She recounted in her interview: "In six or seven months of dating, we decided to get engaged and get married. I started dating, we already started talking about marriage, I started taking the injection. Ever since I got married, I let him know I wanted to be a mother. I got married to build a family. But because he was older, more mature, he said it was not the time. Because we were stabilizing financially and I was young. For a year now, he was already thinking about being a father".

Among those who adopted the traditional sequence (Table 2), the age of onset of the non-sexualized affective-relational experience with the partner was between 15 and 16 years. The age of sexual initiation was between 16 and 17 years and occurred after marriage. The adolescent girls' pregnancy age ranged from 17 to 19 years. They were in their first pregnancy, which occurred between one and two years after marriage/beginning of sexual activity.

Box 2 – Characteristics of AST of adolescents with "traditional" organization of events. Cuiabá, MT, Brazil, 2019.

Group 2	Age					Number of Partners (P)	Condition to get pregnant*	Union *Status*
	Dating Engagement	Use CM	Marriage	Start Sexual Activity	Pregnancy			
Anne	16	16/17/18	17	17	18	1	1,2,3	Lives w/ P1
Glaci	16	16/17/18	17	17	19	1	1,2,3	Lives w/ P1
Zoe	15	16/17	16	16	17	1	1,2,4,5	Lives w/ P1

Source: Research Data (2019).

*Note: Conditions: 1-Marriage; 2-Partner wish for child; 3-Partner likes child; 4-Well-being with partner; 5-To have affection and attention from partner.

Among the adolescents who did not adopt the traditional sequence (Box 3), the age of sexual initiation ranged between 13 and 16 years, and the sexual experience had occurred with one or more partners prior to the union, with the partner with whom she joined/married or with another(s). The age of the first union/joint residence with the partner occurred in a similar age group (13 and 17 years). Part of the adolescents had gone through a separation experience, with resumption or with a new union, had a child from the previous relationship or experienced an abortion situation. In the group, the age of sexual initiation and first marriage was the same or with a difference of one to four years. Thus, among some adolescent girls, dating, marriage and pregnancy became intertwined. The first pregnancy occurred at the same age as the union with the partner.

However, the age of pregnancy varied between the others, the only or the first child, a pregnancy that went ahead or that resulted in interruption. This occurred between 13 and 14 years, 15 and 16 years or 17 and 19 years. Some women experienced their second pregnancy between the ages of 15 and 17. Adolescents with different ages between union and pregnancy, the latter occurred within a maximum time of two years after living together, both for those who had a single child, and for adolescents who had two children (and more than one union).

Evidence of a rapid transition of events, characteristic among adolescents, can be seen in Nina's account: "We started dating in March. I met him in February. I lost my virginity after four months [of dating]. We already lived together, after my mother found out I lost my virginity. I got pregnant when I was with him in October. But I think it took a while, we didn't use anything."

Box 3 – Characteristics of AST of adolescents with "non-traditional" organization of events. Cuiabá, MT, Brazil, 2019.

Group 2	Age			Number		Condition to get pregnant*	Union *Status*
	Beginning Sexual Activity	1st/2nd Union	1st/2nd Pregnancy	Partners in union	Pregnancy/ Abortion		
Agnes	13-P1	14-P2	13-P1 15-P2	2	1A-P1 1PR-P2	1,2,3,8	S-P1 before A S-R-P2 Lives w/ P2
Anela	13-P1	13-P1	14-P1 15-P1	1	1A-P1 1PR-P1	1,2,4,9	Lives w/ P1
Fani	14-P1	17-P2 18-P3	18-P3	3	1PR-P3	2,5,10	S-P2 Lives w/ P3
Graça	16-P1	16-P1 18-P2	19-P2	2	2PR-P2	1,2	S-P1 Lives w/ P2

(Continue)

Group 2	Age			Number		Condition to get pregnant*	Union *Status*
	Beginning Sexual Activity	1st/2nd Union	1st/2nd Pregnancy	Partners in union	Pregnancy/ Abortion		
Isis	14-P1	14-P1 16-P2	15-P1 17-P2	2	1PR-P1 1PR-P2	1,11,12	S-P1 She lives w/ P2
Lita	14-P1	15-P1 16-P2	15-P1 17-P1	2	1A-P1 1PR-P1	1,3	S-P1 post A S-P2 R- P1 Lives w/ P1
Lisa	15-P1	16-P1	16-P1	1	1PR-P1	1,2	S-P1 Lives with parents
Luna	14-P1	14-P1 16-P2	17-P2	2	1PR-P2	1,2,3,7,13	Lives w/ P2
Nina	14-P1	14-P1	14-P1	1	1PR-P1	1,2,6	Lives w/ P1
Rael	16-P1	17-P1	19-P1	1	1PR-P1	1,2	S-R-P1 Lives w/ P1
Raia	13-P1	15-P2	17-P2	1	1PR-P2	1	Lives w/ P2
Sarah	15-P1	16-P2	17-P2	2	1PR-P2	1,2,5,6,14	S-R-S-P2 Lives with grandmother and sister
Vivian	16-P1	18-P1	18-P1	1	1PR-P1	1,2,4,7,15	Lives w/ P1

Source: Research Data (2019).

*Note: Conditions: 1- Being in a union; 2- Partner wanting children; 3- Liking the partner; 4- Reciprocal love; 5- Partner being a partner; 6- Trusting the partner; 7- Strength of the union; 8- Being with the "right" partner; 9- Partner not having children; 10- Identifying with the partner; 11- Being loved and protected by the partner; 12- Sharing life goals with the partner; 13- Good relationship with the partner; 14- Bond with the partner; 15- Both with employment.

Legend: Abortion/A. Sexual Activity/SA. Pregnancy/Pr. Partner/P. Relationship Return/R. Separation/S.

Briefly, the decision or exposure to pregnancy, and actions to do so, manifested or were mobilized in the early years of adolescence (13-16 years) or later (17-19 years). It is evident that pregnancy occurred in situations of both greater and lesser affective-sexual experience with the partner. Despite some variation in the time of marital intercourse, it can be said that the events occurred in a short time interval, that is, the pregnancy occurred immediately after sexual initiation or up to 2 years from it. Pregnancies and their evolution were guided by senses that placed them within a relationship considered stable, built in a traditional way or not.

Therefore, the way the adolescents constructed their AST varied in relation to their milestones/experiences, sequence, temporality and age of the events. However, among all, pregnancy was an intended event and part of the family constitution sought, linked to living/marrying a partner and, among some, regardless of the time of relationship, age and proper conditions for the new family life, such as having a living space and own means of financial support. With a partner and getting pregnant, the girls no longer saw themselves as adolescents, as they were socially classified until then. Thus, having a partner and children was considered essential for exercising the new phase of life.

Affective-sexual experiences: the place of contraceptive methods

Regarding the use of CM (hormonal and/or condom) by adolescents, we found the practices of non-use and use, the latter, in an unsystematic/punctual or methodical way, with failures or not. The interruption of the CM in use was both planned and unplanned, associated with its inappropriate use (Box 4).

Box 4 – Fertility agency in adolescent AST, through CM. Cuiabá--MT, Brazil.

Group	Adolescent.	I donotuse	Punctual use Planned or unplanned interruption	Systematic use Planned interruption	Systematic use Unplanned interruption	Pregnancy in use	Types used	Position			
								About having a child at the moment		About CM use	
								Adolescent	Partner	Adolescent.	Partner
1	Agnes	X					-	At random	At random	I don't use	I don't use
	Anela	X					-	At random	At random	I don't use	I don't use
	Nina	X					-	At random	At random	I don't use	I don't use
	Raia		X				Next Day Pill	Having a child	Indifferent	I use	I use
	Isis					X	Pill	Indifferent	Indifferent	I use	I use
	Graça					X	Injectable	At random	Having a child	I use	I use
	Lita				X		Injectable	Having a child	No	I use	I use
	Fani			X			Pill	Having a child	Having a child	I use	I use
	Lisa		X				Pill	Adopt	Having a child of your own	I use	I use
	Luna			X			Pill / Condom	Having a child	Having a child	I use	I use
	Rael			X			Pill	Having a child	Having a child	I use	I use
	Sarah			X			Pill / Condom	Indifferent	Having a child	I use	I use
	Vivian			X			Pill	Having a child	Having a child	I use	I use
2	Anne					X	Pill / Condom	Indifferent	Having a child	I use	I use
	Glaci					X	Injectable / Pill	Having a child	No	I use	I use
	Zoe			X			Pill	Having a child	Having a child	I use	I use

Source: Research Data (2019).

From Group 1, Nina never used CM because she didn't want to, for possible discomforts or effects. At the age of 14, she had her first unprotected sexual intercourse. Soon she moved in with her partner and didn't mind getting pregnant. The pregnancy occurred at the age of 15, she and her partner had it as a possibility, and the moment of its occurrence was left to chance. Nina said, "I never used CM because I didn't want to. I'm afraid of injection. I didn't want to take the pill, his mother keeps saying that the pill makes you lose weight. Condom hurts, bothers. There's the morning-after pill, Cycle 21, condoms. Oh, I know everything! [...] Yes [I knew I could get pregnant]. I just didn't care. [...] If I get [pregnant], well! If not, amen! [...] If it happened, I already knew how to take care of it. [...] He [the partner] wanted to have it. [...]. But he said: – not now! But he didn't say when either. [...] [Asked if she wanted to be a mother and when] Yes, it's a very good thing. It doesn't matter [when]."

Raia did not use any method in sexual initiation, at the age of 13, with her first boyfriend. At the age of 14, with a new boyfriend, he made punctual use of the morning-after pill before moving in with him. Afterwards, she stopped using (she did not specify the time), intending to get pregnant, and her partner did not interfere. She stated, "I don't know [how long she used CM], but it wasn't much. I took two, three... [times]. When I had sex, the other day I wore it. After we started living together I never used it again. Not even the pill. I've always tried and never managed [to get pregnant]. So I didn't worry. "The use of CM, then, was unsystematic and living together was a milestone for this.

Isis made systematic use of CM when she did not wish to become pregnant, in a situation of possible separation from the first partner. With a new partner, she did not adopt a planned practice and became pregnant in initial reuse of the pill. Isis said, "I left [with the first partner]. After a year, I got pregnant; I took [contraceptive] for a long time, so as not to get pregnant again. [...] When I was separated, I didn't care [I didn't use CM]. I started dating him [second partner]. We thought we were caring. We weren't. I didn't take the pill in January. In March [...], I took the test and it was positive. I was pregnant".

In Group 2, more established situations of planning and systematic use of CM were found, although also with difficulties in the correct use of these methods.

Zoe started using the pill three months before getting married at age 16 and stopped it the following year to get pregnant, in agreement with her partner. However, she resumed use in alternate periods, without following recommendations, so that her "When I wanted to get pregnant, I stopped taking the pill. I thought it was fast. I didn't see any results and went back to taking it. I didn't take it, like: that time. I took it on the same day, just not at the right time. [...] Because those who don't want to have a child get pregnant very quickly. Now, who wants it, it's an eternity! The more anxious you are, the less it happens."

Glaci started using CM four months before getting married, interrupted it punctually and became pregnant two years later. Her companion encouraged her to use it because he wanted to delay her pregnancy. The participant said, "I got pregnant on the pill. I did not stop. Pregnancy came because it had to come. I had plans to stop. My husband wouldn't let me stop. A month earlier, my period came twice. I don't know if I was already pregnant. I had to stop in the period that came. Then, when I resumed use, I was pregnant."

In short, the non-use of CM among adolescents was articulated with the intention to have a child, left to chance in a situation of agreement of the partner. The defined interruption of the CM in use was also associated with the intention of pregnancy, in agreement or disagreement with the partner regarding when. In addition, there were adolescents who wanted a child, but expressed a position of indifference towards the moment of having it. One of them wanted to adopt, but assumed her partner's desire to have a child of her own. Some adolescents had the intention of having a child immediately, but used CM due to disagreement of position with the

partner, contradictions in relation to the desired or other reasons. Among these and others, use failures, conscious or not (carefree, forgetfulness, misuse, improper initiation and/or interruption), resulted in pregnancy. All the girls wanted to get pregnant, even those who did not plan the event for the moment of its occurrence, and the management of CM was linked to this aspect and others (knowledge, partner participation and characteristics of the relationship).

Affective-sexual experiences: sharing the intention to have a child with the partner

The intention to have a child was shared between the adolescents and their partners in various ways, and occurred before or after the union/marriage, through punctual and superficial exchanges, only suggestive of what they wanted, with disagreements or mutual acceptability.

The conversation about the subject with the partner was commonly provoked by the adolescents, and the dialogue was characterized as superficial, that is, the implications of the decision for the lives of both, the child himself and even the families involved were not considered.

Anela provoked the conversation with her partner about the desire/intention to have children and also about the housing and financial conditions necessary for this. Although both were in agreement, she acknowledged that the conditions were not feasible before pregnancy. Anela reported, I asked if he had children. He said: No. I said: Really? Don't you want to build a family with me? He said: It's my dream. I said: Let's try. Then it didn't work out [abortion]. Then it passed [six months until the second pregnancy]. He was happy. […] [Before getting pregnant] I said: Are we going to have to raise our son with the mother-in-law, father-in-law? He said: No! I will work. I will buy things. […] We wanted to rent a kitchenette, buy a crib… […] [When they decided to live together] He said: Until I get married, I can manage things. But until today... It will be two years."

In Fani's relationship, the combination about having a child was provoked by the partner, although they shared the same desire. The conversations between both basically boiled down to confirming what the girl wanted to get pregnant and waiting for her partner's authorization for her to stop using CM. The participant said: "He asked if I wanted to have a child, if I didn't want to stop taking the pill. I said I wanted. Then he told me to stop. Not even three months had passed, and I was pregnant."

There was also the transfer by the partner to the adolescent of the decision of when to become pregnant, although with some indication about whether or not to have children at that time. Other partners, despite not opposing the adolescent's pregnancy, were not active in the decision and abstained.

Rael talked to his partner about the possibility of interrupting the use of CM, as he wanted a child. At first, he transferred the decision to her, but was then urged to speak up. I said: I'm going to stop taking the pill. He said: You are the one who knows. I said: You are the one who knows! We both have to know if I stop taking the pill or not. He said: Stop taking it, let's see what happens. I said: It's good. I stopped. I wanted so badly to get pregnant. I wasn't making it. He said: Wait! It's with time. You have to wait; God will give us a son."

Agnes always signaled to her partner the dream of starting a family and being a mother, he expressed the same dream and, although he considered it necessary to improve financial conditions, he did not show opposition or concern about a possible pregnancy, leaving her to chance, as they did not use CM. Agnes reported, "Ever since I met him, I've said my dream was to be a mother. He said his was to be a father. He said, "Not now!" When we have a fixed service, a house, money to buy things, we plan. It just happened before. Ever since I met him, I haven't taken medicine. He didn't wear a condom. I had a chance to get pregnant. […] If I got pregnant, I wouldn't worry about it. Not to him either, because otherwise he had spoken. He didn't use [CM] because he didn't really want to."

There was a situation in which the decision to become pregnant was made by the partner, but

without the girl's refusal. That is, also with a certain transfer and acceptance of this responsibility. For example, Lisa wanted to adopt, while her partner wanted a biological child. She became pregnant to assist him, because he pressured her by repeatedly talking about the subject, showing sadness in the face of an imagined infertility and insinuating the pregnancy. Lisa said, "I wanted to adopt. At first, I told him I didn't want to [get pregnant]. He kept talking so much, I got used to the idea. So we tried. I agreed more to do what he wanted. He kept asking, even that I got pregnant. He grabbed my belly: Is there a bacuri there? He kept insinuating. At night, he started crying, that he wanted a child, but the child did not come."

In the absence of agreement about having a child, there was pressure from one on the other. The adolescents' pressure manifested itself through several repetitions of what they wanted and/or confrontation and non-acceptance of their position, thus becoming pregnant. Partner pressure was also manifested through repetitions and suggestive attitudes of what he wanted, in addition to using the girl's emotional sensitization, resulting in her accepting the pregnancy.

Lita had a desire to have a child, and her partner wanted to delay the event, whose justifications were not understood and accepted by her. Without a deal, she forced the event on him. The participant reported, I always told him that it was my dream to be a mother. I asked him if he wanted to have a child. He said: It's early. You have to think about studying and working. The baby is small. Let's wait a little bit. I said: Why don't you want to have a child with me? Just because you have a daughter. [...] He never accepted [the pregnancy]. For him to hold my belly, it was difficult".

Finally, a situation was found in which having a child was projected for the future, but it was reviewed by the girl. This position was respected by the partner, but revised by that, over time, as Anne reveals in the dynamic feature of the intention/decision. While his partner wanted children, she understood that it was not the time, and she worried about the criticism of others for her age (18 years). But her position and reason have been revised. Anne said, "He said, 'Honey, are we going to have a baby? Me: No, baby. "I wanted a child. Let's wait a little bit. He said: But why wait? [...] [For] the people will be talking, getting pregnant so young... [...]. But the accident [that occurred with the adolescent] was a strong issue. I have another thought now. Not only in relation to pregnancy, but that I don't have to give satisfaction to anyone."

Briefly, the decision regarding having a child was commonly participated between the couple, but with variations in the quality of communication and reflection on the subject, from more superficial and less negotiated to more reflected and agreed upon. The adolescents mobilized reinforcement of desire, collection, exercise of pressure and imposition on the partner, in addition to submission to decision transfer and pressure/imposition by the partner.

DISCUSSION

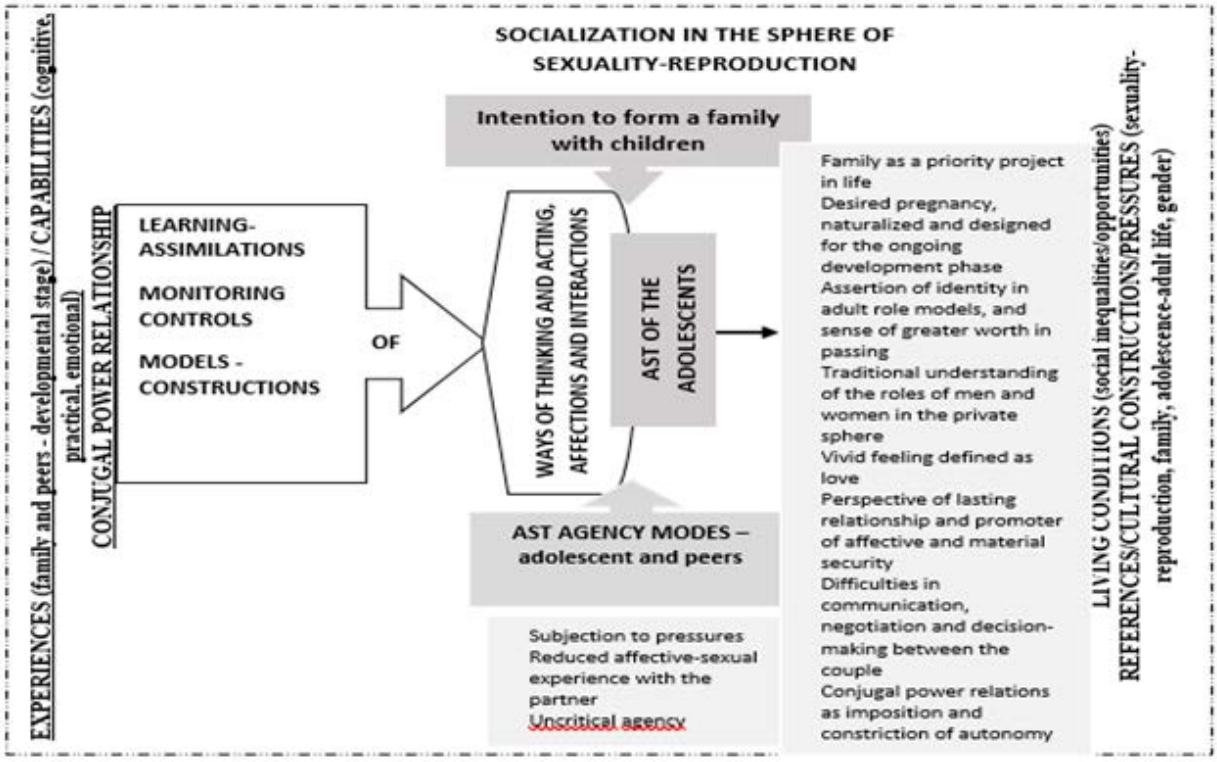
Affective and sexual-reproductive trajectories (AST) and its components integrate the socialization of sexuality, which, initiated in childhood and in continuous transformation, involves assimilations, controls and modeling of ways of thinking, affections, attitudes, actions and interactions related to the field[5]. The process occurs under the influence of contexts, institutions, social agents, practices, constructions and related interactions [10-11].

Thus, among adolescents, the agency and configurations of the AST until pregnancy were marked by the intentionality of constituting a family with children, including correlated meanings. In them, rules and social resources, characteristics, actions and relations peculiar to those involved and government exercises on issues of sexuality-reproduction influenced in an articulated way (Figure 1).

The intentionality that guided the AST of the adolescents in the study, and what they acted as a possibility, with implications for their pregnancies, was due to the articulated influence of sociocultural repertoires, especially about family-motherhood, gender roles of

women-men in family life and adolescence-adult life. They were also related to certain conditions, pressures and life opportunities accessed or absent, to cognitive, practical, emotional and relational capacities and limits in/for the (re)construction of meanings and actions, to particularities of the physical-cultural development in the course of leaving childhood and to interactional characteristics of the affective-marital relationship.

Figure 1 – Aspects that influence the agency and configurations of the Affective-Sexual Trajectories of adolescents until they become pregnant. Cuiabá, MT, Brazil, 2019.



Source: prepared by the authors.

It is understood that important sociocultural issues accelerate the pace of development of adolescents[5], and require these decisions and actions related to their AST, with implications for their pregnancies. These integrate their repertoires about how to forward life and are desired, naturalized and designed as an intention for the ongoing development phase, which configures a context of traditional cultural references on the exercise of motherhood for poor women, associated with important limits on access and exercise of social rights and conditions that are denied or restricted in the family itself and, mainly, by the State and society in general.

This scenario also explains how the little affective-sexual experience with the partner or the short time of relationship with him does not constitute a limit to pregnancy among the adolescents in the study. To some extent, it also explains the occurrence of, contradictorily, the projection of a relational experience considered "stable" or with a perspective of duration and security arising from the partner, regardless of whether the family relationship was traditionally constituted or not, with regard to the sequence dating, union/marriage, sex and pregnancy.

The projection of stability is consistent with the intention of the adolescent girls to constitute their own family and then play their social role through the exercise of domestic activities and care for members/children, which would bring a perspective of affective, evaluative and survival

security. It is equally consistent with their little experience of the events of the adult world and with the strength of their imagination and desire in the stage of development they have lived.

The learning of the affective-sexual life is important and effective little by little and with the influence of people with whom young women maintain bonds of proximity, among other means. The exercise of sexuality is one of the private spheres of acquisition of autonomy in relation to the family and remodeling of identity for adulthood[5].

The construction of this private space, especially for learning about the interaction between marital partners, involves assimilations and management of references and social rules, that is, dealing with affections, desires, bodies, sex and gender relations. It is part of the AST and important for the maturation of decision-making and the agency of these and pregnancies. However, adolescents often do not have, do not access or are unaware of references and opportunities to support their journeys, due to their young age or lack of support for their AST. Thus, the way in which the socialization of sexuality and, in these, the learning of AST and the acquisition of autonomy take place in our societies and in the different social and institutional contexts, which have responsibility for such support (family, school, health sector, among others), are also implicated in the pregnancies of adolescents with characteristics such as those found in this research.

Adolescents undergo important decisions about reproduction at a time of life when they are in a process of approaching and entering the sexual field and exercising their sexuality with their partner, commonly without family support or groups and services, in addition to being under the influence of the partner, with whom they are also learning to deal.

When observing the use of CM among adolescents, it is clear that the knowledge and management of these, among them, are important in some planning of the moment of occurrence of pregnancy. However, this was especially driven by the desire and intentionality of having a child, in the subjective time projected by one or both.

It was not the difficulties in using the MC that directly resulted in the event. Although, in some situations, the lack of practical knowledge about CM favored pregnancy, considering that some adolescents became pregnant using contraceptive methods.

The research by Araújo and Nery[17] showed that (dis)knowledge is not the only factor responsible for an unplanned pregnancy, although this contributes significantly to this outcome. Regarding the reasons chosen for not using contraceptive methods and pregnancy planning, the authors identified associations with the desire to become pregnant and the presumption that they would not become pregnant.

The use of CM occurs amid various influences, related to knowledge, representations, access to resources and acceptance of related practices [18]. Still, this is a practice in which the partner's action position is directly implicated, in relation to aspects such as the intention to have a child or not, the planning of the event, the accountability of the use of resources and several others. Likewise, the use is decisive in the form of interaction between the couple, especially the form of communication established and the ways of making the couple's decision.

The Affective and sexual-reproductive trajectories (AST), are mediated experiences that involve, in the field of subjectivity, not only symbolic boundaries, but also affective-relational ones. Both are not exactly individual exercises of reason and full autonomy, as they encompass the field of intimacy, affections and exercises of power in interactions.

The intimate and social dynamics of marital relationships influence the decision-action of women in reproductive aspects. Thus, as evidenced in the research, the *status* of the relationship between adolescents and their partners contributes to the conceptual decision, influencing the meaning attributed to the relationship, pregnancy/child and its acceptability

and effectiveness. Reproductive decisions, likewise, were influenced by asymmetric gender relations existing between them, as well as by peculiarities of their positions, communication and negotiation, including their ambiguities.

As it turned out, the initiative for the conversation on the subject was mobilized mainly by adolescents, although also by some partners. The others adopted an inactive or secondary position towards the issue. This characteristic was also reported in other studies[9,19] and, similarly, the occurrence of pregnancy at random and the practice of justifying it by supernatural action was perceived [19].

In addition to these characteristics, the communication regarding reproductive issues between the couple was not always clear, predominating subliminal expressions of the desired, jokes and/or non-verbal approaches, especially between partners.

This same finding was shown in research that pointed out that the sharing between women and partners, regarding the realization of having a child, usually occurs through brief communication or implicitly and non-verbally [20].

In the most effective exchanges, reported by some of the adolescents, the communication on the subject was open, to some extent, to subjective motivations and reasons, with more space in the presentation of arguments about having a child at the time lived. Scholars emphasize the importance of good relations between the couple, especially in situations that require processes of adaptation and adjustment of affective relations, in addition to the development of new roles and maturation, as in the configuration of parenthood[21], which may be accompanied by conflicts and suffering.

Good communication requires clear, direct and honest messages, expressing what one feels and thinks[21]. To communicate well, the couple must share opinions and gradually build a common perspective [22]. The good relationship between the couple also includes negotiation in the resolution of differences and disagreements. Thus, the lack of good communication can contribute to the emergence of conflicts, such as those found. The resolution of these is understood as the identification of the difficulties experienced, their understanding and joint implementation of solutions[21]. To avoid insurmountable conflicts, couples need to create strategies for managing those, building a proper negotiation practice [22].

Negotiation has been understood as the discussion of a subject with the intention of resolving differences of interests and as a social act of solving a problem common to the parties that requires a change of position[23]. Here, the negotiation between the adolescents and the partner was understood as a process in which both made decisions, using good communication, whether or not it involved divergent interests.

Among almost all the adolescents in the study, we found not only the difficulty in communicating well, but also the difficulty of changing positions, establishing agreements and respecting them, even to assume, in dialogue with the partner, their own position. The adolescents were learning to get to know each other and to deal with the various elements of their AST, for which they proved unsupported. Thus, they possibly did not have the maturity to deal with their own universe and that of the other (partner). The same is likely to happen with partners.

However, in the communication about having or not having children, power asymmetries among those involved were not uncommon, as found in the reports. One aspect that favored them, besides being based on social constructions of gender, was the age difference between some of the adolescents and their partners. In addition, when communication/negotiation is not good, there is commonly pressure from one on the other, or the predominance of one's decision, which characterizes exercises of power. In only apparently satisfactory agreements, usually, there is no balanced pattern of decision-making power among those involved[22].

An extreme of this pressure practice, in the research, was revealed in the attempt of coercion of one of the partners on one of the adolescents

to become pregnant. But the opposite also occurred, through the imposition of the desire to become pregnant of one of the adolescents exerted on the partner, as a decision thought only from the perspective itself.

Regarding the "pressure" exerted by the woman, a study of the acceptance of pregnancy among 24 married adolescents of Guilan-Iran pointed to the existence of a paradox between the passive and allocentric acceptance of pregnancy, with interest and attention focused on the other, and the active and egocentric acceptance, thought only based on itself, which can happen when the woman very much wants to have a child[24].

In addition to the degree of emotional-relational maturation of adolescents, difficulties in the sphere of communication/negotiation favored positions of delegation, denial and imposition. Difficulties in good communication, socially constructed throughout the life history of the adolescents in the study, added to the power in the form of imposition, also as social constructions, formed a background of those positions.

Relationships are crossed by commitments, many of them hierarchical, and lead subjects to various forms of subjection, which is not necessarily lived on the plane of affliction, but in which subjects can accept situations of subjection as forms of agency[25] and even inhabit them with pleasure and rejoicing.

Exposure to adolescent pregnancy involves choices, but stems from an amalgam that intertwines reproduction, sexuality, gender, social class, social policies and other social markers of differences and inequalities, in their articulations with family structures and relationships and conjugal moral and emotional dynamics, as well as with the decision-making and intentionality-action of social agents, in this case, adolescents and their partners. Pregnancy occurs in situations of affection, crossed by lived feelings defined as love, security and commitment. In marital experiences crossed by emotions, also linked to precarious material conditions, those involved have their autonomy constrained.

The adolescents desired pregnancy, were satisfied with the experience, were even positioned with the right to choose, made agreements and exercised controls over their partners. Nevertheless, taking positions did not mean critical agency, as this requires shared choice with accessible conditions, information and education, reflected experiences, and comprehensive social and family support.

For Giddens[10-11], life plans are the substantial content of the reflexively organized trajectory of the myself, but life planning is not simply constitutive of the daily life of social actors, as they are revised and reconstructed only with changes in social circumstances, in addition to individual ones. Choices will be more reflective the greater the possibility of access to information, culture and knowledge.

FINAL CONSIDERATIONS

The research reinforces the complexity of what influences the pregnancy of adolescents, of an agential-social order. The theoretical perspective assumed in the work contributed to the recognition of the multiple aspects involved and to the deepening of the understanding of the ways in which they are intertwined. The findings reinforce the correlated subjectivity of those involved in AST and pregnancies should be considered. Communication/negotiation around the decision to have children is another issue that arises from the research, as it highlights important aspects and reflections of reproductive issues.

It is recognized, however, the need to deepen the approach of the process involved in the pregnancy of adolescents and each of the aspects found, considering the social-agency specifications of the different groups. A research limitation was the non-inclusion of partners among the participants, which restricted the study's analyses, given the relational nature of the selected phenomenon.

The need to invest in policies and practices aimed at the social development of the agency and the confrontation of power asymmetries is pointed out, which direct specific actions to the

sphere of sexuality-reproduction and that reach family contexts and adolescent groups.

The intentionality-action that leads adolescents to pregnancy, especially those who live in conditions of greater economic difficulty, involves not only rules and norms with which they were socialized, their perceptions and reinterpretations of such norms, considering their perspectives, but also their material circumstances of life and their access, or not, to social rights, responsibility of the societies in which they are inserted.

Thus, instead of understanding the situation of adolescent pregnancy from the isolation of the aspects involved, the necessary analysis of health professionals/nurses should also consider the context and the institutions involved. The interconnection between the various explanatory dimensions around adolescent pregnancy and the consideration of the context and institutions involved in the issue are able to generate a deeper knowledge on the subject and broader actions that contemplate health, reproductive planning and pregnancy among adolescents.

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