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The experience of paternity during adolescence in a low-income Brazilian community

VIVÊNCIAS DE LA PATERNIDAD EN LA ADOLESCENCIA EN UNA COMUNIDAD BRASILEÑA DE BAJA RENTA

VIVÊNCIAS DA PATERNIDADE NA ADOLESCÊNCIA EM UMA COMUNIDADE BRASILEIRA DE BAIXA RENDA

Luiza Akiko Komura Hoga¹, Luciana Magnoni Reberte²

ABSTRACT

There are gaps in the knowledge related to paternity during adolescence. This investigation had the purpose to explore the experiences of paternity during adolescence. The investigation method was the thematic oral history, with 19 members of a low-income Brazilian community being interviewed. The categories describing the experience were: a) Gaps in sexual education, lack of attention to contraceptive methods and the desire for fatherhood contributed for the occurrence of paternity during adolescence; b) The adolescents were surprised by pregnancy and assumed the paternal responsibilities as best as they could; c) Paternity during adolescence meant a faster process of maturation and having their lives transformed; d) Regret or happiness: distinct results of paternity in adolescence. Interventions focused on adolescents must be performed in safe, ethical and contextualized ways.

KEY WORDS

Adolescent.
Men.
Paternity.

RESUMO

Existem lacunas no conhecimento relativo à paternidade na adolescência. Esta investigação teve o objetivo de explorar as vivências da paternidade na adolescência. O método de investigação foi a história oral temática e entrevistados 19 moradores de uma comunidade brasileira de baixa renda. As categorias descritivas da experiência foram: a) Lacunas na educação sexual, falta de cuidado com a anticoncepção e o desejo de ser pai contribuíram para a ocorrência da paternidade na adolescência; b) Os adolescentes foram surpreendidos pela gravidez e assumiram as responsabilidades paternas na medida de suas possibilidades; c) A paternidade na adolescência significou amadurecimento rápido e ter a vida transformada e d) Arrependimento ou felicidade: resultados distintos da paternidade na adolescência. As intervenções junto aos adolescentes devem ser realizadas de forma segura, ética e contextualizada.

DESCRIPTORES

Adolescente.
Homens.
Paternidade

RESUMEN

Existen lagunas en el conocimiento relativo a la paternidad en la adolescencia. Esta investigación tuvo como objetivo explorar las vivencias de la paternidad en la adolescencia. El método de investigación fue la historia oral temática; fueron entrevistados 19 residentes de una comunidad brasileña de baja renta. Las categorías descriptivas de la experiencia fueron: a) Lagunas en la educación sexual, falta de cuidado con la anticoncepción y el deseo de ser padre, contribuyeron para la ocurrencia de la paternidad en la adolescencia; b) Los adolescentes fueron sorprendidos por la gravidez y aceptaron las responsabilidades paternas en la medida de sus posibilidades; c) La paternidad en la adolescencia significó alcanzar la madurez rápidamente y tener la vida transformada, y, d) Arrepentimiento o felicidad: resultados distintos de la paternidad en la adolescencia. Las intervenciones junto a los adolescentes deben ser realizadas de forma segura, ética y contextualizada.

DESCRIPTORES

Adolescente.
Hombres.
Paternidad.

¹Midwife Nurse. Free Lecturer of the Maternal-Child and Psychiatric Nursing Department. School of Nursing at University of São Paulo. São Paulo, SP, Brazil. kikatuca@usp.br ²Student of the Nursing graduate Program at the School of Nursing at University of São Paulo. Holder of a CNPq grant. São Paulo, SP, Brazil. lu.mare@ig.com.br

INTRODUCTION

Sexual and reproductive behaviors of adolescents are strongly influenced by family and the social context⁽¹⁻²⁾. There are gaps in the knowledge related to paternity during adolescence⁽³⁾. There is no dialogue about topics related to human sexuality in family or school, and this is an educational gap for the youth⁽⁴⁾.

It is estimated that adolescents undergo several losses due to paternity. Even if the adolescent father does not play the main role in providing for the family, there is evidence of a new dimension of paternity, with greater involvement of the father with the pregnancy and the sexual partner⁽⁵⁾.

Investigators consider that the theme of paternity during adolescence requires many more studies focused on their family and community insertion, especially in low-income communities⁽⁶⁾. It was considered that young people living in these communities are influenced by several factors in the social environment, as well as by beliefs and cultural values. It is believed that knowledge about these factors is important to support healthcare and educational practices developed by professionals. This is the justification that prompted this investigation.

STUDY DESIGN

People's ideas, values, beliefs and individual experiences allow professionals to have a broader, in-depth comprehension of the subjective dimension of those who undergo the experience. The oral history method was used to develop this investigation. This method allows the researcher to know specific aspects of the experience, and its development leads to the identification of the particularities of each person undergoing the experience of paternity. Knowledge of people's history and personal experiences are important to support the activities of healthcare and education professionals⁽⁷⁾.

Place

This investigation was performed in a low-income community in the metropolitan region of the city of São Paulo.

The World Health Organization classifies people between 10 and 19 years of age as adolescents⁽⁸⁾. This investigation included young men whose personal history registered the experience of paternity during adolescence. Access to adolescents was facilitated because the members of the research group have a logbook with the names of people who receive care, and the adolescents with a personal history of paternity could be identified.

The interviews were held at the homes of the adolescents throughout 2004. Descriptive questions were asked⁽⁹⁾ in order to facilitate the inclusion of contents related to the experience and the pathways of paternity during ado-

lescence. The interviews were recorded, lasting between 20 and 40 minutes. Nineteen young men were interviewed, and the theoretical saturation criterion⁽⁹⁾ was established to finish the interviews, which occurred around the 16th interview.

Ethical aspects were observed according to the National Health Council Resolution 196/1996⁽¹⁰⁾. The research project was approved by a Review Board authorized by the National Research Ethics Committee (CEP #252/2002). Since this investigation included adolescents, only those who seemed to be in full control of their physical and mental capabilities were selected. Consent was obtained from either the parents or an adult member of the family.

The reliability of this investigation was guaranteed by collaborators who checked and validated the discourse⁽⁷⁾.

Each full discourse was edited in three stages⁽⁷⁾:

a) Transcription – the intention of the collaborators was preserved.

b) Textualization – the subject was transferred to the first person, unnecessary elements were excluded and the central ideas in each narrative were established. The preservation of individuality is the most important aspect in oral history.

c) Transcreation – the narrative was organized in a logical sequence. At this stage, the vital tone was extracted, being the essential part of the narration.

The narratives were analyzed with a process of comprehension, interpretation and reduction of data. The collaborator's perspective was carefully preserved, as well as the context the testimony was given in. The vital tones, revealing the essence of the experience, were identified in each narrative. Similarities between the reported experiences were identified as well, inductively and interpretatively⁽⁹⁾, which permitted the elaboration of descriptive categories for the experiences. Small excerpts from the discourse were used as examples of the contents of the categories.

After the construction of the descriptive categories, each narrative was carefully read in the search for contradictions between the oral history and the elaborated categories. This is a significant aspect that guarantees qualitative research development according to systematic and rigorous processes⁽¹¹⁾. All research stages were developed by the author of this article.

RESULTS

Personal characteristics of the collaborators

When the interviews were held, the collaborators were between 16 and 27 years old, with an average age of 19.7 years. Ten were single, six were living with their partners in

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consensual union and two were married. They had had between one and four children, and all of them had had only one child during adolescence. Two were students and the others were operational workers. Two collaborators were regularly employed according to the Ministry of Labor, two were unemployed and 14 were working without registry. Regarding education, one was illiterate, and the school years of those who had studied varied between six and eleven years, averaging at 9.6 years. Six had no religion and 12 were catholic. The age at which paternity occurred varied between 14 and 19 years old, averaging at 16.

The vital tones excerpted from each narrative reveal the essence of the experience of each adolescent.

The vital tones of the narratives:

P1 – I've never used condoms, and one day the pregnancy happened, that's when I started to behave as an adult.

P2 – I'll be more responsible, my son brought about a transformation.

P3 – Life changes, one stops living for oneself and starts living for the child.

P4 – She got pregnant but we're not guilty for it, we talked about avoiding pregnancy, but now we have to work and think about how we'll live.

P5 – I left a life that was wrong and grew up, I'm happy now.

P6 – I thought my life was over at that moment.

P7 – Her father asked me to take on the responsibility, and I feel more responsible as a father.

P8 – Being a father is to take on responsibilities, I regret nothing.

P9 – It would be better if I had a good job, but it happened this way. I got married because I wanted it.

P10 – Having responsibilities too early makes one lose too much in life.

P11 – I don't regret it, surely I started it early.

P12 – I did something wrong, but I didn't think about it at the time.

P13 – The news about the pregnancy was shocking, but I was happy afterwards, I did not regret it.

P14 – I kept on living my life, but I help a little, now I think that we were wrong.

P15 – I was scared, I didn't know what to do and rejected the child. Now I regret it.

P16 – I said I was going to assume the child, but she decided to have an abortion and I couldn't stop her. I think she shouldn't have avoided pregnancy.

P17 – Life was over for me; that was the end, I didn't know what to do.

P18 – I told her not to abort it, that I was going to provide for things as I could.

P19 – My concerns were centered in assuming paternity.

The descriptive categories of the experiences

a) Gaps in sexual education, lack of contraceptive care and the desire for paternity has contributed to the occurrence of paternity during adolescence

The characteristics of the education the adolescents received in the family context were many, and depended on the type of relationship among the family members. Some adolescents received orientation about broad aspects of life, and many of them received no orientation at all, including within the scope of sexual education.

It's not because of lack of advice (P3);
My mother never gave me advice (P1).

The adolescents were oriented to avoid pregnancy and AIDS contamination by using condoms. This focus was present both in orientations provided within the family and in school.

My mother told me to use condoms when having sex (P12);
The teachers said we had to use condoms (P6).

Those who received orientations said that pregnancy had occurred because of the inadequate use of contraceptive methods and the lack of concern for the occurrence of pregnancy. The adolescents did not use condoms adequately and systematically. This behavior was due to the predominance of emotion over reason at the moment of the sexual relation.

I ended up not taking care, and I had no mind to put to it at the moment (P12).

Those concerned with pregnancy and who knew about contraception said that they did not talk to their partners about this topic. The manifestations about the absence of this type of dialogue were frequent.

We didn't think about pregnancy (P6).

Some of them stated that pregnancy had occurred because they had a desire for paternity. For others, paternity was a consequence of the desire to correspond to the desires of their partners.

I wanted to be a father, I knew I was young but I always liked children (P5) (P3).

b) The adolescents were surprised by pregnancy and took on the paternal responsibilities according to their possibilities

The surprise resulting from the news about pregnancy was a common experience among them. The pregnancy caused a strong impact on the adolescents, leaving them confused, nervous, concerned or distressed when receiv-

ing the news. When they received the news about the pregnancy, they felt like their lives were falling apart. The fear they had was related with the probable negative reaction of their own parents.

It was a great shock, I thought my life had ended (P6) (P13) (P3).

The adolescents did not feel sufficiently mature and capable of understanding the consequences of paternity. In view of their disorientation in response to the fact, the adolescents faced difficulties in making decisions and the way their lives should be guided after that moment.

I feel a bit lost, with no way to go, I find myself thinking (P2).

The feeling of despair was predominant at the beginning, but this condition was gradually replaced by the feeling of satisfaction and happiness. The idea of paternity and the awareness of the need to assume new responsibilities were incorporated by the adolescents during this process.

I felt desperate, and then I thought: this is not a tragedy (P6).

After overcoming the initial impact of the pregnancy, the adolescents were concerned about sharing the news with the other members of their families, who reacted in different ways.

Some adolescents were scolded by their parents and other members of the family. After the initial impact, the adolescents received emotional and economic support and advice to assume paternity. Others faced many adversities and were the target of criticism. One of them was expelled from home, and another was intimidated by his girlfriend's father to assume his responsibilities as a father.

When my mother knew of the pregnancy she was mad at me, she sent me away from home (P17).

Her parents forced me to assume paternity (P13).

News of the paternity led the adolescents to reflect about their new condition. The main concern of the adolescents was to assume the responsibilities of the father's role. Even though the adolescents were committed to assume the pregnancy, they did it only according to their possibilities.

I thought: I'll assume my responsibilities, I have the willpower for that (P1).

Paternity implied the redefinition of the way of seeing and taking a stand in life, and changes in daily behavior.

I became more responsible, I grew up, I assumed the pregnancy (P3, P18, P10);

Becoming a father increased my responsibilities (P8).

Reflections of pregnancy in the couple's relationship were many and depended on each situation. Many who were boyfriend and girlfriend maintained the same type of relationship. Others furthered the relationship and started

to live with their partners in union. One of them stated that the type of relationship with his girlfriend did not change, because, at that time, he could not afford to provide for his own family. The couples who started a relationship because of the pregnancy were later separated.

She is still my girlfriend, but now we have a child (P8);

When this occurred I moved in with her (P11);

I moved in with her, but we broke up soon afterwards (P19).

c) Paternity during adolescence meant rapid maturation and transformed lives

For the adolescents, being a father during adolescence represented the need to prioritize the demands of their child. This implied a sudden change, with the rapid passage from the world of adolescence to the adult world. This made them feel suddenly mature.

I think about my son before I do anything (P5);

Life changes, one stops living for oneself and starts to live for his child (P3).

The condition of being a father transformed their personal relationships. The adolescents started to relate to the opposite gender in other ways. Many stopped going out with women in order to give more attention to their families. Contact with friends was also more restricted.

I'm more mature now (P2);

The hardest part was responsibility (P6).

Several adolescents were also concerned about adopting a lifestyle they considered correct. Those who were used to bad habits made an effort to *leave an unruly life*.

I started not doing wrong things (P10);

A child changes everything, the responsibilities increase (P13).

Many started to work, and this implied in the need for re-adaptation in their daily routines. They had to quit or postpone their studies and old dreams. It was clear that the current priority was the survival of the family.

Now I strayed away from my dreams (P14);

Now it means working and thinking about how to live (P4, P6);

Having the responsibility of raising a son makes one lose many things in life (P10).

d) Regret or happiness: different results of paternity during adolescence.

A retrospective analysis of the experiences of the adolescents divides them in two distinct categories. Some regretted paternity and others were happy with the incorporation of the father's role in their identity.

Those who regretted it said that they should have thought better about it and taken the necessary precautions to avoid pregnancy and wait for a better moment to become fathers. For this group of adolescents, paternity meant the need to assume several responsibilities in a

phase of life in which they did not feel adequately prepared to do so.

Regret was related with the unsatisfying experience of treading another pathway in life. The adolescents attributed the occurrence of paternity to the lack of responsibility. Some of them regretted the fact of not having assumed the pregnancy. Reflecting about their own history, the young men considered that not assuming paternity was an irreversible situation. Consequently, they had to live with feelings of guilt for a long time.

I started it too early, I was not supposed to have a child now (P11);

I think that we made a mistake, it is difficult to bring up a child (P14);

I rejected my son and now I regret it (P15);

I would have a deeper relationship without having a child (P18);

I tell people not to have children at that age (P19).

Others were happy with paternity and said that being a father was an old dream. These considered that being a father is a gift, a wonderful condition and that they did not regret having become fathers.

Being a father is a gift of love (P6, P7);

Being a father is very good (P8);

I was scared at first, but I assumed it and now I'm very satisfied (P9).

DISCUSSION

The adolescents attributed the occurrence of pregnancy to the lack of knowledge about contraceptive resources and the lack of adequate attention regarding contraception. Deficits in sexual education are a problem for many young people, especially those with low education. Findings from other studies indicated the existence of relations between the level of education and knowledge about safe sex⁽¹²⁾.

Regarding the use of contraceptive methods according to gender, women were shown to have better knowledge about contraceptive methods, but only 44% of them used some form of contraception. Men, in spite of being less knowledgeable about it, mentioned higher frequencies of contraceptive use (73%). The older they were, the more often contraceptive methods were used⁽¹²⁾.

The adolescents' lack of attention regarding contraceptive practices may be associated to the conception that the woman should take the responsibility. Men restrict themselves to offering support for the women to assume the responsibility of contraceptive practices, and the male contraceptive methods are used only occasionally⁽¹³⁾.

Decisions within the sexual and contraceptive spheres were centered in male values, and women were subject to the decisions made by the men. This situation was condi-

tioned by several factors that prevailed in their socio-cultural midst, especially social gender relations, where the male values and prerogatives predominate⁽¹⁴⁾.

The importance of considering the male perspective in women's healthcare should be highlighted. However, the inclusion of men and the male perspective in healthcare should not be done strictly with the goal of promoting women's welfare. It is not possible to remain continuously within a restricted attitude of identifying gaps or the lack of accomplishment and adequate performance of male social roles. This attitude favors neither the reconstruction of social processes nor openness to innovation and visualization of new possibilities in healthcare design and development. These are the main challenges related with the inclusion of the male perspective in the promotion of women's health⁽¹⁵⁾.

The inclusion of men in women's healthcare is an international challenge⁽¹⁵⁾. It is necessary to build different strategies for men and women, because the meanings the genders attribute to the sexual and reproductive bodies are different. Programs focused on fighting the existing myths regarding STDs and AIDS, condoms and vasectomy can be expanded and developed in healthcare and educational institutions. In studies on healthcare education involving themes related to sexuality, it is necessary to observe the fact that adolescents do not always feel free to express their questions.

During the conference of Cairo, the development of projects designed to provide concrete answers to adolescents' necessities was recommended. It was also suggested that programs should not be limited to providing access to services and information to adolescents. Such programs should safeguard the adolescents' right to privacy, confidentiality, respect and manifested consent, as well as the rights, obligations and responsibilities of parents⁽¹⁶⁾.

The importance of enthusiasm in the development of the project stands out, as well as the establishment of functional and precise goals, the existence of a referral system with services, the permanent evaluation, having regular meetings to discuss cases involving conflicts, careful selection of professionals and the existence of guidelines for all professionals⁽¹⁶⁾.

Several adolescents became fathers because they wanted to. This fact corroborates the idea that paternity and masculinity are associated. Men link paternity to a valuable moral attribute, the capacity to raise and provide for their children⁽¹⁷⁾. Paternity is related to masculinity, a gender construction where men and women are taught to respond to pre-determined models⁽¹⁸⁾.

As such, it should be considered that adolescents are influenced by their partners, characterized by the cultural meanings attributed to sexuality and, in this perspective, the roles of men correspond to not resisting sexual urges. Consequently, gender relations present in sexual initiation scenarios tend to continue⁽¹⁹⁾.

Professionals need to be especially sensitive to social and cultural differences, being skilled to develop projects that are specific and contextualized, with security and ethics. This also requires knowledge and respect for different lifestyles, socio-economic conditions, religious orientations, races, gender and the consideration of these factors within the context of care. Knowing the perspective of the users is an initial stage and indispensable for significant care delivery to people who receive healthcare.

CONCLUSION

The findings of this study indicated that the beliefs and values in the scope of sexuality and reproduction, with paternity as proof of male virility and non-resistance to sexual urges stemming from their partners, are still deeply rooted

in culture, coexisting with the precariousness of sexual education within the family and school.

The verification of this scenario requires acknowledgment from education and healthcare professionals. This group of social actors should make synchronized efforts to promote the occurrence of responsible paternity. This implies, among other aspects, in pregnancy that is capable of succeeding, supported and sustainable, which requires the preparation of the person, the family and social institutions, which need to be prepared to assist the pregnant woman, the newborn and the child. While striving for this ideal, one should offer the necessary attention to the young man who becomes a father, so that he can develop his fatherly role in the best possible conditions, considering personal, family and social conditions.

REFERENCES

1. Frota DAL, Marcopito LF. Amamentação entre mães adolescentes e não-adolescentes, Montes Claros, MG. Rev Saúde Pública. 2004;38(1):85-92.
2. Mandu ENT. Gravidez na adolescência: um problema? In: Ramos FRS, Monticelli M, Nitschke RG, organizadores. Um encontro de enfermagem com o adolescente brasileiro. Brasília: Ministério da Saúde; 2000. p. 94-7.
3. Levandowski DC; Piccinini CA. Paternidade na adolescência: aspectos teóricos e empíricos. Rev Bras Cresc Desenv Hum. 2004;14(1):51-67.
4. Trindade ZA; Menandro MCS. (2002). Pais adolescentes: vivência e significação. Est Psicol. 2002;7(1):15-23.
5. Maia NM. Paternidade na adolescência: a antecipação e reafirmação de uma identidade masculina. Fortaleza, Universidade Estadual do Ceará; 1998.
6. Moreira TMM; Jorge MSB; Lima FET. Análise das dissertações e teses de enfermagem sobre adolescência, Brasil, 1979-2000. Rev Bras Enferm. 2004;57(2):217-22.
7. Meihy JCSB. Manual de história oral. 2ª ed. São Paulo: Loyola; 1998.
8. Organização Mundial da Saúde (OMS). Necessidades de salud de los adolescentes. Ginebra; 1997.
9. Morse JM. Designing funded qualitative research. In: Denzin NK, Lincoln YS. Strategies of qualitative inquiry. Thousand Oaks: Sage; 1998. p. 56-85.
10. Conselho Nacional de Saúde. Resolução n. 196, de 10 de outubro de 1996. Diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Mundo Saúde. 1996;21 (1):52-61.
11. Meadows LM, Morse JM. Constructing evidence within the qualitative project. In: Morse JM, Swanson JM, Kuzel AJ, editores. The nature of qualitative evidence. Thousand Oaks: Sage; 2001. p. 187-200.
12. Sociedade Civil Bem-Estar Familiar no Brasil (BEMFAM). Adolescentes, jovens e a pesquisa nacional sobre demografia e saúde: um estudo sobre fecundidade, comportamento social e saúde reprodutiva. Rio de Janeiro; 1999.
13. Carvalho MLO; Pirotta KCM; Schor N. Participação masculina na contracepção pela ótica feminina. Rev Saúde Pública. 2001;35(1):23-31.
14. Hoga LAK, Alcântara AC, Lima VM. Adult male involvement in reproductive health: an ethnographic study in a community of São Paulo city, Brazil. J Transcult Nurs. 2001;12(2):107-14.
15. Arilha M. Homens, saúde reprodutiva e gênero: o desafio da inclusão. In: Giffin K, Costa SH. Questões de saúde reprodutiva. Rio de Janeiro: FIOCRUZ; 1999. p. 455-67.
16. Rede Feminista de Saúde. Adolescentes saúde sexual saúde reprodutiva: dossiê. Belo Horizonte; 2004.
17. Costa RG. Reprodução e gênero: paternidades, masculinidades e teorias de concepção. Est Feministas. 2002;10(42):339-56.
18. Medrado B, Lyra J, Leão LS, Lima DC, Santos B. Homens jovens no contexto do cuidado: leituras a partir da paternidade na adolescência. In: Adorno RCF, Alvarenga AT, Vasconcellos MPC. Jovens, trajetórias, masculinidades e direitos. São Paulo: EDUSP; 2005. p. 241-64.
19. Borges ALV. Relações de gênero e iniciação sexual de mulheres adolescentes. Rev Esc Enferm USP. 2007;41(4):597-604.

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