









INFLUENCES OF THE AFFECTIVE-RELATIONAL SPHERE WITH PARTNERS ON ADOLESCENTS' INTENDED PREGNANCY

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ABSTRACT

Objective: to understand interconnected influences on adolescents' intended pregnancy based on particularities of the affective-relational sphere with partners.

Method: this is a qualitative-interpretive study, carried out with 16 pregnant adolescents living in a neighborhood with a low socioeconomic level in a capital in the center-west of Brazil. Data were collected in 2019 through in-depth interviews, with complementary use of self-portrait, relational map and photo-elicitation resources, subjected to thematic content analysis.

Results: adolescents' intention-action towards becoming pregnant was based on status assessment and romantic relationship quality with their partners in terms of marriage/union, bond-commitment, partnership-financial protection and good interaction-love. They expressed needs for emotional bonding and material security, psychological particularities of their stage of development, in addition to social representations built on the conjugal and loving relationship and being a man and a woman in the family. Connectedly, it reflected on social conditions and family relationships experienced as well as absorptions of the cultural ideal of romantic and gender love.

Conclusion: in adolescents' reproductive health, it is essential to consider the affective influences on being pregnant, without detaching them from their social and family insertions as well as their ways of exercising agency over their affective-sexual trajectories.

DESCRIPTORS: Pregnancy in Adolescence. Family Development Planning. Pregnancy. Affect. Spouses.

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INFLUÊNCIAS DA ESFERA AFETIVO-RELACIONAL COM O PARCEIRO NO ENGRAVIDAR INTENCIONADO DE ADOLESCENTES

RESUMO

Objetivo: compreender influências interconexas no engravidar intencionado de adolescentes a partir de particularidades da esfera afetivo-relacional com o parceiro.

Método: estudo qualitativo-interpretativo, realizado com 16 adolescentes grávidas residentes em um bairro de baixo nível socioeconômico, em uma capital do centro-oeste brasileiro. Os dados foram coletados em 2019 mediante entrevistas em profundidade, com uso complementar dos recursos autorretrato, mapa relacional e foto-elicitación, submetidos à Análise de Conteúdo Temática.

Resultados: a intenção-ação das adolescentes voltada ao engravidar sustentou-se na apreciação do *status* e da qualidade da relação amorosa com o parceiro quanto aos aspectos casamento/união, vínculo-compromisso, parceria-proteção financeira e boa interação-amor. Estas exprimiram necessidades de vínculo afetivo e de segurança material por elas vividas, particularidades psíquicas da sua fase de desenvolvimento, além de representações sociais construídas sobre a relação conjugal, amorosa e do ser homem e mulher na família. De forma conexa refletiram sobre condições sociais e relações em família vividas, além de absorções do ideal cultural do amor romântico e de gênero.

Conclusão: na saúde reprodutiva de adolescentes, é indispensável considerar as influências afetivas no engravidar, sem descolá-las das inserções sociais e em família daquelas, bem como dos seus modos de exercer a agência de suas trajetórias afetivo-sexuais.

DESCRITORES: Gravidez na adolescência. Planejamento familiar. Gravidez. Afeto. Cônjuges.

INFLUENCIAS DEL ÁMBITO AFECTIVO-RELACIONAL CON LA PAREJA EN LA INTENCIÓN DE EMBARAZO DE ADOLESCENTES

RESUMEN

Objetivo: comprender influencias interconectadas sobre la intención de embarazo de adolescentes a partir de particularidades del ámbito afectivo-relacional con la pareja.

Método: se trata de un estudio cualitativo-interpretativo, realizado con 16 adolescentes embarazadas que viven en un barrio de bajo nivel socioeconómico, en una capital del centro-oeste de Brasil. Los datos fueron recolectados en 2019 a través de entrevistas en profundidad, con uso complementario de recursos de autorretrato, mapa relacional y fotoecitación, sometidos a análisis de contenido temático.

Resultados: la intención-acción de las adolescentes para quedar embarazada se basó en la evaluación del estado y la calidad de la relación sentimental con sus parejas en términos de matrimonio/união, vínculo-compromiso, sociedad-protección financiera y buena interacción-amor. Estos expresaron necesidades de vinculación afectiva y seguridad material que vivieron, particularidades psíquicas de su etapa de desarrollo, además de representaciones sociales construidas sobre la relación conyugal, amorosa y el ser hombre y mujer en la familia. De manera relacionada, reflexionaron sobre las condiciones sociales y las relaciones familiares vividas, así como sobre la absorción del ideal cultural del amor romántico y de género.

Conclusión: en la salud reproductiva de las adolescentes, es fundamental considerar las influencias afectivas sobre el embarazo, sin desvincularlas de sus inserciones sociales y familiares, así como de sus formas de ejercer la agencia en sus trayectorias afectivo-sexuales.

DESCRIPTORES: Embarazo en Adolescencia. Planificación Familiar. Embarazo. Afecto. Esposos.

INTRODUCTION

Unplanned adolescent pregnancy (AP) prevention is recommended worldwide in health policies. This is because there is a correlation between high rates of occurrence of the event and negative repercussions, such as abortion and maternal and child mortality. In Latin American populations, including Brazil, there are health care actions for adolescents that encourage contraception for those who have started sexual activity, especially for women, valuing the indication/offer of contraceptives and educational actions aimed at their rational use¹⁻².

However, there are criticisms regarding AP's perspective and preventive practice, especially due to the limits of the purpose of containing young people's reproductive behaviors and, equally, the practice that, in addition to detaching contraceptive decisions-actions from the complexity involved in their sexual and reproductive behaviors, it also overvalues it compared to other aspects involved²⁻³.

The simplification of the correlation between decisions-actions of adolescents in these spheres, their constructed subjectivities and their life contexts is a fact. There is often a certain generalization-decontextualization of the reasons for AP occurrence and participation of those directly involved, and the same occurs regarding the possible repercussions associated with it³.

In this regard, there is a need to consider that, sometimes, pregnancy can be a desired, planned or acceptable event among adolescents⁴ and with life repercussions that they consider positive⁵. However, in poorer populations, adolescents face social difficulties in formulating alternative life projects or those combined with motherhood⁶⁻⁷ so that AP is related to social and also psycho-emotional and relational components, involving not only adolescents, but also their partners⁸.

In the aforementioned direction, psycho-emotional influences on AP occurrence, although highlighted in some research⁸⁻¹⁰, have still been little explored in their scope. Thus, little is known about the relationship between AP and affective aspects with partners in its overlap with social and cultural issues. National and international research associates AP occurrence with sociocultural, family, behavioral, cognitive, emotional, relational aspects, but in an isolated manner, without covering its specificity and extent, which requires new studies that take this perspective into account¹¹⁻¹².

Due to the problem outlined, the question arises: what are the affective-relational influences with partners on adolescents' intentional pregnancy?

To answer this question, this study aimed to understand interconnected influences on adolescents' intended pregnancy based on particularities of the affective-relational sphere with partners.

METHOD

This is qualitative-interpretive research, supported by propositions about human action from Giddens' Structuration Theory¹³⁻¹⁴. Based on the theorization of action, it was assumed in this study that AP is correlated to their subjectivities (representations, expectations or expected outcomes, motivations), their modes of action agency and the social system in which they are inserted. It is noteworthy that the COnsolidated criteria for REporting Qualitative research (COREQ) guided the study report presentation and writing.

The study took place at the coverage area of six Family Health Units (FHU) located in the southern region of a capital in the center-west of Brazil, which at the time of data collection had the highest number of live births to adolescent mothers in the city as well as adolescents undergoing prenatal care at FHU. In the neighborhood, there was a predominance of residents with low income and education (monthly income of up to two minimum wages and four to seven years of education)¹⁵.

Participants were 16 pregnant adolescents, aged 15 and 19, who intended the pregnancy, residing in the chosen area, undergoing prenatal care at one of the Basic Health Units and having a maximum of 35 weeks of gestation at the time of the first interview.

Between April and May 2019, by consulting medical records, pregnancy record books and the e-SUS system, 67 pregnant women were identified under follow-up at the 6 FHU. Of these, 31 were initially excluded because they did not meet the previously established criteria of chronological age and gestational age. The 36 pregnant adolescents were approached personally to inquire about their pregnancy intentions and accepted to participate in the research. Thus, 17 of them intended to become pregnant, but one did not agree to participate in the research. Therefore, the 16 available adolescents were included.

The investigation into the intention to be pregnant was based on questions from the London Measure of Unplanned Pregnancy (LMPU) (Brazilian version)¹⁶ and the one used by the National Survey of Family Growth (NSFG)¹⁷ in the United States. The questions were: have you thought about having a child at this point? Did you think about having children at another time? Did you use any method of contraception? If so, which one and for how long? Have you stopped using it? If yes, for what reason? In your opinion, did the current pregnancy occur too early, too late, at the right time, or whatever?

The construction of contextualization data and specific analysis *corpus* of the study took place from April to August 2019. Contact and initial bonding with potential participants were favored by the application of two strategies: “Solidarity Clothesline”, carried out in the six FHU, which consisted of socialization or donations of materials (clothes, toys, hygiene products) to adolescents; and “Crafts Workshop”, carried out in the two FHU with the largest number of pregnant women and whose purpose was to encourage adolescents to develop manual skills by creating personalized vaccination records for their future children, using disposable materials and donations.

Data were collected through individual interviews at two moments. In the first, the following topics were addressed: identity; life’s history; pregnancy intention; reproductive planning ideas and experiences; decision-action to be pregnant. In the second moment, these same topics were deepened, exploring the particular situations and contexts of participants’ lives based on indications arising from the analysis of the initial available material and recognition of thematic nuclei linked to study object and objectives.

Informal contacts made with adolescents at the FHU and via instant messaging applications allowed them to clarify their doubts, complement data construction and cultivate the bond. The interviews lasted an average of 50 minutes, and, in the first moment, they took place at homes (nine of them) and at the FHU (another seven), and in the second moment, they were carried out at homes with fourteen adolescents. One only agreed to participate through a messaging app and the other did not agree to participate.

In the second interview, in addition to the guided conversation, some resources were used with the aim of making adolescents more relaxed and at the same time obtaining as much information related to the topic under study. It should be noted that data obtained specifically through using these resources are not presented and will be part of another communication. There were three resources used: a) *self-portrait*, in which participants were asked to draw themselves with the purpose of understanding how they perceived themselves and the phase of development they experienced; b) *relational map*, to identify significant people and influential actors in the production of their meanings about reproductive planning – for this purpose, adolescents were asked to represent people close to them in a drawing; and c) *photo-elicitation*, occasion in which, through the presentation of images

from 2007 and 2008 advertising campaigns by the Ministry of Health on reproductive planning care, adolescents were asked to talk about what most caught their attention, with the aim of exploring positions and experiences of self-care.

Thematic content analysis was carried out¹⁸. To this end, sequential analytical-interpretive readings of all the material were carried out and the recording units and topics of interest were selected. Initially, analytical notes were made on the set of material and each interview. In new analytical-interpretive readings, the process was deepened, according to the focus of the object.

When reading, the literal and underlying content of interest was sought, and recording units were defined and classified into major topics. These were contextualized, interpreted/reinterpreted and classified/reclassified, building related knowledge. Three categories emerged from the process described, namely: 1) Common project of family formation and bond-commitment of partners with adolescents; 2) Good interaction with partners and positive affective exchange in the new family (relationship interactional and affective quality); and 3) Expectation that partners would provide material conditions for families and women would take care of their children.

The project was approved by the Research Ethics Committee. Adolescent participants under 18 years of age signed the Informed Consent Assent and those aged 18 years or over and guardians of minors signed the Informed Consent Form. Fictitious names chosen by the researcher were used to maintain interviewee anonymity.

RESULTS

The 16 adolescents were between 15 and 19 years old; three were married (Zoe, Glaci and Anne) and the others were in a stable relationship; eight were evangelical, two were Catholic and others reported not following a religion. Thirteen of them had dropped out of school before becoming pregnant. Nina dropped out during her pregnancy, while Fani and Vivian continued their studies. Regarding family financial income, five adolescents were unable to inform it; for five of them, it was between $>1<2$ minimum wages and six between $\geq 2<3$. Eleven had their own residence with their partners. Agnes, Anela and Vivian lived with their partners' family; Nina lived with her family of origin and partners; and Sarah lived only with her family of origin. Their partners were between 18 and 29 years old, and two of them were in prison (Sarah and Agnes) and two others (Fani and Nina) were unemployed. Regarding partners' desire for pregnancy, five of them (Agnes, Anela, Isis, Nina and Raia) left it to chance; Ane and Graça wanted pregnancy; and Glaci and Lita did not want it yet. In the remaining cases, there was a consensual interruption of the contraceptive method to be pregnant.

Common project for family formation and bond-commitment between partners and adolescents

In addition to adolescents' objective of creating their own family with children, they considered it important that their partners also expressed equal desire or, at least, non-refusal to have children:

Ever since I met him, I said that my dream was to be a mother. He said that his dream was also to be a father. He said it's not possible for now because it's very difficult. When we're well... a steady job and a house, money to buy things, everything prepared, we will plan. [...] because since I met him, I didn't take contraceptive and he didn't use a condom, so I had a chance of getting pregnant. [...] if I got pregnant... I wasn't worried, neither was he. We met in October 2016, and we started dating in November. We got married... I think... it was in 2017. We kept trying [...] in January, we had our last period (Agnes, 16 years old, partner wanted to have a child with her and planned it randomly).

Furthermore, the relationship should be “solid”, i.e., sealed especially by living with partners, whether in union or marriage. This condition, among others, represented, for them, the concreteness of the necessary constitution of a bond-commitment in the relationship: *I think we stayed for three... four months or more, because we didn't know each other... we wanted more... to talk more, get to know each other more... we started dating... we soon decided to live together. [...] we wanted a little corner [...] when we were about... four months old... that I had already known him from a relationship, we tried (having children). We tried, but it didn't happen, then after two years it happened, thank God (Raia, 17 years old, partner wanted to have a child with her and planned it at random).*

“Living together” was sometimes influenced by the family context and particularly by the mother who, when her daughter recognized the bond-commitment in the relationship, understood that the next step in the relationship was the creation of her own family:

I left my mother's house because she and I weren't working out, then I met this guy. She said, “Do you want to marry him?”, “You get married, you build a family all at once.” “That I'm tired of having you in my life”, “You're already going... and you're with the guy. You have to live there. You're already having a relationship with the guy. You have to stay with him.” [...] then I met him. He asked proposed. I said I was too young to get married. He said, “Then let's be friends for now”. We became friends. [...] (Anela, 15 years old, partner wanted to have a child with her and planned it at random).

Among some adolescents, “living together” occurred regardless of the length of the relationship, as living together and becoming pregnant took place immediately after the relationship began, sometimes with the first partner. However, as living together was “confirmed”, there was expected marital connection and commitment-bond of partners.

Otherwise, confirmation of relationship status, between some of them, occurred by maintaining it over a period of time and required better “getting to know” their partners or assessing whether it was possible to trust them and understand each other:

[...] over time, we already know... I already know that he will be a good father, because I know him very well. I know it will be good to have this child with him. If I had only been dating the person for two months, and then I got pregnant, I don't think I would like it, because I don't know if he'll like me from now on. So, I'll feel like the person is with me for the baby. [...] over time, we get to know the person more. [...] according to his behavior, he really likes me. He is affectionate, he cares and comes with me to all appointments. So, for me, he loves me (Vivian, 18 years old, couple had a consensual interruption of the contraceptive method).

Therefore, adolescents intended to maintain their own family (thmselves, their partners and children) and coherently, in their actions, they sought to recognize the family project with their partners, establish solid relationships, characterized by living with the same person, and know their partners, assessing whether it was possible to trust them. In other words, a reflexive and rational monitoring of the flow of their affective-sexual trajectories stands out among them, which reveals, to some extent, their agency in being pregnant.

Good interaction with partners and positive affective exchange in the new family (relationship interactional and affective quality)

Among adolescents, the interactional and affective quality of the relationship with partners was equally appreciated. Among the aspects that weighed in decision-action to be pregnant, there was the judgment of the presence of mutual loving affection and what they considered to be a good interaction with desired emotional returns.

These aspects' judgement was guided by criteria such as the manifestation of affection and attention towards partners, and respect, union and good communication or "good" treatment between them, also extending to children:

There was no affection and attention with him (previous partner). I thought it was better not to have (another child). [...] he (current partner) has a loving way of talking to me, of talking to D. (first child). The baby wasn't even born, talking to her and 'cuddling' her (Isis, 18 years old, partner wanted to have a child with her and planned it at random).

Another aspect mentioned by adolescents was the proximity of the ways in which they lead their lives and the companionship actions of their partners, suggesting the importance given both to identification between them and to the partnership:

My ex-husband didn't really want to (have a child). He likes partying and drinking, but I don't. I've always been more of a stay-at-home person. It's different with this one, he always wanted another one. He doesn't like going out. He always goes with me to appointments, to vaccinations, to pharmacy. [...] It was going to change (the decision, in the absence of these questions) (Fani, 18 years old, couple made a consensual interruption of the contraceptive method).

"Getting along well" with partners and both being adapted to each other's way of being in a period of time judged as "revealing" were referred to as influential in the decision:

[...] (What influenced her decision to have children?) I think the feeling. We spend a lot of time together. We get along really well. I think the more you spend time with a person, the more you get a sense of what they mean to you. I already wanted to have a child. [...] I always really wanted to be a mother (Luna, 18 years old, couple agreed to interrupt the contraceptive method to get pregnant).

But the reference to "meeting the right person" to start a family, based on loving affection, identification, regardless of the length of time together, proved to be a trigger for being pregnant:

Before I met him, I was dating the wrong person. [...] I seem to have found more love in him than in other people. Since I met him, I was more intimate, as if I had known him for a long time. The son renews even more, I get to know him more. He pays more attention, listens to what I have to say, talks [...] I had this desire to have a family and live with him. He had to be himself (Agnes, 16 years old, partner wanted to have a child with her and planned it at random).

Some adolescents lived previous marital relationship trajectories and, with their families of origin considered conflicting, valuing the need for affection. The same occurred with adolescents with strong positive emotional bonds. Even them valued the needs for affection and protection, through motherhood and family formation, in order to create a family of their own with children, along the lines idealized by them.

In this category, it is evident that relationship interactional and affective quality directed adolescents' actions towards becoming pregnant. From the criteria judged (e.g., good treatment, getting along, companionship, the right person), it is observed that they found their foundation in social conditions and marital and family relationships experienced, in addition to absorptions of the cultural ideal of romantic and gender love.

Expectation that partners would provide material conditions for the family and women would take care of their children

The relationship with partners was also appreciated due to the possibility of meeting the new family's material needs. This aspect was not openly pointed out, but it was revealed in expectations presented and in representations of gender roles:

It doesn't even look like he's going to have a child. I don't think it even crosses his mind: "I'm going to save money, because the baby is going to be born and I need to buy things for him. I'm going to be a father and I will provide anything for him". [...] when I was married for a month, everything was missing here at home [...]. There was no meat, beans, nothing. [...] I told my mother that things were missing. [...] I went shopping with her. [...] he (partner) said, "Who made this purchase?" [...] I didn't need to go through this humiliation. [...] I have to stay on his side. [...]. Lack of responsibility. [...] but I think he will come to terms with it when the child is born (Zoe, 17 years old, couple had a consensual interruption of the contraceptive method).

Sometimes it was the partners themselves who reinforced the role of provider for the family, while the woman was responsible for taking care of the house and children:

I said that, since we really want to (have children), we will have to fight, because children's clothes are expensive. Diapers are what children use most, in addition to wet clothes. I said it, but I can work. He said, "You working? No. It's for men to work, not for women. Women have to stay at home. Men have to work hard." I said that not all women are like that. I myself don't want to be dependent on men. For now, I'm here, but I'm looking for children to take care of. I want to earn a little money (Anela, 15 years old, partner wanted to have a child with her and planned it at random).

It can be seen in the reports that as pregnant women and with a partner that they accepted the role of taking care of the house and children, possibly with some resistance in relation to the first task. They expected financial support from their partner to live and care for their child.

Between the lines, it was found that becoming a mother was such an important event for them that they put it ahead of the search for the viability of some social conditions, such as having a private home where they could live and some financial security. Even with restricted survival conditions, adolescents did not necessarily see them as an impediment to union and pregnancy, in which parental support to expand these conditions, when present, appears to be collaborative.

Almost all adolescents had no paid work experience or presented it as an immediate life project. Some of them also intended to resume their studies and/or work, as they had abandoned it, above all, before pregnancy or possibly at the beginning of it.

Still regarding child care, all adolescents saw themselves as women and capable of being mothers. Thus, their manifestations indicate what they considered to be the appropriate moment in life for this and for what reasons as well as the necessary attitudes and capabilities that they considered sufficient for the exercise of motherhood.

Zoe said she perceived herself as responsible, experienced, loving and capable of taking care of her son and the house. This is because she saw herself in a position to make a commitment to her son and have a coherent lifestyle:

[...] I now also think I am responsible for having a child. I have a lot of responsibility. I took care of my brother since he was born for my mother. [...] I took care of him as if I were his mother (at 12 years old). She bathed. She (mother) came home and he was clean. She put him to sleep and changed the baby's clothes. [...] I already have more responsibility (Zoe, 17 years old, the couple agreed to discontinue the contraceptive method).

Adolescents understood and assured that they were also ready to decide on the issue and/or that this prerogative or right was theirs. Being a mother placed oneself ahead of insinuations, statements or judgments, although this position did not emerge without contradictions.

Lita was contrary to her friends' position that she was "new" to having children, and reinforced her desire to have them. In the situation, the opportunity and prerogative of choice were hers, seeing that manifestation as an undue intrusion into her life, the occasion and the desire she had:

They (church friends) keep saying, “I don’t know, why should you have a child now? There are so many children there!”. They say, “Oh, what a lot of work!”. Sometimes I answer, sometimes I remain silent (Lita, 17 years old, partner did not want to have a child yet).

Graça, 19 years old, also considered that the decision about having children was up to her and her partner, since raising a child would be their responsibility, therefore the deliberation also:

(People around us say) They say no! The boy is young. I don’t know what... Ah, we’re the ones who will raise them! They kept saying it was difficult, saying a lot (of things). But he is little... Ah, we will be living. We are the ones who will raise them (Graça, 19 years old, partner wanted to have a child).

Thus, towards what adolescents want – the constitution of a family and children -, they hold their partners responsible and put pressure on them to provide material conditions. As for them, it would be up to them to take care of their child, mobilizing, using or accepting the possibilities in the contexts they experience, and they refuse statements, insinuations and judgments that they are not fit to be mothers, placing themselves as agents in being pregnant.

Finally, based on the research results, we briefly understand the various interconnected elements in adolescents’ intentional pregnancy, the affective-relational sphere with partners was considered, as shown in Figure 1.

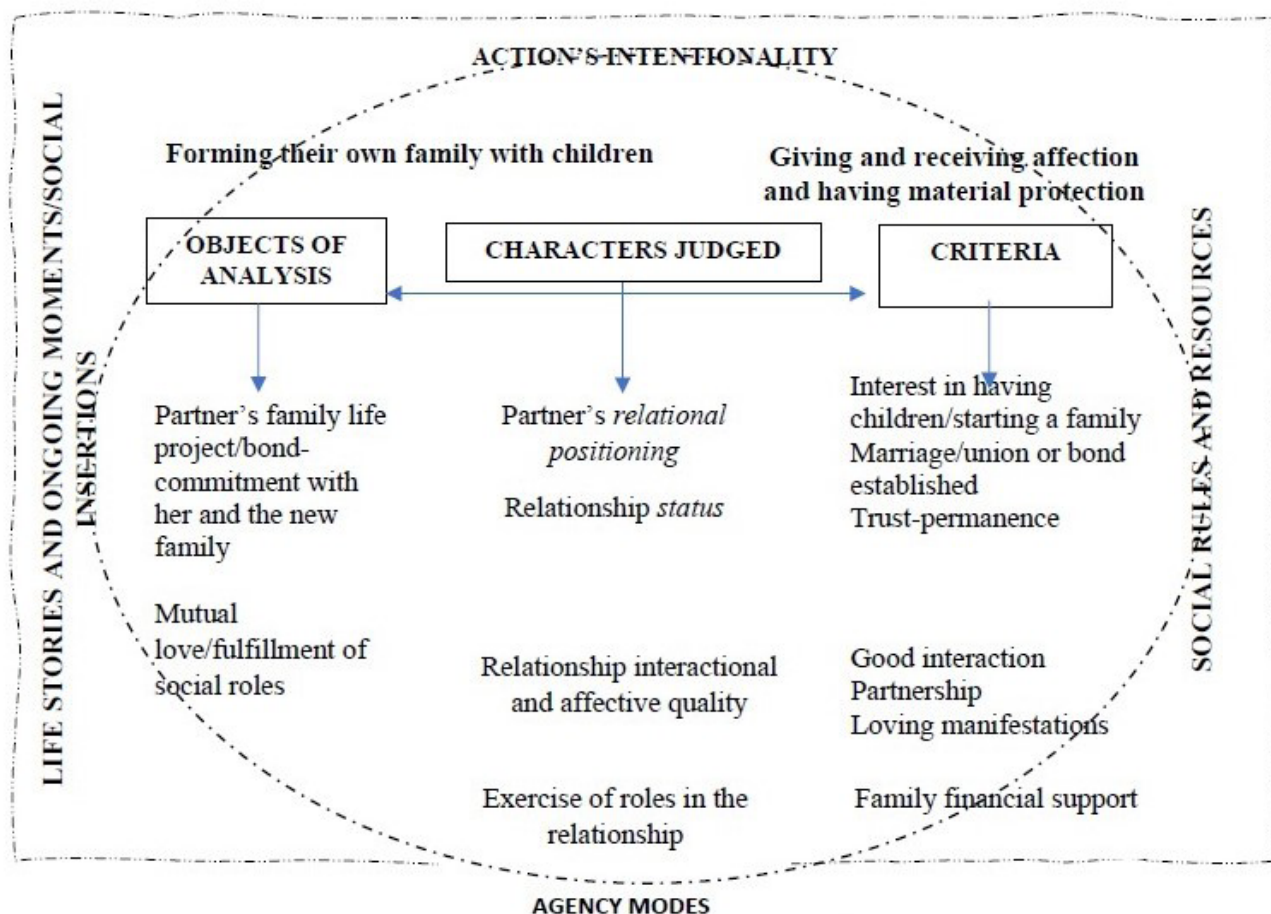


Figure 1 – Interconnected elements in adolescents’ intentional pregnancy considered the affective-relational sphere.

DISCUSSION

Empirical analysis highlighted affective-relational aspects that integrated adolescents’ agency in their affective-sexual trajectories with the event of pregnancy. Adolescents’ decisions and actions

were based on the future projection they had for themselves: creating their own family, with a chosen partner and child, designed with the exercise of traditional social roles for both. Their trajectories encompassed both the relational events themselves (especially union/marriage and marital relationship) as well as related meanings, actions, use of time, among other aspects.

In the affective-relational sphere with partners, achieving the objective of establishing a family and, particularly, the decision to have a child were based on the appreciation of partners' interest and bond-commitment with the idea of establishing a family, relationship interactional and affective quality and the possible financial support of the new family by men, with child care being recognized as a woman's role.

These adolescents' references, as well as their interpretations and relational actions that led to pregnancy, correlate specifically with their emotional and social needs, the cultural project of family and motherhood that they had as a model, and gender references and assumed social roles by men and women. Therefore, in a perspective that articulates the individual-social, as proposed in this study, these elements also express what is involved in pregnancy.

It is understood that adolescents' satisfaction with having their own family and children was strongly linked to their ideas about the conjugal relationship with their partners and the meanings attributed to establishing a family with them. This result is consistent with the results of a feminist ethnographic study of young women's narratives and their social networks to understand the AP phenomenon, which pointed out that its continued existence can be attributed to local sociocultural perceptions of fertility, motherhood and marriage¹⁹.

Similarly, other research in Sudan, which discussed views on pregnancy and attempts to explain young women's reproductive actions, noted that girls' desires to have children are socially constructed and rooted in social pressures to be pregnant, which are often shaped by a social context that does not offer incentives to delay fertility or, conversely, offers incentives to have children. This high-value attachment (among girls) to procreation is consistent with local social norms. Adolescents conform to certain social norms and sometimes reproduce what they see as being valued by adults²⁰.

Still in Sudan, adolescents' views on having a 'home' were a comprehensive part of women's narratives about what it meant to become a woman and establish a family and a life of their own. Having a home would imply having a child, a husband and, therefore, social position as a wife and mother. Furthermore, a young woman was considered 'married' when she lived with the child's father, without the necessary formalization of a ceremony, whether in her family's home or ideally in her own home, therefore reinterpreting the idea of traditional marriage²⁰.

The adolescents in this research sought to recognize the desire for family formation and motherhood as a common project of the couple, and they also interpreted the concreteness of the necessary construction of a bond-commitment in the relationship, through "living together", regardless of the time of union and its formalization.

However, it is worth highlighting that decision-making about having children was not free from competing social pressures and claims about the adequacy of adolescents' reproductive choices. A study carried out in sub-Saharan Africa shows that adolescent girls may face social pressure to marry and, once married, to have children, predisposing girls to becoming pregnant as an adolescent²¹. In this study, however, it was observed that pressure from family, friends and community members was that they delay pregnancy until they were financially able to support children.

From the research findings, it is also possible to verify that the creation of a new family and the decision-action to be pregnant occurred in the midst of an individuation process accompanied

by insecurities and projections. Pregnancy, therefore, could meet emotional needs, through children themselves or through the marital relationship established, expecting this emotional and life protection.

Among the adolescents under study, the statement that they found in their peers what they wanted or needed occurred in a relational experience generally lasting a few months, from the counterpoint with relationships that did not go ahead and/or because they think they found the “right person”, which may presuppose a certain degree of illusion-projection and/or a certain fatalism.

A qualitative study with three couples with an ongoing pregnancy, living in the countryside of Rio Grande do Sul, Brazil, on their relational dynamics and also their family contexts of origin, showed that they presented certain projections regarding the dyad’s relational difficulties. In the situation, the child was seen as capable of uniting, appeasing and providing marital well-being. This expectation overlapped with the concern of exercising adequate parenting⁸.

Around the social model reproduced and cultural patterns accessed, another research in Ecuador, with women between 14-20 years old, aiming to analyze the relationship between self-esteem, loving attitudes and sexual assertiveness among pregnant and non-pregnant adolescents, found among the former a greater acceptance and endorsement of beliefs related to the “soulmate” myth in relation to non-pregnant women. Pregnant adolescents have greater belief in romantic myths, especially those in which women idealize their partners, and their role becomes predominant¹⁰.

Already counteracting the perception of love in adolescence as ephemeral and idealized, research highlighted that, despite having been associated in this way, many adolescents feel prepared to make emotional decisions with greater responsibility and commitment when they live and trust their partner. Therefore, regardless of age, love instability in a relationship is often due to the way couples live together and experience this affection²², which can be marked by failure to face conflicting desires and looseness of emotional ties.

From the findings of this research, it is assumed that the personal relational-love experiences lived or observed, alongside evaluative interpretations, also represent for adolescents a strong basis in their romantic choices and in their family formation in the traditional model. It is worth highlighting that, currently, there is no single family model, as they are plural and all aim to meet the emotional, economic and social needs of those who make them up.

In this regard, the relationship between two people is promoted to the status of an intimate relationship, in which the most reserved feelings are exposed, such as fears, anxieties, desires, and high expectations are concentrated for the development of persons as subjects. Marriage considered as an individual and autonomous choice of spouses is based on bonds of affection and affinity. Moreover, the attribute of durability adds to the ideals of monogamy and indissolubility. Thus, the couple’s intimacy constitutes a source of satisfaction when both are committed to meeting others’ needs, especially in the emotional and sexual fields²³.

However, this does not mean that the adolescents interviewed did not adopt behaviors in the sphere of closer affective-sexual relationships or in line with new culturally constructed ideals. For some of them, marriage basically meant living together and did not necessarily require a previous phase of dating (and engagement) as in tradition.

For Giddens²⁴, historically constructed romantic love’s cultural ideals (which, in the case of this research, are still reproduced among adolescents) are, in contemporary times, under the pressure of emancipation and female sexual autonomy. Romantic love depends on projective identification and gives individuals a sense of wholeness with each other. Confluent love, present in current life, is in some way opposed to such identification, since it is considered active, contingent and contrary to the “forever” and “unique” romanticized love.

This makes us think that the affective-relational bond with partners, considered in some way in pregnancy by adolescents, finds support, to some extent, in their needs and emotional searches, in their experiences and models as well as in both traditional and revised representations that dynamically have, among others, about loving and being loved, sexual experimentation and marriage, which seems to be configured with the desire for fusion for the security and protection they seek, but which does not exclude the prospect of a certain autonomy in the development of their romantic relationships.

Finally, in the search for security, particularly material security, which influenced the construction-appreciation of being pregnant by adolescents, it is understood that the criterion of family financial support by partners was linked mainly to the social conditions of insertion experienced by adolescents as well as representations of gender roles.

Highlighting the interrelationship between the condition experienced and the occurrence of pregnancy, studies, for instance, relate pregnancy to school dropout²⁵⁻²⁶. Specifically, research aimed at examining the intersections between education, child marriage, and AP with Honduran girls found that family income in early adolescence predicts school dropout, early union, and AP. Most girls stopped studying due to lack of financial resources or because they no longer wanted to be a student, and not because of marriage or motherhood²⁵, which corroborates the findings of this research, in which some of the adolescents had left school before pregnancy, had no paid work and were financially dependent on their partners and/or family of origin.

In the aforementioned direction, another research showed that, according to girls' view, having a child and having their own home is seen as a strategy to achieve financial security, stability and potentially happiness in their lives, which they may not have in their current home, whether parental or not. Furthermore, having children gives satisfaction in achieving something that is valued in society, in a reality in which possibilities are few. By becoming a mother, adolescents can leave for the safety and dignity of the home she would have with their child's father. However, it is important to highlight that, even when adolescents make decisions to have children, they are shaped by economic and social conditions that restrict the future they can have. Adolescents' exercise of agency in having children is, therefore, limited²⁰.

Regarding the expectation of male providers and women as children's caregivers, research also pointed out the expected financial and social support from biological fathers by adolescents, in addition to their families. Through this support, most adolescent mothers chose to keep their children and, at the same time, not give up on their education and future career, also reinforcing the importance of support from partners¹⁹.

Another survey with adolescents also found the traditional presence of the roles of men (providing household) and women (responsible for caring for children). However, it highlighted the reinterpretation of romantic relationships and the different family configurations, marked by more flexible roles and relationships²⁷.

In recognizing the importance of fatherhood around the issue of AP, the non-inclusion of partners among participants stands out at the end as a limitation of research, which restricted the analysis of the study given the relational nature of the phenomenon highlighted.

CONCLUSION

Affective-relational aspects are important in AP as part of a complex process that involves the issue. Thus, the development of adolescents, also through their emotional experiences, is something to be considered in debates about pregnancy and/or other reproductive decisions.

Considering the varied and concrete psycho-emotional and relational influences on pregnancy, correlated to adolescents' social, cultural, family aspects and psycho-emotional development, for an adequate approach to reproductive planning, it is essential that health professionals do not deny them and/or separate them from their social and family insertions as well as their ways of exercising agency over their affective-sexual trajectories.

The importance of social and health policies and expanded practices is also reinforced in order to reduce social inequalities, which limit the possibilities of agency of adolescents regarding their decisions and reproductive choices. Policies and practices must also provide an agentic participation of those directly involved in the exercise of sexuality, including recognizing, if the option is to have children, the complex and unfair circumstances in which they live.

Finally, we added the recommendation for new studies that value the agency and social processes that influence pregnancy and that include partners among participants, which can expand the analyzes studied.

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Study design: Silva AMN, Mandú ENT, Correa ACP.

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