OBJECTIVE: to know the experiences of adolescent fathers with the use of contraceptive methods. Method: this is a descriptive and exploratory study, with qualitative approach. The data production was conducted with 12 adolescent fathers of a hospital situated in the South region of Brazil, through semi-structured interviews. The analysis was held by means of the technique of the Collective Subject Discourse. The research project was approved by the Research Ethics Committee, under the CAEE nº 23116.004861/2010-45. Results: The main methods used were the condom, the pill and the withdrawal method (known as coitus interruptus); the adolescent fathers had sex without the use of contraceptives; some of them used the condom at the beginning of the relationship and, over time, failed to use it and threw the responsibility for contraception to women. Conclusion: it becomes necessary to improve their access to contraceptive methods and health education, besides creating a support network that helps the adolescents to have healthy sexual and reproductive lives. Descriptors: Fatherhood; Contraception; Adolescence; Nursing.

RESUMEN
Objetivo: conocer las experiencias de los padres adolescentes con el uso de métodos anticonceptivos. Método: estudio descritivo e exploratorio, con abordaje cualitativo. La producción de datos fue realizada con 12 padres adolescentes de un hospital ubicado en el Sur de Brasil, a través de entrevistas semiestructuradas. Se procedió a la análisis de la técnica del Discurso del Sujeito Colectivo. El proyecto de pesquisa teve a aprovação do Comitê de Ética em Pesquisa, sob o CAEE nº 23116.004861/2010-45. Resultados: los métodos principales utilizados fueron la camisinha, a pílula y el coito interrumpido; los padres adolescentes practicaban sexo sin uso de anticonceptivos; algunos usaban la camisinha al inicio de la relación y, en el tiempo, dejaron de usarla y confiaron a la mujer la responsabilidad por la anticoncepción. Conclusion: se hace necesario mejorar el acceso a los métodos anticonceptivos, educación en salud y a formación de una rede de apoio que auxilie a los adolescentes a tener vidas sexuales y reproductivas saludables. Descriptores: Paternidad; Anticoncepción; Adolescencia; Enfermagem.

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INTRODUCTION

In Brazil, the high indexes of pregnancy during adolescence have concerned the health care professionals, as well as different social segments. Most studies, on this theme, address issues related to the female gender, possibly as a result of sociocultural influence, in which the woman is considered the main responsible for the pregnancy and the child care.¹

Over the years, the theme of fatherhood was disregarded, since people gave greater emphasis to the questions targeted to motherhood; accordingly, there are few studies focusing on the paternal experience in relation to contraception. The lack of space for fatherhood in adolescence would be due to the fact that, in our society, the child care actions are still perceived as a responsibility of mothers.²

Adolescence is a stage of the human development characterized by a series of transformations, between childhood and adulthood. During this process, the adolescent goes through several body transformations that are typical of puberty. The development of the sexual organs and the reproductive capacity are important characteristics of this phase. This stage represents a rupture with the childish phase to enable people to enter into the adult phase, with the purpose of maintaining a balance between the body ready for reproduction and the psychic structure throughout this event.³

Pregnancy during adolescence, a phenomenon observed in most Brazilian cities, is one of the worrying occurrences related to the issue of sex during adolescence. The increase in its incidence and the possible associated problems justify the concern towards the question of teenage pregnancy, in a level of considering it as a public health problem. Demographic studies have demonstrated that, in the United States, in recent decades, there has been an increase in the specific fertility rate and a relative elevation of deliveries among women aged from 15 to 19 years. In this sense, two-thirds of all pregnancies during adolescence take place between 18 and 19 years of age.⁴

Demographic studies have demonstrated that, in Brazil, in recent years, there has been an increase in the specific fertility rate and a relative elevation of deliveries among women aged from 15 to 19 years, in contrast to the tendency revealed in other age groups.⁵ In Brazil, official information tools, such as the Brazilian Institute of Geography and Statistics (IBGE) and the National Registration System on Live Births (SINASC), do not include details that allow us to identify the sociodemographic characteristics of the caregivers of pregnant adolescents.⁶ The lack of data on the population of adolescent fathers in official information systems, related to Live Births (SINASC) and to Reproductive Health, emphasizes the necessity of adapting these systems for the feasibility of researches and strategic actions in the prevention of early pregnancy and parenthood among adolescents.⁷

A study shows that one of the motivations mentioned by adolescents for the occurrence of pregnancy is the inadequate or sporadic use of contraceptive methods. They claim that this behavior is due to the predominance of emotion over reason at the time of sexual intercourse. Nonetheless, those who care about pregnancy and know the contraceptive methods reported that there is a lack of dialogue with their peers.²

In a study conducted in Rhode Island, in the United States of America, the surveyed young people attest to the knowledge of contraceptive methods. They reveal that the most largely used is the condom, given that 68% of adolescent girls and 80% of adolescent boys made use of it in the first time that they had sex. Between 2006 and 2010, about 96% of adolescents had used the condom at least once, 57% had never used it and 56% had used the contraceptive pill. Lower proportions made use of other methods.⁸ Even though the use of contraceptive methods among adolescents is common and that it could be a favorable factor to the practice of safe sex, still about 750 thousand American adolescents aged from 15 to 19 become pregnant each year, and 82% of these pregnancies are not planned. Thus, the birth rate for adolescents in the United States between 15 and 19 years is configured in 41,5 for every one thousand live births.⁴

One should verify that there is the necessity for effective educational activities for that the pregnancy during adolescence takes place as an autonomous and assisted practice.⁹ In this context, the question that guided this research was: what is the experience of adolescent fathers in relation to the use of contraceptive methods? From this questioning, the aim of this study was to know the experiences of adolescent fathers with the use of contraceptive methods.

It is believed that the knowledge generated, in this study, might drive actions in the sense of assisting adolescent fathers to experience sexuality in a satisfactory manner, thereby avoiding unwanted pregnancies and
exercising the fatherhood in a conscious manner.

METHOD

The present study was extracted from the cutting of the Master Dissertation << Social representations about the fact of being a father during adolescence >>, in force from January 2010 until the year 2012.

A descriptive and exploratory research, with qualitative approach, was conducted. A descriptive and exploratory research addresses the description of the phenomenon under investigation, which allows knowing the experienced problems and deepen their study in the limits of a specific reality. The qualitative approach considers the study of history, relationships, representations, beliefs, perceptions and opinions, which are products of the interpretations that human beings make in relation to the way in which they live, build their artifacts and themselves, feel and think.

The survey was performed in the first half of 2010, in a hospital of a city situated in the South region of Brazil. This unit provides care services only to users of the Brazilian Unified Health System. It exerts a relevant role, as it is reference in attending cases of high-risk pregnancy and antenatal of adolescents. 12 adolescent fathers participated in this investigation, aged from 17 to 19 years, who accompanied their partners, during antenatal consultations, in puerperal period and were in the Inpatient Obstetric Unit (IOU) of the hospital after childbirth. People who had between 10 and 19 years of age were considered as adolescents. The inclusion criteria were: being an adolescent father and caregiver of pregnant or puerperal woman, served in the hospital on the occasion of antenatal or immediate puerperal period; agreeing to participate in the research by signing the Free and Informed Consent Form (FICF), as well as providing the signature of its responsible relative, for those who had less than 18 years, and allow recording of the interview and dissemination of results. This consent form was signed in two copies, being that a copy was given to each participant.

The data production was conducted by means of unique semi-structured interviews with each participant, and these interviews were consisted of an instrument containing open questions addressing their experiences with the use of contraceptive methods. The interview is an activity in which there is a successive approximation of reality that never runs out, thereby making a particular combination of theory and practice.

The interviews were held in the outpatient unit itself or in the meeting room of the IOU, because this space ensures the required comfort and privacy. The interviews were recorded and transcribed for later analysis. The number of interviews was limited by data saturation and the relatives who were caregivers were asked about their experiences with the use of contraceptive methods.

Next, there was the analysis of the technique of the Collective Subject Discourse (CSD). In this technique - through statements - one seeks to reconstruct, with fragments of individual speeches, synthesis-discourses that express a way of thinking about a phenomenon. Accordingly, CSD is a methodological strategy that aims to clarify a certain imaginary.

All ethical principles of the Resolution 196/96 of the National Health Council (CNS), which regulates researches involving human beings, were considered. The project was sent to the Research Ethics Committee and approved by means of the Certificate of Presentation for Ethical Consideration (CAEE) nº 23116.004861/2010-45, thereby receiving a favorable opinion for its publication under the Protocol nº 47/2010. In order to ensure anonymity of the study participants, they were collectively identified by the initials CSD, as advocated by the analytical technique of this study.

RESULTS

Regarding the use of contraceptive methods, it was found that the main methods used by adolescent fathers are the condom, the pill and the withdrawal method (known as coitus interruptus).

I used condom, she took pills and, sometimes, I had already done this before, without a condom; I took off it at that time. But, this time, it didn't work. (CSD)

Another evidence of this study was that, often, adolescents have sex without the use of any contraceptive method or make use of some method in the wrong manner. They have the idea that becoming pregnant is not easy and, consequently, there is no problem in the act of having sex, eventually, in an unprotected form. In case of diagnosis of pregnancy, they think that it was just an accident.

We had recently started a relationship. We were in a real hurry. She wanted to use the pill, but I thought it was not necessary. I used condom, but, on that day, I didn't have it. I had already done it before, taking off, but, this time it didn't work. We know that becoming pregnant is not easy. Over time, I
stopped using the condom and the things were restricted to the use of the pill. But she forgot to take the pill, I think, or else it didn’t work. One day, we decided to have sex without anything. I didn’t care about that, she didn’t take the pill and it happened. We didn’t take care of ourselves. She didn’t take anything and, sometimes, we did it without a condom. It was really a kind of negligence the fact of not using a condom. I’m not sure about what happened. Accident! She ended up getting pregnant. (CSD)

It was evidenced that the sexual intercourse is not always planned, and might occur in an unforeseeable way.

You know how the hurry is! On that day, I had no condom. We had not planned to have sex. We were driven by the will. I used, but, on that day, I had no. Sometimes, we had without it. It was really a question of oblivion. (CSD)

It was found that some adolescents make use of condom at the beginning of the relationship, but, over time, we fail to use it.

At the beginning, I used condom. Over time, when we start to better know ourselves, we started to get together and, gradually, I was really failing to use it. In fact, I used condoms only at the beginning. We love each other and, because of the trust, I was leaving to use condom. (CSD)

As in literature, the adolescent father throws the responsibility for contraception to the woman.

As she was taking the pill, I stopped using the condom; I didn’t use condoms any longer. It was restricted to the pill. As she forgot to take the pill, she ended up becoming pregnant. (CSD)

**DISCUSSION**

According to the obtained speeches, it was evidenced that some adolescents made use of contraceptive methods, even if they have been incorrectly used. The most frequently cited methods of contraception on the part of adolescents are the pill and the male condom. Male condom was the best known and widely used method for preventing pregnancy and Sexually Transmitted Infections (STIs) by adolescents. Even so, it is still worrying the fact that adolescents believe that *coitus interrumpptus* works as a contraceptive method, being that this practice does not prevent pregnancy and nor the transmission of STIs. *Coitus interrumpptus* involves a higher risk margin, because the fact of believing that they are using a preventive method enables the possibility of ignoring the occurrence of a pregnancy.16

The high rates of pregnancy during adolescence unveil the non-use and/or the improper use of contraceptive methods by adolescents. This is a matter of large relevance, bearing in mind the vulnerability to STIs, in particular the AIDS, which is too disseminated in our society.15

Possibly, this fact might be explained due to a scarcity of information and inconsistent knowledge in relation to contraception. Rarely, in clinical practice or in contact with young people in the school environment, one sees an adolescent that denies having received information about contraceptive options, but one should verify the inappropriate use, as well as unprotected sexual intercourses and shortage of health care services for attending and monitoring young people belonging to this age group.17

The viewpoint contained in the speeches of this study reinforces the idea that the teenage pregnancy might be presented as a result of lack of information about contraceptive methods. In this perspective, in order to solve this problem, it would suffice to have a good dissemination of information about the correct use of contraceptive methods, as well as the guaranteed access to them. Nevertheless, the problem seems to be complex. Studies show that, even having knowledge and access to methods, pregnancy might happen, and its occurrence is very common, especially in cases of early sexual debut.16

Studies showed that the contraceptive behavior of adolescents is always subsequent to the beginning of the sexual intercourse with the partner, and is marked by difficulties to properly use the contraceptive methods, especially in view of the increased unpredictability of sexual intercourses in this group. In addition to the unpredictability, one should verify that the lack of knowledge in relation to contraceptive methods also contributes to the non-use of contraception by adolescents during sexual intercourses.18

Adolescents have difficulty in dialogue with their partners and, usually, the quality of information that they have about contraception and reproduction is poor, and might be presented as a cause of the non-use or the inappropriate use of contraceptive methods.11 The lack of access to effective contraceptive methods might contribute to the non-use of them.

Some pretexts are assigned to the non-use of contraceptives by adolescents: trust in the partner, the unpredictability of sexual intercourses and the fact of not appreciating their use.19 No matter the causes, the
outcome is known: thousands of pregnancies involving adolescents, with consequences for their sexual and reproductive health.

The justification of adolescents for interrupting the use of contraceptives was that these would be easily discovered by the family, thereby hindering the relationship of the young couple, which chooses to keep unprotected sexual intercourses. Another related aspect, when investigating the knowledge, attitudes and practices of adolescents in relation to the use of contraceptive methods, was the non-existence and/or shame of family dialogues that could favor significant progresses in acquiring knowledge with regard to the prevention of an unplanned pregnancy.

Parents feel embarrassed to talk about issues involving sexuality with their grown children, due to the fact that they were not educated by their genitors. This fact hampers the communication and transmission of values related to sexuality for adolescents, especially in this stage of the human development, where they need to have a critical and reflective stance towards this reality.

The inconsistent use of the male condom, especially as the partners are becoming intimate, stable and occasional, constitutes a frequent registration of studies on sexual behavior, both among adults and among adolescents. Furthermore, one should observe that this behavior, as well as the adoption of preventive measures in relation to STIs, varies according to the context of the relationship and the type of partnership experienced by adolescents, as the trust will taking place.

Study highlights that the safe practice of sexual intercourses of adolescents is less important than their sexual activity, which makes them fail to use the contraceptive methods as the relationship is increasingly becoming solid. As for the sexual and reproductive health, one can realize that there is an association established between the existence of the courtship or recognition of the sexual partner as someone known, friend or girlfriend, and that, for these reasons, the use of contraceptives would be dispensable.

The abandonment of the contraceptive method by the adolescent might be triggered by the desire of having children on the part of the partner. A study on gender issues sought to identify, in addition to the known and used contraceptive methods, the causes that led adolescents to abandon the use of the aforementioned methods, which has highlighted that the abandonment of these resources might be the result of the desire of the partner to become pregnant. This fact draws the attention for that fact that, even in adolescence, pregnancy might be desired.

Adolescents might opt for having a pregnancy still in adolescence as a way of putting themselves in the adult and virile world. The desire of having a child during adolescence might be justified because pregnancy might mean achievement, health and maturity and, in environments in which there is no chance of achieving this recognition, having a child might be an outlet for teenagers.

It was evidenced the idea that the responsibility for contraception is an exclusively feminine task, which expresses the lack of concern on the part of adolescents in relation to the use of condoms, as well as the dialogue with the partners with regard to the correct use of the contraceptive pill. The act of assigning the responsibility for contraception to the woman ends up indirectly being a way for the man does not feel responsible for the pregnancy. Thus, one should perceive that the masculine imagination thinks that fertilization only occurs in the woman’s body; thus, the man does not need to be directly engaged in the care actions to prevent it.

There is the idea that, socially, one expects measures to prevent pregnancy on the part of the female gender, since it is common to find the argument that the woman is the one that becomes pregnant, which constitutes a biologist perspective of conception. In contrast, the fact of knowing if the use of the pill is not being a part of the scope of concerns of the guy leaves him at the mercy of the woman, who might discontinue its use and become pregnant.

Another factor that contributes to consolidate this viewpoint is that the heterosexuality emerges as natural and desirable in the social context. From this perspective, the adolescents might understand that sexuality must be practiced to obtain satisfaction of their bodily necessities and pleasure. In this sense, the act of informing adolescents about reproduction and contraceptive methods would be not, singly, sufficient or effective since it would be blocked by the gender culture. There seems to be a contradiction in the behavior of adolescents with regard to the concern about the possibility of pregnancy, because one recognizes that the male gender has an essential role and must forewarn itself, but, in its sexual activity, does not take this into consideration and throw the burden to
the partner in the face of the desire of pregnancy. 27, 28

The lack of studies on fatherhood during adolescence follows the tradition of gender-related studies, whose production is largely geared towards the female gender. This situation ends up reinforcing the idea that reproduction and its control are tasks of women or for women, thereby leaving the men excluded. 19

One should consider the necessity for new studies about the experiences and practices of adolescent fathers in relation to the use of contraceptive methods, in order to support the work of health care professionals, of the education and of the family.

CONCLUSION

When seeking to know the experiences of adolescent fathers with the use of contraceptive methods, it was found that: the main methods used by them are the condom, the pill and the withdrawal method; they often have sex without the use of any contraceptive method or make use of some method in the wrong manner; they use the condom at the beginning of the relationship, but, over time, they fail to use it and throw the responsibility for contraception to women.

From these data, one can conclude that it is necessary that the nursing professionals perform educational practices together the population of adolescents in the sense of helping them to develop a contraceptive project coherent with their actions. It becomes important to include the masculine perspective as an important element in the reproductive health, thereby preventing unwanted pregnancy and easing the exercise of fatherhood of teenagers that are in this situation.

It is not enough to distribute contraceptives methods and inform the adolescents about their use, given the complexity of the issue at stake. Nonetheless, these are minimum actions that the health care services must include, as a way of helping teenagers to have a healthy sexual and reproductive life.

Nurses and other health care professionals also need to work together with families and education professionals, thereby building a network of social support for adolescents that take in account the issues related to the vulnerability of adolescents, which is caused by their sexual behavior, by the their way of experiencing sexuality and by the social context in which they are inserted. These actions must be implemented early, as a way of empowering teenagers, so that they are able to make their own decisions in relation to their sexual and reproductive lives, thereby reducing prejudices and stigmas still experienced by them in the face of the pregnancy and the exercise of the fatherhood.

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Experiences of adolescent fathers with...