

Experiment and learning in the affective and sexual life of young women from a favela in Rio de Janeiro, Brazil, with experience of clandestine abortion

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Abstract *This paper discusses the topic of first sexual intercourse in adolescence focusing on the course of ten young girls with experience of induced abortion living in a favela in Rio de Janeiro. The analysis uses the description of the process of entry into sexuality as a strategy to elucidate the context of pregnancy and the first clandestine abortion in the affective-sexual path of girls interviewed. The first sexual intercourse is a realm of sexuality and social life involving socialization, interpretation of rules and meanings, system of attitudes, ways of approximation, control and modeling of affections, emotions and gender relationships. The results showed that the age difference between couples in sexual initiation is significant, clarifying the context in which decisions on contraceptive methods, pregnancy and abortion were held. We noted that adolescents subject to difficult decisions about their sexuality and reproduction at a time of life where they still lack sexual and reproductive experience. The data collected show the importance of strengthening of public policies, discussions on gender and adolescent sexual and reproductive rights in many spheres of society, such as schools, family and other institutions.*

Key words *First sexual intercourse, Youth, Gender, Sexual and reproductive health, Clandestine abortion*

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Introduction

Youth sexuality emerges as one of the spheres to acquire individual autonomy in relation to the most relevant family of origin in modern times. The construction of autonomy and identity during this period rests largely on the establishment of a private sphere by setting relationships that transcend family and school, since relationships with peer groups and love and sexual relationships have become young people's gateway¹. The construction of this private learning space involves knowledge and use of the social and symbolic rules of interaction between partners, initiating teenage love and sexual courses².

This moment is complicated and multifaceted, implying a progressive mastery of social rules and exposure of feelings, affections, desire, touch, body contact and sexual exercise³. In this context, first sexual intercourse is a fundamental part of the course of the subjects, precisely because it involves the learning of sexuality for the progressive autonomy of young people to ensure their transition to adult life and to situate them within the framework of gender relationships^{1,3-7}. A certain concept of sexuality is at stake at the moment of entering a sexual life with a partner, bringing with it evidence and modulating elements of the construction of subjectivity³.

The first sexual intercourse involves socialization and interpretation of rules, values and meanings that are a system of attitudes and practices. Realizing the first sexual intercourse involves the non-sexualized "hookup" experience as an important element of experimenting the love life, in which the rhythm of the relationship's sexualization is changing and different in male and female experiences².

The time interval between the beginning of the first dating of the first sexual intercourse and the median age of the first dating or the first "sexual experience" (occurring much earlier or much later) are objects of yearning, expectation, and meanings². Entering sexuality with a partner is a valued and progressively prepared event in frameworks of structured relationships between genders, such as dating and "hookup", which involve assigning different roles to men and women.

The circumstances of this occurrence are part of an important event for young people and an indicator of different and distinct ways of experiencing sexuality, and often is a predictor of future behavior regarding sexual intercourse, contraception and protection thereof, since it involves learning negotiation between partners both in

the first sexual intercourse and in the subsequent ones of the biographical path^{2,3,8,9}.

Thus, the passage to sexuality leads to a process of physical and relational exploration; it is what some authors call a process of learning sexuality and affective relationships¹⁻⁴ – the milestones of relationships in youth and the apex of a sequence that begins with the definition of the age to start dating, the first hookup experience, the first sexual intercourse, as well as the subsequent achievement of intimacy in the most enduring relationships. That is, for young men and women, the first sexual intercourse determines a change in the interactions between partners².

The way in which the socialization of young people is conceived for sexuality, the reproductive life and the discovery of love involves the first information on sexuality, pregnancy, menstruation, contraception, AIDS, highlighting the place and importance attributed to family, school and peer groups, among others^{2,3,5,10}.

Some studies are found on adolescent pregnancy and clandestine abortion that take into account the idea of learning sexuality in different empirical scenarios. This paper aims to discuss this issue, considering induced and clandestine abortion as an important event occurred in the first sexual intercourse of young people, under the bias of the place and the meaning of its accomplishment in the course of those who chose to assume it during the learning of sexuality and in the process of empowering the family of origin. This usually occurs at the beginning of the sexual practice and during the first love interactions, as described by the young people interviewed for this research.

Based on this observation, one may ask: would a clandestine abortion occurred in the scenario of first sexual intercourse, when young people that meet are dependent on the family and in full and gradual transition to sexuality play an important role in the biographical course of the subjects because of the moment of the life cycle of subjects in the context of unprotected sex? When a pregnancy occurs, is the decision about its outcome always shared with the family? Although clandestinity plays an important role in the ways of involving young people and families when a pregnancy happens, how is the possible abortion and its practice in clandestinity discussed?^{7,10}

The argument developed here sustains that the process of first sexual intercourse contains transformations that codify intimacy, sex and affectivity⁷, and therefore is a determinant both

for the understanding of adolescent pregnancy and the involvement of young people in the decision-making process on clandestine abortion, in the context of the transformations of relationships between young people and, above all, the construction of sexual autonomy.

This work explores the first sexual intercourse of young people aged 15-17 years to analyze the occurrence of pregnancy and clandestine abortion occurred in the age bracket of 12-17 years. It is understood that both pregnancy and clandestine abortion are relevant reproductive episodes in this period of the life cycle that allow to observe the significant changes of values in the relationships of gender and family and in the representations on maternity and reproduction².

This is a relevant research topic to observe the phenomenon of unplanned pregnancy and induced abortion in this period of life, since the elucidation of abortion among young people brings with it questions such as the experience (or lack thereof) of young girls before their sexuality and reproduction, and the support (or not) received by peers and the family in the clandestine context of abortion.

Young people do not always fit into the prescriptive cultures that society imposes on them, nor do they know the opportunities to change their destination or route among a number of alternatives due to the lack of experience, with the exception that such information may not be accessible, depending on their social class, gender and opportunities for change⁹.

Based on these considerations, and from a gender perspective, we understand that there is a distinction in the acquisition and establishment of norms and scripts for men and women. This distinction is based on cultural conceptions and unequal power relationships between men and women that lead to direct implications on love, sexual and reproductive life. Although we can verify the power of individual and collective agency in the face of issues of sexuality and gender relationships that suggest transformations in this setting¹¹, the attributes of male domination gain greater visibility and specific modulations in the course of the first sexual intercourse and the decision-making process of abortion during adolescence.

Methods

The research was carried out in the same favela of the South Region of Rio de Janeiro, with

young people aged 15-17 years, with an episode of pregnancy and clandestine abortion from 12 to 17 years. The first love sexual intercourse encompasses the idea that young people have in their biography a course of experiences that can be retrieved by the observer/researcher through a life narrative that privileges certain events. It should be noted that the notion of course is understood as a sequence specific dates and circumstances, with time intervals (and their unfolding), valuing the love-sexual calendar¹². Attempts were made to reflect on these narratives, the sexual scripts¹³ that modulate the subjectivity of the young girls interviewed. Ultimately, the analysis of entry into sexuality and its experience can provide an understanding of the decision-making process in favor of clandestine abortion in adolescence and its consequences.

With the intention of giving voice to the young participants, we decided to collect data from the technique of individual in-depth interview, using a semi-structured script. Thus, for the selection of these participants of the research, we decided to adopt the so-called "snowball" method^{9,14,15}, in which one respondent indicates others, and so forth. The semi-structured script based on the GRAVAD² research aimed to know from the first non-sexualized experiences as the first element of familiarization with love life to sexual practice the context of pregnancy and the presence or not of clandestine abortion, according to the ten young female respondents, as well as allowing them to revisit the very recent past of their sexual and reproductive initiation, especially given the fact that they were still under the age of 18.

The strategy used to find young people living in the favela willing to talk about the first sexual intercourse experience emerged with the insertion of one of the authors of this work as a clinical psychologist in an NGO located in that territory, which provides residents with various services, among them psychology. The first contact with potential respondents was made through a 15-year-old girl, a regular attendant of the NGO who had mentioned in the informal conversations that she knew many other young girls who had had an abortion during adolescence. She indicated some acquaintances/friends in her social circle who, in turn, indicated others, totaling ten young females, all willing to talk about sexuality and about the experience of at least one induced and clandestine abortion, and what was gradually confirmed in fieldwork is that they all had the experience of clandestine abortion reported during each interview.

The research on sexuality was approved in the Ethics Committee of the Center of Philosophy and Human Sciences of the Federal University of Rio de Janeiro (CFCH / UFRJ). One of the objectives highlighted in the ICF delivered to parents and young girls is that research has focused on the meaning that young people 12-18 years give to first love experience, sexuality and pregnancy, abortion and contraception. Therefore, the inclusion criteria in this research were being a young female, living in the favela of the South Region in question, aged up to 18 years (not completed), whose parents authorized addressing the issues listed in the ICF. The material of the interviews was analyzed from thematic units along with units of context for the elaboration of empirical thematic categories.

Results

Some data collected serve as a guide for the composition of a general framework on the topic discussed here. As there are many possible outcomes, it was decided to report those that emerged at that stage.

Brief characterization of young girls interviewed

Of the ten respondents, nine were studying at the time of the interview in public schools in the South Region of the city, between seventh grade and twelfth grades. Most of them lived with their mother, father and one brother (sister), and they all lived at home with their family. Another important information is that only one respondent had already worked. Of the total universe, only the oldest girl, aged 17, had already had a child at age 15 and a second pregnancy was interrupted with clandestine abortion (Chart 1).

Entry into sexuality and course following first sexual intercourse

The transition to first sexual intercourse and the experimentation of love life and the experiences of non-sexualized hookup² have taken place through a gradual process, that is, non-sexualized experience is the first moment of familiarization with love life for young people, followed by the passage to sexuality, with staged physical and relational exploration, and may require different periods of time.

Among the milestones in these relationships, age among peers and the age of beginning to hookup/date and after having sex are among the circumstances that have most changed in terms of recent social transformations². Dating and “hookup” in a non-sexualized way has gained the connotation of an opportunity for experimentation before the transition to sexual intercourse with the partner, configuring a wide range of possible physical, relational and sexual exploration, according to respondents.

In the data analyzed, partners’ age at the time of the first kiss and at the first period of involvement is not always close. However, in their discourse, most of the girls interviewed reveal that they started their experimentation around 10-12 years of age. It can be observed that only one young girl said that she started to get involved in this direction at age 9, a lower frequency than previously shown^{2,16}. Yet none of the girls had their first experiences or exchanged kisses with younger partners.

The analysis of the affective-sexual courses of the young girls interviewed shows that first sexual intercourse partner was not the partner of the non-sexualized experience of familiarization and love life. In this period of experience, exchanges and experiences were mostly with boys already known and belonging to the close network of sociability (“boy from school”, “colleague”, “neighbor”).

Most respondents were in a longer-lasting relationship at the time of first sexual intercourse. Of the ten young girls interviewed, seven had sex for the first time with their respective boyfriends. The three other girls in this study had, respectively, a first sexual intercourse partner, an “internet flirtation” and two “hookups”. Only these last three young girls had their first sexual intercourse with their “hookups” and never saw them again. The others had “stable” relationships, ranging from 6 months to one year, at the time of the first sexual intercourse.

These reports show that, as in a sequence, the learning of the affective life occurs if it gradually unfolds and with people with whom the young girls have ties and some type of proximal bonds.

Most of them got involved at the time of the first kisses/caresses with *much older partners*. A *much older partner* is one with age gap above five years². It is noteworthy that some young girls mentioned partners with age differences that were still much more discrepant than five years and, therefore, above the teenage cycle. We found that

Chart 1. Sociodemographic characterization of adolescents interviewed.

Name and age at interview	Ethnicity/ Skin color and Religion	Schooling Occupation/ Work	Family status
(1) 15 years	White. No religion.	10 th grade, high school. Not working.	Living with mother, 30 years, seamstress. Grandmother, 45, day laborer. Both Catholic.
(2) 16 years	Black. No religion.	7 th grade, elementary school. Not working	Living with mother, 33 years, hairdresser, sister, 19 years; and grandmother, 50 years, day laborer. Mother and grandmother Catholic.
(3) 16 years	Brown. No religion.	10 th grade, high school. Not working.	Living with mother, 30 years; grandmother, 45 years and aunt, 29 years. All day laborers and Catholic.
(4) 16 years	Brown. Catholic.	10 th grade, high school. Not working.	Living with mother, 36 years, restaurant cashier; father, 50 years, bricklayer; brother 18 years. Catholic parents.
(5) 16 years	Brown. Lapsed Catholic.	11 th grade, high school. Not working.	Living with mother, 40 years, housewife; father, 52 years, concierge; brother, 10 years. Catholic parents.
(6) 16 years	Black. No religion.	10 th grade, high school. Not working.	Living with mother, day laborer, 38 years; father, 42 years, bus driver, grandmother, 55 years and brother, 13 years. Evangelical parents.
(7) 17 years	Black. Lapsed Catholic.	11 th grade, high school. Not working.	Living with mother, 38 years, manicure; father, 40 years, bus driver; brother, 19 years. Catholic parents.
(8) 17 years	Black. No religion.	10 th grade, high school. Not working.	Living with mother, 35 years, domestic helper; father, 52, bricklayer; sister, 18 years. Evangelical parents.
(9) 17 years	Brown. Catholic.	12 th grade, high school. Not working	Living with mother, 32 years, hospital desk clerk; father, 47 years, taxi driver; brother, 15 years. Catholic parents.
(10) 17 years	Black. Syncretism.	Merchant. Stopped studying when she gave birth to her first child at age 15.	Living with mother, merchant, 55 years, and father, unemployed, 64 years. Catholic parents.

N = ten female adolescents with induced abortion experience.

young girls-partners age gap was not very large only in cases 4, 5 and 10. Thus, only some experiments started among same-age group young people. In four cases, partners were over 18 and girls were still *minors*. Interestingly, of these four cases, only two (2, 9) mentioned a very marked gap.

Most young girls had their first sexual intercourse at 15 years (8 of them) and the same data on the age gap between partners is repeated in the first sexual intercourse. The age of this event in the biographical course of respondents ranged from 11 to 15 years of age.

The teenager cannot always take the decision alone to initiate sexuality with penetration. The pressure to have the first sexual intercourse occurs for both genders, but it is marked by differences. In this research, pressure was strongly made by male partners, whether they were “boy-friend” or a “hookup”. The manipulation of the

female partner and a statement permeated by promises were pointed out repeatedly:

He doubted that I was a virgin, he pressured me, he said that we had to have sex soon and he wanted to see me bleeding to prove that I was a virgin (Respondent 2, 16 years, first sexual intercourse at 12 with a partner of aged 42).

He was pressuring me, saying that all we had to do now was to have sex to both feel complete; but it had to be soon, otherwise he would look elsewhere (Interviewed 8, 17 years, first sexual intercourse at age 11).

Clandestine abortion episodes

Taking into account that youth abortion among the respondents occurred during a learning period; it was necessary to demarcate three events that together conditioned, among others,

the decision-making process¹⁰: the first kiss, the first sexual intercourse and pregnancy. Such a demarcation of the biographical course is understood as a valuable operator for understanding the transition of events and learning about sexuality and contraception¹⁷. As can be seen in Chart 2, girls kissed between 9 and 12 years and had their first sexual intercourse between 11 and 15 years. We also noted that the period (in years) between the first kisses and the first intercourse ranged from one to four years. Half of the young girls took 1-2 years and the other half took 3-4 years from the first kiss to perform the first sexual intercourse with penetration.

The age of young girls at the time of pregnancy/abortion was 12-17 years, with a greater predominance at age 15. Retrieving data on the first sexual experience (11-15 years of age with a predominance at age 13), we can see that the period between the first sexual experience and the occurrence of pregnancy/abortion was ranged from zero to five years. Seven young girls became pregnant between 0 and 2 years after the first sexual intercourse. Thus, it can be said that all young girls became pregnant within a short time after their first sexual experience and most (seven) became pregnant within a shorter period after sexual experience.

These findings are inscribed as paradoxes in the literature: on the one hand, studies^{2,16} show that young people usually take between 1-2 years from their first caresses/first kisses to engage in their first sexual intercourse, confirming this study; on the other hand, the same studies show that the age of the first sexual intercourse of young females would be, on average, 17.2-18 years. As mentioned, the mean age of the first sexual intercourse of the universe surveyed is 12.9, that is, between 4.3 and 5.1 years less than the findings of previous studies^{2,16}.

Reproductive and contraceptive experiences

The contraceptive methods use learning occurred between 12 and 14 years. Several methods were cited, such as male condom, contraceptive pill, contraceptive injection, IUD, withdrawal, and, less frequently, the morning-after pill. Young girls learned about methods with female friends, sisters, magazines, television and the internet. The college and the family are not mentioned as an alternative for obtaining information. The Internet

is the respondents' preferred way of consulting:

I actually learned about the contraceptive method on the internet. I learned on the internet well before I learned in school! (Interviewed 6, 16 years, first sexual intercourse at age 13).

Throughout the onset of the sexual course, all the respondents emphasized that their – steady or not – partners always refused to use condoms in sexual intercourse. So, unprotected sex became routine in the sexual course of young girls. They quoted that it was “very difficult to avoid” men’s insistence. Thus, the dynamics of unprotected sex/regret was repeated in the behavior and dis-course^{8,18}.

Ages and context of clandestine abortion

As shown in Chart 2, the age of girls interviewed at the time of induced abortion ranged from 12 to 17 years. Three young girls performed abortion between 12 and 14 years of age, and seven young girls did so between 15 and 17 years of age. The age of partners at the time of induced abortion ranged from 17 to 42 years. Only one teenager aborted a partner under the age of 18. Six of them underwent abortion with a much older partner, with age gaps ranging from 6 to 30 years. Nine young females were abused by a partner over the age of 18. Two young girls (3 and 8) aborted with the same partner from the first kisses and the first sexual intercourse. Data regarding the ages and age gaps between the young girls and partners caused a stir. According to some of them, this is something *normal*, because *older men are more experienced*.

The great age differences in the first sexual intercourse of the young female respondents are significant. Several authors point out that the age gap between partners is a factor that may be related to pregnancy, favoring gender inequalities due to unequal positions of power, negotiation and decision autonomy^{16,19-21}.

Situation of the relationship at the time of pregnancy/abortion

Regarding the status of the young girls' relationship with their partners at the time of the discovery of pregnancy and abortion, half named the partner as “boyfriend” at the time of pregnancy/abortion. Although five young girls call them *date*, two of them (2, 5) had a relationship with married men.

Chart 2. Entry into sexuality, contraceptive experience and alternative to clandestine abortion.

A		B						C				D	
First experiments		First sexual intercourse, affective relationships and contraception						Reproductive experience, relationships and clandestine abortion				“Current” moment of contraception use	
Familiarization in general not sexualized with the love life (kisses, caresses etc.).		First sexual intercourse – age of first sexual intercourse, interactions between partners, type of partner, onset of contraception use						First pregnancy, first child, first induced and clandestine abortion, abortion method, partner-couple interaction, contraception				Contraception after pregnancy and abortion	
Result: 9 to 10 years		Result: 11 to 15 years						Result: 12 to 17 years (except for 10th adolescent who had a child at age 15)					
Name and age at interview	Age of pairs in 1st kisses and exchanges	Partner's status on 1st kiss	Age of the couple in the first sexual intercourse	Partner's status at 1st sexual intercourse	Partner's pressure for first sexual intercourse	Obtaining information about sexuality and learning about contraception	Contraception used in first sexual intercourse	Contraception in the occurrence of the first pregnancy/abortion	Age of couple at first pregnancy/abortion	The status of the partner in the occurrence of the pregnancy/abortion	Where abortion occurred	Who knew, helped and financed abortion	
(1) 15 years “I had sex with some 10 guys”	9 years 15 years	“Boy from school”	11 years 18 years Interval 1 2 years	“Boyfriend” Relationship lasted 1 year	“He was asking all the time whether it was going to happen soon”	From TV, internet, friends, at age 12	Condom	Condom, infrequent use	14 years 23 years	“Dating”	Clandestine clinic located in a favela	She told her friends and asked for money from drug traffickers	She started taking contraceptive pills and “requiring” partners to use condoms
(2) 16 years “I had sex with some 15 guys”	11 years 30 years	“Boyfriend”	12 years 42 years Interval 1 1 year	“Boyfriend” Relationship lasted 1 year	“He wanted me to prove to him that I was a virgin”	From friends, internet and sister, at age 12	Did not use	Did not use	12 years 42 years Interval 2 0 years	“Dating”	Clandestine clinic located in the city's outskirts	She told her partner, and he financed the abortion	Contraceptive pills and “requiring” partners to use condoms

it continues

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A First experiments		B First sexual intercourse, affective relationships and contraception					C Reproductive experience, relationships and clandestine abortion					D “Current” moment of contraception use	
Familiarization in general not sexualized with the love life (kisses, caresses etc.).		First sexual intercourse – age of first sexual intercourse, interactions between partners, type of partner, onset of contraception use					First pregnancy, first child, first induced and clandestine abortion, abortion method, partner-couple interaction, contraception					Contraception after pregnancy and abortion	
Result: 9 to 10 years		Result: 11 to 15 years					Result: 12 to 17 years (except for 10th adolescent who had a child at age 15)						
Name and age at interview	Age of pairs in 1st kisses and exchanges	Partner's status on 1st kiss	Age of the couple in the first sexual intercourse	Partner's status at 1st sexual intercourse	Partner's pressure for first sexual intercourse	Obtaining information about sexuality and learning about contraception	Contraception used in first sexual intercourse	Contraception in the occurrence of the first pregnancy/abortion	Age of couple at first pregnancy/abortion	The status of the partner in the occurrence of the pregnancy/abortion	Where abortion occurred	Who knew, helped and financed abortion	Contraception after the experience of pregnancy and abortion
(3) 16 years “I had sex with 3 guys”	12 years 18 years	“School hookup”	14 years 20 years	“Boyfriend” Relationship lasted 6 months	“He always said that he wanted to do it very much”	From friends, internet and sister, at age 14	Condom	Condom, infrequent use	15 years 20 years Interval 2 1 year	“Dating”	Use of Cytotec at the partner's home	She told her partner and friends. Partner paid for Cytotec	She did not have sex with anyone after the abortion: “But now I will require condom use”
(4) 16 years “I had sex with 6 guys”	12 years 13 years	“Favela's buddy”	13 years 16 years Interval 1 1 year	“Boyfriend” Relationship lasted 8 months	“I knew he wanted to and it pressed me”	With friends and the internet, at the age of 12. At school, at the age of 14	Condom	Coitus interruptus and next-day pill	15 years 17 years Interval 2 2 years	“Hookup”	Use of Cytotec in own home	Told friends and partner. Partner paid for Cytotec	“Now I always use condom; I take care of myself much more”
(5) Larissa, 16 years “I had sex with some 10 guys”	10 years 12 years	“Boy from the same street”	13 years 19 years Interval 1 3 years	“Boyfriend” Relationship lasted 8 months	“I said that it took me too much time”	Through magazines and the internet, at the age of 12	Condom	Irregular use of contraceptive pill	14 years 38 years Interval 2 1 year	“Dating”	Clandestine clinic	Told friends and partner. Partner financed abortion	Used condom with “all” the guys after abortion, and “matured” a lot

it continues

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First experiments		First sexual intercourse, affective relationships and contraception				Reproductive experience, relationships and clandestine abortion				“Current” moment of contraception use	
Familiarization in general not sexualized with the love life (kisses, caresses etc.).		First sexual intercourse – age of first sexual intercourse, interactions between partners, type of partner, onset of contraception use				First pregnancy, first child, first induced and clandestine abortion, abortion method, partner-couple interaction, contraception				Contraception after pregnancy and abortion	
Result: 9 to 10 years		Result: 11 to 15 years				Result: 12 to 17 years (except for 10th adolescent who had a child at age 15)					
Name and age at interview	Partner's status on 1st kiss	Age of the couple in the first sexual intercourse	Partner's status at 1st sexual intercourse	Partner's pressure for first sexual intercourse	Obtaining information about sexuality and learning about contraception	Contraception used in first sexual intercourse	Contraception in the occurrence of the first pregnancy/abortion	Age of couple at first pregnancy/abortion	The status of the partner in the occurrence of the pregnancy/abortion	Where abortion occurred	Who knew, helped and financed abortion
(6) 16 years “I had sex with 5 guys”	“Boy at a beach party”	13 years 15 years Interval 1 3 years	“Internet crush, never saw him again”	“I knew he would not like it if I did not do it.”	Internet at the age of 8, and school, at the age of 14	Did not use	Irregular use of contraceptive pill and “ten day-after pills”	15 years 19 years Interval 2 2 years	“Hookup”	Clandestine clinic located in a favela	Told friends. Asked drug traffickers for money
(7) 17 years “I had sex with some 10 guys”	“Friends’ acquaintance at the beach”	14 years 23 years Interval 1 4 years	“Party hookup, never saw him again”	“A lot of pressure. I regret the first time”	TV, internet and friends, at the age of 12	Did not use	Irregular use of condom and “some 20 day-after pills”	15 years 20 years Interval 2 1 years	Casual sexual intercourse	Clandestine clinic located in a favela	Told friends. Managed to borrow money from adolescent friends

it continues

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Familiarization in general not sexualized with the love life (kisses, caresses etc.).		First sexual intercourse – age of first sexual intercourse, interactions between partners, type of partner, onset of contraception use						First pregnancy, first child, first induced and clandestine abortion, abortion method, partner-couple interaction, contraception				Contraception after pregnancy and abortion	
Result: 9 to 10 years		Result: 11 to 15 years						Result: 12 to 17 years (except for 10th adolescent who had a child at age 15)					
Name and age at interview	Age of pairs in 1st kisses and exchanges	Partner's status on 1st kiss	Age of the couple in the first sexual intercourse	Partner's status at 1st sexual intercourse	Partner's pressure for first sexual intercourse	Obtaining information about sexuality and learning about contraception	Contraception used in first sexual intercourse	Contraception in the occurrence of the first pregnancy/abortion	Age of couple at first pregnancy/abortion	The status of the partner in the occurrence of the pregnancy/abortion	Where abortion occurred	Who knew, helped and financed abortion	Contraception after the experience of pregnancy and abortion
(8) 17 anos “Transei com um só”	10 years 19 years	“First boyfriend”	11 years 20 years Interval 1 1 years	“First and only boyfriend”	“He made a lot of promises to me”	School, friends and the internet, at the age of 12	Did not use	Irregular use of contraceptive pill	16 years 25 years	“Dating”	Use of Cytotec at the partner's home	Told friends and partner. Partner paid for Cytotec	She did not have a relationship with anyone after the abortion
(9) 17 anos “Transei com cinco caras”	11 years 27 years	“Boy neighbor of my friend”	15 years 40 years Interval 1 4 years	“A guy at a bar, never saw him again”	“Hookups put a lot of pressure in the beginning”	School, friends and the internet, at the age of 12	Condom	Condom, infrequent use	16 years 28 years	“Hookup”	Middle-class neighborhood clinic	Told friends. Asked drug traffickers for money	Started to “demand” partners to use condoms
(10) 17 anos “Transei com uns 8 caras”	9 years 9 years	“Random boy from school”	13 years 20 years Interval 1 4 years	“Boyfriend”, Relationship lasted 6 months	“I always felt his pressure”	School, friends and the internet, at the age of 13	Did not use	Irregular use of condom and day-after pills	17 years 23 years Interval 2 4 years	Casual sexual intercourse	Clinic located in a favela of the city	Told friends. She paid for the abortion because she worked	She did not have a relationship with anyone after the abortion

N = characteristics of 10 young people in relation to the experiences of the love life, such as hookup and dating, the ages of the couples and loving and sexual partners; time interval between the first chaste encounters that separate the first “hookup”, dating and the first sexual relationship that will characterize entry into the sentimental life and the sexual life. * Interval 1 is the period of familiarization with non-sexualized love life until the first sexual intercourse. ** Interval 2 is the period between the first sexual intercourse and the first pregnancy and the first clandestine abortion as an important event of the first sexual intercourse of the universe in question.

Three young females became pregnant with a “hookup”, with the caveat that, according to their statement, they did not like their partner, a factor that weighed in the abortion decision process – a phenomenon that is even more evident with two other young girls (7,10), whose pregnancy was the result of episodic sexual intercourse. In this context, one can affirm that girls became pregnant mostly with hookups or episodic sexual relationships or even married men, which leads to the conclusion that they did not have a steady bond with their partners.

During their narratives, it was remarkable how the status of the relationship that the couple had at the time of the discovery of the pregnancy weighed in the decision for the abortion, whether it was shared or a young female’s solitary act. This finding corroborates other studies on pregnancy and abortion^{7,22-26}, which questions the fact that the abortion decision is contingent, as well as male participation paramount in the decision of the female partner to continue or not the pregnancy. The authors state that the non-continuity of pregnancy does not necessarily imply the non-desire for motherhood; on the contrary, several other factors influence decision-making, the main one being the type of love and/or sexual relationship of the couple.

Decision-making process

With recurring stories of unprotected sex, pregnancy confirmation surfaced for the ten young girls interviewed, while they were forced to decide *quickly and without further ado* whether or not they shared the news with their partners and relatives, which was not the case with the latter.

Four young females (1, 6, 7 and 10) did not tell their partners about pregnancy. All were emphatic in stating that the presence of the man could “hinder” the decision to interrupt pregnancy. They also reported fears of a partner’s disapproval of abortion, which could make it difficult to carry it out, preferring to proceed without male knowledge. As a result, they had to raise money for abortion through other young female friends and loans from the favela’s drug traffickers, who charged interest on a weekly basis.

Six young females (2, 3, 4, 5, 8 and 9) communicated the pregnancy to partners who, when receiving the news, accused them of being “very stupid” or of not having “taken the medicine correctly” or even betrayal, expressing from the outset a refusal regarding possible paternity. Three young girls (4, 8 and 9) said they did not want

to take the pregnancy to term, but they turned to their partners for financial help. Two partners (4 and 8) helped financially, but neither partner accompanied them. Without support and financial help from the family and the partner, young girl N° 9 reported:

I wanted to abort, but I asked for help because of the money. So he said that the problem was mine and that he was not going to help at all. I had to do everything by myself and ask for money from drug traffickers here (Interviewed 9, 17 years).

Three other young girls (2, 3 and 5) stated their desire to bring the pregnancy to term; however, partner opposition was crucial for termination of pregnancy. The three partners immediately said that they “would have to abort”. These young females reported experiencing physical and death threats from partners from discovery of gestation to the consolidation of induced abortion.

Once again, it is clear how direct human participation contributed to the abortion decision by acting sharply with physical and emotional threats. In these cases, men provided financial support to buy abortion-inducive drugs or fund the surgical procedure in clandestine clinics.

The pressure and threats made by the partner were crucial for these young females to “agree” on abortion. Examples such as these are emblematic of the subordination of the reproductive project to relational issues and of how the abortion decision is contingent^{10,27}, showing that the affective-love-sexual context is central to the outcome of the reproductive event²⁸. In the cases shown, they are situations of violence and gender hierarchies that are quite pronounced.

Changes after induced abortion experience

Another data of the present research refers to the changes undergone by the young girls in the management of contraception after the induced abortion experience. All of them stated that they “matured a lot” after abortion and felt the need to “take better care of themselves” with the indispensable use of the condom and daily use of contraceptive pill. Still, some young girls did not have sexual intercourse with any partner after the abortion, as in the penultimate column of Chart 2, they wanted to be “sure it would be worth it”, which suggests that dating and being a “hookup” as milestones of the love life, as well as the type and degree of affective and sexual intimacy achieved is unfolding usually preceded by experimentation and familiarization with the learning of the affective and sexual life.

I think that you change a lot after you abort, you mature and you start to see a lot differently... See men differently, because they must indeed respect you, they have to use a condom, you have to learn to say no to the man, and so forth [...] I kissed other boys after I aborted, and they did not want to use a condom, then I said I was not going to have sex... before I could not say that that I didn't want to. I just had sex with one because he agreed to use a condom. [...] Anyway, I think we learn a lot, yes, you're never the same! (Interviewed 6, 16 years).

The respondent's statement shows how the learning and mastery of contraception in adolescence are procedural. Such a path is not a linear course, endowed with rationality and manifested unconditionally. The realm of contraception is inscribed as learning and (individual and joint) decision-making capacity, in the certainty that the knowledge of methods is not the decisive element. There is also the assumption that access to information would immediately transform the sexual practices of young people, establishing a self-protective behavior that would eliminate possible risks, which is not a reality of slow assimilation and the influence of components such as self-confidence and social support. Such determination and discipline are hardly compatible with the "first steps" realm of the sexual love course³, and in this moment of intense learning, a pregnancy/abortion can occur, setting up a framework of sensibilities and delicacies.

Abortion methods used

Seven young girls (1, 2, 5, 6, 7, 10) performed abortion in clandestine clinics located in the city of Rio de Janeiro. Among their account, they highlighted the poor conditions where they performed abortion: *the clinic is ugly, dirty, filthy, it looked like a horror movie, the bedsheet was full of blood, dark walls, the woman had iron thing that looked like a sickle, it looked like a place for dogs to sleep.*

Three young girls (3, 4, 8) made use of Cyto-tec. They received from their partners the tablets "wrapped in aluminum foil", a medicine bought from the favela's drug traffickers. Two (4 and 8) of them had complications after the abortion. The young girl N° 4 completed the procedure in a SUS unit and N° 8 in a clandestine clinic. Both reported a moment of "panic" after the complications. She was emphatic in describing her experience in the SUS under the eyes of judgment and questioning whether she had induced abortion; she felt humiliated by the way she was

treated. This was for her the most difficult part of the process, despite all the pain, bleeding and the constant fear of being discovered and arrested or dying.

Statements of this nature show stereotypes^{16,22}, the persistent difficulties of health teams in dealing with abortion situations, due to their illegality. The social stigma makes women who submit to induced abortion constant victims of threats, violence and humiliation. They also indicate data already shown in several studies on abortion in Brazil^{10,27,29-31}, proving that the practice especially affects younger black poor women. Thus, young and poor women are at the mercy of their poor social situation, with the systematic lack of coverage and assistance to reproductive sexual rights³².

Final considerations

Data on the entry into the affective-sexual life of young girls with induced abortion experience caused a stir in several aspects. Age among peers was a crucial marker for understanding the context in which the event occurred. All the young females got involved with older or much older partners, either in the first caresses/kisses or at the time of the first sexual intercourse and the discovery of pregnancy/abortion.

As the narratives pointed out, the respondents felt "pressured" by the partners to perform the first sexual intercourse to *please* them, evidencing some contexts of *pressure/coercion*. This data allows us to affirm that the entry into sexuality, first sexual intercourse and the establishment of the first affective bonds of the young girls were marked by *pressure* from partners through the hierarchies existing between genders in the context in which the social and sexual autonomy is still establishing as a sphere of private life¹ as stated at the beginning of this paper.

In addition to the first sexual experience, the young females also could not say that they "did not want to have sex at certain times" and that they would like the partner to use a condom despite all the knowledge about contraception. These findings allow us to inquire about the reason that leads the female adolescent to not be able to impose her will on the partner with whom she was related. Could this difficulty be associated with the "plot" of the relationship because of the large age gap between partners? Would such a situation be characterized as a condition that expresses a gender inequality that can be identified as violent and unequal? Or could it really be the

sum of both?

After confirming the pregnancy, the partner emerged as the decisive subject for (“solitary” or “shared”) abortion. The reproductive course of young girls and their intertwining with the trafficking in the favela surveyed causes a stir. These relationships are permeated by power, control and hierarchy and reflect invisible forms of vulnerability and violence. Young girls need loans from drug traffickers for abortion.

At this point, it is worth noting that the loan for an abortion is taken from drug traffickers “hidden” from their partners, since partners say they are against the interruption of the pregnancy, thus demanding a request for their “permission” to obtain Cytotec, bringing girls closer to drug trafficking³³.

In the same direction, the discourses of the young girls showed that the burden related to reproduction is mostly due to men, because of unequal relationships of power between genders. Therefore, it is imperative to seek a relationship that can be more equitable between genders, with a view to guaranteeing the sexual and reproductive rights of women, especially those who are in conditions of greater vulnerability, such as those

of this study: young, poor black girls, whose choices and desires are disrespected and silenced.

Thus, the experience of adolescent sexuality, as well as the decisions that permeate the first sexual intercourse of those involved are visibly influenced by the unequal and asymmetric relationships of gender still in force in the Brazilian culture, influencing the sexual and reproductive health of such young girls clearly experimenting, without having yet acquired a set of resources capable of answering questions about sexuality and reproduction.

It is therefore necessary to discuss public policies and effective programs to promote gender equity and sexual and reproductive health that meet the current needs of this audience. The roles of school, family, health services and other institutions linked to the field are crucial to achieve greater efforts and attention to this specific area. The debate must be further expanded, with the involvement of various social segments in discussions on the challenges to the social conventions of gender and sexuality present in the contemporary world, contributing to the process of young people achieving autonomy vis-à-vis reproduction, sexuality and gender equality.

Collaborations

W Ferrari was responsible for the literature review, collection, organization and analysis of the empirical material of the research, preparation of the dissertation that resulted this article and final review of the article. S Peres by the orientation of the dissertation and joint organization in the discussion of the data and final revision of the article. M Birth by the coorientation of the dissertation and joint organization in the discussion of the data and final revision of the article.

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Article submitted 19/10/2017

Approved 26/02/2018

Final version submitted 25/04/2018