

ADOLESCENTS' PERCEPTION ABOUT THEIR INTIMATE AFFECTIVE RELATIONSHIPS

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Abstract: Adolescence corresponds to the period of discoveries, with anatomical, physiological, hormonal and psychological/emotional changes, which favors changes in social life and also generates doubts about their behaviors and attitudes. The objective was to understand the adolescents' perception of their intimate affective relationships. This is an exploratory, descriptive research with a qualitative approach, carried out in February 2020. The setting was an outpatient clinic specializing in adolescent health, located in Rio de Janeiro. Data collection was carried out through semi-structured interviews. Data were analyzed, based on Bardin's content analysis. Two categories were evidenced: Intimate affective relationships from the perspective of adolescents and sexual relationships from the perspective of adolescents. It was observed that the vulnerability of this public may be related to the precariousness of access to correct information and debates on subjects still considered myths and taboos in society.

Keywords: Adolescent; Interpersonal Relations; Health promotion.

INTRODUCTION

Adolescence corresponds to the period of human life in which anatomical, physiological, hormonal and psychological/emotional changes occur, which favors changes in social life and also raises doubts about their behaviors and attitudes.¹ It corresponds to a stage in which the adolescent presents the search for himself, the insertion in the peer group, constant mood fluctuations, a demanding social attitude, the enhancement of body image and the evolution of sexuality. The acquisition of an active sexuality arises as a consequence of physiological changes that include the hormonal outbreak and leads to the interest in initiating sexual activities.¹

Adolescence is the time for identity

construction, making the young person marked by questions that involve discoveries and the search for self-knowledge², including biological, psychological and social aspects. The biological aspect involves the proper functioning of the genitals and the physiology of the human sexual response. The ability to give and receive pleasure comprises desire, arousal and orgasm. The psychological aspect includes the self-image that adolescents have of themselves, the mental image they have of their physical selves; and the social aspect, involves gender and the way in which the teenager shows himself and others.

Within this process, puberty begins. This is a phenomenon considered as a biological stage of adolescence and is characterized by the occurrence of bodily transformations. It is the moment of the appearance of the first secondary sexual characteristics, which in girls is characterized by the appearance of breast bud and in boys by the enlargement of the testes, in addition to the increase of hair in both sexes, according to Tanner's criteria.³

In addition to the anatomical changes associated with hormonal changes, the maturation of sexual aspects and increased stimulation of sexuality also occur. In this sense, sexuality must be understood as a personal and human dimension that goes beyond the limits of the genital impulse, being characterized as a deep aspect of the human personality, present since conception and mainly related to affective relationships.²⁻³

The intimate affective relationships of adolescents arise from biological transformations and take shape, due to the phenomenon called adolescence and are interrelated with historical, social and cultural patterns, that is, experiences and affective relationships in adolescence are influenced by reality of the world around them and will have an effect on their sex life. The feeling of being a man or a woman has a significant interface

with the behavioral aspect and in sexual and affective relationships.⁴⁻⁵

Involvement with others means allowing a type of interaction that increases self-esteem and causes changes in self-perception, enhancing aspects of self-image in adolescence. Sexuality can be expressed through interpersonal relationships, especially intimate affective ones.¹

From these statements, the questions arose: What is the perception of adolescents about their intimate affective relationships? What are the characteristics of these relationships?

Through these questions, the objective of the study emerged: to understand the perception of adolescents about their intimate affective relationships.

This research seeks to bring consistent contributions to the areas of Health and Nursing, as it expands new reflections and theoretical depth about intimate affective relationships between adolescents. This study also follows the direction of providing individual care to adolescents in their affective relationships, reducing their vulnerabilities, through educational practices of health promotion and disease prevention. This scientific investigation also seeks to support research and teaching, as it improves the production on the theme presented on screen.

METHODS

This is an exploratory, descriptive research with a qualitative approach. The qualitative approach relates to non-quantifiable phenomena such as emotions, feelings and perceptions. A qualitative approach was used in this process, since it is a multifaceted phenomenon and is directed not only at diagnosing a singular situation, but at understanding it in its multiple human realities.⁶

The study setting was an outpatient clinic specialized in adolescent health, in a university

hospital, located in the northern region of the city of Rio de Janeiro.

The deponents were 10 adolescents of both sexes. The inclusion criteria were being in the age group of 14 to 18 years old, who had experienced intimate affective relationships. Exclusion criteria referred to adolescents under 14 years of age.

Study participants were named using alphanumeric criteria, being AM for male adolescents and AF for female adolescents, numbered according to the chronological order of the interviews.

The research was carried out in accordance with Resolutions No. 466/2012 and No. 510/2016, regulated by the National Health Council (CNS), which deals with ethical and legal issues of research with human beings⁷. The study was sent to the Ethics and Research Committee (CEP) of the University of the State of Rio de Janeiro, being approved on February 6, 2020, under opinion number: 3,825,078.

Data were collected only after issuing the favorable opinion of the committee and by signing the informed consent form (ICF) by the person in charge and signing the consent form (TA) by the adolescent.

Data collection was performed using the semi-structured interview technique, with questions relevant to the research object and objectives.

The interviews were carried out, before the scheduled medical appointments, in a private room, ensuring the adolescents' comfort and privacy, paying attention to confidentiality and the principles of Bioethics⁸. The testimonies were digitally recorded and transcribed, being stored for five years to be deleted later. The interviews ended after reaching the saturation point.

Data analysis was carried out using the precepts of Bardin's thematic content analysis⁹.

RESULTS

The research consisted of 10 adolescents, 5 female and 5 male. The age group comprised between 14 and 18 years. Regarding sexual orientation, seven declared themselves as heterosexual and three as bisexual. As for religion, one declared himself to be an Umbandist, a Jew, three Catholics, three Evangelicals and two reported having no religion. As for color, two declared themselves white, five declared themselves brown and three black.

From the analysis of the speeches, two categories emerged: 1. "Affective relationships from the perspective of adolescents" and 2. "Sexual relationships from the perspective of adolescents".

According to the interviewees' speeches, half of the adolescents seek superficial relationships, expressed by the desire for new sensations and less depth of their feelings, through "stay" and "catch", which is distinguished from "dating", which is a stronger relationship that involves feelings and deepening of the relationship.

These distinctions are made according to the negotiations established between the pairs, and may or may not advance to a courtship. They can relate to getting to know each other, and later, dating, or not.

CATEGORY 1: Intimate affective relationships from the perspective of adolescents

Adolescents talked about superficial intimate affective relationships.

(...) and like if I have one, I can have another. People want to stay, but they don't want to have feelings. It's just to satisfy your own pleasure without caring about other people. (AM1)

(...) to stay is to meet someone on the social network, at the party, then take it... Kiss, take it... Take it home. (AM4)

(...) it's staying with one person, but you can

stay with another. You don't have to be alone with her. It's just kissing, staying for a day and if you don't want to, you don't have to... like, go to a party and stay. (AF7)

"Stay", "like" and "catch" are momentary, superficial and random acts, which do not involve any kind of commitments. On the other hand, dating requires commitment and fidelity.¹⁰

Participants reported the types of relationships, such as dating, requiring feeling and a joint desire for emotional growth and deepening.

(...) dating, dating? It's when the two like each other, then they start to have a relationship, right? That's more or less. It depends on the feeling, dating... dating is when you really like it. (AM4)

(...) dating is when you find someone for you, but I think it's more about marriage. So I think dating is getting to know the person. (AF3)

(...) there are people who date for a long time. Some people have been dating for seven years. I don't think about getting married. (AF2)

The teenagers mentioned the degree of depth that is necessary to start a relationship, love as a feeling that goes beyond a simple moment. It is the idealization and concretization of romantic love. It means investing time, knowing about the other and sharing dreams and desires.¹⁰

CATEGORY 2: Sexual relations from the perspective of adolescents

Among the speeches of the study participants, the prevalence of early sexual attitude was observed, since six participants had already had sexual intercourse in their affective experiences.

(...) "Sex happens in the hookup, it depends, sometimes yes, sometimes no. Sometimes you can take it home. Sometimes it's just a kiss." (AM1)

(...) "Sex is a ride. You don't have to like it. You want the pleasure right away, but then there are things like the virus I have today."

(...) "Staying encompasses sexual relations. Today for me yes, it happens in a normal way. You need to be intimate. Whenever there is an opening for more intimacy it happens. I know the methods and I use condoms since I contracted HIV... I started to take responsibility for myself."

One participant presented the lack of dialogue in the family environment as a problem and stated that she searched research sites to find out how to prevent it.

(...) so, in that five-month relationship I had a relationship. It was my first time and it was good. I used a condom. My mother never talked about sex, and I always demanded it of her. She won't teach me how to have sex, but how to prevent me. So I searched the internet about things. I called my mother to go to the gynecologist, to see how she is. It is very important for us who are women. My hormone is having a party. (AF2)

The subjects still considered taboo by society generate doubts and can lead to possible risks to the health and sexuality of adolescents, when they are not properly oriented, which can bring harm to their health, such as acquiring sexually transmitted infections. The lack of dialogue in the family can generate anxieties and adversities associated with the health of adolescents.¹

DISCUSSION

From the adolescents' discourse, it was possible to perceive that the perspective about their affective relationships still raises questions, even with all the information they have access to. This may be due to their lack of maturity to decide which type of relationship they prefer and what is the most appropriate time to start their sexual relations. The demands still made by society and by some

religions, show that a woman must remain a virgin until marriage. The condemnation imposed by religion, through its controlling power, causes emotional instability, confusing and limiting young women in their desires brought out by hormonal physiology.¹¹

On the other hand, for society, boys must be encouraged to demonstrate their virility, having to start their sexual life early. Society also declares the normality of the sexual life of young people, as a positive exercise of intimacy and experimentation, without, however, conceiving the associated risks. However, the experience of sexuality in adolescence is related to ignorance and can lead to vulnerabilities such as unwanted pregnancy, violence, clandestine abortions, risk of contracting sexually transmitted infections (STIs) among others.¹³

For the adolescents in this study, intimate affective relationships are highly relevant characteristics, linked to curiosity about the other and physical attraction¹². With increased sexual interest, intimate relationships intensify, thus, adolescents need a broad support network, which can be composed of their parents, other people in their family, teachers and members of the health team, in order to that they are oriented on the importance of enjoying their sexual and reproductive rights without threatening their health. As it is a vulnerable group, it is essential to disseminate information through the sharing of knowledge. Therefore, it is essential that the adolescent is welcomed as a form of protective care, in which adolescents perceive that the demands regarding their doubts are valued.

Interpersonal relationships encompass aspects involving the body such as touching, kissing, feeling and caressing, as reported by some interviewees. Sexuality is a need that must not be ignored, as it is one of the expressions of feelings, and can be more

or less intense. It conceptually addresses diverse issues, covering sex, gender, sexual identities, sexual orientation and the various dimensions of affective relationships.¹⁴

Dating is a popular type of affective relationship that is characterized by its short duration, lack of commitment, pleasure and superficiality. It is known as a relationship type of young audience. This type of relationship is defined by the adolescents in the study as the initial contact, and it is at this moment that they seek to get to know their partner.¹⁵

The acquisition of an active sexual behavior appears as a logical consequence of the adolescent's own hormonal and existential development, and the idea of waiting for the ideal partner to start sexual activity is revealed to be outdated. Young people attach importance to sexual relationships as a way of continuing relationships, trivialized by peer pressure.²

Adolescents seek to show experiences that seem perfect, evidencing the characteristic of magical thinking, having a vision of themselves as attractive people, capable of satisfying the other. Contrary to those who are in maladjusted relationships, with less confidence in their own ability to maintain successful relationships.¹⁶

According to the data analysis, the results obtained are in line with other national surveys related to adolescents' understanding of their affective relationships and the lack of information regarding the exposed risks. Through the narratives about gender, sexuality and affective and sexual relationships, the vulnerability of this public was observed, which may be related to the lack of access to adequate information and the debates about subjects still considered myths and taboos in society.^{17,18}

The practice of hooking up is increasingly present in the adolescent environment, being considered a new relationship

configuration.¹⁹ In contemporary times, in which sexuality is externalized through the sexual act, violence can also arise. From the most naive like a bitten kiss, to the most traumatic like the non-consensual sexual act. The non-use of the condom is also a means of coercion, in which the female adolescent avoids negotiating her protection, due to the possibility of losing her relationship with the other. This explains why the female being tends to give in to her partner's will, even against her desire, in order to please and demonstrate satisfaction or affection, evidencing a behavior of submission.²⁰

The social flexibility of affective relationships during adolescence reveals a plurality of ways of relating that are not restricted to dating. Among these, the expressions "stay", "enjoy" and "catch" have been widely used among young Brazilians, to characterize a phase of attraction without major commitments. Following this line, the love life of self-knowledge by adolescents, and the choice of partners, is a way of experimenting with sexuality, not restricted to genitality.²¹

Through relationships, genders are associated with certain types of intimate affective relationships, shaping being "masculine" and being "feminine". Thus, it is understood the value given by boys to sexual intercourse and the greater romanticization of relationships by girls, which is configured as a social construction of gender. It is understood that culture and time are part of this phase, so for girls, romantic love acts like in princess movies, in which everyone is happily ever after, for boys, in their masculinity, dating is synonymous with possession, obedience, attachment and greater social commitment.²⁰

Adolescents experience the tension generated by models of love and relationships generated by the psychosocial forces of their peers. If, on the one hand, the ideals of

romantic love that dating produces through a commitment to security and fidelity are attractive, on the other hand, it is seductive to live the independence that fluid relationships promise.¹⁵

Affective experiences would stimulate the development of identity, as the young person would be able to build superior perceptions in relation to their peers, consequently, this concept would influence the construction of self-esteem, which would spread to all areas of the subject's life.²

The existence of support networks for adolescents favors social development, personal protection and insertion in the world, strengthening their autonomy. Participating in these networks reduces the risks in dealing with, mainly, personal issues. Support networks represent interaction and a safety scenario in the society in which they live, and public policies related to adolescents are also configured as a positive protection strategy through articulated and systematized actions, defining purposes and guiding guidelines for the implementation of protective care for adolescents. this public.^{22,23}

However, for the adolescents participating in the research, the support they most need comes from the family. Parents play their role as educators, when they adopt mechanisms that collaborate with the continuous interest in caring for their children, seeking to understand and respect individuality without failing to guide them. Therefore, the open dialogic process influences sexual practices that favor life or reduce risks to the health of young people. That is, through harmonious communication, the family prioritizes care actions, through affection.²³

The health professional is also an important element of care for young people, in their process of human living, in the search for the other, in the process of personal and sexual affirmation and in helping to establish their

identity, through their contribution as an educator.¹³

In this sense, education facilitates interaction, the process of socialization and communication, improving the prior knowledge of the clientele and identifying them in their uniqueness and citizenship. The active learning methodologies, promoted by nurses, facilitate the understanding of topics little discussed with adolescents and permeated by taboos, promoting dialogue and sharing of knowledge that enable the process of construction, reflection and autonomy of adolescents about their health ²⁴. It is interesting to point out that the valorization and importance of health promotion, as a tool for the exchange of knowledge, based on horizontal dialogues and playful activities, can provide young people with tools for safe sexual practice.²⁴

It is found to be essential to develop actions that will minimize the processes of individual and social vulnerability, and intervene in the prevention of injuries to adolescents, through the insertion of educational praxis, in the daily life of educational and social health institutions.²⁵

CONCLUSION

This scientific investigation made it possible to understand the adolescents' perception of their affective relationships, by giving voice and visibility, recognizing their experiences and seeking to apprehend these phenomena. The realization of this study also made it possible to recognize the complexity of this issue that points to the lack of knowledge of young people about their sexual and reproductive health.

The research also allowed to identify superficiality and the search for volatile relationships, or the involvement and commitment in deeper relationships, in a phase of life that is characterized by emotional

instability. The lack of scientific production on the subject points to the need for new studies to be developed. In addition, the study reaffirmed that the health professional can contribute by developing emancipatory educational proposals in order to reduce the vulnerabilities of adolescents in their existential context.

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