

**Social Representations of School Adolescents  
about Responsible Fatherhood and Motherhood**

**Representações sociais de adolescentes escolares  
sobre paternidade e maternidade responsável**

**Representaciones sociales de adolescentes escolares  
sobre paternidad y maternidad responsables**

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**Abstract:** Objective: To understand the social representations of school-aged adolescents regarding responsible parenthood and motherhood. Methodology: This is a qualitative and exploratory study conducted with 23 school-aged adolescents, between 14 and 19 years old, from a Federal Institute of Education in Brazil. Data collection was carried out using a semi-structured interview guide, applied between September and December 2022. The thematic content analysis technique proposed by Bardin was used for data analysis. Results: Social representations of responsible parenthood/motherhood in adolescence revealed negative reactions and feelings, such as anxiety, fear, insecurity, and unpreparedness, as this phenomenon requires adaptation and sacrifice. Thus, the study enables collaboration between health professionals, schools, and families to support adolescents in preventing pregnancy, facing challenges, and opting for conscious and safe parenthood/motherhood. Conclusions: It is crucial to foster collaboration between health professionals and schools to provide spaces for support, recognition, and listening during this phase, in addition to offering care that promotes the full development of school-aged adolescents.

**Keywords:** adolescent health; paternal behavior; maternal behavior; social representations.

**Resumo:** Objetivo: Conhecer as representações sociais de adolescentes escolares sobre paternidade e maternidade responsável. Metodologia: Trata-se de um estudo qualitativo e exploratório, realizado com 23 adolescentes escolares entre 14 e 19 anos, de um Instituto Federal de Educação, no Brasil. Para a coleta de dados, utilizou-se um roteiro de entrevista semiestruturada, aplicado entre setembro e dezembro de 2022. Para a análise dos dados utilizou-se a técnica de conteúdo temática proposta por Bardin. Resultados: As representações sociais sobre a maternidade/paternidade responsável na adolescência

revelaram reações e sentimentos negativos, como angústia, medo, insegurança e despreparo, pois este fenômeno acarreta adaptação e abdicção. Portanto, estudo possibilita a parceria entre profissionais de saúde, escola e familiares no apoio a adolescentes na prevenção da gestação, enfrentar desafios e optar por uma paternidade/maternidade consciente e segura. Conclusões: É crucial uma colaboração entre profissionais de saúde e escola para oferecer espaços de acolhimento, valorização e escuta nesta fase, além de uma assistência que promova o pleno desenvolvimento da(o)s adolescentes escolares.

**Palavras-chave:** saúde do adolescente; comportamento paterno; comportamento materno; representações sociais.

**Resumen:** Objetivo: Conocer las representaciones sociales de adolescentes escolares sobre paternidad y maternidad responsable. Metodología: Se trata de un estudio cualitativo y exploratorio, realizado con 23 adolescentes escolares de entre 14 y 19 años, en un Instituto Federal de Educación en Brasil. Para la recolección de datos se utilizó un guion de entrevista semiestructurada, aplicado entre septiembre y diciembre de 2022. Para el análisis de los datos se empleó la técnica de análisis de contenido temático propuesta por Bardin. Resultados: Las representaciones sociales sobre la maternidad/paternidad responsable en la adolescencia revelaron reacciones y sentimientos negativos como angustia, miedo, inseguridad e impreparación, ya que este fenómeno implica adaptación y renuncia. Por lo tanto, el estudio permite una colaboración entre profesionales de la salud, la escuela y las familias para apoyar a los adolescentes en la prevención del embarazo, enfrentar desafíos y optar por una paternidad/maternidad consciente y segura. Conclusiones: Es crucial una colaboración entre profesionales de la salud y la escuela para ofrecer espacios de apoyo, valoración y escucha en esta etapa, además de brindar una asistencia que promueva el pleno desarrollo de los adolescentes escolares.

**Palabras clave:** salud del adolescente; comportamiento paterno; comportamiento materno; representaciones sociales.

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## Introduction

Adolescence comprises the age group between 10 and 19 years old, as defined by the World Health Organization (WHO) and the Ministry of Health (MS). Beyond an age definition, it is a stage where biopsychosocial changes occur, with the advent of puberty, which intensify desires, questions, curiosities, discovery of one's own body and sexual pleasure, so that pregnancy becomes a biological possibility and paternal and/or maternal behavior begins to be exercised socially. <sup>(1)</sup>

In relation to development and maturation, gender issues directly influence the sexuality of adolescents, shaping their actions. Their conceptions of gender reflect the social and political context in which they live, and their experiences help form their identity and worldview. The construction of this identity is impacted by factors such as family heritage, religious and sociocultural context, media and social coexistence. However, some adolescents begin to question and challenge these standards, suggesting changes in conceptions about masculinity and femininity.<sup>(2)</sup>

Thus, with regard to teenage pregnancy, it is estimated that 21 million pregnancies occur each year, in adolescents aged 10 to 19 years in low- and middle-income countries, which results in about 12 million births.<sup>(3)</sup> Therefore, this scenario implies challenges and guarantee of reproductive and sexual rights.

Studies on adolescent pregnancy in Brazil show that this phenomenon is influenced by several factors, especially economic, affecting mainly black and poor adolescents. The intersection of social class, gender, and race exposes inequalities that maintain high pregnancy rates in this age group, especially in regions with large economic disparities.<sup>(4)</sup>

In this context, the multicausal phenomenon of pregnancy is naturally linked to the female being by virtue of a historical-social perspective that placed men distant from the family environment. There is a tendency towards naturalization in the distinction between the functions of men and women, particularly with regard to the experience of sexuality and reproduction. It is perceived that the changes in the organization of the family dynamics that arose with the insertion of women in the labor market, alter the image of the female being confined to the domestic and reproductive sphere, as well as the paternal behavior reserved for the notion of provider/protector that also attributes to the man/father functions of affective responsibility and care for the children.<sup>(5)</sup>

It was found that the man becomes a father in the circumstance in which fatherhood occurs, and that this exercise is made possible in a satisfactory way.<sup>(6)</sup> This phenomenon can imply constructions and reconstructions of the role of father for men, which are commonly achieved through their active participation in the development of their partner's pregnancy.

In view of the constant social transformations related to parental care, it was observed that the concept of responsible fatherhood/motherhood has changed over the decades. It is currently considered a more participatory/active fatherhood and demystifies the ideology of the woman who is born naturally to be a mother, this conception gives motherhood a place of choice that goes hand in hand with the personal and work development of the woman.<sup>(7)</sup> In view of this, responsible fatherhood/motherhood can also be experienced during adolescence and has repercussions on the individual life of the adolescent and on the environment in which he or she is inserted, since this phenomenon can be experienced in an intergenerational way and seen as a reference, whether positive or negative, for the adolescent.

In addition, studies have focused on analyzing the experiences and perceptions of adolescents in order to understand the implications of pregnancy in adolescence, consequences and responsibilities, and to reflect on conditioning factors related to the occurrence of fatherhood and motherhood.<sup>(8)</sup> Since, in the midst of the daily life of adolescents, maternal/paternal behavior arises either when they exercise parenthood or when they live with family and friends who go through this situation.

Understanding social representations (SR) can directly influence the change in attitudes towards the prevention of unplanned pregnancies and/or their impacts on the lives

of adolescent mothers and fathers. This perspective can also help them to assume conscious, responsible fatherhood and motherhood with less gender inequality between roles. The recognition of these representations is crucial to develop tools that value the experiences of adolescents, especially the most vulnerable aspects. Studies that adopt the Theory of Social Representations (SRT) as a theoretical and methodological basis have the potential to be effective. <sup>(9-11)</sup>

In order to identify the scientific production regarding responsible fatherhood and motherhood of adolescent schoolchildren, a search was carried out in the national and international literature. The productions discussed, especially, the prevention of pregnancy in adolescence and the use of contraceptive methods, promotion of health education, implications and challenges of fatherhood/motherhood in adolescence. In view of this, it is evident that studies focused on the theme are beginners in the health sciences and, especially, in nursing, justifying greater investments in research on the theme.

This study sought to answer the following question: What are the social representations of adolescent students about responsible fatherhood and motherhood?

It aims to provide adolescents with an understanding of the social, cultural and ideological implications that responsible fatherhood/motherhood can evidence from their representations. From a practical point of view, it will enable managers, teachers, health professionals, education professionals and related areas to better understand this phenomenon, for the elaboration of strategies and planning of actions, as well as safer experiences concerning the sexual and reproductive health of adolescent students. To this end, the objective was to know the social representations of adolescent students about responsible fatherhood and motherhood.

## **Method**

Study with a qualitative and exploratory approach, which seeks to understand phenomena, with a subjective view, without being restricted to statistics and graphs; emphasizes the natural context and the actors as protagonists. <sup>(12)</sup> In addition, it explores a problem and/or scenarios, providing information for a more precise investigation, in order to contribute to the formulation of hypotheses. <sup>(13)</sup>

The study was carried out at a Federal Institute of Education, a public high school integrated with technical education, located in Brazil. It is a high school and higher education, focused on professional and technological education. It is noteworthy that 286 students belonged to the age group of 14 to 19 years, distributed as follows: 109 in the 1st year, 96 in the 2nd year and 81 in the 3rd year. Of this group, 157 were female, while 129 were male.

The study participants were 23 adolescents, most of whom were students belonging to classes D or E, that is, with an income of 1 to 3 minimum wages or up to 1 minimum wage, respectively. Therefore, they are in socioeconomic vulnerability. All of them met the inclusion criteria: any gender, regularly enrolled in the first to third grades of high school in any of the courses offered; be in the age group between 14 and 19 years. The exclusion criterion was to complete 20 years before the end of data collection.

After approval by the Research Ethics Committee (CEP), the first contact was made with the participants, in order to present the theme, research objectives and verification of interest. After verbally expressing the desire to be part of the study, contact was made with the parents or legal guardian for those under 18 years of age, through telephone calls and/or

electronic messaging applications such as WhatsApp. This contact took place to clarify the research and signing of the Free and Informed Consent Form (ICF) of the guardian or parents and the Informed Consent Form (TALE). For those over 18 years of age who agreed to participate, the ICF was read and signed.

The technique used for data collection was a semi-structured interview script, involving a profile and open questions related to the researched theme. They were conducted by the school nurse who was also the researcher, individually, in the school's nursing office, a safe, private environment chosen by the adolescents. The interviews addressed various SRH topics, such as sexual and reproductive rights, fatherhood and maternity in adolescence, pregnancy, abortion, access to SRH information and services, family relationships, among others.

Data collection was carried out between September and December 2022, in person at a school's nursing office, in a shift opposite to classes, until there was theoretical saturation of the data. It is noteworthy that to define the number of participants, the criterion of simple random sampling was used. The collection continued until theoretical saturation, when no new elements appeared in the answers. The predominance of female participants reflects the profile of the school population, where the majority of students are women, in addition to the fact that female students use the school's nursing services more.

All interviews were recorded on a digital device, with an average duration of 21 minutes. The transcription took place in the Microsoft Word word processor, and the open questions were analyzed using the thematic content technique proposed by Bardin, which describes the content of the messages and the indicators collected, through the stages of pre-analysis, exploration of the material and treatment of the results.<sup>(14)</sup>

The limitations of the research are related to the fact that the data collection period coincided with the end of the school semester at the school, with a large number of teaching activities such as tests and academic work, which made many invited students choose not to participate in the research for fear of being overloaded, as well as the need for parental or guardian authorization for children under 18 years of age to participate in the research, something overcome by the extension of the period for data collection, resulting in greater adherence by adolescent students. Another limitation in the research may be related to the adult-adolescent power relationship between the interviewer and the interviewees. Even though the nurse is present in the students' daily lives, and has established a relationship of trust and has performed several other routine consultations before the interviews, the influence of this relationship on the adolescents' answers and consequently on the data obtained cannot be completely discarded.

The exclusive use of semi-structured interviews brought some methodological implications, such as the variability of the answers, where the participants sometimes presented very short or very long speeches, or even deviated from the theme. This resulted in greater contextual richness, but also in difficulties in identifying the representations in some statements, making the analysis more time-consuming.

Another limitation of this study is related to the characteristics of the sample. The school environment facilitates close contact between adolescents who have already participated in data collection and those who will still participate, enabling dialogues that can influence the answers in the new interviews. This may have contributed to the saturation of the data in relation to the sample.

The research met all ethical-legal requirements for studies with human beings, and was approved by the Research Ethics Committee (CEP) of the State University of Santa Cruz

(UESC), in Bahia-Brazil, under opinion nº. 5.569.071 and CAAE: 60911922.5.0000.5526, in accordance with Resolutions nº. 466/2012<sup>(15)</sup> and 510/2016.<sup>(16)</sup> To ensure the anonymity of the participants, all participants were coded by the letter “E” followed by a cardinal number.

## Results

The study included 23 adolescents aged between 15 and 19 years, 16 females and seven males. Regarding gender, all identified themselves as cisgender.

Regarding race/color, five declared themselves black, 12 brown and six white. Regarding religion, nine reported being Catholic, eight evangelical/Christian, one from Umbanda, one from Ketu candomblé and four declared not to have a religion.

Regarding relationship *status*, 12 of the adolescents stated that they did not have a relationship and 11 stated that they had a sexual/affective and/or casual bond. Most of the adolescents reported having a satisfactory income, although they receive social benefits offered by the Brazilian government, such as the Bolsa Família Program, and the work activity of parents or guardians is concentrated in the informal market.

After the sociodemographic characterization of the participants, a careful reading of the transcribed semi-structured interviews was carried out, from which a thematic category emerged: *The adolescent view on responsible fatherhood/motherhood: imaginary and conceptions*.

The advent of responsible fatherhood/motherhood in adolescent students promotes several changes in daily life, one of them being the possibility of interrupting studies and postponing life projects, in addition to the concern with the financial and psychological condition, as seen below:

Teenage motherhood is a bit problematic because it ends up being early, it can get in the way of studies and because having a child is a very big responsibility. It involves a lot of things and sometimes most teenagers don't have a financial stability, which is of utmost importance for someone to have children. You have to have mental stability, because you are going to be raising a child. Many adolescents do not have very good mental health, do not have a steady job or do not have family support, so it is very difficult (E18).

It's for financial and psychological reasons, I don't think I'm able to have a child now (E3).

I think that in adolescence, pregnancy would greatly disrupt the lives of adolescents because they have other responsibilities, I think it's a complicated subject (E17).

There is that issue of when you are in adolescence, you have to study, you have to dedicate yourself to your life, so probably in adolescence it would be difficult (E8).

Similarly, it is noted that in addition to the financial, emotional and academic difficulties of adolescent students, there is also a marginalization of society with responsible fatherhood and motherhood at this stage of life and family pressure, as highlighted below:

Society marginalizes those adolescents who are fathers or mothers and these adolescents themselves will also face several difficulties. There is family pressure so that this does not happen at this stage of life for my own sake and that of my future wife, spouse, partner and for the sake of my son or daughter (E10).

At my current age it would be a blow, since I live with my parents. It would be kind of difficult, very difficult to tell the truth. First, because it's enough to support me and I'll still have to support someone else, I think it would be very boring (E7).

I can't create, I don't work. I would be dependent on my family, I would have to leave school to work, to be able to support him (E21).

In addition, adolescents note that physical, financial and emotional maturity is necessary to deal with pregnancy, in addition to the importance of choosing a partner, to decide whether to have children, as indicated below:

I think it's a very negative thing because I don't consider it right. There are two children taking care of each other, I try not to do that to me because I think it's a very big responsibility, you have the responsibility to study, not to take care of a child (E23).

To have a family, for you to build, you have to have greater maturity, you have to have achieved something you want. You also have to know who you are going to have a family with, with whom you are going to have a child, if he is prepared or not (E12).

It is observed that the adolescents point to gender inequality in terms of the experience of responsible fatherhood and motherhood, when the woman is placed in the position of caregiver of the children, while the man remains exempt from this task, as identified below:

I think the mother will not be able to abandon the child, but the father! (E19).

In cases of teenage pregnancy, the woman stays with her parents and sometimes the father does not play the role of father, everything is on the mother's back (E21).

Motherhood in adolescence is a very serious thing because of the family. There are many who are unwanted and have the judgment of several people and often the blame is placed on the girl, and it is not entirely her fault (E6).

In addition, the negative experiences of close family members about responsible fatherhood and motherhood influence the opinion of adolescents and reveal aspects of social life and adolescence itself, according to the following statements:

Brave who has and who wants to have children young. I think that sometimes we can act on impulse, because I thought I wanted to have a child early, in adolescence. I always thought about why my parents had me as a teenager, but I think we lose a lot of things that we don't live and sometimes we can't recover because of our children. I say this because of my parents who had children in adolescence and nowadays are trying to make up for lost time, I don't recommend it, but whoever has... Congratulations, very brave! (E20).

I don't think it's a good thing. My cousin had a child early, she didn't finish her studies, her husband separated from her, cheated on her, and now she's at home with her son, she didn't finish high school and I see that her conditions are not good. So I believe that in high school, in adolescence it is not a good thing. First she finishes her studies and goes to college, works, has her house, then thinks about children (E16).

At the same time, the feeling of unpreparedness and insufficient responsibility to perform fatherhood and motherhood, personal priorities of adolescence and the autonomy to decide whether or not to have children, make the decision of abortion a possibility in the face of pregnancy, as evidenced below:

I would be in shock. I am aware that I would abort if I did not have enough responsibility to deal with a life. That would be a conscious and responsible choice. I have to have a very prepared psychological state to be able to have a life, because I need responsibility and I don't see this responsibility at this moment (E14).

I can't lie. I would try clandestine abortion. Because I'm not even one iota prepared to have a child now, and that would change everything I thought about my life, especially in terms of studying, finishing high school and going to college and having my profession. I think a child would get in the way of this a lot, it wouldn't be a good thing (E9).

I don't want to have a child so soon, I'm too young, I'm not mature and I know that we can't abort, because we don't have any place here in Brazil that says "it's okay, you can abort!" and even if it was something related to sexual abuse or rape, we don't have that power to say we don't want to, and I also don't know if I would be able to handle a pregnancy for now, because I'm very weak in terms of health (E20).

In turn, mental health also emerges as an important factor for responsible motherhood and fatherhood, since adolescents believe that the baby receives feelings and stressors from the mother through the connection with the umbilical cord, so that traumas can be generated due to excessive worry, as seen below:

I think it is very risky and dangerous because it can generate future damage for the adolescent and child. It can generate traumas in adolescence and childhood and it all starts from pregnancy, because everything you go through, the child also feels, because it is connected to an umbilical cord and the mother is also aware of it. So, that's why they say: "oh, you can't stress", but it's not just "you can't stress", it's how I'm going to make her not stress. I think it's very dangerous, risky and sensitive at the same time (E14).

I would have to redo all my life plans, I would have to think of some way to be able to create a new human being and to give a basis for my partner to have a good gestational period and along with that take care of my own mental health and that would be very run over, because now I have no basis to do that, neither financial nor emotional basis (E10).



Thus, it is possible to verify that the SRs on responsible fatherhood and motherhood in adolescence are mostly negative. They go through the stage of life, financial, physical and psychological conditions, in addition to family relationships and academic career. The adolescent enters into conflicts due to simultaneous experiences and insufficient use of this phase, bringing feelings of astonishment, despair, fear and insecurity.

## Discussion

The phenomenon of fatherhood and motherhood in adolescence is usually associated with poverty and low income.<sup>(17)</sup> In addition, the possibility of interrupting studies, early insertion into the labor market with low wages, and changes in life projects are fears reported by adolescents and mark social life.

A Brazilian study carried out with 25 adolescents aged between 13 and 19 years hospitalized in a maternity hospital revealed that pregnancy caused school dropout, depression and premature physical maturation.<sup>(18)</sup> The influence of cultural factors on this event is also evident, especially when the scenario is one of social inequality, as in the case of the aforementioned study.

In another research carried out in the quilombola community with more than the pregnancy experienced in adolescence, significant repercussions were observed in the educational trajectory of young people. The study revealed that sete delas não completaam o ensino fundamental, uma avançou para o ensino médio e apenas duas getam prosseguir para o ensino superior. These results indicate that the implications of pregnancy in adolescence abrangem both educational and psychological aspects.<sup>(19)</sup> Consequently, it should be noted that the implications of this phenomenon are in the educational and psychological aspects, especially in traditional communities, that the local reality has a strong influence on schools and life opportunities.

Such inequalities are also reflected in gender issues, a time when there is an overload of adolescent women at this stage. There is also a masculinity for the role of provider, with the woman being directed to the care of the children and domestication, behaviors that can be reinforced by the families.<sup>(20)</sup> Therefore, due to the social demand for men to play a greater role of provision, it is noteworthy that in adolescence there are challenges to enter informal jobs that allow them to fulfill these mandates, at the same time that family pressure to develop responsibility and financial independence tensions this phase of conflicts between being a father-child and adolescence.

However, currently, there are changes in values, in which responsible fatherhood goes beyond financial concerns and is related to participation in the care and education of children.<sup>(21)</sup>

In another study, it was observed that adolescents of both sexes equally highlighted the importance of the roles of provider and caregiver for both mothers and fathers. These findings indicate that adolescents' representations of conceptions of motherhood and fatherhood tend to be more egalitarian and inclusive in terms of gender.<sup>(22)</sup>

In addition, the family is a fundamental and consistent support network in this stage of life of the adolescent who experiences contrasting adjustments and feelings.<sup>(21)</sup> Family relationships become essential when dealing with the changes brought about by pregnancy, helping to adapt to this new phase of life. The involvement of family members, especially parents and guardians, can contribute significantly to the well-being and development of young people, providing a crucial support network in unique and challenging times.

In this study, the adolescents refer to the experience of pregnancy in adolescence at the time of their fathers and mothers. This audience is in the phase of discovery and understanding of itself and the world and the choice of partnership is considered an important factor, since the feeling of possible abandonment by the partnership is reported in the interviews. Studies affirm that these family experiences of adolescent fathers and mothers can be perpetuated consciously or not in their children as adolescents and/or adults. <sup>(23)</sup>

Another factor present in the adolescents' discourses was the feelings of denial in the face of the possibility of pregnancy, with abortion being considered a viable option. This fact is worrisome, as abortion is often performed clandestinely due to Brazilian illegality, being allowed only in cases of rape, anencephaly of the fetus and risk to the woman's life. <sup>(24)</sup>

In this sense, a study carried out with 21 adolescent mothers found that psychological and/or physical violence occurs by the family or partner as a form of rejection of pregnancy and blaming the female being, which contributes to the decision to have an abortion, making it a common act among adolescents who do not want pregnancy or do not receive the expected family support. resulting in a mix of negative feelings. <sup>(24)</sup>

Another factor that can generate challenges in teenage pregnancy is guilt for pregnancy. Many adolescents internalize the idea, based on the collective imagination, that pregnancy is a consequence exclusively of their decisions, disregarding the responsibility of their partners. Thus, they believe that the opportunities they will lose from then on are solely the result of their sexual practices. There is a fear linked to death, social sanction and the change in lifestyle that motherhood imposes. <sup>(25)</sup>

Regarding adolescent SR on fatherhood, the persistence of traditional models associated with masculinity as a determining factor to define the meaning of being a father and how to play this role is notorious. The attribution of responsibilities such as providing financial support and family protection is a significant motivating element both in the process and in the experiences lived by adolescent men in this role. <sup>(26)</sup>

Thus, fatherhood in adolescence can include representations of refusal and rejection of this experience. It is also noteworthy that a study carried out in a community in South Africa highlighted the educational, family and financial dilemmas and challenges faced by five adolescent parents aged between 17 and 19 years. Feelings of unpreparedness and fear spurred them to consider the possibility that their partners would terminate their pregnancies. However, the partners chose to continue with the pregnancy. After the birth of their children, the teens ended their relationships, keeping in touch only due to co-parenting responsibilities. <sup>(27)</sup>

In addition, the mental health of adolescents who experience early fatherhood and motherhood is sometimes negatively affected. There is concern, insecurity and unpreparedness regarding child care, social discrimination and identity conflicts peculiar to this phase, which generates interference in emotional stability. <sup>(1)</sup>

Based on these findings, it is found that the SR of adolescent students about responsible fatherhood and motherhood generally involve negative feelings, sensations and reactions. They associate teenage pregnancy with the interruption of their life projects, social marginalization as citizens, difficulty in constructing their male or female identity in the face of parental care, the discovery of pleasures, and the search for recognition and status in their social groups.

It is essential to recognize that pregnancy can occur accidentally during adolescence, even with the use of contraceptive methods, but it can also be intentional or desired. In this context, it is the responsibility of health professionals, in collaboration with educational

institutions, to offer welcoming, qualified listening and reproductive planning to adolescents. Adolescents should have access to resources that facilitate responsible and conscious decision-making, considering the daily implications of parental care and respecting their sexual and reproductive rights. <sup>(28)</sup>

In view of the complexity of the factors that influence responsible fatherhood and motherhood in adolescence, including contextual and historical aspects that shape the representations of these roles, the understanding of SR plays a significant role in understanding how adolescents deal with challenges related to reproduction as an aspect of sexuality. The results of this study also point to the importance of health education in the school environment as an effective strategy to promote self-care and care for partners in affective and sexual relationships in order to minimize and/or avoid complications related to early paternity/motherhood, unwanted pregnancy, interruption of pregnancy and consequent mental health problems.

The knowledge of SRs about responsible fatherhood and motherhood draws attention to the importance of the school environment as an agent that modifies realities. School is essential for the planning and elaboration of the life project of adolescents, as it helps to strengthen goals and plans for the future, in addition to improving working conditions and quality of life through study. Therefore, it is crucial to develop projects that lead adolescents to understand their importance in the world, recognizing their role as protagonists of their own stories. <sup>(29)</sup>

Through the results presented, it is possible to perceive a fear in relation to fatherhood and motherhood in adolescence as a potential interruption of life plans, especially with regard to studies and early insertion in the labor market. This apprehension is not unfounded, since, in reality, many adolescent mothers and fathers end up facing these challenges, resulting in significant impacts on their life trajectories.

In view of the above, it becomes evident the need for programs and public policies that can identify and address the social and economic vulnerabilities of these adolescent mothers and fathers by offering financial support and opportunities for professional qualification, allowing a more robust and well-paid insertion in the labor market. In addition, it is crucial that these strategies guarantee the conditions of permanence in school until the completion of studies to ensure reproductive rights, promote a more balanced personal and professional development, mitigate the adverse effects of early fatherhood and motherhood, and break cycles of poverty and social exclusion.

The school is a fertile ground to develop activities and programs that address the weaknesses in access to information on the prevention of pregnancy in adolescence and the impacts of fatherhood and maternity at this stage of life. For this, the qualification in sexual and reproductive health of the professionals who work in the school is essential and must go beyond teachers.

The promotion of a more welcoming and safe environment for the discussion of issues related to sexuality and reproduction requires diversified action. It should also involve pedagogues, social workers, psychologists, coordinators, educational counselors, among other strategic subjects of the school community. This multidisciplinary front allows students to have diverse support, increasing the possibilities of greater involvement of the school community in the identification and early intervention of risk situations, reduction of stigmas, support for their concerns, doubts and vulnerabilities.

Another strategic point is the inclusion of health professionals as permanent members of the school's staff. Its functions go beyond the basics, promoting scientifically based

learning and critical reflections on the subject. In addition, it is important to highlight the importance of health education actions in the school context to stimulate the protagonism and training of adolescents themselves as multipliers of information among their peers in order to ensure assimilation through identification with the contents worked.

In addition, the creation of health education tools and technologies, such as courses and projects that involve the adolescents' families, is categorical to develop solid bonds and strengthen existing bonds. These tools should be focused on improving the quality of information shared in the family environment and minimizing mismatches and conflicts in relationships. They should also act so that family knowledge and experiences related to the topic are not omitted due to taboos, prejudices or inability of parents and guardians to deal with the subject.

To this end, the school must be an ally in strengthening and developing educational activities focused not only on the promotion and prevention of adolescent pregnancy, but also considering its subjectivities, biopsychosocial dimensions and individual demands.

### **Conclusions**

The adolescents' SR about responsible fatherhood/motherhood proved to be predominantly negative, as they perceive that assuming this new social role implies adaptations and abdications. Therefore, a comprehensive approach is essential that ensures their reproductive and sexual rights and offers an environment of appreciation and listening so that they can express their symbologies and experiences. This is essential for them to be able to go through adolescence in a light and safe way, ensuring their integral development.

The strong relationship between SRs on responsible motherhood/fatherhood and the fears and anxieties of adolescents indicate the importance of developing collective strategies that act on the burden of being a father and mother in adolescence during the school period. It is noticeable, through these symbologies, that permanence in school and good academic performance, as well as full social development can be compromised in the face of an unplanned pregnancy.

This study enables awareness and partnership between health professionals, schools and family members for the development and implementation of tools that help adolescents not only in the prevention of pregnancy and/or in coping with its challenges, but also in choosing a conscious, safe and informed fatherhood/motherhood, if this is the desire.

Although it is not the focus of this study, we suggest that future studies include an analysis of the data by race/color, in order to enable the discussion through different aspects of realities beyond those explored in this research. It is also necessary to expand the studies that investigate the means of access and use of information on responsible fatherhood and motherhood, as well as to evaluate the impact of this information on different groups of adolescents. It is also important to understand how these aspects can be influenced by social niches, such as family and school.

Studies focused on this theme are still focused especially on prevention, contraception and their implications, therefore, it is recommended that more studies be developed on empowerment, development of self-confidence and co-responsibility in adolescent students who experienced fatherhood/motherhood. Another relevant fact is that none of the participants in this study is a father or mother. Therefore, it is important that future investigations include in their samples adolescents who have already experienced the

implications of responsible fatherhood and their relationship with academic life, in order to demonstrate the integrality and impacts of this experience from these subjects.

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