

Full Length Research Paper

A phenomenological study of the first sexual encounter by the adolescent

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To uncover the meaning of the first sexual intercourse to the adolescent. Descriptive and qualitative study with a phenomenological approach guided by Martin Heidegger references. The background/scenario used is (was) the first response ambulatory specialty clinic at the Nucleus of Teenage Health Studies (Núcleo de Estudos da Saúde do adolescente or NESAs) at Rio de Janeiro State University (Universidade do Estado do Rio de Janeiro, UERJ). Data were collected in January and March of 2014. The subjects were 13 adolescents between the ages of 14 and 20. The project was approved by CEP/HUPE/UERJ, CAAE: 01270112.9.0000.5259. The analysis uncovered the facticity, the being-with, and revealed the inauthenticity and awkwardness of being-adolescent at sexarche. Their first sexual experiences appeared to be steered by hearsay. The results lead to reflection on the integral care of the adolescent, because a new approach from the health services as well as a new stance/attitude from the professionals is needed, taking into consideration their sexual and reproductive rights.

Keywords: Sexual Behaviour, Sexuality, Adolescent, Nursing, Health Education.

INTRODUCTION

Adolescence is understood as a period of transformations in the body, emotions and of a shift in social roles, important factors for identity construction. Some defensive attitudes are useful so that this period can be carried out in a satisfactory manner such as ambivalence, aggressiveness, internalization and acceptance (Souza et al, 2007). Despite adolescence being considered a healthy stage of life, there has been a rise in illnesses, especially those related to exercising sexuality and reproductive health. Sexually Transmitted Diseases (STD) and AIDS particularly stand out among these illnesses (Almeida, Rodrigues and Simões, 2007). Nowadays men and women mostly begin their sexual lives during their adolescent years and in considerably different ways. The sexual practices during youth have been described as dynamic and under constant transformation and it is common that family and school, which are considered as the traditional sources for

models and shaping, silence and reserve themselves when faced with sexual behaviors and values (Borges and Schor, 2002; Saito and Silva, 2008). Among the experiences that occur during the process of sexual development during adolescence, sexarche is considered a milestone in one's life. Some factors have been described as associated with the decision of having sexual intercourse for the first time, amongst them are some individual characteristics such as age, color, gender, religion, educational level and the job situation, as well as family, that being, in relation to communication and the relationship between parents and their children, parental supervision and family structure (Borges, Latorre and Schor, 2007). One should consider that adolescence is a time of search and experimentation, making the adolescent vulnerable to risky behavior. Taking into account that the first sexual intercourse is a milestone to any one individual and that the search for information is

very common, an approach through non-scientific sources, such as the media, can raise more doubts and an incoherent view of reality (Saito and Silva, 2008; Rodrigues and Jardim, 2012). With that in mind, one may ask: what is the meaning of sexarche to the adolescent? Therefore, the aim of the study is: to uncover the meaning of the first sexual intercourse to the adolescent. The interest in developing this work emerged from an understanding of the need to elaborate effective health education policies, with respect to sexual education, focusing on the demands and needs of the adolescent. Therefore visioning, not only aggregating the adolescents' knowledge on sexuality, but also, providing better service to the young people that seek the health services, with language and strategies appropriate for this particular clientele.

The relevance of this current research resides in the possibility of the results acting as a contribution to succeeding studies, adding benefits to the assistance to the adolescents and also to the professionals that tend to them, leading to an build-up of indispensable knowledge and skills for the daily practice in the process of caring for the adolescent. An in depth study will enable more assuredness when dealing with a client, especially with the orientation during a nursing consultation, groups or waiting room.

METHODOLOGY

A qualitative study with a phenomenological approach was decided upon since the theme is multifaceted, of intense subjectivity and a description from the adolescent of the phenomenon is thoroughly needed for understanding, considering it as a whole. The qualitative method is defined as that which is capable of incorporating the issues of meaning and intentionality as inseparable from the acts, relations and social structures (Minayo, 2006).

Phenomenology is a science that provides scientific rigor, without neglecting human subjectivity. Therefore, the phenomenological path leads one to understand one's everyday life and to express one's existence. Thus, the phenomenon manifests as a result of the researcher's restlessness and if not authentic, the interest will be artificial, and an approximation with another person will not be accomplished, which limits the data collection and analysis of the results, since in a phenomenological study whatever may be judged as the truth does not matter very much, but rather the meaning of the phenomenon to the subject does (Capalbo, 2008).

For a better understanding of the meaning of sexarche to an adolescent, Martin Heidegger's existential phenomenology was used. This philosopher speaks of analytics of existence or of existential analytics. It is

possible to arrive at the structures of existence and of existing by means of this analytics. Existence is thus the opening that provides these structures for the most radical interpretations that we hold, and through which we can interpret the world, history and ourselves (Heidegger, 2006).

Thus, through the phenomenology of Heidegger, the issue of being an adolescent during one's experience in sexarche is questioned with the hope of obtaining the importance, uncovering its existential meaning.

The research was carried out at the first response ambulatory specialty clinic at the Nucleus of Teenage Health Studies (Núcleo de Estudos da Saúde do adolescente or NESAs), located at Piquet Carneiro Polyclinic associated to Rio de Janeiro State University (UERJ). The data collection occurred during January and March of 2014.

Initial contact with the adolescents was made after the nursing consultation, at which point the objectives of the research were explained to them.

The inclusion criteria for the study were they must be male or female adolescents, already sexually active, self-declared heterosexuals and that they were between the ages of 14 and 20 (according to the standards set by the World Health Organization). The minimum age of the age group is in accordance to the Brazilian Law Number 12.015, from August 7th 2009, in which all people under the age of fourteen are considered vulnerable before anything that involves their sexuality (Brasil, 2009)

As for ethical considerations, it is pertinent to report that the present study follows the principles of resolution 466/12 (Brasil, 2012) from the National Health Council, therefore during the realization of the research, anonymity was assured and the privacy of the interviewees was kept, also participation could be interrupted at any time and means of contact with those responsible for the study were provided. It is also interesting to point out, that for the realization of this research, the project was assessed by the Research Ethics Committee of Rio de Janeiro State University, and only after approval and issuance of substantiated opinion (CAAE: 01270112.9.0000.5259) was the investigation carried out.

After acceptance to participate in the research, the adolescents under the age of 18 signed an informed assent form and their guardians an informed consent form and the adolescents over the age of 18 signed an informed consent form. The technique used was a phenomenological interview, that seeks to describe the experience as it is experienced, mediated by empathy (Heidegger, 2006). The interview's guiding questions were: "describe what your first sexual intercourse was like" and "What did this intercourse mean to you?"

Thirteen adolescents participated in this research. In the hope of obtaining all the details in the talks and the

description of the phenomena experienced, it was necessary to record the testimonials on an electronic device (MP3), that were of fundamental importance to the analysis.

The identity of the interviewees was preserved and the anonymity ensured through the use of fictitious names. This pseudo name was presented as an option to the adolescents during the interview. A list of princess and superhero names was offered to them so that they could choose those with which they identified the most.

RESULTS

Data analysis was carried out concomitantly with the gathering of testimonials. After speech transcription the meanings were extracted, constituting the vague and median understanding, the first methodical moment (Heidegger, 2006).

The interpretation of the vague and median understanding of the being sought to conquer a line of conduct for the elaboration of the concept of the universal and indefinable being. The understanding of being vague and median might be impregnated with traditional theories and opinions on being, in a manner that such theories secretly constitute sources of dominant understanding and that being isn't something entirely unknown, even though, at first, is something completely inapprehensible (Heidegger, 2006).

From the everydayness expressed in the speech, the testimonials, the essential, and not occasional, structures were sought. Therefore, through the testimonials, the meaningful structures were extracted and grouped into Meaningful Units. Following this line of thought, it was understood that to the being-adolescent the first sexual intercourse:

US1: It was weird, there wasn't enough maturity and it didn't happen with the right person at the right time, but help was needed from friends and family

[...] it wasn't very good for me. Well, I think I regretted it because I think that I didn't like him. I think that you have to like the person for your first time. (Rapunzel)

It was awful. Neither had enough maturity to do it and I ended up getting pregnant. So it wasn't a good experience. [...] I did it only once, because it had hurt a lot. I couldn't do it again, because I didn't have the courage. (Cinderella)

It was a bit strange, at first, before doing it I already thought it was going to be weird. I wanted to do it and I already expected it to happen. Because we had been making out for a

while. [...] But it was strange because it was new to me and I expected more [...] I was at a party at my friend's house and he told me that it was an opportunity. (Ariel)

Some adolescents made it clear with their words that the first sexual intercourse wasn't very good while others said it was really bad. Some felt regret, because they weren't mature enough, because they didn't like their partners, because it happened in an inappropriate place, without planning and that it had even caused them pain and no satisfaction. Through the adolescents words it was possible to understand that for the first time to happen there was awkwardness on the adolescents' part, and at the same time they needed help from their family and friends for it to happen and for them to tell about it.

US2: Asked for help from friends and cousins to take advantage of a location and told their mothers that they only did it once

[...] and then one month later I told my mom that I wasn't feeling well, I was fainting and then I told my mom that I had done it that one time. (Cinderella).

[...] I spoke with my friend and then she got everyone out of the room and told me to take advantage of the situation because her aunt was asleep in her room (Ariel).

[...] then I asked my cousin for her house key, then she lent me her key and left (Ben 10).

The adolescents' words made it clear that for a first sexual intercourse to have happened, help from friends and family was needed. And at the same time they needed these same family and friends to tell that the sexarche had occurred.

US3: Caused shame, nervousness, Fear of bleeding, someone arriving home, getting pregnant, because a condom wasn't used

[...] and then I told (boyfriend's name) what are we going to do now, I'm bleeding. And he told me calm down, be calm. Then I said: "Calm? I'm bleeding". But at the time I was ashamed and I was nervous too and scared because we hadn't used a condom and I could get pregnant, so I took the morning after pill. (Snow White)

[...] It was horrible. I wouldn't let anyone touch me afterwards. No man could touch me [...], it was a bad phase. I only had intercourse again when I was 13. (Bella)

[...] Because she was scared, scared that someone would arrive at home, she was very stiff. It's good when both are ready to do it, I was ready, but she wasn't. (Flash)

The adolescents revealed that at the time of sexual intercourse there is a feeling of fear due to many factors such as bleeding, the fear of someone arriving home and fear of getting pregnant. They also revealed that they feel ashamed for getting nervous.

US4: It was uncomplicated, it was normal, it was good, it was not at all scary, horrible. It was a good experience, special, shame it was quick

[...] My first time was uncomplicated. (Grace Kelly)
It was normal, [...] I didn't feel anything. [...] it was uncomplicated, not at all scary, horrible, it was good. (Little Red Riding Hood)
It was normal, I didn't feel anything, I didn't feel pain, didn't bleed, it was unexpected. [...] but everything worked out. (Mulan)

Some adolescents uncovered that their first sexual intercourse was normal, uncomplicated, but despite that, was not pleasurable. It was like feeling something they had not felt before, an ambiguous or ambivalent situation.

US5: It happened at his home or at her home or at a cousin's home, because the mother was out working, but everything was planned

He called me to his house and I went, then when I got there, he told me to lie on his bed and he said: "I'm going to take your virginity". (Grace Kelly)
[...] I was at his house, then kisses were exchanged. Hands wandered. Then he asked me: "Are you sure?" And I told him: "I am". Then it happened. (Jasmin)
[...] We went to my house, because my mom was out working". (Batman)

The adolescents revealed that when the first sexual intercourse happens, they take advantage of when their parents are at work and go to either the boy's or girl's home. Sometimes they ask help from their friends or family so that they may lend their homes.

US6: It is a subject that everyone says hurts a lot and bleeds, but also say that they feel pleasure, that it is very good

[...] Because everyone said it was going to hurt a

lot, that others would talk about me; a bunch of stories. [...], when I was a virgin my friend's would say: "Do it because it's good, do it because it feels good. But I was scared. (Jasmin)

[...] Because it is a subject that is talked about a lot, and everyone says it's good and stuff, but I didn't think the first time felt good like they said. Because they say that they feel pleasure straight away and I didn't feel anything. (Ariel)
[...] I didn't feel pleasure like shown on TV. (Sleeping Beauty)

From these speeches, the adolescents uncover that sex is a very much talked about subject and that some people say that the act is pleasurable, others says that it will hurt and bleed, and that girls that have their first sexual intercourse will be talked about.

DISCUSSION

The adolescent is a constitution of being-in-the-world that has lived the experience of their first sexual intercourse and had the possibility of expressing themselves through words. In this study, this being revealed the facticity of the occurrence and the being-with, because help is needed for the first sexual intercourse to happen and to be understood.

Living in the world, the being-adolescent is a being-in-the-world and being-of-the-world has a direct relationship with friends and family, in the dynamics of movements of approximation and distancing.

The being-adolescent turns to the mother when in need of support and orientation, because parents are the basis of survival of their child's being. When living with a being-adolescent, the friends understand the demands for help and aid them as to the location of the first sexual intercourse. The being of humans share their space with others, maintaining interaction with the other entities.

In this investigation, the phenomenon of fear also appears. Heideggerian fear can be considered from three perspectives: what one fears, what to fear and for what one fears. What one fears, the fearful, is always an entity that is met with in the world (Heidegger, 2006).

The phenomenon of fear is characterized by constitutive moments which can vary making many possibilities of fear emerge. As threat possesses a completely unfamiliar character, the fear transforms into horror, as revealed by the deponents (Heidegger, 2006). In this sense the adolescent appeared to be ruled by fear and awkwardness during their first sexual intercourse.

Sometimes, during the testimonials there were moments of silence, when the adolescent talked about the experience of his/her first sexual intercourse.

When silence appears, the speech becomes more restricted at times. An anxiety could be noticed from the adolescents when remembering their first sexual intercourse. The anguish opens, in an originating and direct manner, the world as a world. The anguish, as a fundamental disposition creates an opening. Taking into consideration that the disposition reveals how one is feeling, anguish shows feeling of awkwardness. Thus awkwardness equally means not feeling at home. This awkwardness continually pursues the being-there and threatens, even if only implicitly, everyday loss in the impersonal (Heidegger, 2006).

It is worth noting that anguish and awkwardness can emerge in the most harmless situations. Therefore, even though the being-adolescent has shown fear and awkwardness in their first sexual intercourse, through anguish one projects oneself as a launched being and opens new possibilities of being.

In the public world, the being-adolescent sees himself/herself in the midst of everything that is part of adolescence and tells himself/herself that what they are going through is the same for everyone else. They express the impersonality in the way they present themselves in their day to day life: as we and not as and me (Almeida and Souza, 2011).

The impersonality allows one not to differentiate oneself from others, because being considered different exposes oneself to teasing, the implications and labels, which makes living with peers difficult.

In this study the adolescent demonstrates being-with in their first sexual intercourse, because having their friend's support and an appropriate location for this moment was essential for the being-adolescent to experience their first sexual intercourse.

The being-with or the being-there-with is a constitutive of us, it is the way human beings relate with one another, because a being is never isolated from others. The being-with existentially determines the presence even when another is not in fact given or perceived. Even the being-alone of presence is being-with in the world (Heidegger, 2006).

In this research, the speeches reveal ambiguity of the being-adolescent that experiences their first sexual intercourse. The ambiguity according to Martin Heidegger is expressed through oscillations and vacillations. The veiled or explicitly expressed oscillations and contradictions signal the ambiguity contained in the expressions of the being-adolescent.

This movement accentuates the facticity of the being-adolescent being launched in the world. Hence, in this study facticity is to experience the first sexual intercourse. The daily being-there life, in the day-to-day facticity covers, most of the times, the many possibilities of being and believes in the truths determined by the public world, by the voice of all, because if all speak one truth, it is

believed and other possibilities are not sought (Heidegger, 2006).

It was also uncovered that the being-adolescent in the wake of their first sexual intercourse showed influence of hearsay.

The hearsay is the possibility of understanding everything without having previously acquired knowledge on the subject. Through this conception, the being-there repeats what was heard appropriating oneself of another's speech. Therefore, since the words are not one's own, incomprehension of the facts is made clear when the essence of what is happening is not captured because, deep down, one did not acquire, in one's own experience, knowledge about what is being expressed, but are simply repeated and passed on (Heidegger, 2006).

Hearsay is inserted into the mode of being-in-the-world. The adolescent relays a speech without having a proper understanding of what is being said. And what happens is that he/she distances him or herself from their own self and becomes someone else, being nobody to the others.

Acting under the focus of in differentiation, living as others live, the being-adolescent-that-has-experienced-their-first-sexual-reaction does not stand out or differ and repeats the discourse that sexarche causes pain, discomfort, bleeding, although pleasurable to some, following this line of thoughts the unknowingly unfounded speech is repeated by them. They repeat it because others do and this repetition appears to be a known truth.

It is important to understand the significance of the actions that emerge from this care, in the sense of accepting or adjusting to the new momentary life style of the cared adolescent, providing plans that meet the bio psychosocial changes of the individual (Saraiva et al, 2014).

CONCLUSION

This research made it possible to reveal that even in the XXI century, in a contemporary world, there are still many taboos involving an adolescent's first sexual intercourse, where many schools, parents and even health professionals feel ashamed to talk about sexuality and sex. Thus, the adolescent is left vulnerable amidst myths and doubts, causing them not to take proper care of their health.

It was possible to analyze the phenomenon of the first sexual intercourse with this study, broadening the already existing focus, the one on prevention, pregnancy and, sexually transmitted disease.

In this sense, the contribution of this research lies in the uncovering of the possibilities in the interface between the care of an adolescent taken by his/her own

self, by their families and by a health team. Caring for oneself should be discovered by the being-adolescent, who needs support and orientation to take responsibility for his/her own health.

This movement of autonomy to self-care requires consonance with the singular time of existing of the adolescent -self. Each one has their own way of becoming, in the projection of their development towards reflection, understanding and accepting their possibilities and limitations.

Therefore, it is up to the health professionals to help in orienting the adolescents so that their first sexual intercourse is an informed and responsible decision for the couple.

It is recommended that actions are developed not only in assistance but also in education that may guide the adolescents and their families as well as the professionals that work in schools.

Group activities that strengthen the collective care stand out. It is also necessary to make spaces available where young people can be heard making it possible for their needs to be seen to.

The possibility of carrying out new studies about the being-adolescent-that-experiences-their-first-sexual-intercourse is also worth considering.

By the end of this study, it was possible to attain the objective of uncovering the meaning of the first sexual intercourse to the adolescent. This meaning indicates the need for reformulation of the performed health actions and care provided to those in the adolescent age group.

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