

CHARACTERISTICS OF THE RELATIONSHIP BETWEEN THE WOMAN AND HER PARTNER IN THE EVENT OF AN UNPLANNED PREGNANCY

CARACTERÍSTICAS DO RELACIONAMENTO ENTRE A MULHER E SEU PARCEIRO NA OCORRÊNCIA DE GRAVIDEZ NÃO PLANEJADA

CARACTERÍSTICAS DE LA RELACIÓN ENTRE LA MUJER Y SU COMPAÑERO ANTE UN EMBARAZO NO PLANIFICADO

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Objectives: to describe the characteristics of the partner and the relationship with the woman in the event of an unplanned pregnancy. **Method:** exploratory transversal study. The data were collected through interview with 191 pregnant women enrolled in the Family Health Strategy program. In statistical analysis, differences between the proportions were scanned by Pearson's Chi-square Test and Fischer Exact Test with 5% level of statistical significance. **Results:** the partners showed an average age of 28 years, predominantly black race/color, no religion, low level of education and low income. The marital status married/stable union and the time of the union presented high statistical significance for the occurrence of unplanned pregnancy. **Conclusion:** the partners have socioeconomic status unfavorable to information access and to greater participation in pregnancy. Stability in the relationship is a crucial factor for the development and acceptance of pregnancy, however it is necessary to stimulate the man co-responsibility, highlighting the multidisciplinary team role in the basic attention.

Descriptors: Unplanned pregnancy. Fatherhood. Family planning. Nursing.

Objetivos: descrever características do parceiro e do relacionamento com a companheira na ocorrência de gravidez não planejada. Método: estudo transversal exploratório. Os dados foram coletados por meio de entrevista com 191 mulheres grávidas cadastradas na Estratégia Saúde da Família. Na análise estatística, as diferenças entre as proporções foram verificadas pelo Teste Qui-quadrado de Pearson e Exato de Fischer com nível de 5% de significância estatística. Resultados: os parceiros apresentaram idade média de 28 anos, predominando raça/cor negra, sem religião, baixo nível de escolaridade e baixa renda. A situação conjugal casada/união estável e o tempo

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de união apresentaram alta significância estatística para a ocorrência da gravidez não planejada. Conclusão: os parceiros têm situação socioeconômica desfavorável ao acesso às informações e à maior participação na gravidez. A estabilidade na relação é um importante fator para a ocorrência e aceitação da gravidez, todavia é preciso estimular a corresponsabilidade masculina, ressaltando-se o papel da equipe multiprofissional na atenção básica.

Descritores: Gravidez não planejada. Paternidade. Planejamento familiar. Enfermagem.

Objetivos: describir las características del compañero y de su relación con la mujer durante un embarazo no planificado. Método: estudio transversal exploratorio. Los datos fueron colectados por medio de entrevista con 191 mujeres embarazadas registradas en el programa Estrategia Salud de la Familia. En el análisis estadístico, las diferencias entre las proporciones fueron verificadas por el Test Qui-cuadrado de Pearson y Exacto de Fischer con nivel de 5% de significancia estadística. Resultados: los compañeros presentaron edad media de 28 años, predominando la raza negra, sin religión, bajo nivel de escolaridad y baja renta. La situación conyugal casada/unión estable y el tiempo de unión presentaron alta significancia estadística para que ocurriera un embarazo no planificado. Conclusión: los compañeros presentan situación socioeconómica desfavorable para el acceso a información y a una mayor participación en el embarazo. La estabilidad en la relación es un importante factor para que ocurra un embarazo y que su aceptación, aunque es preciso estimular la corresponsabilidad masculina, resaltando el papel del equipo multi profesional en la atención básica.

Descriptorios: Embarazo no planificado. Paternidad. Planificación familiar. Enfermería.

Introduction

The social legitimization of gender attributes naturalizes motherhood. Women are responsible for reproduction and, consequently, for an unplanned pregnancy. Guided by the perspective of reproductive rights, whose principles are autonomy and freedom, we consider as unplanned a pregnancy resulting from a process in which didn't exist the free decision of the woman or the couple⁽¹⁾.

In the event of an unplanned pregnancy multiple factors intersect. Women give in to the partner's desire to be a father, neglect the use of contraceptives, submit themselves to their partner in sexual intercourse without protection or face difficulties in having the information assurance and contraceptive health service. Gender identity collaborates to the ambivalence of desire and there is a tendency to immediately accept the pregnancy, especially when the woman is not a mother yet, but conflicts with subsequent acceptance or revulsion and abortion attempts are common⁽²⁾.

The characteristics of the relationship are an essential element to continue with the unplanned pregnancy. The decision by abortion is related to a refusal of pregnancy by the partner, the perception of a troubled relationship, the

uncertainty about the future of the relationship and the fear of paternity denial. Unfavorable economic conditions also have a key role in the event and acceptance of an unplanned pregnancy, because reproductive decisions and expectations are endangered because of low wages; in this respect, the literature highlights mainly the education level as the responsible for social ascension and facilitator to incorporate knowledge and autonomy in decisions related to reproduction⁽¹⁻⁴⁾.

The scientific literature shows that stable relationships and the marital relationship based on trust can lead to neglect the use of contraceptive methods, mainly the barrier methods of birth control, which can lead to unplanned pregnancy and sexually transmitted infections (STI). Thus, closer ties based on the length of the relationship can cause the lack of protection for pregnancy and for STI⁽⁵⁾.

Although male participation and assumption of responsibility for contraception and reproduction are emphatically defended by the feminist movement, in the public health system the approach of this participation is still fragile. The National Policy of Integral Care to Women's Health (PNAISM) and, more recently,

the National Policy of Integral Attention to Men Health (PNAISH), observe that paternity must be understood as a right and obligation that begins with the decision of having children or not, how and when to have them, continuing with the monitoring of pregnancy, delivery, postpartum and the child's education⁽⁶⁾.

There is not an approach that include men as responsible for pregnancy in official instruments of information what constitutes an obstacle to understand the phenomenon, a factor that restricts the knowledge of the involvement of the male population in the policies related to sexual and reproduction health⁽⁵⁾. In the professional practice in the care to pregnant women and recent mothers it is common to see women resented due to the lack of involvement of the partner in the reproductive process. When unplanned pregnancy occurs, the initial conflicts tend to be overcome depending on the stability of the relationship and the support of the partner.

Considering the importance of the phenomenon of unplanned pregnancy, the gaps in the literature about the co-responsibility of the partner in the complex multifaceted network that involves the event and the experience of pregnancy and based on empirical observations, a research was carried out to answer the question: what are the main characteristics of the relationship between the woman and her partner in the event of an unplanned pregnancy according to women? The study aimed to describe characteristics of the partner and the relationship with the woman in the event of an unplanned pregnancy.

This study offers subsidies to think about the practice of health care in reproduction planning programs and women care during an unplanned pregnancy. It also contributes to support the development of strategies to implement health practices with emphasis on effective participation in the pregnancy-birth process.

Method

It is a cross-sectional, exploratory study developed from March to December 2011. It

constitutes a part of the search Unplanned Pregnancy Event in coverage areas of the family health program (PSF) in Salvador (BA), funded by the Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPQ). The study was carried out in the suburbs of the city of Salvador, in a Health District of several neighborhoods with a population of 324,931 inhabitants. It is one of the poorest areas of the city, with great difficulty of access to goods and services for social, economic and geographic issues⁷. The health care is provided by 21 Family Health Units (FHU), 5 Basic Health Units (BHU), 1 State Hospital and 1 Municipal Emergency Clinic.

The target population of the study consisted of pregnant women at any stage of the gestational cycle who had prenatal care in the FHU selected from May to September 2010. To select the units we used the following criteria: the ones which assist on reproduction planning and have at least one year of operation. Ten FHUs were selected for the study and one for the pilot test.

As the population sampled is disaggregated in FHU, we opted for the stratified sampling technique at one stage by FHU, with a total of ten strata with allocation proportional to the number of child-bearing age women and children over ten years old registered in the respective units. The FHU was the sample and the user unit, the elementary unit. The interviews in each unit occurred at random and proportionate to the number of women scheduled for the period of the data collection.

To calculate the study population (n) it was considered the prevalence of unplanned pregnancy in the National Survey of Demography and Health (NSDH), 45.8%⁽⁸⁾. We adopted the confidence level of 95% ($\alpha = 0.05$) and a sample error of 6% ($d = 0.06$) between the proportion found in the sample and the actual population proportion. The total number of the population elements, 41,285, was obtained based on the number of women of childbearing age enrolled in the FHU. It was obtained a final sample of 263 interviews for 10 units allocated in proportion to the number of women registered. However, the total population of the study obtained was

191 women that is 72.6% of the total estimated for the sample ($n = 263$), a result of the loss of 72 women (27.4%) who did not attend the schedules on prenatal consultations or were absent during home visits.

The data were collected through semi-structured interview, with multiple answers questions and categories of responses. To validate the instrument a pilot test with nine pregnant women who did not composed the sample of the study was conducted.

The main research had the unplanned pregnancy as main dependent variable. The information concerning the definition of this variable was obtained by a combination of the following questions: do you consider that your pregnancy is planned; is not planned because you wanted to wait longer; not planned because you didn't want to have more children; unwanted because you did not want to be a mother; unwanted, you didn't want to have more children; you don't know whether it was planned; others.

In this study, that is a part of the main research, we used two groups of variables: sociodemographic characteristics of the woman and her partner: age group, race/color, religion practiced, education, personal income, occupation; characteristics of the relationship with the partner: marital status at the time of the pregnancy, present marital status, relationship length, age difference, partner's kids of other relationships, partner's reaction to pregnancy, partner family reaction to pregnancy.

The data, after collected, were entered into a database in the Microsoft Access program v.2002 and after, exported to the STATA v.8 statistical *software* to treat them and generate the results. To check for differences between the proportions of the sociodemographic characteristics of the partner and the characteristics of the relationship with the type of pregnancy, *Pearson* Chi-square Test or the Fischer exact (when necessary) were used. The statistical significance level of 5% ($p \leq 0.05$) was adopted.

The research was approved by the Research Ethics Committee under opinion N^o 44/2009. The provisions contained in resolution 196/96 of the National Council of Ethics in Research were respected, following ethical principles for research with human beings. All the women who agreed to participate in the study signed an informed consent (TFCC) and the ones under 18 years old also had the authorization of one of their guardians signed.

Results

The population of the study consisted of 191 pregnant women users of the FHS who were responsible for the information about their partners. Women who participate in the study were predominantly young (75.4%), with 20 years old or more and average ages of 24 ± 5.9 years; (93.5%) black; (35.4%) Catholic; (41.8%) Protestant; (67.4%) married or in stable union; (28.4%) single with a regular partner. There was an equal percentage distribution between the three levels of schooling with predominance of primary incomplete (34%).

The occupation housewife was the most frequent (49.7%); the others had a paid activity, were students or unemployed; the family income had equitable distribution, less than a minimum salary (48.1%); from one to three minimum salaries (46.5%); 5.5% had an income from four to five minimum salaries. 86.4% of the interviewed started their sexual life in adolescence and 57.1% had their first pregnancy at the same age; most of them were in their first pregnancy (52.9%); 23.6% informed they had an abortion 8.9% of women attempted abortion in current pregnancy. From the group of interviewed women, 66.5% reported not having planned the pregnancy while 33.5% had planned it.

In Table 1 we show the sociodemographic characteristics of the partners according to the women type of pregnancy.

Table 1 – Socio-demographic characteristics of partners of pregnant women registered in the Family Health Program of the Railroad Suburb according to the type of pregnancy. Salvador, Bahia, Brazil, May-Sept. 2010 (N = 191)

Partners' characteristics	Type of pregnancy			
	Planned N=64		Not Planned N=127	
	n	(%)	n	(%)
Age group (years old) (N=190)				
< 20 years old	2	3,1	11	8,7
20 – a 29 years old	35	54,7	69	54,3
30 years old and more	27	42,2	46	36,5
Color (N=157)				
White and others	10	18,2	17	16,7
Black	22	40,0	37	36,3
Dark	23	41,8	48	47,0
Religion practiced (N=158)				
No religion	15	27,3	48	46,6
Catholic	20	36,4	26	25,2
Protestant	18	32,7	27	26,2
Spiritualist	1	1,8	0	0,0
Candomblé	1	1,8	2	1,9
Schooling (last grade concluded) (N=180)				
Did not attend school/ Primary incomplete	24	38,1	46	39,3
Primary complete/High school incomplete	19	30,2	30	25,6
High school complete/ University incomplete and complete	20	31,7	41	35,1
Personal wage* (minimum salaries) (N=156)				
< 1 minimum salary /No wage	10	18,2	27	26,7
1 to 3 minimum salaries	43	78,2	69	68,3
4 to 5 minimum salaries	2	3,6	5	4,9
Occupation				
Civil Servant	1	1,6	2	1,6
Service and sales worker	21	32,8	48	37,8
Production worker	8	12,5	9	7,1
Maintenance worker	21	32,8	33	26,0
Unemployed	7	10,9	13	10,2
Other categories/undefined	6	9,3	22	17,3

Source: Created by the authors.

*Minimum salary at research time R\$510.00.

Most of the partners belong to the age group of 20 to 29 years old, both for planned pregnancy and unplanned pregnancy situations the percentages were similar, about 55.0%. Among women with partners under 20 years old, most belong to the group unplanned pregnancy when compared with those who planned the pregnancy, 8.7% and 3.1% respectively.

The partners of race/color black (black and dark) represented more than 80% for both

types of pregnancy. The category without religion was more frequent among the partners of women with unplanned pregnancy (46.6%) when compared with those who planned the pregnancy. Catholic and Protestant religions stood out among those partners who planned the pregnancy with equivalent percentages. As for schooling, there was a predominance of partners with lower levels of education, both for the planned pregnancy (38.1%), as for the

unplanned (39.3%). A percentage reduction was observed for both types of pregnancy in the category elementary school complete and high school incomplete. However, there was an increase in the frequency of both types of pregnancy to higher education levels.

Between the partners, the dominant income range was one to three minimum salaries, especially partners of women who planned their

pregnancy (78.2%), while those who didn't plan it corresponded to 68.3%. About occupational category, service sector, sales and maintenance workers present equivalence percentage (32.8%), for both types of pregnancy.

In table 2, we present the results concerning the characteristics of the relationship with the partner for women type of pregnancy.

Table 2 – Characteristics of the relationship with the partner according to women enrolled in the Family Health Program of the Railroad Suburb, by type of pregnancy. Salvador-Bahia, May-Sept. 2010

Characteristics of the relationship with the partner	Type of pregnancy (N=191)				value of p
	Planned N=64		Not Planned N=127		
	n	%	n	%	
Marital Status when pregnancy occurred (N=191)					
Married/ Stable union	55	85,9	62	48,8	0,00
Single, with a regular partner	9	14,1	58	45,7	
Single, without a regular partner	0	0,0	7	5,5	
Current Marital Status (N=190)					
Married/Stable union	57	89,1	71	56,3	0,000
Single, with a regular partner	7	10,9	47	37,3	
Single, without a regular partner	0	0,0	8	6,4	
Length of relationship					
More than 3 years	43	74,1	55	47,4	0,004*
1 to 3 years	7	12,1	30	25,9	
Less than 1 year	8	13,8	31	26,7	
Age difference					
Older partner	52	81,3	98	77,8	0,884**
Younger partner	8	12,5	18	14,3	
Same age	4	6,2	10	7,9	
Partner's kids of other relationships					
Yes	14	22,2	34	27,2	0,460*
No	49	77,9	91	72,8	
Partner's reaction to pregnancy					
He liked because he wanted kids	57	89,1	71	55,9	
He didn't like but ended up accepting	5	7,8	40	31,5	
Others	2	3,1	13	10,24	
He didn't care	0	0,0	3	2,4	
Partner family reaction to pregnancy					
They liked and gave support	57	89,1	74	58,3	0,000**
They were unsatisfied but accepted	2	3,1	22	17,3	
Family did not support at all	5	7,8	31	24,4	

Source: Created by the authors.

*Pearson Chi-squared test; **Fischer Exact Test.

Proportional statistically significant differences were observed between the groups regarding the marital status at the time of the pregnancy ($p = 0.000$). Married/ stable union category remained (48.8%), followed by single with regular partner that did not plan the pregnancy (45.7%). No single without regular partner said to be experiencing a planned pregnancy. In relation to the current civil state, proportional differences remained ($p = 0.000$) converging current marital status with the one before the event of pregnancy. There was an increase in the number of married women and a decrease of single women with regular partner after the event of pregnancy.

As for the relationship length, we identified statistically significant proportional differences ($p = 0.004$). Women with more than three years of relationship presented, mostly, planned pregnancy (74.1%), being that time prevalent also in the group of women who did not plan the pregnancy (47.4%). In situations of up to three years of relationship, we found 52.6% of unplanned pregnancies.

About the age difference between the woman and her partner, there were similarities in proportion, most often partners older than woman, for both planned and unplanned pregnancies (81.3% and 77.8%, respectively). In relation to the variable partner' kids of other relationships, we verified similarities in proportion between the groups, with a predominance of those who had no children of other relationships. (77.9% and 72.8%).

About the partner's reaction to the pregnancy, 55.9% of partners of women with unplanned pregnancy liked the fact because they wanted a child, being this response followed by don't like, but end up accepting, referred to by 31.5% of women. Only 2.4% didn't care and accepted the pregnancy. The other partners' reactions referred to by women in the category "other", (10.2%) corresponded to answers like: he wanted me to abort; he didn't know of the pregnancy, he did not see the women anymore (abandoned) and he had doubts his paternity.

Regarding the reaction of the partner family to the pregnancy, we observed proportional

statistically significant differences ($p = 0.000$). 89.1% of the families were happy and gave support in the planned pregnancy situations, however to the unplanned pregnancies that frequency represented 58.3%. For the unforeseen pregnancies, 17.3% of women reported that the partner family showed dissatisfaction but gave support and 24.4% reported not having received any support from the partner's family.

Discussion

The relationship between the co-responsible by pregnancy are essential for planning and interferes in how this will be received by the couple. The participation of men from the beginning of the pregnancy is essential to prepare him for the exercise of parenting, position that will give a significant contribution to the emotional balance of the couple. It is known that the presence of companion in the process of pregnancy influences positively the development of pregnancy, thereby reducing the adverse effects to the health of the child and the woman⁽⁹⁾.

The literature highlights the importance of the nuclear family and social support as the main mechanism of protection before the pregnancy, especially when it sets up as unexpected and at an early age⁽¹⁰⁾. In this study, the high percentage (85.9%) of women who had experienced planned pregnancy and reported to be married or in a stable union at the time of the event of the pregnancy confirms the importance of the marital status in reproductive choices.

Among women with unplanned pregnancy in which that marital status was 48.8%, it can be affirmed that the trust between the couple, generated by the stability of the relationship, creates an expectation of support from the partner before the pregnancy.

Social, biological and subjective factors collaborate to the occurrence of pregnancy. When the ambivalence is present, oversights appear related to the desire of women and/or partner that, before the pregnancy, ensures virility⁽²⁾. In the present study, the similar

percentage in the cases of unplanned pregnancy among married/stable union women and single women with a regular partner, almost 100% of the group, indicates that an intersection of factors participates in the case. Whereas the partners and their companions have social inclusion which hampers access to information and to the means that lead to adopt preventive attitudes, they are more vulnerable to the consequences of unprotected sexual practices.

Pregnancy, regardless of planning or not, alters the relationships between couples and can narrow it or constitute a factor of disruption. The group studied, the pregnancy was a factor that has expanded minimally the marital status married/stable union in both types of pregnancy. On the other hand, for some single women with regular partner, the marital status changed to single without a regular partner indicating a disruption of the marital situation after pregnancy. In this study, considering the low percentages of pregnancy in unmarried women without regular partner, the stable relationship becomes a factor that favored the occurrence of pregnancy. Whereas most women referred a relationship length of more than three years both for planned and unplanned pregnancy, the marital status and the relationship time intersect in this process.

It is believed that by the time the relationship is established and the partners began to understand the existence of a relationship to insured and reliable companions it is possible to build unique goals and family projects, included having or not having children. In this context, it is common that a pregnancy can cause overwhelmingly positive changes in the marital relationship, adding stability to the relationship, as demonstrated by a study carried out with young women after child birth, in which 39.9% of the interviewed reported that after the giving birth the relationship with the partner improvement⁽¹¹⁾.

On the other hand, in groups without a stable union, non-use of contraception methods can be based on infrequent sexual intercourse and lack of planning within the relationship, factor that stands out especially when associated with

age. In general, the younger, the greater the tendency to establish varied and short relations, which increases for these groups the chance to experience unplanned pregnancies⁽¹²⁾.

In a study about factors associated with the occurrence of unplanned pregnancy, it was found that pregnancies among women without a partner were more commonly unplanned than the ones among those married or that live with a partner⁽³⁾. There is controversy among search results, because in both studies cited the results diverge of this investigation, in that married or in stable union women presented higher percentages of unplanned pregnancy with proportional differences statistically significant.

In relation to the age of the partners, who were predominantly older than their companions, in other studies was also identified that men were usually older than women, which strengthens cultural and social values that direct women to build conjugality ties with older men^(10,13). The affective-sexual involvement with older partners reproduces a gender and patriarchal culture in that men should offer economic and emotional stability when playing the social role of family head, provider and protector.

Among the unplanned pregnancies, satisfaction with pregnancy corresponded to the reaction of more than half of the partners, as evidenced by the desire to have a child; and those who did not like it, but ended up accepting, accounted for 31.5%. This result contributes to the stability of the nuclear family or relationship and is a factor that favors both the occurrence of not planned pregnancy as it acceptance. This statement is based on the fact that most women said being married or in a stable union. In research conducted with 120 women companions of those partners with which it was investigated the response to the event of an unplanned pregnancy, it was found that 17.5% reported they liked it because they wanted to get pregnant; 21.7% didn't like it, thought and/or tried to abort; and 60.8% didn't like it, but accepted the pregnancy⁽¹⁴⁾.

Acceptance of pregnancy by the partner is essential, since pregnancy can generate

emotional instability to the woman and her companion support represents a protection factor for psychological disorders, such as anxiety⁽¹⁵⁾. While investigating the feelings experienced by pregnant women who assumed the responsibility of having a child without the support of a partner, that could be the biological father or a partner that substitutes him, we identified sadness, nervousness and emotional instability. The literature values the influence of an unstable relationship in the event of complications during pregnancy and child development, noting that the family support and partner are factors that help to reduce complications on woman and child health^(11,16).

The male attitude in front of pregnancy is presents in different ways and can oscillate between feelings of enthusiasm, stamina and/or ambivalence, factors that influence the process of acceptance. Given the variations in situations of non-acceptance, the attitudes of men can be expressed because of doubt related to fatherhood, disruption in the relationship or the stimulus to abortion. These reactions were present in 10.24% of women partners of this study as they answered: *he wanted me to do the abortion, he didn't know about the pregnancy, he didn't see the woman anymore and he had doubts about his paternity*. In the field of the couple relationship, the literature points out that the non-acceptance of pregnancy can result in the end of the relationship in which the marital problems are considered moderate and/or serious⁽¹⁶⁾.

Man's refusal to accept paternity generates conflicts that can interfere with the future relationship with the children and the family. However, pregnancy, even when not desired by the couple, also constitutes an opportunity to reassure the masculinity and virility of the partner, which contributes to its acceptance, fully conditioned by gender issues⁽²⁾.

It is common the family and partner negative reactions to the pregnancy, particularly among younger couples without stable union, but does not constitute a decisive feeling, as it tends to lead to acceptance, especially in the period of

delivery^(9,15). In the study in focus, the reaction of the partner family to the occurrence of pregnancy differs depending on the type of pregnancy, planned or unplanned, with clear majority of satisfaction in cases of planned pregnancy. When the pregnancy was not planned, this reaction is reduced and the support predominates, but 24.4% still

In relation to the support of the partner's family, the literature is quite sparse, but some studies highlight the support of the woman's mother demonstrating the relevance of this support as this care with pregnant women provides greater security and confidence in the performance of maternal functions and helps in adapting to the role of mother and strengthening the family links familiares^(10,11). In this research, most of the partner's relatives, both in planned as in unplanned pregnancy were happy and offer support.

It is important to highlight that, although relevant, the insertion of men in attention to the reproductive and planning in the gravid-puerperal cycle has only recently been featured and became the focus of public policies, a fact that reinforces the need for new studies that address the importance of the man's role in the landscape of reproductive planning.

It should be noted the limitations of a cross-sectional study that does not portray facts from the past that contributed to the end of the relationship. Above all, since the unplanned pregnancy is influenced by subjectivity, it is possible a bias of prevalence, plus the fact that the information about the partner was provided by his wife.

Conclusion

In response to the objective proposed and the results of the research, it appears that the partners of women participating in the study presented socioeconomic status unfavorable to the access to information and deeper thinking on the reality from the point of view of male participation in the reproductive process, notably influenced by low education and low income. Stability in the

relationship is a crucial factor to develop and accept planned and unplanned pregnancy. The last is a result of ambivalence, naturalization of motherhood and expectation of support from the partner who often also needs it.

Such confirmation is revealed in more than half of the women who reported the partner was satisfied when with the pregnancy because they wanted to, while another group that initially did not demonstrate satisfaction, ended up accepting the pregnancy. Acceptance accompanies the process of most women who are faced with an unplanned pregnancy who even dissatisfied, accept the fact.

Although pregnancy without planning means a factor of family concern, the study showed that the partner tends to accept the pregnancy, which is not so frequent when it comes to partner family. Acceptance of pregnancy should also be understood in the light of gender, since the birth of a child is a form of reaffirmation of men and women identity. It is important to stimulate male co-responsibility, emphasizing the role of multidisciplinary team in the basic attention.

Collaborations

1. concept, design, analysis and interpretation of data: Sonia Maria de Jesus Parcerro, Edméia de Almeida Cardoso Coelho and Millani Souza de Almeida;

2. article writing, relevant intellectual content review: Edméia de Almeida Cardoso Coelho and Millani Souza de Almeida;

3. final approval of the version to be published: Millani Souza de Almeida, Edméia de Almeida Cardoso Coelho, Sonia Maria de Jesus Parcerro, Mariza Silva Almeida and Enilda Rosendo do Nascimento.

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