

THE EXPERIENCE OF FATHERHOOD: BETWEEN CHALLENGES AND POSSIBILITIES

A VIVÊNCIA DA PATERNIDADE: ENTRE DESAFIOS E POSSIBILIDADES

Emanuelle Kist Leturiondo¹, Bruno Pereira de Souza², Joice Moreira Schmalfuss³,
Fernanda Honnef⁴, Cenir Gonçalves Tier⁵ e Lisie Alende Prates⁶

ABSTRACT

Objective: to understand the meanings, challenges and possibilities for men in the experience of fatherhood. **Methodology:** qualitative research, developed between July and October 2021, with 10 parents. Semi-structured individual interviews were used, followed by thematic content analysis. **Results:** fatherhood was defined from the perspective of the man's participation and responsibility for caring for his partner and child. Among the challenges, there was a restriction on health professionals regarding the presence of fathers in baby care, the hours of care and legislation, which impact their participation in this process. They suggest that health professionals encourage paternal inclusion and the development of educational strategies that allow greater instrumentalization for the development of maternal and child care. **Conclusion:** Men are breaking old paradigms of being the breadwinners of the home and establishing a new experience of fatherhood. Fathers need to be included to improve parental well-being and the bond with the baby. Educational strategies are needed to enable men to be better equipped to develop maternal and child care.

Keywords: Fathers; Family Relations; Father-Child Relations.

RESUMO

Objetivo: conhecer os significados, os desafios e as possibilidades de homens na vivência da paternidade. **Metodologia:** pesquisa qualitativa, desenvolvida entre os meses de julho e outubro de 2021, com 10 pais. Utilizou-se entrevista individual semiestruturada, seguida de análise de conteúdo temática. **Resultados:** a paternidade foi significada sob a perspectiva de participação e responsabilização do homem pelo cuidado à companheira e ao filho. Entre os desafios, verificou-se a restrição dos profissionais de saúde quanto à presença paterna nos cuidados ao bebê, o horário dos atendimentos e as legislações, que impactam na sua participação nesse processo. Eles sugerem que os profissionais de saúde incentivem a inclusão paterna e o desenvolvimento de estratégias educativas, que permitam maior instrumentalização para o desenvolvimento

1 Enfermeira egressa da Universidade Federal do Pampa. Uruguaiana, RS, Brasil. ORCID: <https://orcid.org/0009-0003-6047-2237> E-mail: emanuellekist@gmail.com

2 Enfermeiro. Residente do Programa de Pós-Graduação da Residência Multiprofissional em Saúde da Família da Escola de Saúde Pública de Florianópolis. Florianópolis, SC, Brasil. ORCID: <https://orcid.org/0000-0002-7830-6419> E-mail: brunoenf.souza@gmail.com

3 Doutora em Ciências da Saúde. Professora da Universidade Federal da Fronteira Sul. Chapecó, SC, Brasil. ORCID: <https://orcid.org/0000-0002-0293-9957> E-mail: joice.schmalfuss@uffs.edu.br

4 Doutora em Enfermagem. Professora da Universidade Federal do Pampa. Uruguaiana, RS, Brasil. ORCID: <https://orcid.org/0000-0002-1866-1611> E-mail: fernandahonnef@unipampa.edu.br

5 Doutora em Enfermagem. Professora da Universidade Federal do Pampa. Uruguaiana, RS, Brasil. ORCID: <https://orcid.org/0000-0003-1539-7816> E-mail: cenirtier@unipampa.edu.br

6 Doutora em Enfermagem. Professora da Universidade Federal do Pampa. Uruguaiana, RS, Brasil. ORCID: <https://orcid.org/0000-0002-5151-0292> E-mail: lisiealende@hotmail.com

do cuidado materno-infantil. **Conclusão:** os homens vêm rompendo antigos paradigmas de provedores da casa e estabelecendo uma nova vivência de paternidade. É preciso incluir os pais para melhorar o bem-estar parental e o vínculo com o bebê. São necessárias estratégias educativas, que permitam maior instrumentalização do homem para o desenvolvimento do cuidado materno-infantil.

Palavras-chave: Pai; Relações Familiares; Relações Pai-Filho.

INTRODUCTION

Historically, birth and delivery were processes restricted to women who gave birth in their own residence under the care of midwives, men stayed outside and were only notified of the birth. Thus, a traditional family model was built in which the woman became responsible for the upbringing of children and household chores. The man was assigned the role of provider of the house, involving himself narrowly with financial assignments (Romano, Silva, Lima, 2023).

However, in contemporary times, the meaning of paternity has been modified with the transformation of the male role in society, which presents greater participation in child raising (Cavalcanti, Netherlands, 2019). These changes can be explained by the development of strategies, such as the Law n. 11.108 of April 7, 2005, which enables the presence of the father or other companion in all the process of childbirth and postpartum developed by the Ministry of Health and instituted in the Ordinance N. 1,944, of August 27, 2009, which stimulates the participation and inclusion of men in the actions of planning sexual and reproductive life, focusing on educational actions, including fatherhood.

Another strategy that has contributed to the inclusion of men in the pregnancy-puerperal process involves the partner's prenatal guide. This was created from the Ordinance n. 1.474, of September 8, 2017, being considered as a procedure in the Unified Health System, able to reinforce the importance of more participatory and active paternity, as well as enable care for the health of men, through health approaches, that until then were restricted to pregnant women (Brazil, 2023).

Despite the creation of these devices, many advances are necessary to ensure the greater participation of men in experiences related to pregnancy, childbirth, puerperium and raising children. Gender divisions remain present in family relationships, making a large part of child care considered as a female responsibility. Therefore, there are still many obstacles to achieving gender equality in the domestic context, since women continue to be responsible for most of the activities in the family environment (Vieira, Françoze, 2021; Lima *et al.*, 2021).

Moreover, some barriers lead to exclusion and lack of encouragement for the father's involvement in family care. Culturally, health services promote actions and activities aimed at women, generating detachment from men in the experience of the pregnancy-puerperal process (Henz *et al.*, 2017). From this perspective, it is worth noting that the health professional can represent the main mediator in the process of paternal transformation and its inclusion in maternal and child health care. For this,

it is necessary to invest in actions that promote self-confidence and knowledge of the man, besides reinforcing the importance of support to his companion (Costa *et al.*, 2023).

The national and international literatures show that the involvement of the father in motherhood contributes to the physical and psychosocial well-being of women, reduce the rates of domestic violence, promote the strengthening of companionship between the couple, to collaborate for the division of tasks and the development of affective ties (Andrade, 2020; Andrews, Ayers, Williams, 2022). In childbirth, for example, the partner's participation contributes to increased rates of vaginal delivery, decreased epidural analgesia and cesarean section (Bohren *et al.*, 2019). It is still recognized that the participation of the father is able to contribute to the parent-baby bond, increase parental attachment, and provide better physical, social and psychological outcomes for the child (Winter *et al.*, 2021; Andrews, Ayers, Williams, 2022).

It is necessary to carry out studies under the male perspective, because the arrival of the baby can represent a special moment in the life of the couple. However, this experience is often lived differently by men and women, considering their physiological and emotional patterns (Bernardi *et al.*, 2023). Therefore, understanding that women and men travel different paths to parenthood, it is considered fundamental to give light to the paternal experiences in this process.

Thus, this study sought to answer the following research question: what are the meanings assigned, the challenges and the possibilities to promote paternal participation in the perspective of men-fathers? In this sense, the objective was to know the meanings, challenges and possibilities of men in the experience of fatherhood.

METHODOLOGY

A qualitative-approach study, developed between the months of July and October 2021, online and synchronously through the Google Meet® platform. The research took place in this format due to the pandemic context of COVID-19, prevailing at the time.

The participants were men, who performed paternity in the family context. As inclusion criteria, the following aspects were considered: biological parents or not, regardless of age group, biological sex, sexual orientation and/or gender identity, whose children, biological and/or adoptive, were already at least one month old. This period was defined in advance, because it was understood that it would be important for the participant to have experienced experiences related to pregnancy, childbirth, birth, puerperium and raising/caring for children. No exclusion criteria were established.

Data collection involved the semi-structured interview technique. This was conducted by an academic of the nursing course, who had previous experience in conducting qualitative research and was also trained to apply the previously built script.

Initially, a pilot test was carried out with a participant indicated by the researcher responsible for the research. After transcribing the data of this interview, it was found that no adjustments were necessary in the script and, therefore, the material was included in the analysis.

Next, the participant was asked to indicate another possible participant, considering the inclusion criteria, as it guides the technique of snowball or virtual snowball (Costa, 2018). It is worth noting that, throughout the data collection, it was necessary to suggest new participants by the researchers themselves, since some participants did not provide new indications.

The contact to the indicated participants was made through social networks (Facebook®, Instagram® and/or WhatsApp®). On these occasions, there was an invitation to participate through the presentation of the theme and objective of the research, as well as the sending of the Free and Informed Consent in digital form.

It should be noted that 26 parents were invited to participate in the study. Although there was no formal refusal, 16 of them did not return, even after three contact attempts. Therefore, there was the inclusion of 10 participants.

From the manifestation of acceptance, it was held the scheduling of data collection, through the availability of each of the participants. On the day of the interview, it was still requested to register the participant's acceptance, with the use of audio and video recording.

The interviews were conducted individually, in a single day. Participants were asked for permission to record the audio and video of the interviews. The total duration of the data collection step was six hours and 13 minutes, varying from 19 minutes to one hour.

Subsequently, the collected materials were submitted to thematic content analysis (Minayo, 2014), resulting in three thematic categories. The first is directed to the meanings of paternity by the participants; the second points out the difficulties faced by parents to participate in the pregnancy-puerperal experience in health services; and the third addresses the possibilities indicated by the participants to promote paternal participation in the pregnancy-puerperal process.

As recommended by Resolution 466/2012, the research project was approved by the Ethics Committee of the Educational Institution on June 22, 2021, through Certificate of Presentation of Ethical Appreciation n. 47942621.0.0000.5323 and opinion 4.798.890. To ensure anonymity, the letter P of "Participant" was used, followed by an Arabic numeral, and in order to ensure transparency and quality of information, the Consolidated Criteria for Reporting Qualitative Studies (COREQ) was used in writing the manuscript.

RESULTS

The research was conducted with 10 heterosexual parents, aged between 23 and 38 years old. Most (n=6) self-declared as white and the others as brown (n=3) and black (n=1). In relation to

schooling, the majority (n=5) had completed higher education. In sequence, the others had incomplete higher education (n=3), complete high school (n=1) and incomplete high school (n=1). The majority (n=9) had a regular paid job and lived with their partner and child(ren) (n=8). During the data collection period, their children were between two months and two years and three months of life.

“FINDING OUT WHAT TO BE A FATHER IS”: THE MEANINGS ATTRIBUTED TO FATHERHOOD

The transition to fatherhood can be marked by different meanings. From the perspective of the study participants, paternity was often represented as participation. They considered that being a father meant being and being present in the life, care, development and upbringing of children.

Being a father is not just about being a father, it's about playing, being involved in changing diapers and bathing them (P1).

I believe it would be about always being present, from the beginning of pregnancy, during prenatal care. It's about providing all the support, because during this period you also learn a lot about your child [...] being able to participate in your child's development. Every new thing he or she has learned, when he or she starts talking, walking. So, it's about being 100% involved, from the beginning of pregnancy until the child's development. I think fatherhood is about being there for your child (P2).

We celebrate every achievement, every step, every new thing he or she learns (P4).

It's about being there for your child, whether he or she is sick or learning something. Being there with him or her! Motherhood is a very difficult thing, but so is fatherhood. You have to be there. You are raising a person (P5).

It's about being there. It's about experiencing, loving, educating, sharing. It is being part of your child's life and that of your partner [...] it is the figure of the person who will take care of your child, who will be by his side in happy and joyful moments and will share his life (P10).

Given this context, it was observed that fatherhood, according to some participants, means commitment, responsibility and work. They attribute to fatherhood the importance of being a reference, creating better people for the world and the desire to experience this process differently from how they experienced it as children.

It's exciting, it's a commitment. It's about raising that person for the world so that they don't make the same mistakes you made [...] being a father is the best job in life. It's a job for the rest of your life, and you don't get a pension [...] being a father is indescribable (P1).

Somehow we want to give someone a different upbringing than we had, to give them more opportunities, to give them more affection, to give them more attention. Being a father is about being an example (P4).

Fatherhood is an essential thing in a child's life. Being a father is the coolest thing in the world. It's about having a purpose in life. You try to be a better person for that person (P5). I changed as a person, I matured, I improved my relationships. So, being a father is about learning, it's about giving. It's about being a companion, a friend, a reference. (P6).

The participants also associated with other aspects. Among them, care, assistance, protection, affection, attention, help and support for children.

It's about care, it's about help. Being a father means being involved, being protective [...] loving, caring (P3).

Fatherhood is about love, affection, attention. It's about the future. It's a feeling that can't be explained (P4).

I think that giving emotional support sums it all up. I live to see him grow [...] I've changed as a person, I've matured, I've improved my relationships. So, being a father is about learning, it's about giving. It's about being a companion, a friend, a reference, always being close to him and always being there for him when he falls and always helping him get up (P6).

I think fatherhood is about participating. It's about sharing all the tasks. It's about being present, it's about forming a person for the world [...] it's about giving love, affection, attention, education. Being a father goes far beyond the biological aspect. Being a father means sharing difficulties, it's about guiding, it's about loving, it's about helping in all stages of life. It's about being the safe haven for the person we choose to raise (P7).

Being together, loving, caring. Give lots of love and affection [...] be responsible [...] being a father means being a friend, loyal (P8).

It's love, affection, help [...] it's a very good feeling [...] I'm still discovering what it's like to be a father [...] being a father means protecting, giving attention, affection, love [...] trying to do everything for him, helping in any way I can (P9).

In the same perspective, participants highlighted the importance of their involvement in pregnancy, delivery, postpartum, birth and baby care. For them, the desire to engage in these experiences is associated with maturity, empathy, recognition of the need to support and care for their partner, strengthening family ties and the importance of shared division of tasks.

The father matures a little each day, at each appointment [...] during birth and postpartum, he tries to put himself in the mother's place. When it comes to care, it is important not to overwhelm the mother [...] the mother needs to rest. It strengthens the bond between the couple and makes the whole process easier later on (P1).

Being present, supporting, participating in everything, makes the situation much calmer for the mother (P2).

I don't know if she remembers this, but I remember that when she was a baby, I played the same games I played with her when she was in my belly, I played with her after she was born and she was very attentive, and I think it is good for creating the bond between father and daughter [...] and for the family (P3).

For the baby, it is recognition as a father. And for the mother, it is support, security [...] she knows she has someone to count on, someone she can trust [...] I think it is very important for men to get involved to really provide support, not only emotional, but also affection, care and attention (P4).

As for the baby, without a doubt, it generates and helps to strengthen the bond. The first few months are just between the mother and him, so it helps to create this bond until he can understand who the father is and associate himself with the father figure. By then, the father will be much more connected to the child (P6).

I believe that the greatest benefit is affection. Affection with your child and with your partner. These are moments that strengthen this affection between man, woman and child. (P10).

The participants emphasized the importance of their participation from the presence, the formation of bond and affection with the baby. They also reinforced the need not to overload the companion in performing care.

“I WANTED TO BE TOGETHER”: DIFFICULTIES FACES BY FATHERS TO PARTICIPATE IN THE PREGNANCY-PUERPERAL EXPERIENCE AT HEALTH SERVICES

In general, the participants mentioned that they had no difficulties to participate in the gestational process. They reported on their participation in prenatal follow-up consultations and the possibility of clarifying doubts with the professionals who assisted the partners during this period.

Personally, I didn't have any difficulties, but many fathers must have, precisely because of their work schedule. We know it's complicated. Not everyone can do it. But I planned ahead [...] I wanted to be there [...] if I needed to, I wouldn't go to work and I would go to the appointment. There should be a government policy or even a city policy that would allow the father to participate in these moments, with the mother and the child (P1).

I didn't have any difficulties or obstacles [...] everything I asked the professional, he answered me, without any problem. I don't know if you have any guide or anything about what a mother should take in terms of medication, food [...] there could be a guide with basic things (P3).

Although they have not encountered difficulties, one of the fathers' comments on the need for municipal legislation that contributes to the guarantee of paternal presence in this period. Another father also points out the possibility of a booklet, which would provide guidance to fathers.

Subsequently, the fathers indicated barriers experienced in the experience of childbirth and in pediatric consultations and vaccinations. When it comes to childbirth, one of them mentioned that there are barriers in the institutions, which hinder the presence of the father. Regarding the baby, P6 highlighted that, culturally, the mother is assigned the function of accompanying the baby in consultations and vaccination. With this, fathers often have difficulties to participate in these moments.

I don't think that at any point the professionals put up barriers in this sense [...] in accompanying the pregnancy period [...] But in relation to the birth, we see barriers from the institutions [...] I think that the man is more empowered than he is entitled to, to be able to participate in the birth and be with the woman (P4).

Until now, there wasn't, but now in the consultations, I have had restrictions on entering the pediatric or vaccination consultations, only one of us can enter. So, usually, the professionals say "the mother comes in", I feel a little excluded. I always say that the father is always secondary, when the professionals ask someone to accompany the baby, they ask if the mother will come in or not, and no one ever asks me if I want to go in instead of her. I think it's cultural, the professionals still don't understand that many fathers want to go in together. I think there could be a little more empathy with the fathers, since until now, in our society, the man doesn't participate in these things (P6).

Despite not being mentioned as a difficulty, one of the participants mentioned paternity leave. He stated that he was able to enjoy this right and could stay with the child.

I didn't have any difficulties. I don't think there's much that can be done, because I've already stayed the five days that the company provides. I think it's the law and I was able to take advantage of it, stay with him, but I don't think there's much that can be done. (P9).

Although it was not indicated as a difficulty by the participant, he believed that there was nothing to do with respect to the time provided by the company under the law. In this sense, he focused on taking advantage of the available time.

“IT IS VEERY IMPORTANT TO STIMULATE”: POSSIBILITIES TO PROMOTE FATHERS’ PARTICIPATION

The participants pointed out possibilities that could be offered by health professionals to promote paternal participation in the pregnancy-puerperal period. In this sense, they mentioned the inclusion of the father in consultations, the release of labor activity guaranteed by law for paternal participation, home visits, the provision of booklets, breastfeeding guidelines or the introduction of formulas when necessary.

Trying to include the father in at least one, two or three consultations, those that the professionals consider the most important [...] I think there should be a law/government policy that includes the father in the consultations, for example, taking time off work so he can go [...] to make a home visit, although home visits are also during the fathers' working hours. Some guides, in case the father is unable to go to the consultations (P1).

I had this problem postpartum, with breastfeeding [...] regarding vomiting. There should be guidance for the fathers that this is normal, that it can happen [...] More guidance throughout the entire period of labor [...] I think guidance for the fathers would be interesting, a step-by-step guide, or perhaps a guide with basic things [...] in the postpartum, some questions about breastfeeding, which I would like to know and didn't know, about additional milk, which is the chemical formula, because I had idealized that it was only breast milk, but no, it may happen that I am unable to give breast milk, because of some problem with the child or the mother (P3).

Some parents highlighted the importance of health professionals to encourage parental participation in this process. In this sense, one of them indicated the need for men to understand pregnancy as an event that goes beyond the biological aspects experienced by women.

It's about encouraging in general [...] It's just that men don't try to participate in this moment, I don't know if it's a cultural issue or if it's a personal issue for each father [...] I think it's very important to encourage men to go to prenatal care [...] I don't think the encouragement in the UHS is that strong, both during childbirth and postpartum, because they want to stop people from being present at the birth, I think it's completely wrong and we hear stories [...] It's already very difficult for us to see men thinking about taking care of their own health [...] We see women more [...] taking action, promoting encouragement in some way, demonstrating the importance of the husband participating directly in this whole process, I think that would be a good thing (P4).

I think that many partners and fathers need to understand that the pregnancy period is not just for the mother, that there are many things that fathers can do, and sometimes this is not

mentioned and ends up falling on the mother's lap [...] It is cultural, to think that it is the woman's job to do [...] I think that professionals who work with families can find a way to introduce these issues from the first consultation, reminding the father that he is an active part of the whole situation, that he is not just a supporter, a helper (P6).

I believe that the role of health professionals is more to encourage, to remind fathers that they have this duty to participate in the moment of the birth of their son or daughter, that it is their obligation [...] but I believe that this is one of the possibilities that health professionals have, to be able to guide, to show "father, your wife is pregnant and you need to be with her and your child at this moment, you need to give the necessary support and you need to fulfill your obligations in relation to this, so that it is the best possible". During the birth, I understand that it is a matter of choice to participate in this moment. [...] I see the father's participation at this time as extremely important, both in supporting the woman and in the development of his son. (P10).

Participants indicated that, culturally, many men choose not to participate in these experiences. Nevertheless, according to them, the paternal participation is fundamental in this period.

DISCUSSION

In recent years, the perspective of paternity has been modified, given the importance that has been attributed to parental participation in encouragement and support throughout the pregnancy-puerperal process. The involvement of the father has been highlighted as an essential aspect for establishing a bond between mother, father and child (Farias *et al.*, 2023).

In the same perspective, a qualitative study developed in a Health Center of Florianópolis/SC, with five pregnant couples, indicated that the experience of paternity can be associated to two meanings: one is represented by the affective father and caregiver and the other by the father provider of the home. This second is associated with the socially and culturally established role that the father needs to engage, basically, in the support of the family. From this point of view, man's participation in the pregnancy process and child development is excluded (Zampieri *et al.*, 2012).

In the present study, the meaning of fatherhood was associated with participation, care, responsibility, commitment and work, as well as help, affection, support and attention in raising children. Considering the ponderations brought in the study developed in Florianópolis/SC (Zampieri *et al.*, 2012), it is considered that the participants of the study have an expanded look on paternity, demonstrating the desire to overcome the role of providers, also assuming the role of caregivers in the family context. Soon, they have been breaking this old paradigm of provider of the house and establishing a new experience of paternity.

Participants also highlighted the importance of being seen by their children as a reference, as well as the desire to create better people for the world and to experience this process differently from how they experienced as children. In this perspective, authors clarify that the creation of children by men takes into account the reference of father who had as children. From these previous experiences, men define how they want to experience fatherhood (Visentin, Lhullier, 2019).

For the participants of this study, the desire to engage in the pregnancy-puerperal process was associated with maturity, empathy, recognition of the need to support and care for their partner, the strengthening of family ties and the importance of shared division of tasks. In a convergent way, a survey conducted in Brasília/DF with 18 parents highlighted that the transition of parenthood can be burdened with new responsibilities and the opportunity to mature, because after the discovery of pregnancy, men begin to deal with significant changes (Santos *et al.*, 2021).

Thus, it is important to emphasize that the participation of the man can positively impact on his experiences with the baby and with the companion. The establishment of an initial bond with the baby is able to contribute to the creation of affective memories, in addition to strengthening trust and companionship between the couple (Farias *et al.*, 2023). In line with these findings, qualitative research conducted with ten puerperal women in Pato Branco/PR also signals that parental support in the pregnancy process promotes support, security and empowerment of women, as well as strengthening the bond with the child, directly reflecting on family health (Farias *et al.*, 2023).

Therefore, it is observed that the father has taken a more active stance towards the pregnancy-puerperal cycle (Bernardi *et al.*, 2023), as can be seen in the testimonies of the participants of the study on screen. In this sense, they pointed out the importance of their involvement in pregnancy.

These findings are consistent with the results of a qualitative research conducted with 15 parents, in order to investigate the participation of the father in prenatal consultations, childbirth and postpartum from the male perspective. In this study, it was also found the desire of men to participate in the pregnancy-puerperal cycle. However, the authors point out that in some cases the presence of the father is restricted due to gender stereotypes, which reinforce the idea that these events are strictly female (Bernardi *et al.*, 2023).

Similarly, a study conducted with 22 men in Rio Grande/RS showed that they felt excluded by health care professionals. According to the participants, the father figure is still seen as the woman's companion, with assistance directed only at her and the baby. With this, the authors suggest a review of health intervention strategies in order to consider the inclusion of parents as active participants in care (Costa *et al.*, 2023).

In the screen study, the restriction regarding paternal presence was highlighted by one of the participants concerning pediatric consultations and baby vaccination. In the parents' experiences regarding pregnancy, childbirth and puerperium, this aspect was not mentioned by the participants, showing that their presence was allowed at these times.

The importance of paternal participation in maternal and child health care is reinforced. It is understood that, in these spaces, information about care is shared and discussed by health professionals with users. Therefore, the father, as a fundamental member of the social network of support to women, needs to be included so that he can effectively participate in the care of the partner and the baby.

Furthermore, it is necessary to signal the benefits of the father's participation in this process. Research carried out in Chicago with 95 pregnant women, for example, showed that the participation of the father in pregnancy is associated with less occurrence of depressive symptoms and greater psychological well-being (Giurgescu, Templin, 2015). Moreover, a descriptive study shows that the involvement of the father in pregnancy is directly associated with better development of fatherhood and bond with the child after birth, as well as being beneficial for family life (Silva *et al.*, 2021).

Participants in this study also reported the importance of their participation in childbirth, postpartum, birth and baby care. However, when it comes to childbirth and birth, barriers were mentioned in the institutions, which hinder the presence of the father in these events.

Authors emphasize that, despite the significant benefits, paternal presence in childbirth and birth remains undervalued. Many institutions are still focused on a care model that trivializes the choices and rights of pregnant women at the time of delivery, which makes it impossible for them to have their fathers or other caregivers present, despite the existence of legislation guaranteeing this right (Bernardi *et al.*, 2023).

Therefore, it is necessary to review the current obstetric health care, seeking to break with the technocratic and biomedical model existing in most institutions. From this, it is considered that it will be possible to reduce or eliminate obstetric violence situations, seeking new ways of giving birth in a more humanized and respectful way (Santos, 2019).

In this sense, Law 11.108 determines that public and private services must guarantee the right to the presence of a companion during labor, delivery and postpartum. The presence of a companion has a positive impact on childbirth and birth, as it provides physical and emotional support to the woman and may reduce the need for intra-partum analgesia, delivery time and the need for cesarean section (Quadros *et al.*, 2023).

It is also valid to emphasize the findings of a qualitative approach study, in which nine men participated, who were in a reference hospital in humanized delivery and participated in the birth of their children. In this study, it was found that the experience of participating in childbirth opened a possibility of approaching men to health systems for the maintenance of well-being. Therefore, by participating in the process of childbirth and birth, men recognized the importance of self-care and the need for greater participation in the care of the family, allowing resignification and construction of a new male identity (Braide *et al.*, 2018).

In relation to baby care, one participant highlighted that, socially and culturally, women are assigned the role of participating in pediatric consultations and vaccination. With this, often men have difficulty in participating in these moments. Therefore, it is understood that society often imposes the responsibility of baby care on women. This reinforces the idea that men do not need to be involved in caring for children, since this is a strictly maternal function.

Study conducted in Paraná with 12 health professionals, highlights that men need to be included in the care of the child, from the change of diapers, in the performance of bathing or breastfeeding support. From these actions, which contribute to the development of the affective relationship, they can strengthen intimacy with the baby and in the conjugal relationship (Soares *et al.*, 2019).

In this sense, it should be emphasized that the participants signaled difficulties faced to actively participate in the care of the partner and the child. In addition to the short time guaranteed by paternity leave, they mentioned that, often, the visits occur during the working day, which makes their participation unfeasible.

Strengthening this finding, a study conducted in the United States points out that paternity leave and the duration of this absence are positively associated with parental engagement and responsibility. Therefore, it is perceived the importance of guaranteeing this right to men, in order to contribute to their involvement in maternal and child care (Knoester, Petts, Pragg, 2019).

Nevertheless, a study developed in Tabriz, Iran, states that paternity leave is applied superficially, being also impacted by the lack of support from employers. As a result, men are often afraid to leave the service for fear of losing their job (Firouzan *et al.*, 2019). In Brazil, if the company is associated with the Citizen Enterprise Program, in addition to the five days guaranteed by law, the employee has the right to extend paternity leave for another fifteen days, according to Law n. 13.257 of March 8, 2016 (Brazil, 2016). However, not all companies are associated to the Program, which directly affects the duration of paternity leave.

It is considered that the man can actively experience pregnancy, childbirth, puerperium and raising children. Therefore, it is necessary to broaden the view of these events, going beyond the biological perspective (Santos *et al.*, 2018) and improving public policies that support parental participation, given the importance of their inclusion in this process (Bernardi *et al.*, 2023).

In the present study, participants also highlighted the need for encouragement from health professionals to include the father in the pregnancy-puerperal process. Thus, it is considered that the nurse can welcome men through actions and strategies that contribute to the development of their participation (Lima *et al.*, 2023).

Participants signaled the possibility of providing pamphlets and guidance on breastfeeding or the introduction of formulas when necessary. From these testimonies, we understand the desire of parents for the development of health education actions that allow their instrumentalization for the care of the partner and children.

It is known that health education is an assignment of the nurse, whose main objective is the dissemination of information. Based on active listening and knowledge exchange, which can be developed in various ways, including the groups of pregnant women, the nurse can qualify the care provided to the family (Costa *et al.*, 2023).

One of the participants highlighted difficulties experienced in breastfeeding, with his partner, reinforcing the absence of guidelines on breastfeeding or the introduction of infant formula. This finding highlights the need for educational actions developed by health professionals, contributing to the paternal participation in feeding the baby.

A research carried out in Juazeiro do Norte/CE, with 220 men, highlighted the superficial knowledge about breastfeeding, which collaborated to offer baby food, artificial milk, teas and water to babies. In addition, it was observed that many were unaware of the advantages of breastfeeding (Bráulio *et al.*, 2021).

CONCLUSIONS

The research was fundamental for the knowledge of the experiences of fatherhood among men, identifying the meanings attributed, as well as the difficulties faced and the possibilities to promote paternal participation. The findings allow the verification that parents have a new perception about paternity, recognizing the importance of their presence and active involvement for the development of the affective bond in family relationships. It was also evidenced that, despite the existence of actions and strategies for paternal participation in health services, they are not always able to participate, because the health care directed to the baby and the partner takes place at the same time of the working day. In addition, they highlight that, culturally, health professionals tend to direct baby care only to women.

As strategies to promote paternal participation, participants suggest that health professionals encourage their inclusion. They also indicate the need for educational strategies, in the form of booklets, that allow greater instrumentalization of men for the development of maternal and child care.

The findings reveal that this study presents contributions to the construction of knowledge related to the experience of fatherhood, and may subsidize the debate in education and health services on the importance of including parents to improve well-being parental and the bond with the baby. In addition, it is inferred that identifying the challenges experienced by parents can be useful in developing strategies that may improve their participation.

Among the limitations of the study, it is considered that the pandemic context experienced during data collection may have impacted on the capture of parents who did not have access to the internet and digital platforms. In this sense, it is suggested to carry out new studies that allow broadening the participation of the male audience, allowing the knowledge of how the experience of fatherhood has been constructed in other contexts and groups. From this perspective, it is also worth noting that the study included heterosexual men whose children were biological. Therefore, it is understood the need to include different family configurations in order to ensure greater representation on paternal experiences.

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