

## Experiences narrated by men in the exercise of fatherhood: breaking paradigms

Experiências narradas por homens no exercício da paternidade: rompendo paradigmas

Experiencias narradas por hombres en el ejercicio de la paternidad: rompiendo paradigmas

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**ABSTRACT:** **Aim:** to determine the experiences of men in the exercise of paternity. **Method:** a descriptive-exploratory study with a qualitative approach, conducted with 15 men who accompanied their partners during a course for pregnant women. The production of data occurred through a narrative interview and analysis of thematic content. **Results:** the men experienced paternity actively, helping to care for their children in relation to maintaining basic needs and education. The experiences generated personal impacts such as interest in self-care and the search for information to qualify the exercise of paternity. **Final considerations:** nursing can contribute to strengthening the exercise of paternity through actions that value the care and insertion of men in the health system.

**Descriptors:** Men's Health; Paternity; Nursing.

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**Resumo: Objetivo:** conhecer as experiências vivenciadas por homens no exercício da paternidade. **Método:** estudo qualitativo descritivo-exploratório, realizado com 15 homens que acompanharam suas parceiras em um curso de gestantes. A produção de dados ocorreu por meio de entrevista narrativa e utilizou-se a análise de conteúdo temática.

**Resultados:** os homens deste estudo vivenciaram a paternidade ativamente, auxiliando no cuidado com os filhos em relação à manutenção das necessidades básicas e da educação.

As vivências geraram impactos pessoais como o interesse no cuidado de si e a busca por informações para qualificar o exercício da paternidade. **Considerações finais:** a enfermagem pode contribuir para o fortalecimento do exercício da paternidade por meio de ações que valorizem o cuidado e a inserção dos homens no sistema de saúde.

**Descritores:** Saúde do homem; Paternidade; Enfermagem.

**Resumen: Objetivo:** conocer las experiencias vividas por hombres en el ejercicio de la paternidad. **Método:** estudio cualitativo descriptivo-exploratorio, realizado con 15 hombres que acompañaron sus parejas en un curso de gestantes. La producción de datos ocurrió por medio de entrevista narrativa y se utilizó el análisis de contenido temático. **Resultados:** los hombres de este estudio experimentaron la paternidad activamente, ayudando en cuidado con los hijos en relación con el mantenimiento de las necesidades básicas y de la educación. Las vivencias generaron impactos personales como el interés en cuidado de si y la búsqueda por informaciones para cualificar el ejercicio de la paternidad. **Consideraciones finales:** la enfermería puede contribuir para el fortalecimiento del ejercicio de la paternidad por medio de acciones que valoricen el cuidado y la inserción de los hombres en el sistema de salud.

**Descriptorios:** Salud del hombre; Paternidad; Enfermería.

## Introduction

In recent decades, the paternal role underwent several transformations, surpassing the perspective of solely financial provider for the home and starting to participate in a more active way in the children's lives. This finding has led scientific research, especially since the 1970s, to focus on the theme.<sup>1</sup> Thus, it can be said that, currently, the concept of paternity is in the process of construction and reconstruction due to the transformations stemming from the new concepts of family.<sup>1</sup> Paternity is a process that occurs from care practices inserted in the

relationship between parents and children. It is a phase marked by emotional change, modifications and knowledge as the father, fundamentally, seeks to express his role.<sup>2</sup>

The exercise of paternity requires, in addition to proactive attitudes of affection, the knowledge to perform basic child care, such as alimentation, hygiene, safety and education. Providing and improving such knowledge can enable parents to fulfill this role with autonomy and self-confidence, which in turn contributes to the children's biopsychosocial development. Thus, the process of paternity construction demands adaptations, which generate the need for formal networks (health professionals and public policies) and informal networks (family, friends and co-workers) to support men performing their role of father.<sup>3</sup>

At this juncture, health professionals can play a relevant role. The nurse, for example, can accompany the family throughout its life cycle, via actions to promote health, prevention, treatment and recovery from diseases. Knowledge of the individual characteristics and interactions experienced in the various contexts of men / fathers, enables the establishment of a relationship of trust to meet their needs in the exercise of fatherhood.<sup>2-4</sup>

Thus, this relationship can be based on group educational actions, in prenatal consultations, in the puerperal period and in childcare, in home visits, in immunizations, and in acute or chronic conditions faced during childhood. However, in the daily work of nursing, weaknesses can be observed regarding the insertion of parents in the care provided to the family, whether due to organizational accessibility of the health services or the consultation hours.

In this sense, justification for this study lies with the proposal of the Policy of Integral Attention to Human Health (PIAHH), which provides for the father's right to participate throughout the entire reproductive process<sup>5</sup> and the need to give a say to parents, in order to subsidize care practices regarding family care. This raises questions concerning the experiences of fathers participating in a pregnancy course. Therefore, the objective of this study was to determine the experiences of men in the exercise of their paternity.

## Method

This is a descriptive-exploratory study with a qualitative approach. The participants were men accompanying their partners in a course for pregnant women, promoted by teachers and students in the disciplines of Nursing for Women and Children`s Health as part of the Undergraduate Nursing Course. It should be mentioned that this course was part of an extension project developed in a school service of a Community University in the interior of Rio Grande do Sul state, from 2013 to 2016.

For the participants' eligibility, the inclusion criteria were: men who were present in at least four of the six meetings held during the course for pregnant women. Adolescents were excluded and also those with insufficient registration records (telephone and address), which prevented access. Of the 21 men who participated in the Course for Pregnant Women, five were excluded because they did not attend the minimum number of meetings and one declined to participate in the study. Therefore, 15 men / fathers participated in the survey. It is noteworthy that during the period of data production, men experienced paternity at different times in their children's life cycle. The production of data was conducted between August and September 2016, at a place and time determined by the participants, through a narrative interview that followed the five methodological phases: preparation, initiation, central narration, questions and conclusion of the discourse.<sup>6</sup>

In the preparation phase, we sought to establish a communication between the participant and the researcher. At that time, the men were informed about the subject of the research, the problem that motivated the study, as well as its purpose and relevance. Afterwards, consent for the participation of the research was requested by reading and signing in duplicate the Term of Free and Informed Consent, leaving one copy with the participant and the other for the researcher.

Subsequently, we conducted the initiation phase of the narrative through the guiding axis: Tell me about your experience in the exercise of paternity. It is emphasized that during the central narration of the participants, interruptions were avoided and they were encouraged through a para-linguistic interaction.

Consequently, the question phase was used to clarify or gather narrative details such as: what happened then? Could you give more details about this? In the concluding phase, the narrative was questioned in order to deepen the understanding of the perspectives of the men and to contemplate the objectives of the study.

The interviews lasted, on average, thirty minutes and were recorded on a digital recorder and transcribed using Microsoft Office Word. Linguistic corrections were made in the discourses, but without altering their essence. Data analysis was based on the thematic proposal, which is organized into three phases: pre-analysis, material exploration, treatment of results, inference and interpretation.<sup>7</sup>

In the pre-analysis, there was the floating reading, followed by the constitution of the *corpus*, according to the proposed objective. For exploration of the material, the codification was carried out by means of identifying similar words or phrases in the discourses.<sup>7</sup> At the stage for treatment of the results and interpretation, it was possible to group the fragments of the narratives in relief into a theoretical framework, with the intention of viewing the information obtained in full, as well as covering the foreseen inferences. From this analysis, the following themes were obtained: paternity and care for the children; paternity versus personal / professional impact.

Regarding the ethical questions of research involving human beings, all precepts of the Resolution of the National Health Council (CNS) nº 466/12 were respected. Thus, anonymity of the participants was guaranteed with an alphanumeric system, using the letter P (Participant), followed by Arabic numerals, 1, 2, up to 15. This study was approved by the Ethics and Research

Committee on 20 June 2016, according to the Certificate of Presentation for Ethical Appraisal 57275616.1.0000.5353.

## Results and discussion

The 15 men were aged between 21 and 41 years, 9 (60%) were Catholics, 11 (86.7%) had private health insurance. As for schooling, 1 (6.7%) had incomplete primary education, 4 (26.7%) complete secondary education, 1 (6.7%) vocational technical education, 1 (6.7%) undergraduate complete and 4 (26.7%) graduate studies. In relation to the number of children, 1 (6.7%) had three children, 1 (6.7%) two children and 11 (86.7%) one child.

Participants' income ranged from less than one minimum wage (1, 6.7%), from one to three wages (5, 33.3%) and from 10 to 15 wages (9, 60%). Regarding occupation, they declared themselves: professor, banker, municipal public servant, federal public servant, industrialist, administrator, driver and physiotherapist; laboratory assistant (2, 13.3%), electrician (2, 13.3%) and military (3, 20%). From this characterization, the participants were identified as young adults, mostly middle class, with previous paternal experience and did not depend exclusively on the Unified Health System.

## Paternity and childcare

The men narrated some of their experiences in parenting, specifically regarding child care in maintaining basic needs and education. Thus, they expressed their perspectives on the orientation, participation and protection of family dynamics:

*[participate] in the function of care, immunization, campaigns, I took them several times. At night, when they [children] are collected I change the diaper, take them to the bathroom, give a bath, I put them to sleep. (P2)*

*here comes the responsibility of father, of being together, of raising, of educating. (P9)*

*I did the bathing, I changed diapers, I made the orange juice with beetroot, in this case there was no sugar, because we learned about food, in the right period, after six months. (P14)*

From these discourses, it can be understood that care in raising children occurs when parents prepare food, perform bodily hygiene and participate in recreational activities. This care is exercised in a participatory way with the partner and is present in the daily life of children.

This finding is similar to the study that identified changes in the patriarchal model in recent years, in which the father was a figure of undisputed authority and was not involved in the upbringing and education of his children, but with increasing female independence, roles have begun to be inverted.<sup>8</sup> In the present study, this assertion comes to the fore, since all partners of the participants were inserted in the labor market.

Of the 15 men, three supported breastfeeding and considered it be a prime factor for child growth and affective bonding. The following excerpts reinforce the fact that the participants are aware of the importance of this practice:

*I want and support breastfeeding, because it is very important! The child becomes strong! At least for the first few months. (P3)*

*I want her to breastfeed, because breast milk is good for the baby and for her. It creates a bond. (P5)*

During the discourses, the parents expressed themselves with enthusiasm and emotion when referring to this care. It was possible to ascertain that some men in this study support the practice of breastfeeding, in addition to reinforcing the relevance of participation in this process, be it through help, incentive or protection, as shown by this participant's perception:

*during the course, they talked about the question of security, of the bond, in being close from the beginning. I think the more present you are, the more bonding you have with the child. I also strongly encourage breastfeeding. (P7)*

Thus, there is a consensus that breastfeeding is multidimensional and that it can be experienced by all, regardless of being male or female, who maintain a bond with the mother and child, through the involvement, welcoming, listening, understanding and help process.<sup>9</sup> Breastfeeding can be experienced by the family members and also by the companion, from the encouragement and support thereby including the man and family in the process of breastfeeding.

In this sense, the father's support for the mother during breastfeeding is important, since women who feel encouraged by their partners are more likely to maintain breastfeeding, even when they feel insecure. In addition, women need someone who understands this moment and establishes a bond with her and the child, because this process requires a physical and emotional involvement.<sup>10</sup>

The fact that the topic of breastfeeding was considered during the course for pregnant women, but was only mentioned by three of the 15 participants, as illustrated in the previous discourses, may be an indication that this theme needs to be strengthened among the parents, since their success or failure also depends on the father's support. In addition, it should be noted that, in encouraging breastfeeding, there is an appreciation of the maternal figure to the detriment of the father, even though the latter can be decisive for effective breastfeeding.<sup>10</sup>

In this study, the participation of parents in the education of their children is anchored in ethical and moral principles, emphasizing the role of the family on the importance of respect and limits for the integral education of the subjects:

[education], according to God's vision in the light of all the things that we see and what happens in the world [...] we are tightening the bonds, teaching. Learn you have to correct, but how will I correct it? Correct with love, if love is present, it does not cause hurt or pain. We as parents we have to guide. (P2)  
you have to teach respect, because it is above life. You must have limits! Not that it is going to be canceled, but it is necessary to respect the hierarchy that exists. (P15)

These statements indicate that parents feel responsible for education and, imbued with this task, excel in dialogue, love and respect. Education represents the transmission of knowledge, of ethical and moral precepts in society. The human conduct and the position of each person in relation to the principles vary according to the moment of their life, there is no definitive character. Thus, these teachings are first inherited and shared by the parents, to subsidize the child or adolescent in the formation of their personal moral conduct.<sup>11</sup>



### **Paternity versus personal / professional impact**

The moment of gestation and birth of the child was marked by strong emotions. It is shown that parents were more intensely involved after birth, manifesting themselves to be emotionally connected to the baby.

*Before birth it seemed like a dream to be a father. When I saw that little face. When they said congratulations, Dad! It seems that really, now I am a father!*  
(P8)

*I believe that we are born to be generators of life, not only the woman, prepared with uterus and such, in the matter of paradigms being broken.* (P15)

It can be seen that the experience undergone generated positive emotions, especially in the post-birth period. This condition is often experienced intensely and singularly, given the installation of new processes and learning. In agreement with another study, pregnancy is an event replete with feelings in the life of the man and the woman, in which they stop being just son to become father and mother, both experience this transition with expectations, yearnings and fears.<sup>12</sup> Thus, the literature affirms that, unlike motherhood, defined by bodily changes, fatherhood is a relational concept that exists only for people from the moment the child is born,<sup>13</sup> as expressed by P8.

This transformation and alteration in the paternity model implies, in most cases, a rupture of the model experienced, since the men are more participatory in questions concerning the family context. The role it plays in the family today is also related to its individual characteristics and to the social context where the most significant interactions occur.<sup>2</sup> This statement is in line with the discourse of P15 when he refers to the breakdown of paradigms.

Regarding the feeling of paternity, the participants of the study revealed that it was a significant social experience from the moment they became aware of the pregnancy, since they sought to participate in the prenatal, childbirth and puerperium consultations. As shown below:

*this experience changes everything, only those who have lived through that moment of being a father know what it means.* (P1)

*it was very good to listen to the tiny heart, we feel like a father, because there inside the belly is a little person, developing during the pregnancy. (P11)*

Studies have shown that fatherhood represents a phase of new experiences, learning to express and deal with different emotions.<sup>14-15</sup> This phase can generate constructions and reconstructions regarding the role of the father, insofar as the father actively participates in the pregnancy-puerperal cycle.<sup>15</sup>

The men in this study also demonstrated that the experience of paternity was an experience that brought maturity, as well as reflections and attributions regarding paternity. The following discourse characterizes this affirmation:

*I was the first to hold [the baby], it was an emotion that has no explanation! It is priceless. First contact, adaptation, access to my rights as a father, as it is in the constitution, to be present in every development of my daughter. (P13)*

This narrative draws attention to the fact that, in addition to other issues, access to constitutional rights positively impacted the exercise of paternity for this participant. In Brazil, there are laws that guarantee men the right to actively exercise paternity, principally Law No. 11,108 of April 2005 and Law No. 13,257 of March 2016. Thus, it is also the responsibility of health professionals to divulge and discuss such legislation in order to empower men and women to exercise their legally guaranteed maternity and paternity.<sup>16</sup>

It is considered that in families where both partners work, there are a set of requirements that directly involve the articulation of the different roles that the couple assumes (conjugal, parental, professional). For the men participating in this study, paternity provoked a process of reorganization in the family environment, which implied new tasks and responsibilities:

*after birth everything is divided, [...] there is no formal thing, it`s yours, this is mine, today it`s you, today, it`s not. We, of course, organize ourselves, who feels a little better, goes there and does it, when the other sees that the next day, has a busy day, starts earlier, already gets the baby so the other rests more, but a natural thing, not something formalized, depends on our needs. (P6)*

*paternity has changed a lot, but in a positive sense, from an early age, it was clear that this the father would have to be active, participatory, a partner and seek information. (P10)*

In the face of the discourses one can see that the family reorganization occurred naturally and positively, with the division of household tasks and an understanding that paternity requires active participation and engagement in this egalitarian relationship built by the couple. A reflective study indicates that the participation of men in childcare and division of household tasks has enabled the disintegration of old paternal and maternal stereotypes, favoring participatory fatherhood.<sup>17</sup>

Thus, the literature states that the more the father or mother is present in the child's daily life, the affection and bond between them will be strengthened. Couples who share the tasks and actively participate in the family routine tend to make the conjugal relationship more harmonious.<sup>10</sup>

This finding is in agreement with another study that effective participation favors the social and emotional formation of the child and father. Likewise, situations of well-being, support and security are created for all those involved in the process, including establishing closer relationships and equality between the couple.<sup>18</sup> Additionally, it is possible to see that paternity produced positive transformations in one of the participants, such as caring for himself and searching for information to exercise paternity:

*I went to the gym to be able to accompany the others [children]. I have to be fit to take the pace! I worry about being physically well, to accompany them. [We try to be] always updating ourselves in all areas! Know the technology to accompany them. (P2)*

This testimony indicates that paternity can be a means to stimulate men, both for child care and for their own health. Therefore, a study that investigated men who experienced the postnatal life of a child corroborates the process of redefinition and re-definition of care, helping to stimulate self-care.<sup>19</sup> Still, with regard to professional functions and paternity

exercise, it was observed that the men take care of their children in the evening after working hours.

*In my vision as a father, what I need is to have more time, that the guy has his routine life is very hectic, in the sense of work, commitment, I end up having to take time I don't have for him [child], this is the truth. She [partner] is with him all day, because she works at home, arriving in the evening, she puts him to my side, when this time comes, I stay with him. (P10)*

*I changed my job, my function! I stayed home at night, so he stayed with me, and so we created bonds because of this proximity. (P2)*

In the P10 discourse, an effort was made to dedicate more time to the child and, in the experience of P2, indicated that the change in function at work led to an approximation in the father-child relationship. This finding is close to another study in which the parents, occupied with their professional commitments, ended up distancing themselves from care and interaction with their children, but they reported a desire to undergo this experience.<sup>19</sup>

With regard to paternity, in a systematic review study on paternity in Brazil, the results indicated that, in general, parents understand this role as a new social task still closely linked to the function of material and moral provision for the family. However, they experience a transition process between the traditional paternal model and that which encompasses the affective and care dimensions,<sup>19</sup> It is important to emphasize that participation of the father favors construction of the bond, incentivizing his responsibility in the act of caring and being present.<sup>20</sup>

Consequently, the experiences lived by the father in the family context and during the various stages of the child's life can constitute an important data for nursing care planning, based on the educational, emotional and family needs presented by the parents in the exercise of paternity. Thus, nurses have the responsibility to excel in care that contributes to coping with everyday situations and establishing bonds within the family.<sup>2,21</sup>

## **Final considerations**

The study made it possible to determine the experience of fathers in the exercise of paternity. These experiences were narrated on the care of children and impact that fatherhood has generated in their personal and professional lives. The fathers undertook care of the children in the maintenance of life in an equal way with their companion, permeated by feelings of joy and responsibilities.

These findings indicate that the participants understand the exercise of paternity beyond material provision, since they participated in household chores, in caring for the children and the companion. This involvement favored the affection and well-being of the entire family.

The nursing professional should insert and accompany the family throughout the life cycle, through health promotion and education actions, to understand the context that this father is inserted, to encourage and to establish bonds. In the contemporary world, men actively participate in care of the child, which facilitates their insertion in the health service. Thus, it is indispensable that nurses know their individual characteristics, with emphasis on personal experiences, since interactions can facilitate or hamper the performance of their role and, therefore, affect the exercise of parenthood.

Limitations of the study are related to the characteristics of the participants, since there was no diversity among them in relation to their socioeconomic profile. In this premise, further research with a focus on the exercise of paternity that explores other realities is suggested.

It is concluded that the research contributed to the production of new knowledge about paternity among the male population. This can facilitate the creation of collective and individual educational practices based on real needs, as well as the possibility of transformation in the teaching and learning process in the health area, through the valuation of this theme in the integral care of the family.

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