

# First-time fathers: demand for support and visibility<sup>1</sup>

## Pais de primeira viagem: demanda por apoio e visibilidade

### Zeidi Trindade<sup>a</sup>

 <https://orcid.org/0000-0003-0549-5092>

E-mail: zeidi.trindade@gmail.com

### Mirian Beccheri Cortez<sup>a,b</sup>

 <https://orcid.org/0000-0001-6791-7284>

E-mail: mirianbcz@gmail.com

### Kirlla Dornelas<sup>a,b</sup>

 <https://orcid.org/0000-0003-3530-2239>

E-mail: kirlladac@yahoo.com.br

### Mônica dos Santos<sup>c</sup>

 <https://orcid.org/0000-0003-1507-1330>

E-mail: monicans@live.com

<sup>a</sup>Universidade Federal do Espírito Santo. Vitória, ES, Brasil.

<sup>b</sup>Tribunal de Justiça do Estado de São Paulo. São Paulo, SP, Brasil.

<sup>c</sup>Faculdade Multivix. Vitória, ES, Brasil.

## Abstract

We investigate how “first-time” fathers position themselves about receiving support from health professionals and from their own social and family circles to practice fatherhood. We individually interviewed 20 men who were accompanying the gestation of their first children, based on a semi-structured questionnaire. Thematic categorization was used to analyze the data. Most participants reported the need for support during pregnancy, especially from family and friends. They said that women deserve and need more attention. The support from health professionals included the offering of guidance about the gestational process and help with caring for the newborns. Some fathers who had a private healthcare plan took part in activities such as those. We discuss the little attention offered to men who become fathers, as well as the impact of men’s social representations as individuals and as fathers on the practices of fatherhood and on their expectations of support to perform them. Public health policies and the inclusion of the gender perspective in Education are considered essential to promote more egalitarian and beneficial ways of life also for men and the strengthening of the father-baby bond.

**Keywords:** Fatherhood; Social Support; Health Policy.

## Correspondence

Mirian Beccheri Cortez

Av. Fernando Ferrari, 514, Goiabeiras. Vitória, ES, Brasil.

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## Resumo

A inserção do homem nos serviços de saúde vem, timidamente, ocupando espaço nos estudos voltados a paternidade e gênero. Investigou-se o posicionamento de pais de “primeira viagem” sobre a possibilidade de assistência advinda de profissionais da saúde e de suas redes de apoio para exercer a paternidade. Foram entrevistados individualmente 20 homens que acompanhavam a gestação de seus primeiros filhos. Os participantes relataram necessidade de apoio durante a gravidez, principalmente da família e dos amigos e reconhecimento de que a mulher-gestante merece e precisa de mais atenção. Ainda, consideraram o profissional de saúde como fonte possível de orientações sobre o processo gestacional e o cuidado com recém-nascidos. Os resultados indicaram que elementos tradicionais de representações sociais sobre homem e pai interferem na proximidade dos participantes com a gestação e no reconhecimento de suas necessidades por apoio durante esse período. Evidenciou-se também o distanciamento do homem do atendimento por profissionais de saúde e a necessidade de cumprimento de políticas públicas na saúde e inserção da perspectiva de gênero nas políticas e práticas de saúde e educação, visando a formação de profissionais sensíveis para atuar com os homens, contribuindo para a promoção de modos de vida mais igualitários e benéficos para o homem-pai.

**Palavras-chave:** Paternidade; Apoio Social; Política de Saúde.

## Introduction

The concern with the specificities of men's health and the inclusion of men in reproductive health services is recent, especially if we consider the implementation of the first public policies in the health field as reference. In Brazil, the law that created the National Policy of Full Attention to Men's Health (Pnaish) within the framework of the Brazilian Unified Health System (SUS) (Brazil, 2009a) was only published in August 2009. This policy seeks to promote and expand the access to health services to the male population. It stresses the importance of “raising the awareness of men in relation to their duty and right to participate in reproductive planning” and of fatherhood not only as a legal duty, but as a right - the right of men to be included in the entire process of growth of their child, which comprises “the decision to have children or not, how and when to have them, as well as the monitoring of pregnancy, childbirth, postpartum and of the child's education” (Brazil, 2008, p. 20).

The idea that men, as a rule of thumb, are not interested in issues related to reproduction and family planning, and that caring for the children is a duty and responsibility of women, is based on a traditional, and, therefore, sexist and reductionist perspective of man and woman, which denies both the full exercise of their sexual and reproductive rights. There are still a number of limitations imposed by cultural standards and values rooted in solidified practices that hamper (if not prevent) the promotion of practices that go against what is socially naturalized as appropriate for the sexes. For example: the domestic space, motherhood and affective practices of care remain commonly associated with women, while the expectations related to men face the opposite direction, referring to the domain of public space and to a pragmatic form of care, associated with provision and protection and to the control over the family, through their performance in the external environment (Bossardi et al., 2013; Miller, 2011; Toneli, 2011).

Although the usual perspective mainly expects the role of family provider from men-fathers, there are studies indicating changes of values and the insertion of differentiated practices of fatherhood.

It was in the early 1990s, with the deconstruction of the hegemonic model of father, that the model of a “father who demonstrates greater involvement and concern with the education and care of his children, no longer assuming the role of family provider only” (Carraro et al., 2011, p. 173), referred to in some studies as the “new father”, emerged and gained strength. Researches describe the interest of fathers in having greater involvement and participation in the care of their children, in addition to more affective and close relations between father and child (Bossardi et al., 2013; Carraro et al., 2011; Ciskon-Evangelista et al., 2012; Freitas et al., 2009; Gallardo et al., 2006; Higham; Davies, 2013; Trindade; Menandro, 2002; Vieira; Souza, 2010). In general, the coexistence of expectations over and/or representations of the father that include the traditional model and the “new father” may be observed, what Bossardi et al. (2013, p. 244) believe to be a period of transition of the practice of fatherhood in which traditional activities (“discipline and physical games”) blend in with those of a more involved father (“emotional support”). Even the academic interest on the subject still lacks forms of problematization.

One of the possible theoretical approaches used in the discussions on this issue is the theory of social representations (Moscovici, 2003), which enables the investigation of knowledge and practices of fatherhood shared between the different groups involved with the subject (mothers and fathers, family, professionals from various fields). According to Santos and Almeida (2005), based on a set of representations and representational elements, it is possible to observe how the people involved produce and organize information and justify their daily practices.

The study by Nascimento et al. (2013), for example, investigated the social representations (SR) of fatherhood in publications of the magazine *Pais e Filhos* from 1969 to 2008, having identified the father as the “legal father”, whose absence

and need to fulfil his legal obligations (pension, recognition of paternity and registration, among others) are emphasized. In this context, fathers are represented as secondary, or “a reference associated with problems or with the possibility of solving them” (Nascimento, 2013, p. 212) materializes and internalizes, in mothers and fathers, the notion of a man-father who is expected to be absent, potentially irresponsible and legally involved in the fulfillment of his obligations. On the other hand, Bittencourt et al. (2015, p. 703), by analyzing more recent publications of this same magazine and of the magazine *Crescer* (from 2003 to 2013), identified the aforementioned “emergence of the new father”, who participates in his child’s life, caring for and interacting with him/her, being also involved in other family relationships. We believe the differences between the results of these researches can derive both from the context adopted for data collection - which is also considered by Bittencourt et al. (2015) - and from the period selected for its conduction, possibly being material evidence of the process of change associated with the strengthening of new models and practices of fatherhood.

The identification of “past” and “current” elements is characteristic of several studies that focus on this and other topics related to gender issues and, more specifically, to the male gender. As an example, we have the data identified by Gregory and Milner (2011), whose results indicated the prevalence of traditional representations in cultural productions, despite new and innovative representations of fatherhood and gender relations being also present in the countries investigated (France and the United Kingdom).

In this context, many traditional cultural productions<sup>2</sup> about fatherhood still materialize a different father from the so-called “new father”, corroborating the analysis by Souza and Benetti (2009), who claim the latter does not actually correspond to the reality observed. Based on the

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2 As it is not the focus of this study, the discussion about the ideological aspects of SRs disseminated by different media will not be addressed here, even if it is impossible not to state that the focus on middle-/high-class consumers favors the production of SRs that are hegemonic, elitist, and often distant from the reality of other socioeconomic groups. As stated by Bittencourt et al. (2015, p. 701-702), based on Bévort and Belloni (2009): “It is necessary, then, that the appropriation of the media is carried out critically and creatively, since it participates in the construction of subjectivity and advertises lifestyles”.

dynamic character of the SRs described by Sá (1996), we could infer that the elements related to the “new father” occupy a peripheral position in the representational structure of the “father” while “provider”, which remains strong as predominant guide of social practices and production. Studies show that this relationship between SRs and practices is a give and take scenario: changes in practices can generate and/or transform representations, and changes in representations can modify practices (Arruda, 2000; Rouquette, 1998).

Because they are formed and materialized within the framework of cultural and social contexts that reinforce their meanings, the SRs concern the practices and values that are socially constructed and constantly reinforced by certain hegemonic groups. Also, for being part of the process of social and cultural construction of a given society and/or group, they are subject to change, with the addition of new elements or weakening of older ones due to the diversification of demands, values, practices and phenomena associated with the represented object. Thus, even if we find several clues that validate the emergence of a “new father”, it is important to pay attention to the modes of production and organization, which are essential contexts for understanding the functioning and composition of a given representation.

As the birth of a child is a moment of transition of the social roles that affect and put pressure on women and men (Rodrigues; Schiavo, 2011; Widarsson et al., 2013), it is believed that the father’s recognition of the existence of a new role of fatherhood since the beginning of the gestational process can facilitate the strengthening of the father-baby bond and the adjustments and negotiations needed in the new emerging family dynamics.

Although some authors defend the benefits of the participatory insertion of the father in the gestational process and in the baby’s raising for all involved (Carneiro et al., 2013; Ferreira et al., 2014), it is common for society (families, partners, peers and professionals from various fields, including healthcare) to not understand nor encourage the participation of the man-father, depriving him of attention at the beginning of pregnancy or even after the child is born (Freitas et al., 2009; Oliveira; Brito, 2009; Toneli, 2011). Many authors identify practices

of exclusion or non-inclusion of men-fathers in various public or private services, and agree with the need for more actions focused on them, including in the field of healthcare (Cortez et al., 2016; Freitas et al., 2009; Pontes et al., 2009).

It is understood that the expectations over and representations of the father, and consequently of the mother, have an expressive impact on the practice of several professionals, both liberal ones and those working in public services. In relation to those who work in health services, researches have shown that they are not willing nor prepared to identify and answer to the demands of men who seek to practice fatherhood, hoping that their rights and interests are respected (Falceto et al., 2008; Freitas et al., 2009; Maroto Navarro et al., 2009; McVeigh; Baafi; Williamson, 2002).

The study by Freitas et al. (2009), for example, identified actions that naturalized the stereotypical practice of fatherhood: the six fathers interviewed expressed their interest in following their child’s gestation, but none was called to the consultation room, since they were not included in the maternity care programs. Men who are to become fathers tend not to be considered by health professionals as part of their clientele in pre-natal consultations. They have no visibility in this context, also as a result of the professional practices associated with the traditional representations of men and fathers (Cortez et al., 2016).

It is clear that the little or no participation of men-fathers in pre-natal examinations cannot be explained by the services’ lack of initiative only. Considering the analysis conducted by Fonseca (2004), according to whom fatherhood is an “eminently social” position as the process of becoming a father leaves no marks on a man’s body, it is necessary to seek ways to stimulate future fathers to engage in this practice since the beginning of pregnancy. An investigation with couples identified some strategies for promotion of the father’s involvement in the breastfeeding process: follow-up of the father in pre-natal care, actions carried out by professionals to aid the father’s involvement in the gestational and postpartum process, expansion of knowledge about breastfeeding, encouragement by their partners, programs focused on men, greater

acceptance of their presence in the breastfeeding process and increase of the paternity leave's period (Pontes et al., 2009).

Policies and programs of support to paternal involvement are needed for there to be a change in and consolidation of the responsibility of men to their children (Souza; Benetti, 2009). Considering the relationship between practices and SRs and the circumstances presented, there is still a long way to go for reports and intentions of a more active form of fatherhood to result in the effective engagement and involvement of fathers in the family and care context. To this end, it is necessary that men-fathers are in fact involved in the practice of an innovative form of fatherhood within the sphere of individual values and social contexts that are often unwelcoming to this initiative.

Would there be then interest on the part of fathers in seeking ways and means to achieve a higher quality of engagement in their children's care? What would be the possible ways to accomplish this? This study intends to investigate how "first-time" parents position themselves in relation to receiving support from health professionals and people from their social network for the practice of fatherhood.

## Methodology

### Participants

Twenty adult fathers, residents of the metropolitan region of Vitória (ES), who were accompanying the gestation of their first children, participated in the research. At the time of the interview, all participants were in a stable relationship with their partner. Half the fathers were middle class, while the other half was lower class, according to previously established criteria for the study.

The age of the participants ranged from 21 to 38 years old, the mean age of the lower-class fathers having been significantly lower than that of the middle-class fathers ( $M=23.3$  and  $M=31.7$ , respectively). The time of gestation of the babies ranged from three to eight months ( $M=5.75$ ). Five fathers declared using the services of basic health units (UBS), and only one belonged to the middle

class. All middle-class participants had a private healthcare plan, and six lower-class fathers also had access to this service, as a benefit granted by the companies they worked for.

### Data collection procedure

The participants were contacted according to indications of health professionals of the UBS and suggestions of acquaintances. The individual interviews occurred in the place of preference of the interviewees and lasted from one to two hours. Before the start of the interview, which was recorded with the participants' consent, an informed consent form was read and signed in two copies. The data were collected in 2012.

The semi-structured questionnaire collected demographic data and addressed various topics, including: receiving of the news, changes perceived in the course of pregnancy, difficulties and expectations regarding fatherhood and support.

In this study, we analyzed the participants' answers in relation to their perception of the support offered by their family and social circles, healthcare services and professionals. It was sought, in this way, to identify how the fathers positioned themselves in relation to the support received or the possibility of support, the demands for support highlighted as important for the practice of fatherhood and the reasons that lead them to deny or accept the social (from family and peers) and professional support.

The organization of the data was conducted by thematic categorization (Cavalcante; Calixto; Pinheiro, 2014), i.e., identification and grouping, by thematic similarity, of the themes present in the answers to specific questions, as well as mentions of support identified along the transcribed material.

Data collection was started after approval of the project by the Research Ethics Committee of the Federal University of Espírito Santo. All research ethics guidelines were followed (National Health Council resolution No. 466/2012). For the description of the results, the transcripts of the interviewees were labeled with the noun "father" plus an ordinal number (Father<sub>1</sub>, Father<sub>2</sub> ...). Middle-class fathers were numbered from 1 to 10 and lower-class fathers from 11 to 20.

## Results and discussion

Initially, there was no significant difference in the distribution of the answers of the lower- and middle class fathers. For this reason, this variable was only discussed in the context in which it was involved. Also, we chose not to present the data in terms of percentages, since the number of participants is small, and we concluded that the description in percentages could give rise to generalizations that a descriptive and qualitative study does not aim to achieve.

Of the 20 participants, 11 agreed that there must be some sort of support to fathers during the baby's gestation and after he/she is born. According to them, the support should come mainly from family, partner and friends, in the form of advice on care practices, encouragement and emotional support: *It's good to have someone on your side to tell you to stay calm, that it will be alright* (Father1); *Being able to vent to a friend is nice* (Father18).

The support offered would prevent, for example, discouragement, the risk of becoming depressed and thinking "nothing will work out." About his experience, one father reported the following:

*I had a very good experience of having received support from family and friends, and, especially, of having found friends who are going through the same thing I am today. This gave me a lot of comfort as well as security.* (Father2)

Unlike Father2, most respondents reported rarely or never receiving support and attention on the part of family and friends, feeling excluded and realizing that the focus on the father is very rare during the gestational period. *The father is excluded all the time by society, by the family* (Father4); *No one comes up to me and asks: "what's up? How are you holding up, man?"* (Father9).

Some respondents stated that the assistance to the father was unnecessary during pregnancy, but not after birth, as they believed that they would have to learn how to take care of their children and interact with them. *After the baby is born, not before* (Father14); *I'm going to need it when he's older* (Father8). The denials about the need for support

during pregnancy had as main argument the fact of the child's development happening within the woman's body, which led to the understanding that the one who needed support during pregnancy was their partner: *Gestation is hers alone* (Father5); *The father is the one who gives support* (Father6).

In relation to the provision of support services by the health units, 12 participants stated that it would be useful - for example, in the form of a preparatory course for fathers, educational lectures (on how to change diapers and give baths, among other types of care) and fathers' group meetings for the exchange of experiences. *A group of people who met to talk about the experience and provide security to these first-time fathers* (Father2). Some respondents made comparisons with the support and guidance offered to pregnant women, like Father7: *Educational lectures, because those are only available for women, there's none for men.*

Despite recognizing these activities as a "valid effort", one respondent pondered: *I just don't know if it would be widely used. Because some guys are kind of prideful* (Father15).

In the analysis of the answers about the need for support during and after pregnancy, two positions stood out: (1) affective seclusion and (2) affective exclusion.

In the former, **affective seclusion**, the partner is described as the center of medical priorities, family care and attention, once pregnancy occurs within her body. This position exemplifies the analysis of Fonseca (2004) about fatherhood being an inherently social condition, since gestation is a phenomenon that occurs externally to the man, within the woman's body only.

We believe that this is used to justify both the denial of some participants about the need to receive support and their perceptions of themselves as secondary during the gestational process. By removing themselves from the scene and reporting pregnancy as a biological event that is external to their body, it seems that these fathers deny or fail to realize the various impacts of pregnancy and of the approaching of their child's arrival on themselves and on the couple's relationship.

The support to and concern with the pregnant woman and with their child seems to be used by

men-fathers as a protective veil that puts them behind the scenes and imposes the obligation not to demonstrate their uncertainties and present themselves as confident and capable of taking care of their partner at all times.

The second position, **emotional exclusion**, was identified in the recognition of the absence of affective and educational support offered to the fathers by their family and by the services, with emphasis on the fact that receiving it would be important. Participants who described themselves in this position stated that, throughout gestation, they had doubts, they felt insecure, had no one to talk to or found no openings to expose their anxieties and uncertainties.

When talking about the concerns of first-time fathers during pregnancy, Maciel (2010, p. 82) describes that the respondents were “drowning in doubt and anxiety about their capacity to meet the imagined requirements”. The metaphor used by one of the participants to refer to his experience and issues with fatherhood resonates with what some of the fathers seemed to be implying when talking about their lack of access to support: *Being behind the scenes is also difficult* (Father2).

The evaluation of the positions of seclusion or exclusion indicated a strong implication of the SR of sex (both male and female) in the decision-making process, with emphasis on the action of the protective and strong man-father and on the care provided by the woman-mother. Considering the results and perspectives of several studies that identify, as elements of the SR of man and masculinity, virility, power and rationality - as well as in the SR of husband and father (strongly related to that of man) as the one who provides for and takes care of his family (Borsa; Nunes, 2011; Cortez et al., 2016) – we concluded that the respondents reproduce in everyday practice the requirements dictated by these representations and by the representations of woman and mother.

The fathers interviewed described their efforts to fulfill the functions socially established for and personally assumed by them as husbands/fathers (offering support, providing stability), at the same time they, also to meet the requirements imposed by the SR of man, minimized and/or concealed affective

issues that caused them discomfort and that were not in line with the ideals of man/husband/father. This position tends to strengthen, in the various groups (family, friends, health professionals), the image of a father who is rationally and pragmatically engaged in the pregnancy process, who is confident in relation to his duties and family life. At the same time, it may hinder the affective proximity of these men with their child's gestation, since both them and those around them do not build spaces for their feelings, insecurities and satisfaction in relation to fatherhood to be externalized and nurtured in their constitution as men-fathers.

It is also worth noting that some of the fathers declared that they would like to receive support in the form of instructions on *how to take care of the baby*, signaling the expectation that, after delivery, skills and knowledge the participants do not have and which they recognize as necessary will be demanded from them (such as holding the baby, cleaning the belly button, giving baths, changing diapers). When admitting their lack of knowledge of practices of care, faced with new routines and demands and based on the SR of women-mothers as “naturally programmed” for caring for the child and of men-fathers as providers who are however “not fit” for tending to the baby's needs, and without support to demystify this naturalization, these fathers assume a position that explains their difficulty to confidently engage in fatherhood practices soon after delivery. This assessment is supported by Seabra and Seidlde-Moura (2011, p. 146) who, when investigating aspects of paternal involvement, concluded that “fathers have little participation in the initial care of the baby”, and that this involvement increases as the child grows older.

Although the protagonism in the direct care of the baby in the post-partum period is, as rule of thumb, assigned to the mother (Polli et al., 2016), the strengthening of the bond between baby and father and between partners can and should be encouraged through the father's sharing of the practices of care with the mother and the domestic routine itself, which completely changes after the baby's arrival. Thus, the absence of reports on possible actions directed to their partners and to the domestic routine after the child's birth was notable:

faced with so many new and challenging aspects, the future fathers seem oblivious to the magnitude of the need of changes and adaptations in the domestic routine with the baby's arrival.

On the other hand, the concerns of the participants and the recognition of their need of support can be assessed as positive for indicating their intention of insertion into the gestational process so that, in addition to instrumentally fulfilling their paternal role, fatherhood allows them interactions that provide personal satisfaction. Since the initial practice of fatherhood was presented differently from the notion of fathers as providers only, we identified, as did other authors, evidence of a transformation process, through which the promotion of effective and affective involvement in the interaction between father and child is included in this notion (Bossardi et al., 2013; Cortez et al., 2016).

In relation to the provision of preparatory activities, six participants (five of whom were middle class) knew of the existence of courses and lectures offered to pregnant women, mothers and fathers, in addition to a movement called "round-table discussions" about the issue of delivery. All of these respondents reported attending some of them or having the intention to do so. According to the fathers, the courses were offered by private health plans and were, in general, geared mainly toward pregnant women: *I attend the parents' course offered by [private health plan company], I've participated in all of them (Father11); We had plans of participating in something offered by [private health plan company], I think it was a lecture for first-time parents (Father10)*. One of the fathers did not participate in the courses offered by healthcare plans or services, having preferred to attend an autonomous meeting: a round-table discussion between couples who were pregnant or who already had children for the exchange of information and experiences.

A group for parents described by a lower-class participant was being developed in the public health system: *At the local CRAS [Social Assistance Center of Reference] unit, for monitoring the mothers or, y'know, teaching how to take care of the child, how to be a mother. It's kind of like, a course for couples (Father1)*.

Respondents who had already participated in some sort of event for parents/couples/pregnant women reported the lack of proposals aimed at men-parents: *There's a lot of concern with the women in the courses, with how they're feeling. Nothing's left for the men other than: patience, patience, massage [...] I wish there was a course for fathers too (Father9)*. This perception seems understandable in the context of a health system that is focused on providing assistance to the women and offering them guidance in relation to the changes in their bodies throughout pregnancy and to caring for the baby, leaving the father out, as was identified in Report II of the research *Saúde Do Homem, Paternidade e Cuidado Brasil [Men's Health, Fatherhood and Care in Brazil]* (Brazil, 2017).

We highlight here the account of one of the respondents, who described the need for reference and participation of men-fathers and for the creation of a movement by the participants themselves: *Active motherhood is often discussed. So me and some other fathers were talking about starting a movement for promotion of active fatherhood (Father4)*.

This father's initiative of visibility, triggered by the other participants of the round-table discussion, opposes the affirmation of one of the respondents about the courses - *I just don't know if it would be widely used. Because some guys are kind of prideful (Father8)* -, bringing to light an observation made by some authors regarding the implication of the SRs of man in the practice of fatherhood. These SRs negatively impact the process of appropriation of fatherhood as a process of affection, presence and responsibility, by reinforcing the public conception of fathers as providers to the detriment of their private conception as caregivers. In this way, little value and social recognition is given to fathers who assume their emotional and participatory responsibility. The impact of these representations, as observed by Cortez et al. (2016), extends to health services, which do not stimulate the men-fathers' participation in the gestational process, to academic spaces, which do not address this issue during the professionals' formal training, and to the legislation itself, which offers a derisory paternity leave period.

It is understood that having the means and social support to assume paternal responsibility

and engagement facilitates and even stimulates the search for information about care practices that bring the father closer to his child and to the experience of fatherhood (Bossardi et al., 2013; Henn; Piccinini, 2010).

Also because of this, the visibility and promotion of paternal participation since pregnancy and throughout the puerperal period turn out to be very important factors. As noted by Pontes et al. (2009), actions focused on the father since the prenatal period are one way to involve him in the gestational, postpartum and breastfeeding processes, and in the daily care of the child. The implementation of this proposal, also demanded by some of the participants of this research, would facilitate and stimulate the insertion of the father in the child's development since before birth, thus favoring the strengthening of the father-baby bond and the paternal participation in daily care.

Many studies (Dessen; Oliveira, 2013; Falceto et al., 2008; Oliveira; Brito, 2009; Pontes et al., 2009; Toneli, 2011) have discussed the importance of the father's participation and of his involvement since the beginning of the gestational process, for strengthening the affective bonds and thus preventing paternal estrangement. By listening to the participants, this study found that, since the gestational period, the man-father goes through processes of adaptation to the performance of the paternal role, during which he is required to deal with the needs of care of the pregnant woman and with his own representations of fatherhood, as well as with a social and family context that, in many situations, excludes him or does not create spaces for him to express his doubts and insecurities.

Even if the mother is described by many participants as the main focus of attention, the results show the need for support to these men so they can interact with and perform their duties to their children and to the mother in a secure, participatory and affective way. To this end, the creation and implementation of public policies that help in this endeavor are needed, requiring, as noted by Jardim and Costa (2009), the development of actions alongside health professionals and public administrators, so that the father may be welcomed as part of the process of pregnancy, receiving

information and no longer being seen as the "odd one out".

In relation to the offering of courses for parents (to couples or pregnant women accompanied by their partners), we found that they stemmed primarily from the private sector. Only one initiative developed in a public institution was mentioned by a lower-class father, which was however offered by the Unified Social Assistance System (Suas) and not by a Healthcare System. No other participant revealed knowing or having access to courses, groups and lectures until the moment of the interview, which leads us to ask to which extent the Pnaish's principles (Brazil, 2008) are being complied with.

Recognizing the importance of this issue and the importance of encouraging active fatherhood within public spaces promotes the investigation of the offering of actions aimed at fathers by the public service: if there are any, how are they developed and how are they disclosed to the general public.

## Final considerations

In addition to reinforcing an aspect that has already been identified in other studies, the lack of attention (socially, institutionally and from the family) offered to men over their social and affective construction as father, this study, by investigating the perception of "first-time" fathers about actions of support offered to them by their social network and by health professionals, discussed the impact of the SRs of man and father on the respondents' expectations of support. It was found that the traditional elements of this representation interfere with their proximity to the gestational process and with their recognition of the need for help during this period.

The identification of discourses and actions that signal the willingness of some men to follow a paternal model that differs from the traditional one indicates that a transition is occurring and that fathers feel pressured by others and by themselves to meet the demands of the traditional/hegemonic model of man/father/husband, in addition to those associated with the model of the new father. In both cases, as verified in this study, men who long to practice fatherhood during pregnancy and after their child is born, while also feeling insecure

about their performance, are identified. Reports of parents who, during pregnancy, assumed a secondary position, giving up any assistance offered to them and focusing on their pregnant partner only, were also found.

Based on the diversity of references about the practice of fatherhood, on the demands or not for guidelines and on the attitudes of the fathers in relation to pregnancy and to the possibilities of care of their child, further studies with representative samples of participants are needed to suggest and confirm hypotheses about the variables involved in this diversity of practices (age, education, social class, family relationship history).

Promoting actions focused on fathers is important to highlight their position in the background when it comes not only to health, but also to the situation of waiting for a child and taking care of him/her. Firstly, considering some men justify this position and consider it natural based on traditional SRs of masculinity, which anchor the SR of fatherhood, the importance of efforts of clarification and reflection to overcome this situation becomes clear. In addition, given the dynamics of the relationship between social practices and representations, in which changes in one may involve more or less significant changes in the other, studies aimed at the field of fatherhood and in the context of public health services could be a privileged locus for gathering knowledge about the various models of fatherhood and also for promoting other forms of seeing and practicing it.

It is important to note that many of the parents interviewed only suggested the possibility of support from health professionals when asked directly about it, which leads us to inquire about these fathers' perception of fatherhood and its relationship with health services/professionals: do they not recognize fatherhood as a relevant object of the field of health or do they not recognize themselves as potential foci of attention for support and guidance?

Given the analyses and issues exposed, and based on the statement of one of the participants, that *being behind the scenes* [of pregnancy] is also *difficult* (Father2), the need for health services to become spaces of reference for the care and guidance not only of pregnant women, but also of the babies'

fathers, is reinforced, as is the fact that neither the Pnaish's principles (Brazil, 2009a) nor the actions proposed for the 2009-2011 triennium in this policy's National Action Plan (Brazil, 2009b), seem to have been minimally implemented in the services offered in the metropolitan region of Vitória (ES).

Moreover, it is important to consider the need to strengthen the social awareness of the gender perspective, based on actions developed in the context of the educational system, as the promotion of alternative concepts to the traditional and naturalized standards of man and woman is a necessary part of the renegotiation and egalitarian occupation of public and private social spaces, including the domestic environment.

For this reason, it is essential to introduce the gender issue in schools, at all levels, including the recognition of men as individuals who are fit and appreciated for their actions of care and for the practice of participatory fatherhood, assigning new meaning to the concept of masculinity in our society. No less necessary is the inclusion of the gender perspective (and critical analyses about femininity and masculinity) in the training of health professionals, to broaden their possibilities of action and awareness so that services become more humanized and suited to the patients' reality. Training and structuring strategies to establish new relationships that are more open to negotiations between women and men can both benefit the baby's development and strengthen the father-baby bond, bringing men closer to the practices of care of their child and partner, as well as of themselves.

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#### Authors' contribution

Trindade and Cortez designed the study. Dornelas and Cortez collected the data. All the authors contributed with data analysis and with the article's writing.

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