

SOCIAL CONSTRUCTION OF PATERNITY AND THE ROLE OF THE FATHER: IMPLICATIONS FOR THE FATHER'S PRENATAL HEALTH CARE PRACTICES - PARTNER

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Abstract: OBJECTIVE: critically reflect on the social construction of paternity and the father's role in the context of the partner's prenatal care **METHOD:** It is a reflection study which was based on a philosophical theoretical basis, being that of masculinities, gender and paternity. Initially, a bibliographic review was carried out and subsequent categorization of the main themes related to the problematizing question: what is the perception of the "father's role" in the context of paternity and prenatal care of the partner? **RESULTS:** three categories emerged: "The changing family: new challenges"; "Paternity Experiences: singular or specific"? and "Partner's family and prenatal planning: finding the medicalizing categories strange" **CONCLUSIONS:** The model in which the man experiences the pregnancy cycle is still rooted in conceptions that have fixed and immutable social roles, however, there are ongoing transformations in the social constructions of gender, which can favor the formation of the bond and the participation of men in fatherhood. and in "being a father", in addition to encouraging self-care. The analysis of the studies made it possible to perceive that, although men have the desire/need to actively participate in the whole process, there are still structural problems that make this inclusion difficult.

Keywords: Father, Fatherhood, Care, Family Planning.

INTRODUCTION

Pregnancy and birth are important events in the lives of men and women, surrounded by different meanings, full of expectations and feelings such as anxiety, fear, anguish and joy. It is a remarkable event in the life of the couple and their family, as it expresses a rite of passage to an adult condition, full of emotional and psychic meanings, not just a biological event. The concept of parenting and the way

in which the family system is understood have changed over the years, especially when the roles and functions of being a man/father, woman/mother and family are questioned in contemporary times (MALDONADO, 2011). Such reconfigurations demand revisiting concepts and formulations that demand theoretical and intellectual undertaking from researchers to "unveil" and find strange categories rooted in common and professional sense.

Historically, planning and health actions aimed at pregnancy have a maternal-infant focus, typical of a model that has a positivist conception as the founding axis of its direction - especially if we consider how pregnancy has been repositioned for centuries within the "biomedical model". However, during the pregnancy process, there is a distance from men, who only experience fatherhood later. This fact can be evidenced through the social constructions of gender that are culturally passed on, reinforcing static and fixed models of "masculine" and "feminine" roles, where all the responsibilities of reproduction and care are the responsibility of women, while men have all the responsibilities of reproduction and care. family provider tasks, being removed from the knowledge and emotions that involve the universe of pregnancy (GOMES, 2004).

Here, the scenario invites us to reflect on a "double operation": a) the need to understand and recognize how the capitalist model reconfigured the "family" models; and b) how the woman, still in the emergence of capital, was assigned to "housework" considered, in broad lines, as a less valued work. The recognition of these two elements can, to some extent, give us clues as to how, even today, motherhood is not only relegated to women, but there is also a distance and little discussion about the role of men in pregnancy, paternity and prenatal care. . Such conceptions and formulations are intrinsically related to the role that men play

in the family in general, and in paternity in particular.

The family constitution has been going through social changes that contributed to the modification of the old roles developed in the family context, as well as the opening to different views and beliefs about the family structure and, consequently, the paternal role. However, even though such changes have been happening, what hovers in common sense – even understood as a form of knowledge – is the almost exclusive responsibility of women in these two scenarios. Paternity is rarely discussed, even with the advances made since the emergence of the Unified Health System - in terms of public policies, for example - and the theoretical efforts needed to unveil the social implications behind this phenomenon are still poorly investigated, especially in health area (BRAZIL, 2016).

The change of perspective on the part of professionals and health services, addressing more frequently the father's participation in the routine of care during the pregnancy-puerperal cycle, is not only due to the father's importance in emotional support to the pregnant woman, but mainly for the upbringing, of family bonding. At this moment, the construction of the idea of a father begins for the man, where the father's participation in prenatal care is essential for a good understanding of this role. The early involvement of the partner will facilitate the development of the feeling of paternity and this contributes to the attachment to the child taking place as soon as possible. Going beyond the level of identification with the "role of being a father", it encourages us to reflect, including whether a support network, on the part of the man, would not be equally important in the construction of this "role of being a father", since the representation of a father figure is from an early age inserted in the scope of this subject (BALICA; AGUIAR,

2019).

In terms of public policies, both in Brazil and in the world, it has been argued that men can and must be fully involved in everything that concerns reproductive decision-making, from choosing to be a father to solidary participation in pregnancy, in the childbirth and the education of children. The central argument brought by this debate is that the conscious involvement of men - regardless of being a biological father or not - in all stages of reproductive planning and pregnancy can be decisive for the creation and/or strengthening of healthy affective bonds between them, and their partners and children and for men, for bringing them definitively closer to the arena of affection and care. The Ministry of Health recommends that it is the partner's right to be cared for (integrated into consultation activities, exams, as well as access to information) before, during and after pregnancy, known as "prenatal care for(a) partner" (BRASIL, 2008; 2016).

Several studies have highlighted the importance of conscious paternity, however, most studies approach the issue from the maternal perspective or from the perspective of the health system or professionals - characteristic of the double operation mentioned above and the Cartesian/positivist model co-appropriated by the Sciences of Health. Health, in general, and Nursing, in particular. But the father is rarely heard or has his difficulty little investigated in studies. Research on the subject reveals that the participation of the man/father in prenatal care is still poorly researched, despite the importance of this care bond. On the other hand, in practice, the reports of assistance to the father in the events that occurred in the gestational cycle are that he is treated as a mere listener and has no right to interact in the proposed consultations/activities. The final objective is, therefore, to critically reflect

on the social construction of paternity and the role of the father in the context of the partner's prenatal care, considering this as a theoretical foundation for health care practices.

METHODOLOGICAL COURSE

This is a reflection study which was based on a philosophical theoretical basis, being that of masculinities, gender and paternity, in addition to the authors' perception of the subject addressed. We sought to discuss studies in the field of Nursing, in general, and in Collective Health, in particular, that contemplated the theme focused on the role of the father and paternity.

The elaboration of this reflection was permeated by a bibliographic review whose process consists of systematizing information on specific issues in a certain area of knowledge. The methodological course included, first, the bibliographic survey, through which an exploratory and systematic research was carried out on documents in electronic format present in the Virtual Health Library (VHL), in the following databases: *Scientific Electronic Library Online* (SCIELO), Latin American and Caribbean Literature in Health Sciences (LILACS) and International Literature in Health Sciences (MEDLINE).

The second stage consisted in the selection of works, whose studies were evaluated through the pre-established inclusion criteria: full access to the included studies; publication in the last ten years; gray literature (dissertations and theses) and that dialogue with the main research question of this article. Thus, this theoretical reflection was consolidated with a thorough reading of 6 publications. In the third stage, a previous reading of articles related to the theme was carried out in order to define and characterize important topics for the understanding of the study in a scientific way. The main themes/categories emerged: Family; Family Planning,

Paternity and National Policy for Integral Attention to Men's Health (PNAISH).

Thus, the present reflection started from the following question: what is the perception of the "father's role" in the context of the partner's prenatal care? changes that the family institution has been going through; in the second, there is the problematization of the paternity category; and in the third, the strangeness of medicalizing categories such as family planning and partner's prenatal care. Finally, some final considerations are proposed in order to demarcate the difficulties and main implications of this "father's role" and paternity.

RESULTS AND DISCUSSION

Here, three main categories identified previously in the bibliographic mapping will be presented. The discussion in light of the adopted framework will also be carried out as the categories are presented. Reflections will also be raised as theoretical movements and dissent are evidenced.

THE CHANGING FAMILY: NEW CHALLENGES

When working with the family theme, care must be taken not to fall into the traps of reproducing a discourse that places the nuclear family as an idealization or possible reality for everyone. Studying family compositions, and the family itself, requires, as Cúnico (2013) states, an estrangement, that is, a relativization of their own references so that family conceptions are not naturalized and that, with this, they do not become a discourse. normative. It is therefore necessary to understand not only the constitution of the family, but its historical and social process and how it is still present in the constitution of the "fathers and mothers of the family".

Based on culturally and historically established kinship relationships, the family

nucleus is configured as a social institution that contributes as a regulatory and normative instrument (BERG, 1978). Social institutions such as family and marriage mutually influence social relationships and the sociability of individuals, in addition to having significant effects and influences on the social behavior of these subjects in relation to interpersonal relationships (ALBUQUERQUE et al., 2016). In the case of the family nuclear power, regulation takes place in such a way that “invisible” norms are systematically taken as “natural”, rejecting any and all hypotheses and family nucleus that do not correspond to what is “set”, “given”. This construction is interesting and important to recognize given the more complex issues that involve the new family arrangements, whether they are homosexual or even single parents.

The concept of family - despite still being a social institution strongly linked to the first idealizations of the constitution of private society - as well as the ways of *being* and *being* in society have undergone changes typical of modernity – including the very discussion of paternity, considering its specificities and edges within social studies, are part of this modern movement. The mutability in the concept of family has traveled and still travels a long way and through the changes that society has experienced, the family has gone through several stages, starting from the consanguineous family, in the “primitive” society, until reaching the various family configurations that currently exist. (MALUF, 2010).

It is worth noting, however, that the bourgeois family model is recognized by the State and holds, in large levels and measures, the social and popular imagination of what can be considered family today: monogamous couples, formed by a man and a woman. ; motherhood seen as something innate and, therefore, natural for women.

These conceptions gain space since the first theoretical formulations of “family” and “parents” in the social field. Paternity, however, is little discussed and problematized, given the historical and social issues of the very formulation of the bourgeois family, as shown by Engels in his book “The origin of the family, private property and the state” (1989). In other words, the founding axis of the family still resides clearly in the conception and in the discourses, progressive or not, of what constitutes a family: the man is determined to work, to provide for the house, wife and children; to women: domestic services; the care of children and the home.

The family nucleus, seen as a grouping of people united by kinship ties, domestic dependence or norms of coexistence, who live in the same house, or a single person who lives alone in their residence has been gaining new arrangements as other family configurations gain space in social discussions. Currently, the definition of family can be considered changeable according to time and place, Scott (2011) states that: “Families are different from each other and families change; therefore, it is very difficult to associate a single morality with them (SCOTT, 2011, p. 125)”. Here, the author suggests that the family is no longer seen as an economic and reproductive nucleus, but rather as a space with various social and individual representations, seeking to preserve mutual respect and individual freedom. However, even though such configurations are possible to be constituted, the main problem that invites us to reflect lies in: a) the role that man occupies in this “new family”; b) how society itself shapes, to its own measure, the actions, practices and expectations of this new arrangement, all equally based on the main issue that mobilized and mobilizes a series of violence in this bosom: capital. Fatherhood, as a social aspect, is not exempt from this. And understanding it from this perspective is a

powerful analytical move to identify broader fragilities and gaps within what it means to “be a father”.

EXPERIENCES OF FATHERHOOD: SINGULAR OR SPECIFIC?

In recent times, the paternal role has undergone several transformations that go beyond the perspective of financial provider of the home and include the idea of effective participation in the lives of children. However, the first definitions attributed to paternity in the West were linked to “being sovereign”, that is, paternity was more linked to political and religious issues. In this scenario, the father was not only the owner of his family, but also of the house, wife and children.

It is, however, from the 19th century onwards, after the consolidation of children's rights, that a new concept of paternity was born. Thus, paternity becomes a right, in the same way as the child - given the interest of the child's well-being. In this scenario, it becomes the father's duty to maintain good living conditions for the child, in addition to education and protection – in the broadest sense of the episteme. Silva (2010) describes that the conception of a father in this context is extremely fragile, as it is exclusively related to the child's rights and duties, that is, ‘mandatory functions’. This conception, even though it is currently prohibited - either by the government, or even by public policies, gives us clues to think about the high rates of unrecognized or ignored paternity in our society.

It is possible to affirm, however, that the conception of paternity is in a continuous process of construction and reconstruction due to the transformations arising from the new concepts of family – those already explained above; and social movements. Fatherhood is seen, therefore, as a phase marked by emotional changes and knowledge

construction, which takes place from care practices inserted in the relationship between parents and children (DAL-ROSSO et al., 2019) . It is important to highlight that the experience of men in relation to fatherhood is not homogeneous, since the way they experience it is given in a particular way, that is, there is no single model. The perception of paternity is permeated by issues of class, age and race, for example, and these certainly influence the way of experiencing and experiencing paternity.

For Bustamante (2005), for example, paternity is an experience built on several levels, where sociocultural aspects are associated with the provider of resources, respect and the way in which the relationship with the child's mother takes place. Fatherhood for Gomes (2016) involves the pleasures generated in pregnancy, childbirth and extrauterine development. The greater involvement of men in care has a structural result, being beneficial not only for him and his family, but also for the next generations, as it contributes to the formation of children who question traditional gender roles (GOMES et al, 2016). We observe, therefore, that the way of experiencing fatherhood is impacted in different ways, being fragile and worrying when we associate it solely and exclusively to a static and fixed model.

Unlike motherhood, which is marked by bodily changes, fatherhood consists of a relational concept (DAL-ROSSO et al., 2019), and for many men, feeling like a father is a fact that only materializes from the moment the child is born. However, with the gradual changes that have been taking place in the patriarchal model, contemporary men perceive paternity since pregnancy, starting at this stage the construction of affective bonds that will be established with birth (FREITAS; COELHO; SILVA, 2007).

Thus, for these new ways of experiencing

fatherhood to be possible, it is necessary to have a more engaged way of participating in the experience with the child, and that the father certainly wants this engagement. It is also necessary that the mother and family – considering the new and old formats – support this place. Furthermore, it is urgent that men and women rethink their attributes and social roles in the face of the complex function of paternity that is placed day by day in the singularities of children.

FAMILY PLANNING AND PARTNER'S PRENATAL CARE: FINDING THE MEDICALIZING CATEGORIES STRANGE

Family planning, regulated by Law 9,263 of 1996 and provided for by article 226 of the Federal Constitution, is a right that must be guaranteed by the State to all citizens. It is characterized by a group of actions that regulate fertility, that is, providing the family, regardless of its structural formation, with the right to choose the number of children, at the most convenient time and with complete assistance, in an integral way (BRASIL, 1996). It is not configured as a demographic control, since it is seen as an imposing and authoritarian intervention of the State that responds to economic interests. Family planning, however, is a system of support and guidance, as it is understood that families have the freedom to control their fertility.

The State has an obligation to provide educational and technological resources for families, in addition to trained professionals to increase actions that include conception and contraception. Despite being the responsibility of all levels of health care, family planning normally takes place in Primary Care, through the Family Health Strategy, which aims to organize Primary Care, according to the principles of the Unified System. of Health (SUS). For this reason, health professionals

need to develop skills with the transmission of adequate information, especially on the view of sexual and reproductive rights, always meeting the needs of SUS users (PIERRE; CLAPIS, 2010).

In Brazil, planning has been linked for many years to the Program for Integral Assistance to Women's Health (PAISM) and has played a fundamental role in public policy in the area of Health. However, men's health was only targeted by the planning policy in 2008, when the National Policy for Integral Attention to Men's Health was launched. It is also stated that paternity must not be seen only as a legal obligation, but as a human right. The policy bets on the inclusion of the theme of paternity and care, through the partner's prenatal care and discussions and actions aimed at reproductive planning, as it considers it an essential method for the qualification of care during pregnancy, childbirth and birth, capable of to promote rapprochement with health professionals and the service, in addition to improving family affective bonds (OLIVEIRA, 2018).

Pregnancy is an event full of feelings in the lives of men and women, where they become father and mother, both experience this transition with expectations, anxieties and fears. Unlike motherhood, which is marked by bodily changes, fatherhood consists of a relational concept (DAL-ROSSO et al., 2019), and for many men, *o feel father* it is a fact that only materializes from the moment the child is born. However, with the gradual changes that have been taking place in the patriarchal model, contemporary men perceive paternity since pregnancy, starting at this stage the construction of affective bonds that will be established with birth (FREITAS; COELHO; SILVA, 2007).

The father's involvement from the moment of pregnancy allows affective and bonding feelings to favor the construction of the father-

mother-child trinomial, uniting the family and contributing to a healthy and welcoming relationship. In addition, the exercise of paternity is capable of awakening in men a look focused on caring for themselves, their children and their partner. This way, education, information and health care permeated by the gender approach can generate changes in the conceptions and actions of being a father and being a mother in society (FREITAS; COELHO; SILVA, 2007).

Considering the partner's family planning and prenatal care categories is also to make them strange from a social perspective and avoid reducing them to an immutable perspective. emerges as a strategy to contribute to the expansion and improvement of access and reception of men in health services, in addition to highlighting the importance of the conscious and active involvement of this population, in all actions aimed at reproductive planning. However, it is known that historically, social policies and care for Brazilian families have focused on motherhood and childhood, which may, in practical, political and social terms, have compromised the performance of treatment for the family as a whole. . In addition to having been a fertile field for the reproduction of normative practices, reproduced even by the health professionals themselves.

Although the institution of "partner prenatal care" requires a critical look on the part of researchers, it is important to point out that it ensures that men reflect on their true role throughout the pregnancy-puerperal cycle, thus being able to provide a context where changes in the family's living habits can happen and, consequently, generate an improvement in the quality of family life (LEAL et al., 2017), since the father's participation in prenatal care becomes increasingly frequent. The information made available in the consultations provide conditions for

the partner to understand the changes that occur with the woman during this period, and his presence must be encouraged during activities that serve to prepare the couple during pregnancy and for the time of delivery (MARQUES et al. ., 2020). Contributing to changing the view focused only on the mother-son binomial, expanding the focus to the mother-son-father triad, which makes the man not only an adjunct in the process, but someone who is also a protagonist along with the partner (BALICA; AGUIAR, 2019). In addition, such a perspective can contribute to the denaturalization of fixed social positions and roles, which can compromise the man's engagement in the role of the father and in his own paternity. Conceptions linked, to a large extent, to capitalism and machismo that are so ingrained in our society and that contribute to the permanence of a model of masculinity that is far from self-care, from caring for others as well. So, it reduces man to an individual removed from conscious paternity.

CONCLUSION

Aiming to contribute to a greater paternal engagement in the puerperal pregnancy process and considering the importance that health professionals play as facilitators of this integration, we recommend through greater dissemination on the subject in order to clarify the differences regarding gender issues, highlighting the need for the insertion of the man/father throughout the gestational process, moving away from the idea of the man as exclusively provider of material needs, in addition to making him feel an integral part of the gestational pregnancy process. This way, it is considered the importance of guiding the man/father about his right to accompany the pregnant woman/companion in prenatal consultations, at the time of delivery and postpartum, favoring a greater bond of this paternity, providing this individual conditions

to understand the changes that happen in this period linked to their role in society and in the family.

In addition, it is urgent to understand the issues related to pregnancy from the perspective of the participation of the man/father, in this context, it has made it possible to identify changes in male attitudes that have contributed not only to the practice of prenatal care, but to the construction of a new masculinity perspective.

REFERENCES

- ALBUQUERQUE, G. A. et al. Planejamento reprodutivo em casais homossexuais na estratégia saúde da família. **Rev. APS.** v. 21, n. 1, p. 104 – 111, jan./mar. 2018.
- BALICA, L. O.; AGUIAR, R. S. Percepções paternas no acompanhamento do pré-natal. **Rev. Aten. Saúde**, São Caetano do Sul, v. 17, n. 61, p. 114-126, 2019.
- BERG, P. **Perspectivas Sociológicas**. 2. ed, editora vozes, 1978, 300p.
- BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. **Coordenação Nacional de Saúde do Homem**. Guia do pré-natal do parceiro para profissionais de saúde. Rio de Janeiro; Ministério da Saúde, 2016.
- BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. **Política Nacional de Atenção Integral à Saúde do Homem**. Brasília, DF: Ministério da Saúde; 2008
- BUSTAMANTE, V. Ser pai no subúrbio ferroviário de Salvador: Um estudo de caso com homens de camadas populares. **Psicologia em Estudo**, **10(3)**, 393-402, 2005
- CABRAL, Y. P.; PEREIRA, L. P. S.; SOUZA, N. S.; MOTA, S. M. A.; SANTOS, M. S. Pré-natal masculino: estratégia de promoção à saúde do homem. In: CONGRESSO DE SAÚDE DEVRY, 1., 2015, Vale do Ipojuca. **Anais do I Congresso de Saúde DeVry**. Vale do Ipojuca, 2015.
- CUNICO, S.D; ARPINI, D.M. A família em mudanças: desafios para a paternidade contemporânea. **Pensando fam.**, Porto Alegre, v. 17, n. 1, p. 28-40, jul. 2013.
- DAL-ROSSO, G. R. et al. Experiências narradas por homens no exercício da paternidade: rompendo paradigmas. **Rev. Enferm. UFSM – REUFSM**, Santa Maria-RS, v. 9, e3, p. 1-18, 2019.
- ENGELS, F. **A origem da família, da propriedade privada e do estado**. 3.ed, editora expressão popular, 1989.
- FREITAS, W. M. F. & COELHO, E. A. C. & SILVA, A. T. M. C. Sentir-se pai: a vivência masculina sob o olhar de gênero. **Cad. Saúde Pública**, Rio de Janeiro, v. 23, n. 1, p. 137-145, Jan. 2007.
- GOMES, A. J. S., & Resende, V. R. O pai presente: O desvelar da paternidade em uma família contemporânea. **Psicologia: Teoria e Pesquisa**, **20(2)**, 119-125, 2004.
- LEAL, R. M. et al. Pré-Natal do parceiro: atenção integral à saúde do homem. **Revista Brasileira de Ciências da Vida**, Minas Gerais, v. 6 n. Especial, 27 abr. 2018.
- MALDONADO, M.T. **Psicologia da gravidez – parto e puerpério**. 17. ed. São Paulo: Saraiva, 2011.

MALUF, A. C. R. F. D. **Novas modalidades de família na pós-modernidade**. Tese de doutorado – Faculdade de Direito da USP. São Paulo, 2010.

MARQUES, J. C. et al. O olhar da enfermagem sobre o pré-natal masculino: possibilidades e desafios. **Rev. Temas em Saúde**, João Pessoa (PB), Edição especial FSM, p. 324-339, 2020.

OLIVEIRA, K. A. **O pré-natal do parceiro como uma estratégia de inserir o público masculino em uma unidade de saúde da família em camaçari-ba**. 2018. Trabalho de Conclusão da Residência (Especialização em Saúde da Família) – FIOCRUZ/BA – FESF/SUS, Camaçari, 2018.

PIERRE, L. A. S.; CLAPIS, M. J. Planejamento familiar em Unidade de Saúde da Família. **Rev. Latino-Am. Enfermagem**, Ribeirão Preto, v. 18, n. 6, p. 1161-1168, Dec. 2010.

SCOTT, P. **Famílias brasileiras: poderes, desigualdades e solidariedades**. Ed. Universitária da UFPE. Recife, 2011.

SILVA, G. S., LANDERDAHL, M. C., LANGENDORF, T. F., PADOIN, S. M. M., VIEIRA, L. B., & ANVERSA, E. T. R. Partner's participation in family planning from a feminine perspective: a descriptive study. **Online Brazilian Journal of Nursing**, 12(4), 882-891, 2013.

SILVA, T.G. **Protagonismo na adolescência: a escola como espaço e lugar de desenvolvimento humano**. Curitiba: Universidade Federal do Paraná, 2009. Trabalho de Conclusão do Mestrado.