THE YOUNG FATHER INVOLVEMENT IN THE PRENATAL CARE:
THE PERSPECTIVE OF HEALTH PROFESSIONAL

Participação do pai jovem no acompanhamento do pré-natal: a visão do profissional de saúde

Participación del padre joven en el seguimiento del prenatal: el punto de vista del profesional de salud

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ABSTRACT

Objective: recognize nurses' and doctors' overview on adolescent fatherhood; Identify which actions are guided to a young father during prenatal care. Method: documental research with a qualitative approach, with data produced by the project “Sexual and reproductive health as women and men's right in health care.” The documents/interviews from the professionals who consult prenatal in ESF enabled the analysis of the content in categories: “Professionals' overview on adolescent paternity” and “Actions during prenatal period on young fathers.” Results: the participants stated the difference between being a young or adult father with emphasis in their maturity. Most of them bashed teenage pregnancy and also fathers' absences in consultations. Conclusion: being a father does not bring traditional gender relations out at any age, but his inclusion is unsatisfactory. A negative interpretation on adolescent paternity contributes to young father’s distancing to health care services.

Descriptors: Paternity; Adolescent; Prenatal care; Health personnel.

RESUMO

Objetivo: conhecer a visão dos enfermeiros/as e médicos/as sobre a paternidade na adolescência; identificar ações direcionadas ao jovem pai no pré-natal. Método: pesquisa documental com abordagem qualitativa, com dados produzidos pelo projeto “Saúde sexual e reprodutiva como direito de mulheres e homens na atenção à saúde.” Os documentos/intervenções com profissionais que realizam consultas de pré-natal nas ESF possibilitaram a análise de conteúdo nas categorias: “Visão dos profissionais sobre paternidade na adolescência” e “Ações no pré-natal voltadas aos jovens pais”. Resultados: as participantes declararam a diferença entre ser pai jovem e adulto, destacando-se a maturidade. A maioria condenou a gravidez na adolescência, e a não-frequência dos pais às consultas. Conclusão: ser pai, em qualquer idade, não afasta as relações tradicionais de gênero, sendo sua inclusão insuficiente. Interpretar negativamente a

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Adolescence is a complex period of emancipation, with
fluid borders, which are not restricted to the transition from
academic to professional life. According to the Statute of
the Child and Adolescent, this period ranges from 12 to 18
years of age,1 and there are several important events, such as
biological, affective, cognitive and social development that
make each adolescent experience different.2

The transformations in sociocultural life of the last decades
have as one of their consequences the early onset of the sexual
life of adolescents, characterizing a change in the pattern of
social and sexual behavior.3 This phase of discoveries and
stimuli needs a period of time and chronological sequence
that are considered appropriate. A change in the order of
occurrence or extension of events, such as occurs in adolescent
pregnancy, could converge a whole social organization to
support these passages, resulting in an amount of stress that
varies with the social importance of the roles involved, and
with the degree that it goes beyond what is expected.2,4

Both genders are participants in adolescent pregnancy in
different ways. From a gender perspective, the specific needs
of adolescent mothers and fathers could be highlighted, where
actions to meet the health needs of men are at a disadvantage.
The maternal-child care approach itself reinforces the idea
that care is the sole responsibility of the mother, contributing
to the non-paternity of the male.5,6 Health services find it
difficult to care for male adolescents, not recognizing them
as participants in sexual and reproductive life and in their
right to assume paternity.5,7

Parental involvement connects with benefits such as
decreased labor time, increased baby intake, and long-term
breastfeeding.4 This involvement of the male in paternity and
care is conducive to the development of children. Although its
importance is undeniable, and the value of this involvement is
increasing, nowhere in the world the father’s bond is stronger
than the mother’s bond.8

Thus, some researchers point out the unpreparedness of
health services in the face of the demands of men who seek to
experience the paternity. The lack of encouragement for the
father’s participation, the discontinuity and the reduced supply
of educational activities are highlighted. Additionally, many
professionals in the area recognize difficulties in obtaining
the empathy and complicity of men seeking public health
services.6,9

Therefore, health services should develop strategies and
actions so that their professionals are sensitized to value and
encourage male adolescents to be subjects of health at all
stages of pregnancy, emphasizing co-responsibility in issues
related to pregnancy and in child raising.2,10

In 2002, the Rio de Janeiro city created the Movement
for the Appreciation of Paternity. It was recommended that
actions be taken by the Health Units to become “the father’s
partners”. The health professional should be able to approach
the parent and keep him/her involved with caring for the
family. The inclusion effort encourages the presence of the
prospective parent in health service routines, and parental
preparation for participation during delivery and postpartum.
The father should be seen as the caregiver and a visitor.11

The “ Rede Cegonha” [Stork Network], instituted by the
Ministry of Health through Ordinance No. 1459 on June
2011, has the purpose of structuring and organizing maternal
and child health care in the country and was inspired by the
“Cegonha Carioca” project, implemented by the Rio de Janeiro
city in March of 2011. Primary health care professionals who
actively work in prenatal care should stimulate the presence of
the adolescent father without hindering their participation.12

President Dilma Rousseff sanctioned on March 8th, 2016,
the law that extends the paternity leave from five to 20 days.
This is one of the main points of the so-called Early Childhood
Agenda. The companies that join the program benefit their
employees with up to two paid hours to accompany the
pregnant woman in prenatal consultations and one to take
the child up to six years to the physician.13

Paternity leave is a vital step in recognizing the importance
of the division of child care, its well-being and gender equality
in society as a whole.8

The Ministry of Health in Brazil has proposed
the participation of men in family planning, prenatal
consultations, and delivery, through the Prenatal and
Birth Humanization Program, and Policies such as Sexual
Rights and Reproductive Rights and the National Policy
on Comprehensive Health Care for Man (NPCHCM).
Specifically, the NPCHCM stimulates the participation and
inclusion of the man in the planning actions of his sexual
and reproductive life, focusing on responsible fatherhood.14

Objective

Identifying both nurses’ and physicians’ viewpoint on
adolescent fatherhood; moreover, to identify which actions
are taken towards young fathers during the prenatal care.
RESULTS AND DISCUSSION

The group interviewed had the participation of 5 registered nurses and 3 physicians, within the age group from 25 to 34 years old, working in the unit for 11 months on average. Half of the participants either attended or are attending a Specialization in Public Health or Community Health, one of the subjects studied Intensive Care and Emergency for Specialization, as three others did not report having completed any Specialization.

Professionals’ overview on adolescent fatherhood

Appreciation of adulthood is welcomed, but still difficult to achieve, but when it occurs in adolescence, it is often discussed negatively. Many studies assume that all adolescence is unprogrammed and irresponsible. Seven study participants named adolescent fatherhood as a serious case (HP02) and a social issue (HP05). Only one participant discussed the possibility of Paternity in Adolescence being a choice.

(...) but if it is the choice of the adolescent to be a father, he has the right to have a child at any time he wants, and if it is a consensual thing with the child’s mother, that is fine. (...) There are a number of factors, but I think that respecting his decision, since he was previously advised about everything, it is his decision. (HP31)

When questioned, if there is any difference in being a young or adult father, all participants responded affirmatively. For half of the participants, being a teenage parent leads to early maturity. Seven participate addressed maturity as one of the main challenges between parenting in adulthood and adolescence. This phenomenon proves social expectations so that there is maturity and responsibility to become a father, since it is considered only the adolescent acquiring new responsibilities.17

I think we change; we change as a whole. It changes physically, changes mentally, our values become a little different so, we already have a natural change of age and the responsibility it brings, reinforces this change. (HP02)

Quite different, considering the mental maturity to raise a child, which is the world we live in today, one has to be mature in order to live according his difficulties in our country, and in the world. (HP35)

Another report that points to the instability of this age group, pointed out the inequality in financial stability by half of the participants.

Theoretically, he is studying, will have a profession, and going to work, going to have money and financial stability, then he has the possibility of having a financial mortgage or not, but will receive money anyway. (HP18)
Because adolescence is a period of development involving emotional and physical reorganizations, its connection to parenthood also encompasses psychological changes to the individual and allows negative interpretations of the child's development. Three participants considered that the age of the father influences in the child's development:

> It's completely different from receiving it in a completely unexpected way, suddenly at a point in your life you'd be prepared for something else. So, this directly influences the development of the child, I think so. (HP10)

It is noted in the speeches that the cultural expectation is that the problems of personal instability will resolve with time. However, paternal abandonment refers to contextual contexts of the father's own life and his subjective experiences. Two participants reinforced the idea that the father's age is not as important as his commitment towards the child:

> I do not know if the fact that he is a younger man is going to be different from a girl... The mother usually has a bigger bond and even a young woman, she is going to breastfeed and take care of the baby. (...) I think this bond is fragile to the man. (HP08)

> Now this (having no perspective on life) may not be restricted in the teenager. But then you have the adult who is also the same. (...) is already 30 years old, he does not work, he has no prospects as well. And then you will have a child and you will have the same problem. (HP18)

The fact of being young and still developing, of not having reached full physical and emotional maturity, and usually of being financially dependent on others, does not eliminate the right to experience sexuality and reproduction free from external controls and prejudices.

**Undertaken actions towards young fathers during the prenatal care**

One of the goals of the Ministry of Health is to encourage the participation of the father in prenatal consultations and groups to prepare the couple for childbirth. This importance was recalled by 7 of the 8 participants, but 4 of them complained that consultation is insufficient.

> (...) it is very difficult for us to achieve this (the participation of the father) because it requires not to work, it requires another organization. No matter how often we say that it will give a certificate of attendance, I do not know, it is difficult to comprehend. (HP05)

All phases of pregnancy and postpartum are moments sensitive to all involved and can stimulate the formation or rupture of bonds. It is important to welcome the woman's choice companion, encouraging her participation and helping in the stages of personal transformation. Thus, 5 of the professionals affirm that they usually invite the father to participate in the prenatal visit, but it is difficult to guarantee your presence. Only 4 have reported specific issues for parents when they appear. Two deal with the sexual behavior of the couple, one discusses the daily well-being of the pregnant woman by the partner's perception, and another the question of the partner's right to also take the Serology test.

Participants' statements present the main gender relations that influence the actions of couples: the father, the material provider; and the mother, the affective bond. Particular demands for paternity are often overlooked and performance related to vulnerabilities and health risks is diminished. One of the reports draws attention to the training of health professionals who do not understand man as an active agent in pregnancy.

> (...) we are very attached to the clinical issue of the woman, child... we really talk during the (academic) training, there is little to talk with the father. (HP02)

The Movement for the Valorization of Paternity has implemented initiatives to increase the involvement of men in caring for children and adolescents. The recognition that affective parenting has an important impact on the physical, emotional and social development of children brings benefits not only to the family but also to society as a whole.

The inclusion of men/fathers in the services is a challenge, but their contact with health routines is commonly associated with the emotional issues of pregnant women, where they feel more confident and secure.

> So, I think it has a differential when there is the support of the mother's gestation, the relationship with the father, the participation. It makes a difference for the woman too, right, even on the issue of physical and emotional stability. (HP02)

Pregnancy presupposes involvement between partners, even if it is an eventual relationship. In the health care setting, the introduction of topics such as male prenatal care, welcoming, sexuality, and environment is relatively new. Therefore, the literature is still scarce and, for the most part, focused only on the feminine universe. Three participants cited co-responsibility for pregnancy as a factor favoring fatherhood, as in HP02: "After all, the gestation is not only the mother, and we should not put it only on her..."

The reception of the partner in the prenatal consultation is a favorable moment to discuss and clarify questions and doubts that are unique to the future parents. Two participants reported that the presence of the father makes prenatal consultations more complete:

> He is also more aware of things, because they also have many doubts and we can make a legal partnership, we can clarify things. (HP06)

The consultations in which the fathers participate usually end up addressing some things that do not appear when the mother comes alone. (...) They show a lot of interest. (HP08)
Professionals can bring broad and intense discussions about paternity in educational practices aimed at pregnant women and men; they also might have a welcoming attitude towards every man and/or adolescent who seeks the services, then creating access possibilities to those who do not look for it.” Another scenario of action may be the school, where young people discuss this theme before the beginning of their sexual life.

Adolescent pregnancy may be viewed as a social and health services problem, which reflects the non-recognition of the adolescents’ reproductive rights, where practices and actions are turned to contraceptive strategies, without considering the desires and desires of the individuals themselves.19

CONCLUSIONS

Professionals have considered the adolescent fatherhood as a complex event. The definition of the parental role in prenatal consultations, while considered important, is still far from being set aside from traditional gender relationships.

Bearing in mind the professionals’ statements, the insertion of the companion in the prenatal care is fundamental for good development of this process, however, this father is still not included in the consultations. The active involvement and participation of the man reflect on the emotional and physical health of the woman. Nevertheless, it is emphasized that the prenatal consultation needs to be reformulated. It is essential to integrate it, to make it attentive and to make it participatory.

This study had a very small sample, counting on the participation of only eight interviews with health professionals. Nonetheless, the richness of the testimonies and the comprehensiveness of the content addressed, managed to reach the proposed objectives. Through this study, it is hoped that the need for the intervention of the health professionals will be taken into consideration, then seeking new practices aimed at the insertion of adolescent parents in the health services.

REFERENCES