

## 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/entrevistas 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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paternidade na adolescência contribui no afastamento desse jovem pai aos serviços de saúde.

**Descritores:** Paternidade; Adolescente; Cuidado pré-natal; Pessoal de saúde.

## RESUMEN

**Objetivo:** conocer puntos de vista de enfermeros/as y médicos/as sobre paternidad adolescente; identificar acciones dirigidas al joven padre durante prenatal. **Método:** Investigación documental con enfoque cualitativo, cuyos datos son producidos por el proyecto “Salud sexual y reproductiva como derecho de mujeres y hombres en atención de salud.” Documentos/entrevistas con profesionales realizando consultas de prenatal en ESF posibilitaron análisis de contenido en estas categorías: “Puntos de vista de profesionales sobre paternidad adolescente” y “Acciones en prenatal volcadas hacia jóvenes padres”. **Resultados:** participantes declararon haber diferencia entre ser padre joven y adulto, destacando la madurez. La mayoría condenó el embarazo adolescente, y la no-asistencia de los padres a las consultas. **Conclusión:** ser padre, a cualquier edad, mantiene las relaciones tradicionales de género por tanto su inclusión es insuficiente. Interpretar negativamente la paternidad adolescente contribuye al alejamiento del joven padre de servicios de salud.

**Descritores:** Paternidad; Adolescente; Atención prenatal; Personal de salud.

## INTRODUCTION

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,<sup>1</sup> and there are several important events, such as biological, affective, cognitive and social development that make each adolescent experience different.<sup>2</sup>

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.<sup>3</sup> 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.<sup>2,4</sup>

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.<sup>5,6</sup> 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.<sup>3,7</sup>

Parental involvement connects with benefits such as decreased labor time, increased baby intake, and long-term breastfeeding.<sup>6</sup> 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.<sup>8</sup>

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.<sup>6,9</sup>

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.<sup>7,10</sup>

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.<sup>11</sup>

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.<sup>12</sup>

President Dilma Rousseff sanctioned on March 8<sup>th</sup>, 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.<sup>13</sup>

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.<sup>8</sup>

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.<sup>14</sup>

## Objective

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

Hence, it is essential to question: What is the health professional's overview on adolescent fatherhood? Do the professionals incorporate the young parents in the consultations developed during prenatal care?

## METHODS

It is a documental research with a qualitative approach. Documentary research is based on materials that have not yet received analytical treatment, in other words, they resort to the use of primary sources. The primary sources are original data, from which one has a direct relation with the facts to be analyzed.<sup>15</sup>

The necessary data of this research was obtained through the information set generated by the project "Paternal participation in prenatal care, childbirth and puerperium: option or imposition", which was performed during 2014. The corpus of analysis documents/interviews was composed by 8 interviews with professionals of higher education who perform prenatal consultations in two Units of the Family Health Strategy located in the Coordination Teams of Program Area 2.1, south zone of the *Rio de Janeiro* city. The criteria for inclusion of the documents/interviews in the research were: to be among the 38 interviews made to health professionals of these same Family Health Teams, to correspond to the medical professionals and nurses. And as exclusion criterion, those documents/interviews of professionals who do not perform prenatal consultation.

To analyze the data, there was used the content analysis technique proposed by Bardin,<sup>16</sup> with categorization by boxes, in other words, categories previously elaborated from the used framework, which are: "Professionals' overview on adolescent fatherhood" and "Undertaken actions towards young fathers during the prenatal care". The semi-structured interview that was analyzed had closed questions to obtain a profile of the participants and were open to achieving the primary research objectives. For this work, there were used the following questions: "What is your opinion about the father's participation in prenatal consultations?", "Do you usually inform/invite the father about his participation in the prenatal consultations?", "Do fathers often go to consultations?", "When they attend the consultation, do you address any specific issues for the fathers?", "What topics do you address in the prenatal consultation?", "What do you think about the paternity in adolescence?" and "Do you think being a young father

is any different from being a father in adulthood? Why?". The fragments of the documents/interviews analyzed were identified by the letters HP (health professional), followed by the interview number.

This research was approved by the Research Ethics Committees from the *Universidade Federal do Estado do Rio de Janeiro (UNIRIO)* and the Municipal Health Bureau of the *Rio de Janeiro* State under the Legal Opinions No. 541,462 and No. 608,201, respectively, in 2014.

## 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.<sup>2</sup> 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.<sup>17</sup>

*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.<sup>4</sup> 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.<sup>4,18</sup> 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.<sup>19</sup>

## 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.<sup>19</sup> 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.<sup>20</sup> 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.<sup>11</sup>

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.<sup>5</sup> 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.<sup>5</sup> 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.<sup>6</sup> 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.<sup>19</sup>

## 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.

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