The Importance of Parental Accompaniment During Postpartum and the Fatherhood

A Importância do Acompanhamento Paterno no Pós-Parto e o Exercício da Paternidade

Derechos Sexuales y Reproductivos en el Campo de la Salud: Revisión Integrativa

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ABSTRACT

Introduction: The paternity must not be treated only from the legal obligation perspective, instead, particularly as a right of man to participate in the whole process. Objective: Analyzing the man’s participation on the postpartum follow up and his relation with the parenting. Methods: It is a documental research having a qualitative approach in which it is found that more than half of the informing fathers participated on the care to the child either directly or indirectly, regardless of the complexity levels. Results: It has been seen that the fathers are more participative. This means that the parenting is breaking, at some point, with the traditional models of masculinity persisting until today. Conclusion: For this reason, it is crucial that men are stimulated to practice the fatherhood, as through it they can contribute to gender equality.

Descriptors: Fatherhood, Reproductive Rights, Sexual and Reproductive Rights.
RESUMEN
Objetivo: Analizar la participación del hombre en el seguimiento del post-parto y su relación con el ejercicio de la paternidad. Método: se trata de investigación documental con abordaje cualitativo, en el que se ha observado que más de la mitad de los padres informantes participan en los cuidados directa o indirectamente, independientemente de los niveles de complejidad de esos cuidados. Resultados: se percibió, entonces, que los padres están más participativos, lo que lleva a creer que el ejercicio de la paternidad está rompiendo, en cierto punto, con los modelos tradicionales de masculinidad que aún perduran hoy en día. Conclusión: Por ello, es de extrema relevancia que los hombres sejamen incentivados a ejercer la paternidad, pois, a través de ella, ellos contribuyen para la desigualdad de género.

Descritores: Paternidad, Derechos Reproductivos.

INTRODUCTION
In Primary Health Care (PHC), one of the areas of great action is sexual and reproductive health care. Often, this attention has been more focused on women's reproductive health, with a predominance of the pregnancy-puerperal cycle, and men are not so much involved in these actions.

Historically, from the earliest stages of humanity, women took care of their children, while men were driven to live another reality, due to the stereotypes and archetypes that led them to abstain from caring for offspring, related mainly to cultural, social and historical factors that occurred during the course of the discovery of parenthood, with the role of man of the house and financial provider.1-2

This view of parental responsibility in the process of child-rearing began to change in the 1950s, with women entering the labor market and with the feminist movements of the 1970s, with the decline of patriarchal power beginning to favor the balance of the relations between men and women in the family institution.

Since the end of the last century in Brazil, more precisely during the Cairo Conference in 1994 and the IV World Conference about Women, in Beijing, 1995, the inclusion of men in the field of research, interventions and discussions was recommended in the area of sexual and reproductive health, which had hitherto been targeted almost exclusively at women.3 In chapter VII, paragraph 7.3, of the Cairo Program of Action, reproductive rights are defined as follows:

These rights are anchored in the recognition of the basic right of every couple and every individual to decide freely and responsibly on the number, spacing, and opportunity of having children and to have the information and the means to do so, and the right to the highest standard of sexual and reproductive health. It also includes the right to make decisions about reproduction, free of discrimination, coercion or violence.1,995

Currently, men still spend most of their time in domestic support, and when they are asked to do some activity with the children, however simple they may seem, such as bathing and feeding, they feel displaced, as if they do not belong to that place, which entails an identity crisis regarding the role of gender in association with the new role of father.5 Thus, puerperal follow up is important, since the presence of the man during the puerperium consultations already conditions him for the development of care, then allowing them to know more about the child's developmental stages. In addition to giving support to the woman, this paternal support will provide an early and vigorous interaction between the father and the baby, favoring the healthy growth of the child. It means that the insertion of the father in the care will make them feel supported and stimulated to carry out these actions.

Furthermore, paternal support will provide early and vigorous parent-infant interaction to foster healthy child growth, as well as support for women, who play a key role in parenting care, making them feel supported and stimulated to carry out these actions.6-7

Objectives
• Analyzing the participation of men in the follow up of the puerperium period and its relationship to fatherhood.
• Discussing the paternal contribution to child care during the puerperium period.

Justifications
Although the Política de Atenção Integral à Saúde do Homem (PAISH) [Integral Attention Policy towards Men's Health] points to the greater incorporation of men into health services, studies8 show a tendency to change in paternity, even if it is incipient. Therefore, it is important to modify the current focus of health care to pregnant women, and also to consider the insertion of men in this process, so that they increasingly identify with the care of their children. To this end, managers and health professionals need to include new elements that result in a more humanized health care based on recognition and respect for the rights...
of health service users.

Hence, it is considered that this research is relevant to further understand paternal involvement in the puerperium and also to identify the result of this involvement in parenthood. The data obtained can help health professionals to reflect on the current practice, with little incentive for paternal involvement in the puerperal pregnancy cycle, encouraging them to participate more actively in the gestation phases, thus reducing the historical distance of parents in relation to this cycle with the formulation of new practices that undoubtedly imply the revision of traditional conceptions of gender, family and fatherhood.

Fatherhood is a process in which man needs to get involved by using his knowledge and skills affectionately in caring for the child and the pregnant woman.1 The paternity practice is independent of being a biological father and represents the act of caring, providing, protecting, educating and loving your child both unconditionally and holistically. Therefore, the Secretaria Municipal de Saúde e Defesa Civil do Rio de Janeiro (SMSDC/RJ) created the Movement for the Valorization of Paternity, which has as a challenge to contribute to the men feel valued as a father and have opportunities to receive information, exchange experiences, develop care skills, and form meaningful relationships with their children.9

METHODS

It is a documental research that has a qualitative approach. Documentary research draws on materials that have not yet received an analytical treatment; in other words, these materials are almost always the basis of the investigation and can be re-elaborated according to the objects of the research.10

The qualitative research is organized in some fundamental points, for instance:

"Relations between individual and society; between action, structure, and meanings; between fact and value (...) cultural values and representations about their history and specific themes (...) the universe of common sense, interpreted and re-interpreted by the subjects who experience them."11

Data collection

This study was approved by the Ethics and Research Committees from the Universidade Federal do Estado do Rio de Janeiro (UNIRIO) and the Secretaria Municipal de Saúde e Defesa Civil do Rio de Janeiro (SMSDC/RJ) under the numbers 541.462 and 527.958, respectively.

In order to analyze the data, we used the technique of content analysis12 with categorization by boxes. For the closed questions, a matrix was used with the data and the indicated frequency of the participants. For the open question, the grouping of the indicated care was performed, using phrases that pointed out common elements related to caring. Aiming to achieve this grouping, the pre-formed category was used: Paternal Care during the Postpartum and the Subcategories: both direct and indirect care related to the baby.

RESULTS AND DISCUSSION

Among the 39 (100%) reporting parents, 10 (26%) were within the age group from 30 to 34 years old and 9 (20%) from 20 to 24 years old; 16 (41%) considered themselves to be brown skin color; 14 (36%) white, 6 (15%) brown, 1 (2,6%) black, 1 (2,6%) yellow and 1 (2,6%) mixed race. With regards to the religion, 19 (49%) were Catholics, 13 (33%) said they had no religion, 6 (15%) were Evangelicals and 1 (3%) Buddhists. All of them confirmed having professions that required only the high school and/or elementary school levels, 11 (28%) had completed high school, 8 (20.5%) had incomplete high school, 8 (20.5%) had incomplete elementary school, 4 (10%) had completed elementary school, 4 (10%) had incomplete college education, 3 (8%) had completed college education, and 1 (3%) did not report. Among the participants, 29 (74%) reported living with their spouses and children, 4 (10%) said they lived alone, 17 (44%) reported having only 1 child, and 11 (28%) reported having two kids.

During the analysis of the data about the father's assistance in the care of the mother and the baby, it was evaluated that all the participants reported help in the care of the child, either directly or indirectly. It is understood that direct care are those actions that the father performs directly on the child, such as: bathing, putting to sleep, changing diapers and being vigilant. As for indirect care, they are those that are not performed in the physical person of the child, but contribute to the care and comfort of the child, such as housework, breastfeeding assistance and respect for the postpartum period. With this, during the interview a list of the above-mentioned care was described, in which the accomplishment was either done or not, as demonstrated below.

Table 1 – List of performed care.

<table>
<thead>
<tr>
<th>Breastfeeding assistance</th>
<th>Chicks bath</th>
<th>Putting the child to sleep</th>
<th>Respect for the postpartum period</th>
<th>Diaper change</th>
<th>Housework</th>
<th>Vigil</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>34</td>
<td>33</td>
<td>32</td>
<td>37</td>
<td>32</td>
<td>35</td>
</tr>
</tbody>
</table>

Source: Elaborated by the authors.

Analyzing the meaning for the interviewees of being a good parent, among the 39 participants only 1 did not want to state his viewpoint. The main topics addressed were, as follows: being present, educating and teaching, taking care, being participative, caring and giving attention.
Table 2 – The meanings of being a good father.

<table>
<thead>
<tr>
<th>Meanings</th>
<th>Number of Participants’ Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being present</td>
<td>19</td>
</tr>
<tr>
<td>Educating and teaching</td>
<td>9</td>
</tr>
<tr>
<td>Taking care</td>
<td>7</td>
</tr>
<tr>
<td>Being participative</td>
<td>7</td>
</tr>
<tr>
<td>Caring</td>
<td>5</td>
</tr>
<tr>
<td>Giving attention</td>
<td>5</td>
</tr>
</tbody>
</table>

Source: Elaborated by the authors.

The role of gender assumed by the father was summarized in the education and discipline of the children, according to socially imposed rules, which in a way contributed to reduced interaction and participation in daily care, especially during the first years of life. Nowadays, this scenario is increasingly changing, although the vision of fatherhood in the mold of hegemonic masculinity, in other words, the father provider, is still present. However, this provision is associated with concern “with education and the teaching of values, which are closely linked to the affective issues that permeate discourses, clearly portraying the influence of the new parenting on the family context of the participants.”

This discourse is also present in other researches carried out with young parents.

In this study, 29 parents (74.4%) assisted in breastfeeding, 34 (87.2%) in the baby’s bath, 33 (84.6%) have put the child to sleep, 32 (82.1%) respected the postpartum period, 37 (94.9%) changed diaper, 32 (82.1%) helped with housework, and 35 (89.7) were vigilant.

Through the previous category 'postpartum paternal care', the participants' choices were allocated to two subcategories, namely: 'direct care related to the baby' and 'indirect care related to the baby', allowing to observe that the average of parents who provided direct care to the infants was 34.7 (88.9%), while the average number of indirect care was 31 (79.4%). These data show that most of the respondents were actively participating in the baby’s care, which is a progress in changing men’s perception of what fatherhood is, and in getting care put into practice.

Among the participants who assisted in breastfeeding, 3 (10.3%) demonstrated the importance of participating, giving the baby bottle or holding the child, as is explicit in their statements: I feed him in the baby bottle (P.16), or giving him complementary food: When he stays with me, I feed him, I make a small salad (...) it has broccoli, cauliflower, yams, sweet potatoes (...). It’s going to be a one-year-old baby. I do small pieces and put in a little dish (P.18).

It was evident that parents understood the importance of breastfeeding and were able to articulate their knowledge about the nutritional and psychological advantages of breastfeeding, contributing to the establishment of the mother-child bond and to the mother’s sense by the genitors, then having a valuable role in this scenario and collaborating, in a way, to fill theoretical gaps about the participation of man in this activity:

I participate, I do everything, then all the care he needs today I think I do it all, except giving the milk, isn’t it? Putting in the chest sometimes I even try, from time to time (P.34).

Meanwhile, two other participants have shown some concern about their participation in breastfeeding activity, which may be related to the fact that many men are still attached to gender roles assigned to them by society that rescue the profile of the old father, willing to impose its rules, authoritative, which exempted itself from the commitments and demonstrations of affection towards the children, creating a relationship marked by indifference and detachment, as observed in the following lines:

No, that (breastfeeding) I leave it with her (P.20), not breastfeeding, except breastfeeding (P.34).

Concerning the bath in the baby, three parents appeared to be involved, but not directly, demonstrating that this distancing may occur because they feel insecure about the situation, thinking that the task to be developed will not be done properly, or even for fear of hurting the dropping him/her. The excuse for this remission of hygiene care related to the child may be linked to the fact that there are close people considered “more capable” to perform it.

Although the father’s participation in the family context is changing, the belief that men are unskilled to care for their children ends up in some way excluding them from this task, as reported by one of the participants:

Bath (...) I just do not do the bath, but I give food, change diapers. I put him/her to sleep (P.20).

When it comes to other activities related to housework, doing the groceries, following recommendations, taking to the school, etc.; the parents have shown to be participative, as demonstrated in the following statements:

Taking to the doctor, vaccination, piercing the ear. Especially in the vaccination because the mother could not tolerate to see the baby take the injection, so I always held my daughter to take the injection (P.30), I did everything because I stayed as domestic in the house...
One possible explanation for increased parental involvement in care may be the greater insertion of women into the labor market, leading men to begin to share household chores and child-rearing with them.\(^{13,20-22}\)

Considering the participants’ understanding of what it would be like to be a good parent, the main themes were as follows: being present, caring for the child, giving attention and affection, being participative and giving education, with greater emphasis on being a present in the life of the child and to be present in its development. Therefore, it is extremely relevant that men are encouraged to practice parenthood, considering that it is through this contact with the children that the parents establish a relationship of affection, care, etc. Also highlighted was the physical presence of the father and his participation in the activities, as well as the orientation of right and wrong, thus seeking to be an example for his children.

**Oh! Being a good father is to give affection, attention, do you understand? I think being a good parent is not just about giving you things. Must be present at all times (P2). Participate in all phases of the child, from birth to walking by themselves (P5).**

Paternal involvement in child care has changed because men do not want to reproduce the distant and unloving model they have received from their parents. In this sense, the way in which parents play their role with their children directly influences how these men see the phenomenon of fatherhood and how they wish to act.\(^{22}\)

Thus, it is seen as an ideal to be followed, and when separation from parents due to issues such as divorce, it is possible to perceive a sense of guilt and disappointment in regard to care and the fact that they do not consider themselves to be good parents due to the lack of participation in the active life of the child, as can be observed in the following speech:

**So it is, it is something that I am not at the moment! Due to my distance, isn’t it?, I wanted to be closer to my daughter [deception], but due to these issues, I’m kind of distant, I Wish I could have participated more, and I still do (P33).**

Given the aforementioned, it can be noted that the men have shown themselves to be participative, either by doing something that they consider more complex when it comes to activities related to the woman’s role or by developing simpler activities such as taking the child to school, following recommendations, etc. As witnessed in the studies of Ramires, 1997, in the literature\(^{24-25}\) that analyzes the practice of paternity and the paternal trajectory in the twentieth century, showing the tendencies of the care of the man with his children, the participation of the parents in the daily life of their children has been showing that the father becomes more present and contributes to the psychic structuring and the social and cognitive development of the child,\(^{13}\) leading to the belief that the parenthood is breaking, in a certain way, with the traditional models of masculinity that still exist today.

Nonetheless, it has been noted that few men either decide or are willing to take care of children on a day-to-day basis, thus, continuing to be recognized for their gender roles.\(^{19-20}\) This means that, regardless of exercising care with their children and perform some housework activities, they are not so much recognized by the attitudes that society sees as the role of women, which contributes to a certain insecurity by the men, which leads them to feel that the performed activities were not considered importante.\(^{14}\)

**CONCLUSIONS**

According to what was observed in the study about parental participation in child care, there was a certain progress in the inclusion of parents, not only in the direct care of the child, but also in the household, supporting the wife and allowing you greater interaction with the baby. Unlike the ideal role of parents in society, these men see that care is not only the material provision, domiciliary, and personal resources, but participation in the child’s life, counseling, being present when they need it, giving them attention and affection, as well as educating for life.

Consequently, it is extremely important that men are encouraged to practice the fatherhood, because it is through this contact with the children that they establish a relationship of affection, care, autonomy, respect, mainly contributing to the reduction of gender inequality. Thus, as an evolution towards parenting improvement, the paternity leave extended from 5 days to 20 days as determined by Law 13,257/2016, which in its article 38 extends the duration of the paternity leave.

Conclusively, it is interesting to pay more attention to this area, as the report of paternity in the world cites, which provides 6 measures to try to transform this situation, emphasizing the creation of national and international plans and actions aimed at equal division of care with children, non-violent parenting, then taking these policies and actions to public institutions in order to observe equality in gender participation.

**REFERENCES**

The Importance of Parental Involvement in Pregnancy, Childbirth, and Postpartum Care


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