

Men's experiences and perspectives on their involvement in pregnancy: a qualitative approach study

Experiências e perspectivas dos homens sobre sua participação na gestação: um estudo de abordagem qualitativa

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ABSTRACT

Objective: To understand men's experiences and perceptions of their involvement in pregnancy. **Method:** A descriptive, qualitative research approach was used. Information was collected through semi-structured interviews with ten male partners of postpartum women in a shared accommodation setting and subjected to thematic analysis. **Results:** Overall, men's involvement in prenatal care included attending medical appointments, being present during examinations, and assisting with household tasks. Some limitations included work routines and legal aspects related to work issues. Respondents suggested ways to encourage greater involvement and inclusion in the experience of pregnancy and prenatal care. **Conclusion:** Health professionals should give fathers a voice and include them as targets of health initiatives, making them active participants during this period and reinforcing good health practices set by government policies. **Descriptors:** Prenatal Care; Fathers; Women's Health.

RESUMO

Objetivo: Compreender a percepção masculina sobre sua própria participação durante a gestação. **Método:** Pesquisa descritiva de abordagem qualitativa. As informações foram coletadas por meio de entrevistas semiestruturadas com dez homens acompanhantes de puérperas em Alojamento Conjunto, e submetidas a análise temática. **Resultados:** De maneira geral, a participação do homem no pré-natal ocorreu no acompanhamento nas consultas, em exames e no suporte na realização das tarefas domésticas. Algumas limitações foram a rotina de trabalho e aspectos jurídicos relacionados a questões trabalhistas. Os entrevistados apontaram sugestões para maior incentivo na sua participação e na inclusão na vivência da gestação e do pré-natal. **Conclusão:** Os profissionais da área devem dar voz aos pais, e devem inseri-los como alvo das ações em saúde, tornando-o também protagonista neste momento, e assim reforçando as boas práticas assistenciais determinadas por políticas governamentais. **Descritores:** Cuidado Pré-Natal; Pai; Saúde da Mulher.

INTRODUCTION

The pregnancy of a baby is a time of significant changes in the life of a couple, evoking different feelings as they take on new roles. For men, these changes and transitions lead to fatherhood, which is associated with feelings of satisfaction, self-esteem, happiness, and pride related to personal growth and maturity⁽¹⁾.

Supporting women and men during pregnancy means recognizing these significant life changes for the couple and the need to encourage greater participation and involvement of the father during pregnancy and child-birth to promote conscious and active involvement. Thus, the Ministry of Health (MOH) has developed policy proposals to strengthen and expand this practice.

In this context, recalling the historical path, Federal Law No. 11,108 (2005) guarantees women the right to have a chosen companion during

labor, childbirth, and the postpartum period. The National Policy for Comprehensive Health Care for Men (*Política Nacional de Atenção Integral à Saúde do Homem*, PNAISH) draws attention to the issues of fatherhood and care through partner prenatal care⁽²⁾. The *Rede Cegonha* Program, established in 2011, outlines guidelines to improve the quality of prenatal care and ensure good practices, proposing a new model that focuses on humanized care during childbirth and delivery, emphasizing the presence of the father. More recently, the Apice On project proposes to improve maternity care in teaching hospitals through evidence-based care practices, rights, and principles of humanization⁽³⁾. These are a set of rules that establish professional and institutional actions for active and conscious participation to promote the inclusion of men and encourage their supportive participation in pregnancy, childbirth, and newborn care.

Internationally, the importance of partner involvement in safe maternity care is well established. Positive birth experiences with good maternal outcomes, such as increased rates of spontaneous vaginal delivery, decreased rates of epidural analgesia, and decreased rates of cesarean section, are made possible by the physical, emotional, and informational support provided by birth attendants⁽⁴⁾.

Decades of strengthening the aforementioned policies have ensured greater involvement of companions in prenatal care, a period during which preparatory guidance for childbirth is provided, increasing not only the chances of fathers being present but also the possibility of providing emotional and physical support. This support includes the use of pain relief techniques for their partners and assistance with breastfeeding⁽⁵⁻⁶⁾. From the perspective of the women receiving care in the *Rede Cegonha* setting, this participation contributes to a successful experience⁽⁷⁾.

In this context, and given the importance of a man's presence and the benefits of his participation during pregnancy, childbirth, and the postpartum period, with the potential for affirming fatherhood and valuing his role, the guiding question of the present study was: "How does a man perceive his involvement in prenatal care?"

It is timely to identify their needs, expectations, and demands in order to support the development of educational actions and institutional strategies for empowerment, humanization,

and qualified care. In particular, since there is a need to involve men in prenatal care⁽⁵⁻⁸⁾, the present study opens up the possibility of presenting the implementation of good professional practices based on the guidelines provided by ministerial policies. Therefore, the aim of this study is to understand men's perceptions of their involvement during pregnancy.

METHOD

This descriptive, qualitative research aimed at understanding and explaining the dynamics of social relations through meanings⁽⁹⁾ was carried out in the 14-bed shared accommodation setting of the National Institute of Women's, Children's, and Adolescents' Health in the city of Rio de Janeiro, Brazil. This institution has national importance as an auxiliary body of the Ministry of Health, and is involved in the development, coordination, and evaluation of integrated actions for its target population. Therefore, with the role of producing and disseminating knowledge for the implementation of health policies, this institution became part of the Apice On project in March 2018⁽³⁾.

The study participants were ten male companions who met the following inclusion criteria: men over 18 years of age, literate, whose partners had attended at least six prenatal appointments at the facility. Exclusion criteria were: men with sensory disabilities and men whose partners suffered fetal or neonatal loss during pregnancy.

The approach for identifying and recruiting participants was to have the on-duty nursing team identify companions of postpartum women in the shared housing unit who met the study criteria, as verified by medical records and prenatal cards.

Once the initial dialogue was established, the research proposal was presented, and the invitation to participate was accepted, the researcher directed the attendant to a private room in the unit. The informed consent form was then administered for formal acceptance. There were no refusals to participate in the study.

Data collection took place from September to December 2020, considering the saturation of narrative patterns. It was guided by a semi-structured interview script consisting of eight sociodemographic identification questions and three specific questions: "How was your participation during your partner's pregnancy?"; "How was your participation in prenatal

appointments?"; "Did you encounter any difficulties in participating in prenatal appointments or at any time during the pregnancy?".

It should be noted that the interviews were conducted by one of the researchers, who had no prior relationship with the participants, under the guidance of the research team, who had theoretical expertise in the topic and experience in qualitative studies.

The interviews lasted approximately 15 minutes, were digitally recorded, and were transcribed in full. Participants were offered the option of receiving the interview content by email for corrections or confirmation of information, but no participant requested this alternative. The information obtained was analyzed using the theoretical-methodological framework of thematic content analysis⁽¹⁰⁾, which involves the discovery of core meanings and is structured in three stages: 1) pre-analysis of the interviews; 2) material exploration; 3) processing and interpretation of the results. After reading the transcriptions in their entirety and exploring the material, including its coding in a simple computerized tool, the analysis corpus was prepared, color-coded in a Microsoft Word 2016 document. This material was organized into 85 themes derived from the narratives, and these themes were grouped according to their similarities and approxima-

tions, resulting in four thematic units, namely: Participation and Facilitators – the two thematic units that formed the first category to be discussed (i.e., "Man's perception of his participation in prenatal care."); Complications and Suggestions – the two thematic units that made up the category "Factors that hinder men's participation in prenatal care". The discussion of the data was based on the scientific literature on the subject.

Because of the COVID-19 pandemic, all recommendations of the Ministry of Health and the Hospital Infection Control Committee of the institution were followed to prevent the transmission of the disease. The ethical recommendations outlined in Resolution 466/2012 of the National Health Council (NHC) were also followed, with the approval of the Research Ethics Committee (REs) under Opinion No. 4.426.203 and Ethical Presentation Certificate 32430620.9.0000.5269. To ensure confidentiality and anonymity, respondents were identified by an alphanumeric code, where "P" (participant) was followed by a number based on the order of the interviews (P1 to P10).

RESULTS

Table 1 shows the profile of the men who took part in this survey.

Table 1 - Participant profile data (n=10). Rio de Janeiro, RJ, Brazil, 2022

Respondent	Age	Employment	Schooling	Marital status	Planned pregnancy
R1	51	Not declared	Incomplete high school	Stable union	Yes
R2	24	Store assistant	Complete high school	Single	No
R3	31	Telecoms technician	Incomplete higher education	Single	No
R4	22	Mechanic	Incomplete high school	Single	No
R5	39	Pharmacist	University degree	Stable union	No
R6	34	Doorman	Incomplete high school	Stable union	Yes
R7	26	Construction supervisor	University degree	Stable union	No
R8	42	Metallurgist	Incomplete elementary school	Married	No
R9	31	Electrician	Complete high school	Single	No
R10	23	Merchant	Completed high school	Single	No

Of the respondents, seven were between the ages of 18 and 35, three had completed high school, nine were employed, and five, although identifying as single, reported being in a stable

relationship with their partner. In addition, this study found that although only two of the pregnancies were planned, all participants reported that it was a positive and well-accepted event

by the couple.

Men's perception on their participation in prenatal care

When asked about their participation in prenatal care, respondents were free to narrate their experiences based on their understanding of the meaning of "participate". The themes identified in the narratives were grouped into the thematic units of "participation" and "facilitators".

"Her pregnancy was nine months for me, nine months for her. The childbirth, of course, was different in other aspects, but I participated in everything [...]. Everything!" (R1)

"I participated at every moment. All the plans, from the moment we found out. Everything was done together" (R5)

In describing what it means to be "involved in everything", the men interviewed made it clear in their statements that, in their view, this comprehensive involvement is primarily related to the role of support in connection with prenatal matters such as appointments and examinations.

"Always, at every appointment, without missing a single one. Every appointment, prenatal, ultrasound." (R1)

"Oh, I always tried to be there. All her appointments [...] I always found a way to bring her. [...]" (R4)

"Oh, very active! It is me who always comes with her. It is always me who comes." (R10)

Some of the respondents said that their presence at that time included "assisting" with household routines and chores, demonstrating new values for men's participation and roles.

"I tried to help as much as possible, [...] at home, with the chores, to give her a break. [...] I started doing everything to let her rest." (R2)

"I participated in everything, even with household chores. I work outside,

right? But at home, I also like to help with tasks. I cannot cook, but I participate in everything else." (R8)

The following reports highlight factors that these men felt were important in facilitating their participation in prenatal care. Among the conditions that facilitated their participation, the structure of the facility, good service, a welcoming atmosphere, access to appointments, and the training of the team stood out.

"[...] That's a well-prepared hospital [...] because there's a highly skilled team here, very good." (R3)

"I found it very good here, in this hospital [...]. Because there are hospitals where you cannot even enter [...]. And here, I followed everything, I participated, I observed." (R6)

Factors that discourage men from participating in prenatal care

This second category of the study presents discourses that mention factors that are considered barriers to male participation, but also include criticisms and suggestions for health services to encourage this participation in prenatal care. The themes identified in the narratives were grouped into thematic units of "complications" and "suggestions".

Issues related to work stood out, as most participants mentioned that their work commitments at the time hindered their participation and involvement in their partners' prenatal care.

"Look, for those who have a formal job, at least a certificate. Because then they could get some time off during working hours to attend the prenatal appointments." (R5)

"Unfortunately, my job also takes up a lot of my time [...] and that's something that was a bit exhausting because sometimes I wanted to be there but I couldn't." (R7)

In contrast, respondents who were on vacation, self-employed, or financially secure found it easier to participate because they were able to manage their work schedules and availability to be with their partner.

"[...] it's because I'm on vacation, right, and at the moment that she needed me, I was always close, supporting her, which I think was ideal for me as well." (R6)

"It was because since I'm self-employed, [...] I could give more attention; sometimes when she wasn't feeling well, I closed the shop [...]" (R10).

When asked about actions that could improve the facility, participants offered some suggestions, such as better involvement of health professionals in raising awareness, providing guidance, and disseminating issues related to men's involvement, empowerment, and bonding during pregnancy and childbirth.

"The woman, from the moment she becomes pregnant, is already a mother. The father, most of the time, does not feel like a father until the baby is born. [...] So I think that during pregnancy, you bring the father closer to this reality that the mother feels [...]. Preparing the father, just as you prepare the mother for the birth of the baby." (P2)

"But if there were [...] some kind of group or something like that where the father could absorb and be more present. [...] If the father understood a little bit of his importance from the very first appointments, the initial process [...] I think it helps a lot." (P7)

"Oh, I don't know... I think by promoting it more [...]. Maybe like a lecture or something to encourage it. So, I don't know, I think maybe campaigns." (P8)

DISCUSSION

The men in this study demonstrate that they see themselves as participants in their partners' pregnancies, as well as in the construction of plans and projects during this shared phase of life. A characteristic account of their relationships by the participants suggests that relationship stability can enrich effective participation, enabling a healthy experience of pregnancy with unique meaning for both partners. As

such, this participation contributes to relationship change by fostering more equitable communication, shared responsibility, and decision-making for maternal-fetal health, resources that improve prenatal care and promote gender equity in reproductive health by encouraging new norms of fatherhood⁽¹¹⁻¹²⁾. Understanding of this involvement was also strongly associated with attendance at prenatal appointments, laboratory tests, and imaging studies, which are common components of obstetric care. According to fathers, their presence at these moments provides support to their partners and increases their knowledge and involvement in the course of the pregnancy⁽¹³⁻¹⁴⁾, helping to construct their image and making pregnancy a more concrete experience⁽¹⁵⁾.

Therefore, men understand that their presence during this stage is an opportunity to experience partnership, a moment to clarify doubts, share feelings, support a healthy pregnancy, and create bonds with the developing baby⁽¹⁶⁾. This understanding was indeed demonstrated by the study, which analyzed male support in prenatal participation, especially thanks to the encouragement of well-trained teams structured in institutional projects, such as Apice On. Another form of male participation revealed in this study was involvement in household activities as a means of supporting their partners. A new scenario resulting from changes in gender relations has been reshaped, impacting the traditional division of domestic tasks and childcare, with fathers dedicating more time to daily care and providing emotional support⁽¹⁷⁾.

In this sense, active male participation in prenatal care and childbirth offers the possibility of redefining masculinity and the act of being a father, an experience related to exploring fatherhood as a health issue, in the context of contemporary gender roles – in other words, hegemonic masculinity, linked to strength and virility, begins to be deconstructed as it becomes clear that being a father goes beyond the biological fact of fertilization⁽¹⁸⁾. Therefore, it is necessary to broaden the understanding of new possibilities for contemporary male involvement in this context.

In conclusion, it can be inferred that being present, providing support, easing the partner's burden of household chores, or even accompanying her to prenatal appointments are ways in which men demonstrate their involvement in pregnancy, allowing for a redefinition of possi-

bilities regarding care and active engagement. In this research, fathers recognize the importance of qualified professional actions. Healthcare institutions that promote support and participation of fathers during prenatal care take a step in favor of inclusion, aligning with the rights and principles of humanization. Public policies have been strengthening this movement, developing strategies and launching initiatives to widely disseminate the proven benefits enabled by the presence, support, and involvement of partners in the health of the mother-child-father triad, bringing them closer and breaking down barriers to male access to public health services.

For the institutions participating in the Apice On project, it is believed that the incorporation of a care model centered on the needs and rights of women, their babies, and their families, supported by the best available practices, can produce significant effects on the quality of care provided in the Brazilian Unified Health System (SUS). This improvement would be facilitated by the presence of a freely chosen companion during labor and childbirth, as well as the availability of rooming-in⁽³⁾.

From this perspective, within the framework of this policy proposal that favors integration, institutional actions have been structured to promote male presence, with fathers participating in educational group activities with a multidisciplinary team in the prenatal outpatient clinic. Visits to the institution, especially to the delivery room and the share accommodation, are strategies that provide an opportunity for the obstetric nurse to engage in dialogue with couples about the possibilities of positive birth experiences, with a focus on including the partner in the care of the mother-infant pair.

A similar experience presented by a hospital participating in Apice On indicated that the implementation of the project resulted in good practices to encourage paternal participation⁽¹⁹⁾. Therefore, it is considered that these results confirm the success of care practices governed by government guidelines and demonstrate the importance of nursing's role in effecting changes in the care model, especially regarding the presence of companions, which initially some units did not guarantee⁽²⁰⁾.

In this regard, these advances require joint participation involving hospital and primary healthcare units and ensuring the effective involvement of men during the gestational period. Due to their strategic position in the care network and as professional training centers,

the healthcare units participating in the project have the responsibility to serve as a reference for excellence in professional conduct in the obstetric and neonatal fields⁽³⁾.

Although they have expressed their understanding of actions that promote their participation, men reported obstacles that prevented more frequent presence, related to work-related issues, including the nature of their work, lack of formal employment, or unawareness of the rights stipulated by legislation.

Research studies⁽¹⁶⁻²¹⁾ address similar aspects. In some cases, the nature of the study and the type of work were factors that influenced the choice of attending the most significant prenatal appointments.

Federal Law No. 13,257, enacted in 2016, provides legal support for including partners in prenatal care, guaranteeing the father's right to take time off work to accompany his partner to prenatal medical appointments and complementary exams for up to two consecutive days without salary loss. Another instrument that ensures male inclusion is paternity leave, which grants five consecutive days off starting from the birth of the baby. This number of days may vary in certain states, for public sector positions, and if the company is part of the Citizen Company Program, which allows for an extension of this period from five to 20 days.

However, it is interesting to consider that, when compared to the 120-day maternity leave, the period granted to fathers is insignificant, demonstrating a deficient understanding of fathers' effective involvement in care, family relationships, and reinforcing gender issues. Unfortunately, these are modest advances in promoting equal family responsibilities, reinforcing the concept that child-rearing is a feminine skill, compromising more responsible and participatory fatherhood⁽¹⁷⁾.

Furthermore, the absence of men in appointments scheduled during working hours warrants reflection on two aspects: first, the difficulty of release by companies in this fragile employee/employer relationship; second, the lack of understanding of the importance of men's participation in this context, expanding the possibility of caring for their own health, considering the conditions involved in their partner's prenatal care⁽²⁻¹⁵⁾. Therefore, it is urgent to reconfigure healthcare services to favor the inclusion of fathers in prenatal appointments, as well as their access to healthcare.

Another experience reported by fathers during prenatal care is that, although they recognize

that the institution has qualified professionals capable of providing high-level care, they feel the need for more support, assistance, and information to fulfill their role – a similar aspect revealed in a study⁽²²⁾ with male companions who desired more information about pregnancy, childbirth, and the postpartum period. This paternal experience reveals a certain exclusion by healthcare professionals and conveys to men a feeling of being secondary in the care to which they are entitled⁽¹⁴⁾.

Unfortunately, some of the reasons for this distance can be explained by the lack of training and aptitude of the personnel regarding this population⁽¹⁶⁾. However, it is understood that it is relevant to reintroduce health actions that broaden the understanding of pregnancy, childbirth, and the postpartum period as phenomena that involve the couple⁽⁶⁾. In this sense, the prenatal period stands out as a space for collective action to promote the male presence. Through education on topics such as physical and emotional changes in pregnancy, healthy pregnancy, experiences during labor, and paternal care of the baby, it is possible to promote male involvement⁽²¹⁻²³⁾, as demonstrated in this research.

This opportune moment of knowledge sharing not only contributes to the active and conscious participation of fathers but also constitutes quality and structured care for the humanization of services. Since men also need welcoming and specific care to be valued, it is essential to consider their needs, emotions, and desires concerning participation experiences.

The research has limitations because it was carried out in a tertiary-level institution with a low volume of outpatient appointments, representing a small part of the national scenario. In addition, it was carried out under the restrictions imposed by the COVID-19 pandemic, which led to a reformulation of the processes and activities offered in the antenatal clinic, affecting the participation of caregivers.

CONCLUSION

The participation of men during pregnancy becomes evident as their involvement in prenatal moments increases, especially in appointments

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and exams. However, it is also worth noting their understanding of their role as a source of support in domestic activities alongside their partner, reflecting the fact that, due to socio-cultural changes, men are progressively becoming involved in family care.

One of the barriers to their greater participation highlighted in the research is related to difficulties in being present due to work-related issues. Despite the existence of some legal provisions that guarantee their presence and participation in important moments, such as childbirth and the baby's first days of life, there is still a need to reflect on the possibilities of expanding these guarantees and rights.

It is important to emphasize that the results revealed in this research are due to policies already practiced based on the principles of the *Rede Cegonha*, and enhanced by the Apice On project, as in other units in the city of Rio de Janeiro, prenatal care for men has already been encouraged. However, they confirm the positive aspect of better gestational monitoring that does not limit itself to exclusive care for women, considering the inclusion of the male figure through the improvement of work processes for other municipalities.

Nursing plays a crucial role in promoting health and implementing inclusive practices and expanded approaches to care that consider the presence of the father. The welcoming and conscious and active involvement of fathers represent good healthcare practices and reflect principles of humanization.

It is essential to encourage further research that explores the perceptions of healthcare professionals, managers, and women regarding the participation of men during pregnancy. These studies can help establish goals and proposals with broader and multisectoral approaches, leading to changes in different levels of healthcare and in policy guidelines that truly consider the expectations of male participation during pregnancy.

CONFLICT OF INTERESTS

The authors have declared that there is no conflict of interest.

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