

Childbirth from the male perspective: qualitative research on the fathers' experience at birth

Parto sob a perspectiva masculina: uma pesquisa qualitativa sobre a vivência dos pais no nascimento

Lorena Lopes Carvalho Bellas¹
ORCID: 0000-0003-2164-9864

Jane Baptista Quitete¹
ORCID: 0000-0003-0330-458X

Brunno Lessa Saldanha Xavier¹
ORCID: 0000-0002-7431-9108

Rosana Castro¹
ORCID: 0000-0003-0379-9244

Helene Nara Henriques Blanc²
ORCID: 0000-0001-5729-9785

Milena Batista Carneiro²
ORCID: 0000-0002-1695-0209

Taís Fontoura de Almeida²
ORCID: 0000-0002-3375-455X

¹Universidade Federal Fluminense (UFF),
Rio das Ostras, Brazil

²Universidade Federal do Rio de Janeiro
(UFRJ), Macaé, Brazil

Editors:

Ana Carla Dantas Cavalcanti
ORCID: 0000-0003-3531-4694

Paula Vanessa Peclat Flores
ORCID: 0000-0002-9726-5229

Irma da Silva Brito
ORCID: 0000-0002-8825-4923

Corresponding author:

Lorena Lopes Carvalho Bellas
E-mail: lorenab144@gmail.com

Submission: 12/20/2022

Approved: 05/20/2023

ABSTRACT

Objective: to reveal how the experience was of childbirth for men who participated in the birth of their children. **Method:** a descriptive study, of qualitative and field nature, having as a technique of data collection the focal group, in the virtual format, called the childbirth report circle. The data were analyzed using the IRAMUTEQ® software. **Results:** five (05) deponents participated in data collection, generating ten (10) reports. From the analysis, six classes of words were generated, represented by a phylogram of which some relevant terms stood out for the study such as "participate", "will", "possibility", "fear", "hospital", and "decision", among others. **Conclusion:** the participation of the paternal figure at the time of birth, as well as in the whole gravidic process resignifies masculinity and inserts the father into a position of protagonism in the experience of paternity.

Descriptors: Man's Health; Paternity; Normal childbirth.

RESUMO

Objetivo: revelar como foi a vivência do parto para os homens que participaram do nascimento de seus filhos. **Método:** estudo descritivo, de natureza qualitativa e de campo, tendo como técnica de coleta de dados o grupo focal, no formato virtual, denominado de roda de relato de parto. Os dados foram analisados através do software IRAMUTEQ®. **Resultados:** cinco (05) depoentes participaram da coleta de dados, gerando dez (10) relatos. A partir das análises foram geradas seis classes de palavras, representadas por meio de um filograma das quais se destacaram alguns termos relevantes para o estudo como "participar", "vontade", "possibilidade", "medo", "hospital", "decisão", entre outras. **Conclusão:** a participação da figura paterna, no momento do nascimento, assim como em todo o processo gravídico ressignifica a masculinidade e insere o pai em uma posição de protagonismo na vivência da paternidade.

Descritores: Saúde do Homem; Paternidade; Parto normal.

INTRODUCTION

Man has been seen by society since its inception as a provider of the family and, culturally and socially, behaviors and feelings considered "masculine" have always been attributed to him⁽¹⁾. Childbirth is also one of the historical and social divisions of gender, which for centuries was considered a female activity performed at home. With the birth taking place in the hospital, there was a change in this process, which contributed to the inclusion of men in this activity⁽²⁾.

The deconstruction of paradigms must be made from a creation of situations that allow man to participate in events such as childbirth, which contribute to a resignification of masculinity⁽³⁾. The choice of a woman's companion during labor and childbirth can be ideal in valuing her role, as well as enabling greater emotional security for women and, consequently, benefits for their health and the baby⁽⁴⁾.

The presence of the companion of choice of the pregnant woman in the delivery room is the right provided for in Federal Law No. 11.108, which in Article 9 guarantees that this occurs both in the Unified Health System (SUS) and in the private or contracted network⁽⁵⁾. Fathers have shown more and more interest in being present in childbirth and being able to obtain an early bond with the baby, but this right is often denied by health professionals, and institutions or is not of popular knowledge⁽¹⁾.

There must be greater stimulus in the insertion of men in the context of prenatal, childbirth, and postpartum, promoting care for the other. In Brazil, there are public policies that include and encourage male participation in the gestational period, such as the prenatal partner established by Ordinance 1.474 of 2017⁽⁶⁾. The presence of the father in childbirth increases the bond with the child, with the family, and, also, with health. However, there is a shortage of research that addresses the importance of this approach of man in the experience of childbirth⁽⁷⁾.

The academic experience, in teaching practice scenarios, and the research project entitled: Childbirth Report Circle under the Academic Look were determinants for the creation of this study to unveil the experiences of parturition lived by men⁽⁸⁾. The present work is justified by the lack of recent studies on the experience of men in the birth of their children that encourage greater participation of them in this process of such importance. Considering these assumptions, this manuscript aims to reveal how the experience of childbirth was for men who participated in the birth of their children.

METHOD

A descriptive study, of qualitative and field nature, having as a data collection technique the focal group, called the childbirth report circle. This study was a cut of the research "Childbirth Report Circle under the Academic Look" conducted in partnership between the Fluminense Federal University (UFF) / Rio das Ostras Campus and the Federal University of Rio de Janeiro (UFRJ) / Macaé.

The participants of this research were men of the academic community (students, professors, or technical-administrative) of UFRJ/Macaé and UFF/ Rio das Ostras. The inclusion criteria used were: men who have at least one living child, born on a full-term basis, without pathologies

and/or malformations in the last five years; be a professor, students regularly enrolled in any course or technical-administrative of the participating Universities. The exclusion criteria used were: men who did not accept to participate in the research.

Due to the health situation at the moment of data collection, resulting from the COVID-19 pandemic, which began in March 2020 in Brazil, data collection took place through virtual tools. The childbirth reporting circles were previously scheduled and performed using the *Google meet® platform* during 2021.

The focus groups were conducted by a nurse professor at the Public Institution with experience in obstetrics. The participants were selected for convenience and approached through *WhatsApp* or *e-mail* with a message containing an introduction about the project and an explanation of the structure of the report circle. The participants checked their availability on the dates and times offered by the researchers and the report circle was marked and disclosed. No guest refused to participate in the research.

Before the childbirth report circle, the participants were sent the Free and Informed Consent Form (TCLE) and questionnaires, both in the *Google Forms® format*. The questionnaires were self-applied and contained closed questions about socioeconomic information and obstetric data, relevant to the subject studied.

The socioeconomic questionnaire had variables related to age, marital status, self-declared color, schooling, and family income. The obstetric questionnaire had variables related to reproductive history, such as: financing of childbirth (SUS/private/health insurance), place of delivery (home/birth house/hospital), and presence of the companion.

The childbirth report circles had an estimated time of 60 (sixty) minutes, having been opened to the public and issued a certificate for the listeners. At the beginning of the circle, the interviewer introduced himself or herself explained the objective of the project, and conducted the circle impartially. The guiding phrase used was: talk about your experience of paternity since the gestation of your partner. At first, the report was made freely, and soon after time was opened for the mediator's considerations and questions of the listeners. All circles were recorded with permission from the participants.

The recordings were transcribed by the researcher and the data were analyzed through the *IRAMUTEQ*® software, using the *Reinert analysis method*, which produces the identification of the ideas contained in the textual corpus, from the grouping of words into classes by lexical proximity, allowing the analysis of the frequency of speech terms. It also used the word cloud analysis method, which shows the most frequent words in cloud structure, the largest words being the most frequent ones of appearance in the textual corpus. The reports were coded to preserve the anonymity of the participants. After analysis, transcripts and recordings were archived in *Google drive*® with access only allowed to researchers.

The research was approved by the Research Ethics Committee under CAAE No. 89600318.7.0000.5699, and the researchers committed to following all the principles and norms preestablished by Resolution No. 466/2012 of the National Health Council,

which regulates research involving human beings.

RESULTS

Five men participated in the circles, totaling 10 (ten) reports. The majority (40%) were aged between 40 and 45 years, 20% were in the age group between 25 and 30, 20% were between 30 and 40, and 20% were between 35 and 35 years. 80% of them declared themselves white, having graduate degrees and family income between four to 12 (twelve) minimum wages. All respondents were married or were under common law marriage. The data collected in the Obstetric Data Questionnaire are shown in Figure 1. Regarding the financing of childbirth, 100% were by health insurance or private, 80% of deliveries were performed in hospitals and 20% were at home. In all births, the right to a companion was offered, but the presence of the father at the time of birth was 60%.

Report	Financing	Place	Right to companion	Childbirth with husband
Mark I	Health Insurance or Private	Hospital	Yes	Yes
Mark II	Health Insurance or Private	Hospital	Yes	Yes
Mark III	Health Insurance or Private	Hospital	Yes	No
Mark IV	Health Insurance or Private	Hospital	Yes	No
Mark V	Health Insurance or Private	Domicile	Yes	Yes
Mark VI	Health Insurance or Private	Domicile	Yes	Yes
Mark XLII	Health Insurance or Private	Hospital	Yes	No
Mark XLIII	Health Insurance or Private	Hospital	Yes	No
Mark XLIV	Health Insurance or Private	Hospital	Yes	Yes
Mark XLV	Health Insurance or Private	Hospital	Yes	Yes

Figure 1 – Obstetric data related to reported childbirths. Rio das Ostras, RJ, Brazil, 2022

The lexical analysis through the word cloud was generated from the reports, in which relevant sections were delimited to the study in question. The words most often in speech appear in Figure 2.

The words cloud, generated from the analysis of the textual corpus, composed of the partici-

pants' reports, carried out from the data processing of IRAMUTEQ®, which functions as a form of search and association for the research⁽⁹⁾, has shown emphasis on words relevant to the research such as "childbirth", "accompany", "know", "participate", "want", "be able to", "fear", "feeling", "hospital", "nurse".

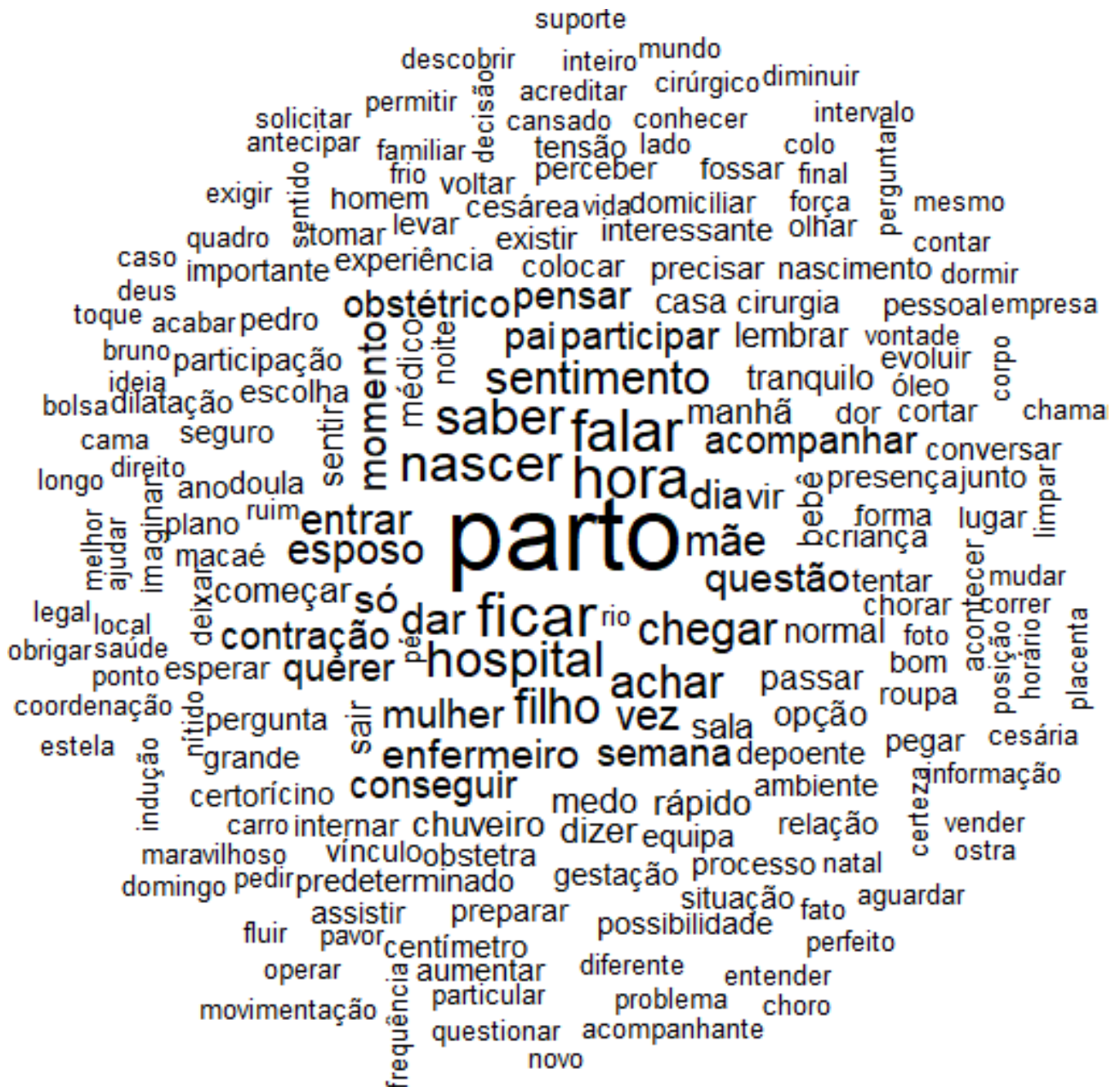


Figure 2 – Words Cloud, organized based on IRAMUTEQ software. Rio das Ostras, RJ, Brazil, 2022

Based on the analysis of *Reinert*, in which words are divided into lexical classes and demonstrated in the form of the dendrogram⁽¹⁰⁾, among the words considered relevant to the study questions, the words "cry", "bad", "problem" and "birth" stood out in class one; in class two "participate", "father", "will", "man", "participation", "accompany", "presence", "health",

"question" and in class three "option", "feeling", "particular", "participate", "possibility", "personal". In class four, the words "nurse", "environment", "doula" were highlighted. In class five, the words of relevance for the study were "birth", "hospital", "prepare", "decision", "feel" and, in class six "fear", "dread", "right", "home" and "experience" (Figure 3).

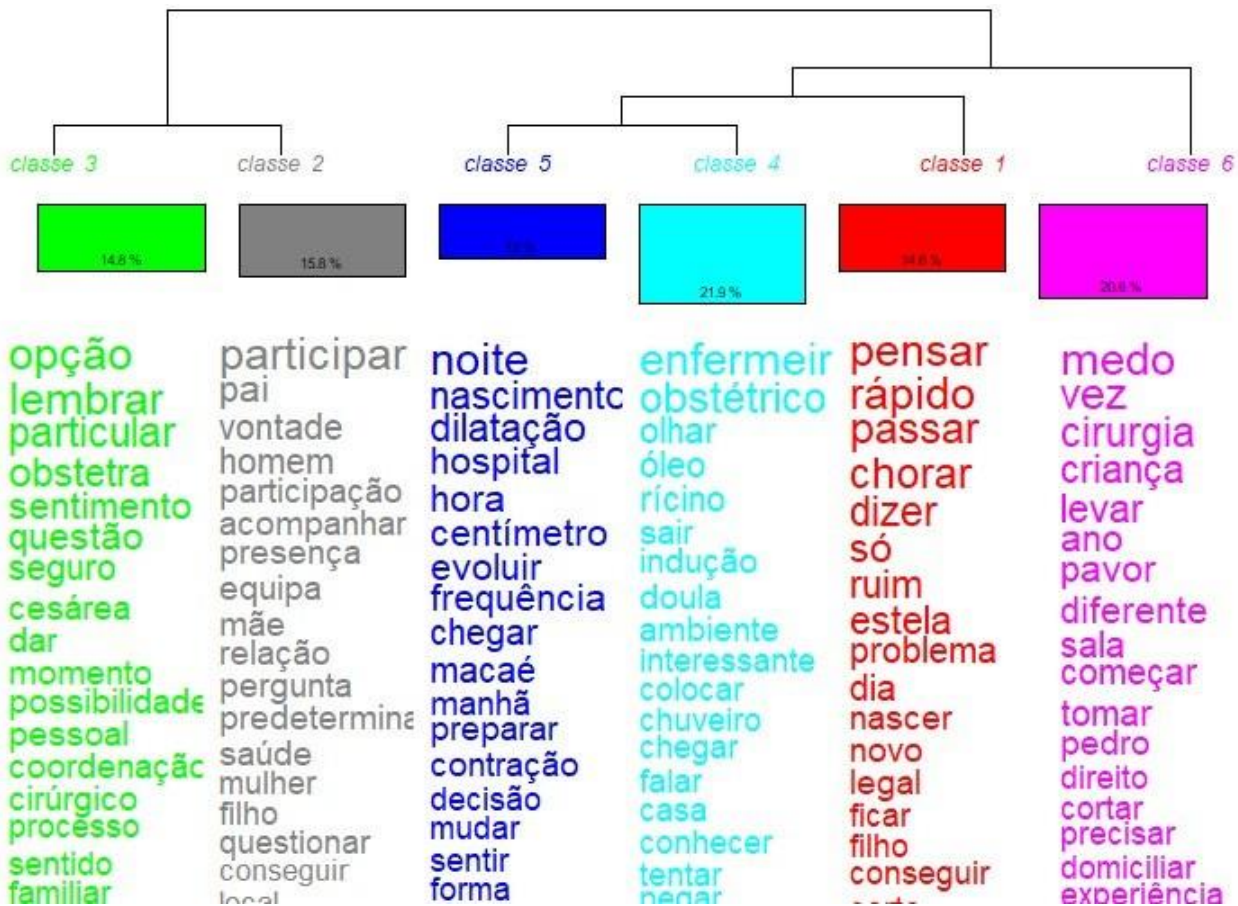


Figure 3 – Phylogram, generated by IRAMUTEQ software. Rio das Ostras, RJ, Brazil, 2022

DISCUSSION

Based on the words highlighted in Class One, the feelings regarding participation provide an important emotional engagement, demonstrating an active participation in childbirth and pre-birth, which is directly related to the benefits for women at the time of delivery, such as greater safety, an important factor in a moment of apprehension and anxiety, in which the pregnant woman is in a state of vulnerability, in which emotional support is essential⁽¹¹⁾, in addition to the increase of the paternal link with the neonate, this directly impacts the care and, consequently, the baby’s health⁽¹²⁾.

So the father can also have this bond with the baby from the beginning if he also has a relationship with the baby since pregnancy and, consequently, in childbirth, this bond will establish itself and will grow stronger over and over (Mark XLV, 2021).

Concerning the selected words of Class Two, although it is an incisive moment for the construction of paternity, many parents do not feel protagonists of this moment, either by little insertion during the moments of preparation or a sociocultural stereotype that accompanies the male gender, placing and assigning the parent

role only after birth⁽¹³⁾. It is also important to mention that the low adherence of men to health services contributes to this removal from participation at the moment of delivery⁽¹⁴⁾.

The first time I won this fear of hospital (...) he offered me to cut the cord, I said, "Young man, I'm here just as a partner." He, "So let's take a photo", I with a real fear there with the scissors, and then he "cuts", I don't cut even the nail. It is a very big dread (Mark I, 2021).

Also regarding adherence to health services, including the terms highlighted in Class Three, the incentive for this participation, which is proven important for the paternal bond after childbirth and maternal health and safety at the time of delivery, it should be done by strengthening health professionals in the institutions and, through the implementation of educational strategies that welcome and direct these men to be inserted in the whole process of parturition, especially the moment of birth⁽¹⁵⁾.

I was a play in the game, I was there and they did not care about my presence, but they also did not question my presence (Mark XLIII, 2021).

The relevant terms present in classes four and five reveal a correlation between participation and the place of delivery, the presence of a man is often not offered or treated as essential in hospitals at the time of delivery, and the treatment of the paternal figure was, more than once, described as a protocol, placing the father as an adjuvant in this process and reinforcing the stereotype that man only assumes paternity after birth⁽¹⁶⁾.

The treatment we had there, I will not say it was bad, but it passed near the protocol that the deponent X spoke (Mark XLIV, 2021).

Despite the low incentive already mentioned above, men express the desire to accompany the birth of their children and be with their wives at the time of delivery, both as emotional support and to experience the moment of birth⁽¹⁷⁾. Currently, there is a more active search on the rights of the companion and the rights of the father with the presence in the delivery and pre-delivery room. Therefore, it is observed that when there is an

absence, the correlation is clearer about health institutions and professionals than to the male desire to participate or to the level of information or preparation of these, which demonstrated ownership in the decision to be present⁽¹⁸⁾.

However, it is necessary to emphasize that there is a bureaucratic influence that affects the performance of health professionals, who must follow the standards of the institution, which implies a failed assistance⁽¹⁹⁾. The institutions do not offer training for their teams to promote more humanized and respectful care, demonstrating unpreparedness and ignorance of the rights of pregnant women⁽²⁰⁾.

*She was going to be born in **hospital X** and until then we had information that the father could not accompany the mother [...] This has already generated a very great dissatisfaction both on my part and on the part of the mother and we began to study about it, saw that this was not a recommendation of the instances such as the Ministry of Health, as several organs that advocate the right of the mother to choose who she wants to follow labor and the realization of childbirth (Mark V, 2021).*

Hospitals and, especially, surgical centers, in the case of birth via cesarean section, already carry a stigma of fear and apprehension, in which it is more difficult to humanize the birth because it will not occur physiologically. In addition to all these factors, the companions are not welcomed in such a way as to feel like participants in that process and, many times, are placed in a position that causes them a feeling of impotence about the event that develops in their presence⁽¹⁸⁾.

In addition to the perception of external factors, such as the place of delivery, the internal conflict was also noticeable in the words of Class Six, which showed some words that express feelings inherent to the environment, such as: "fear", "dread" and "option". In some statements of the deponents, these feelings were raised when referring to individual and internal issues that can be associated with the relationship between the male figure and the health field⁽¹⁴⁾.

[...] I am very afraid that a doctor, from the hospital, taking the injection, gives a dread [...], but at this moment I went there with her, inside the operating room (Mark I, 2021).

Still, according to class six, it was possible to perceive the importance of the knowledge of these fathers about their rights and the positive influence of home delivery for the experience both maternal and paternal, at the time of birth, allowing freedom and comfort, often not offered in hospital environments⁽²¹⁾.

The hospital informed us that the father could not participate, that it was a female ward and these women would be constrained we began to research other ways of making this participation more effective and then we began to think about this issue of a more humanized birth. We came across people who led us to the idea of perhaps home birth. My daughter was born in home childbirth. And it was the most pleasant position for the mothers, it was in the place that she felt safer (...) I participating (Mark V, 2021).

CONCLUSION

The participation of the paternal figure, at the time of birth, as well as in the whole gravitic-puerperal process resignifies masculinity and inserts the father into a position of protagonism in the experience of paternity, what breaks a rooted socio-cultural paradigm that only the maternal figure lives the experience of "being a mother" since the discovery of pregnancy.

Health institutions and teams play an essential role in this rescue of the paternal figure from the gestational period to the puerperium, reinforcing the importance of the partner's prenatal care, the right to the companion at the time of delivery, participation in childcare consultations and the treatment of this man as fundamental in the whole process so that he feels that his presence is important and not only follow the protocols.

Therefore, it is of great value for society, especially future fathers and mothers and health professionals to obtain this knowledge, to review their practices and actions to encourage the insertion of man in childbirth and pre-birth, thus promoting a greater bond between families, a more humanized and healthy birth and a resignification of the role of the father.

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AUTHORSHIP CONTRIBUTIONS

Project design: Bellas LLC, Quitete JB, Blanc HNH, Carneiro MB, Almeida TF de

Data collection: Bellas LLC, Quitete JB, Xavier BLS, Blanc HNH, Carneiro MB, Almeida TF de

Data analysis and interpretation: Bellas LLC

Writing and/or critical review of the intellectual content: Bellas LLC, Castro R

Final approval of the version to be published: Quitete JB, Xavier BLS, Castro R

Responsibility for the text in ensuring the accuracy and completeness of any part of the paper: Quitete JB



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