

Paternal experience during the child's first year of life: integrative review of qualitative research

Experiência paterna no primeiro ano de vida da criança: revisão integrativa de pesquisas qualitativas

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ABSTRACT

Social transformations have raised reflection about the paternal role and pointed to *new fatherhoods*, characterized by more effective involvement of the father in the family routine and in childcare. The present integrative review of qualitative studies aimed to synthesize the literature evidence about fatherhood experience throughout the first year of the child's life, attentive to gender questions. Twenty three studies integrated this review. It was observed that fathers had positive experience with their babies and, still, craved for more time and space to dedicate to the family. However, inequality between genders, continuous requirement of financial provision at home and their inaptitude for breastfeeding moment impeded more paternal involvement. We concluded that *new fatherhoods* movement is present in the father experience and contemporary gender tendencies are challenges for parenting support.

Descriptors: Paternity; Father-Child Relations; Gender Identity; Pediatric Nursing; Men's Health

RESUMO

As transformações sociais têm suscitado a reflexão sobre o papel paterno e apontado para *novas paternidades*, caracterizadas pelo envolvimento mais efetivo do pai no cotidiano familiar e nos cuidados com a criança. A presente revisão integrativa de pesquisas qualitativas teve como objetivo sintetizar as evidências da literatura sobre a experiência paterna ao longo do primeiro ano de vida da(o) filha(o), com atenção às questões de gênero. Vinte e três artigos integram este estudo. Observou-se que os pais vivenciaram interações positivas com seus bebês e, ainda, almejavam mais tempo e espaço para se dedicarem à família. No entanto, a desigualdade entre os gêneros, a contínua exigência da provisão financeira do lar e sua inaptidão para o momento da amamentação impediram que houvesse maior envolvimento paterno. Concluiu-se que o movimento das *novas paternidades* faz-se presente na vivência do pai e as tendências contemporâneas de gênero são desafios no apoio à parentalidade.

Descritores: Paternidade; Relações Pai-Filho; Identidade de Gênero; Enfermagem Pediátrica; Saúde do Homem.

INTRODUCTION

In contemporary times, new family models different from traditional, are resulted from social movements, especially feminism, with transformations in gender relationships and ways of being family. Thus, temporal coexistence of these models and predominance of the traditional family collective imaginary became a challenge⁽¹⁾.

Parental roles suffered consequences from this process and childcare, which is a family role, becomes in the dependency of subjects involved in them and in its particularities attributed to gender questions and its praxis⁽²⁾. In this context, pregnancy and childcare was always attributed to the woman, with the tendency to push the man away from those⁽²⁻³⁾. This fact reinforce Elisabeth Badinter⁽⁴⁾ thoughts when questioning the myth of maternal love as innate of women, and referring it as a social construction of the being natural and instinctive, while paternal love is optional, being concretized or not⁽⁵⁾.

This scenario have broadened discussions about inclusion of men in health questions, sexuality and reproduction, looking at gender equality⁽⁵⁻⁷⁾. In parallel, homosexual groups and pro-feminist men started to question the reproduction of traditional manhood and hegemonic model, as well as promoting reflections about the male identity formation, proposing new ways of being man, *new masculinities*^(5,8). Following this tendency, advances in the debate about *new fatherhoods* are identified, understood as an effective participation of men in family routine, including childcare⁽⁹⁾.

In front of these notes and considering questions about the traditional manhood model and paternity, the new family structures, and the need to welcome *new fatherhoods*, this study aimed to synthetize evidence in the literature about paternal experience during the child's first year of life, attentive to gender questions.

METHODS

Qualitative evidence brings dense and deep descriptions contributing to the study's aim that is

centered in the research question: what repercussions gender relations brought to fatherhood? Thus, a integrative review of qualitative studies was chosen, as it is a method that aggregates knowledge produced by primary qualitative research⁽¹⁰⁻¹¹⁾, followed by the steps preconized by Whitemore and Knalf⁽¹⁰⁾.

The first step was the selection of databases, establishment of descriptors, inclusion and exclusion criteria. Searches were conducted in the following repositories: *Cumulative Index to Nursing and Allied Health Literature* (CINAHL); *Literatura Latino-americana e do Caribe em Ciências da Saúde* (LILACS); *Medical Literature and Retrieval System OnLine* (MedLINE); SocINDEX; and *Education Resources Information Center* (ERIC). These platforms convey studies related to the problem in focus and are periodically updated.

The adopted descriptors were: father, paternity, father-son relationship, health, gender identity and education, with its respective versions in Portuguese. They were combined in trios based on Boolean logic "and" and "or", fixing the first two terms linked by the logic *or* and the third by the logic *and*. For example: father *or* paternity *and* education.

The following selection criteria were set: to be an original scientific article exclusively with qualitative approach; to have an abstract available online; to be fully available for free; to be written in English, Portuguese or Spanish; published between January of 2003 and December of 2004; to contain knowledge about fatherhood during the child's birth and the first year of life; and have the father as the study's subject.

Articles were excluded when they did not have the methods clearly described and/or explored themes problematizing particularities about fatherhood experience, for example: violence, adoption, imprisonment, drugs dependency, adolescence, not living with the child, within others.

Initial selection occurred from the reading of titles and abstracts and, when apparently meeting the study criteria, being read in full by two researchers, sustained in

an assessment and data analysis protocol for primary studies. This protocol guided the analysis: identification of the study's reference, objective, subjects, methods, how data was analyzed, and the results related to the phenomenon in focus. After reading the articles, those were discussed in meetings with the researchers, selecting the ones in agreement within the group. When questioning inclusion, a new double of researchers would read the study to make a decision about its inclusion.

The analytical process was through reiterative full-text readings, identifying results, discussion and knowledge to answer the research question and the

review objective. The material synthesis was done trying to integrate data, assess repetitions, knowledge complementarities and articulations.

RESULTS AND DISCUSSION

The process of search and selection of articles can be observed in Chart 1.

Although 32 articles were selected, nine of them were selected in duplicate; therefore, 23 studies are in this review. Information referring the articles is available in Chart 2.

Chart 1: Number of references obtained by databases in accordance with the descriptors adopted and the number of selected references. São Carlos, SP, Brazil, 2015.

Database	Descriptors	Number of obtained references	Number of articles read	Number of selected articles
CINAHL	Father <i>or</i> Fatherhood <i>and</i> Gender/Education/Health/Father-Child Relations	714	16	4
LILACS	Pai <i>or</i> Paternidade <i>and</i> Identidade de gênero/Educação/Saúde/Relação pai-filho	155	23	15
MedLINE	Father <i>or</i> Fatherhood <i>and</i> Gender/Education/Health/ Father-Child Relations	1409	26	8
SocINDEX	Father <i>or</i> Fatherhood <i>and</i> Gender/Education/Health/ Father-Child Relations	1360	28	5
ERIC	Father <i>or</i> Fatherhood <i>and</i> Gender/Education/Health/ Father-Child Relations	41	2	0
Total		3679	90	32

Chart 2: Synthesis of articles integrating the review by author(s)/year and country, study focus, subjects and methods in chronological order of publication. São Carlos, SP, Brazil, 2015.

Author(s)/ Year/ Study's Country	Study's focus	Subjects	Method
Henwood; Procter/ 2003/ England	Men's expectations regarding paternity facing social transformations.	30 British primiparous fathers.	Semi-structured interview.
Bustamante/ 2005/ Brazil	Fatherhood experiences and connection of those with the father's discourses and practices.	Seven Brazilian fathers of young children.	Exploratory study, ethnographic, participative observation and semi-structured interview.
Bustamante; Trad/ 2005/ Brazil	The involvement of fathers from popular classes in Young children healthcare.	Six Brazilian families with young children.	Ethnographic study, participating observation and interview.
Brito; Oliveira/ 2006/ Brazil	The man-father opinion about breastfeeding.	13 Brazilian fathers of children between 0 and 24 months being breastfed.	Semi-structured interviews, Bardin thematic content analysis.
Freitas; Coelho; Silva/ 2007/ Brazil	Occurrence of paternity feelings, responsibilities and the fatherhood experience meaning to men in a domestic space.	10 Brazilian fathers of children assisted in a school hospital.	Semi-structure interview, with gender as theoretical focus.
Silva; Piccinini/ 2007/ Brazil	The feelings related to fatherhood and paternal involvement.	Three Brazilian fathers.	Collective case studies, semi-guided interview, Bardin thematic content analysis.
Bucher-Maluschke/ 2008/Brazil	The meaning given to paternity experience and manhood by caregiver fathers.	Six Brazilian fathers who experienced paternity in a participative way.	Exploratory study, focus group, analysis of discursive practices, social constructionism.
Fägerskiöld/ 2008/ Sweden	Experiences of primiparous fathers during their children's first infancy.	20 Brazilian primiparous fathers.	Theory based on the data.
Pontes; Alexandrino; Osório/ 2008/ Brazil	Father's experiences, knowledge, behaviors and feelings about the breastfeeding process.	17 Brazilian fathers whose children were between six and eight months.	Descriptive study, Bardin thematic content analysis.
Freitas et al./ 2009/ Brazil	Meanings attributed to fatherhood by men who are fathers.	Ten Brazilian fathers whose children were attended at a school hospital.	Semi-structured interview, with gender as theoretical focus.
Pontes; Osório; Alexandrino, 2009/Brazil	Men's opinions about the father participation during breastfeeding.	11 Brazilian fathers.	Descriptive study, Bardin thematic content analysis.
Krob; Picinini; Silva/2009/ Brazil	Father's expectations and feelings about the transition to fatherhood from their experience between pregnancy and birth.	20 Brazilian primiparous fathers.	Descriptive study, interview, Bardin thematic content analysis.
Oliveira; Brito/ 2009/ Brazil	Father's actions during their partner's puerperium.	15 Brazilian fathers who lived with their wives during the puerperal period.	Semi-structured interview, symbolic interactionism, content analysis.
Miller/2010/ England	The transition to fatherhood of primiparous fathers.	17 British fathers.	Longitudinal study, interview, multi-layers data analysis, construction of narratives.
Paula; Sartori; Martins/ 2010/ Brazil	The father's knowledge about breastfeeding, guidance offered to him during pre-natal and his participation on breastfeeding.	Nine Brazilian fathers with children aged up to 24 months.	Semi-structured interviews.
Jager; Bottoli/ 2011/ Brazil	The father's perception about going back home with his baby and the implications of this phenomenon in the family's life.	Four Brazilian primiparous fathers.	Semi-structured interview.

Author(s)/ Year/ Study's Country	Study's focus	Subjects	Method
Piazzalunga; Lamounier/ 2011/ Brazil	The paternal role during breastfeeding and factors influencing and complicating his participation.	12 Brazilian fathers.	Field diary and semi-structured interview, dialectic.
Piccinini et al./ 2012/ Brazil	Paternal involvement at the baby's three months of age.	38 Brazilian primiparous fathers.	Descriptive study, structured and semi-open interview, Bardin thematic content analysis.
Gonçalves et al./ 2013/ Brazil	Fatherhood experience at the baby's three months of age.	38 Brazilian primiparous fathers.	Descriptive study, structured and semi-open interview, Bardin thematic content analysis.
Williams et al./ 2013/ England	Fatherhood experience of African migrant men.	46 African parents.	Deep group interviews.
Poh et al./ 2014/ Singapore.	Needs and experiences of primiparous fathers during their child's pregnancy and birth.	16 Asian primiparous fathers.	Semi-structured interviews, thematic analysis.
Suwada; Platin/2014/ Poland	Comparative study that relates fatherhood, manhood and social wellbeing.	52 fathers (32 Polish and 20 Swedish)	Interview, constructionism.
Ives/2014/ England.	Transition of men to their first fatherhood.	11 British primiparous fathers.	Descriptive study, face-to-face and telephone interview.

The organization, summary, critical and integrative information analysis allowed to establish three themes translating fatherhood experience during the first year of their child's life: care and positive interactions; paternal work, division of tasks and responsibilities; and breastfeeding and fatherhood.

Care and positive interactions

The establishment of interactions with the child supports paternal experience, as it generated positive feelings, approximating father and child⁽¹²⁻¹⁸⁾ and build the counterpoint to the abandonment sensation experienced before the child's birth⁽¹⁹⁻²⁰⁾. These interactions are promoted by opportunities of fathers to: participate in the childcare; receive social support; have responsiveness of the child; feel affinity with the child and desire to be reference of values for the child.

Brazilian fathers experienced feelings of intense pleasure and realization with concretization of fatherhood^(12,14,17,19-20), they felt it as personal concretization and experienced strong connection with the child^(14,17). Those feelings meet the happiness verbalization of Swedish⁽¹⁹⁾ and Asian⁽¹⁶⁾ fathers and give proud to British⁽¹⁸⁾ fathers.

Some Brazilian men could not perceive themselves as fathers until their child's birth by understanding the pregnancy as a biological process and of female responsibility and others, they processed this feeling during the pregnancy⁽²⁰⁾. There were those who affirmed that being a father is easier than imagined⁽²⁰⁾ – in relation to the previous unprepared feeling –, as the contributions of family members, friends^(12,15,21-22) and coworkers⁽¹⁹⁾ and the facilitation of the wife in the interaction of them with the baby was meaningful^(12,14,17,20). Fathers from Singapore also mentioned health professionals, besides friends and family members, as source of support and information⁽¹⁶⁾.

Brazilian fathers highlighted the previous affinity with children⁽¹²⁾ and the positive reaction of the baby with them^(12,14,17,20) in this father-child relationship. Still for

Brazilian and English fathers, the accompaniment of the child's routines and development and, the learning opportunities of childcare after birth were promoters of paternal sense^(12,14,17-18). In this conjunct, Swedish fathers added personal maturity to higher involvement in the paternal role⁽¹⁹⁾.

The most cited and appreciated interaction ways between Brazilian fathers and their babies were to play^(12-15,17,20-21), followed by talk and sing^(12,14-15,21), besides others, as rock the baby^(12-13,15), put the baby to sleep⁽¹²⁻¹³⁾, to go out^(12,17) and caress the baby⁽¹⁵⁾. Regarding playing, motor plays and with the child's body; regarding talking, imitations of the baby's vocalizations were highlighted⁽¹⁷⁾. These findings signs some fathers' anxiety for the verbal phase and other development acquisitions, as the child's responsiveness improved the father-child relationship^(14,19). In addition, the presence of personality similarities between father and child also contributed⁽¹⁴⁾.

Regarding healthcare, fathers showed preoccupation with physical alterations in the child's body^(15,21), they got closer from their vaccine's calendar⁽²⁰⁾ and participated in appointments related to their health⁽¹³⁾.

Research showed the father-child relationship being based in differences between genders and female and male roles^(14-15,17,19). In this sense, the Swedish father attributed a more gentle role to the mother and to him, something of more determination⁽¹⁹⁾. On the other hand, the Brazilian father related differences in his behavior in front of the child, when he associates the son to tranquility and daughter to worries, especially in relation to rape⁽¹⁵⁾.

Nevertheless, fathers expressed worries in being good fathers, with efforts to get closer to what they wished⁽¹⁷⁾ and to reach insertion and participation in the child care^(14,16-19,23), elements of the *new fatherhood*⁽²³⁾.

Paternal work, division of tasks and responsibilities

Facing fatherhood, the sense of responsibility for the child is strongly triggered^(14,17,21-22) and there is participation in their care decisions⁽¹⁷⁾. Fathers

demonstrated preoccupation with the children and dedicated themselves to them^(14,15,17,21-22). Thus, within the responsibilities adopted by fathers, Brazilians as well as English and Swedish, are: physical and emotional protection, prevention of accidents and violence, inclusive sexual⁽²¹⁾; education, limits imposition and teaching good manners^(15,17-21,23-24); and prepare for adult life⁽¹⁷⁾. Fathers also worried with them going to childcare, overall regarding mistreatment, incipience of care and emotional impact, and referred to feel jealousy, missing the child and insecurity⁽¹⁷⁾.

In relation to educating children, fathers expected that values passed on to the child would be repassed to the next generation^(14-15,21,18), however, they explicitly choose what to pass on to the child, within what they learned from their fathers, excluding what they considered negative aspects^(14,20).

Other responsibilities of Brazilian, Polish and English fathers were strongly linked to the conception of provider father^(12-15,17-18,21,23,25-27), supporting material and financial conditions^(12-14,17-18,27), improving housing conditions as a way to protect^(15,21,26) and the acquisition of healthcare plans as a way to care⁽²⁵⁾.

English fathers highlighted the social pressure as a provider role, what determined limits to *new fatherhoods*^(18,27). A comparative study of fatherhood between Sweden and Poland pointed that Polish fathers defined themselves more intensively as providers, while Swedish refuted the exclusiveness of this role. Swedish fathers understood that gender equality would not be reached without an involvement of men in the domestic sphere⁽²⁷⁾.

Still referring to gender questions, fathers pointed that attribute the child care to the woman, restricted the fatherhood^(14-15,17,19,23,25). Yet, there are those who reproduced such standard and conceived to be natural for woman do care for the child^(12,14-15,17,21,25,28) and to have more responsibility for the child^(14,17). These put themselves as secondary/helpers in newborn care^(15,25) or did not divide equally domestic⁽¹²⁾ and care^(14,17) tasks.

British fathers reported to follow and do what the wife determines in relation to the child, as the mother has more knowledge about the care, seen that they spend more time with the baby⁽²⁷⁾. Yet, they defended that care should be shared^(18,27), a fact also sustained by Swedish fathers⁽¹⁹⁾. There are still those who pointed the mother as having instincts to care for girls and the father, for boys⁽¹⁵⁾ and others that cared for the wife, as understanding that could be contributing to care for the son⁽²⁵⁾. Asian fathers, on the other hand, mentioned to change their behavior to protect his wife and child⁽¹⁶⁾.

Concomitant to it, fathers reported worries with physical and emotional distress and of the partner when caring for the baby⁽¹⁷⁾. Some were available to assume the care during the mother's absence, as in cases of issues during the birth⁽¹⁹⁾, in situations where mothers worked⁽²⁵⁾ or in situations where the father worked less time than the mother^(14,20). There were also those who were not available by their own initiative and performed punctual tasks when asked, as diaper changes, give baths, to hold and feed the baby⁽¹⁷⁾.

Brazilian studies listed activities of care not enjoyed by the fathers, as: change diapers and/or clothes, to calm the child when crying and give him a bath^(12,14,17). Some felt unprepared to care for the child when there are fears and insecurities or perceptions of incompetency^(12,14,17).

Regarding work, it integrates, regulates and affects fatherhood. Within the worries with the child wellbeing, maintenance and protection are guaranteed, in a way that some fathers perceived fatherhood more as a social role than a space of affection involvement⁽²⁵⁾. In this perspective, work was presented as a factor that pushed away the father from fatherhood^(14-15,17-18,21-24,26-29), as it decreased his opportunities of care and involvement^(14-15,18,23,27) and restricted physical contact with the child^(14-15,17,28). Regarding work, fathers affirmed to have only night time and weekends to invest in the relationship with the child and participate in his/her care, but they report tiredness of this dynamic^(14-15,17,28), especially for the interference in the sleep quality⁽¹⁴⁾.

On the other hand, financial matters made it impossible for some English fathers to use fatherhood leave (seen that in the country there is a smaller payment during this period) and the return to work emerges his identity as provider⁽¹⁸⁾. Still in what is referred to this question, the fatherhood leave time for Brazilian fathers was considered insufficient⁽²⁴⁾, as well as for Swedish fathers who used ten days of fatherhood leave⁽¹⁹⁾. Yet, the understanding of fatherhood as effective and affective involvement, for beyond the conception of provider was present in studies with Brazilian, English and Swedish fathers^(17-19,20,25,27,29).

Cultural questions appeared in a study about migrant African fathers in England, they pointed limited time with the child imposed by habits of the local society, counterpointing fatherhood in rural African villages in comparison with the experienced in urban English centers⁽²²⁾.

Another question in the fatherhood experience are the changes in family dynamics^(14,17) and in the couple relationship^(12,14,17,19,21), overall in order to prioritize childcare⁽¹⁷⁾. Sometimes, there are more approximation between the couple^(12,19) and in others, the limitations in terms of freedom, time and social activities comes out⁽¹⁴⁾. In this aspect, Swedish fathers were surprised because they were guided in the prenatal service about the risk of the couple's separation⁽¹⁹⁾. And, there were situations in which the father was jealous of the baby, by understanding their wife's involvement with the baby, and putting him in a second plan⁽²¹⁾, especially with the decrease of couples' moments⁽¹²⁾.

Breastfeeding and fatherhood

The breastfeeding process is presented as of dual elements, and it can be a promoting or limiting aspect of paternal experience.

Reinforcing the sociocultural history that determined the breastfeeding act as exclusively female, breastfeeding were one of the events of higher impact in the feeling of

paternal exclusion^(15,17,20-21,30-31) or insignificance⁽¹⁹⁾, especially on the first two years of the child's life^(30,32).

However, fathers supported and incentivized the mother to breastfeed, because they identified breastfeeding as needed for the child's good health^(13,19,28,30-32). They acted as: helping with the child's head position^(19,29); obtaining knowledge^(19,28,30-31,33) from the midwives and pediatrics nurses, in the Swedish case⁽¹⁹⁾; the permanence by the woman's side creating a favorable emotional environment⁽²⁴⁾; attention to the woman and child⁽¹³⁾; and/or the division of domestic tasks and care for the other children^(24,27,32), especially in the first months after the birth⁽²⁴⁾. Also, Brazilian fathers affirmed that seeing the child being breastfed by the woman intensified his love for the him/her⁽³⁰⁻³¹⁾.

The lack of space for his actions in the breastfeeding process motivated the search for other mechanisms of participation that not the child's feeding⁽³²⁻³³⁾. However, they felt closer to the child and with more space to care for him/her when weaning the baby, the introduction of bottles and the insertion of the child in other social environments (beyond the family)^(19,30,34). Swedish fathers affirmed that when using the bottles, they felt to be nursing, as they were equally feeding the baby⁽¹⁹⁾.

In addition, during breastfeeding moment, the breast were conceived as source of nutrition for the baby, suppressing the image as sexual and sensual organs and, as consequence, contributing for early weaning and father exclusion⁽³⁰⁾.

Other elements that limited the paternal participation on breastfeeding were the interference from grandmothers⁽¹³⁾, the lack of information about breastfeeding⁽³³⁾ and the devaluation of the father's opinion about it, which contributed to remove him from this setting^(28,32). At the same time, the lack of information and actions directed to Swedish fathers in prenatal consultations and during the birth, brought uncertainties and conducted them to a tension (alarm) position⁽¹⁹⁾.

The fatherhood experience during the first year of life is permeated by social gender constructions. Gender

socialization is understood as the process by which men and women go through life and direct the male and female (sex) to their respective male and female (genders). From biological characteristics, each society in a determined historical moment, builds understandings (models) that are proper to each gender⁽³⁵⁾.

It is noteworthy that, by itself, this socialization is not problematic, but it starts to represent the base of actual discussions when the female and male rigid models are used to justify inequalities⁽³⁶⁾. In this study's context, it is noted that social constructions imprison men and women inside traditional patterns of father and mother⁽³⁵⁾. Thus, the same social mechanisms that enable women for domestic activities and care for the child, for the man, it results in feelings of fear and not being prepared, experienced by the father when manipulating the baby. That is, different from the woman, the man is socialized, affectively distant from the child to meet his responsibilities that are strongly based in financial provision, authority and family guardian⁽⁵⁾.

The woman started to integrate the workforce, to study and have financial independence, however, changes in the domestic environment did not follow those transformations and she still performs her socialized role, even in situations where there is double income (where both man and woman work), bringing repercussions in the physical and emotional health⁽³⁶⁾.

Impelled to the public and work environment, the man does not perceive the domestic environment as his acting place and also he is not familiarized with the care for the child and domestic tasks⁽³⁵⁾. Thus, to find his place in the family dynamics, the father needs to be interested and search for information, with friends, family members and coworkers. In the same way, his actions depend on the woman's permission or her unavailability to have such role.

Besides, the society appeal for the man to supply for the house and the need to spend time at work, as well as the inexistence of public policies allowing fathers to enjoy the time with the child after the birth, marks the work as

a priority element in the regulation of the paternal involvement with the family and child. The conception of providers follows the present in all contexts found in this review, supporting the universal character of this understanding.

The father's exclusion also happens during breastfeeding, when he experiences feelings of undervaluation or insignificance. In first instance, the breastfeeding is understood by the father, mother and others as a physiological act and exclusively feminine and, however, permeated by a sociocultural construction that does not provision the competencies and needed abilities to the father to participate in breastfeeding. Competencies socially attributed to women, yet, does not mean that breastfeeding is an innate act from her, a question clearly discussed by other authors⁽³⁷⁻³⁸⁾. Another aspect analyzed is the value romanticized of the mother-baby bond during breastfeeding, at the same time that the man does not receive the same value⁽³⁸⁾.

It is still important to note in this context that the father can be anxious for the end of breastfeeding and introduction of the bottle – bringing consequences for the duration of the breastfeeding phase -, the arrival of the verbal phase or the introduction of the child in public spaces, so the father can occupy more spaces in the child's life.

The assumption of the father's responsibility as a social role is expressively present with the concretization of fatherhood and demands for material support. However, many fathers demonstrate dissatisfaction with this unique and exclusive relationship with fatherhood and they have experienced it in a more broad and participative way. This fact can be found by the expression of positive feelings regarding fatherhood, by the interest of the father for the child and his/her care, by the division of domestic tasks and childcare and by his approximation to breastfeeding, when supporting the mother. Thus, the father's action scope is broad, allowing opportunities to (co)act domestic and child care and create abilities needed for that⁽³⁸⁻³⁹⁾.

However, this process occur under a history and persistency of traditional male patterns, referring him to revisit this model, emerging and reemerging the different understandings of being a father, concepts sometimes extended and sometimes connected to the social ideal of a provider. It is also perceived that understandings are dynamic and are depending on distinct aspects. Thus, coexistence is understood by multiple father models, in Brazil as well as in other countries, where the studies included in this review.

CONCLUSIONS

Fatherhood during the child's first year of life is experienced by the father in a paradox way, in the measure that a new status is reached in society and he desires to be closer to the child, he needs to be opposed to a context of impositions and demands restricted to financial provider and family guardian role.

Thus, to experience *new fatherhoods'* demands a shock between the father's desires and social values, in a

counterpoint that also questions the manhood model, the modern family requirements and the inter generation characteristics. Thus, the up rise of a new father needs a sensitive mother to her partner's needs and proactive to stimulate his participation in childcare.

The findings presented here contribute to broaden references about fatherhood and gender theme, aiming to consolidate the crossing to *new fatherhoods*. It is also pointed the need to develop Health studies aimed to *new fatherhoods*, once this review used a very specific cut. Many gaps still need to be studied to move forward the knowledge building about this theme, for example, the nuances of paternal care in cases where the father does not live with the child; relationships affected by contexts of violence, illness, imprisonment, elitism and others. Also, there is a need to broaden discussions for successful health education strategies to approximate the father from the domestic scenario and to overcome gender patterns that permeate in the social imaginary.

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