The objective of this study was to identify, through the last 10 years of Brazilian scientific production, the experiences men had during the gestational and perinatal period. This is an integrative review of 152 studies. The results indicate that men are not always encouraged to participate in prenatal and that they would like to participate in childbirth as a means of reinforcing the couple’s bond. By participating in childbirth, they experience their own pain and emotions, they can realize their wives are strong and courageous women, and can also evaluate themselves positively, as reliable men. Men’s experiences during the gestational period point to fears, redefinition of their social role and detachment from the participation in health services. Parturition is associated with a transformative process of men’s own inner experiences, generating closer ties with their wives and strengthening bonds with the baby.

Descriptors: Paternity; Pregnancy; Parturition.

El objetivo de este estudio fue identificar, a través de los últimos 10 años de la producción científica brasileña, las vivencias experimentadas por los hombres durante el período gestacional y perinatal. Se trata de una revisión integrativa hecha con 152 estudios. Los resultados apuntan que los hombres no siempre son estimulados a cooperar en el pre-natal y que desean participar en el parto como modo de reforzar el vínculo de la pareja. Al participar en el parto viven dolores y emociones propias y pasan a reconocer a sus mujeres como fuertes y valientes y se autoevalúan positivamente, considerándose como hombres de confianza. Las vivencias del hombre durante el período gestacional apuntan a sus miedos, redefinición de su papel social y el alejamiento de su participación en los servicios de salud. El parto se asocia a un proceso transformador de las vivencias interiores del propio hombre, del estrechamiento de los vínculos con la madre de su hijo y del fortalecimiento de los lazos con el bebé.

Descriptores: Paternidad; Embarazo; Parto.

1. Social Worker. Specialist in Control of Risks and Diseases to the Health of the Newborn. Specialist in Maternal and Child Health. Master and PhD in Social Work. Plenary Technician in Public Health of the Fundação Oswaldo Cruz (Fiocruz), Rio de Janeiro, RJ, Brazil. ORCID: 0000-0002-4663-1380 E-mail: rjalinemartins@yahoo.com.br
2. RN. Specialist in Obstetric, Neonatal and Pediatric Nursing. Master in Child and Women’s Health. Obstetric Nurse of the Programa Cegonha Carioca and Municipal Health Secretariat in Rio de Janeiro, Rio de Janeiro, RJ, Brazil. ORCID: 0000-0002-1269-5845 E-mail: geiza_mb@hotmail.com
3. Social Worker. Multiprofessional Resident on Child and Adolescent Health Chronically Sick at the National Institute of Women, Children and Adolescents Health Fernandes Figueira/Fiocruz, Rio de Janeiro, RJ, Brazil. ORCID: 0000-0003-4351-3626 E-mail: gessicamororo@gmail.com
INTRODUCTION

The way in which masculinity is exercised is a factor that influences mortality and illness. The ideas of invulnerability and unchecked exposure to risks translate into a way of living capable of leading to a greater susceptibility to violence and abusive use of alcohol and other drugs, as well as discouraging the search for health maintenance or treatments.

If the hegemonic way masculinity presents itself has negative repercussions for the life and health of men, it is necessary to stimulate and value aspects of masculinity that are capable of changing this condition, such as paternity, which can promote self-care and the ability to care for others.

Paternity is a symbol of masculine identity capable of stimulating health care and promoting a higher quality of life. The interaction between the man and his/her son/daughter begins before conception, but there are few researches aimed at identifying the experiences of paternity in the period before birth and even during childbirth.

The explanation for this lies in the fact that the inclusion of men in this process is recent. Historically, birth and childbirth have become exclusive events of the female universe. The births took place in the homes and in the company of other women. The father and other men who could participate in the process would know the child was born by the sound of the baby crying.

When the deliveries began to be conducted in the health units and medical professionals started to be central to them, men became more removed from this moment, by determination of health professionals, among other obstacles, which often prohibited them from participating in this process.

Having the knowledge of the demands of men enables health services to structure themselves to offer services that are aligned with their needs. The justification of this study is based on the importance of this kind of participation for the health and life of them, as well as that of the woman and the child. This is a relevant issue regarding changes in paradigms that can also break the invisibility of man during the gestational period and allows them to be recognized as participants in the process. Thus, this study aims to identify, during the last 10 years of Brazilian scientific production, the experiences men had during the gestational and perinatal period.

METHOD

This article is based on a qualitative, descriptive research, whose objective was identifying, through the Brazilian scientific production between 2006 and 2016, the experiences men had during the gestational and perinatal period of their child. This research was conducted on the first half of 2017.

The integrative review was chosen as the appropriate form for the object of this study, facilitating a professional performance based on the accumulation of the scientific evidence produced.

A literature search was carried out on the Virtual Health Library website, with the following descriptors as inclusion criteria: gestação (gestation) or gravidez (pregnancy) or parto (childbirth), and paternidade (fatherhood). 152 articles were selected to compose the analysis.

The exclusion criteria were: articles published before 2006, articles that did not have fatherhood as the main subject and articles that did not have as their main objective the point of view of the fathers. Repeated articles were also excluded.

The selected researches were printed in full, for the purpose of collecting data for analysis. The information extracted from the literature were defined and from these definitions a systematization instrument was built, consisting of the following items: title, author’s formation, objectives, method, results and conclusions. The analysis of the included studies was made by an organized approach, considering the rigor and characteristics of each study.

After the detailed analysis of each study, the results were discussed and interpreted, with the construction of the categories. The last stage of the study was accomplished through the preparation of a summary of the evidence found, in order to
provide a basis for the critical evaluation of the results.

As it is a text without direct involvement of human beings, the present study is exempt from appreciation by the Brazilian Research Ethics Committees, according to resolution 466/2012 of the Brazilian National Health Council.

RESULTS
Nine studies integrated the final corpus of this research. The categories created were: "Fatherhood experiences during the gestation"; and "Fatherhood experiences in parturition".

Of the nine studies selected, seven were papers and two were master’s dissertations. The articles, in general, were written by more than one professional and published in nursing journals, which is related to the authors' formation. The studies had a total of 25 authors, being 19 women and 6 men. Of the 25 authors, there were 24 Nurses and one Physician (Table 1).

Regarding the timeline, most studies were published after the year 2012, showing a recent investment on the subject in the Brazilian academic environment. A balance was found in relation to the sub-themes evaluated. Of the nine texts, more than half dealt with the process of childbirth and the other four were about the fatherhood relationship before the parturition process, as can be seen in the table below.

Table 1. Scientific studies between 2006 and 2016 in Brazilian production on paternity in gestation and parturition. Rio de Janeiro, 2017.

<table>
<thead>
<tr>
<th>Title</th>
<th>Author's formation</th>
<th>Objective</th>
<th>Method</th>
<th>Results and conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men's knowledge of labor and childbirth</td>
<td>4 Nurses</td>
<td>Analyze the man/partner's perception of their presence in the delivery room.</td>
<td>Qualitative, descriptive and exploratory research. Data submitted to content analysis.</td>
<td>Men have demonstrated knowledge about the signs of labor and have declared the crying of the newborn as a sign of life. The presence of the man in the delivery room favors relationships at the time of the child’s birth.</td>
</tr>
<tr>
<td>Significant intra and extra-familial events in the fatherhood construction process</td>
<td>3 Nurses</td>
<td>Identify the intra and extra-familial events that contribute to the process of paternity building.</td>
<td>Qualitative and exploratory study.</td>
<td>The following categories were identified: experiences lived in the family of origin, in the family microsystem and in the mesosystems. It is necessary to promote the involvement of the father at all times.</td>
</tr>
<tr>
<td>Father’s presence in the delivery room: expectations, feelings and meanings during the birth</td>
<td>4 Nurses</td>
<td>Describe the expectations, feelings and meanings experienced by the parents during the participation in the birth of the child.</td>
<td>Qualitative research. Data collected from interview.</td>
<td>The experience of the parents involved conflicting feelings, curiosities, costumes and expectations. The presence of fathers in the delivery room is still small, but reveals a new type of paternity in addition to being characterized as a positive aspect for the success of the childbirth.</td>
</tr>
<tr>
<td>Accompanying father and his comprehension about the birth process of the son.</td>
<td>4 Nurses</td>
<td>To understand the paternal experience of the moment of birth</td>
<td>Case study of a qualitative nature, through interview and content analysis.</td>
<td>The study allowed us to know the man's understanding of the moment of delivery, pointing out the importance of the companion at the time of delivery, at the eternal moment of birth.</td>
</tr>
<tr>
<td>The absence of the partner in</td>
<td>2 Nurses</td>
<td>Analyze the insertion and Descriptive with a qualitative</td>
<td>The low participation of men reported by women in the family.</td>
<td></td>
</tr>
<tr>
<td>Research Question</td>
<td>Participants</td>
<td>Methods</td>
<td>Findings</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>--------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Prenatal care: challenges and achievements</td>
<td></td>
<td>Approach, with data collection through semi-structured interview and content analysis. Planning process is noticeable. The husband is receptive to the call of the professional, who mobilizes the man.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experiences of fathers in childbirth and its repercussion in their conjugal and family life: contributions of nursing.</td>
<td>1 Nurses</td>
<td>Qualitative research. A semi-structured interview and thematic analysis was used. The birth, for the parents was a moment with mixed feelings. Their presence was seen by them as fundamental, either by the desire of the woman, or by decision of the couple.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fathers’ prenatal experiences</td>
<td>2 Nurses</td>
<td>Descriptive-exploratory study. Interview analyzed by the technique of the Discourse of the Collective Subject. The paternal feeling was emphasized when the father was involved in the gestation. He became more attentive and worried about the health of the pregnant woman and the baby.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings undergone by the father at the birth of his child</td>
<td>3 Nurses and 1 Physician</td>
<td>Qualitative research. Through semi-structured interview and content analysis. Parents, upon witnessing the birth, experience emotions of happiness, restlessness, fear, nervousness, and worry. Childhood was seen as a factor of happiness and change. The arrival of a child in the family environment is a phase of transformation in the life of the couple, permeated with feelings towards the mother and the child.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perception of pregnant women about the importance of parental involvement in prenatal consultations: a gender perspective</td>
<td>3 Nurses</td>
<td>Exploratory-descriptive study, qualitative, through interviews and content analysis. For the pregnant women, the main reasons that lead the man to accompany prenatal consultations is the interest for the health of the child and the woman. The absence is justified from the motivations of the pregnant women themselves, as shame; of the man, as a coincidence with working hours; or prenatal care services, which may restrict parental involvement.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experience and expectation of</td>
<td>1 Nurses</td>
<td>Social research, described through The adolescent’s experience of pregnancy, despite having</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DISCUSSION

Fatherhood experiences in the course of pregnancy

If the construction of fatherhood occurs long before pregnancy, there is an understanding that it is a much broader process, which goes beyond health services. Influences on the exercise of paternity have been pointed out, from the individual characteristics of the men to their personal experiences, the social context in which they are inserted, and the stage of the life cycle in which fatherhood is experienced.

As for the previous influences, it is important to remember the interactions with their own father, which they can reproduce or surpass. The main causes for men wanting to overcome previous experiences with fatherhood are: 1) new social demands that impose new roles on men, 2) the memory of a poor relationship with their own father or 3) the fact of identifying their own father only as figure of authority.

Still stand as founding elements of parenthood: the traditional role of provider, associated with the current and new role of a parent who provide care. If, for men, the issue of responsibility - be it economic, for emotional support, or the fact that he has to establish and protect a family group - is still a central issue for the exercise of fatherhood, Today, it must be linked to a more participant stance in caring for their children.

In this process, the reactions to the discovery of gestation can be the most varied, from fears to expectations, which are experienced in a more positive or negative way in direct relation with their life experiences and the type of relationship of the couple.

If paternity experiences begin while one is a child and outside the context of health units, it is important to highlight the demands related to the gestational period, since it constitutes an important moment of reflection in the life of the man, because at this moment fatherhood is becoming a reality for him, as well as changes in the couple’s relationship, and the projections/definitions of parental roles begin to be present.

The contributions of professionals are considered fundamental, since the quality of care is measure by the transfer of knowledge - which allows individuals to make choices. It is necessary to create spaces for the clarification of doubts and to ensure that care should not be limited only to the mother, considering the positive repercussions that the exercise of fatherhood will have on the child’s life. In this context, it is emphasized that the presence of the father during pregnancy provides benefits for him and for the woman, and that its presence in the health units during pregnancy and childbirth should be understood as a prenatal right. However, men continue to be left out of this process because of internal health care issues, and broader issues in our society.

To the extent of the issues, which go beyond the health sector, the socioeconomic adversities of Brazil stand out. Work, lack of time and interest have become impediments to parental participation during prenatal care - for example, the finding that men participate more in prenatal consultations in private hospitals. In public services, few men attend consultations.

Among those attending the consultations, their main motivation is the commitment to the health status of the pregnant woman and the baby, pointing to the awareness of their responsibilities and valuing the participation in prenatal care as a moment capable of strengthening the couple’s union. However, in many public services, those who accompanied their women, and recognized the importance of prenatal
consultations for the health of the baby, did not enter the offices\textsuperscript{7}, even though they had doubts about the pregnancy, resorting to asking their partners for the information they received in the consultations\textsuperscript{7}.

The fact is that men do not identify prenatal care as a masculine space\textsuperscript{7} since they are not always invited to participate\textsuperscript{9}, a fact that continues in the family planning\textsuperscript{7}. Those who are able to be present during the consultations express a desire to follow the pregnancy, to see the results of the exams, to acquire information to better share this moment\textsuperscript{4,11}, to know the sex of the baby\textsuperscript{11}, they feel grateful and rewarded for being able to participate and this participation helps them to clarify questions about changes in gestation, which can reduce their anxiety and acquire information about the development of the baby\textsuperscript{4,9}. The experiences of tactile, sonic and visual perception of the baby contribute to their belief in the child’s real existence and to more effectively prepare them for the exercise of fatherhood\textsuperscript{11}.

This preparation for paternity, in a broader context, is what requires a prenatal care that is not limited to biological issues, including the father throughout the pregnancy process and providing care for the baby. Therefore, the importance of the technical quality of prenatal consultations, regarding the possibility of exchanging experiences with these men about the puerperal pregnancy process and the care it requires\textsuperscript{2,5,7,9,11}. The encouragement of the health professional is essential to stimulate the participation of the father\textsuperscript{2,7}, and these practices tend to motivate men to apprehend fatherhood more easily, participating in the life and pregnancy of their companions, since they want to be recognized by the society as "good fathers"\textsuperscript{11}.

**Fatherhood experiences in parturition**

Men are seen as uncommon subjects during childbirth by professionals who, out of prejudice, fear their entrance into this space and are not attentive to the experiences of men in this moment\textsuperscript{2}. However, despite this resistance, this stage constitutes a significant moment in which the men reiterate the experiences of gestation, which can give them feelings of satisfaction and well-being\textsuperscript{10}.

The participation of partners during delivery has been described as having countless benefits, including: reduction of the woman’s sensation of pain, reduction of anxiety, greater satisfaction with the delivery, reduction of labor time, less need for analgesia, reduction in cesarean rates, decreased in the use of forceps, improvement in the Apgar score, and contribution to a lasting breastfeeding\textsuperscript{2,10}.

All these benefits tend to be maintained when the father is present during childbirth. In these cases, it becomes easier for the father to go through the feeling of psychological transformation\textsuperscript{10}, to reflect on the role of father they now have thanks to the experience of childbirth\textsuperscript{2}, and to the possibility of being actively present in the birth of his child. Early contact between the father and his child favors the establishment of affective bonds, and a more active and affective attitude towards caring for children, while providing greater gender equity\textsuperscript{2,8}.

The participation of the man at the time of delivery is marked by, in the first place, motivations for caring for the woman. Men notice that it is important for the pregnant woman to experience their love and support as a way of reiterating the couple’s relationship\textsuperscript{10}, so that one of the concerns of men is to aid in their partners’ physical and emotional health\textsuperscript{4,6,1}.

The sensation of pain at childbirth tends to be - initially - minimized by the presence of the men\textsuperscript{2}. However, when a woman enters in the active phase of the delivery, her discomfort has been verified to generate feelings of anguish and impotence on the part of the men, who seek to comfort the woman\textsuperscript{2} and recognize that the delivery is more intense than they imagined\textsuperscript{10}.

At this moment, preoccupation, distress, anxiety, nervousness and fear - especially the fear of death - seem to be the most common feelings for men\textsuperscript{2,6,10}. Concerns about death and other adverse situations are reported by men, such as disappointment that their baby does not look the way they wanted it to\textsuperscript{10}. 
With birth, the moment when the baby cries\textsuperscript{4} and the confirmation that the mother and child are well trigger reactions of relief, deep emotions\textsuperscript{4,6,10} and fears about future responsibilities\textsuperscript{2,6,10}, especially regarding the issue of provision\textsuperscript{6,8} and the responsibility of becoming an educator\textsuperscript{2,6}.

Having the child in their arms is an event that materializes paternity and is faced as a rite of passage in the adult world, which allows men to reflect on the origin and their life\textsuperscript{2}.

In this context, the experience of birth is reported as a unique, very beautiful event of satisfaction, deep emotion and pride\textsuperscript{2,6,8,10} in which crying is allowed,\textsuperscript{10} and where the child materializes and confers greater social significance on his father, as the proof of his virility, power and honor\textsuperscript{9}.

Parents evaluate their participation in childbirth as beneficial for all people involved\textsuperscript{6,8,10}, considering that all of them mature and the relationship of the couple seems to solidify, in a context of reorganization of roles and to the fact that women receives more admiration, due to the recognition of her strength, courage\textsuperscript{2,4,6,8} and beauty\textsuperscript{8}. This relationship is valued as the man tends to recognize himself as a reliable person due to his participation in childbirth\textsuperscript{8}.

Participation in birth is seen by men as an event that could impact their lives\textsuperscript{2} and gains an even more positive meaning when they are invited to participate in significant moments of the child’s life, such as the umbilical cord cutting\textsuperscript{2}. Although it is clear that they are concerned not to disturb the care given to pregnant women\textsuperscript{8}, gestation and birth are, from their perspective, the concretization and solidification of the family nucleus, which has profound impacts both on the life and health of all those involved. This period of life tends to be experienced by them in a better and more intense way if there is an understanding that they are relevant subjects in this process, and should be cared for, given attention to and empowered, so that they can actively and affectively participate in this process\textsuperscript{2,4,6,8–11}.

Abusive institutional norms, which prohibit the participation of men during and after childbirth, need to be denounced and confronted\textsuperscript{12}, as they have a negative repercussion on the connection between children and their father and on the health of men themselves.

CONCLUSION

The experiences of men during the gestational period point to fears, expectations and redefinition of their social role, while going through social conditions such as lack of time, the need to provide for the family and the fact that they are excluded from participating in health services.

These experiences are influenced by previous experiences – thus, socially learned and capable of change – that directly interfere in the quality of the contact and the interaction between the men and the children they expect.

This reality points to the need to accompany the man in his individual trajectory, in his life cycle and in his life projects, which demands a personalized service for each subject attended.

Parturition appears in literature as a transforming process of the inner experiences of men themselves, the improvement of the bonds with the mother of his son and the strengthening of the previous ties that he has with the baby.

It should be pointed out, as a limitation of this study, its restriction to the national scope, as well as the fact that paternal experiences in other cultures were not contemplated, meaning that aspect needs to be addressed by future studies.

It is also reiterated that the results of this research may lead to innovations in the health services that are already being developed, which may reflect on the theme, such as proposing the inclusion of the men/fathers in a type of prenatal care that goes beyond biological issues and includes spaces for the clarification of doubts and the improvement of care.

In the parturition spaces, from the results of this study, strategies to improve the access and reception can be thought of. The atmosphere and the participation of the man in significant moments of the life of the child,
such as the first bath and the cut of the umbilical cord, can and should be stimulated. These are generally low or no cost measures that tend to increase men’s motivation in child and self care.

REFERENCES

CONTRIBUTIONS
All authors had equal contributions in all the phases of the article construction.