

Paternal role in family relations: an integrative review

Papel paterno nas relações familiares: revisão integrativa
Rol paterno en las relaciones familiares: revisión integradora

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Abstract

Objective: To describe the paternal role in family relationships.

Methods: This is an integrative literature review carried out in September 2020, by consulting the Journal Portal of the Coordination for the Improvement of Higher Education Personnel in the Directory of Open Access Journals (Doaj), Scientific Electronic Library Online (Scielo) databases, Medical Literature Analysis and Retrieval System Online (Medline), SAGE Publishing, Public Library of Science (PLOS), Taylor & Francis Group (tandfonline) using the descriptors associated by the Boolean operators as follows: Fathers and Paternity and Family Relations. Primary productions published from 2009 to 2020 were included, considering the implementation of the Brazilian National Policy for Comprehensive Care for Men's Health, available in full, free of charge, and materials that did not clearly show paternal role in family relationships. 1,365 scientific materials were found and, after selection following the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta Analyses, 15 articles were included.

Results: Paternal role is described through actions of care, education and provision for children. Care was unveiled through actions aimed at maintaining life, starting at conception and extending into childhood and adolescence. In this cycle, the father appears as an educator, above all, based on the example that leads the children in their future lives. The provision, in turn, was linked to the guarantee of family subsistence by the paternal figure.

Conclusion: Understanding the roles can guide professional practice in order to encourage male involvement in monitoring the development of children.

Resumo

Objetivo: Descrever o papel paterno nas relações familiares.

Métodos: Revisão integrativa da literatura, realizada no mês de setembro de 2020, por meio da consulta no Portal de Periódicos da Coordenação de Aperfeiçoamento de Pessoal de Nível Superior nas bases de dados Directory of Open Access Journals (Doaj), Scientific Electronic Library Online (Scielo), Medical Literature Analysis and Retrieval System Online (Medline), SAGE Publishing, Public Library of Science (PLOS), Taylor & Francis Group (tandfonline) utilizando os descritores associados pelos operadores booleanos da seguinte forma: Fathers and Paternity and Family Relations. Foram incluídas produções primárias, publicadas nos anos de 2009 a 2020, considerando a implementação da Política Nacional de Atenção Integral à Saúde do Homem, disponíveis na íntegra, de forma gratuita e excluídos os materiais que não evidenciaram, de forma clara, o papel paterno nas relações familiares. Foram encontrados 1365 materiais científicos e, após a seleção seguindo as recomendações do *Preferred Reporting Items for Systematic Reviews and Meta Analyses*, foram incluídos 15 artigos.

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Conflicts of interest: nothing to declare.

Resultados: O papel paterno é descrito por meio de ações de cuidado, educação e provisão dos filhos. O cuidado foi desvelado através de ações voltadas à manutenção da vida, iniciando ainda na concepção e se estendendo durante a infância e adolescência. Nesse ciclo, o pai aparece na condição de educador, sobretudo, a partir do exemplo que conduz os filhos em suas vidas futuras. A provisão, por sua vez, esteve atrelada à garantia da subsistência familiar pela figura paterna.

Conclusão: A compreensão acerca dos papéis poderá direcionar a prática profissional a fim de estimular o envolvimento masculino no acompanhamento do desenvolvimento dos filhos.

Resumen

Objetivo: Describir el rol paterno en las relaciones familiares.

Métodos: Revisión integradora de la literatura, realizada el mes de septiembre de 2020, por medio de consulta al Portal de Periódicos de la Coordinación de Perfeccionamiento de Personal de Nivel Superior en las bases de datos Directory of Open Access Journals (Doaj), Scientific Electronic Library Online (SciELO), Medical Literature Analysis and Retrieval System Online (Medline), SAGE Publishing, Public Library of Science (PLOS), Taylor & Francis Group (tandfonline) utilizando los descriptores asociados por los operadores booleanos de la siguiente forma: Fathers and Paternity and Family Relations. Se incluyeron las producciones primarias, publicadas en los años de 2009 a 2020, considerando la implementación de la Política Nacional de Atención Integral a la Salud del Hombre, disponibles en su totalidad, de forma gratuita y excluidos los materiales que no evidenciaron de forma clara, el rol paterno en las relaciones familiares. Se encontraron 1365 materiales científicos y, después de la selección siguiendo las recomendaciones del *Preferred Reporting Items for Systematic Reviews and Meta Analyses*, fueron incluidos 15 artículos.

Resultados: El rol paterno se describe por medio de acciones de cuidado, educación y provisión de los hijos. El cuidado se desveló a través de acciones direccionadas al mantenimiento de la vida, iniciando todavía en la concepción y extendiéndose durante la infancia y la adolescencia. En ese ciclo, el padre aparece en la condición de educador, principalmente, a partir del ejemplo que conduce a los hijos en sus vidas futuras. La provisión, a su vez, estuvo vinculada con la garantía de la subsistencia familiar por la figura paterna.

Conclusión: La comprensión sobre los roles podrá direccionar la práctica profesional con la finalidad de estimular la involucración masculina en el acompañamiento del desarrollo de los hijos.

Introduction

Paternal role in family relationships has undergone many transformations over time, being re-signified according to the historical context. Paternal and maternal roles have been having well-defined roles, considering social divisions, where the domestic space was the responsibility of women and the public space linked to the male figure.⁽¹⁾ However, with the changes that took place in the family structure from the 20th century onwards, mainly due to the insertion of women in the labor market, men are no longer sole family providers and the paternal role began to be problematized.⁽²⁾

There is an absence of universality in the definition of paternity, considering that there are multiple ways to exercise it.⁽³⁾ In the health field, the Brazilian National Policy for Comprehensive Care for Men's Health (PNAISH - *Política Nacional de Atenção Integral à Saúde do Homem*), despite defending the value of paternity as a relevant aspect, does not clearly present its concept and also does not point out ways for its promotion.⁽⁴⁾ The same is observed in relation to the Stork Network (*Rede Cegonha*), which defends the valorization of paternity for improving prenatal care, birth and puerpe-

rium; however, it does not provide guidelines for this valorization to be achieved.⁽⁵⁾

Historically, investigations on paternity were analyzed in two historical moments: before and after the 20th century. Prior to the twentieth century, the paternal role was centered on male power exercised through the disciplinary and rigid functions given to them as sole family providers. Later, after the 20th century, influenced by the feminist movement and the inclusion of women in the labor market, there is a trend towards greater paternal participation in family relationships and, consequently, a reorganization of roles.⁽⁶⁻⁸⁾

This change in paternal exercise in family relationships is based on the importance that has been pointed out in the literature in relation to children/adolescents and the various damages associated with its absence for child development. Among the repercussions, the following stand out: psychological and cognitive conflicts, poor school performance, behavior disorders, aggressiveness, difficulty in respecting rules, insecurity, feelings of inferiority and rejection.^(9,10) However, even understanding these changes, little is known about the role that parents have been playing in ensuring full human potential.

Thus, there is a need for theoretical deepening about the paternal role in family relationships, espe-

cially for the full development of children. The aim is, therefore, that health professionals, with an emphasis on nurses working in Primary Health Care (PHC), can draw male awareness strategies for the exercise of a more active and intertwined fatherhood in all processes of development of their offspring with a focus on healthy and respectful relationships. From this perspective, this study aimed to describe the paternal role played in family relationships.

Methods

This is an integrative literature review study, which aims to point out gaps in knowledge, directing the researcher to topics that need scientific exploration.⁽¹¹⁾ The study was carried out in accordance with the six stages recommended by the Revised Standards for Quality Improvement Reporting Excellence (SQUIRE 2.0).^(12,13)

For the first stage, PCC strategy was used, which represents the acronym for Problem (P), Concept (C), Context (C) elements that guide the construction of the research's guiding question, as pointed out in Chart 1. Based on this structure, the study was guided by the following question: What is the paternal role exercised in the context of family relationships?

Chart 1. Implementation of PCC strategy

Search	Definition	Application
P	Problem	Paternal role
C	Concept	Father
C	Context	Family relations

A bibliographic survey was carried out in September 2020 by consulting the Coordination for the Improvement of Higher Education Personnel (CAPES - *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior*) Journals Portal, which provides more than 45 thousand international titles with full texts and 130 reference databases. Within the portal, the following databases were used: Directory of Open Access Journals (Doaj), Scientific Electronic Library Online (SciELO), Medical Literature Analysis and Retrieval System Online (Medline), SAGE Publishing, Public Library of Science (PLOS),

Taylor & Francis Group (tandfonline). The search for search terms was performed with the Health Sciences Descriptors (DeCS) and Medical Subject Heading (MeSH). Then, starting from PCC strategy, the following search strategy was defined: Fathers and Paternity and Family Relations.

Primary productions, available in full, free of charge and published from 2009 to 2020, considering the PNAISH framework, since, from this onwards, more studies were carried out and a movement in favor of active fatherhood were included. Thus, duplicated articles or articles that did not clearly show the paternal role in family relationships were excluded. It should be noted that language was not an exclusion criterion, so that all studies that met the research object were selected to compose the corpus of analysis, regardless of language. In the initial survey, 1,365 scientific materials were found, which were submitted to Mendeley's bibliographic management, which helped in the material selection and reading.

The initial screening of studies was performed by two reviewers independently, following the criteria established in pre-selection. Thus, 1,235 studies were excluded due to free and/or full unavailability, 04 studies considered gray literature and 02 duplicates, leaving 124 studies. These were submitted to the reading of titles and abstracts, noting that 73 had no relationship with the object of study. The remaining 51 articles were submitted to full reading, of which 36 did not make clear the paternal role in the family relationship, leaving 15 selected for review. The process of identification and selection of studies followed the Preferred Reporting Items for Systematic Reviews and Meta Analyses (PRISMA) recommendations as shown in Figure 1.

The component materials of the analytical corpus were organized in a synoptic table created by the authors with a view to extracting information such as reference, level of evidence and categories. These categories were raised by the researchers from an exhaustive text reading and similarity grouping. The studies were also evaluated and classified according to the level of evidence according to Agency for Healthcare Research and Quality (AHRQ) categories, which cover six levels according to the meth-

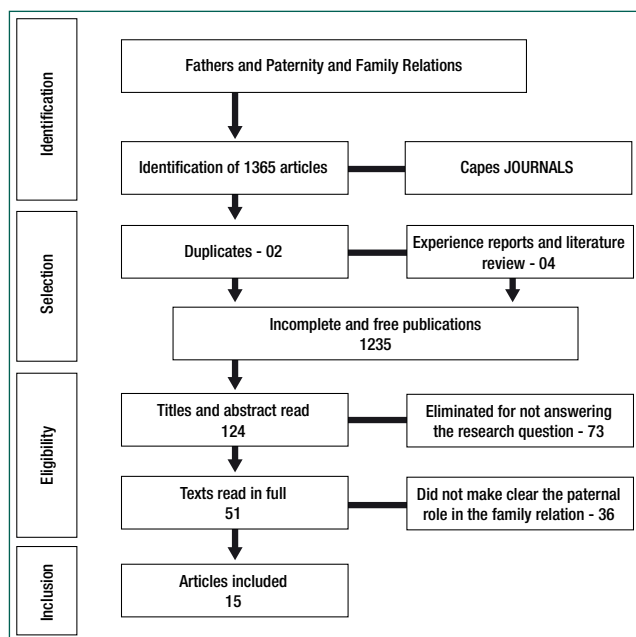


Figure 1. Study selection flowchart

odology used.⁽¹⁴⁾ The interpretation of the findings was based on the gender theoretical framework, with a view to discussions of masculinities, relating them to the paternal role in family relationships.

Results

Fifteen articles published between 2011 and 2020 were analyzed, with the majority (four of them) from 2018. The level of evidence was four for 11

of the publications, three for two studies and one with level one of evidence. Regarding the paternal role in family relationships, this was categorized as caregiver, educator and provider (Chart 2).

Care is understood as the actions taken to maintain human existence, which goes from conception to end of life. Furthermore, care is inserted in social relationships, where presence and coexistence allow development, as pointed out by Collière⁽¹⁵⁾ and Boff.⁽¹⁶⁾ From the father’s perspective, the care listed in the articles included in this review was based on two perspectives, the emotional and the physical, the first in relation to the affective bond and the second linked to actions aimed at food and hygiene.

Family education, practiced by parents and expressed in the literature, refers to informal education, as it is not performed by educational bodies. Through it, studies have shown that parents act by example, as a model to be followed, in addition to providing guidance on religion and through school monitoring. These actions contribute to the development of the social being, since education permeates objective and subjective aspects, which, in childhood and adolescence, mostly occurs through the family.^(17,18)

Provision, on the other hand, refers to a social role that has been historically attributed to men so that they must guarantee family subsistence and that is how it was reported in the literature, regarding financial support.

Chart 2. Summary of articles included in the review

Identification / Reference	Title/country of publication	Population	Objective	Findings/ Categories	Level of evidence
A1 Frare, 2014 ⁽¹⁹⁾	Maternity and paternity: the view of the teenage couple/ Brazil	11 couples of adolescents.	Understand the experience of adolescent pregnancy from the reports of mothers and adolescent parents.	Caregiver and provider.	4
A2 Salami, et al. 2018 ⁽²⁰⁾	Absent fathers' socio-economic status and perceptions of fatherhood as related to developmental challenges faced by children in South Africa/ South Africa	300 teachers.	Determine which of socioeconomic factors as well as what paternal perception would significantly determine the challenges faced by children.	Caregiver, educator and provider.	3
A3 Malmquist, et al. 2020 ⁽²¹⁾	Life Finds a Way: Young Adults With Lesbian Mothers Reflect on Their Childhood Prior to Legal Recognition of Same-Sex Parents in Sweden/ Sweden	08 young Swedish adults raised by lesbian couples.	Explore how young adults with lesbian mothers had experiences and obstacles encountered in their family of origin.	Educator:	4
A4 Eskandari et al., 2018 ⁽²²⁾	Design and Evaluation of the Psychometric Properties of a Paternal Adaptation Questionnaire/ Iran	17 men experiencing parenthood for the first time.	Design and evaluate the psychometric properties of the Paternal Adaptation Questionnaire (PAQ).	Caregiver and educator.	4
A5 Ataide, 2018 ⁽²³⁾	<i>Rupturas y continuidades en los roles y relaciones de género. Estudio sobre las experiencias y expectativas familiares y laborales de los hijos e hijas de la migración boliviana en Salta/ Argentina</i>	15 men and 10 migrant women.	Analyze the ruptures and continuities present in the roles and gender relations of the sons and daughters of the Bolivian migration.	Educator and provider.	4
A6 Kaldager, et al. 2015 ⁽²⁴⁾	Earnings and first birth probability among Norwegian men and women 1995-2010.	4,777,842 men and 3,267,393 women.	Investigate the association between income and the probability of having children.	Provider.	3

Continue...

Continuation.

Identification / Reference	Title/country of publication	Population	Objective	Findings/ Categories	Level of evidence
A7 Trillingsgaard, et al. 2015 ⁽²⁵⁾	<i>The Family Startup Program: protocolo de estudo para um ensaio clínico randomizado de um programa de apoio parental baseado em grupo universal</i>	2,500 pregnant women and their partners.	Determine what improvements are made with parental participation in a parent support program.	Caregiver and educator.	1
A8 Kuruçirak et al. 2014 ⁽²⁶⁾	The experiences and involvements of fathers during 4-12 months of their children's lives: a mixed method study	260 parents.	Determine the involvement of Turkish parents in the care of their healthy babies.	Caregiver and educator.	4
A9 Creighton et al., 2017 ⁽²⁷⁾	Picturing Masculinities: Using Photoelicitation in Men's Health Research	25 men after the accidental death of a male colleague and 64 parents.	Explore the use of the photo-elicitation method in two qualitative male health studies.	Caregiver, educator and provider.	4
A10 Opondo et al., 2016 ⁽²⁸⁾	Father involvement in early child-rearing and behavioral outcomes in their pre-adolescent children: evidence from the ALSPAC UK birth cohort	6,898 children and 6,328 mothers who completed the Strengths and Difficulties Questionnaire (SDQ).	Explore paternal involvement in early childhood education.	Caregiver and educator.	4
A11 .Merklinger-Gruchala et al. 2019 ⁽²⁹⁾	Paternal investment and low birth weight – The mediating role of parity	80,553 babies born in gestations of 37 and 41 weeks.	Determine whether multiparous mothers are more susceptible than primiparous mothers to the effect of lack of paternal data on the risk of Low Birth Weight.	Caregiver and provider.	4
A12 Sheppard, et al. 2014 ⁽³⁰⁾	A Not-So-Grim Tale: How Childhood Family Structure Influences Reproductive and Risk-Taking Outcomes in a Historical U.S. Population	16,207 families.	Examine the effects of family structure on a range of characteristics related to sexual maturity, reproduction, and risk.	Caregiver.	4
A13 Håpnes, et al. 2011 ⁽³¹⁾	Policies and Practices of Family Friendliness. Time and Employment Relations in Knowledge Work	Workers (men and women) of science and technology organizations.	Explore how policies (focused on the family) are favorable to the nuclear family.	Caregiver and provider.	4
A14 Page, et al. 2019 ⁽³²⁾	The gendering of heterosexual religious young adults' imagined futures. <i>Journal of Contemporary Religion</i>	494 young adults.	Explore the presence of religious education in the future of young people.	Caregiver and provider.	4
A15 Studnicki, 2018 ⁽³³⁾	Less Oedipus, more Telemachus: the framing of fatherhood in international press.	Four newspapers: The New York Times, <i>Corriere della Sera</i> , <i>Gazeta Wyborcza</i> and <i>Rzeczpospolita</i> .	Present an analysis of the family man image in four newspapers: The New York Times, <i>Corriere della Sera</i> , <i>Gazeta Wyborcza</i> and <i>Rzeczpospolita</i> .	Caregiver, educator and provider.	4

Discussion

The limitations of this study are concentrated in the methodological weaknesses of included studies, which should consider the potential for bias. Furthermore, despite the large number dealing with the paternal role, most emphasize the upbringing of boys, leaving girls under the responsibility of women.

According to the selected scientific literature, the paternal role in family relationships was expressed through care actions that should take place from the moment of conception, which includes monitoring during prenatal care.^(26,33) This context of care is already recommended by the Ministry of Health, which shows the importance of male involvement in reproductive planning and also in prenatal care.⁽³⁴⁾ Meanwhile, PNAISH, in its axis of paternity and care, signals for the term Prenatal Partner, including an active participation of men in the gestational process that, in addition to help-

ing in disease prevention, proposes to strengthen family bonds.

Although this is a recent debate and the inclusion of fathers in care activities is still a challenge, the scientific literature parallels the impacts on maternal and child health. A study carried out in the United States of America, which was included in this review, points out that paternal non-participation in the gestational period is related to low birth weight. After birth, the findings in the literature also revealed that the lack of care of the paternal figure can trigger risky behavior in the reproductive sphere, such as: early initiation of sexual life and associated risks.⁽³⁰⁾ On the other hand, acting as a caregiver was expressed in studies as associated with benefits for the baby, in terms of emotional security and the absence of problems in childhood.⁽²⁸⁾

In maternal health, two studies pointed to the relationship between paternal care and relief from postpartum depression.^(28,29) Thus, paternal care is por-

trayed in the literature as a beneficial factor not only for the child, but also for the mother, which signals the need to strengthen the involvement of parents.

This role, which brings benefits in the physical and emotional sphere, was present in the scientific literature in the form of emotional care. A9, carried out with 64 Canadian parents, revealed that they are concerned about being emotionally present with the children, which provided the establishment of bonds and affective bonding.⁽²⁷⁾ This emotional approach allows parents to perceive problem-situations, allowing them the ability to help in the resolution, as they establish friendship and intimacy relationships, which facilitates communication.⁽²²⁾ In this sphere, the paternal role is interpreted by that father who is emotionally present and can intervene in the children's lives.

Care, however, did not stop only at issues in the emotional field, but was expressed through interaction in the physical field. Cleaning, cooking, bathing and changing diapers are elements that appear associated with maintaining child integrity.^(20,25,26,28) Added to this, this attention permeates the duty to provide security, ensuring that basic needs are met, which includes the health condition. Thus, one of the studies, A4, pointed out that parents are concerned with accompanying children during routine consultations and with possible illnesses during childhood.⁽²²⁾ In view of this, being a father is related to actions of care for the offspring.

These actions express a fatherhood model that has been seeking changes in the parent-child interaction process or is currently being formed. A13, carried out in Norway, points to the term "modern parents", suggesting that even those who had less involved parents influence express the desire to participate in the lives of children/adolescents; however, this is often impeded by other responsibilities socially assigned to man.⁽³¹⁾

Challenges and potentialities for the exercise of active parenthood can be observed to the extent that social, institutional, political and educational barriers still remain significant in the organization of societies.⁽³⁵⁾ As an example, it is possible to mention the limitation of the Paternity Leave Law in Brazil and the absence of initiatives that involve the

paternal figure in raising children and in carrying out domestic activities.⁽³⁶⁾ This scenario favors the maintenance of the paternal position as a supporting role, little present, and, in some contexts, even as irresponsible, which requires the encouragement of active fatherhood through bond enhancement, interaction in children's educational tasks and encouragement to have more time to participate in the stages of growth and development of their offspring.

Thus, a review of the structuring markers of the symbolic and practical place of paternity must be carried out in societies. Furthermore, attention is drawn to overcoming limiting factors so that truly active and responsible parenthood becomes an everyday social reality. A reflection of these limitations occurs with the *Children and Adolescent Statute (ECA – Estatuto da Criança e do Adolescente)* in Brazil, which cannot cope with this emergency need.

In relation to younger parents, a national study carried out with adolescents indicates that, for this audience, the discovery of paternity generates reflections on their responsibility regarding child/adolescent care with regard to health practices and revealed that, when thinking about this future construction, men do not refer to care as one of their roles, attributing this function to women.⁽³²⁾ In this sense, even with the space that women have acquired, it is still up to them to reconcile work and domestic activities, especially in child care. In this context, a Norwegian study, A13, carried out with men and women workers of science and technology companies, points out that, although there is a policy of workload flexibilization to improve family ties, it is women who, in the majority, use the benefit.⁽³¹⁾ In this way, taking over care functions by men is not a reality and often burdens women who have no power to choose between work and motherhood.

It is essential to advance in the understanding of paternal co-responsibility in the maternal and child relationship, in order to guarantee active paternity. This happens from the consolidation of their constituent pillars, enabling them to be healthier, equitable, non-violent, responsible, promoters of their

well-being and of their families equally in gender relations.⁽³⁷⁾ and with inscriptions based on affectivity, especially on engagement with the pregnancy-puerperal cycle, in the father-infant relationship and in meeting immediate demands for care.⁽³⁸⁾ From this perspective, it is necessary to mitigate old stigmas that are updated about paternity and that reinforce gender inequalities,⁽³⁷⁾ as well as the transformation of archaic references of family models, which makes paternal exercise an unfavorable situation, which prevents the advent of a “new paternity”,⁽³⁸⁾ as has been happening in Brazil.

This concept, based on patriarchy, does not dialogue with the duty set out in laws for the protection of children and adolescents. Article 4 of ECA states that it is the duty of the family, community and society to guarantee access to health, education, food, leisure and others.⁽³⁹⁾ Corroborating the study included in the review, the paternal role appears as a civil duty to guard, protect, feed, educate, train, manage and represent minors.⁽³³⁾ Legally, care functions are assigned to the family and not just the mother, but the social gender division makes men far from caring for infants.

Care is intertwined in educational actions, with which the father takes over the role of educator. This education can come from the model to be followed, from example, which directs the construction of character and autonomy. The studies included show that the example is perceived in the reproduction of behaviors, since children, especially boys, tend to follow and build their identities based on the male model presented by their parents.^(27,28,33) In this process, descending from father to son, the learning of important paternal functions to be developed in the future is identified, such as care, love, protection and provision, according to A2.⁽²⁰⁾ A Brazilian study with male perpetrators of violence points to the reproduction of violent behavior in men who experienced this injury during childhood.⁽⁴⁰⁾ In this sense, the father model presented in childhood builds the individual's identity and can influence their actions.

Such construction does not occur in an isolated and unintentional way, but has characteristics of what are considered important for parents. In this sense, A4 points out that parents' beliefs are taught

to infants, leading them to the same religion and thus perpetuating family values. Furthermore, the education offered by parents is molded in sociocultural and political aspects, so that just as parents were educated on certain beliefs, their descendants will also be and their teachings are under certain understandings that relate to religion.

Education built by an example, loaded with several other constructions, aims to prepare the individual to make choices. A9 and A10, carried out in Canada and England, reveal that parents link education to quality training in order to drive success in different areas of life, in addition to promoting full development, which includes preparation for the world of work.⁽²⁷⁻²⁸⁾ In a study by Studnicki, A15, authors point out that professional choices can be based on the father's expectations for their daughter or even constructed according to the positive judgment or negative that the parent holds.⁽³³⁾ Thus, parental education influences the path that children/adolescents will follow in their life.

Therefore, it is necessary the paternal involvement in educational issues in order to seek a better quality of life. For Trillingsgaard et al., in A7,⁽²⁵⁾ monitoring school development is beneficial for the learning process of children and adolescents. Corroborating, a US study adds that there is a positive relationship between the development of children and adolescents throughout life and the involvement of parents in educational issues related to school activities, leisure, academic and professional performance and, even, as an adult, the concern with family formation.⁽⁹⁾ This involvement was pointed out by Swedish research that reveals the paternal role in the educational process with the responsibility to participate in school meetings.⁽²¹⁾ In the studies by Eskandari, in A4,⁽²²⁾ this fatherly interaction with the child's school allows for a greater understanding of the needs of children and adolescents. Whether with the future objective or not, the father also has the role of monitoring education.

The father's participation in educational development occurs through monitoring the offspring not only in school matters, but also with regard to gender education. In the meantime, there are dif-

ferences in educational management aimed at girls and boys. Despite the formation of male children, from an early age, they are taught constructs that are anchored in the social construction of masculinity.^(20,23) These attributes are related to the socio-cultural constructions of gender that determine the roles of men and women.⁽⁴¹⁾

Considering that the construction of friendships, during childhood and adolescence, is mostly established at school and non-binary behaviors are seen as deviant, especially when education was based on religious models, studies point to the choice of friendships by parents. In A4,⁽²²⁾ the authors indicate that parents should be careful to choose friends that children and adolescents should relate to, considering that friendships are important in individuals' life cycle. This may be related to the fact that friendships lead to paths that are not consistent with parental teachings and, thus, direct parents to such an attitude. It should be noted that, although parents have authority over children, it is necessary to rethink educational attitudes that are not violent and imposing.

Choices are not limited to friendships, but can be part of professional guidance. A4 points out that in adult life, parents have the role of directing boys/men to manual work, considering this activity inherent to males and reinforcing gender stereotypes.⁽²²⁾ Furthermore, A5 reveals that the father helps his offspring for the success of their academic career, including helping them financially until they stabilize in the profession.⁽²³⁾

Financial provision also appeared strongly in the literature as one of the roles linked to the paternal figure from the pregnancy and puerperal period, adolescence to adulthood. It was observed in A11, carried out in Poland, negative repercussions for children when men restrict the supply of maternal food, which impacts fetus nutrition and, consequently, child growth.⁽²⁹⁾ In this regard, A6, Norwegian, highlights that the absence of a secure source of income is an obstacle in the creation of children, which highlights the appreciation of this attribute,⁽²⁴⁾ unveiling a concern of adolescent parents for family maintenance marked by the search for work activities.⁽¹⁹⁾

With regard to adulthood, it was observed that the social role of provision hinders and often sacrifices time of care and education with children, which is also exposed by difference in time allocated to leave at children's birth.⁽³¹⁾ It should be noted that this social attribute has both positive and negative repercussions for the lives of children, and should be reflected in individual and political change.

It is noticed that the inclusion of paternity as one of the axes to be worked on in PNAISH is still a political issue, with no real intention of paternal participation, since it does not make clear the definitions and how this promotion should be carried out.⁽⁴⁾ Thus, this is a topic that still needs to be widely disseminated and worked on by health and education professionals for a better understanding of active fatherhood in modern times.

Conclusion

Summing up the knowledge produced, the paternal role is described through actions of care, education and provision for children. Understanding the roles to be played by men in the performance of responsible parenthood can guide the professional practice of nurses and other healthcare and education professionals in order to encourage male involvement in monitoring the development of their children. This encouragement of active fatherhood can be done through programs that already exist within the Family Health Strategy, among them, the sexual and reproductive planning, prenatal, including partner prenatal care, childcare, in addition to the Health at School Program (*Programa Saúde na Escola*), which aims to establish a partnership between health, education and family sectors for child health promotion. Thus, actions in these spaces can take place through the creation of groups and care technologies that promote parental bonding in early childhood. Furthermore, it is urgent that health education actions that focus on active fatherhood be strengthened as well as the structuring of lines of care that aim to strengthen the involvement of men in care and education of their offspring.

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