

Chapter 257

Father – A place in the promotion and care of the child

 <https://doi.org/10.56238/devopinterscie-257>

Jocileide Sales Campos

Physician, Pediatrician. Ph.D. in Public Health - USP. Professor of Medicine and Master of Teaching in Health and Educational Technologies – Unichristus. Member of the Cearense Society of Pediatrics and the Brazilian Society of Pediatrics

Marina Costa Campos

Medical, Residency in Gynecology and Obstetrics

Theo Marcílio Pompeu

Family and Community Medicine Physician. Master's student of the Master's Degree in Teaching in Health and Educational Technologies – Unichristus

1 INTRODUCTION

*"When children play, and I hear them play, there is something in my soul to rejoice."
Fernando Pessoa.*

In Fortaleza, Ceará, as in other parts of the world, child health care has been modified by the occurrence of the Covid-19 pandemic, caused by the coronavirus SARS-CoV-2. Either in the provision of services, particularly in the Primary Health Care Units (UAPS), or in the search for these services itself, particularly when they referred to the actions of protection, of health promotion supported by the monitoring carried out through the childcare consultations. This change was directly caused by the need for new behaviors aimed at reducing the circulation of the virus, its transmission, and infection of people, the severity of the disease, and deaths. Much more than the use of protective masks, in addition to special hand hygiene, social isolation measures to prevent crowds, especially in poorly ventilated places have been decided by health agencies around the world, in the search to contain the increase of the pandemic, considering the knowledge, studies on this.

In the UAPS, we then saw children in search only of treatment for some type of aggravation, diseases that affected them. However, the community health agents (CHA) maintained their activities of home visits, offering information, and guidance on the promotion of the health of children and families. They were wearing their masks, often using alcohol gel at 70 degrees as recommended, protecting themselves, the families they visited, and their families, too.

It was in this context, in this home environment, in which family members were more present – children in distance school tasks, adults in "home office" work activities, much closer, physically, experiencing new experiences in their routines, that brought behaviors and deep reflections on their habits of life, their lives as they are and as they can be.

And, in this same context, in conversation with the CHA, an unusual fact is discovered - the participation of the father in the process of "taking care of the child", in his commitment to be together, playing together, doing together with the children, in the family. In the tones of their speeches, the CHA showed a satisfaction that sought to show a certain "magic" in this behavior, unprecedented, discovered.

It is recalled that authors wrote more than a decade ago that "the participation of men in the development of early childhood brings impacts to their own lives, to the relations of gender construction, to the lives of their partners, children and women, and men in general. So that participation can have long-term effects on the world around you."

Include academic experiences of post-graduation, a master's degree studying the participation of the father in the delivery of his partners, four years ago, concluding by the creation of an application aimed at guiding these parents to develop collaborative attitudes with their emotions and those of the partner and the work team in the delivery room.

When thinking about humanized childbirth, issues related to changes in the conduct of professionals who care for the parturient, new forms of welcoming, family participation, and the right to a companion are brought up for discussion, thus requiring new perspectives.

Even recognizing the role of the companion of parturients in the delivery room, defined in Federal Law No. 11,108, of April 7, 2005, to guarantee parturients the right to the presence of a companion during labor, delivery and immediate postpartum, within the scope of the Unified Health System (SUS), it was perceived in several situations, that the benefit was not what was expected. There was a strong concern about the parturients and also interference in the work of the team of professionals in the assistance to this parturient.

And then, a technological tool was developed – a smartphone application – making it possible to train and guide people accompanying the parturients in the delivery room - "37th week in the orientation of the companion in the delivery room".

It is very important to reflect that, despite the right guaranteed to the father to participate in the birth, the birth of his child, the main objective was the possible benefit, to the parturient and her newborn.

And, returning to the perception of the CHAs, during their home visits, during the times of the Covid-19 pandemic, they commented that:

"For Dad, being in the home office made it easier for him to participate, he liked it..." "Staying at home, the father participates, helps, listens, talks, reinforces..." Perceptions are complemented by "the parents got closer, sang more, talked more, especially the father."

The attention to these statements brought the discovery of a feeling of satisfaction of the professionals, added to the good surprise when they refer to the behavior and pleasure of these parents who showed themselves open to those emotions, those interactions. It even seems to affirm the text of an article published in the newspaper *Diário do Nordeste*, 2020, written by Érica Machado, which describes: "Father is not restricted to the biological role..."

It is also worth bringing here a reference to the statement of neuroscientist Pia Rebello Britto, senior advisor to UNICEF, of the Early Childhood Development Program (ECD), in which one of UNICEF's commitments is the defense of paid parental leave, investment in family policies: "All once a parent talks to a child, he lights something up in that child; It is stimulation for the child. It forms brain connections."

Jumping back into the past must be made, a *mea culpa*, especially for health professionals. It is that, driven by a cultural behavior, in which the man, the father was, and still has been, considered the provider, but not included in the action, in the role of caregiver. Thus, the policies of integral attention to maternal and child health, to children's health are the targets of the publication of the Ministry of Health (MS) launched in 2011: "Management and Managers of public policies for child health care – 70 Years of History"

And the National Policy of Integral Attention to Men's Health (PNAISH) dates from 2008, only about fifteen years ago, bringing an axis on the man in family planning, in prenatal care!

The publication of the MS, 2011, previously cited, records "the first state program for the protection of maternity, childhood, and adolescence that is known was instituted during the Estado Novo (1937/1945). The activities of this program were developed by the National Department of Health of the Ministry of Education and Health (MES), through the Division of Support for Maternity and Childhood." And further: "the Coordination for Maternal and Child Protection (CPMI) was created in 1970. This coordination was linked to the Secretariat of Medical Assistance and had the attribution to plan, guide, coordinate, control, assist, and supervise the activities of protection to maternity, childhood, and adolescence, according to Decree No. 66,623, of May 22, 1970."

In 1975, the National Program for Maternal and Child Health was created, which aimed to contribute to the reduction of morbidity and mortality of women and children.

Subsequently, still in the 1970s, there is the Technical Area of Child Health and Breastfeeding (ATSCAM), a sector of the Ministry of Health (MS) responsible for proposing and coordinating government policies for the health care of Brazilian children under ten years of age, to fulfill the commitments assumed by Brazil, of protection and attention to the health of the child, such as the Millennium Development Goals (MDGs), the Pact for Health, the Pact for the Reduction of Maternal and Neonatal Mortality, and the Pact for the Reduction of Infant Mortality in the Northeast and Legal Amazon.

Priority lines of care to guide the actions of ATSCAM are understated, as illustrated below

Priority care lines of ATSCAM, MS



Subtitle: Incentive and qualification of growth and development monitoring
Preventing violence and promoting the culture of peace
Comprehensive health care for children
Attention to the health of the newborn
Promotion, protection and support of breastfeeding

And in 2008, Brazil became "the second country in America that has a sector for men's health, since only Canada had this folder. As already mentioned, the National Policy for Integral Attention to Men's Health (PNAISH) is created.

But in addition to the culture that saw man as a provider, allied to it is the fact that man remains "stuck" at work and presents a certain fear of discovering himself sick.

Therefore, it is necessary, it is urgent that the spaces of actions for the health of men, including their right to be a father and to act in this paternity, be protected, and stimulated, as highlighted in the PNAISH on sexual and reproductive rights, participation in prenatal care. "Paternity should not be seen only from the point of view of a legal obligation, but, above all, as a right of man to participate in the whole process, from the decision of whether or not to have children, how and when to have them, as well as the monitoring of pregnancy, childbirth, postpartum and the education of the child."

To the father, therefore, the opportunity to be more informed, not only about the care of his health, but to be able to exercise fatherhood, participate in family planning, prenatal care, childbirth, activities to stimulate child development and play with his children.

The World Health Organization (WHO) and UNICEF recognized the importance of the father when he inserted family competencies in the early 1990s, early 2000s, as one of the sixteen key competencies: and to encourage the father's participation in the care of children - healthy or infirm, and in the reproductive health of the family.

The Maria Cecília Souto Vidigal Foundation for Early Childhood, in its publication "Fundamentals of the Family as a Promoter of child development – parenting in Focus", 2015, brings in chapter 4: "Contributions of the Participation of the male figure and Co-parenting for the integral development of the child in early childhood", specificities of the participation of the male figure in the integral development of the child, the relevance of the father figure in the emotional and intellectual development of the child, as well as research that indicates that those who exercise fatherhood, when assuming the role of caregiver, can also change biologically and psychologically,

A contribution that can stimulate the recognition of the bilateral benefits on the performance of the male father may be Paternity Leave, which is still so incipient, and is a right guaranteed by law. It is recalled that the Federal Constitution provides for up to five calendar days of paternity leave, and therefore the law is protected by the **seventh article of the Brazilian constitution**.

In 2023, studies on the activities of the father, his perceptions, and those of the families on the subject, with consequent proposals for interventions are underway, both by the Working Group on public policies for Child and adolescent health, of the Cearense Society of Pediatrics (SOCEP), and by scientific initiation groups that bring together students and teachers, of the medical course of the Christus University (Unichristus).

It is concluded that a specific public political action of support, directed to the father, is indispensable so that there is the use of each moment in which the father-child-family relationship can be strengthened, in the creation of the bond, of the protection of child development assuring the child love, protection, and safety and allowing the father the true involvement so essential and so desired in the care of his sons and daughters.

REFERENCES

- BARROSO, A. P.; CAMPOS, J. S. O aplicativo 37^a. Semana na orientação do acompanhante em sala de parto. Dissertação de Mestrado. Mestrado em Educação e Ensino em Saúde, Unichristus, Fortaleza, CE, 2018.
- BELO, F. R. R.; GUIMARÃES, M. R.; FIDELIS, K. A. B. Pode um Pai Ser Cuidadoso? Crítica à Teoria da Paternidade em Winnicott. *Psicologia em Estudo*, Maringá, v. 20, n. 2, p.153-164, maio./ jun. 2015
Disponível em:http://periodicos.uem.br/ojs/index.php/PsicolEstud/article/view/24274/pdf_31 Acesso em 28/04/22
- BRASIL. Lei 8.212/1999 e Decreto 8.737/2016 sobre direito a licença paternidade, 2016.
- _____. Lei nº 11.108, de 07 de abril de 2005. Dispõe sobre o direito ao acompanhamento durante o trabalho de parto, parto e pós-parto imediato. *Diário Oficial da União*, Brasília, DF, 08 abr. 2005. Seção 1, p. 1.
- _____. Ministério da Saúde, FEBRASGO e ABENFO. Parto, aborto e puerpério. Brasília, DF, 2001. Disponível em: http://bvsmms.saude.gov.br/bvs/publicacoes/cd04_13.pdf>
- _____. Ministério da Saúde. Secretaria de Atenção à Saúde. Área Técnica de Saúde da Criança e Aleitamento Materno. Gestões e gestores de políticas públicas de atenção à saúde da criança: 70 anos de história / Ministério da Saúde, Secretaria de Atenção à Saúde. Área Técnica de Saúde da Criança e Aleitamento Materno. – Brasília : Ministério da Saúde, 2011. 80 p. : il. – (Série I. História da Saúde)
- BRUGGEMANN, O. M. et al. A inserção do acompanhante de parto nos serviços públicos de saúde de Santa Catarina, Brasil. *Esc. Anna Nery*, Rio de Janeiro, v. 17, n. 3, p. 432-438, ago. 2013.
- BRUSSONI, M.; OLSEN, L. L. Striking a balance between risk and protection: fathers attitudes and practices towards child injury prevention. *Journal of Developmental and Behavioral Pediatrics*, n. 32, p. 491-498, 2011.
- CEARÁ. Secretaria de Saúde do Estado. Projeto defortalecimento das competências familiares: promovendo a saúde da criança. Fortaleza: SESA, 2003.
- CHICARO, M. F.; LAZZARI, M. C.; PLUCIENNIK, G. A. (Organizadoras) Fundamentos da família como promotora do desenvolvimento infantil: parentalidade em foco -- 1. ed. -- São Paulo: Fundação Maria Cecília Souto Vidigal - FMCSV, 2015.
- DINIZ, C. S. G. et al. Implementação da presença de companheiros durante a admissão hospitalar para o parto: dados da pesquisa nacional Birth in Brazil. *Cad. Saúde Pública*, Rio de Janeiro, v. 30, supl. 1, p. S140-S153, 2014.
- FERREIRA, K. A.; MADEIRA, L. M. O significado do acompanhante na assistência ao parto para a mulher e familiares. *Enfermagem Obstétrica*, Rio de Janeiro, v. 3, n. 01, jan./set. 2016.
- FORTALEZA. Programa Parto Que Te Quero Perto. Fortaleza: Hospital Distrital Gonzaga Mota de Messejana, 2011.
- MACHADO, E. B. A importância da função paterna no desenvolvimento dos filhos. *Jornal Diário do Nordeste*. Fortaleza, 09/08/2020.

Organização Pan Americana de Saúde (OPAS). Organização Mundial da Saúde (OMS); Unicef. OPS/OMS/Unicef. 16 practicas claves para el crecimiento y desarrollo saludables. Serie HCT/AIEPI 62(3), 2006.

UNICEF. Unicef's programme guidance for early childhood development. Unicef programme Di- vision, 2017.