REVIEW ARTICLE

REVISTA ENFERMAGEM ATUAL IN DERME

# *PARTICIPATION AND ASSOCIATED BENEFITS OF CISGENDER HETEROSEXUAL MEN DURING PREGNANCY: AN INTEGRATIVE LITERATURE REVIEW*

# PARTICIPAÇÃO E OS BENEFÍCIOS ASSOCIADOS DE HOMENS CISGÊNERO HETEROSSEXUAIS DURANTE A GESTAÇÃO: REVISÃO INTEGRATIVA DA LITERATURA

# *PARTICIPACIÓN Y BENEFICIOS ASOCIADOS DE LOS HOMBRES HETEROSEXUALES CISGÉNERO DURANTE EL EMBARAZO: REVISIÓN INTEGRADORA*

**[1]Hiago Gomes Vicari**
**[2]Pâmella da Silva Góes Coutinho**
**[3]Edson Silva do Nascimento**
**[4]Rayssa Noah Cardoso Saraiva de Freitas**
**[5]Gabriela Mesquita Lopes de Lima**
**[6]Lyandra Mara de Almeida Felipe**
**[7]Anna Caroline de Sousa Belo**
**[8]Ana Maria Martins Pereira**
**[9]Cindy Ferreira Lima**
**[10]Mónica Alexandra Pinho da Silva**
**[11]Maria João Jacinto Guerra**
**[12]Gustavo Gonçalves dos Santos**

[1,2,12]Universidade de Ribeirão Preto, Campus Guarujá (UNAERP). Guarujá, São Paulo - SP, Brazil. Orcid: https://orcid.org/0009-0008-7115-0715 Orcid: https://orcid.org/0009-0008-6276-1450; Orcid: https://orcid.org/0000-0003-1615-7646
[3]Faculdade de Medicina da Universidade de São Paulo (FMUSP). São Paulo - SP, Brazil. Orcid: https://orcid.org/0000-0001-6343-0401
[4,5,6]Faculdade de Odontologia, Farmácia e Enfermagem da Universidade Federal do Ceará (UFC). Grupo de Estudos Enfermagem em Saúde Sexual e Reprodutiva (GESSARE). Fortaleza - CE, Brazil. Orcid: https://orcid.org/0009-0002-7983-2899; Orcid: https://orcid.org/0009-0004-1303-7395; Orcid: https://orcid.org/0009-0001-6352-2442
[7]Hospital São Domingos, Rede Américas. São Luís, Maranhão - MA, Brasil. E-mail: annacaroline.enfer@gmail.com. Orcid: https://orcid.org/0009-0005-9087-8195
[8]Secretaria de Saúde do Estado do Ceará. Grupo de Estudos Enfermagem em Saúde Sexual e Reprodutiva (GESSARE). Fortaleza - CE, Brazil. Orcid: https://orcid.org/0000-0003-2885-3075
[9]Organização Pan-Americana da Saúde (OPAS), Secretaria do Estado de Saúde de Minas Gerais. Minas Gerais - MG, Brazil. Orcid: https://orcid.org/0000-0002-4578-2224
[10,11]Escola Superior de Enfermagem do Porto (ESEP). Porto, Portugal. Orcid: https://orcid.org/0000-0003-0548-8829; Orcid: https://orcid.org/0000-0002-2510-5955

**Corresponding Author**
**Gustavo Gonçalves dos Santos**
Avenida Dom Pedro I, nº 3.300 – Enseada, Guarujá, São Paulo - SP, Brazil, 11440-003.
E-mail: ggsantos@unaerp.br

**Submission** 04-02-2026
**Approval:** 31-08-2026

**ABSTRACT**
**Introduction:** Paternal participation during pregnancy is recognized as a fundamental element for promoting maternal, neonatal, and family health, but it still faces cultural, institutional, and socioeconomic barriers. **Objective:** This study aimed to identify, through the literature, the benefits of paternal presence during pregnancy. **Methods:** This is an Integrative Literature Review, conducted using the information sources Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Database (BDENF), Medical Literature Analysis and Retrieval System Online (MEDLINE) via U.S. National Library of Medicine (PubMed), including studies published between 2020 and 2025, in Portuguese, English, or Spanish. Eight articles that met the inclusion criteria were selected and analyzed using the Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires for data organization and categorization. **Results:** The studies encompassed different geographical contexts, covering countries in Africa, Oceania, and South America. The main reported benefits include emotional support and security for pregnant women, strengthening of family bonds, female empowerment, and improvement in maternal and child health indicators. Recurring barriers involved gender stereotypes, work inflexibility, lack of cultural competence in health services, and little institutional openness to the inclusion of the father. **Conclusions:** It is concluded that valuing active fatherhood in prenatal care is strategic for comprehensive care and gender equity, requiring restructuring of health services and professional awareness-raising actions.
**Keywords:** Paternal Behavior; Paternal Effect; Fatherhood; Pregnancy; Gestation; Nursing.

**RESUMO**
**Introdução:** A participação paterna durante a gestação é reconhecida como elemento fundamental para a promoção da saúde materna, neonatal e familiar, mas ainda enfrenta barreiras culturais, institucionais e socioeconômicas. **Objetivo:** Este estudo teve como objetivo identificar por meio da literatura os benefícios da presença paterna no período gestacional. **Métodos:** Trata-se de uma Revisão Integrativa da Literatura, conduzida nas fontes de informação Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), Banco de dados de Enfermagem (BDENF), Medical Literature Analysis and Retrieval System Online (MEDLINE) via U.S. National Library of Medicine (PubMed), incluindo estudos publicados entre 2020 e 2025, nos idiomas português, inglês ou espanhol. Foram selecionados oito artigos que atenderam aos critérios de inclusão, analisados por meio do Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires para organização e categorização dos dados. **Resultados:** Os estudos contemplaram diferentes contextos geográficos, abrangendo países da África, Oceania e América do Sul. Os principais benefícios relatados incluem apoio emocional e segurança à gestante, fortalecimento do vínculo familiar, empoderamento feminino e melhora nos indicadores de saúde materno-infantil. Barreiras recorrentes envolveram estereótipos de gênero, inflexibilidade laboral, ausência de competência cultural nos serviços de saúde e pouca abertura institucional para a inclusão do pai. **Conclusões:** Conclui-se que a valorização da paternidade ativa no pré-natal é estratégica para o cuidado integral e para a equidade de gênero, demandando reestruturação dos serviços de saúde e ações de sensibilização profissional.
**Palavras-chave:** Comportamento Paterno; Efeito Paterno; Paternidade; Gravidez; Gestação; Enfermagem.

**RESUMEN**
**Introducción:** La participación paterna durante el embarazo se reconoce como un elemento fundamental para promover la salud materna, neonatal y familiar, pero aún enfrenta barreras culturales, institucionales y socioeconómicas. **Objetivo:** Este estudio buscó identificar, a través de la literatura, los beneficios de la presencia paterna durante el embarazo. **Método:** Se trata de una revisión integrativa de la literatura, realizada utilizando las fuentes de información Literatura Latinoamericana y del Caribe en Ciencias de la Salud (LILACS), Base de Datos de Enfermería (BDENF), Sistema de Análisis y Recuperación de Literatura Médica en Línea (MEDLINE) a través de la Biblioteca Nacional de Medicina de EE. UU. (PubMed), incluyendo estudios publicados entre 2020 y 2025, en portugués, inglés o español. Se seleccionaron y analizaron ocho artículos que cumplieron con los criterios de inclusión utilizando la Interfaz de R para Análisis Multidimensional de Textos y Cuestionarios para la organización y categorización de los datos. **Resultados:** Los estudios abarcaron diferentes contextos geográficos, abarcando países de África, Oceanía y Sudamérica. Los principales beneficios reportados incluyen apoyo emocional y seguridad para las embarazadas, fortalecimiento de los vínculos familiares, empoderamiento femenino y mejora en los indicadores de salud maternoinfantil. Las barreras recurrentes incluyen estereotipos de género, inflexibilidad laboral, falta de competencia cultural en los servicios de salud y poca apertura institucional a la inclusión del padre. **Conclusiones:** Se concluye que valorar la paternidad activa en la atención prenatal es estratégico para la atención integral y la equidad de género, lo que requiere la reestructuración de los servicios de salud y acciones de sensibilización profesional.
**Palabras clave:** Comportamiento paterno; Efecto paterno; Paternidad; Embarazo; Gestación; Enfermería.

REVISTA ENFERMAGEM ATUAL IN DERME

## INTRODUCTION

Fatherhood is a social construct that transcends the mere biological relationship between father and child, involving affective, educational and social responsibilities. It is influenced by norms and values that vary over time and across different cultures. Thus, being a father is not limited to the biological generation of a child, but implies a commitment to the child's integral development, actively participating in their life and well-being [1].

In this context, the concept of fathering stands out as the daily practice of paternal care, characterized by concrete actions of emotional involvement, support and presence in the lives of children. Fathering reflects the quality of the relationship between father and child, being fundamental for the healthy development of the child and for the construction of solid affective bonds [1].

However, society imposes various myths and taboos surrounding men, often associating masculinity with virility, strength, and the absence of emotions. These social constructs can hinder the expression of feelings and the emotional involvement of men with their children, perpetuating the idea that childcare is an exclusive responsibility of women. Such cultural stigmas limit paternal participation and reinforce traditional models of masculinity that do not contemplate sensitivity and care [2,3].

The absence of paternal records on birth certificates is a reflection of these social dynamics. In 2023, of the 2.5 million births in Brazil, 172,200 were registered without the father's name, representing a 5% increase compared to the previous year. In the state of São Paulo, 28,820 children were registered without paternal identification, corresponding to 5.5% of births in the period [4].

Paternal involvement during pregnancy has become established as a fundamental dimension in comprehensive care for women and children, and is progressively recognized as an integral part of humanizing obstetric care. Although pregnancy occurs in the woman's body, it is increasingly evident that the paternal figure exerts a significant influence on the physical and emotional well-being of the pregnant woman, positively impacting the pregnancy-puerperium cycle [5].

Historically, fatherhood has been associated with the exclusively provider role, marked by emotional detachment during the gestational process. However, sociocultural changes and advances in public health policies have been promoting a redefinition of the father's role, especially in Primary Health Care, where nursing plays a strategic role in promoting shared care and strengthening the mother-father-baby triad [6].

The construction of fatherhood in the field of public health has been marked by a gradual process of recognizing the father's role as an active agent in promoting family health. In recent decades, Brazilian public policies have sought to integrate men into perinatal care, such as the National Policy for Comprehensive Men's Health Care and the introduction of partner prenatal care [7,8].

REVISTA ENFERMAGEM ATUAL IN DERME

Despite the progress, there are still structural, cultural, and institutional challenges that limit the active participation of fathers, including the absence of welcoming spaces for them to be heard in health services, a lack of knowledge about their role, and the persistence of traditional gender models [9]. However, professionals often do not feel prepared to deal with the male public in this context, which reinforces the need for continuing education and restructuring of care practices. The literature shows that where there is greater institutional openness to the presence of the father, for example, during routine consultations or examinations of the pregnant woman, there is also greater paternal engagement in the care of the baby and greater support for the woman in the perinatal period [7,10].

Thus, the objective was to describe, through national and international literature, the benefits of paternal presence during pregnancy.

## METHODS

An Integrative Literature Review (ILR), according to the methodological guidelines proposed by Mendes, Silveira & Galvão (2008) [11]. Unlike other forms of review, the RIL not only summarizes but also interprets scientific findings. As the Joanna Briggs Institute reinforces, this type of review serves to understand the diversity of evidence on complex phenomena, especially in emerging themes, such as, for example, paternity in the gestational context.

The ILR involved six main stages: topic identification, study search, study selection, critical analysis, synthesis and discussion of results, and finally, presentation of the review. The stages defined for the development and the procedures carried out for the approach to the object and operationalization of the ILR were documented in Figshare (https://figshare.com/).

For the construction of the research question and structuring of the eligibility criteria, the PCC strategy was adopted, which refers to Population, Concept, and Context.Regarding the population, men who were fathers during the gestational period were considered. In relation to the concept, the themes of paternal participation, paternal behavior, paternal effect, care, affective bonding, and involvement in prenatal care were explored. As for the context, pregnancy or prenatal care was addressed. Thus, the question posed was: according to the evidence, what are the benefits of paternal presence during pregnancy?

The sample included scientific articles available in full, published between 2020 and 2025 from primary and secondary sources.Written in Portuguese, English, or Spanish. To be eligible, the articles they neededThis study aimed to address paternal participation during pregnancy, considering aspects of care, emotional bonding, presence at prenatal appointments or during childbirth. Editorials, letters to the editor, abstracts of scientific events, articles unavailable in full, and studies that only address the postpartum period or

REVISTA ENFERMAGEM ATUAL IN DERME

raising children after birth, without connection to the gestational period, were excluded.

The search for studies he was carried out between the months of June and July 2025 in the following sources of information: Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Database (BDENF), Medical Literature Analysis and Retrieval System Online (MEDLINE) via the US National Library of Medicine (PubMed).

The search in the selected information sources involved the individual application of the selected descriptors. To improve the results, all combinations between these descriptors were performed. Initially, the combinations were done in pairs and, when necessary, reduced to facilitate selection. Additional descriptors were gradually included, thus making the search more precise. The descriptors used were extracted from the Health Sciences Descriptors (DeCS) and Medical Subject Headings. (MeSH), with subsequent combination by Boolean operators "AND" and "OR", as shown in Table 1.

**Table 1 -** Search strategy in selected information sources

| Element | Description |
|---|---|
| **Sources of information** | Latin American and Caribbean Literature in Health Sciences (LILACS); Nursing Database (BDENF); Medical Literature Analysis and Retrieval System Online (MEDLINE), via the US National Library of Medicine (PubMed). |
| **Controlled vocabularies** | Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH). |
| **Boolean operators** | **OR**for combining terms related to the same concept and AND for combining different concepts in the search strategy. |
| **Block 1 – Male participation/support** | **Portuguese (DeCS):** “male participation” OR “father involvement” OR “partner support” OR “cisgender men’s participation” OR “male support during pregnancy”. English (MeSH/free terms): “male participation” OR “father involvement” OR “male involvement” OR “paternal participation” OR “partner support” OR “paternal support”. |
| **Block 2 – Pregnancy and prenatal care** | **Portuguese:**"gestação" OR "pré-natal" OR "atenção pré-natal" OR "saúde materna".English: "pregnancy" OR "antenatal care" OR "prenatal care" OR "maternal health". |
| **Block 3 – Male population** | **Portuguese:** “cisgender men” OR “cis men” OR “heterosexual men”. English: “cisgender men” OR “cis men” OR “cisgender male” OR “cis men participation” OR “heterosexual men”. |
| **Block 4 – Benefits and outcomes** | **Portuguese:**“benefits” OR “positive outcomes” OR “maternal outcomes” OR “birth outcomes” OR “health outcomes” OR “well-being”. |

REVISTA ENFERMAGEM ATUAL IN DERME

| Element | Description |
|---|---|
| **Strategy in Portuguese** | (“male participation” OR “paternal involvement” OR “partner support” OR “cisgender men’s participation” OR “male support during pregnancy”) AND (“pregnancy” OR “prenatal care” OR “prenatal care” OR “maternal health”) AND (“cisgender men” OR “cis men” OR “heterosexual men”) AND (“benefits” OR “positive outcomes” OR “maternal outcomes” OR “birth outcomes” OR “health outcomes” OR “well-being”). |
| **Strategy in English** | (“male participation” OR “father involvement” OR “male involvement” OR “paternal participation” OR “partner support” OR “paternal support”) AND (“pregnancy” OR “antenatal care” OR “prenatal care” OR “maternal health”) AND (“cisgender men” OR “cis men” OR “cisgender male” OR “cis men participation” OR “heterosexual men”) AND (“benefits” OR “positive outcomes” OR “maternal outcomes” OR “birth outcomes” OR “health outcomes” OR “well-being”). |

**Source:** Prepared by the authors. 2025.

After searching each information source, the articles were reviewed using the Rayyan web application, and studies that met the inclusion criteria were selected. Subsequently, the process was carried out in three sequential stages.Essential and supplementary information: reading the titles, reading the abstracts, and finally, reading the full texts. All records retrieved from the selected databases were exported to a spreadsheet, containing the following variables: title, authors, year of publication, type of study, objectives, and main results.

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowchart described by Whittemore and Knafl [12] was used, which includes: problem identification, definition of inclusion and exclusion criteria, data collection, critical appraisal of included studies, data analysis and interpretation, and presentation of results. The flowchart was particularly helpful in the data collection and selection stages, highlighting the path taken from the initial search in information sources to the final selection of studies that make up the review sample. The flowchart consisted of three main phases: identification, eligibility, and inclusion, as illustrated in Figure 1.

The Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires (IRaMuTeQ), a free software that operates in conjunction with the R statistical environment, allowing statistical analyses on textual data, was used for the analysis and presentation of the review results. In the context of literature reviews, IRaMuTeQ is used to organize, categorize and visualize large volumes of data extracted from scientific articles [13], especially when it comes to qualitative analyses.

It should be noted that it was not necessary to submit the study to the Research Ethics Committee (REC), as the research does

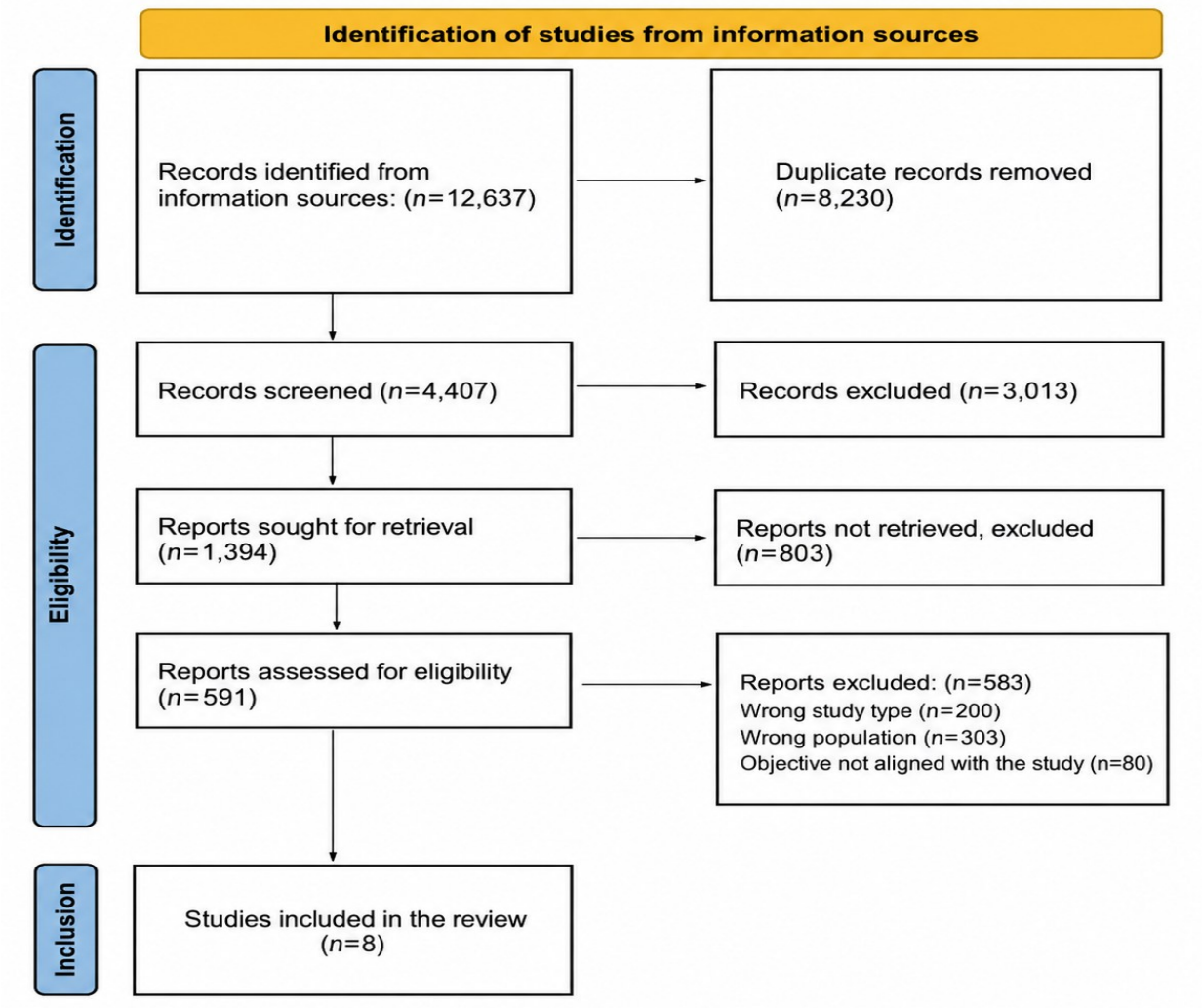
REVISTA ENFERMAGEM ATUAL IN DERME

not directly involve human beings, and is therefore a remote relieving study (RIL).

## RESULTS

This review included eight (n=8) articles that met the established inclusion criteria. The research was conducted in different geographical contexts, encompassing countries such as Ghana, Nigeria, Australia, Brazil, South Africa, and other multicultural settings. This diversity allowed for the consideration of distinct realities regarding paternal participation during pregnancy. Regarding language, six (n=6) studies were published in English, with only two (n=2) articles originally available in Portuguese. Concerning methodological design, qualitative studies predominate (n=5), followed by integrative and scoping reviews (n=3). Regarding the level of evidence, according to the JBI classification, three (n=3) present level 1 and five (n=5) present level 4.

**Figure 1 -** Flowchart for searching and including studies in the review




**Source:** Prepared by the authors in accordance with PRISMA recommendations. 2025.

The table below describes in detail the characteristics of the studies, considering: year of publication, title, type of study/level of evidence, objectives, and main results.

REVISTA ENFERMAGEM ATUAL IN DERME

**Table 2 -** Synthesis of knowledge from the articles included in the literature review

| Year | Title | Study type/Level of evidence | Objectives | Key results |
|---|---|---|---|---|
| 2021 | Fathers' involvement in perinatal healthcare in Australia: experiences and reflections of EthiopianAustralian men and women [14] | Qualitative study<br><br>Level 4.c | Understanding the experiences, attitudes, and beliefs about the inclusion of fathers in perinatal care in an Ethiopian community in Australia. | Participants expressed support for male participation, but reported barriers such as loss of support networks, work demands, and a lack of cultural competence in health services. |
| 2023 | Benefits of paternal involvement in the gestational process [15] | Descriptive qualitative study<br><br>Level 4.c | Understanding the process of paternal involvement in pregnancy from the perspective of women. | Paternal involvement promoted emotional support, security, and female empowerment, strengthened family bonds, and had positive effects on the health of both mother and baby. |
| 2023 | Paternal participation in prenatal, delivery and postpartum care: a study on the father's perspective [16] | Qualitative study<br><br>Level 4.c | To investigate the father's participation in prenatal, delivery, and postpartum consultations from his own male perspective. | Many men wish to participate in the pregnancy and postpartum cycle, but face barriers (such as gender stereotypes).- |
| 2024 | Elements of fatherhood involved in the gestational period: a scoping review [17] | Scope review<br><br>Level 1.d | To identify and synthesize the elements and characteristics of fatherhood during pregnancy. | Five elements were identified: feeling like a father, being a provider, being a participating partner, and attending prenatal appointments.-- |
| 2024 | Fathers' involvement in pregnancy and childbirth in Africa: an integrative systematic review [18] | Systematic review<br><br>Level 1.c | To provide an overview of the experience of fathers in their partners' involvement in pregnancy and childbirth in Africa. | Alienation of men from health services and gender norms that discouraged the supportive paternal role during pregnancy were prevalent themes. |

| | | | | |
|---|---|---|---|---|
| 2024 | Men's experiences and perspectives on their involvement in pregnancy: a qualitative approach study [19] | Descriptive qualitative study<br><br>Level 4.c | Understanding men's experiences and perceptions regarding their participation in pregnancy. | The men participated in consultations and household chores, but faced barriers such as work and legal issues. |
| 2024 | Father Involvement in Pregnancy and Postnatal Care: Combined Perspectives of Fathers, Mothers, and Service Providers [20] | Systematic review<br><br>Level 1.c | To examine the experiences of African parents during pregnancy and childbirth. | Paternal involvement was associated with youth, education, and modern gender norms. |
| 2025 | Paternal bonding in pregnancy and early parenthood: a qualitative study in first-time fathers [21] | Qualitative study<br><br>Level 4.c | Exploring how first-time parents develop a bond with their baby during pregnancy and the beginning of fatherhood. | The bond began during pregnancy and intensified after birth. |

**Source:** Prepared by the authors themselves, 2025.

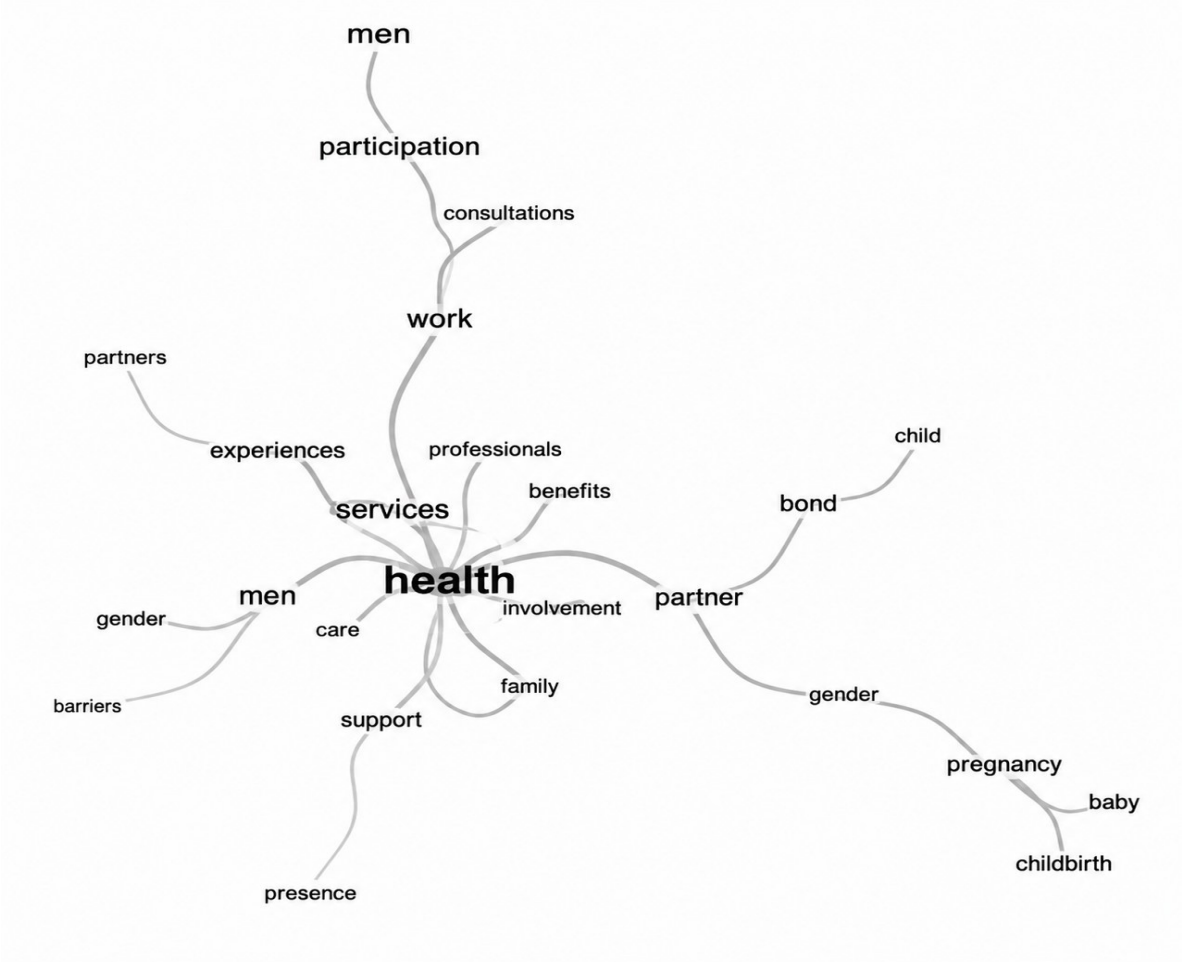
The image below represents the main connections between words extracted from a textual corpus. The central word in the graph is "health," which appears as the core of the semantic network, indicating its high frequency and centrality in the analyzed discourses. Around this core, directly related terms stand out, such as "involvement," "men," and "services," which connect to other words and expressions that help to compose the thematic context of the studied material.

The term "involvement" emerges with a strong connection to "paternal," "family," "benefits," "fatherhood," "support," and "care," signaling that the discussion revolves around...The participation of men in the context of pregnancy. The presence of the term "men," associated with words such as "gender," "family," and "presence," points to a reflection on the social roles attributed to men in the field of reproductive health and family dynamics. Furthermore, the axis "services" is connected to "experiences," "professionals," "work," and "consultations," suggesting that men's experiences in health services are being problematized, perhaps in relation to structural barriers or the way these services are organized and offered. Important connections with the pregnancy-puerperal cycle are also noted, through the words "pregnancy," "childbirth," and "baby," associated with the term "bond" and "child," indicating a concern with the

REVISTA ENFERMAGEM ATUAL IN DERME

construction of affective bonds between parents and children from pregnancy onwards.

**Figure 2 -** Tree of similarity of semantic relationships regarding paternal involvement in pregnancy




**Source:** Extracted from IRaMuTeQ software, 2025.

The image below corresponds to a word cloud, also generated by IRAMUTEQ, which highlights the frequency and relevance of the most recurrent terms in the analyzed textual corpus. Words in larger size, such as "health," "involvement," "men," "paternal," "bond," "pregnancy," "childbirth," "services," and "consultations," indicate a greater presence in the analyzed discourses. This visual representation reinforces the central themes of the corpus, such as men's participation in healthcare during pregnancy and childbirth, fatherhood, the emotional bond with the child, and the challenges faced in health services. Terms such as "work," "gender," "support," "presence," "experiences," and "professionals" also appear prominently, suggesting discussions about social and institutional barriers that affect this involvement.

REVISTA ENFERMAGEM ATUAL IN DERME

**Figure 3 -** Word cloud about men's participation in pregnancy


**Source:** Extracted from IRaMuTeQ software, 2025.

## DISCUSSION

The analysis of the studies included in this review reveals an international consensus on the relevance of paternal participation during the gestational period, although the realization of this presence is still hampered by cultural, institutional and socioeconomic barriers. In contexts such as the Ethiopian community in Australia, it was observed that, even with support for the inclusion of fathers, challenges such as work demands, loss of support networks and lack of cultural competence in health services limit the effective engagement of men in perinatal care [14].

In the Brazilian context, research indicates that paternal involvement promotes broad benefits, including emotional support, a sense of security and empowerment for the pregnant woman, strengthening family bonds and having a positive impact on maternal and neonatal health [15].

From a male perspective, studies reveal that many fathers wish to be present during prenatal care, childbirth, and the postpartum period, but face barriers related to gender stereotypes and a lack of support in obstetric settings. When effectively included, these men report greater personal satisfaction and a stronger bond with the mother and baby, indicating the importance of policies and practices aimed at active fatherhood [16].

A literature review demonstrates that fatherhood during pregnancy involves multiple elements, such as feeling like a father, assuming the role of provider, being a participatory partner, and attending prenatal appointments. These factors interact to compose a broader care experience that integrates emotional and practical involvement in the gestational process [17].

Qualitative studies with men show that paternal participation goes beyond physical

REVISTA ENFERMAGEM ATUAL IN DERME

presence, including support with household chores, attending appointments, and active interaction with the pregnant woman. However, barriers such as inflexible work schedules and gaps in the legal and institutional recognition of their role persist, reinforcing the need for greater openness of services to listen to and include these fathers [19]. The combined perspective of fathers, mothers, and health professionals shows that paternal involvement is associated with factors such as youth, higher education levels, and adherence to more egalitarian gender norms. This integrated approach indicates that, to maximize the benefits of male participation, it is necessary to align cultural, political, and care practice changes [20].

Another important point is the development of the father-child bond, which can begin during pregnancy and intensify after birth. First-time fathers reported that feeling the fetus's movements, participating in interactions with the pregnant woman, and receiving information about the baby's development contribute to reducing the initial distance and strengthening the relationship with the child [21].

Expanding on the findings of this review demonstrates that paternal participation in pregnancy not only promotes maternal and child well-being, but also structures new ways of experiencing masculinity and care. The active presence of the father transforms not only family dynamics, but also the way men construct their identity roles, as they move from traditional models to more sensitive forms of care. This perspective reinforces the results found in the present review, indicating that male participation operates as a relational phenomenon that strengthens bonds and deconstructs stereotypes [2].

Furthermore, the review has already indicated that paternal involvement during pregnancy enhances communication within the couple, reduces the pregnant woman's anxiety, and promotes emotional preparedness for parenthood. These findings directly relate to the studies included in this review, which point to benefits such as emotional support, security, and empowerment for women. The literature highlights that these effects are not peripheral: they are central elements of the gestational experience and act as protective factors for the mother's mental health [3].

Groups of pregnant women and expectant couples also reinforce that paternal engagement promotes greater understanding of fetal development, reduces fears related to childbirth, and contributes to more collaborative practices in family care. These reports suggest that educational and dialogical environments stimulate the perception of the father as a caregiving subject, which strengthens his self-confidence and amplifies his involvement. This complements the findings of the review by showing that paternal participation does not arise spontaneously: it is constructed in contexts that welcome, inform, and legitimize the male presence [1].

Another important perspective comes from reviews that discuss masculinities and reproductive health, showing that paternal

REVISTA ENFERMAGEM ATUAL IN DERME

participation depends not only on individual motivation, but also on structural conditions such as public policies, organization of services and availability of schedules compatible with working hours. Men's participation is often limited by sociocultural factors that reproduce the idea that pregnancy is the exclusive domain of women. Thus, institutional mechanisms that broaden the father's support, such as partner prenatal care, can reduce barriers and encourage continuous involvement, corroborating the findings of this review on institutional obstacles faced by men [9].

The desire to participate is present in most men, but it is not accompanied by effective actions from the services. These studies highlight that the absence of clear protocols and the lack of preparation of professionals contribute to the invisibility of the father in prenatal care. The studies reviewed here converge with this scenario by pointing out that low cultural competence, lack of knowledge of the paternal role, and gender stereotypes reduce male participation, even when there is motivation on the part of the fathers [5].

On the other hand, positive experiences reported in qualitative studies show that, when actively included, whether in consultations, educational groups or monitoring of examinations, men report greater security, strengthening of the marital bond and greater emotional connection with the baby from gestation onwards [10]. By recognizing the father as an integral agent of perinatal care, health practices contribute to reducing disproportionate burdens on women, increase co-responsibility and strengthen more balanced family ties. These aspects broaden the understanding of the findings of this review by situating paternal participation as a strategic component of maternal and child health policies and not just as desirable behavior within the family context [6].

The findings of this review are consistent with research conducted in different contexts, which also point to significant benefits of paternal involvement and persistent barriers to its implementation. The convergence of results, even in distinct realities, suggests that encouraging active fatherhood is a public health strategy applicable to different contexts, provided it is adapted to local cultural and structural specificities.

One limitation is that this review included a small number of articles published between 2020 and 2025, predominantly qualitative studies, which may restrict the generalizability of the results. Furthermore, the cultural and geographical diversity of the selected studies, while enriching the analysis, also poses challenges for direct comparisons, since public policies and healthcare practices vary widely among the countries investigated. Despite these limitations, this study contributes to the literature by gathering recent national and international evidence on the benefits of paternal participation in pregnancy, offering support for the formulation and improvement of public policies aimed at active fatherhood.

## CONCLUSIONS

REVISTA ENFERMAGEM ATUAL IN DERME

Despite advancements in how society understands fatherhood during pregnancy, concrete obstacles persist that limit men's participation, even when they express interest. Institutional, cultural, and emotional issues remain limiting factors, especially in contexts where fatherhood is understood from a traditional perspective that associates men with financial provision but not with direct care or emotional bonding during pregnancy, childbirth, and the postpartum period. Therefore, it is concluded that encouraging paternal participation from pregnancy onwards represents a promising path to promoting comprehensive health, gender equality, and strengthening family ties. Promoting the recognition of the father as an active agent in perinatal care represents not only a symbolic change but also a strategy to amplify the positive effects of health care throughout the pregnancy and postpartum period.

## REFERENCES


1. Kronbauer FA, Schwertner SF. Aprende-se a ser pai?: A participação de homens em grupos de gestantes e casais grávidos. Psicol. pesq. 2022;16(1):1-25. Doi: https://doi.org/10.34019/1982-1247.2022.v16.32718
2. Maciel MR, Lemos A, Ribeiro CR, Veiga MBA, Paiva CCN, Castro M J. "O maior presente que você dá pra seus filhos é você": reflexões acerca da paternidade. Interface (Botucatu). 2025; 29 (Supl. 1): e240352. Doi: https://doi.org/10.1590/interface.240352
3. Menezes MSL, Scorsolini-Comin F, Scorsolini-Comin F. Envolvimento paterno na relação mãe-bebê: revisão integrativa da literatura. Psicol. Rev. 2019;25(1):19-39. Doi: https://doi.org/10.5752/P.1678-9563.2019v25n1p19-39
4. Associação dos Registradores de Pessoas Naturais do Estado de São Paulo [Internet]. Mais 28 mil crianças não receberam o nome do pai no último ano em São Paulo. São Paulo: ARPEN-SP; 2023. [acesso 2025 Maio 17]. Disponível em: https://www.arpensp.org.br/noticia/106649
5. Santos MHS, Gois LC, Silva SBCB, Ribeiro MGS, Rodrigues AS, Apolinário JMSS et al. A participação do pai no pré-natal e no parto e possíveis contribuições. Rev Eletrônica Acervo Saúde. Set. 2022;15(9):e10924. Doi: https://doi.org/10.25248/reas.e10924.2022
6. Bareter L, Molin RSD. A importância da participação do pai no pré-natal e suas contribuições. Rev Eletrônica Acervo Saúde. dez. 2024; 24(12):e17553. Doi: https://doi.org/10.25248/reas.e17553.2024
7. Ministério da Saúde (BR). Secretaria de Atenção Primária à Saúde. Departamento de Gestão do Cuidado Integral. Pré-natal do parceiro para profissionais de saúde. Departamento de Gestão do Cuidado Integral. Brasília-DF: Ministério da Saúde; 2023. 73 p. [acesso 2025 Abr. 10]. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/guia_pre_natal_profissionais_saude_1ed.pdf
8. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Atenção ao pré-natal de baixo risco. Brasília-DF: Editora do Ministério da Saúde; 2012. 318 p. [acesso 2025 Abr. 10]. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/cadernos_atencao_basica_32_prenatal.pdf
9. Costa RS. Reprodução e gênero: paternidades, masculinidades e teorias da concepção. Rev Estudos Feministas.

Jul 2002;10(2): 339–56. Doi: https://doi.org/10.1590/S0104-026X2002000200005

10. Oliveira ACLS, Soares JO, Pontes AN. Protagonismo paterno durante o período da gravidez nas consultas de pré-natal. Rev Eletrônica Acervo Saúde. 23 jul. 2023;23(7):e13315. Doi: https://doi.org/10.25248/reas.e13315.2023
11. Mendes KDS, Silveira RC, Galvão C M. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. Texto Contexto Enfermagem. out./dez. 2008/17(4):758-64. Doi: https://doi.org/10.1590/S0104-07072008000400018
12. Whittemore R, Knafl K. The integrative review: updated methodology. J Adv Nurs. 2005 Dec;52(5):546-53. Doi: https://doi.org/10.1111/j.1365-2648.2005.03621.x
13. Camargo BV, Justo AM. IRAMUTEQ: um software gratuito para análise de dados textuais. Temas psicol [Internet]. 2013 Dez; 21(2): 513-18. Doi: https://doi.org/10.9788/TP2013.2-16
14. Forbes F, Wynter K, Zeleke BM, Fisher J. Fathers' involvement in perinatal healthcare in Australia: experiences and reflections of Ethiopian-Australian men and women. BMC Health Serv Res. 2021 Sep 30;21(1):1029. Doi: https://doi.org/10.1186/s12913-021-07058-z
15. Farias IC, Fiorentin LF, de Bortoli CFC. Benefícios da participação paterna no processo gestacional. J. nurs. health [Internet]. 2 out. 2023 [acesso 2025 Maio 17];13(1):e13122369. Doi: https://doi.org/10.15210/jonah.v13i1.22369
16. Bernardi D, Mello R, Féres-Carneiro T. Participação paterna no pré-natal, parto e pós-parto: um estudo sobre a perspectiva do pai. Psico [Internet]. 21 nov. 2023 [acesso 2025 Maio 17];54(1):e39414. Doi: https://doi.org/10.15448/1980-8623.2023.1.39414
17. Alvarenga WA, Sousa MCSC, Sales JKL, Neris RR, DeMontigny F, Nascimento LC. Elements of fatherhood involved in the gestational period: a scoping review. Rev Bras Enferm [Internet]. 2024[acesso 2025 Maio 17];77(1):e20230029. Doi: https://doi.org/10.1590/0034-7167-2023-0029
18. Nambile Cumber S, Williams A, Elden H, Bogren M. Fathers' involvement in pregnancy and childbirth in Africa: an integrative systematic review. Glob Health Action. 2024 Dec 31;17(1):2372906. Doi: https://doi.org/10.1080/16549716.2024.2372906
19. Oliveira TR, Araújo RFC, Silva CV, Alves VH, Ciuffo DO, Alcântara FSCP, et al. Men's experiences and perspectives on their involvement in pregnancy: a qualitative approach study. Online Braz J Nurs. 2024;23:e20246683. Doi: https://doi.org/10.17665/1676-4285.20246683
20. Small A, Kavanagh SA, Macdonald JA, Di Manno L, Wynter K. Father Involvement in Pregnancy and Postnatal Care: Combined Perspectives of Fathers, Mothers, and Service Providers. Nurs Health Sci. 2025 Jun;27(2):e70105. Doi: https://doi.org/10.1111/nhs.70105
de Waal N, van den Heuvel MI, Nyklíček I, Pop VJM, Boekhorst MGBM. Paternal bonding in pregnancy and early parenthood: a qualitative study in first-time fathers. J Reprod Infant Psychol. 2025 Jun;43(3):665-80. Doi: https://doi.org/10.1080/02646838.2023.2252890

**Funding**

The authors declared that the research received no funding.

**Conflict of interest statement**

Article derived from the course completion work titled: "Participation and associated benefits for cisgender men during pregnancy: an integrative literature

REVISTA ENFERMAGEM ATUAL IN DERME

review," presented to the Bachelor of Nursing program at the University of Ribeirão Preto, Guarujá Campus, in November 2025.

**Data availability statement**

No databases were generated in this study. The information presented is described in the body of the article.

**Authorship criteria (author contributions)**

Vicari HG, Coutinho PSG, and dos Santos GG: 1. Substantial contribution to the conception and/or planning of the study;

Vicari HG, Coutinho PSG, do Nascimento ES, de Freitas RNCS, de Lima ML, Felipe LMA, Belo ACS, Pereira AMM, Lima CF, da Silva MAP, Guerra MJJ, and dos Santos GG: 2. Acquisition, analysis, and/or interpretation of data;

Vicari HG, Coutinho PSG, do Nascimento ES, de Freitas RNCS, de Lima ML, Felipe LMA, Belo ACS, Pereira AMM, Lima CF, da Silva MAP, Guerra MJJ, and dos Santos GG: 3. Drafting and/or critical revision and final approval of the published version.

**Scientific Editor**: Ítalo Arão Pereira Ribeiro. ORCID: https://orcid.org/0000-0003-0778-1447