

Becoming a father and a mother: a socially constructed role

Tornar-se pai e mãe: um papel socialmente construído

Convertirse en padre y madre: un papel socialmente construido

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Abstract

Background: Raising a child is a challenge which demands great responsibility due to the complexity of necessary skills and knowledge, and implies not only deep changes in the couple's social roles, but also a redefinition/reorganisation of life projects, with caregiving patterns that may influence the future parents-child interaction.

Objective: To understand how the transition to parenthood is experienced during the child's first six months.

Methodology: Grounded Theory with the participation of five couples. Data collection based on semi-structured interviews.

Results: The results describe the category *embodying the father or mother figure*, which is composed of the following subcategories: *taking on male or female roles as caregivers, describing oneself as a father, describing oneself as a mother, perceiving one's wife as a mother and perceiving one's husband as a father*.

Conclusion: Parents are driven towards a polarisation of gender roles which defines and builds the meaning of being a *good father/good mother, husband/wife and man/woman*. Understanding these parental experiences is essential for nurses to be able to support parents during this transition.

Keywords: parents; paternal behavior; maternal behavior; nursing.

Resumo

Enquadramento: Criar uma criança é um desafio de grande responsabilidade pela complexidade de competências e saberes necessários, e exige profundas alterações nos papéis sociais do casal, acompanhadas de necessidades de redefinição/reorganização dos projetos de vida, com padrões de prestação de cuidados que podem influenciar a futura interação pais-criança.

Objetivo: Compreender como se desenvolve a transição para o exercício da parentalidade durante os primeiros seis meses de vida da criança.

Metodologia: *Grounded Theory* com a participação de cinco casais. Recolha de dados a partir de entrevistas semiestruturadas.

Resultados: Descrevem a categoria *encarnando a personagem pai ou mãe*, constituída pelas subcategorias: *assumindo cuidados no masculino ou feminino, descrevendo-se como pai, descrevendo-se como mãe, vendo a esposa como mãe e vendo o marido como pai*.

Conclusão: Os pais são levados a uma polarização de papéis de género que define e constrói o significado de ser um *bom pai/boa mãe, marido/esposa e homem/mulher*. A compreensão destas experiências parentais é fundamental para os enfermeiros poderem apoiar os pais nesta transição.

Palavras-chave: pais; comportamento paterno; comportamento materno; enfermagem.

Resumen

Marco contextual: Criar a un niño es un desafío de gran responsabilidad, por la complejidad de habilidades y conocimientos necesarios, y exige grandes alteraciones en los papeles sociales de la pareja, que conllevan la necesidad de redefinir/reorganizar los proyectos de vida de acuerdo con patrones de prestación de cuidados que pueden influir en la futura interacción padres-hijo.

Objetivo: Comprender cómo se desenvuelve la transición para el ejercicio de la parentalidad durante los primeros seis meses de vida del niño.

Metodología: *Grounded Theory* con la participación de cinco parejas. Recogida de datos a partir de entrevistas semiestructuradas.

Resultados: Describen la categoría *encarnando el personaje padre o madre*, constituida por las subcategorías: *asumiendo cuidados en masculino o femenino, describiéndose como padre, describiéndose como madre, viendo a la esposa como madre y viendo al marido como padre*.

Conclusión: Los padres son llevados a una polarización de papeles y género que define y construye el significado de ser *buen padre/buena madre, marido/esposa y hombre/mujer*. La comprensión de estas experiencias parentales es fundamental para que los enfermeros puedan apoyar a los padres en esta transición.

Palabras clave: padres; conducta paterna; conducta materna; enfermería.

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Introduction

The birth of a child is usually considered one of the most important events and milestones in the lives of parents and family, which, particularly if it is the first child, marks the beginning of a new transition phase in the life cycle, moving from a marital to a parental role (Relvas, 2004). It calls for a set of (behavioural, cognitive and emotional) responses that usually do not belong to the parents' cognitive repertoire, thus requiring the implementation of more or less difficult adaptive strategies and leading to new patterns of living. Even though it is often expected and desired, the birth of a child triggers an irreversible path, which decisively modifies the identity, roles and functions of both the parents and the whole family (Relvas, 2004) in a process of change that requires time for readjustment. During this time, the child takes on its space and the relationships between the other members are redefined (Giampino, 2007).

Despite the fact that the transition into parenthood is an almost universal experience for individuals and families, there is a lack of systematic research focusing on understanding parental experiences during the child's first year of life. Research has preferably emphasised parental behaviours and the processes regulating such behaviours (Holden & Miller, 1999), but the components of parenthood have only been partially addressed, which does not allow for a full understanding of the complex nature of this phenomenon. A careful analysis of the existing studies shows a wide range of topics focusing on the child's characteristics (age, gender and temperament), the parents' characteristics (gender and quality of the marital relationship) and the extra-familial factors (paid work, support and context) (Cruz, 2005). In addition, most Nursing research has been related to the parenthood of unhealthy children or children with physical or developmental disabilities.

This study aimed to investigate the phenomenon of parenthood, using the Grounded Theory methodology, so as to develop a middle-range Nursing theory on the process of transition to parenthood which contributes to improving the Nursing care provided to the family at this stage in the life cycle. The study has the following specific objectives: to understand the parents' experiences in their transition to the parental role during the child's

first six months of life by exploring social and cultural influences on the process.

Background

The concept of parenthood has been changing throughout the ages, reflecting socio-economic and cultural changes in societies. From the historical point of view, the observation of parenthood demonstrates that family roles and interactions have changed in Western society, from the patriarchal model, where the entire family organisation focused on the male figure (Narvaz & Koller, 2006), to the multifaceted post-modern society, with new family archetypes. Fatherhood is no longer simply confined to the role of provider; it also involves behaviours and attitudes of greater engagement and affective contact with the children (Sutter & Bucher-Maluschke, 2008; Wall & Arnold, 2007), associated with each gender's expectations, beliefs and attitudes in the family context (Brasileiro, Jablonski, & Féres-Carneiro, 2002).

If, on the one hand, there is evidence that the line separating fatherhood from motherhood begins to blur with expectations of greater male participation in children care (Wall & Amâncio, 2007; Miller, 2011), on the other hand, several longitudinal studies have shown an increase in gender differentiation during and after the transition to parenthood (Cowan & Cowan, 2000; Glabe, Bean, & Vira, 2005; Katz-Wise, Priess, & Hyde, 2010).

The systematic literature review shows that couples tend to become more traditional in dividing work after the birth of a child; the associated conflicts tend to grow, spouses report lower levels of marital satisfaction, significant stress, and increased costs in personal well-being and changes in the lifestyles of both parents; and new parents incorporate a new identity and redistribute their investment in other roles. Several prenatal factors predict this family adjustment and marital satisfaction (marital relationship, experience of the family of origin, expectations regarding domestic work and child care, paid work, and the involvement of friends and family). The non-fulfilment of expectations regarding the division of household chores and child care has been identified as a pivotal factor of marital decline (Martins, 2009).

This means that, although new parents describe greater equality in family roles and in the division of tasks than their predecessors, a considerable distance remains between discourse and practice, with agreements/negotiations of daily roles often being less balanced than expected (Miller, 2011). These circumstances tend to frustrate women and trigger marriage conflicts (Glabe et al., 2005; Martins, 2009).

The notion of *violated expectations*, as a factor of decline in marital satisfaction, was assessed in several studies, as well as the idea that marriage is more affected when the attitudes about the couple's sexual roles are inconsistent with the most stereotyped gender standards that come with parenthood (Brasileiro et al., 2002; Glabe et al., 2005).

Parenthood is often associated with more changes in mothers' lives than in fathers' life, given the culturally widespread assumption that mothers are the primary caregivers (Pinquart & Teubert, 2010). In addition to having specific tasks within the family, fathers and mothers also interact differently with their children (Dessen & Oliveira, 2013; Wall & Arnold, 2007). As a result, even if unintentionality, mothers seem to adopt behaviours consistent with an intensive maternity (Johnston & Swanson, 2006) and limit the fathers' involvement in parental tasks to ensure the high performance level that is expected from mothers (Johnston & Swanson, 2006).

The magnitude and nature of the adjustment to co-parenting that families experience in this transition suggest that it would be important to assess the individual investment in parental roles and intervene to help both parents avoid the problematic dynamics of polarised roles. Recognising the weight that social relations of gender have in determining the individual and social meaning assigned to *being a mother* and *being a father*, this study will allow giving voice to women and men themselves in a process in which they are the leading actors.

Methodology

The complexity inherent to having a child has led us to the qualitative research paradigm and Grounded Theory methodology. Indeed, this is the most appropriate approach to psychosocial situations which still require theorisation and development of knowledge about their own process and structure,

without dismissing their potential to unveil tangled details of the phenomena, particularly feelings, thoughts and emotions, which are difficult to extract or understand through the most conventional research methods (Corbin & Strauss, 2008). This study does not aim at describing facts, but a set of well-reasoned concepts organised around a category and integrated into propositions, thus building theory based on data, in a constant evolutionary process with data collection, coding and analysis carried out in a simultaneous and recursive manner.

Data collection took place at the parents' homes, between June 2009 and March 2010, in different moments of the transition process (1st week and 1st, 4th and 6th months of the child's life), partially monitoring the key ages of child surveillance recommended by the Directorate-General for Health. Data were collected through semi-structured interviews, guided by an open-question script, which allowed us to make the necessary adjustments to explore emerging concepts. At each moment of data collection, an interview was separately performed to the father and the mother on the experience of parenthood, followed by a brief joint interview. A total of 60 interviews were conducted to five couples, aged between 26 and 33 years, with a healthy, full term child (four boys and one girl).

Data were processed and analysed using the NVivo 8.0 software, and followed the steps for corpus coding (open, axial and selective coding) until the formulation of theoretical propositions resulting from the analysis of the relationships between categories. During open coding, data were broken down into discrete parts, with a view to conceptualise and categorise them. Axial coding implied questioning the phenomenon under study, the reasons for it having occurred (causes), the context in which it occurred, what participants did when the phenomenon occurred (strategies), what facilitated or hindered the actions on the phenomenon and what consequences resulted from this interaction (Corbin & Strauss, 2008). This allowed us to select the most significant categories focusing on the coding paradigm, which made it possible to identify the characteristics (properties and dimensions) of the phenomenon under analysis. Selective coding was the basis to obtain the central category of *being a father, being a mother: a process constructed during the interaction*, where all categories interrelated and theory about the data emerged.

Before the start of this research study, the project was submitted to and approval was obtained from the executive director of a Cluster of Health Care Centres in Northern Portugal. Permission was obtained to access participants during the course of preparation for parenthood that they were attending. The invitation addressed to parents asking them to participate in the study underlined the voluntary nature of their participation and the fact that they could withdraw without any penalties. Their acceptance to participate was confirmed through free and informed consents. Data confidentiality and anonymity were also ensured. Fictional names were used in the study so that participants could not be recognised.

Results

The results presented in this study relate only to the category *embodying the father or mother*

figure, concerning the conditions that are present in the transition to parenthood which permeate the parents' actions (or non-actions) to deal with the phenomenon and how they implement them. They are called intervenient conditions in the *Paradigm Model* (Corbin & Strauss, 2008).

The choice of this category related to the fact that it described each participant's parental experiences, while representing or embodying a socially constructed maternal or paternal role. Bringing life or character to the traditional, dominant and conventional figure of the father or mother in society, men and women took on different parental roles and constructed and reconstructed meanings of themselves and their partners as parents, as evidenced by the subcategories *taking on male or female roles as caregivers*, *describing oneself as a father*, *perceiving one's wife as a mother* and *perceiving one's husband as a father* (Figure 1).

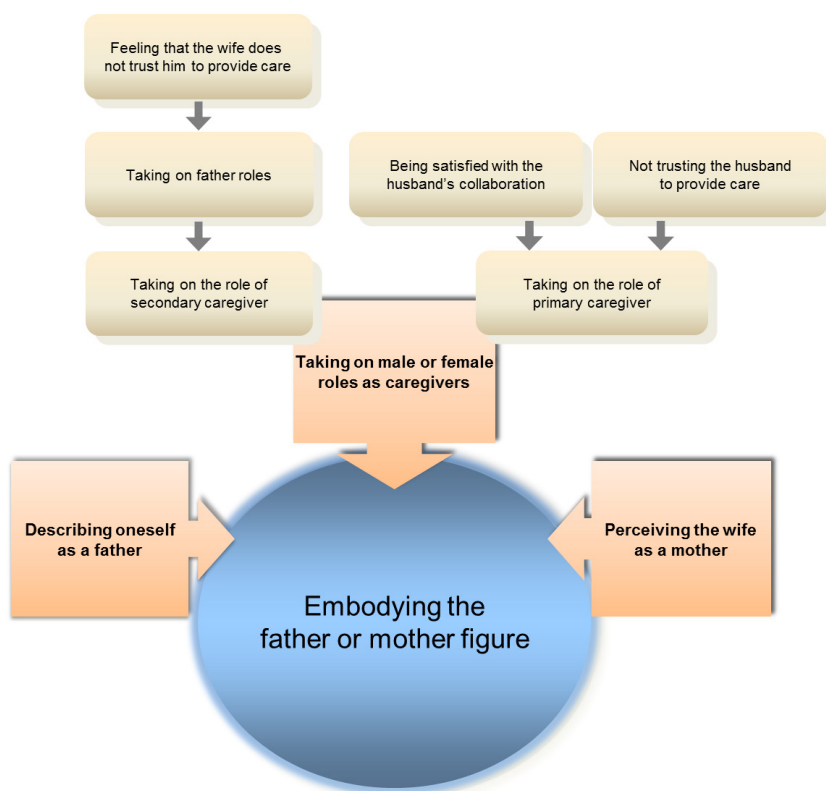


Figure 1. Category *Embodying the father or mother figure*: subcategories and components

Taking on male or female roles as caregivers translates the idea that being a father or mother is associated with ways of acting, doing and thinking that are specific to being a man or woman, as interconnected parts and almost indistinct from each parent's experience. Mothers take on the role of primary caregivers of their children and feel satisfied in doing so and receiving help from their husbands. On the contrary, men play a secondary role of providing support to the mother, associated with functions related to help, assistance, zeal and material provision.

For women, taking on the role of primary caregivers implied dedicating themselves to the learning process of maternity in order to become competent, loving, caring and present mothers:

"No, it's not wanting to, it's... I want it to be me, I want to... I want to get used to it, I want to grow fond, I want to... learn... I want to... I don't know... it's my baby boy! I love being around him all the time!" (Sílvia).

Mothers were aware that they were the primary responsible for and caregivers of their children, but they did not seem to be uncomfortable with it. The mothers' assumption of the role of caregivers also drew attention to their self-determination to preserve their husbands' well-being who had already returned to the labour market and, therefore, were fragile and needed to rest, especially during the night:

"I try to spare him a bit because I understand, I mean... it's in the baby's nature to cry, then he needs half an hour to burp, then something else, because he takes a lot of time... and then he doesn't immediately fall asleep, I mean... if he stays with him all this time, he ends up having even less sleep and, if I spare him a little bit on this, I mean, he can go to work feeling a little more relaxed" (Clara).

By taking on the role of secondary caregivers, men ended up legitimising the ideology that caring was a female task, which he performed when he needed to or when the mother was not present, and it was his duty to help:

"If I have to, in SOS situations, I change, you know? But if... when... she's there, of course, I ask her to come, to tighten it better, to do things..." (Vasco).

In equal circumstances, i.e. when both parents were present and available, men recognised that it was the mother who did the necessary things:

"I give him to his mother, right? It is the mother who changes diapers... changes diapers, right? She

breastfeeds him" (Vasco);

"She takes care of him more than I do" (Anselmo).

Their secondary role in care provision was still justified by the fulfilment of their professional duties and the mother's full availability while on maternity leave:

"Now she's at home, the four months, right? Of course she has to be with the baby all the time, right?... I, well, I work, right?! ... It has to be, she is at home so she has to take care... she has to take care of him, right?" (Vasco).

If women enjoyed dedicating themselves to the baby and providing care, as it was previously confirmed, men/fathers found no reason to increase their level of participation or compete for the place of primary caregiver. In other circumstances, the same father renounced to the role of caregiver because he perceived that his wife did not trust him and wanted to avoid imminent conflicts:

"I let the mother do it because... she does it as she wants because... I help... I help... just by... by... avoiding getting into trouble, so to speak, not... not... reaching an agreement, it's not difficult, we don't get to... we don't get fight... neither verbally nor ... nor of another kind, it is easy. In this case, it is! Just the other day, during the bath time, it was the same thing, the other day, she thought that I wasn't giving the baby a proper bath and I said "Here, you bath him!"... So... if she thinks she can do it better... she does it! We understand each other this way" (Manuel).

These statements revealed tensions and dilemmas in the exercise of parenthood, which were then mitigated while, on the other hand, the couple tried to naturalise the role of primary caregiver taken on by the wife/mother and they asserted themselves as having initiative:

"Now it's natural, it even seems natural to me that the mother... does all those tasks with the kid more often than any other person... perfectly natural... to me... if she needs and whenever she needs and asks for help, we are here for... for... now that I am not saying that I have... that I have no initiative, no" (Manuel).

The role of secondary caregiver was still taken on by fathers at the end of 4/6 months of fatherhood. They reaffirmed their professional constraints that prevented their more regular participation, as well as the wives' privileged situation, who were on maternity leave and, thus, obliged to care for the child. When mothers were not present or when it

was necessary, essential care was provided by fathers, but in most situations it was still upon the mothers to provide care, thus acting in a socially normative and expected way, i.e. a natural behaviour. Over the past few months, fathers adopted a more and more passive role in terms of feeding, cleaning, changing diapers and monitoring their child's health in a:

"...scheme, which I believe is almost the natural evolution of things, isn't it?!" (Ricardo).

The adoption of this passive role was strongly rooted in the fathers' incapacity to breastfeed:

"Why should I get up... it's not worth it, I can't breastfeed him" (Anselmo).

Helping with whatever is needed, helping in what they can, providing assistance, being present, dealing with necessary bureaucracies and ensuring that everything is taken care of were functions that men recognised as theirs when taking on their fathers roles.

Being present was more evident in difficult times, such as the delivery and hospitalisation of the newborn. Fathers were deeply concerned with providing psychological support to the wives/ mothers. With a 4- or 6-month-old baby, men shared the same understanding of a father's functions as they had in the post-natal period and tried to:

"...stay at home... as much time as possible in order to help and... share the joys and... and sorrows of day-to-day life" (Anselmo).

They also tried to "always do what is needed" (Ricardo), and help in whatever they can, "I do what I can, right?!" (Vasco), thus feeling fulfilled with their contribution. In more critical situations, such as the child's illness, fathers played a more active role in assisting the wife and the baby.

Playing with and stimulating the baby was a role that fathers recognised as theirs at this stage of transition, and which they enjoyed doing.

The fathers' involvement in their responsibilities towards their children was perceived as commendable and a reality, making mothers feel satisfied with their husband's collaboration. In the mothers' discourses, there is an exaggerated evaluation of their husbands' level of participation in the family and domestic work and some gratitude when fathers voluntarily provided care to the child (the child of the two of them) or substituted them when they were weak during the post-natal period or when they needed to go outside: "Sometimes he hears him crying, and I don't even have to say anything, I mean, there were situations

when I fell asleep, I was so tired, I just fell asleep... and he gave him a bottle, he didn't call me... he prepared the bottle and ... gave it to him and I was sleeping, I continued sleeping" (Clara).

The argument *he doesn't say no to me* confirmed this as a positive evaluation. Even in situations of limited and little cooperation, mothers/recent mothers continued to be satisfied with the help they received, valuing the small contributions and progresses achieved. *He can't help me all the time because he has to work* is another reason mentioned by mothers to excuse men/fathers from the task, with no room for complaints.

The testimonies of women with 4/6 months of parental experience also reflected the notion that women forgave the reduced male involvement in care provision due to professional reasons, as well as the idea that they appreciated the spouse's assistance, because *he does things, he's not afraid and he helps* and *he doesn't say no*. The existence of a collaboration that transcended women's expectations was enough for them to feel satisfied:

"I even expected less from him, I never thought that, ok, that he would be so... crazy for his son as he is!... He really likes to put him to sleep and... I never thought he would do this, I thought that he would cuddle him or so, but... trying to put him to sleep and everything when he is crying, I never thought that he ... that he wanted this, right?!" (Sofia).

Taking on male or female roles as caregivers also showed how women eventually draw men/fathers away from care provision, by considering them to be less competent and less prepared during the post-natal period. By not relying on the fathers to provide care, mothers showed how these reasons contributed to perpetuate the separation between the female and the male roles as caregivers, ensuring their natural invisibility.

The mothers' *greater expertise* when compared to that of the husbands/fathers, who are little prepared to provide meticulous care, was highlighted by their impetus to take the initiative so that they would not have to censor the care provided, showing fear that care might not be properly provided and disagreements in terms of the procedures:

"And I have a bit of that urge to... he is doing something and then I say "you're not doing it well!", and then I end up being the one who is not doing it well, but, you know, I have a tendency to... try to... I will not say

do better, but try to help him, I fear that “what if...?”, I don’t know, I can’t explain” (Clara).

Male performance was sometimes considered to be so inadequate that mothers avoided being present when the fathers cared for the child, repeating sentences and words with an expressive intensity of criticism and disapproval:

“I prefer not to see it in order to let him do things... and he takes care, and if I don’t see... as long as you don’t break him! So... I prefer not to be there, he takes care of him... ok, he dies, everything’s ok... I can’t deal with that... he’s your son, you do it, as long as I don’t see it, it doesn’t irritate me, everything’s ok” (Clara).

In this context of maternal fear and apprehension, fathers ended up feeling that their wives did not trust him to provide care, mentioning that *she doesn’t let me do anything, she’s afraid I touch his belly button, she doesn’t agree with what I do*, despite relativising its importance:

“No, it’s... these are small details of... of... mother hens, I think, but... they are... he cannot move, he cannot do this and that... he cannot scream a tiny little more...” (Manuel).

Over time, mothers started to trust their husbands more to provide care. The interaction between the father and the 4- to 6-month-old baby and the son’s ability to make himself heard when disturbed contribute for Clara to feel safer when the father is caring for the child:

“The interaction between them also assures me that he is OK if he’s just with him, that at the time... I had that thing of mother hens and I was afraid that he didn’t know how to do things... now, as the baby already interacts and we get a reaction from him, if he doesn’t like it, he’ll complain, it’s different, I already trust a little more” (Clara).

From the other mothers’ perspective, men are equally capable of taking care of a child, depending on their personal motivation and the existence of personality traits which are consistent with the function, that is, “If they have a vocation, that thing of... being a mother or not and patience” (Silvia).

They recognise that they do not represent the whole male population, but they also recall the existence of inadequate examples from women:

“Both the mother and the father must... must have the same... but there are fathers who perhaps don’t... don’t... don’t like it and don’t want it, right?! I think... I don’t know... but mothers always have more of that thing, but there must also be mothers who don’t like

it, right?! Because there are some who... if they had that instinct, they wouldn’t do what they do to... to their children, because sometimes we see it on the TV news, right?! Having the courage to... to abandon” (Sofia).

In addition to the different skills, roles and functions which men and women seemed to assume when evaluating the spouse as a parent and when describing oneself in that role.

In the subcategory *perceiving the wife as a mother*, fathers highlighted characteristics such as responsibility, giving and unconditional love for the child when mothers took on the maternal role. Being a responsible, concerned, attentive, loving, careful, caring and helpful mother made the woman be perceived as a *good mother* immediately during the post-natal period.

A mother is a mother! seemed to sum up this type of maternal plenitude. In the same way, the following account pointed out to a notion of time, something immutable, that had no beginning and will have no end. Regardless of the circumstances of everyday life, that meant being a mother, referring to the same matrix of feelings, actions and gestures in a timeless dimension:

“And... sometimes, I see the baby’s mother a bit more stressed out, but she’s still a mother, right?!... That is the mother!... A bit more stressed out, perhaps more tired at night... more... more, more exhausted, sometimes just a little, but... but she’s still the mother” (Ricardo).

Being a good mother was also being a resourceful mother, overcoming difficulties and personal weaknesses to care for one’s child, *giving everything* and *being everything* for the baby, which other women, *bad mothers*, cannot do, nor be:

“She is concerned with him... she gives him... gives him affection, gives him attention... gives him everything... she’s being a good mother... there are, there are many mothers that are like, there are good mothers and there are mothers who... I don’t know, who don’t care about their children, but so far she does...” (Vasco).

Wives continued to be seen as good mothers, perfect and role models, after 4/6 months of parental communion. They never stopped being mothers, even after returning to the professional world:

“She is no longer present, right?! Hum, in a way, but... if you’re asking me about responsibility or commitment or availability... no” (Ricardo).

They remained concerned and stressed:

"With everything, with work, the baby, everything" (Vasco).

And also attentive and responsible; committed and dedicated mothers, though simultaneously more confident and relaxed mothers:

"She remains responsible, you know?! It's only that... she already lets things flow more naturally, without organising every little detail" (Ricardo).

In the subcategory *perceiving the husband as a father*, mothers highlighted attributes in men which approved their attitudes towards the new-born, namely their affective attitudes and dedication. They commended the confidence with which they did things, refrained from judging their performance, and considered them to be resourceful fathers, when:

"He does everything that I do and I think he does it just as well as I do" (Daniela).

As well as fathers with some skills, which mothers highlighted by saying:

"He already holds him better and everything... he's becoming used to it and then he already... with time..." (Silvia).

At 4/6 months, mothers continued to admire the fathers' concern for, presence with and dedication to the child, as well as their skills as resourceful fathers in terms of caring. As fathers, they were still the same or became more involved since they took on the role of caregivers during the 5th month of parental leave. They were also more connected to their child after it began showing signs of interaction:

"As he also interacts more with him I think... he enjoys it more being with him... playing and everything, because usually men don't have that thing when the child is sleeping and so on, they don't have the patience that he does now that the baby already interacts with him" (Clara).

By considering themselves as fathers, in the subcategory *describing oneself as a father*, men revealed difficulties in deconstructing the meaning of fatherhood during the post-natal period:

"It's a bit... early to talk about, to already talk about what it is to be a father... this is still an experience with just a handful of days, I don't know if... you can't define very well what it is to be a father" (Ricardo).

When men managed to highlight the meaning of fatherhood during the post-natal period, they continued to value and replicate expressions of paternal social identity. They described themselves

as *doting fathers*, happy, concerned, present and participative, integrating feelings and representations that qualified their participation in the parental experience.

After 4/6 months of parental exercise, they still described themselves as happy, present and participative. They perceived themselves as caring and loving fathers who aimed to give:

"All... all the love and commitment that I could give" (Ricardo).

This means giving their best, which defined a *good father*, a father with a sense of accomplishment.

Similarly, women who had recently given birth also experienced difficulties in deconstructing the meaning of motherhood:

"I don't know... I don't know how to answer that" (Sofia).

In the sub-category *describing oneself as a mother*, mothers who had recently given birth described themselves using sentences that bordered the popular sayings of being a good mother or a mother just like the others, which have the sense of completeness associated with the mother figure.

The difficulties in characterising themselves and the descriptions of being a good mother remained present after 4/6 months of parental exercise. They saw in their own mothers the model of motherhood to be reproduced:

"I don't know ... What my mother was to me, I'm ... I think that I'm a polite person, that I'm not a rebel, that I'm not" (Silvia).

Discussion

The category *Embodying the father or mother figure* highlighted the wide variety of experiences and differences between male and female practices, while recognising the weight of social relations of gender in determining the individual and social meaning assigned to *being a father* and a *mother*. The way participants perceived themselves as fathers or mothers and organised themselves in the transition to parenthood expressed a certain gender production, in which individual values, beliefs and expectations constructed based on the cultural imaginary and social prescriptions had influenced each other's experiences.

It was observed that, *taking on male or female roles as caregivers*, couples were still organised according

to traditional references (Glabe et al., 2005; Martins, 2009): the mother assuming the role of primary caregiver and her availability (Pinquart & Teubert, 2010) and the father taking on a peripheral role of provision and relative absence towards child care. The notion that child care was a female responsibility was raised by all study participants, and the mothers themselves were active in the construction and reproduction of this ideology. These results are consistent with the literature on intensive motherhood (Johnston & Swanson, 2006). Arguments like love and affective bonds discursively legitimised women as primary caregivers and rejected men for their incompetence or *different male nature*.

Being the primary figure of care, with specific relational skills, is part of the repertoire of qualities which are socially assigned to the female condition. In a study with 30 mothers, Monteiro (2005) confirmed the importance and centrality of this ideology, highlighting that, by taking on the role of primary caregivers, women adhered to and symbolised a valued and recognised female identity. Simultaneously, the act of caring, understood as a female responsibility and attribute, provided men with a conveniently omitted role: it freed them from the responsibility, leading them to participate only as volunteers and for sympathy.

It is possible to identify similarities with that which was presented by the participants in our research study. *Helping with whatever is needed, helping in what they can, providing assistance and being present* were some roles that men recognised as their own in the exercise of parenthood. It should be noted that this idea of *help* implied that women/mothers were the primary responsibility persons for providing care. On the other hand, mothers listed a series of reasons to absolve their peers, namely the fact that they were already exercising their professional role, their lack of time and their lack of caring skills.

Since the moment of birth, women claimed for themselves the obligation to meet the baby's needs and keep it safe. They perceived maternity as an experience of wholeness, and often drove men / fathers away from care provision because they lacked the same type of caring skills and the same sensitivity and agility to provide care, and also because they lacked practice and information (preparation).

This distancing was, sometimes, expressed in a disapproving discourse about the fathers'

contribution, with multiple examples of situations which illustrated their lack of skills in this area. However, fathers who felt no encouragement and approval from their wives in terms of care provision tended to slow down their participation and involvement. Therefore, women end up taking their share of responsibility in male participation or lack of it. These findings are also confirmed in other studies (Johnston & Swanson, 2006).

These accounts also showed the women's satisfaction with the fathers' collaboration and their unwillingness to admit and show some kind of dissatisfaction with the inequality in the provision of care and dedication. This lack of a sense of injustice was justified by the women's internalisation of ideological explanations and their motivation to maintain the traditionally female role (Johnston & Swanson, 2006). The theoretical model of Major (1993) puts forward three reasons that govern this maternal perception of violation of equal rights in the distribution of family labour: 1) the traditional distribution of tasks corresponds to what women expect, want and value in their relationships due to their socialisation in gender roles; 2) women accept the justifications for unequal practices as legitimate, in particular because they believe that their spouses and children have more needs than themselves and that they are more capable of meeting their family members' needs; and 3) the sharing of tasks corresponds to comparison criteria used by women to assess how their spouses should behave. As they are aware that most men provide no help, they feel grateful and privileged when their spouses help them in some way.

In general, mothers were very satisfied with their husbands' collaboration and, sometimes, fathers even exceeded the mother's expectations. These findings corroborate the study of Dessen and Oliveira (2013), who refute the idea of marital conflicts present in other studies (Brasileiro et al., 2002; Glabe et al., 2005; Martins, 2009).

These data also seemed to be consistent with the parents' perception of their spouse's performance as a father or a mother. Women admired men for being *present, dedicated, concerned* and *affectionate fathers* (Dessen & Oliveira, 2013). From the male point of view, attributes were more demanding, involving maternal responsibility, giving and unconditional love for the child. We found criteria which unveiled the meaning of being a good mother

(Johnston & Swanson, 2006; Monteiro, 2005), in particular mothers who love, care for, are constantly vigilant and seek to know and respect the child's needs. These needs dictate the pace and choices to be made rather than their own interests. In this way, they confirmed that the myth of a good mother, who is forever abnegated, exemplary and perfect, remains alive in contemporary discourses.

When questioned about parental self-perception, both men and women showed some discomfort, which was expressed in the subcategories *describing oneself as a father* and *describing oneself as a mother*. They had gone through an identity-changing experience, which led them to reproduce social ideologies of the father or mother roles, though still not being too reductionist. While seeing themselves as *fathers with a sense of accomplishment*, men, who sought to *give their best* in terms of attention and presence (even if some indicated the impossibility for perfection), opened room for a more *present* paternal perspective. This is also identified in other studies (Sutter & Bucher-Maluschke, 2008; Wall & Arnold, 2007).

Conclusion

This study showed that, during the transition to parenthood, the couples still organised themselves based on traditional frameworks, in which mothers assumed the role of primary caregivers and their entire availability, and fathers took on a secondary role of provision and support, showing a relative absence towards child care. It also revealed that the differentiation of gender roles between fathers and mothers, which the literature designates as traditionalist, is not simply a behavioural phenomenon, but a phenomenon that reflects and includes values and ideologies related to the male/female and paternal/maternal roles.

The importance of this article lies on the fact that it highlights the richness and complexity of the psychosocial factors which operate on the transition to parenthood. It allows us to consider the importance of the social structure in the whole process, particularly the symbolic system which, both in cultural and historical terms, determines the meanings and representations of parenthood, and the parental experience itself.

By getting a glimpse of the scenario of these sociocultural forces, we can help men and women who become fathers and mothers understand that their roles may reproduce existing models or open new possibilities, in an attempt to release them from those influences. Women need to learn to divide child care responsibilities with men, especially the invisible work of concern and care planning. Men need opportunities to be alone with their children or be their primary caregivers, without the help of third parties, which limits their learning experiences.

Therefore, it would be important to implement educational programs during pre- and post-natal periods aimed at minimising the parents' experiences of tension, thus providing them with the necessary skills to parenting and creating opportunities to discuss and reflect on their needs, doubts and difficulties.

This study provides another description of the experiences of both fathers and mothers during the first six months of the child's life, highlighting the wide variety of experiences and the difference between the experiences of fathers and mothers. It would be important to replicate this same study in similar contexts and extend it to other geographical contexts so as to deepen and add new explanatory perspectives on the phenomenon. Studies focusing on the parents' perceptions, beliefs, values and expectations about their roles and involvement in the family life need to be encouraged in order to better understand the dynamics of marital and parental relationships during the process of transition to parenthood. Knowing and understanding the conditions involved in such process are essential for Nursing to support fathers and mothers in the search for a successful transition.

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