

## MATERNAL LOOK: FATHER INVOLVEMENT IN THE LIFE OF THE CHILD WITH AUTISM

Pâmela Schultz Danzmann<sup>1 2</sup>, Orcid: <http://orcid.org/0000-0002-1438-4856>

Rosani Viera Lunardi<sup>1 3</sup>, Orcid: <http://orcid.org/0000-0001-8004-5388>

Luciane Najar Smeha<sup>1 4</sup>, Orcid: <http://orcid.org/0000-0002-3068-3776>

**ABSTRACT.** This study aimed to know the mother's perception of the father's involvement in the life of the child with the diagnosis of Autistic Spectrum Disorder. Participants were 27 mothers of children with Autistic Spectrum Disorder. A semi-structured interview was conducted, which was recorded and transcribed in full. After reading, the material obtained was subjected to content analysis, based on the concept of father involvement. The final categories were outlined, considering the three aspects that make up the concept, namely, accessibility, responsibility, and interaction. The results revealed that the mothers' perception of father involvement varies from case to case. Some participants reported no father involvement; the majority signaled partial involvement, and few mothers indicated total involvement, which includes the three aspects studied. When reporting a positive involvement of fathers, mothers also mentioned harmony and dialogue in the couple's relationship. Therefore, the father's parental involvement is supposedly related to the presence of predictors of marital satisfaction and a good acceptance of the father regarding the diagnosis of Autism Spectrum Disorder. Thus, in the lack of involvement or when it is partial, the mother tends to take even more responsibility for meeting her child's needs, which may lead to an overload of responsibilities and, therefore, a greater risk of developing a psychological disorder.

**Keywords:** Paternity; autism; motherhood.

## OLHAR MATERNO: O ENVOLVIMENTO DO PAI NA VIDA DO(A) FILHO(A) COM AUTISMO

**RESUMO.** Este estudo teve como objetivo conhecer a percepção da mãe sobre o envolvimento do pai na vida do(a) filho(a) que apresenta o diagnóstico de Transtorno do Espectro Autista (TEA). Participaram da pesquisa 27 mães de crianças com TEA. Realizou-se entrevista semiestruturada, que foi gravada e transcrita na íntegra. Após a leitura, o material obtido foi submetido à análise de conteúdo, com base no conceito de envolvimento paterno. As categorias finais foram delineadas, considerando os três aspectos que compõem o conceito: acessibilidade, responsabilidade e interação. Os resultados revelaram que a percepção das mães sobre o envolvimento paterno varia de caso a caso. Algumas referiram não haver envolvimento do pai; a maioria sinalizou envolvimento parcial e poucas, um envolvimento total, o qual abarcaria as três instâncias estudadas. Percebeu-se que ao relatar um bom envolvimento dos pais, as mães também mencionaram harmonia

<sup>1</sup> Universidade Franciscana (UFN), Santa Maria, RS, Brazil.

<sup>2</sup> E-mail: [cb.pamela@hotmail.com](mailto:cb.pamela@hotmail.com)

<sup>3</sup> E-mail: [rosanilunardi001@gmail.com](mailto:rosanilunardi001@gmail.com)

<sup>4</sup> E-mail: [lucianenajar@yahoo.com.br](mailto:lucianenajar@yahoo.com.br)



e diálogo no relacionamento do casal. Por isso, é possível supor que o envolvimento parental do pai está relacionado com a presença de preditores de satisfação conjugal e a boa aceitação do pai quanto ao diagnóstico de TEA. Assim, na ausência de envolvimento ou quando ele ocorre parcialmente, a mãe tende a assumir ainda mais o atendimento às necessidades do(a) filho(a), podendo haver a sobrecarga de responsabilidades e, por isso, mais riscos de desenvolver um transtorno psíquico.

**Palavras-chave:** Paternidade; autismo; maternidade.

## MIRADA MATERNA: LA PARTICIPACIÓN DEL PADRE EN LA VIDA DEL NIÑO CON AUTISMO

**RESUMEN.** Este estudio tuvo como objetivo conocer la percepción de la madre sobre la implicación del padre en la vida del niño que tiene el diagnóstico de Trastorno del Espectro Autista. Participaron en la investigación 27 madres de niños con trastorno del espectro autista. Se realizó una entrevista semiestructurada, la cual fue grabada y transcrita íntegramente. Después de leer el material obtenido fue sometido a análisis de contenido, basado en el concepto de participación del padre. Se delinearon las categorías finales, considerando los tres aspectos que componen el concepto, es decir, accesibilidad, responsabilidad e interacción. Los resultados revelaron que la percepción de las madres sobre la participación paterna varía de un caso a otro. Algunos informaron que no hubo participación del padre; la mayoría señaló participación parcial y pocas, participación total, que abarcaría las tres instancias estudiadas. Se observó que al informar de una buena implicación de los padres, las madres también mencionaron la armonía y el diálogo en la relación de pareja. Por lo tanto, es posible suponer que la implicación parental del padre se relaciona con la presencia de predictores de satisfacción conyugal y una buena aceptación del padre respecto al diagnóstico del Trastorno del Espectro Autista. Así, ante la ausencia de implicación o cuando se da de forma parcial, la madre tiende a asumir aún más la atención a las necesidades del niño, pudiendo existir una sobrecarga de responsabilidades y, por tanto, más riesgos de desarrollar un trastorno psicológico.

**Palabras clave:** Paternidad; autismo; maternidad.

### Introduction

The concept of father involvement encompasses three primary aspects: interaction, accessibility, and responsibility. In general terms, interaction is direct involvement with the child and participation in their life. Accessibility is the possibility of interacting, related to physical and mental availability to do so. Finally, responsibility guarantees care for the child (Lamb, Pleck, Charnov, & Levine, 1985).

Paternal involvement is considered a construction between father and child that addresses several dimensions, observable or not, ranging from emotional involvement to financial and psychological support (Pleck, 2007). In the case of a child with ASD, it is an even more complex, interdependent, and multifactorial phenomenon. This is because it is related to the characteristics of the disorder that vary from child to child, public policies, social support network, the father's work, marital status, and their own beliefs about

disability, which are constructed throughout life based on multiple experiences (Silva, Vieira, & Schneider, 2016).

The father's relationship with his child is also related to personal stimuli, such as, for example, physical appearance or paternal resemblance (Franco, 2016). According to Silva et al. (2016), resources such as intelligence, experience, and skills are important for the closeness between father and child. In the case of a child diagnosed with ASD, some of these resources may be impaired, mainly sociability and communication (Gaiato, 2019).

In addition to intellectual competence, fathers tend to place their own desires and fantasies on the child's future. In a way, fathers seek to overcome their frustrations and their unfulfilled dreams through the achievements obtained through their children's good performance. However, when faced with a child with atypical development, it is necessary to reorganize and transform expectations about the child's performance. Thus, the relationship that will be built with the real child becomes viable (Franco, 2016).

In the study by Henn (2007), fathers reported that, upon receiving the diagnosis, the predominant feelings were sadness, fear, uncertainty, nervousness, and concern about the future. Furthermore, they feel they need to support the mother, giving her emotional support. On the other hand, some fathers distanced themselves from their wives; they stated that it was not due to their child's diagnosis but because of previous problems that intensified in the face of their child's difficulties.

A study carried out by Oliveira (2018) revealed that parents of a child with ASD tend to participate more in leisure activities than in therapies and the eating and hygiene routine. Félix and Farias (2018), in a survey carried out with parents of children with microcephaly due to Zika virus, indicated that the father is neglected in public concerns and policies aimed at families.

Fatherhood of a child with autism, despite being a challenging exercise, for some fathers is a positive experience in which they are careful, protective, and companions of their child with ASD (Cunha, Pereira, & Almohalha, 2018). The diagnosis of ASD requires different care from that practiced with a typically developing child. It is a neurodevelopmental disorder in which the diagnostic characteristics lie in restricted and repetitive patterns of behavior or interests and impairments in communication and social interaction (Associação Americana de Psicologia [APA], 2014). Therefore, the father and mother are intensely requested to promote the best possible development for the child.

When reviewing the literature, there is less research on fathers than that carried out on motherhood. Studies that value the father's involvement in the care of their children have seen an exponential increase in recent decades; however, about the fatherhood of a child with a disability, there is still a need for clarification (Cunha et al., 2018). Paternal involvement in the life of children with ASD is a topic that is still poorly investigated by Brazilian researchers, which is why this study aims to contribute to a better understanding of the phenomenon.

This article differs from others already mentioned, as paternal involvement is discussed from the maternal narrative. This means that the reports discussed were constructed according to the mothers' perspective and, therefore, it is worth considering that, if the participants were fathers, the results would probably be different. Thus, this study aimed to understand the mother's perception of the father's involvement in the life of the child diagnosed with ASD.

## Methodology

This study is part of a larger study entitled: Mothers of children with Autism Spectrum Disorder (ASD): anxiety, stress and social support network. This was a qualitative, descriptive, cross-sectional study with 27 mothers of autistic children. The participants were found by convenience, through recommendations from other mothers, and through public and private institutions in the central region of the state of Rio Grande do Sul, where therapies are offered for people with ASD.

Participants have an average age of 36 years, 59.2% are married, and 40.7% are separated or single mothers. Regarding the mothers' education, 25.9% have completed high school, while 74.0% have completed/incomplete higher education or technical education. The average age of the children was around seven years old (Table 1).

**Table 1.** Characterization of participants

Mother	Age	Marital status	Education	Occupation	Child's age	Minimum wage (2016)
1	47	Married	CHS	Housewife	8	9
2	38	Married	CHE	Physician	5	40
3	38	Separated	CHE	Psychologist	3	5.6
4	43	Single	CHE	Military police	4	3.9
5	37	Married	CHE	Civil police	9	6.9
6	36	Single	CHS	Housewife	7	2.2
7	41	Married	CHS	Commercial worker	11	3.4
8	43	Married	CHE	Public servant	13	22.7
9	42	Separated	CHE	Public servant	12	2.2
10	30	Married	CHE	Housewife	6	3.7
11	29	Married	CHE	Teacher	3	11.3
12	33	Married	IHE	Dance teacher	9	1
13	33	Separated	CHS	Housewife	9	1
14	33	Separated	T	Housewife	5	2
15	26	Stable Union	CHE	Pedagogue	4	8

16	35	Married	CHE	Businesswoman	4	3
17	37	Stable Union	CHE	Commercial worker	7	6.2
18	28	Single	CHE	Bachelor in law	4	11.3
19	33	Married	CHE	Psychologist	10	3.4
20	41	Single	CHE	Teacher	9	1.3
21	40	Married	CHS	Housewife	7	4
22	35	Married	CHE	Housewife	7	5.5
23	32	Single	CHE	Self-Employed	3	7.5
24	34	Married	CHE	Nurse	8	4
25	33	Married	CHS	Hairdresser	7	5.6
26	38	Married	CHE	Administrator	8	7.3
27	41	Married	CHE	Accountant	7	2

CHE: Complete higher education; ESI: Incomplete higher education; CHS: Complete high school; T: Technical

The initial contact with the mothers took place via a telephone call in 2016; at the opportunity, the objectives of the study were clarified, and an invitation to participate in the research was formulated. Subsequently, the interview was scheduled individually and took place at the mothers' preferred location. To protect the identity of the participants, they are referred to in this study by the letter 'M', followed by a number that refers to the order in which the interviews were carried out. The name of a family member or child with ASD was replaced by 'X' and 'Y'.

As an instrument for data collection, a semi-structured interview was carried out with open questions about the experiences of being a mother of a child with ASD. All interviews were recorded and transcribed in full. To construct this article, all statements in which mothers referred to the father of their child with ASD were extracted from the transcription. The material obtained was subjected to content analysis, proposed by Minayo (2014). The analysis was built based on the concept of paternal involvement. Therefore, to arrive at the final categories, we decided to divide the larger categories into three final categories according to the dimensions presented in the literature on paternal involvement, namely, interaction, accessibility, and responsibility. Thus, the three categories presented and discussed below were obtained. They were called the diagnosis of the child and the accessibility of the father and family, interaction in the routine of care and fatherhood, education, and the father's responsibility.

This research was approved by the Ethics Committee of Franciscan University Center, under opinion 1210412. All participants signed the Informed Consent (IC).

## Results and discussion

### The child's diagnosis and the accessibility of the father and family

The concept of accessibility within paternal involvement refers to the physical and psychological availability of the father with the child (Pleck, 2010), involving conscious and unconscious aspects (Silva et al., 2016). This means that he does not necessarily need to be face to face with the child but rather be present (Lamb et al., 1985), such as, for example, reading a newspaper while the child is in the same room. In the context of children with disabilities, accessibility can be affected, and have a negative impact on the child's care and treatment routine. This unavailability of the father corroborates the literature, which states maternal overload (Oliveira, 2018).

Work is cited by fathers as one of the factors that affect the quality of accessibility between fathers and children (Backes, 2015; Bueno, Vieira, & Crepaldi, 2016; Gabriel, Silva, Portugal, & Piccinini, 2015). To minimize this lack, the father must prioritize the child when organizing his time (Bueno et al., 2016).

In this study, mothers reported noticing the father's difficulties regarding accessibility, which seems to be related to acceptance of the diagnosis. In this way, it can be understood that when the father denies the diagnosis, the father-son relationship is even more damaged. M14 highlighted that the child's father does not accept the diagnosis, while mother M20 pointed out that the father has difficulty accepting his son's limitations.

I feel like, to this day, he hasn't accepted that, you know? He doesn't understand this; he thinks about the why and wonders a lot about the whys and wherefores. And he kept moving away, you know, I feel guilty because if things got bad, it was because I permitted if I could change, I would change the issue of his father's acceptance (M14).

I would like Y to accept [...] X diagnosis. He accepts the difficulties, but I notice that he demands a lot, he wants, he wants a very quick response, you know, if Y does something, for example, if he can't achieve something, he's like, 'How come you can't do it? You have to achieve it'. He's like, you know, that insistence, and I notice that it's an anguish for him, but I'm more thoughtful (M20).

The difficulty in making the diagnosis is added to the mother's fear that the father's extended family will reject or discriminate against the child. In some cases, paternal family members moved away due to prejudice and difficulty in accessing the child (Pinto et al., 2012). Machado, Londero and Pereira (2018) argued that many families say they suffered prejudice in relation to their child from what they called the extended family, in addition to their lack of support and misunderstanding.

Good family interaction, especially between parents, favors the accessibility process, which is in line with the perception of mothers M02 and M05. They reported that the father has a good relationship and availability with her and the son and that family unity is very important for coping with situations that arise.

It always helps me a lot to [...] be with him, we always try to [...] be together, like this, to do things for Y, to feel that the family is more united, right? But it's very important. I don't even know what it would be like without him there, like this. I find it very difficult. Some families fall apart, you know, in these processes and, wow, right [...] I don't even know what it would be like. And he helps me a lot. Very much (M02).

My husband and I have a good rapport. Of course, we have moments of disagreements; we disagree about some things. But we try not to reveal anything in front of our son. Even more than most interventions and decisions we have to make together daily, we have the same thoughts and the same direction. He's a great father (M05).

The study revealed that most mothers perceive little paternal accessibility and highlight the importance of the father's presence in the child's life, not just for a few hours on the weekends. Furthermore, they reported that their child shows satisfaction when they are close to their father in the few moments they are together. According to Backes (2015), the father's physical and psychological involvement is extremely important for child development, which is why it cannot be neglected.

On the other hand, the news of a disability diagnosis can disorganize the marital subsystem, which is already in a fragile situation. In the reports of this study, M04, M08, and M20 believe that having a child with a disability somehow influenced the couple's separation.

M.D. Y confirmed the diagnosis, and then we [...] I left there devastated, right [...] we had a trip to the beach and he said, 'Look, I'm going to the beach, and when I get back from the beach, we talk about it;' then, I said, 'Look, if you go to the beach now, in these conditions, the marriage is over;' so he went to the beach, he stayed at the beach for ten days [...] So in the meantime I took Y, I rented an apartment and left (M04).

The father is already leaving because he didn't accept it. Actually, it was just a little excuse. In fact, he had already left because he wanted his life. There are three of us; we need a life together, and he doesn't want it. He only resides with us. For him, it's a hotel; he arrives, sleeps, and leaves (M08).

We separated; we had a big relationship because of X, and soon after, we separated. Now, I spend the week with X, and he (father) stays at the weekend; in this case, he takes him on Saturday afternoon and sleeps with him, and then he takes X home after noon [...] So he is in love with his father, but our relationship didn't work out (M20).

What can be elucidated, both in the speech of M04 and in the speech of M08, is that the relationships were already frayed before the birth of the child with ASD. Thus, the special care routine following the diagnosis may have intensified the conflicts that culminated in the separation. It is noteworthy that these mothers described fathers with problems in terms of accessibility as for the concept of paternal involvement.

The moment of diagnosis is experienced by both the father and all family members as a moment of varied feelings (Pinto et al., 2012). Insecurity, grief, fear, and hopelessness can be part of a set of sensations that end up destabilizing the family at that moment. Furthermore, the relationship between family members after receiving the diagnosis can be negatively affected by stress and disruption of routine (Portes & Vieira, 2020). All these reactions, if not overcome, may end up affecting the father's and family's accessibility to the child.

Fathers who were not accessible to the child before the diagnosis continued to be unavailable to the child after ASD was confirmed. Relationships between father and mother became more tense, especially when fathers were accused of not interacting with their children.

In relation to support for mothers, generally, when the child completes its first three months of life, some fathers may demonstrate their unavailability to care for the child (Castoldi, Gonçalves, & Lopes, 2014). Concerning accessibility, it can be highlighted that paternal involvement is sometimes greater with children of the same gender (Backes, 2015).

Regarding paternal and maternal burdens, the quality of life of fathers and mothers who have children without disabilities may be higher compared to those parents who have an atypical child (Alenasi, Hammad, & Morrased, 2020). Furthermore, the importance of social and emotional support from the extended family, such as grandparents, uncles, and cousins, is highlighted. In this sense, the mothers in this study mentioned that older children, in the presence or absence of the father, help with the care of their sibling diagnosed with ASD and, thus, reduce the father's responsibilities somewhat. Another point to highlight was

that the majority of mothers who reported the absence of the father in their children's lives also mentioned a certain distance from the paternal grandparents.

### **Interaction in the care routine**

Interaction is characterized by the connection between the father and the child through some activity or care (Lamb et al., 1985). Furthermore, they include activities that, historically, were attributed only to women, such as changing diapers, bathing, feeding the child, and showing affection (Backes, 2015; Bueno et al., 2016; Gabriel et al., 2015). In the context of children with disabilities, the participation of the father is extremely necessary (Souza, 2015).

In this study, M11 and M16 perceived a satisfactory division of tasks between the parents, demonstrating the father's interaction in the child's life.

Look, at home, he's fundamental. I don't have any complaints about him. He helps with everything. He divides the tasks. He attends all medical appointments [...] always. He studied, read, and participated in courses as much as I did. He is very participative. His participation is essential [...] I've read this a lot too that mothers are usually overwhelmed. In my case, it is not true. He really helps a lot (M11).

The two of us are always good partners because we need each other [...] so the tasks were always divided very well, helping each other. His participation is the same as mine. We don't do anything other than work and take care of the Y. So, he's wonderful. As a father, he is very good too (M16).

In the study by Smeha (2010), fathers expressed the desire to transmit to their children the same paternal values they received, in addition to their participation in activities such as guiding, socializing, being present, and interacting with the child. For them, domestic responsibilities related to the care of the child are the mother's duty. Although the parents in the author's research raised the desire to have more time to care for their child, she considered that the manifestation may be more related to a response to the mother's demands than, exactly, to a desire for greater paternal involvement.

In this study, some mothers highlighted the father's participation in daily childcare activities. In this way, there were important cultural changes, in which childcare no longer became an exclusively maternal activity. The father entered this situation by taking on the child's basic care and household chores.

He always helped, was always a father, always changed diapers, always put them to bed, gave them bottles, and things like that; he was always very involved. He even made an effort, took part in a competition and everything, and passed it so he could provide more security for the child. Furthermore, he goes out, walks, stays alone when I need to go for a walk, Y stays calm with his father (M10).

His participation is calm; I can go out and do something on the street, and if necessary, he cooks and cleans the house. He is always helping me in one way or another, both at home and in caring for Y (M01).

The father has always been very present, so, since we found out about the diagnosis, he has always been very active, so, he is [...] he never spared any effort, not even financially, nothing, we always did everything we had and what we didn't have to do, so [...] I know it's not every father, right! (M02).

Mother M02 positively perceived the father's involvement in her children's lives. Mothers M01 and M10, in addition to the interaction, revealed the responsibility of fathers, as they tend to ensure care with diaper changes and domestic activities, with a view to the well-being of their child. In this sense, the mothers mentioned are married, which may be in line with what the literature describes about the relationship between marital satisfaction and parenting (Mosmann, Zordan, & Wagner, 2011).



On the other hand, some mothers complained about the lack of father involvement and the father's lack of interest in relating and building a close interaction with the child. Mother M04 clearly referred to this participation as only financial and complained about the little interaction of the father with his son. Mother M08 reported that the father never went out with his son on the street.

Look, his participation is only financial because coexistence is very little [...] He's not very interested in knowing if our child is okay, he sometimes stays for a week, you know, without information, without [...] he doesn't is very interested. And that's not good for anyone (M04).

Y is going to be three years old, and he has never gone out with X on the street, ever. We have been in a relationship for 21 years, so I needed it; oh, as our children were in vitro, I had X, and then I had Y. In my holy ignorance, I thought our family would be perfect with children just because we had favorable financial conditions. How did I know he would be so distant as a father? (M08).

Mother M04 is not married, and it must be considered that the non-cohabitation of the parents may hinder involvement in the child's routine. The study by Ferreira and Smeha (2018) discusses the context of female single parenthood, highlighting that mothers report overload due to the father's lack of division of care for the child and the lack of financial help. These mothers go through many difficulties when taking responsibility for their children alone. Given the various challenges highlighted, the absence of a father figure is understood by them as a significant loss in the child's life. According to Serra (2010), the lack of solidarity and support from the father generates physical and emotional exhaustion in mothers.

Although, in this study, some mothers lamented the lack of interaction between the father and the child, they did not complain about the duties resulting from caring for the child due to the disability and even reported not wanting to change anything about their children. However, they indicated that they just wanted to live in the here and now without planning or plans for themselves.

The research by Seynour, Giallo and Wood (2019) compared the social support of families who had a child with ASD and families in which the children showed typical development. The results demonstrated that 70% of families with an atypical child reported not having any form of social support. Regarding this issue, it was clear from the speeches of mothers M09 and M13 that there is a need for a support network:

It's just the weekend. Everything else is up to me. I manage [...] I wanted it to be half and half because there are days when I'm tired. This responsibility [...] it's never what we want, right? As we don't live together, I wanted more participation from him (M09).

He doesn't help at all, he's never spoken to his son for 7 years [...] there are many things I can do for my children, but it's on the father's side too, right? That was it, I didn't need anything else. At least spend some time with them, walk with them, play ball with them, right? (M13)

Generally, the man justifies his lack of involvement by claiming that he assumes the family's financial responsibilities. Furthermore, it is worth highlighting that maternal burden is a historical social construction in which women were considered the primary caregivers (Pinto et al., 2012). Another aspect to be considered in the professional sphere is that when considering Brazilian laws and paternity leave, there is no support to strengthen the father's initial bond with the children. Since formal employment offers five days (Castoldi et al., 2014) or a maximum of 20 days of remuneration after childbirth (Oliveira & Marques, 2018) makes it impossible a father more present at this important moment.

In any case, although the interaction between father and child is affected by the role of financial provider for the family, the father's availability during the few hours he spends with his child is essential. Without disregarding the fact that these fathers sometimes may

end up having more working hours to cover the additional expenses related to consultations and treatment for ASD, as can be seen in the present study.

In the following reports, the speeches of mothers M06 and M08 stress another situation. The mother did not complain about the father regarding the care activities themselves, but she reported the father's lack of carrying out recreational activities with the child.

Y. doesn't ride a bike, he doesn't know how to play soccer, that part like that, I would like him to help, encourage, try to make Y interested in that, you know, that part he's not interested in, right? Just because we don't live together doesn't mean he doesn't need to pay attention. We never lived; he never lived in the same house as us, but I feel like the boy lacks that attention from his father (M06).

He wants the single life, wants friends, wants soccer; he doesn't want commitment; this daily thing, a routine for him, is boring. So he doesn't worry about picking him up at school, taking him to the playground, going to the square, having a picnic, calling his friends, having a pajama party [...] so that's it for him [...] he keeps giving the excuse that gives us money (M08).

What defines the interaction with the child and characterizes paternal involvement are also pleasant situations with the child (Bueno et al., 2016). What mother M6 reported was the lack of this aspect that is fundamental in the relationship between father and son. It should be noted that leisure and recreational activities, such as walks and games, are important for the socialization process, for better communication, and for reducing unwanted behaviors when the child is in an environment that deviates from their daily routine (Carvalho-Filho, Silva, Castro, Moraes-Filho, & Nascimento, 2018).

The interaction between father and child is fundamental to the child's development, and mothers understand and reinforce this importance. Pleasurable activities bring father and son closer together and, this may explain why children are so attached and show so much affection for their father. However, it should be noted that the interaction includes other moments of exchange, such as bathing, feeding, and caring for the child. This is usually when mothers perceive fathers to be less interactive.

### **Fatherhood, education, and father's responsibility**

The concept of responsibility refers to the extent to which the father takes responsibility for the care of his children and takes part in activities, such as monitoring the child's progress at school and taking the child to the doctor, among other functions (Pleck, 2010). It also includes homework, financial contributions, anxiety, and concerns regarding the child. These concerns can increase when the child has a disability due to the uncertainties that shape the child's future and financial organization (Backes, 2015).

However, it is generally the mother who is entirely responsible for the routine of specialized care and school (Oliveira, 2018), while fathers tend to work longer hours to cover family expenditures, as there is an increase in expenses and a reduction in income, especially in cases where the mother leaves work to care for the child (Gabriel et al., 2015).

Given the concept of responsibility in father involvement, it is clear that in the reports of mothers M01 and M17, the importance of the couple's good relationship and coherence of ideas when it comes to decisions about education appear. The perception of these women is that they and the children's father agreed on their child's education and together decide what is best for the child. Mother M07 reported the difficulty in establishing a dialogue with the child's father, saying that in this case, only one should make the decisions regarding the child's education.

No, I think it's fine; we're in tune. At first, it was bad when he was working, but now that he's at home, he participates well. We are getting along well. So much so that Y is behaving better. His father tells him to do everything right, and then we'll go to the book fair or see minions, and he does (M01).

My husband and I think there needs to be this harmony between parents. Nothing to do with I want it one way, and he wants it the other way; I think so, and he thinks not. But even so, I think women participate more, and it's natural. In reality, I pay attention to details that my husband doesn't. I sometimes ask, did you see something that Y said or did?, and he says no; I think that in this sense, the mother is more attentive (M17).

The couple's divergence of ideas generates conflicts, so it is clear that M08 and M13's reports are in line with that of mother M07. She states that the presence of the father makes the child's education difficult.

Since I'm alone, I don't want someone to get in my way because he gets in the way. He arrives whenever he wants, takes away the routine, and disallows me. There are films that the child cannot watch, such as horror and war, and these are the films he watches with him (M08).

He is the father of both, but we don't agree on things. To be honest, he doesn't even really care if he's alive. What I wanted was for him to have more contact with his son and to take him for walks because he wants to. There are many things I can do for my children, but so can he, right? This is it, a little understanding, and they could hang out with their father more (M13).

For mother M08, the father's attitudes get in the way, which is why she prefers to assume all responsibilities related to her son. It is also important to highlight that sometimes mothers end up giving up their professional lives, careers, and self-care due to their child with ASD (Pereira, Bordini, & Zappitelli, 2017). In this study, some mothers had a good job and recognition in the area in which they worked but gave up their professional careers to dedicate themselves exclusively to their children. They also mentioned that they no longer had time to take care of themselves or experience pleasant moments in their personal lives, as occurred before the difficulties with their child. However, they do not blame the child's father for their choices, but the majority of participants mentioned the desire for more responsibility from the father in the face of the needs of the child with ASD.

When reflecting on the lack of responsibility of some fathers mentioned in this research, it is worth considering that they may feel frustrated by their child's limited learning capacity, and, as a result, the father-child relationship would be compromised (Souza, 2015). Regarding paternal involvement, it is also necessary to consider that the father's performance is implicated in the context in which he was raised, as well as his beliefs about disability (Portes & Vieira, 2020; Silva et al., 2016).

The responsibility for the child's school life is almost always maternal; this includes taking the child to and from school, monitoring the child's academic performance, and providing support and assistance when necessary. Studies have identified that fathers are much more involved in recreational activities, such as walks and physical games than in routine childcare activities (Backes, 2015; Portes & Vieira, 2020). However, few participants reported that their father takes as much responsibility as they do, especially in school studies and in the search for more knowledge about autism.

According to the participants, difficulties regarding father responsibility are generally associated with problems in the relationship between the parents and in preparing the diagnosis. According to Souza (2015), parents may avoid their child due to the feeling of sadness of not knowing whether there is paternal recognition by the child, possibly because in ASD, there may be difficulties in understanding as a result of intellectual deficit and limitations in the ability to express affection.

Another aspect to be considered is the fact that the mother does not favor the father's access and responsibility, often because she believes that she can perform the task better. In the reports of mothers M17 and M19, even with good paternal involvement in terms of responsibility, mothers prefer to take it on themselves. They report having more patience than the father and more understanding of the child. Mothers M17, M18, and M19 highlighted that the father is involved in the child's life, although he is not as patient, and there is greater dedication on their part.

He was always very present, supportive, and played a lot with the boy, right? But of course, I have more patience, right? Even to teach, sometimes, the pedagogical part, of sitting down, of doing a little work. The father isn't very good at that, right? The mother already has more skills and more patience too (M17).

Yes, he participates with me, but I'm the one who makes the decisions, you know [...] the question of which professional I'm going to contact, where I'm going to take him is more up to me. But he is very participative because he made the Y routine, the bathing issue. But in matters of daily routine and home routine, you know (M18).

He's smart, very participative, and leaves the decisions to me a little more because he trusts, and I understand better what's going on, right, but he's very present (M19).

Some mothers decide to take on full responsibility for their children, not allowing others to participate (Guerra et al., 2016). This can be reinforced when the father presents a more rigid and intolerant stance in his child's education (Oliveira, 2018). The majority of mothers in this study confirmed the authors' statement, as they perceive the role of the father in educational practices as the one who sets the limits. Mothers M06 and M20 reported that the father is stricter and, therefore, their children end up obeying their father more. Both reported having difficulties in imposing limits despite believing that they are important in a child's life.

I think the coexistence is good; he does the part of trying to impose limits and things like that. I see that he tries a lot, you know, in that part, right, which is the important thing because I also try, but he doesn't obey me as much as his father (M06).

He respects his father more, you know, he does what he wants when with me, he did what he wanted, today I'm much better [...] because I didn't set any limits, he did what he wanted with me because I wanted to make up for the separation, I thought that because he suffered prejudice I had to be even better, I had to be even more loving, and it's not like that, you know, we learn that it's not like that, there has to be a limit, right, there has to be what is right and what is not, and what he can and cannot do, but it took me a while to learn that (M20).

Considering the reports from mother M20, she interprets the father's position in establishing limits in a positive way, which may be related to the feeling of not being alone when it comes to the child's education. However, despite thinking positively, they assume more responsibility for the child when the father has less patience and tolerance. Thus, it seems controversial, as they protect the child from the limits imposed by the father, assuming more responsibilities and, with this, they increase their burden, taking for themselves what should be divided between the parents.

## **Final considerations**

In the present research, it was possible to correlate mothers' reports on marital satisfaction and their perceptions regarding parental involvement. This relationship corroborates the idea of conjugality and parenthood. Thus, mothers' perception of father's involvement is different. In some cases, they understand that there is no paternal

involvement; in other cases, there appears to be partial involvement, and also those fathers fully involved in their child's life. According to the mothers' reports, they perceive complete and positive father involvement, especially when there is satisfaction with the marital relationship. The greater the involvement of parents, the more harmony and dialogue in the couple's relationship. Parental involvement is assumed to be related to the presence of predictors of marital satisfaction.

Although it was not the focus of the study, in cases of greater paternal involvement, the maternal burden and the resulting psychological disorders are inferred to be probably lower. On the other hand, some mothers found it difficult to delegate more responsibilities to fathers, as well as favoring the aspect of accessibility, that is, allowing parents to be more present in their child's life. This happens because the mother feels the need to control everything that involves caring for her child and often minimizes the damage resulting from the lack of paternal involvement.

Finally, given that in Brazil, there are few publications on the topic, more studies are suggested to be carried out on this topic. However, the data collection method should involve listening to parents about their involvement with their child, including in other stages of development, such as in adolescence and adulthood of the person with ASD, age groups not included in this study.

Regarding the study's limitations, our research involved participants from only one central region of the state of Rio Grande do Sul; thus, the results may encompass the cultural characteristics of the region, especially concerning gender issues and parental roles. Therefore, new studies with participants from other states in Brazil are suggested to expand the study and include the cultural diversity of the population.

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