

Exploring Thai Fathers' Confidence in Supporting Exclusive Breastfeeding: A Qualitative Descriptive Study

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Abstract: The support provided by fathers plays a crucial role in the success of exclusive breastfeeding because it influences maternal breastfeeding practices, including initiation and duration. However, there is limited understanding of how fathers perceive their role and how their confidence in supporting breastfeeding evolves, particularly in the Thai context. This qualitative descriptive study aimed to explore the confidence of Thai fathers in supporting their partners' exclusive breastfeeding efforts. Thirty fathers, aged 20 years or older and having a 6-month-old infant, were recruited through purposive sampling from two well-baby clinics in hospitals in Chiang Mai province, Thailand. Data collection occurred from March to July 2020 via a videoconferencing platform, using semi-structured interviews with open-ended questions guided by the breastfeeding self-efficacy theory. Content analysis was used to analyze interviews. The findings revealed four key themes: (1) Deferring to my partner; (2) Confidence is dynamic; (3) Seeking knowledge and support; and (4) Institutional barriers: Paternity leave and hospital education. The results provide a nuanced understanding of Thai fathers' perceptions of breastfeeding support for their partners and children. Practically, these findings suggest that increasing fathers' involvement could substantially improve exclusive breastfeeding rates. Healthcare providers can apply understanding of the findings to develop targeted interventions, such as educating fathers in prenatal and postnatal settings to actively support breastfeeding mothers, creating resources to foster shared family responsibilities in infant care, and enhancing hospital educational programs to include paternal education. Ultimately, recognizing and facilitating the role of fathers in breastfeeding support can lead to improved maternal and infant health outcomes in Thailand.

Keywords: Breastfeeding support, Confidence, Exclusive breastfeeding, Fathers, Qualitative description

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Introduction

Breastmilk is a critical source of all the nutrients needed to promote infant health and enhance the immune system.¹ The World Health Organization (WHO) recommends exclusive breastfeeding, which is defined as feeding an infant only breastmilk without additional water or food for the first six months of life and continuing breastfeeding until the child reaches at least two years of age.¹ Among the documented health benefits, breastfeeding reduces the risk of diarrhea, respiratory infections, and nutritional deficiencies in infants, which can negatively impact cognitive development.^{2,3} For mothers, breastfeeding decreases the risk of postpartum hemorrhage as well as breast and ovarian cancers.⁴ Despite these benefits, global breastfeeding rates remain suboptimal, with considerable regional disparities.

In Thailand, the rate of exclusive breastfeeding has historically been low. In 2007, it was just 5.4%, ranking the lowest in Southeast Asia and among the lowest globally.⁵ Although national efforts, such as the National Breastfeeding Strategy and the Baby-Friendly Hospital Initiative, have led to improvements, with the exclusive breastfeeding rate rising to 29% in 2023, this is still below the WHO target of 50% by 2025.⁶⁻⁹ This underscores the ongoing need to address barriers to optimal breastfeeding practices.

One promising approach for improving breastfeeding rates is to enhance paternal support for mothers. Research consistently demonstrates that fathers can influence the initiation and continuation of breastfeeding. Their support is critical to overcoming challenges, such as difficulties with initiation and pressure to supplement with formula.^{10,11} However, fathers often report feeling underprepared to support breastfeeding, experiencing exclusion, anxiety, and a lack of knowledge.¹²⁻¹⁴ This lack of confidence can undermine their ability to effectively support breastfeeding, potentially contributing to discontinuation of breastfeeding in favor of formula.¹³ Recent studies suggest that fathers'

self-efficacy, or confidence in supporting breastfeeding, is significantly associated with improved breastfeeding outcomes.^{15,16} Most recent studies have been conducted in Western contexts, where cultural norms and gender roles differ from those in non-Western societies such as Thailand.

No studies to date have specifically examined Thai fathers' perceptions of their role in breastfeeding support, representing a critical gap in the literature. In Thailand, traditional gender roles have positioned fathers as primary economic providers, while caregiving, including breastfeeding support, has been seen as the mothers' responsibility. However, evolving societal norms highlight the growing importance of fathers' involvement in childcare, including breastfeeding.^{17,18} Understanding the perspectives of Thai fathers is essential for tailoring interventions that effectively engage them in promoting exclusive breastfeeding. This study addresses this gap by exploring Thai fathers' perceptions of their confidence and ability to support exclusive breastfeeding. By investigating the cultural and contextual factors shaping paternal involvement in Thailand, this research aims to provide valuable insights into breastfeeding promotion strategies. The findings may have broader implications for global breastfeeding policies, emphasizing the need for culturally sensitive approaches to engaging fathers, particularly in non-Western settings where traditional gender roles and familial structures differ significantly from Western contexts.

Review of Literature

Breastfeeding success is closely linked to breastfeeding self-efficacy, a concept introduced by Dennis and Faux in 1999, which refers to a mother's confidence in her ability to breastfeed successfully.¹⁵ This self-efficacy serves as a critical predictor of breastfeeding outcomes. Dennis developed the Breastfeeding Self-Efficacy Scale (BSES), a 33-item self-report questionnaire based on Bandura's social learning theory, to quantify this confidence.¹⁹ In 2003,

Dennis refined this tool into the Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF), which has gained widespread use in clinical and research settings to assess maternal self-efficacy in breastfeeding.¹⁹ While much of the breastfeeding research has concentrated on maternal self-efficacy, recent studies have begun exploring fathers' role in breastfeeding success. In 2018, Dennis and colleagues expanded the breastfeeding self-efficacy framework to include paternal support. They introduced the concept of paternal breastfeeding support self-efficacy, defined as a father's perceived ability to assist his partner with breastfeeding. Four primary sources determine paternal self-efficacy for breastfeeding: (1) *performance accomplishments* (experiences assisting the mother and infant with successful breastfeeding), (2) *vicarious experiences* (observing others supporting their partner's breastfeeding), (3) *verbal persuasion* (receiving positive feedback), and (4) *physiologic responses* (feelings of accomplishment while assisting the partner's breastfeeding as opposed to stress, anxiety, and helplessness).¹⁶ A Canadian study indicated that higher paternal self-efficacy was associated with positive attitudes toward breastfeeding, greater involvement in breastfeeding support, and improved breastfeeding outcomes, including increased exclusivity and maternal confidence.¹⁶ Supporting these findings, a multi-center cross-sectional study by Zeng and colleagues in Southeast China demonstrated that fathers' support for breastfeeding self-efficacy acts as a mediator in exclusive breastfeeding practices, with a notable positive impact of paternal involvement on exclusive breastfeeding at six weeks postpartum.²⁰

Despite international research consistently underscoring the significance of paternal breastfeeding support self-efficacy, understanding its application, specifically among Thai fathers, remains limited. Traditionally, Thai culture assigns primary responsibility for infant care and breastfeeding to mothers, while fathers are seen primarily as economic providers. However, changes in Thailand's social and economic dynamics, including greater gender equality and shifts

in family structures, as well as fathers' roles in child-rearing and breastfeeding support, are evolving.¹⁷ A 2022 study of Thai fathers reported that higher paternal self-efficacy was associated with longer exclusive breastfeeding.²¹ However, there remains a gap in understanding the specific factors influencing this self-efficacy in the Thai context. Key contributors affecting fathers' confidence in supporting breastfeeding include family type, fathers' attitudes, and knowledge.²² Despite these insights, a broader understanding of Thai fathers' experiences and perceptions of their role in breastfeeding is needed. To fully comprehend how these factors shape their involvement in infant feeding practices, it is essential to explore Thai fathers' personal experiences and perceptions with greater depth, focusing on their self-efficacy in supporting exclusive breastfeeding. We chose to use qualitative description in this study to provide a clear and detailed explanation of the fathers' experiences while preserving their perspectives and context of Thai paternal roles.²³

Study Aim

This study aimed to explore Thai fathers' confidence and experiences in supporting their partners' breastfeeding.

Methods

Design: This was a qualitative descriptive study. Semi-structured interviews were completed with Thai fathers. Data collection was completed from March to July 2020. This study has been reported following the Standards for Reporting Qualitative Research (SRQR).²⁴

Sample and Setting: A purposive sample of fathers with a 6-month-old infant was recruited at two well-baby clinics in Thailand's Chiang Mai province. To be included, fathers had to agree to participate in the study. They also had to be aged 20 or older, and their partners and infants had to be healthy. Fathers were excluded from the study if there were postpartum complications or

breastfeeding contraindications. To recruit fathers for the study, the principal investigator (PI) posted flyers on the walls of the well-baby clinics that included information about the purpose, inclusion criteria, benefits and risks of participation, and the PI's contact information; it also requested that fathers telephone the PI if they were interested in participating. As another means of recruitment, the PI approached fathers in the well-baby clinic waiting rooms, where their infants were receiving 6-month vaccinations, and asked them whether they were interested in learning about the study. Before each interview, the PI scheduled an online meeting with the participants. A total of 30 fathers were enrolled and interviewed until the data saturation was reached.²⁵

Ethical Considerations: The study was approved by the institutional review boards (IRB) of the University of Illinois at Chicago (#2019-1309), Maharaj Nakorn Chiang Mai Hospital (#NONE-2562-06778), and Chiang Mai Health Promotion Hospital (#3/2563). Before the interviews, the PI first reviewed the purpose and procedures of the study, the benefits and risks of participation, and the participants' right to withdraw at any time without consequence. Then, the PI confirmed the interviewees' eligibility to participate. After answering participant questions about the study, the PI obtained the participants' informed consent. Confidentiality was maintained by using numerical codes for participants, and audio recordings were stored in password-protected flash drives that were destroyed after the study. In appreciation of their time and cooperation, each participant was provided the equivalent of 300 Thai baht (8.86 USD).

Data Collection: An online videoconferencing interview appointment was scheduled with each participant at a mutually convenient time. Each interview was conducted by the PI in Thai and lasted between 45 and 90 minutes. The PI took detailed field notes during and after the interview. A semi-structured interview guide based on the breastfeeding self-efficacy theory included questions about fathers' support for

exclusive breastfeeding.¹⁵ The interview questions were reviewed by three qualitative research experts, one specializing in breastfeeding self-efficacy theory and having experience conducting breastfeeding studies in Thailand. Then, the PI conducted a set of pilot interviews with three Thai fathers who met the inclusion criteria (but were not included among the 30 participating fathers) to evaluate the comprehensibility and cultural appropriateness of the interview guide. Based on the pilot interview results, the interview guide was revised by rephrasing a few questions in Thai to be more clearly understood by participants. The revision of the interview guide was reviewed by the last author and a Thai university professor of nursing (the second author), who have expertise in qualitative and breastfeeding research. The data for the three pilot test interviews were then discarded. The final interview guide and analytical approach addressed the four main sources of paternal breastfeeding: (1) performance accomplishments were captured by asking about experiences in assisting the mother and infant with successful breastfeeding (e.g., How do you evaluate your ability to provide breastfeeding support?), (2) vicarious experiences represented observing of others supporting their partners' breastfeeding (e.g., Have you ever seen other fathers support their partners' breastfeeding?), (3) verbal persuasion related to the receiving positive feedback (e.g., What kind of feedback does your partner give you about your breastfeeding support?), and (4) physiologic responses were captured when feelings of accomplishment while assisting the partner's breastfeeding were noted as opposed to stress, anxiety, and helplessness (e.g., What positive or negative physical experiences have you had in supporting your partner's breastfeeding?).¹⁶

The PI has served on a university healthcare team formed to develop a practical educational program for encouraging and preserving breastfeeding in the northern region of Thailand. The co-authors are recognized as experts in qualitative study. One is an expert in breastfeeding and fatherhood with experience

performing breastfeeding studies in Thailand. The research team's combined knowledge and experience were expected to support the generation of a new and rich data set that reflects Thai fathers' self-efficacy in supporting exclusive breastfeeding. During the data collection, the PI also recorded non-verbal behaviors and emotional responses in field notes.

Data Analysis: The audio-recordings were transcribed verbatim in Thai by the PI, with transcriptions verified by the second author. Next, the PI translated the Thai transcripts into English, and the English transcripts were collaboratively reviewed by the PI and the last author. The qualitative data in the interview transcripts and field notes were analyzed using content analysis.²⁶ The PI and last author served as independent coders. The content analysis process began with coding guided by the concepts of the breastfeeding self-efficacy theory. The field notes were used as a source of additional information to synthesize the interview data. To enhance the reliability of the analysis, each coder developed a preliminary codebook based on interview topics and theoretical concepts. Coding inconsistencies were resolved through iterative discussions, leading to refined code definitions. The PI systematically coded all transcripts, adding new codes when relevant transcript text did not correspond with initial codes. Descriptive coding was then analyzed to identify patterns, relationships, and overarching themes. Identified themes were refined through iterative discussions, and discrepancies were resolved through consensus.

In addition, the second author played a key role in ensuring analytical rigor by overseeing transcript translation, coding scheme development, and scheme application. Cultural accuracy in the translation was verified, and a peer debriefing was conducted with the coders. Additionally, interview themes generated from the final coding scheme were confirmed through consensus among all authors.

Trustworthiness: To achieve the trustworthiness of the study, strategies were employed to support credibility,

transferability, dependability, and confirmability.²⁷ Multiple methods of data collection, including in-depth interviews, participant observation, field notes, and audio recordings, were utilized to enhance credibility. The PI performed member checking throughout the ongoing data collection and analysis processes to ensure accuracy and consistency. An audit trail was maintained to verify the dependability and confirmability of the research process. All raw data—comprising interview transcripts, field notes, and personal reflections—were systematically stored and scrutinized to corroborate the study's findings. The researchers documented their reflections and emotional responses during data collection and analysis to promote transparency. A rich, detailed description of the findings was provided to support transferability, enabling readers to assess the relevance and applicability of the results to other contexts. Data saturation was reached with the thirtieth participant, as subsequent data became redundant, and the findings adequately represented the phenomenon under investigation.

Findings

Demographic characteristics are in **Table 1**. Fathers' ages ranged from 23 to 60 years, with a mean of 35.63 years. Over half of fathers had completed a bachelor's degree or higher, above Thailand's national average.²⁸ Most fathers were employed full-time, and about 43% had a monthly income between 10,000–19,999 baht (295–590 USD), which reflects an average middle-class income in Thailand.²⁹ Fathers with one child and fathers who did not attend antenatal classes (ANC) participated in the study in the same proportion (56.67%). Moreover, most fathers reported that their partners delivered their child vaginally and provided only breast milk to their child for the first six months postpartum. Four major themes and nine sub-themes emerged from the analysis (see **Table 2**) and are described below:

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Table 1. Participant demographic characteristics (N = 30)

Characteristics	N (%)
Age (years)	
20-29	7 (23.33)
30-39	16 (53.33)
40-49	5 (16.67)
50-59	1 (3.33)
≥ 60	1 (3.33)
Educational level completed	
High school	4 (13.33)
Vocational	7 (23.33)
Bachelor's degree and higher	19 (63.33)
Marital status	
Married	30 (100)
Type of family	
Nuclear	11 (36.67)
Extended	19 (63.33)
Income (Baht/Month)	
< 10,000 (< 295 USD)	3 (10.00)
10,000-19,999 (295-590 USD)	13 (43.33)
20,000-29,999 (590.07-885.07 USD)	7 (23.33)
30,000-39,999 (885.10-1,180.10 USD)	4 (13.33)
≥ 40,000 (≥ 1,180.13 USD)	3 (10.00)
Number of children	
1	17 (56.67)
2	9 (30.00)
3	2 (6.67)
4	2 (6.67)
Antenatal class attendance (number)	
0	17 (56.67)
1	1 (3.33)
2	5 (16.67)
3	7 (23.33)
Employment	
Unemployed	1 (3.33)
Part-time	5 (16.67)
Full-time	24 (80.00)
Occupation	
Merchant	8 (26.67)
Self-employee	8 (26.67)
Company employee	7 (23.33)
Government officer	6 (20.00)
Unemployed	1 (3.33)
Type of their infants' birth	

Table 1. Participant demographic characteristics (N = 30) (Cont.)

Characteristics	N (%)
Normal vaginal delivery	17 (56.67)
Cesarean section	13 (43.33)
Duration of their partners' exclusive breastfeeding (months)	
0.5	1 (3.33)
1	1 (3.33)
2	1 (3.33)
3	4 (13.33)
4	2 (6.67)
5	2 (6.67)
6	19 (63.33)

Table 2. Sub-themes and themes of Thai fathers' confidence in supporting exclusive breastfeeding

Sub-themes	Major themes	Description
1.1 Breastfeeding planning	1. Deferring to my partner	A father recognizes breastfeeding as a unique responsibility and commitment of the mother, and acknowledges the significance of her role. A father is actively involved in early discussions about breastfeeding, helping to set expectations and share responsibilities as a couple.
1.2 Acknowledgement of woman's breastfeeding role		
2.1 Experience enhances confidence	2. Confidence is dynamic	A father's confidence in breastfeeding evolves over time, shaped by his experiences, challenges, and the support he receives. As fathers gain more experience, their confidence in breastfeeding tends to grow. However, difficulties with breastfeeding can affect their sense of confidence, sometimes making them feel less capable. On the other hand, when fathers are appreciated by their partners for their support, it can positively reinforce their confidence and encourage further engagement in the breastfeeding process.
2.2 Breastfeeding challenges reduce paternal confidence		
2.3 Pride and satisfaction in support		
3.1 Grandmothers' role	3. Seeking knowledge and support	Fathers actively seek information from various sources to better support their partner's breastfeeding journey. Grandmothers often provide valuable insights and guidance that can shape how new parents approach breastfeeding. Additionally, social media platforms like Facebook and YouTube, as well as advice from friends, colleagues, and neighbors, motivate fathers to seek out more information and support related to breastfeeding.
3.2 Social motivation and information		
4.1 Paternity leave policy	4. Institutional barriers: Paternity leave and hospital education	The challenges fathers face in becoming involved in the breastfeeding process and supporting their partners, particularly due to limited paternity leave policies and inadequate access to education or resources at the hospital.
4.2 Health system practice		

Theme 1: Deferring to My Partner

This refers to the participants' recognition and respect for their partner's responsibility in breastfeeding. Therefore, while the mother may take the lead on breastfeeding, the father actively supports her and is involved in related decisions. This theme comprises two sub-themes:

Sub-theme 1.1: Breastfeeding planning

This sub-theme involves a collaborative approach where both partners actively discuss how breastfeeding will be managed while recognizing and respecting the mother's primary role in this process. In discussing breastfeeding before their infant's birth, most couples reported planning and shared assumptions about breastfeeding as their preferred choice. Many fathers highlighted the importance of breastfeeding over formula due to health benefits. A first-time father, aged 37 years, explained:

We had discussed that we would feed our child with breast milk. I did not want to feed formula milk to my child. From my previous knowledge, I have learned that formula milk affects an infant's health, such as giving diarrhea and allergy. Thus, I think that breast milk is the best for an infant because it will give him immunity. When we discussed feeding our child, my partner told me that she would like to breastfeed, so I totally agreed with her.

Sub-theme 1.2: Acknowledgement of woman's breastfeeding role

Acknowledging a woman's breastfeeding role involves recognizing and valuing her efforts, respecting her decisions, and expressing appreciation and support for the crucial role she plays in breastfeeding. In this study, fathers often perceived breastfeeding as primarily a maternal responsibility, and rarely was this discussed with others outside the family. They viewed their partners as breastfeeding experts, deferring to them in decision-making. An experienced 42-year-old father with three children exemplified this when he said:

For all of our children, I agreed with [my partner] about breastfeeding; it completely depended on her in this matter. I let my partner perform it fully, and she did not do other tasks in the house; she only breastfed the child because I could be responsible for other duties. I was also the money maker so that she could take care of our children exclusively [laughing]; I let her do this by herself, and I always supported her in other matters such as family income. I give authority to my partner, so she can decide how to raise and breastfeed our children. I totally agree with her opinion because she is mature, and I believe that she can make a suitable decision and choose the best thing for our children. Moreover, the breast milk belongs to her, so she has the right to decide about this matter. I am confident that my partner will be able to make a decision correctly. We must help each other, and we have conversations about our children all the time.

Several fathers expressed a sentiment that breastfeeding was "women's business," often avoiding intimate aspects of breastfeeding in conversation. A 29-year-old father noted:

Most males may think that breastfeeding is women's business; females may understand it more than males, so breastfeeding is not a topic of males' conversations. Men prefer to talk or discuss about how to take care of a child, the child's well-being, preparing stuff that I had to buy before delivery. My friends suggested I purchase a milk bottle and a pumping machine for breast milk storage. We also discussed supplemental food for a child; what kind of food I should feed to a child....

Theme 2: Confidence Is Dynamic

The second theme revealed that fathers' confidence in supporting breastfeeding evolved. Experience in parenting and the infant's development

were key factors. Most fathers admitted initial insecurity in the early postpartum period about tasks like holding, bathing, or burping their newborn. Confidence grew as the baby developed, especially when infants began holding up their heads. This theme comprises three sub-themes:

Sub-theme 2.1: Experience enhances confidence

This sub-theme refers to how confidence evolves and grows over time through experience, showing that a father's confidence strengthens and adapts through experience. Parenting experience and increasing infant age were associated with fathers' descriptions of higher confidence levels. As the infant grew, fathers' confidence did as well, especially when the infant could hold up their head as the neck muscles became stronger. With time, fathers felt more comfortable in performing basic care. Experienced fathers, having previously supported breastfeeding, reported feeling more confident overall in caring for their newest infant. A 39-year-old father of two children said:

I had more confidence to assist my partner because I had experienced it before... if she needed anything, I felt confident to do it immediately, such as holding the child to latch on or providing bottle feeding. For this child, I could do it while we were in the hospital even though a nurse did not advise me much....

Sub-theme 2.2: Breastfeeding challenges reduce paternal confidence

Regardless of experience or the infant's developmental stage, paternal confidence diminished when there were breastfeeding difficulties such as engorgement, nipple pain, cracked nipples, or insufficient milk supply. When a father encounters breastfeeding difficulties, whether related to understanding the process, supporting his partner, or feeling helpless in the face of challenges. One first-time, 34-year-old father said:

I might have had some [low confidence] in the early postpartum period when my partner did not have breast milk, and my child could not suckle well. At that time, I was worried that my child would receive insufficient milk. So, I tried to massage my partner's breasts. I wanted her to have a lot of breast milk. I felt no confidence when my partner had little milk....

Sub-theme 2.3: Pride and satisfaction in support

This sub-theme refers to providing breastfeeding support and fostering a sense of pride and appreciation in a father or partner, which can enhance their evolving confidence over time. Despite initial exhaustion at the beginning of the breastfeeding process, fathers identified feeling pride in providing breastfeeding support to their partners. It made them feel good knowing their infant was receiving breast milk. For example, a 41-year-old father whose partner exclusively breastfed their infant for six months shared:

I felt good that I could share my partner's burden. [For that reason,] she would not be too tired when she had to wake up at night for breastfeeding, particularly in the early postpartum period when the child woke up frequently at night, and my partner needed to breastfeed the child. It made my partner feel restless.... I am so proud that my children got breast milk and that we took care of them by ourselves. We are so full of pride that we did not ask others to take care of our children. Our tiredness was gone when we saw that our children were healthy and in a good mood; it was the happiness of exhaustion.... I am so proud of myself for being responsible for my parental duties.

Theme 3: Seeking Knowledge and Support

This theme refers to acquiring knowledge about breastfeeding through various resources, including expert advice, family and community support, books, and online materials.

Sub-theme 3.1: Grandmothers' role

More than half the fathers sought breastfeeding advice from their mothers or mothers-in-law, acknowledging their importance in supporting them as parents and providing child-rearing advice. A 37-year-old father said:

My mother told me that she used to provide breast milk to me when I was young. Although she fed formula milk to me when I began to grow up, breast milk was the main part of my feeding. During her breastfeeding experience, I had never gotten sick or been admitted to the hospital. So, I thought that if I had a child, I would like my child to receive breast milk as well.

Many grandmothers assisted directly, especially when the mothers returned to work. One 38-year-old father with two children said:

A grandmother helped to take care of our children when my partner returned to work after the third month postpartum. On my day off and when I did not go to work, I would take care of this task.... When I went to work, my children stayed with their grandmother; she would help us to bottle-feed our children breast milk....

Sub-theme 3.2: Social motivation and information

Social relationships foster a father's drive to seek out information and support related to breastfeeding. Whether through the encouragement of friends and family, the shared wisdom of online forums, or healthcare professionals' guidance, social connections motivate fathers to gather knowledge, build confidence, and feel more supported in their partners' breastfeeding. Fathers reported accessing social media, such as Facebook and YouTube, and their community to gain breastfeeding information. For example, a first-time father aged 33 years whose partner exclusively breastfed their child for six months explained his experience:

I watched a YouTube about how to adjust the breastfeeding position and read information on the Facebook page of Dr. A [name of a pediatrician]. I searched for pages about children, and many pages showed up. The Facebook page of this pediatrician appeared on the first line. I chose her page because it was created by a physician who should be reliable, and it had many followers.... On that Facebook page, I found information stating that breast milk is the best and that nutrients contained in breast milk help a child become healthy....

All types of social support were evident in the data collected from the participants, including informational, emotional, instrumental, appraisal, and physical support. For example, one father aged 29 years explained how he provided physical support to his partner:

I did everything in the house, and my partner did nothing except breastfeeding. When my child was small, I helped to place the child at my partner's breast or brought pillows to support her breastfeeding position. At that time, my partner could not breastfeed comfortably. I used to help her with breast massage and breast milk expression as well.... At that time, I felt like I had to try every way to make my partner's milk flow.... I tried everything to stimulate her breast milk production.

Theme 4: Institutional Barriers: Paternity Leave and Hospital Education

This theme refers to fathers' challenges or limitations in accessing the necessary time and resources to support breastfeeding effectively.

Sub-theme 4.1: Paternity leave policy

Job obligations and limited paternity leave were significant barriers. Of 29 working fathers, only one had 15 days of leave. The other employed fathers had less or no leave. Thus, most fathers indicated that their job and lack of paternity leave were obstacles to

providing support for their partners' exclusive breastfeeding, particularly in the early postpartum period. Moreover, 11 fathers expressed a need for longer leave duration. A 31-year-old, first-time father summarized these issues when he said:

I could take leave for only one week after my partner delivered the child. It was just a short moment, and I could not be away from my work anymore. Therefore, I had to go back to work after that. I was still not able to do anything for my partner at that time, and I also could not hold my child. During that period, I just watched while my partner provided breastfeeding and stayed beside her sometimes. Honestly, I wanted to take a longer leave than that, but I was unable to do it because it was an obligation to my workplace. If I could have leave for a longer duration, I would like to do it for two weeks so that I could help my partner to take care of our child. At least during that period, I would be able to stay beside her and help with some stuff because she still had pain in the early postpartum period.

Sub-theme 4.2: Health system practices

Fathers felt excluded from breastfeeding education, despite attending sessions. Most reported insufficient guidance from healthcare providers focused solely on mothers. Most fathers received breastfeeding education in the hospital after their partners' delivery, and 13 fathers attended at least one antenatal care class. However, fathers mentioned having limited access to breastfeeding information from health providers: issues involving providers included focusing their breastfeeding education only on mothers, providing ineffective education for fathers, and not offering feedback to fathers when they provided support for their partners' breastfeeding. Based on their experience with breastfeeding education, five fathers expressed a need to be more involved in such an education. For example, one 33-year-old, first-time father explained:

I think I would like nurses to teach me more about breastfeeding and breast issues. Nurses taught me about very few of these topics; they taught me only how to bathe and burp the child. I prefer to learn about breasts as well because when I saw my partner feel pain and suffer from her breast engorgement, I would like to have helped her. I would like to have known how to solve her problem at the beginning of the condition. Moreover, there is no breast massage video on YouTube; it might be considered inappropriate for broadcasting. Therefore, I prefer that nurses teach me about this topic as well.... In fact, I want to learn everything about breastfeeding. I waited for a nurse to call me to participate while she was teaching my partner. However, the nurse called only my partner to attend when she demonstrated and provided suggestions....

Discussion

This study aimed to explore Thai fathers' perspectives on their confidence in supporting their partners' exclusive breastfeeding. All participating fathers described support throughout the breastfeeding process, with over two-thirds achieving the recommended six months of exclusive breastfeeding. This rate exceeds Thailand's 2021 national goal of 50%.⁸ These findings align with results from Canada, the United States, and China, showing that paternal support can positively affect infant feeding practices, including initiation and duration.^{10,30,31}

This study identifies that paternal confidence is dynamic and evolves over time. Similar to findings from the United Kingdom, Thai fathers reported lower confidence in supporting their partner's breastfeeding in the early postpartum period and when their partners encountered difficulties or breast milk insufficiency. First-time fathers experienced notably less confidence compared to their more experienced counterparts,

echoing a study from Chiang Mai, Thailand, where fathers linked their stress and tiredness to their lack of parenting knowledge and experience.³² As fathers gained experience and their infants developed their confidence, their ability to support breastfeeding grew.

Thai fathers generally deferred to their partners in breastfeeding decisions, consistent with findings from England, Sweden, Canada, Jordan, and Japan, reporting that fathers accepted and respected their partners' breastfeeding opinions and decisions.^{12-14,33-35} They often described breastfeeding as primarily a woman's responsibility, similar to studies from England and Sweden.^{13,36} British fathers explained that because breastfeeding required their partners' physical effort, time, and energy, the breastfeeding authority should lie with her.¹³ Also, Swedish fathers asserted that there was a natural division of labor because men could not physiologically breastfeed, so the responsibility for breastfeeding naturally belonged to women.³⁶

However, as family dynamics in Thailand shift toward greater gender equality, fathers are assuming more active roles. Activities such as assisting with housework and infant care supported maternal breastfeeding efforts, and mothers appreciated this involvement. Johnston and LeRoy described paternal confidence as enhancing fathers' support for their partners' breastfeeding.³⁷ Our results are similar but also revealed that confidence is not static. Thai fathers' confidence was described as dynamic, and it changed over time.³⁷ Like men in the United Kingdom,¹² Thai fathers said that they had lower confidence in the early postpartum period and when their partners encountered difficulties or breast milk insufficiency. Fathers' concerns negatively influenced their confidence levels, which may have affected their ability to provide adequate breastfeeding support.¹⁴ Moreover, in the present study, first-time fathers described their confidence as lower than that reported by experienced fathers. In another qualitative study about parenting from the same province in Chiang Mai, first-time fathers reported being stressed,

uneasy, and tired in the early postpartum period; they attributed these feelings to their lack of parenting knowledge and experience.³² Given that mothers' breastfeeding experience is associated with maternal self-efficacy,³⁸ a similar relationship may hold true for fathers. Although first-time fathers with little or no breastfeeding support experience may have low confidence,¹⁵ our study showed that fathers' confidence changed over time as the infant grew and they gained parenting experience. The results of this study and another in Singapore indicate that the starting point for developing breastfeeding support confidence is likely modifiable in the early postpartum period.³⁹

Most fathers were involved in breastfeeding discussions and decision-making with their partners beginning during pregnancy. Seven of the couples did not discuss their breastfeeding plans before delivery but did assume that breastfeeding was to be performed. This theme underscores a cultural framework in which fathers, particularly in Thailand, respect and defer to their partners' expertise and decision-making on infant feeding. Fathers in this study frequently referred to breastfeeding as a woman's business. They acknowledged that their primary role was supporting their partner's choices rather than directly engaging in the process.⁴⁰ This is consistent with findings from studies conducted in different cultural contexts.^{12-14,33-35}

It appears that as Thai fathers' confidence increased, so did their ability to provide support for their partners' exclusive breastfeeding. They could offer their partners informational, emotional, instrumental, appraisal, and physical support for breastfeeding at home and in public. Notably, Thai mothers appreciated their partners' breastfeeding support, as did mothers in a US-based qualitative study.⁴¹ In that study, mothers also wanted their partners to be involved and provide support throughout the breastfeeding process.⁴¹ In northern Thailand, specific social support activities on the part of fathers included doing housework and performing parenting tasks (e.g., bathing the infant and changing

and washing diapers), and their partners felt that these activities supported their breastfeeding capability.⁴² Thus, the support activities and the women's perception of the support helped them to breastfeed comfortably. Thai fathers provided emotional and instrumental support for their partners, just as South African fathers provided emotional and financial support to their partners, including motivating and assisting them to seek healthcare during the breastfeeding period.⁴³ However, our work expands the literature by showing that all types of support from fathers appear to increase mothers' confidence in breastfeeding.⁴⁴ Moreover, all fathers reported positive feelings supporting their partners' breastfeeding. In a French qualitative study,⁴⁴ fathers described their ability to be involved in their children's feeding as a positive experience; they also reported personal satisfaction from their involvement in infant feeding.³⁴ In another study, fathers' satisfaction in supporting their partners' breastfeeding also enhanced their confidence in providing this support.¹⁶

Family members, social networks, and other sources of breastfeeding information affected Thai fathers' experiences in this study. Consistent with other research,^{45,46} this study indicates that grandmothers' experience, advice, and support were highly valued. The finding that grandmothers were a primary source of breastfeeding advice is particularly significant in the Thai context, where the extended family often plays a critical role in child-rearing. This familial involvement can provide essential emotional and practical support, particularly when mothers return to work and need additional help with infant care.⁴⁷ Moreover, Thai fathers regard friends, colleagues, neighbors, and community members as sources of information, and these have been identified as crucial to learning about breastfeeding.⁴⁸ Finally, like fathers from the northern region of Thailand, fathers in this study used social media and the Internet to learn about breastfeeding.³² Fathers with higher knowledge levels tend to exhibit greater self-efficacy, essential for effective support during breastfeeding.^{22,40}

Work-related time constraints emerged as significant barriers, with most fathers unable to take adequate paternity leave. This challenge is not unique to Thailand; studies from Sweden and Japan show the importance of flexible leave policies to facilitate paternal involvement in breastfeeding. Policymakers in Thailand should consider reforms to expand paternity leave options, potentially improving breastfeeding rates and duration. Although fathers' ANC attendance was found to increase their involvement in breastfeeding, less than half of the Thai fathers interviewed had attended ANC.⁴¹ Most fathers witnessed the breastfeeding education of their partners while on the intrapartum or postpartum unit. Even though they wanted to be involved, they felt excluded from this education because it focused on mothers, which is similar to results from studies taking place in England and the United States.^{12,14} Excluding fathers from in-hospital breastfeeding support may inadvertently decrease fathers' self-efficacy.²⁹ Thai fathers in this study want health providers to be more inclusive in their breastfeeding education; this represents a modifiable point along the pregnancy continuum that could improve breastfeeding education and practices while increasing self-efficacy.^{10,12,14,34,38} Overall, paternal involvement in breastfeeding benefits breastfeeding success; therefore, interventions will enhance fathers' ANC participation and hospital providers' engagement with fathers antenatally and postnatally.

Thai fathers noted that their work put limitations on their time, and this was a barrier to providing exclusive breastfeeding support. At the institutional level, they advocated for better paternity leave policies. Most working Thai fathers in the private sector cannot take time off, and others felt that the 15 days of paternity leave available to them was not enough time to spend with their newborn and insufficient for breastfeeding support.⁴⁹ The paternity leave obstacles faced by Thai fathers are not unique. A study in Sweden showed a correlation between paternity leave and rates of breastfeeding reported at two, four and six months

postpartum, with fathers having no paternity leave reporting the lowest rates.⁴⁹ Also, fathers in Japan, partners with flexible working hours reported higher initial breastfeeding rates and longer breastfeeding duration.⁵¹ The Thai government should consider instituting innovative changes to paternity leave policy for both the public and private sectors to increase fathers' opportunities to bond with their infants and provide effective breastfeeding support. Such changes can be expected to increase Thailand's breastfeeding rates and duration.

Limitations

This study's findings may not be transferable across Thailand, as participants were sourced from only two hospitals in Chiang Mai. The data collection occurred during the COVID-19 pandemic, necessitating online interviews to ensure participants' safety and comply with public health measures. However, this format may have limited the capture of non-verbal cues. To mitigate the lack of non-verbal cues during online interviews, the PI used active listening techniques, such as asking clarifying questions or paraphrasing responses, to ensure understanding. Given that some potential participants were unwilling to be interviewed online, it is uncertain how those individuals' responses might have differed from those interviewed. Future research should consider in-person interviews across varied locations to address these limitations.

Conclusions

This study is among the first to explore Thai fathers' perspectives on their confidence in providing support for their partners' exclusive breastfeeding, addressing a significant gap in existing research. The findings provide valuable insights into how Thai fathers perceive their involvement in breastfeeding support, highlighting factors that influence their confidence and ability to contribute to the process. By shedding light on these perceptions, the study helps to build a clearer

understanding of the barriers and enablers that Thai fathers face in supporting breastfeeding. These insights are crucial for healthcare providers seeking to improve breastfeeding outcomes, as they can inform the design of targeted education programs that engage fathers more effectively. Additionally, the findings may encourage policymakers to consider the importance of paternal support in breastfeeding and advocate for policies such as equitable paternity leave, which could play a critical role in promoting exclusive breastfeeding across Thailand.

Implications for Nursing Practice

The dynamic nature of paternal confidence in breastfeeding support suggests potential interventions to enhance fathers' roles. By fostering inclusive education and advocating for improved fathers' engagement across the care continuum by healthcare providers and paternity leave policies, policymakers can better support fathers, ultimately contributing to increased breastfeeding success and improved maternal and child health outcomes in Thailand. To enhance fathers' self-confidence, the study findings suggest that Thai midwives should consider including fathers in breastfeeding education to enhance their confidence in supporting their partners' exclusive breastfeeding. The government's implementation of a paternal leave policy would also be beneficial.

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การสำรวจความมั่นใจของบิดาชาวไทยในการสนับสนุนการเลี้ยงลูกด้วยนมแม่ อย่างเดียว : การศึกษาเชิงคุณภาพแบบพรรณนา

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บทคัดย่อ: การสนับสนุนจากบิดามีบทบาทสำคัญต่อประสบความสำเร็จในการเลี้ยงบุตรด้วยนมมารดา
อย่างเดียว เนื่องจากมีอิทธิพลต่อการพฤติกรรมของมารดาในการเลี้ยงบุตรด้วยนมมารดา ทั้งในด้าน
การเริ่มต้นและระยะเวลาในการให้นมบุตร อย่างไรก็ตาม ความเข้าใจเกี่ยวกับมุมมองของบิดาต่อ
บทบาทของตนเอง รวมถึงพัฒนาการของความมั่นใจในการสนับสนุนการเลี้ยงลูกด้วยนมแม่ ในบริบท
ของประเทศไทยยังมีอย่างจำกัด การศึกษาวิจัยเชิงคุณภาพแบบพรรณนานี้มีวัตถุประสงค์เพื่อสำรวจ
ความมั่นใจของบิดาชาวไทยในการให้การสนับสนุนการเลี้ยงบุตรด้วยนมมารดาอย่างเดียวของมารดา
กลุ่มตัวอย่าง คือ บิดาชาวไทย จำนวน 30 คน ที่มีอายุ 20 ปีขึ้นไป และมีบุตรอายุ 6 เดือน จำนวน 30 คน
โดยคัดเลือกผ่านการสุ่มแบบเจาะจง จากคลินิกสุขภาพเด็กดีของโรงพยาบาล 2 แห่ง ในจังหวัดเชียงใหม่
ประเทศไทย เก็บรวบรวมข้อมูลตั้งแต่เดือนมีนาคมถึงกรกฎาคม 2563 ผ่านโปรแกรมการประชุมทางวิดีโอ
โดยใช้แบบสัมภาษณ์เชิงลึกกึ่งโครงสร้าง ด้วยคำถามปลายเปิดตามทฤษฎีการรับรู้ความสามารถของตน
ในการเลี้ยงบุตรด้วยนมมารดา วิเคราะห์ข้อมูลด้วยวิธีวิเคราะห์เชิงเนื้อหา ผลการศึกษา ประกอบด้วย
4 ประเด็นที่สำคัญ ได้แก่ 1) การให้มารดาตัดสินใจเป็นหลัก 2) ความมั่นใจที่เป็นพลวัต 3) การแสวงหาความรู้
และการสนับสนุน และ 4) อุปสรรคด้านองค์กร: การทำงานของบิดาและการให้ความรู้ในโรงพยาบาล
ผลการศึกษาครั้งนี้ทำให้เกิดความเข้าใจมุมมองของบิดาชาวไทยในการสนับสนุนการเลี้ยงบุตร
ด้วยนมมารดาแก่ภรรยาและบุตรในเชิงลึกมากขึ้น ผู้ให้บริการทางด้านสุขภาพชาวไทย สามารถนำข้อมูล
และข้อมูลเชิงลึกที่ได้ไปใช้เพื่อส่งเสริมการมีส่วนร่วมของบิดาในโครงการให้ความรู้เกี่ยวกับการเลี้ยงบุตร
ด้วยนมมารดา นอกจากนี้ ยังแสดงให้เห็นว่าการส่งเสริมบทบาทของบิดาในการสนับสนุนการเลี้ยงบุตร
ด้วยนมมารดาสามารถช่วยเพิ่มอัตราการเลี้ยงลูกด้วยนมแม่อย่างเดียวได้อย่างมีนัยสำคัญ
โดยบุคลากรทางการแพทย์สามารถนำข้อมูลที่ได้ไปพัฒนาแนวทางการส่งเสริมบิดา เช่น ให้ความรู้
แก่บิดาทั้งในระยะตั้งครรภ์และหลังคลอด เพื่อให้บิดาสนับสนุนมารดาในการให้นมบุตร การจัดทำสื่อ
ทรัพยากรที่ช่วยส่งเสริมความรับผิดชอบในการเลี้ยงบุตร และการสนับสนุนให้มีการพัฒนาโปรแกรม
ให้ความรู้ในโรงพยาบาลที่ครอบคลุมถึงบทบาทของบิดาในการสนับสนุนการเลี้ยงบุตรด้วยนมมารดา
ซึ่งในที่สุดการตระหนักถึงบทบาทของบิดาและการส่งเสริมให้บิดามีส่วนร่วมในการสนับสนุนการเลี้ยงบุตร
ด้วยนมมารดา จะช่วยทำให้เกิดผลลัพธ์ที่ดีขึ้นทั้งต่อสุขภาพของมารดาและทารกในประเทศไทย

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การศึกษาเชิงคุณภาพแบบพรรณนา

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