

# A qualitative descriptive study of Thai fathers' experiences in supporting their partners' breastfeeding

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## Abstract

**Background:** The crucial role of fathers in the well-being of mothers and infants is widely acknowledged. This study focuses on the specific context of how Thai fathers support their partners in breastfeeding, with the goal of gaining a deeper understanding of the strategies they employ in providing this support.

**Objective:** This study aimed to explore the experiences of fathers in supporting their partners in breastfeeding.

**Methods:** The study used a qualitative descriptive design from December 2018 to February 2020. Nineteen Thai fathers were purposefully selected, each with partners and infants who did not face any complications that would serve as barriers to breastfeeding. Data collection occurred at vaccination clinics and family planning wards in two major hospitals in Chiang Mai province, Thailand. The data were collected through in-depth interviews, and a thematic analysis approach was employed for data analysis.

**Results:** Four themes emerged: a) Facing barriers to breastfeeding support, b) Believing in the value of breast milk, c) Seeking ways to increase milk supply, and d) Making an effort to support continued breastfeeding.

**Conclusion:** Thai fathers demonstrated a strong eagerness to support their partners in sustaining breastfeeding. Their willingness highlights the importance of nurses, midwives, and other healthcare providers providing additional education and support to empower them as supportive partners to mothers.

## Keywords

experience; fathers; breastfeeding; support; Thailand

## Background

The superiority of breast milk in nurturing infants is widely acknowledged. Breastfeeding offers numerous advantages for both mothers and infants, including reduced mortality, a decreased likelihood of postpartum hemorrhage, a lower risk of cancer, and enhanced maternal health (Hansen et al., 2018). Additionally, it leads to reduced illness rates and a lower chance of infection for babies (Lawrence & Lawrence, 2016). The World Health Organization (WHO) firmly advocates for exclusive breastfeeding for six months and continuing to provide breast milk with complementary foods for two years or longer (WHO, 2023).

The responsibility of breastfeeding is commonly seen as belonging solely to the mother. However, research has demonstrated that fathers play a vital role in assisting breastfeeding mothers, and their involvement can lead to improved breastfeeding outcomes (Rempel et al., 2017). Moreover, a study indicates that the level of support provided by fathers can influence their partner's choice to start and persist with breastfeeding (Koksal et al., 2022). The significance of a father's support for their partner has been

established through research. However, some studies have revealed that fathers may struggle to support their partner's breastfeeding. Fathers often experience intense emotions and feel inadequate in their support role (Bennett et al., 2016). Pålsson et al. (2017) conducted research with 15 first-time fathers. The findings revealed that the expectations of fathers included feeling that breastfeeding was the right thing to do, but it was more complicated than they expected. As a result, the fathers also needed more support from healthcare professionals, especially nurses.

In Thailand, breastfeeding is regarded as a significant issue (Cetthkrikul et al., 2016), with the lowest rate in Asia at 12.3% in 2012, 23.1% in 2015, and a decrease to 14% in 2019 (Topothai & Tangcharoensathien, 2021). There was a deterioration in early initiation from 49.6% in 2006 to 34% in 2019. These low performances hamper the achievement of global targets by 2030 (Topothai & Tangcharoensathien, 2021). Even the cultural norms of Thai people view breastfeeding as solely the mother's responsibility (Sansiriphun et al., 2015), but promoting fathers' involvement in breastfeeding is a new strategic initiative. Thailand has started to pay closer attention to fathers and encourage them

to support breastfeeding more actively, and fathers have been encouraged to participate in breastfeeding activities. Father involvement has been promoted through various breastfeeding promotion initiatives, such as the “Parents’ School” and the “Family Love Bonding” project (Thailand Department of Health, 2011), which included fathers in breastfeeding activities. These activities provide education to fathers during prenatal and postnatal periods (Sansiriphun et al., 2010).

Fathers have been encouraged to participate in parent groups, attend antenatal classes, and join in the perinatal period. However, the major gap is that each class tends to focus exclusively on motherhood and seldom addresses the father’s concerns or situation. Some studies in Thailand reported that fathers felt the classes did not fulfill their needs because the information was focused on the mother, while they sought information to support their partners. Particularly, breastfeeding is only a small portion of the classes, leaving fathers feeling left out as invisible men because the information given was not directed at them (Sansiriphun et al., 2010). In other words, the gap in fathers’ support for breastfeeding might include inadequate education and resources, a lack of attention to their role and needs, and potential cultural barriers that may impede their participation in the breastfeeding process (Sansiriphun et al., 2010; Sansiriphun et al., 2015). Nursing professionals must recognize that fathers are vulnerable individuals who require professional support. Fathers have unique support needs that should not be overlooked. To offer optimal support to fathers, it is essential to understand their experiences from their perspectives (Sansiriphun et al., 2015). Providing appropriate care and support to Thai fathers can be instrumental in encouraging mothers to continue breastfeeding and increasing the breastfeeding rate for the baby’s health.

Our study focuses solely on gathering information from fathers to understand better their experiences and the strategies they adopt to support their partners. This study also explores the fathers’ barriers to support and the steps to achieve breastfeeding support. The knowledge from our study can be helpful for nurses as a basis to respond directly to the needs of fathers and enable them to actively help Thai fathers in supporting breastfeeding and ultimately increase their success rates.

## Methods

### Study Design

This study employed a qualitative descriptive design, chosen for its suitability in comprehensively summarizing phenomena in a natural setting while allowing for flexibility. It was deemed the most appropriate approach for elucidating these phenomena using fundamental data and enhancing understanding. Naturalistic inquiry, as a generic orientation to research, emphasizes observing things in their natural state without pre-selection, manipulation, or a priori commitment to a specific target phenomenon (Sandelowski, 2000; Sandelowski, 2010). This methodology facilitated the exploration of how Thai fathers support their wives in breastfeeding, leading to a clearer understanding and description of their specific experiences.

### Participants

Nineteen Thai fathers were recruited for this study. Before inviting participants, the researchers assessed the health records of the mothers to determine their eligibility based on the inclusion criteria from December 2018 to February 2020. Inclusion criteria included being a cohabiting father whose partner breastfed their baby between six weeks and two years postpartum, being over 20 years old, having no breastfeeding barriers, and being able to read, write, and speak Thai. Purposive sampling was employed to recruit participants for interviews until no additional data could be gathered, indicating that data saturation had been reached.

The enrollment procedure involved contacting fathers or mothers who met the inclusion criteria and bringing their babies to follow-up at a vaccination clinic or nursery. Invitations were extended to the fathers through a letter containing research information, which was delivered through the mother or given directly to the fathers at Maharaj Nakorn Chiang Mai Hospital, Child Health Promotion Demonstration Unit of the Faculty of Nursing, Chiang Mai University, and Health Promotion Hospital in Chiang Mai, Thailand.

### Data Collection

The researchers, PN and NS, served as primary investigator and co-author, respectively. Both possess extensive training in qualitative study methods and have over three years of experience conducting and publishing qualitative research in Thailand. A demographic form, an in-depth interview guide, and a digital recorder for data collection. The interview in the Thai language was based on the study’s main objective: “Could you please share your experiences in supporting breastfeeding?” Participants were initially asked this question, and additional probes were used as necessary to provide clarification.

The mothers were accepted to wait outside the interview room in the study setting. In addition, the three participants were interviewed at the coffee shop, where the researchers selected a separate corner from anyone else. Before initiating an in-depth interview, the primary investigator introduced herself and explained the aims of the study and the participant’s rights. Then, the researcher asked for permission for the research consent form and audio recording. The participants were requested to complete a demographic data form to provide context for the study. The interviews ranged from 45 to 90 minutes in duration. After each interview, the researcher transcribed and analyzed the data, considering the need for a follow-up interview, if deemed necessary, until data saturation was reached. In total, 19 participants were interviewed, two of whom were interviewed a second time.

### Data Analysis

Data analysis occurred concurrently with data collection. After each interview, the data analysis process was conducted manually in the Thai language, following the method of Braun and Clarke (2006). Data analysis, including demographic data, was analyzed in terms of frequency and percentage. Transcriptions from in-depth interviews were transcribed verbatim in Thai and analyzed using thematic analysis. Thematic Analysis (TA) (Clarke & Braun, 2013) is a method for analyzing and reporting themes from qualitative data. It is a flexible method not tied to a particular theoretical perspective.

The process consists of six phases: 1) familiarizing with the data that two researchers (PN, NS) read and reread independently, 2) generating initial codes across the entire dataset; 243 open codes were then refined and grouped to develop the themes, 3) searching for themes so that the emerged themes and definitions were summarized, 4) reviewing themes and integrating them into the coding (All authors), 5) defining, naming themes to reflect the meaning between themes and dataset that the researchers discussed until consensus was achieved, 6) producing the report. The researcher collected and organized data into meaningful groups, correlating data relevant to each code and verifying the relationship between each theme and code. Finally, the researcher translated the final report into English exclusively for publication.

### Trustworthiness

Trustworthiness in qualitative research involves four criteria for evaluation (Lincoln & Guba, 1985). First is credibility, achieved in this study through member checking and peer debriefing with a qualitative expert advisory team. For member checking, the researcher regularly requested fathers to validate the facts and key points of the interview after completing each case to ensure accuracy. The participants were also allowed to review the reports in which their quotes and contributions were highlighted for assessment. This process allowed participants to emphasize the topics and themes appropriately. Furthermore, four participants accepted the description provided and reflected on it to assess the accuracy of their experiences without making any corrections, while 15 participants refused to do so. Their reason for refusal was that they had reviewed the transcription. The entire research process and the final report were validated through peer debriefing. Peer debriefing is the process of consulting with an external expert from Chiang Mai University who was not involved in the project to assess the research study process, reasonableness, and impartiality of this report.

Second, transferability was ensured by providing clear and detailed descriptions of participants' experiences for readers to judge relevance to their own situations.

Third, dependability was demonstrated through consistency and accuracy in data collection and analysis, including discussion with the research team and detailed description of decision-making processes.

Fourth, confirmability was ensured through audit trails, which involved storing all documents in a secure location for five years, making them available upon request. Additionally, audio tape recordings were utilized to prevent researcher bias and maintain transparency and accountability.

### Ethical Consideration

The research project was approved by the Research Ethics Committee, Faculty of Nursing, Chiang Mai University, Thailand. Research ID 2018-028; Study Code: 2018-EXP022. All participants were informed of the purpose, the method of the study, information about their rights (they could withdraw until data analysis was started), the study's aims, the procedures, and the risks or benefits of study participation. A research consent form was given to all participants to ensure the protection of human rights. Coded numbers and pseudonyms were used to protect the confidentiality of

participants, and all transcripts, including digital recordings, field notes, memos, or any documents, were kept in a locked place with keys. The study will be published without the identification of participants. The participants received a 200-baht incentive for transportation after the completion of each interview.

## Results

Table 1 provides the demographic characteristics of the 19 first-time Thai fathers. The fathers' ages ranged from 25 to 46 years, with a mean age of 34. A significant portion of them (42.10%) fell within the age range of 20-30 years, and all of them practiced Buddhism as their religion. Their educational backgrounds varied, with 47.38% holding a diploma or vocational certificate, 42.10% possessing a bachelor's degree, and 10.52% having a master's degree. A majority of these fathers (57.90%) were employed by a company, while 21.05% worked as government officers, and another 21.05% were self-employed. Regarding their partners, most fathers (47.37%) had wives who were housewives, while the rest were employed or government officers. Additionally, a significant portion of the fathers (42.10%) had children aged less than two months, and all fathers had partners who practiced partial breastfeeding (100%).

Table 1 Demographic characteristics of the participants

Characteristics		n	%
Gender	Male	19	100
Age (years)	20-30	8	42.10
	31-40	7	36.84
	41-50	4	21.06
Marital status	Marriage	19	100
Religion	Buddhism	19	100
Educational level	Master's degree	2	10.52
	Bachelor's degree	8	42.10
	Diploma or	9	47.38
	Vocational Certificate		
Occupation of father	Self-employee	4	21.05
	Employee	11	57.90
	Government officer	4	21.05
Occupation of wife	Housewife	9	47.37
	Employee	6	31.58
	Government officer	4	21.05
Income (THB/month)	<10,000	3	15.79
	10,001-20,000	4	21.05
	20,001-30,000	3	15.79
	>30,000	9	47.37
Number of babies	One	19	100
Age of the baby	6 Weeks- 2 months	8	42.10
	2- 6 months	1	5.26
	6-12 months	5	26.32
	>12 months	5	26.32
Type of breastfeeding	Partial breastfeeding	19	100

This qualitative study explored the experiences of Thai fathers in supporting their partners during breastfeeding. Four themes emerged from the data (Table 2):

### Theme 1: Facing Barriers to Support Breastfeeding

The participants reported various barriers, including difficulties with initial breastfeeding and inadequate preparation to support breastfeeding. Most fathers indicated they encountered obstacles during the initiation of the

breastfeeding period. These included difficulties with initial breastfeeding and a lack of preparation to support breastfeeding. They found getting a good night's sleep challenging as the baby often woke up and cried day and night. Some had to stay alert at night to help with latching on. Concerns arose when they felt their newborns weren't receiving enough breast milk due to their wives producing insufficient milk. The fathers observed their babies taking longer to suckle but still crying, indicating they might not get enough milk. Especially on the first day after childbirth, most fathers tried to help their wives stimulate breast milk production by supporting frequent sucking, as suggested by the nurses. However, it took considerable time, and the baby only got a few drops of breast milk. They expressed that breastfeeding was more challenging than they initially thought. The exemplars of the fathers' quotes can be seen in the following:

*"I could not sleep because the baby was crying for latching on every time...and daytime is very often...all day long and nighttime... sometimes the baby seemed to suck nothing and was not getting enough breast milk... My wife and I tried to take the baby to suck and suck...so we took more time..., but the baby can only get a few drops... It's more complicated than I thought..."* (Father 2, 41 years old)

*"...In the first 2-3 weeks, the mother had low milk supply. so worried...sometimes the baby seemed to suck nothing and was not getting enough breast milk..."* (Father 10, 39 years old)

All fathers indicated they were unprepared to support breastfeeding because they didn't know how to help and had not received information about breastfeeding. Some fathers had no opportunity to practice during antenatal classes, and some were not involved in the breastfeeding clinic with their

wives when they faced breastfeeding problems. Thirteen out of 19 fathers said they did not receive sufficient breastfeeding information. They reported receiving information on general topics about food and drink, dressing, quickening in pregnancy, and exercise while attending antenatal classes. However, this did not correspond to their needs, and they did not have the skills to support their wives, including supporting the correct position and helping their wives switch breasts sides for breastfeeding because they did not have an opportunity to practice during antenatal classes. They also did not have an opportunity to attend a breastfeeding clinic when their wives had breastfeeding problems because the nurses excluded them. The fathers expressed a desire to attend and participate in a breastfeeding clinic to help their wives, but only mothers were included in the clinic, and the fathers had to wait outside. The participants' quotes exemplars are as follows:

*"I attended antenatal classes, maybe 2-3 times, but just observed. Actually...they only taught about how to care for the baby and mother in general... did not talk about breastfeeding much, just we should breastfeed the baby..."* (Father 9, 37 years old)

*"...They always left the father waiting outside. I would like to help her, but only mothers can attend, and I must wait outside and have no right to enter the room..."* (Father 10, 39 years old).

To sum up, the fathers in this study reported encountering various barriers to supporting breastfeeding. These obstacles included challenges with the initial stages of breastfeeding and a lack of preparation for providing adequate support. Many fathers faced difficulties, especially in the first days following childbirth, when they tried to assist their wives in stimulating breast milk production through frequent breastfeeding sessions.

**Table 2** The emerging themes of experiences of Thai fathers in supporting their partners during breastfeeding

Themes	Selective Codes
<p><b>Facing barriers to support breastfeeding</b>  <i>Definition:</i> The fathers encounter obstacles and difficulties when attempting to provide breastfeeding assistance or support to their wives. These barriers can include a wide range of issues that affect the support process</p>	<ul style="list-style-type: none"> <li>• Feeling tired from not getting enough sleep</li> <li>• Worrying about the baby not getting enough breast milk</li> <li>• Facing problems with the baby latching properly</li> <li>• Confronting obstacles to stimulate milk production</li> <li>• Receiving insufficient information</li> <li>• Lacking appropriate skills to support breastfeeding</li> <li>• Not involved in the breastfeeding clinic</li> </ul>
<p><b>Believing in the value of breast milk</b>  <i>Definition:</i> Fathers perceive breastfeeding as the best option for their infants and mothers, and they believe in the importance of supporting their partners in breastfeeding</p>	<ul style="list-style-type: none"> <li>• Breast milk provides good innate immunity</li> <li>• Breast milk contains rich nutrients</li> <li>• Increasing mother-infant bonding</li> <li>• Reducing family expenditure</li> </ul>
<p><b>Seeking ways to increase milk supply</b>  <i>Definition:</i> Fathers make extra efforts to assist their wives in stimulating and enhancing milk production to ensure an adequate and consistent supply of breast milk for their infants' nourishment</p>	<ul style="list-style-type: none"> <li>• Supporting mothers to increase milk supply</li> <li>• Encourage the expression of breast milk</li> <li>• Sought guidance from trusted individuals</li> <li>• Preparing traditional foods and drinks</li> </ul>
<p><b>Making an effort to continue breastfeeding</b>  <i>Definition:</i> The deliberate actions and determination of individuals, typically mothers or those supporting breastfeeding mothers, to persist with breastfeeding despite challenges or obstacles. The goal is to provide breast milk to an infant for as long as possible or employ various strategies to maintain a consistent breastfeeding routine over an extended period</p>	<ul style="list-style-type: none"> <li>• Striving to participate in the breastfeeding process actively</li> <li>• Preparing healthy foods for producing sufficient breast milk</li> <li>• Shared housework and baby care</li> <li>• Abstaining from social activities</li> </ul>

**Theme 2: Believing in the Value of Breast Milk**

All the fathers in this study sincerely appreciated the many benefits of breast milk and breastfeeding. They understood that breast milk is a natural food that prevents and protects

babies from diseases while providing essential nutrients for their growth and development. Moreover, they recognized the role of breastfeeding in enhancing mother-infant bonding and reducing family expenditures, as it fosters quality time spent

together, thereby strengthening the emotional connection between mothers and infants. The fathers' quotes are in the following:

*"Breast milk is the best...Breast milk is more beneficial since the colostrum affects the innate immunity of the baby...reduces the risk of disease for the baby, promotes the growth and brain development, and traces elements for the proper development of the baby. Breast milk has more benefits ... It saved money because we are not buying milk formula because it's expensive, which has a high cost...that an average cost of about 4000 -5000 baht a month..."* (Father 5, 40 years old)

*"Breastfeeding increases an important thing: love and bonding...the mother and child are with each other. They are living and spending time together, and the uterus goes through the process of involution faster ... The mother will have good health..."* (Father 3, 43 years old)

In summary, all the fathers in this study deeply valued the numerous benefits associated with breast milk and breastfeeding. This multifaceted appreciation for the benefits of breast milk and breastfeeding highlights the importance of their support for this vital aspect of infant care.

### Theme 3: Seeking Ways to Increase Milk Supply

All fathers mentioned that they actively searched for effective methods to help their wives produce sufficient breast milk and didn't hesitate to offer support. During the initial period, they dedicated themselves to assisting their wives in increasing their breast milk supply. This included encouraging their wives to perform breast massages regularly to stimulate milk production and preparing complementary foods. The exemplars of the fathers' quotes can be seen in the following:

*"I always keep an eye on her [wife] breast. If it's nearly engorged, I often stimulate her for breast massage..."* (Father 19, 32 years old)

*"I did breast massage by using a hot compress to open the milk duct ... I used a hot bag to compress 10 to 15 minutes before breastfeeding because I want to increase milk as much as possible..."* (Father 6, 21 years old)

All fathers actively sought ways to increase milk supply by gathering information. They used various sources, including internet searches for breastfeeding knowledge, and consulted reliable sources. The internet provided a convenient platform for accessing breastfeeding information, with many fathers preferring Google for its reliability and access to reputable websites. Additionally, most fathers sought guidance from trusted individuals such as their mothers-in-law, sisters, friends, neighbors with breastfeeding experience, or healthcare professionals. They highly valued the insights and advice received and were proactive in implementing them. The exemplars of the fathers' quotes are as follows:

*"I typed in Google "How to increase milk supply?" or "What are foods or what to do to increase breast milk." ... It is inconvenient to meet the doctor or go to the hospital every time ... [I can easily search]." (Father 10, 39 years old)*

*"I usually ask the elders such as mothers-in-law ... They recommended traditional foods and herbs to enhance breast milk*

*production ...They have more valuable experiences that we can follow as a local wisdom ..."* (Father 2, 41 years old)

All fathers made an effort to introduce complementary foods to produce breast milk supply for their wives. They used herbs and traditional foods passed down from generation to generation, including eating dried dates and banana blossoms and drinking herbal juices. In conclusion, the fathers' proactive approach in seeking methods to enhance their wives' milk supply emphasizes the importance of their active involvement in promoting successful breastfeeding.

### Theme 4: Making an Effort to Support Continued Breastfeeding

Thai fathers were enthusiastic and put more effort into supporting their wives to continue breastfeeding. During the initiation period, the fathers made a concerted effort to participate in the breastfeeding process actively. They learned from nurses how to support their wives and sought out breastfeeding information. During the hospitalization period, most fathers indicated their active preparation for breastfeeding support through joint attendance at postpartum classes with their wives. These postpartum classes covered essential breastfeeding knowledge and techniques, such as finding a proper latching position, expressing breast milk, caring for the baby after feeding, and performing breast massages to stimulate milk production. Furthermore, five fathers volunteered to serve breast massages personally. They applied hot compresses to their wives' breasts and administered massages themselves, repeatedly employing this method to prevent breast clogging and enhance milk flow, ensuring the baby received an ample supply of breast milk. The exemplars of the fathers' quotes can be read in the following:

*"I attended postpartum classes to help her [wife]... 2 or 3 times...I learned about breastfeeding knowledge, techniques for latching on, and demonstration... and I also trained in how to administer breast massage."* (Father 2, 41 years old)

*"I participated in postpartum classes alongside my wife and volunteered for breastfeeding practices. During these classes, I gained insights into breastfeeding techniques, how to care for the baby after feeding, methods to prevent breast clogging and enhance milk flow..."* (Father 12, 32 years old)

Interestingly, the Thai fathers acknowledged attempting to modify behaviors to support breastfeeding. Their experiences included preparing healthy foods to produce sufficient breast milk, adapting themselves to perform housework, and abstaining from participating in activities outside the home. In summary, this theme highlights the high commitment of Thai fathers in their efforts to support and continue breastfeeding. Their dedication to providing practical and emotional support underlines the crucial role of fathers in promoting and sustaining breastfeeding within the family dynamic.

## Discussion

This study represents the first qualitative exploration of the experiences of Thai fathers in supporting breastfeeding. The discussion covers the period beginning on the first day after childbirth and extending through the initiation period, which

includes the birth hospitalization period and up to one-month post-birth. The following themes emerged: a) Facing barriers to breastfeeding support, b) Believing in the value of breast milk, c) Seeking ways to increase milk supply, and d) Making an effort to support continued breastfeeding.

In the initial phase, Thai fathers acknowledged that their journey of supporting their partners in breastfeeding was not always smooth. Nevertheless, they expressed their enthusiasm and determination to increase their support and efforts to help their wives continue breastfeeding. The fathers encountered various challenges and felt unprepared. Merritt et al. (2019) noted that most fathers had not anticipated any difficulties with breastfeeding, assuming it to be a natural process. However, one of the initial challenges they encountered was experiencing sleep disturbances due to their involvement in nighttime feeding and caring for the baby's sleep schedule.

Additionally, they faced difficulties such as slippery latching and insufficient breast milk. Moreover, the fathers knew their partners' lack of breastfeeding experience. Consequently, these fathers discovered that supporting breastfeeding was more challenging than initially anticipated. At that time, the fathers greatly needed guidance and support from nursing professionals because they lacked the knowledge and skills to support their wives. Without proper assistance, they might have considered switching to formula feeding. Thus, nurses should be concerned that a positive experience would boost fathers' confidence in supporting their wives and cultivate a more positive attitude towards breastfeeding, ultimately leading to increased breastfeeding rates and duration (Hansen et al., 2018).

The results align with recent literature published by Muda et al. (2017), which highlighted fathers' challenges during the initiation period of breastfeeding and that they should be aware that these difficulties sometimes lead fathers to resort to formula milk. In addition, one barrier was that fathers expressed frustration due to their exclusion from breastfeeding classes based on their gender. According to de Azevedo et al. (2016), fathers still lack sufficient breastfeeding information, and some testimonials indicated that even though they attended breastfeeding classes, professionals did not engage with the fathers when they sought consultation. Access to consultations with nursing professionals was crucial for their support. These findings underscore the significant role of nurses in supporting fathers, emphasizing the importance of nurses understanding, addressing their needs, providing support, and offering relevant information to assist them.

The fathers in the study demonstrated an appreciation for the benefits of breastfeeding, both for the baby and the mother. They recognized the positive effects of breast milk, including its innate immunity, which contributes to the baby's growth and development. Breastfeeding also fostered a strong bond between the mother and infant. According to Hansen et al. (2018), fathers knew breastfeeding benefits mothers and infants. The fathers valued breastfeeding, so they wanted their baby to breastfeed.

The fathers demonstrated their commitment to continuing breastfeeding by actively seeking ways to increase milk supply. They relied heavily on the internet, primarily using search engines like Google, to find information on increasing breast milk production, suitable foods and drinks, and

solutions to breastfeeding problems. The fathers prioritized reliable websites and consulted their wives before implementing any practices. Web-based breastfeeding instruction could be an effective tool for delivering information and support to fathers, providing flexibility regarding time and location (Chiablam et al., 2022). They relied on traditional foods and herbs, drawing on cultural practices and advice from older individuals. This emphasis on traditional practices sets them apart from fathers in Western countries, where the focus is often on modern obstetric care.

Herbs and traditional foods used to enhance breast milk production are referred to as "galactagogues." Galactagogues encompass pharmaceutical agents, foods, or herbal supplements that aid in initiating, maintaining, or increasing breast milk production (El Sakka et al., 2014). Although not all have scientific evidence supporting their effectiveness, various galactagogues are utilized in Thailand. However, some galactagogues, such as banana blossoms and dried dates, have been scientifically supported. Banana blossoms are particularly popular due to their affordability and accessibility. They can be consumed in different forms, including boiled, cooked, or juiced. Dhey et al. (2016) discovered a positive correlation between the consumption of banana blossoms and breast milk production. Banana blossoms contain compounds like polyphenols and steroids, which stimulate prolactin and alveoli. The study also revealed the presence of oxytocin in banana blossoms, which aids in breast milk production.

Additionally, some Thai fathers encourage their wives to consume three dried dates during pregnancy to prepare for breastfeeding. Dried dates are rich in tryptophan, a precursor for serotonin, and have high levels of prolactin. Prolactin is the primary hormone stimulating breast milk production (Lawrence & Lawrence, 2016). Research has demonstrated that dried dates significantly increase breast milk volume by the third day postpartum (El Sakka et al., 2014).

Throughout the initiation and continuation periods, the fathers acted as facilitators to support their wives' breastfeeding efforts. They sought ways to increase breast milk production, encouraged breast massage, and assisted with household chores to alleviate the mothers' responsibilities. The fathers recognized their role in ensuring their wives' comfort and removing any distractions or worries related to continuing breastfeeding. They shared housework, participated in baby care, and provided the mothers' respite and support, including caring for the baby before and after night feedings. The study findings highlight the unique practices of Thai fathers compared to their Western counterparts. Thai fathers voluntarily engaged in breast massage and took responsibility for providing complementary foods to increase milk supply. According to Agrawal et al. (2022), fathers altered their roles to encourage sustained breastfeeding by actively participating in household tasks, tending to older children, prioritizing their partner's welfare, preparing meals, identifying their infant's hunger cues, assisting with burping, and handling diaper changes after feeding. They willingly assumed these responsibilities. The findings provide inputs for nurses and midwives to develop breastfeeding strategies to improve breastfeeding outcomes.

Overall, the study emphasizes the importance of recognizing and supporting the role of fathers in supporting breastfeeding. Nurses play a crucial role in providing

information support and addressing the needs of fathers, which can positively impact breastfeeding outcomes. Thai fathers revealed the need for nurses and midwives to approach them when facing barriers to supporting breastfeeding, highlighting the need for accessible prenatal and postnatal education sessions for fathers. Breastfeeding education should be provided to fathers to increase breastfeeding rates.

### Limitations

There are limitations to the study that should be mentioned. First, this study was conducted in one province of Thailand, specifically with fathers who lived in Chiang Mai province. Thus, the findings might not reflect the experiences of fathers who live in another region where traditional practices may differ. Second, the nursery's policy is influenced not only by mothers' practices but also by fathers. Fathers who support their partners' breastfeeding due to the nursery's policy might have different experiences. Additionally, this study did not include the experiences of fathers whose partners have breast problems or complications from the disease.

### Implications for Nursing Practice

The nursing implications are multifaceted. Firstly, considering that some fathers expressed frustration over not being allowed to attend breastfeeding classes, future programs should explore the impact of including fathers in breastfeeding education programs. Secondly, as the study highlighted the reliance of fathers on web-based resources, nurses could investigate the development of specialized online resources and support programs tailored for fathers. Thirdly, interventions to enhance fathers' knowledge and skills in breastfeeding support should be developed and tested. These interventions can be delivered through various means, such as classes, online platforms, or mobile applications. Additionally, future research could explore how cultural factors influence fathers' support for breastfeeding. This might involve comparative studies across different cultural contexts to gain a deeper understanding of the unique challenges and strategies employed by fathers in various societies.

## Conclusion

This research employed a qualitative descriptive approach to explore themes that provide a comprehensive understanding of Thai fathers' experiences in supporting their partners' breastfeeding journeys. The findings highlight the eagerness of Thai fathers to support breastfeeding and emphasize the need for nurses, midwives, and other healthcare providers to offer additional education and support to assist them in their roles as supportive partners to mothers.

### Declaration of Conflicting Interest

None.

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None.

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## Authors' Contributions

PN and NS conceived the research idea, designed the study, and collected and analyzed the data. All authors contributed to the study design, conducted literature review, assisted in data analysis, and reviewed and approved the final version of the manuscript.

## Authors' Biographies

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## Data Availability

The datasets generated during and analyzed during the current study are available from the corresponding author upon reasonable request.

## Declaration of Use of AI in Scientific Writing

The authors used ChatGPT to enhance readability and identify grammatical errors during the manuscript preparation. However, ChatGPT was not involved in transcription, data collection, or analysis. Following the utilization of ChatGPT, the authors conducted a comprehensive review and made necessary edits to the content, taking full responsibility for the final publication.

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