

IMPACT OF PATERNAL INVOLVEMENT ON MATERNAL MENTAL HEALTH AND INFANT FEEDING PRACTICES IN NIGERIA: A LITERATURE REVIEW

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Abstract

This literature review examines the role of paternal involvement in shaping maternal mental health outcomes and infant feeding practices within the Nigerian context. Drawing on relevant studies identified through comprehensive database searches, the review synthesizes evidence on how fathers' participation influences exclusive breastfeeding rates, maternal psychological well-being, and child nutrition outcomes. The paper adopts Social Support Theory, Family Systems Theory, and Socio-ecological Models of Health Behavior as its theoretical framework. The review reveals that while paternal support significantly enhances breastfeeding initiation and duration and reduces the risk of maternal postpartum depression, Nigerian-specific research remains limited. Key findings indicate that culturally informed interventions targeting fathers can substantially improve their intentions and behaviors toward supporting exclusive breastfeeding. However, persistent barriers—including traditional gender norms, limited health system engagement with fathers, and socioeconomic constraints—continue to impede optimal paternal involvement. The review identifies critical gaps in understanding the mechanisms linking paternal support to maternal mental health in Nigerian populations and calls for context-specific interventions that address cultural beliefs while promoting father engagement in maternal and child health.

Keywords: Infant feeding, Maternal health, Nigeria, Paternal involvement,

1. Introduction

Maternal mental health and optimal infant feeding practices are critical determinants of child survival, growth, and development, particularly in low- and middle-income countries where maternal and child health indicators remain suboptimal (Ajike et al. 2020). In Nigeria, despite national efforts to promote exclusive breastfeeding and improve maternal well-being, significant challenges persist. The World Health Organization recommends exclusive breastfeeding for the first six months of life, yet adherence rates in Nigeria remain below global targets (Schnefke et al., 2023). Concurrently, postpartum depression affects a substantial proportion of Nigerian mothers, with prevalence estimates ranging from 14% to 23% in various studies, impacting both maternal functioning and infant care practices (Iskandar et al., 2024).

Emerging evidence suggests that paternal involvement encompassing fathers' participation in childcare, emotional support for mothers, and engagement in infant feeding decisions plays a pivotal role in shaping both maternal mental health and infant feeding outcomes (Drysdale et al., 2021; Ihekuna et al., 2018; Olanrewaju et al., 2020). However, in many African contexts including Nigeria, traditional gender norms often position childcare and infant feeding as exclusively maternal responsibilities, limiting fathers' active participation (Allotey et al., 2022; Schnefke et al., 2023). This gendered division of labor may inadvertently contribute to maternal stress, social isolation, and suboptimal feeding practices.

This literature review synthesizes current evidence on the relationship between paternal involvement and two critical outcomes: maternal mental health and infant feeding practices, with specific attention to the Nigerian context. By examining relevant studies, this review aims to: (1) characterize the nature and extent of paternal involvement in infant feeding and maternal support in Nigeria; (2) evaluate the impact of paternal engagement on breastfeeding practices and maternal psychological well-being; (3) identify cultural, social, and structural barriers and facilitators to paternal involvement; and (4) propose evidence-based recommendations for interventions and policies that promote father engagement in maternal and child health.

2. Theoretical Foundations

The theoretical foundation for understanding paternal involvement in maternal and child health draws from multiple frameworks, including social support theory, family systems theory, and socio-ecological models of health behavior. Social support theory posits that instrumental, emotional, and informational support from significant others particularly intimate partners buffers against stress and promotes positive health outcomes (Ajike et al. 2020) In the context of maternal health, partner support has been consistently associated with reduced postpartum depression risk and improved maternal self-efficacy (Ito et al., 2013; Maharani et al., 2025). Family

systems theory emphasizes the interdependence of family members, suggesting that fathers' engagement affects not only direct child outcomes but also maternal well-being, which in turn influences infant care quality (Jeong et al., 2021). This bidirectional relationship is particularly relevant for understanding how paternal support for breastfeeding can simultaneously reduce maternal stress and improve feeding practices (Iskandar et al., 2024).

The socio-ecological model recognizes that paternal involvement is shaped by multiple levels of influence, including individual attitudes and knowledge, interpersonal relationships, community norms, and health system policies (Jeong et al., 2021). In the Nigerian context, these levels interact in complex ways. At the individual level, fathers' knowledge about breastfeeding benefits and maternal mental health influences their supportive behaviors (Agudile et al., 2020; Schnefke et al., 2023). At the interpersonal level, couple communication and relationship quality mediate the effectiveness of paternal support (Etowa et al., 2022). At the community level, traditional gender norms and cultural beliefs about masculinity shape expectations for fathers' roles (Allotey et al., 2022; Muoghalu & Jegede, 2019). Finally, at the health system level, policies that exclude or marginalize fathers from antenatal and postnatal care limit opportunities for engagement (Olajide et al., 2025; Yıldırım et al., 2025). Understanding these theoretical foundations is essential for interpreting the empirical evidence on paternal involvement and for designing interventions that address multiple levels of influence. The following sections examine how these theoretical constructs manifest in research on infant feeding practices and maternal mental health outcomes.

3. Paternal Involvement and Infant Feeding Practices

3.1 Impact on Breastfeeding Initiation and Duration

Substantial evidence demonstrates that paternal support significantly influences breastfeeding initiation, exclusivity, and duration. A structural equation modeling study by Iskandar et al. (2024) found that father support directly predicted longer breastfeeding duration and indirectly influenced outcomes through its effect on reducing postpartum depression. This finding underscores the dual pathways through which paternal involvement operates both directly through practical support and indirectly through maternal mental health. In the Nigerian context, Ajike et al. (2020) conducted a quasi-experimental study with 50 expectant fathers in Ogun State, demonstrating that a breastfeeding educational programme significantly improved fathers' intentions to support exclusive breastfeeding ($R^2 = 0.839$, $p < 0.001$). Post-intervention intention scores ($M = 6.587$, $SD = 0.948$) were significantly higher than pre-intervention scores ($M = 5.444$, $SD = 1.473$, $p = 0.025$). This study provides compelling evidence that targeted education can shift fathers' attitudes and intentions, even within relatively short timeframes.

Qualitative research by Schnefke et al. (2023) explored attitudes and beliefs among Nigerian mothers, fathers, and grandmothers across three time points during an infant and young child feeding (IYCF) intervention. The study revealed important temporal shifts: while mothers initially held stronger beliefs about early initiation and exclusive breastfeeding compared to fathers and grandmothers, by the intervention's conclusion, fathers demonstrated increased acceptance of these practices. This finding suggests that fathers' attitudes are malleable and responsive to community-level behavior change interventions, even when fathers are not the primary targets. The role of fathers in breastfeeding support extends beyond attitude change to practical behaviors. Olanrewaju et al. (2020) examined expectant fathers' beliefs related to exclusive breastfeeding support in Nigeria, finding that fathers recognized multiple ways they could support breastfeeding, including providing nutritious food for mothers, assisting with household chores, and offering emotional encouragement. However, the study also identified significant knowledge gaps and misconceptions that could undermine support efforts, highlighting the need for comprehensive father-focused education. Comparative evidence from other African contexts reinforces these findings. Drysdale et al. (2021) studied father involvement in Soweto, South Africa, demonstrating that higher levels of paternal engagement were associated with better child nutritional outcomes, mediated partly through reduced maternal depression. Similarly, research on male partner involvement in HIV-infected postpartum women found that structured interventions promoting father participation significantly improved exclusive breastfeeding rates (Ihekuna et al., 2018).

3.2 Fathers' Roles in Complementary Feeding

Beyond breastfeeding, fathers' involvement in complementary feeding practices represents another critical dimension of paternal engagement. Allotey et al. (2022) conducted a mixed-methods study in Kaduna State, Nigeria, examining maternal and paternal involvement in complementary feeding across urban and rural settings. The study revealed a continuum of gender roles, with fathers in urban areas showing slightly higher involvement in food preparation and feeding decisions compared to rural fathers. However, even in urban settings, mothers remained the primary caregivers and decision-makers for infant feeding. The study identified several factors influencing paternal involvement in complementary feeding, including fathers' work schedules, traditional gender norms positioning feeding as "women's work," and fathers' limited knowledge about appropriate complementary foods (Allotey et al., 2022). Interestingly, fathers who had received nutrition education through health facilities

demonstrated greater involvement and more supportive behaviors, suggesting that knowledge acquisition can partially overcome cultural barriers. Schnefke et al. (2023) found that across participant types (mothers, fathers, and grandmothers), there was general agreement about the nutritional benefits of diverse foods, including green leafy vegetables and animal-source foods. However, all groups described significant barriers to providing these foods, including cost, availability, and preparation time. Fathers' involvement in addressing these barriers through income provision, food procurement, and household task-sharing emerged as an important but underutilized resource.

3.3 Educational Interventions Targeting Fathers

Several studies have evaluated the effectiveness of educational interventions designed to enhance fathers' knowledge and supportive behaviors regarding infant feeding. The quasi-experimental study by Ajike et al. (2020) in Nigeria demonstrated that a theory-based breastfeeding programme for fathers significantly improved their intentions to support exclusive breastfeeding. The intervention incorporated information about breastfeeding benefits, practical ways fathers could support breastfeeding mothers, and addressed common misconceptions. The large effect size ($R^2 = 0.839$) suggests that well-designed educational interventions can produce substantial changes in fathers' attitudes. Internationally, the Parent Infant Feeding Initiative (PIFI) randomized controlled trial in Australia tested multiple intervention approaches, including specialized antenatal breastfeeding education sessions for fathers and postnatal social support delivered via smartphone applications (Maycock et al., 2015). While this study was conducted outside Nigeria, its rigorous factorial design and multi-level intervention approach offer valuable insights for designing father-focused interventions in diverse contexts. The study's emphasis on both knowledge transfer and ongoing social support aligns with theoretical frameworks suggesting that sustained behavior change requires both cognitive and social resources.

Research by Brown et al. (2014) in the United Kingdom explored fathers' experiences of supporting breastfeeding, revealing that fathers often felt excluded from antenatal breastfeeding education and considered unimportant in postnatal support. Fathers expressed desire for more information directed specifically toward them and practical guidance on how to support their partners. These findings resonate with Nigerian research showing that health systems often marginalize fathers in maternal and child health services (Olajide et al., 2025; Yıldırım et al., 2025). The evidence suggests that effective father-focused interventions should: (1) provide clear, practical information about how fathers can support breastfeeding; (2) address misconceptions and knowledge gaps; (3) acknowledge fathers' important role explicitly; (4) be delivered in formats and settings accessible to fathers; and (5) include ongoing support beyond the antenatal period (Ajike et al., 2020; Brown et al., 2014; Maycock et al., 2015; Olanrewaju et al., 2020).

4. Paternal Involvement and Maternal Mental Health

4.1 Father Support and Postpartum Depression

The relationship between paternal support and maternal mental health, particularly postpartum depression, has received increasing research attention. Iskandar et al. (2024) developed and tested a structural equation model demonstrating that father support significantly predicted reduced postpartum depression, which in turn influenced breastfeeding duration. This model provides empirical support for the theoretical proposition that paternal involvement operates through multiple pathways to influence infant outcomes. Ugurlu et al. (2023) examined the correlation between spousal support, postpartum depression, and breastfeeding self-efficacy in the postpartum period, finding significant associations among all three variables. Mothers who reported higher levels of spousal support exhibited lower depression scores and greater confidence in their ability to breastfeed successfully. This finding highlights the importance of partner support not only for mental health but also for maternal self-efficacy—a key predictor of breastfeeding success.

Research by Walsh et al. (2022) specifically examined Black fathers' contributions to maternal mental health, finding that fathers' emotional availability, practical assistance, and validation of mothers' experiences were particularly important protective factors against postpartum depression. While this study was conducted in the United States, its focus on Black families offers relevant insights for understanding paternal support in African contexts, where similar cultural values around family and community may operate. Yıldırım et al. (2025) conducted a randomized controlled trial examining whether father involvement affects maternal depression and quality of life. The intervention group, which received structured guidance on father involvement, showed significantly lower depression scores and higher quality of life ratings compared to the control group. This experimental evidence strengthens causal inferences about the protective effect of paternal involvement on maternal mental health.

4.2 Mechanisms of Paternal Support

Understanding how paternal support influences maternal mental health requires examining specific mechanisms and pathways. Yongmei's (2024) review of spouse participation in postpartum depression prevention identified several key mechanisms: emotional support (listening, empathy, validation), instrumental support (household

tasks, childcare assistance), informational support (sharing knowledge, problem-solving), and appraisal support (affirming mothers' competence). Each type of support addresses different maternal needs and may be differentially important across cultural contexts. Fernández et al. (2024) explored mothers' perceived benefits of promoting paternal involvement through a WhatsApp-based intervention for postpartum depression prevention. Mothers reported that increased father involvement led to: (1) reduced feelings of isolation and overwhelm; (2) improved couple communication; (3) greater sense of shared responsibility for parenting; and (4) enhanced maternal confidence. These perceived benefits align with theoretical mechanisms proposed in social support literature.

Studies on paternal-fetal attachment interventions provides additional insights into mechanisms. Yuan et al. (2018) tested a paternal-fetal attachment pilot intervention on maternal mental health for pregnant mothers, finding that interventions promoting fathers' emotional connection to the unborn child improved maternal psychological well-being during pregnancy. Similarly, Nosrati et al. (2017) found that paternal-fetal attachment positively influenced maternal mental health through enhanced couple bonding and shared anticipation of parenthood. The evidence suggests that paternal support operates through both direct and indirect mechanisms. Direct mechanisms include practical assistance that reduces maternal workload and stress, while indirect mechanisms involve psychological processes such as enhanced self-efficacy, reduced isolation, and improved relationship quality (Iskandar et al., 2024; Ugurlu et al., 2023; Walsh et al., 2022; Yongmei, 2024).

4.3 Interconnections Between Mental Health and Feeding Practices

A critical insight from the literature is the bidirectional relationship between maternal mental health and infant feeding practices, with paternal involvement influencing both outcomes simultaneously. Iskandar et al.'s (2024) structural equation model explicitly tested these interconnections, demonstrating that father support reduced postpartum depression, which in turn predicted longer breastfeeding duration. This finding suggests that interventions promoting paternal involvement may yield dual benefits for maternal and infant health. Winingsih et al. (2021) conducted a systematic review examining whether breastfeeding father education models could prevent postpartum blues by increasing breastfeeding frequency. The review found that father education interventions that successfully increased breastfeeding support behaviors were associated with reduced maternal postpartum blues symptoms. The authors proposed that successful breastfeeding, facilitated by father support, enhances maternal confidence and satisfaction, thereby protecting against mood disturbances.

Ugurlu et al. (2023) found that the relationship between spousal support and breastfeeding outcomes was partially mediated by maternal mental health and breastfeeding self-efficacy. Mothers experiencing postpartum depression were less likely to initiate or continue breastfeeding, but this relationship was attenuated when fathers provided strong support. This finding underscores the potential for paternal involvement to buffer against the negative effects of maternal depression on infant feeding. The interconnections between paternal support, maternal mental health, and feeding practices have important implications for intervention design. Rather than addressing these outcomes in isolation, integrated interventions that simultaneously promote father engagement, support maternal mental health, and facilitate optimal feeding practices may be most effective (Iskandar et al., 2024; Ugurlu et al., 2023; Winingsih et al., 2021).

5. Cultural and Contextual Factors in Nigeria

5.1 Traditional Gender Roles and Social Norms

Understanding paternal involvement in Nigeria requires careful attention to cultural and contextual factors that shape gender roles and parenting expectations. Schnefke et al.'s (2023) qualitative research revealed that traditional gender norms position infant feeding as primarily a maternal responsibility, with fathers expected to provide financial support but not direct caregiving. These norms were expressed by mothers, fathers, and grandmothers alike, indicating their deep cultural embeddedness. Allotey et al. (2022) documented a "continuum of gender roles" in Kaduna State, with urban fathers showing slightly more involvement in complementary feeding compared to rural fathers. However, even in urban settings where exposure to alternative gender norms may be greater, traditional expectations remained influential. Fathers who attempted to engage more actively in feeding sometimes faced social sanctions or ridicule from extended family members or community members who viewed such behavior as inappropriate for men.

The influence of grandmothers and extended family members on infant feeding practices emerged as a significant theme in Nigerian research. Schnefke et al. (2023) found that grandmothers often held more traditional views about breastfeeding and complementary feeding compared to younger parents. Given the important role of grandmothers in Nigerian families, their attitudes can either support or undermine fathers' involvement efforts. Interventions that engage multiple generations may be necessary to shift family-level norms. Olajide et al. (2025) examined obstetric caregivers' perspectives on barriers to male involvement in antenatal care and labor in Ekiti State, Nigeria. Healthcare providers identified cultural beliefs about childbirth as "women's business" as a major barrier, along with concerns about privacy and modesty during examinations. These findings highlight how

cultural norms operate not only within families but also within health systems, creating structural barriers to father engagement.

5.2 Barriers to Paternal Involvement

Multiple barriers to paternal involvement in maternal and child health have been identified in Nigerian research. Olajide et al.'s (2025) qualitative study with obstetric caregivers revealed several key barriers: (1) cultural norms excluding men from childbirth and infant care; (2) health facility policies that do not accommodate male partners; (3) fathers' work commitments and time constraints; (4) limited knowledge among fathers about maternal and child health; and (5) concerns about privacy and modesty. Economic constraints emerged as a significant barrier in multiple studies. Fathers' primary role as financial providers often requires long working hours or migration for employment, limiting time available for direct caregiving (Allotey et al., 2022; Schnefke et al., 2023). In contexts of economic hardship, fathers may prioritize income generation over caregiving involvement, viewing financial provision as their most important contribution to child welfare.

Muoghalu and Jegede (2019) examined the role of men in promoting breastfeeding in Nigeria, identifying several barriers specific to breastfeeding support: (1) lack of knowledge about breastfeeding benefits and techniques; (2) misconceptions about breastfeeding (e.g., beliefs that breastfeeding causes breast sagging); (3) discomfort with breastfeeding in public or in fathers' presence; (4) exclusion from breastfeeding education and support services; and (5) lack of clear guidance on how fathers can practically support breastfeeding. Health system barriers also limit paternal involvement. Sholeye et al. (2018) found that male undergraduates in Sagamu, southwest Nigeria, had limited knowledge about breastfeeding and had rarely received information about infant feeding from health sources. This finding suggests that health education efforts have not effectively reached men, even educated young men who may soon become fathers. The exclusion of fathers from antenatal classes and postnatal care visits represents a missed opportunity for engagement and education (Olajide et al., 2025; Yıldırım et al., 2025).

5.3 Facilitators and Opportunities

Despite significant barriers, research has also identified facilitators and opportunities for enhancing paternal involvement in Nigeria. Schnefke et al. (2023) found that health workers and antenatal visits were highlighted by all participant types (mothers, fathers, and grandmothers) as important sources of infant feeding knowledge and facilitators of behavior change. This finding suggests that health system touchpoints represent valuable opportunities for engaging fathers, if services are redesigned to be more father-inclusive. Ajike et al.'s (2020) successful intervention study demonstrates that Nigerian fathers are receptive to breastfeeding education and that their intentions can be significantly shifted through targeted programmes. The large effect size observed in this study suggests that fathers may be more open to involvement than traditional norms might suggest, particularly when they receive clear information and explicit encouragement to participate.

Urban settings may offer greater opportunities for challenging traditional gender norms and promoting father involvement. Allotey et al. (2022) found that urban fathers in Kaduna State showed higher involvement in complementary feeding compared to rural fathers. Urban areas typically offer greater exposure to diverse family models, more access to health information, and potentially more flexible gender norms. However, interventions should not neglect rural areas, where the need for paternal support may be equally or more pressing. The growing recognition of fathers' importance in maternal and child health represents an important facilitator. Ajike et al. (2020) noted that their study's findings support the need for government policy review to ensure inclusion of fathers in maternal and child health service delivery. Such policy shifts could create structural support for father engagement, including paternity leave provisions, father-inclusive health services, and public awareness campaigns promoting active fatherhood.

6. Comparative Evidence from Sub-Saharan Africa and Beyond

While Nigerian-specific research provides essential context, comparative evidence from other Sub-Saharan African countries and international settings offers additional insights and highlights common patterns across diverse contexts. Drysdale et al.'s (2021) study in Soweto, South Africa, found that father involvement was associated with better child nutritional outcomes and that this relationship was partially mediated by reduced maternal depression. The South African context shares some similarities with Nigeria, including high poverty rates, traditional gender norms, and challenges in maternal and child health, making these findings potentially transferable. Research on male partner involvement in HIV-infected postpartum women in African settings has demonstrated that structured interventions can successfully engage fathers in supporting exclusive breastfeeding, even in complex situations where infant feeding decisions carry additional health implications (Ihekuna et al., 2018).

Etowa et al. (2022) examined male partners' roles in infant feeding practices among Black mothers living with HIV in three countries, finding that partners' involvement varied considerably based on cultural context, relationship dynamics, and access to health services. This cross-national research highlights the importance of tailoring interventions to specific cultural contexts while recognizing common themes in paternal support needs.

International evidence from high-income countries provides insights into intervention approaches that might be adapted for Nigerian contexts. The PIFI trial in Australia tested multiple intervention modalities, including face-to-face education and mobile technology-based support (Maycock et al., 2015). While resource constraints and technology access differ between Australia and Nigeria, the principle of offering multiple engagement pathways to accommodate fathers' diverse needs and preferences remains relevant.

Brown et al.'s (2014) research in the United Kingdom revealed that fathers across diverse cultural contexts share common experiences of feeling excluded from breastfeeding support services and desiring more information and practical guidance. This finding suggests that health system barriers to father engagement are not unique to Nigeria but represent a widespread challenge requiring systematic attention. Research from other low- and middle-income countries offers additional relevant insights. Ito et al.'s (2013) population-based study in Japan found that paternal infant care was associated with longer breastfeeding duration, with the relationship mediated by reduced maternal stress and increased breastfeeding self-efficacy. While cultural contexts differ, the mechanisms through which paternal support influences feeding outcomes appear consistent across settings. Jeong et al. (2021) conducted a systematic review of father-inclusive interventions in low- and middle-income countries, finding that such interventions can improve maternal, paternal, couples, and child outcomes. The review identified key intervention components associated with effectiveness, including: (1) explicit focus on fathers' roles and responsibilities; (2) skills-based training rather than information-only approaches; (3) couple-focused components that enhance communication; and (4) multiple contact points across the perinatal period. These findings provide evidence-based guidance for designing father-focused interventions in Nigeria.

7. Discussion

7.1 Discussion of Key Findings

This literature review reveals converging evidence that paternal involvement significantly influences both maternal mental health and infant feeding practices, with important implications for maternal and child health in Nigeria. Several key findings emerge from the review of relevant studies:

First, paternal support demonstrably improves breastfeeding outcomes. Educational interventions targeting fathers can significantly enhance their intentions and behaviors toward supporting exclusive breastfeeding (Ajike et al., 2020; Olanrewaju et al., 2020). Fathers' practical support (providing nutritious food, assisting with household tasks) and emotional support (encouragement, validation) both contribute to longer breastfeeding duration (Brown et al., 2014; Iskandar et al., 2024; Ito et al., 2013). Second, paternal involvement protects against maternal postpartum depression and enhances maternal quality of life (Iskandar et al., 2024; Ugurlu et al., 2023; Walsh et al., 2022; Yıldırım et al., 2025). This relationship operates through multiple mechanisms, including reduced maternal workload, decreased social isolation, enhanced self-efficacy, and improved couple relationship quality (Fernández et al., 2024; Yongmei, 2024). Third, maternal mental health and infant feeding practices are interconnected, with paternal support influencing both outcomes simultaneously (Iskandar et al., 2024; Ugurlu et al., 2023; Winingsih et al., 2021). Interventions promoting father engagement may yield dual benefits, improving both maternal psychological well-being and infant nutrition. Fourth, cultural and contextual factors significantly shape paternal involvement in Nigeria. Traditional gender norms positioning infant care as maternal responsibility, economic constraints requiring fathers to prioritize income generation, and health system barriers that exclude fathers from services all limit paternal engagement (Allotey et al., 2022; Muoghalu & Jegede, 2019; Olajide et al., 2025; Schnefke et al., 2023). However, fathers demonstrate receptivity to education and willingness to increase involvement when provided with knowledge and explicit encouragement (Ajike et al., 2020; Schnefke et al., 2023). Fifth, health systems represent both barriers and opportunities for enhancing paternal involvement. Current practices often marginalize fathers, but health workers and antenatal/postnatal visits are recognized as important facilitators of behavior change (Olajide et al., 2025; Schnefke et al., 2023; Yıldırım et al., 2025). Redesigning services to be father-inclusive could substantially increase engagement.

Recommendations

Based on the review, the following are recommended

- **Develop Culturally-Adapted Materials:** Create educational materials and intervention protocols specifically designed for Nigerian fathers, incorporating local languages, cultural references, and contextually appropriate examples
- **Train Healthcare Providers:** Implement training programmes for healthcare providers on engaging fathers effectively, addressing provider attitudes that may inadvertently exclude fathers, and delivering father-focused education
- **Leverage Community Structures:** Utilize existing community structures (religious organizations, community groups, traditional leadership) to promote father involvement and shift social norms
- **Integrate Technology:** Explore mobile technology-based approaches for delivering ongoing support to fathers, recognizing Nigeria's high mobile phone penetration

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