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## ORIGINAL RESEARCH

## Exploring fathers' experiences in newborn care in Indonesia: A phenomenological inquiry

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## Abstract

The critical role of fathers in newborn care and its impact on child development is gaining increasing recognition. This is because a father's involvement contributes to a child's physical health and emotional development. However, unique challenges inherent in newborn care often hinder paternal participation. These obstacles frequently stem from a lack of practical knowledge, insufficient social support, and prevailing cultural norms that tend to limit the father's role. Therefore, this study aimed to explore the experiences and perceptions of fathers concerning their involvement in newborn care. The study employed a qualitative design with a descriptive phenomenological approach. Data collection was conducted from February to May 2024 through semi-structured interviews, utilizing a purposive sampling method for selecting participants. A total of sixteen fathers who had children under the age of five participated in the study. Interviews were recorded, transcribed verbatim, and subsequently analyzed using content analysis, facilitated by NVIVO version 12 software. The data collection process was stopped once saturation was reached. Ethical clearance was obtained before the study began with all participants reading and approving informed consent for their involvement. The study documented six key themes that emerged from the fathers' experiences, father's perception, the impact of father's involvement, practical experiences, changes in their involvement, and the various challenges encountered in caring for newborns. The study highlighted that paternal involvement in newborn care is a complex process that demands comprehensive support. Pediatric nurses serve as fundamental role in recommending several interventions, including the development of evidence-based intervention programs, the integration of fathers' perspectives into health services, the conduct of advanced research with a wider scope, and the development of instruments to support fathers during the demanding period of newborn care.

**Keywords:** Caregiving, fatherhood, newborn care, paternal mental health, qualitative study

## Introduction

The role of the father in the care of newborns (0-28 days) is increasingly recognized as an important factor in child development (White & Woollett, 2013). Empirical evidence confirms that paternal involvement contributes significantly to infants' physical health, emotional security, and neurodevelopmental outcomes (Cimino et al., 2024; Kim et al., 2016; Le Driant & Hamon, 2024). Diapering, bathing, and supporting breastfeeding are caregiving activities to improve emotional bonding and secure attachment between parents and their children (Schaber et al., 2021; StGeorge et al., 2021). Interventions such as newborn care education (e.g., kangaroo care and lactation management) and psychosocial support have been shown to improve paternal confidence and emotional bonding (Toivonen et al., 2023; Zeng et al., 2023). In addition, healthcare providers are well positioned to screen for signs of paternal psychological distress, including postpartum depression and anxiety, which often go undetected (Segre et al., 2023; Wainwright et al., 2023). Becoming a parent to a newborn poses distinct challenges (**Figure 1**), especially across countries with lack of emotional and practical support, and inadequate healthcare professional assistance (Copeland et al., 2023; Gemayel et al., 2022), mental health, role transition, cultural norms, and social support (Baral & Guzman, 2021; Watkins et al., 2024). Fathers in high-income settings often feel inadequate and isolated due to limited institutional support (Rilling & Hadley, 2023). Meanwhile, those in low- and middle-income countries face added barriers like minimal paternity leave and patriarchal expectations (Jeong et al., 2023; Kuruwanshi & Joshi, 2024). These challenges can hinder fathers' ability to form strong bonds with their children and contribute to household responsibilities. Furthermore, societal norms and workplace



**Figure 1.** Father taking care his baby (Authors generated the figure by using AI).

policies often fail to recognize the importance of father-child relationships. As a result, fathers may struggle to balance work and family life, exacerbating feelings of inadequacy and isolation.

Theoretical frameworks are essential for clarifying the complex nature and extensive scope of paternal engagement in newborn care (Yoon et al., 2021). They offer valued lenses through which to understand the motivations, challenges, and impacts of fathers' involvement (Jessee & Adamsons, 2018). For instance, Attachment Theory underscores the profound importance of early parent-infant bonds for a child's secure development (Bosmans & Borelli, 2022). The theory highlighted how a father's sensitive and responsive presence contributes to this crucial foundation (Bowlby & Holmes, 2012). Furthermore, frameworks like the Theory of Planned Behavior can help illuminate the factors influencing a father's intention to

be involved, considering attitudes, subjective norms, and perceived behavioral control (Bosnjak et al., 2020). Applying these theoretical perspectives can gain deeper looks into the mechanisms that acknowledge and the father's integral role (Achuthan et al., 2022). Another theory proposed a widely adopted model of father involvement that comprising three interrelated dimensions: engagement (direct interaction), accessibility (availability), and responsibility (ensuring well-being) (Lamb & Lewis, 2010). This foundational model has since evolved to incorporate affective, cognitive, and regulatory roles that support children's holistic development (Rubinstein et al., 2024). Simultaneously, the generative fathering model introduced the generative fathering model, which shifts focus from behavioral frequency to relational quality—viewing fatherhood as a reflective, identity-transforming process rooted in meaning, growth, and mutual responsiveness (Palkovitz, 2019).

Research indicates that the early father-infant bond contributes to long-term social, emotional, and cognitive outcomes (de Cock et al., 2017; Woodhouse, 2018). Strong paternal bonds have been associated with increased psychological resilience, reduced behavioral problems, and improved interpersonal functioning later in life (Bergmann & Klein, 2020; de Cock et al., 2017; Hornor, 2019; Lahousen et al., 2019; Sethna et al., 2017; Woodhouse, 2018). Despite these benefits, fathers often face unique challenges in newborn care. These include managing irregular infant sleep patterns, responding to health needs such as jaundice or colic, and lacking adequate skills and support (Adiiboka et al., 2022; Moreira et al., 2023). Many first-time fathers report feeling unprepared and unsupported in their caregiving role (Campbell, 2024; Vodermaier & Linden, 2019; Weiß et al., 2024). Cross-cultural parenting models further highlight the variability in paternal roles across societies. A study emphasize that caregiving norms differ substantially between individualist and collectivist cultures that influencing how fatherhood is practiced and internalized (Bornstein et al., 2019). In collectivist societies such as Indonesia, traditional norms often frame fathers primarily as economic providers rather than as caregivers (Kuruwanshi & Joshi, 2024; Novianti & Islami, 2023).

Globally, paternal involvement is increasingly viewed as a public health imperative. Organizations such as WHO and UNICEF advocate for father-inclusive interventions during the first 1,000 days of life that promoting benefits for mother, early bonding, and child development (Giallo et al., 2022). Nonetheless, structural and psychosocial barriers—such as rigid gender roles, inadequate services, and lack of targeted support—continue to impede paternal participation (Campbell, 2024; Weiß et al., 2024). In Indonesia, limited research has explored fathers lived experiences during the newborn period. Research on fathers' involvement in newborn care remains limited due to several factors. First, the prevailing gender norms that categorize caregiving as a maternal domain hinder data collection and open discussions about paternal experiences (Waroka et al., 2024). Second, there is a lack of nationwide policies or programs promoting father-friendly environments in maternal and child health services. International studies in countries such as Japan and Ethiopia have similarly documented how cultural beliefs and health system gaps contribute to minimal paternal engagement (Kitil et al., 2024; Nishimura et al., 2015). However, many of these studies focus on quantitative assessments or are constrained by hospital-based samples. This study addresses those gaps by employing a phenomenological approach to deeply explore fathers lived experiences within the Indonesian context. Moreover, existing studies in Indonesia suggest that entrenched gender norms restrict their active caregiving roles, particularly the expectation for

men to serve solely as breadwinners (Waroka et al., 2024; Pardosi et al., 2017). These constraints emphasize a pressing theoretical and regional gap that must be addressed through explorative or qualitative research. The role of nurses and other healthcare workers is vital in empowering fathers during the transition. Therefore, this study seeks to explore the experiences and perceptions of Indonesian fathers during their involvement in newborn care. The findings aim to generate evidence-based insights that inform gender-inclusive nursing practices and public health strategies.

## Method

The study uses a qualitative method with a descriptive phenomenological approach to explore the experiences and perceptions of fathers during their involvement in the care of newborns. This approach was chosen because it allows researchers to understand the phenomenon from the perspective of the participants, delve into their experiences, and uncover the meaning of those experiences (Tavakol & Sandars, 2025). The descriptive phenomenology research process consists of 3 stages as follows intuiting, analyzing, and describing (Matz, 2024). Participants in this study are fathers who were selected using purposive sampling techniques with the following inclusion criteria: fathers who have experience caring for newborns (0-3 months), still actively involved in childcare (the child's current age is 0-5 years), and aged 19-45 years. Meanwhile, the exclusion criteria in this study were fathers with babies who are being treated in the Neonatal Intensive Care Unit (NICU) or have complex medical conditions and fathers who do not live in the same house with the baby. The number of participants is determined based on the principle of data saturation. The recruitment of participants is stopped when no more new themes or information emerge from the interview. With these considerations, 16 fathers were recruited and participated in this study.

Data collection was carried out through semi-structured in-depth interviews held from February to May 2024. Interviews are conducted in person (face-to-face) or online using the Zoom platform. The use of the Zoom platform was implemented as an alternative to accommodate participants who have limited time or distance, and reach participants in a wider geographic area, reduce travel costs or research expenses, and save time (Evans et al., 2024; Gray et al., 2020). The research team developed an interview guide consisting of seven key questions as follows: How did you feel when you first found out you were going to be a father?, What is your perception of the role of men in caring for newborns?, How does your involvement in infant care impact the child's growth and development?, How is your experience caring for newborns?, What changes do you feel after becoming a father and being involved in babysitting?, What challenges do you face while caring for a newborn?. These interview questions were developed to align closely with the study objectives, which sought to explore the emotional, cognitive, and behavioral experiences of fathers during the newborn period. Each question was designed to elicit in-depth narratives that would illuminate the lived realities and perceptions of paternal involvement. These questions were piloted on one participant, and the initial three questions (1-3) were revised based on the results of the experiment to improve clarity and relevance. The participant involved in the pilot testing was not included in the final participant group to ensure that the responses collected for analysis were not influenced by prior exposure to the interview guide. After the pilot testing, the first three questions were revised to improve clarity and emotional relevance. The remaining questions were deemed appropriate and retained without modifications as they effectively captured the practical, emotional, and psychological aspects of paternal caregiving. Each interview lasts 30-40 minutes and is recorded with the consent of the participants. The audio data were transcribed in order to prioritize participant comfort and privacy, particularly considering the sensitive nature of discussing paternal roles and emotions. Field notes are created after each interview to capture the researcher's non-verbal context and reflection.

Data analysis went through several stages, including transcription, familiarization, initial coding, category development, identify themes, theme validation, and interpretation (Creswell, 2014). Transcription means that the authors convert the recordings into verbatim text (Battaglia, 2024). Familiarization is the authors read all transcript repeatedly to understand the meaning (Pope et al., 2000). Initial coding was performed by labeling meaningful segments (Coulston et al., 2025). Category development was conducted by grouping codes into conceptual clusters (Campbell, 2020). The study performed theme identification through pattern recognition (Nigbur & Chatfield, 2025). Theme validation by comparing themes across participants (Xu & Zammit, 2020). Interpretation was conducted to derive essential meanings (Pope et al., 2000). To facilitate the data analysis process, the researcher used NVIVO version 12 software, which helps in data organization, coding, and identification of patterns in the data. NVivo 12 software was employed to enhance the rigor of qualitative analysis. The application facilitated three core functions such as data organization by enabling systematic storage of transcripts and field notes, coding by allowing efficient tagging of text segments with thematic labels, and pattern identification through queries and visualizations that revealed relationships among codes and emerging themes.

To ensure the credibility and accuracy of the research results, the study research team implemented two strategies. First, member checking was conducted, where interview transcripts and themes were returned to participants for verification and confirmation or clarify their perspectives (Masuwai et al., 2025). Second, triangulation was achieved through independent data analysis conducted by a research team of three members with backgrounds in child nursing and maternity, then followed by discussions to reach a consensus on the findings (Noble & Heale, 2019). The Ethical clearance was obtained from the Institutional Review Board from the Universitas Indonesia Maju (UIMA) (No. 514/Sket/Ka-Dept/RE/UIMA/I/2024). Ethical approval was obtained from UIMA because STIKes Fatmawati does not yet have a research ethics committee. Participants are provided with complete information about the research objectives, procedures, risks and benefits, and their right to ask questions or withdraw from the study at any time without consequences. Written consent is obtained from all participants prior to the interview. The privacy and confidentiality of participants are maintained by storing all data securely and using codes (P1, P2, etc.) instead of names in research reports.

## Results

The study included 16 participants, aged 30-43 years. In terms of education level, 4 had completed senior high school, 9 held a bachelor's degree, and 3 held a master's degree. The participants had between 1 and 3 children (**Table 1**). A total of six themes were obtained from this study included: father's feelings when becoming parents, ranging from happiness and confusion; the father's perception of involvement in the care of the newborn as an obligation; the impact of father's involvement on children's development, such as increased emotional intelligence and self-confidence; practical experience in newborn care, including baby blues; the changes that occur to the father during his involvement in the care of the newborn include social, physical, and psychological aspects; challenges in caring for newborns, such as patience and fear.

The first theme explores into the profound emotional transition experienced by fathers as they step into parenthood reflecting a journey that often ranges from pure joy to moments of overwhelm. Participants consistently described a wide spectrum of feelings that emerged upon becoming a father. Some participants conveyed a wave of happiness and excitement which often intertwined with sentiments of confusion and uncertainty. Many fathers expressed feeling unprepared for the immense responsibilities ahead that articulating a sense of not knowing exactly "what to do in the future when caring for their babies."

*"I'm very happy. It's really exciting, grateful, feeling more equipped just to have a child's presence"* (P10, P6, P8, P13, P16, P11, P14, P1, P2, P3, P5).

*"It feels mixed, confused"* (P9, P7, P4).

*"Happy, happy, given trust in Allah subhaanahu wa ta'ala, it feels mixed"* (P12, P15, P16).

**Table 1.** Participant characteristics.

Code	Age (years)	Educational background	Work	Number of children
1	38	Magister	Private employee	2
2	35	Bachelor	Private employee	2
3	33	Senior high school	Self employed	2
4	30	Senior high school	Self employed	1
5	38	Magister	Auditor	2
6	34	Senior high school	Self employed	2
7	31	Bachelor	Private employee	1
8	43	Bachelor	Private employee	2
9	37	Bachelor	Self employee	2
10	35	Bachelor	Nurse	3
11	37	Magister	Private employee	2
12	30	Bachelor	Civil servant	1
13	39	Senior high school	Self employed	3
14	35	Bachelor	Private employee	2
15	39	Bachelor	Honorary	1
16	30	Bachelor	Private employee	1

The second prominent theme that emerged from the study highlighted shared responsibility, conceptualizing fatherhood as a natural and complementary role within the family unit. A significant majority of the participants, specifically fourteen out of sixteen respondents, expressed that it was normal and expected for men to assist their wives with household chores and newborn care. Furthermore, a smaller yet notable group of two respondents articulated an even stronger conviction that viewing it as the husband's explicit duty to contribute to these responsibilities.

*"Naturally, complementing each other and sharing tasks, because children are given to..."* (P1, P2, P3, P4, P5, P6, P9, P7, P10, P11, P12, P13, P15, P16).

*"I don't think it's fair but it's necessary"* (P14, P8).

The third compelling theme illuminated the impact of a father's involvement in child care across multiple facets of a child's development encompassing social, emotional, psychological, and cognitive aspects. Participants offered rich insights that revealing a tapestry of positive outcomes linked to their active participation. They observed that children with engaged fathers tended to calmer, wiser, intelligent, dexterous, brave, confident, emotionally close, and cheerful. The finding indicated that a father's presence provides a secure base from which children feel empowered to explore and take on challenges. This theme reflected that a father's hands-on involvement is a crucial catalyst for holistic child development in their daily life.

*"It looks calmer, be smarter and smarter, definer, brave, confident"* (P9, P11, P12, P14).

*"Closeness of heart or emotional closeness of the child to his parents or father, cheerful"* (P10, P6, P7, P13, P5, P8, P1, P2, P3, P4 P16, P15).

The fourth theme brought to the hidden struggles many fathers confront during the newborn phase such as baby blues, profound fear, and debilitating sleep deprivation. Though the arrival of a baby is often romanticized for mothers, this research revealed that the impact of a newborn's birth on fathers is significant and can include symptoms akin to the "baby blues." Beyond emotional challenges, fathers frequently reported grappling with intense fear – fear of making mistakes, fear for the baby's well-being, or fear of not being a good enough parent.

*"When X was born, I was already experiencing the baby blues. At the time, I felt like I was crying, I just couldn't hold on, I still couldn't wait to hear him cry, so I was confused about who to blame and felt like I wasn't ready to be a father. i'm going to kill my wife"* (P16).

*"Afraid to take a bathe, until he called people to bathe the baby and taught us to bathe, the first time we stayed up late to give breast milk"* (P1, P2, P3, P4, P5, P6, P7, P8, P9, P10, P11, P12, P13, P14, P15).

The fifth theme centers on the profound personal transformation fathers undergo encompassing shifts in their social, physical, and emotional lives following the birth of their baby. This period often ushers in a reordering of priorities and a redefinition of identity. This theme places of interest that becoming a father is an internal metamorphosis that reshaping a husband's daily life, relationships, and fundamental sense of self in multifaceted ways.

*"Social changes: more limited time to go out/play with friends, if there are online meetings, so more often at home. Physical changes: becoming fatter, messy bedtime. Psychological Change: Be More Patient, and Relationship with Wife: None. It's a change, but now it's more of a surrender to each other and brought to enjoy, so if the wife is angry again, just make fun of it"* (P12, P13, P14, P15, P16).

*"It's more patient, and it's not selfish"* (P8, P11, P10, P9).

*"So, it's better to be at home. In the past, when there was a time off, I wanted to go out. If you want to go home from work quickly, and if you have time off, you want to spend time with your children and wife"* (P6, P7, P1, P2, P3, P4, P5).

The sixth and final theme focused on psychological challenges faced by fathers, primarily revolving around the demands for patience, the pervasive presence of fear, and the added stress of infant illness. Participants highlighted the tremendous need for patience when caring for healthy babies and when their babies are unwell. The unpredictability of a newborn's cries, feeding schedules, and sleep patterns can test even the most resilient individuals that requiring an unexpected depth of patience. This challenge is magnified when a baby falls ill that introducing a layer of acute anxiety and helplessness.

*"The most dangerous challenge is when you want to bathe a baby"* (P16, P3, P12, P7, P10, P9, P15, P5) "

*"Hold your baby, I'm worried about the baby"* (P4, P2).

*"The challenge is to be patient to take care of the baby. When the baby is suddenly fussy, crying, sick, he is confused"* (P1, P13, P14, P8, P6).

*"The challenge is when cleaning the baby's puppy or diaper"* (P11).

## Discussion

The study highlighted that participants' age, education level, and number of children were found to influence their perceptions and caregiving experiences (**Figure 2**). Older fathers and those with higher educational attainment generally demonstrated more confidence and emotional preparedness due to life experience and access to parenting resources. Fathers with more than one child also reported smoother caregiving transitions that benefiting from prior hands-on experience. These findings align with previous studies showing that demographic characteristics shape paternal involvement and adaptation during early fatherhood (Barcala-Delgado & Perry-Jenkins, 2025; Lee et al., 2024). Emotional transition was experienced by fathers as they step into parenthood during data collection process. The process reflected a psychological journey that often ranges from pure joy to moments of overwhelm. The birth of a baby is a transformative moment that evokes a complex spectrum of emotions among fathers (Kang et al., 2020). Studies shows that the transition to fatherhood involves a combination of positive and negative emotions that overlap (Baldoni et al., 2021; Davenport & Swami, 2023; Lee et al., 2024; Rashidi et al., 2023). This emotional combination may create an internal conflict, where joy and pride are counterbalanced by fear and self-doubt. Such ambivalence can impact a father's mental health, caregiving capacity, and parent-infant bonding if not addressed through continuous support (Konukbay et al., 2024).

The joy and gratitude experienced by participants reflected positive aspects of the father's experience. Meanwhile, feelings of confusion and confusion illustrated the psychological challenges inherent in this new role. Nurses play a pivotal role in assisting fathers during this transitional phase by providing emotional support, anticipatory guidance, and education on newborn care. Family members, particularly spouses, also serve as critical sources of encouragement and reassurance, helping fathers feel competent and included (Walsh et al., 2021). The transition to fatherhood triggers significant hormonal changes (Increased oxytocin and decreased testosterone) which contributes to the formation of emotional bonds with newborns (Rilling et al., 2025). This explains why participants report feeling "equipped" and happy, which is a natural response in the process of adapting to newborn care. The feelings of happiness, confusion, and "mixed-up" reflect the dynamics of the transition to an intense parental role (Brunstad et al., 2020). The study found that new fathers felt mixed emotions in the first week after birth, feeling happy about their baby but anxious about not knowing how to care for them (Brunstad et al., 2020). New fathers' lack of preparedness for caring for their newborns can cause significant stress (Konukbay et al., 2024). In Indonesia, fathers feel extra pressure due to traditional expectations to provide financially (Waroka et al., 2024). Support from the wife is essential in mitigating paternal stress. Emotional validation, shared responsibilities, and positive reinforcement from the spouse contribute to the father's psychological well-being and enhance parenting collaboration (Schulz et al., 2023). Nurses are instrumental in this phase by providing early father-centered interventions. Therefore, education on basic neonatal care and prenatal counseling sessions can reduce paternal anxiety. For example, how to hold the baby's head, recognize signs of hypothermia. Studies show that fathers' participation in prenatal classes increases their confidence in caring for newborns (Lee & Lee, 2023; van Veenendaal et al., 2022; Walsh et al., 2021).

The majority of participants considered the involvement of fathers in the care of newborns as a moral obligation, especially in the context of sharing duties with the wife. The majority of participants interpreted involvement in newborn care as natural and even mandatory that reflecting the evolution of contemporary parenting concepts. The findings are in line with research in Hong Kong explained that fathers helping their wives during the neonatal period is a form of family



**Figure 2.** A father cradling his baby (Authors generated the figure by using AI).

responsibility (Ngai & Lam, 2020). In Indonesia, active participation of fathers is still hampered by social stigma that considers newborn care to be a "woman's job" (Okinarum & Ceria, 2025). Mental health nurses can play a critical role in helping fathers address the internalized stigma by facilitating counseling, psychoeducation, and support groups specifically tailored for men during the perinatal period. These interventions can normalize emotional struggles, promote help-seeking behaviors, and foster healthier family dynamics (Atashsokhan et al., 2024). Research shows that fathers are now seen as equally responsible for newborn care, not just helpers (Barcala-Delgado & Perry-Jenkins, 2025; Watkins et al., 2024). Besides, collaborative approach between couples in caring for newborns has been shown to provide significant benefits to family mental health and newborn development (Schulz et al., 2023; Xiao & Loke, 2021).

The involvement of fathers in newborn care has been shown to improve emotional bonding and early cognitive development. Physical interactions such as holding a baby with the kangaroo care method stabilize the baby's body temperature and increase oxytocin levels in both father and baby (Badr & Zauszniewski, 2017; Chavan et al., 2024; Zeng et al., 2023). The finding was supported by study explaining that newborns who are often hugged by fathers have a strong father-newborn relationship (Devouche & Apter, 2023; Yoshida et al., 2020). These strong connections can support motor development through more frequent and quality interactions (Keer et al., 2020). Stimulation through a father's voice (e.g. talking or singing) can speed up a newborn's auditory response. Research reveals that babies who are exposed to the father's voice from day one show increased brain activity in the temporal lobe area (for language processing) (Di Fiore et al., 2024; Jasin & Newnam, 2023). Mothers can promote early bonding and build the father's confidence by encouraging the husband to participate in routine activities such as holding, bathing, or talking to the baby. Positive reinforcement and shared decision-making from the mother are key to developing a strong father-infant relationship. Baby blues does can happen to a mother and father (Baldy et al., 2023). Baby blues in fathers is a phenomenon that is often overlooked, even though it has a significant impact on family dynamics (Kitil et al., 2024). Study shows that the prevalence rate of postpartum depression in fathers varies (Tuji et al., 2023). One study found that 17% of fathers reported symptoms of depression in the first three months after birth (Suto et al., 2016). Another study reported a prevalence of 13.6% in the four months postpartum (Nishimura et al., 2015). In addition, a meta-analysis in Ethiopia found a combined prevalence of 20.86% due to sleep deprivation and financial stress (Kitil et al., 2024; Da Costa et al., 2019; Kalogeropoulos et al., 2021). These risk factors are exacerbated by a lack of education about time management and psychological support for fathers (Chavis, 2022; Tuji et al., 2023). To address these issues, nurses can offer early screening for paternal depression, educate fathers about sleep hygiene and newborn care, and facilitate referral pathways to mental health professionals when needed. Family-integrated care models that include fathers as active participants have also shown positive impacts on paternal mental health (Segre et al., 2023).

Practical challenges such as fear of bathing the baby and staying up late to give breast milk are also dominant. Study emphasizes that new fathers feel insecure bathing newborns because the baby's body is still small, worried about hurting them (Copeland et al., 2023). As a solution, nurses can use simulations using neonatal dolls to practice safe bathing techniques, such as keeping the water temperature at 37°C and making sure the baby's head is supported. The personal transformation of the father during the newborn period is a multidimensional process. Research shows that involvement in newborn care triggers significant changes in social, psychological, and behavioral aspects (Giannotti et al., 2022). On the physical side, fatigue from staying up late and irregular sleep patterns are common problems. These findings are in line with study found that new fathers often experience significant sleep disturbances during the transition period to parenthood (Tracchegiani & Carone, 2025). This sleep disorder increases from the third trimester of a couple's pregnancy to two months after birth, with the prevalence of sleep disorders increasing from 29.6% to 44.7%. This sleep disorder is often caused by frequent wakes up at night to take care of the baby (Coles et al., 2022), increasing the risk of burnout (Tracchegiani & Carone, 2025). Intense involvement in parenting triggers hormonal changes and neuroplasticity of the brain, which favors the development of parenting capacity (Rilling et al., 2025; Tecot et al., 2023). The active involvement of family members is vital in sharing responsibilities and reducing paternal stress. Nurses can empower families through structured education, home visits, and providing access to community-based parenting support programs.

The challenges fathers face in caring for newborns include complex emotional and practical dimensions. The recent study emphasizes the importance of psychological support, practical training, and inclusive policies (Atashsokhan et al., 2024; Jean-Dit-Pannel et al., 2024). Patience in the face of baby crying, fear when bathing, and anxiety about the baby's health are universal experiences that require a comprehensive approach. For instance, paternity mentoring programs, parenting preparation classes, and ongoing psychological support (Giallo et al., 2022; Turner et al., 2022). The father's ability to adapt to the challenges of newborn care impacts family well-being and builds the foundation of healthy newborn care. The research findings underscore the need for comprehensive nursing interventions to support fathers

during newborn care. Nurses can design specific programs that include practical education, psychological support, and counseling, to increase the confidence of fathers in providing optimal care to the baby. This holistic approach is important to support family well-being and infant development. However, the main limitations of this study include the limited sample size, focusing on the specific socio-cultural context of Indonesia. Despite its limitations, this study makes a contribution in understanding the complexity of the role of fathers at home.

## Conclusion

This study highlights that fatherhood during the newborn period is a transformative experience shaped by emotional, identity, and caregiving challenges. Fathers play a vital role in early child development that warranting greater support from families and healthcare systems. The findings suggest the need for father-inclusive nursing interventions that address both emotional and practical aspects of care. Furthermore, evaluating nursing care can inform inclusive policies that enhance paternal engagement in newborn care in the community practice. However, the study's limited, urban-based sample and cross-sectional design restrict generalizability. Future research should adopt experimental designs and include diverse father populations in Indonesia or another country.

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## AI statements

The manuscript was prepared and developed without the use of any generative text artificial intelligence. However, the author utilized AI to generate figures for illustrations. Additionally, the authors employed AI-based grammar-checking tools solely to correct the sentences.

## Author's declaration

All authors contributed to the study's conception, data analysis and interpretation, manuscript drafting, and final approval of the published version.

## Availability of data and materials

The datasets are available from the corresponding author upon reasonable request.

## Competing interests

The authors declare no competing interest.

## Ethical clearance

This study received approval from the University of Indonesia Maju (UIMA) (Ref. No. 514/Sket/Ka-Dept/RE/UIMA/I/2024) on 31 January 2024.

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## Publishers and journal's note

This study enriches the literature on fathers' experiences in caring for newborns, particularly at home. There are no ethical issues or concerns with the research process in this publication.

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## Authors' insight

### Key points

- The study highlighted that cultural norms often limit fathers' involvement in the course of newborn care in Indonesia population.
- Fathers face a range of hurdles in newborn care, including a lack of practical knowledge, insufficient social support, and the psychological impact of their new role.
- The study proposes concrete actions for healthcare professionals in developing evidence-based programs, integrating fathers' perspectives into health services.

### Emerging nursing avenues

- What specific societal expectations were identified by fathers as hindering their participation in newborn care in the Indonesia?
- What are the specific skills or types of information that fathers felt most unprepared and challenging for in newborn care?
- How do the experiences and perceptions of fathers align with or diverge from existing literature on paternal perinatal mental health in a global context?

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