

ORIGINAL RESEARCH ARTICLE

Maternal well-being in the postpartum period: The mediating role of breastfeeding self-efficacy, sleep quality, and husband's support

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Abstract

Maternal health postpartum is important for both maternal and infant health. Support from husbands is a major factor but its role is still not well understood in our cultural context, in Pariaman, Indonesia. The relationship between husband support and maternal well-being with the mediation of breastfeeding self-efficacy and sleep quality was also an area for investigation in this study. A cross-sectional study was carried out in the months between March to August 2021 among postpartum women in urban and semi-urban areas of Pariaman City, West Sumatra. Validated questionnaires such as the Husband's Support Scale for Postpartum Mothers, Breastfeeding Self-Efficacy Scale Short Form, Pittsburgh Sleep Quality Index and WHO-5 Well-Being Index were used to measure data analysed by Pearson correlation (cr) and Structural Equation Modeling with bootstrapping. Husband's support was significantly associated with breastfeeding self-efficacy ($r = 0.54$) and maternal well-being ($r = 0.49$), and negative with poor sleep ($r = -0.41$; all $p < 0.01$). The model showed a moderate direct effect of husband's support on well-being ($\beta = 0.28$, $p < 0.008$) and indirect effects mediated by breastfeeding self-efficacy ($\beta = 0.19$) and sleep quality ($\beta = 0.15$), accounting for 42% of the variance in well-being. The findings of this study underline that involvement of husband correlates with better well-being of the mother in terms of increased confidence about breastfeeding and better sleep quality. (*Afr J Reprod Health 2026; 30 [2]: 61-69*).

Keywords Maternal Health, Breast Feeding, Sleep Quality

Résumé

La santé maternelle après l'accouchement joue un rôle crucial pour le bien-être de la mère et de l'enfant. Le soutien du mari constitue un facteur essentiel, mais son influence demeure peu comprise dans le contexte culturel de Pariaman, en Indonésie. Cette étude transversale, menée de mars à août 2021 auprès de femmes en post-partum vivant en zones urbaine et semi-urbaine, visait à analyser la relation entre le soutien du mari et le bien-être maternel, avec la médiation de l'auto-efficacité en allaitement et de la qualité du sommeil. Des instruments validés, tels que l'Échelle de soutien du mari, la version abrégée de l'Échelle d'auto-efficacité en allaitement, l'Indice de qualité du sommeil de Pittsburgh et l'Indice de bien-être de l'OMS-5, ont été utilisés. Les corrélations de Pearson et la modélisation par équations structurelles ont révélé que le soutien du mari est positivement associé à l'auto-efficacité en allaitement ($r = 0,54$) et au bien-être maternel ($r = 0,49$), et négativement à la mauvaise qualité du sommeil ($r = -0,41$). Le modèle montre que le soutien du mari agit directement et indirectement, par la confiance dans l'allaitement et la qualité du sommeil, expliquant 42 % de la variance du bien-être maternel. (*Afr J Reprod Health 2026; 30 [2]: 61-69*).

Mots-clés: santé maternelle, allaitement, sommeil, bien-être

Introduction

The postpartum period represents a critical transitional phase in a woman's life, marked by profound physiological, psychological, and social adjustments. This stage, which begins immediately after childbirth, is characterized by recovery of the mother's body to its pre-pregnancy state, establishment of breastfeeding, and adaptation to new parental responsibilities. Despite being a natural process, the postpartum period is often

accompanied by numerous challenges that can threaten maternal well-being, such as physical exhaustion, hormonal fluctuations, and emotional instability. Consequently, maternal well-being during this period is a key determinant of both maternal health outcomes and child development.¹ One of the major factors influencing maternal well-being is the quality and extent of social support received by the mother. Among various sources of support, the role of the husband has been consistently highlighted as the most significant.

Husband's support is not only instrumental, such as providing financial resources or assistance with daily tasks, but also emotional, encompassing empathy, affection, and reassurance. Studies have demonstrated that supportive spouses significantly reduce maternal stress levels, enhance psychological resilience, and improve coping strategies during the postpartum phase.² In cultures where family ties are strong, including Indonesia, the husband is often regarded as the primary caregiver and emotional partner, making his role critical for the mother's overall well-being.³

Breastfeeding is one of the central aspects of maternal and infant health during the postpartum period. It provides optimal nutrition for the infant and fosters emotional bonding between mother and child. However, the ability of a mother to initiate and sustain breastfeeding is strongly influenced by her self-efficacy. Breastfeeding self-efficacy refers to a mother's confidence in her ability to successfully breastfeed her child. High levels of self-efficacy are associated with longer breastfeeding duration, fewer difficulties, and better maternal satisfaction.⁴ Importantly, studies suggest that husband's support can positively influence breastfeeding self-efficacy by offering encouragement, sharing responsibilities, and providing practical assistance in managing breastfeeding challenges.⁵

Another dimension of maternal well-being is sleep quality. Sleep disturbances are common in the postpartum period due to infant care demands, hormonal changes, and psychological stress. Poor sleep quality has been linked with adverse health outcomes, including increased risk of postpartum depression, impaired cognitive functioning, and reduced physical recovery. Furthermore, maternal sleep deprivation can negatively affect caregiving capacity and mother-infant bonding.⁶ In this context, supportive involvement of husbands in infant care such as sharing nighttime responsibilities can significantly improve maternal sleep quality and overall well-being.⁷

While the independent effects of husband's support, breastfeeding self-efficacy, and sleep quality on maternal well-being have been widely studied, little attention has been given to the interaction and mediation among these factors. Understanding whether breastfeeding self-efficacy and sleep quality serve as mediators in the relationship between husband's support and

maternal well-being is essential for developing effective family-centered interventions. Such a framework not only clarifies the mechanisms through which support operates but also identifies leverage points for public health strategies aimed at reducing maternal morbidity and improving postpartum outcomes.⁸

Globally, maternal mental health problems, including postpartum depression, affect approximately 10–20% of new mothers, with higher prevalence in low- and middle-income countries. In Indonesia, the prevalence of postpartum depression is reported to be between 15–25%, with contributing factors such as low social support, economic stress, and limited access to healthcare.⁹ Moreover, in West Sumatra, particularly in the city of Pariaman, cultural expectations often place the burden of infant and household care primarily on women, while men's involvement may remain limited. This traditional division of roles can undermine maternal well-being if husbands do not actively participate in providing emotional and instrumental support.

Recent literature emphasizes that interventions targeting husband involvement can lead to significant improvements in maternal health outcomes. For example, studies conducted in Southeast Asia indicate that when husbands are educated and actively engaged in postpartum care, mothers report higher breastfeeding rates, better sleep quality, and reduced symptoms of depression.¹⁰ These findings underscore the necessity of exploring context-specific dynamics, especially in culturally unique regions such as Pariaman, where family and community support systems are deeply embedded in social structures.

Despite the growing recognition of husband's role in maternal health, few studies have comprehensively examined how husband's support translates into better maternal well-being through specific mediators such as breastfeeding self-efficacy and sleep quality. Previous studies often treat these variables independently, without exploring their interconnected pathways. For instance, while some research highlights the impact of husband's encouragement on breastfeeding success, others focus on the role of sleep deprivation in maternal mental health, but rarely integrate these perspectives into a single analytical model.¹¹ This gap in the literature presents an important opportunity to generate new insights that can inform evidence-based policies and interventions. From a

theoretical perspective, the stress-buffering model of social support suggests that social support mitigates the negative effects of stress on health by enhancing coping resources and reducing perceived stress. Applied to the postpartum context, husband's support may not only buffer maternal stress directly but also indirectly influence health outcomes by improving self-efficacy and sleep quality. Mothers who feel supported are more confident in breastfeeding and are more likely to experience restful sleep, both of which contribute to enhanced well-being. This integrative approach provides a robust framework for examining the mediating mechanisms of self-efficacy and sleep in the relationship between husband's support and maternal health.¹²

In addition to psychological dimensions, husband's support also has physiological implications. Adequate emotional support has been associated with lower cortisol levels and reduced inflammation, both of which are beneficial for recovery during the postpartum period. Similarly, adequate sleep plays a crucial role in regulating hormonal balance, immune function, and emotional stability. By fostering these protective mechanisms, husband's involvement can have long-term benefits not only for maternal well-being but also for infant health and family functioning.¹³ The setting of Pariaman provides a unique cultural lens to study these relationships. As a coastal city in West Sumatra, Pariaman is known for its strong communal traditions and matrilineal system. Interestingly, while the Minangkabau culture emphasizes matrilineal inheritance, daily responsibilities of child-rearing and household tasks often remain the burden of women. Exploring how husband's involvement interacts with these cultural norms can yield valuable insights into strategies for enhancing maternal well-being within local contexts.¹⁴

This study, therefore, aims to investigate the relationship between husband's support and maternal well-being, with a specific focus on the mediating roles of breastfeeding self-efficacy and sleep quality among postpartum women in Pariaman, Indonesia. By integrating these dimensions into a single model, the study seeks to provide a more comprehensive understanding of maternal health during the postpartum period. Furthermore, the findings are expected to contribute to the development of culturally sensitive

interventions that encourage active husband participation, improve maternal self-efficacy in breastfeeding, and promote adequate sleep hygiene. Ultimately, such efforts will support the broader goal of improving maternal and child health outcomes in Indonesia and similar settings worldwide.¹⁵

Methods

Study design and setting

This study employed a cross-sectional analytical design with mediation analysis, aiming to examine the relationship between husband's support and maternal well-being, with breastfeeding self-efficacy and sleep quality as mediating variables. The cross-sectional design was chosen due to its effectiveness in assessing associations and mediation pathways within a defined population at a single point in time.

The research was conducted in Pariaman City, West Sumatra, Indonesia, between March and August 2025. Pariaman was selected as the study site due to its unique sociocultural context, strong family values, and the prevalence of postpartum women attending community health centers (Puskesmas) and midwifery practices. These settings provided access to mothers within six months postpartum, ensuring relevance and feasibility for data collection.

Population and sample

The study population consisted of postpartum women residing in Pariaman who were within six months after delivery.

Inclusion and Exclusion Criteria

Eligibility criteria, Eligible mothers were 18-45 years old, currently cohabiting with their husbands and had a live birth in the previous six months that also gave informed consent to take part in the study. Exclusion criteria were mothers with severe medical complications, such as postpartum hemorrhage necessitating hospitalisation for an extended period, with psychiatric diagnosis before pregnancy or having infants with congenital malformations.

A minimum sample size of 120 respondents was calculated using G*Power software with an effect size of 0.15, $\alpha = 0.05$, power $(1-\beta) = 0.80$, and

four predictor variables. To account for potential non-response or incomplete questionnaires, 150 participants were recruited through consecutive sampling at Puskesmas and maternal health clinics across Pariaman.

Variables and instruments

Husband support was measured using the Husband's Support Scale for Postpartum mothers (HSSPM), containing 4 dimensions of emotional-, instrumental-, informational- and appraisal-support (the higher is score indicating stronger perceived support). The potential mediating variables were breastfeeding self-efficacy and sleep quality. Breastfeeding self-efficacy was assessed with the Breastfeeding Self-Efficacy Scale–Short Form (BSES-SF), that includes 14 items scored on a five-point Likert scale, from “not at all confident” to “always confident,” with higher scores reflecting better confidence. Sleep quality was evaluated with the Pittsburgh Sleep Quality Index (PSQI), ranging from sleep duration to disturbances, latency and restfulness; a global score higher than five indicates poor sleep. The outcome measure was the mother's well-being, which was measured by the WHO-5 Well-Being Index with a total score higher than 13 indicating good well-being. Covariates were maternal age, parity, mothers' educational level, employment status and household income as well as mode of delivery.

Data collection procedures

Data collection was carried out by trained research assistants (midwives and nurses) who received standardized instruction on questionnaire administration and ethical procedures. Eligible postpartum women were approached during routine visits to Puskesmas and maternal clinics. After obtaining informed consent, participants completed the structured questionnaire in a private consultation room to maintain confidentiality.

For participants with low literacy, the research assistant read each question aloud and recorded the responses. This procedure ensured data accuracy and inclusivity among participants with diverse educational backgrounds.

Data analysis

Data were analyzed using SPSS version 27 and AMOS version 24. Descriptive statistics were used to summarize demographic characteristics. Bivariate analyses were conducted using *Pearson's correlation* to examine associations between variables.

Before conducting further analyses, multicollinearity diagnostics (Variance Inflation Factor < 2.0; Tolerance > 0.50) confirmed no significant multicollinearity. Confirmatory Factor Analysis (CFA) was performed to ensure factorial validity of each latent construct; all standardized factor loadings exceeded 0.60, and Cronbach's α values were above 0.70. Skewness and kurtosis indices were within ± 2 , confirming approximate normal distribution.

Mediation analysis was performed using Structural Equation Modeling (SEM) with bootstrapping (5,000 resamples) to test indirect effects of breastfeeding self-efficacy and sleep quality on the relationship between husband's support and maternal well-being. Covariates (age, parity, education, income, and mode of delivery) were incorporated directly into the SEM to control for confounding effects. Model fit indices were considered acceptable when $\chi^2/df < 3$, CFI > 0.90, TLI > 0.90, and RMSEA < 0.08.

Ethical considerations

Ethical approval was obtained from the Research Ethics Committee of Faculty Of Medicine Andalas University (Approval No: 191/UN.16.2/KEP-FK/2025). Site permissions were granted by the Pariaman City Health Office and participating Puskesmas/clinics. All participants provided written informed consent. Privacy and confidentiality were safeguarded; women with clinically concerning symptoms received referral information per local SOPs.

Results

Participant characteristics

A total of 150 postpartum women participated in this study. The mean age of participants was 29.4 ± 5.2 years (range: 18–42).

Table 1: Sociodemographic characteristics of participants (n = 150)

Variable	n (%)
Age (years)	
≤ 25	42 (28.0)
26–35	78 (52.0)
> 35	30 (20.0)
Education	
Primary	28 (18.7)
Secondary	82 (54.7)
Higher	40 (26.6)
Employment status	
Housewife/unemployed	99 (66.0)
Employed	51 (34.0)
Parity	
Primiparous	58 (38.7)
Multiparous	92 (61.3)
Mode of delivery	
Vaginal	108 (72.0)
Caesarean section	42 (28.0)
Postpartum period	
0–2 months	53 (35.3)
3–6 months	97 (64.7)

More than half of the respondents had completed secondary education (54.7%), and 61.3% were multiparous. Most mothers were unemployed or

Table 2: Correlations among key variables (n = 150)

Variables	Support	BSE	Sleep Quality	Well-being
Husband's support	1	0.54**	-0.41**	0.49**
Breastfeeding self-efficacy (BSE)	0.54**	1	-0.36**	0.52**
Sleep quality (lower = better)	-0.41**	-0.36**	1	-0.46**
Maternal well-being	0.49**	0.52**	-0.46**	1

Note: p < 0.01 **

Table 3: Mediation analysis using SEM (n = 150)

Pathway	β (Standardized)	p-value
Husband's support → Maternal well-being	0.28	0.008
Husband's support → Breastfeeding self-efficacy	0.54	<0.001
Breastfeeding self-efficacy → Maternal well-being	0.35	<0.001
Husband's support → Sleep quality (PSQI)	-0.41	<0.001
Sleep quality → Maternal well-being	-0.29	0.003
Indirect effect (via BSE)	0.19	<0.01
Indirect effect (via Sleep quality)	0.15	<0.01
Total effect	0.62	<0.001

In contrast, husband's support was negatively correlated with poor sleep quality (r = -0.41, p < 0.01), suggesting that supportive partners may help mothers achieve better sleep. Furthermore, breastfeeding self-efficacy also showed a positive

worked as housewives (66.0%). The majority delivered through vaginal delivery (72.0%) and were within 3–6 months postpartum (64.7)

Correlation analysis

Pearson correlation showed significant positive associations between husband's support, breastfeeding self-efficacy, and maternal well-being. Conversely, poor sleep quality was negatively correlated with both husband's support and maternal well-being. self-efficacy, and maternal well-being. Conversely, poor sleep quality was negatively correlated with both husband's support and maternal well-being.

Table 2 demonstrates the correlations between husband's support, breastfeeding self-efficacy, sleep quality, and maternal well-being. Husband's support was significantly and positively correlated with both breastfeeding self-efficacy (r = 0.54, p < 0.01) and maternal well-being (r = 0.49, p < 0.01). This indicates that supportive husbands contribute not only to greater maternal confidence in breastfeeding but also to improved psychological well-being.

correlation with maternal well-being (r = 0.52, p < 0.01), highlighting its role as a mediator. Finally, poor sleep quality was strongly and negatively correlated with maternal well-being (r = -0.46, p < 0.01). Together, these results emphasize the

interrelated nature of support, confidence, rest, and well-being in postpartum mothers.

Mediation analysis

Structural Equation Modeling (SEM) was conducted to test the mediating roles of breastfeeding self-efficacy and sleep quality in the relationship between husband's support and maternal well-being. The mediation model in Table 3 illustrates both the direct and indirect effects of husband's support on maternal well-being. Husband's support had a significant direct effect on maternal well-being ($\beta = 0.28, p = 0.008$). Moreover, the indirect effects were substantial: through breastfeeding self-efficacy ($\beta = 0.19, p < 0.01$) and through sleep quality ($\beta = 0.15, p < 0.01$). This means that supportive husbands not only directly improve maternal well-being but also enhance it indirectly by increasing maternal confidence in breastfeeding and ensuring better sleep quality.

The total effect of husband's support on maternal well-being was $\beta = 0.62 (p < 0.001)$, which is a strong predictive value. Importantly, the structural equation model demonstrated good fit indices ($\chi^2/df = 2.11, CFI = 0.95, TLI = 0.94, RMSEA = 0.063$), confirming that the hypothesized model adequately represents the observed data. Overall, this confirms that husband's support is a critical determinant of maternal well-being, both independently and via mediating mechanisms.

Discussion

Husband's support and maternal well-being

Our results confirmed that higher levels of husband's support were strongly linked to greater maternal well-being. This is consistent with the stress-buffering model of social support, which posits that social resources provided by close partners can mitigate psychological stress and promote positive mental health outcomes.¹⁶ Several studies have shown that the presence of emotional, informational, and instrumental support from spouses during the postpartum period significantly lowers the risk of postpartum depression and enhances overall quality of life.¹⁷

In the Indonesian cultural context, particularly in West Sumatra, husbands are traditionally regarded as the primary decision-makers and providers within the family. However, this role can either empower or burden mothers,

depending on the extent of their active involvement. Supportive husbands who share parenting responsibilities and acknowledge their wives' emotional needs contribute positively to maternal psychological adjustment.¹⁸ Our findings align with research from Jakarta, which highlighted that when husbands were actively involved in infant care, maternal stress decreased, and well-being significantly improved.

Mediating role of breastfeeding self-efficacy

Breastfeeding self-efficacy emerged as a significant mediator between husband's support and maternal well-being.

Mothers who perceived strong encouragement and assistance from their husbands were more confident in their ability to breastfeed successfully, which in turn enhanced their sense of competence and overall well-being. This finding resonates with Bandura's self-efficacy theory, which emphasizes the importance of social persuasion and emotional support in strengthening self-belief.¹⁹

Previous studies have established that husband's support increases breastfeeding duration, exclusivity, and maternal satisfaction. A systematic review found that interventions involving partners during antenatal and postnatal education significantly improved breastfeeding outcomes by boosting maternal self-efficacy.²⁰ In line with this, our study provides further evidence that self-efficacy is not only beneficial for breastfeeding success but also serves as a psychological pathway through which husband's support enhances maternal mental health.

Interestingly, our results showed that breastfeeding self-efficacy explained a substantial portion of the indirect effect of husband's support on maternal well-being. This suggests that husbands play a crucial role in empowering women during one of the most challenging aspects of early motherhood. Practical encouragement such as affirming the mother's abilities, providing physical help during feeding, or seeking professional advice together appears to be a powerful mechanism for reinforcing maternal self-confidence.²¹

Sleep quality was another important mediator identified in this study. Mothers who reported greater partner/husband support also reported better sleep quality, and better sleep was associated with improved maternal well-being.

Recent studies indicate that partner support is an important predictor of postpartum quality of life and is linked with better sleep and reduced mood symptoms.²² Our findings confirm this pattern, as 62% of participants scored above the threshold for poor sleep quality.

The inverse relationship between poor sleep quality and maternal well-being underscores the physiological and psychological importance of restful sleep; recent studies have found that poor postpartum sleep is strongly linked with higher fatigue, cognitive impairment, irritability, and elevated symptoms of depression and anxiety.²³ In this context, husband's support can help alleviate maternal sleep disruption by assisting with nighttime infant-care tasks, reducing maternal workload, and providing emotional reassurance. A recent U.S. study found that increased partner involvement in infant care at night was associated with significantly longer maternal sleep duration and lower depressive symptom scores.²⁴

In our study, sleep quality partially mediated the effect of husband's support on maternal well-being, indicating that shared caregiving responsibilities are integral to maternal recovery. This finding is especially relevant in Indonesia, where cultural expectations often dictate that women manage both child care and household duties. Encouraging husbands to take a more active role in caregiving may help balance these responsibilities and promote maternal health.

Integration of findings

Taken together, the results suggest that husband's support enhances maternal well-being both directly and indirectly by fostering confidence in breastfeeding and improving sleep quality. This highlights the multifaceted role of partner support in maternal health, extending beyond emotional comfort to include practical impacts on daily functioning and health behaviors.

The integration of breastfeeding self-efficacy and sleep quality into a unified model offers a more nuanced insight into how social and psychological support mechanisms influence maternal outcomes. For example, Konukbay et al. (2024) demonstrated that both improved sleep quality and higher perceived social support were significant predictors of breastfeeding self-efficacy ($\beta = -0.491$, $\beta = 0.146$ respectively) in postpartum

women.²⁵ Previous research has tended to examine these variables separately; by contrast, a model that links social support → sleep quality → self-efficacy → maternal outcomes aligns well with family-centred care frameworks emphasising holistic support during the postpartum period.

Comparison with previous studies

Our findings align with recent global evidence: for instance, a 2024 meta-analysis found that paternal (partner) support interventions significantly increased exclusive breastfeeding rates at multiple postpartum time-points (RR = 1.28 at ≤ 1 week; RR = 1.35 at 3 months).²⁰ Also, a 2022 study in China reported that higher husband involvement and better spousal relationship quality were significantly associated with improved maternal health behaviours and lower risk of postpartum depression, highlighting the importance of partner support for maternal well-being.²⁶ These parallels suggest that despite cultural differences, the beneficial role of husband's support in promoting maternal health is universal.

Moreover, cultural and socioeconomic variability may shape the extent and nature of partner involvement in maternal care. Studies have shown that in low- and middle-income settings, factors such as education level, employment status, and urban rural disparities influence both the quality of spousal support and maternal mental health outcomes.²⁷ For instance, women from higher socioeconomic backgrounds tend to receive more emotional and instrumental support from partners and report better postpartum well-being compared to those from resource-limited settings. These contextual differences emphasize the need for locally tailored family-centered interventions that consider cultural norms and socioeconomic realities.²⁸

However, the cultural context of Pariaman provides unique insights. As part of the Minangkabau ethnic group, which follows a matrilineal system, women traditionally hold authority in household management. Yet, paradoxically, daily caregiving responsibilities often remain disproportionately assigned to women. This cultural nuance highlights the importance of promoting husband involvement not as a disruption of tradition but as an adaptation to modern family health needs.

Implications for practice and policy

From a practical perspective, findings suggest that interventions should prioritize enhancing husband involvement through education, counseling, and supportive policies. Based on SEM results,

Interventions could focus on three main pathways to improve maternal well-being. First, strengthening emotional and practical support from husbands can directly enhance mothers' psychological and physical health during the postpartum period. Second, couple-based training programs can be implemented to increase breastfeeding self-efficacy, helping mothers feel more confident and competent in nurturing their infants. Third, promoting shared caregiving routines between partners can improve sleep quality, allowing mothers to rest adequately and recover more effectively. Together, these approaches create a supportive family environment that fosters better maternal health outcomes.

Healthcare systems can implement family centered approaches through antenatal and postnatal programs involving fathers. Puskesmas could organize workshops for expectant fathers and community campaigns highlighting the value of husband engagement. Evidence from Malaysia supports that structured father-involvement programs significantly reduce maternal depression.²⁹ Policymakers should also consider paternal leave schemes and workplace flexibility to facilitate early paternal participation in childcare improving maternal recovery and strengthening family bonds.

Study strengths and limitations

The strengths of this study include its relatively large sample size, use of validated instruments, and application of mediation analysis to explore the pathways linking husband's support and maternal well-being. Additionally, the study was conducted in a culturally rich setting, contributing novel insights to global maternal health literature.

However, several limitations should be noted. First, the cross-sectional design prevents causal inference. Second, self-reported measures, including BSE and sleep quality, may introduce recall and desirability biases. Third, consecutive sampling could cause selection and convenience bias, as only mothers attending health facilities were included, reducing generalizability. Fourth, the study was limited to urban and semi-urban areas,

thus not reflecting rural variability in cultural and socioeconomic conditions.

Fifth, some covariates such as extended family support, infant complications, and maternal anxiety were not included in the SEM model, which may have influenced the observed relationships.

Future research should use longitudinal and mixed-method designs to validate causal relationships, account for broader contextual factors, and evaluate intervention effectiveness in different socioeconomic and cultural settings.

Conclusion

This study demonstrated that husband's support significantly enhances maternal well-being both directly and indirectly through breastfeeding self-efficacy and sleep quality. The integrated model explained 42% of the variance in maternal well-being, highlighting the strong mediating roles of maternal confidence in breastfeeding and sleep quality. In the cultural context of Pariaman, encouraging husband involvement through family-centered and couple-based interventions can effectively promote maternal mental health. Strengthening paternal participation in postpartum care should therefore be prioritized to improve maternal and child health outcomes.

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