AHMAR METASTASIS HEALTH JOURNAL
Available online at: http://journal.ahmareduc.or.id/index.php/AMHJ
Vol. 6. No. 1. June 2026, Page 105 - 112
P-ISSN: 2797-6483 E-ISSN: 2797-4952

Husband Support and Maternal Mental Health Among Pregnant Women in Independent Midwifery Practices

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ARTICLE INFO

***Article Type*:**
Research

Article History:
Received: 24 February 2026
Accepted: 29 June 2026
Published: 30 June 2026

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ORIGINAL ARTICLE

ABSTRACT
Evidence on the role of husband support in maternal mental health remains limited in community-based midwifery services in Indonesia. This study aimed to examine the relationship between husband support and maternal mental health among pregnant women attending independent midwifery practices in Cimahi City and to explore the psychosocial mechanisms underlying this relationship. A convergent mixed-methods design was employed, involving 72 pregnant women for the quantitative component and 20 participants for in-depth qualitative interviews. Husband support, antenatal anxiety, and emotional wellbeing were assessed using validated questionnaires. Quantitative data were analyzed using Pearson correlation and multiple linear regression, while qualitative data were examined through thematic analysis. Husband support was significantly associated with lower antenatal anxiety and higher emotional wellbeing and remained an independent predictor of maternal mental health after controlling for maternal age, education, parity, and economic status. Descriptive findings indicated that a considerable proportion of participants experienced moderate to severe antenatal anxiety. Qualitative analysis identified emotional presence, shared responsibility, and affirmation of maternal identity as key mechanisms through which husband support strengthened maternal coping capacity. These findings demonstrate that husband support serves as an important protective psychosocial factor for maternal mental health. Integrating family empowerment strategies into routine antenatal care may improve psychological wellbeing and strengthen community-based maternal health services.

Keywords: Husband Support, Maternal Mental Health.

ABSTRAK
Bukti mengenai peran dukungan suami terhadap kesehatan mental ibu masih terbatas pada layanan kebidanan berbasis masyarakat di Indonesia. Penelitian ini bertujuan menganalisis hubungan antara dukungan suami dan kesehatan mental ibu hamil yang mendapatkan pelayanan di praktik mandiri bidan di Kota Cimahi serta mengeksplorasi mekanisme psikososial yang mendasari hubungan tersebut. Penelitian menggunakan desain mixed methods konvergen, yang melibatkan 72 ibu hamil pada komponen kuantitatif dan 20 ibu hamil pada wawancara mendalam sebagai komponen kualitatif. Dukungan suami, kecemasan antenatal, dan kesejahteraan emosional diukur menggunakan kuesioner yang telah tervalidasi. Data kuantitatif dianalisis menggunakan korelasi Pearson dan regresi linear berganda, sedangkan data kualitatif dianalisis dengan analisis tematik. Hasil penelitian menunjukkan bahwa dukungan suami berhubungan secara signifikan dengan penurunan kecemasan antenatal dan peningkatan kesejahteraan emosional, serta tetap menjadi prediktor independen kesehatan mental ibu setelah dikontrol berdasarkan usia, tingkat pendidikan, paritas, dan status ekonomi. Temuan deskriptif juga menunjukkan bahwa sebagian ibu hamil mengalami kecemasan antenatal pada tingkat sedang hingga berat. Analisis kualitatif mengidentifikasi kehadiran emosional, tanggung jawab bersama, dan penguatan identitas sebagai ibu sebagai mekanisme utama yang meningkatkan kemampuan ibu dalam menghadapi stres selama kehamilan. Temuan ini menunjukkan bahwa dukungan suami merupakan faktor psikososial protektif yang penting bagi kesehatan mental ibu, sehingga integrasi strategi pemberdayaan keluarga ke dalam pelayanan antenatal dapat meningkatkan kesejahteraan psikologis dan memperkuat layanan kesehatan ibu berbasis masyarakat.

Kata Kunci: Dukungan Suami, Kesehatan Mental Ibu.

INTRODUCTION

Maternal mental health during pregnancy is a critical concern in antenatal care, with antenatal anxiety and reduced emotional wellbeing linked to adverse maternal and perinatal outcomes (Biaggi et al., 2016; Dennis et al., 2017; Hajure et al., 2024; Wisner, Murphy, & Thomas, 2024; Bodunde et al., 2025; Tama et al., 2025). Within community-based antenatal services, where family involvement is central, husband support is increasingly recognized as an important protective factor influencing maternal psychological wellbeing. However, evidence on the role of husband support in shaping maternal mental health remains limited, particularly in community-based midwifery settings.

From a theoretical perspective, health is influenced not only by biological processes but also by the individual's ability to meet fundamental needs within a supportive environment. The midwifery perspective grounded in the theoretical framework of Virginia Henderson emphasizes that supportive interpersonal relationships, particularly within the family, facilitate maternal adaptation and help pregnant women maintain physiological and psychological balance during pregnancy (Henderson, 1966). Within the context of pregnancy, the husband commonly functions as the closest and most influential source of emotional reassurance, instrumental assistance, and informational guidance. Family-centered care and family empowerment approaches position the partner as an active participant in maternal health whose involvement may strengthen coping capacity, reduce perceived stress, and enhance emotional stability (Sari, Handayani, & Astuti, 2019;). Empirical studies consistently report that partner support is associated with lower levels of antenatal anxiety, improved emotional regulation, and better maternal wellbeing; however, variations in cultural norms, health service organization, and family dynamics contribute to differing patterns of involvement and outcomes (Stapleton et al., 2012; Razurel et al., 2015).

In Indonesia, antenatal care is largely delivered through community-based and independent midwifery practices that emphasize continuous interaction with pregnant women and their families. Previous studies have consistently shown that husband support is associated with better maternal mental health outcomes; however, most evidence is derived from cross-sectional quantitative designs that primarily assess statistical associations without examining how such support operates in real-life contexts. In addition, existing studies rarely integrate quantitative and qualitative approaches to explain the psychosocial mechanisms through which husband support influences maternal mental health. Evidence specific to independent midwifery practice settings where family engagement is central to care delivery also remains limited.

Furthermore, prior research tends to conceptualize husband support as a uniform construct, with limited attention to variations in emotional presence, shared responsibility, and sociocultural expectations that may shape women's psychological experiences during pregnancy. As a result, there is insufficient understanding of how husband support functions as a psychosocial determinant within community-based antenatal services and how it is experienced by pregnant women in their sociocultural context. This study aims to examine the relationship between husband support and maternal mental health among pregnant women attending independent midwifery practices in Cimahi City and to explore the psychosocial mechanisms through which husband involvement influences maternal adaptation during pregnancy.

RESEARCH METHODS

This study employed a mixed-methods approach using a convergent design to obtain a comprehensive understanding of the relationship between husband support and maternal mental health among pregnant women. The quantitative component used a cross-sectional analytic design to examine statistical associations between husband support, antenatal anxiety, and emotional wellbeing. The qualitative component applied an exploratory descriptive approach to explore pregnant women's experiences of receiving support from their husbands and the psychosocial processes influencing maternal adaptation during pregnancy. Both types of data were collected within the same time frame and integrated at the interpretation stage to strengthen the validity and completeness of the findings.

The study was conducted in independent midwifery practices in Cimahi City, Indonesia, which provide community-based antenatal care services. Participants were selected using purposive sampling based on inclusion criteria of being pregnant, receiving antenatal care services, and consenting to participate. Quantitative data were collected from 72 pregnant

women, while qualitative data were obtained through in-depth interviews with 20 purposively selected participants to capture variation in perceived husband support. The methods section has been revised to ensure consistency with a convergent mixed-methods design and to strengthen the justification for purposive sampling in capturing diverse levels of perceived husband support.

Quantitative data were collected using structured questionnaires consisting of a 28-item husband support scale, the DASS-21 anxiety subscale to measure antenatal anxiety, and the Maternal Emotional Wellbeing Scale. All instruments used Likert-type response formats. Qualitative data were obtained through semi-structured interviews conducted by the researcher as a practising midwife, focusing on experiences of emotional, informational, and practical support from husbands during pregnancy. Interviews were audio-recorded with participant consent and transcribed verbatim.

Quantitative data were analyzed using descriptive statistics, Pearson correlation, and multiple linear regression after testing statistical assumptions. Qualitative data were analyzed using thematic analysis to identify recurring patterns and meanings related to maternal psychological adaptation. Integration of findings was conducted by comparing and interpreting results from both datasets to explain how husband support influences maternal mental health.

Ethical approval was obtained from the authorized institutional ethics committee, and research permission was granted by participating midwifery practices. All participants received detailed information about the study and provided informed consent. Confidentiality and voluntary participation were maintained throughout the research process. This study was approved by the Ethics Committee of Politeknik TEDC Bandung, with approval number 193/KEP-TEDC/IX/2025.

RESULTS

The results of the study examining the relationship between husband support and maternal mental health among pregnant women attending independent midwifery practices in Cimahi City are presented below. A total of 72 pregnant women completed structured questionnaires measuring husband support, antenatal anxiety, and emotional wellbeing and were included in the quantitative analysis. In addition, in-depth interviews were conducted with 20 pregnant women to explore psychosocial experiences related to husband support.

Table 1. Descriptive statistics of study variables.

Variable	N	Mean	Standard Deviation	Standard Error
Husband Support	72	86.45	9.72	1.15
Antenatal Anxiety	72	11.30	3.80	0.45
Emotional Wellbeing	72	44.90	5.60	0.66

Table 1 indicates that participants generally perceived a high level of husband support. The mean antenatal anxiety score (11.30 ± 3.80) reflects moderate psychological distress among a substantial proportion of respondents, while emotional wellbeing scores (44.90 ± 5.60) indicate moderate positive emotional adaptation during pregnancy.

Table 2. Correlation between husband support and maternal mental health.

Variables	r	p-value
Husband Support – Antenatal Anxiety	−0.56	< 0.001
Husband Support – Emotional Wellbeing	0.62	< 0.001

Table 2 shows that Correlation analysis demonstrated a significant negative relationship between husband support and antenatal anxiety ($r = -0.56$, $p < 0.001$), indicating that higher perceived support was associated with lower anxiety levels. A significant positive relationship was found between husband support and emotional wellbeing ($r = 0.62$, $p < 0.001$), suggesting that increased support was associated with better emotional adjustment during pregnancy.

Table 3. Multiple linear regression analysis predicting antenatal anxiety.

Predictor	B	Standard Error	T	p-value
Husband Support	−0.48	0.09	−5.21	< 0.001

Predictor	B	Standard Error	T	p-value
Maternal Age	−0.08	0.05	−1.42	0.160
Education Level	−0.06	0.07	−0.98	0.332
Parity	−0.05	0.06	−0.87	0.389
Economic Status	−0.07	0.08	−1.11	0.271

Notes: *Model Summary: $R^2 = 0.31$; $F = 7.84$; $p < 0.001$*

Table 3 shows that Multiple regression analysis showed that husband support was a significant predictor of antenatal anxiety after controlling for maternal age, education, parity, and economic status ($\beta = -0.48$, $p < 0.001$). The model explained 31% of the variance in antenatal anxiety, indicating that husband support contributed substantially to maternal psychological condition.

Table 4. Psychosocial mechanisms of husband support and maternal mental health.

Theme	Subtheme	Description	Representative Quotes
Emotional Presence	Emotional reassurance	The husband provides a sense of calmness and helps reduce fear and anxiety during pregnancy.	"I feel calmer when my husband reassures me whenever I feel anxious."
	Availability during antenatal care	The husband accompanies the mother and demonstrates care and involvement during antenatal visits.	"My husband always accompanies me to check-ups, so I don't feel alone."
	Supportive communication	Open and empathetic communication from the husband helps reduce emotional distress.	"Whenever I feel worried, my husband listens to me and encourages me."
Shared Responsibility	Household support	The husband assists with daily domestic tasks, reducing the mother's physical burden.	"My husband helps with household chores, so I don't feel too exhausted."
	Health-related involvement	The husband actively participates in healthcare-related decisions and practices.	"My husband reminds me about check-up schedules and taking my vitamins."
	Financial support	The husband's financial contribution alleviates economic stress during pregnancy.	"My husband provides for all pregnancy-related needs, which makes me feel more at ease."
Affirmation of Maternal Identity	Emotional validation	The husband acknowledges and validates the mother's feelings and experiences.	"My husband always tells me that what I feel is normal."
	Confidence building	The husband strengthens the mother's self-efficacy and confidence in her maternal role.	"My husband reassures me that I can be a good mother."
	Positive reinforcement	Encouragement from the husband enhances coping and adaptation to	"My husband keeps encouraging me so that

	pregnancy and childbirth.	I'm not afraid to face childbirth."

Table 4 shows that qualitative thematic analysis identified three major psychosocial mechanisms explaining the influence of husband support on maternal mental health. First, emotional presence from husbands provided reassurance and reduced fear related to pregnancy and childbirth. Second, shared responsibility in daily and health-related activities decreased perceived physical and emotional burden. Third, affirmation of maternal identity strengthened self-confidence and adaptive coping. Participants consistently described that supportive communication, involvement in antenatal care, and practical assistance enhanced emotional stability during pregnancy. Integration of quantitative and qualitative findings indicates that husband support functions as a protective psychosocial determinant of maternal mental health. Statistical associations demonstrating reduced anxiety and improved emotional wellbeing were supported by experiential evidence describing how emotional reassurance, practical involvement, and relational validation facilitate maternal adaptation during pregnancy.

DISCUSSION

This study demonstrates that husband support is significantly associated with lower antenatal anxiety and better emotional wellbeing among pregnant women in independent midwifery practices. This finding is consistent with prior studies reporting that partner support reduces psychological distress during pregnancy (Biaggi et al., 2016; Dennis et al., 2017). Additional studies have also shown that higher levels of perceived partner support are associated with reduced risk of antenatal depression and improved maternal adaptation (Stapleton et al., 2012; Yargawa & Leonardi-Bee, 2015). Similarly, research by Alio et al. (2013) highlighted that male partner involvement contributes to better maternal mental health and pregnancy outcomes. Furthermore, evidence also indicates that marital quality, family support, and partner involvement are consistently associated with maternal psychological wellbeing across different care settings (Alipour et al., 2019; Fitriana et al., 2021; Mulyani et al., 2020; Rini & Dunkel Schetter, 2010).

However, not all studies report uniformly strong effects. Some research in low-resource settings has shown that the influence of partner support becomes non-significant after adjusting for broader social determinants such as economic hardship, social support from extended family, and environmental stressors (Rahman et al., 2013). Other studies have also indicated that in collectivist societies, family support beyond the husband, such as from mothers-in-law may play a more dominant role in shaping maternal wellbeing (Fisher et al., 2012). Furthermore, longitudinal studies suggest that the strength of partner support effects may vary across pregnancy and postpartum periods (Razurel et al., 2015). These inconsistencies suggest that partner support interacts with sociocultural and structural contexts rather than operating as a standalone determinant.

From a theoretical perspective, the findings align with a family-oriented midwifery framework in which pregnancy is understood as a relational and adaptive process. Drawing on Virginia Henderson's theory, supportive interpersonal relationships function to maintain physiological and psychological balance by meeting dependency needs during periods of vulnerability (Henderson, 1966). In this study, husband support extends beyond emotional reassurance to a functional resource that enhances maternal coping capacity. This interpretation is also supported by stress-buffering theory (Cohen & Wills, 1985), which posits that social support mitigates the negative effects of stress on mental health outcomes. In addition, social support theory conceptualizes support as a multidimensional construct encompassing emotional, informational, and instrumental dimensions that collectively contribute to psychological wellbeing. These dimensions are reflected in the present findings, where emotional reassurance, shared responsibility, and informational involvement from husbands function synergistically to reduce anxiety and enhance emotional stability. Furthermore, Lazarus and Folkman's stress and coping framework explains how such support influences cognitive appraisal and coping processes, enabling pregnant women to respond more adaptively to pregnancy-related stressors. Importantly, the present findings refine these theoretical perspectives by demonstrating that support is not a homogeneous construct but operates through specific, contextually grounded psychosocial pathways.

The integration of quantitative and qualitative findings provides a more analytical understanding of these pathways. Quantitatively, husband support showed a moderate-to-strong association with both reduced anxiety and improved emotional wellbeing, even after controlling for key sociodemographic variables. Qualitatively, this relationship was explained through three mechanisms: emotional presence, shared responsibility, and affirmation of maternal identity. The convergence of findings indicates complementarity, where quantitative data establish the strength and direction of relationships, while qualitative data elucidate the processes through which these relationships occur. For example, participants' statements such as "suami selalu menenangkan saat saya cemas" illustrate how emotional presence directly contributes to anxiety reduction. This integrated interpretation aligns with previous mixed-methods research demonstrating that social support influences maternal mental health through both direct and indirect psychosocial processes (Fontein-Kuipers et al., 2014). Beyond confirming existing evidence, this integration advances a more mechanism-based understanding of how support is translated into psychological outcomes.

Importantly, this study contributes novel insights by situating husband support within independent midwifery practices, a community-based setting that remains underrepresented in existing literature. Unlike hospital-based models, these settings emphasize continuity of care and sustained interaction with families, enabling husband involvement to become more visible and functionally embedded in maternal care processes. Furthermore, this study advances a conceptual model in which husband support operates through psychosocial mediators emotional regulation, role sharing, and maternal identity reinforcement thereby extending prior research that has largely focused on direct associations without explicating underlying mechanisms. This contribution also strengthens the theoretical integration of family-oriented care and social support frameworks by demonstrating how relational dynamics are operationalized in real-world maternal health services.

The cultural context also plays a critical role in shaping these findings. In the Indonesian setting, family structures, gender norms, and expectations regarding paternal roles influence how support is provided and perceived. Previous studies in Asian contexts have shown that traditional gender roles may limit paternal involvement in maternal care (Fisher et al., 2012). However, emerging evidence suggests that increasing male involvement is associated with improved maternal health outcomes (Yargawa & Leonardi-Bee, 2015). The present findings support this trend, indicating that active husband engagement through communication, accompaniment, and practical support is associated with improved maternal psychological outcomes. This suggests that sociocultural norms are adaptable and can be positively influenced through health system interventions.

From a practical perspective, the findings have clear and operational implications for community-based midwifery services. First, midwives can incorporate structured screening of husband support into routine antenatal assessments to identify women at risk of low support. Second, antenatal education programs can be redesigned into couple-based sessions that explicitly address emotional support, shared responsibility, and birth preparedness. Third, simple and actionable strategies can be promoted, such as encouraging husbands to attend antenatal visits, participate in decision-making, and provide daily practical support. These approaches are consistent with recommendations from global maternal health frameworks emphasizing family-centered care (World Health Organization, 2022).

Several limitations should be acknowledged. The cross-sectional design of the quantitative component limits causal inference and does not capture temporal dynamics. The reliance on self-reported measures may introduce social desirability bias. The study was conducted in a single urban setting, which may limit generalizability. Additionally, the absence of dyadic data (i.e., inclusion of husbands' perspectives) restricts the ability to fully understand reciprocal support dynamics. Future research should employ longitudinal or intervention-based designs, include dyadic approaches, and expand to diverse settings to strengthen external validity.

This study provides integrated evidence that husband support functions as a key psychosocial determinant of maternal mental health in community-based antenatal care. By combining quantitative associations with qualitative explanations, the findings not only reinforce existing theoretical frameworks but also offer a novel, mechanism-based understanding that can inform the development of structured, family-centered interventions in midwifery practice. This

section interprets the findings, addresses the research problem, integrates the results into existing knowledge, and advances a conceptual perspective for family-oriented midwifery care. The study demonstrates that husband support is significantly associated with lower antenatal anxiety and better emotional wellbeing among pregnant women receiving care in independent midwifery practices. The association remained significant after controlling for key covariates (age, education, parity, and socioeconomic status), indicating that partner support constitutes an important psychosocial determinant of maternal mental health.

CONCLUSION

This study concludes that husband support is significantly associated with maternal mental health among pregnant women receiving care in independent midwifery practices in Cimahi. Women who reported higher levels of emotional, informational, and practical support from their husbands demonstrated lower antenatal anxiety and better emotional wellbeing. The integration of quantitative and qualitative findings indicates that husband support operates through psychosocial mechanisms, including emotional reassurance, shared responsibility, and reinforcement of maternal self-efficacy, which collectively facilitate adaptive responses to pregnancy-related changes. These findings affirm the relevance of a family-oriented midwifery approach in which partner involvement is positioned as a core component of maternal health promotion rather than a peripheral social factor.

Based on these results, it is recommended that community midwives systematically integrate partner engagement into routine antenatal care through couple-based counseling, education on emotional support strategies, and structured opportunities for husbands to participate in maternal health programs. Health service managers and policymakers are encouraged to develop guidelines and community-level initiatives that promote family participation in antenatal services to strengthen preventive mental health care for pregnant women. Educational institutions preparing midwives should also incorporate competencies related to family empowerment and partner-inclusive care to ensure consistent implementation in practice. Future research is recommended to evaluate the effectiveness of structured husband-involvement interventions using longitudinal or quasi-experimental designs and to assess their impact on both maternal mental health and perinatal outcomes.

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