Maternal Care Practices and Social Support as Predictors of Maternal Well Being Among Postpartum Women in Kidapawan City

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Abstract

This study aimed to determine the maternal care practices, perceived social support, and maternal well- being among postpartum women in Kidapawan City. Employing a predictive-correlational research design, the study involved 120 postpartum women selected through convenience sampling. It assessed the extent to which maternal care practices and perceived social support predict maternal well-being. Data were collected using three standardized tools: the Level of Maternal Care Practices Questionnaire which was developed by Nguyen et al.,2022 and has the Cronbach's alpha of 0.80, 0.60, and 0.73 respectively, indicating that the questionnaire was reliable to use. This was used to assess maternal health behaviors. The Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al., 2023, which has the Cronbach's alpha values ranging from 0.85 to 0.91which demonstrated strong reliability was then used to evaluate perceived support from family, friends, and significant others, and the World Health Organization's 5-Item Well-Being Index (WHO-5) to measure maternal well-being. Findings revealed that healthy behaviors significantly predicted maternal well-being ($rs = .200$, $p = .029$), implying that higher engagement in healthy behaviors is associated with improved well-being. However, risk behavior avoidance ($rs = .163$, $p = .075$) and health-seeking behaviors ($rs = .065$, $p = .478$) did not show significant associations. Maternal well-being was also positively correlated with perceived support from friends ($rs = .268$, $p = .002$) and family ($rs = .268$, $p = .003$), while support from significant others was not significantly related ($rs = .170$, $p = .063$). Nonparametric regression analysis showed that 28.22% of the variance in maternal well-being could be explained by maternal care practices and perceived social support ($R^2 = .2822$), suggesting that 71.78% is influenced by other factors. These findings highlight the importance of promoting healthy behaviors and strengthening peer-based support systems to enhance maternal well-being during the postpartum period.

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Introduction

According to the World Health Organization (WHO, 2024), maternal health still continues to be a serious concern in developing countries and more than 300 million women face health problems due to pregnancy worldwide and about 99% of maternal deaths occur. Over the recent years, Maternal and Child Health Programs no longer focus only on mortality reduction but also in the overall quality of care (Qiao et al., 2021). The postpartum period is vulnerable for women in terms of their health and well-being, which is why it is a crucial phase for maternal health (WHO, 2022). Despite advances in healthcare, many mothers suffer from preventable complications such as infections, bleeding, wound complications and severe fatigue following childbirth (Cheng et al, 2021). Motherhood statistics show that maternal illness and fatality figures are still unacceptably high around the world, in part due to effective health practices following childbirth taking a long time to become the norm or to be actively encouraged (WHO 2022).

Globally, maternal well-being faces systemic crises marked by preventable deaths, stalled progress, and compounding inequities World Patients Alliance (2025). According to the Sustainable Development Goals (SDGs), the global target for maternal mortality is 70 deaths per 100,000 live births. According to WHO 2024, Global maternal mortality remains unacceptably high, with 287,000 preventable deaths occurring in 2020 equivalent to one death every two minutes. Maternal well-being remains a global equity crisis, demanding urgent investments in healthcare access, gender equality, and crisis resilience to address preventable deaths and systemic neglect with the aid of UNFPA's Start with Her strategy, (UNFPA 2025).

This study investigated the influence of maternal care practices and social support on the well-being of postpartum women in Kidapawan City. Yuksel and Astuti et al. (2021) found a knowledge gap. Previous studies have indicated a relationship between social support and better postpartum well-being, but they did not examine the role of maternal health practices in combination with social support in the relationship. This indicates a necessity of further studies to gain a clearer insight into this link. Furthermore, Sixu Liu et al. (2023) highlighted a population gap as research largely concentrates on certain locations or groups, and therefore is difficult to generalize these findings to people from diverse backgrounds. Similarly, Velia Khusen et al. (2021) observed a methodological gap, stating that many studies fail to capture the extent to which social support impacts on mental well- being, suggesting that better methods of assessing this are needed. In general, this study addresses these gaps in knowledge, samples and methods by examining the influence of maternal health practices and social support on the well-being of postpartum women in Kidapawan City.

Methods

This study utilized the predictive-correlational design to investigate whether maternal health practices, perceived social support predicts maternal wellbeing. Predictive correlation, as proposed by Fortmann (2021), is a valuable tool for quantifying the correlation between a composite indicator and a primary indicator, providing a more conclusive interpretation of the data. A predictive- correlational design is a research approach that aims to identify and understand the relationship between variables and predict

outcomes based on the relationships (Sousa, et.al,2022).

The study used convenience sampling which is one of the non-probability sampling strategies used to choose participants from the target population based on accessibility (Golzar et al., 2022). The participants for this study consisted of 120 postpartum women in Kidapawan City. Convenience sampling is not likely to provide data representative of the whole population, but it can give the researcher an opportunity to establish some preliminary understanding of, and learn from, those who had recently experienced close contact with questions on maternal care practices, perceived social support and maternal well-being. Researcher in convenience sampling recruit participants based solely on convenience and accessibility (Andrade,2021). To achieve this, the researcher developed specific inclusion criteria to guide participant selection. These criteria were designed to be as inclusive as possible while ensuring the safety and relevance of the collected data. Participants had to be currently residing in Kidapawan City. Participants are required to be between 18 and 45 years of age to ensure cognitive maturity and the ability to provide informed consent, both cesarean and vaginal deliveries were included to capture the experiences of a broad spectrum of mothers, all parities were included (primiparous and multiparous) to account for the diverse experiences of first-time mothers and those with previous children.

The study used 3 sets of adopted survey questionnaires and underwent Content Validity Index and reliability tests to ensure that the items were valid and possessed consistency of items. The first part contained a demographic tool which asked for the demographic information of the respondents in terms of age, educational attainment, marital status, occupation, monthly income and geographic location.

The second part was about the level of maternal care practices. The Level of Maternal Care Practices Questionnaire is an essential instrument for assessing the different practices of women during their pregnancy stage. It was developed by Nguyen et al, (2022) to evaluate the level of maternal care practices during pregnancy. This questionnaire consisted of 15 items divided into three subscales: healthy behaviors, risk behavior avoidance, and health-seeking behaviors, which yield a Cronbach's alpha of 0.80, 0.60, and 0.73, respectively, indicating that the questionnaire was reliable to use. Each question is usually formatted as always, often, sometimes, rarely and never. The total score will give an idea on the different maternal care practices of postpartum women.

The third part of the survey used adopted the Multidimensional Scale of Perceived Social Support (MSPSS) with 12 items developed by Zimet et al., 2023. It covers the three key social support from friends, family and significant others. The questionnaire is relevant in order to compare levels of social support across various populations. The respondents will rate how they feel in each statement using 7 scale, 1 as very strongly disagree while 7 is very strongly agree. In this approach any mean scale score ranging from 1 to 2.9 could be considered low support; a score of 3 to 5 could be considered moderate support; a score from 5.1 to 7 could be considered high support. The Multidimensional Scale of Perceived Social Support (MSPSS) questionnaire generally shows good internal consistency, with Cronbach's alpha values ranging from 0.85 to 0.91which demonstrated strong reliability.

The fourth part is a short, self-reported measure designed to assess an individual's current well-being from the World Health Organization-Five Well-Being Index (WHO-5). A Likert scale offered six possible answers, ranging from 0 to 5 points per question. The highest scoring response will be "all of the time" (5 points), followed in descending order by "most of the time" (4 points), "more than half of the time" (3 points), "less than half of the time" (2 points), "some of the time" (1 point), and, finally, 'at no time' (0 points). The scores foreach question will be summed to give a final score ranging from 0 (lowest level of well-being) to 25 (highest level of well-being). A score < 13 will be consider to be consistent with clinical depression. To obtain a percentage score ranging from 0 to 100, the raw total score will be multiplied by 4. A percentage score of 0 represented the worst possible score, whereas a percentage score of 100 indicated the highest level of well-being. Based on the total score, which can range from 0 to 25, different levels of well-being are categorized. A score between 21 to 25 indicates very high well-being, suggesting that the individual is experiencing excellent emotional and psychological health. Scores from 16 to 20 reflect high well-being, while 11 to 15 indicates a moderate level, where some mild concerns about emotional health may arise. Scores between 6 to 10 suggest low well-being, often associated with significant distress or reduced quality of life. Lastly, scores from 1 to 5 represent very low well-being and may be indicative of serious emotional challenges or the risk of depression, signaling the need for further assessment or intervention. These categories provide a valuable framework for identifying varying degrees of mental wellness, particularly in vulnerable populations such as postpartum women.

Results and discussion

Table 1. Demographic Profile of the Respondents.

Demographic Profile	Frequency (n=120)	Percentage
Age:		
20-25 years old	16	13.3%
26-30 years old	22	18.3%
31-35 years old	21	17.5%
36-40 years old	39	32.5%
41-45 years old	22	18.3%
Total	**120**	**100%**
Educational Attainment:		
Elementary Graduate	1	0.8%
High School Graduate	4	3.3%
College Level	36	30.0%
College Graduate	51	42.5%
Post-Graduate	28	23.3%

Total	**120**	**100%**
Marital Status:		
Single	23	19.2%
Married	95	79.2%
Divorced	1	0.8%
Widowed	1	0.8%
Total	**120**	**100%**
Occupation:		
Government Employee	13	10.8
Private Employee	15	12.5
Medical Professionals	41	34.2
Housewife/Housekeeper	29	24.2
Self-Employed	14	11.7
Student	8	6.7
Total	**120**	**100%**
Monthly Income:		
Below 10,000 PHP	32	26.7
11,000-20,000 PHP	35	29.2
21,000-30,000 PHP	24	20.0
31,000-40,000 PHP	11	9.2
41,000 and above PHP	18	15.0
Total	**120**	**100%**
Geographic Location:		
Urban	56	46.7
Rural	64	53.3
Total	**120**	**100%**

Table 1 provides the demographics of the surveyed participants and therefore, gives a snapshot of the respondents' age, education, marital status, occupation, earnings, and residence. The majority of the respondents were aged 36–40 years (32.5%), and the least were aged 20–25 years (13.3%). Regarding education, college graduates comprised more than half of the subjects (42.5%), which indicates a relatively higher level of education and may contribute to a relatively high level of maternal care knowledge and practice. One participant (0.8%) had received primary education. The vast majority of respondents were married (79.2%), showing high social support, one each were widowed and divorced (0.8%). In terms of employment, most were medical staff (34.2%) (possibly indicating better understanding of women's health care) and students were the fewest (6.7%) (due to their younger age and less experience). The greatest number of respondents were earning PHP 11,000-20,000 (29.2%), indicating possible financial constraints on healthcare access, and the least (9.2%) was earning PHP 31,000-40,000. Finally, there were more participants residing in rural (53.3%) than in urban (46.7%) areas, raising concerns with regard to access to maternal care in rural areas.

Table 2. The Maternal Care Practices among Post-Partum Women.

Indicators	Mean	SD	Interpretation
Healthy Behaviors	3.56	1.18	High
Risk Behavior Avoidance	4.29	1.28	Very High
Health Seeking Behaviors	4.54	0.99	Very High
Overall	**4.13**	**1.15**	**High**

Note: 4.21-5.00---Very High ;3.41-4.20---High; 2.61-3.40---Moderate; 1.81-2.60---Lo
1.00-1.80---Very Low; SD- Standard Deviation; n=120

Table 2 shows the maternal care practices among post-partum women was assessed across three indicators: Healthy Behaviors; Risk Behavior Avoidance; and Health Seeking Behaviors. With a mean score of 4.54 and SD=0.99, the Health Seeking Behaviors among post-partum women was found to be very high. A high mean score for health-seeking behavior among postpartum women means good engagement in maternal well-being supportive healthcare practices. Higher mean score of health-seeking behavior suggests active involvement of mothers in utilizing the existing health services and has important implications for good maternal well-being. According to Aung et al. (2021), these are just aspects of a mother's readiness and an ability to access adequate medical care, to attend prenatal check-ups, adhere to doctors' prescriptions, and to use maternal health care services, all of which have substantial potential to improve a mother's overall wellness. Expanding upon these studies, Uddin et al. (2023) noted that the mother's knowledge and exposure to health education are determinants of pre-natal to postnatal care service utilization. If mothers are educated about the significance of pre-natal and postnatal care following childbirth, they are also more likely to be able to identify danger signs, practice adequate newborn care and seek emotional and physical care that will positively influence their health.

The lowest mean score was observed in the Healthy Behaviors domain, which had a mean of 3.56. Still considered high, this score indicates that women' engagement in healthy lifestyle factors including exercise, and diet. Results also implies that some of postpartum women did not fully practice these behaviors, particularly in the areas of exercise and balanced nutrition, but that a lack of information on how to maintain healthy behaviors affects them not to do so. According to Saeedi et al. (2021)., maternal well-being needs customized health education to promote behaviors that can help. Positive behavior change is essential for increasing maternal health, especially after childbirth. Healthy practices include balanced diet, exercise, sleep, breastfeeding and psychological stress management which all helps to increase the maternal well-being (Alqahtani et al., 2023). Thus, encouraging and supporting healthy lifestyle behaviors in the postpartum period is paramount to improving maternal outcomes and quality of life across the mothering trajectory.

Overall, the level of maternal care practices was very high (M=4.13). According Getachew et al. (2022), comprehensive maternal care practices result in decreased maternal

morbidity and improved long-term health outcomes for women. Yet, facilitating strong engagement in all domains of maternal care is critical not just for the immediate postpartum period but also to lay the groundwork for lifelong maternal and child health. Doing so regularly leads to better physical recovery, less postpartum depression, greater self-efficacy in parenting, and more bonding with the new infant. Healthy behaviors such as good nutrition, exercise, and adequate sleep can help the body's natural healing processes and stabilize emotional health (Uddin et al.,2023). At the same time, the avoidance of risk behaviors such as substance use or poor hygiene protects mother and infant from preventable complications. Highly engaging in health-seeking behaviors is crucial to ensure timely access to health initiation, continuous monitoring of health status, and professional advice to promote early detection of health issues to avoid more serious problems in the future.

Table 3. The Level of Perceived Social Support among Postpartum Women.

Indicators	Mean	SD	Interpretation
Family	6.15	1.31	High
Friends	5.90	1.13	High
Significant Others	5.95	1.13	High
Overall	**6.00**	**1.19**	**High**

Note: MPPS Standard Mean Scale Scoring--- 5.1-7 (High); 3-5.0 (Moderate); 1-2.9 (Low); SD- Standard Deviation; n=120

The results in Table 3 indicate that all three domains of social support namely family, friends, and significant others, received high mean scores, with an overall average of 6.00, suggesting that postpartum women in the study perceive strong social support across their interpersonal networks. This collective high level of support is crucial for maternal well-being, especially during the vulnerable postpartum period, when women are adjusting physically, emotionally, and psychologically to motherhood.

Research consistently highlights the positive effects of strong social support systems on maternal health outcomes. According to Shensa et al. (2021), support from close relationships especially family which helps build trust and offers emotional and practical assistance that can reduce stress, anxiety, and the risk of postpartum depression. Odufuwa et al. (2022) and Uddin et al. (2023) further emphasize that social support improves maternal self-efficacy, promotes healthier behaviors (such as attending postpartum check-ups and maintaining breastfeeding), and reduces the overall burden of childcare. These forms of support also facilitate quicker identification and management of health complications due to better communication and monitoring within the support network.

In addition, having strong support from friends and significant others plays a critical role in reducing feelings of isolation and enhancing emotional resilience. Friends often serve as sources of shared experiences, peer learning, and community resources. Dennis & Letourneau

(2022) show that mothers with strong social ties outside the family are less likely to experience loneliness and emotional distress. Similarly, White et al. (2023) argue that emotional support from significant others strengthens maternal mental health, promotes help-seeking behavior, and fosters stronger infant bonding.

Overall, the high levels of perceived social support across all domains suggest that the respondents benefit from a comprehensive and multi-layered support system, which forms a protective barrier against maternal stress and health complications. These findings highlight the importance of sustaining and strengthening interpersonal support networks to ensure positive mental, emotional, and physical outcomes for postpartum women and their infants.

Table 4. The Maternal Well-Being among Postpartum Women.

Maternal Well-Being	Mean	SD	Interpretation
Overall	19	4	High

Note: Mean Score --- 21-25 (Very High) ; 16-20 (High); 11-15 (Moderate); 6-10 (Low); 1-5 (Very Low);SD=Standard Deviation; n=120

The overall level of maternal well-being among postpartum women is high (M = 19). Maternal well-being in the postpartum period has implications not only for maternal well-being, but also for child health. The positive health behaviors of consistent healthcare utilization, breastfeeding, and effective infant care, are more frequently reported in women who experience robust emotional, physical, and social well-being following childbirth (Slomian et al., 2021). Emotional well-being, in particular, strengthens the mother–infant relationship, along with the quality of care provided in the nurturing environment of the home, thus promoting the emotional and cognitive development of the child (White et al., 2023). In addition, having high levels of perceived well-being decreases postpartum depression and anxiety in mothers, which improves relationships and increases maternal self-efficacy (Ginja et al., 2022). Together, these outcomes promote family stability and ease the pressure on healthcare systems. Thus, the implementation of comprehensive postnatal care, social support and mental health services geared toward promoting maternal well-being is critical to improvement in maternal and child health outcomes, both now and in the future.

Table 5. The Test of Relationship between Maternal Care Practices and Maternal Well Being.

Maternal Care Practices	Maternal Well-Being			
	r_s	p-value	Decision	Remarks
Healthy Behaviors	.200	.029	Reject H_{01}	S
Risk Behavior Avoidance	.163	.075	Accept H_{01}	NS
Health Seeking Behaviors	.065	.478	Accept H_{01}	NS
Overall	**.143**	**.194**	**Accept H_{01}**	NS

Note: p<.05 (Significant); r_s= rho; IV-Maternal Health Practices; DV-Maternal Well-Being.

The results in Table 5 indicate that healthy behaviors have a positive significant association to maternal well-being (r_s =. 200, p =. 029). When mothers engage in healthful behaviors like healthy eating, getting good rest and staying physically active, they are more likely to feel better both physically and emotionally in the postpartum period. They key to faster postpartum recovery, and lowering your anxiety and stress levels.

Getachew et al. (2022) reported, proper nutrition and rest in the early postpartum phase promote healing and lessen emotional strain. Slomian et al. (2021) also pointed out that healthy habits reduce the risk of postpartum depression and anxiety, leading to better psychological status. Alqahtani et al. (2023) also stated that being fit enhances energy levels, promotes sleep, and builds the immune system, which all helps mothers face the rigorous demands of a new baby. And then with the confidence and control provided by these benefits, easing into the reigns of motherhood.

As a result, encouraging healthy habits and support groups can contribute great deal to a mother's well-being. Motivating mothers to create these beneficial habits can facilitate their recovery and assist them in regaining their physical and emotional health.

In contrast, risk behavior avoidance (r_s =. 163, p =. 075) and health care seeking (r_s =. 065, p =. 478) were not significantly associated with maternal well-being in the present study. This suggests that avoiding harmful habits say, from smoking and drinking, or attending check-ups didn't have much of an impact on how mothers felt after giving birth.

Although these efforts may be key, they also may not be enough to transform how mothers feel emotionally. Slomian et al. (2021) note that just because one abstains from risk does not mean it will have a positive effect on one's mental health. What really works is intervening, doing positive things that promote well-being. Nakamura et al. (2021) also note that

emotional support and daily healthy routines matters more for how a mother feels than simply not doing the bad things.

On health-seeking behaviors, the absence of an effect could suggest the addition of routine medical visits alone is insufficient to address mothers' emotional or mental health needs. Chin et al. (2021) suggest that 'good' health services are those which are person-centered, emotionally supportive and deliver effective follow up, not necessarily reduced to short or typical health consultations.

These findings imply that the maternal care should be of an ongoing nature, holistic and supportive, rather than simply addressing problems. Supporting mothers in growing healthier habits, feeling emotionally supported and connecting to affirming health services can lead to far better outcomes for both mother and baby.

Table 6. The Test of Relationship between Perceived Social Support and Maternal Well Being.

Perceived Social Support	Maternal Well-Being			
	r_s	p-value	Decision	Remarks
Family	.268	.003	Reject H_{02}	S
Friends	.286	.002	Reject H_{02}	S
Significant Others	.170	.063	Accept H_{02}	NS
Overall	**.41**	**.023**	**Reject H_{02}**	**S**

Note: p<.05 (Significant); r_s= rho; IV-Maternal Health Practices; DV-Maternal Well-Being.

As shown in table 6, the perceived social support in terms of family (rs = .268, p= .003), and friends (rs = .268, p= .002), were positively correlated with the maternal well-being among post-partum women. It implies that as perceived social support in terms of family and friends increases, the maternal well-being also increases. Conversely, only the significant others did not show any correlation with maternal well-being (rs = .170, p= .063).

According to Dennis & Letourneau, (2022), maternal wellbeing in the postnatal period depends significantly on social support received from family and friends. Strong social support networks have been very positively associated with greater maternal mental health and emotional

stability, and improved physical recovery. Similarly, support from family members and peers provides emotional and practical support to help postpartum women cope with motherhood obliquity mechanisms by reducing stress, increasing maternal confidence, and offering protection against postpartum depression (White et al., 2023). As mentioned by Odufuwa et al., (2022) family support is specifically linked to greater maternal satisfaction and lower role strain; support from friends tends to focus mothers on shared experience and social connectedness. Supportive environments lead mothers to engage in healthier coping and parenting behaviors, improving general well-being. Thus, promoting strong social networks through community and healthcare interventions is important for maternal health and quality of life.

Perceived social support has been consistently related with maternal well-being in the postpartum period. Research has found strong positive associations between perceived support and mothers' overall well-being (Ginja et al., 2022). Mothers who feel that they have emotional and practical support from their partners, their families and their communities have lower levels of stress and postpartum depression and greater life satisfaction and self-efficacy in their maternal roles (Dennis & Letourneau, 2022). This perceived support nurtures security and resilience, and improves mother's coping during caregiving and postpartum recovery (Zhou et al., 2022). These findings highlight the importance of having a strong support network for maintaining maternal well-being.

Table 7. The Test of Prediction of Maternal Health Practices and Perceived Social Support on Maternal Well-Being.

MWB	Observed Estimate	Bootstrap SE	Z	P-value	Decision	Remarks
Mean MWB	4.104	0.065	62.86	0.000		
Effect						
HB	0.194	0.088	2.220	0.027	Reject H_{03}	Significant
RBA	0.079	0.084	0.950	0.344	Accept H_{03}	Not Significant
HSB	-0.088	0.084	-1.050	0.293	Accept H_{03}	Not Significant
FAM	-0.010	0.077	-0.130	0.894	Accept H_{03}	Not Significant
FRIENDS	0.561	0.190	2.950	0.003	Reject H_{03}	Significant
SO	-0.340	0.165	-2.060	0.039	Reject H_{03}	Significant

Note: Significant if p-value <.05; R^2= 0.2822; IV- Maternal Health Practices (HB, RBA, HSB); Perceived Social Support (FAM, FRIENDS, SO); DV- Maternal Well-Being.

Table 7 revealed that maternal health practices in terms of healthy behaviors (OE=.194, p=.027) significantly predicted the maternal well-being. This implies that for every unit increase in the maternal health practices in terms of healthy behaviors, the level of maternal well-being increases to 0.194. Similarly, the perceived social support in terms of having friends (OE=.561, p=.003) and significant others (OE=-.340, p=.039) also significantly predicted the maternal well-being. Such results also imply that for every unit increase in perceived social support in terms of having friends, the maternal well-being increases to .561, while it decreases to -.340 with significant others. Furthermore, the findings were apparent in the results of nonparametric regression analysis in which 28.22% of the variance of maternal well-being can be explained by level of maternal care practices and perceived social support as indicated by an r-square of 0.2822. This would mean that 71.78% of the variation can be attributed to other factors aside from maternal health practices and perceived social support.

The findings reveal that healthy lifestyles are important predictors of maternal well-being, highlighting the role of health behaviors in the postpartum period. Working on health behaviors like eating well, getting enough exercise, and sufficient sleep can directly promote physical healing, reduce the chances of postpartum complications, and support emotional steadiness (Slomian et al., 2021). These actions also lead to increased maternal self-efficacy and resilience, which are crucial for adequate caregiving and the formation of a healthy mother-infant relationship. When healthy practices become habitual, mothers experience higher of maternal role satisfaction and lower rates of depression or anxiety (Alqahtani et al., 2023). Hence, health education should be in priority in healthcare practice and support services in order to appeal the women and maintaining their health interventional measures for protracting healthiness of maternal and child health.

The large amounts of social support that friends predict maternal well-being, especially during the highly emotionally and physically demanding postpartum period. Mothers report improved well-being and life satisfaction due, in part, to emotional comfort, practical help and a sense of belonging in their supportive relationships outside immediate family (Dennis & Letourneau, 2022). Friend support often affords opportunities for shared experiences and emotional validation, guaranteeing that new mothers feel less isolated, while most significant others, such as partners or other close friends can provide constant support, encouragement, empathy, and reassurance sufficient to expand the new mother's self-efficacy and capacity to navigate the strains associated with entering motherhood (White et al., 2023). Such support is reliable and genuine, and therefore has a tremendous positive impact on maternal well-being, a reduced risk of postpartum depression and positive parenting behaviors. These findings suggest that social support from friends and significant others need to be incorporated into postpartum care approaches, with interventions developed to nurture and maintain these connections for mothers' optimal well-being.

Overall, the implications of this finding are important because maternal care practices and perceived social support are significant predictors of maternal well-being. Mothers who also practice healthy lifestyle habits like eating balanced meals, visiting a doctor, sleeping well, and taking time to care for their emotional needs tend to report higher maternal well-being (Alqahtani et al., 2023). Additionally, perceived social support especially from

family members, friends, and significant others has a protective role by reducing the stress and helping improve emotional resilience, which in turn decreases the risk of postpartum depression (Dennis & Letourneau, 2022; Zhou et al., 2022). Coupled, these factors explain a significant amount of the variance in maternal well-being, highlighting the need for integrated care models which focus on both personal health behaviors and the social environment in which women become pregnant. These findings accentuate the importance of policies and healthcare programs that promote maternal education around self-care and provide support systems to improve maternal outcomes within the social network of the mother.

Since maternal health practices and perceived social support explained 28.22% of the variance on maternal well-being, more studies should explore other determinants of maternal well-being in order to explain the 71.78% unexplained variance. This underscores the multifactorial nature of maternal well-being, which may embody psychological, environmental and socio-cultural factors. For example, psychological determinants like postpartum depression, anxiety and emotional resilience have proven significant effects on maternal outcomes and require further exploration (Slomian et al. 2021). Maternal partner support quality, rather than quantity, may also impact maternal mental health and help explain the negative relationship identified in this study (Yao et al., 2023). Socioeconomic challenges, especially among low-income or rural mothers, may limit access to quality healthcare, raise stress levels, and reduce access to opportunities for self-care, and thus also may impact well-being (Kozhimannil et al., 2015). Cultural concepts of motherhood, stigma connected to mental health, and insufficient formal support systems may compound maternal experiences. Individual factors such as maternal self-efficacy, parenting confidence, and the temperament of the infant also likely contribute (Leahy-Warren et al., 2021). Future research using mixed-method or longitudinal designs would enable a deeper understanding of these multifaceted interactions. Together, these approaches can yield emerging, context-aware understanding of maternal health and facilitate the design of tailored, culturally sensitive interventions.

Conclusion and Recommendations

The study highlights that maternal well-being in the postpartum period is closely linked to healthy behaviors and strong social support systems, particularly from family and friends. These findings suggest that healthcare providers should prioritize promoting healthy daily routines and strengthening social support as part of postpartum care. Interventions should go beyond medical check-ups and include education on nutrition, rest, and emotional well-being, while also engaging family members and peer networks in the support process.

For future researchers, it is recommended to explore additional factors that may influence maternal well-being, such as maternal self-efficacy, partner relationship quality, parenting confidence, infant temperament, and cultural beliefs. Studies could also examine the role of mental health services, digital support platforms, and workplace policies on postpartum adjustment. Moreover, adopting mixed-method or longitudinal research designs would offer a more nuanced understanding of how maternal well-being evolves over time. Researchers should also consider studying diverse populations to ensure findings are inclusive and applicable to various cultural and socioeconomic contexts. Finally, intervention-based research that tests the effectiveness of community-based programs or holistic care models could contribute significantly to the development of responsive and sustainable maternal health strategies.

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