

THE ASSOCIATION BETWEEN THE USE OF SOCIAL MEDIA AND THE INCIDENCE OF POSTPARTUM BLUES IN CIPAYUNG DISTRICT, EAST JAKARTA

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Abstract

The postpartum period is a critical phase for mothers, during which the emergence of postpartum blues can significantly affect emotional stability and maternal mental health. Alongside traditional information sources, social media has become an increasingly popular platform for parenting education. However, its role in influencing maternal psychological well-being remains unclear, particularly within community healthcare settings such as Puskesmas Cipayung in East Jakarta. This study aimed to examine the Association between the use of social media as a source of parenting information and the incidence of postpartum blues among mothers attending Community Health Center, Cipayung District, East Jakarta. Methods: A quantitative, cross-sectional design was employed involving 63 postpartum mothers selected through purposive sampling between March and May 2024. Data were collected using structured questionnaires assessing social media use for parenting information and EDPS assessing postpartum blues symptoms. Statistical analysis was conducted using the Chi-square test to determine the association between variables. Results: The findings revealed a significant relationship between the use of social media as a parenting information source and the incidence of postpartum blues ($p = 0.001, < 0.05$). Mothers who frequently accessed social media for parenting guidance were 7.33 more likely to experience mild to moderate postpartum blues. Conclusion: The study highlights that social media use for parenting information is significantly associated with the occurrence of postpartum blues. The findings underscore the importance of integrating digital literacy and psychosocial support into nursing care to promote maternal mental well-being during the postpartum period.

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INTRODUCTION

Parenthood is one of the most profound and transformative life transitions, requiring considerable physical, psychological, and social adaptation, especially for women entering the new phase of motherhood. All through this period, usually mothers face multiple adjustments, ranging from hormonal fluctuations and role changes to increase caregiving responsibilities and shifts in identity and interpersonal relationships. While many mothers adapt effectively to these changes, others experience emotional challenges that can manifest as mood instability, irritability, anxiety, or fatigue. These early emotional disturbances,

if not properly managed, may lead to a more serious condition such as postpartum depression¹.

One of the most common psychological disorders occurring in the postpartum period is postpartum blues, often referred to as *baby blues*. This condition is generally characterized by feelings of sadness, tearfulness, irritability, emotional lability, and decreased concentration during the first few days after childbirth. Although usually self-limiting, postpartum blues may increase the risk of postpartum depression if they persist without adequate emotional support². Globally, postpartum blues affects to mothers, depending on socioeconomic, cultural, and support factors. In Asia, the prevalence tends to be higher due to sociocultural

expectations of motherhood and limited mental health awareness. In Indonesia, recent studies report that 37–67% of postpartum women experience symptoms consistent with postpartum blues, influenced by maternal age, education level, parity, and family support^{2,3,4}.

According to data from the Central Bureau of Statistics (BPS), the number of births in Cipayung District, East Jakarta, reached 3,071 cases, indicating a substantial population of postpartum mothers who require ongoing support from primary health services, such as *Puskemas*⁷. Within this community setting, nurses play an essential role in identifying, preventing, and managing psychological changes in postpartum women through health education, early screening, and family empowerment.

The risk factors contribute to postpartum blues are multifactorial, encompassing biological, psychological, and social dimensions. Research by Aryani et al. demonstrated a significant relationship between maternal age, type of labor, education level, delivery complications, and family support with the incidence of postpartum blues³. Likewise, Qonita et al. reported that social support from a spouse had the strongest protective effect, highlighting the importance of interpersonal and environmental factors⁴. More recently, Ramadhanty and Surjaningrum found that social comparison—a process often triggered by exposure to social media—correlates with depressive symptoms among postpartum mothers⁵. This finding suggests that the digital environment may act as an additional psychosocial risk factor for maternal emotional instability.

The advancement of information and communication technology (ICT) has revolutionized how mothers seek and share parenting information. Social media platforms such as Instagram, Facebook, YouTube, and WhatsApp have become dominant spaces where mothers connect, exchange experiences, and access parenting advice⁶. According to BPS, approximately 93.75% of women of reproductive age in DKI Jakarta and 88.48% in East

Jakarta actively use the internet to access social media, reflecting a very high level of digital engagement among mothers⁷. This digital habit presents both opportunities and risks: while social media can provide emotional support and practical knowledge, it can also generate unrealistic expectations, negative self-evaluation, and *upward social comparison*, which may increase stress and vulnerability to postpartum blues^{1,8}.

From a nursing perspective, understanding the psychosocial effects of social media use during the postpartum period is critical. Nurses are frontline professionals who provide holistic care encompassing both physical recovery and psychological adaptation. Identifying how online information exposure interacts with maternal emotional well-being enables nurses to design digital-based education, promote mental health literacy, and develop support systems that mitigate emotional distress. Integrating these digital insights into maternal and child health programs at community healthcare centers can enhance the effectiveness of postpartum care, especially in urban communities with high digital penetration, such as in East Jakarta.

Therefore, this study aims to examine the association between the use of social media as a source of parenting education and the incidence of postpartum blues among mothers in Cipayung District, East Jakarta. The findings are expected to contribute evidence-based insights for nursing practice in promoting maternal mental health, as well as provide recommendations for developing interventions that integrate psychosocial and digital health perspectives in postpartum care.

METHODS

Design

This study employed a quantitative correlational design with a cross-sectional approach to examine the association between the use of social media as a source of parenting education and the incidence of postpartum blues among mothers at the Cipayung District, East Jakarta.

Sample and Setting

The population consisted of all postpartum mothers residing in the working area of Puskesmas Cipayung, East Jakarta. The sample size is calculated using software of Sample size Determination in Health Studies. A total of 63 postpartum mothers who met the inclusion criteria were recruited through purposive sampling between March and May 2024.

The inclusion criteria were: (1) postpartum mothers between 10–14 days after delivery, (2) residing in the Cipayung area, and (3) using social media platforms such as YouTube, Instagram, Facebook, or WhatsApp as sources of parenting information.

Variables

Independent Variable: Use of social media as a source of parenting education.

Dependent Variable: Incidence of postpartum blues.

Instruments

Instrument validity test was conducted on 30 respondents outside the research location with a table value (r_{tab}) of 0.3610 and $df=28$.

Demographic Questionnaire:

The instrument collected respondents' demographic data, including age, education level, occupation, and parity.

Social Media Parenting Information Questionnaire:

A structured questionnaire developed by the researchers to measure the frequency, purpose, and type of social media platforms used by mothers to obtain parenting information. The questionnaire consists of 18 items with Guttman scale apply. Reliability test for media usage obtained a Cronbach's alpha value of 0.844. Active using social media if the score \geq mean/ media. Less active using media social if the score $<$ mean/ median.

Postpartum Blues Questionnaire:

The instrument measured the presence and severity of postpartum blues symptoms, adapted from Eidenburgh Postnatal Depression Scale (EPDS) that has been

translated and validated into Bahasa Indonesia by researchers such as Indah S. Hutauruk (2011). The instrumen consist of 10 items rated on a nominal scale. Higher scores indicated greater emotional instability. Reliability test for media usage obtained a Cronbach's alpha value of 0.785. Post partum blues occurs if the result ≥ 13 , while No post partum blues if the score < 13 .

Data Collection

Data were collected using primary data through self-administered questionnaires filled out directly by respondents at the Puskesmas (Community Health Centre) when they do baby's monitoring. Respondents who met the inclusion criteria were first informed about the purpose and procedure of the research. Written informed consent was obtained before participation. After completion, all questionnaires were retrieved by the researcher for data verification. All the activities conducted in certain room to avoid noise and any distraction.

Data Analysis

Univariate Analysis: Used to describe respondents' demographic characteristics and the distribution of research variables (social media use and postpartum blues).

Bivariate Analysis: Conducted using the Chi-square test to determine the relationship between the use of social media as a parenting information source and the incidence of postpartum blues. A p-value < 0.05 was considered statistically significant.

Ethical Consideration

Ethical approval for this study was obtained from the Health Research Ethics Committee of Poltekkes Kemenkes Jakarta III, with approval number No. LB.02.02/F.XIX.21/3762/2024. The research was conducted in accordance with ethical principles, ensuring participants' confidentiality, voluntary participation, and the right to withdraw without penalty.

RESULTS AND DISCUSSION

Table 1. Frequency Distribution of Breastfeeding Mothers' Characteristics by Age, Occupation, Education, and Income in May 2022 (n = 97) Respondents

Variable	Category	Frequency (n)	%
Mother's age	20 – 35 years	55	87.3
	< 20 or > 35 years	8	12.7
Education	Low Education (Elementary-Middle School)	16	25.4
	Higher Education (High School Colage)	47	74.6
Work	Employed	18	28.6
	Not working (housewife)	45	71.4
Parity	Primiparous	32	50.8
	Multiparous	31	49.2
Type of Labor	Normal	24	38.1
	Pervaginal		
	Caesarean Section	39	61.9
Social media Used	Intagram	21	33.3
	Facebook	22	34.9
	Youtube	10	15.9
	Whatsapp	10	15.9
Using Social Media as a Source of Parenting Information	Less active	23	36.5
	Active	40	63.5
Postpartum Blues	Postpartum Blues	21	33.3
	No Postpartum Blues	42	67.7

The results indicate that the majority of postpartum mothers were aged 20–35 years (87.3%), a range considered to have optimal reproductive and psychological stability. Mothers within this age group are less likely to experience postpartum complications and emotional instability compared to those under 20 or over 35 years old^{9,10}. However, several studies have shown that younger mothers (<20 years) tend to be more vulnerable to postpartum blues due to limited emotional maturity and coping capacity^{11,12}.

Most mothers (74.6%) had higher education levels, which theoretically increases awareness of health information but may also heighten the risk of role

conflict between domestic and professional responsibilities¹³. Similarly, 71.4% of mothers in this study were housewives, and although they devote full time to childcare, the monotony of household routines and limited social interaction can increase emotional fatigue and trigger postpartum blues¹⁴.

Parity was evenly distributed, with slightly more primiparous mothers (50.8%). First-time mothers often face higher emotional tension and self-doubt due to inexperience, increasing susceptibility to postpartum mood disorders^{11,15}. Regarding the type of delivery, most respondents (61.9%) underwent cesarean section, which is consistent with research indicating that longer recovery time and surgical discomfort are associated with higher stress and emotional disturbance post-delivery¹⁵.

In terms of social media preferences, Facebook (34.9%) and Instagram (33.3%) were the most used platforms for parenting information. This reflects the dominance of social networking applications in Indonesia as key sources of maternal guidance, emotional sharing, and peer comparison^{6,16}.

Table 2. The Association Between the Use of Social Media as Parenting Information and the Incidence of Postpartum Blues (n = 63)

Using Social Media As Parenting Information	Postpartum Blues					
	Postpartum Blues		No Postpartum Blues		Total	OR
	n	%	n	%		
Less Active in Using Social Media As Parenting	14	60,9	9	39,1	23	100
Actively Using Social Media As Parenting	7	17,5	33	82,5	40	100
Total	21	33,3	42	66,7	63	100

7,333
(2,278-0,001
23,603)

The Chi-square test revealed a significant relationship between the use of social media as a source of parenting information and the incidence of postpartum blues (p = 0.001 < 0.05). Furthermore, value of OR shows that

mothers who actively used social media were 7.33 times more likely to experience postpartum blues compared to those who were less active users.

This finding supports previous studies by Ramadhanty and Surjaningrum and Zhou et al. which identified that frequent exposure to idealized depictions of motherhood on social media—especially platforms emphasizing visual aesthetics like Instagram—can trigger upward social comparison, leading to self-doubt and increased emotional distress. Although social media may offer informational benefits, unfiltered exposure to unrealistic parenting portrayals often undermines self-confidence and satisfaction among new mothers^{8,17}.

On the other hand, limited or controlled use of social media allows mothers to focus more on interpersonal and offline support, which plays a crucial role in mitigating emotional fluctuations after childbirth^{2,18}. Therefore, excessive social media engagement without proper digital literacy can act as a double-edged sword—providing informational support while simultaneously increasing emotional vulnerability.

These findings underscore the importance of nursing interventions that incorporate digital health education, enabling mothers to critically evaluate online parenting content, maintain realistic expectations, and strengthen their social support systems. Nurses and midwives at the community health level (Puskesmas) should integrate discussions about safe social media use into postpartum education programs to promote maternal emotional resilience and prevent the escalation of postpartum blues symptoms^{13,15}.

IMPLICATIONS FOR NURSING PRACTICE

The findings of this study provide important insights for nursing practice, particularly in maternal and community health nursing, regarding the psychosocial challenges faced by postpartum mothers in the digital era. The significant relationship between social media use and postpartum blues emphasizes the need for

nurses to adopt a more comprehensive and preventive approach to postpartum mental health care.

First, nurses should play an active role in digital health education by guiding postpartum mothers to access credible online information and avoid misinformation or unhealthy social comparisons. Through health promotion activities at *Posyandu* or *Puskesmas*, nurses can integrate digital literacy modules that help mothers recognize reliable sources, manage screen time, and critically evaluate parenting content on platforms such as Instagram or Facebook. This approach aligns with the national digital transformation strategy in health services¹⁹.

Second, community and maternity nurses should strengthen psychosocial support systems by identifying mothers at risk of postpartum blues—especially primiparas, cesarean-section patients, and those showing signs of social withdrawal or excessive online engagement. Nurses can collaborate with healthcare professionals, psychologists, and family members to conduct early screenings and home visits that focus on emotional well-being.

Third, nursing education and practice should incorporate digital-era competencies in maternal mental health care. Developing evidence-based counseling tools that integrate traditional health education with digital monitoring (e.g., WhatsApp follow-ups or online peer-support groups) can enhance the accessibility and continuity of postpartum care¹³.

Lastly, policy-level integration is needed to ensure that maternal mental health programs at the community level address both offline and online influences. The inclusion of “safe digital parenting education” in national maternal–child health guidelines will help prevent emotional distress among new mothers while promoting healthier digital engagement patterns.

Overall, this study highlights the pivotal role nurses play as educators, counselors, and digital health facilitators in supporting maternal emotional resilience. Empowering mothers with balanced information,

emotional coping strategies, and responsible social media use can significantly reduce the incidence of postpartum blues and enhance overall family well-being.

CONCLUSION

This study reveals a significant correlation between active social media use as a source of parenting information and the incidence of postpartum blues among mothers at Community Health Centre, Cipayung District in East Jakarta. While social media offers valuable information and social connections, unmoderated exposure can increase the emotional burden through comparison and misinformation.

Therefore, postpartum mothers should be encouraged to critically filter online information and balance digital use with direct social interaction and rest. Health professionals, especially nurses, have a pivotal role in guiding mothers toward healthy digital behavior and providing emotional support to reduce the risk of postpartum psychological disturbances.

Furthermore, future research is needed to validate and expand upon these findings, especially interventional and longitudinal studies.

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The datasets generated and analyzed during the current study are available from the corresponding author upon reasonable request. All data were collected and stored confidentially, in accordance with the ethical guidelines approved by the Health Research Ethics Committee of Poltekkes Kemenkes Jakarta III (Approval No. LB.02.02/F.XIX.21/3762/2024).

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