Acıbadem Univ. Sağlık Bilim. Derg. 2024; 15 (4)
https://doi.org/10.31067/acusaglik.1350177

ORIGINAL ARTICLE / ARAŞTIRMA YAZISI

Nursing / Hemşirelik

Relationship between Postpartum Depression, Parental Perfectionism, and Social Media Use in First-Time Mothers: A Descriptive Study

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Received: 25.08.2023
Accepted: 03.08.2024

ABSTRACT

Purpose: The aim of this study was to examine the relationship between postpartum depression, parental perfectionism, and social media use in first-time mothers, and to determine the factors affecting postpartum depression.

Methods: This descriptive and correlational study was conducted with 229 mothers in the postpartum period of one year. The study conducted between January and June 2023 at the pediatric outpatient clinic of a Medical Faculty Hospital in a province in the Central Anatolia Region of Turkey. Data were collected using a participant information form, the Edinburgh Postnatal Depression Scale (EPDS), the Multidimensional Parenting Perfectionism Scale (MPPS), and the Social Media Use Scale (SMUS).

Results: 28.4% of the mothers are at risk group for depression (EPDS ≥ 13). 45% of the mothers reported using their phones for four or more hours daily, and 80.8% of the mothers reported a decrease in mobile phone use after giving birth. Social media was predominantly used to obtain information (75.5%), and Instagram (88.2%) was the most used social media platform. In the study, the identified risk factors for PPD included mothers' age (OR = 0.835; $p < 0.001$); Multidimensional Parenting Perfectionism Scale total score (OR = 0.851; $p < 0.001$), including sub-dimension scores of personal parenting standards (OR = 1.212; $p = 0.053$), doubts about parenting activity (OR = 1.341; $p < 0.001$), and partner's parenting expectations and criticisms (OR = 1.219; $p < 0.001$); and social integration and emotional connection sub-dimension scores of the social media use scale (OR = 0.928; $p = 0.010$).

Conclusion: In the study, mother's age and parenting perfectionism were found to increase the risk of postpartum depression, while social media use was observed not to have an effect. Assessing perfectionism could be considered in identifying women at risk of postpartum depression during the postpartum period.

Keywords: Perfectionism; postpartum depression; social media; parenthood

ÖZET

Amaç: Bu çalışmanın amacı ilk kez anne olan kadınlarda postpartum depresyon, ebeveyn mükemmeliyetçiliği ve sosyal medya kullanımı arasındaki ilişkiyi incelemek ve postpartum depresyonu etkileyen faktörleri belirlemektir.

Gereç ve Yöntemler: Bu tanımlayıcı ve ilişkisel çalışma postpartum bir yıllık dönemde olan 229 anne ile yürütüldü. Çalışma, Ocak-Haziran 2023 tarihleri arasında İç Anadolu Bölgesi'ndeki bir ilin Tıp Fakültesi Hastanesinin çocuk polikliniğinde gerçekleştirildi. Veriler, katılımcı bilgi formu, Edinburgh Postpartum Depresyon Ölçeği (EPDÖ), Çok Boyutlu Ebeveynlik Mükemmeliyetçiliği Ölçeği (ÇBEMÖ) ve Sosyal Medya Kullanımı Ölçeği (SMKÖ) kullanılarak toplandı.

Bulgular: Annelerin %28.4'ü depresyon için risk grubundadır (EPDÖ≥13). Annelerin %45'i günde dört saat ve üzerinde telefon kullandıklarını ve %80.8'inin doğumdan sonra telefon kullanımının azaldığını ifade etmiştir. Sosyal medyayı en çok bilgi edinmek (%75.5) amacıyla ve sosyal medya araçlarından en fazla Instagram'ı (%88.2) kullanmaktadırlar. Çalışmada annelerin yaşı (OR:0.855, p= p<0.001), Çok Boyutlu Ebeveynlik Mükemmeliyetçiliğinin alt boyutlarından ebeveynlik yeteneğinden şüphe duyma (OR:1.196, p= 0.002) ve ebeveynlikte düzen (OR:0.894, p<0.001) postpartum depresyon için risk faktörleri olarak bulundu.

Sonuç: Çalışmada annenin yaşı ve ebeveynlik mükemmeliyetçiliği postpartum depresyon riskini artırırken, sosyal medya kullanımının etkili olmadığı görülmüştür. Postpartum dönemde postpartum depresyon riski taşıyan kadınların belirlenmesinde mükemmeliyetçilik değerlendirmesinin de dahil edilmesi düşünülebilir.

Anahtar Kelimeler: Mükemmeliyetçilik; postpartum depresyon; sosyal medya; ebeveynlik

The transition to parenthood is a challenging time for mothers. Although the birth of a baby brings joy and happiness, women experience a sudden and dramatic change in their roles and responsibilities (1). This makes mothers highly susceptible to postpartum depression (PPD) (2). PPD may start approximately 1–3 weeks after birth and may occur up to 1 year later (3). PPD negatively affects the mother's quality of life; her relationship with her baby, spouse, and relatives (1); the baby's growth and development; and feeding of and attachment to the baby (4). Common risk factors for PPD include maternal/family history of depression, number of pregnancies, income status, number of children (5), lack of social support, current or past abuse, prenatal depression, and marital or spousal dissatisfaction (6). In addition to external factors, numerous internal factors including personality traits have also been emphasized as risk factors for PPD (7). Perfectionism may be considered one such factor (8).

Perfectionism can be defined as the effort of an individual to reach high standards and to be perfect (7, 9). Perfectionism complicates parental adjustment in the postnatal period and negatively affects maternal health by creating differences between parenting goals and realities (9). Mothers with perfectionist traits were reported to experience low self-efficacy, stress, and PPD (8, 9). First-time mothers may feel that they have to meet high standards for parenting. Accordingly, new mothers may use social media to get support, information, and advice in fulfilling their maternal responsibilities (10) or to show that they are fulfilling their maternal role (11).

Social media includes various platforms such as Facebook, Instagram, and Twitter along with a range of online services such as blogs and messaging sites (12). New social support models including social media networks have emerged considering the ubiquitous nature of the Internet and the fact that the family structure has considerably evolved in recent years, i.e., individuals no longer live in extended families and mothers are employed (13). Social media is commonly used by mothers to obtain information on motherhood and childcare, and it enables mothers to stay in touch with their friends and create the façade of an active social life (14). Most parents, especially young mothers, actively use social media (15). First-time mothers need more information on the Internet than multiparous mothers because they have no previous experience in child care (16). Furthermore, mothers who are unable to receive support from friends and parents seek support from online communities via social media (12, 17). However, although social media provides sources of support and information for new mothers, excess and/or irrelevant information can cause confusion and misunderstandings (10). Notably, seeing examples of "ideal mothers" on social media may negatively affect the mental health of mothers who strive for perfection and compare themselves with the ideals presented on social media (18). Padoa and Berle (17) showed that social comparison with other mothers is a cause of anxiety and depression in mothers with self-oriented parenting perfectionism. This is because social media users tend to share and showcase the positive aspects of parenting, trying to create an illusion that they are happier and/or more successful than they actually are (18). Difficulties of parenting, i.e., parental frustration, exhaustion, and fatigue, are rarely shown on social media (19). Taking these challenges of the postpartum period into consideration, nurses should assess perfectionism and social media use, among other factors, in women at risk of PPD.

Objective

The aim of this study was to examine the relationship between PPD, parental perfectionism, and social media use in first-time mothers and to determine the risk factors affecting PPD.

Research questions

1. What is the level of PPD in mothers?
2. Is there a relationship between PPD, parental perfectionism, and social media use in mothers?
3. What are the risk factors affecting PPD in mothers?

Materials and Methods

Study Design

The present study was performed as a descriptive and correlational research.

Place and Time of the Study

The study was performed between January 2023 and June 2023 in the pediatric outpatient clinic of a Medical Faculty Hospital of a province in the Central Anatolia Region.

Population and Sample of the Study

The study population consisted of mothers who applied to the pediatric department for examination and check-up of their infants between January 2023 and June 2023. First-time mothers aged ≥18 years, who were literate in Turkish, and were in the first year postpartum period were included in the study. Mothers with any known psychiatric or neurological problems (self-reported) were excluded from the study. Gpower 3.1.9.2 program was used to calculate the minimum sample size. Using the F-test, a minimum sample size of 227 participants was calculated with 95% confidence (1-α), 85% test power (1-β), and d = 0.04 effect size (17). The study was completed with 229 mothers who met the inclusion criteria.

Data Collection Tools

Participant Information Form, Edinburg Postpartum Depression Scale (EPDS), Multidimensional Parenting Perfectionism Scale (MPPS), and Social Media Use Scale (SMUS) were used for data collection.

Participant Information Form

The participant information form has been created by researchers based on the literature (12, 16-18). This form consisted of 18 questions on the sociodemographic characteristics and social media use of the participants.

Edinburg Postpartum Depression Scale (EPDS)

EPDS was developed by Cox and Holden (20) to measure symptoms of PPD, and the Turkish adaptation and validity study for this scale was performed by Engindeniz et al. (21) EPDS is a 4-point Likert type scale that consists of 10 items. Items are scored between 0 and 3, and the total score ranges from 0 to 30. Engindeniz et al. reported that Cronbach's alpha coefficient was 0.79. The cut-off point was identified as 13, and a scale score of ≥13 indicated risk for PPD (21). In the present study, Cronbach's alpha coefficient was 0.85.

Multidimensional Parenting Perfectionism Scale (MPPS)

MPPS was developed by Snell et al. (22) to measure multiple components of parenting perfectionism. Turkish validity and reliability study was conducted by Taluy and Maraş (23). Form B of the MPPS consists of the following four sub-dimensions: (1) Partner's Parenting Expectations and Criticisms, (2) Doubts about Parenting Activity, (3) Parenting Organization, and (4) Personal Parenting Standards. MPPS is a 23-item, 5-point Likert-type self-report scale. The responses are scored between 1 and 5, and the sub-dimension scores are calculated by calculating the sum of the item scores in each sub-dimension. Higher scores in each sub-dimension indicated a stronger perfectionist parenting tendency defined in the sub-dimension. Cronbach's alpha internal consistency coefficients of the scale were between 0.83 and 0.93 (23). In the present study, Cronbach's alpha coefficient of the total scale was 0.89.

Social Media Use Scale (SMUS)

The SMUS was developed by Jenkins-Guarnieri et al. (24) and adapted into Turkish by Akın et al. (25). The scale consists of 10 items and two sub-dimensions (social integration and emotional connection and integration into social routines). It is a 6-point Likert-type self-report scale. The 8th item of the scale is scored in reverse. Higher scores indicate an increased level of social media use. Cronbach's alpha coefficients of the Social Media Use Scale were 0.87 for the social integration and emotional connection sub-dimension, 0.71 for the integration into social routines sub-dimension, and 0.87 for the whole scale (25). In the present study, Cronbach's alpha coefficient was 0.82.

Ethical Aspects of the Research

Ethical approval and institutional permission were obtained from Necmettin Erbakan University Health Sciences Scientific Research Ethics Committee before the research. Before initiating the study, the study's purpose was explained to the participants and their informed written consent was obtained. The study was performed in accordance with the principles of the Declaration of Helsinki.

Statistical Analysis

The IBM SPSS V29 software was used for data analysis. Percentage, mean, standard deviation, median, and minimum and maximum values were used to evaluate and present descriptive statistics. The Spearman correlation test was used to determine the relationship between the EPDS, MPPS, and SMUS. Binary Logistic Regression Analysis was used to identify risk factors for PPD. Multivariate regression analysis was performed with the Backward Wald method. Variables in the model were presented with odds ratio (OR) and 95% confidence interval (CI) values. $P < 0.05$ indicated statistical significance.

Table 1: Descriptive Characteristics of Mothers (n=229)

Independent variables	Postpartum Depression		
	No	Yes	Total
	n (%)	n (%)	n (%)
Age (Mean±SD)	28.57±4.87	25.60±3.65	27.73±4.74
Education			
Literate	12 (7.3)	20 (30.8)	32 (14)
Primary education	28 (17.1)	13 (20)	41 (17.9)
High school graduate	40 (24.4)	14 (21.5)	54 (23.6)
University and above	84 (51.2)	18 (27.7)	102 (44.5)
Working status			
Not Working	108 (65.9)	51 (78.5)	159 (69.4)
Working	56 (34.1)	14 (21.5)	70 (30.6)
Education of the spouse			
Literate	12 (7.3)	13 (20)	25 (10.9)
Primary education	24 (14.6)	18 (27.7)	42 (18.3)
High school graduate	48 (29.3)	18 (27.7)	66 (28.8)
University and above	80 (48.8)	16 (24.6)	96 (42.0)
A place where you live for a long time			
Village	31 (18.9)	12 (18.5)	43 (18.8)
District	46 (28.1)	23 (35.3)	69 (30.1)
Province	87 (53)	30 (46.2)	117 (51.1)
Perceived economic status			
Poor	18 (11)	10 (15.4)	28 (12.2)
Medium	116 (70.7)	46 (70.8)	162 (70.7)
Good	30 (18.3)	9 (13.8)	39 (17.1)
Chronic illness			
No	146 (89)	58 (89.2)	204 (89.1)
Yes	18 (11)	7 (10.8)	25 (10.9)
Drug use			
No	147 (89.6)	58 (89.2)	205 (89.5)
Yes	17 (10.4)	7 (10.8)	24 (10.5)
Smoking			
No	143 (87.2)	52 (80)	195(85.2)
Yes	21 (12.8)	13 (20)	34(14.8)
Phone usage time (h/day)			
1-2	36 (22)	13 (20)	49(21.4)
3	53 (32.3)	24 (36.9)	77(33.6)
4 and above	75 (45.7)	28 (43.1)	103(45.0)
Frequency of phone use			
Unchanged	16 (9.8)	17 (26.2)	33(14.4)
Decreased	139 (84.8)	46 (70.8)	185(80.8)
Increased	9 (5.4)	2 (3)	11(4.8)

SD: Standard deviation

Results

A total of 229 first-time mothers in the first year postpartum period participated in the study. The descriptive characteristics of the participants are presented in Table 1. The mean age of the mothers was 27.73 ± 4.74 years and 44.5% had university education or higher. Of the mothers, 30.6% stated that they were employed in an income-generating job and 70.7% stated that their income level was medium. 45% of the mothers reported using their phones for four or more hours daily, while 33.6% stated they used their phones for three hours daily. Additionally, 80.8% of the mothers reported a decrease in mobile phone use after giving birth. Social media was mostly used to obtain information (75.5%) and Instagram (88.2%) was the most commonly used social media platform.

Mean EPDS, MPPS, and SMUS scores were 10.42 ± 5.83, 63.13 ± 15.46, and 25.52 ± 9.4, respectively (Table 2). Accordingly, 28.4% of the mothers were in the risk group for depression (EPDS score ≥ 13). No significant correlation was found between EPDS, MPPS, and SMUS scores (Table 3).

Table 2: Distribution of total and subscale scores of Edinburg Postpartum Depression Scale, Multidimensional Parenting Perfectionism Scale and Social Media Use Scale

Scale and sub-dimensions		Mean±SD	Median	(Minimum-Maximum)
Edinburg Postpartum Depression Scale Total Score		10.42±5.83	10	(0-25)
Multidimensional Parenting Perfectionism Scale Total Score		63.13±15.46	65	(22-100)
Sub-dimensions	Personal parenting standards	15.3±4.71	15	(5-25)
	Doubts about parenting activity	7.57±3.08	7	(3-15)
	Partner's parenting expectations and criticisms	20.36±7.38	20	(9-40)
	Parenting organization	21.95±6.3	23	(6-30)
Social Media Use Scale Total Score		25.52±9.45	25	(10-60)
Sub-dimensions	Social integration and emotional connection	12.73±7.05	10	(6-36)
	Integration into social routines	13.79±4.35	14	(4-24)

SD: Standard Deviation

Table 3: Correlations between Edinburgh Postpartum Depression Scale, Multidimensional Parenting Perfectionism Scale and Social Media Use Scale

	EPDS		MPPS	
	r	p	r	p
EPDS	1.000			
MPPS	0.127	0.056	1.000	
SMUS	0.100	0.131	0.090	0.176

r: Spearman correlation, EPDS: Edinburg Postpartum Depression Scale, MPPS: Multidimensional Parenting Perfectionism Scale, SMUS: Social Media Use Scale

Table 4: Risk factors for postpartum depression (n=229)

Independent variables	Postpartum Depression			
	Univariate		Multiple	
	OR(%95 CI)	p	OR(%95 CI)	p
Age	0.855(0.793-0.921)	**<0.001**	0.835(0.766 - 0.911)	**<0.001**
Education				
Literate	7.778 (3.232 - 18.719)	**<0.001**		
Primary education	2.167 (0.943 - 4.978)	0.068		
High school graduate	1.633 (0.739 - 3.611)	0.226		
University and above	Reference			
Working status				
Working	1.889 (0.963 - 3.705)	0.064		
Not working	Reference			
Education of the spouse				
Literate	5.417 (2.093 - 14.015)	**<0.001**		
Primary education	3.75 (1.663 - 8.458)	**0.001**		
High school graduate	1.875 (0.875 - 4.02)	0.106		
University and above	Reference			
Chronic illness				
No	1.022 (0.405 - 2.575)	0.964		
Yes	Reference			
Drug use				
No	0.958 (0.378 - 2.431)	0.928		
Yes	Reference			
Smoking				
No	0.587 (0.274 - 1.257)	0.171		
Yes	Reference			
MPPS				
Personal parenting standards	0.993(0.934 - 1.055)	0.813	1.212 (0.997 - 1.474)	**0.053**
Doubts about parenting activity	1.193(1.081 - 1.316)	**<0.001**	1.341 (1.142 - 1.575)	**<0.001**
Partner's parenting expectations and criticisms	1.072(1.029 - 1.117)	**0.001**	1.219 (1.111 - 1.337)	**<0.001**
Parenting organization	0.944(0.902 - 0.988)	**0.014**		
MPPS total score	1.009(0.99 - 1.028)	0.375	0.851 (0.78 - 0.928)	**<0.001**
SMUS				
Social integration and emotional connection	1.011(0.972 - 1.053)	0.580	0.928 (0.877 - 0.983)	**0.010**
Integration into social routines	0.97(0.907 - 1.037)	0.369		
SMUS Total Score	1.000(0.970-1.031)	0.999		
Constant			288.902	**0.001**
Cox & Snell R Square=0.211; Nagelkerke R Square=0.303; Accuracy=0.734				
MPPS: Multidimensional Parenting Perfectionism Scale, SMUS: Social Media Use Scale				

Risk factors associated with PPD are presented in Table 4. Evaluation of these variables in the univariate model revealed that PPD increased 0.855-fold with increasing maternal age ($p < 0.001$). The risk of PPD was higher in literate women (no primary education) than in those with a university degree or higher (OR = 7.778; $p < 0.001$). This trend was observed in PPD risk for partners, and showed higher risk for participants who were literate (no primary education) and primary education level than for those who were university level or higher (OR = 5.417, 3.75; $p < 0.001$, $p = 0.001$, respectively). PPD risk increased 1.193-, 1.072-, and 0.944-fold with one unit increase in parameters such as doubts about parenting activity, partner's parenting expectations and criticisms, and parenting organization scores, which are sub-dimensions of MPPS ($p < 0.001$, $p = 0.001$, $p = 0.014$).

When all variables were analyzed in the multivariate model, it was found that PPD risk increased 0.835-fold with one unit increase in maternal age ($p<0.001$). Similarly, PPD risk increased 1.212, 1.341, 1.219, and 0.851-fold with one unit increase in personal parenting standards, doubts about parenting activity, partner's parenting expectations and criticisms, and total MPPS scores ($p = 0.053$, $p < 0.001$, $p < 0.001$, and $p < 0.001$, respectively). One unit increase in the social integration and emotional connection sub-dimension score of the Social Media Use Scale increased the risk of PPD 0.928-fold ($p = 0.010$). The correct classification rate obtained using the generated model was 73.4%.

Discussion

The present study was performed to examine the relationship between PPD, parental perfectionism and social media use in first-time mothers and to determine the factors affecting PPD.

The results showed that mean EPDS score was 10.42 (±5.83) and 28.4% of the mothers were at risk of PPD (EPDS score ≥ 13). PPD prevalence in the postpartum period was reported to be between 14% and 17% (2, 26). In Turkey, the prevalence of PPD was reported to as 24% (27). The results obtained in the present study were consistent with the results of other studies performed in Turkey.

Maternal age was identified as a risk factor for PPD in the present study. This finding was consistent with other studies in the literature (27, 28). Parents with a low education level were at a higher risk of developing PPD. This observation was also consistent with the results of meta-analyses performed by Karaçam, Çoban (27). However, the multivariate analysis revealed that educational level of the parents had no effect on PPD. Thus, other risk factors may offset the negative effect of educational level.

In the present study, the three sub-dimensions of maternal perfectionism, namely (personal parenting standards, doubts about parenting activity, and partner's parenting expectations and criticisms), as well as total MPPS score were identified as risk factors for PPD. A similar relationship between perfectionism and depression was reported in the literature (8, 29). In their meta-analysis, Lea and Richardson (29) reported positive correlations between the sub-dimensions of concerns about mistakes, doubts about behavior, perfectionism towards others, parental criticism, self-oriented perfectionism, and socially determined perfectionism and depression symptoms. Consistent with the findings of the present study, Oddo-Sommerfeld, Hain (30) performed a longitudinal study and reported that the concerns about mistakes dimension of the scale increased the risk of PPD. In the present study, univariate analysis revealed parenting organization sub-dimension of MPPS as a risk factor for PPD; however, this effect disappeared in the multivariate analysis. Similar to this finding, Gelabert and Subirà (8) observed no relationship between parenting organization and PPD. Considering that perfectionism increases the risk of depression, the results obtained in the present study confirmed its importance for PPD and contributed to the existing literature.

Mothers frequently use social media for obtaining information about parenting and receiving support from others (19). First-time mothers can set high parenting standards (11). Therefore, they may be more inclined to present themselves as the perfect mother to show that they meet these standards or they may be more influenced by the "ideal/perfect mother" posts shared on social media (18). This can affect the mental health of mothers. In the present study, the social integration and emotional connection sub-dimension of the Social Media Use Scale was identified as a risk factor for PPD. Similarly, Padoa, Berle (17) found that perfectionist new mothers tend to make comparisons on social media and develop symptoms of anxiety. Schoppe-Sullivan, Yavorsky (11) reported that mothers with parenting perfectionism traits exhibited more depressive symptoms indirectly through Facebook activity. Considering the relationship between perfectionism and depression, social media use may be an important risk factor for PPD.

The increase in tasks and responsibilities associated with parenthood may lead to social withdrawal during the transition to parenthood and consequently contribute to symptoms of depression.

Limitations of the Study

Limitations of the present study include the fact that the research was performed in a single center. Furthermore, the obtained data were representative of the mothers who participated in the study; thus, the results cannot be generalized. Lastly, the reported findings are valid for the time period during which this study was performed, and the results may change over time.

Conclusion

The results obtained in the present study reported that 28% of mothers were in the risk group for PPD. Maternal age, parental perfectionism, and the social integration and emotional connection subscale of social media use were identified as risk factors for PPD. Examining risk factors for PPD can facilitate early diagnosis and treatment by identifying women at risk. Based on the results of the present study, we recommend that perfectionism and social media use should also be assessed for identifying women at risk of PPD in the postpartum period. Furthermore, interventions that address perfectionism may be effective in reducing PPD.

Declarations

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Conflict of Interest

All authors declare no conflict of interest.

Ethics approval

Approval was obtained from the ethics committee of Necmettin Erbakan University Health Sciences Scientific Research. The procedures used in this study adhere to the tenets of the Declaration of Helsinki.

Availability of data and material

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Author Contributions

Conceptualization: SK, SB; Methodology: SK, SB; Formal analysis and investigation: SK, SB; Writing - original draft preparation: SK, SB; Writing - review and editing: SK, SB; Supervision: SK, SB

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