POSTPARTUM BLUES AND SOCIAL MEDIA USE: A CORRELATIONAL STUDY

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Abstract

Background:
Postpartum blues (PPB), also known as "baby blues," is a common emotional disturbance affecting nearly half of all new mothers within the first few weeks after childbirth. It is characterized by mood swings, tearfulness, irritability, and transient depressive symptoms. While traditionally explained by hormonal and psychosocial factors, emerging research highlights the potential of digital connectivity—particularly through social media—as a source of support and relief for postpartum mothers. Social media platforms allow new mothers to exchange experiences, seek advice, and share emotional burdens, which may contribute to improved psychological well-being.

Objectives:
The study aimed to explore the relationship between social media use and postpartum blues among postpartum mothers in Kanpur, India. Specifically, it sought to

(1) assess levels of social media engagement,

(2) measure the extent of postpartum blues, and

 (3) determine the correlation between the two variables.

Methods:

A descriptive correlational design was adopted. The study included 200 postpartum mothers within six weeks of childbirth, selected from two tertiary care hospitals in Kanpur using purposive sampling. Data were collected using a structured questionnaire consisting of two tools: the Edinburgh Postnatal Depression Scale (EPDS) and the Social Media Engagement Scale (SMES). The EPDS measured the level of postpartum blues, whereas SMES assessed frequency, duration, and purpose of social media use. Data were analyzed using descriptive statistics, Pearson's correlation coefficient, and multiple regression analysis with SPSS v25.

Results:

The mean SMES score was 35.6 ± 7.4, and the mean EPDS score was 8.9 ± 4.2. A statistically significant negative correlation was found between social media use and postpartum blues ($r = -0.46$, $p < 0.001$), indicating that mothers with higher social media engagement experienced fewer symptoms of PPB. Regression analysis further revealed that social media use independently predicted 21% of the variance in EPDS scores after controlling for age, parity, and perceived social support ($R^2 = 0.33$, $F(4,195) = 24.6$, $p < 0.001$).

Conclusions:

Findings suggest that moderate and positive engagement with social media can serve as a valuable psychological resource during the postpartum period. Online interactions may foster emotional support, normalize maternal experiences, and alleviate transient mood disturbances associated with PPB. Integrating digital peer-support initiatives into nursing and maternal health programs could enhance holistic postpartum care.

Introduction

The postpartum period, often referred to as the "fourth trimester," is a critical phase of transition marked by profound physiological, emotional, and social changes in a woman's life. During this period, mothers undergo hormonal fluctuations, physical recovery, and the psychological adjustment to motherhood. While this phase is often associated with joy and fulfillment, it can also bring about emotional distress, anxiety, and transient depressive symptoms collectively known as **postpartum blues (PPB)** or "baby blues." Globally, PPB affects nearly **50–80%** of women within the first two weeks following childbirth .

Postpartum blues are typically mild, self-limiting mood disturbances that appear within 3 to 5 days after delivery and resolve spontaneously within two weeks. Common manifestations include tearfulness, mood swings, irritability, fatigue, poor concentration, and feelings of sadness or overwhelm. Although the symptoms are short-lived, research has shown that untreated or poorly managed PPB may predispose mothers to **postpartum depression (PPD)** and impair the development of maternal–infant bonding (Gavin et al., 2022). Consequently, early identification and supportive interventions are vital to prevent long-term psychological consequences for both mother and child.

Over the past decade, **social media** has emerged as a dominant mode of communication, information-sharing, and social interaction. Platforms such as **Facebook, Instagram, WhatsApp, and YouTube** have become integral to daily life, particularly among young mothers who seek peer connection and emotional validation. In the context of postpartum mental health, social media offers a virtual space where mothers can share experiences, access parenting advice, and receive empathy from peers undergoing similar life transitions. These digital interactions may serve as a **form of social support**, which is widely recognized as a protective factor against postpartum mood disturbances (Shorey et al., 2020).

According to Chae (2021), online communities for mothers function as a form of "digital companionship," reducing feelings of loneliness and isolation. Through constant connectivity, mothers gain reassurance that their emotional struggles are shared and normalized. Furthermore, social media enables the dissemination of educational materials about postpartum care, infant feeding, and coping strategies—resources that may not always be available through traditional healthcare systems, especially in low- and middle-income countries like India.

Despite the potential benefits, the relationship between social media use and mental health remains complex. Excessive or negative use—such as exposure to unrealistic portrayals of motherhood or social comparison—can increase anxiety and depressive symptoms (Primack et al., 2017). Therefore, the **quality, purpose, and context** of social media engagement play a crucial role in determining its psychological outcomes.

In India, the postpartum experience is heavily influenced by cultural, familial, and social factors. Traditional confinement practices, limited professional psychological support, and stigma around expressing emotional distress often restrict mothers from seeking help. In this context, social media may act as an accessible, judgment-free platform for emotional expression and community support. However, **empirical studies investigating the positive influence of social media use on postpartum emotional well-being in Indian settings are scarce**.

This study was therefore designed to explore the **relationship between social media use and postpartum blues among postpartum mothers in Kanpur, Uttar Pradesh**. The research was guided by the premise that greater, purposeful engagement with social media—particularly for seeking information and emotional support—would be associated with lower levels of postpartum blues.

Understanding this relationship holds important implications for **nursing and maternal mental health care**. Nurses, midwives, and community health workers are ideally positioned to promote mental well-being during the postpartum period. If social media is shown to have a protective influence, it could be integrated into postpartum education programs, digital peer-support initiatives, and tele-nursing interventions aimed at promoting maternal adjustment and emotional resilience.

Hence, this study seeks to fill the gap by examining whether and to what extent social media use is correlated with postpartum blues among mothers in an Indian context, thereby contributing evidence toward innovative, digitally-enabled maternal mental health strategies.

Objectives

1. To assess the level of postpartum blues among postpartum mothers.

2. To assess the level of social media use among postpartum mothers.

3. To determine the relationship between social media use and postpartum blues.

4. To identify demographic predictors associated with postpartum blues.

Hypothesis

H_1: There is a significant negative correlation between social media use and postpartum blues among postpartum mothers.

H_0: There is no significant correlation between social media use and postpartum blues among postpartum mothers.

Methodology

Research Design

A descriptive correlational design was adopted.

Setting

The study was conducted in two tertiary care hospitals in Kanpur, Uttar Pradesh, India.

Population and Sample

The population consisted of postpartum mothers within six weeks after childbirth.
A total of 200 mothers were selected through purposive sampling.

Inclusion Criteria

- Mothers within 6 weeks postpartum.

- Able to read or understand Hindi or English.

- Active users of at least one social media platform.

Exclusion Criteria

- Mothers with diagnosed psychiatric illness.

- Mothers with newborns admitted to NICU beyond 7 days.

Instruments

1. Edinburgh Postnatal Depression Scale (EPDS) — a 10-item standardized tool to assess postpartum blues and depression (Cox et al., 1987). Scores range from 0–30; higher scores indicate more severe symptoms.

2. Social Media Engagement Scale (SMES) — a self-developed 10-item Likert scale measuring frequency, duration, and purpose of social media use (scores 10–50).

Data Collection Procedure

After obtaining ethical clearance, data were collected through structured interviews and online questionnaires. Each participant provided informed consent. Average time per participant was 20 minutes.

Data Analysis

Data were analyzed using SPSS v25. Descriptive statistics (mean, SD, frequency, percentage) and inferential tests (Pearson's correlation, linear regression, and ANOVA) were used. Significance was set at $p < 0.05$.

Results

Sample Characteristics

Variable	Category	Frequency (f)	Percentage (%)
Age	20–25 years	78	39
	26–30 years	92	46
	31–35 years	30	15
Parity	Primipara	124	62
	Multipara	76	38
Education	Secondary	52	26
	Graduate	98	49
	Postgraduate	50	25
Daily time on social media	<1 hour	46	23
	1–3 hours	98	49
	>3 hours	56	28

Descriptive Statistics

Variable	Mean	SD	Range
SMES (Social Media Use)	35.6	7.4	18–50
EPDS (Postpartum Blues)	8.9	4.2	2–24

Correlation Analysis

Variables	r	p-value	Interpretation
Social Media Use & Postpartum Blues	–0.46	<0.001	Significant negative correlation

Interpretation: Higher engagement on social media is associated with lower postpartum blues.

Regression Analysis

Predictor	β	t	p-value
Social Media Use	–0.41	–6.23	<0.001
Age	0.10	1.28	0.20
Parity	0.09	1.11	0.27
Social Support	–0.23	–3.44	0.001

Model Summary: $R^2 = 0.33$; Adjusted $R^2 = 0.31$; $F(4,195) = 24.6$; $p < 0.001$

Social media use explained **21%** of the variance in postpartum blues after controlling for covariates.
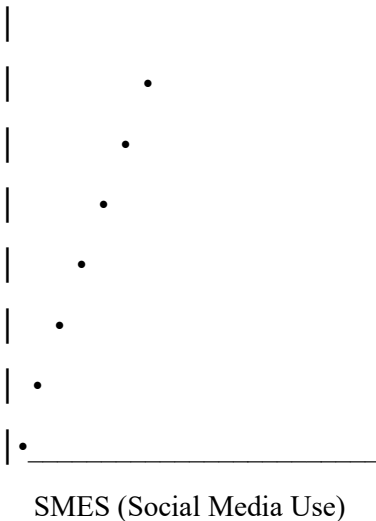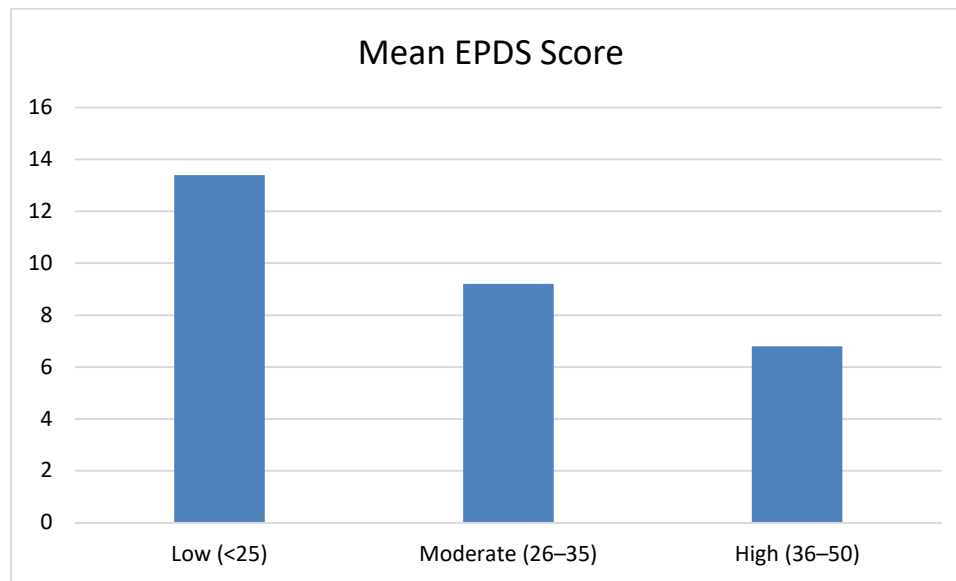
EPDS Score

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SMES (Social Media Use)

Figure 2. Mean EPDS Scores by Level of Social Media Use

Level of Social Media Use	Mean EPDS Score
Low (<25)	13.4
Moderate (26–35)	9.2
High (36–50)	6.8

Bar graph showing decreasing EPDS with higher social media use

Discussion

The present study revealed a significant negative correlation between social media use and postpartum blues, indicating that higher engagement with social media correlates with fewer depressive symptoms. These findings align with **Shorey et al. (2020)**, who found that online peer-support groups enhanced maternal emotional well-being. Similarly, **Chae (2021)** noted that social networking provides mothers with reassurance and social validation, reducing feelings of isolation.

Possible explanations include emotional ventilation, access to practical advice, and normalization of postpartum experiences through online communities. Social media platforms may act as virtual support groups, complementing traditional family support systems (Gavin et al., 2022).

However, the study also emphasizes the need for mindful and balanced usage. Excessive exposure or engagement with negative online content could potentially aggravate distress, as highlighted by **Primack et al. (2017)**.

Conclusion

Social media use serves as a positive coping mechanism for postpartum mothers, reducing the risk and severity of postpartum blues. Nurses, midwives, and mental health professionals should encourage structured online peer-support initiatives and educate mothers about safe digital engagement.

Recommendations

1. Integration of moderated online support groups in postpartum nursing care.

2. Awareness programs about healthy social media practices.

3. Future studies using longitudinal or experimental designs to confirm causality.

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