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AN EXPLORATION INTO THE EFFECTS OF MEDIA ON PREGNANT AND POSTPARTUM WOMEN'S EMOTIONAL WELLBEING AND SELF-ESTEEM.

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VIVA VOCE

INTRODUCTION

- ❖ With media influencing ever corner of the earth, it can be used as a means of examining the influence it exerts on the interactions and behaviours of humans (Brewer, 2011).
- ❖ During pregnancy and postpartum, psychological and physiological changes take place. As a way of negotiating the demands of motherhood, women may turn to forms of media to connect with other mothers and celebrities (Baker & Yang, 2018; Mercer, 2014; Lupton, 2016).
- ❖ With the health of mothers growing in importance and a realization of the cost of health concerns of the mother on the economy, little is known about the role the media plays in these health concerns (Beyondblue, 2016; Leiferman et al., 2005; Murray, 1992).

LITERATURE REVIEW

❖ Body satisfaction

The tripartite influence model (Thompson et al., 1999).

Coyne and colleagues (2017) – impact images have on pregnant and postpartum women.

❖ Feeding behaviour

The theory of planned behaviour (Ajzen, 1991).

Swanson & Power (2005) – a mother's attitudes may predict feeding behaviour.

❖ Social media support

Social support in motherhood is critical in sourcing and understanding information.

Archer & Kao (2018) – how mothers use social media to understand its impact on wellbeing.

❖ Emotional wellbeing and self-esteem

Transition into motherhood is a vulnerable time for mental health.

Bleidorn and colleagues (2016) – declining self-esteem levels postpartum.

RESEARCH QUESTIONS

- ❖ How well do social media support groups contribute to positive emotional wellbeing and self-esteem in pregnant/postpartum women?
- ❖ Which best contributes to negative emotional wellbeing and self-esteem: body dissatisfaction or feeding behaviour (breast or bottle)?
- ❖ To what extent does that stage of pregnancy (pregnant/postpartum), social media support (high/low), body satisfaction and wellbeing contribute to breast feeding behaviour and self-esteem?

AIMS OF THE STUDY

- ❖ Explore the role that the media plays on pregnant and postpartum women's emotional wellbeing and self-esteem.
- ❖ To raise awareness and educate healthcare professionals, mothers and the mass media alike of the impact both positive and negative messages/images can have on a mother's emotional wellbeing and self-esteem.
- ❖ To acknowledge the role of social media as a form of support, advice, information and a social group for mothers.
- ❖ To explore the impact that the effect of both positive and negative messages of breast/bottle feeding can have on a mother's feeding choice.

METHODOLOGY

Correlational
design, Standard
multiple
regression
analysis

102 participants,
18-36+ years of
age

Online 69
question self-
report
questionnaire via
Qualtrics

Informed consent
sheet and debrief

Ethical
consideration

RESULTS

- ❖ Tests of assumptions for standard multiple regression - *(Self-esteem data did not meet assumptions of homogeneity)*

Research Question 1

Social media significantly predicted emotional wellbeing.

Research Question 2

Body dissatisfaction significantly predicted negative emotional wellbeing.

Research Question 3

No significant predictions

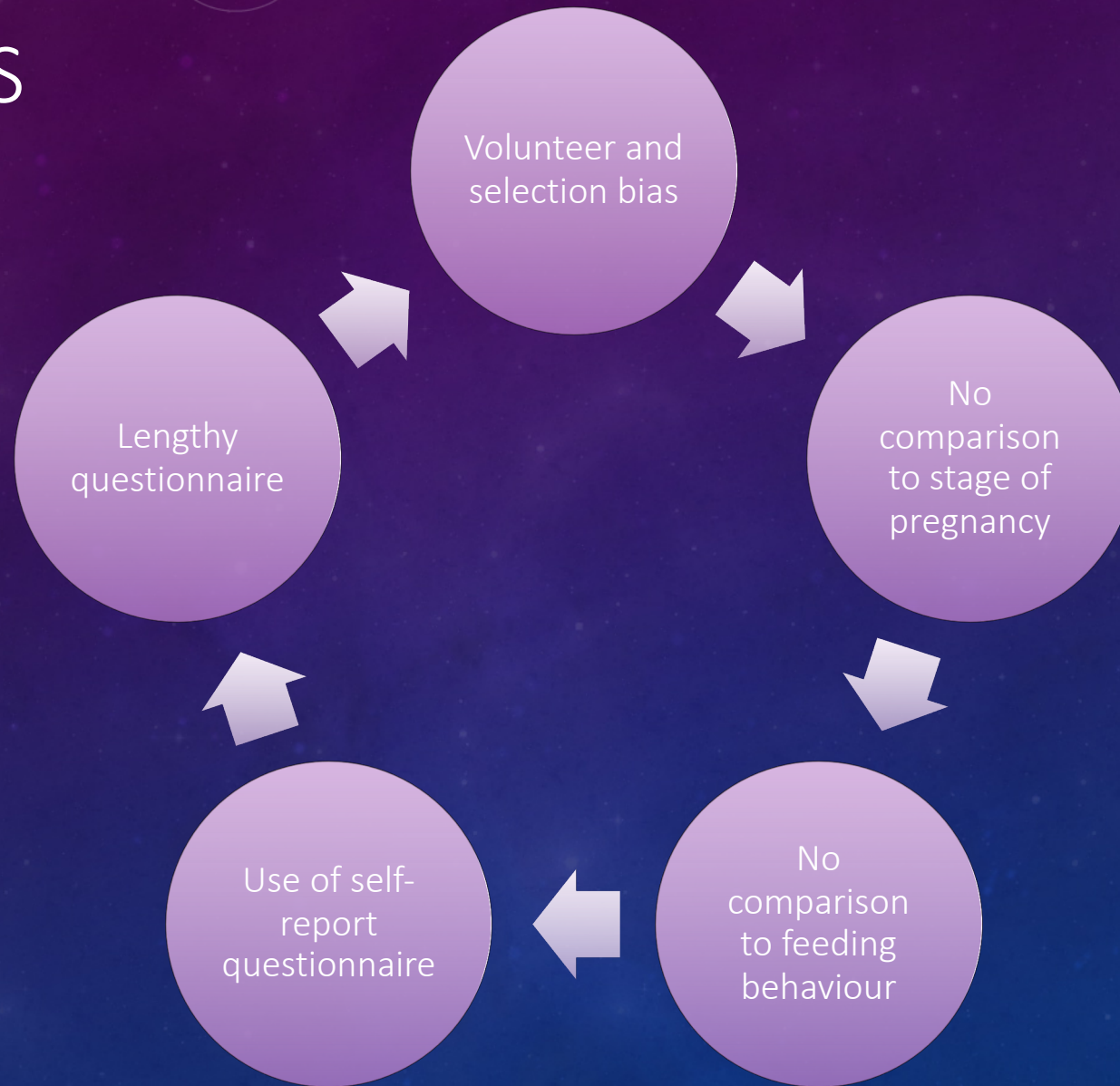
DISCUSSION

- ❖ First assumption – supports Archer & Kao (2018), social media as support is beneficial to new mothers' emotional wellbeing.
- ❖ Second assumption – supports Coyne et al. (2017), lower levels of body satisfaction contributes to negative emotional wellbeing. However, does not support Scheppingen et al. (2017), body image does contribute to negative self-esteem.
- ❖ Third assumption - no significant findings, very little literature having used this number of variables - more research needed.

IMPLICATIONS

- ❖ Potential recommendations for healthcare providers to emphasize the use of social media support as a means of seeking information while reducing anxiety, stress and loneliness – Moon et al. (2019).
- ❖ Development of interventions for mothers addressing issues around weight – Skouteris et al. (2015).

LIMITATIONS



FUTURE RESEARCH

- ❖ A qualitative study using a larger sample – gaining more exact thoughts from pregnant and postpartum women.
- ❖ How social media support groups are used and why by mothers – would a mother benefit from access to midwife or health visitor offering specific healthcare advice?
- ❖ More research into feeding choices would be beneficial – understanding influences and if the choice changes from child to child.

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Slide 1

Good afternoon, my name is Chelsea Axon and today I am going to discuss my dissertation titled – An exploration into the effects of media on pregnant and postpartum women's emotional wellbeing and self-esteem.

Slide 2

Presently, media influences and surrounds every corner of the world; but to define media can be problematic as the lines between communication and media are blurred with the development of technology. The attention of the current study is pregnancy and childbirth. While pregnancy is viewed as a happy period in life, the time following birth can bring social isolation, anxiety, loneliness and doubt, all while trying to cope with the demands of a newborn. As a way of negotiating these demanding times, pregnant and postpartum women might turn to different media sources to connect with fellow mothers and/or celebrities while searching for emotional support and information. With the health of the mother growing in importance, there is a realisation in the cost of health concerns of the mother on the economy; but little is known about the role media plays in impacting these growing health concerns.

Slide 3

The current study looks specifically into four factors of media that play a role in what impacts a mother whether she is pregnant or postpartum, these are; body satisfaction, feeding behaviour, social media support and emotional wellbeing and self-esteem. A review of the literature explored each factor individually, influencing the aim and rationale for this study.

During pregnancy, a woman's body can go through dramatic physical changes that can have an impact on their peri and postnatal body image. While poor body image can be attributed to the physical changes in pregnancy, an increasing amount of literature has shown that the pressure of unrealistic goals and figures may be partly responsible. The tripartite influence model presented by Thompson et al in 1999 suggests that there are three sociocultural variables that influence a person's body image; media, fellow peers and family members. While there is a large body of literature supporting the usefulness of this model it is yet to be used as a way of exploring body satisfaction among pregnant and postpartum mothers. Coyne and colleagues examined the impact that images in the media of both pregnant and postpartum women can have on other women during motherhood, hypothesising that the exposure these images would be associated with poor body satisfaction compared to the control group. It was found that pregnant participants reported lower levels of body satisfaction than the control group, but postpartum participants reported no influence.

Feeding behaviour has also seen a resurgence of interest over the years, with the choice to breastfeed being influenced by many factors from psychological and cultural, to social and economic; and is often mediated by other people's perceptions. The theory of planned behaviour works on the premise that behavioural intentions can be predicted on the expectations of behavioural outcomes and values. Historically, literature has shown that a mother's attitude towards breastfeeding can be a predictor for breastfeeding intentions. Applying the theory of planned behaviour, Swanson and Power (2005) explore how a mother's subjective norms and attitudes might predict feeding behaviour once given birth. It was found that a mother's feeding choice will be influenced by what is seen as socially desirable and acceptable. With feeding choice and encouragement traditionally influenced by family and peers, there has been an increase in mothers both pregnant and postpartum moving to online sources to gain information and support in their chosen feeding method along with other parental issues.

Described as an interpersonal transaction that contains advice, physical aid, emotional support, affirmations and information; social support has an influence over a number of common factors including relationships and social ties, which during motherhood can be a critical way of sourcing and understanding information. While there are a number of studies exploring how social media is used by mothers as an information-seeking platform, there is a limited amount of research into how mothers' use social media platforms and the impact that it has on wellbeing. Archer and Kao (2018) explored how mothers used social media as a means to understand the reality of social media engagement on wellbeing. It was found that the use of the social media platform was an important way of keeping in contact with friends and family while providing information, communication and connection, which is beneficial to the emotional wellbeing of new mothers. For mothers that do not have a high level of social support may be at a higher risk of developing mental health issues such as low self-esteem, depression, anxiety and low emotional wellbeing in an already vulnerable period in their lives.

Transitioning from pregnancy to motherhood can be a vulnerable and emotional time where the mental health of the mother is affected. There have been a number of studies focusing on the emotional wellbeing and self-esteem of mothers. Bleidorn and colleagues (2016) explored a comparison between the self-esteem of parents and non-parents. It was found that parents reported a sudden decline in self-esteem levels just one year after giving birth, continuing to decrease gradually up to three years postpartum; while non-parents reported no self-esteem changes throughout the study period.

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Based on the psychological theory and empirical literature, the present study addressed the following research questions – i) How well do social media support groups contribute to positive emotional wellbeing and self-esteem in pregnant/postpartum women? ii) Which best contributes to negative emotional wellbeing and self-esteem: body dissatisfaction or feeding behaviour (breast or bottle)? iii) To what extent does that stage of pregnancy (pregnant/postpartum), social media support (high/low), body satisfaction and wellbeing contribute to breast feeding behaviour and self-esteem?

Slide 5

Based on the literature, the present study aimed to explore the role that the media plays on pregnant and postpartum women's emotional wellbeing and self-esteem. In addition, the current investigation hopes to raise awareness and educate healthcare professionals, mothers and the mass media alike of the impact both positive and negative messages/images which mothers are faced with have on their emotional wellbeing and self-esteem, but also to acknowledge the contribution that social media has in supporting mothers through the difficult times in motherhood. The present study also aims to explore the impact that the effect of both positive and negative messages of breast/bottle feeding can have on a mother's feeding choice, while also exploring the use of social media by mothers as a means of support, advice, information and a social group.

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Using a correlational design and a standard multiple regression analysis, the present study has two criterion variables – emotional wellbeing and self-esteem and four predictor variables – stage in pregnancy, body satisfaction, feeding behaviour and social media support. A volunteer sample of 102 pregnant and/or postpartum women aged between 18 and 36+ years of age were recruited but only 66 responses were fit for use due to incomplete questionnaires. Participants were asked to complete an online 69 question self-report questionnaire via Qualtrics and were each presented with an information sheet, consent and debrief form. Following five demographic questions, the main questionnaire consisted of three separate scales to measure body satisfaction, social media support and emotional wellbeing. Each scale was revised and altered to maximise participant uptake. Ethical consideration was sought and achieved from the University faculty ethics board prior to the completion of the study. Full informed consent was obtained from all participants and each was debriefed and reminded of their right to withdraw and that they will remain anonymous at all times.

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An analysis of standard residuals was carried out to identify any outliers, which indicated no outliers. Tests to see if the data met the assumptions for a standard multiple regression were carried out and indicated all data met the all assumptions, except the self-esteem data did not meet the assumptions of homogeneity for variance and linearity. The multiple regression analysis showed mixed results. For the first research question it was found that social media support groups significantly predicted positive emotional wellbeing but not positive self-esteem. For the second research question it was found that body dissatisfaction significantly predicted negative emotional wellbeing but feeding behaviour did not. It was also found that neither body dissatisfaction nor feeding behaviour significantly predicted negative self-esteem. For the third research question it was found that the stage of pregnancy, social media support, body satisfaction and wellbeing did not significantly predict breastfeeding behaviour in pregnant or postpartum women. Nor did they significantly predict an effect on the self-esteem of pregnant or postpartum women.

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As discussed on the previous slide, for the first assumption, the findings indicated that social media support significantly contributes to positive emotional wellbeing but does not positively contribute to self-esteem. This supports Archer & Kao (2018), who found that social media (such as Facebook) as a form of support was beneficial to new mothers' emotional wellbeing by providing information, communication and connection. That having the access to this information can help mothers manage and effectively respond to their levels of stress and identify with the needs of themselves and their child (Archer & Kao, 2018).

For the second assumption, the findings indicated that body dissatisfaction significantly contributes to negative emotional wellbeing but does not significantly contribute to negative self-esteem, it was also found that feeding behaviour does not significantly contribute to negative emotional wellbeing and self-esteem. This supports Coyne et al. (2017), who found that lower levels of body satisfaction contributed to negative emotional wellbeing. However, the findings that body dissatisfaction did not contribute to negative self-esteem levels does not support Scheppingen et al. (2017), who reported that issues with body image during pregnancy and postpartum did in fact contribute to negative self-esteem levels. In terms of feeding behaviour not significantly contributing to both negative emotional wellbeing or self-esteem – this neither supportive nor unsupportive of the literature as there is very little literature available in this field.

For the third and final assumption, the findings indicated that the stage of pregnancy, social media support, body satisfaction and emotional wellbeing do not significantly contribute to breast feeding behaviour and self-esteem. With this assumption, there is very little in the way of broad literature that has taken this number of variables into account. When the variables are broken down there is literature that this assumption does not support – for example, in other literature stage of pregnancy and body satisfaction does predict breast feeding behaviour, intention and duration (Brown et al., 2015). Brown et al. (2015) carried out a study exploring how body dissatisfaction in pregnant mothers can affect both breastfeeding initiation and duration. Using self-report questionnaires with 128 participants at both pregnancy and six months postpartum, Brown et al. (2015) found that mothers with higher levels of body dissatisfaction had a higher chance of only breast feeding for six months or less; concluding that mothers who experience negative changes to their appearance whilst pregnant are more like to not want to breast feed their child out of fear of embarrassment. With this finding in mind, more research into the third assumption would be beneficial in order to breakdown the variables in order to potentially find significance.

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The findings from the present study has a selection of real-world implications. There are potential recommendations for healthcare providers to place an emphasis on the use of social support through social media platforms in both the peri and postnatal stages and for there to be an understanding as to how this form of social support can be used as a means of information-seeking while reducing stress, anxiety and loneliness for the mother. Moon et al. (2019) explored the mother's perceptions of social media as a means of health and parenting-seeking information. By conducting a qualitative study, Moon et al. (2019) were able to collect the following central themes – i) why mothers use the internet for health and parenting information and ii) why mothers use social media for health and parenting information. The participants reported that the use of the internet was a way of gaining an unlimited amount of information anonymously from generally trustworthy websites (Moon et al., 2019). In terms of the use of social media, participants reported that there was an abundance of positive information found, which left mothers feeling well supported and having been given honest answers to their questions (Moon et al., 2019).

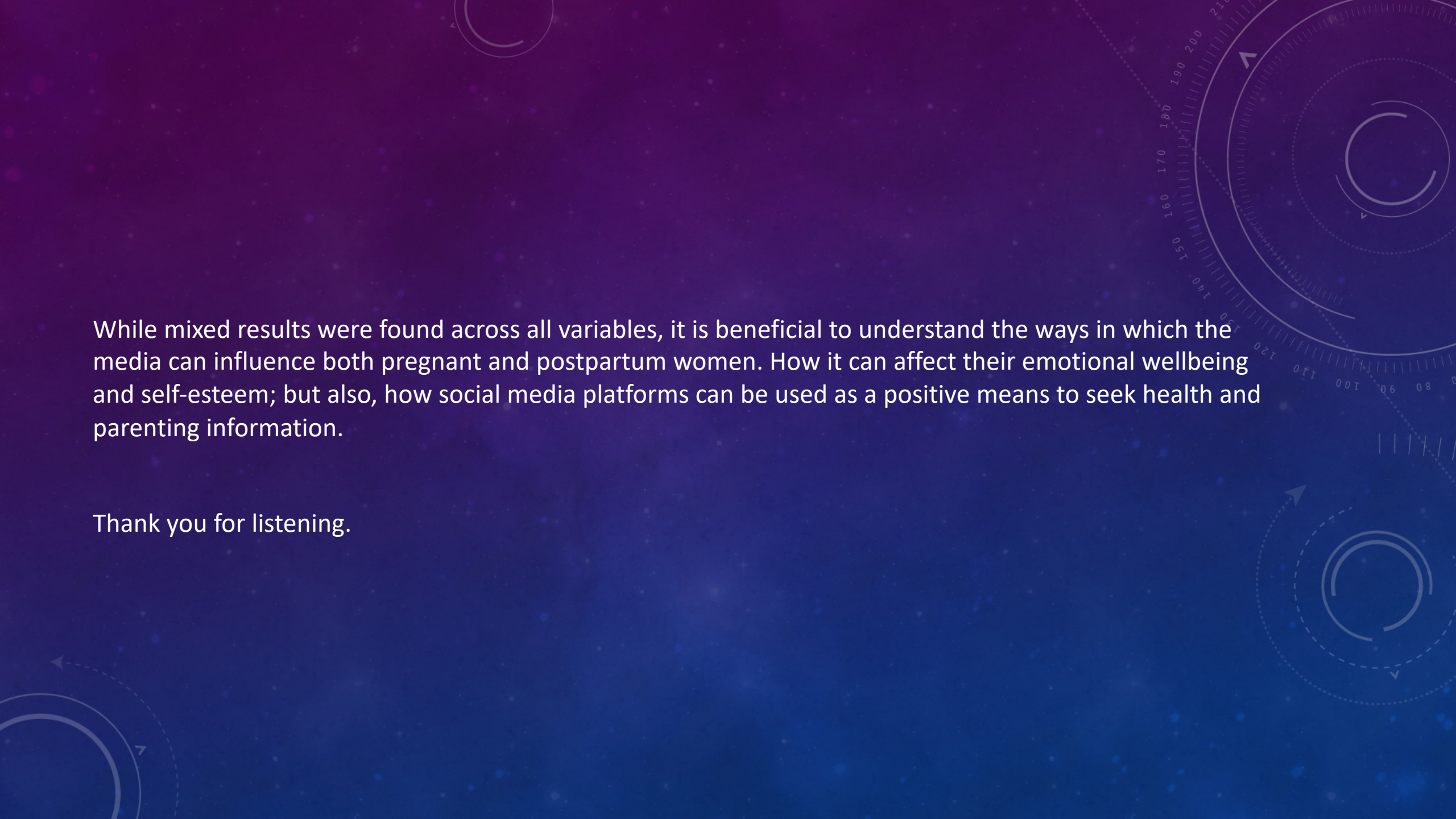
There is also the potential for interventions to be developed for mothers from this and other studies in the field. New mothers can be placed under pressure to look a certain way postpartum by family, peers, media and celebrities; which leads to a body dissatisfaction. It is of importance to new mothers that professionals in healthcare address the issues surrounding weight and how a woman looks both peri and postnatally to reduce the potential risk for body dissatisfaction to develop. Skouteris et al. (2015) explored how effective an intervention using specialist health coaching would be whilst pregnant and how this would impact postpartum management of weight, anxiety, body dissatisfaction and depression. The intervention primarily focused on the perinatal followed by a two-month follow-up postpartum, although an expansion of 12 months postpartum would be beneficial the intervention could reduce the risk of body dissatisfaction developing if adopted by healthcare providers.

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While there are real-world implications for this study, there are a number of limitations that should be considered when exploring the results of the present study. Firstly, due to the time restriction of the study a volunteer sample of 66 participants was used which may have resulted in volunteer bias. This bias may also extend to the risk of a selection bias – as many of the participants were obtained through social media parenting groups. Also, there were no direct comparisons to the results of pregnant and postpartum women or to whether the women fed their child by breast or bottle; these direct comparisons did not take place due to the uneven participant numbers. Secondly, although a popular method of data collection, the use of self-report questionnaires as a means of collecting data from participants may have resulted in false information given and information not given even when prompted to answer all questions. Additionally, due to the number of criterion and predictor variables in the present study; the questionnaire became lengthy at 69 questions. This may have stopped participants from answering all the questions or meant that they stopped before completion. Finally, the present study included the use of the postnatal depression scale – although included the data collected from this scale was not used in the overall analysis; this could have been removed from the questionnaire to reduce the number of questions asked.

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The present study has paved the way for much future research to be carried out in this field. While a broad approach was taken with the present study, future research may use elements of this study to further explore in a more succinct manner with less variables. A qualitative study with a much larger sample size, may also be beneficial to future research as a means to gain more exact thoughts from pregnant and postpartum women. After finding that social media support groups are beneficial for mothers, further research into how these groups are used by different mothers and for what reasons – for example; would mothers of multiples access social media support groups for different reasons than mothers of a single child? Would mothers benefit from having access to a midwife or health visitor on the social media support group to offer specific healthcare advice to put mothers at ease to reduce the risk of false information or advice being given. Finally, more research into a mother's feeding choices could be beneficial to further understand what influences these choices and if the choice of feeding behaviour changes from child to child – for example, do you breast feed or bottle feed your child and why have you chosen this? Are you open to changing your feeding choice if the need were to arise? If you breast/bottle fed your first child do you plan on doing the same for your second or do you plan on feeding differently and why? Do you value the opinions of your partner when it comes to your feeding choice, if not why not?



While mixed results were found across all variables, it is beneficial to understand the ways in which the media can influence both pregnant and postpartum women. How it can affect their emotional wellbeing and self-esteem; but also, how social media platforms can be used as a positive means to seek health and parenting information.

Thank you for listening.