

## Effect of Psychoeducation on Postpartum Stress and Knowledge Related to Cyberbullying: An Experimental Study in Central Java

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### ABSTRACT

**Background:** Cyberbullying can trigger postpartum mother to experience anxiety and depression, which impacts their enthusiasm for caring for their babies. This study aimed to know the Impact of Psychoeducation on Postpartum Stress and Knowledge Related to Cyberbullying.

**Subjects and Method:** This was a quasi-experimental study conducted in Surakarta, Central Java, Indonesia. A total of 86 postpartum mothers who experienced cyberbullying were included for study. The dependent variables were knowledge and postpartum stress. The independent variable was psychoeducation. Educational media video given to the respondent once a day for a week. Before and after the intervention, depression was measured using the Edinburgh Postnatal Depression Scale (EPDS). Data was analyzed using the Wilcoxon Test.

**Results:** A total of 86 postpartum mothers had a high school education, were housewives, and married without prior depressive history. Knowledge of cyberbullying increased markedly, with the proportion of respondents in the "high knowledge" category rising from 15.56% to 84.44% ( $p = 0.02$ ). Anxiety and depression levels showed substantial reduction. The number of mothers in the "normal" category increased from 24.44% to 82.22%, with no respondents remaining in the moderate or severe depression categories post-intervention.

**Conclusion:** Innovative interventions play a positive role in increasing the knowledge level of postpartum mother about cyberbullying and decreasing their anxiety and depression due to cyberbullying.

**Keywords:** cyberbullying, depression, postpartum mother

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### BACKGROUND

Mental health problems in post-partum mothers are quite serious problems that

need to be addressed. Postpartum anxiety in mothers and depression have an impact on the development of children's mental

health. The postpartum or puerperium period is the time after giving birth, which lasts up to 6 weeks during the pregnancy and birth process. There are physiological and psychological changes that teach the mother to adapt to new roles, and the recovery of the mother's body (Jihan et al., 2023). The postpartum period is difficult and mothers need to adjust to this situation, especially in the first week after giving birth. Feelings of insecurity about her ability to care for her baby after treatment by medical personnel and fear of not being attracted to her husband are psychological adjustments experienced by a mother after giving birth. One of the changes that occurs is that the estrogen hormone causes post-partum mothers to become more sensitive to things that can be handled under normal conditions, of course in this phase the mother needs support (B., 2022). However, the fact is that many postpartum mothers do not get enough support from those around them.

Postpartum anxiety and depression a condition where postpartum mothers experience an emotional change in themselves after experiencing the process of childbirth. Postpartum mothers who experience anxiety and depression tend to experience a decrease in enthusiasm for caring for their babies and taking care of themselves. Anxiety experienced by postpartum mothers is the mother's body's response to feelings that arise in situations that are or will be faced after the delivery process (Ali, 2018). Meanwhile, depression in a postpartum mother increases the sadness of the mother who experiences hopelessness about the situation she is experiencing. This condition, if left untreated, will pose a risk to the mother and her baby. Postpartum anxiety and depression can be experienced by mothers due to several

factors (Agrawal et al., 2022), one of which is external factors, namely bullying.

Social media cyberbullying is rampant, where other people make negative comments or make hate speech. Currently, bullying not only occurs directly but can also occur through social media called Cyberbullying. Cyberbullying occurs due to insults, harassment, sending hate speech or social aggression sent through social media platforms or using an internet connection aimed at the target of cyberbullying. Cyberbullying behavior has a significant impact on a person's mental state. The result of cyberbullying can be a negative emotional state such as sadness, anger, frustration, shame, or fear (Elgar, 2014). It is undeniable that cyberbullying can also affect post-partum mothers' anxiety due to the low level of positive support received by mothers from people around them on social media (Gupta et al., 2023).

There is a need for education related to how to use social media wisely and how to deal with cyberbullying for handling postpartum anxiety so as not to reach the stage of postpartum depression. Education provided in the form of counseling is proven to alleviate maternal anxiety (Khan, Singh and Malik, 2023). However, in some cases, mothers do not have the opportunity or time to meet with a counselor. So it is necessary to handle postpartum anxiety with educational videos aimed at reducing the number of maternal anxieties caused by cyberbullying which can be done at any time and can be accessed easily using wise social media education for postpartum mothers.

Video-based psychoeducation is an approach that integrates psychological education with accessible digital media (Lu, 2023). According to Bandura's Social Cognitive Theory, individuals can learn

new behaviors and coping strategies through observational learning, especially when presented in engaging formats such as video (Legg, 2023). For postpartum mothers, video-based psychoeducation provides modelling of positive coping behaviors, emotion regulation strategies, and examples of wise responses to cyberbullying, which can reduce feelings of isolation and helplessness (Yunanto et al., 2023). Psychoeducational videos can restructure negative thoughts by delivering clear, repetitive, and visually supported messages that strengthen mothers' cognitive reframing abilities when dealing with cyberbullying (Apriyanti and Aini, 2023). From a health education perspective, multimedia learning theory suggests that combining audio and visual information in videos promotes deeper understanding and engagement compared to text-only material. This makes psychoeducation more effective in reaching postpartum mothers who may have limited time or concentration due to their caregiving responsibilities (Kartika and Krianto, 2019). Therefore, video-based psychoeducation is not only practical and accessible but also theoretically grounded in enhancing mothers' knowledge, coping strategies, and resilience against anxiety triggered by cyberbullying.

In line with this, the Unit of Research and Community Development of Universitas Sebelas Maret has strategic business research plans covering strategic issues including empowering mother and child health. Thus, this study was one of the strategic plans promoting better health for mother and child. This study aimed to investigate the effect of psychoeducation on postpartum stress and knowledge related to cyberbullying.

## SUBJECTS AND METHOD

### 1. Study Design

This quasi-experimental study, one group pre-post test only, covered a period of June-September 2024, with one week duration dedicated to intervention periods.

### 2. Population dan Sample

The study population in this study was postpartum women with anxiety due to cyberbullying in the Surakarta Region. The study sample in this study was calculated using the G-power program with a confidence level of 95% (Type I error = 0.05) and a power (1-alpha) of 95%, resulting in a sample of 86 respondents. The recruitment of participants using accidental sampling. The inclusion Criteria were Postpartum women 0-40 days, postpartum women who experience cyberbullying, and postpartum women who are willing to be given intervention in the form of a wise social media education video 1.

### 3. Study Variables

The dependent variables include postpartum stress and knowledge about cyberbullying. The independent variable was the psychoeducation.

### 4. Operational Definition of Variables

**Psychoeducational Intervention:** A structured learning intervention aimed to increase knowledge and coping ability regarding cyberbullying and stress in postpartum mothers. This intervention was delivered through a series of 7 daily educational videos, each lasting 10 minutes, over the course of one week. The content includes topics on cyberbullying (definition, forms, impacts), emotional regulation, and stress management techniques. The intervention's effectiveness is assessed using an evaluation form completed by participants.

**Knowledge About Cyberbullying:** It refers to the level of understanding that postpartum mothers have about cyberbullying, including its definition, types, risks,

and coping strategies. It's assessed using a researcher-developed structured questionnaire consisting of 25 ended questions. The responses are scored numerically to reflect the participant's level of knowledge. Each correct answer is scored 1 point, and each incorrect answer is scored 0 points. Minimum score = 0; Maximum score = 25. Knowledge levels are classified using ranges: Low knowledge= 0–19 correct answers; High knowledge= 20-25 correct answers.

**Postpartum Depression:** Psychological stress experienced by mothers during the postpartum period, particularly in relation to cyberbullying exposure or concerns. It is measured using a validated tool such as the Perceived Stress Scale (PSS) or Edinburgh Postnatal Depression Scale (EPDS), and the results are categorized on an ordinal scale to indicate the level of stress. The cut off point of EPDS is 13.

## 5. Study Instruments

The primary data collection tool in this study was a self-administered questionnaire, divided into several components to assess postpartum mothers' knowledge, experiences, and mental health status related to cyberbullying. The questionnaire consisted of the following components:

### a. Characteristics factors

This self-administrated questionnaire measurement consisted of demographic variable and obstetric variable, such as maternal age, education level, employment status, marital status, parity and history of depression.

### b. Knowledge about Cyberbullying

Researcher-developed questionnaire based on literature review and expert validation. Content validity was ensured by expert review and reliability was tested using Cronbach's Alpha ( $\alpha > 0.7$ ). This questionnaire consists of 25 ended questions covered about awareness level,

Personal experience, Knowledge of prevention and support, Impact assessment, and Coping mechanisms.

### c. Anxiety and depression assessment

This self-administrated anxiety and depression assessment was using Edinburgh Postnatal Depression Scale (EPDS) that has been well validated in pregnant and postpartum women (Cox, 1996). This questionnaire consists of 10 questions related to various symptoms of depression. Each answer are graded in severity and scored on a range from 0 to 3, giving maximum score of 30. The categories based on the score are generally as follows:

- 1) Normal (0-9): scores in this range suggest that the individual is unlikely to be suffering from postnatal depression
- 2) Mild Depression (10-12): score in this range indicate the presence of mild depressive symptoms. This suggests the individual may benefit from additional support or follow up.
- 3) Moderate Depression (13-19): Scores in this range indicate moderate depressive symptoms, suggesting that the individual likely needs further evaluation and possibly intervention from healthcare provider.
- 4) Severe Depression (20-30): Score in this range suggest severe depressive symptoms. Immediate and comprehensive evaluation and intervention from a healthcare provider are typically necessary.

## 6. Data Analysis

Characteristic factors of respondents were analyzed descriptively to know the distribution and frequency of each factor. Knowledge level about cyberbullying on postpartum, also Anxiety and Depression levels among respondents tested using the Wilcoxon test, performed to test the effectiveness of educational media related

to anxiety and postpartum depression. The Statistical Package for Social Sciences, version 21.0 (IBM Corp, Armonk, NY, USA) was used with a level of significance set at  $p < 0.05$ .

**7. Research Ethic**

Research ethical issues including informed consent, anonymity, and confidentiality, were addressed carefully during the study process. This study was approved by the Moewardi Surakarta Hospital Ethics Committee (Number 1.442/VI/HREC/-2024) in May 2024. Informed consent was obtained from all participants.

**RESULTS**

**A. Sample Characteristics**

Table 1 shows the analysis of respondent characteristics showed that most participants were of reproductive age (75.6%), had a high school education (51.1%), were housewives (62.8%), and were married

(95.3%). The majority were nullipara (60.0%), delivered by cesarean section (53.3%), and did not report neonatal complications (90.7%). Knowledge assessment indicated a marked improvement following the intervention. Before the intervention, only 17.4% of mothers demonstrated high knowledge, while after the intervention, 84.4% were categorized as having high knowledge ( $p = 0.02$ ). Bivariate analysis between maternal characteristics and post-test knowledge level revealed no significant associations (all  $p > 0.05$ ). Similarly, there was no significant relationship between maternal characteristics and EPDS scale scores. These findings suggest that the improvement in knowledge and reduction in stress levels were primarily attributable to the intervention rather than to socio-demographic factors.

**Table 1. Sample characteristics**

Characteristics	Category	Knowledge			EPDS Scale		
		High	Low	p	High	Low	p
<b>Maternal age</b>	High risk age (<20 or >35 years old)	16	5	0.210	15	6	0.190
	Reproductive age (20-35 years old)	57	8		56	9	
<b>Maternal education</b>	High School (44)	35	9	0.150	35	9	0.220
	University (42)	38	4		36	6	
<b>Maternal employment</b>	Worker (32)	25	7	0.180	25	7	0.300
	Housewife (54)	48	6		46	8	
<b>Marital status</b>	Married (82)	70	12	0.500	71	11	0.420
	Separated (4)	3	1		2	2	
<b>Parity</b>	Nullipara (52)	42	10	0.250	43	9	0.340
	Multipara (34)	31	3		28	6	
<b>Birth delivery type</b>	SC (46)	37	9	0.310	37	9	0.340
	Vaginal birth (40)	36	4		34	6	
<b>Neonatal complication</b>	Yes (8)	6	2	0.400	5	3	0.120
	No (78)	67	11		70	8	

**B. Bivariate Analysis**

Table 2 showed that high knowledge increased from 17.46% in the pre-test to

84.44% in the post test, while the low knowledge decreased from 82,56%% to 2,22%, and low knowledge also decreased

from 51.11% to 15.56%. When we saw the p value, it was <0.05 this suggest that there is significant improvement in knowledge level

following in the intervention measured by the post test.

**Table 2. Respondent’s Knowledge About Cyberbullying Before And After Intervention**

Knowledge	Pre		Post		p
	n	%	n	%	
High	15	17.44	73	84.44	0.020
Low	71	82,56	13	15.56	

Table 3 presented the results of the study evaluating the severity of depression before and after intervention using EPDS. It’s indicated that in pre-test, the majority of respondents (44.44%) were having depression score <13. While, in the post-test, a significant improvement was

observed, with the all of respondents (100%) having depression score ≥ 13. When we saw the p-value, it was <0.05, which suggests that the media video is significantly effective in decreasing the depression level among postpartum mothers.

**Table 3. Respondent’s Anxiety and Depression Scale Before and After Intervention**

EPDS Scale	Pre		Post		p
	n	%	n	%	
<13	38	44.44	86	100	<0.001
≥ 13	48	55.55	0	0	

**DISCUSSION**

Postpartum depression is a significant mental health condition that can affect individual after childbirth. It is characterized by persistent feeling of sadness, anxiety and fatigue that can hinder a person’s ability to care for themselves and their baby. There are so many factors that can lead postpartum depression, including individual’s demographic and their obstetric condition. Comprehending the demographic and obstetric characteristic of respondents in postpartum depression study is essential for customizing efficacious therapies and support networks. Maternal age, education level, employment status, marital status, previous depressiveness, parity, delivery mode, and neonatal

complications are just a few of the variables that this study looks at. In this study, we can see at table 1, for demographic factors, there are 75.56% of respondents are in the healthy reproductive age range, which indicates a lower risk profile for postpartum depression associated to aging. Younger maternal age at first birth is often associated with higher rates of postpartum depression (Ou et al., 2023). Most of educational level of respondents 51.11% having a high school education this may make analysis that educational background may affects postpartum experiences. The relationship between education level and postpartum depression is complex, and a study in Japan involving 90,194 mothers found that education level is an indepen-

dent risk factors for postpartum depression (Matsumura et al., 2019). Another study involving 70 women in Indonesia found that they are with higher education had significantly lower odds of postpartum depressive symptoms compared to another (Tel et al., 2018). The majority of respondents 62.22% are housewives which may suggest a stronger as well as stress. The large proportion of married respondents in this study suggest that there is a good support network within the spouse which is known to reduce the incidence of postpartum depression, and a distinct viewpoint on the emergence of postpartum depression in a population without prior depressive experience. The distribution of delivery modes is reasonably equal between caesarean deliveries and vaginal birth, this have been linked to longer physical recovery periods and higher level of psychological stress. Study also have consistently shown that women who undergo c-section are six times risk of developing postpartum depression compared to those who had spontaneous vaginal birth (Boyce and Todd, 2022).

A small percentage respondents reported having newborn complication, which suggest that most mothers did not experience additional stress related to neonatal health issues. These findings are consistent with previous research that suggest younger, educated, and married mothers typically report lower levels of postpartum depression, and for instance, all of respondent having cyberbullying due to their postpartum condition, first time mother and those with caesarean deliveries might benefit from targeted psychological and physical recovery support in this study (Putri et al., 2023).

From table 2. The data illustrates a significant improvement in respondent's knowledge about cyberbullying following

intervention, found shifting knowledge level from pretest to the post test. The p value of 0.02 indicates that knowledge level changes statistically significant. This suggests that educational video media intervention had impact on the respondents understanding of cyberbullying. Educational media videos have been shown to significantly enhance knowledge levels about cyberbullying among various age group. Research indicates that video-assisted teaching effectively increases awareness and understanding of cyberbullying, making it a valuable educational tool (Qonitatulhaq, Astin and Sarinastiti, 2019). Increased knowledge about cyberbullying is crucial for both prevention and response. Educated individuals are more likely to recognize cyberbullying behaviors and understand how to appropriately address and report such incidents. Educational media video that given to the respondents in this study is well-structured educational about cyberbullying that may happen to postpartum mother, and having around 5 minutes in duration. This media can substantially enhance knowledge about cyberbullying on postpartum mothers. Video under 6 minutes are more likely to be fully engaged with respondents, whereas longer videos tend to lose engagement and retention (Brame, 2020). Not only about the duration, a video that designed through visual and auditory elements can help respondents in processing information better. Videos can be used to promote active learning by breaking down the complex topics into smaller, manageable chunks retain information more effectively. This educational video significantly increased the knowledge level of cancer patients undergoing chemotherapy, demonstrating their effectiveness in health education (Diah and Pendet, 2019).

Our study showed that the interven-

tion had a positive impact on reducing anxiety and depression levels among respondents. The significant increase in normal anxiety and depression level underscore the effectiveness of the intervention. This finding highlights the potential for well-designed intervention to significantly improve mental health outcome. Educational video can explain the neural circuits and molecular changes associated with depression, helping individuals better understand the conditions and its symptoms. The understanding can lead more effective coping mechanism and reduced sense of isolation. Video also can introduce cognitive behavioral therapy techniques, which are a common form of behavioral therapy used to treat depression. CBT helps individuals identify and change negative thought which can alleviate depressive symptoms. Like what had been told before, this media video in this study is short vide. Short video (less than 10 minutes) are more preferred by people and are considered cost effective and easy to use. They can reduce extraneous cognitive load ad be more engaging, making them a practical tool for mental health intervention (Yang *et al.*, 2023). Cyberbullying media video due to postpartum condition has ability to visually represent complex concept to have greatest strength. It consists of real simulation or real-life example to demonstrate how theoretical concept apply in practice that make the abstract ideas more tangible and easier to be understand. One of the primary considerations when constructing educational video is cognitive load theory. It was proven that working memory is limited, so the learner must be selective about what information from sensory memory to pay attention during observation.

#### **AUTHOR CONTRIBUTION**

Nurul J. Wahidah as the principal investigator; Dara Dinanti, Elsa Rahmawati, and Dewi Intisari are responsible for data collection; Atriary Nilam Sari is responsible for data processing; Revi Gama Hatta Novika is formulating the research framework, Luluk Fajria is responsible for search the supporting theories; Rufidah Maulina and Siti Nurhidayati are contributing to the research discussions. All authors are review the final manuscript.

#### **CONFLICT OF INTEREST**

The authors declare no potential conflict of interest with respect to the research, authorship, and / or publication of this work

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