Exploring Mothers' Use of Social Media for Parenting and Health Information in Bangladesh: Patterns and Practices

By
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A thesis submitted to Brac Institute of Educational Development in partial fulfilment of the requirements for the degree of Master of Science in Early Childhood Development

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Declaration

It is hereby declared that

1. The thesis submitted is my own original work while completing degree at Brac University.
2. The thesis does not contain material previously published or written by a third party, except where this is appropriately cited through full and accurate referencing.
3. The thesis does not contain material which has been accepted, or submitted, for any other degree or diploma at a university or other institution.
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Approval

The thesis titled "Exploring Mothers' Use of Social Media for Parenting and Health Information in Bangladesh: Patterns and Practices" submitted by

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of Summer, 2024 has been accepted as satisfactory in partial fulfillment of the requirement for the degree of Master of Science in Early Childhood Development on August, 2026.

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Ethics Statement

Title of Thesis Topic: Exploring Mothers' Use of Social Media for Parenting and Health Information in Bangladesh: Patterns and Practices

Student name: Sajia Afreen Smita

1. Source of population

Urban mothers of children aged 0-5 years who use social media

2. Does the study involve (yes, or no)

a) Physical risk to the subjects (no)
b) Social risk (no)
c) Psychological risk to subjects (no)
d) discomfort to subjects (no)
e) Invasion of privacy (no)

3. Will subjects be clearly informed about (yes or no)

a) Nature and purpose of the study (yes)
b) Procedures to be followed (yes)
c) Physical risk (N/A)
d) Sensitive questions (yes)
e) Benefits to be derived (yes)
f) Right to refuse to participate or to withdraw from the study (yes)
g) Confidential handling of data (yes)
h) Compensation and/ treatment where there are risks or privacy is involved (yes)

4. Will Signed verbal consent for be required (yes or no)

a) from study participants (yes)
b) from parents or guardian (N/A)
c) Will precautions be taken to protect anonymity of subjects? (yes)

5. Check documents being submitted herewith to Committee:

a) Proposal (yes)
b) Consent Form (yes)
c) Questionnaire or interview schedule (yes)

Ethical Review Committee:

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Executive Summary

This study explored the patterns of social media use among urban mothers of children aged 0-5 years in Bangladesh for obtaining parenting and health related information and examined how they applied this information in their daily parenting practices. A qualitative approach is used, involving five in-depth interviews and one focus group discussion with urban mothers in Dhaka and Cox's Bazar, analysed thematically. The findings show that Facebook and YouTube are the primary platforms mothers use to seek information across a range of topics, including pregnancy, childbirth and postnatal care, maternal health, minor child health issues, feeding, child learning activities and behaviour management. Beyond information, these platforms also offer practical guidance and social and emotional support. Participants expressed concerns about social media information credibility and evaluated it by reading comments, cross-checking other platforms, relying on personal judgement and consulting doctors for serious health concerns. They apply social media information to feeding, vaccination related decisions, behaviour regulation and child learning activities. Some mothers reported modifying traditional parenting and childcare practices based on social media information. Some of them experienced resistance from family members and people around them when implementing certain parenting practices learned through social media. Based on these findings, digital literacy initiatives are recommended to help mothers critically evaluate online health and parenting information. Early childhood development programs should also include other family members such as grandparents and in-laws, to reduce resistance to evidence based practices. This study concludes that social media plays an important role in urban mothers' parenting and health related information seeking practices and that the application of this information is shaped by both access to information and family and social contexts.

Keywords: social media, parenting information, health information, credibility evaluation, urban mothers, early childhood, Bangladesh

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Table of Contents

List of Acronyms

IDI	In Depth Interview
FGD	Focus Group Discussion
WHO	World Health Organization
ANC	Antenatal Care
BLW	Baby-led Weaning

Chapter I: Introduction & Background

Introduction

Parenting is often experienced as a new and challenging role, with many adults reporting limited background knowledge and confidence. As parenting responsibilities can become overwhelming, parents require guidance, reassurance and emotional support. Traditionally support has come from family members, friends and healthcare providers. But in recent years social media has increasingly become a growing source of parenting and health related information and advice (Moon et al., 2019). Social media refers to a type of mass communication that operates through the internet, where users exchange information, ideas, messages and various forms of content (Encyclopaedia Britannica, n.d). Social media platforms such as Facebook, YouTube, Instagram, TikTok. WhatsApp, Snapchat, X (formerly Twitter), Pinterest, Reddit and Telegram allow users to communicate, share experiences and build online communities across geographical boundaries. The rapid spread of smartphones, improved internet connectivity and growing digital literacy have contributed to the expansion of online communication platforms worldwide. (Sarkar, 2024). Through these interactive platforms, individuals are able to access information, discuss issues of common interest and learn from the experiences of others. As a result, social media has increasingly influenced the ways people communicate, obtain information and engage with social networks in everyday life.

The global use of social media has expanded rapidly in recent years. By 2023, approximately 4.89 billion people worldwide were active social media users, with a large proportion belonging to the age group of 25 to 34 years, which includes many young parents (Mertens et al., 2024). Research indicates that parents increasingly use these platforms to search for information related to everyday parenting challenges, child health and well-being (Ifroh & Permana, 2022) Woman use social media throughout their maternal journey including antenatal, natal and postnatal periods to access both maternal and child health information (Mageed et al., 2025; Aftab, 2025). In the study by Mageed et al. (2025), 53% of women primarily used social media for antenatal care information, 18.3% for natal while 32.4% engaged with postnatal care topics. The

social media platforms are also being used by parents to share experiences, exchange advice and seek support from other parents facing similar situation. According to the C.S. Mott Children's Hospital National Poll on Children's Health (2023), about 80% of parents of young children in the United States use social media to discuss parenting topics and seek advice. In addition, social media has also become influential in shaping parenting decisions. Information and opinions shared online by other users can sometimes hold as much influence as, or even greater influence than, advice from family members or friends (Moon et al., 2019). This shift highlights the growing role of online communities in providing guidance and support for parents in navigating everyday parenting challenges.

While social media use among parents have been widely observed in many parts of the world, similar trends are increasingly visible in Bangladesh. The expansion of affordable smartphones and internet services has significantly increased access to social media across both urban and rural areas. Platforms such as Facebook, YouTube, WhatsApp, Instagram and TikTok are now widely used for communication, information sharing and social interaction among different groups of people (ICT Olympiad Bangladesh, 2025). By the end of 2025, approximately 64.0 million adults aged 18 and above in Bangladesh were active social media users. At that time, female accounted for around 37% of Facebook's adult ad audience in Bangladesh. The corresponding figures were around 33% for Instagram, nearly 40% for YouTube and about 31% for TilTok (DataREportal, 2026). These figures indicate that women are actively present across major digital platforms in Bangladesh, although their engagement varies by platform. Beyond general social media use, growing evidence suggests that access to digital technologies is also linked to maternal health outcomes in Bangladesh. Internet and mobile phone access has been associated with higher utilization of antenatal care services among young married women in Bangladesh. The effect is stronger in urban areas than in rural areas. Women with digital access are approximately 1.5 times more likely in rural areas and nearly three times more likely in urban areas to use antenatal care services (Pickard et al., 2024). This relationship is further supported by national-level survey evidence. A study using Bangladesh Demographic and Health Survey (BDHS) 2022 data, involving 5,005 ever married women aged 15-49 with at least one live birth in the previous three years, found strong positive associations between exposure to social media, internet use and antenatal care

(ANC) utilization. Internet use was reported by 32.33% of respondents and was strongly associated with higher ANC attendance. Women who used the internet were almost four times more likely to complete eight or more ANC visits and in some analysis had more than 21 times higher odds of completing recommended ANC visits (Shapna et al., 2025). A study in Bangladesh also shows that mothers' use of digital technologies, including the internet, mobile phones and computers is positively associated with early childhood development. It was found that children of mothers without internet access face nearly 49.9% higher odds of developmental delay, while 84.2% of children of mothers who use the internet have development on track. This relationship may be explained by mothers' improved access to parenting and health related information through internet use (Munira et al., 2025). Collectively, these findings highlight the expanding role of social media platforms in influencing maternal and child health related outcomes in Bangladesh. The widespread use of social media suggests that these platforms may play an increasingly important role in shaping how parents access information and make decisions related to parenting and health. Understanding how parents interact with and use social media for parenting and health related information is therefore becoming an important area of study.

Statement of the Problem

Although social media has become an important source of parenting and health information globally, concerns about the trustworthiness and reliability of online content remain. Studies indicate that while parents value the accessibility of online information, they frequently encounter conflicting advice, uncertainty about credibility and difficulty in assessing the reliability of sources (John et al., 2024; Salazar de Pablo & Scott, 2025). In response to this uncertainty, some parents consult multiple social media platforms to compare and cross-check information. However, much of this content is produced and shared by other parents without formal medical or health training (Frey et al., 2023).

A study by Urman et al. (2025) Indicates patterns of parents' online information-seeking and verification practices. About 70.6% of parents search online for information about their children's health and growth, but only 26% always check the reliability of sources, 39.4% verify occasionally and 34.5% never verify the

information. This highlights significant risks related to misinformation in online parenting and health content. Research also shows that many parents act on online advice without consulting healthcare or child development professionals, which may lead to misinterpretations, frustration or misinformation-driven practices (Bryan et al., 2020).

Despite concerns about misinformation and reliability, a large proportion of the global population; including parents, is widely using social media. According to the Pew research center study, about 83% of parents who use the internet are active on social media (Pew Research Center, 2015). This widespread engagement has prompted considerable scholarly attention, with research exploring the intersection of parenthood and social media across diverse fields such as health sciences, communication studies and educational research (Mertens et al., 2024). Globally, studies have documented parents', including mothers' patterns of social media use for parenting and health information and the application of such information in daily parenting practices (Ifroh & Permana, 2022; Clark et al., 2023; Urman et al., 2025; Griauzde et al., 2020).

In Bangladesh, about 54.5% of adults were using social media as of late 2025 (DataReportal, 2026). This indicates that substantial number of parents in the country are active on these platforms. Nevertheless, existing research mainly focuses on children's and adolescents' social media content consumption patterns, the psychological or behavioural impacts of social media exposure and parental mediation or regulation of children's internet and digital media use (Ahmed, 2025; Chandrima et al., 2020; Hossain, 2023). However, limited attention has been given to examining how parents, particularly mothers, seek and apply parenting and health information from social media in Bangladesh.

Purpose of the Study

International studies show that mothers are more likely than fathers to use social media for parenting and health-related information. For example, 84% of mothers use social media for parenting and health advice whereas 69% of fathers do so (Clark et al., 2023). Similarly, 66% of mothers report that they find useful parenting information on social media compared with 48% of fathers. Mothers not only search for information more

frequently but also engage more actively with parenting-related content on social media platforms (Pew Research Center, 2015). These studies indicate the importance of focusing on mothers' social media information-seeking and its influence on daily parenting practices.

Therefore, the purpose of this study is to explore the patterns of social media use among urban mothers of children aged 0–5 years in Bangladesh for obtaining parenting and health-related information and to examine how this information is applied in their daily parenting practices. Specifically, this study seeks to identify the social media platforms mothers use, the types of content they seek, how they evaluate the credibility of such information, and the ways in which they apply this knowledge into everyday child-rearing practices.

Furthermore, this study recognizes that 'health information' encompasses not only guidance related to children's health and well-being but also information concerning maternal health. Health information in this study refers to guidance and knowledge related to the well-being of both mothers and children. By exploring both dimensions, the study intends to capture the ways in which mothers engage with social media information and how such information shapes their parenting practices in everyday life.

Significance and justification of the study

Limited evidence on mothers' platform preferences: According to Hives et al. (2024) study, about 89% of new mothers use social networking platforms to seek advice and share experiences related to pregnancy, health, and parenting. This widespread use has attracted growing research interest in understanding mothers' social media platform preferences. In the United States, parents and women of reproductive age regularly use platforms such as YouTube, Facebook, and Instagram, often on a daily basis (Waring et al., 2023). In Bangladesh, social media use is also widespread, with about 64.0 million users on Facebook, 9.15 million on Instagram, and 49.8 million on YouTube (DataReportal, 2026). However, these existing data in Bangladesh mainly describe general patterns of social media usage. There is limited understanding of which specific platforms urban mothers use to seek parenting and health-related information. Understanding this can help government and non-government organizations target the

social media platforms that mothers actually use, to deliver more effective online awareness campaigns and health messages in Bangladesh.

Understanding mothers' information needs on social media: Social media has become an important platform where parents, including pregnant women, actively seek parenting and health information. Studies indicate that parents commonly search for topics such as breastfeeding, nutrition, behavioural problems, immunization, allergies, and screen-time risks (Clark et al., 2023; Ifroh & Permana, 2022). Pregnant women also frequently seek information on prenatal and postpartum care, maternal health, and fetal development (Lee & Lee, 2022). In Bangladesh, media reports indicate that many mothers rely on parenting bloggers and social media communities for everyday parenting guidance (The Daily Star, 2019). However, there is a significant gap in understanding the specific types of parenting and health-related content mothers seek on social media in the Bangladeshi context, making it crucial to examine their information needs. The findings of this study may help educators, health professionals, and digital health communicators develop more relevant and reliable online parenting resources that are tailored to mothers' information-seeking patterns and grounded in their actual digital information environments.

Credibility of social media information: Online misinformation can have serious implications for health and child development. Many parents rely on social media for parenting advice but often struggle to assess the credibility of conflicting information (Weale, 2025). This has been linked to public health consequences, such as reduced vaccination uptake and outbreaks of preventable diseases (Omer et al., 2019). As a result, several international studies have examined how parents, particularly mothers, evaluate the credibility of information shared on social media (Frey et al., 2021; Urman et al., 2025). In Bangladesh, social media has also been a platform where misinformation circulates. For example, during the 2026 measles outbreak, various social media platforms contained misinformation about vaccination. These included claims suggesting measles mortality had already been declining prior to vaccination efforts, immunity could be sufficiently developed through natural infection, vaccines carry significant health risks, and pharmaceutical companies profit from public fear surrounding disease outbreaks (Islam, 2026). However, existing studies in Bangladesh mainly focus on the categories, sources, and political dimensions of social media

misinformation (Sultana et al., 2020; Jamal, 2024; Rahman, 2024; The Daily Star, 2026). Research examining how mothers evaluate the credibility of parenting and health-related information on social media remains limited. This study seeks to address this gap. The findings can contribute to a better understanding of mothers' information-evaluation practices and help inform the development of interventions, policies, and educational initiatives to support parents in navigating social media information.

Application context of social media information: Globally, studies show that social media can influence parents' real-life practices, as they often apply information obtained from social media regarding vaccination (Omer et al., 2019), health (Urman et al., 2025; Bryan et al., 2020), and child feeding (Griauzde et al., 2020; Supthanasup et al., 2022) in their daily routines. In Bangladesh, social media has also been shown to affect parents' practices; for example, misinformation regarding typhoid vaccination led some parents to delay or avoid vaccinating their children (Hasan, 2025). This indicates a growing need to understand how urban mothers in Bangladesh apply parenting and health-related information obtained from social media in their daily parenting practices. Understanding this can help educators, health professionals, NGOs, and policymakers develop awareness programs and parenting support initiatives that promote effective parenting and child health.

Research Questions

Research Question 1

What are the patterns of social media use among urban mothers of children aged 0-5 years in Bangladesh for obtaining parenting and health related information?

a) Which social media platforms do urban mothers use for parenting and health related information?
b) What types of parenting and health related content do they seek on social media?
c) How do mothers evaluate the credibility of parenting and health related information available on social media?

Research Question 2

How do urban mothers apply the parenting and health related information obtained from social media in their daily parenting practices?

Operational Definition

- **Social Media:** It refers to internet based platforms that allow users to create, share and exchange content while communicating and interacting with others through online networks (Davis, 2016). Example- Facebook, YouTube, Instagram, Pinterest, WhatsApp, Messenger, LinkedIn, Telegram and Viber.

- **Baby-led weaning:** It refers to a complementary feeding approach in which infants are offered appropriately prepared finger foods and encouraged to feed themselves rather than being spoon-fed purred foods by caregivers (Grenawitzke, 2026)

- **Internet:** The internet is a worldwide network of interconnected computer networks that enables people to access websites, social media platforms and other online services allowing them to communicate and exchange information through digital technologies (Encyclopedia Britannica, 2024)

- **Digital literacy:** Digital literacy refers to the ability to effectively use digital technologies to access and navigate online platforms, evaluate the reliability of digital information, communicate responsibly in online environments, protect personal information and use digital tools to solve problems and create content. (Asante Africa Foundation, 2025)

Chapter II: Literature Review

Patterns of social media use among parents

Popular platforms among parents

Subasi et al. (2024) reported that parents used a variety of social media platforms. Their study involved 430 parents in Turkey. WhatsApp was the most frequently used platforms, reported by 94% of parents, followed by Instagram at 85%, YouTube at 63%, Facebook at 57%, Twitter at 35%, Snapchat at 6% and TikTok at 5%.

According to Mertens et al. (2024), parents use various social media platforms to seek parenting and health related information and support. Their systemic literature review of 338 studies identified Facebook as the most popular social media platform among parents seeking information. On the other hand platforms such as blogs, Twitter and online forums received comparatively less attention.

A cross-sectional quantitative study was conducted among 285 parents of children aged under 12 years (including children below 5 years) in Indonesia. It found parents most frequently used YouTube, Facebook and WhatsApp to seek health related information for their children. The use of these platforms did not significantly change based on the child's age. This means parents across different children age groups used them in a similar way. However, Instagram use for health related information varied depending on the child's age. Approximately 38-39% of parents with children under 11 years reported using Instagram for health information, compared to only 22.3% of parents with children aged 12 years and above. This indicates that parents of younger children were more likely to use Instagram for health-related information. In addition, the use of Telegram and TIkTok for non-health related information also changed depending on the child's age. These platforms were more commonly used for general or non-health content rather than for seeking child health information (Ifroh & Permana, 2022).

Parenting and health related content sought on social media

The C.S Mott Children's Hospital National Poll on Children's Health found that about 80% of parents of children aged 0-4 years use social media to learn different topics such

as- 44% on toilet training, 33% on problems regarding behaviour, 26% on immunization, 24% on day-care or preschool and 21% on mixing with other children (Clark et al., 2023).

A quantitative study by Ifroh and Permana (2022) reported that parents of children under five years most commonly searched social media for information on allergies, child nutrition and the potential risks of screen time. On the other hand parents of children aged 5-11 years and 12 years and above also sought information about nutrition and screen exposure, in addition to topics such as accidents, bullying and reproductive health.

According to Lee and Lee (2022) pregnant women frequently turn to social media as sources of health information. They seek knowledge about their own well-being, fetal development, prenatal and postpartum care. This survey-based study have documented that a large proportion of expectant mothers use digital platforms specifically to access pregnancy-related information, with more than 70% reporting that they use social media for this. This research further indicates that mothers actively search information on issues such as morning sickness, travel or exercise during pregnancy, hospital related information, uterine cramping, fetal movement, symptoms indicating childbirth, exercise or diet to prepare for childbirth, diet during breastfeeding and recovery in the postpartum period. This findings demonstrate that social media functions as important channel through which women seek practical, pregnancy stage specific health information concerning both their own well-being and the health of their babies.

Hanindita et al. (2024) explored the types of complementary feeding information mothers sought on social media. The most commonly searched topics included tips for managing fussy eating, recommendations on foods that should or should not be introduced during complementary feeding and guidance on appropriate portion sizes.

A study examining the PICNIC peer-education nutrition program explored their nature and characteristics of parenting related social media content, including post types, thematic focus, format and communication strategies. The findings suggested that parents are more likely to seek and respond to instructive “how-to” posts that provide practical advice compared to purely informational posts. Content addressing specific feeding challenges such as food restriction, fussy eating, meal structure and the use of

food rewards appeared to attract greater interest from parents, whereas posts focusing on broader topics like the meal environment received comparatively less attention. The study further indicated that shorter, focused video content was more appealing to parents than longer videos, as extended formats were less likely to be viewed in full. Overall, the findings suggest that when seeking parenting and health related information on social media, parents tend to prefer shorter, practical, problem solving and instructional content that provides clear and actionable guidance rather than lengthy or purely descriptive information (Henström et al., 2025).

Strategies for assessing credibility of information available on social media

A study in an outpatient paediatric centre in Buenos Aires found that only a minority of caregivers consistently verified the credibility of social media content. Those who checked information, were more often parents of children with health problems (Urman et al., 2025).

According to Frey et al., (2022), parents who evaluate the credibility of parenting and health related information on social media, do so by using both personal judgement and trust on online groups. At the individual level, they examine the original source of information, translate it into their own language to understand it clearly and observe how the information is presented such as visuals, layout and level of interaction. Some parents compare the same information across different posts or platforms to see whether there is agreement while others consult healthcare professionals to confirm its accuracy. However this evaluation is not always systematic, as some parents rely on intuition or personal feelings. At the group level the credibility is often influenced by shared experiences. Parents tend to trust information shared by other parents who are facing similar situations, especially those managing chronic or serious health conditions. In social media groups, advice from more experienced members is usually considered more reliable. Overall, parents who evaluate credibility use a combination of checking sources, comparing information, seeking professional confirmation, trusting shared experiences and applying personal judgement.

Application of social media parenting and health information in daily parenting practice

Vaccination

In the year 2014-2015, a measles outbreak linked to Disneyland in California occurred mainly among unvaccinated individuals. During this period, vaccination was widely discussed on social media, where misleading and anti-vaccine content circulated alongside accurate information. Research suggests that exposure to such content increased parental confusion and concern about vaccine safety, which led many parents to delay or avoid vaccinating their children. This shows how social media information can influence vaccination practices (Omer et al., 2019)

During Bangladesh's 2025 nationwide typhoid vaccination campaign, misinformation circulated through social media platforms. Social media spaces contained rumours questioning whether the vaccine was safe and weather it might cause side effects. In particular, unverified claims suggested that the typhoid vaccine could lead to adverse health outcomes such as hair loss and infertility, which increased fear and uncertainty among parents and weakened trust in vaccination programs. These misconceptions influenced the decision making process of some parents, leading them to delay or completely avoid registering their child for the free typhoid conjugate vaccine in certain communities (Hasan, 2025). This situation illustrates how health related information obtained from social media can directly shape parental behaviour in real life context, as some parents tend to translate social media messages into action by either accepting or avoiding recommended medical interventions.

Consultations with paediatricians

A study conducted in outpatient paediatric centre in Buenos Aires found that although the vast majority of parents (97%) did not replace visits to paediatricians with social media consultations, over one-third (36%) used information from social media to supplement and apply what they had learned during medical visits (Urman et al., 2025). Another study involving 258 parents revealed that only about half of parents discussed information obtained from social media with their physicians, suggesting that online advice is often acted upon without professional consultation (Bryan et al., 2020).

Feeding practices

A qualitative study with Thai mothers found that many turned to Facebook groups during the transition from exclusive breastfeeding to complementary feeding, a period marked by uncertainty about what and how to feed their child (Supthanasup et al., 2022). Mothers joined these groups to observe what others were preparing for children of similar ages and frequently replicated shared menus and recipes in their own households. Rather than seeking theoretical guidance, they prioritized step-by-step, experience based information that could be directly applied in daily meal preparation. Social media platforms were often preferred over official government sources as they were perceived to be more practical, convenient and contextually relevant. By adapting peer-shared experiences, mother's actively integrated social media derived information into routine feeding practices and dietary decisions.

Chapter III: Methodology

Research approach

A qualitative research approach was applied to explore the patterns of social media use among urban mothers for parenting and health information and how they use these information in their daily parenting practices. According to punch (2014), qualitative research is ideal for studying personal experiences and gaining in-depth insights into people's behaviours and beliefs, which is essential for understanding mothers' patterns of social media use and practice.

Research site

The research was done in Cantonment and Uttara area in Dhaka and Ramu, Coxbazar in Bangladesh.

Research participants

The study participants consisted of urban mothers of children aged 0-5 years who use social media.

Sampling/ Participants selection procedure

A total of eleven participants, including five participants for In-depth interviews (IDI) and six participants for Focus Group Discussion (FGD) were selected. This was selected purposively based on the following criteria- urban mothers aged 25-40 years who use social media, having at least one child aged 0-5 years. Both working and non-working mothers with educational qualifications ranging from Bachelor's to Master's level was considered. According to Creswell (2012), Purposeful sampling involves deliberately selecting participants and research sites in order to gain a deeper understanding of the main phenomenon being studied.

Data collection tool

A semi-structured interview guide was used for In-depth interviews, as it allowed probing with additional questions when unanticipated issues arose (Draper, 2010). A Semi-structured FGD guideline was similarly developed based on the research questions. Both tools were reviewed by an expert and finalized based on the feedback prior to data collection.

Data collection method

In-depth interviews (approximately 45-60 minutes) was taken from five selected participants and oral consent was obtained. All interviews were recorded with an audio recorder as according to Bell (2005, p. 164), this ensured a precise capture of participants' responses. Also field notes were taken. In addition to the in-depth interviews, one Focus Group Discussion (approximately 60-90 minutes) was conducted with six participants. The FGD allowed the participants to interact, share experiences and build upon each other's responses, which generated richer data through group dynamics. According to Gay et al. (2012) a focus group discussion is useful for generating shared understanding and diverse perspectives through interaction among participants. The discussion was moderated by the researcher to ensure that all participants had an equal opportunity to speak and the conversation remained relevant to the study. With participants' oral consent, the discussion was recorded. Field notes were also taken.

Data management and analysis

Data analysis was conducted systematically after data collection. Audio recordings from the in-depth interviews (IDIs) and focus group discussion (FGD) were transcribed and all data were organized. The transcripts were read multiple times to develop a through understandings of the data after which coding was carried out (Gay et al., 2012). A thematic analysis method was applied to identify patterns, themes and recurring ideas within the data (Caulfield, 2023). The findings is presented in the form of themes supported by relevant participant quotations. Finally, interpretations is drawn based on the findings and appropriate recommendations are provided.

Validity and reliability

In qualitative research, validity and reliability are commonly addressed through the trustworthiness of the study. Trustworthiness is established through the criteria of credibility, dependability, confirmability and transferability (Creswell & Poth, 2018)

To ensure **credibility**, data were collected through two qualitative methods: IDI and FGD. Using both methods allowed the findings to be compared across different source of data. A semi-structured interview guide was developed based on the research questions and reviewed by an expert before data collection to ensure the relevance and clarity of the questions. Direct quotations from participants have been included in the findings chapter to accurately reflect their experiences and perspectives.

To enhance **dependability**, consistent data collection and analysis procedures were maintained throughout the study. The same semi-structured interview and focus group discussion guidelines were used for all participants and the data were analysed systematically using thematic analysis.

Confirmability was ensured by grounding the findings in the participants' responses rather than personal assumptions. The themes and interpretations were developed from the collected data and supported by participants' quotations to demonstrate that the findings reflected their perspectives.

To support **transferability**, detailed descriptions of the research setting, participant demographics, sampling procedure and data collection methods have been provided. This allows readers to determine the extent to which the findings may be applicable to similar contexts and populations.

Ethical issues

In this study all ethical issues related to research was maintained by following the guidelines from the WHO and ethical review committee of BRAC University.

Informed consent

Before conducting the IDI and FGD, participants will be clearly informed about the purpose and procedures of the study. A consent form was provided and permission was taken prior to participation, including consent for audio recording.

Voluntary participation

Participants were free to decline answering any question if they felt uncomfortable. Also they could withdraw from the study at any time without any negative consequences.

Confidentiality and anonymity

No identifying information of participant was disclosed and pseudonyms was used in reporting.

Use of information: The information collected was used only for academic purposes such as research reports or presentations, while maintaining full confidentiality of participants.

Limitations of the study

This study have some limitations that should be considered while interpreting the findings. First, this study relied on participants' self-reported experiences and practices. Participants may have unintentionally presented their practices in a more socially acceptable manner.

Second, mothers of children aged around five years could not accurately recall all the parenting and health related information they had sought on social media during their children's very early years.

Chapter IV: Findings and Discussion

This chapter is divided into two main sections: Findings and discussion. It concludes with the recommendations and conclusion, based on the findings of the study.

Findings

Demographic information

The participants were mothers of children aged 0-5 years who were active users of social media. Their ages ranged from 29 to 37 years. They were from the Cantonment and Uttara areas of Dhaka and from Ramu, Cox's Bazar, Bangladesh and belonged to middle to upper- middle socioeconomic backgrounds. Most of them completed a master's degree, while a few had completed a bachelor's degree. Among the participants, there were both homemakers and working mothers.

The findings are extracted from IDI and FGD, were the patterns of social media use among urban mothers of children aged 0-5 years in Bangladesh for obtaining parenting and health related information and to examine how this information is applied in their daily parenting practices has been explored. The findings are organized under four themes: social media platforms used for parenting and health related information, parenting and health related content sought on social media, strategies for assessing the credibility of parenting and health information on social media and application of parenting and health related information obtained from social media in daily parenting practices. Some themes are further divided into sub- themes.

Theme 1: Social media platforms used for parenting and health related information

Data form the IDIs indicated that all participants used multiple social media platforms in their daily lives. These included Facebook, YouTube, Messenger, Telegram, Pinterest and WhatsApp. However, when specifically seeking parenting and health related information, all participants relied mainly on Facebook and YouTube. One participant explained why she preferred YouTube for detailed guidance while relying on Facebook for information from parent groups and mom vloggers. According to her,

> *"For parenting and health related information, I mostly use YouTube and Facebook. YouTube explains things step by step in a practical way, making them easier to understand. Facebook helps me learn from parents' experiences through parent groups, parenting pages and mom vloggers."* (IDI#4, 17/05/2026)

Few IDI participants also reported using Pinterest occasionally for parenting related information. One mother shared,

> *"I use Pinterest very rarely. Sometimes when I search ideas for children's play, Pinterest provides many nice suggestions."* (IDI#3, 15/05/2026)

Data from the FGD also indicated that all participants used multiple social media platforms, including WhatsApp, Facebook, YouTube, Messenger, Telegram, Instagram, LinkedIn, Pinterest and Viber. However, all participants reported that Facebook and YouTube were the platforms they used most frequently for parenting and health related information.

> *"I searched in Facebook whether there is any page or group related to parenting where mothers share their experience… got information from Facebook feeds. Also searched for video on YouTube".* (FGD, 22/05/2026)

Theme 2: Parenting and health related content sought on social media

Content on general health of mothers

Regarding mothers' general health, data from the IDIs demonstrated that participants sought information related to their own health and wellbeing on social media. Most of the participants sought information on exercise, weight management and healthy diets, while a few focused on blood pressure management. According to one IDI participant,

> *"I have seen exercise and diet related information for my own health on social media… I watched YouTube videos on losing body fat quickly"* (IDI#5, 19/05/2026)

On the same topic area most FGD participants also reported seeking information on weight loss, exercise and healthy diet. Few sought information on skincare and managing hair fall. One mother shared,

> *"I gained weight and searched a lot about it on social media. I also searched for remedies for hair fall."* (FGD, 22/05/2026)

Content on pregnancy related health of mothers and postnatal period information

Regarding pregnancy and postnatal period, data from the IDIs indicate that participants sought diverse information related to **antenatal care, childbirth and postnatal care** through social media. All participants sought information on safe and unsafe foods during pregnancy while most participants sought emergency signs, sleep issues, signs of labour, delivery experiences, breastfeeding, pumping milk, mothers' postpartum depression and burping and tummy time of child. Some sought information on normal versus C-section delivery, hospital bag checklist while few sought recovery after childbirth, feeding bottle cleaning and infant sleep patterns. Few participants sought social media **before consulting a doctor** to prepare questions for the consultation. Some participants sought social media **after doctor consultation** to verify prescribed medications, learn practical caregiving such as tummy time and burping and exercise techniques suggested by doctors. One participant shared,

> *"After giving birth, Facebook mothers' group were a real support for me to understand all about pumping milk and using the pump. I could not get this information from any family member, since nobody in my family ever used or was familiar with breast pumps. My doctor did not provide any information about pumping either."* (IDI#4, 17/05/26)

Another participant shared about postpartum depression,

> *"I felt that I had postpartum depression…I used to see lots of YouTube videos on this. In Facebook I saw that others are sharing on this topic from diverse perspectives. All these gave me hope that if I wish, I can do it (recover)."* (IDI#5, 19/05/26)

Data from the FGD similarly indicates that participants sought information across **antenatal, childbirth and postnatal periods** on social media. All participants sought information on safe and unsafe foods during pregnancy, tummy time and burping of child. Most participants sought content on emergency signs and baby growth during pregnancy, breastfeeding, pumping milk, normal versus C-section delivery and other's delivery experiences while few participants sought anomaly scan, ultrasonography, vaccination in pregnancy, postpartum depression and baby massage. Few participants reported searching for information **before doctor consultations** to understand medical tests. Some mothers sought social media **after doctor consultation** to understand medical effects, practical caregiving techniques such as burping, tummy time, latching and baby holding technique which had been recommended by healthcare providers. One mother shared,

> *"The doctor recommended tummy and burping after feeding child. But I wanted to know exactly how to do it. So I watched YouTube videos".* (FGD, 22/05/2026)

Child health content

Another focus area of this study is to explore what content mothers sought on social media regarding child health. Data from the IDI indicates that all participants avoided actively searching for serious child health related content on social media, preferring doctors for reliability concerns. Mothers occasionally used social media for minor child health queries. All sought information on colic and gas for infants, some sought content on skin rashes and few sought information on cough, cold and constipation for all age group of children. One participant shared,

> *"I do not search much for my child's health issues on social media. Children's issues are very sensitive and social media information can be inaccurate. So I think it is better to consult a doctor."* (IDI#3, 15/05/26)

In FGD also most participants reported not actively searching for serious child health related information on social media, preferring doctors for illness related concerns. They reported seeking minor and common child health queries in social media. Most participants sought information on colic and gas problem and few sought information

on diaper rash, vomiting after feeding and allergy symptoms in infants. One participant shared,

> *"I searched for issues like how to put on diapers to avoid rashes. Also when she vomited after feeding, I searched whether it is normal or not. When she caught cold I also searched. But for serious issues I went to doctor."* (FGD, 22/5/26)

Parenting content

Data from the IDI indicates that participants sought parenting related content on social media across several areas. Most participants sought information on **managing behaviour and emotions**, including handling tantrums and discipline strategies for children. Some also sought information on regulating their own emotions while interacting with their child. Some participants sought **child activity** ideas such as crafts, learning and interactive play activities. Regarding **feeding**, most participants sought information on complementary feeding and variety of meal ideas. Some sought nutrition information and ready-made food products while few sought baby-led weaning and feeding hygiene. Most participants reported seeking posts in Facebook parenting groups about shared parenting experiences and strategies for overcoming **parenting challenges**. One participant shared,

> *"As a parent, I sometimes feel alone. But when other parents share the same struggles in Facebook parenting groups, it makes me feel less alone. Their strategies to overcome challenges also help me.* (IDI#2, 13/05/26)

Data from the FGD similarly indicates that participants sought parenting related content on social media. Regarding **feeding**, all participants sought variety meal ideas while some sought nutrition information. Few sought information on foods that may or may not be beneficial for children and feeding hygiene such as bottle cleaning and sterilization. Most participants sought information on **managing behaviour and emotions**, including handling tantrums and teaching manners to children. One participant sought managing her own anger while dealing with child behaviour challenges and shared,

"I have anger issues. I try to handle my anger while managing child tantrums. I search information on that in social media." (FGD, 22/05/26)

Preferences on the basis of social media content size

All participants in both IDI and FGD preferred short videos and concise written posts over long content, citing time constraints as mothers. Participants valued practical content with clear step-by-step guidance. According to participants,

"I like short videos where step-by-step practical guidance is given. Those are very helpful because, as mothers of young children, we do not have much time to watch long videos." (IDI#4, 17/5/2026)

"In my daily timeframe it is not possible to see a 12 to 15 minute long video. If the video is long I have to watch it in 2x mode. But if it is short, I can finish it" (FGD, 22/05/26)

Theme 3: Strategies for assessing the credibility of parenting and health information on social media

All IDI and FGD participants expressed concerns about the credibility of parenting and health related information on social media. According to participants,

"Because social media is an open space, anyone can write anything here. So it should be verified whether it is authentic or not. Otherwise it can be harmful for children". (IDI#2, 13/05/2026)

"Information can be wrong sometimes. Some people may create videos just to get views. We do not know their real intention, so we should not blindly trust the information and should verify it." (FGD, 22/05/2026)

Participants reported using several strategies to assess the credibility of social media parenting and health information as discussed below-

Checking other platforms

IDI participants reported that sometimes they cross-checked information on other platforms before trusting it. Some compared social media information with websites, other social media platforms or online sources that they considered more reliable while few compared these with different applications. One participant shared,

> *"I found information about the MMR vaccine on social media. I went to the WHO page to get authentic information about it and then I gave it to my son." (IDI#1, 5/05/2026)*

Similarly, all FGD participants reported that they sometimes cross-checked information using other platforms such as pregnancy related applications, Google or other online sources.

> *"I sometimes checked Facebook information in the baby app I used because it is managed by a large team that continuously updated information". (FGD, 22/05/2026)*

Evaluation through comments

All IDI and FGD participants reported evaluating the authenticity of parenting and health related information by reading comments section of social media posts. Comments helped mothers to understand other parents' experiences and determine whether the information appeared authentic and reliable. According to participants,

> *"If majority of the comments agreed with the post author, then the post is more convincing."* (IDI#5, 19/05/26)

> *"I carefully read the comments to see what people think and how they respond. Sometimes it help me understand whether the information is authentic and reliable."* (FGD, 22/05/2026)

Consultation with doctors and experts for credibility check

Data from IDI indicates that most participants did not consult doctors or experts when applying routine parenting information obtained from social media. They consulted doctors for issues requiring medication or diagnosis. One participant shared,

> *"If the issue require medication or a doctor's diagnosis, I always consult a doctor before applying the information. However, for things without side effects, I apply them based on my own judgement." (IDI#1, 5/5/2026)*

Similarly, most FGD participants reported not consulting doctors or experts before applying social media information in routine parenting matters. They do so when it is medication issue. However, one participant reported consulting a child specialist in routine parenting practice such as, introducing solid foods to her child. She used information from both the doctor and social media. According to her,

> *"When I first started feeding her solid foods, I consulted a child specialist to understand what type of food I should start with. I used information from both the doctor and social media while introducing solid foods." (FGD, 22/05/2026)*

Reliance on personal judgement

All IDI and FGD participants reported relying on their own judgements, intuitions or prior knowledge when evaluating parenting and health related information found on social media. Participants described assessing whether information appeared reasonable before deciding if they could trust it. According to participants,

> *"I verify it using my own judgement. I try to understand if it feels right and looks correct." (IDI#3, 15/05/2026)*

> *"I also rely on my intuition and gut feelings."* (FGD, 22/05/2026)

Theme 4: Application of social media parenting and health information in daily parenting practice

Behaviour and emotion regulation strategies

Data from the IDIs indicate that participants reported applying behaviour and emotion regulation strategies obtained from social media in their parenting practices. Most participants applied strategies for handling child tantrums and managing children's behaviour while some practices how to stay calm during difficult situations and communicate more effectively with their children. According to one mother,

> *"One thing I learned is to communicate with my child while staying calm. Positive parenting messages on different platforms remind me to stay calm and communicate calmly… I also learned simple techniques like deep breathing, which have helped me manage even difficult situations over time."* (IDI#2, 13/05/2026)

Similarly, FGD participants reported applying behaviour and emotion regulation strategies learned from social media. Most participants applied information related to handling child tantrums, managing children's behaviour and using positive communication techniques with children. One participant also mentioned trying to control her own anger while managing her child's behaviour. According to her,

> *"If my child does something wrong or screams, I try to follow what I learned about how to react and address it. Sometimes it works and sometimes it does not. Sometimes I cannot control my anger but later I realize it and try to improve".* (FGD, 22/05/2026)

Feeding practices

Data from IDIs indicate that most participants applied information related to complementary feeding and variety meal preparation for the 6 months – 5 years age group children and breastfeeding information for infants. Few mothers shared that they applied social media information for baby-led weaning and feeding hygiene (feeder cleaning and sterilization) for infants. One participant shared,

"From social media information I followed baby-led weaning and it worked quite well for my child". (IDI#3, 15/05/2026)

Data from FGD reveal that most participants applied variety meal ideas obtained from social media, mainly for children aged 6 months-5 years. A few mothers applied social media information for baby-led weaning for infants, and portion control and feeding schedules for 6 months-5 years aged children. According to one mother,

"From social media knowledge I started offering small portions with gaps between meals, kept evening snacks light and gave dinner early". (FDG, 22/05/2026)

Application of vaccination related information

Data from IDIs indicated that participants encountered information through social media feeds rather than active search and applied it. All participants encountered anti-vaccination content from social media but participants shared that they disregarded those contents, relying instead on doctors and government guideline. Most participants shared that they learned about government vaccination campaigns and schedules through social media. Then they visited vaccination centres accordingly. Some participants gave their children vitamin A capsules after learning about it through social media, while few applied information on age eligibility, vaccination locations and additional vaccines beyond the government schedule. One participant shared,

"I gave my child the Vitamin A capsule after learning about it from Facebook."(IDI#1, 5/-5/2026)

Similarly, most FGD participants reported applying vaccination-related information encountered on social media related to vaccination campaigns, eligibility criteria, vaccination schedules, vaccine availability and additional vaccines. However, one participant reported not administering the typhoid vaccine to her child after encountering anti-vaccination content on social media. According to her,

"I saw many people on social media saying that typhoid vaccine was not necessary and that it was being given on a trial basis. I heard many negative

discussion about it. As a result, I did not give the vaccine to my child." (FGD, 22/05/2026)

Child friendly activities

Data from IDIs indicate that participants applied child friendly activities and learning related information from social media. Some of them applied information related to craft activities, making handmade toys and playing with children.

> *"If I want to make a toy for my child, I search on YouTube to see what can be made at home. Then I make it myself and play with my child".* (IDI#3, 15/05/26)

Shift from traditional practices

Data from IDIs indicate that participants reported social media information consciously moved them away from certain traditional parenting and childcare practices. For instance some participants reported that they refrained from using physical punishment on their children, while a few got rid of mustard oil for new-born massage and limited the use of semolina as a complementary food. They mixed nuts and other nutritious foods with semolina. Few also adopted baby-led weaning. According to one participant,

> *Many of us experienced physical punishment as children, which is not healthy in the long-term. Our parents did not know this, but social media now offers awareness on this issue and we are able to put that knowledge into practice."* (IDI#2, 13/05/26)

Data from FGD revealed that most participants discussed moving away from mustard oil massage and being more open to using diapers despite traditional resistance. Few discussed reconsidering the nutritional value of semolina as complementary food. One participant reflected,

> *"My parents used mustard oil for baby massage, but that has changed. Doctors also advise against it. People said diapers should not be used, but I did not follow that. For me, these changes have come through social media."* (FGD, 22/05/2026)

Family and social resistance to applying social media information

Data from IDIs indicate that participants faced resistance from family members and others around when applying parenting practices learned from social media. Some mothers faced this when avoiding sugar and salt in baby food, while fewer faced resistance regarding sensory play and baby-led weaning. One participant described,

> *"Sometimes I did good things that I learned from social media, but family members and people around me took it negatively. They could not understand that rice and lentils could be used for play or that messy play and water play can be beneficial for children. Because of this, I could not apply these practices to a large extent." (IDI#3, 15/05/26)*

Discussion

Theme 1: Social media platforms used for parenting and health related information

The findings of this study indicate that middle to upper middle socioeconomic background urban mothers used multiple social media platforms in their daily lives, including Facebook, YouTube, WhatsApp, Messenger, Telegram, Instagram, LinkedIn, Pinterest and Viber. Among these Facebook and YouTube emerged as the primary sources for parenting and health related information. Pinterest was used only occasionally by a few mothers for parenting related content. This finding matches with the study of Waring et al. (2023), which reported that YouTube was the most widely used platform for parenting and health related information among parents in the United States. 88% of the participants of that study reported that, whereas approximately 79% and 47% respectively followed Facebook and Instagram. The present study reflects similar pattern in the Bangladeshi urban context where majority of the mothers access to Facebook and YouTube for parenting and health related information.

A notable finding of this study is that mothers' use of Instagram for parenting and health information is limited. Studies in different countries have reported that parents use Instagram for parenting and health information (Ifroh & Permana, 2022; Waring et al., 2023). Participants in this study generally described it as a platform for general content consumption rather than an information source for parenting and health information. The findings suggest that the role of specific social media platforms for seeking parenting and health information may vary across different contexts. This is an important contextual finding, as it suggests that global trends in parents' use of social media may not translate uniformly across different settings.

Theme2: Parenting and health related content sought on social media

Diversity of information sought on social media

The findings demonstrate that mothers use social media to seek information across a broad range of topics, including maternal health, antenatal care, childbirth, postnatal care, feeding practices, behaviour management and educational activities. This

indicates that mothers use social media to access information on various aspects of parenting and health. This finding aligns with Moon et al. (2019), who reported that mothers frequently used social media as a source of different parenting and health related information.

Social media as an information source from antenatal to postnatal

The study findings indicate that mothers use social media to seek information on antenatal, childbirth and postnatal periods, which aligns with Zhu et al. (2019) who found that mothers use social media on different stages of the maternal journey, including pregnancy complications, fetal development, nutrition and postpartum period.

In the present study, participants sought breastmilk pumping related information in social media. One participant joined Facebook mothers' groups for guidance on breast milk pumping because her family members lacked this information and she could not receive relevant information from her healthcare provider regarding this. This suggests that, in specific situations, social media may not only supplement professional healthcare but also fill information gaps left by both the formal healthcare system and informal family knowledge networks. This finding corresponds with Moon and Woo (2021), when other support system is unavailable or insufficient, mothers who express breast milk tend to join online and social media communities to get support.

Frey et al. (2023), in Australian study on 1000 parents, found that parents use social media both before and after medical consultations. Before consultation with the doctor, they sought information on treatment options and when medical attention was needed. They even verify doctors' advice on social media afterwards. A similar pattern has emerged in this study as well, where mothers use social media before appointments with doctors to prepare questions and after visiting doctors to verify prescribed medications and to understand recommended tests. They also search for practical guidance on tummy time or burping of babies which is recommended during doctor's consultations. In this scenario, it can be said that social media serves as a bridge between professional advice and practical implementation.

Social media for child health information

The findings of this study indicate that mothers seek information on social media for their own health during pregnancy or other times. They avoid social media for serious child health concerns and instead consult doctors. For minor child health issues, they rely on social media. This indicates that mothers have developed a self-regulatory mechanism for using social media when seeking health related information for their children.

Preferences on the basis of social media content size

All IDI and FGD participants expressed a clear preference for short yet detailed videos and concise experience sharing posts over lengthy text based content or long-form videos. They prefer this due to time constraints as mothers. This finding matches Media Culture (2024), which found that parents prefer bite-sized content that fits their busy routines.

Social media as both an information source and social or emotional support system

An important finding of this study is that mothers use social media not only as an information source but also for social and emotional support. This is particularly evident in discussions of postpartum depression, parenting challenges, breastfeeding related difficulties like pumping breastmilk. Facebook parenting groups and pages allow mothers to access the lived experiences of other parents facing similar challenges. This highlights that experiential knowledge is often valued alongside expert knowledge. This finding is consistent with the study by Duggan et al. (2015), which indicates that social media serve as a source of emotional reassurance, practical advice, and social support for parents.

Theme 3: Strategies for assessing the credibility of parenting and health information on social media

A significant findings of this study is that all mothers are aware that social media information could be inaccurate, fabricated or produced to attract views rather than to genuinely inform. That is why they developed strategies for evaluating what they found

on social media. These strategies included reading comment sections to assess agreement among other users, cross-checking information on other platforms, applying personal judgement or prior knowledge and consulting healthcare professionals when necessary.

The findings of this study indicates that participants sometimes cross-checked social media content on other platforms and websites. This reflects an active approach to evaluating health information. According to Altawil et al. (2023) study, parents checked and compared multiple online sources including social media, to determine trustworthiness of child health information. The same study also found that parents relied on their own personal perception when evaluating information. All participants in this study reported doing the same. Relying on personal judgement is not always reliable as it creates a specific kind of risk. It works well when prior knowledge is sound but can fail silently when prior knowledge is incomplete or when misinformation presents itself in a credible format.

The findings further reveal that participants consulted healthcare professionals when information involve medication and diagnosis. This indicates that mothers use different standards of evaluation depending on the perceived level of risk associated with the information.

The findings also indicate the use of comments sections as credibility tool, which is particularly worth examining. Participants read comment sections on social media posts and use the level of agreement among other users as a way to judge whether information could be trusted. Frey et al. (2022) described this as an informal method where parents check information by looking at how many other people agreed with it, treating widespread agreement as a sign of reliability. However, this approach carries inherent risks, as popular consensus on social media does not guarantee accuracy and may in some cases amplify misinformation through social reinforcement.

The findings suggest that some credibility-checking strategies employed by mothers is not always successful in identifying accurate information, particularly regarding child vaccination. While most participants actively rejected anti-vaccination content they encounter online, one FGD participant reported not giving her child the typhoid vaccine as a result of anti-vaccination information she had seen on social media. This matches

with a well-documented global concern. Burki (2019) notes that a segment of parents who doubts about vaccination can be particularly vulnerable to anti-vaccination messages on social media and even small drops in vaccine uptake can have serious public health consequences. This may be especially concerning in the context of Bangladesh, where high population density means that even relatively low levels of social media influenced vaccine hesitancy could have broader population level implications.

Theme 4: Application of social media parenting and health information in daily parenting practice

Behaviour and emotion regulation strategies

According to the findings, mothers described applying a range of behaviour and emotion regulation strategies for children. Some participants also shared experiences of trying to manage their own emotional responses during difficult parenting moments, by practicing deep breathing or working toward staying calm when responding to their children. Pezalla and Davison (2024) found that gentle parenting is defined primarily by parents' efforts to maintain emotional calm and refrain from punitive responses toward their child, as well as by supporting children's emotional regulation. In the Bangladeshi context, where physical punishment has historically been normalised for children (Hasnat, 2017), this pattern suggests that social media may be contributing to a shift in parenting values across generations.

Social media as an agent of change in traditional practices

One of the significant findings of this study is the shift of mothers away from traditional childcare practices following exposure to social media content. Mothers got rid of mustard oil for new-born massage, reconsidered food choices for their infants, adopted baby-led weaning and moved away from physical punishment, with social media identified as an important source of information prompting these changes. The case of mustard oil is particularly well-grounded in research. Summers et al. (2018) found that new-born routinely massaged with mustard oil in rural Nepal showed signs of skin irritation and damage during the first two weeks of life, with the findings considered applicable to populations across the broader South Asian region, including Bangladesh.

The fact that mothers encountered and acted on this type of evidence based guidance through social media platforms suggests a genuinely positive role for these platforms in public health knowledge dissemination. The practice of staying calm and moving away from physical punishment, discussed earlier under behaviour and emotion regulation, is another example of this pattern. Pezalla and Davidson (2024) found that gentle parents described their own parenting as more intentional, affectionate and conscious than the parenting they had experienced growing up, suggesting a generational shift in parenting values. The findings of this study reflect a similar pattern where mothers discussed their practice of staying calm and moving away from physical punishment. They described parenting in ways that differed from their own upbringing and connected this to content they had encountered on social media. This suggests social media functions as a space for reflective parenting, where mothers question inherited norms and make deliberate choices about the kind of parent they want to be.

Application of vaccination related information

Vaccination related information encountered on social media shaped participants' vaccination related actions, for example giving the child the Vitamin A capsule after seeing it on social media. While participants also encountered anti-vaccination content, most did not act on it and continued to rely on doctors and government guidelines. However, one participant withheld the typhoid vaccine from her child after encountering rumours on social media. This illustrates how social media misinformation can directly influence vaccination behaviour, which aligns with Smith et al. (2024).

Family and social resistance to applying social media information

A contextually important finding of this study is the social resistance that mothers encountered when attempting to apply parenting practices learned from social media within their households and immediate social environments. Sensory play, baby-led weaning and avoiding salt and sugar in infant food were among the practices that encountered resistance from family members and others around them. One participant described being unable to implement certain practices on a large extent due to her social environment's inability to understand approaches such as messy play and water play. These findings highlight that access to information alone does not guarantee application. Parenting practices are embedded within broader social and cultural

contexts that shape decision making processes. Mothers' ability to apply parenting information from social media is not determined by knowledge alone, but is also shaped by the family and social environment in which they parent.

Conclusion

The study explored how urban mothers of children aged 0-5 years in Bangladesh use social media for parenting and health related information, with particular attention to the platforms they use, the information they seek, how they evaluate its credibility and how they apply this information in their daily parenting practices. By examining these interconnected aspects, the study sought to develop a contextual understanding of mothers' digital information seeking behaviours within the Bangladeshi setting.

From the findings it has been found out that, Facebook and YouTube emerged as the primary platforms through which mothers sought a wide range of parenting and health related information spanning pregnancy, childbirth and postnatal care, maternal health, minor child health issues, feeding , child learning activities and behaviour management.

Social media was commonly used for minor child health issues and practical parenting guidance. Participants generally preferred to consult healthcare professionals for serious child health concerns. Beyond providing information, these platforms also served as spaces where mothers learned from lived experiences of other parents and found social emotional support during different stages of motherhood. In addition, social media complemented professional healthcare by helping mothers translate medical advice into practical step by step guidance that could be implemented in everyday parenting.

The study further demonstrates that although participants recognized the possibility of misinformation, they continued to use social media, applying different strategies to evaluate the credibility, including reading comment sections, cross-checking with other platforms, relying on personal judgement and consulting doctors for medication and diagnosis. The findings suggest that some credibility checking strategies employed by parents were not always successful in identifying accurate information, particularly regarding child vaccination. Most participants rejected information related to anti vaccination. However, one participant did not vaccinate her child after being convinced

by misinformation encountered on social media. This finding suggests that, social media may still pose certain risks, even though the majority of participants rejected the misinformation.

The findings further indicate that mothers applied social media information for feeding, vaccination related decisions, behaviour regulation and activities to do with the child. Social media also encouraged mothers to adopt evidence informed approaches. The findings reveal that some mothers experienced family and social resistance when attempting to apply parenting practices learned through social media in their everyday lives. Together, these findings suggest that mothers' ability to apply parenting information learned through social media was influenced not only by access to information but also by their family and social environment.

The findings provide valuable insights for various stakeholders involved in content creation, content management and monitoring of online information. Furthermore, this study can serve as a foundation for future research in this area and may stimulate further investigations into the role of social media in shaping parenting and health related knowledge and practices in Bangladesh.

Recommendations

- Government and non-government organizations can prioritize Facebook and YouTube for awareness raising programs and for disseminating evidence based parenting and health information, as these were the platforms most frequently used by mothers.
- Policymakers, government and non-government organizations could take digital literacy initiatives for parents, especially mothers, to equip them with the skills to critically navigate online health and parenting information.
- Extend early childhood development programs beyond mothers and include other family members such as grandparents and in-laws to reduce family resistance to adopting evidence based parenting practices learned through social media. Here government's role is crucial.

- Develop and disseminate precise awareness related content by government, non-government organizations and relevant experts, considering mothers' time constraints.
- Regulatory bodies responsible for media oversight need to be more vigilant in ensuring the accuracy of information shared on social media platforms.
- Further research is recommended to explore social media information seeking patterns and practices among mothers with lower levels of education, as their experiences may differ from those of the bachelor's and master's degree holding mothers represented in this study.

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Appendix A.

Voluntary Consent Form for Mothers

BRAC Institute of Educational Development, BRAC University

Title of the Research Protocol

Exploring mothers' use of social media for parenting and health information in Bangladesh: patterns and practices

Principal Investigator: Sajia Afreen Smita

Master's Student, BRAC Institute of Educational Development, BRAC University

Introduction

The early years of a child's life are crucial for overall development. Mothers play a central role in shaping the developmental outcomes through their daily parenting practices and health related decisions. In recent years, social media has become an important source of parenting and health related information for many mothers. This include health information related to well-being of both mothers and children. Through different social media platforms, mothers access information, advice, share experiences and seek support. Therefore, understanding how mothers use social media for parenting and health information and how they apply this information in daily parenting practice is important for supporting informed decision making and overall well-being.

Purpose of the research

I am from the BRAC Institute of Educational Development, BRAC University, conducting a research study to explore how urban mothers of children aged 0-5 years use social media to obtain parenting and health related information. In this study, health related information refers to guidance and knowledge concerning the well-being of both mothers and their children. The study aims to understand which platforms mothers use, what types of parenting and health related content they seek, how they evaluate the credibility of that information and how they apply it in their everyday parenting practices.

Why selected

You have been selected because you are an urban mother who has at least one child aged between 0-5 years and you use social media to access parenting or health information. As a primary caregiver your experiences and insights are valuable for this research.

Expectation from the respondent

If you agree to participate in this study, you will be requested to share your experiences and opinions regarding your use of social media for parenting and health information. You may participate in either an In-depth Interview (approximately 45-60 minutes) or a Focus Group Discussion (approximately 60-90 minutes). With your permission, the session will be audio recorded to ensure accuracy. You can provide your consent by signing this form.

Risks and benefits

There are no anticipated risks involved in participating in this study. You are also free to skip any question you feel uncomfortable answering. Your participation can contribute to better understanding of mothers' social media information seeking patterns and practices. This may help to improve future parenting support and health communication strategies aimed at enhancing the well-being of mothers and young children in Bangladesh.

Privacy, anonymity and confidentiality

All information collected from you will be kept strictly confidential. Your name and any identifying information will not be disclosed in any report or publication. Pseudonyms will be used to protect your identity. Audio recordings and transcripts will be securely stored and used only for academic purposes. If you have any questions about the study, you may contact me at:

Phone: 01756648779

Email: sajia.smita12@gmail.com

Future use of information

The data collected in this study may be used for academic publications, presentations or future research purposes. However in all cases your identity will remain anonymous and confidential. No information that can identify you personally will be shared.

Right not to participate and withdraw

Your participation in study is completely voluntary. You have the right to decide whether or not to participate. You may withdraw from the study at any time without any penalty or negative consequences. Refusal to participate will not affect you in any way. If you agree to participate, please indicate your consent by signing in the space below.

Thank you very much for your cooperation.

_____

Signature of Investigator

Date:

_____

Signature of Participant

Date:

Appendix B.

In Depth Interview (IDI) Guideline

Date of Interview:

Place:

Section A: Demographic information

Name:

Education:

Age:

Profession:

Age of child:

Section B: **Introductory question:**

1. According to you what is social media?

2. What social media platforms do you usually use?

3. Which social media platform do you usually use the most?

Section c: Mothers' social media platform preferences:

4. Do you search for parenting-related information using social media?

• If yes, in which social media platforms do you search for this information?

5. Do you search for information related to your own health and your child's health using social media?

• If yes, in which social media platforms do you search for this information?

6. Which platform do you use the most for parenting and health-related information?

• Why do you use this platform the most?

Section D: Content sought on social media by mothers:

7. What types of parenting-related information do you search for on social media? Please explain in detail.

8. What types of child health-related information do you search for on social media? Please explain in detail.

9. What types of your own health-related information do you search for on social media? Please explain in detail.

10. Have you ever searched for information related to pregnancy (antenatal) on social media?
• If yes, what types of information did you search for? Please explain in detail.

11. Have you ever searched for information related to childbirth (natal) on social media?
• If yes, what types of information did you search for? Please explain in detail.

12. Have you ever searched for information related to postnatal care on social media?
• If yes, what types of information did you search for? Please explain in detail.

13. Have you ever searched for information about your child's health on social media before visiting a doctor?

• If yes, what kind of information did you look for?

14. Have you ever searched for information about your child's health on social media after visiting a doctor?

• If yes, what kind of information did you look for?

15. What type of social media content do you usually prefer?
(For example: videos, posts, reels, other parents' experiences)
• Why do you prefer this type of content?
• Which do you find more useful for parenting and health-related information—short videos or long videos? Why?

16. Do you communicate or discuss with other parents on social media? (In parenting groups comments, messages). How do you communicate?

• How helpful is this experience for you? Why?

Section E- Application of social media parenting and health information in daily practice:

17. Do you apply the parenting and health-related information you get from social media in your daily life? If yes, how do you apply?
18. Before using this information, do you consult a doctor or expert? If yes, What do you consult?

• If you do not consult, why?

19. Overall, how do you think social media information has influenced your parenting and health-related decisions?
20. Has these information brought any significant change in your life?

21. What are the positive and negative experiences you have regarding using parenting and health related information of social media in daily life?

22. Have you ever come across or searched for any information related to child vaccination on social media?
• If yes, did this information influence your thoughts or decisions in any way? If so, how?

Section F- Evaluation of credibility of information available on social media:

23. Do you think it is necessary to verify whether the information available on social media is credible or not?
• If yes, why do you think it is important to verify it?

24. Do you verify the credibility of information you find on social media?
• If yes, how do you verify it?

Appendix C.

In Depth Interview (IDI) guideline Bengali version

ইন্টারভিউয়ের তারিখ:
স্থান:

শাখা ক: জনতাত্ত্বিক তথ্য

নাম:

বয়স:

শিক্ষাগত যোগ্যতা:

পেশা **:**

শিশুর বয়স :

শাখা খ: প্রারম্ভিক প্রশ্ন

১. আপনার কাছে সোশ্যাল মিডিয়া/ সামাজিক যোগাযোগমাধ্যম বলতে কী বোঝায়?

২. আপনি সাধারণত কোন কোন সামাজিক যোগাযোগমাধ্যম প্ল্যাটফর্ম ব্যবহার করেন?

৩. আপনি সাধারণত কোন সামাজিক যোগাযোগমাধ্যম প্ল্যাটফর্ম সবচেয়ে বেশি ব্যবহার করেন?

শাখা গ: মায়েদের সোশ্যাল মিডিয়া প্ল্যাটফর্মের পছন্দ

৪. আপনি কি সামাজিক যোগাযোগমাধ্যম ব্যবহার করে প্যারেন্টিং (সন্তান প্রতিপালন) সম্পর্কিত তথ্য খোঁজেন?

• যদি হ্যাঁ হয়, কোন কোন সামাজিক যোগাযোগমাধ্যমে আপনি এই তথ্য খোঁজেন?

৫. আপনি কি সামাজিক যোগাযোগমাধ্যম ব্যবহার করে নিজের স্বাস্থ্য এবং আপনার সন্তানের স্বাস্থ্যের তথ্য খোঁজেন?

• যদি হ্যাঁ হয়, কোন কোন সামাজিক যোগাযোগমাধ্যমে আপনি এই তথ্য খোঁজেন?

৬. প্যারেন্টিং এবং স্বাস্থ্য সম্পর্কিত তথ্যের জন্য আপনি কোন প্ল্যাটফর্মটি সবচেয়ে বেশি ব্যবহার করেন?

• আপনি কেন এই প্ল্যাটফর্মটি সবচেয়ে বেশি ব্যবহার করেন?

শাখা ঘ - মায়েদের দ্বারা সামাজিক যোগাযোগমাধ্যমে অনুসন্ধানকৃত বিষয়বস্তু:

৭. আপনি সামাজিক যোগাযোগমাধ্যমে কী ধরনের প্যারেন্টিং সম্পর্কিত তথ্য খোঁজেন? অনুগ্রহ করে বিস্তারিতভাবে ব্যাখ্যা করুন।

৮. আপনি সামাজিক যোগাযোগমাধ্যমে কী ধরনের শিশুর স্বাস্থ্য সম্পর্কিত তথ্য খোঁজেন? অনুগ্রহ করে বিস্তারিতভাবে ব্যাখ্যা করুন।

৯. আপনি সামাজিক যোগাযোগমাধ্যমে নিজের স্বাস্থ্য সম্পর্কিত কী ধরনের তথ্য খোঁজেন? অনুগ্রহ করে বিস্তারিতভাবে ব্যাখ্যা করুন।

১০. আপনি কি কখনো সামাজিক যোগাযোগমাধ্যমে গর্ভাবস্থা (অ্যান্টেনাটাল) সম্পর্কিত তথ্য খুঁজেছেন?

• যদি হ্যাঁ হয়, আপনি কী ধরনের তথ্য খুঁজেছেন? অনুগ্রহ করে বিস্তারিতভাবে ব্যাখ্যা করুন।

১১. আপনি কি কখনো সামাজিক যোগাযোগমাধ্যমে প্রসব (ন্যাটাল/ডেলিভারি) সম্পর্কিত তথ্য খুঁজেছেন?

• যদি হ্যাঁ হয়, আপনি কী ধরনের তথ্য খুঁজেছেন? অনুগ্রহ করে বিস্তারিতভাবে ব্যাখ্যা করুন।

১২. আপনি কি কখনো সামাজিক যোগাযোগমাধ্যমে প্রসব-পরবর্তী (পোস্টনাটাল) যত্ন সম্পর্কিত তথ্য খুঁজেছেন?

• যদি হ্যাঁ হয়, আপনি কী ধরনের তথ্য খুঁজেছেন? অনুগ্রহ করে বিস্তারিতভাবে ব্যাখ্যা করুন।

১৩. আপনি কি কখনো ডাক্তার দেখানোর আগে আপনার নিজের/সন্তানের স্বাস্থ্য সম্পর্কিত তথ্য সামাজিক যোগাযোগমাধ্যম থেকে খুঁজেছেন?

• যদি হ্যাঁ হয়ে থাকে, তাহলে আপনি কী কী তথ্য খুঁজেছেন?

১৪. আপনি কি কখনো ডাক্তার দেখানোর পরে আপনার নিজের/সন্তানের স্বাস্থ্য সম্পর্কিত তথ্য সামাজিক যোগাযোগমাধ্যম থেকে খুঁজেছেন? যদি হ্যাঁ হয়ে থাকে, তাহলে আপনি কী কী তথ্য খুঁজেছেন?

১৫. আপনি সাধারণত কোন ধরনের সামাজিক যোগাযোগমাধ্যম কনটেন্ট পছন্দ করেন?
(যেমন: ভিডিও, পোস্ট, রিলস, অন্যান্য অভিভাবক অভিজ্ঞতা)
• আপনি কেন এই ধরনের কনটেন্ট পছন্দ করেন?
• প্যারেন্টিং ও স্বাস্থ্য সম্পর্কিত তথ্যের জন্য কোনটি বেশি উপকারী—ছোট ভিডিও নাকি দীর্ঘ ভিডিও? কেন?

১৬. আপনি কি সামাজিক যোগাযোগমাধ্যমে অন্যান্য অভিভাবকের সাথে যোগাযোগ বা আলোচনা করেন? (গ্রুপে মন্তব্য, মেসেজের মাধ্যমে) আপনি কীভাবে যোগাযোগ করেন?

• এই অভিজ্ঞতা আপনার জন্য কতটা সহায়ক? কেন?

শাখা ঙ- দৈনন্দিন জীবনে সামাজিক যোগাযোগমাধ্যমে পাওয়া প্যারেন্টিং এবং স্বাস্থ্য সম্পর্কিত তথ্যের ব্যবহার

১৭. আপনি কি সামাজিক যোগাযোগমাধ্যম থেকে পাওয়া প্যারেন্টিং ও স্বাস্থ্য সম্পর্কিত তথ্য আপনার দৈনন্দিন জীবনে ব্যবহার করেন? যদি করেন, কীভাবে ব্যবহার করেন?

১৮. এই তথ্য ব্যবহার করার আগে কি আপনি ডাক্তার বা কোনো বিশেষজ্ঞের সঙ্গে পরামর্শ করেন?

• যদি করেন, কী পরামর্শ নেন? যদি না করেন, কেন করেন না?

১৯. সামগ্রিকভাবে, সোশ্যাল মিডিয়া থেকে পাওয়া তথ্য আপনার প্যারেন্টিং ও স্বাস্থ্য সম্পর্কিত সিদ্ধান্ত গ্রহণে কী ধরনের প্রভাব ফেলেছে বলে আপনি মনে করেন?

২০. সামাজিক যোগাযোগমাধ্যম থেকে পাওয়া প্যারেন্টিং ও স্বাস্থ্য সম্পর্কিত তথ্য কি আপনার জীবনে কোনো গুরুত্বপূর্ণ পরিবর্তন এনেছে?

২১. দৈনন্দিন জীবনে সামাজিক যোগাযোগমাধ্যম থেকে পাওয়া প্যারেন্টিং ও স্বাস্থ্য সম্পর্কিত তথ্য ব্যবহারের ক্ষেত্রে আপনার ইতিবাচক ও নেতিবাচক অভিজ্ঞতা কী?

২২. আপনি কি কখনও সোশ্যাল মিডিয়ায় শিশুদের টিকাদান সম্পর্কিত কোনো তথ্য খুঁজেছেন /দেখেছেন?

• যদি দেখে থাকেন, তাহলে এই তথ্য কি আপনার চিন্তাভাবনা বা সিদ্ধান্তকে কোনোভাবে প্রভাবিত করেছে? যদি করে থাকে, তাহলে কীভাবে?

শাখা চ - সামাজিক যোগাযোগমাধ্যমে পাওয়া তথ্যের নির্ভরযোগ্যতা মূল্যায়ন

২৩. আপনার কি মনে হয় সামাজিক যোগাযোগমাধ্যমে পাওয়া তথ্যগুলো বিশ্বাসযোগ্য কি না তা যাচাই করা প্রয়োজন?

• যদি হ্যাঁ হয়, তাহলে আপনি কেন মনে করেন এটি যাচাই করা গুরুত্বপূর্ণ?

২৪. আপনি কি সামাজিক যোগাযোগমাধ্যমে পাওয়া তথ্যের বিশ্বাসযোগ্যতা যাচাই করেন?

• যদি হ্যাঁ হয়, আপনি কীভাবে সেটি যাচাই করেন?

Appendix D.

Focus Group Discussion Guidelines

Date of Interview:

Place:

Section A: Demographic information

	Name	Age	Educational qualification	Profession	Age of child
1					
2					
3					
4					
5					
6					

Section B: **Introductory question:**

1. According to you what is social media?

2. What social media platforms do you usually use?

3. Which social media platform do you usually use the most?

Section c: Mothers' social media platform preferences:

4. Do you search for parenting-related information using social media?

• If yes, in which social media platforms do you search for this information?

5. Do you search for information related to your own health and your child's health using social media?

• If yes, in which social media platforms do you search for this information?

6. Which platform do you use the most for parenting and health-related information?

• Why do you use this platform the most?

Section D: Content sought on social media by mothers:

7. What types of parenting-related information do you search for on social media? Please explain in detail.

8. What types of child health-related information do you search for on social media? Please explain in detail.

9. What types of your own health-related information do you search for on social media? Please explain in detail.

10. Have you ever searched for information related to pregnancy (antenatal) on social media?
• If yes, what types of information did you search for? Please explain in detail.

11. Have you ever searched for information related to childbirth (natal) on social media?
• If yes, what types of information did you search for? Please explain in detail.

12. Have you ever searched for information related to postnatal care on social media?
• If yes, what types of information did you search for? Please explain in detail.

13. Have you ever searched for information about your child's health on social media before visiting a doctor?

• If yes, what kind of information did you look for?

14. Have you ever searched for information about your child's health on social media after visiting a doctor?

• If yes, what kind of information did you look for?

15. What type of social media content do you usually prefer?
(For example: videos, posts, reels, other parents' experiences)
• Why do you prefer this type of content?

• Which do you find more useful for parenting and health-related information—short videos or long videos? Why?

Section E- Application of social media parenting and health information in daily practice:

16. Do you apply the parenting and health-related information you get from social media in your daily life? If yes, how do you apply?
17. Before using this information, do you consult a doctor or expert?

• If yes, what do you consult?

• If you do not consult, why?

18. What are the positive and negative experiences you have regarding using parenting and health related information of social media in daily life?

19. Have you ever come across or searched for any information related to child vaccination on social media?
• If yes, did this information influence your thoughts or decisions in any way? If so, how?

Section F- Evaluation of credibility of information available on social media:

20. Do you think it is necessary to verify whether the information available on social media is credible or not?
• If yes, why do you think it is important to verify it?

21. Do you verify the credibility of information you find on social media?
• If yes, how do you verify it?

Appendix E.

ফোকাস গ্রুপ ডিসকাশন গাইডলাইন

আলোচনার তারিখ:
স্থান:

শাখা ক: জনতাত্ত্বিক তথ্য

	নাম	বয়স	শিক্ষাগত যোগ্যতা	পেশা	শিশুর বয়স
১					
২					
৩					
৪					
৫					
৬					

শাখা খ: প্রারম্ভিক প্রশ্ন

১. আপনার কাছে সোশ্যাল মিডিয়া/ সামাজিক যোগাযোগমাধ্যম বলতে কী বোঝায়?

২. আপনি সাধারণত কোন কোন সামাজিক যোগাযোগমাধ্যম প্ল্যাটফর্ম ব্যবহার করেন?

৩. আপনি সাধারণত কোন সামাজিক যোগাযোগমাধ্যম প্ল্যাটফর্ম সবচেয়ে বেশি ব্যবহার করেন?

শাখা গ: মায়েদের সোশ্যাল মিডিয়া প্ল্যাটফর্মের পছন্দ

৪. আপনি কি সামাজিক যোগাযোগমাধ্যম ব্যবহার করে প্যারেন্টিং (সন্তান প্রতিপালন) সম্পর্কিত তথ্য খোঁজেন?

• যদি হ্যাঁ হয়, কোন কোন সামাজিক যোগাযোগমাধ্যমে আপনি এই তথ্য খোঁজেন?

৫. আপনি কি সামাজিক যোগাযোগমাধ্যম ব্যবহার করে নিজের স্বাস্থ্য এবং আপনার সন্তানের স্বাস্থ্যের তথ্য খোঁজেন?

• যদি হ্যাঁ হয়, কোন কোন সামাজিক যোগাযোগমাধ্যমে আপনি এই তথ্য খোঁজেন?

৬. প্যারেন্টিং এবং স্বাস্থ্য সম্পর্কিত তথ্যের জন্য আপনি কোন প্ল্যাটফর্মটি সবচেয়ে বেশি ব্যবহার করেন?

• আপনি কেন এই প্ল্যাটফর্মটি সবচেয়ে বেশি ব্যবহার করেন?

শাখা ঘ - মায়েদের দ্বারা সামাজিক যোগাযোগমাধ্যমে অনুসন্ধানকৃত বিষয়বস্তু:

৭. আপনি সামাজিক যোগাযোগমাধ্যমে কী ধরনের প্যারেন্টিং সম্পর্কিত তথ্য খোঁজেন? অনুগ্রহ করে বিস্তারিতভাবে ব্যাখ্যা করুন।

৮. আপনি সামাজিক যোগাযোগমাধ্যমে কী ধরনের শিশুর স্বাস্থ্য সম্পর্কিত তথ্য খোঁজেন? অনুগ্রহ করে বিস্তারিতভাবে ব্যাখ্যা করুন।

৯. আপনি সামাজিক যোগাযোগমাধ্যমে নিজের স্বাস্থ্য সম্পর্কিত কী ধরনের তথ্য খোঁজেন? অনুগ্রহ করে বিস্তারিতভাবে ব্যাখ্যা করুন।

১০. আপনি কি কখনো সামাজিক যোগাযোগমাধ্যমে গর্ভাবস্থা (অ্যান্টেনাটাল) সম্পর্কিত তথ্য খুঁজেছেন?

• যদি হ্যাঁ হয়, আপনি কী ধরনের তথ্য খুঁজেছেন? অনুগ্রহ করে বিস্তারিতভাবে ব্যাখ্যা করুন।

১১. আপনি কি কখনো সামাজিক যোগাযোগমাধ্যমে প্রসব (ন্যাটাল/ডেলিভারি) সম্পর্কিত তথ্য খুঁজেছেন?

• যদি হ্যাঁ হয়, আপনি কী ধরনের তথ্য খুঁজেছেন? অনুগ্রহ করে বিস্তারিতভাবে ব্যাখ্যা করুন।

১২. আপনি কি কখনো সামাজিক যোগাযোগমাধ্যমে প্রসব-পরবর্তী (পোস্টনাটাল) যত্ন সম্পর্কিত তথ্য খুঁজেছেন?

• যদি হ্যাঁ হয়, আপনি কী ধরনের তথ্য খুঁজেছেন? অনুগ্রহ করে বিস্তারিতভাবে ব্যাখ্যা করুন।

১৩. আপনি কি কখনো ডাক্তার দেখানোর আগে আপনার নিজের/সন্তানের স্বাস্থ্য সম্পর্কিত তথ্য সামাজিক যোগাযোগমাধ্যম থেকে খুঁজেছেন?

• যদি হ্যাঁ হয়ে থাকে, তাহলে আপনি কী কী তথ্য খুঁজেছেন?

১৪. আপনি কি কখনো ডাক্তার দেখানোর পরে আপনার নিজের/সন্তানের স্বাস্থ্য সম্পর্কিত তথ্য সামাজিক যোগাযোগমাধ্যম থেকে খুঁজেছেন? যদি হ্যাঁ হয়ে থাকে, তাহলে আপনি কী কী তথ্য খুঁজেছেন?

১৫. আপনি সাধারণত কোন ধরনের সামাজিক যোগাযোগমাধ্যম কনটেন্ট পছন্দ করেন?
(যেমন: ভিডিও, পোস্ট, রিলস, অন্যান্য অভিভাবক অভিজ্ঞতা)
• আপনি কেন এই ধরনের কনটেন্ট পছন্দ করেন?
• প্যারেন্টিং ও স্বাস্থ্য সম্পর্কিত তথ্যের জন্য কোনটি বেশি উপকারী—ছোট ভিডিও নাকি দীর্ঘ ভিডিও? কেন?

শাখা ঙ- দৈনন্দিন জীবনে সামাজিক যোগাযোগমাধ্যমে পাওয়া প্যারেন্টিং এবং স্বাস্থ্য সম্পর্কিত তথ্যের ব্যবহার

১ ৬. আপনি কি সামাজিক যোগাযোগমাধ্যম থেকে পাওয়া প্যারেন্টিং ও স্বাস্থ্য সম্পর্কিত তথ্য আপনার দৈনন্দিন জীবনে ব্যবহার করেন? যদি করেন, কীভাবে ব্যবহার করেন?

১৭. এই তথ্য ব্যবহার করার আগে কি আপনি ডাক্তার বা কোনো বিশেষজ্ঞের সঙ্গে পরামর্শ করেন? যদি করেন, কী পরামর্শ নেন? যদি না করেন, কেন করেন না?

১৮ দৈনন্দিন জীবনে সামাজিক যোগাযোগমাধ্যম থেকে পাওয়া প্যারেন্টিং ও স্বাস্থ্য সম্পর্কিত তথ্য ব্যবহারের ক্ষেত্রে আপনার ইতিবাচক ও নেতিবাচক অভিজ্ঞতা কী?

১৯. আপনি কি কখনও সোশ্যাল মিডিয়ায় শিশুদের টিকাদান সম্পর্কিত কোনো তথ্য খুঁজেছেন /দেখেছেন?
• যদি দেখে থাকেন, তাহলে এই তথ্য কি আপনার চিন্তাভাবনা বা সিদ্ধান্তকে কোনোভাবে প্রভাবিত করেছে?

• যদি করে থাকে, তাহলে কীভাবে?

শাখা চ - সামাজিক যোগাযোগমাধ্যমে পাওয়া তথ্যের নির্ভরযোগ্যতা মূল্যায়ন

২০. আপনার কি মনে হয় সামাজিক যোগাযোগমাধ্যমে পাওয়া তথ্যগুলো বিশ্বাসযোগ্য কি না তা যাচাই করা প্রয়োজন?

• যদি হ্যাঁ হয়, তাহলে আপনি কেন মনে করেন এটি যাচাই করা গুরুত্বপূর্ণ?

২১. আপনি কি সামাজিক যোগাযোগমাধ্যমে পাওয়া তথ্যের বিশ্বাসযোগ্যতা যাচাই করেন?

• যদি হ্যাঁ হয়, আপনি কীভাবে সেটি যাচাই করেন?