Why 'Sharenting'? Is it Related to Parents' or Children's Psychiatric Symptoms?

Neden 'Sharenting'? Ebeveynlerin veya Çocukların Psikiyatrik Semptomlarıyla İlişkili mi?"

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ABSTRACT

Objectives: We investigated the relationships between the "sharenting" phenomenon and psychiatric symptoms of parents and children.

Materials and Methods: Parental social media practices and details of their sharenting behavior were evaluated using an anonymous questionnaire. The Brief Symptom Inventory (BSI) and the Strengths and Difficulties Questionnaire (SDQ) were used to evaluate the psychiatric symptoms of parents and children, respectively.

Results: One hundred and ninety-six parents completed the survey. Neither sharenting status nor sharenting frequency was found to be associated with BSI scores. However, among sharenting motivations, "make one's presence felt" and "acceptance-seeking" were related to BSI scores. Regarding children's psychological symptoms, "sharing a child's ability" was associated with emotional symptoms scores of SDQ. Besides, a border-level-association of sharenting status with children's prosocial behaviors was detected.

Conclusion: The current study is the first study investigating associations of the psychiatric symptoms with the sharenting phenomenon and its motivations. Rather than the action of sharenting, certain motivations behind it were found to be associated with parents' and children's psychiatric symptoms.

Keywords: Sharenting, social media, mental health, parents, children

ÖZ

Amaç: Ebeveynlerin ve çocukların psikiyatrik belirtileri ile "sharenting" kavramı arasındaki ilişkinin araştırılması amaçlanmıştır.

Gereç ve Yöntem: Ebeveynlerin sosyal medya uygulamaları ve 'sharenting' davranışlarının detayları anket aracılığıyla değerlendirilmiştir. Kısa Semptom Enventörü (KSE) ve Güçler Güçlükler Anketi (GGA), sırasıyla ebeveynlerin ve çocukların psikiyatrik semptomlarını değerlendirmek için kullanıldı.

Bulgular: Yüz doksan altı ebeveyn anketi tamamladı. Paylaşım durumu ve paylaşım sıklığı, KSE puanları ile ilişkili bulunmadı. Ancak paylaşma motivasyonları arasında "varlığını hissettirme" ve "kabul görme" KSE puanları ile ilişkili bulundu. Çocukların psikolojik belirtileri ile ilgili olarak, "bir çocuğun yeteneğini paylaşmak", GGA'nın duygusal semptom puanları ile ilişkilendirilmiştir. Ayrıca, çocukların prososyal davranışları ile paylaşım statüsünün sınır düzeyinde bir ilişkisi tespit edilmiştir.

Sonuç: Bu çalışma, psikiyatrik belirtilerin 'sharenting' fenomeni ve motivasyonlarıyla ilişkisini araştıran ilk çalışmadır. Paylaşım eyleminden ziyade, ebeveynlerin ve çocukların psikiyatrik semptomlarıyla paylaşımın ardındaki bazı motivasyonlar ilişkili bulunmuştur.

Anahtar Kelimeler: Sharenting, sosyal medya, ruhsal sağlık, ebeveynler, çocuklar

Introduction

Social media are web-based interactive communication technologies that enable users to create and share various information, ideas, photos, and videos on their accounts with virtual communities and networks.[1,2] Social media usage has increased significantly in the last decade, with the rapid development of mobile technologies and internet connectivity, decreased internet costs, and people's impulse to communicate more.[3] While in 2005, only 5.0% of American adults used at least one of these platforms, today, this share has risen to 72.0%.[4] At first, social media had allowed people to connect from their houses via their desktop computers digitally with friends, colleagues, family members, and new individuals they have not met in person.[3] With the invention of smartphones and the launch of new mobile application-based platforms, the social media experience has changed, and parents started to share photos and videos of their children. Sharing children's information on social media became so frequent that, in a previous study, 98.0% of mothers and 89.0% of fathers indicated they uploaded photographs of their child to Facebook™.[5] Parents usually share personal content about children's behavior and appearance on their social media accounts.[6] This new behavior required a new word, and it has been named in English as "sharenting" with a blend of words "share" and "parenting".[7] Scholars defined sharenting as the act of "sharing representations of one's parenting or children online".[8] To exemplify the frequency of sharenting, 92.0% of American children younger than two years old are somehow present on social media, and one-third of them become online on the first day of their lives.[9] The increase of such disclosures of children's lives raised some concerns about children's psychological well-being and privacy,[10] and a need for permission from children has been shown in a recent study.[11] The parental motive for sharenting has been explored in a few studies, and themes, including connection feeling, stimulation, validation, and contribution seeking, were shown.[12] Studies speculate that sharenting behavior can be driven by the desire to receive validation as a parent[13] and to stay connected with their close friends and family members.[14] Several studies have suggested sharenting as an extension of online self-sharing experiences of parents.[8,15] Recently, motivations and related psychological factors of individuals' self-presentation on social media platforms have been studied.[16,17] However, to the best of our knowledge, no study investigated the association of children's presentation on social network sites (SNSs) with parents' or shared children's psychological symptoms.

Therefore, we investigated the relationships between sharenting status, frequency, and motivations both with parents and children's psychological symptoms and other socio-demographic and social media usage data.

The study's primary hypothesis is that some parental psychiatric symptoms affect the presence, frequency, and motivations of sharing their children on social media. The secondary hypothesis is that children's psychiatric symptoms are related to their parents' sharenting status, frequency, and reasons. In addition to answers to these questions, we investigated parental child-sharing reasons, the level of social networking activity, and some socio-demographic data of both parents and children relevant to social media usage.

Materials and Methods

Measures

The data of this study were collected via an online survey method using Google Forms (https://docs.google.com/forms/u/0/). The survey we used comprised three parts. The first part was a questionnaire we created anonymously due to the lack of a standardized instrument measuring people's SNS activities and sharenting practices. This form contained short-answer and multiple-choice questions about parents' socio-demographic data, social media network practices, sharenting status, frequency, and reasons. The second part was the Brief Symptom Inventory (BSI), and the third and last parts was the parent version of the Strengths and Difficulties Questionnaire (SDQ).

The Brief Symptom Inventory

The BSI[18] was used in this study to evaluate parents' specific psychiatric symptoms. The BSI is a 53-item self-assessment inventory developed by Derogatis et al.[19] It is a multidimensional symptom screening scale developed to screen some psychological symptoms that may arise in various psychiatric and medical patients and standard samples. It is an abbreviated form of the Symptom Checklist-90 (SCL-90)[19] that can be filled in approximately 5-10 min. The study of the validity and reliability of BSI in a Turkish sample was conducted by Şahin and Durak,[20] and Cronbach alpha values of the subscales were found between 0.63 and 0.86, while Cronbach alpha values obtained from the total score ranged between 0.93 and 0.96. In the Turkish version of the measure, five dimensions were found valid and suggested for use, including anxiety, depression, negative self, somatization, and hostility. These symptom domains were used in the study, as suggested by the authors.

The Strengths and Difficulties Questionnaire

To evaluate the children' psychiatric symptoms one-sided parents' version of the SDQ[21] was applied, and parents were asked to respond to questions based on their child's behaviors. SDQ is a brief behavioral screening questionnaire about 2-17-year-olds. It comprises 25 items that ask about psychological attributes. These items are divided into 5 subscales: 1- emotional symptoms (5 items), 2- conduct problems (5 items), 3- hyperactivity/inattention (5 items), 4- peer relationship problems (5 items), 5- prosocial behavior (5 items). The sum of scales 1 to 4 generates a total difficulties score (based on 20 items). The study of Turkish translation, validity, and reliability of SDQ was conducted by Güvenir et al.[22] Cronbach alpha values of subscales for the parent version were found between 0.37 and 0.80, while the Cronbach alpha value for the total difficulties score was found 0.84.

Procedure

The link of the questionnaire was sent to parents through the parenting support groups on Facebook™ and communication groups of various occupations on Whatsapp™. The online survey was available for responses between March and June 2020. The study's inclusion criteria were having a child between 0 and 18 years old and using SNSs. Apart from the negative situations of the mentioned criteria, no specific exclusion criterion was identified. Besides, because SDQ was invalid under the age of 2, responses belonging to parents whose children were under this age were not used to analyze SDQ parameters.

Before the online survey questions, the parents were informed about the study. The parents' consent to participate in the study was obtained online using the online questionnaire's first and mandatory question. The study received an ethical clearance from the Human Research Ethics Committee of University of Health Sciences Turkey, Bakırköy Prof. Dr. Mazhar Osman Mental Health and Neurological Diseases Education and Research Hospital (decision number: 428, date: 03.03.2020).

Participants

A total of 209 parents responded to the survey invitation. Of these 209 responses, three due to the age criteria, four due to social media using criteria, and the other three due to significant missing answers were excluded. At the dataset establishment process, we realized that three answer pairs were identical in all columns and interpreted this situation as duplication; thus, we excluded one of each pair. Therefore, the remaining 196 responses were analyzed.

Statistical Analysis

After completing the answer collection process, the responses received were displayed in Google Sheets' format and turned into a database file in IBM SPSS Statistics (version 25, IBM Inc., Armonk, NY) for statistical analysis. Nominal data were analyzed using descriptive statistics; relationships between categorical variables were analyzed using chi-square tests. We used descriptive statistics (mean, standard deviation, skewness, and kurtosis), histograms of observed values, and normal Q-Q plots to determine numeric data's normality. Also, tests of normality (Kolmogorov-Smirnov and Shapiro-Wilk) were conducted, and significance values greater than 0.05 were interpreted as a normal distribution. Because our numeric data did not show a normal distribution, we used non-parametric tests (Mann-Whitney U test, Kruskal-Wallis H test, The Spearman rank-order correlation coefficient) to analyze associations and correlations. P-values less than 0.05 were interpreted as significant (two-tailed).

Results

Sample Characteristics

The ages of mothers ranged from 27 to 56 years [median=36 years, interquartile range (IQR)=7], whereas fathers were between 30 and 52 (median=40 years, IQR=10). Mothers comprised 85.0% of parents, and 91.0% of parents were married. Some 85.0% of the participants were graduates of university or higher degrees, and most of them were full-time employees (80.0%). The ages of the participants' children ranged between 1 and 18 years (median=7, IQR=6.8). Details of sample characteristics and relevant descriptive statistics are summarized in Table 1 and Table 2.

Social Network Sites and Technology Usage Data

Instagram™ was the most used social media network among parents by a percentage of 91; Facebook™ followed it by 57.0%. Of those who used Facebook™ and Instagram™, 58.0% and 56.0% had between 100 and 500 friends and followers. The average numbers of followers and likes (per post) belonging to parents are listed in Table 3.

The median number of parents' post count per week was 1.0 (range=0 to 20). Of parents using SNSs, 67.9% stated that they share personal information belonging to their children on their accounts. Of parents who shared children's data on social media accounts, 98.5% stated disclosing photographs, making it the most frequently shared data type. While videos followed this with 38.9%, only 3.8% of participants shared written material about their child. Sharenting frequency was asked as an open question, and then parents' responses were assigned to frequency groups, and two groups were established based on frequencies: less than once a week and at least once a week or more. The distribution percentages of the groups were 63.2% and 36.8%, respectively (Table 1).

With regard to parental motivations for sharenting, parents stated 10 reasons. Establishing a digital photo album was the most common reason among parents with a percentage of 45.9, and connection feeling (31.6%) and sharing child's ability (24.8%) were close followers (Table 4).

Socio-demographic Data and Sharenting Associations

Parental age and sharenting status were found associated, that is, parents sharing their children on social media were more likely to be younger (p<0.001, Z=-3.764). However, sharenting frequency was not found to be associated with parental age. Regarding child age, it was found associated with sharenting status (p=0.004, Z=2.919), but not associated with sharenting frequency. Parental gender was found related to sharenting status (p=0.009, x^2=6.877), indicating that mothers shared their children on social media profiles more than fathers. Parental marriage status, education levels, and child count in a family were not associated with sharenting behavior.

The number of posts shared on SNSs by parents was found associated with sharenting status (p=0.002 Z=-0.063) and sharenting frequency (p<0.001 Z=-5.919). Among SNSs, only Instagram usage was significantly associated with sharenting status (p=0.007, x^2=7.361). The relationships between sharenting status and the numbers of followers and likes on parents' SNS accounts were tested. The number of likes on

Table 1. Sample characteristics and data relevant to SNS usage						
		Sharenting status				
		No (n=63, 32.1%)		Yes (n=133, 67.9%)		Total (n=196)	
		n	%	n	%	n	%
Gender	Female	48	76.2	120	90.2	168	85.7
	Male	15	23.8	13	9.8	28	14.3
Marriage status	Married	55	87.3	125	94.0	180	91.8
	Single	8	12.7	8	6.0	16	8.2
Education level	Primary school	0	0	2	1.5	2	1.0
	Secondary school	2	3.2	3	2.3	5	2.6
	High school	5	7.9	18	13.6	23	11.8
	University	27	42.9	52	39.4	79	40.5
	Master's degree	14	22.2	30	22.7	44	22.6
	Doctorate	15	23.8	27	20.5	42	21.5
Employment status	Full-time employee	56	88.9	101	75.9	157	80.1
	Part-time worker	1	1.6	6	4.5	7	3.6
	Unemployed	5	7.9	17	12.8	22	11.2
	Long-term leave	1	1.6	9	6.8	10	5.1
Sharenting frequency	Lower than once a week	0	0	84	63.2	84	63.2
	At least once a week and more	0	0	49	36.8	49	36.8
SNSs used by parents	Instagram	53	84.1	127	95.5	180	91.8
	Facebook	34	54.0	79	59.4	113	57.7
	Twitter	26	41.3	38	28.6	64	32.7
	YouTube	23	36.5	60	45.1	83	42.3
	Personal blog	3	4.8	4	3.0	7	3.6
	Pinterest	9	14.3	25	18.8	34	17.3
Shared information type	Photograph	0	0	129	98.5	129	67.9
	Video	0	0	51	38.9	51	26.3
	Written information	0	0	5	3.8	5	2.6

SNSs: Social network sites, n: Count

Table 2. Descriptive statistics of sample characteristics				
	Median	Minimum	Maximum	Range
Parent age	36	27	56	29
Child age	7.0	1.0	18.0	17.0
Child count in a family	1	1	5	4
Number of total posts by parents	1.0	.0	20.0	20.0

Facebook™ (p=0.015, Z=2.423) and Instagram™ (p=0.006, Z=-2.735) was found to be significantly related to sharenting status. In contrast, we did not observe any association with the number of followers. About sharenting frequency, no association was found with the number of neither followers nor likes.

Data Relevant to the Brief Symptom Inventory

Neither sharenting status nor sharenting frequency was found to be associated with BSI total or sub-test scores (Table 5). In terms of associations of sharenting motivations and BSI parameters, we found significant relationships between all BSI parameters and the motivation of "to make one's presence felt" (Table 6), particularly for scores of the total (p=0.002, Z=-3.029), hostility (p=0.001, Z=-3.475), and negative self (p=0.003 Z=-2.966). Similarly, we also found a relationship between specific BSI parameters-negative self (p=0.027, Z=-2.212) and somatization (p=0.039, Z=-2.064) and the motivation of "acceptance-seeking" (Table 7). Statistics did not reveal any significant relationships between BSI parameters and other sharenting motivations.

Table 3. Number of parent's contacts and likes on SNSs		Count	Column valid N%
Friends on Facebook™	0-100	18	14.2
	100-500	74	58.3
	500-1000	25	19.7
	1000-10000	10	7.9
Followers on Instagram™	0-100	41	23.0
	100-500	101	56.7
	500-1000	31	17.4
	1000-10000	5	2.8
Likes per each post on Facebook™	0-10	8	6.8
	10-25	15	12.8
	25-50	33	28.2
	50-100	44	37.6
	100-200	15	12.8
	200-300	2	1.7
Likes per each post on Instagram™	0-10	13	7.8
	10-25	12	7.2
	25-50	44	26.3
	50-100	57	34.1
	100-200	35	21.0
	200-300	4	2.4
	300-400	1	0.6
	400-500	1	0.6

SNSs: Social network sites

Table 4. Parental motivations of sharenting		
	Count	Column valid N%
Creating a digital photo album/diary	61	45.9
Feelings of connection	42	31.6
Sharing child's ability	33	24.8
Feelings of presence	19	14.3
Creativity	14	10.5
Sharing child's physical attribute	10	7.5
Contribution	13	9.8
Sharing having a child	7	5.3
Self-development	5	3.8
Acceptance-seeking	5	3.8

Data Relevant to the Strengths and Difficulties Questionnaire

SDQ total difficulties scores and relevant sub-tests scores were not found to be associated with both the sharenting status and the sharenting frequency. However, we found an association between prosocial behavior scores of SDQ and being shared on SNSs (p=0.049, Z=-1.970) (Table 8), but this relationship was invalid for the sharenting frequency. Regarding parents' sharenting motives, we only found an association of emotional symptoms sub-scale of SDQ and the motivation of "sharing child's ability" (p=0.039 Z=-2.068) (Table 9).

Discussion

In this study, we investigated the associations of certain aspects (presence, frequency, motivation) of sharenting behavior with parents' and children's psychiatric symptoms. Although previous studies had published valuable information regarding associations of individuals' online behaviors and personality traits, to the best of our knowledge, this is the first study exploring the relationship of psychiatric symptoms with parental sharing behavior.

Our results suggest that parents' and children's psychiatric symptoms might not directly affect parents' sharenting status and frequency. However, we found that parents' psychological traits might be related to motivations (e.g., making one's presence felt and acceptance-seeking) for sharenting. Regarding the findings of children's psychological characteristics, being shared on parental SNS profiles might be associated with children's prosocial behaviors, albeit the borderline significance level. Also, children's emotional symptoms might be related to the parents' motivation to share their child's ability.

We also explored the possible relations of parents' demographic and SNS usage data with the abovementioned aspects of sharenting. Our analyses indicated that there might be relations between parent and child age, parental gender, and parents' activity levels on social media (the numbers of posts and likes) with the status of sharenting. However, the only factor indicating a possible relationship with the frequency of sharenting was the number of total posts by parents.

The finding that sharing a child on social media is related to the number of likes on Facebook and Instagram could indicate a bi-directional association. Such that followers of parents on SNSs may be more responsive to child photos and videos. According

Table 5. Sharenting status and its relationships with BSI parameters

	BSI total	BSI anxiety	BSI depression	BSI-negative self	BSI somatization	BSI hostility
Mann-Whitney U test	4127.500	4049.000	3948.000	3965.000	4170.000	3871.000
Wilcoxon W	6143.500	6065.000	12859.000	5981.000	13081.000	5887.000
Z	-0.167	-0.380	-0.652	-0.607	-0.053	-0.862
p	0.867	0.704	0.514	0.544	0.958	0.389

BSI: Brief Symptom Inventory

Table 6. Presence feeling and its relationships with BSI parameters

	BSI total	BSI anxiety	BSI depression	BSI-negative self	BSI somatization	BSI hostility
Mann–Whitney U test	600.500	719.500	663.000	617.000	747.500	561.500
Wilcoxon W	7155.500	7274.500	7218.000	7172.000	7302.500	7116.500
Z	-3.103	-2.343	-2.706	-3.005	-2.174	-3.365
p	0.002	0.019	0.007	0.003	0.030	0.001

BSI: Brief Symptom Inventory

Table 7. Acceptance seeking and its relationships with BSI parameters

	BSI total	BSI anxiety	BSI depression	BSI-negative self	BSI somatization	BSI hostility
Mann-Whitney U test	153.000	161.500	165.500	131.000	143.000	181.000
Wilcoxon W	8409.000	8417.500	8421.500	8387.000	8399.000	8437.000
Z	-1.976	-1.880	-1.831	-2.242	-2.110	-1.650
p	0.048	0.060	0.067	0.025	0.035	0.099

BSI: Brief Symptom Inventory

Table 8. Sharenting status and its relationships with SDQ parameters

	SDQ total difficulties	SDQ hyperactivity	SDQ emotional symptoms	SDQ conduct problems	SDQ peer problems	SDQ prosocial behavior
Mann-Whitney U test	3669.000	3551.500	3516.500	3402.000	3600.500	3120.000
Wilcoxon W	11172.000	5504.500	11019.500	10905.000	11103.500	5073.000
Z	-0.332	-0.680	-0.795	-1.155	-0.542	-1.970
p	0.740	0.496	0.427	0.248	0.588	0.049

SDQ: Strengths and Difficulties Questionnaire

Table 9. Share a child's ability and its relationships with SDQ parameters

	SDQ total difficulties	SDQ hyperactivity	SDQ emotional symptoms	SDQ conduct problems	SDQ peer problems	SDQ prosocial behavior
Mann-Whitney U test	1205.500	1308.000	1118.500	1449.000	1228.500	1448.500
Wilcoxon W	5210.500	5313.000	5123.500	2010.000	5233.500	5453.500
Z	-1.520	-0.932	-2.068	-0.117	-1.417	-0.117
p	0.128	0.351	0.039	0.907	0.156	0.907

SDQ: Strengths and Difficulties Questionnaire

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to a previous study, likes on social media may show people's favorability toward child images.[23] On the other hand, the realization of receiving more likes for content related to a child may motivate parents to disclose their children's information because receiving a "like" might satisfy the need for validation and connectedness related to digital photo-sharing.[24] In contrast to Brosch's finding, we could not find the relationship of sharenting frequency and the number of parents' online friends.[25]

Contrary to our first hypothesis, parents' psychiatric symptoms measured through BSI were not associated with the status or frequency of sharenting behavior. However, consistent with our prediction, our results indicated robust relationships of all BSI parameters, particularly for hostility and negative self -dimensions of BSI, with the motivation of feeling of presence. Therefore, our first hypothesis was partially confirmed.

The motivation of "make one's presence felt" can be interpreted as a need for self-presentation on SNSs, and Seidman[17] associated online self-presentation behavior with neuroticism. Although we did not directly measure neuroticism, we know that the BSI's sub-scale scores are related to neurotic symptoms.[26] Accordingly, our findings might indicate that parents showing neurotic symptoms might be aiming to satisfy their own self-presentational needs through their children's online presence. Supporting our implication, Brosch stated that sharenting could provide an opportunity for responding to a parental need for self-realization and social acceptance.[25]

Our findings also suggest that acceptance-seeking motivation might be correlated with negative self and somatization, contrary to Seidman's[17] study in which acceptance-seeking was not found to be associated with neurotic personality traits. The scholar suggested that possible rejection concerns may deter individuals with neurosis from seeking acceptance through online connections. However, because it might be an indirect means of fulfilling acceptance needs, sharing about their offspring could protect parents with neurotic symptoms from facing these concerns.

In this explanation, we suggest that sharenting might be an extension of the online self-sharing experience. Consistent with our suggestion, it was speculated that sharenting could lead parents to present themselves through their children, as the boundaries between parent's and the child's self could be obscure.[8] According to Kumar and Schoenebeck,[13] through sharenting, mothers can confirm their role in society, identify themselves precisely, and receive validation. Interpreting sharenting in this way would also explain our first hypothesis's negative result because social media usage does not necessarily mean having a specific psychiatric illness. Likewise, again, we might observe sharenting behavior in millions of people without psychopathology. Therefore, we might have detected certain psychopathologic traits for only specific motivations of sharenting.

In contrast to our second hypothesis, the results relevant to children's psychiatric symptoms do not suggest an association

of sharenting status or frequency and SDQ total and subtest scores, except prosocial behaviors. That is, the psychiatric symptoms of children seem not to affect parental sharenting behavior. Although the p-value for prosocial behavior was at the border of statistical significance, it, nonetheless, might mean that children who possess higher social capabilities might induce their parents to share those socially active moments on their SNS profiles. Again, these children may participate in activities that are worth sharing more frequently than their introverted peers, and this situation may evoke sharenting motivation at parents.

On the other hand, partially confirming the second hypothesis, we found that there might be a relationship between children's emotional problems and parental motivation for showing one's child's ability. This finding may imply that parents of depressed and anxious children might want to emphasize their children's capabilities on their social media profiles. According to Leary and Allen[16], individuals with neurosis present themselves differently from their self-perceptions. Seidman[17], also, suggested that these people might reflect an idealized personality on their online identity. Similarly, we interpreted our finding that parents of introverted children might be wishing to present an idealized child's online persona by emphasizing their children's abilities. This kind of idealization would not only satisfy parental wishes but also would make a child feel better.

Overall, this study's findings indicate that particular motivations of sharenting behavior might be related to parents' and children's psychiatric traits. Although families might benefit in specific ways from sharenting, it might increase essential hazards such as identity theft, re-sharing stolen information on predator sites, sharing private or embarrassing child data that is open to the use of others.[27] Considering these concerns, understanding sharenting behavior's relationship with psychiatric factors may explain why some parents disclose details of their children online, while others do not. Thus, interventions and treatment of certain psychiatric conditions could decrease the extent of sharenting. Additionally, our study might provide ideas to psychiatrists whose clients seeking correct information relevant to sharenting. We acknowledge that sharenting behavior itself is not a psychiatric pathology, but its hazardous consequences for children can make it a target for interventions. Given the paucity of information in the medical literature about psychiatric relationships of sharenting behavior, preliminary studies such as our work will establish these interventions' theoretical basis. As the current research is the first report relevant to psychiatric aspects of sharenting behavior, it might shed light on and inspire further studies.

Study Limitations

Although we found significant results regarding how parental and children's psychiatric traits might affect the reasons for sharenting, our findings should be interpreted under the circumstances of certain limitations. First, our data were based on parents' self-reports, and future studies using a method including direct observations, could reveal different results.

Second, our sample size was relatively small to establish robust associations, and because of this, we might have missed some possible significant results. Another critical limitation regarding our sample was that our sample was not homogeneous in terms of education level and gender. In addition to sampling limitations, the online survey method could be accepted as a limitation, although it is widely used nowadays, especially under the coronavirus disease-2019 pandemic circumstances. Due to the lack of previous studies, this study was designed as a pilot study to reveal preliminary data about the subject, and most of these limitations occurred. Based on our data, further studies can be designed with better methodologies, and more accurate results can be obtained. Despite its limitations, we suppose that our research is valuable because this is the first report with regards to psychiatric relations of sharenting behavior.

Conclusions

This is the first study to evaluate the associations of psychiatric symptoms with the sharenting phenomenon and its motivations. Findings suggest that only specific causes of sharenting behavior rather than its presence and frequency might be associated with parents' and children's psychiatric symptoms. Further studies are needed to understand better the impact of psychiatric symptoms on the sharenting phenomenon.

Ethics

Authorship Contributions

References

1. Social Media - Wikipedia. 2014 (cited 2021 Jan 2), Available from: https://en.wikipedia.org/wiki/Social_media

2. Social Media - Definition of Social Media by Merriam-Webster. (cited 2021 Jan 2), Available from: https://www.merriam-webster.com/dictionary/socialmedia

3. Maryville University. The Evolution of Social Media: How Did It Begin, and Where Could It Go Next? (cited 2021 Jan 2), Available from: https://online.maryville.edu/blog/evolution-social-media/

4. Michael D. Demographics of Social Media Users and Adoption in the United States - Pew Research Center [Internet]. Social Media Fact Sheet. 2018 (cited 2021 Jan 2), Available from: https://www.pewresearch.org/internet/fact-sheet/social-media/#find-out-more

5. Bartholomew MK, Schoppe-Sullivan SJ, Glassman M, Kamp Dush CM, Sullivan JM. New Parents' Facebook Use at the Transition to Parenthood. Fam Relat. 2012;61:455-469.

6. Ammari T, Kumar P, Lampe C, Schoenebeck S. Managing Children's Online Identities. How Parents Decide what to Disclose about their Children Online. In Proceedings of the 33rd Annual ACM Conference on Human Factors in Computing Systems (CHI '15). Association for Computing Machinery, New York, NY, USA, 1895-1904.

7. Sharenting definition and meaning - Collins English Dictionary. (cited 2020 Dec 26), Available from: https://www.collinsdictionary.com/dictionary/english/sharenting

8. Blum-Ross A, Livingstone S. "Sharenting," parent blogging, and the boundaries of the digital self. Popular Communication. 2017;15:110-125.

9. Duggan M, Lenhart A, Lampe C, Ellison NB. Parents and social media: Mothers are especially likely to give and receive support on social media. Pew Research Center. 2015 (cited 2020 Dec 26), Available from: https://www.pewresearch.org/internet/2015/07/16/parents-and-social-media/

10. Otero P. Sharenting... should children's lives be disclosed on social media? Arch Argent Pediatr. 2017;115:412-413.

11. Sarkadi A, Dahlberg A, Fängström K, Warner G. Children want parents to ask for permission before 'sharenting.' J Paediatr Child Health. 2020;56:981-983.

12. Pettigrew S, Archer C, Harrigan P. A Thematic Analysis of Mothers' Motivations for Blogging. Matern Child Health J. 2016;20:1025-1031.

13. Kumar P, Schoenebeck S. The modern day baby book: Enacting good mothering and stewarding privacy on facebook. In Proceedings of the 18th ACM Conference on Computer Supported Cooperative Work & Social Computing (CSCW '15). Association for Computing Machinery, New York, USA, 1302-1312.

14. Livingstone S, Blum-Ross A, Zhang D. What do parents think, and do, about their children's online privacy? 2018;1-14.

15. Holiday S, Norman MS, Densley RL. Sharenting and the extended self: self-representation in parents' Instagram presentations of their children. Popular Communication. 2020;20:1-15.

16. Leary MR, Allen AB. Self-presentational persona: Simultaneous management of multiple impressions. J Pers Soc Psychol. 2011;101:1033-1049.

17. Seidman G. Self-presentation and belonging on Facebook: How personality influences social media use and motivations. Pers Individ Dif Pergamon. 2013;54:402-407.

18. Derogatis LR, Savitz KL. SCL 90-R Brief Symptom Inventory and matching clinical rating scales. In Maruish ME, ed. The Use of Psychological Testing for Treatment Planning and Outcome Assessment Lawrence Erlbaum Associates, 1999;217-248.

19. Derogatis LR, Lipman RS, Covi L. SCL-90: an outpatient psychiatric rating scale--preliminary report. Psychopharmacol Bull. 1973;9:13-28.

20. Şahin NH, Durak A. Kısa Semptom Envanteri: Türk Gençleri İçin Uyarlanması. Türk Psikol Derg. 1994;9:44-56.

21. Goodman R. The Strengths and Difficulties Questionnaire: A Research Note. J Child Psychol Psychiatry. 1997;38:581-586.

22. Güvenir T, Özbek A, Baykara B, Arkar H, Şentürk B, İncekaş S. Psychometric Properties of the Turkish Version of the Strengths and Difficulties Questionnaire (SDQ). Turkish J Child Adolesc Ment Health. 2008;15:65-74.

23. Choi GY, Lewallen J. "Say Instagram, Kids!": Examining Sharenting and Children's Digital Representations on Instagram. Howard J Commun. 2018;29:140-160.

24. Malik A, Dhir A, Nieminen M. Uses and Gratifications of digital photo sharing on Facebook. Telematics and Informatics. 2016;33:129-138.

25. Brosch A. When the child is born into the internet: Sharenting as a growing trend among parents on Facebook. New Educ Rev. 2016;43:225-235.

26. Ruipérez MÁ, Ibáñez MI, Lorente E, Moro M, Ortet G. Psychometric Properties of the Spanish Version of the BSI: Contributions to the Relationship between Personality and Psychopathology. Eur J Psychol Assess. 2001;17:241-250.

27. Keith BE, Steinberg S. Parental Sharing on the Internet: Child Privacy in the Age of Social Media and the Pediatrician's Role. JAMA Pediatr. 2017;171:413-414.