



The reception of young mothers in Surabaya toward Nikita Williy's Mom's Corner YouTube content

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ARTICLE INFO	ABSTRACT
Keywords: reception analysis young mothers digital parenting newborn care breastfeeding	This study examines young mothers' reception of Nikita Willy's YouTube content, Mom's Corner, on newborn care and breastfeeding. In the digital era, knowledge about childcare has increasingly shifted from family traditions to social media-based sources. This study employed a descriptive qualitative approach using Stuart Hall's reception analysis, supported by the concepts of family communication and early childhood development during the golden age (0–5 years). Data were collected through documentation of two selected videos, focus group discussions, and individual interviews with ten informants. The findings reveal that audience reception is diverse rather than uniform. A dominant reading emerged when participants perceived the content as medically credible and relevant to their needs. The negotiating position was most prevalent, with informants accepting the educational value of the content while adapting it to their children's and families' circumstances. An oppositional reading appeared only in limited cases, as some participants prioritized personal experience over digital references. These findings demonstrate that young mothers are active audiences who interpret digital childcare content by integrating medical knowledge, personal experience, family communication, and the developmental needs of young children.

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Introduction

The way young mothers obtain information about parenting has changed with the development of digital media. Whereas previously knowledge about newborn care and breastfeeding was mostly obtained through family, neighbors, health workers, or oral traditions (word of mouth), it can now also be accessed through various social media platforms such as YouTube, Instagram, TikTok, and various other digital communities. Parenting content serves not only as entertainment but also as a space for education, validation, and the establishment of new standards in parenting practices. *Mom's Corner* with Nikita Willy has become one of the most talked-about content series. This content features conversations between public figures and expert guests on various parenting issues, including *Newborn Care and Breastfeeding*. The playlist includes several episodes discussing the early stages of a baby's life, such as colostrum, breastfeeding support or EIBF (Early Initiation of Breastfeeding), baby-holding techniques, early lactation, and newborn care.

In this article, two episodes are described as an overview of the subject matter, while the analysis focuses on episodes 41 and 42 because they both address early lactation, the mother's psychological condition, newborn care, and family parenting methods. Episode 41, titled "Is It Normal for Breast Milk Not to Come In When the Baby Is Born?" (*ASI Belum Keluar Saat Bayi Lahir Normalkah?*) features Dr. Ardi Santoso, Sp.A., M.Kes., with a focus on early lactation education, a mother's anxiety when breast milk hasn't come in, family support, and readiness for breastfeeding. Episode 42, titled "Avoid Overusing Swaddles, Mittens, and Socks on Babies," (*Jangan Sering Memakaikan Bedong, Sarung Tangan dan Kaos Kaki pada Bayi*) features midwife Jamilatus Sa'diyah,

focusing on newborn care, immediate skin-to-skin contact (IMD), skin-to-skin contact, infant temperature regulation, postpartum readiness, breastfeeding latch techniques, newborn care, and a critique of several baby care myths still believed by some segments of Indonesian society. This narrative reflects a trend toward modern parenting grounded in medical knowledge, expert counseling, and more structured caregiving practices.

However, young mothers' acceptance of these messages does not always follow a single, uniform path. In Indonesian society, including Surabaya, parenting practices remain closely tied to family values, experiences from previous generations, and local culture. Studies on culture-based parenting indicate that parenting styles cannot be separated from customs, traditions, and values passed down through families (Satrianingrum & Setyawati, 2021). Under the influence of Javanese culture, values such as modesty, reserve, mutual respect, and obedience to elders still play a significant role in family relationships and child-rearing (Diananda, 2021). On the other hand, a study on the "Sosmedika Mom" phenomenon indicates that social media has become the primary source of information for many modern mothers, yet it can also generate social pressure, feelings of inadequacy, and dependence on ideal digital parenting standards (Sugitanata & Aqila, 2024).

Previous research on audience reception of parenting styles in Nikita Willy's YouTube content indicates that audiences can adopt either a dominant or a negotiating stance, depending on their social, educational, economic, age, and parenting experience backgrounds (Akbar & Setyawan, 2025). Another study also examined verbal and nonverbal communication in Nikita Willy's YouTube content (Anggraini et al., 2025). speech acts in the Mom's Corner podcast

(Nurfadillah et al., 2025), However, these studies have not specifically focused on young mothers in Surabaya or on topics related to newborn care and breastfeeding. This limitation is significant because Surabaya is an urban area that still maintains strong family cultural ties, meaning that acceptance of medical and digital messages may be negotiated with traditional caregiving practices.

This gap is significant because the care of newborns and breastfeeding are linked to the foundations of early childhood development. Children aged 0–5 years are in the “golden age,” a phase during which physical care, emotional attachment, communication, and stimulation shape their future development. Studies on infants indicate that the early stages of life are a period of rapid growth and heightened sensitivity to the environment (Aprillia et al., 2023), while the provision of psychosocial stimulation is associated with the development of infants aged 6–12 months (Intani et al., 2019). Therefore, the reception of messages regarding IMD, breastfeeding, bonding, maternal calmness, and infant care is not only related to the mother’s knowledge but also to family communication and the child’s developmental needs.

Given this gap, this study aims to analyze how young mothers in Surabaya interpret the content of Nikita Willy’s YouTube channel “Mom’s Corner” on the topics of newborn care and breastfeeding. The analysis focuses on the processes of reception, adaptation, or rejection of media messages based on Stuart Hall’s reception theory. This article does not force all categories of reception into a balanced position. The dominant, negotiated, and oppositional positions are used proportionally according to the strength of the field data.

Method

This study used a descriptive qualitative approach with a reception analysis method. This approach was chosen because the study focused on how informants interpreted media messages based on their subjective experiences, family conditions, health knowledge, and cultural values. This study was conducted from April to May 2026 in Surabaya. The research subjects were selected based on certain criteria, including young mothers in Surabaya aged 22–35 years, having children aged 0–5 years, and having watched Nikita Willy’s Mom’s Corner content, especially episodes related to newborn care and breastfeeding. The number of informants ranged from 10 young mothers or until the data reached saturation.

Data were collected through three complementary techniques, namely Focus Group Discussions (FGDs), in-depth interviews, and content documentation. FGDs were used to map the informants’ initial responses to topics such as early initiation of breastfeeding, skin-to-skin contact, bonding, postpartum readiness, breastfeeding positioning, breast milk production, colostrum, and newborn care. In-depth interviews were conducted semi-structurally to explore personal experiences, family communication patterns, and the reasons why informants accepted, adjusted, or rejected the parenting messages presented in the content. Meanwhile, documentation was carried out by watching the videos, reading the transcripts, recording the titles, speakers, release dates, duration, main topics, medical messages, myths or traditional values that were criticized, as well as engagement data such as the number of likes and views. This technique was important because reception research did not only require audience data, but also needed to understand the media messages encoded by the content creators

Table 1. Informant Characteristics

Name	Age	Number of Children	Occupation	Special Background
Informant 1 Anissa	34 years old	4 children	Entrepreneur and homemaker	The second and third children are twins; highest level of education is a bachelor's degree
Informant 2 Luluk	31 years old	2 children and currently pregnant	Housewife	Last education: junior high school, of Madurese descent, and married young
Informant 3 Believe	29 years old	1 child	Elementary school teacher	Last education: Bachelor's degree, lives with in-laws
Informant 4 Lia	29 years old	2 children	Housewife	Currently pursuing a bachelor's degree, with a strong Islamic background
Informant 5 Fransisca	30 years old	1 child	Housewife	Biological mother passed away when she was in junior high school and lives far from her in-laws
Informant 6 Anita	23 years old	1 child	Preschool teacher	Married young, last education level: high school, experienced in the <i>daycare</i> field
Informant 7 Ika	31 years old	2 children	Housewife	Experienced as a posyandu volunteer
Informant 8 Farah	24 years old	1 child and currently pregnant	Part-time worker	Last education: vocational high school; occasionally works as a store clerk
Informant 9 May	29 years old	1 child	Housewife	Lives with in-laws
Informant 10 Mala	28 years old	1 child and currently pregnant	Civil servant	Last education: Bachelor's degree; both husband and wife are employed.

Source: Author's field data, April 2026

and interpreted through the audience's decoding process.

Data analysis was conducted by repeatedly reviewing the results of the FGDs and interview subjects. Each informant's quote was not immediately categorized as a specific reception position but was first analyzed based on three aspects: the informant's attitude toward the content's impression, the reasons the informant used to accept, adapt, or reject the message,

and finally, the relationship between FGD responses and in-depth interviews. In this way, reception positions were not treated as fixed labels but as interpretive outcomes that must align with the data.

The primary theoretical framework used is Stuart Hall's reception theory. According to Hall (1980), media messages are encoded by media producers, but their meanings are not always received identically by the audience. The audience may interpret

the message from a dominant-hegemonic position when accepting the message as offered by the media, a negotiating position when they accept part of the message but adapt it to their social context and personal experiences, and an oppositional position when they understand the media message but reject it because it conflicts with their values or experiences. In this study, these positions are applied flexibly and evidence-based, not as categories that must appear in every informant or every topic.

To strengthen the interpretation of parenting messages, this study also employs the concept of family communication patterns as a supporting framework. Family communication patterns are understood as family members constructing, exchanging, and negotiating messages in daily life. In this study, family communication patterns are significant because decisions regarding IMD, breastfeeding, infant care, the use of traditions, and the acceptance of digital information are not based solely on the content of YouTube videos but also on communication relationships with husbands, parents, in-laws, and extended family. In other words, the reception of Moms Corner content occurs not only at the individual level but also within the family communication climate.

Conceptually, according to Koerner & Fidpatrick (2002), the Family Communication Pattern Theory (FCPT) helps explain how families can have different conversation orientations and compliance orientations. Families with open communication allow mothers to discuss, weigh medical information, and make decisions more reflectively. Conversely, families that emphasize compliance or hierarchy may lead mothers to prioritize advice from parents or in-laws even when they receive new information from digital media. Therefore, living with parents or in-laws versus living

separately does not automatically determine one's position in the reception process, but it is a crucial factor influencing the negotiation space in making parenting decisions.

The concept of child development for ages 0–5 years was used as a supporting framework because the research informants had children in the early childhood stage. During this phase, parenting is not only about meeting biological needs such as breastfeeding, nutrition, sleep, and hygiene but also encompasses emotional needs, such as affection, attachment, a sense of security, and emotional responsiveness, as well as early stimulation needs, such as stimulation, communication, and behavioral conditioning. Thus, the messages in episodes 41 and 42 should be interpreted not merely as technical information regarding breastfeeding and infant care, but as family communication messages that have the potential to influence how mothers, husbands, and extended families create a harmonious parenting environment during the golden age.

Results and Discussion

Research subject: Newborn care and breastfeeding playlist and the focus of episodes 41–42

The research object is the Mom's Corner YouTube content officially produced by Nikita Willy. This channel features a variety of parenting discussions, but this article focuses on the Newborn Care and Breastfeeding playlist because the theme directly relates to the early stages of a baby's life and the experiences of young mothers in caring for children aged 0–5 years. This playlist is understood as an audiovisual-based digital educational medium that combines the experiences of public figures, expert explanations, and narratives of

Table 2. Overview of Videos in the Newborn Care and Breastfeeding Playlist

Video	Release Date	Duration	Engagement	Main Topic	Relevance Analysis
Episode 2 - “Don’t Underestimate the Importance of Colostrum for Newborns” (<i>Jangan Sepelekan Pemberian Kolostrum Pada Bayi Baru Lahir</i>) with Dr. Tiwi Sp.A, MARS	Dec 16 2023	35:59 minutes	237,461 views; 4,400 likes	The importance of colostrum and EIBF (Early Initiation of Breastfeeding).	Bringing together medical knowledge about colostrum with the myth that the first breast milk is “dirty.”
Episode 6 – “What Kind of Support Do Breastfeeding Moms Need?” (<i>Apasih Support yang Dibutuhkan Ibu yang mengASIhi</i>) With Stephani King (Breastfeeding Counselor)	January 13, 2024	38:41	321,735 views; 5,600 likes	Lactation management and support systems for breastfeeding mothers.	Explaining the importance of the roles of husbands, families, and the environment in a mother’s success with breastfeeding.
Episode 32 - “Is the M-Shape Baby Carrier Safe for Babies?” (<i>Apakah Gendongan M-Shape Aman untuk Bayi</i>) with Zahra Kayra, CHt	July 13, 2024	33:31	290,960 views; 5,700 likes	Safe and ergonomic baby-carrying techniques for newborns.	Explores the balance between modern baby- carrying techniques and family traditions in infant care.
Episode 41 – “Breast Milk Not Flowing When the Baby Is Born, Is That Normal?” (<i>ASI belum keluar saat Bayi Lahir, Normal Kah?</i>) with Dr. Ardi Santoso, Sp.a.M.Kes	September 14, 2024	1:06:39	460,024 views; 8,800 likes	Early lactation education and stress management for new mothers.	This is the focus of the analysis as it discusses mothers’ anxiety when breast milk has not yet come in, immediate skin-to-skin contact (IMD), and family support.

Episode 42 – “Don’t Swaddle Babies or Put Gloves and Socks on Them Too Often.” (<i>Jangan Sering Memakaikan Bedong, Sarung Tangan dan Kaos Kaki Pada Bayi</i>) with midwife Jamilatus Sa’diyah	September 21, 2024	46:43	677,277 views; 15,000 likes	Newborn care: newborn care and baby myths.	Focus of analysis: swaddling, mittens, socks, umbilical cord care, and newborn myths.
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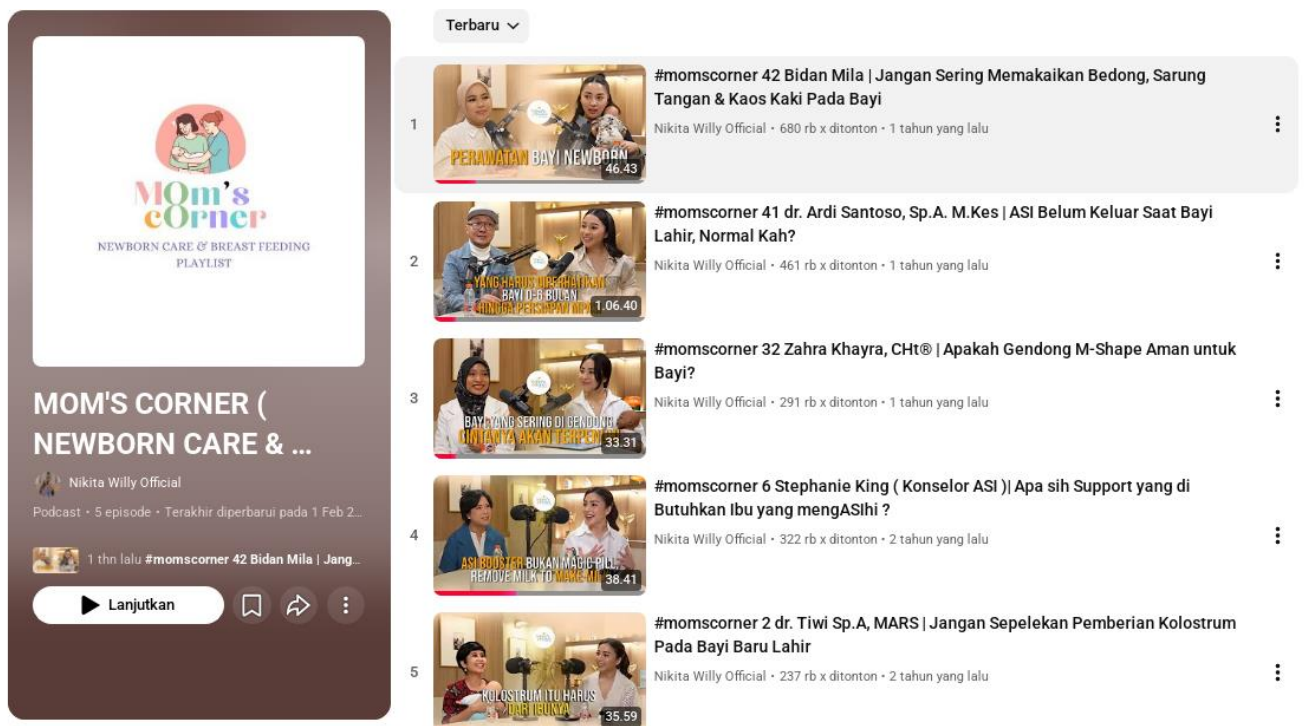
Source: Author’s documentation of the Nikita Willy Official YouTube playlist, accessed April 2026.

modern parenting. As a general overview of the subject, the five videos in the playlist can be summarized as follows.

These five videos demonstrate that the “Newborn Care and Breastfeeding” playlist not only covers infant care techniques but also addresses the psychological aspects of

motherhood, family communication, social support, and the intersection of medical knowledge with traditional childcare practices. Episode 2 highlights colostrum as a key issue, as the first breast milk often clashes with family myths. Episode 6 expands the discussion to include support

Figure 1. Playlist *Newborn Care and Breastfeeding*



Source: YouTube @nikitawillyofficial

Link Souch: https://youtube.com/playlist?list=PLqVdUI7iiZgG_M4FG-u2EPDipbR3YFBQN&si=Tpv22bCVz3ZxAn2w

from husbands and families for breastfeeding mothers. Episode 32 delves into daily practices such as safe and ergonomic baby-carrying techniques.

However, this article focuses its analysis on episodes 41 and 42. This selection is based on two reasons. First, thematically, these two episodes align most closely with the informants' responses, particularly regarding concerns about insufficient milk supply, immediate skin-to-skin contact (IMD), postpartum readiness, swaddling, mittens, socks, and umbilical cord care. Second, engagement data indicates that these two episodes have the highest audience engagement compared to the other three videos. Episode 41 received 460,024 views and 8,800 likes, while episode 42 received 677,277 views and 15,000 likes. These figures indicate that the topics of early lactation and newborn care hold significant appeal for the #Mom's Corner audience.

Episode 41 is important because it conveys the message that breast milk not flowing abundantly immediately after birth is not necessarily a sign of breastfeeding failure. The message emphasizes the size of a newborn's stomach, the importance of immediate skin-to-skin contact (IMD), the baby's sucking reflex, the mother's calmness, and the support of the husband, parents, and in-laws to prevent the mother from panicking. Episode 42 is important because it corrects several practices often passed down within families, such as swaddling the baby to straighten the legs, keeping gloves on constantly, or treating the baby's crying solely as a disturbance. The encoded message emphasizes temperature regulation, infant safety, motor development, and the understanding that a baby's crying is an early form of communication.

Documentation of objects serves not only as a supplement but as the foundation

for identifying the dominant messages offered by the media. Once media messages are mapped, informants' responses can be analyzed as a decoding process, that is, how young mothers receive, adapt to, or reject these messages based on their experiences, family communication, and cultural values.

Mom's Corner content as medically-based digital parenting education

Technological advancements have made parenting practices widely accessible in the public sphere through digital media. This is because digital media allows users to obtain information quickly, flexibly, and without limitations of time or space. This situation has led society to increasingly rely on digital media as a means of learning and seeking references in daily life (Wiratmo, 2020). One example is the Mom's Corner content themed "Newborn Care and Breastfeeding," which presents a strong message of modern parenting. In the episode about newborns, the expert explains that proper skin-to-skin contact (IMD) should be performed within the first hour of the baby's life and last for at least one hour. Contact between the baby and the mother's chest is positioned not merely as a ritual, but as a crucial mechanism to help the baby adapt after birth, hear the mother's heartbeat, maintain warmth, and build a bond. The content also emphasizes that swaddling is not meant to straighten the baby's legs, but is only used when the baby feels cold. This message directly corrects parenting myths still circulating within families.

In the first episode on breastfeeding, the messages presented are also medically grounded. The fact that breast milk does not flow immediately after birth is described as a normal condition. The content's focus is not on the instant release of breast milk, but on the bonding process, initial latching,

the mother's calmness, and the stimulation of the hormones oxytocin and prolactin. The content also underscores the importance of support from the husband, parents, and in-laws so that the mother does not experience panic during the early stages of breastfeeding. Thus, the media messages encoded in the content are not merely technical but also emotional and relational.

The initial responses of the informants in the FGD indicate that most mothers recognize the educational value of the content. May, for example, stated:

"From the very beginning, I've been seeking information about childbirth and breastfeeding. So when I was told about immediate skin-to-skin contact (IMD) and the baby's adaptation, it made sense to me and aligned with the doctor's explanation. I tend to trust the doctor's explanation more, so if a tradition doesn't align with that, I usually don't follow it" (May, FGD).

This quote indicates that May accepts the meaning intended by the media. For May, medical explanations hold greater authority than family traditions when the two are seen as conflicting. In Hall's terms, May's decoding is dominant because she interprets the message in alignment with the preferred meaning offered by the content. However, this dominant interpretation does not arise because she is passive. On the contrary, May actively chooses medical authority as the most trustworthy source of reference.

Mala also demonstrates acceptance of the medical message, but her response stems from her experience with a premature baby. She says:

"I agree with IMD, especially after the baby was born. However, my child was premature, born before 37 weeks, so I couldn't immediately have direct skin-to-skin contact. But the hospital staff strongly supported continuing with IMD, and at that moment I felt a little relieved, even though

I couldn't have direct skin-to-skin contact, the baby was still drinking her mother's breast milk" (Mala, FGD).

This quote is significant because it demonstrates that acceptance of a message does not always equate to ideal implementation as depicted in the content. Mala accepted the principles of IMD and breastfeeding, but her experience with a premature birth made its implementation dependent on hospital procedures. In this context, the reception of the message tends to prioritize medical values, yet remains influenced by clinical conditions.

The FGD responses indicate that digital parenting content can serve as an educational resource that strengthens mothers' trust in healthcare professionals. This finding aligns with the study by Akbar and Setyawan (2025) which shows that Nikita Willy's YouTube content can be perceived by viewers as a parenting reference because it features a public figure, personal experiences, and information deemed credible. However, the data from this study also indicates that media credibility alone is insufficient to determine reception positions. Informants' positions can only be determined after comparing FGD responses with in-depth interviews.

Negotiation between medical knowledge, maternal experience, and family traditions

The second and most dominant finding shows that many informants are in a position of negotiation. They accept the educational value of Mom's Corner but adapt its application to the child's condition, the mother's postpartum situation, economic constraints, and family traditions. This interpretation of negotiation is important because it shows that young mothers do not simply accept or reject digital parenting. They

engage in a process of selection, comparison, and adaptation.

Ika's statement clearly illustrates this position of negotiation:

"I agree with bonding from the moment of birth, especially since I've also learned from the posyandu about the importance of mother-baby contact. In my view, IMD is indeed important, but in the community, many people still don't understand it. Even those in the surrounding environment still believe in old myths, so it really requires gradual communication" (Ika, FGD).

The phrase "I agree" indicates acceptance of the message's content. However, the phrases "many in the community still don't understand" and "gradual communication is needed" reveal an awareness that the implementation of medical messages does not occur in a vacuum. Ika understands that mothers are not only dealing with expert knowledge but also with a social environment that still believes in myths. In-depth interviews reinforce this trend. Ika stated that she agrees with the parenting approaches in the content because they provide valuable insights, but she does not apply them all directly because financial and social conditions must be considered. She said:

"What's good and suitable, I'll take; if it's not suitable, maybe I'll look for a better alternative" (Ika, personal interview).

This statement reflects a clear position of negotiation. Ika does not reject the media's messages, but she also does not treat them as the sole guideline. As a *Posyandu* volunteer, she possesses health knowledge, but as a mother living within a specific social environment, she continues to make adjustments.

Farah also demonstrates a pattern of negotiation. In the FGD, she said:

"In my opinion, that content is really helpful for young mothers, especially those with their first child. I now understand better that a mother's mental readiness after childbirth is important. Until now, people have only focused on the baby's health, but the mother also needs to be taken care of. As for traditions, there are still some that are practiced, but I choose the ones I think still make sense" (Farah, FGD).

This quote alone is not sufficient to place Farah in a dominant position, even though she describes the content as "really helpful." The most decisive part lies in the phrase "I choose the ones I think still make sense." This means Farah uses her personal rationality as a filter. She accepts messages about maternal mental health but still leaves room for traditions as long as those traditions are not seen as conflicting with common sense. This finding aligns with digital parenting studies showing that social media provides informational support but can also create ideal standards that require critical filtering (Facca et al., 2023; Mertens et al., 2024).

Anita's negotiation is more fragile because it is shaped by her mental readiness to become a mother. She states:

"Honestly, when I first got pregnant, I wasn't ready to be a mother. So when I saw content like that, some of it was helpful, but some of it felt hard to apply because I was still adjusting mentally at the time. When it came to parenting, I relied more on what people around me said, and since I rarely consulted a midwife in person during my pregnancy, I felt like I wasn't getting enough information" (Anita, FGD).

Anita didn't reject the content, but interpreted it through the lens of her emotional state. This demonstrates that

reception is embodied, meaning mothers interpret digital messages not only through knowledge but also through fatigue, anxiety, postpartum adjustment, and the availability of support. In other words, digital parenting messages can be both a help and a source of pressure, depending on the recipient's psychological readiness

Luluk also demonstrated a negotiated reading. In the interview, she described Mom's Corner as educational content useful for young mothers, but she emphasized that the content serves only as an additional reference, not a primary guide. She referred to the content as:

"An additional reference, not a primary guideline"
(Luluk, personal interview).

This statement is a strong indicator of a negotiating stance. Luluk does not oppose media messages, but she also does not fully submit to the standards presented by the media. This pattern of negotiation demonstrates that young mothers engage in an active selection process. They do not merely question whether media messages are right or wrong, but also whether those messages can be applied to their own family circumstances. This phenomenon aligns with the research Ma'ayis et al. (2025), which found that audiences may generally accept media messages but still make adjustments based on the personal realities they face.

Family communication, living arrangements, and the golden age in shaping reception

The third finding, the clear link between media reception and family communication, became evident when informants described who was involved in making childcare decisions. For children aged 0–5 years, decisions regarding breastfeeding, infant

care, stimulation, early discipline, and communication habits are particularly crucial, as this phase falls within the golden age of child development. The content of Mom's Corner is not only received as technical information about Newborn Care and Breastfeeding but also as a reference that can influence communication practices within the family.

Believe, for example, lives with her in-laws but does not interpret this situation as an obstacle. Her communication with the family allows her to discuss parenting decisions, including breastfeeding and infant care. This finding is significant because it challenges the assumption that living with an extended family always hinders acceptance of modern parenting. In many cases, the extended family can actually serve as a supportive environment if communication is dialogic. Unlike Believe, Luluk explains that with her first child, she still largely followed her parents' ways because she lived with them. However, after moving into her own home, she began making decisions more independently. She says that after living separately, she felt "more free to make her own decisions" and became "more selective" in adapting old advice to her family's circumstances. This quote demonstrates that a change in living arrangements alters family communication patterns, shifting from a model heavily influenced by parental authority toward a more dialogic dynamic between husband and wife.

Rahma exhibits a different dynamic. She does not live within a parenting framework heavily influenced by her parents or in-laws; rather, she asserts boundaries against interference from the extended family. In the interview, she stated that parenting is the mother's responsibility, so the decisions remain in her hands. She also shares roles with her husband and emphasizes the importance of her husband's support,

especially since a mother's postpartum stress can affect the breastfeeding process. From a family communication perspective, Rahma demonstrates a firm communication style oriented toward the independence of the nuclear family. However, this independence does not make her dominant regarding media content. On the contrary, she refuses to make the content her primary reference because she feels her reality differs from Nikita Willy's portrayal. Instead, Rahma's oppositional stance is shaped by a combination of her experience raising four children, limited domestic help, and the strong authority of her personal experience.

Unlike Believe and Rahma, Fransisca, on the other hand, says:

"I tend to raise my children in my own way, following medical guidelines or doctors' advice, so I don't follow all of my traditions. I try to stand firm on the principles I believe are right. Also, since my children are under my supervision almost 24 hours a day, I limit others' involvement in their upbringing."

This statement reflects a pattern of negotiation in which she acknowledges the message and adapts to her child's needs, yet remains steadfast in her decision to be a mother while navigating the crossroads of parenting cultures and external pressures.

Family communication becomes increasingly important because messages regarding immediate skin-to-skin contact (IMD), bonding, infant crying, and maternal calmness are not merely technical instructions. These messages also constitute communication practices that shape the initial relationships between the mother, baby, husband, and extended family. This aligns with the concept of family communication that open communication patterns support the formation of the child's personality and development (Rahmah, 2018). Thus,

acceptance of the content in Mom's Corner impacts not only the mother's knowledge but also how the family communicates about the baby's health and needs. From a family communication perspective, the informants' reception positions can be formulated as follows. A dominant position tends to emerge when mothers have access to medical information, the family is supportive, and family communication is relatively open. A negotiation position emerges when mothers accept the content as educational but still weigh personal experience, family values, place of residence, and the child's condition. An opposition position emerges when personal experience and family reality are considered stronger than media messages. The results of this study are best interpreted not merely as a reception of YouTube content, but as a reception that takes place within the family communication system and the developmental phase of young children.

The communication patterns within a family shape the "parenting climate," which in turn determines how parents guide, protect, give space to, or set boundaries for their children. Runtiko (2021) explains that early models of family communication theory view families as developing fairly consistent communication styles among family members, and emphasize how families create and share social realities. Regarding living with or apart from parents or in-laws, the data indicates that living arrangements do not operate in isolation. Living with in-laws can expand support if family communication is open, as seen in the cases of Believe and May, who were still able to access medical information because they received support or decision-making space. However, living with an extended family can also increase the likelihood of negotiation if traditional advice, myths, or customs remain strong. Conversely, living separately provides space for independence, as seen

in Luluk's case, but does not automatically eliminate the influence of traditional values because past experiences continue to shape how a mother evaluates content. Therefore, the more decisive variable is not merely the living location, but the quality of communication: whether the mother can engage in dialogue, receive support, and make parenting decisions reflectively.

Meanwhile, regarding the development of children aged 0–5 years, the infant stage is both the "golden age" and a "critical period" because infants are highly sensitive to their environment, and this phase is brief and cannot be repeated. During this "golden age," parenting is not merely about physical care but a process of building secure emotional bonds, providing stimulation, and fostering interaction patterns that support the development of psychological functions in children. In developmental studies, the quality of interactive experiences within the caregiving environment is seen as influencing brain maturation, where brain function is not solely determined by biological processes but also by the quality of these interactive experiences. Even newborns are capable of emotional interaction with their mothers, which contributes to mother-infant bonding or attachment. This finding aligns with the research by Intani et al. (2019), which explains that breast milk is crucial for brain cell development and can influence a baby's psychomotor development. The study also confirms that psychosocial stimulation is associated with the development of infants aged 6–12 months. Thus, Mom's Corner's messages regarding IMD, skin-to-skin contact, bonding, the mother's emotional state, family support, and understanding infant crying as a form of communication should be viewed as part of family communication that supports child development during the golden age.

Dominance, negotiation, and opposition as contextual practices

When all the data were compared, three patterns of reception emerged. A dominant position was found among May, Believe, and Mala. They accepted the core values of the content, particularly medical rationality, expert credibility, and the emphasis on maternal readiness. However, the dominant position in this study does not mean that they adopted all the content. The dominant position is better understood as an acceptance of the medical framework offered by the media.

The strongest negotiating position emerged among Ika, Farah, Anita, Luluk, Lia, and Fransisca. These informants accepted the content as useful information but adapted it to family dynamics, economic capacity, mental health, and the baby's needs. This reinforces Hall's idea that audiences can generally accept the dominant meaning but adapt it to their social circumstances. In this study, negotiation emerged as the most dominant position because parenting is always tied to concrete household conditions.

The position of opposition emerged only contextually, most clearly in Rahma's response. Rahma acknowledged that Mom's Corner has educational value for new mothers, particularly regarding bonding and early breastfeeding. However, she rejected the idea that the content should be the primary reference because her experience as a mother of four children makes her place greater trust in personal experience. She stated:

"But if you try to apply everything, it might not work, because every mother's situation is different. I gave birth to twins and now take care of four children without a nanny, so I have to be realistic. The important thing is that the children are healthy and developing well." (Rahma, FGD).

In the interview, Rahma reinforced this position by saying:

"No, because I don't use that content as my primary reference. I trust my own experience more. Every child is different, so I don't feel the need to compare myself to media standards."
(Rahma, personal interview).

Rahma's response can be interpreted as contextual opposition. She does not oppose newborn health or medical knowledge. Rather, she rejects digital parenting standards when those standards feel socially unrealistic for a mother with four children and limited domestic support. This finding is significant because it demonstrates that opposition to digital parenting content is often not a rejection of health science, but a rejection of media idealization.

Overall, the research results indicate that reception positions are produced through the interaction between media texts, personal experiences, family structures, and cultural values. *Mom's Corner* encodes a medicalized, expert-based parenting model. Young mothers decode these messages in various ways: some accept the dominant meanings, some negotiate them with family circumstances, and some reject digital standards when they are deemed too idealistic. This study expands the field of reception studies by demonstrating that the audience for digital parenting content is active, reflective, and contextual. A dominant stance emerges among informants who not only agree with the content but also use the medical messages within it as their primary guide in parenting. Characteristics of this position include strong trust in expert sources, rejection of traditions deemed irrational, and a tendency to apply information from the content in daily life.

Conclusion

This study concludes that young mothers in Surabaya perceive the *Mom's Corner* content on newborn care and breastfeeding as a useful source of digital parenting knowledge, yet one that remains open to negotiation. The main contribution of this study is the finding that reception is determined not only by agreement or disagreement with the content, but also by the interplay between medical authority, maternal experience, family communication, local culture, and the child's condition. A dominant position emerges when medical messages are considered credible and relevant to their needs. A negotiated position is most prominent because informants accept the educational value of the content but adapt it to their family's reality. An oppositional position arises contextually when digital parenting standards are deemed unrealistic. Thus, digital parenting content does not fully replace family experiences or traditions but becomes part of the process of negotiating meaning in modern parenting. The limitations of this study lie in the small number of informants and the focus on young mothers in Surabaya, so the findings cannot be generalized to all groups of mothers in Indonesia. Future research could compare the reception among young mothers in different cities, involve fathers or extended family members, and examine how social media algorithms shape the parenting content choices consumed by young families.

Declaration of Ownership

This article is our original work.

Conflict of Interest

There is no conflict of interest to declare in this article.

Ethical Clearance

This study was approved by the institution.

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