

## Description of Anxiety Regarding the Smoothness of Breast Milk in Breastfeeding Mothers in the West Lombok Working Area

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### ABSTRACT

*Breast milk is the best source of nutrition for infants containing immune-boosting substances and providing natural protection. Anxiety experienced by mothers after childbirth can hinder breast milk production. The smoothness of breast milk production is influenced by psychological factors in mothers; when a mother experiences depression or anxiety, it can affect the smoothness of breast milk production. An anxious mother produces less breast milk than a non-anxious mother. Objective: To determine the Influence of Anxiety on the Smoothness of Breast Milk Production in Postpartum Mothers in the work area of UPT BLUD health center in Gunung Sari. Method: This research design used a cross-sectional approach with observational analytical methods. The sample of this study was postpartum mothers in the UPT health center Gunung Sari work area, totaling 38 people. Results: The frequency of respondents based on the level of anxiety was as follows: no anxiety category had 30 respondents (79%), mild anxiety had 8 respondents (21%). The frequency of breast milk production was as follows: 32 respondents (84%) had smooth breast milk production, 6 respondents (16%) had non-smooth breast milk production. Bivariate analysis using the chi-square test obtained a p-value of 0.026, which is smaller than the significance value of 0.05. Conclusion: There is an influence of anxiety on the smoothness of breast milk production in postpartum mothers in the work area of UPT BLUD health center Gunung Sari. Recommendations: Health workers, especially those in UPT BLUD health center Gunung Sari, are advised to recommend to postpartum mothers to maintain the quality of their breast milk.*

**Keywords:** Breast Milk Production, Anxiety, Postpartum Mothers

### INTRODUCTION

Anxiety is a person's emotional response to something outside themselves and their defense mechanism against problems. In this case, feelings of confusion, anxiety about something that will happen without reason are experienced and communicated between individuals and are associated with feelings of uncertainty and helplessness.

Postpartum anxiety and depression affect the entire mental development of the child at birth (Fifi, 2020).

Based on Postpartum Support International (2016), it was found that around 10% of postpartum mothers suffer from anxiety and sometimes develop depression and 15% of women experience postpartum depression. This is a sign for medical personnel to be more alert and

care about the emotional condition of mothers after giving birth. Based on the results of the Basic Health Research (Riskesmas) in 2018, it is known that most postpartum mothers in Indonesia, namely 19.8% or around 14 million people, experience mental disorders, including depression and anxiety disorders. Maternal anxiety and other mental health problems that occur after giving birth. In Indonesia, the incidence of postpartum depression was recorded at 22.4%.

Based on the Profile data from the West Nusa Tenggara Provincial Health Office in 2022, the total coverage of postpartum visits (KF) for mothers after giving birth was 94.9%. As well as North Lombok Regency with 104.7% and the lowest in Mataram City at 75%. Meanwhile, the coverage of exclusive breastfeeding was 85.4%. The achievement of exclusive breastfeeding between districts/cities, the lowest coverage was in Mataram City at 51.5% and the highest achievement was in West Lombok Regency at 94.8%.

Breast milk (ASI) is the best source of nutrition for babies, which has many benefits for the development and growth of babies. Breast milk contains antibodies (immune substances) that provide natural protection for babies. The role of

mothers in breastfeeding will provide success in providing breast milk, with good maternal knowledge, and support from health workers in carrying out Early Breastfeeding Initiation (IMD) so that they can help mothers provide Exclusive Breast Milk for 6 months and breastfeed their babies for up to 2 years. (Umar, 2021).

Breastfeeding mothers experience anxiety that can reduce the function of endocrine hormones, oxytocin hormones, and prolactin because they continue to work on the posterior pituitary gland, and can stimulate alveolar cells and epithelial myocytes to secrete or circulate milk through the ducts into the baby's mouth (ejection reflex). Anxiety experienced by the mother after giving birth will inhibit the release of breast milk. The smoothness of breast milk is influenced by psychological factors in the mother, as well as mental disorders that cause reduced breast milk production. When a mother suffers from mental stress, thoughts, depression, worry, anxiety, sadness and tension can affect the smoothness of breast milk. Mothers who feel anxious produce less breast milk than mothers who are not anxious. Anxiety is manifested by direct physiological and behavioral changes. The topic of discussion relates to the process of adap-

tation of the mother after giving birth, which can be categorized into three different groups: taking in, taking hold, and letting go (Melyana, 2022).

Many factors have been identified as influencing the development of anxiety, including changes in role status, social culture, stress, maturity, education, parental role, marital role, health worker role, socioeconomic status, and personality type. If anxiety in postpartum mothers occurs for a long time, it will have a bad impact. Mothers feel unable to care for their babies, unable to breastfeed because of feelings of helplessness or inability. Stuart and Sudden (Rohmana, 2020).

The effectiveness of breast milk production can be seen through many indicators in breastfeeding babies. These indicators include the appearance of the baby who feels satisfied after breastfeeding, the baby's ability to sleep undisturbed without crying, the baby's overall health, and an average monthly weight gain of 500 grams. In the context of breastfeeding, it is recommended that the baby be breastfed 8-12 times within 24 hours, with each breast being breastfed for 10 to 20 minutes. The next breastfeeding interval should range from one and a half to 2 hours. This depends on the baby's sucking strength, swallowing speed, and comfort level during breast-

feeding. After reaching fullness, the baby will release the mother's nipple. The frequency of breastfeeding depends on the amount of breast milk produced and the baby's hunger. According to Kusummannan, 2021.

A strong desire from a mother to provide breast milk to her baby and strong motivation from her husband and family are key factors in maintaining the smooth flow of breast milk. These factors have a significant impact on the physical and mental well-being of the mother, which ultimately affects her ability to produce breast milk. In addition, the government has also empowered midwives to provide services to breastfeeding mothers by facilitating or providing guidance on Early Breastfeeding Initiation and encouraging Exclusive Breastfeeding. This permit is granted through the Government Program of the Republic of Indonesia No. 33 of 2012 and the Regulation of the Minister of Health No. 28 of 2017 concerning midwife practice permits. (Ministry of Health of the Republic of Indonesia, 2017).

A study conducted by Mardjun (2019) investigated the impact of anxiety on the lactation process in postpartum mothers who received treatment at Kasih Ibu Hospital, Manado. The values obtained were 0.001 indicating a signifi-

cant effect of anxiety on the smooth flow of breast milk in postpartum mothers during treatment at Kasih Ibu Hospital, Manado.

### MATERIALS and METHODS

This study is an observational analytical design study, utilizing a cross-sectional strategy for quantitative data collection. Cross-sectional research is a methodological approach used to investigate the dynamics of the relationship between risk variables and their associated impacts. Each research subject is seen on one occasion, and measurements are recorded simultaneously (No-toatmodjo, S. 2018). This study was

conducted in the West Lombok working area.

The tool used is a questionnaire sheet with a Hars scale to measure the anxiety of breastfeeding mothers, then an observation sheet is used to determine whether breast milk production is smooth or not.

### Results and Discussion

In this study, the characteristics of respondents were identified, including age, education, occupation, and parity.

**Table 4.1.** Frequency Distribution of Characteristics of Respondents of Breastfeeding Mothers Based on Age, Education, Occupation, and Parity

No	Category	N	%
1	Age		
	No risk (20-35 years)	18	47
	High risk (<20- >35 yrs)	20	53
<b>Total</b>		<b>38</b>	<b>100</b>
2	Education		
	Tall (S1)	12	32
	(SENIOR HIGH SCHOOL)	9	24
	Medium (Junior High School)	7	18
	Low (SD)	10	26
<b>Total</b>		<b>38</b>	<b>100</b>
3	Work		
	Not working (housewife)	26	68
	Work (PNS)	9	24
	(Private)	3	8
<b>Total</b>		<b>38</b>	<b>100</b>
4	Parity		
	Primipara	14	37
	Multipara	7	18
	Grandmother	17	45
<b>Total</b>		<b>38</b>	<b>100</b>

Based on the results of the study, the characteristics of respondents based on age, education level, occupation and parity. In table 4.1, it was found that out

of 38 respondents, almost half of the respondents aged 20-35 were not at high risk, amounting to 18 respondents (47%); and the high-risk age was mostly

aged <20 - >35, amounting to 20 respondents (53%); Respondents who had a college education of S1 were almost half, amounting to 12 respondents

(32%); a small number of respondents who had a high school education amounting to 9 respondents (24%) and a

Private sector is a small part (working) amounting to 3 respondents (8%); almost Anxiety	Enough		Not enough		Total		P- Value.
	N	%	N	%	N	%	
No Worries	32	84	0	0	32		0.026
Mild Anxiety	0	0	6	16	6	61	
Moderate Anxiety	0	0	0	0	0	0	
Severe Anxiety	0	0	0	0	0	0	
Very Worried	0	0	0	0	0	0	
<b>Total</b>	<b>32</b>	<b>84</b>	<b>6</b>	<b>16</b>	<b>38</b>	<b>100</b>	

small number of respondents who had a junior high school education amounting to 7 respondents (18%); while almost half of the respondents who had a low elementary school education amounting to 10 respondents (26%); then most of the respondents who had a job as a housewife (not working) amounting to 26 respondents (68%); a small number of respondents who had a job as a civil servant (working) amounting to 9 respondents (24%); and respondents who

had a job as half of the Primipara parity level amounted to 14 respondents (37%); then a small portion of Multipara amounted to 7 respondents (18%); so that almost half of Grandmultipara amounted to 17 respondents (45%). Based on the research results in table 4.2, it shows that out of 38 respondents, most of the respondents experienced no anxiety, amounting to 30 respondents (79%); and those who experienced mild anxiety were a small number of 8 responses (21%).

Table 4.2 Frequency Distribution of Anxiety Levels in Breastfeeding Mothers

Anxiety	N	%
No Worries	30	79
Mild Anxiety	8	21
Moderate Anxiety	0	0
Severe Anxiety	0	0
Very Worried	0	0
<b>Total</b>	<b>38</b>	<b>100</b>

<b>Breast milk secretion</b>	<b>N</b>	<b>%</b>
Enough breast milk	32	84
Not enough breast milk	6	16
<b>Total</b>	<b>38</b>	<b>100</b>

Based on the research results in table 4.3, it shows that out of 38 respondents, the majority of respondents with sufficient breast milk amounted to 32 respondents (84%); and a small portion of insufficient breast milk amounted to 6 respondents (16%).

The analysis used was the Chi-Square ( $\chi^2$ ) statistical test to analyze the results of the hypothesis test. The findings showed a statistically significant relationship between anxiety and smooth breast milk flow.

From the results of the statistical test, a p-value of 0.026 was obtained ( $p < \alpha$  (0.05), meaning that there is an influence between the two variables of smooth breast milk production in postpartum mothers and the independent variable of anxiety, which is statistically proven.

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