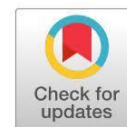


Maternal anxiety levels with the success of exclusive breastfeeding: a correlative study



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ARTICLE INFO

Article history:

Received June 18th, 2022

Revised September 5th, 2022

Accepted October 13rd, 2022

Keyword:

**Exclusive Breastfeeding
Worry
Attitude
COVID-19**

ABSTRACT

UNICEF and WHO is calling on the government and all stakeholders to maintain and promote access to services that allow the mother to continue breastfeeding during the pandemic COVID-19. As a result, the access of an essential service such as counseling, nursing in hospitals, health clinics, and through a visit to the house interrupted. The information is not right that circulating about the safety of breastfeeding has lowered the number of nursing mothers because of the fear of transmitting the disease to her child. The aim of this study was to determine the relationship of maternal anxiety levels with the success of exclusive breastfeeding on the pandemic COVID-19. The Study used the observational analytic design with Cross Sectional Study. Sampling with Accidental Sampling technique. Retrieval of data using a questionnaire Google Form. Analysis used Chi-Square test. The result state that there is no relationship between the level of anxiety with the success of exclusive breastfeeding with p value 0.064 (>0.05). The majority of respondents was not at risk, higher education, family income in the top categories, and have the experience. There is no relationship with the level of anxiety of the mother with the success of exclusive breastfeeding.

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INTRODUCTION

UNICEF and WHO ordered the government and all the authorities to maintain and promote access to services that allow the mother to continue breastfeeding during COVID-19 pandemic. Early initiation of breastfeeding and exclusive breastfeeding help babies to develop immune system to protect them from many diseases. Globally, the rising number of breastfeeding mothers can potentially save more than 820,000 babies and can prevent more than 20,000 cases of breast cancer in women every year.¹ On the other hand, refusal to breastfeeding has been linked to lower of intelligence in babies. Consequently, it has caused an economic loss of about \$302 billion per year. Therefore, it needs cooperation from everybody in order to meet the target set by the World Health Assembly (WHA) in 2025, which is minimum of 50% exclusive breastmilk in the first 6 months.²

The data di Indonesia show that only 1 out of 2 babies under 6 months that gets exclusive breastmilk, and only 5% of them get breastmilk up until 23 months. It means that almost half of the babies in Indonesia do not get the nutrients they need during the 2 years of their lives. Also, more that 40% of them are given solid food too early or before 6 months.¹

Data from minister of health show that nationally, baby who were given exclusive breastmilk in 2019 were 67.74%. the highest percentage was Nusa Tenggara Barat (86.26%), while the lowest one was West Papua (41.12%). There were four provinces that has not reach the Renstra target in 2019. They were Gorontalo, Maluku, Papua, and West Papua.³

Data from health agency of Yogyakarta in 2019 show that Sleman has the highest percentage of exclusive breastmilk which is 82.3%, followed by Bantul 79%, then Yogyakarta District 74%, then Kulon Progo 72.3%, and the last Gunung Kidul 72.1%. The total average of Yogyakarta is 77.5%. from those data, there is 22.5% of mothers who do not give exclusive breastmilk.⁴

During COVID-19 pandemic, essential service such as counseling about breastfeeding in hospitals and health clinics, also in home visit are hindered. The false information about diseases being transferred through breastfeeding lowered the number of mothers who breastfeed their babies because they are afraid they would transfer their diseases to their babies.¹ even so, there are other factors that contribute to the success of giving exclusive breastmilk. Research done in public health center in Pajeruk shows that level of education as one of the factors.⁵ Other factors as shown in a research done on Darussalam public health center in Medan are level of knowledge, attitude, and support from medical staffs.⁶ Researches done in mothers and children hospital Kasih Ibu in Manado⁷, public health center in Umbul Harjo⁸, and Gorontalo city in 2021⁹ show that anxiety during post-partum has a correlation with the breastmilk production. Psychological problems in mothers can hinder the “let down reflect” because it increases cortisol that hamper the secretion of hormone oxytocin to produce breastmilk. Some of the psychological problems are worry, stress, anxiety, sadness and feeling tense.⁷

Government regulation of Republic of Indonesia number 33 year 2012 about exclusive breastmilk specify about giving exclusive breastmilk. Chapter 1, article 1, verse 1 says that exclusive breastmilk is milk that is given to babies during their first 6 months without addition or replacement with other foods or drinks.¹⁰ based on “Sustainable Development Goals” (SDGs) 2030, breastfeeding can be one of the first steps for humans that were born into this world to get a helathy and prosperous life. The realization of Indonesian government’s target about exclusive breastmilk will help the world to achieve the goal of SDGs.¹¹

Hospitals are individual healthcare service facilities, places of birth, and places where the lives of some people begin. Therefore, breastfeeding procedures and management in hospitals play an essential role in the success of breastfeeding program. The correct breastfeeding will make strong and healthy humans in the future. WHO introduces 10 steps to ensure the success of breastfeeding in hospitals. Those steps are written policy, training of hospital staffs, explanation of benefits and breastfeeding procedure for pregnant women, immediate help of breastfeeding right after birth, lesson on how to breastfeed properly, not giving other foods beside breastmilk, doing joint care in hospitals, supporting on demand mothers, not giving pacifier, and initiating breastfeeding support group.¹² From a research done in Panti Rini hospital in July 2012, 15 women said that they did not give exclusive breastmilk for their babies because of several reasons such as working, feeling incapable to breastfeed, low breastmilk production, anxiety, etc. from this previous research, the researcher is interested to conduct a research about the correlation between maternal anxiety and the success of exclusive breastfeeding in Panti Rini hospital.

Numerous studies show that high levels of anxiety during postpartum are linked to increased odds of not starting and maintaining breastfeeding as well as utilizing milk formulae as a form of complementation. According to a prospective study, there is a statistically and clinically significant correlation between anxiety levels and shorter nursing sessions. This suggests that anxiety levels, especially modest ones, should not be disregarded as they may be linked to early weaning. Although there is a wealth of data suggesting that anxiety may have a negative impact on this practice, there are still few research examining the association between those variables in the scientific literature. This fact demonstrates the persistence of significant flaws, which supports the need for this investigation. The aim of this research is to find out the correlation between maternal anxiety level and the success of exclusive breastmilk during Covid-19 pandemic in Panti Rini hospital.

METHOD

This study used cross sectional design approach. The population is mothers who came to Panti Rini hospital during immunization schedule in the month of November 2021 which is 81 respondents. To collect the sample, it used Accidental Sampling technique. The number of sample based on Lameshow formula is 65 respondents. That number is the minimum of sum from the average number of respondents who came to the hospital. The researcher all of them which are 81 respondents as the sample to anticipate respondents who are in exclusion criteria.

This research was done from July 2021 to April 2022 in Panti Rini hospital. The independent variable of this research is maternal anxiety, the dependent variable is the success of exclusive breastmilk, and the control variable is age, gender, education level, income, and experience. The primary data is taken directly from the respondents using a questionnaire through Google Form. The tool that was used is questionnaire about exclusive breastmilk from *Riskedes* 2013 and questionnaire about anxiety from *Hamilton Anxiety Rating Scale* (HARS). Data were analyzed using frequency distribution for univariate statistics and Chi Square for bivariate statistics. This research has been declared to have passed the ethical test held by the Health Research Ethics Commission Poltekkes Kemenkes Yogyakarta.

RESULTS

The result shows that there were 81 respondents came to Panti Rini hospital within the time interval of November 1st-30th 2021. All the respondents who came were taken as samples. 59 respondents were in the low risk age (20-35 years old), 60 respondents were university graduates, 48 respondents had high income, 53 respondents had experience giving exclusive breastmilk, 60 respondents had no maternal anxiety, and 45 respondents were succeeded on giving exclusive breastmilk.

Based on table 1, it is known that 45 respondents (55.6%) were succeeded on giving exclusive breastmilk. As for anxiety, 60 respondents (74.1%) did not have anxiety and 2 respondents (2.5%) had high anxiety. There were 22 respondents (27.2%) who were in a high risk age. As for education level, there were no respondent who had low education level and 60 respondents (74.1%) had high education level. There were 24 respondents (40.7%) who had low income. Lastly, there were 28 respondents (34.6%) had no prior experience on giving exclusive breastmilk.

Table 1. The distribution of correlation frequency between maternal anxiety and the success of exclusive breastmilk

Variables	Frequency (f)	Percentage (%)
Exclusive breastmilk		
Successful	45	55.6%
Unsuccessful	36	44.4%
Anxiety		
None	60	74.1%
Low	9	11.1%
Mild	10	12.3%
High	2	2.5%
Very high	0	0%
Age		
High risk	22	27.2%
Low risk	59	72.8%
Education level		
low	0	0%
Medium	5	6.2%
High	16	19.8%
Very high	60	74.1%
Income		
high	48	59.3%
Low	33	40.7%
Experience		
No	53	65.4%
Yes	28	34.6%
Total	81	100

The Correlation Between Maternal Anxiety Levels and The Success of Exclusive Breastfeeding

The following table shows the result of bivariate analysis of the correlation between maternal anxiety levels and the success of exclusive breastmilk.

Table 2. the correlation between maternal anxiety levels and the success of exclusive breastmilk in Panti Rini hospital Sleman Yogyakarta 2022

Variables	Successful		Unsuccessful		Total		p-value
	N	%	N	%	N	%	
Anxiety level							
None	32	53.3%	28	28%	60	100	0.064
Low	8	66.7%	1	33.3%	9	100	
Mild	5	50%	5	50%	10	100	
High	0	0%	2	100%	2	100	
Very High	0	0%	0	0%	0	0	
Age							
High risk	11	50%	11	50%	22	100	0.717
Low risk	34	57.6%	25	42.4%	59	100	
Education							
Low	0	0%	0	0%	0	100	0.359
Medium	3	60%	2	40%	5	100	
High	7	43.8%	9	56.2%	16	100	
Very high	35	58.3%	25	41.7%	60	100	
Incom							
High	25	52.1%	23	47.9%	48	100	0.595
Low	20	60.6%	13	39.4%	33	100	
Experience							

Variables	Successful		Unsuccessful		Total		p-value
	N	%	N	%	N	%	
No	28	52.8%	25	47,2%	53	100	0.657
Yes	17	60.7%	11	39.3%	28	100	

Table 2 shows that 32 respondents (53.3%) who had no anxiety succeeded to give exclusive breastmilk; 11 respondents (50%) within high risk age succeeded giving exclusive breastmilk; 25 respondents (41.7%) who had high level of education did not succeed in giving exclusive breastmilk; 25 respondents (52.1%) who had high income succeeded in giving exclusive breastmilk; 28 respondents (52.8%) who were experienced succeeded in giving exclusive breastmilk. From the hypothesis test using *Chi Square* statistic it is obtained the anxiety level, age, education, experience, and income *p value* > 0,05. Therefore, they have no correlation with the success of exclusive breastmilk. In this research, multivariate analysis is not taken because *p-value* > 0,025.

DISCUSSION

The objective of this research is to find out the correlation between maternal anxiety and the success of giving exclusive breastmilk, also factors that hinder that may correlate to its success. The result of bivariate analysis shows that there is no significant correlation between maternal anxiety and the success of giving exclusive breastmilk with *p value* 0.064 > 0.05. This result is in line with a previous research that was done in Kademangan district Blitar on 66 mothers with babies between 6-12 months old. That research also finds that there is no correlation between mothers' anxiety on low breastmilk production and giving exclusive breastmilk.¹³ Albeit, it contradicts with a previous research that was done in Sleman district with 62 respondents. It finds that there is a correlation between maternal anxiety and the success of exclusive breastmilk.¹⁴ The anxiety may occur in mothers who breastfeed for the first time because they are inexperienced and they do not have enough information about breastfeeding.¹⁵

The result of bivariate analysis that there is no correlation between age and the success of giving exclusive breastmilk with *p value* 0.717 > 0.05 is in line with a previous research done in public health center in Magelang with 30 respondents. It finds that there is no correlation between age and the success of giving exclusive breastmilk.¹⁶ In theory, the prime reproductive age is between 20-35 years old. However, women who are 35 years old or older tend to be more mature mentally. The older someone gets, the more experience he or she have about a subject.¹⁷ On the other hand, pregnant women who are 20 years old or younger have a high risk on neonatal mortality due to their reproductive organs that are not fully developed and also their emotions that tend to be unstable because they still rely on others. Albeit, pregnancy on women who are 35 years old or older is risky because they also are susceptible to hypertension and degenerative diseases on their vertebrae and hips.¹⁸

The result of bivariate analysis that there is no correlation between education level and the success of giving exclusive breastmilk with *p value* 0.359 > 0.05 is in line with a research done in public health center work area of Jekan Raya with 79 respondents. It finds that there is no correlation between education level and the success of giving exclusive breastmilk.¹⁹ In theory, education level and knowledge are significant factors to support the success of giving exclusive breastmilk because the higher someone's education, it is easier for him or her to accept new information. On the contrary, the lower someone's education, the harder for him or her to develop knowledge and manner on subjects that were introduced.²⁰ the higher someone's education, the better his or her cognition about his or her rights. This will also intensify the demand to the rights to get information, the rights to accept or refuse them. In this case, mothers with medium level of education will get more information that they need, while mothers with high level of education is hoped to be able

to absorb the information they get more easily.¹⁸ This notion is in line with the research done in public health center in Neomuti that finds that there is a correlation between level education and the success of giving exclusive breastmilk.²¹

The result of bivariate analysis that there is no correlation between income and the success of giving exclusive breastmilk with p value $0.595 > 0.05$ is in line with a previous research done in Sioldengan village, Rantau Selatan, Labuhanbatu with 181 respondents. It finds that family income does not have correlate to the success of giving exclusive breastmilk.²² This is because breastmilk comes from the mothers and not goods that they buy. The use of formula milk will increase the cost for the babies.²³ The family income shows the economic status of the family. If a family have a steady income, they will be able to fill their basic need, including food, clothing, housing, and access to clean water.²⁴

The result of bivariate analysis that there is no correlation between experience and the success of giving exclusive breastmilk with p value $0.657 > 0.05$ contradicts a previous research done in public health center in Jagir Surabaya with 42 respondents. It finds that there is a correlation between experience and the success of giving exclusive breastmilk.²⁵ the experience on prior breastfeeding can be a lesson to the success of giving exclusive breastmilk. For *primipara* women, the experience can be a knowledge. However, the knowledge not only comes from experience, but also from family and social culture. If the parent, for example, did not give exclusive breastmilk to them, it is likely that they would not give exclusive breastmilk to their babies. Family structure can also become another factor. For instance, a big family may encourage their member on giving exclusive breastmilk especially during initiation.²⁶ Human behavior is too complicated and unpredictable to be analyzed. Many factors, internally or externally, from the past, present, and future that can influence it. From many factors like stimulus in itself, prior experience, motivation, status, personality et cetera, individual manner plays an essential role in determining his or her actions. In addition, environment also has a role in it. The interaction between individual actions and the environment will create a complex process that will determine someone's behavior.²³

Another research done in public health center in Darussalam, Medan Petisah concludes that knowledge, behavior, and support from medical staffs correlate to the success of giving exclusive breastmilk.²⁷ in theory, however, knowledge comes from custom and tradition that become habits and repetitions. Therefore, knowledge is untested because the conclusion is drawn based on assumption. It comes from trial and error and based on mere experience.²⁸ In theory, manner is not an action, but a predisposition to an action. Manner is the commitment to express to an object in a certain environment as an appreciation towards it.²⁹

Additionally, a research done in public health center in Sempur Bogor shows that there is a correlation between support from husbands and the success of giving exclusive breastmilk.³⁰ The process of breastfeeding will succeed if there is an active participation from the husband in decision making, positive attitude, and vast knowledge on the benefits of breastfeeding. Bonding between a father and baby can be increased with his present during labor and close contact with the baby during neonatal. The fathers need to recognize signals that come from the babies. They need to read more about it, join parent group, and learn from their parents or friends. Husbands or fathers play an essential role to the success of giving exclusive breastmilk. A good breastmilk production is correlated to the support from them. Their support will make the mothers feel appreciated. It will increase hormone oxytocin that help in breastmilk production.³¹

These results will act as reference to give education for expecting women to give exclusive breastmilk for six months. The promotion about the benefits of exclusive breastmilk can be given directly to pregnant women during their ANC and their babies immunization schedule. Moreover, it can be given indirectly through leaflets as reading materials and reminder to the benefit of exclusive breastmilk. Facilitating support group can

also be a solution to monitor the giving of exclusive breastmilk. The group will make it easier for women to share their experiences and boost the motivation between themselves. For the respondents, it is a learning opportunity to understand the importance of exclusive breastmilk for the first 6 months. Besides, breastmilk is free and it is the best food for babies. Also, Panti Rini hospital can promote and educate their patients about the benefits of exclusive breastmilk. For Poltekkes Kemenkes Yogyakarta, it is hoped that this research can be a source of knowledge that can be used as reference for further researches. Lastly, further researchers can continue the research about the correlation between maternal anxiety and the success of giving exclusive breastmilk using different method.

CONCLUSION

Based on the research and discussion, it can be concluded that the majority of the respondents in Panti Rini hospital are in a low risk age, most of them had high education level, their income is also high, and most of them are experienced. Also, the majority of them do not have maternal anxiety. The success of giving exclusive breastmilk is 55.6%. Therefore, there is no correlation between maternal anxiety and the success of giving exclusive breastmilk during Covid-19 pandemic.

For the respondents, it is hoped that they can understand more about the benefits and importance of giving exclusive breastmilk during the first 6 months. Not only it is free, but it also the best food for babies. For Panti Rini hospital, it is hoped that this research can promote the education for their patients about the benefits and importance of giving exclusive breastmilk. For Poltekkes Kemenkes Yogyakarta, it is hoped that this research can be a source of knowledge that can be used as reference for further researches. Lastly, further researchers can continue the research about other factors that determine the success of giving exclusive breastmilk.

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