

hub kecemasan-produksi asi

by Yurike Septi

Submission date: 30-Apr-2020 12:27PM (UTC+0700)

Submission ID: 1311872170

File name: Manuskrip_PDP_2020_Yurike.docx (37K)

Word count: 2453

Character count: 13993

HUBUNGAN KECEMASAN DENGAN PRODUKSI ASI PADA IBU MENYUSUI DI SURABAYA

*Corellation between Anxiety and Breast milk Production among Breastfeeding
Mothers in Surabaya*

Yurike Septianingrum, Nety Mawarda Hatmanti, Andikawati Fitriasari

Prodi S1 Keperawatan, Fakultas Keperawatan dan Kebidanan, UNUSA

Jl. SMEA No 57 Surabaya, Telp. (031) 8291920

e-mail: yurikesepti1209@unusa.ac.id

Abstract

Background: The low coverage of exclusive breastfeeding in Indonesia is caused by several factors, one of which is anxiety. The mother feels anxious because she is unable to provide enough milk for her baby.

Objective: The purpose of this study is to analyze the correlation between anxiety and breast milk production among breastfeeding mother in Surabaya

Methods: The study population was all breastfeeding mothers in Surabaya who met the inclusion and exclusion criteria. The sample of this study was recruited through purposive sampling as many as 67 mothers. Data were collected by using the State Anxiety Inventory and the breast milk production observational sheet. Data were analyzed by using the Spearman rank test.

Results: The results showed: 1) most breastfeeding mothers experienced moderate anxiety (91.04%), 2) some breastfeeding mothers showed smooth milk production (61.19%), 3) There was a correlation between anxiety and breast production in breastfeeding mothers ($p = 0.001$).

Conclusion: The more severe anxiety in nursing mothers, the production of breast milk becomes not smooth. Future studies are expected to analyze other factors that can affect breast milk production in nursing mothers.

Keywords: anxiety, breast milk production, breastfeeding mother

INTRODUCTION

Breast milk contains many nutrients that are needed by babies in the first six months of life (Widayanti, 2014). Mental and psychological factors of breastfeeding mothers have a great influence on the process of breastfeeding and the smooth production of breast milk (Kamariyah, 2014). Anxiety experienced postpartum mothers will inhibit the production of milk and the resulting process should stop breastfeeding early (Sari, Salimo, & Budihastuti, 2017). The decline in milk production influence on body weight infants (Nugraheni & Kosma, 2017).

WHO and UNICEF recommend that babies should only be given breast milk for at least 6 months and continued breastfeeding until the child is two years old. Breast milk is not contaminated and contains many nutrients needed by babies (Kemenkes RI, 2014). In Southeast Asia, the achievement of exclusive breastfeeding shows a number that is not much different. In comparison, exclusive breastfeeding coverage in India has reached 46%, in the Philippines 34%, in Vietnam 27% and in Myanmar 24% and in Indonesia 27.1%. The low coverage of exclusive breastfeeding in Indonesia has also

received attention from the government. One of them is the Exclusive ASI program which is a priority program, because of its wide impact on the nutritional status and health of children under five (Kemenkes RI, 2012).

Women who are breastfeeding are susceptible to anxiety symptoms, as they are dominated by environmental and hormonal factors. Environmental factors may occur in the event of marital problems, unwanted pregnancies, and a history of anxiety in themselves or their family members. It further shows that women with lower socioeconomic status are more prone to anxiety. In relation to socioeconomic status, anxiety can also occur due to increased burden of children and reduced life satisfaction (Puspitosari & Prasetya, 2007)

Hormonal changes in women can lead to increased anxiety because estrogen can modulate serotonergic function. Corticotrophin-releasing hormone, which decreases can increase anxiety (Puspitosari & Prasetya, 2007). Psychological stress affects the hypothalamus and then it will affect the pituitary gland to express adrenocorticotropic hormone (AC-TH). This can eventually affect the hormone adrenaline (a hormone that affects stress) and cause cortisol to increase. When the amount of cortisol is high, milk production will be inhibited (Christian, 2012).

METHODS

Study Design

The study was observational analytic with the cross-sectional approach

Settings

The research was conducted in Surabaya and implemented via online

Research subject

The population in this study were all breastfeeding mothers in Surabaya who

met the inclusion criteria: 1) the age of the mother 21-40 years, 2) the age of the baby 0-1 years, 3) the condition of the mother's nipple protruding, 4) the suction reflex of the baby is good, 5) the mother able to read and use gadgets, 7) mothers are willing to be investigated and sign informed consent. Exclusion Criteria: 1) babies who are given formula milk. The sample of this study was recruited through purposive sampling as many as 67 mothers.

Instruments

Data were collected by using the State Anxiety Inventory for anxiety (Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983) and the breast milk production observational sheet. Questionnaires are distributed via online forms.

Data Analysis

Data were analyzed using the Spearman rank test.

Ethical Consideration

This research has gone through an ethical test from Komisi Etik Penelitian Kesehatan UNUSA.

RESULTS

Characteristics of Respondents

Table 1. Distribusi karakteristik responden

No	Characteristics of respondents	Frequency (f)	Percentage (%)
1	Age		
	21-30 y.o	44	65,67
	31-40 y.o	23	34,33
2	Education		
	Low	1	1,49
	Higher	66	98,51
3	Paritas		
	Primipara	31	46,27
	Multipara	36	53,73
4	Occupation		
	Working	32	47,76
	Non-working	35	52,24

Based on table 1 above, most respondents were in the age range of 21-30 years (65.57%), highly educated (98.51%), most respondents were

multiparaous (53.73%), and not working (52.24%).

The anxiety level among breastfeeding mothers

Anxiety in the respondents observed with the State Anxiety Inventory as follows:

Table 2. Anxiety level among breastfeeding mothers

Anxiety level	Frequency (f)	Percentage (%)
Mild	1	1,49
Moderate	61	91,05
Severe	5	7,46

Based on table 2 above shows that most respondents showed moderate anxiety (91.05%).

The breast milk production among breastfeeding mothers

The production of breast milk in nursing mothers was observed with the observation sheet of milk production as follows:

Table 3. Breast milk production in breastfeeding mothers

Breast milk production	Frequency (f)	Percentage (%)
Smooth	41	61,19
Non-smooth	26	38,81

Based on table 3 above, the majority of respondents showed smooth milk production (61.19%).

Correlation between anxiety and breast milk production in breastfeeding mothers

The results of the correlation test between anxiety and milk production using the Spearman rank test are as follows:

Table 4. Correlation between anxiety and breast milk production

Anxiety	Breast milk production		p-value	Koeff corr.
	Smooth	Non-smooth		
Mild	1	0	0,001	-0,381
Moderate	40	21		

Severe	0	5
--------	---	---

In table 4 the analysis of the correlation between anxiety and breast milk production showed a p-value 0,001 which means there is a correlation between anxiety and breast milk production in breastfeeding mothers in Surabaya. The correlation coefficient of 0,381 indicates a strong enough correlation anxiety and breast milk production, i.e. the more severe anxiety in nursing mothers, the production of breast milk becomes not smooth.

DISCUSSION

The anxiety level among breastfeeding mothers

The results of observation of anxiety with SAI showed that almost all mothers (91.05%) had moderate anxiety. Anxiety in nursing mothers is caused by several factors, including age, education, and occupation. (Kamariyah, 2014). Most of the mothers who experience anxiety are in the age range of 21-30 years. Age factors determine maternal conditions and are related to conditions during pregnancy, childbirth and breastfeeding (Mardjun, Korompis, & Rompas, 2019). The age factor is an important factor in making the decision to give exclusive breastfeeding, the more mature the more mature it is in thinking and determining what is best for mother and baby. Most of the mothers showed still experiencing anxiety even though the age is quite mature, this is due to some mothers who have no experience in breastfeeding babies

Education affects the behavior of a person, who is more educated will know better how to adjust to the adjustment to enter a new phase (Kamariyah, 2014). In reality though mostly high but they still have anxiety because higher education does not guarantee maturity in thinking

Most of the respondents are primipara, which is 46.27%. This is consistent with the study of Mardjun et al (2019) that the level of anxiety in primipara is higher than multipara. Most primiparous mothers worry about how their lives will be when caring for and caring for their babies. Primipara mothers still need to adapt to their situation after the delivery process while for multipara mothers are accustomed to the presence of new family members.

More than half of the respondents did not work (52.24%), where the work factor is a factor that affects the anxiety of breastfeeding. Housewives usually lack the latest information in particular about the health because they only interact with the environment of his home course (Kamariyah, 2014). This is not in accordance with research from Puspitosari & Prasetya (2007) that there is no significant difference in the level of anxiety between breastfeeding mothers who are working and breastfeeding mothers who are not working. In this study, working mothers also experienced anxiety because they were afraid that there would be no time to milking breast milk while working, was not supported by the work environment, and the workload was high.

Some respondents stated that they experienced anxiety during pregnancy. Anxiety in nursing mothers is also influenced by psychological conditions during pregnancy and family economic factors (Flaherman, Beiler, Cabana, & Paul, 2016). Many other factors need to be investigated to determine the cause of anxiety in breastfeeding mothers.

The breast milk production among breastfeeding mothers

The production of breast milk in most of the respondents showed smooth (61.19%). The smooth production of breast milk is seen from the baby indicator and the mother indicator. The indicators of this maternal factor that are seen are through breast tension, let down reflexes work well, this indicates the work of the hormone oxytocin which causes the occurrence of let down reflexes also works well (Budiarti, 2009).

Most respondents in the age range of 21-30 years have non-smooth milk production. This is not in accordance with Budiarti's research (2009). Which states that age is one of the factors that can affect breast milk production, mothers whose age is younger or less than 35 years will produce more breast milk compared to mothers who are older. At this time younger women may perceive breastfeeding as being able to change the appearance of the breasts to be unattractive, so to maintain the shape of the breasts, they prefer not to breastfeed.

This research is dominated by respondents with higher education, where mothers with higher education have more knowledge about breastfeeding. But the fact is that many have non-smooth milk production. This is not in line with Nuliawati's research (2010) which states that there is no relationship between education and milk production.

In this study most of the respondents did not work. Mothers who are not working experience fatigue in carrying out household tasks so that it affects milk production (Mardjun et al., 2019). Working mothers are more enthusiastic about finding information about breastfeeding from books, the internet, or midwives.

In this study, milk production was not smoothly dominated by primipara, but

there were also multiparous mothers who experienced non-smooth milk production. This is supported by Nurliawati's research (2010) which shows that parity factor has no relationship with milk production in breastfeeding mothers.

Correlation between anxiety and breast milk production among breastfeeding mothers

More than half respondents who experience anxiety, both moderate and severe anxiety, experience non-smooth milk production¹. Spearman rank test results show p value = 0.001 which means there is a significant relationship between anxiety with breastfeeding production of breastfeeding mothers. This is in line with Madjun's research (2019) which states that there is a relationship between anxiety and milk production in postpartum mothers.

Anxiety experienced by breastfeeding mothers can reduce the duration of breastfeeding. Maternal anxiety starts at two weeks postpartum, and will have an impact on breastfeeding, most mothers who experience anxiety will provide additional formula milk at 2-6 months old babies (Flaherman et al., 2016)

Factors that may inhibit the production of oxytocin is fear, anxiety, sadness, anger, disgust. If the mother is stressed or anxious there will be an obstacle from the let down reflex. This occurs due to the release of epinephrine which causes vasoconstriction from the alveoli blood vessels, so that oxytocin is inhibited to reach the target organ namely myoepithelium. As a result of let down reflexes that cause imperfect flow of milk which is not optimal which causes dams of breast milk and will eventually inhibit the hormone prolactin to produce milk (Nurliawati, 2010).

CONCLUSION

1. All breastfeeding mothers experience anxiety, but the most is moderate anxiety
2. Some breastfeeding mothers showed smooth milk production
3. The more severe anxiety in nursing mothers, the production of breast milk becomes not smooth

SUGGESTION

Future studies are expected to analyze other factors that can affect breast milk production in nursing mothers and analyze nursing interventions that can be given to breastfeeding mothers who experience anxiety thereby increasing breast milk production

REFERENCE

- Budiarti, T. (2009). Efektifitas Pemberian Paket "Sukses Asi" Terhadap Produksi Asi Ibu Menyusui Dengan Seksio Sesarea Di Wilayah Depok Jawa Barat. *Thesis Post Graduate Program, Faculty of Nursing, Universitas Indonesia*, 1–128.
- Christian, L. M. (2012). Psychoneuroimmunology in pregnancy: Immune pathways linking stress with maternal health, adverse birth outcomes, and fetal development. *Neuroscience and Biobehavioral Reviews*, 36(1), 350–361.
<https://doi.org/10.1016/j.neubiore.2011.07.005>
- Flaherman, V. J., Beiler, J. S., Cabana, M. D., & Paul, I. M. (2016). Relationship of newborn weight loss to milk supply concern and anxiety: the impact on breastfeeding duration. *Maternal and Child Nutrition*, 12(3), 463–472.
<https://doi.org/10.1111/mcn.12171>

- 6 Kamariyah, N. (2014). Kondisi Psikologi Mempengaruhi Produksi ASI Ibu Menyusui di BPS Aski Pakis Sido Kumpul Surabaya. *Jurnal Ilmiah Kesehatan*, 7(12), 29–36.
- Kemkes RI (2014). Pusat data dan informasi kementerian kesehatan RI. Situ- asi dan Analisis ASI eksklusif
- Mardjun, Z., Koppis, G., & Rompas, S. (2019). Hubungan Kecemasan Dengan Kelancaran Pengeluaran Asi Pada Ibu Post Partum Selama Dirawat Di Rumah Sakit Ibu Dan Anak Kasih Ibu Manado. *E- Journal Keperawatan*, 7(1).
- 10 Nugraheni, D. E., & Kosma, H. (2017). Metode SPEOS (Stimulasi Pijat Endorphin, Oksitosin dan Sugestif) dapat Meningkatkan Produksi ASI dan Peningkatan Berat Badan Bayi. *Jurnal Kesehatan*, 8(1), 1–7. Retrieved from <https://ejurnal.poltekkes-tjk.ac.id/index.php/JK/article/view/384/359>
- 2 Nurliawati, E. (2010). Faktor-Faktor Yang Berhubungan Dengan Produksi Air Susu Ibu Pada Ibu Pasca Seksio Sesarea Di Wilayah Kota Dan Kabupaten Tasikmalaya. *Thesis Post Graduate Program, Faculty of Nursing, Universitas Indonesia*. Retrieved from [http://lib.ui.ac.id/file?file=digital/20282685-T Enok Nurliawati.pdf](http://lib.ui.ac.id/file?file=digital/20282685-T%20Enok%20Nurliawati.pdf)
- Puspitosari, W. A., & Prasetya, A. B. (2007). Perbandingan Tingkat Kecemasan Ibu Menyusui Bekerja dan Tidak Bekerja. *Mutiara Medika*, 7(2), 77–81.
- 3 Sari, L. P., Salimo, H., & Budihastuti, U. R. (2017). Optimizing the Combination of Oxytocin Massage and Hypnobreastfeeding for Breast Milk Production among Post-Partum Mothers. *Journal of Maternal and Child Health*, 02(01), 20–29. <https://doi.org/10.26911/thejmch.2017.02.01.03>
- 9 Spielberger, C. D., Gorsuch, R. L., Lushene, R., Vagg, P. R., & Jacobs, G. A. (1983). *State-Trait Anxiety Inventory for adults (Form Y)*. 0–75.
- 13 Widayanti, W. (2014). Efektivitas Metode “Speos” (Stimulasi Pijat Endorphin, Oksitosin Dan Sugestif) Terhadap Pengeluaran Asi Pada Ibu Nifas. 14–68.

hub kecemasan-produksi asi

ORIGINALITY REPORT

23%

SIMILARITY INDEX

21%

INTERNET SOURCES

11%

PUBLICATIONS

12%

STUDENT PAPERS

PRIMARY SOURCES

1	repository.kertacendekia.ac.id Internet Source	5%
2	www.scribd.com Internet Source	3%
3	Submitted to University of Huddersfield Student Paper	3%
4	media.neliti.com Internet Source	1%
5	Submitted to Universitas Airlangga Student Paper	1%
6	repository.unair.ac.id Internet Source	1%
7	Submitted to University of Durham Student Paper	1%
8	id.123dok.com Internet Source	1%
9	www.swsol.org Internet Source	1%

10	pakdok.com Internet Source	1%
11	ejournal.unsrat.ac.id Internet Source	1%
12	Submitted to Universitas Nahdlatul Ulama Surabaya Student Paper	1%
13	journal.ipm2kpe.or.id Internet Source	1%
14	belitungraya.org Internet Source	1%
15	journal2.um.ac.id Internet Source	1%

Exclude quotes Off

Exclude matches < 1%

Exclude bibliography Off