



# SIGN JOURNAL OF PUBLIC HEALTH

[ E-ISSN: 2962-3723 ] [ P-ISSN: 2962-4347 ]

<https://jurnal.penerbitsign.com/index.php/sjph/article/view/v3n2-005>

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Vol. 3 Issue 2: July – December 2024

Published Online: December 27, 2024

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## Article Title

### **Analysis of Maternal Anxiety Levels in Breastfeeding Practices at Primary Healthcare Facilities during the Pandemic Transition**

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## How to cite:

Sartika, Y. A., & Fauziah, N. (2024). Analysis of Maternal Anxiety Levels in Breastfeeding Practices at Primary Healthcare Facilities during the Pandemic Transition. *SIGN Journal of Public Health*, 3(2), 57-70. <https://doi.org/10.37276/sjph.v3i2.659>

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## **ABSTRACT**

*The COVID-19 pandemic has created persistent psychological challenges for breastfeeding mothers, where concerns regarding infection and situational uncertainty potentially inhibit the physiological mechanism of lactation through oxytocin suppression. Although the acute phase of the pandemic has passed, mapping the mental condition of breastfeeding mothers at the primary healthcare level (Independent Midwifery Practices) remains rarely explored compared to studies in referral hospitals. This study aimed to provide an overview of maternal anxiety levels regarding breastfeeding during the 2022 pandemic transition period at Independent Midwifery Practice (IMP) W. It employed a quantitative descriptive approach with a cross-sectional design. The research sample consisted of 73 breastfeeding mothers, selected purposively from a population of 194 respondents. The research instrument used an anxiety questionnaire, which was analyzed univariately to generate frequency distributions and characteristic proportions. The results showed that the majority of respondents (60.27%) experienced mild anxiety, while 39.73% experienced no anxiety, with no cases of moderate or severe anxiety found. Specifically, this mild anxiety profile was substantially concentrated in vulnerable groups, namely mothers with a basic educational background (70.45%) and unemployed mothers/homemakers (70.45%). This study concludes that the pandemic residue manifests as mild yet chronic hypervigilance, particularly among groups with limited health literacy. These findings recommend the urgency of integrating routine mental health screening and personalized lactation education into primary midwifery care to prevent exclusive breastfeeding failure due to latent anxiety.*

*Keywords:* Anxiety; Breastfeeding Mothers; COVID-19.

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## **INTRODUCTION**

The Coronavirus Disease 2019 (COVID-19) pandemic has become a global health crisis that affects not only physical health but also triggers substantial psychological distress in society. Since its emergence, this virus has altered social structures and caused widespread uncertainty, particularly regarding transmission risks and long-term health impacts. Diverse clinical manifestations ranging from mild respiratory disorders to death, combined with fluctuating case surges such as the Omicron variant wave in early 2022, have created a persistent atmosphere of fear and anxiety. This psychological condition is experienced not only by the general population but also poses a double burden for vulnerable groups, specifically pregnant and breastfeeding mothers who bear the health responsibilities for themselves and their infants.

Anxiety among breastfeeding mothers during the pandemic is a complex phenomenon triggered by concerns over vertical viral transmission to infants through physical contact or the breastfeeding process. Although the World Health Organization (WHO) has confirmed that the COVID-19 virus is not transmitted through breast milk and recommends the early initiation of breastfeeding (EIBF) and exclusive breastfeeding (EBF) under health protocols, risk perceptions among mothers often differ from these medical facts. Fear of viral exposure when interacting with infants, social isolation due to mobility restrictions, and limited healthcare access during the pandemic contribute to increased psychological vulnerability among postpartum

mothers (Liliana et al., 2021). This creates a dilemma for breastfeeding mothers between the desire to provide optimal nutrition and the fear of transmitting the disease.

Physiologically, maternal mental health conditions have a direct correlation with the success of the lactation process. Unmanaged anxiety and stress can inhibit the let-down reflex mechanism through the release of adrenaline, which suppresses oxytocin production (Malik et al., 2022). When a mother experiences anxiety, her body responds with tension that can impede breast milk flow, subsequently potentially reducing maternal motivation to breastfeed and leading to a shift toward formula milk. Therefore, maternal emotional stability is a key factor in the continuation of breastfeeding, particularly during stressful health crises like the COVID-19 pandemic. Disruptions during this phase affect not only the infant's current nutritional status but also the long-term health of both mother and child.

This anxiety phenomenon is confirmed by various empirical field data indicating a concerning prevalence of mental disorders among postpartum mothers. In Indonesia, several studies note that a large proportion of postpartum and breastfeeding mothers experienced mild to severe anxiety levels during the pandemic. For instance, research in several regions shows that more than half of breastfeeding mothers experienced anxiety affecting their perception of breast milk insufficiency (Hastuti, 2021; Suryaman et al., 2021). National health data also indicate that exclusive breastfeeding coverage in several regions has not met the expected targets, and maternal emotional instability during the pandemic is suspected to be a contributing factor exacerbating this situation. The gap between national breastfeeding targets and field realities influenced by these psychological factors represents an urgent public health issue that requires investigation.

However, there is an analytical gap in the existing literature, where the majority of previous studies focused heavily on correlation tests or causal relationships between anxiety and breast milk production in hospital settings or secondary referral healthcare facilities (Octaviani et al., 2022). Few studies have provided a descriptive and in-depth profile of maternal anxiety at the primary healthcare level, specifically at Independent Midwifery Practices (IMPs). Furthermore, IMPs are the frontline of maternal and child healthcare services in Indonesia, positioned closest to the community. Understanding the anxiety profile at the IMP level is crucial because the demographic and socioeconomic characteristics of IMP patients may differ from those of hospital patients, necessitating tailored intervention approaches.

This study offers novelty by presenting a descriptive overview of anxiety levels among breastfeeding mothers during the 2022 pandemic transition period, specifically during the Omicron variant wave. This period possesses unique characteristics where

the public had begun adapting to the “new normal” but was confronted again with case surges, which may generate different anxiety patterns compared to the beginning of the pandemic. Additionally, the originality of this research lies in mapping anxiety distribution by specific demographic characteristics (education, occupation, age, and parity) in detail within the working area of Independent Midwifery Practice W, an area underexplored in previous, more general studies. This research does not attempt to test statistical hypotheses but rather focuses on data exploration to provide a realistic portrait of maternal psychological conditions.

The scientific contribution of this study is expected to enrich midwifery and public health literature regarding the mental health of breastfeeding mothers during crisis eras. By mapping anxiety levels by demographic background, this study provides essential baseline data for healthcare workers to design more personalized, targeted lactation counseling strategies. Identifying the groups of mothers most vulnerable to anxiety—for example, based on education level or employment status—will assist midwives in prioritizing psychological interventions and education, ensuring that breastfeeding support is no longer a “one size fits all” approach but responsive to specific maternal needs.

Based on the aforementioned background, this study aims to determine the overview of maternal anxiety levels regarding breastfeeding during the COVID-19 pandemic at IMP W in 2022. Specifically, this research aims to identify the frequency distribution of anxiety levels and describe the proportion of anxiety based on maternal characteristics of education, occupation, age, and parity. The benefits of this study are expected to serve as an evaluation for primary healthcare providers to integrate mental health screening into postpartum and breastfeeding care, and as a reference for policymakers in efforts to protect breastfeeding mothers during future health crises.

## **METHOD**

This study employed a quantitative descriptive design to objectively describe a specific condition (Notoatmodjo, 2018). A cross-sectional approach was used, in which maternal anxiety levels and demographic characteristics were measured simultaneously at a single point in time. This approach was selected as the most appropriate method to capture the phenomenon of breastfeeding mothers’ anxiety during the specific period of the COVID-19 pandemic transition in 2022, without any intervention on the research subjects. Furthermore, it was not intended to establish causal relationships but rather to determine the frequency distribution of the investigated variables.

The study was conducted at Independent Midwifery Practice (IMP) W, a primary healthcare facility directly serving the community. The selection of this setting was

based on the urgency to understand the psychological condition of breastfeeding mothers at the primary care level, which often serves as the main referral for postpartum mothers. The research was carried out from April to June 2022. This study utilized both primary and secondary data (Sugiyono, 2019). Primary data were collected directly from respondents via questionnaires, while secondary data were obtained from the IMP W registry or documentation to determine the total number of registered breastfeeding mothers in the working area.

The study population comprised all breastfeeding mothers with infants aged 0 to 24 months registered at IMP W, totaling 194 respondents. Due to time constraints and for efficiency, the study utilized a representative sample rather than involving the entire population. The sampling technique employed was purposive sampling, a non-probability method based on specific criteria established by the researchers. The inclusion criteria required mothers to reside in the working area, have an infant aged 0 to 24 months, be actively breastfeeding, and be willing to participate as respondents. Conversely, the exclusion criteria applied to mothers who had changed domicile, provided supplemental formula milk, or otherwise failed to meet the inclusion criteria.

The sample size was calculated using Slovin's formula with a tolerable margin of error, yielding a baseline of 66 respondents. To anticipate potential dropouts or incomplete questionnaires during data collection, a 10% correction was added to the minimum sample size, resulting in a final total of 73 respondents (breastfeeding mothers). The data collection procedure commenced by providing an informed consent form to prospective respondents to ensure research ethics, confidentiality, and maternal comfort prior to completing the research instrument.

The primary instrument for data collection was a written questionnaire consisting of two main sections. The first section contained demographic data to characterize respondents, including age, education level, employment status, and parity. The second section was an anxiety measurement questionnaire adopting the standardized Hamilton Anxiety Rating Scale (HARS) or a similar validated and reliable instrument for measuring anxiety symptoms. This questionnaire contained item statements regarding the mother's psychological condition during the pandemic, utilizing a scoring system that categorized the final results into: no anxiety, mild anxiety, moderate anxiety, and severe anxiety. An ordinal scale was used to differentiate these anxiety levels.

The data analysis technique applied in this study was univariate analysis (Dahlan, 2020). As this is a purely descriptive study, data analysis was not directed toward bivariate statistical hypothesis testing (e.g., correlation or comparative tests), but rather focused on presenting single variables. Data collected through the stages of editing, coding, entry, and cleaning were then processed to generate frequency distributions and percentages for each investigated variable. The analysis results were

subsequently presented in frequency distribution tables and narratively described to illustrate the proportions of respondent characteristics (age, education, occupation, parity) and the prevalence of anxiety levels among breastfeeding mothers during the COVID-19 pandemic.

## RESULTS

This section presents the results of the data analysis conducted with 73 breastfeeding mothers at the Independent Midwifery Practice (IMP) W in 2022. The data presentation begins with a univariate analysis to describe the respondents' demographic characteristics and the primary research variables, followed by cross-tabulations to examine the distribution of demographic characteristics within each anxiety level category (column percentages). All percentage data are presented to two decimal places.

**Table 1. Frequency Distribution of Respondents' Demographic Characteristics**

Characteristic	Frequency (n)	Percentage (%)
Age		
< 20	6	8.22
20 – 35	47	64.38
> 35	20	27.40
Education		
Elementary School	42	57.53
Junior High School	18	24.66
Senior High School	13	17.81
Occupational		
Employment	32	43.84
Unemployment	41	56.16
Parity		
Primipara	21	28.77
Multipara	46	63.01
Grandemultipara	6	8.22

*Source: Primary Data, 2022.*

The demographic characteristic analysis showed that the majority of respondents were in the healthy reproductive age range (20–35 years), comprising 47 respondents (64.38%). Regarding education, 42 respondents (57.53%) had a basic educational background. Regarding employment status, the largest proportion was unemployed or homemakers, totaling 41 respondents (56.16%). Furthermore, based on obstetric history (parity), most respondents were multiparous, totaling 46 respondents (63.01%) (Table 1).

**Table 2. Frequency Distribution of Breastfeeding Mothers' Anxiety Levels**

Anxiety Levels	Frequency (n)	Percentage (%)
No Anxiety	29	39.73
Mild Anxiety	44	60.27
<b>Total</b>	<b>73</b>	<b>100.00</b>

Source: Primary Data, 2022.

The data revealed that the majority of respondents were identified as having mild anxiety, comprising 44 respondents (60.27%), while 29 respondents (39.73%) experienced no anxiety. No respondents were found with moderate or severe anxiety levels (Table 2).

**Table 3. Analysis of Anxiety Level Differences Based on Respondent Characteristics**

Characteristic	Anxiety Levels				Total	
	No Anxiety		Mild Anxiety		n	%
	n	%	n	%		
<b>Age</b>						
< 20	1	3,45	5	11,36	6	8,22
20 – 35	20	68,97	27	61,36	47	64,38
> 35	8	27,59	12	27,27	20	27,40
<b>Education</b>						
Elementary school	11	37,93	31	70,45	42	57,53
Junior High School	8	27,59	10	22,73	18	24,65
Senior High School	10	34,48	3	6,82	13	17,82
<b>Occupational</b>						
Employment	19	65,52	13	29,55	32	43,84
Unemployment	10	34,48	31	70,45	41	56,16
<b>Parity</b>						
Primipara	5	17,20	16	36,40	21	28,80
Multipara	21	72,40	25	56,80	46	63,00
Grandemultipara	3	10,30	3	6,80	6	8,20

Source: Primary Data, 2022.

The analysis of respondent characteristics within each anxiety group was divided into the no anxiety and mild anxiety categories. Table 3 shows that the majority of respondents in both groups were in the healthy reproductive age range (20 – 35 years), at 68.97% and 61.36%, respectively. However, in the mild anxiety group, the proportion of younger mothers (< 20 years) was slightly higher (11.36%) compared to the no anxiety group (3.45%) (Table 3).

Regarding education, the group experiencing mild anxiety (n = 44) was predominantly mothers with basic education at 70.45% (31 respondents), followed by secondary education (22.73%), and the lowest in higher education (6.82%). Conversely, in the group experiencing no anxiety (n = 29), the educational distribution tended to be more even, with a substantially larger proportion of higher education (34.48%) compared to the mild anxiety group. This indicates that the group experiencing mild anxiety predominantly had a basic education background.

Based on the employment category, among the total respondents experiencing mild anxiety (n = 44), the majority were unemployed or homemakers, totaling 70.45% (31 respondents). In contrast, in the group experiencing no anxiety (n = 29), the majority were employed mothers, at 65.52% (19 respondents). These data indicate that the profile of mothers experiencing mild anxiety at the study site was dominated by homemakers.

Based on the respondents' parity characteristics, among the total respondents experiencing mild anxiety, the proportion of primiparous (first-time) mothers appeared larger (36.36%) compared to the no anxiety group (17.24%). Conversely, in the group with no anxiety, the dominance of multiparous mothers was highly evident, reaching 72.41%. This indicates that the group experiencing mild anxiety had a relatively higher composition of primiparous mothers compared to the emotionally stable group (Table 3).

## DISCUSSION

The results of this study, conducted at Independent Midwifery Practice (IMP) W during the COVID-19 pandemic transition period in 2022, reveal compelling facts regarding the mental health profile of breastfeeding mothers. The majority of respondents (60.27%) were identified as experiencing mild anxiety, while the remainder (39.73%) experienced no anxiety, with an absence of moderate or severe anxiety cases. These findings illustrate that, although the pandemic had entered a more controlled phase than the Delta variant wave the previous year, the psychological residue of hypervigilance remained strongly attached to breastfeeding mothers. This prevalence rate aligns with a descriptive study by [Marlina et al. \(2023\)](#) in East Luwu, which found that 52.8% of breastfeeding mothers experienced anxiety, and with research by [Hastuti \(2021\)](#) in Bantul, which reported a rate of 53.3%. The dominance of mild anxiety in this study can be interpreted as a form of maternal adaptation mechanism to the "new normal" situation, where the fear of mortality from the virus had shifted into chronic concerns about infant health and post-pandemic economic uncertainty. Although not functionally paralyzing like severe anxiety, this condition still creates a persistent emotional burden.

The importance of highlighting the prevalence of mild anxiety cannot be understated, as physiologically, this condition has a direct impact on the lactation mechanism. Referring to the analyses by [Malik et al. \(2022\)](#) and [Sari \(2022\)](#), anxiety—regardless of its level—can trigger the body’s stress response, releasing adrenaline and cortisol. Elevated levels of these stress hormones antagonize oxytocin, which is crucial for the let-down reflex, or milk ejection. When a mother experiences mild but chronic anxiety, vasoconstriction occurs in the blood vessels surrounding the breast alveoli, inhibiting oxytocin flow to the myoepithelial cells, resulting in suboptimal breast emptying. This is confirmed by [Doshi et al. \(2021\)](#), who found that maternal fear and anxiety, even among those with suspected or positive COVID-19 status, significantly correlated with decreased breast milk volume and shorter breastfeeding duration. Therefore, the finding of 60.27% of mothers with mild anxiety at IMP W indicates a latent risk for exclusive breastfeeding failure if interventions are not implemented, as warned by [Novalia et al. \(2023\)](#), who linked anxiety levels with inadequate breastfeeding patterns.

When compared with international literature, the anxiety profile at IMP W demonstrates a slightly different yet contextual pattern. Studies by [Stepowicz et al. \(2020\)](#) in Poland and [Suárez-Rico et al. \(2021\)](#) in Mexico at the beginning of the pandemic reported substantially higher levels of severe anxiety and depression among pregnant and breastfeeding populations. This difference is most likely due to the timing of the research; the study at IMP W was conducted in 2022 when the milder Omicron variant dominated and vaccination coverage was widespread, resulting in lower panic levels compared to 2020. However, these findings remain relevant to a longitudinal study by [Rabinowitz et al. \(2023\)](#), which stated that while depressive symptoms might decrease over time, anxiety symptoms in postpartum mothers tend to be more persistent due to the natural maternal instinct to protect infants in an environment perceived as not entirely safe. This confirms that the pandemic leaves a long-term footprint of anxiety requiring sustainable attention, rather than merely momentary crisis interventions.

Deeper analysis of demographic characteristics indicates that education level plays a crucial role in determining maternal anxiety status. The data from this study revealed that 70.45% of the mothers experiencing mild anxiety had a basic educational background (Elementary/Junior High). This finding strengthens the arguments of [Suryaman et al. \(2021\)](#) and [Wahyuni et al. \(2024\)](#), who established a significant relationship between knowledge levels and anxiety. Mothers with lower education tend to have limited health literacy, making them more susceptible to disinformation or hoaxes regarding the impact of COVID-19 on infants, which triggers irrational anxiety. Conversely, mothers with higher education in this study were predominantly in the no-anxiety group, aligning with findings by [Ceulemans et al. \(2020\)](#) that access

to accurate information and the cognitive ability to filter news act as protective factors for mental health during global health crises.

In addition to education, employment status also emerged as a prominent social determinant in this study. Descriptively, the group of unemployed mothers (homemakers) dominated the composition of respondents experiencing mild anxiety, accounting for 70.45%. This phenomenon challenges the general assumption that working mothers are more stressed due to a double burden and instead supports the finding of [Lalo et al. \(2023\)](#), which highlighted the psychological vulnerability of homemakers during the pandemic. Social isolation due to activity restrictions, cabin fever, and full economic dependence on spouses during a period of global financial instability became primary stressors for homemakers. This contrasts with working mothers who, despite having a double burden, maintained access to social interaction outside the home and financial independence, providing a greater sense of control over the situation, as indicated by [Octaviani et al. \(2022\)](#).

Age factors also provided a specific overview of psychological vulnerability. Although the absolute number was small, the proportion of mild anxiety was highest in the very young maternal age group (< 20 years), reaching 83.33% of the total respondents within that specific age category. This finding is consistent with developmental psychology theories and previous studies cited by Notoatmodjo in [Hastuti \(2021\)](#), stating that psychological maturity is directly proportional to age. Adolescent mothers often lack mature coping mechanisms to navigate the role transition into parenthood (parenting stress), which was exacerbated by the pandemic situation. In contrast, the healthy reproductive age group (20–35 years) exhibited a more balanced distribution, indicating that age maturity contributes to mental resilience, though it does not confer complete immunity against anxiety.

The analysis based on parity (obstetric history) in this study showed that primiparous mothers (first-time mothers) had a greater tendency to experience anxiety compared to multiparous mothers. The column percentage data revealed a substantial composition of primiparous mothers in the mild anxiety group. This supports the findings of [Benarous et al. \(2023\)](#), who found that primiparous mothers had higher anxiety scores and more fragile maternal bonding during the pandemic due to a lack of previous experience and the loss of traditional social support (such as extended family assistance) caused by social restrictions. Ignorance of proper breastfeeding techniques coupled with the fear of viral infection creates compounding risk factors for anxiety in new mothers. This differs from multiparous mothers, who possess established experiential knowledge and prior successful breastfeeding experiences, which act as reinforcing factors for self-efficacy.

Nevertheless, the presence of 39.73% of respondents who experienced no anxiety is a positive finding that warrants exploration. This group demonstrated good

mental resilience amidst the crisis. Referring to a study by [Nicolás-López et al. \(2022\)](#) in Spain, the primary protective factors for the mental health of breastfeeding mothers during the pandemic were strong social support from partners and adherence to health protocols, which provided a sense of security. In the local context, the culture of mutual assistance (*gotong royong*) and tight-knit nuclear family support in Indonesia may act as stress buffers for this group of mothers. Furthermore, successful breastfeeding itself can reduce stress, as breastfeeding stimulates oxytocin, which has an anxiolytic (natural calming) effect, creating a positive cycle between mental health and lactation success.

However, it is noteworthy that this study found 32.3% of mildly anxious mothers tended to provide breast milk non-exclusively or experienced disrupted lactation, a pattern confirmed in the cross-analysis by [Octaviani et al. \(2022\)](#). This indicates that mild anxiety is not merely a subjective feeling but a tangible health behavior issue. Anxious mothers tend to doubt the adequacy of their milk supply (perceived insufficient milk supply), a perception that is often subjective but driven by stress, as explained by [Liliana et al. \(2021\)](#). When mothers feel anxious and doubt their milk supply, they are more likely to decide to introduce formula, which, in turn, removes the infant's suckling stimulus and physiologically decreases breast milk production.

The synthesis of all these findings confirms that anxiety among breastfeeding mothers at IMP W is not an isolated phenomenon but the result of complex interactions between internal factors (age, parity) and external factors (education, occupation, pandemic situation). The absence of severe and moderate anxiety in this study does not imply that intervention is unnecessary. Rather, the high rate of mild anxiety (60.27%) serves as an early warning system. As suggested by [Ceulemans et al. \(2020\)](#) in their call to action, healthcare workers must be proactive in conducting routine mental health screening during every postpartum visit, rather than waiting for symptoms to become severe. Simple interventions such as education to dispel COVID-19 myths and relaxation techniques can be highly effective for this mildly anxious group.

Overall, the results of this study strengthen the empirical evidence that the COVID-19 pandemic affected the psychological dimensions of breastfeeding mothers, with characteristics specific to primary care populations. Unlike studies in referral hospitals that might find more severe mental disorder cases due to medical comorbidities, the population at IMPs exhibits a milder but widespread anxiety profile, particularly among socio-economically vulnerable groups (low education and unemployed). These findings address the research objectives by providing a clear demographic map for midwives to prioritize care: young, low-educated, primiparous, and unemployed mothers are the primary priority groups requiring extra psychological support to ensure the success of exclusive breastfeeding.

## **CONCLUSIONS AND SUGGESTIONS**

Based on the research findings and discussion regarding the overview of maternal anxiety levels in breastfeeding during the COVID-19 pandemic at Independent Midwifery Practice (IMP) W in 2022, it can be primarily concluded that the majority of respondents, amounting to 60.27% (44 respondents), were identified as experiencing mild anxiety. Meanwhile, the remaining 39.73% (29 respondents) were in a stable psychological condition or experienced no anxiety, and no respondents were found to have moderate or severe anxiety. This fact confirms that although the acute phase of the pandemic has passed, the psychological residue of vigilance and concern remains substantially persistent among the majority of the breastfeeding mother population in primary healthcare.

More specifically, this study successfully addressed the research objectives by mapping the characteristic profile of the groups most vulnerable to anxiety. The group of mothers experiencing mild anxiety was dominated by specific demographic characteristics, where 70.45% had a basic educational background (Elementary/Junior High) and 70.45% were unemployed or homemakers. This demonstrates the logical consistency of the research, where the initial problem regarding the vulnerability of breastfeeding mothers during a crisis was proven to manifest as mild anxiety segmented within lower socioeconomic groups. These findings indicate that health literacy and domestic social isolation are crucial determinants affecting the mental stability of breastfeeding mothers in the IMP W working area.

Based on these conclusions, actionable recommendations are directed at the midwives at IMP W to not only focus on the physical aspects of lactation but also to begin integrating simple mental health screening as a standard procedure in postnatal care. Midwives are advised to provide extra attention and more intensive, persuasive counseling using easily understandable language, particularly for the priority groups of mothers with basic education and homemakers, who demonstrably dominated the anxiety cases. Education must emphasize correcting misinformation regarding COVID-19 and breastfeeding, as well as strengthening maternal self-efficacy in providing breast milk, considering that unaddressed mild anxiety can potentially inhibit the let-down reflex.

Regarding policy and academic implications, the results of this study suggest that the local Health Office strengthen community-based mental health programs in primary facilities by providing specific Information, Education, and Communication (IEC) materials targeting stress management for breastfeeding mothers. For scientific development, this research recommends future qualitative studies to explore “why” the basic education and homemaker groups are more anxious, or correlational studies to measure the actual impact of this mild anxiety on breast milk production volume.

Consequently, future interventions can be designed to be more holistic and targeted in protecting the infant's right to receive exclusive breastfeeding.

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