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The Relationship Between the Level of Anxiety of Postpartum Mothers and Breastfeeding at The Srikandi Husada Clinic, Bae District, Kudus Regency In 2025

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ABSTRACT

Purpose: This study aimed to determine the relationship between the anxiety level of postpartum mothers and breastfeeding practices at Srikandi Husada Clinic, Bae District, Kudus Regency, in 2025. It was hypothesized that higher maternal anxiety would be associated with less optimal breastfeeding practices.

Research Method: This study used a quantitative analytical design with a cross-sectional approach. The sample consisted of 32 postpartum mothers selected from postpartum visits at Srikandi Husada Clinic. Anxiety level was measured using the Hamilton Anxiety Rating Scale (HARS-A), while breastfeeding practice was assessed using a structured questionnaire. Data were analyzed using univariate analysis and Fisher's Exact Test.

Results and Discussion: Most respondents experienced mild anxiety (40.6%), followed by moderate anxiety (31.3%). In terms of breastfeeding, 53.1% of mothers practiced predominant breastfeeding, 37.5% partial breastfeeding, and 9.4% did not breastfeed. Bivariate analysis showed a significant relationship between postpartum maternal anxiety and breastfeeding practice ($p < 0.001$). Higher anxiety levels were associated with a lower tendency to provide optimal breastfeeding.

Implications: These findings highlight the importance of maternal psychological support during the postpartum period to improve breastfeeding outcomes. Further studies are recommended to explore additional psychosocial and family-related factors influencing breastfeeding success.

Keywords: postpartum mothers; anxiety level; breastfeeding; HARS-A; fisher's exact test; cross-sectional study.

1. Introduction

The postpartum period, also known as the puerperium, is the period after the placenta is born and ends at the time when the bladder returns to its pre-pregnancy state. It lasts for six weeks, or more than forty days. The postpartum period is very important for the mother and the baby. Breast milk, a white fluid produced by the mother's breast glands during the lactation process, undergoes physical changes, maternal body systems, and psychological changes. Breast milk provides all the nutrients the baby needs and anti-microbial substances (Jayanti & Yulianti, 2022)

Breast milk meets half or more of a child's nutritional needs during the first to second year of life. In addition to complete nutrition, breast milk contains immune substances and other compounds

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that protect babies from various disease infections (Munirah, 2021). One way to lower AKB (Infant Mortality Rate) is to give exclusive breastfeeding. Breast milk is the main food for babies that provides all the vitamins, minerals, and nutrients that the baby needs for growth during the first six months without any other necessary food or fluids (Listyaningsih et al., 2020).

WHO has launched various programs to provide exclusive breastfeeding to babies, which includes breastfeeding from the time the baby is born until the baby is able to digest other foods. Exclusive breast milk is breast milk that is given thoroughly to babies from newborns to six-month-old babies, without consuming anything other than solids or liquids, except for droplet solutions or vitamins in the form of syrups, minerals, or medicines. Breastfeeding can reduce infection rates in newborns and has many long-term health benefits, including preventing diabetes, hypertension, and improving intellectual intelligence (IQ). If a baby does not get exclusive breast milk, the baby will be at risk of experiencing problems with its nutrition (F. The et al., 2023).

The World Health Assembly (WHA) has set a target that at least 50% of babies will receive exclusive breastfeeding for six months to babies by 2025. However, the steps taken to achieve this goal have the most common obstacles, namely the lack of parental support in the workplace and the many other factors that affect (Anggraini, 2020). Based on the explanation from WHA and WHO about exclusive breastfeeding, it is shown that breastfeeding behavior is a factor that affects the lack of exclusive breastfeeding coverage. Although the rate of initiation of breastfeeding globally is relatively high, only about 40% of all babies under six months of age receive exclusive breastfeeding, and about 45% receive exclusive breastfeeding until 24 months of age. In reality breastfeeding is one of the best investments for survival as well as improving health, social development, the economy of individuals and the nation. (Shinta Dewi et al., 2023). Although breast milk has many benefits, the coverage of breast milk is still very low. WHO (2020) states that the coverage of breastfeeding worldwide is estimated to be only 41% of the target of 70% by 2030. In Indonesia, 37.3% of babies in the age range of zero to five months and 58.2% of newborns were reported to start breastfeeding early in less than an hour (Ministry of Health of the Republic of Indonesia, 2021).

The World Health Organization (WHO) and the Ministry of Health of the Republic of Indonesia recommend the application of exclusive breastfeeding for the first six months, then continued with complementary feeding of breast milk until the age of two years or more (Ministry of Health of the Republic of Indonesia, 2021). However, the achievement of exclusive breastfeeding in Indonesia has still not reached the target. According to the 2021 Basic Health Research Data (RISKESDAS), 52.5% of babies in Indonesia, or half of the 2.3 million babies aged less than 6 months, receive exclusive breastfeeding. This is a decrease of 12% from the figure in 2019. The rate of early breastfeeding initiation (IMD) also decreased from 58.2% in 2019 to 48.6% in 2021 (Ministry of Health of the Republic of Indonesia, 2021). In Indonesia, exclusive breastfeeding coverage in 2022 was only 67.98%, down from 69.7% in 2021. This suggests that greater support is needed to increase its coverage (Fitria & Yugi Antari, 2024). According to the Central Statistics Agency in 2022, the data on exclusive breastfeeding coverage in the Central Java region of 78.71% decreased slightly when compared to data of 78.93% in 2021 (Delvina, 2022).

In Kudus Regency, exclusive breastfeeding coverage is reported to have increased from 52.5% in 2021 to around 68.6% in 2023 according to data from the National Socio-Economic Survey (SSGI). Although there is an increase shown, this figure is still below the national target of 80% set by the WHO and the Ministry of Health. According to the 2022 Indonesian Nutrition Status Survey (SSGI), the prevalence of exclusive breastfeeding nationally reached 72.4%, still not meeting the target of the National Medium-Term Development Plan (RPJMN) which was set at 80% (Ministry of Health of the

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Republic of Indonesia, 2023). More than 823,000 child deaths and 20,000 maternal deaths each year can be prevented by improving optimal breastfeeding practices as recommended by WHO. This will also help achieve the World Health Assembly (WHA) target by 2025, which is a minimum of 50% exclusive breastfeeding for 6 months (Anggraini, 2020).

The success of breastfeeding is influenced by a number of factors, both from the inside and from the outside. Internal factors include the mother's physical health, nutritional status, and mental condition, while external factors include family support, workplace conditions, and access to health services. One of the psychological factors that plays an important role is postpartum anxiety.

According to (Rahmaningtyas et al., 2020), a mother who has just given birth psychologically often experiences a phase where the mother experiences unstable emotions or is easily offended. Almost most mothers who enter the breastfeeding period will experience anxiety. There are a number of factors that cause why mothers experience anxiety, one of the causes is due to the new attention that focuses on the baby. In addition to these factors, another reason is the result of a breastfeeding mother experiencing emotional fluctuations caused by various factors. These causative factors include the emotions of the mother who experiences problems along with the feeling of happiness, the feeling of anxiety experienced by the mother during pregnancy and childbirth, the discomfort experienced by the mother during the early postpartum period caused by fatigue caused by the lack of sleep time, the feeling of worry about her ability to maintain and provide breast milk to the baby.

The psychological disorder experienced by the mother will inhibit the let down reflex, this is caused by an increase in cortisol levels which results in an inhibition of the transport of the hormone oxytocin in the secretion process which further causes the formation of breast milk (breast milk) to be inhibited so that it can affect the success of breastfeeding (Liliana et al., 2021).

Psychological disorders that greatly affect the mother's mental state during breastfeeding, one of which is anxiety. Anxiety is defined as a vague feeling of discomfort, which is usually caused by a feeling of displeasure or caused by a feeling of fear followed by a reaction (Resti et al., 2020). Anxiety in this context is an emotional reaction that does not have a specific object based on subjective experiences experienced interpersonally communicated, confusion, feelings of anxiety about something whose cause is not clear, which is then associated with feelings of inadequacy and unstable emotions. Often emotional reactions related to a situation that are beyond one's ability and ways of protection in dealing with problems (Tristanti & Kulsum, 2021).

Anxiety is an emotional reaction to threats or worries experienced, characterized by feelings of anxiety, tension, and anxiety. In postpartum mothers, anxiety can arise due to uncertainty about the adequacy of breast milk, pain after childbirth, lack of social support, and changes in parental roles (Purnamawati, 2021). Physiologically, anxiety triggers the release of the hormone adrenaline which can interfere with the work of the hormone oxytocin. Obstructions in the release of oxytocin can interfere with the let-down reflex, making it difficult for breast milk to come out even though it is produced sufficiently. This will have an impact on the breastfeeding process (Wahyuni et al., 2024).

The prevalence of anxiety in mothers after childbirth reaches 22.4%, and if left untreated, this condition is at risk of developing into depression or other mental disorders that endanger maternal health in Indonesia. Based on data from Basic Health Research (Riskesdas), the prevalence of mental disorders such as depression and anxiety in pregnant women in 2018 was recorded at 15.6%, and the average in mothers after childbirth (up to 14 years later) reached 19.8% (Rahmaningtyas et al., 2020).

Based on Lisa Monica, Agrina, and Misrawati (2024) in their research entitled "The Relationship between Postpartum Mothers' Anxiety Levels on Breastfeeding" in the working area of the Payung

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Sekaki Health Center, Pekanbaru, illustrates that there is a relationship between anxiety and breastfeeding and postpartum mothers. In the study, it was found that most postpartum mothers experienced moderate anxiety as many as 56 people (47.5%), and there were even mothers with severe anxiety as many as 35 people (29.7%), while 27 people experienced mild anxiety (22.9%). In addition, it was also found that only a small percentage of mothers gave full breast milk as many as 32 people (27.1%), while some others gave partial breastfeeding as many as 25 people (21.2%) and 28 people (23.7%) did not breastfeed because the milk did not come out (Monica et al., 2024).

Based on data obtained by researchers from the Kudus Regency Health Office in 2024, the results of initial research at the Srikandi Husada Clinic show that the number of postpartum mothers is quite large, around 15 to 20 people every month. In addition, Srikandi Husada Clinic is among the maternity clinics with the highest number of postpartum visits in the Kudus area.

Based on the results of the initial interview conducted by researchers at the Srikandi Clinic, of the 5 postpartum mothers interviewed, as many as 4 postpartum mothers (80%) showed signs of anxiety in the breastfeeding process. Some mothers admitted that they were worried about whether breast milk could come out smoothly, were afraid that the baby would not get enough breast milk, and felt less confident in giving breast milk directly. This condition shows the potential for psychological problems in the form of anxiety that can affect the smooth breastfeeding process in postpartum mothers. This shows that psychological factors such as anxiety can affect the smooth delivery of breastfeeding. Therefore, it is important to conduct research on the relationship between the level of anxiety of newborn mothers and breastfeeding at Srikandi Husada Clinic. Based on this background, the author is interested in studying more deeply about "The Relationship between Postpartum Maternal Anxiety Level and Breastfeeding".

The reason for choosing the title "The Relationship between Postpartum Maternal Anxiety Level and Breastfeeding" is because breastfeeding is an important process that determines the optimal growth and development of babies, but the anxiety experienced by mothers can affect the production and smooth delivery of breastfeeding. High levels of anxiety often lead to a decrease in the quality and quantity of breast milk, which can hinder success in breastfeeding. Recent research has shown a significant correlation between maternal psychological conditions, particularly anxiety, and breastfeeding success. With this study, researchers hope to provide useful scientific evidence to improve support for mothers, improve the quality of breastfeeding, and support maternal and infant health.

2. Literature Review and Hypothesis Development

2.1 Definition of Anxiety

Anxiety is an emotional condition characterized by feelings of worry, fear, and uncertainty about something that is not clear or has not yet happened. This condition is often accompanied by feelings of discomfort, helplessness, as well as certain physiological responses such as increased heart rate, muscle tension, and changes in blood pressure. Etymologically, anxiety comes from the Latin angustus meaning narrow and ango or anci meaning restraint, which describes the psychological state of individuals who feel depressed or threatened (Tristanti & Kulsum, 2021).

According to the American Psychological Association (APA), anxiety is an emotional state that arises in response to stress and is characterized by feelings of tension, worried thoughts, and certain physical reactions. Anxiety is also understood as an individual's normal reaction to a situation that is

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perceived as threatening or challenging, especially when the individual faces changes, new experiences, or conditions that have never been experienced before (Mufidah & Widiyawati, 2022).

Some experts define anxiety as an emotional condition characterized by excessive worry and difficulty in control. Pardede and Simangunsong (2020) stated that anxiety is an unpleasant emotional condition and causes feelings of insecurity. Anggit Madhani (2021) explained that anxiety is a psychological state that causes individuals to feel uncomfortable and lose control of certain situations. Hawari (2002) refers to anxiety as a emotional disorder characterized by deep and persistent worry. Meanwhile, Feist and Feist (2018) cite Freud who views anxiety as an emotional experience that serves as a signal of potential danger. Based on these definitions, anxiety can be concluded as an emotional condition characterized by feelings of fear, worry, and uncertainty accompanied by a psychological and physiological response to a threat, both real and perceived.

2.2 Factors Affecting Anxiety

Anxiety is affected by various internal and external factors related to the individual's condition as well as his environment. These factors include age, gender, developmental stage, experience, and social and environmental conditions (Hastuti & Puji Wijayanti, 2021).

Age is one of the factors that affect an individual's anxiety level. As they age, individuals generally have better emotional maturity, so they are better able to control their emotions and deal with stress. However, each individual has a different level of maturity, so the response to anxiety also varies. Gender also plays a role in influencing anxiety, where women tend to be more prone to anxiety than men. This is related to hormonal, emotional, and social roles carried out by women.

Individual developmental stages also affect anxiety levels, as each stage of life has different challenges and demands. Individuals who are undergoing major changes in their lives, such as becoming a mother, tend to be more prone to experiencing anxiety because they have to adapt to new roles and responsibilities. In addition, previous experiences also affect anxiety levels. Individuals who have experienced negative or traumatic experiences tend to be more prone to anxiety when faced with similar situations.

Environmental factors, including family support, social conditions, and life situations, also affect anxiety levels. Individuals who receive good emotional and social support tend to have lower levels of anxiety than individuals who receive less support. Conversely, stressful environmental conditions, uncertainty, or lack of support can increase the risk of developing anxiety. Thus, anxiety is a condition that is influenced by various factors that interact with each other, both individual and environmental factors.

3. Research Method

This study uses a quantitative approach with a cross-sectional analytical survey design that aims to determine the relationship between postpartum maternal anxiety levels and breastfeeding. The quantitative approach is used because it allows the objective measurement of variables in the form of numbers as well as analysis using statistical methods to test research hypotheses. The cross-sectional design was chosen because the measurement of independent and dependent variables is carried out at the same time, so that it can describe the relationships between variables in a given period. The research was carried out at Srikandi Husada Clinic, Bae District, Kudus Regency, from November to December

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2025. The selection of the location is based on the high number of postpartum visits and the fact that variations are still found in breastfeeding practices, so it is relevant to examine the psychological factors that affect it.

The population in this study is all postpartum mothers who are in the postpartum period at Srikandi Husada Clinic during the last three months, which is 34 people. The research sample was determined using a non-probability sampling technique with a purposive sampling method based on the inclusion and exclusion criteria that have been set. The calculation of the number of samples used the Slovin formula with an error rate of 5%, so that a sample number of 31 respondents was obtained. Inclusion criteria include postpartum mothers in the 2nd week (day 8 to day 14 after delivery), able to communicate well, willing to be respondents, give birth to a live single baby, and in a healthy physical condition. The exclusion criteria include mothers with severe childbirth complications, severe psychological disorders, babies with special medical conditions, or mothers who are unable to breastfeed for certain medical reasons.

The independent variable in this study was the level of postpartum maternal anxiety, while the dependent variable was breastfeeding. Anxiety levels were measured using the Hamilton Rating Scale for Anxiety (HRS-A) which consisted of 14 items with total scores ranging from 0–56 and categorized into no anxiety, mild, moderate, severe, and very severe anxiety. Breastfeeding was measured using a structured questionnaire adapted from the WHO Infant and Young Child Feeding (IYCF) indicators, which classified breastfeeding into predominant breastfeeding, partial breastfeeding, and non-breastfeeding. Primary data was collected through filling out questionnaires directly to respondents, while secondary data was obtained from relevant medical records and clinical documentation.

The data collection procedure is carried out through several stages, namely obtaining research permits from educational institutions and health facilities, determining respondents according to the criteria, providing explanations of research objectives and procedures, and obtaining written consent through informed consent. Furthermore, respondents were asked to fill out a questionnaire on anxiety levels and breastfeeding. The data that has been collected is then processed through the stages of editing, coding, data entry, and tabulation using the Statistical Package for the Social Sciences (SPSS) program.

Data analysis was carried out univariate and bivariate. Univariate analysis was used to describe respondent characteristics, anxiety levels, and breastfeeding in the form of frequency and percentage distributions. Bivariate analysis was used to determine the relationship between postpartum maternal anxiety levels and breastfeeding using the Chi-Square test. However, if the requirements of the Chi-Square test are not met, an alternative test of Fisher's Exact Test is used to obtain more accurate analysis results. The significance level used was $\alpha = 0.05$, with the p-value criterion ≤ 0.05 indicating a significant relationship between the study variables.

This research has fulfilled the principles of research ethics by paying attention to the aspects of informed consent, anonymity, and confidentiality. Respondents were given an explanation of the purpose of the research and were asked to give written consent before participating. The identity of the respondents is kept confidential using code, and all data obtained is only used for research purposes.

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4. Results and Discussion

4.1 Analysis Results

4.1.1 Univariate Analysis

4.1.1.1 Postpartum Anxiety Levels in Respondents

The level of anxiety of postpartum mothers was one of the main variables in this study. This variable is presented to describe the psychological condition of the mother after childbirth, which can affect the mother's ability to adapt to the new role and the breastfeeding process. The frequency distribution of anxiety levels in the postpartum period experienced by respondents can be seen in the following table 1.

Table 1. Distribution of Frequency of Postpartum Period Anxiety Levels Experienced by Respondents at Srikandi Husada Clinic (n = 32)

Yes	Anxiety Level	Frequency	Percentage
1	No Anxiety	7	21.9
2	Mild Anxiety	13	40.6
3	Moderate Anxiety	10	31.3
4	Severe Anxiety	2	6.2
	Total	32	100

Source: *Primary Data (2025)*

Based on the results of the analysis on the variable level of postpartum maternal anxiety, out of a total of 32 respondents, most of the respondents experienced mild anxiety, namely 13 respondents (40.6%). Furthermore, respondents with moderate anxiety amounted to 10 respondents (31.3%), while respondents who did not experience anxiety were 7 respondents (21.9%). The respondents who experienced severe anxiety amounted to 2 respondents (6.2%).

These results showed that more than half of the respondents were in the category of mild to moderate anxiety, indicating that anxiety is still a common psychological condition experienced by mothers in the postpartum period.

4.1.1.2 Breastfeeding by Respondents

Breastfeeding is the main variable in this study that describes breastfeeding practices in postpartum mothers. This variable is presented to determine the breastfeeding patterns carried out by respondents, both predominantly breastfeeding, partial breastfeeding, and no breastfeeding, which will then be analyzed for its relationship with the level of postpartum maternal anxiety. The distribution of breastfeeding frequency by respondents can be seen in the following table 2.

Table 2. Distribution of Breastfeeding Frequency in Postpartum Mothers at Srikandi Husada Clinic (n = 32)

Yes	Breastfeeding	Frequency	Percentage
1	Predominant Breast Milk	17	53.1
2	Partial Breastfeeding	12	37.5
3	Not Breast Milk	3	9.4
	Total	32	100

Source: *Primary Data (2025)*

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Based on the results of the analysis on the breastfeeding variables, out of a total of 32 respondents, most of the respondents gave predominant breastfeeding, namely 17 respondents (53.1%). Furthermore, respondents who gave partial breastfeeding amounted to 12 respondents (37.5%), while respondents who did not breastfeed were 3 respondents (9.4%).

These results show that more than half of postpartum mothers have given predominant breastfeeding, but there are still mothers who give partial or non-breastfeeding.

4.1.2 Bivariate Analysis

The bivariate analysis in this study aims to determine the relationship between the level of anxiety of postpartum mothers and breastfeeding. The statistical test used is the Fisher's Exact Test, because the two variables analyzed are categorical variables.

Table 3. Fisher's Exact Test Results (n = 32)

Postpartum Maternal Anxiety Levels	Predominant Breast Milk n (%)	Partial Breast Milk n (%)	No breast milk n (%)	Total n (%)
No anxiety	7 (100.0)	0 (0.0)	0 (0.0)	7 (100)
Mild anxiety	10 (76.9)	3 (23.1)	0 (0.0)	13 (100)
Moderate anxiety	0 (0.0)	8 (80.0)	2 (20.0)	10 (100)
Severe anxiety	0 (0.0)	1 (50.0)	1 (50.0)	2 (100)
Total	17 (53.1)	12 (37.5)	3 (9.4)	32 (100)
p-value (Fisher's Exact Test)				P < 0.001

Source: *Primary Data (2025)*

Based on the results of bivariate analysis using the Fisher's Exact Test, a significance value (p-value) of $p < 0.001$ was obtained. The p-value is less than $\alpha = 0.05$, so it can be concluded that there is a significant relationship between the level of anxiety of postpartum mothers and breastfeeding.

4.2 Discussion

4.2.1 Univariate Analysis

The study involving 32 postpartum mothers showed that most experienced anxiety in the mild category, namely 13 mothers (40.6%). Then, 10 mothers (31.3%) experienced moderate anxiety, 7 mothers (21.9%) did not experience anxiety, and 2 mothers (6.2%) experienced severe anxiety. The results of this study indicate that most postpartum mothers are still susceptible to psychological problems, especially in the form of mild to moderate anxiety.

Postpartum anxiety is a common occurrence that occurs as the mother adjusts to changes in the body, hormones, and psychological and social conditions after childbirth. A significant decrease in the hormones estrogen and progesterone postpartum can have an impact on a mother's feelings and emotional balance. Furthermore, physical fatigue after childbirth, lack of rest, and new responsibilities in babysitting also contribute to the appearance of anxiety.

According to (Wahyuni et al., 2024) explains that postpartum anxiety can reduce maternal confidence, disrupt focus, and affect the mother's ability to carry out maternal tasks, including breastfeeding.

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The World Health Organization (WHO) in 2022 also revealed that mental health problems after childbirth, including anxiety and inner stress, can directly affect the success of breastfeeding, as a mother's emotional state affects the work of the oxytocin reflex which is important for breast milk production.

Analysis of breastfeeding variables showed that the majority of respondents (17 people or 53.1%) gave predominant breastfeeding, while partial breastfeeding was given by 12 people (37.5%) and did not breastfeed by 3 people (9.4%). The high prevalence of partial breastfeeding indicates that optimal breastfeeding practices have not been fully applied to postpartum mothers in this study. Partial breastfeeding often occurs because mothers start giving formula milk or complementary foods before breast milk becomes the main source of nutrition. This is generally due to the mother's assumption that her milk production is insufficient, the baby is fussy, or concerns about the baby's weight growth.

According to (Agustina & Efrianty, 2022) states that the psychological condition of mothers has a great influence on the success of breastfeeding, because anxiety and stress can interfere with the milk production reflex and reduce its production.

Less than ideal breastfeeding practices, including partial or no breastfeeding at all, are often caused by mothers' feelings of anxiety about the adequacy of milk production, concerns that the baby is not getting enough food, and a lack of self-confidence in the breastfeeding process.

According to (Tribuaneswari, 2020) states that the mother's mental state plays a crucial role in the success of breastfeeding, because anxiety can interfere with the reflex of milk production and reduce the amount of breast milk produced.

Bivariate analysis using the Fisher's Exact Test showed a significant relationship between postpartum maternal anxiety levels and breastfeeding practices, with a p-value of < 0.001 ($p < 0.05$). These results indicate that the increase in anxiety levels in postpartum mothers is related to a tendency to decrease the quality of breastfeeding, where mothers with lower levels of anxiety tend to breastfeed more optimally than mothers with higher levels of anxiety.

Anxiety and stress can disrupt the neuroendocrine system that regulates the breastfeeding process. The mother's mental state directly affects the oxytocin reflex, which is essential for milk production. Anxiety in mothers can inhibit the release of the hormone oxytocin, causing reduced milk flow and triggering the perception that breast milk is insufficient, leading to mixed breastfeeding or even cessation of breastfeeding (Fitria et.al, 2024).

The findings of this study are consistent with research by Nurhasanah and colleagues (2023) which reported that postpartum mothers with moderate to severe anxiety are more at risk of difficulty breastfeeding optimally compared to mothers who have low levels of anxiety, and this is related to a lack of psychological support that can hinder breastfeeding success.

In addition, the study also supports the results of the research of Lisa Monica and colleagues (2024) who identified a clear correlation between anxiety in postpartum mothers and the way they breastfeed, where mothers with low anxiety generally showed better self-confidence and consistency in breastfeeding.

Postpartum anxiety is a psychological problem that often occurs in mothers after childbirth. Various things can trigger the appearance of this anxiety, such as significant hormonal changes after childbirth, fatigue, lack of sleep, pain after childbirth, and new responsibilities as a mother. Furthermore, the lack of support from close people and health professionals can exacerbate the feelings of anxiety experienced by mothers. This emotional condition is characterized by excessive worry, tension, anxiety,

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and fear that can interfere with the mother's ability to care for her baby, including while breastfeeding (Wahyuni et al., 2024).

A mother's anxiety levels after childbirth can significantly affect the success of breastfeeding. The World Health Organization (WHO, 2022) states that postpartum psychological problems, such as anxiety and stress, can inhibit the work of the oxytocin reflex which is essential for milk production. If this reflex is disrupted, milk production becomes unsmooth, making the mother feel unable to meet her baby's nutritional needs, and ultimately making it difficult to practice optimal breastfeeding.

Some of the things that can affect a postpartum mother's anxiety and the way she breastfeeds include:

- *Age*

  Based on table 1, it shows that most of the characteristics of respondents based on age can be seen that most of the study respondents were at the age of 20-35 years, namely 26 people (81.3%), for respondents with the age of >35 years there were 6 people (18.7%).

  The mother's age plays a role in her physical and mental readiness to face the postpartum period. The ideal age for pregnancy and childbirth is between 20 to 35 years, since in this range the physical and mental condition of the mother tends to be more stable. Mothers under the age of 20 are often not emotionally mature enough, so they are more easily anxious in caring for and breastfeeding their babies. Meanwhile, mothers over the age of 35 also have the potential to experience anxiety due to physical fatigue, health changes, and worries about the condition of themselves and their babies (Monica et al., 2024).

  A study by Lisa Monica (2024) shows a relationship between maternal age and her health and mental readiness. Mothers under 20 years and over 35 years of age have a higher risk of developing health and psychological problems than mothers aged 20–35, which in turn can affect their ability to breastfeed optimally.

- *Parity*

  Based on table 2, it shows that most of the characteristics of respondents based on parity can be seen that most of the research respondents are based on multipara, namely as many as 19 people (59.4%). Meanwhile, in the primary respondents, there were 13 people (40.6%), but there were no grandemultipara respondents or (0%).

  Parity, or number of births, correlates with the level of maternal anxiety after childbirth. Mothers who have given birth for the first time (primipara) are more prone to experiencing anxiety than mothers who have given birth (multipara) due to lack of experience in infant care and breastfeeding. Lack of knowledge and excessive worry in primitive mothers can trigger fears of insufficient milk production, unfilled babies, or errors in breastfeeding techniques. In contrast, multipara mothers are generally more confident and able to overcome anxiety due to previous breastfeeding experiences. However, multiparous mothers with short gestation intervals or large numbers of deliveries also have the potential to experience postpartum anxiety due to physical fatigue and increased responsibilities (Wahyuni et al., 2024).

  A study by Sri Wahyuni (2024) indicates a relationship between parity and overall maternal health. High parity can add to the physical and mental burden on mothers, which can ultimately affect their readiness to breastfeed and care for the baby.

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- *Education*

  Based on table 3, it shows that most of the characteristics of respondents based on education can be seen that most of the respondents of the study have a high school education, namely 27 people (84.4%) and the rest have a college education as many as 5 people (15.6%).

  In addition, education plays an important role in shaping the knowledge, attitudes, and behaviors of mothers during the postpartum period and breastfeeding practices. Mothers with higher education tend to more easily absorb health information, understand the advantages of breast milk, and manage anxiety. Meanwhile, mothers with low levels of education may have difficulty understanding information related to breastfeeding, making it easier to feel anxious and unsure about breastfeeding (Wahyuni et al., 2024).

  Muhammad Farhan's research (2024) reinforces that education level is related to mothers' knowledge of health. Better educated mothers have a more comprehensive understanding of self-care and the baby, which can reduce anxiety and increase breastfeeding success.

- *Jobs*

  The characteristics of respondents based on work can be seen that most of the research respondents work as housewives, namely 13 people (40.6%), factory employees as many as 14 people (43.8%), and the rest work in several other jobs as many as 5 people (15.6%).

  A mother's mental and physical health condition after childbirth is greatly influenced by her employment status. Working mothers, especially those who have long working hours and demanding physical work such as in factories, tend to get tired faster. This fatigue can increase the risk of developing postpartum anxiety, especially when adapting to breastfeeding and babysitting routines. Worries about a smooth supply of breast milk during work and reduced time with the baby can also exacerbate the anxiety. On the other hand, housewives also have the potential to experience postpartum anxiety even though they are not working formally. This is due to the full responsibility of taking care of the baby and the household. Lack of time to rest, lack of support from family, and pressure to be the ideal mother can trigger anxiety that then impacts breastfeeding success.

  According to (Purba et al., 2025) states that the demands of work and physical fatigue can disrupt the emotional balance of postpartum mothers and hinder the breastfeeding process. Mothers who are stressed and anxious about work tend to worry that their breast milk is not enough, so they choose to give partial breast milk or add formula.

4.2.2 Bivariate Analysis

Bivariate analysis was carried out using the Fisher's Exact Test with the help of the SPSS program, because the variables of the level of anxiety of postpartum mothers were ordinal scale and the variables of breastfeeding were nominal, and the results of cross-tabulation showed that more than 20% of cells had an expected count of less than 5 so that the Chi-Square test did not meet the assumptions.

The results of the bivariate analysis presented in Table 4.7 show that based on the Fisher's Exact Test, a significance value (p-value) of 0.000 or $p < 0.001$ was obtained. Since the p-value is smaller than the established significance level ($\alpha = 0.05$), the alternative hypothesis (Ha) is accepted and the null

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hypothesis (Ho) is rejected. This suggests that there is a significant relationship between postpartum maternal anxiety levels and breastfeeding.

Based on the distribution of data on the cross-tabulation table, it can be seen that the higher the level of postpartum maternal anxiety, the tendency to predominantly breastfeeding decreases and shifts to partial or non-breastfeeding. These findings suggest that the psychological condition of postpartum mothers is related to breastfeeding practices, where higher anxiety is associated with suboptimal breastfeeding.

The findings of this study show that postpartum mothers with low or mild anxiety levels tend to give exclusive breastfeeding, while mothers with moderate to severe anxiety are more likely to give mixed breastfeeding or even no breastfeeding at all. This illustrates that increased anxiety in mothers after childbirth has the potential to hinder the success and continuity of breastfeeding (Monica et al., 2024).

The calmness and relaxation of postpartum mothers greatly affect the breastfeeding process. Maternal psychological factors, such as comfort and relaxation, are able to increase the response of the hormone oxytocin which directly plays a role in the smooth production of breast milk. On the contrary, stress and anxiety conditions can inhibit the release of these hormones, causing milk production to be suboptimal (Azizah et al., 2025)

These findings indicate that increased anxiety in mothers may increase the risk of problems in breastfeeding. From a physiological point of view, anxiety can interfere with the lactation process through hormonal changes. The anxiety and stress experienced by postpartum mothers can inhibit the release of oxytocin, a hormone that is crucial for the breast milk reduction reflex. If this reflex is inhibited, the mother may feel that her milk production is insufficient, which can lead to additional formula feeding or cessation of breastfeeding. This is in line with theories that emphasize the strong influence of the mother's psychological condition on breastfeeding success (Kusumastuti et al., 2025).

This study is consistent with previous studies that showed that postpartum mothers with low anxiety were more likely to successfully breastfeed optimally compared to mothers who experienced moderate to high anxiety. Anxiety often leads to doubts about the adequacy of breast milk, difficulty resting, and a lack of confidence in breastfeeding, which ultimately affects the way mothers breastfeed their babies.

This study is consistent with the research of Dewi and colleagues (2021) which found that postpartum mothers with moderate to severe anxiety were more at risk of giving mixed breastfeeding compared to mothers who experienced mild anxiety. The study highlights the importance of maternal psychological conditions in breastfeeding success, especially in the early postpartum period as mothers adjust to their new roles

In addition, Rahayu and Sari's (2020) research also revealed a significant correlation between anxiety in postpartum mothers and the success of exclusive breastfeeding. Anxious mothers tend to be less confident in their breastfeeding abilities, feel tired easily, and are quicker to decide to give formula. These findings support the results of this study, which confirms that psychological factors, particularly anxiety, are the main determinants in breastfeeding practices.

The study supports the postpartum adaptation theory, which explains that the period after childbirth is a high-risk time for mental health problems such as anxiety. Adjusting to a new role as a mother, the burden of caring for the baby, fatigue, and worries about breast milk production can exacerbate feelings of anxiety in mothers. Anxiety that is not handled properly has the potential to hinder the breastfeeding process.

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5. Concluding Remarks and Recommendation

Most postpartum mothers were in the age group of 20–35 years, which was as many as 26 respondents (81.3%). Based on parity, the majority of respondents were multiparapara, namely 19 respondents (59.4%). In terms of education, the majority of respondents had a high school education/equivalent, namely 27 respondents (84.4%). Based on occupation, the respondents worked the most as factory employees as many as 14 respondents (43.8%).

The level of anxiety of postpartum mothers was mostly in the category of mild anxiety, namely 13 respondents (40.6%), followed by moderate anxiety as many as 10 respondents (31.3%), no anxiety as many as 7 respondents (21.9%), and severe anxiety as many as 2 respondents (6.3%). Breastfeeding in postpartum mothers was mostly in the predominant breastfeeding category, namely 17 respondents (53.1%), followed by partial breastfeeding as many as 12 respondents (37.5%), and non-breastfeeding as many as 3 respondents (9.4%). The results of bivariate analysis using the Fisher's Exact Test showed that there was a significant relationship between the level of postpartum maternal anxiety and breastfeeding, with a p-value of < 0.001 ($p < 0.05$).

The level of anxiety of postpartum mothers plays an important role in the success of breastfeeding, so attention is needed to the psychological aspects of the mother during the postpartum period to support optimal breastfeeding practices.

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