

The Relationship Between Stress and Breast Milk Production in Lactating Mothers in the Kalisat Community Health Center Area

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ABSTRAK

Pemberian ASI eksklusif dianjurkan selama enam bulan pertama kehidupan bayi. Produksi ASI dipengaruhi oleh berbagai faktor, termasuk kondisi psikologis seperti stres. Stres dapat menghambat kerja hormon oksitosin dan prolaktin yang berperan penting dalam produksi ASI. Tujuan penelitian ini untuk mengetahui Hubungan antara stress terhadap produksi ASI pada ibu menyusui di wilayah Puskesmas Kalisat. Jenis penelitian *observasional analitik* dengan design *cross sectional*. Populasi dalam penelitian ini adalah 21 ibu menyusui nifas hari 14-30 dan diperoleh sampel sebanyak 14 orang. Teknik pengambilan sampel menggunakan *purposive sampling*. Instrumen penelitian ini adalah kuesioner PSS (*perceived stress scale*) untuk mengukur stress dan kuesioner produksi asi untuk melihat produksi ASI. Analisa data ini menggunakan *Analisa bivariat* dan *univariat* dengan melakukan *uji non parametrik* menggunakan *uji spearman rank*. Hasil yang didapat responden mengalami stres ringan (64,3%) dan stres sedang (35,7%). Terkait produksi ASI, setengah responden produksi ASI baik, produksi ASI cukup (42,9%) dan produksi ASI rendah (7,1%). Hasil uji non parametrik *spearman rank* menunjukkan nilai p value 0,013 ($< \alpha$ 0,05), maka dapat disimpulkan H_0 diterima yang menunjukkan adanya hubungan antara stress terhadap produksi ASI pada ibu menyusui di wilayah Puskesmas Kalisat. Ibu yang menyusui diharapkan dapat Menjaga emosi dan pikiran yang positif. Stres dapat menghambat produksi ASI, sedangkan ketenangan dan pikiran yang baik akan membantu hormon ASI bekerja optimal, sehingga ASI mengalir lebih lancar.

ABSTARCT

Exclusive breastfeeding is recommended for the first six months of an infant's life. Breast milk production is influenced by various factors, including psychological conditions such as stress. Stress can inhibit the function of oxytocin and prolactin, hormones that play an important role in breast milk production. The objective of this study was to determine the relationship between stress and breast milk production in breastfeeding mothers in the Kalisat Community Health Center area. This was an analytical observational study with a cross-sectional design. The population for this study was 21 breastfeeding mothers from postpartum days 14-30, and a sample of 14 people was obtained. The sampling technique used was purposive sampling. The research instruments were the PSS (Perceived Stress Scale) questionnaire to measure stress and a breast milk production questionnaire to assess breast milk production. Data analysis used bivariate and univariate analysis with a non-parametric test using the Spearman rank test. The results showed that respondents experienced mild stress (64.3%) and moderate stress (35.7%). Regarding breast milk production, half of the respondents had good breast milk production, sufficient breast milk production (42.9%), and low breast milk production (7.1%). The results of the

non-parametric Spearman rank test showed a p -value of 0.013 ($< \alpha$ 0.05), so it can be concluded that the alternative hypothesis (H_a) is accepted, which indicates a relationship between stress and breast milk production in breastfeeding mothers in the Kalisat Community Health Center area. Breastfeeding mothers are expected to maintain positive emotions and thoughts. Stress can inhibit breast milk production, while calmness and positive thoughts will help breast milk hormones work optimally, allowing breast milk to flow more smoothly.

Introduction

Breast milk (breast milk) is a baby's best source of nutrition, and no other food can match it. However, exclusive breastfeeding still faces various challenges. Some mothers, especially in the postpartum period, experience failure in breastfeeding due to fatigue, stress due to the transition to parenthood, and lack of environmental support. Stress experienced by mothers can inhibit the lactation process, which has an impact on milk production and excretion (Isnaini & Diyanti, 2018)

In 2022, 48% of the world's babies under 6 months received exclusive breastfeeding (UNICEF, 2022). In Indonesia, exclusive breastfeeding was recorded at 72.04%, according to WHO, the national target was approved at 80%. According to the 2021 Basic Health Research data, only 52.5% of the 2.3 million babies under 6 months old received exclusive breastfeeding. This figure has decreased by 13,6% from 2020. In addition, the East Java Health Office recorded the percentage of 6-month- < babies who received exclusive breastfeeding in the Regency/City which was 71.7%. This

figure decreased from 79.0% in 2020. This coverage has decreased compared to 2020 (79.0%), but specific data from the Kalisat Health Center shows that in 2023, 538 babies were born in Kalisat Village but only 310 (57.6%) received exclusive breastfeeding at the age of < 6 months. The lack of exclusive distribution of breast milk for babies is caused by many things, namely, the level of maternal education, early initiation, education about breastfeeding techniques and benefits, maternal psychological factors, husband/family support, stress, confusion, fear or depression after childbirth, mothers working or studying outside the home, maternal physical factors (sick or tired) (Novitria Dwinanda, 2018). The prevalence of postpartum stress in the world is 17% - 22% at the beginning of postpartum and 15% - 33% at the end of postpartum. In Indonesia, cases of maternal anxiety disorders after childbirth are 19.8% of 14 million people (Ministry of Health of the Republic of Indonesia 2019). Postpartum anxiety cases at Dustira Hospital 71.1% (Kirana, 2019). According to the East Java Health Office, especially Kalisat



Village, it is known that the stress rate in breastfeeding mothers reached 60.8% in 2022. There is little correlation between the incidence of psychological disorders and maternal health in Indonesia after childbirth, about 50 to 70% of pregnant women show early signs of psychological well-being disorders. This is reinforced by research on the picture of maternal psychological disorders after childbirth, which showed that 52.6% of mothers experienced anxiety, confusion, and fear (Anissa o.fl., e.d, 2020).

Stress is experienced by many primipara mothers than multipara mothers, as well as multipara grandees who have undergone childbirth. The first delivery of primipara mothers will adjust to various changes. Postpartum mother's stress has an effect on breast milk production, making it difficult for breast milk to come out/stop. A study by (Salat & Suprayitno, 2019) states that more than 50% of breastfeeding mothers who experience anxiety result in Unsmooth milk production. The impact if breast milk production is not smooth, such as the lack of immunity of the baby, the lack of bounding attachment between mother and baby and the risk of death due to diarrhea is 3.94 greater than that of Exclusive Breast Milk (Salamah & Prasetya, 2019) Stress can

affect milk production through hormonal mechanisms. Stress hormones such as cortisol can inhibit the production of the hormones prolactin and oxytocin, proclactin plays a role in breast milk production, oxytocin triggers the release of breast milk (let-down reflex). Therefore, high maternal stress can affect hormonal balance which will ultimately have a negative impact on breast milk production and production (Andiyani, 2021) Efforts to reduce stress on breastfeeding mothers and encourage breast milk production include getting enough sleep, as well as the role of the family, especially the husband, to create a conducive environment for breastfeeding mothers. The breastfeeding support group program can also be a means of sharing experiences and motivating each other, so that mothers feel not alone in facing the challenges of breastfeeding (Andayani et al., 2022). This research is expected to provide information related to mothers' knowledge related to how to encourage breast milk production and manage stress well. Based on the description above, the researcher examined a study related to the relationship between stress and breast milk production of breastfeeding mothers at the Kalisat Health Center.

Method

This research will be carried out in April 2025. This study applied the quantitative method of correlational Cross-Sectional technique. This study was carried out at the Kalisat Health Center. The population of this study was 21 breastfeeding mothers from day 14 to 14 30. The sample selection, namely purposive sampling, was obtained by 14 participants. The method to measure stress levels uses a PSS (perceived stress scale) questionnaire sheet that is valid and reliable, this questionnaire contains 10 questions filled out by respondents assisted by researchers according to what respondents experienced in the last 2 weeks. The method to measure milk production uses a milk production questionnaire by (Siti maesaroh, 2018) which is directly observed by the researcher. This research was ethically feasible with the number 859/KEPK/UDS/III/2025, the research process was carried out in 1 time at the same time, namely filling out a stress questionnaire filled out by respondents as many as 10 questions and filling out a 9-question breast milk production questionnaire, then the data obtained was collected and then processed using SPSS (Statistical Product And Service Solutions)

Version 27. This data analysis uses univariate analysis to describe descriptively the distribution, frequency, and percentage, bivariate analysis to determine the relationship between stress variables and breast milk production using the spearman rank correlation test.

Results

This research will be carried out in April 2025 in the Kalisat Health Center area, Kalisat District, Jember which is presented in the form of a table.

Univariate Analysis

1. General data Characteristics of Respondents based on maternal age

Table 1 1 Distribution of Frequency of Respondent Characteristics Based on Maternal Age in the Kalisat Health Center area in April 2025

Range usia ibu	Jumlah	Presentase %
20-35	14	100%
Total	14	100%

(Source: Primary Data of Research Results in April 2025) Based on table 1.1, the age of 20-35 amounted to 14 respondents with (100%).

2. Characteristics of Respondents based on maternal parity

Table 1 2 Frequency Distribution of Respondent Characteristics Based on Parity in the Kalisat Village Health Center Working Area in April 2025

Paritas	Jumlah	Presentase %
Primipara	6	57,1%
Multipara	8	42,9%
Total	14	100%

(Source: Primary Data of Research Results in April 2025) Based on table 1.2 above, it can be seen that primipara as many as 6 respondents 57.1% and multipara as many as 8 respondents 42.9%.

3. Characteristics of Respondents Based on BMI

Table 1 3 Frequency Distribution of Respondent Characteristics Based on BMI in the Kalisat Village Health Center Working Area in April 2025

IMT	Frekuensi (F)	Presentase %
Kurang	1	7,1%
Normal	12	85,7%
Berat badan lebih	1	7,1%
Total	14	100%

(Source: Primary Data of Research Results in April 2025) Based on table 1.3 above, it can be found that 1 respondent with a BMI is

underweight, 12 respondents with a percentage of 85.7% is underweight, and 1 respondent is overweight with a percentage of 7.1%

4. Characteristics of respondents based on LILA

Table 1 4 Frequency Distribution of Respondent Characteristics Based on LILA in the working area of the Kalisat Village Health Center in April 2025.

LILA	Frekuensi (F)	Presentase %
KEK	5	35,7%
Normal	9	64,3%
Total	14	100%

(Source: Primary Data of Research Results in April 2025) Based on table 1.4 above, it can be found that 5 respondents with a prescription of 35.7% and normal LILA of 9 respondents (64.3%)

5. Characteristics of Respondents Based on Education

Table 1 5 Frequency Distribution of Respondent Characteristics Based on Education in the working area of the Kalisat Village health center in April 2025.

Pendidikan	Frekuensi (F)	Presentase %
SMA	9	64,3%
S1	5	35,7%
Total	14	100%

(Source: Primary Data of Research Results in April 2025)

Based on table 1.5 above, it can be seen that most of the breastfeeding mothers have a high school education as many as 9 people (64.3%) and 35.7% have a S1 education.

6. Characteristics of Respondents Based on Occupation

Table 1 6 Frequency Distribution of Respondent Characteristics Based on Work in the Kalisat Village Health Center Working Area in April 2025

Pekerjaan	Frekuensi (F)	Presentase %
IRT	4	28,6%
Wiraswata	6	42,9%
Guru	2	14,3%
Analisis	1	7,1%
PNS	1	7,1%
Total	14	100%

(Source: Primary Data of Research Results in April 2025) Based on table 1.6 above, it can be seen that breastfeeding mothers are mostly entrepreneurs as many as 6 respondents (42.9%), while a small percentage work as analysts and civil servants, namely only 1 person (7.1%).

Custom Data

1. Characteristics of breastfeeding mothers on breast milk production

Table 2 1 Characteristics of respondents based on breast milk production in the

working area of the Kalisat Village health center in April 2025

Produksi ASI	Frekuensi (F)	Presentase %
ASI kurang	1	7,1%
ASI cukup	6	42,9%
ASI baik	7	50 %
Total	14	100%

(Source: Primary Data of Research Results in April 2025) Based on table 2.1 above, it shows that 1 respondent with a percentage (7.1%) of low milk production, 6 respondents (42.9%) of adequate breast milk products and 7 respondents (50.0%) of good milk production.

2. Characteristics of breastfeeding mothers to Stress

Table 2 2 characteristics of respondents based on Stress in the work area of the Kalisat Village Health Center in April 2025

Tingkat stress	Frekuensi (F)	Presentase %
Stress rendah	9	64,3%
Stress sedang	5	35,7%
Stress tinggi	0	0%
Total	14	100%

(Source: Primary Data of Research Results in April 2025) Based on table 2.2 above, most of the respondents (64.3%) have low stress levels. 5 respondents (35.7%) were moderately stressed.

3. Characteristics of the relationship between stress and milk production in breastfeeding mothers in the working area of the Kalisat Village health center

Table 2 3 1 The relationship between stress and breast milk production in the working area of the Kalisat Village health center in April 2025.

Produksi ASI	Tingkat Stress					
	Ringan		Sedang		Tinggi	
	F	%	F	%	F	%
Kurang	0	0%	1	7,1%	0	0%
Cukup	3	21,4 %	3	21,4 %	0	0%
Baik	6	43%	1	7,1%	0	0%
Total	9	64,4 %	5	35,6 %	0	0%

(Source: Primary Data of Research Results in April 2025)

Table 2 3 2 SPSS results of the relationship between stress and breast milk production in the working area of the Kalisat Village health center in April 2025.

	<i>Spearman's rho</i>	Score stress	Score ASI
Score stress	Correlation coefficient	1.000	-.642**
	Sig (2-tailed)	.	.013
	N	14	14
Score ASI	Correlation coefficient	-.642**	1.000
	Sig (2-tailed)	.013	
	N	14	14

(Source: Primary Data of Research Results

in April 2025) Based on Table 2.3, the results of the tabulation show that milk production is less with mild stress (0%), less milk production with moderate stress (7.1%) and less milk production with heavy stress (0%). Breast milk production is sufficient with mild stress (21.4%), moderate breast milk production with moderate stress (21.4%) and moderate breast milk production with heavy stress (0%), breast milk production is good with light stress (43%), breast milk production is good with moderate stress (7.1%) and breast milk production is good with heavy stress (0%). The results of the stress statistical test with breast milk production obtained a significance value of $p = 0.013$ ($p < 0.05$) which shows that there is a relationship between the two variables, then it can be concluded that H_0 is rejected H_a is accepted, meaning that there is a relationship of stress on breast milk production in breastfeeding mothers in the Kalisat health center area and the value of the correlation coefficient $r = -0.642$ This result shows that there is a significant negative correlation between stress level and breast milk production. This means that the higher the stress score experienced by the mother, the lower the breast milk production score, and vice versa.

This negative correlation is strong.

Discussion

1. Breast milk production in breastfeeding mothers in Kalisat Village, Kalisat Health Center Working Area

Identification of breast milk production was carried out by providing a questionnaire of breast milk production which was observed and interviewed by the researcher. Based on the data from the results of the study carried out in breastfeeding mothers in Kalisat Village, it was found that breast milk production was good at 50%, breast milk production was good at 42.9%, and breast milk production was 7.1% less. Based on the results of the study, breast milk production is influenced by various interrelated factors including the mother's age, maternal nutritional status and baby sucking. From the results of the study, the age factor found that half of the respondents had good milk production at the age of 20-35 years, some respondents have sufficient milk production and a small percentage of respondents have insufficient breast milk. Helmy (2023), elaborated that the age of 20-35 years is considered the ideal phase to produce breast milk because at this age, the mother's physical and mental condition is in prime

condition and ready to give breast milk. The reproductive organs develop optimally, supporting the ability of exclusive breastfeeding mothers. This group of mothers typically produce more breast milk than those > 35-year-olds. Researchers argue that the mother's age affects breast milk production is strongly supported by the maturity of the body's organs and physiological conditions. Specifically, the period between 20 and 35 years is the optimal age for breastfeeding mothers. During this time, the reproductive organs are fully developed and the hormonal system is in balance that favors the lactation process. Good biological conditions, coupled with generally more stable physical and mental conditions, significantly contribute to the production of breast milk that is good.

The maternal nutritional status factor is measured from BMI and LILA, this is an important factor in breast milk production. Based on the results of a study on 14 respondents in Kalisat Village, it was found that BMI is obese, a small percentage of respondents have sufficient milk production. Mothers with ideal BMI half of the respondents have good milk production and low BMI a small percentage of respondents have sufficient milk production. These



findings show a tendency that nutritional status based on BMI affects the quantity of breast milk production. This is due to BMI. Supported (Indriani, 2022) If breastfeeding mothers have normal BMI, the mother's nutritional status is also good, if breastfeeding mothers meet their nutritional needs well, they can produce a sufficient amount of breast milk production so that it will support the success of Exclusive Breastfeeding. Based on the results of the study, mothers with KEK nutritional status, almost half of the respondents had sufficient milk production, while normal LILA half of the respondents had good milk production. This shows that mothers with normal LILA tend to have more optimal milk production than those who are at risk of Chronic Energy Deficiency (SEZ). This theory is supported (Indriani, 2022) out of 58 respondents, there are 38 respondents with normal lila and 20 SEZ respondents. Normal LILA of breastfeeding mothers indicates good nutrition, the positive effect is smooth breast milk production and supports optimal baby nutritional growth. The opinion of researchers is that good nutritional conditions reflect the adequacy of energy and nutrients in the mother's body, good nutrition is needed in breast milk secretion.

On the other hand, mothers with nutritional disorders do not have the energy to produce sufficient amounts of breast milk. Therefore, poor nutritional conditions need to be improved. Improving nutritional status should be done before pregnancy so that the chances of giving birth to healthy babies increase and the mother remains healthy. In this case, health workers have an important role in monitoring BMI and LILA as part of routine evaluation in breastfeeding services, nutritional interventions from pregnancy to lactation are very important to ensure the success of breastfeeding.

The results of the study in Kalisat Village were obtained that a small number of participants with a 0 value of infant suction had low milk production while the infant suction value 1 half of the respondents had good milk production. These findings suggest that the effectiveness of infant sucking is positively correlated with breast milk production. Ineffective baby sucking can inhibit the let down reflex and stimulate hormone production. This is supported by (Tri Aprilia, e.d, 2022) which found a positive correlation between correct baby sucking and adequate milk production, 94% of respondents with correct baby sucking had sufficient milk production, while 100%

of respondents with incorrect baby sucking had insufficient milk production. Physiologically, strong and precise baby sucking will stimulate the hypothalamus which then stimulates the anterior pituitary gland to produce the hormone prolactin (responsible for milk production) as well as the posterior pituitary gland to produce the hormone oxytocin for milk production. to produce the hormone oxytocin responsible for breast milk excretion. (Key, e.d, 2024) explained the correct sucking, it was seen that her mouth was wide open, she was seen sucking hard, and the mother did not feel pain in the nipple. Researchers argue that the effectiveness of baby sucking has a close relationship with the level of breast milk production. This data indicates that effective baby feeding can be one of the main keys to successful breastfeeding. Strong and correct suction not only helps the release of breast milk through the let-down reflex, but also stimulates the optimal production of the hormones prolactin and oxytocin, which are very important in the lactation process. Conversely, weak or improper suction can cause an obstacle in breast milk production, even if production is present. Therefore, researchers suggest that mothers be given education about the correct baby's

attachment and sucking techniques from the early stages of breastfeeding, because the quality of the baby's sucking greatly affects the effectiveness of hormonal stimulation and the success of exclusive breastfeeding.

2. Stress of Breastfeeding Mothers in Kalisat Village, Kalisat Health Center Working Area

Identification of stress in breastfeeding mothers was carried out by providing a PSS (perceived stress scale) questionnaire interviewed by the researcher. Based on the data obtained, 64.3% experienced mild stress, and 35% experienced moderate stress. Based on the results of the study, stress factors are influenced by several factors including parity, education and lack of support from people around them. The parity factor was obtained by a small percentage of respondents who had moderate stress and almost half of the multipara respondents had stress low. This is supported (Priharyati, 2018) by the stress of primipara mothers because of her adjustment to her new role, both physically (physiological) and (psychological), responsibilities and new roles as mothers. Researchers argue that sufficient stress in primitive mothers due to a mother's experience in caring for the baby has a



significant influence on the level of stress she experiences. Mothers with little experience tend to feel anxious and insecure when facing baby crying, sleep disturbances, and intensive care demands on babies. This condition is coupled with feelings of discomfort and fatigue, which indirectly affects the mother's ability to concentrate on carrying out her role as the main caregiver. Based on the results of a study of breastfeeding mothers in Kalisat Village, it was found that almost most of the participants had a high school education, data showed that respondents with a high school education, almost half of the respondents were exposed to moderate stress, almost half of the S1 participants had mild stress. This data explains that the higher the education, the lower the stress. Higher education helps individuals easily understand the information received, thus having a positive impact on the psychological state of respondents. This is in line with the theory (Retno Dwi Andayani o.fl., 2022) which describes that the higher the education, the better the mindset and knowledge, this results in individuals and communication attitudes in receiving information. People with higher education generally absorb information faster.

The opinion of researchers of participants with low education tends to have limitations in accessing valid and scientific sources of information, so their decisions are more often based on information from the surrounding environment, the experiences of others or even just following the recommendations of health professionals without a deep understanding. Mothers with higher education generally show a better understanding of information about breastfeeding, infant care, and stress management. This allows them to be better prepared mentally and emotionally to face challenges during breastfeeding. Breastfeeding mothers often do not receive enough support from their husbands/families. Husband's support sometimes takes the form of attention and emotional closeness, family support includes good communication and emotional relationships with parents. These two forms play a role in reducing maternal stress. A study by Istighosah et al (2021) described that husbands' social support has a positive effect on breastfeeding mothers, such as increased breast milk production, increased breastfeeding enthusiasm, and a sense of comfort. Based on the questionnaire

data obtained, the researcher believes that mothers have a Stress Category while they have a fairly stable psychological distress, But they are also not able to fully manage their new role as mothers, judging from the questionnaire data of some mothers who have a stress level who are choosing P3, P4, P5 and P7 with the number 2, namely sometimes researchers see that mothers who have moderate stress are still easily offended, feel unexpectedly and are not confident in facing existing problems. The category of mild stress indicates that they are able to manage stress and adapt to the change of role as a new mother. They also tend to be more mentally prepared and have enough knowledge about breastfeeding, so they are not easily anxious or depressed when facing breastfeeding challenges.

3. The Relationship of Stress to Breast Milk Production of Breastfeeding Mothers in the Kalisat Health Center Area

Based on the special data obtained, it was found that most of the participants had mild stress with good milk production. The results of the spearman rank test were obtained with a p-value of 0.013, meaning that there is a relationship between stress and breast milk production, measured by the

PSS questionnaire and the breast milk production questionnaire. An r value of -0.642 means that the higher the mother's stress, the lower the milk production produced. This relationship can be explained physiologically. The hormone Prolactin plays a role in stimulating the breast glands to produce breast milk, which can decrease due to increased stress hormones such as cortisol and adrenaline. High cortisol inhibits the activity of the anterior pituitary, which is the center of prolactin production. As a result, the mammary glands produce insufficient amounts of milk to meet the baby's needs. In addition, stress also interferes with the let-down reflex triggered by the hormone oxytocin. This hormone is responsible for helping breast milk exit the milk duct into the nipple. When the mother is stressed, oxytocin levels decrease, so the let-down reflex becomes ineffective. Although breast milk production is sufficient, stress can inhibit the milk secretion reflex. This interferes with optimal breastfeeding. On the other hand, a smooth breastfeeding process will stimulate lactation hormones and increase milk production. The more frequent breastfeeding, the more breast milk production increases because the baby's sucking stimulates



hormones in the process. According to the findings of Retno Dwi Andayani et al. (2022), mothers who are prone to anxiety and stress can interfere with the lactation process, ultimately having an effect on reducing breast milk production. The fact that anxiety inhibits the production of breast milk. In addition, stress and anxiety can lower the hormone prolactin and reduce oxytocin secretion, so that the flow of breast milk is not smooth.

According to researchers, the higher the stress of breastfeeding mothers can cause breast milk production to decrease. This is because stress will trigger an increase in the hormone cortisol in the body. Excessive cortisol can inhibit the work of the hormones prolactin and oxytocin. In addition, researchers also seeing that the stress experienced by mothers not only has a physiological impact, but also affects the psychological condition of the mother in breastfeeding, such as reduced confidence, increased anxiety, and decreased comfort during breastfeeding. These factors can overall reduce the volume of breast milk production. According to the findings (Rizki Amalia, 2016) found a strong relationship between stress and smooth breastfeeding. The test used is the Spearman Rank test, the

result of Rho calculates 0.628, the larger Rho table is 0.409. This explains that the higher the stress level, the more unsmooth the production of breast milk. According to the researchers' assumptions, the researcher argues that the mother's ability to manage stress will have a direct impact on the smooth production of breast milk. Constant stress can disrupt the let-down reflex and the hormone oxytocin, resulting in decreased milk production. Stress in breastfeeding mothers is often caused by the discomfort and challenges of caring for the baby. Mothers feel incapable of facing various new tasks, such as breastfeeding, overcoming unhealthy breastfeeding, caring for babies, and lack of rest. This burden will become heavier if not overcome, increasing the pressure on the mother. Therefore, the role of the husband and family is important to support the mother in adjusting, as well as help reduce her stress.

Conclusion

1. Most of the milk production of breastfeeding mothers in Kalisat Village has good milk production.
2. Stress of breastfeeding mothers in Kalisat Village Most respondents have low levels of stress.
3. From the spearman rank correlation



analysis, $p (0.013) < (0.05)$ was obtained, meaning that H_0 was rejected meaning that there was a relationship between stress and breast milk production in breastfeeding mothers in the Kalisat health center area, and the correlation coefficient value $r = -0.642$ means that the higher the stress score experienced by the mother, the lower the breast milk production score, and vice versa. This negative correlation is strong.

Ethics Approval and Consent to Participate

This research was ethically feasible with the number 859/KEPK/UDS/III/2025, the research process was carried out in 1 time at the same time, namely filling out a stress questionnaire.

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