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BREASTFEEDING DURING THE COVID-19 PANDEMIC

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ABSTRACT

Breast milk (ASI) has been known as the best fluid for a baby because of its composition which can protect babies from various infectious diseases. Exclusive breastfeeding is also a performance indicator related to the government's priority program to accelerate stunting reduction. Several studies have shown that one of the factors associated with the incidence of stunting is exclusive breastfeeding. The Covid-19 pandemic, which was hit by the whole world, including Indonesia, has had its own impact, especially health services at the puskesmas, posyandu, and mother's classes. Several health services were adjusted in order to avoid the transmission of Covid-19 to newborns, including exclusive breastfeeding such as counseling and counseling for pregnant women at the delayed posyandu, implementation of early initiation of breastfeeding (IMD), direct breastfeeding and rooming-in for babies. As a result of the COVID-19 pandemic, the situation and conditions in exclusive breastfeeding for babies less than 6 months of course have changed. This research is quantitative with a cross sectional approach which was conducted on 33 mothers who had babies. The results of this study showed that during the pandemic, 93.9% of mothers still tried to give breast milk and as many as 78.8% of mothers gave additional milk.

Keywords : Breast feeding; Pandemic; Covid-19, Infant Nutrition

INTRODUCTION

Breast milk (ASI) contains substances that are recognized as the best natural fluid to protect infants from various infectious diseases. The content of breast milk includes immune components that safeguard infants from bacterial, viral, parasitic, and fungal infections. These immune substances include secretory immunoglobulin A (sIgA), *Lactobacillus bifidus*, lactoperoxidase, lysozyme, and leukocytes. These components are known to reduce the risk of gastrointestinal infections, respiratory infections, otitis media, diabetes mellitus, and allergic diseases. Infants who receive exclusive breastfeeding, compared to those who do not, are generally healthier and less likely to fall ill (1).

Exclusive breastfeeding is also an important performance indicator related to the government's priority program to accelerate the reduction of stunting (2). Several studies indicate that one of the factors associated with stunting incidence is exclusive breastfeeding. There is a correlation between birth length, birth weight, exclusive breastfeeding, and birth spacing with stunting. Furthermore, children who experience stunting are often characterized by low birth weight, maternal age under 20 years, lack of exclusive breastfeeding, and a history of infection (3).

In 2020, the indicator for the percentage of infants under six months who received exclusive breastfeeding had met the target of 40% (2). According to the Central Bureau of Statistics (BPS) in 2019, Banten Province was one of the 19 provinces with the percentage of infants under six months receiving

exclusive breastfeeding below the national average (4). In 2020, this percentage in Banten increased to 55.9%, yet the province still ranked among the ten lowest in exclusive breastfeeding coverage for infants under six months (2).

The COVID-19 pandemic, which affected the entire world including Indonesia, had a significant impact on health services — including those at community health centers (*puskesmas*), *posyandu* (integrated service posts), and mother classes. Several health services were adjusted to prevent COVID-19 transmission to newborns, including the postponement of counseling and education for pregnant women at *posyandu*, early initiation of breastfeeding (IMD), direct breastfeeding, and rooming-in practices (2). In fact, the gold standard in infant nutrition is early initiation of breastfeeding, especially within the first hour after birth, followed by continued mother–infant rooming-in care (5).

During the pandemic, other factors also influenced exclusive breastfeeding practices among infants under six months. These include decreased household income, large-scale social restrictions that created fear of virus transmission, anxiety over being asymptomatic carriers (OTG) who might infect infants while breastfeeding, and inadequate maternal nutrition due to limited access to balanced food. However, during this same period, there was also an increase in exclusive breastfeeding rates — likely due to mothers, especially working mothers, having more time to breastfeed at home (6).

Besides economic factors, anxiety was one of the main causes of breastfeeding failure during the pandemic. Many mothers feared transmitting COVID-19 through breast milk. On the other hand, WHO has stated that COVID-19 is not transmitted through breast milk (7).

The COVID-19 pandemic has certainly changed the situation and conditions surrounding exclusive breastfeeding for infants under six months. Based on this background, the researcher was interested in examining the description of breastfeeding practices during the COVID-19 pandemic.

DESIGN AND METHODS

This study employed a quantitative approach with a correlational design to examine the relationship between maternal age, maternal employment status, family income level, and number of children as independent variables, and breastfeeding as the dependent variable. A cross-sectional approach was applied, with data collected at a single point in time. The sampling technique used was purposive sampling, with participants selected based on predetermined inclusion criteria. The inclusion criteria consisted of mothers who were in good physical and mental health, and infants who were in healthy condition and not receiving any form of medical treatment. The total sample in this study comprised 33 respondents.

RESULTS

Table 1 Characteristics of Respondents Based on Age (n = 33)

Age (years)	Frequency	Percentage (%)
20–30 years	16	48.5
31–40 years	13	39.4
>40 years	4	12.1

Table 1 shows that most respondents were aged 20–30 years, totaling 16 people (48.5%).

Table 2 Characteristics of Respondents Based on Child's Age (n = 33)

Child's Age	Frequency	Percentage (%)
0–6 months	17	51.6
>6 months	16	48.4

Table 2 shows that the majority of respondents' children were aged 0–6 months

Table 3 Sex of Children (n = 33)

Sex	Frequency	Percentage (%)
Male	14	42.4
Female	18	54.5

Table 3 shows that most of the respondents' children were female

Table 4 Number of Children of Respondents (n = 33)

Number of Children	Frequency	Percentage (%)
1	10	30.3
>1	23	69.7

Table 4 shows that most respondents had more than one child Mothers Breastfeeding Infants of Exclusive Breastfeeding Age (n = 33)

Table 5 shows that the majority of mothers breastfed their infants aged 0–6 months

Response	Frequency	Percentage (%)
Yes	31	93.9
No	2	6.1

Table 5 shows that the majority of mothers breastfed their infants aged 0–6 months

Tabel 6 Sufficiency of Breast Milk Production for Infant Needs (n = 33)

Response	Frequency	Percentage (%)
Yes	30	90.9
No	3	9.1

Table 6 shows that most mothers' breast milk production was sufficient to meet their infants' needs

Table 7 Mothers Providing Additional Milk for Infants Aged 0–6 Months (n = 33)

Response	Frequency	Percentage (%)
Yes	7	21.2
No	26	78.8

Table 7 shows that the majority of mothers did not provide additional milk to infants aged 0–6 months.

Table 8 Mothers Experiencing COVID-19 Symptoms During Breastfeeding Period (n = 33)

Response	Frequency	Percentage (%)
Yes	1	3.0
No	32	97.0

Table 8 shows that most mothers did not experience COVID-19 symptoms during the breastfeeding period

DISCUSSION

The findings of this study showed that 93.9% of mothers continued breastfeeding their infants aged 0–6 months during the COVID-19 pandemic. This high proportion indicates that, despite restrictions and changes in health service delivery, most mothers were able to maintain breastfeeding practices. The result suggests that the pandemic did not substantially reduce mothers' willingness to breastfeed, possibly due to increased time spent at home and heightened awareness of the importance of breast milk for infant immunity during a public health crisis.

This study found that 78.8% of mothers did not provide additional milk to their infants aged 0–6 months. This finding reflects a relatively good adherence to exclusive breastfeeding recommendations during the pandemic. Reduced mobility and limited access to infant formula during large-scale social restrictions

may have contributed to this behavior, encouraging mothers to rely more breast milk as the primary source of infant nutrition.

Most respondents in this study had more than one child. Multiparity may have influenced breastfeeding practices, as mothers with previous breastfeeding experience tend to have better knowledge and confidence in managing breastfeeding, even under challenging conditions such as the COVID-19 pandemic. This finding supports previous studies indicating that maternal experience plays an important role in sustaining breastfeeding behavior.

The study also revealed that 97% of mothers did not experience COVID-19 symptoms during the breastfeeding period. This condition may have reduced anxiety related to virus transmission and supported continued direct breastfeeding. Even among mothers who experienced mild symptoms, breastfeeding was maintained in accordance with health protocols, reflecting adherence to existing public health recommendations.

Overall, the findings of this study demonstrate that breastfeeding practices during the COVID-19 pandemic were strongly influenced by maternal conditions, prior experience, and the absence of COVID-19 symptoms. These results highlight that, under certain circumstances, the pandemic may not hinder breastfeeding practices but may instead reinforce mothers' commitment to breastfeeding.

CONCLUSION

This study demonstrates that breastfeeding practices during the COVID-19 pandemic were largely maintained among mothers, indicating a strong commitment to breastfeeding despite disruptions in health services and social restrictions. Maternal experience, health status, and supportive conditions appeared to play an important role in sustaining breastfeeding practices during the pandemic. These findings highlight the need for continuous breastfeeding support and education, particularly during public health emergencies, to ensure optimal infant nutrition. Future studies with larger samples and analytical designs are recommended to further explore factors influencing breastfeeding practices under crisis conditions.

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