



Family Planning and Mother's Practice In Children's Feeding In Bengkulu Province, Indonesia

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Abstract

Family planning will affect the mother's ability in parenting which will affect the children's growth and development. This study aims to determine the relationship between family planning and the practice of child feeding (PCF). The study used Indonesian Demographic and Health Survey 2017 data with a cross-sectional approach. Family planning is measured by variables age at first marriage, the distance between births, parity, number of children under five, and pregnancy desired. The PCF is based on the variable composite of Early Initiation of Breastfeeding, Exclusive Breastfeeding, Infant and Child Feeding, and Consumption of food sources of vitamin A. The sample size is 97 children aged 6-23 months. Data analysis using multivariate logistic regression. The study results that almost part of the mother did not PCF well (45.4%). Most (69.1%) mothers were not good at family planning. Family planning related to poor PCF was age at first marriage less than 18 years ($p = 0.003$) primiparous parity ($p = 0.017$), 2-5 years birth spacing ($p = 0.033$) and the number of children under five ($p = 0.025$). There need to be more educational efforts, outreach and family planning movements so that people, especially teenagers, understand the importance of family planning.

Introduction

Infants and children must get proper food intake to achieve optimal growth and development, especially in the first 1000 days of life. Improper feeding practices can lead to malnutrition, such as stunted and severely stunted (IDAI, 2015). One report said that two-thirds of children under five died due to an improper diet. As a result of children not getting exclusive breastfeeding, getting solid food too early, and, or too late, the composition of nutrients was incomplete, unbalanced, and not hygienic (WHO, 2017). Global policies and national strategies for child feeding include the provision of Early Initiation of Breastfeeding (IMD) immediately 30 minutes to 1 hour after birth, exclusive breastfeeding for six months, and continuing until the age of two. Then interspersed with complementary feeding (MP

ASI). In society, the practice of Child Feeding is still problematic which will impact child growth (Gyampoh, Otoo, & Aryeetey, 2014, Kuchenbecker et al., 2015) and child morbidity (Patel et al., 2015).

Child Feeding (PMA/Pemberian Makan Anak) start from the Early Initiation of Breastfeeding (EIBF) to Infant and Young Child Feeding (IYCF/PMBA/Pemberian Makan Bayi dan Anak) practice, showing global and national problems. National figures show that only 45% of children aged 6-23 months practice IDD and comply with the recommendations. In the low percentage of infants who received an IMD, half of the babies had received pre-lactational food within three days after birth. The median exclusive breastfeeding was only up to 4.2 months, found that 40% of children consumed food groups that were not in

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accordance with the recommendations, and the practice of PMBA did not comply with it. In Bengkulu Province, most children (97.3%) had been breastfed. Only 50% of children within 1 hour after birth, and 51% received pre-lactation food within three days. It increases the failure of exclusive breastfeeding. The median duration of breastfeeding was 20.8 months. Exclusive breastfeeding was only up to 4.2 months. 60% of children consume food groups according to the recommendations, and 74% of children get FDI practices according to the recommendations (BKKBN et al., 2017).

The failure of exclusive breastfeeding and child feeding practices is influenced by various maternal factors, including education, knowledge, occupation, and maternal age (Maonga, Mahande, Damian, & Msuya, 2016; Prakash, Singh, Pathak, & Parasuraman, 2011; Asare, Preko, Baafi, & Dwumfour-Asare, 2018; Ahmed, Page, Arora, & Ogbo, 2019; Barir, Murti, & Pamungkasari, 2019) and family factors (Vieira et al., 2014; Patel et al., 2015). Giving practice of Infant under two feeding is strongly influenced by the culture of the community (IDAI, 2015). A study in Ghana found that maternal age played an important role in predicting stunting. Mothers who give birth at a young age tend to have children with low birth weight. Mothers aged 25–34 years were less likely to have stunted children compared to mothers aged 15–24 years. It can happen because young mothers still need adequate nutrition for their growth into adult women, so there is competition between mothers and children and mothers in meeting their nutritional needs (Darteh, Acquah and Kumi-Kyereme, 2014). Children born to mothers who marry at a young age have a low chance of living and are more at risk of experiencing nutritional problems in their children such as short, thin, and poor nutrition (Prakash et al., 2011). Conditions in Bengkulu Province show high levels of family planning problems, such as teenage marriage, unwanted pregnancies, and short birth spacing (BKKBN et al., 2017). There are still limited research results that

prove the relationship between family planning and mother's behavior in feeding children, so it is necessary to conduct further studies on the relationship between family planning and mother's practice in feeding children in the first 1000 days of life in Bengkulu Province.

Method

The study used data from the 2017 IDHS with a cross-sectional research design. Image 1 describes the sample selection stage. The research population is women of child-bearing age (WCBA, 15-49 years old) in Bengkulu Province gave birth to children within five years before the 2017 IDHS research was conducted and recorded in the 2017 IDHS survey as many as 250 FFA. IDHS sampling design 2017 used a stratified two-stage sampling, namely selecting some census blocks in a systematic probability proportional to size (PPS) manner and selecting 25 ordinary households in each selected block systematically. The research sample was 97 WCBA that met the inclusion criteria. Namely, WCBA had their last child aged 6-23 months, biological child and lived with the family, and complete data. The unit of analysis is all children born alive from all live births from WCBA (15-49 years old) who have been married and have experienced it, then the sample of the last child is taken and weighed at birth. The data collection instrument used the IDHS questionnaire, which had been tested using the interview method. The data collectors are trained enumerators. Data processing begins with editing the data to ensure that the data obtained is clean. It is filled in completely, consistent, relevant, and can be read properly. Missing data is excluded from the analysis. Next, recording is carried out according to the needs of data analysis. Data analysis uses univariate analysis to describe the proportions of each variable. Bivariate analysis is applied to test the homogeneity of variance of the independent variables and variable selection for multivariate analysis. Multivariate analysis used the logistic regression test.

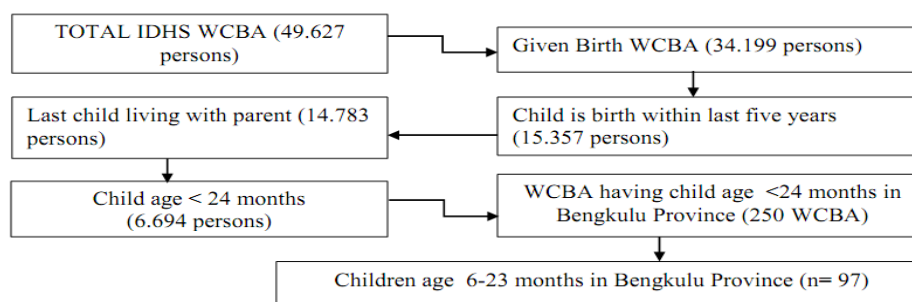


Image 1. Sample Determination Steps

Results And Discussion

Table 1 shows that only 49.5% of mothers did Early Initiation of Breastfeeding (EIB/IMD), 57.7% of mothers exclusively breastfed,

33% of children consumed food sources of vitamin A and only 43.3% of mothers did IYCF according to the recommendations.

Table 1. Mother's Practice in Child Feeding in Bengkulu Province

Feeding Practices	n=97	%
Early Initiation of Breastfeeding (EIB)		
EIB	48	49,5
Not EIB	49	50,5
Exclusive Breastfeeding		
Yes	56	57,7
No	41	42,3
Consuming food sources of vitamin A		
Yes	32	33,0
No	65	67,0
IYCF		
As Recommended	42	43,3
Not as Recommended	55	56,7

Source: 2017 ISDH Data

Table 2. Characteristics of Family Planning in Bengkulu Province

Family Planning	Not Good Child Feeding		Good Child Feeding		Total		p-value
	N	%	N	%	n	%	
Age of First Marriage							
Under Age	42	95,5	40	75,5	82	84,5	0,015
Legal Age	2	4,5	13	24,5	15	15,5	
Marital Status							
No Spouse	0	0	4	7,5	4	4,1	0,173
Spouse	44	100,0	49	92,5	93	95,9	
Parity							
1 child	20	45,5	12	22,6	32	33,0	0,031
>1 child	24	54,5	41	77,4	65	67,0	
Mother's Age When Giving Birth							
<20 years	5	11,4	3	5,7	8	8,2	0,518
≥20 years	39	88,6	50	94,6	89	91,8	
Pregnancy Planning							
Unwanted Pregnancy	8	18,2	14	26,4	22	22,7	0,471
Wanted Pregnancy	36	81,8	39	73,6	75	77,3	
Birth Interval							
First Child	21	47,7	12	22,6	33	34,0	0,02
< 2 years and > 5 years	12	27,3	27	50,9	39	40,2	
≥2-5 years	11	25,0	14	26,4	25	25,8	
Number of Toddler in the Family							
2-4 Toddlers	12	27,3	18	34,0	30	30,9	0,625
1 Toddler	32	72,7	35	66,0	67	69,1	

Source: 2017 ISDH Data

The results in table 2 show no difference in the Child Feeding practice based on marital status, maternal age at delivery, pregnancy planning, and the number of children under five in the family. Child Feeding practices differed according to age at first marriage ($p=0.015$), maternal parity ($p=0.031$), and births interval ($p=0.02$). Almost all Child Feeding practices are not good for women who marry at underage (95.5%). More than half occur in women with more than one child parity (54.5%) and their first child (47.7%).

The Child Feeding practices are 54.6% good (early initiation of breastfeeding, exclusive breastfeeding, Vitamin A, IYCF practice), and 69.1% of WCBA who have children 6-23 months including not plan a family well (family married status, Number of children (1-2 children), pregnancy is wanted, pregnancy

interval (2-5 years), age at pregnancy (20-35 years old) and Age of First Marriage > 18 years).

Table 3 shows no differences in Child Feeding practice based on mother's education, mother's occupation, antenatal care workers, quality of ANC, birth attendant, sex of a child, child's birth weight, family residence, family socio-economic status, health condition of the family environment, and the number of family members. The not good practice of Child Feeding is more common in mothers with low education, working mothers, antenatal care workers, and birth attendants are health workers and the quality of ANC is good, girls and children born with low birth weight, families living in villages, socio-economic lower middle class, environmental health is not good and in large families.

Table 3. Characteristics of Families, Women of Childbearing Age, and Children in Bengkulu Province

Characteristics	Not Good Child Feeding		Good Child Feeding		Total		p-value
	n	%	n	%	n	%	
Residential							
Rural	27	61,4	30	56,6	57	58,8	0,79
Urban	17	38,6	23	43,4	40	41,2	
Socio-economic status							
Middle-Low	34	77,3	37	69,8	71	73,2	0,551
Middle-Up	10	38,5	16	61,5	26	26,8	
Residential Health							
Poor	38	86,4	43	81,1	81	83,5	0,677
Good	6	13,6	10	18,9	16	16,5	
Number of Family Member							
Large Family (> 4 persons)	28	63,6	38	71,7	66	68,0	0,529
Small Family (\leq 4 persons)	16	36,4	15	28,3	31	32,0	
Mothers' Education							
Low	38	86,4	43	81,1	81	83,5	0,677
High	6	13,6	10	18,9	16	16,5	
Mothers' Occupation							
Work	26	59,1	22	41,5	48	49,5	0,128
Does not Work	18	40,9	31	58,5	49	50,5	
Birth Attendant							
Non Birth Attendant	7	16,3	12	22,6	19	19,8	0,603
Birth Attendant	36	83,7	41	77,4	77	80,2	
ANC Quality							
Not Good	12	27,9	12	22,6	24	25,0	0,722
Good	31	72,1	41	77,4	72	75,0	
Birth Attendant							
Non Health Worker	12	27,3	14	26,4	26	26,8	0,924
Health Worker	32	72,7	39	73,6	71	73,2	
Gender							
Female	24	54,5	25	47,2	49	50,5	0,604
Male	20	45,5	28	52,8	48	49,5	
Child's Birth Weight							
LBW(\leq 3000 grams) Normal	23	52,3	21	39,6	44	45,4	0,298
(>3000 grams)	21	47,7	32	60,4	53	54,6	

Source: 2017 ISDH Data

Table 4. Relationship of Family Planning and Child Feeding Practice

Variable	B	p-value	OR (95% CI)
First Marriage Age			
Under Age	2,839	0,003	17,10 (2,58-113,43)
Legal Age			1
Parity			
1 child	1,532	0,017	4,62 (1,32-16,25)
>1 child			1
Birth Interval			
≥ 2-5 years and first child < 2 years and > 5 years	1,203	0,033	3,3 (1,1-11,11)
			1
Number of Toddler in the Family			
1 toddler	1,284	0,025	3,61 (1,17-11,12)
2-4 toddlers			1
Mothers' Occupation			
Work	0,654	0,166	1,92 (0,76-4,85)
Does not work			

Source: 2017 ISDH Data

Table 4 shows the final model of the relationship between Family Planning and Child Feeding Practice. Family planning variables related to the Child Feeding Practice are age at first marriage, parity, birth interval, and the number of children under five in the family after controlling for maternal employment factors. WCBA with age at first pregnancy less than 18 years are at risk of 17 times the practice of Child Feeding is not good compared to WCBA with first giving birth age more than 18 years. Mothers with primiparous parity are at risk of 4.6 times bad Child Feeding practices compared to multipara-grande parity women. WCBA with a birth interval of fewer than two years and more than five years as a protection factor from the Child Feeding Practice is not good, meaning that mothers who give birth 2-5 years apart and their first child is at risk of 3.3 times the practice of Child Feeding is not good compared to WCBA who give birth at an interval of fewer than two years and more than five years. WCBA having one toddler has a risk of 3.61 times the Child Feeding practices is not good compared to WCBA who has more than one.

The results found that in Bengkulu Province still facing problems in the practice of PMA, only 54.6% of the practice of PMA was in a good category. Improper FDI practices are the cause of nutritional disorders in infants and toddlers. The literature review found that child feeding practices are associated with the

risk of stunting in Indonesia. It is due to the poor quality of children's food, inadequate feeding practices, and safety of the food and water. Low intake of energy, animal protein, and micronutrient content in complementary feeding, low dietary diversity and antinutrient content, inadequate supplementary feeding and infrequent amounts, types, and frequency, inadequate feeding during and after illness, watery food consistency, including unsafe food storage and preparation (Beal et al., 2018).

The problems with Child Feeding practice are that only 49.5% of mothers did Early Initiation of Breastfeeding (EIBF), 42.3% did not give exclusive breastfeeding, 33% of children consumed food sources of vitamin A, and only 43.3% of mothers did Child Feeding as recommended. The low practice of EIBF will affect the success of subsequent breastfeeding. EIBF immediately after birth will be associated with exclusive breastfeeding and prevent infant mortality (Permatasari & Syafruddin, 2016; Biks et al., 2015). Babies who are breastfed after 24 hours of birth are four times more likely to die than babies who are breastfed immediately. While babies who have not been exclusively breastfed have a risk of 7.86 times dying compared to those who are exclusively breastfed (Biks et al., 2015). The causes of EIBF failure are due to geographic, socioeconomic, individual, and maternal and child health factors (Sharma & Byrne, 2016). Mothers living in rural with low education, low access to health

facilities, and insufficient and poor quality of antenatal care are at risk of delaying EIBF practice (Senanayake et al., 2019). Mother's age at early marriage, parity of first child, working mother, close birth interval, daughter gender, a large number of family members, low access to mass media and health services, mother's involvement in decision making, perception of insufficient breastfeeding, low family support, the health condition of the mother is problematic (unconscious after giving birth, unable to sit, hypertension, fatigue and common illnesses experienced after giving birth) and the health of LBW children, premature, weak and sick at birth (Sharma & Byrne, 2016). Of the various factors of EIBF failure, it is necessary to intervene in mothers and health workers to increase the coverage of EIBF and exclusive breastfeeding.

Young mothers have a high risk of maternal health and pregnancy outcomes (Sharma, 2013) which also affects the mother's ability to care for children. Teenage mothers are at risk of having stunting toddlers (Prendergast and Humphrey, 2014). It is related to the mothers' ability to care for children. The study proves that good family planning is related to the mothers' ability to take care of children's food consisting of breastfeeding and providing food other than breast milk for children. The results of a systematic literature review found that the ability of a mother's parenting will have an impact on child feeding practices (Mcphie et al., 2014). Child care patterns and child feeding practices are affected by socio-economic conditions, family income, mother's education, family and community habits, mother's diet, and maternal nutritional status (Mcphie et al., 2014; Loppies & Nurrokhmah, 2020).

The final model shows that WCBA who married at the age of children, primiparous mothers, birth spacing, and mothers who had one toddler in the family were associated with poor Child Feeding practice after controlling for maternal work factors. The research in Bengkulu Utara Regency found that mothers who married in their teens had poor knowledge and attitudes about family planning (Simbolon et al., 2020). Mothers married at a young age have less understanding of marriage, fertility, and reproductive health problems (Erulkar,

2013). WCBA marrying young has a significant impact on life and parenting in the family, whereas WCBA lacks knowledge about their duties and roles as mothers. So WCBA is less able to apply good and responsible family parenting patterns (Loppies and Nurrokhmah, 2020). Mother's knowledge will influence child feeding practice. The study in the Tamale metropolis found that 70.5% of mothers had heard of exclusive breastfeeding, but only 39.4% of mothers who did EIBF (Kitano et al., 2016) and 27.7% gave exclusive breastfeeding (Nukpezah et al., 2018).

Parity is related to Child Feeding practice because mothers with more than one parity are experienced in breastfeeding skills. The study found that WCBA with parity of one child had a risk of 4.6 times that the practice of Child Feeding was not good compared to WCBA who had more than one child (multiparagrande). In line with the results of a study in Japan, it was found that there was a parity relationship with exclusive breastfeeding. The success of exclusive breastfeeding interacts between parity and maternal age. The success of breastfeeding in mothers aged over 35 years for the first child is by 69.4%, and for multiparous children by 73.5%. In mothers aged less than 35 years, the success of exclusive breastfeeding was 74.3% in primiparous children and 82.3% in multiparous children (Kitano et al., 2016). The results indicate that exclusive breastfeeding in primiparous children is lower than in multiparous children. Mothers of multiparous parity and grandemultipara have better knowledge to breastfeed properly than primiparous postpartum. The parity amount is related to the experience of the mother's parenting. In general, the higher a person's parity, the more experience, and knowledge he has, including information obtained from other people, including health workers. Mothers who have previous breastfeeding experience will support their current breastfeeding skills, and breastfeeding failures in the past will affect her to be better. So the multigravida mothers' knowledge is more than primigravida because of experience and knowledge factors.

The birth interval is related to the practice of Child Feeding. The study found that WCBA with a birth interval of fewer than two

years and more than five years is a protection factor against poor Child Feeding practices. It means mothers who gave birth at 2-5 years intervals and their first child were at risk of 3.3 times in poor Child Feeding practice compared to WCBA who gave birth less than two years apart. WCBA who has only one child under five and their first child and birth spacing of 2-5 years are associated with poor Child Feeding practices. It is related to the mother's experience in parenting. Birth spacing that is too close and too far is a factor that can affect children's health (Class et al., 2017). A too-close birth interval can also increase the risk of infant mortality because mothers who give birth at shorter intervals result in their physical condition not fully recovering from the previous pregnancy. It will cause less than optimal fetal development and a higher risk of death. A close birth interval can result in competition between siblings in fulfilling nutritional needs (Molitoris, Barclay and Kolk, 2019). The mechanism of the relationship between birth spacing and child feeding practices still needs to be studied more deeply.

Conclusions

The practice of feeding children in the first 1000 days of life periods is still not optimal. Most (69.1%) of WCBA did not plan their family well. Good Family Planning is related to good Child Feeding practice. Family planning variables related to Child Feeding practice are age at first marriage, parity, birth spacing, and the number of children under five in the family after controlling for maternal occupation. It is necessary to improve education, socialization, and family planning movements so that the community, especially teenagers, understands the importance of family planning regarding the age of first marriage, age at pregnancy, number of children, planning for desired pregnancies, and proper pregnancy interval.

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