



Qualitative Analysis of Factors that Influence Feeding Difficulty in Children Aged 24-36 Months in Kedungmundu Village

Hema Dewi Anggraheny^{1,*} Aisyah Lahdjii² Hafizha Sahda Aisy³

^{1,2,3}Universitas Muhammadiyah Semarang, Semarang, Central Java 50273, Indonesia
hemadewi@unimus.ac.id

Abstract. Backgrounds : As many as 55.5% of children have difficulty eating, 21.8% with malnutrition, and 10% with undernutrition. Difficulty eating conditions if not addressed immediately can lead to malnutrition. Factors that influence eating difficulties include organic and an organic factors. Organic factors include eating habits, and psychosocial factors involving the interaction of children and parents. This study aimed to determine the an organic factor that affects eating difficulties in children aged 24-36 months. Methods : This research was a qualitative research using in-depth interview techniques. The sample of this study were mothers who had children aged 24-36 months in Kedungmundu Village with eating difficulties, which consisted of 5 main and 5 triangulation informants. Results : 3 children experienced eating difficulties which led to the classification of sensory food aversions and 2 children with inappropriate feeding practices. In children with sensory food aversions, children were found to refuse certain foods and tended to be picky about food. From the factor of psychosocial behavior, mothers tend to provide food according to what their children like, and rarely provide different foods variety for the children. Whereas children with inappropriate feeding practices, children were used to eating by doing other activities such as watching television or gadgets. Mother's psychosocial behavior tends to allow, with the excuse that the child prefers to eat. Conclusion : The introduction of a variety of foods as early as possible with varied shapes and tastes, as well as the habituation of appropriate eating practices for children might be able to prevent children from having difficulty eating.

Keywords: Eating Difficulties, Eating Habits, Psychosocial Factors.

1. Introduction

The prevalence of eating difficulties in children is quite large, namely 55.5% of children have difficulty eating, and 21.8% of them experience malnutrition. If left untreated, eating difficulties will affect the child's growth and development status [1]. The classification of eating difficulties is divided into 4 groups, including infantile anorexia, sensory food aversions, posttraumatic feeding disorder, and inappropriate feeding practices [2].

Most children have difficulty eating due to inappropriate feeding practices. Factors that influence eating difficulties in children are divided into organic and inorganic factors. Organic factors include disturbances in the function of the digestive organs, cardiorespiration and nervous system which can result in eating disorders. Congenital diseases such as labiopalatoschizis, ankyloglossia, macroglossia, esophageal atresia, and so on can cause children to have difficulty eating. Infectious diseases such as oral candidiasis, diarrhea, tuberculosis and nervous system disorders including cerebral palsy. Down syndrome can also be factors in eating difficulties in children [2] [3].

The inorganic factors referred to include nutritional factors which include the history of feeding from the newborn until now. The history of feeding starts from birth, which should only be given breast milk until the baby is 6 months old, then what is the history of complementary feeding given. Especially when giving complementary feeding, it should follow the standard from the age of 6 months, by continuing to give breast milk, implementing responsive feeding and psychosocial when the child eats, paying attention to sanitary hygiene in meal preparation and feeding the child, increasing the quantity, consistency and variety of meals regularly, gradually, and choose foods that are rich in nutrients [2] [3].

Proper feeding should also follow basic feeding rules. Children who tend not to comply with basic feeding rules will experience difficulty eating according to inappropriate feeding practices [4] [5]. This factor will be examined further in this research, to explore more deeply how basic feeding rules are implemented in children who have difficulty eating inappropriate feeding practice types.

The next factor is psychosocial, which includes how the caregiver or parent interacts with the child in the feeding process. The process of eating is a process of communication and learning to eat that is given from parents to children. Children should consider the process of eating as a fun process. Psychosocial is applied to the feeding process by applying the principle of responsive feeding, namely feeding patiently and slowly, teaching children to eat themselves but still with supervision, persuading children to become familiar with the types and tastes of food, minimizing distractions when children eat, and provide expressions of affection with eye contact and gestures when the child eats [6] [7] [4] [5].

Research related to eating difficulties, especially those conducted in Indonesia, is rare. And no one has discussed in detail regarding nutritional factors related to the implementation of basic feeding rules, as well as psychosocial interactions between parents and children. This research is presented qualitatively in the hope of uncovering the causes of eating difficulties in children, especially at the age of 24- 36 months, which according to several studies is the period when children have difficulty eating.

2. Methods

This research is a qualitative study with in-depth interviews to determine the factors that influence children's feeding difficulties, including the application of feeding rules and psychosocial interactions between parents and children in the process of feeding children. The research was conducted from October 2022 to January 2023, in the Kedungmundu Village area. The main informants were 5 people with inclusion criteria, namely parents or mothers who had children with eating difficulties, and the child's age was 24-

36 months. Exclusion criteria are children experiencing problems with eating difficulties such as Posttraumatic Feeding Disorder and parental misperception, as well as children with diseases such as tuberculosis, diarrhea, labiopalatoschizitis, ankyloglossia, macroglossia, esophageal atresia, cerebral palsy and Down syndrome. The triangulation informants were 5 people, namely families who lived in the same house as the main informant. The sampling technique is purposive sampling. Analyze using content analysis,

3. Results and Discussion

The characteristics of the main informants are shown in table 1. The average age of mothers is 30 years, with the majority of mothers working (3 working, 2 housewives). 3 children experienced difficulty eating sensory food aversions, while 2 other children experienced inappropriate feeding practices, and 1 child experienced sensory food aversions followed by inappropriate feeding practices.

If we look at the characteristics of the type, texture and frequency of complementary foods given after the child is 6 months old, almost all respondents meet the standard MPASI guidelines, as can be seen in table.

Table 1. Informant Characteristics

Informant	Age	Occupation	Children Age	Type of Children Feeding
1 st Informant	26	Housewife	30 months	Sensory food aversions
2 nd Informant	30	Housewife	28 months	Inappropriate feeding practice
3 rd Informant	33	Civil servant	26 months	Sensory food aversions and inappropriate feeding practice
4 th Informant	28	Entrepreneur	25 months	Inappropriate feeding practice
5 th Informant	36	Limited Online Shop	33 months	Sensory food aversions and inappropriate feeding practice

Table 2. Characteristics of Complementary Feeding

Baby’s aged	Type	Texture	Frequency
6 – 9 months	Porridge (all of informant)	Smooth	2 times (I1,3) 3 times (I4,5)
9 – 11 months	Rice with mince meat (I1,2,4,5) Rice with gravy (I2,3) Gravy food (I4)	Slightly rough	2 – 3 times (I1,5) 3 times (I2,3,4)
12 – 24 months	Family’s food (all informant)	Rough	26 months

Factors influencing sensory food aversion

The results of in-depth interviews regarding factors in implementing basic feeding rules in children with sensory food aversions (informants 1, 3, and 5), stated that the three children of informants 1, 3, and 5 liked to be picky about food. According to the statement:

"He doesn't like fish because it's fishy. If chicken, he doesn't like fried chicken, he like it when put it in soup, sis." "If he likes chocolate, biscuits can be done twice a day with bread with jam and donuts, yes, the chocolate ones are chocolate like that, we usually bought sari roti, and salty snack" (informant 1)

"It's a bit difficult to eat, she prefer noodles. Sometimes when her father eats noodles, he keeps giving them to his daughter. She doesn't like vegetables that taste strange. She only like soup and fried tofu." (informant 3)

"If tewel are crunchy and soft, sis, so the kid like it. If it's crunchy, he doesn't like. Sometimes he drank fruit juice, but rarely, with biscuits at most, sis. In the past, it was just rice and side dishes that were soft, sis, now it's better to be a bit rough. I don't think so." "Are my cooking not delicious? so I just vary it but it's still soft." "Mostly he doesn't like crunchy, sis. He doesn't like eggs also, sis" (informant 5).

Meanwhile, the factor of implementing basic feeding rules states that informant 1 has implemented eating rules as appropriate. According to the statement:

"I teach the baby for the eating position, sitting on a chair that makes babies eat, using a spoon and a baby bowl, sis," (informant 1).

Meanwhile, the other 3 informants indicated that the application of feeding rules was less appropriate, according to the statement:

"Sitting while watching TV, the SpongeBob cartoon, the ball bowl cutlery is small, so it's easy for me to wash it. "When he watches TV, sometimes it takes a long time, around 40 minutes," (informant 2)

"Usually sits on the bed in front of the TV or sometimes sit at the dining table. Sometimes, when his father is around, I carry him while I feed him." (informant 3)

"When she ate, while sitting, sometimes while playing around, sometimes while playing," (informant 4)

When related to psychosocial application factors in the process of feeding children, several respondents have implemented responsive feeding. Among other things, according to the statement made by informant 1, for children who have difficulty eating with the sensory food aversion type, the attitude shown already shows aspects of responsive feeding, according to the statement:

"If he didn't want to eat, I usually wait until he was hungry and want to eat, sis" (informant 1)

Also the response from informant 5 when his child had difficulty eating:

"Sometimes when I'm so tired and the child doesn't want to eat, it's annoying sis. I usually keep silence to him, but then the child asks for food and I give it."

However, this is different for informant 4, who prefers to give punishment to children who have difficulty eating, according to the statement:

"I lock her in bedroom so she knows when she hungry, and tell her if there's food to be grateful for it" (informant 4)

However, there are also parents who are impatient, so they choose to give their children milk rather than train their children to eat. According to a statement made by one of the informants:

"In the beginning, when it was difficult to eat, I changed the food, I gave milk."

Some parents tend to follow their children's wishes rather than not eating, as indicated by the statement:

"At first I changed it but the child still doesn't want to do it, so I'll just give him the one he likes" "If he likes chocolate, biscuits can be done twice a day with bread with jam and then donuts, yes, the chocolate ones are chocolate like that, or sari roti, and salty snack (chiki)" (informant 1)

"No sis, I'll give the one my son likes, rather than going to the trouble of making the one he doesn't like" (informant 3).

4. Discussion

According to the results obtained from observations and interviews with parents, most children experience sensory food aversion, namely the child's tendency to choose food. This also depends on the parent's response. When dealing with children who are picky eaters, parents are required to be patient and continue to provide a variety of foods with different shapes and types so that children can become more familiar with various types of food. Children can become picky because of the monotonous form of food and the lack of variety in the food they are given. From the results of interviews, parents tend to provide various types at the beginning, but if their child refuses, parents tend to be permissive and give food according to the child's wishes, rather than seeing that their child doesn't want to eat. If this condition continues, it will cause children to consume food with nutritional intake that does not meet standards.

Apart from that, the condition will be more severe if apart from being picky, the child also has inappropriate eating behavior. Children tend not to understand the importance of eating for their bodies. They will tend to use the moment to eat to play, look at gadgets to their heart's content, or watch as much television as they want. This makes the child eat for a longer duration, as happened to the child of informant 2.

Children will tend to use playing, watching gadgets or television as weapons to get them to eat. One study related to parental stress that occurs when their children have difficulty eating, stated that parents tend to be anxious when watching their children eat. Especially when the food that has been provided is not eaten by the child. This stress condition is measured subjectively and objectively. In these conditions, parents will look for ways to keep their children eating to reduce stress, by allowing them to play with gadgets or watch television, or eat their favorite foods without limits.

There are also parents who vent their anxiety by getting angry with their children. As with informant 4, by punishing his child by locking him in the room. This will make the child not enjoy eating, and will create a memory that eating is something unpleasant for him.

Most of what happened in this research was because parents were less consistent in continuously providing a variety of foods for their children who were picky eaters, they did not get used to appropriate eating behavior for their children, such as letting children eat while playing or watching gadgets so it tended to take a long time to eat, as well as a lack of responsive feeding behavior when feeding their children [4] [5] [3]. Several studies state that parents' eating habits and strategies for feeding their children are the dominant factors that influence children's eating behavior and children's food choices [6] [8] [7] [5].

Sometimes children become picky about food because they are traumatized by the food they have tried [3]. Food consistency needs to be adjusted according to age. Parents should introduce various types of food with various preparations, so that children become more familiar with the taste, variety and texture of food, thus reducing the tendency to be picky eaters. Apart from that, the nutritional composition of food also needs to be considered, so

that its nutritional value is still met [5].

Authors' Contributions

HDA and AL participated in the sequence alignment and drafted the manuscript. HSA carried out the interview with respondent. HDA and HSA participated in the design of the study and performed the analysis. All authors read and approved the final manuscript.

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