

Young Picky Eaters in Bandung Regency

Lulu Nurhayati^{1,*}, Nur Faizah Romadona^{2,3}, Aan Listiana³

^{1,2,3}Department of Early Childhood Education, Universitas Pendidikan Indonesia

*Corresponding author. Email: lulunurhayati43@gmail.com

ABSTRACT

This research is motivated by the fact that picky eaters or food pickiness is considered not a serious problem for parents, so many parents still do not know that if it is not handled properly it will lead to chronic illness. The purpose of this study was to get a picture of picky eaters in early childhood in Bandung District. The case study method is used with a qualitative approach. Participants in this study were 2 people, namely the mother and grandmother of a child who has a picky eater, located in Ciruum Village, Wargaluyu Urban Village, Arjasari Sub District, Bandung District. Data was collected by in-depth interviews and observation. Data were analyzed using thematic analysis. The results of the study found that the characteristics of the child were picky by picking out foods, rejecting certain foods and vomiting and shutting his mouth against foods he didn't like. Factors causing children to experience picky eating are hereditary factors in the family, parental modelling or modelling behaviour, low appetite for children, and food-related trauma. The impact on picky eaters' behaviour is the low nutritional status of the child which can be measured from the body weight of 10 kg and height of 85 cm which are in the category of poor nutritional status, health problems in the form of children who often suffer from fever, cough, runny nose and diarrhoea, and also have an easy psychological impact on children fussy, easy to rage and easy to cry if his wishes are not fulfilled.

Keywords: *Picky eaters, early childhood.*

1. INTRODUCTION

Picky eaters, also known as being choosy eaters, are eating disorders in children [1]. Children with picky eaters usually have difficulty consuming a nutritious diet and tend to prefer a less varied diet, which is usually low in vegetables, fruit, protein, and fibre [2]. Children who experience picky eaters give rise to these various kinds of symptoms/characteristics, including rejection of certain types of food [3]. The 10th revised International Classification of Diseases according to the World Health Organization [4] describes eating disorders in childhood, which include eating difficulties generally involving the refusal of food, and strange behaviour or behaviour when eating.

The prevalence of picky eaters that occur in children in Indonesia is around 20-30%, 44.5% have mild to moderate malnutrition, and 79.2% of study subjects have experienced picky eaters for more than 3 months [5]. The prevalence of young picky eaters also varies from country to country. In 2010, San Francisco found the highest incidence of picky eaters in children over 2 years of age as much as 13-22%. Zucker in Utami [6] in the city of Durham more than 20% of children 2-6-year-olds are selective eaters, almost 18% are classified as quite picky eaters.

Picky eaters are a serious problem in early childhood and need to be studied more closely. Researchers chose a location in Bandung Regency because Bandung Regency is the area with the second-highest cases of malnutrition status in West Java with a total of 107 cases of children, [7] also because it is dominated by middle to lower socioeconomic families and for comparison from previous studies that were mostly conducted in big cities.

2. METHOD

The approach used in this research is a qualitative approach using a case study research method. There were 2 participants in this study, namely the mother and grandmother of a picky eater's child named KP, 3 years and 4 months old. This research is located at Wargaluyu Village, Arjasari District, Bandung Regency.

In this study, Picky eaters refer to the behaviour of children who refuse certain types of food, their lack of interest in trying new foods or avoiding new types of food (food neophobia) [8].

The data collection techniques used in this study were observation and in-depth interviews. The data analysis in this study used thematic analysis techniques. The validity of the data in this study was in the form of triangulation

of data sources and data collection techniques. The ethical issue of this research is carried out because researchers must respect the rights of the participants and continue to maintain their beliefs. Reflection to see the point of view of this research is seen in the context of early childhood education which is more focused on exploring the characteristics, factors, impacts, and handling of parents on children who experience picky eaters.

3. RESULT

For about two months, the researcher conducted research in the field, and the researcher managed to collect data about picky eaters in Bandung Regency. Data obtained from observations and results of interviews with participants in the field according to the questions in this study. Then the data were analyzed using thematic analysis and obtained 58 coding which then the researchers classified into the theme and sub-theme groups, and then descriptively explained.

3.1. Behavioral Characteristics of Picky Eaters Children

The characteristics of picky eaters in the study (KP) tend to be picky about certain foods, refuse healthy food that has been provided by their mother at home, and if they don't like the food, the child will vomit and cover his mouth. KP is included in the category of children who choose eating, which tends to be very picky about food, refuses food, restricts various types of food, and refuses to eat certain types of food. KP's favourite foods are limited to boiled eggs, fried eggs, instant noodles, potatoes, meatballs, *seblak*, sandwiches, and melons. Healthy foods that are often rejected by KP such as rice, meat, fish, vegetables such as carrots and papaya fruit. KP will vomit and shut his mouth if the mother insists on eating healthy food but KP does not like it, or KP chooses not to chew the food given by the mother, vomits it up and automatically closes his mouth, and will not accept the next bite of food. This is in line with Horts, et al., [9] who found that the characteristics of child picky eaters are only wanting to eat their favourite foods and having difficulty with certain food textures.

3.2. Suspected Factors Causing the Behaviour of Picky Eaters Children

3.2.1. Hereditary Factors in the Family

Family hereditary factors or also known as genetic factors are suspected causes of KP to experience picky eaters. Uwa or the older sister of KP's mother experienced a similar thing where she had difficulty eating and was very picky about food since she was a child; it even continues until the sister of the mother is married. This is in line with the opinion of Pawellek, et

al., [10] that genetic factors play an important role in the emergence of picky eaters' behaviour, in which parents' lower genes that affect children's chemo sensory perception. The chemo sensory perception gene itself is the perception of chemical signals that affect the human sense of taste such as taste and smell. This gene contributes to the favourite diet in a family.

3.2.2. Parental Modelling or Modelling Behaviour

The alleged cause of children experiencing picky eaters is due to the behaviour of imitating or modelling the diet of parents. KP often sees parental habits in terms of food and KP also imitates what food habits their parents eat and their parents don't eat. The diet that the mother has received from her parents so far is then reapplied to her child, namely, the mother applies the behaviour of liking and disliking certain foods to her child so that the child imitates and is less likely to want to try new foods because their parents disliked them. This is in line with the opinion of Oliveria [11] that the dietary pattern of parents greatly influences the development of eating patterns in children, namely the choice of food in children will be related to the choice of food of parents.

3.2.3. Lack of Appetite for Children

The lack of appetite for KP is also the reason why children experience picky eaters. KP tends to have less appetite for food that has been provided by their parents, does not feel hungry, and does not appear to have an appetite for the food provided by their parents, which causes the child to have difficulty eating and takes a long time to chew food. When his mother tries to feed rice to KP, he will close his mouth and vomit food he didn't like, for example, rice. This is in line with the opinion of Judarwanto [12] that picky eaters in children caused by a loss of appetite can occur ranging from mild to severe, mild symptoms can be in the form of a lack of appetite, in children seen from removing or spraying food, while severe symptoms appear in the form of a child closing his mouth tightly or refusing to eat and drink altogether.

3.2.4. Food Trauma

Psychological conditions in the form of food trauma can be an alleged factor causing children to experience picky eaters. Food trauma in children starts when the child is 2 years old and lasts until the child is 3 years 4 months old, so the trauma in this child has been going on for 1 year 4 months. The trauma that was experienced by KP occurred when she was 2 years old when she was given rice which had a hard texture so that it was difficult for KP to chew. Since then, KP has always disrespected it when given rice. In addition, the child is also traumatized by the rice because the child sees the crummy rice on the floor, and at the same time the mother

tries to persuade KP to try to eat the rice again by saying that the rice is made with great affection, so you should not vomit rice. This caused KP to think that people who eat rice falling on the floor are hurting the rice. According to Lukitasari [13], the attitude of parents and their relationship with children determines the occurrence of psychological disorders that can lead to eating behaviour disorders.

3.3. The Negative Impact of Picky Eaters' Behaviour

3.3.1. Impact on Nutritional Status

The impact of nutritional status on KP can be seen from the weight and height of children aged 3 years and 4 months. This child has a body weight of 10 kg and a height of 85 cm, while body weight according to age is included in the category of poor nutritional status, and height/length of the body according to age is categorized as very short nutrition. This is in line with the opinion of Kusumawardhani [14] that children who experience picky eaters have a two times greater risk of growth disorders than children who are not picky eaters.

3.3.2. Health Impact of Picky Eaters

The impact of picky eaters' behaviour on health in this study is not very significant. KP sometimes experienced illnesses such as fever, cough, runny nose, and diarrhea, but overall, there were no complex health problems with KP. This seems because the mother routinely brings KP to the Integrated Healthcare Centre so that the child follows all stages of immunization or has complete immunization status, and gets complete vitamin A at the Integrated Healthcare Centre. However, usually, children picky eaters will have health problems such as the opinion of Manikam [15] that eating problems in children will have a negative impact on health, such as growth disorders, susceptibility to infections, and even death. The child in this study was also classified as under nutritional status because he consumed a lot of unhealthy snacks or snacks, compared to consuming healthy food provided by the mother at home.

3.3.3. Impact on Child Psychological Conditions

The psychological impact on this child is that they tend to be fussy, irritable, and easy to cry if their parents do not grant their desire or favourite food they like. If KP wants something he wants such as wanting a snack, his parents have to buy it because if KP's wish is not obeyed, he will easily cry and throw tantrums. This is in line with the opinion of Lukitasari [13] that picky eaters affect the occurrence of psychological disorders, psychological disorders in children related to parenting, the environment, and family, the better the relationship in the family, the less likely the child will experience

psychogenic anorexia or psychological disorders due to eating difficulties.

3.4. Parents' Efforts to Deal with the Behaviour of Picky Eaters in Children

Parents in this study tended to be ignorant in responding to the behaviour of picky eaters experienced by their children. This is due to limited knowledge and low levels of education of parents, so they do not know the dangers of the impact of children experiencing picky eaters. Parents also believe that picky eating is normal in children and there is a time when it will disappear by itself. This is confirmed by evidence that it has become a habit in the family or there is an element of heredity, that the children in the family, this child has experienced difficulty eating and is picky eaters. So that there is an assumption that this picky eating behaviour is not a problem to worry about or exaggerate, because it will be missed according to the child's development. The results of this study contradict research by Goh and Jacob [16] that they found that children who are picky eaters or have difficulty eating behaviour have an impact on the perceptions of their caregivers and parents, where caregivers and parents will feel worried about the consequences of choice-behaviour. choosing to eat in the next child will have a negative impact on the physical and mental development of the child. This picky eating behaviour causes parents to stress when feeding, so one-third of parents consult their doctor about their child's eating behaviour.

4. CONCLUSION

The characteristics of child picky eaters in this study is that they tend to be choosy about what they eat, refuse certain foods and vomit and close their mouths to food which he doesn't like.

The suspected factors causing the picky eaters in this study are heredity, imitating their parents or modelling behaviour, the child's lack of appetite, and also of food trauma.

The negative impact on child picky eaters in this study is the nutritional status, children's health, and children's psychological condition.

The efforts of the parents to deal with this problem are minimum.

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