

Maternal Feeding Strategy used by Working Mothers of Children 4-6 Years Old

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Abstract—The Study of Parental feeding strategy is still limited in Indonesia. Most working mothers have a time constraint in feeding their children. This causes working mothers to choose ways that are easy to do in feeding children. The ways that are often used by working mothers include feeding while playing, watching TV / videos to pressure children to eat. This study aims to explore the strategies used by parents in feeding early childhood. Respondents are working mothers who have early childhood. This research was conducted in three stages of data retrieval. The first stage is a survey with multi-response open questions. The number of respondents who filled out the questionnaire was 348 people. The second stage is focus group discussions with ten respondents, and the third stage was in-depth interviews with four informants who used various maternal feeding strategies. The results of data analysis indicated that the maternal feeding strategy is often used by working mothers who have children aged 4-6 years covering eight dimensions. Eight of those dimensions; (1) divert attention, (2) providing healthy food at home, (3) the Variety and creativity (4) teaching about nutrition, (5), (6) reward involvement, (7) pressure to eat, and (8) restriction for health. Time constraints cause respondents to use coercive strategies. Conclusion; Most working mothers use a diversion strategy, Dimensions of diverting attention include counterbalance dimensions so that effective strategies need to be improved.

Keywords—maternal feeding strategy, working mother, early childhood

I. INTRODUCTION

Parental feeding strategy is a way of feeding used by parents ranging from planning, preparation, feeding to think about the effects [1]. Various ways are used by parents to overcome difficulties in feeding children such as controlling food types, motivating children and pressure children to eat. Moreover, the way of feeding in each country is different because there are various sources of information about parental feeding [2][3][4]. By focussing at research that explores the construct of parental feeding in Indonesian society is still limited. This research will explore the construct of the parental feeding strategy with the indigenous approach, especially in Makassar. The culture of the Makassar community embraces patrilineal so that the mother plays an important role in parental feeding. Nutritional intake for 4-6 years-old-children is still very dependent on their social environment, especially mothers.

The role of working mothers in feeding children is limited by time constraints. Mothers are also faced with the problem of child eating behavior so that mothers feel they

don't have enough time. This affects the strategies used by working mothers in feeding children. This research uses the term maternal feeding because it is more focused on the mother who feeds the child.

The problem of eating behavior in early childhood still shows a fairly high prevalence (20-40%) in Indonesia [5]. This occurs in normal children, not in clinical cases. The high problem of child behavior is thought to be related to the ways of feeding children. Most parents use in effective ways such as feeding children while watching TV / video, playing, games, so on [6]. The difficulty of feeding children causes parents to use strategies that are less effective in feeding children.

Most parents consider problems in feeding children is not a serious problem. Parents feel that there is a problem with children's eating behavior when a child is diagnosed by a doctor that the child is malnourished or that the child is experiencing more weight. When children are diagnosed with nutritional deficiencies, parents begin to pay attention to children's nutritional intake. This happens because in everyday life children experience problems with eating behavior. Child feeding behavior problems such as difficulty eating, long chewing, or refusing to eat [7]. Most parents experienced difficulties in feeding children, especially in children who have eating behavior problems. But only a few parents asked for professional help [8]. Problem eating behavior is considered a common problem in child development [9]. Various ways are used by parents so that children get adequate nutritional intake. The strategy that is often used by mothers when dealing with children who have difficulty eating is to persuade children to consume food by giving them the lure of gifts, and following the wishes of children and even forcing. Pressure to eat is one of strategy usually the last choice if the child cannot be persuaded by using other strategies.

Melbye & Hansen [10] classifies effective parental feeding behavior and ineffective strategies. Effective strategies include teaching about nutrition, encourage balance, and variety, healthy home food environment, restriction for health, restriction for weight control, monitoring. This strategy is the development of parental feeding behavior proposed by Musher-Eizenman & Holub [2] in Norway. According to Melbye and Hansen [11], working mothers tend to use practical ways to prepare children's food and often eat outdoors. Mothers who tend to use practical methods use negative maternal feeding strategies.

The parents control their children's eating behavior in various ways. The usual way to control children's eating behavior includes restrictions. Limiting access to unhealthy food is used by not providing snacks that contain unhealthy snacks. While limiting the portion of food is done if the child's weight is excessive or obese. Next, the control strategy can be used in various ways such as limiting and pressure to eat [12]. Children obey when they are in a forced condition, but when they are not forced, they will follow their will so that the power strategy includes a less effective strategy or counterbalancer. Monitoring includes control strategies. Control with monitoring includes a less effective strategy. When a child is in an uncontrolled situation, the child will feel free to eat anything so that the monitoring strategy includes a less effective strategy. Controlling in various ways has become an expert debate on how to control effective and ineffective. The strategy includes monitoring control [1][13]. Controls the way the monitor includes strategies that are less effective. When the child is in a situation of uncontrolled thus the child will feel free to eat anything so strategy monitoring strategy that includes less effective. Control in many ways has become a debate of experts about how to control the effective and ineffective.

The ways that parents use to feed their children correlates with children's eating behavior. Parental feeding strategies that are positively correlated with healthy eating behavior in children [11]. Encouraging balance and variety and a healthy home food environment are positively correlated with children's healthy eating behavior. The convenience of preparing food for children using practical methods is positively correlated with unhealthy eating behavior in children. Negative parental feeding strategies correlate with unhealthy eating behavior of children [14].

Mothers feed their children every day but rarely learn about effective parental feeding strategy. Research on maternal feeding in Indonesia, especially Makassar is still very limited. Research that explores the construct of maternal is important for understanding maternal feeding strategies in Makassar.

II. METHODS

This research used an indigenous approach by choosing the construct realism approach [15]. Criteria for respondents are mothers who have children aged 4-6 years, working, and living in the city of Makassar. The respondents numbered 348 people. Data retrieval is done through three stages. The first stage, data collection was carried out using a questionnaire with multi-response open questions. The second stage, to complete the data used an in-depth interview approach to four respondents, and the third stage of data collection through focus group discussion (FGD) with respondents totaling ten people with different occupational backgrounds. Data is analyzed by the inductive model approach [16]. Construct validation is done by peer review and expert review. Peer reviewers are three people who are experts in the field of developmental, family problems, especially eating behavior in children. An expert review is someone who is an expert in the field of parental feeding or understands the cultural context of the community regarding the process of maternal feeding. There are three expert reviews to reconfirm categories and confirm categories to develop the theoretical pattern of maternal feeding strategy.

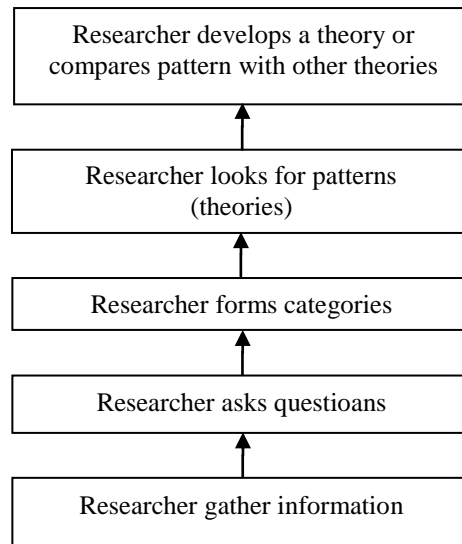


Fig. 1. Inductive mode of research [16]

III. RESULTS AND DISCUSSION

Based on demographic data of respondents who filled demographic data, most of the undergraduate education level, middle-level income, and full-time work time (Table.1).

TABLE I. DEMOGRAPHIC DATA

Aspect	ΣN	Percentage
Level of education:		
Junior high school	36	10.47%
High school	102	29.65%
Bachelor	181	52.62%
Master / Doctor	25	7.27%
Income per month (\$):		
< 70.43	99	28.78%
70.43 – 352.15	174	50.58%
352.15 – 704.30	36	10.47%
> 704.30	35	10.17%
Working time:		
Fulltime	217	62.36%
Part-time	131	37.64%
Fleksibilitas;		
Flexible	174	50.14%
Strict	173	49.86%

The results of the data analysis showed that there are eight dimensions which construct the maternal feeding. The percentage of dimensions of pressure for eating and restrictions for health showed a relatively small percentage (<2%). Based on the analysis of in-depth interviews and FGD both dimensions were quite significant. Data recapitulation can be seen in Table 2.

TABLE II. DIMENSIONS OF MATERNAL FEEDING STRATEGIES

Dimension	Response	%
Divert attention	236	38.63
Providing healthy food at home	122	19.97
Variety and creativity	40	6.55
Teaching about nutrition	33	5.40
Reward	16	2.63
Involvement	82	13.40
Pressure to eat	7	1.15
Restriction for health	6	0.98
Others	82	10.31
Σ	624	99.02

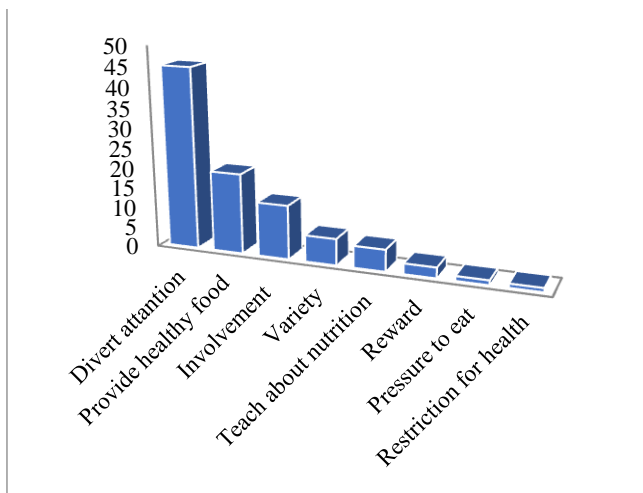


Fig. 2. Dimention of strategy maternal feeding

The maternal feeding strategy consists of dimensions of diverting attention, variety, and creativity, providing healthy food, teaching about nutrition, restriction for health, involvement, the pressure to eat, and rewards. Most respondents used ineffective strategies for feeding children (55.79%). The percentage of respondents using effective strategies was only 31.91% and other unclassified.

The results of the study showed that the eight dimensions formed the construct of the maternal feeding strategies that were different from the previous research. The results of the research have similar patterns with Musher-Eizenman & Holub [2] on the dimensions of providing healthy food at home, teaching about nutrition, involvement, variety, the pressure to eat, restriction for health, and involvement. Diverting children's attention is a strategy that is widely used by parents in feeding children. Most parents used this method to persuade children to eat. Parents considered this method was right even though less effective in shaping children's healthy eating behavior. Based on the results of data analysis, most parents feed children by diverting children's attention so that children want to eat healthy foods. This way in accordance with the wishes of the child and is easy to do for example by playing, watching videos / TV. The strategy of distracting children's attention was not an effective strategy. This finding is in line with Lusmilasari et al. [17] with dimensions of providing a comfortable environment for feeding healthy children.

The dimensions of pressure to eat and restriction for health are two strategies that are often used by mothers. Table 1 only has a relatively small percentage. This happened because respondents felt uncomfortable revealing

negative things when filling out the questionnaire. Additional data to complete data / responses were obtained through in-depth interviews and FGDs; respondents felt comfortable and open to expressing things that were considered negative. "I can say yes ... does this not damage the research if I say this ... the last choice, I force children to eat. Ordinary, angry and threatening child, for example, I don't allow the child to join a picnic if she/he do not eat food" (Respondent 2). "If I want to go to the office in a hurry when the child eats for a long time, I force him to eat food" (Respondent1) quickly. The low percentage of the dimensions of pressure to eat showed that this strategy was the last choice taken by mothers if other strategies have not produced results in feeding children. Children would still refuse to consume food.

In addition, the feeling of reluctance to write the word "pressure" is caused by cultural factors such as a sense of taboo to be honest if something is considered negative. This finding is different from those in the US, Europe who are more open in expressing behavior. Meanwhile, the low limit of health strategies was more due to a lack of consistency in applying discipline to children. Parents would like to limit, but parents themselves were helpless when their children asked for food. Parents thought that it's better to eat what children wanted than children didn't eat at all. While the restriction of the weight control strategy, the response given is almost non-existent. Although parents realized that their children already have excess weight, but parents felt happy with the condition of the child because they are considered funny, happy, and a symbol of economic prosperity. Rarely parents who restrict children to eat more foods than the health department suggests even though the child already has excess weight. The restriction dimension showed a relatively low percentage. This happened because respondents rarely filled out questionnaires with the word "boundary." Actually, the respondents tried to limit access to unhealthy food, but parents tended to relent when the child sulked. Exposure to unhealthy snacks in the surrounding environment and advertisements in mass media do not suit the needs of children. Exposure to unhealthy snacks in the surrounding environment and advertisements in the mass media cause a high desire for children to consume even though it has been restricted. Restrictions for weight almost got no response. Although respondents felt their children were obese, they did not make restrictions. This was probably influenced by local cultural that likes to see fat children. Fat children are a symbol of economic prosperity. This is different from the research dimension in Europe [2].

Effective strategies showed a relatively low percentage (30%), which was often providing healthy food at home. Parents planning, providing, preparing, serving healthy food at home. Various efforts are often made such as variations in food and introducing new foods to children. Parents tried to fulfill a balanced diet, but children didn't necessarily want to consume these foods. The strategy of teaching about nutrition was quite easy to do by linking children's ideals. By linking children's ideals, parents explained the benefits of food for the body easily. The smallest percentage was the restriction for health strategy; parents limit access to unhealthy food.

The research findings also showed that the dimension of involvement does not only involve children in preparing

food. Involving other children so eating together was one of the ways taken by respondents. Respondent believed that feeding friends were an act that must be taught to children as a form of sharing with others. This is different from the results of the study by Musher-Eizenman & Holub [2].

The number of respondents is quite good (N = 348) but not yet representative to be generalized to the population. To improve this research, it is still necessary to explore the construct of maternal feeding strategy through in-depth interviews. These results need to be developed with quantitative methods to explore the dimensions that build the maternal feeding strategy.

IV. CONCLUSIONS

Based on the research, the maternal feeding strategy that is often used by parents in Makassar consists of eight dimensions. Dimensions of diverting attention, providing and encouraging healthy eating, teaching about nutrition, reward, variety and creativity, involvement, the pressure to eat, and restriction for health. Most respondents still used strategies that are not effective in feeding children. Suggestions for further research are providing information and increasing understanding of effective maternal feeding strategy.

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