

ANALYSIS OF NUTRITIONAL AND PSYCHOLOGY FACTORS OF FEEDING DIFFICULTY IN CHILDREN AGED 24-36 MONTHS

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Abstract: Feeding difficulty was a condition where the child is unable to eat and refuses certain foods. Three factors influence the incidence of eating difficulties in children, namely organic factors, nutritional factors, and psychological factors. This study aims to analyze the relationship between nutritional factors and psychological feeding difficulty in children aged 24-36 months. This research was conducted in the area of Tlogosari Wetan Public Health Center with a total of 8 respondents. This research is in the form of an analytical descriptive study to determine the nutritional and psychological factors of feeding difficulty in children aged 24-36 months. It was found that four children had difficulty eating which led to the classification of inappropriate feeding practice and two children lead to sensory food aversions. Four respondents gave exclusive breastfeeding while two respondents gave breast milk mixed with formula milk. One respondent introduced MPASI at the age of fewer than six months while the other five respondents gave MPASI at the age of six months. All parents have given MPASI according to the guidelines. Some parents have not applied the basic feeding rules properly and correctly. Five respondents did not force the child during the feeding process, while one respondent insisted on feeding when the child had difficulty eating. Difficulty eating can be influenced by the nutritional history of children before solid food, the time and giving of complementary foods as well as children's eating behavior which is a nutritional factor and a psychological factor. The incidence of difficulty eating in children aged 24-36 months leads to the classification of inappropriate feeding practices and sensory food aversions.

Keywords: nutritional factors, psychological factors, exclusive breastfeeding, complementary foods, feeding difficulty

Introduction

Age 0-3 years is a critical period in the process of child development. Infants and children who have eating problems have an impact on energy and nutrients that are not fulfilled, resulting in delays in the child's growth process in the future. (Darwati, 2016) Difficulty in eating is a problem in feeding or fulfilling nutrition that is commonly found in children and is a health problem in the world. (Chung KM, 2006)

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Data from World Health Organization (WHO) on year 2019, malnutrition is associated with 2.7 child deaths each year or 45% of all child deaths. Malnutrition can be caused by several factors, one of which is poor diet due to children having difficulty eating.(WHO,2020)

The prevalence of eating difficulties according to the child development clinic of the Affiliated program for children development at the University of George Town said that the types of feeding difficulties in children are mealtime tantrums (6.1%), delay in eating alone (8.0%), dislike of food variations (11.1%), strange and odd eating habits (23.4%), difficulty suck, chew or swallow (24.1%), only Want to eat liquid or mashed foods (27.3%).(Yang HR,2020) Previous research in Indonesia showed a high incidence of eating difficulties. In 2009 in Palembang and Bekasi it was found that 59.3% and 70.5% of children had difficulty eating, respectively. (Judarwanto,2012) The most common cause is the provision of improper nutrition regarding the composition of the food, the texture and the procedure for giving it . (Ara, 2018)

There is a number of factor Which can influence difficulty Eat on Children are divided into 3 namely organic factors, nutritional factors and psychological factors. Factor organic covers How ability coordination organ in gross motor movements around the mouth and other organs that play an important role in the eating process. In this study, it examines nutritional factors and psychological factors. Nutritional factors are related to the mother's accuracy in determining the right type and amount of food according to age development. Psychological factors with regard to the relationship between parents and children .Prolonged feeding difficulties in children can cause events not enough proteins , the decline Power intelligence And lower endurance child . (Saidah,2020)

From explanation on reason researcher choose age 24-36 month Because in this study looked at the history of risk factors for eating difficulties when children aged 6-24 months and not many have conducted research at that age. One book states that the age of 6-9 months is a critical period in the development of eating skills. (Damayanti, 2015) While there are journals stating that eating difficulties are experienced in many children 12-47.9 months .(Van,2016) From several studies Which Already done most discuss on age pre school 3-5 years and focuses more on nutritional status not on risk factors that become reason feeding difficulty on child. So that on study In this case, the researcher wants to examine nutritional and psychological factors that can influence the incidence of eating difficulties in children.

Based on the description above, researchers are interested in researching "Analysis of nutritional factors and psychological feeding difficulties in children aged 24-36 months"

Materials and Methods

The research was conducted in Tlogosari Wetan public health center work area on October until November 2021. This research used a qualitative descriptive analytic. The research population is mothers who have children aged 24-36 months in Tlogosari Wetan public health center work area. Amount respondent in this study is six main respondent and two triangulation respondent. Sampling using snowball sampling.

The inclusion criterion for main respondent is mother who has child age 24-36 months routine come to health center and child raised by mother herself. The inclusion criteria for respondent triangulation is who cadre posyandu or staff of health center as well as or responsible in activity main respondent.

While the exclusion criteria in this study were mothers who had children with disturbance structural/functional disorders of the digestive system (such as cleft lip, cleft palate, labiognatopalatoschisis, short tongue frenulum, macroglossia, esophageal atresia, stomatitis, tonsillitis, chronic diarrhea) ,structural/function disorders of the cardiorespiratory system (like infection acute airway, tuberculosis), structure/function nerve system like cerebral palsy, and other disease can cause feeding difficulty like syndrome down and ADHD.

The instruments in this study were inform consent and recorder or video recorder.

Result and Discussion

Result

1. Characteristic of respondents

Table 1: Characteristics Main Respondent

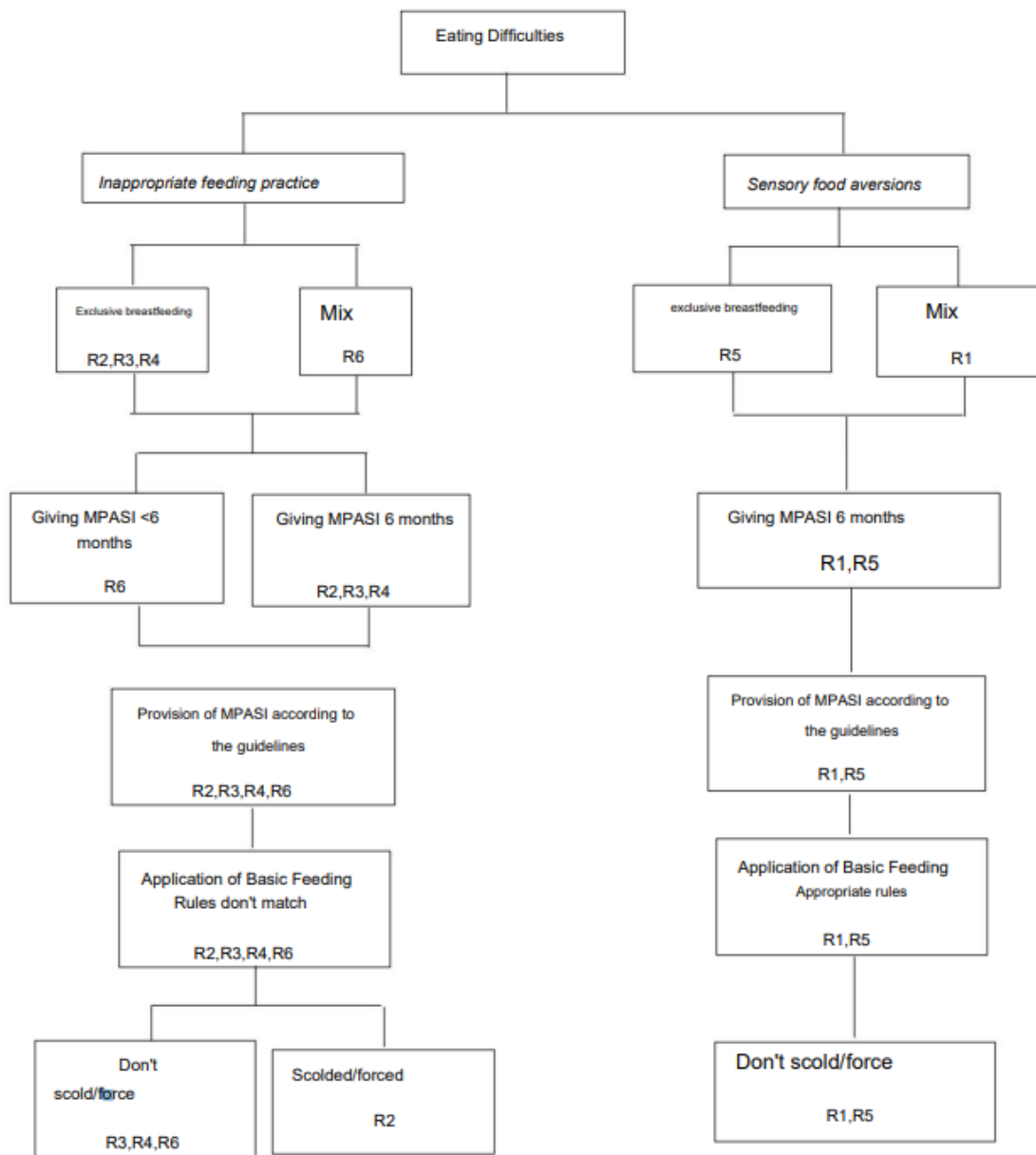
Main Respondent	Age	Respondent Code
Respondent 1	35 years	R1
Respondent 2	30 years	R2
Respondent 3	37 years	R3
Respondent 4	30 years	R4
Respondent 5	30 years	R5
Respondent 6	25 years	R6

Respondent 1: a 35 year old woman who is the mother of 27 months old girl who works as a trader.
 Respondent 2: a 30 year old woman who is the mother of 27 month old son who works as a housewife.
 Respondent 3: a 37 year old woman who is the mother of 32 months old daughter who works as an entrepreneur.
 Respondent 4: a 30 year old woman who is the mother of 26 month old daughter who works as a housewife.
 Respondent 5: a 30 year old woman who is the mother of 32 months old son who works as an online trader.
 Respondent 6: a 25 year old woman who is mother of a 30 month old son who works as a housewife .

Table 2: Characteristics Triangulation Respondent

Respondents Triangulation	Age	Status	Respondent Code
Respondent 7	50 years	Officer Public health center	R7
Respondent 8	47 years	Posyandu cadres	R8

2. Framework thematic nutrition and psychology factor of feeding difficulty



Feeding difficulty which is divided into 2 categories, namely inappropriate feeding practice and sensory food aversions influenced by several things, that is how to provide nutrition before provision of complementary foods/ before (6 months), age of first complementary food, provision of complementary food according the guidelines, application of basic feeding rules and forcing or not in feeding the child with a description of who the respondent is as on framework above.

Discussion

Feeding difficulty in children is a problem that is still common happens in society. Feeding difficulty in children is a condition where the child does not want and refuses to eat or does not want certain foods.(Widjojo,2009) According to IDAI, feeding difficulties are classified into six indicators for the diagnosis of eating difficulties. From that interview conducted on six child respondents aged 24-36

months found that four children had feeding difficulties leading to classification inappropriate feeding practice and two children lead to sensory food aversions. On the recommendation of the Indonesian pediatrician association (IDAI) states that inappropriate feeding practice is caused by the inappropriate way parents feed their children. (Sjarif et al,2014) While sensory food aversions , namely children tend to be picky in terms of food. A child's dislike of a particular food is caused by the taste, texture, temperature or smell of the food. (Chatoor I, 2013)

Determination of feeding difficulty can be reviewed from several things, namely nutritional history When children aged 0-6 months, time and method of administration MPASI, eating behavior and parental way of feeding including the parent's response when the child has difficulty eating. Results interview regarding the history of nutrition when children aged 0-6 months, it was found that two respondents did not give exclusive breastfeeding up to 6 months due to the activities of the mother and the pregnant mother before the child aged 6 months which makes the child must be given additional formula milk to meet nutritional needs. Even though exclusive breastfeeding has many benefits such as increasing endurance baby, strengthens the inner bond between mother and child, reduces incident s caries and cause faster baby development. (Sulistyowati et al, 2020)

The time at which complementary feeding was started can also be a risk factor difficulty eating in children. According to IDAI, the provision of food Complementary breastfeeding can be started when the child can sit with his neck upright and lifts head independently without needing assistance, child has shown interest in eating and if the child has showing signs of hunger such as restlessness or not calm even though it is already breastfed regularly. This occurs at an estimated age of 6 months.(IDAI, 2020) In in-depth interviews conducted with respondents it was found that one respondent gave less complementary food for ASI from 6 months old. In the short term, giving MPASI is too early to children can pose a risk to health problems digestion such as diarrhea, difficult bowel movements, vomiting and the baby will experience problems in breastfeeding. (Wargiana et al, 2013)

The method of giving complementary foods includes frequency, type and texture. At age of 6 months, children are introduced to complementary foods with ASI the frequency is 2 times a day with the texture of the food being mashed so that become thick porridge. On age of 6-9 months the child is given complementary foods Breastfeed with a frequency of 2 to 3 times a day with the texture of eating thick porridge or mashed food and given a snack 1 up to 2 times. At the age of 9-12 months children are given with a frequency of 3 to 4 times with snacks 1 to 2 times. At this age children are introduced minced, chopped or other foods can be held by the child himself (finger food). At the age of 12-24 months children can already be given mashed or chopped family food as necessary with a frequency of 3 to 4 times heavy meals with 1 up to 2 snacks per day.(IDAI,2018) From the interview results, it was found that all mothers had given MPASI in accordance with guidelines. Basic feeding rules are guidelines or a basic rule eating practices to develop a structured meal schedule and help children practice their internal feeding rules. (Wargiana et al, 2013) Basic feeding rules include time intervals for each hour of eating, portions food, the attitude the child has to sit while eating, the duration of the meal, the response parents when children eat and how children's habits when eating. In this study, it was found that some parents had not completely Know and apply basic feeding rules to children. Most widely the parental inaccuracy in this application is several parents gave children to eat by playing or watching tv. This habit makes child don't want to eat the right way and cause feeding difficulties in children which is liner with previous research that there is a relationship between basic

feeding rules applied by parents and difficulty eating in children. Incompatibility application of basic feeding rules from parents will significantly increase the incidence of feeding difficulties in children. (Saidah and Dewi,2020)

In fact, there are still many parents who are faced with nervous and anxious about child nutrition which results make parents stress and force children to eat.(Anggraini,2014) From deep interviews , it was found that there was one respondent who scolding or forcing children when children don't want to eat this caused by the fear of parents who think that the child will get sick if do not eat. While the other five respondents never forced child when the child does not want to eat, this is indicated by some things like staying patient waiting until the child wants to replace food when the child responds to the food and trying to persuade the child to eat. Some parents are too protective and too forced his child eat. The attitude of parents who force their children to eat can cause children to feel that the process of eating is unpleasant so that the child becomes increasingly anti-food.(Soegeng,2014)

Conclusion

Feeding difficulty can influenced by nutritional history child moment before complementary food, time and giving complementary food, behavior Eat child and response parent in the process of feeding child which is nutrition and psychology factors .

Incident feeding difficulty of children ages 24-36 months lead to inappropriate feeding practices and sensory food aversions classification.

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Declaration of Interest Statement

There is no conflict of interest

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