

Original Research Article

COMMITMENT MOTHER AND BEHAVIORAL PREVENTION OF PICKY EATING ON TODDLER

Dona Muji Fitriana^{1*}, Yuni Sufyanti Arief¹, Ilya Krisnana¹

¹Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia

*Correspondence:

Dona Muji Fitriana

Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia

Email: dona.muji.fitriana-2018@fkn.unair.ac.id

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Abstract

Background: Picky eating is a picky behavior that can be interpreted as a rejection of certain types of food or fear of trying new foods. Picky eating can make some problems inadequacy of nutrition and impact on child growth if it's not properly handled and left prolong

Objectives: The purpose of this study was determined to describe the relationship between commitment mothers and behavioral prevention of picky eating on toddler.

Methods: The research used correlational analytic study with cross-sectional design. The Independent variable in this study is mother's commitment and the dependent variable is behavioral prevention of picky eating. The population was mothers with toddler age children in the working area at the Public Health Center of Kedawung 1, Sragen, Central Java. A sample of 120 mothers were selected by purposive sampling. Data were collected using questionnaires demographic of the respondent, mother's commitment, and behavioral prevention of picky eating that compiled by the researcher. This questionnaire has been tested for validity and reliability, and then analyzed used Spearman-rank test.

Results: The results of this study showed that the mother's commitment to picky eating prevention behavior had a significant relationship ($p < 0.05$) and have a coefficient correlation with positive value ($r=0.535$).

Conclusion: The good mother's commitment can make a good behavioral prevention of picky eating in toddlers. There needs to be more research on the factors that influence the behavioral prevention of picky eating.

Keywords: *Commitment, Mother, Picky Eating*

INTRODUCTION

Adequacy energy and nutrition is very important for the health of children's development. Nutrition, food, and diet has an important role in preventing the increase in non-communicable diseases (Kementerian Kesehatan RI, 2016). Eating behavior and the quality of food in the early years of life are

usually determined by parents or caregivers. The problem of nutritional status in Indonesia has decreased from 2013 but still high (Kementerian Kesehatan RI, 2018). Many factors can affect the nutritional status, especially in children there are exclusive breastfeeding, characteristics in parents, family environment, parenting, and commitment of

mother to give the healthy and nutritious foods for the family (Rusilanti, Dahlia, & Yulianti, 2015). Along with the development of time, children prefer to eat delicious and sweet foods, children prefer to eat junk food and tend to behave in picky eating or fussy eating (Chao, 2018; Rusilanti, Dahlia, & Yulianti, 2015).

Picky eating can be interpreted as a rejection of certain types of food or fear of trying new foods (Edelson, Mokdad, & Martin, 2016; Taylor, Steer, Hays, & Emmett, 2018). Children who behave picky eating have a risk of nutritional status problems, due to loss of many nutritional contained in foods that are rejected. Picky eating is a common phase that occurs in early childhood but if that problem left alone for more than two years will cause nutritional problems. Some problems that might if picky eating is allowed to occur in children, including can cause lack of protein-energy, obesity, emotional sensitivity in some children, the inadequacy of food frequency that can lead to impaired growth of children due to prolonged nutritional problems (Chao, 2018; Rusilanti, Dahlia, & Yulianti, 2015).

Picky eating is a global nutritional problem. In China, there are 59.3% of school-age children who behave picky eating (Xue et al., 2015), and research results in Taiwan say that 16.7% reject certain foods (meat, vegetables, and fruit), 14.8% like to eat sweet foods or foods mild, 14.2% don't want to try new foods and are more common in the young age group (54.7% at age 2-3 years and 53.2% at age 3-4 years) (Chao, 2018). Indonesia has experienced an increase of 2% from 2013 in 2018 on the proportion of consumption of fruits and vegetables of the population aged ≥ 5 years. One of the effects of picky eating can be seen from the data of thin and very thin toddlers as much as 10.2% in 2018 which is still higher than the WHO target, and the obesity rate is still high at 8%. Central Java Province has a stunting prevalence 1.6% higher than the national figure in 2018 (Kementerian Kesehatan RI, 2018).

Picky eating is predicted to occur because of three different phases, there are before and

during maternal pregnancy, the early breastfeeding phase (the first year of a child's life reflects the practice of early feeding) and the early years of a child's life (reflecting the parent's eating style) (Taylor, Steer, Hays, & Emmett, 2018). The occurrence of picky eating behavior is also caused by changes in eating patterns of Indonesian people that significantly from healthy eating to unhealthy, thus changing daily nutritional intake to be inadequate and can increase the risk of non-communicable diseases (Kementerian Kesehatan RI, 2016). High desire in people to consume delicious and practical foods such as junk food and soft drinks often reduces the time to eat healthy foods such as fruits and vegetables or other benefits for the body (van der Horst et al., 2016). Some of these things encourage parents to provide food that only children like such as instant noodles, other junk food, foods that tend to be sweet and not delicious to give or get children to eat food that they don't like (Scaglioni et al., 2018).

One factor that greatly influences picky eating behavior is the environment of feeding at home (Rusilanti, Dahlia, & Yulianti, 2015), such as the use of television during mealtime, the absence of written eating rules in the home, and the looseness of parents in feeding children (van der Horst et al., 2016). Parents, especially mothers have an important role in promoting healthy food to children, but parents with economic problems tend to offer unhealthy foods that are only liked by their children so as not to be a waste (Harris et al., 2019). Commitments or intentions and strategies of parents, especially mothers in socializing and providing healthy and nutritious food at home is important. Increased commitment will significantly improve maternal behavior, especially health behavior (Fauziah, Djuari, & Arief, 2015).

Based on the explanation, its necessary to identify related to the commitment of mother in the prevention of picky eating in toddlers.

METHODS

Study Design

The design of this study was correlational analytic with the cross-sectional approach.

Setting

The study was conducted in the villages of Wonorejo and Wonokerso which are included in the working area at Public Health Nursing of Kedawung 1, Sragen, Central Java from January until February 2020. The research site was chosen based on the prevalence of the most child nutrition problems.

Research Subject

The population in this study were mothers with toddlers in the working area at Public Health Center of Kedawung 1, Sragen, Central Java who met the inclusion and exclusion criteria. The inclusion criteria are mothers who have toddlers and mothers who care for their children's more than 12 hours. The exclusion criteria were mothers who can't read, children who come to the integrated health post without their mothers, and toddlers who aren't nurtured by their parents. The sample of this study was recruited using purposive sampling as many as 120 mothers with toddlers. Data collection was carried out by coming to the integrated service post according to the schedule provided by the community midwife.

Instruments

Data were collected by using the questionnaire which contains demographic of

the respondents, mother's commitment, and behavioral prevention of picky eating. Questionnaire to measure the mothers' commitment and behavioral prevention of picky eating used questionnaires compiled by researchers. The questionnaire of mothers' commitment contains 10 statements, consisting of 5 statements about intent and 5 statements about strategy. This questionnaire has a validity value of 0.725 - 0.893 and a reliability value of 0.892 which was tested using Alpha Cronbach.

The questionnaire for behavioral prevention of picky eating contains 24 statements, consisting of 10 statements about knowledge, 8 statements about attitudes, and 6 statements about action. This questionnaire has a validity value of 0.612 - 0.962 and a reliability value of 0.943.

Data Analysis

Data analysis of this study used the Spearman-rank test with a significance value of more than 0.05.

Ethical Consideration

This study has received permission from the Faculty of Nursing, Airlangga University ethics commission, with Number 1873-KEPK on January 3, 2020. This research was carried out by applying research ethics, which included autonomy (respect human), anonymity, informed consent, confidentiality, beneficence, and non-maleficence.

RESULTS

Characteristics of Respondents by Personal Factors

Table 1 Distribution Frequency of Respondents with Demographics Data in the Working Area Public Health Center of Kedawung 1, Sragen, Central Java from January until February 2020.

Characteristics	Frequency	Percentage (%)
Age		
16-20 years old	30	25,0
21-39 years old	81	67,5
40-59 years old	9	7,5

Characteristics	Frequency	Percentage (%)
Ethnic		
Javanese	118	98,3
Madura	2	1,7
Educational		
Primary school	9	7,5
Junior high school	52	43,3
Senior high school	49	40,8
Bachelor	10	8,3
Occupational		
Farmers	11	9,2
Employee	37	30,8
Does not work	45	37,5
Entrepreneur	27	22,5
Income		
> 1.600.000	34	28,3
< 1.600.000	86	71,7

Sources: Primary Data of Questionnaire, 2020.

Based on the result above (table 1), it found that the majority of respondents aged 21-39 years old as many as 67.5%, just 1.7% that have Madura ethnic, and most had educated up to junior high school as many as 43.3%. The majority of respondents did not work or as housewives, as many as 37.5% and have a family income each month was less than the minimum wage of work, this was 71.7%.

Table 2 Analysis of correlation between mother's commitment to behavioral prevention of picky eating in toddlers in Public Health Center of Kedawung 1 on January-February 2020

Commitment	Prevention of Picky Eating						<i>r-value</i>	<i>p-value</i>
	Good		Good Enough		Not Good			
	n	%	n	%	n	%		
Good	51	42.5	31	25.8	2	1.7	0.535	0.000
Good Enough	8	6.7	17	14.2	6	5.0		
Not Good	0	0	1	0.8	4	3.3		

Sources: Primary Data of Questionnaire, 2020.

Based on table 2 that showed that most respondents showed that most mothers who have good commitment also have good behavioral prevention of picky eating with a percentage of 42.5%. Maternal commitment has a significant relationship to behavioral prevention of picky eating and has a positive coefficient.

DISCUSSION

The results showed that most respondents were committed in the good category in the prevention of picky eating at toddlers. Commitment assessment can be seen from how big the mother's intention and strategy to provide healthy and nutritious food and prevent children from picky eating behavior. The correlation coefficient indicates a positive value where the better the commitment makes better the behavioral prevention of picky eating from

mothers. Supported by research which states that increased commitment will significantly increase maternal behavior (Fauziah et al., 2015). Different from the statement that a strong commitment to certain health behaviors does not necessarily end at the expected health behavior if there are other behaviors that turn out to be more interesting to do (Pender, 2011).

Commitment can be interpreted as the intentions and strategies that exist in individuals to create certain health behaviors

(Pender, Murdaugh, & Parsons, 2015). There needs to be an effort to increase the commitment of mothers in carrying out health behaviors. Commitment is needed to be able to be involved in the learning process both formal and informal (Mandasari, Sustini, & Krisnana, 2017). One of the informal education of mothers can get through health promotion. Efforts that can be made to increase commitment are to provide health education about the nutritional needs of toddlers, concepts related to picky eating, demonstration of making a child's eating schedule, or demonstration of making or modifying healthy food to make it look more attractive to children.

One factor that greatly influences picky eating behavior is the environment of feeding at home (Rusilanti, Dahlia, & Yulianti, 2015), Such as the use of television during mealtime, not have written eating rules in the home, and the looseness of parents in feeding children (van der Horst et al., 2016). To effort to promote healthy food at home, parents especially mothers have several obstacles both from within themselves and from the environment. Constraints experienced include such as busy parents so that there is no time, the cost of preparing healthy food in the house, the high desire of children to consume junk food, and the lack of support from the family due to picky eating too several other family members (Levene & Williams, 2017). Need for motivation as well as a better understanding of mothers about how to encourage meat, seeds, fruits, and vegetables to be included in food intake in children will help promote healthy eating habits (Edelson, Mokdad, & Martin, 2016). Mother's commitment influences to behavioral prevention of picky eating in toddlers. Behavior is a person's response or reaction to a stimulus (stimulation from outside). Individual responses to stimuli in the form of concrete actions are called open behavior. Behavioral prevention of picky eating in toddlers seen from several indicators is that knowledge, attitudes and actions. The results showed that the knowledge, attitudes, and

actions of mothers in the behavioral prevention of picky eating are still not optimal.

The results from this study showed that mothers with good commitment had good behavioral prevention of picky eating. Correlate with the theory of health promotion model which states that commitment can individuals have a commitment to conduct behaviors in which they have thought of favorable personal values (Alligood, 2014). Mothers who have a good attitude and knowledge about preventing picky eating do not necessarily have good actions at the prevention of picky eating due to the high desire of children to consume practical and tasty foods such as junk food and soft drinks. In accordance with the research that states that the high desire to eat delicious and practical food often reduces the time to eat fruits and vegetables and healthy foods that are actually more beneficial for the body (van der Horst et al., 2016). Because several other factors influence the prevention of picky eating in toddlers, making mothers discourages autonomy from herself to keep giving food that children dislike. Barriers from within themselves and from the environment can also affect mothers in creating behavioral prevention of picky eating in their children.

CONCLUSION

The majority of mothers who have a good commitment can create the good behavioral prevention of picky eating in toddlers. This study can be used as information and reference for nurses in determining the intervention for mothers related to the behavioral prevention of picky eating so that there aren't problems in the nutritional status at toddlers and have an impact on the lives of future children and can improve the welfare or health of Indonesian children as the nation's successors.

SUGGESTIONS

Future studies are expected to analyze other factors that can affect behavioral prevention of picky eating at toddlers and

analyze nursing interventions that can increase the commitment of mothers in providing healthy and nutritious food for their families.

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DECLARATION OF CONFLICTING INTEREST

There is no conflict to occurred in this study.

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AUTHOR CONTRIBUTION

Dona Muji Fitriana: Designed the study, collected and analyzed data, and contributes to the completion of the research and article.

Yuni Sufyanti Arief: Contributes to the completion of the research and article.

Ilya Krisnana: Contributes to the completion of the research and article.

ORCID

Dona Muji Fitriana

<https://orcid.org/0000-0002-2081-3872>

Yuni Sufyanti Arief

<https://orcid.org/0000-0003-3664-8426>

Ilya Krisnana

<https://orcid.org/0000-0001-8076-9036>

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