Factors Cause Eating Difficulty to Preschool Children Aged 3-6 Years

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ABSTRACT

Background: Eating difficulty is often experienced by preschool children. Problems often happen such as colic, vomiting, and refusing to eat. Eating difficulty to children occurs to healthy children and increase to children with developmental delays. The research objective is to describe the factors that cause eating difficulty to preschool children aged 3-6 years in Baptist Kindergarten Setia Bakti Kediri

Method: The research design was descriptive. The population was children aged 3-6 years in Baptist Kindergarten Setia Bakti Kediri as many as 68 respondents using purposive Sampling. The variable was the factors cause eating difficulty to preschool children aged 3-6 years. The data were collected using questionnaires.

Result: The Result of this study is the difficulty of eating in preschool children (3-6 years) in Kindergarten Setia Bakti Kediri on the indicator of congenital abnormalities no difficulty in eating obtained 30.8%, and on psychological indicators no difficulty in eating was 19.1%.

Conclusion: This study showed that most preschoolers did not have difficulty in eating factor.

Keywords:
Eating difficulty
Preschool
Children

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I. BACKGROUND

Difficulty eating is often experienced by preschoolers. Problems that often encountered are colic, vomiting, and refused to eat. Difficulty eating in children occurs in healthy children and increases in children with developmental delays. Children with difficulty eating can experience growth failure and can develop chronic illness. Some of these problems may be temporary, but other eating disorders (refusing to eat) tend to be persistent or persistent, thus bringing consequences to the child's health status [1]. The typical developmental traits that form this also affect the child's diet. This causes children sometimes to be too picky, such as children tend to like snacks so they become full and refuse to eat during the main meal. Children are also often fussy and choose to play when parents feed the food. Eating difficulties that occur if not addressed quickly can develop into serious eating difficulty problems [1]. Difficulty eating in children can also be influenced by parents who do not realize that their children have decreased eating behavior. Parents who have children aged 3-6 years tend to be not worried about the difficulty of eating experienced by their children, thus adding problems of difficulty eating [2]. Based on the results of interviews by researchers at TK Setia Bakti found that children have difficulty eating caused by parents often provide additional foods such as milk before meals or in the middle of a meal, parents get used to feeding with play, and children find it difficult to eat when experiencing pain ARI and diarrhea.

A recent study of 34 countries in the world showed that the number of difficulty eating children that resulted in malnourished children ranked 2nd in the world. Riskesdas report data (Riset Kesehatan Dasar) 2010 mentioned that the prevalence of children who have difficulty eating which resulted in child malnutrition 3.7 million people (17.9%). 35.7% Indonesian children also have a tendency to poor eating behavior that leads to chronic stunting and chronic nutritional problems. Based on research results in eastern Java, the prevalence of eating difficulties that affects the nutritional status of children aged 3-6 years is 14.9%. According to gender the prevalence of
decreased eating behavior that affects stunts is 36.5% male and 34.5% female. Based on the results of pre-research conducted by researchers on February 21, 2017 in can, 8 out of 10 respondents (80%) parents give milk in the middle of eating or before meals, 7 of 10 respondents (70%) parents familiarize children to eat on the spot certain places, 3 out of 10 respondents (30%) are difficult to eat when having ARD disease (Cough, runny nose, and tightness).

Eating is an important activity that continues to be done every day by humans. Eating difficulties or eating disorders is not diagnosis or disease, but difficulty eating is a symptom or a sign of irregularities or abnormalities that are occurring in the child's body. Eating is a routine daily routine which, when viewed at a glance, seems very simple, but actually eating is one of complex biological activities, involving various physical, psychological, and environmental factors. In addition to efforts to meet the needs of nutrients, eating also has psychological and social/educational functions that can provide satisfaction for the child itself as well as for the provider [1]. The brain's nerve center regulates autonomously the digestive process. The amount of food eaten, influenced by hunger and thirst, is centered on the lateral hypothalamus. Stimulation of thirst and hunger occurs due to changes in electrolyte and blood sugar concentrations. Satiety is influenced by the combined mechanism of bolus volume in the stomach and type of food. Satiety is also influenced by the received tactile stimuli, the taste in the mouth, the stretch of the stomach wall and the adequacy of nutrients. The body's thermostat determines the amount of food to be fed to a feeling of fullness. The regulatory process of control of food intake can’t be separated from the integrative role of the hypothalamus that receives the intervention of the area of the solitary nucleus and the brain stem. This area transmits hormonal signals and neurons from the digestive tract and the mechanical response of the gut. Cholecystokinin hormone also plays a role in responding to food stimuli in the gastrointestinal tract, while the solitary tract nucleus plays a role to convey information about the taste of food that goes into the hypothalamus and other centers. Other signals such as smell, sight, memory of food, also affect energy intake. The results of this signal integration affect the regulation of satiety and the occurrence of obesity. As for some of the factors causing feeding difficulties in children include eating disorders, psychological abnormalities and organic abnormalities Diet feeding difficulty in children is needed to prevent the impact of decreased feeding difficulties in children, if the management of feeding difficulties are not held well will result in serious impact for the health of the child include the short-term effects of sinus bradycardia, T-wave infestation, ST depression, prolonged QT interval, dysplonmic tachycardia, slow gastrointestinal motility and constipation, abnormal liver function features, elevated blood urea levels, and increased risk the formation of kidney stones, leukopenia, iron deficiency anemia, and thrombocytopenia in children. While the difficulty of eating to give a bad impact on children. The impact is not only on health, but also on the daily activities udan also grow flowers and malnutrition [1].

The role of nurses is needed in an effort to increase feeding difficult in school age children aged 3-6 years. Nurses can educate families how to teach good eating habits. Simple management to increase eating difficulties include setting up breakfast, lunch and dinner times, snacks in the morning and afternoon and afternoo and afternoon, choosing good foods including whole wheat bread, nuts, vegetables and fruits. In addition, the role of the family is also very important in the management of children's eating behavior by changing lifestyles for the interests of children, change the place of snack children and reduce fast food [2]. One family support can also be demonstrated by applying proper behavior to the child's development in order to grow into a successful and intelligent adult human future [1]. The purpose of this study was to learn about the description of factors causing feeding difficulties in preschoolers (3-6 years) in TK Setia Bakti Kediri.

II. METHOD

The design used in this research is descriptive. The population in this study were all parents and children in Kindergarten Setia Bakti Kediri aged 3-6 years ie 104 respondents. The sampling technique used was Purposive Sampling, with a large subject of 68 respondents who met the inclusion criteria. The variables in this study are the factors that cause eating difficulties which include: congenital abnormalities, dental anomalies, acute and chronic infections, nutritional and psychological
deficiencies. The research instrument used is a questionnaire consisting of 5 indicators with the number of questions 20 using Likert scale and has been tested the validity and reliability test obtained Cronbach's Alpha results \( p = 0.747 \). Data analysis in this research use frequency distribution table.

III. RESULT

Table 1. Overview of Causes of Eating Difficulty Factors in Pre-School Age (3-6 Years Old) In Kindergarten Setia Bakti Kediri On May 22 - May 27, 2017 (n = 68)

<table>
<thead>
<tr>
<th>Factors that cause difficulty eating</th>
<th>There is difficulty eating</th>
<th>No trouble eating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( f )</td>
<td>%</td>
</tr>
<tr>
<td>Congenital abnormalities</td>
<td>21</td>
<td>30.8</td>
</tr>
<tr>
<td>Psychology</td>
<td>13</td>
<td>19.1</td>
</tr>
</tbody>
</table>

Based on the table 2 shows that more than 50% of the indicators of congenital abnormalities are 47 respondents (69.2%), with no evidence of dental abnormalities, and in psychology indicator obtained most of the 54 respondents (79.4%) did not difficulty to eat.

IV. DISCUSSION

Factors Cause Difficulty Eating Preschoolers (3-6 Years) In Kindergarten Setia Bakti Kediri.

Eating is a routine daily routine which, when viewed at a glance, seems very simple, but actually eating is one of complex biological activities, involving various physical, psychological, and environmental factors. Aside from being an effort to fulfill the need for nutrients, eating also has psychological and social/educational functions that can provide satisfaction for the child itself and for the giver [3].

Feeding problems generally occur in 3-6 years, due to feeding errors during infancy. Various problems cause the child to lose appetite or lack of appetite (anorexia). On the other hand, preschool children have an increasingly widespread environment and space, so it is easily exposed to germs or other causes of illness and children often get sick, such as infectious diseases, worm infestations, and others. In addition, between each child there are differences in behavior in consuming food, which may be seen from an early age. Psychogenic anorexia is a decrease in appetite caused by psychological factors.

The most decisive psychological factors in an early age are anxiety and anxious parents or caregivers. The baby appears vulnerable to the attitude and reacts in anxiety. Sleep disturbances, excessive crying, anorexia, and even vomiting.

The physical state of the child is usually good, and what stands out is the fussiness of the food. At one time, certain foods were eaten, but at other times they were rejected; children do not want to drink milk from a cup but with a glass. The appetite often changes, depending on the child's feelings during meals and depending on the entertainment provided. Children also do not want to chew food and do not want to swallow solid food. The problem that we are facing more often is the worry of the mother. We are usually confronted with two behaviors of mothers, mothers who are overly concerned about their children and mothers who are more comfortable with their children's care. Mothers who are too concerned about their children usually have fixed ideas that are too fixated on what foods to eat their children, in this case keep in mind that the child instinctively prefer foods that are more tender, salty, or sweet.

Appetite is not only influenced by hunger, but also by emotions. A child who feels he is not getting his mother's affection can lose his appetite and will experience growth problems. The mother or caregiver must know about the child and his feelings for his food. Children have to learn a lot when they start to get solid foods, ie not suck as in formula feeding, but chew and swallow food in solid form, in the process of eating, the main organ that plays a role is the gastrointestinal tract (lips, mouth, teeth, palate, tongue and pharynx), the nervous system, the brain, the hormonal system, and the
digestive enzymes. Everything is interconnected with the mechanism of food acceptance of the digestive process, and metabolic processes. In breastfed babies require sucking and swallowing reflexes, suction forms a combination of suppression performed by the baby's jaw at the base of the nipple, tongue pressure on the nipple toward the palate, and negative pressure on the oral cavity (90-170 mmHg). Difficulty eating is the child's inability to consume the amount of food he needs, naturally and reasonably, by using his mouth voluntarily. The problem of difficulty eating is often faced either by parents, doctors or other health workers. (Sari Pediatri, 2009). As for several factors that can affect feeding difficulties in children include: 1) Congenital disorders: This disorder covers abnormalities associated with digestive devices such as tongue, digestive tract. This disorder is a disorder that mechanically causes the child to have difficulty eating or causing vomiting. In addition, congenital heart abnormalities result in inadequate calorie intake due to hypermetabolism, recurrent infections, and others. 2) Psychology: Often psychological disorders occur due to parents mismanagement in managing their children's meals. There are parents who are overprotective and there are parents who overly force their children to overeat more than children's needs. Also when the child is away from his mother, there can be no appetite. Excessive fear of food can also cause children to not eat [4].

In theory, eating with balanced nutrition should be met at the pre-school age. This is because the pre-school age children are often encountered difficulties or eating problems. In fact, in pre-school age children need balanced nutrition associated with the stage of growth. Difficulty eating is a condition where the child is having trouble at meal time. Difficulty eating in children is very influenced by the role of mother. Mothers who have a job as housewives where housewives have time to always accompany children at meals compared with mothers who have activities outside the home. Directly proportional to the results of research obtained by researchers where some children get no difficulty eating because the mother is always accompanying children while eating. Children do not have trouble eating because mothers have more free time to prepare meals, take care of food, schedule food and accompany children while eating children because the mother does not do work outside the home and only focus on housework. This is evidenced from the results of cross tabulation where the mother as a housewife (100%) and not doing activities outside the house so that children do not have difficulty eating. This is also directly proportional to the results of research [5], which says that the role of a mother is very large in the early life process of a child. Since the baby is born a mother who is breastfeeding or feeding the baby's mouth. Mother is most important in the development of a child. As a wife and mother of her children mothers have a role to take care of households so that the needs of feeding on children are met and children have good eating habits. This suggests there is a relationship between theory and facts found, where maternal activity can affect fully the problem of eating in children because the activity or work of the mother affects up to 50-65% in the process of eating in children. In addition, the sex of children also greatly affects the difficulty of eating in children where based on the results of research indicates that children with male gender (52.6%) have a tendency to have no difficulty eating compared to girls. This is because boys with male sex tend to be more active and play more with their peers than girls, the type of game that boys play causes a lot of calories to cause children to feel more quickly. Boys also tend to be less preoccupied with food and less fussy about eating than girls, resulting in more than 50% of boys with no difficulty eating. Children who are not difficult to eat are also often found in children aged 6 years because entering the age of 6 years the child was able to express hunger well and able to feed themselves in accordance with the food that has been taught previously by his parents. Children at the age of 6 years are also able to choose their own companion foods such as milk, fruit and bread so that in children aged 6 years tend not difficult to eat. This is directly proportional to the results of research indicating that most of the 50 children (87.7%) children aged 6 years have no trouble eating.

Difficulty eating in children is also strongly influenced by some problems that are often encountered in preschoolers such as problems caused due to congenital abnormalities, and psychological disorders. This refers to indicators used at the time of research where the indicator of congenital abnormalities found most 47 respondents (69.2%) did not have difficulty eating. This is very influenced by the role of mothers who pay attention to the problems that occur in their children is evidenced by the results of the analysis of respondents' answers where respondents answered "often"
to the question of children to eat despite the problems in the stomach, the child spends a portion of the meal when the child has repeated diarrhea, portions of food although since childhood reflex swallowing a little disturbed, the child spends eating even though the tongue often experience canker sores in which 50% of children often spend food despite experiencing problems in the stomach, 45.6% of children always eat when the child has recurrent diarrhea, 22.1% always spend the portion of food at the time of suffering swallowing and 10.3% of children always mengahabisukan food at the time of canker sores. In addition, also found 21 respondents (30.8%) children have difficulty eating. This is strongly influenced by problems consisting of stomach problems in children, recurrent diarrhea, disruption of swallowing/sore throat, and canker sores that ultimately result in the child difficult to spend food. Of the four problems that make it difficult for children to eat, the problem of abdominal pain and difficulty swallowing/pain is the problem that is often found in children. This is evidenced by the results of research where 56% of children do not spend food when experiencing stomach disorders and 56% of children do not spend the food when the pain swallow. This is also directly proportional to the results of the study [6] which says that (12%) children have difficulty eating due to pain in the epigastrium. In children who experience abdominal pain will result in children tend to fuss and not spend the food. The role of nurse is needed to educate the difficulty of eating caused by abdominal pain and the pain of swallowing by encouraging the mother to give little food but often.

Based on the results of research on tooth deformity indicator found most 58 respondents (85.3%) did not have difficulty eating. This is influenced by the age of children where most children have 6 years of age, where children with age 6 years can keep dental hygiene with a mother who is always along with the child due to the mother as a housewife and not doing work outside the home. In addition it also found 10 respondents (14.7%) children have difficulty eating, where feeding problem in child also very influenced by tooth disorder factor. Dental abnormalities are abnormalities that include tooth decay or dental imperfection that is dated, will make it difficult for children to chew or bite food and children feel pain in their teeth so reluctant to eat. Especially for preschool children, this age child is still difficult to be taken to the dentist. Abnormalities in the teeth that often appear are cavities, teeth that date and swelling of the gums. This is evidenced by the results of research that says that 34% of children do not eat food when experiencing toothache 33% of children do not eat food when teeth date or loose, 37% of children do not want to eat when cavities and 46% of children do not eat food when swollen gums . This is also in line with research [6] which says that 50% of children have trouble eating because it is affected by tooth decay like dental caries or cavities. So the role of nurses is very important in providing education to parents where researchers can encourage parents to teach children brushing teeth after meals and before bed to prevent inflammation of the gums and prevent bacteria that cause cavities.

Psychological factors also affect feeding difficulties in children. There are parents who are overprotective and there are parents who overly force their children to overeat more than children's needs. In addition, psychological factors are also influenced when the child away from his mother this resulted in children no appetite. Excessive fear of food can also cause the child to refuse to eat. This is supported by research where parents force the will to feed. This is inversely with the results of research where it was found most of the 54 respondents (79.4) did not have difficulty eating due to psychological factors but 13 respondents (19.1%) children have difficulty eating due to psychological factors. Difficulty eating in children due to psychological factors diseabaka because 60% of parents rush in giving food to children, 67% of parents to impose the will when feeding children, 64% of parents are too restrictive to eat children according to the will of parents and 64 % do not want to eat when parents do not accompany him. This requires the role of nurse so that the difficulty of feeding in children is very important to prevent the impact of decreased feeding difficulties in children, if the management of difficulty eating is not dilakukanan well will cause serious impact for the health of children such as impaired child growth, elevated blood urea, and increased risk of kidney stones, leukopeni, iron deficiency anemia, and thrombocytopenia in children.

The role of nurses is needed in an effort to increase feeding difficulties in school age children aged 3-6 years. Nurses can educate families how to teach good eating habits. Simple management to improve feeding difficulties include setting up breakfast, lunch and dinner times, snacks in the
morning and afternoon and afternoon and afternoon, choosing good foods including whole wheat bread, nuts, vegetables and fruits. In addition, the role of the family is also very important in the management of children's eating behavior by changing lifestyles for the benefit of children, changing the place of snack and reducing fast food [7]. One family support can also be demonstrated by applying proper behavior to the child's development in order to grow into a successful and intelligent adult human being in the future.

V. CONCLUSION

Preschool children (3-6 years) did not get the factors that cause difficulty feeding the children in kindergarten Setia Bakti Kediri either congenital anomalies, dental disorders, acute and chronic infections, nutrient deficiency and psychological disorders. Because preschool children do not experience difficulty eating difficulty.

VI. SUGGESTION

Preschool children (3-6 years) in Setia Bakti Kindergarten Kediri no difficulty eating, so a good appetite needs to be maintained by way of parental assistance when eating and attention to good and healthy diet variations in feeding the child.

VII. REFERENCES


