

Feeding Problems Encountered by Mothers of Toddlers

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Abstract: The identification of feeding problems in infancy and early childhood is no simple task because feeding problems are complex and lack of universally accepted definitions and classification systems. Descriptive research design was used to assess the feeding problems encountered by the mothers of toddler's. 50 toddlers were selected by non-probability convenience sampling technique and nutritional status was assessed by anthropometric assessment. By using rating scale, the problems were encountered from mothers of toddler and analysis was done. Results: Among 50 children, 4(8%) had encountered mild feeding problems, 14 (28) had encountered as moderate feeding problems, 32(64) had encountered as severe feeding problems; none had no feeding problems encountered. The early recognition of feeding problems is important because it may prevent simple feeding problems from becoming pervasive or resistant to treatment. Nutritional counselling was given to mothers of toddler.

Keywords: Toddlers, Mothers, Feeding Problems, Nutritional status and Anthropometric assessment

1. Introduction

Children who are the future of any country, need to be afforded the best opportunity for growth and development as well as the best, possible nutrition options. Feeding is a shared social activity and is important for health and wellbeing. Individuals with developmental disabilities are known to be at increased nutritional risk. As such, feeding difficulties early in life should be regarded as clear warning signs from the point of view of disease prevention, and should also prompt the mother to seek expert advice from a health professional. A Healthy balanced diet provides the toddler with all vitamins and nutrients that he needs to grow, but most toddlers go through a phase of only eating a very narrow range of food this is a normal part of toddler's development called food "neophobia"- being frightened of new foods. Toddlers have relatively high energy requirements and are rapidly developing fine motor and gross motor skills. Foods and nutrients are the building blocks which help to form strong teeth's, bones muscles and healthy tissues and also protect them from illness. Toddlers needs time to learn that new foods are safe to eat and enjoyable and they will learn this by watching others eating.

2. Objectives of the study

- To assess the nutritional status of the toddlers
- To assess the feeding problems encountered by mothers of toddlers
- To associate the feeding problems with the demographic variables

3. Methods and Materials

Descriptive research approach was used to assess the feeding problems encountered by the mothers of toddler's. The study was conducted in paediatric unit at MGMCH&RI. Sample size of the study was 50 in numbers and selected by non-probability convenience sampling technique. **Data collection:** The data was collected after approval from Head of the Hospital and received consent from mothers of

toddler. Researcher conducted interview technique by using rating Scale Modified Beloit's Toddlers Feeding Behaviour Rating Scale-1994 and based on their answers analysis was done.

4. Results

Regarding Nutritional status of toddlers, among 50 children seven were severely malnourished, 13 were moderately malnourished and 20 were mild malnutrition. Only 10 were nourished. The study reveals that 4(8%) had encountered mild feeding problems, 14 (28) had encountered as moderate feeding problems, 32(64) had encountered as severe feeding problems. Thus the researcher conducted nutritional counselling session with experienced dietician regarding management of toddlers with feeding problems.

Table 1: Frequency and percentage distribution of nutritional status of Children

S. No	nutritional status of Children	Frequency	Percentage %
1.	Nourished	10	20
2.	Mild	20	40
3.	Moderate	13	26
4.	severe	7	14

Table 1 shows that among 50 children only 10 children were nutritionally nourished well, 20 children were mild malnutrition, 13 were moderate malnutrition and 7 were severely malnourished.

Table 2: Frequency and percentage distribution of feeding problems

S. No	Degree of Feeding Problems	Frequency	Percentage %
1.	No feeding problems	0	0
2.	Mild feeding problems	4	8
3.	Moderate feeding problems	14	28
4.	severe feeding problems	32	64

With regard to feeding problems encountered by the mothers of toddlers. In association of feeding problems encountered by mothers of toddler with demographic variable,

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occupation of mother is statistically significant in p value < 0.001 other variables like age of mother, education of mother, education of father, occupation of father, family income, religion, living area, type of family, number of children, ordinal position, age of child, weight of the child are non-significant.

5. Discussion

The identification of feeding problems in infancy and early childhood is no simple task because feeding problems are complex and lack of universally accepted definitions and classification systems. Parents of toddler may focus on regular eating and on healthy diet, but toddlers may not be keen in eating or have specific food demands. The feeding problems are heterogeneous in nature, they are; Food selectivity (Picky eater), Partial to total refusal of food, difficult sucking, swallowing or chewing, Vomiting, Colic, Delay in self feeding, tantrums, Rumination and Pica. Toddlers eating issues and problems must be addressed sensitively to ensure meal times are pleasant and fun experience for both parents and toddlers, which ever feeding method is chosen, the child needs to be fed in an atmosphere of love.

6. Assessment of Nutritional Status

Given that feeding problems in childhood are complex, multifactorial and lack universally accepted definitions and classification systems, health professionals need to rely on clinical assessments to determine the presence of such problems. A comprehensive clinical assessment, including parental report (parents' perceptions of mealtime behaviours and nutrient intake), review of the child's health and developmental, feeding and growth history, and observation of a meal, may help to identify the presence and severity of a feeding problem.

A review of growth parameters – height and weight – is an essential part of any comprehensive assessment of feeding problems because it can help to identify children with growth failure. A discussion of growth failure or failure to thrive is beyond the scope of this paper. However, it is important to emphasize that there is no empirical evidence documenting the frequency of association between feeding problems and growth failure

7. Management of Feeding Problems

Many parents and health professionals fail to identify or underestimate the severity of feeding problems and often use a wait-and-see approach. Unfortunately, the wait-and-see approach may make treating feeding problems more difficult for four major reasons. First, mealtimes with young children who have feeding problems are often very frustrating and anxiety-provoking for the child, the feeder and the entire family. The longer these mealtime conflicts persist, the more resistant they become to change. Second, the delayed

introduction of developmentally appropriate foods at critical or sensitive periods may interfere with the expected progression of oral motor skills. Third, persistent feeding problems may lead to nutritional deficiencies that may be severe enough to warrant supplemental tube feeding. Fourth, children with unidentified swallowing dysfunction may develop chronic lung disease or die as a result of aspiration pneumonia. Early identification and management may prevent these problems.

8. Promoting appropriate feeding for infants and young children – Tips for parents

- Eat as a family and make mealtime's relaxed and happy occasion
- Respect your child's preferences as children have individual tastes for textures and flavours
- Decide food and let toddler to decide how much to eat
- Offer food from all 5 food groups each day (Fig.1)
- Offer the same foods everyone else is eating but make sure there is at least one food he likes.
- Offer your child all the foods the family eats, as tastes change over time, so previously-rejected foods may become acceptable a few months later.
- Cut down on sweet drinks such as fruit juices and ensure that milk intake is not excessive. Toddlers only need about 500-750ml of milk per day.
- Remove distractions by turning off the television, removing toys and electronic gadgets like tablet computers, smartphones. Instead, allow your child to sit at the dining table and interact with the rest of the family.
- Have a routine and offer 3 meal, 2-3 snacks each day
- Be a good role model for your child by enjoying meal times together so that your child can observe your skills for eating.
- Allow your child to feed himself/herself, including using fingers.
- Involve your child in food preparation.
- Offer 6-8 drinks a day
- Add vitamins A and D each day
- Limit and avoid Junk foods
- Encourage physical activity, Play and sleep for 12 hours
- Reward

9. Conclusions

Feeding problems are estimated to affect one in three to four infants and young children, there are no universally accepted methods of management. The early recognition of feeding problems is important because it may prevent simple feeding problems from becoming pervasive or resistant to treatment. In this paper, a systematic approach to the assessment and management of feeding problems is proposed based on clinical experience and findings from the literature.

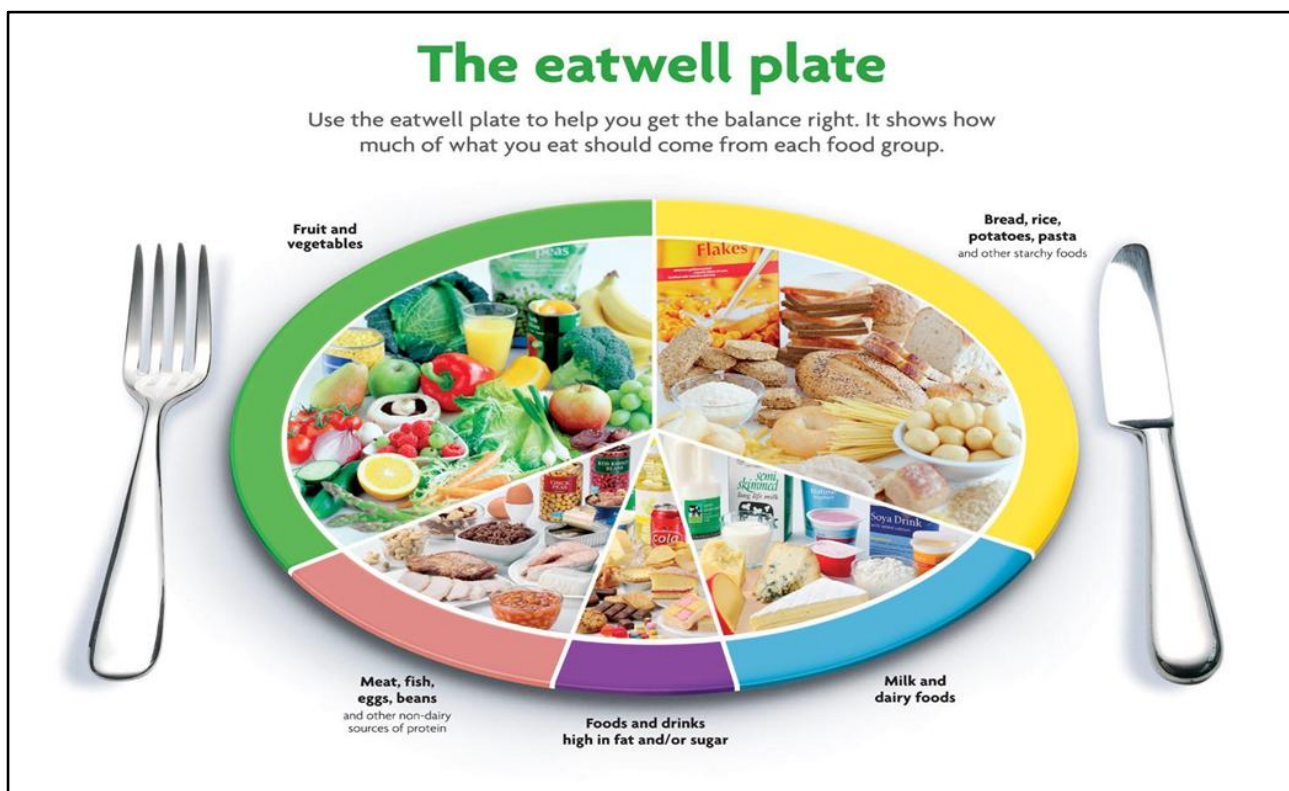


Figure 1: Eat well plate-Well balanced Diet for Toddlers

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