

Assessment of Parental Feeding Practices in Early Childhood

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Abstract. Parental feeding practices refer to the behaviors that parents use to meet their children's energy and nutritional needs. Parental feeding practices refer to strategies used by parents to control or change children's eating patterns, including what is eaten, when, and how much. Parental feeding practices are influenced by the family environment and how parents create a mealtime atmosphere for children, which is the child's first experience in learning about food and the eating process. This study aims to determine the application of parental feeding practices in early childhood. This research uses a quantitative survey approach. Data collection was conducted using a questionnaire on parental feeding practices, specifically the Child Feeding Questionnaire (CFQ). The sample consisted of 54 parents selected by purposive sampling. Data were analyzed descriptively using SPSS. The results showed that most parents fell into the moderate category of parental feeding practices, indicating that many parents are optimal but not yet consistent in implementing these practices. The conclusion from these findings suggests the need for strategic and sustainable efforts from the school environment and parents to implement parental feeding practices consistently and optimally. Improving parental feeding practices is crucial for encouraging children to eat a balanced diet, limiting unhealthy food choices, maintaining adequate food intake, and preventing stunted growth.

Keywords: balanced diet; early childhood; parental feeding practices

INTRODUCTION

Early childhood experiences rapid development, necessitating adequate nutritional intake. Children's nutritional needs are met through the food they consume on a daily basis. Children's nutritional intake still depends on their parents, even though children are able to choose their preferred foods (Schlundt et al., 2003). Food choices during childhood are normal as children adjust to tastes and try various foods. A wide variety of food options are available around the home and school, making it easier for parents and children to meet their daily nutritional needs. Children often choose practical provisions, such as snacks, to avoid complications. This habit stems from parents' freedom without setting consistent limits, making it difficult for them to control their children's eating habits.

Eating behavior in children describes enjoyment of food, responsiveness to food, desire to drink, responsiveness to satiety, emotional overeating, delay in eating, fussiness, and emotional undereating (Wardle, 2001). Difficult eating behavior in children can have a negative impact on the child's growth and development, including affecting body weight, height, and overall nutritional status (Loka et al., 2018). Difficult eating habits in children can have significant negative impacts, not only on health but also on daily activities and development (Rifani & Ansar, 2021).

Research conducted by Dhorothea (2016) shows that children often choose or reject certain foods, especially if their parents do not establish a regular meal schedule for them or are not actively introducing healthy foods. Winarni et al. (2018) stated that parental feeding practices involve providing healthy foods and providing good dietary examples. In line with the opinion of Perdani et al. (2017), parental feeding practices aimed to monitor children's optimal food intake. Parental feeding practices also influence children's food intake, as explained by Costa & Oliveira (2023), who stated that providing the right food greatly determines children's eating habits. Children's eating difficulties are caused by eating habits and are influenced by the role of parents in daily feeding practices.

Parental feeding practices refer to strategies parents use to change or regulate their children's eating patterns, including what they eat, when, and how much (Costa & Oliveira, 2023). According to Costanzo and Woody et al. (2001), two aspects that influence parental feeding practices are parental perceptions and concerns, as well as parental attitudes and feeding practices. Based on this, this study aims to determine the application of parental feeding practices in early childhood.

METHOD

This study employs a quantitative approach, utilizing a survey method. The population in this study covers 97. The sampling technique used is non-probability sampling with purposive sampling. Sampling with purposive sampling means that not all samples meet the specified criteria. Based on the results of sampling using purposive sampling of 97 students with an age criterion of 5-6 years. Then, based on the specified criteria, purposive sampling was used to select 54 students.

The data collection instrument used in this study was a questionnaire adapted from Birch et al. (2001), specifically the Child Feeding Questionnaire (CFQ). The questionnaire consists of two aspects: Parental Perceptions and Concerns, and Parental Feeding Practices and Attitudes. Parental Perceptions and Concerns consist of 4 scales, namely (1) perceived responsibility; (2) perceived parent weight; (3) perceived child weight; (4) concern about child weight. In Parental Feeding Practices and Attitudes, there are 3 scales, namely (1) monitoring, which assesses the extent to which parents supervise children; (2) restriction, which assesses the extent to which parents limit children's access to food; (3) Pressure to eat, which assesses parents' pressuring children to eat more at mealtimes. The total number of statement items in the Child Feeding Questionnaire (CFQ) is 25. The measurement technique used is a 5-point Likert scale (Sugiyono, 2019). With the range of values on the scale as follows:

TABLE 1. Child feeding questionnaire (CFQ) score measurement

Aspects	Likert Scale	Description
Perceived Responsibility	1 - 5	1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Always
Monitoring	1 - 5	1 = Thin, 2 = Very Thin, 3 = Average, 4 = Fat, 5 = Very Fat
Perceived Parent Weight	1 - 5	1 = Not Worried, 2 = Slightly Worried, 3 = Worried, 4 = Somewhat Worried, 5 = Very Worried
Perceived Child Weight	1 - 5	1 = Disagree, 2 = Somewhat Agree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree
Concern About Child Weight	1 - 5	
Restriction	1 - 5	
Pressure To Eat	1 - 5	

The questionnaire was completed by the children's parents. Because parents interact directly with their children, they understand their children's behavior and are impartial or neutral. Therefore, class teachers are expected to complete the questionnaire objectively. Data analysis was performed using descriptive statistics with the help of SPSS. The average scores for each subscale were then used as a basis for comparing levels of parental feeding practices in children.

RESULTS AND DISCUSSION

Based on the results of the questionnaire distribution, the following information was obtained regarding parental feeding practices in early childhood.

Parental Education Data

A comparison of parental education data is presented in Table 2 below. The table summarizes the educational backgrounds of parents whose children participated in the study.

TABLE 2. Parental education data

Parental Education	Score	%
Junior high school	16	29,6%
Senior high school	31	57,4%
D1,S1,S2,S3	7	13%
Total number	54	100%

The conclusion is that higher parental education levels are linked to better feeding practices for young children. This emphasizes the need for educational efforts, especially for parents with lower education, to improve the quality of child feeding during their growth.

Parental Occupation Data

Table 3 below presents data regarding the occupations of parents. This information provides insight into the distribution of parental roles, including those who are household caregivers and those engaged in professional occupations.

TABLE 3. Parental occupation data

Occupation Data	Score	%
Taking care of the household	9	16,7%
Lecturer / Teacher	1	1,9%
Private sector employee	25	46,3%
Laborer	12	22,3%
Business	7	13%
Total number	54	100%

In conclusion, the type of work parents do can influence how they feed their young children, encompassing aspects such as time, quality, and consistency.

Parents' Income Level Data

The following section presents data on the income levels of parents as shown in Table 4. This data illustrates the distribution of parental income among the surveyed group, providing insight into the economic background of families and their potential influence on child feeding practices.

TABLE 4. Parents' income level data

Parents' Income Level Data	Score	%
<Rp. 1.000.000	9	16%
Rp. 1.000.000 – 2.000.000	20	37%
Rp. 2.000.000 – 3.000.000	15	27,8%
Rp. 3.000.000 – 4.000.000	6	11,1%
>Rp. 4.000.000	4	7,4%
Total number	54	100%

It was concluded that higher parental income increases the likelihood of providing nutritious and high-quality food for children in early childhood.

Descriptive Statistics

This research data was used to gain a clearer understanding of parental feeding practices in children aged 5-6 years. The analysis results, based on descriptive statistics, are shown in Table 5 below.

TABLE 5. Descriptive statistics

Parental Feeding Practices	Score
Mean	85,33
Median	86,00
Mode	86
minimum	61
Maximum	101
Standard Deviation (SD)	9,29

Distribution of Empirical Data

Parental feeding practices data with 3 levels, namely (1) Low level, where parental feeding practices are considered less supportive of children's eating behavior; (2) Medium level, where parental feeding practices are supportive of children's eating behavior but not yet optimal; (3) High level, where parental feeding practices are supportive of children's eating behavior and are optimal. Thus, as can be seen in Table 6 and Figure 1, it can be concluded that the higher the final score parents achieve, the higher the level of parental feeding practices. Thus, it can be concluded that the higher the final score held by parents, the higher the level of parental feeding practices.

TABLE 6. Distribution of empirical data

Level Parental Feeding Practices	Score	Number of children
Low	66,75 – 85,33	9
Medium	85,33 – 94,62	39
High	94,62 – 113,2	6

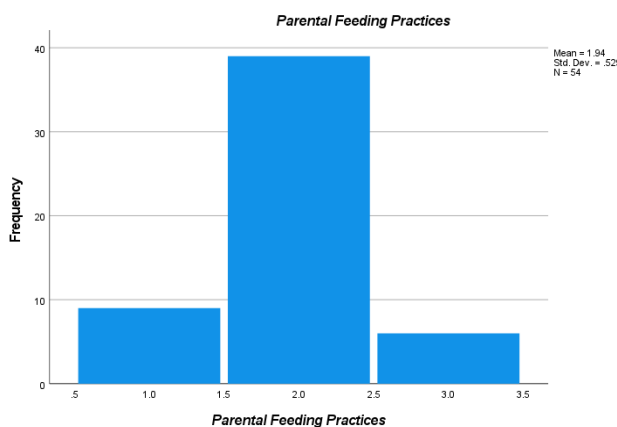


FIGURE 1. Distribution of empirical data

Categorical Data for Subscales

The research data scores can be grouped into three subscales: high, medium, and low. The categorization norms are based on the opinions expressed in the Likert scale, as shown in the formula in Table 7 below.

TABLE 7. Likert Scale

Formula	Average Total Score Level	Aspect
$X < (\bar{x} - 1\sigma)$	Low	Perceived Parent Weight Monitoring
$(\bar{x} - 1\sigma) \leq X < (\bar{x} + 1\sigma)$	Medium	Concern About Child Weight Restriction Pressure To Eat
$(\bar{x} + 1\sigma) \leq X$	High	Perceived Child Weight Perceived Responsibility

Information:
 \bar{x} = mean
 σ = Standard Deviation (SD)

According to the categorization formula, the following are the research data categories for the subscales or aspects listed in Table 5 below.

TABLE 8. Subscale categorization

Aspect	Formula	Level	Number of Children	Percentage
Perceived Parent Weight Monitoring	$X < (76,04)$	Low	9	16,67%
Concern About Child Weight Restriction	$(76,04) \leq X < (94,62)$	Medium	39	72,22%
Pressure To Eat				
Perceived Child Weight				
Perceived Responsibility	$(94,62) \leq X$	High	6	11,11%

On the parental feeding practices subscale, a lower score indicates less optimal parental feeding practices in children.

The study's results can be explained based on the achievements of each subscale. Data classification based on categorization shows that the child's weight is still at a moderate level (72.22%), which means that the moderate level, namely aspects of monitoring, concern about child weight, restriction, pressure to eat, perceived child weight, namely parents, are optimally but not consistently implemented in implementing parental feeding practices that support children's eating behavior. Not many parents reached the high level, with only 11.11% achieving it. This condition indicates that parents are not optimal or consistent in implementing parental feeding practices that support children's eating behaviors, so support is needed in developing aspects of these practices.

Descriptive data analysis shows that parental feeding practices for children, as reported by parents, have not been optimal. This suggests that many children remain inconsistent in implementing parental feeding practices that support their eating behaviors.

CONCLUSION

This study reveals that parental feeding practices in children aged 5-6 years, as reported by parents, are suboptimal, whereas parental feeding practices in children are categorized as moderate. This suggests that parents are not

consistently implementing optimal and supportive feeding practices in their children's eating behaviors. This suggests the need for strategic and sustained efforts from schools and parents to consistently and optimally implement parental feeding practices. Improving parental feeding practices is crucial for encouraging children to eat a balanced diet, limiting unhealthy food choices, monitoring food intake, and preventing stunted growth.

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