

**“Factors Influencing Picky Eating in Toddlers in the Work Area of  
Madising Na Mario Community Health Center, Parepare City”**

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**Abstract**

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Due to the considerable and quick growth and development that takes place during this time, the early years of a child's life are frequently referred to as the "golden period." Children are still incredibly reliant on their caretakers during this time to provide for their basic requirements, including food. Picky eating is a commonly encountered feeding problem in children during this developmental period. Several factors influence this condition. Understanding these factors can help parents and healthcare providers develop effective strategies to improve a toddler's eating habits and promote healthy growth and development.

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The objective of this study is to examine the relationship between picky eating and variables including appetite, maternal parenting style, infant and toddler feeding routines, and toddler psychology, using an analytical survey with a cross-sectional design. The results reveal a significant relationship between parenting style and feeding practices with picky eating in toddlers. However, there was no significant

association between appetite and toddler psychology with picky eating.

In conclusion, implementing a continuous parenting style model, and paying attention to both the parents and child's feeding practices, can help to ensure that the child's nutritional needs are met and prevent the occurrence of picky eating.

***Keyword:** Picky eating, feeding practices, eating behavior, parenting style*

## **I. INTRODUCTION**

### **A. Background**

The early years of a child's life, specifically between the ages of 1-3 years old, are considered a critical developmental stage. This period is commonly referred to as the golden period, as children undergo rapid physical and cognitive growth. However, around 25% of children at this age experience difficulty in eating, which can result in long-term feeding difficulties lasting for more than three months, leading to developmental disorders and complications (Mascola et al., 2010).

According to Judarwanto (2010), that the prevalence of feeding difficulties in children is high, with premature or chronically ill children at a greater risk. In preschool children aged 4-6 years in Jakarta, the prevalence of feeding difficulties was 33.6%, with 79.2% of cases lasting for more than 3 months. The World Health Organization (WHO) estimates that 42% of deaths in children under the age of 5 years old occur in developing countries.

Following a preliminary survey conducted in the Integrated Health Post area of Madising Na Mario Community Health Center in Parepare City health center, 25% of the 30 observed children were identified as exhibiting picky eating behavior, while 60% of the mothers expressed concern over their child's picky eating habits.

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**B. Problem Statement**

Based on the background, the problem statement of this research is "What are the factors that influence the occurrence of picky eating in toddlers in the Integrated Health Post area of the Madising Na Mario health center in Parepare City?"

**C. Research Objective**

1. General Objective

To analyze the factors related to the occurrence of picky eating in toddlers in the Integrated Health Post area of the Madising Na Mario health center in Parepare City.

2. Specific Objectives

- a. To analyze the relationship between toddler's appetite and the occurrence of picky eating in toddlers in the Integrated Health Post area of the Madising Na Mario health center in Parepare City
- b. To analyze the relationship between maternal parenting and the occurrence of picky eating in toddlers in the Integrated Health Post area of the Madising Na Mario health center in Parepare City.
- c. To analyze the relationship between feeding practices and the occurrence of picky eating in toddlers in the Integrated Health Post area of the Madising Na Mario health center in Parepare City.
- d. To analyze the relationship between toddler's psychology and the occurrence of picky eating in toddlers in the Integrated Health Post area of the Madising Na Mario health center in Parepare City.

**D. Research Benefits**

1. Scientific Benefits

This research can contribute to the scientific understanding of the factors associated with picky eating in toddlers in the working area of Integrated Health Post area of Madsing Na Mario, Parepare City. The findings of this study can serve as a basis for further research and can help in developing strategies for preventing and managing picky eating in toddlers.

2. Benefits for Educational Institutions

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The results of this research can benefit educational institutions by providing insights into the nutritional and psychological needs of toddlers. This study can also serve as a basis for developing educational programs and interventions for parents and caregivers to promote healthy eating habits in toddlers.

**3. Benefits for Researchers**

This research can benefit researchers by providing new knowledge and understanding of the factors associated with picky eating in toddlers. The findings of this study can contribute to the researcher's professional development and can serve as a basis for future research in related areas.

## **II LITERATURE REVIEW**

In this chapter, a review of relevant literature related to the factors associated with picky eating in toddlers will be presented. The literature review will cover four main areas, including the definition of picky eating, the factors associated with picky eating, symptoms and complaints, and Treatment options.

### **A. Fundamental Concept of Picky Eating**

**1. Definition of Picky Eating**

Human life has several stages, starting from childhood, adolescence, old age or old age. The journey of each period has different obligations and demands for each individual. With age, these demands will be more and more. Reactions that appear with age at each period of each individual will be different. Starting from enthusiasm, fear to worry.(Natsir et al., 2022)

According to Judarwanto (2010), picky eating is when a child refuses or has difficulty consuming food or drinks that are physiologically appropriate in type and amount for their age, starting from opening their mouth without coercion, chewing, swallowing, and digesting it properly without coercion and without the administration of specific vitamins and drugs. Soediby and Mulyani (2009) explain that difficulty in eating is the inability of a child to consume a sufficient amount of food, using their mouth voluntarily, in a natural and normal way. Eating difficulties in children are a serious problem because of their impact on growth and development as well as the potential for suboptimal quality of life. Public services are closely related to the government, one of which is the concept

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of development and management with Information and Communication Technology (Hasan et al., 2022)

2. Factors Influencing Picky Eating in Children

a. Parental Eating Behavior

Parents play an important role in their children's eating behavior. Some studies suggest that picky eating behavior in children is influenced by their parents' eating behavior. Parents' eating habits are shaped by culture and social norms (Anggraini, 2014). Children who grow up in families with poor eating habits are more likely to develop similar eating habits (Sulistyoningsih, 2012). Other studies also suggest that female children with picky eating habits have mothers with low vegetable intake (Galloway in Priyanti, 2013).

b. Appetite

Picky eating caused by loss of appetite can occur from mild to severe levels. Mild symptoms include decreased appetite, drinking leftover beverages, spitting or regurgitating food, and short breastfeeding time, while severe symptoms include tightly closed mouth or refusing to eat and drink milk at all (Judarwanto, 2006 in Kusumawardhani et al., 2013).

c. History of Exclusive Breastfeeding

The taste of breast milk changes according to the food consumed by the mother. The changing taste of breast milk is useful in stimulating the baby's taste buds (Hendarto, Aryono, and Pringgadini, Keumala, 2008 in Kusumawardhani et al., 2013).

d. History of Complementary Feeding

Providing complementary feeding at the right time is beneficial for meeting the nutrition and growth needs of infants and is a transition from exclusive breastfeeding to family foods (Nasar, 2010 in Kusumawardhani, 2013).

e. Parents' Perception of Health and Illness

Parents often associate a healthy baby with weight gain and may use it as a benchmark to evaluate a child's health. While weight gain can indicate good health, a lack of weight gain does not necessarily mean a baby is unhealthy. Misconceptions about thin babies can lead parents, especially mothers, to make inappropriate decisions.

f. Parenting Style

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The person who is responsible for caring of a child typically interacts with them the most. The goal of parenting is to educate and nurture the child, which includes their dietary habits (Kusumawardhani, 2013).

g. Psychological factors

Psychological factors in children encompass various aspects such as anxiety, attentional deficits, intense desires, and compromised self-regulatory abilities. A history of choking, being forced, or being scolded during meals can be the cause of psychological issues that make it challenging for children to eat (Adriani and Kartika, 2012).

h. Feeding Practice

Feeding from parents or caregivers is crucial for children. The feeding interaction between children and parents/caregivers should be reciprocal to ensure that the feeding process runs smoothly. There are two types of interactions commonly performed: positive and negative interactions.

3. Symptoms and Complaints

- a. Unsatisfactory/ insufficient food intake
- b. Refusal to swallow food
- c. Eating too little or loss of appetite
- d. Resistance or opposition during mealtimes
- e. Unusual eating habits (pica)
- f. Only willing to eat specific types of food
- g. Easily bored with food served
- h. Delayed skill level in eating and other complaints

4. Ways to Overcome

According to Enny (2009), to overcome a child's difficulty in eating, it can be done by:

- a. Creating a pleasant atmosphere, for example by serving food in various interesting shapes and containers.
- b. Avoiding coercive and threatening methods in persuading children to eat.
- c. Involving the child in preparing the food.
- d. Avoiding giving dessert as a reward.

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e. Limiting the provision of drinks in between meals.

These methods aim to create a positive and enjoyable eating environment for the child, as well as to encourage their active participation in the eating process. By avoiding negative reinforcement and providing positive reinforcement instead, children may become more willing to try new foods and develop healthier eating habits.

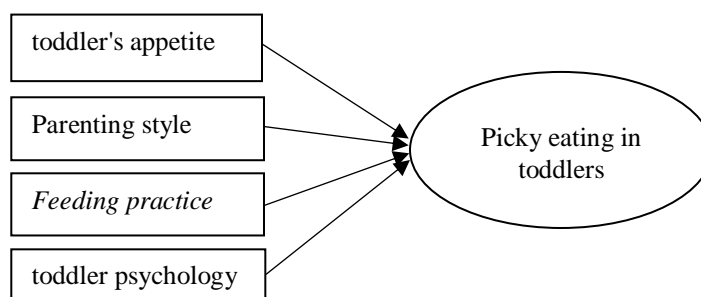
### **CHAPTER III CONCEPTUAL FRAMEWORK**

#### **A. Theoretical Framework of Variables**

The toddler stage is regarded as the "golden period" due to the rapid physical and cognitive growth and development experienced by children during this period. Picky eating is a prevalent issue that often arises during this stage, and if left unaddressed, it can have detrimental effects on the child's overall development and result in complications and developmental disorders.

Several factors have been identified as potential contributors to picky eating in children, including the child's appetite, maternal parenting style, feeding practices during infancy and toddlerhood, and the child's psychology. These factors can interact in complex ways, resulting in a multifaceted phenomenon that affects the child's food preferences and eating behaviors.

#### **B. Conceptual Framework**



### **C. Operational Definition and Objective Criteria**

#### **1. Picky Eater**

A child who refuses or has difficulty consuming food or drink that is appropriate for their physiological age in terms of type and quantity (Judarwanto, 2010). Measurement method: 4 = never, 3 = sometimes, 2 = often, 1 = always, with the following criteria:

- a. Not experiencing difficulty eating, if the score is  $\geq 12$
- b. Experiencing difficulty eating, if the score is  $< 12$

#### **2. Appetite**

Appetite in this study refers to the child's willingness to eat and ability to consume food and drinks in the appropriate type and amount based on their physiological age, including finishing the portion, eating only a small amount or spitting out food, holding food in the mouth for too long, opening the mouth, not being selective, and having a varied diet. This can be measured using a scale of 1 to 4, with 1 indicating "low appetite," 2 indicating "somewhat low appetite," 3 indicating "moderate appetite," and 4 indicating "good appetite.", The operational criteria are:

- a. Good appetite, if the score is  $\geq 12$
- b. Loss of appetite, if the score is  $< 12$

#### **3. Parenting**

The operational definition for the parenting style in this study is the way in which parents educate and raise their children with regards to their eating habits. This includes refraining from purchasing snacks or junk food when the child is being difficult, leading by example by finishing meals, encouraging and gently asking the child to eat, ensuring that meals are eaten at appropriate times, and consistently promoting healthy eating habits. The measurement scale for this variable is as follows: 4 = good, 3 = sometimes, 2 = somewhat lacking, 1 = lacking. The objective criteria for measuring this variable are:

- a. Good, if the respondent answers with a score of  $\geq 12$



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b. Lacking, if the respondent answers with a score of  $< 12$

4. Feeding Practice

Feeding practice in this context refers to the absence of negative interaction while helping the child to eat and accompanying them, not forcing the child to eat, persuading the child gently, and encouraging the child to eat regularly. Measurement method: 4 = good, 3 = sometimes good, 2 = somewhat lacking, 1 = poor. Variable measurement method:

a. Good, if the respondent answers with a score  $\geq 12$

b. Poor, if the respondent answers with a score  $< 12$

5. Toddler Psychology

Child psychology in this context refers to a happy/stress-free child, high interest in eating, eating according to their own desires, enjoying their food, and reacting promptly when reminded. Measurement method: 4 = good, 3 = fairly good, 2 = poor, 1 = very poor. Variable measurement method:

a. Good, if the respondent answers with a score  $\geq 12$

b. Poor, if the respondent answers with a score  $< 12$

## **CHAPTER IV RESEARCH METHODOLOGY**

The research design used in this study is analytic descriptive with a simultaneous measurement or observation conducted at one point in time (Hidayat, 2007). The research was conducted at the Madising Na Mario Health Center in Parepare city, and was carried out from June 04 to July 17, 2018.

According to Kuncoro (2009), a sample is a subset of the population. The sample frame in this study used the number of toddlers who were reported as picky eaters in the Parepare Integrated Health Post in May 2018. The population size in this study was 42 toddlers distributed among 8 Integrated Health Post areas. The total sampling approach was used for the sample, with the following conditions:

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- a. Toddlers were not sick
- b. Residing in the working area of the health center.

**CHAPTER V RESULTS AND DISCUSSION**

1. Characteristics of respondents and univariate analysis

The results of the study showed that the majority of mothers with toddlers were aged between 30 to 40 years old, accounting for 71.4%, and had a minimum education level of high school diploma, with 28 out of 31 mothers (90.5%) having completed high school. In terms of occupation, the majority of mothers had a job, with 30 out of 31 mothers (71.4%) being employed. This indicates that the mothers of toddlers in the working area of Madising Na Mario health center are relatively well-educated and employed, which may enhance their understanding of various aspects of health, including picky eating, through information, which can be categorized as good due to their background.

As for the univariate aspect, which includes the variables studied, the results showed that the majority of toddlers had a good appetite, with 39 out of 42 toddlers (92.9%) falling into this category. Therefore, on average, toddlers in the health center's working area did not experience picky eating from the perspective of taste or appetite. Children who are picky eaters (i.e., selective eaters) for a long time may experience growth disorders, characterized by low body weight and height, or difficulty in gaining weight. In addition, picky eating, which is characterized by limited food variety, can also lead to slow growth and development. (Judarwanto, 2006).

From the aspect of parenting patterns, the good category was observed in 37 individuals or 88.1%, which is important as parenting is the process of nurturing or raising a child that includes providing affection, forming emotional bonds with the child, and providing opportunities for the child's development (Brooks, 1987 in Fedora, 2012). Child-rearing is a behavior provided by a family caregiver, especially a mother. Parenting patterns are an individual's ability to make decisions that will affect the entire family by providing appropriate and high-quality parenting to the child, including providing nutritious food (Depkes RI, 2008 in Lestari, 2013).

The aspect of feeding practices in toddlers in the Integrated Health Post area of area is also in the good category, with 38 individuals or 90.5%. The provision of food by parents

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or caregivers is essential for children. Eating interactions between children and parents must be reciprocal to ensure a successful feeding process. There are two types of interactions commonly practiced by parents, namely positive and negative interactions. Examples of positive interactions are eye contact, praise, and two-way communication touch. Meanwhile, negative interactions such as forcing, coaxing, threatening, and disruptive behaviors will affect the child's appetite (Claude and Bomming, 2006).

The aspect of toddler psychology also falls into the good category, namely 38 individuals or 90.5%. Some psychological factors in children that need to be considered include high levels of anxiety, easily distracted attention, strong desires, and a lack of self-control. Traumatic experiences such as choking, being forced or scolded during meals can be a psychological cause of a child's feeding difficulties (Adriani and Kartika, 2012). Meanwhile, for exposure to picky eaters, 34 individuals or 81.0% did not experience it, while 8 individuals or 19.0% did. Simple feeding difficulties, such as due to acute illness, usually do not show significant impacts on a child's health and development. Severe and prolonged feeding difficulties can have an impact on a child's health and development. The symptoms that arise depend on the type and amount of nutrients that are lacking. If a child only dislikes certain foods such as fruits or vegetables, vitamin A deficiency may occur. If they only want to drink milk, iron-deficiency anemia may occur. If they lack calories and protein, protein-energy malnutrition (PEM) may occur (Sunarjo, 2009).

2. Relationship between variables

a. Relationship between appetite and picky eater in toddlers

The research results showed that respondents with good appetite did not experience picky eating, which was found in 33 people (78.6%), while those with poor appetite who experienced picky eating were only 3 people or 4.8%. The Chi-Square test (Fisher exact test) results showed that  $p = 0.123$ , which is greater than  $\alpha = 0.05$ , meaning that there is no relationship between appetite and picky eating.

These results are not in line with the research by Utami FB (2016), who found that children prefer foods with savory flavors, and when they are presented with food menus that suit their taste, they will choose to eat foods such as nuggets, French fries, fried noodles, fried chicken, crispy fried skin, and even chips, rather than eating vegetables and fruits that are more nutritious than the savory foods they like. Similarly, the study by

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Karlie et al. (2016) found that picky eating behavior is when a child refuses to eat if they don't like the food or it doesn't suit their taste. The type of food can cause a child to have difficulty eating because preschoolers are known to be active consumers, they can start to choose the type of food they want to eat and refuse new types of food.

The research results also do not support the opinion of Judarwanto (2006) in Kusumawardhani et al., 2013, which suggests that picky eating is caused by loss of appetite. In addition, it does not agree with the idea that picky eating involves food acceptance and eating patterns that are related to growth, age, and emotional development, as stated by Johnson in Horodyski (2002); "Picky eating is a developmental process with disrupted food acceptance patterns and the emergence of eating patterns related to physiological growth, age, and emotional development."

In principle, a child who is a picky eater for a long time will experience growth problems, characterized by low body weight and height, or difficulty in gaining weight.

b. The Relationship between Parenting and Picky Eating in Toddlers

In Table 5.10, it was found that respondents with good parenting patterns did not experience picky eating, with 35 individuals (83.3%), while those with poor parenting patterns who experienced picky eating were 5 individuals (11.9%). The results of the Chi-Square test (Fisher exact test) showed that  $p = 0.00$ , which is smaller than  $\alpha = 0.05$ , indicating a relationship between appetite and picky eating.

Karlie et al. (2016) stated that the parenting patterns of mothers and the eating behavior of children have a positive influence on the occurrence of picky eating. Similarly, Ainun (2016) stated that parenting patterns have an impact on the absence of picky eating. This is also not in line with the results of the study conducted by Nafratilawati (2014), where a significant relationship was found between parenting patterns and eating difficulties in preschool children (aged 3-5 years) in Leyangan Kindergarten, Semarang Regency.

The interaction between parents and children plays an important role in building a positive relationship between parents and children, which will also affect the eating behavior of children (Saraswati, 2012). Positive interactions such as eye contact, two-way communication, praise, touch, and negative interactions such as forcing food, persuasion can affect a child's appetite (Claude and Bonning, 2006 in Rahmawati, 2013).

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The person who usually takes care of the child is the one who interacts with the child most often. Child caregivers have the goal of educating and raising children, including in terms of food (Kusumawardhani, 2013). Parents who do not teach their children to eat a variety of foods or only provide appropriate foods will cause the child to not recognize various tastes and types of food, resulting in the child becoming a picky eater (Judarwanto, 2006).

Parenting is the process of caring for or raising a child, which includes providing love, forming an emotional bond with the child, and providing opportunities for the child to develop. Parenting is a behavior given by family caregivers, especially a mother.

c. The relationship between feeding practices and picky eating in toddlers

In Table 5.11 above, respondents with good feeding practices were found to not experience picky eating, with 32 people (76.2%), while those with poor feeding practices experienced picky eating in 5 people or 11.9%. The Chi-Square test result (Fisher exact test) showed that  $p = 0.01$ , which is smaller than  $\alpha = 0.05$ , indicating that there is a relationship between appetite and picky eating.

This research is in line with the research by Anggraini, I.R. (2014) and Dian, (2012), which stated that there is a significant influence between parental eating behavior and the incidence of picky eating.

On the contrary, Priyanti, S. (2013) found a positive relationship between parental feeding practices and picky eating problems.

Emotional attitudes of parents or caregivers in dealing with children who have difficulty eating will make the child's eating atmosphere uncomfortable, causing the child to become more difficult to eat (Hidayati, 2011 in Kusumawardhani et al., 2013).

Feeding from parents or caregivers is the most important thing for children. Eating interactions between children and parents must have mutual feedback so that the child's eating process runs smoothly. There are two types of interactions commonly performed by parents, namely positive interactions and negative interactions. Examples of positive interactions include eye contact, praise, two-way communication touches. Meanwhile, negative interactions such as forcing food, persuading, threatening, and disruptive behavior will affect the child's appetite (Claude and Bomming, 2006).

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Mealtime is a time for children to practice responsibility, therefore, meals should be done regularly and at the same time so that children know what to do when mealtime arrives. By presenting a comfortable atmosphere and removing all potential disturbances during the child's eating process, for example, during meals, all music, television, and toys should be kept away and turned off, it is hoped that the child can concentrate on eating. Eating together with other family members is highly recommended because it trains concentration and motor skills, so that the child forms the thought that eating together with family members is a happy time. In addition, providing good and correct feeding practices greatly influences a child's appetite. The eating process starts from putting food in the mouth, chewing, and swallowing.

The success of families in instilling virtues (character) in children depends greatly on the type of parenting style applied by parents to their children, so the model of parental parenting is important in efforts to avoid picky eating in toddlers.

Table 5.12 above shows that respondents with good toddler psychology did not experience picky eating, with 32 people (76.2%), and those with poor feeding practices experiencing picky eating in only one person or 2.4%. The Chi-Square test (Fisher exact test) results indicate that  $p = 0.532$ , which is greater than  $\alpha = 0.05$ , meaning that there is no relationship between appetite and picky eating.

This finding contradicts the opinion of Adriani and Kartika (2012), who suggest that anxiety, easily distracted attention, self-control disorders, and a history of choking, being forced, or scolded while eating can be psychological factors that cause children to have difficulty eating. According to Soetjningsih (2013), difficulty eating can be caused by several factors, including abnormal eating habits, psychological disorders, and organic disorders.

This study differs from Supariasa's (2004) opinion that psychosocial factors affecting child growth and development include stimulation, motivation, reward or punishment, peer group, stress, school environment, love and affection related to each other, such as the interaction between parents and children regarding food. Parents should always pay special attention to their child's food. Interaction is not determined by how long parents interact with their children but more by the quality of the interaction, which is based on an understanding of each other's needs and optimal efforts to meet those needs grounded in love.

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Efforts are needed to strengthen parents in aspects of eating with their children to create a supportive and conducive environment so that picky eating does not arise or decrease in children.

The awareness of parents regarding picky eating behavior in children is reflected in their ability to accurately identify when their child started exhibiting picky eating behavior. Picky eating behavior in children typically emerges when they are between two and three years old. At present, these children are between three and four years old and still exhibit picky eating behavior. Parent-child interactions, especially with the mother, are limited due to the mother's busy work schedule, which requires the child to be taken care of by a housekeeper or grandmother. They only get to see their parents during the evening or on weekends, and even then, the mother is often assisted by a housekeeper. Based on observations, children with poor growth, during mealtimes at home, do not have positive interaction patterns with their parents, especially with their mother.

Despite the mother's busy schedule, they still make an effort to prepare meals for their child, and feed them breakfast and dinner when possible. However, some mothers realize that their busy careers have caused their child to become a picky eater and that their interactions with their child have been less than optimal. Consequently, these mothers quit their jobs and focus on improving their interactions with their child and addressing their child's picky eating behavior.

The concept of family-centered care views parents as subjects with the ability to care for their child. Two basic concepts in family-centered care are empowering and enabling parents to participate in their child's care. Often, families view picky eating behavior in children as normal. Therefore, their perceptions need to be directed towards making the child's eating behavior positive. Feeding practices in children are greatly influenced by the family's role, especially the mother's. Picky eating behavior in children is a complex problem that requires appropriate and significant approaches to address it.

Therefore, toddlers, who are between the ages of one and five years old, also known as the "golden ages" for children, can have their physical, cognitive, emotional, and social education needs met.

**CHAPTER VI CONCLUSION AND RECOMMENDATION**

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**A. Conclusion**

1. There is no significant relationship between appetite in toddlers and the occurrence of picky eating.
2. There is a significant relationship between parenting in toddlers and the occurrence of picky eating, therefore the model of parental patterns is important in efforts to avoid picky eating in toddlers.
3. There is a significant relationship between feeding practices in toddlers and the occurrence of picky eating, therefore there is a need for parental reinforcement during mealtime with their child to create a conducive and supportive environment.
4. There is no significant relationship between the psychology of toddlers and the occurrence of picky eating.

**B. Recommendations**

It is necessary to continue implementing a conducive and well-organized parenting approach by parents in creating positive conditions in the effort to establish good eating behavior in toddler, so that their needs are fulfilled according to their age and meet their growth and development needs.

The implementation of a parenting model based on research and agreement with a comfortable relationship between parents and toddler children in eating behavior needs to be developed and applied to encourage intuition and set a good example for children in meeting their needs.

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