CHAPTER 10

PICKY EATING IN CHILDREN

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Introduction

Picky eating is often the norm for toddlers. After the rapid growth of infancy, when babies usually triple in weight, a toddler's growth rate – and appetite – tends to slow down. Toddlers also are beginning to develop food preferences, a fickle process. A toddler's favourite food one day may hit the floor the next, or a snubbed food might suddenly become the one he or she can't get enough of. For weeks, they may eat 1 or 2 preferred foods – and nothing else.

Eating patterns of children

Food acquisition

Children in this age group frequently consume meals away from home, such as in schools or through street vendors (Mendez and Popkin, 2004) and develop increasing autonomy in their food habits with strong peer influence (Leandro et al., 2019). School meals are an important part of daily food consumption for many children and can also account for a significant proportion of variety in their diets (Thompson and Amoroso, 2011). National school feeding programs provide daily snacks or meals to school children to an estimated 268 million children across nearly all countries globally (Drake et al., 2017). Although school meal programs respond to different contexts, in many countries a greater focus on the quality, adequacy, and nutritional

composition of foods provided is required (FAO, 2019), including safeguarding against potential increases in overweight and obesity (Rivera et al., 2014).

Snacking

Among children, snacking is commonly associated with poor dietary patterns and increasing obesity trends among children and adolescents in different settings, as snack foods among this age group are generally chosen based on taste and convenience rather than nutritional value (Ochola and Masibo, 2014). To illustrate, frequent consumption of snacks high in sugar, salt, saturated and total fat is well documented in South Africa, especially in schools and among lowincome populations (Steyn et al., 2015). Consumption of commercially produced snack foods in the previous day was reported for 59% of children 6–23 months in Dakar, Senegal, 23% in Dar es Salaam, Tanzania, 74% in Kathmandu Valley, Nepal, and 55% in Phnom Penh, Cambodia (Pries et al., 2017).

Picky Eating

It is a relatively common problem during childhood ranging from 8% to 50% of children in different samples and is characterized by the toddler or child eating a limited amount of food, restricting intake particularly of vegetables, being unwilling to try new foods, and having strong food preferences often leading parents to provide their child a meal different from the rest of the family (Carruth et al., 1998). Picky eating may cause parents considerable concern leading to physician visits and may cause conflict between parents regarding the handling of their child's eating behavior (Jacobi et al., 2003). One reason for variation in the frequencies of picky eating between studies is that studies differ in the ages of children included and in the duration of picky eating required for a case, with the proportion decreasing the longer the required interval. Children exhibiting picky eating behavior often demonstrate strong food preferences and rejection of particular foods or food texture, which may lead to limited dietary variety and possibly inadequate or unhealthy diet.

Parents of picky eaters were more likely to report that their children consumed a limited variety of foods, required food prepared in specific ways, expressed stronger likes and dislikes for food, and threw tantrums when denied foods. They were also more likely to report struggles over feeding, preparing special meals, and commenting on their child's eating. Hence, picky eating is a prevalent concern of parents and may remain so through childhood.

Aetiology and Complications of Picky Eating

Picky eating behavior is a common childhood disorder often causing breakdown in parent-child interaction and may be precursors or warning signs to maladaptive eating later in life. It was found that mental developmental index scores of infantile anorexia and picky eaters were 11 and 14 points below Healthy eaters. Picky eating behaviors are frequently observed in childhood, leading to concern that an unbalanced and inadequate diet will result in unfavorable growth outcomes.

Environmental factors play a role in taste and eating preferences. Flavors from aromatic compounds derived from maternal food consumption are transmitted into the amniotic fluid and breast milk; these flavors have strong influences in taste preferences and food acceptance later in life . An experimental study demonstrated that infants of mothers who drank carrot juice during the last trimester of pregnancy enjoyed carrot-flavored cereals more than infants whose mothers did not drink carrot juice or eat carrots. Human milk is composed of flavors that are a reflection of food consumed by breast-feeding mothers. Varied diet in breast-feeding mothers produces more flavor exposure and experiences in children, which may help explain why breastfed infants are less picky and more willing to try new foods . This notion was also supported in a recent study, in which 127 children who were exclusively breastfed for 6 months were observed to have lower odds of developing a preference for food to be prepared in a certain way by 78%, food rejection by 81%, and avoidance of new food (neophobia) by 75%.

Genetics also play a role in picky eating. Early preferences for sweet taste have been observed in newborns. On the other hand, bitter taste is innately disliked, possibly due a protective mechanism since most bitter compounds are toxic. Hence, neophobia may be an evolutionary protective mechanism, serving to protect children from ingesting potentially toxic substances. These innate food preferences may become barriers for acceptance of certain food. A study involving 5,390 pairs of twins from 8 to 11 years of age suggested that neophobia is a highly heritable trait, meaning a child's reluctance to try new food may be partly due to genetics and not parental practices.

Although the long-term health effects of picky eating are unclear there is evidence in early childhood that picky eaters weigh less than non-picky eaters. Picky eaters are likely to consume fewer calories and to weigh less, and in later childhood to demonstrate behaviour problems and in adolescence symptoms of anorexia nervosa.

Promoting Food Acceptance

There are many ways to promote food acceptance among children. Mothers (particularly those who do not plan to breast-feed) are recommended to eat a variety of food during their pregnancy and then expose their child to variety of food at an early age. Children may exhibit normal exploratory behaviours with new foods such as touching, smelling, playing, putting foods in their mouth, and then spitting them out before they are willing to taste and swallow various foods. Repeated taste exposure and modelling of behaviours in non-coercive fashion has shown to increase food acceptance. Conversely, pressuring children to eat can cause them to dislike those foods. Researchers in a study of 3,022 infants found that many caregivers were not aware that their infants and toddlers needed as many as 8–15 exposures to a particular food before they gained acceptance of that food. Increased acceptance and consumption of poorly liked food by children such as nutrient-rich fruits and vegetables can be achieved by offering children very small tastes of new and previously disliked fruits and

vegetables. Food is also more readily accepted in young children when others around them are eating the same type of food. Such modelling positively highlights the enjoyment of such foods. Praising children for trying new food and giving them small token rewards, such as stickers (but not treats) also increases acceptance. Some authors have argued that providing rewards for performing a task diminishes intrinsic motivation. However, this only applies to interesting tasks. Most children who are labelled as "picky eaters" have little interest in eating fruits and vegetables. Hence, "there is little or no intrinsic motivation to undermine".

Conclusion

Picky eating is a relatively common behavioural problem that most children will eventually outgrow. Its roots stem from both environmental and genetic influences. It may serve as a protective mechanism to avoid exposure to potentially toxic substances. Increasing exposure to a variety of flavors during pregnancy and infancy (either directly or indirectly via breast milk) may reduce the incidence of picky eating. Repeated exposure to new food in a non-coercive manner and in an environment that is both fun and rewarding may help overcome picky eating. Patience, time, and repetition may be the keys to success. While more research is needed on this topic, it is reasonable to recommend that healthcare providers offer reassurance and education to parents who are concerned about picky eating in their child after they have assessed for any treatable causes. Education is particularly important in parents who plan to have additional children in the futures.

References

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