



FAMILY CARE THERAPY (FaCe-T) BASED ON APPLICATION NUTRITIONAL STATUS OF PICKY EATER

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ABSTRACT

Toddler nutrition problems are important health problems that must be addressed immediately. Because at the age of toddlers, the development process is very rapid and has an impact on the future life of toddlers. The high number of toddlers who experience nutritional problems is the task of health workers and all levels of society, especially families. One of the nutritional problems that toddlers often experience is picky eating. Picky eating is an eating disorder that usually occurs in children in the form of liking to choose food, only consuming certain foods and vomiting food that has entered the mouth. If allowed to continue, this condition can cause nutritional imbalances in the body and malnutrition. Based on previous research, parenting patterns are closely related to the incidence of picky eating in toddlers. Therefore, optimizing family involvement is very important in handling picky eating toddlers. Family Care Therapy (FaCe-T) is an intervention carried out by the family (mother) with an ethical humanist approach, namely providing treatment to toddlers with full affection, attention, gentleness and sincerity with the aim of changing the behavior or eating habits of toddlers. The role of the family is crucial in managing toddlers with picky eating habits. The family is the primary caregiver, often interacting with the child, being closest to them, and understanding their needs. This is why the family's parenting style is so important in addressing picky eating in toddlers. A positive parenting approach can have a beneficial impact on the child. Therefore, an intervention may be necessary to help change the family's parenting practices. Objective: This study aims to determine the effect of family care therapy (Face-T) on nutritional status in picky eater toddlers. Method: This study uses a quasi-experimental research design, with a one group pre and post test design with control design. The population in this study consists of all mothers with toddlers in the working area of Krobokan Health Center, Semarang. The sample size in this study is 77. The sampling technique used in this study is purposive sampling. Results: The results of the analysis test on respondents obtained a p-value of 0.001, this value is proven to be smaller than the p-value of 0.05, so H_a is accepted and H_o is rejected, which means that there is an influence of humanistic Family Care Therapy (FaCe-T) by utilizing applications on improving the nutritional status of picky eater toddlers. Conclusions: The conclusion of this study is family care therapy (FaCe-T) is effective in improving the nutritional status of toddlers who are picky eaters.

Keywords: family; nutrition; picky eater; toddler

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INTRODUCTION

Indonesia is a country with very rapid population growth. The population of Indonesia will reach 278.8 million people in 2023 (Hardianto, 2023). Most of Indonesia's population are toddlers. The number of toddlers in Indonesia in 2023 will reach 30.2 million people (10,91%) of the total population of Indonesia (Hardianto, 2023). Toddlers are the future of the nation, so the growth and development of toddlers is very important to pay attention to. In toddlers, there is a very rapid growth and development process, to support optimal growth and development, adequate nutrition and nutrition are needed (Setiawati, 2020). Toddlers are one of the groups that are vulnerable to nutritional problems (Indrayani, 2020). The number of toddlers experiencing malnutrition in Indonesia in 2023 was 21.6% (SGGI, 2023). The Semarang City Health Office recorded that in November 2023, 922 toddlers experienced nutritional problems (Semarang City

Health Office, 2023). The results of a preliminary study conducted on 10 mothers of toddlers in the Krobokan Health Center Area found that 70% of toddlers were picky eaters and 30% of toddlers were not picky eaters.

Picky eater is an eating disorder in the form of being picky about food, only consuming certain types of food or spitting out food that has entered the mouth. If left untreated, it will cause nutritional status problems in toddlers. This is because there is an imbalance of nutrients in the body. Picky eaters are caused by several factors, one of which is parenting patterns. This is supported by research conducted by Handayani T., (2023), showing that parenting patterns are related to the nutritional status of toddlers. The role of the family is very important in handling toddlers with picky eaters. The family is the person who often interacts with toddlers, is closest to toddlers, and can understand toddlers' desires. This is what causes the importance of family parenting patterns in handling picky eaters in toddlers. Good parenting patterns will have a positive impact on children. So an intervention is needed to change the family's parenting patterns for children. Family Care Therapy (FaCe-T) is an intervention carried out by the family, while humanism is a behavior that humanizes humans. Humanistic Family Care Therapy (FaCe-T) is an intervention given by the family to toddlers with gentleness, attention, and affection that aims to change parenting patterns, especially in implementing toddler eating habits.

Family Care Therapy (FaCe-T) interventions implemented by families include hypnoparenting, Tui Na massage, and the application of feeding rules. Hypnoparenting is a hypnosis method that involves parents or toddler families by providing suggestions in the form of repeating words that are done when the toddler is sleeping (Kusumaningrum, 2015). Hypnoparenting carried out by parents to children with love will have a physical and psychological impact. Toddlers need to be stimulated to increase appetite with Tui Na massage (Munjidah, 2019). In addition, parents and families also apply feeding rules. Feeding rules are basic rules in feeding which include regular meal schedules or times, a pleasant environment (without distractions such as toys, cellphones), and correct eating procedures (not forcing children to eat and eating for no more than 30 minutes) (Ghinanda SR, 2022). Currently, there are still many parents who do not understand that parenting patterns can affect children's nutrition and growth and development. This study aims to analyze the effect of humanistic Family Care Therapy (FaCe-T), which utilizes an application, in improving the nutritional status of toddlers with picky eating habits.

METHOD

This study used a pre-experimental design, namely a study by providing intervention to a group of subjects with or without a control group but not randomized. The quantitative approach used was one group pre-experiment and post-experiment without control group. This study measured the nutritional status of toddlers with picky eaters before and after being given Family Care Therapy (FaCe-T) intervention.

RESULT

Based on the data in table 1, it shows that the majority of respondents were aged 25-36 months, as many as 53.24%, the majority of toddlers were male, as many as 63.63%, and the majority of mothers' education level was high school, as many as 77.92%. Based on the results of the study on the nutritional status of picky eater toddlers using the application before and after being given Family Care Therapy (FaCe-T) intervention, this can be seen in the following table.

Table 1.
Frequency distribution of demographic characteristics of respondents (n=77)

Respondent characteristics	f	%
Age		
12-24 month	41	46,76
25-36 month	36	53,24
Total	77	100
Gender		
Female	28	36,37
Male	49	63,63
Total	77	100
Education		
Elementary School	3	3,9
Junior High School	5	6,5
Senior High School	60	77,92
College	9	11,68

Table 2.
Frequency distribution of nutritional status of picky eater toddlers using the application before being given Family Care Therapy (FaCe-T) intervention (n=77)

Nutritional status	f	%
nutritional status below normal	37	48,05
Normal	12	15,59
nutritional status exceeds normal	26	33,76
Obesity	2	2,6

Based on the data in table 2, it shows that the majority of respondents before being given the Family Care Therapy (FaCe-T) intervention had poor nutritional status, namely 37 respondents (48.05%).

Table 3.
Frequency distribution of nutritional status of picky eater toddlers using the application post being given Family Care Therapy (FaCe-T) intervention (n=77)

Nutritional status	f	%
nutritional status below normal	19	24,67
Normal	37	48,05
nutritional status exceeds normal	19	24,67
Obesity	2	2,6

Based on the data in table 3, it shows that the majority of respondents after being given the Family Care Therapy (FaCe-T) intervention had normal nutritional status, namely 37 respondents (48.05%).

Table 4.
Analysis of the influence of humanistic Family Care Therapy (FaCe-T) by utilizing applications in improving the nutritional status of picky eating toddlers (n=77)

Nutritional status	Family Care Therapy (Face-T)				P-Value
	Pre		Post		
	f	%	f	%	
nutritional status below normal	37	48,05	19	24,67	0,001
Normal	12	15,59	37	48,05	
nutritional status exceeds normal	26	33,76	19	24,67	
Obesity	2	2,6	2	2,6	

The results of the analysis test on respondents obtained a p-value of 0.001, this value is proven to be smaller than the p-value of 0.05, so H_a is accepted and H_o is rejected, which means that there is an influence of humanistic Family Care Therapy (FaCe-T) by utilizing applications on improving the nutritional status of picky eater toddlers.

DISCUSSION

Most toddlers who experience picky eating are in the age range of 25-36 months. This study is in line with research conducted by Hardianti et al (2022) in Semarang which found that 52.4% of children experience picky eating. Picky eating behavior in children is identified if

the child shows specific characteristics such as consuming a limited variety of foods, eating in more than 30 minutes, refusing to try new foods, showing strong food preferences for both favorite and non-favorite foods. In line with Chao's (2020) research in Taiwan which found that 54% of children experience picky eating with an average age of 24-36 months. The general characteristics found are that children reject variations of new foods, have strong preferences for certain foods, do not want to eat regularly, tend to eat sweets and snacks rather than eating and drink excessive milk. Lestari et al's (2019) research in Bengkulu found that 58.6% of children experience picky eating. The dominant behavior found is that children like certain types of food, children only like snacks they like, children eat the same food in a day and there are foods that are requested every day by children. In line with several studies, the specific characteristics of children who have picky eating behavior are similar to the respondents in this study who refuse to try new foods, have strong preferences for certain foods and eat for a long time.

When entering toddler age, children will tend to be suspicious of new foods. This is because children have a more sensitive sense of taste than adults. In line with this, this study found that initially children often reject new food variations (27.5%), children often get full easily (32.5%) and children always cannot eat if they have just eaten snacks (35%). This shows that picky eater behavior in children is caused by food acceptance such as satiety levels and beliefs about certain foods. The results of the study showed that the number of male frequencies was 63.63%. The same study by Sudibyo & Mulyani (2022), the age group with the most difficulty eating was 1 to 5 years old (58%) with the most male gender (54%). Gender is a factor that influences the importance of a person's food consumption, because gender determines the amount of nutritional needs for a person. Men need more energy and protein than women, so they need more food. Men and women are distinguished based on their biological characteristics. The results of the study by Powell, Farrow and Meyer, stated that boys experience more eating difficulties than girls. This may be because boys have more tantrums than girls (Aristiana Kusuma, 2020). Eating difficulties in children are more common in boys than girls. The results of the study showed that there were indeed more males than females. This can be caused by boys being more active than girls, so more boys have difficulty eating than girls (Azizah, 2022). Supported by the research of Lia Effi Noviri, Riski Maulidya, Nanda Fitria, and Abrar in the title Factors related to eating behavior in preschool children, it was found that the gender of the child was male as many as 40 respondents (53.3%) (Lia Effi Noviri, 2023).

The implementation of humanistic Family Care Therapy (FaCe-T) interventions in the form of hypnoparenting, feeding rules and massage for toddlers can improve the nutritional status of picky eaters. The implementation of hypnoparenting by giving suggestions to children when the child is in a state of hypnosis also requires special skills and attention. Based on observations that parents do not routinely carry out hypnoparenting but the times when it is done are when people remember it. This hypnoparenting should be carried out routinely and with a consistent repetition process. This hypnoparenting can be successful if parents or caregivers are consistent and committed to implementing this therapy with patience. Although children are easily influenced, it does not mean that they can transform children as desired in a short time. Give children motivation or enthusiasm so that children are able to do what is desired when giving suggestions. It takes a longer time and frequency to apply hypnoparenting to children.

In addition to implementing hypnoparenting, feeding rules also need to be implemented. Feeding rules according to WHO include: 1) schedule (there is a main meal schedule, and regular snacks, maximum meal duration of 30 minutes, children are not given water except in between main meals. An important meal schedule is enforced by parents for their children. Not a few parents or caregivers feed their children without a schedule, for example giving

children drinks (milk or water) or snacks before main meal times which results in children being full before they eat. 2) environment (no distractions while eating, for example TV, games, toys, no coercion or rewards). The eating process is a process of learning to recognize taste, smell, texture and temperature. Giving distractions will divert the child's attention from the learning process, which results in failure in feeding when the child is > 9 months old. 3) Procedure: encourage children to eat by themselves, offer children without coercion or rewards, if after 10-15 minutes the child still does not want to eat, end the eating process. The practice of feeding involves the child's hearing, sight, taste and sense of smell. If during the feeding process the child experiences a bad experience in the form of coercion, this will cause its own trauma, thus having a negative impact on the next age period.

Picky eater is related to the behavior of children who are selective about one type of food but still want to consume other types of food from the same food group, for example a child refuses eggs, but when offered chicken he still wants to. Or a child refuses to eat vegetables but he still wants to drink fruit juice. Although the micronutrient content between eggs and chicken or vegetables and fruits is different, in general these foods come from the same nutrient group, namely animal protein and vitamins. While selective eater is a condition in which a child refuses all types of food from one nutrient group, for example refusing to consume everything that contains carbohydrates or protein. Picky eater behavior can result in the failure to meet the intake of one of the 4 (four) food groups, namely: carbohydrates, proteins, fats and vitamins, so that picky eater children are at risk of macro and micronutrient deficiencies from these food groups. This picky eater condition can be found in children with certain health conditions, such as autistic children, gastrointestinal disorders, posttraumatic feeding disorders, swallowing disorders, oralmotor disorders. Apart from these two conditions, there is another term "food phobia", namely a condition related to the behavior of children who reject types of food that they are not familiar with, meaning that children show an attitude of rejection because they have never been given by their parents or caregivers.

According to IDAI in the Approach to Diagnosis and Management of Eating Problems in Toddlers in Indonesia, factors that influence the occurrence of food phobia and food preference include: exposure to food at an early age, pressure in the eating process, personality type, parental feeding style and environmental influences. The management of picky eaters is to overcome dislike of food by systematic introduction to new foods with the following principles: 1) Serve food in small portions, 2) Serve food in a variety of ways even if it is not the parent's favorite food, 3) Expose children to new foods 10-15 times, for the introduction stage serve food on the parent's plate, 4) Serve food on the table at a distance that can be reached by the child, 5) Parents provide examples by eating food in a fun way without offering it to the child, until the child's fear disappears by itself, 6) If exposure to food makes the child nauseous or even vomit, stop for a moment and replace it with his favorite food, 7) Mix a little new food with food that the child likes and slowly increase the proportion of new food (food chaining), 8) Parents must be neutral and calm in responding to the child's food intake.

CONCLUSION

The conclusion of this study is family care therapy (FaCe-T) is effective in improving the nutritional status of toddlers who are picky eaters.

REFERENCES

- Aizah, S. (2023). Faktor-Faktor Penyebab Kesulitan Makan Pada Anak Usia Pra Sekolah Di Dusun Pagut Desa Blabak Kecamatan Pesantren Kota Kediri.
- Alifah, U. (2021). Status gizi bayi dan balita pada masa pandemi covid. *Journal of Health Research*, 4 (1). Maret 2021 (118– 127).

- Astuti, E. P., & Ayuningtyas, I. F. (2022). Perilaku picky eater dan status gizi pada anak toddler. *Midwifery Journal: Jurnal Kebidanan UM. Mataram*, 3(1), 81. <https://doi.org/10.31764/mj.v3i1.15>
- Chao, H.-C. (2023). Association of picky eating with growth, nutritional status, development, physical activity, and health in preschool children. *Frontiers in Pediatrics*, 6, 22. <https://doi.org/10.3389/fped.2018.00022>
- Dinas Kesehatan Kota Semarang. (2023). Dashboard Profil Kesehatan.
- Ghinanda SR, Mauliza, Khairunnisa C. Hubungan Pola Penerapan Feeding rules dengan Status Gizi Balita 6-24 Bulan di Puskesmas Banda Sakti Kota Lhokseumawe. *J Pendidik Tambusai*. 2022;Volume 6 N(1):2583–8.
- Handayani T, Adriana, Nurfianti A. Hubungan Antara Pola Asuh Orang Tua Terhadap Status Gizi Balita di UPK Puskesmas Siantan Hulu. *ProNers [Internet]*. 2019;4(1):1–10. Available from: <https://jurnal.untan.ac.id/index.php/jmkeperawatanFK/article/view/34659/75676582457>
- Hardianti, R., Dieny, F. F., & Wijayanti, H. S. (2022). Picky eating dan status gizi pada anak prasekolah. *Jurnal Gizi Indonesia (The Indonesian Journal of Nutrition)*, 6(2), 123–130. <https://doi.org/10.14710/jgi.6.2.123-130>
- Hardianto, Krisna K, Astuti SP, Susanti. Profil Statistik Kesehatan 2023. *Profil Statistik Kesehatan 2023*. 2023.
- Indrayani I, Rusmiadi LC, Kartikasari A. Hubungan Antara Pengetahuan Dan Sikap Ibu Dengan Status Gizi Pada Balita Di Wilayah Uptd Puskesmas Cidahu Kecamatan Cidahu Kabupaten Kuningan. *J Ilmu Kesehat Bhakti Husada Heal Sci J*. 2020;11(2):224–34.
- Kurniawan, K., Afandi, D., & Agrina, A. (2018). Analisis pengaruh sanitasi lingkungan, pengetahuan ibu dan ekonomi keluarga pada status gizi balita di Desa Lubuk Sakat Kabupaten Kampar. *Jurnal Ilmu Lingkungan*, 12 (2), 205-217.
- Kusumaningrum A, Fitri EY. Pengaruh Hypnparenting terhadap Status Gizi Balita. *J Keperawatan Sriwij*. 2015;2:93–100.
- Munjidah A., Dwi Fitria. (2019). *Journal Health of Science*. Vol. 12. No. 1. Hal 21-29
- Muthohiroh, Miftaql. (2021). Gangguan Perilaku Makan (Picky Eaters), Pengetahuan OrangTua Tentang Gizi, dan Pola Asuh Gizi Anak berkebutuhan Khusus. STRADA PRESS: Jawa Timur
- Rosa, Nindy. (2019). Pengaruh Hypnparenting terhadap Peningkatan Nafsu Makan Anak Toodler yang Mengalami Picky Eater di Desa Wonorejo Kecamatan Pringapus Kabupaten Semarang. Universitas Ngudi Waluyo
- Sastroasmoro, S & Ismael, S., (2014). *Dasar-dasar Metodologi Penelitian Klinis*. Jakarta: Sagung Seto
- Setiawati S, Yani ER, Rachmawati M. Hubungan status gizi dengan pertumbuhan dan perkembangan balita 1-3 tahun. *Holistik J Kesehat*. 2020;14(1):88–95.
- Solikha, I. A., Priasmoro, D. P., & Mustriwi, M. (2022). Gambaran status gizi anak usia toddler (1-3 tahun) di Posyandu Duta Sehat. *Nursing Infomation Journal*, 2 (1), 7-13. <https://doi.org/10.54832/nij.v2i1.261>
- SSGI. Hasil Survei Status Gizi Indonesia. Kementerian Kesehatan Republik Indones [Internet]. 2023;77–77. Available from: <https://promkes.kemkes.go.id/materi-hasil-survei-status-gizi-indonesia-ssgi-2022>
- Syifa, Refi. (2022). Hubungan Pola Penerapan Feeding Rules dengan Status Gizi Balita 6-24 Bulan di Puskesmas Banda Sakti Kota Lhokseumawe. Volume 6 Nomor 1. *Jurnal Pendidikan Tambusai*.
- Yuliani, D. I. (2015). Hubungan Pola Asuh Orang Tua Terhadap Terjadinya Picky Eater (Pilih Pilih Makanan) pada Usia 3-6 Tahun di RA Tarbiyahtush Sibyan Desa Kecamatan Gayaman Mojoanyar Kabupaten Mojokerto.