RESEARCH ARTICLE

COPING STRATEGIES AMONG MOTHERS OF CHILDREN WITH EATING DIFFICULTY

Francisca A Tjakradidjaja

Department of Clinical Nutrition, Faculty of Medicine, Universitas Islam Negeri Syarif Hidayatullah Jakarta

ABSTRACT

Background: The impact of eating difficulty in children can cause the intake of nutrients to be less, so the nutritional needs become unreachable. It is not easy for parents to face the fact that their children have eating difficulty. Coping becomes part of the adjustment. Coping is a special term used to indicate an individual's reaction when facing pressure or stress. Thus, the coping strategies of parents in dealing with children who have eating difficulty is required to deal with and control existing problems.

Objective: The aim of this study was to explore the coping strategies of mothers who have children with eating difficulty.

Methods: This research was a phenomenological qualitative research. Qualitative data collection techniques in this study was in-depth semi-structured interview techniques. Data analysis was performed by AtlasTi software. Content analysis was used to analyze raw data and identify overarching themes.

Results: There four main themes and associated subthemes, were abstracted from the data, namely feeding problem manifestation (refusing to chew, throw out, prolonged mealtimes, inadequate food intake, food refusal, picky eating, closed mouth), stress full condition (angry/out of control, miserable, confused/puzzled, worried, impatient, frustrating), removed from the situation (positive thinking, ignored, acceptance, persevering, religious approaches), and action to modify situation (creative, seeking for help, looking for information, giving the nutrition supplement).

Conclusion: This study may have implications for the implementation in overcoming child with eating difficulties. By understanding the mother's condition, then the treatment will be more focused and precise.

Keywords: eating difficulty, mothers, coping strategies

BACKGROUND

The condition of children who have eating difficulty is the frequent complaint from parents when visiting a physician. A child is said to be difficult to eat if only able to spend less than 2/3 of the amount of food, so the body's need for nutrients cannot be fulfilled.

Eating difficulties are one of the most common behavioral disturbances in young children. In early childhood period, children have high curiosity, so they are busy exploring the surrounding environment to fulfill their curiosity. When children were exploring the environment, sometimes they are distracted from food. Children also have suspicion when new foods are given, because children have a sense of taste (papilla) which is more sensitive than adults. As a result, they only like certain foods. Study by Kesuma et al shows that children who experience eating difficulties are 35.4%. The results of this study found that 67.1% of children spent eating for a long time (more than 30 minutes), 49.4% were not interested in trying new foods, 48.1% liked only certain foods, 34.2% of children shook their heads when given food, 21.5% of children keep their mouths shut when given food, and 15.2% of children throw away the food that is given[1].

There is a relationship between parenting mothers with difficult eating behavior in preschool children. Parenting is very important for the formation of behavior and character of children. Children will imitate the behavior carried out by parents so they will also imitate parents' eating patterns[2,3]. Therefore, parenting greatly influences the growth and development of children, especially on children's eating habits. Poor parenting can cause children to experience difficult eating behavior. It is not easy for parents to face the fact that their children have difficulty eating. Confusion can occur, parental relationships can also become a problem by blaming each other. Parents with children who have difficulty eating can be carried away in a depressed state. If parents cannot overcome the problems that exist in themselves, then the problem handling is not optimal[4].

To deal with this, parents need to develop coping

strategy behavior. Coping behavior is behavior carried out by individuals to overcome various demands that burden and disrupt their survival. Coping strategies are behaviors carried out by individuals to reduce or eliminate psychological tension and stressful conditions that are seen or not seen. In conducting coping strategies there are factors that influence it, one of which is individual characteristics, namely individuals who have confidence in the ability to manage everyday problems. There were two types of coping strategies, namely coping strategies that focus on problems and coping strategies that focus on emotions. In dealing with eating difficulties in children, parents can use coping strategies that focus on problems to take action in solving those problems[4].

Research on behavior in coping strategies has developed a lot, because it is related to the importance of explaining the relationship between stress conditions and the adaptation process. This process is also important because it is a target in prevention and intervention. Coping becomes part of the adjustment, but coping is a special term used to indicate an individual's reaction when facing pressure or stress. Negative coping may cause various disturbances in the individual concerned. Conversely, positive coping makes individuals more mature, mature and happy in living their lives. Thus, the coping strategies of parents in dealing with children who have eating difficulty is required to deal with and control existing problems. Parents who are able to adapt to positive coping strategies can collaborate with health workers to deal with the child's difficult eating situation. Therefore, this study focused on coping strategies of mothers who have children that have eating difficulty.

Objective

The aim of this study was to explore the coping strategies of mothers who have children that have eating difficulty.

METHODS

This research was a phenomenological qualitative research. It was an inductive approach was used to understand how participants made sense of their lived experience. The use of a qualitative approach in this study was based on the aim of conducting in-depth studies of events, interrelated relationships, and processes that occur under certain conditions. This research seeks to find meaning, investigate processes, and gain deep understanding from individuals, groups, or situations. Things that are studied can be comprehensive, and in-depth from the actual events in natural conditions. Researchers have minimal control over the phenomena that exist and are focused on the phenomenon in the context of the real situation (real-life context).

The location of the study was conducted at Hospital in Parung, Bogor. The main informant were mothers who sought treatment at the hospital. Mothers were eligible to participate if they had a child between 1 and 5 years, have biological children living at home with eating difficulty problems. Purposive sampling was used to recruit informants, and they were willing to be an informant by filling out informed consent. The confidentiality of data sources is a concern. The number of informants were limited until data saturation occurs.

Data collection technique

After completing informed consent, mothers answered demographic questions about their age, education, and occupation. They also fulfill the demographic questions about child age, part of the family, and then the child will be measured their weight and height.

Qualitative data collection techniques in this study came from primary data using in-depth semi-structured interview techniques with the aim of getting the information needed from the informants. For each data collection method there was a guidebook and a list of questions as attached. The list of questions for each data collection method was compiled by examining based on the available literature to maintain content validity. Open ended questions were followed by more specific probes that focused conversations on mother coping strategies.

Data searching will be stopped if data saturation has occurred. It occurs if themes and categories repeat continuously and no new information was obtained.

Processing and data analysis

Information obtained through semi-structured in-depth interview techniques and various findings obtained during data collection in the field were analyzed descriptively qualitatively during data collection and afterwards. All information was transcribed verbally. All qualitative interviews were audio taped and transcribed verbatim. Data reduction includes the selection process to simplify the rough data obtained in the field. This process was to sharpen, classify, direct, remove unneeded material.

Data analysis was performed by AtlasTi software. Content analysis was used to analyze raw data and identify overarching themes. Data analysis was carried out with an inductive approach, looking at individual perceptions not to prove existing theories. The analysis process includes three main processes, namely preparation, organization, and reporting. At the time of preparation is to determine the unit to be analyzed, a meeting was held between researchers and two consultants to synchronize perceptions about things that will be done[5]. Next is organizing data which consists of three stages. The first stage the researcher and the two consultants read the transcript and identified the keywords and phrases

individually. The second phase focuses on open coding activities. Words and phrases that have similar meanings are combined. Each code will be reviewed and discussed at the second meeting until an agreement is reached. In the third stage, the code will be included in the group and then created categories. The final category results are the main theme of the analysis. In the final stage the researcher and consultant will hold a meeting to discuss the results of the analysis. This process was to maximize the reliability of the analysis. An iterative approach to data analysis allowed the team to continuously refine probe questions, develop themes, and monitor for thematic saturation[6].

Presentation of data

Presentation of data was done systematically by developing the results obtained in the field, quotations word for word to strengthen the illustrations of researchers' interpretation and theoretical formulation. The formulated meanings were clustered into themes allowing for the emergence of themes common to all of the participants' transcript.

The validity of the data was carried out by the criteria of the degree of trust (credibility), transferability, dependability, and confirmability. The credibility of qualitative research was determined by the level of trust from the point of view of the informant. The strategy used in this study to increase credibility is to do member checking. Existing data transcripts have been cross-checked (confirmed) with informants directly. Another way was to extend the observation time. Researchers will return to the field to conduct interviews and observations with data sources that have been met or new, so that will form an increasingly open relationship, mutual trust and no information was hidden. Perseverance in data retrieval means doing it more carefully and sustainably so that data certainty, the sequence of events will be recorded with certainty, complete and systematic. Data credibility was also achieved through triangulation of sources, namely checking data by comparing and checking data obtained from one informant with another informant. Method triangulation was done by using different methods to obtain the same information. For example, using the interview method, and observation, so that the data will complement each other. Confirmation between observations and interviews was done to increase the credibility of this study. Data were said to be good if the data from various sources were not conflicting. Transferability was related to the application of the results of this study in other situations. This was fulfilled by providing a detailed and in-depth overview of the results and context of research. The results of the study can be applied to other suitable situations. Dependency was a form of consistency between data and research results. Explanation of the research process includes data collection methods, data analysis, and data interpretation. Qualitative research puts researchers as instruments. Certainty (confirmability) aims to limit bias in research, so research was conducted to achieve objective conditions[7]. In addition, data analysis and interpretation are carried out by discussing them with colleagues.

The verification process was carried out from the beginning of the research to the end of the research, which was a continuous and ongoing process. Conclusions trying to find meaning from the components presented by paying attention to the patterns in the findings. A review was conducted to consider the research objectives by answering the research questions.

RESULTS

The characteristics of the information can be seen in Table 1. Mother's age range from 22 to 30 years old, the majority were graduate from high school and the majority were housewives. Female and male children were almost equally represented in the informants (female= 7, male=6). The sample was purposely selected so that it was composed of individuals who presented a variety of experiences.

Nutritional status based on indicators of body weight for age, most of the informants were at risk of malnutrition and the rest were in a state of underweight nutrition. Based on indicators of height for age, most of the informants were at short risk conditions and the rest were in a short condition, only one informant was in the normal stature category. Most of the informants were at risk of thin condition and the rest were in the normal category, only one informant was categorized as thin, based on indicators of body weight to height.

Emerging Themes

Four main themes and associated subthemes, were abstracted from the data.

Feeding problem manifestation

1. **Refusing to chew**

   Six informants stated that children who eat their food do not want to chew. Food is only left to mouth. Children don't want to chew. This makes eating time longer. Children may not chew because they are too used to eating blended or finely chopped foods. They are keeping food in the mouth.

   The food is not chewed, not swallowed. one spoonful of rice can be in the mouth until 15 minutes. (WIb01)

   This child when eating, food is not chewed. just suck it (WIb02)

   It's really hard to eat ... it's stuck too (WIb03)

2. **Throw out**

   Three informants stated that their children throw out the

food from mouth. children refuse food given. sometimes he vomited food again after he felt the food was not suitable for him.

It's been a frustrating week. Any food that enters his mouth is immediately throw out again (WIb06)

The food sprays everywhere (WIb09)

Already starting to eat dense food, but it's still difficult. The food is throw up again. (WIb13)

3. **Prolonged mealtimes**

Almost all informants stated that the meal time was prolonged. Eating time was long because it was filled with a state of rejection from children. This condition can also occur if the child does not chew properly.

If he eats can be hours (WIb09)

He can eat 3 hours alone. take a long time (WIb11)

This kid can eat up to 1 hour more, sometimes up to 2 hours (WIb13)

4. **Inadequate food intake**

Children eat only a little portion. Food becomes left over. Only a few mouthfuls course, children have refused to continue eating.

Just eat 1-2 spoonfuls and then don't want anymore.(WIb08)

Eat one bite of rice, side dish a small piece, do not want vegetables (WIb11)

Milk only half a glass. he just took his side dishes, the others were not finished (WIb12)

Only eat a quarter cup porridge only, after that he will refuse (WIb13)

5. **Food refusal**

The child does not want to eat at all. Opening his mouth was difficult. Mother has prepared a variety of *foods*, but the child still does not want to.

It seems like it's just bored or mostly snacking ... so he's reluctant to eat his main food. (WIb08).

Usually when she doesn't want to eat, she really doesn't want to. (WIb06)

I have prepared all kinds of food but still don't want to (WIb08)

He shook his head, refused food (WIb11)

6. **Picky eating**

They were eating only certain types of foods and eat a few different starches, a few different proteins, a few fruits, and a few vegetables. They want to choose their food by their self.

My child wants to chew if the rice isn't too soft. (WIb01)

He already tried 1 side dish & liked it, then he didn't want to try the other one (WIb08)

It's hard to eat, it's really very picky (WIb10)

7. **Closed Mouth**

Sometimes the children mouth would not open, refusing all the food that was given. Sometimes they avoided

Table 1. Characteristics of Informants

Code	Age (years)	Education	Occu pation	Age of child (months)	Order in family	Gender	Weight (kg)	Height (cm)	W/H	W/A	H/A
WIb 01	25	Senior High School	House wife	15	1	Female	8	73	-1.21	-1.52	-1.40
WIb 02	27	Senior High School	House wife	13	1	Male	8	70	-0.63	-1.91	-2.86
WIb 03	23	Senior High School	Emplo yee	18	1	Male	9,5	86,5	-2,85	-1,30	1,49
WIb 04	29	Bachelor	Emplo yee	18	3	Female	8,5	78	-1,51	-1,58	-1,00
WIb 05	24	Senior High School	House wife	24	1	Male	10	81	-0,75	-1,73	-2,27
WIb 06	30	Bachelor	House wife	48	2	Female	13	98	-1,37	-1,60	-1,12
WIb 07	27	Senior High School	House wife	29	2	Female	11	80	0.80	-1.07	-2.88
WIb 08	28	Senior High School	Emplo yee	30	2	Male	10,5	87	-1,87	-2,04	-1,49
WIb 09	22	Senior High School	House wife	20	1	Male	10	79	-0,47	-1,16	-1,66
WIb 10	23	Senior High School	Emplo yee	21	1	Female	8,5	74	-0,76	-2,07	-2,96
WIb 11	29	Bachelor	Emplo yee	16	3	Male	8,5	74	-1,29	-1,96	-2,20
WIb 12	25	Senior High School	House wife	20	2	Female	8,5	78	-1,67	-1,92	-1,39
WIb 13	29	Senior High School	Emplo yee	32	3	Female	10	83	-0,99	-2,24	-2,57

when they knew the time to eat.
She had been on a hunger strike, he really didn't want his mouth to open (WIb07)
He doesn't want to open his mouth, he reports, sometimes he runs away if I want to feed him (WIb11).
My child has difficulty eating. really shut his mouth. (WIb12)

Stress full Condition

The majority of the informants reported that dealing with the children that have feeding problem was the stress full condition. The emotions that emerge are:

1. **Angry/Out of control**
   The mother feel or show strong discontent or resentment. They get mad about the children.
   I used to love emotions when I was the first child ... but the more scolded, the more he didn't want to eat. (WIb04).
   really make emotions for those who feed him, want to be angry, very upset (WIb06).
   sometimes I'm emotional, then I'm angry with the kids (WIb11)
2. **Miserable**
   The mothers feel unhappy, distress because of unpleasant moments. Mixed feelings between upset and sad.
   Became very emotional and upset. upset thinking about how to overcome it (WIb04)
   I feel frustrated. sometimes until I want to cry at mealtime (WIb06)
   I am sad, mixed feelings. (WIb07)
   This makes me keep thinking about the problem of eating. I went awry, confused about what to do (WIb11)
3. **Confused/Puzzled**
   Confused feelings often descend. The mothers do not know what to do.
   It's hard for my child to eat, oh so stressed ... so confused about what to give? (WIb01)
   I was confused about what to prepare (WIb04)
   So confusing, Always think hard if you want to prepare food (WIb07)
   I prepare various foods rather than being confused (WIb11)
4. **Worried**
   Mothers saw the child did not want to eat, automatically will get limited food intake. Children's health is a concern. They worry that children will not grow optimally.
   I'm very worried. Especially now that his hair has started to redden the sign of malnutrition. I'm confused (WIb05)
   He looked thin, I was worried he was, malnourished, unwell (WIb08)
   I was very worried that she would not have enough to eat, so she would get sick easily (WIb10)
   I sometimes think of strange things, worrying too much for her health condition (WIb12)
5. **Impatient**
   Facing children who have difficulty eating will consume energy and patience. At some point, sometimes the mother feels her patience was limited.
   I sometimes get annoyed, the child says that she wants chicken, um ... it's been made ... eh, eat only 1-2 bribes. really resentful. just want to be angry. I'm not patient (WIb01)
   I just feel bad. sometimes until I cry when I feed him. (WIb02)
   It feels like I want to hurry up and finish my difficult meal. when does it end? I was upset (WIb04)
6. **Frustrating**
   After the mothers tried everything, frustration arose. Especially if these efforts do not produce results,
   I don't know what else to do. I have tried various ways so that he would eat (WIb02)
   Really annoying, sometimes I feel tired (WIb06)
   I'm awry. I want to give up (WIb07)
   I became emotional, the child was more difficult to eat, the relationship with my husband became tense. So chaotic condition (WIb12).

Removed from situation

1. **Positive thinking**
   Mother will think positively to calm down. They say this is not something serious and there will be a solution.
   Just calm down. if the child doesn't want to eat anymore, maybe there is a time like that. (WIb03)
   but lately I've finally ignored it. the important thing is there is food he wants to eat even if it's a little. (WIb05)
   If it's hard for children to eat, just as parents relax. Only one day the child does not eat, it's okay (WIb08)
2. **Ignored**
   Mother will let a child like that, assuming this is a natural thing. It will improve by itself.
   Let it go, it's just like that (WIb03)
   Instead of emotions, I just followed it so I didn't want to eat (WIb05)
   I thought, Most if he is hungry he will find food too (WIb08)
   I think it's normal for children to have eating difficulty (WIb09)
3. **Acceptance**
   Mother resigned to accept the situation. They do not think too much and just let it run as it should.
   Hmm...Finally I gave up, I did not force him to eat (WIb02)
   Yaa ... just ignore it, if he doesn't want to eat anymore, there really is a time like that. I just live it. (WIb06)

But lately, I've finally ignored it. the important thing is that food is still eaten. I gave her snacks such as cakes, yogurt, puddings etc. (Wib12)

4. **Persevering**

   Mother patiently and painstakingly looked for ways to overcome this. They always try and find solutions that can be run.

   I keep trying to feed new foods that she doesn't know ... who knows she likes them (WIb01)

   I continued to give, trying all kinds of food so that he found what he liked, the meat rolade (WIb02)

   Little by little I give new food. sometimes he refuses, the next day I try again. (WIb05)

   I accompanied him, I personally prepared food and also gave him food. I do not allow the caregiver to provide food (WIb08)

5. **Religious approaches**

   As religious people, mothers also use religious approaches in overcoming problems. Be patient and keep praying was a worship thing that often done.

   I always pray and ask GOD that the child will come back to eat (WIb01)

   I am patient and resigned to Allah SWT I continue to do, God willing, the problem can be overcome (WIb08)

Action to modify situation

1. **Creative**

   The mothers do various ways to deal with children who have eating difficulty. They were trying to regain control over the child's food choices, a rewards chart may work for young children. Mothers try giving the child a choice of two items, e.g. rice or noodles. Try serving a smaller portion and then offering more when the child completes the meal and make meals pleasant.

   Well try it first, then explore the foods that he likes. I combine it with various recipes.(WIb01)

   If he is still not good at using a spoon, the rice is made into small rounds ... so our child just needs to take it and hmm, yummy, like that. The chicken has been chopped, so all that's left to eat it. (WIb03)

   We have got to be smart, smart, looking for ways that kids want to eat.(WIb04)

   Eat together. This is the most effective, because at that age, he already starts to feel 'I'm a big boy', so he will feel really appreciate if he can eat with his parents. I also invite the children to help cook the food. (WIb05)

   Together with the child, I tried a variety of foods. For example, he doesn't like papaya, even though it's good for digestion. Finally I serve cantaloupe, which also has good benefits for digestion, it turns out that she really likes it. (WIb06)

   Eating while invited to play, invited around the house. Food is varied. Various colors of Vegetables make children interested. (WIb07)

   Watch out what she likes. for example he likes listening to music, so while listening to music while giving snacks, food. but don't overdo it too. So he can understand the process of eating.(WIb11)

2. **Seeking for help**

   They were looking for a place to overcome the problem. Sometimes they asked friends, parents or health workers such as doctors and cadres

   Sometimes I ask for help from his teacher at school to take advice so that he also wants to eat by himself at home, like when he was at school, sometimes it works. (WIb09)

   It is difficult for children to eat, it is usually force-fed, using herbs, which are made by herbal medicine sellers. Or to the doctor, ask for advice and he was given vitamin. (WIb11)

3. **Looking for information**

   Information about problems they also need to find, especially new information is very easy to get. The role of the internet, social media, as well as meetings is very important.

   I read the suggestions in the book on child development and search for info via Google. Chat with friends who also have children. (WIb02)

   Who often search for readings on google, how come there are many writings about children having difficulty eating. I also participated in a seminar that discussed difficulty eating in children. (WIb04)

   When weighing the child in the Posyandu, ask questions to the cadres. What is the solution. (WIb06)

4. **Giving the nutrition supplement**

   To soothe herself, the mother gave supplements of vitamins for children. Supplements can also be in the form of vitamin syrup, calorie-dense milk, or vitamin tablets that are widely circulating in the market. This supplement was not based on consultation with a doctor.

   I tried various vitamins for him. from liquid vitamins, in the form of candy. It feels calm when he wants to eat vitamins. (WIb03)

   If I already gave vitamins, it felt calm, hehe ...(WIb04)

   I thought, it's okay if he doesn't eat. I bought vitamins, special milk. (WIb08)

DISCUSSION

The description of manifestations of eating difficulties found in this study was similar to the description of previous studies[1]. Feeding disorders generally present as a food refusal or lower amount of food intake. Feeding difficulties in children manifest as prolonged mealtimes, food refusal,

disruptive and stressful mealtimes, lack of appropriate independent feeding, nocturnal eating in infants and toddlers, introduction of distractions to increase intake, prolonged breast- or bottle feeding in toddlers and older children, or failure to introduce advanced textures[8,9]. The consequences for the child's diet include poor dietary variety and a possible distortion of nutrient intakes. Mothers often find this process difficult to manage[10].

One of the reasons that children find difficult to eat is because they are entering a period of food picking. Another reason that often makes children difficult to eat is because of the taste of food that is not tasty, or the texture of food that feels strange[11]. This is probably caused by the condition of children who are accustomed to given foods that are sweet or contain flavorings. So it's natural if they don't like it when they taste certain types of food, especially fruits and vegetables.

The children will reject the food. Sometimes it can be caused by inappropriate feeding techniques, for example by threats, encouragement, coercion, or punishment. These actions actually risk making children traumatized with food.

This study employed a qualitative design to examine underexplored areas of mother's coping strategies. Coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to master, reduce tolerate or minimize stressful events. The approach taken by the mothers includes emotional expression and the actions they take to overcome the problem of children having eating difficulty. There are no standards for coping strategies. Coping strategies have been shown to vary by gender, age, and individuals' previous experiences. Mothers in this study were able to describe a variety of strategies to cope with this stressful situation.

The informants employ problem-focused and emotion-focused types of coping strategies. Problem-focused coping strategies included: (a) Creative, (b) Seeking for help, (c) Looking for information, and (d) Giving the nutrition supplement. Emotion-focused coping included: (a) Positive thinking, (b) Acceptance, and (c) Religious approach. Some of the coping strategies described by participants in the present study have been reported previously. The way to improve coping for the mother would be to develop and disseminate accessible tools that support problem-focused and emotion-focused coping. The results of this study suggest that for the adaptation process to be effective, and hopefully lead to an acceptance condition. Adaptation, through a reset of expectations that fit with the reality will be effective. This will lead to the effectiveness. Effective coping, potentially leading to an optimal quality of mother's and children's life.

Emotional expressions that tend to be angry can be tolerated, because disappointment can arise when children refuse food. They might come across as angry but deep down be feeling scared or insecure. If all efforts have been made but the results do not produce results, then the condition will lead to despair and frustration. This condition will be exacerbated if the mother compares the conditions experienced by others. When seeing other people's children eat easily while their children do not, this condition will add to disappointment. Prolonged sad condition will drown the mother in depression. Learn relaxation and stress management techniques will be greatly helpful. They can seek counseling in order to gain support, find alternative ways of coping, and ask for advice on how to cope with mealtime.

Mothers are required to develop creativity in overcoming children having eating difficulty. Mothers will choose nutritious foods with textures and flavors that are appropriate for the child's age and are liked by him. They must be patient in the process of fulfilling the nutrition of children until they are accustomed to eating healthy and nutritious food. When a child rejects a variety of vegetables, the mother can focus on giving the type of vegetables that child likes. Not only focus on portion sizes, calories, and the nutrient composition. Enjoy the meal and try to make conversation. Child can get involved in cooking the meal, set the table, and wash up.

Parents often panic and rush to give vitamin supplements. In fact, such supplements are not always needed for healthy children who grow normally. Supplements are only given if the doctor recommends them. Moreover, most children do not need supplements because the necessary nutrients can still be obtained from various natural sources through the intake of nutritious foods and drinks.

There was potential limitations to the study. First, this study used only one method of data collection, namely interviews. It was better to triangulate data collection methods by interviewing other family members or observing.

CONCLUSION

This study sought to further understand the phenomenon of mother's coping strategies in dealing with children who have eating difficulty. Mothers were mindful of the need to provide their children. This study may have implications for the implementation in overcoming child with eating difficulties. By understanding the mother's condition, then the treatment will be more focused and precise. Future qualitative research should focus on coping strategies of the parent and caregiver. Further research also needs to be conducted to evaluate the management of eating difficulty children using themes that emerge in this study.

Acknowledgement
The authors would like to thank informants who shared their experiences at a difficult time of their lives.

REFERENCES

1. Kesuma A, Novayelinda N, Sabrian F. *Faktor-faktor yang berhubungan dengan perilaku kesulitan makan anak prasekolah*. JOM. 2015 Oct; 2(2): 953-961.
2. Karaki KB, Kundre R, Karundeng M. *Hubungan pola asuh ibu dengan perilaku sulit makan pada anak usia prasekolah (3-5 tahun) di taman kanak-kanak desa Palelon kecamatan Modoinding Minahasa Selatan*. Ejournal Keperawatan (e-Kp). 2016 Feb; 4(1):1-7.
3. Adamson M, Morawska A. Early Feeding, Child Behaviour and Parenting as Correlates of Problem Eating. 2017 June; 26:3167–3178.
4. Maryam S. *Strategi Coping: Teori Dan Sumber dayanya*. Jurnal Konseling Andi Matappa. 2017 Aug; 1(2):101-107.
5. Elo S, Kynga. The qualitative content analysis process. Journal of Advanced Nursing. 2007 Nov;62(1):107–115.
6. Gao L, Watkins DA. Conceptions of teaching held by school science teachers in P.R. China: identification and cross cultural comparisons. Int. J. Sci. Educ, 2001: 24(1): 61-79.
7. Moleong LJ. *Metodologi Penelitian Kualitatif*. 30th penyunt. Bandung: Remaja Rosdakarya; 2012.
8. Rybak A. Organic and Non organic Feeding Disorders. Ann Nutr Metab 2015;66(suppl 5):16–22
9. Yang HR. How to approach feeding difficulties in young children. Korean J Pediatr 2017;60(12):379-384.
10. Wardah SH, Ekayanti I. *Perilaku gizi ibu, pola asuh makan, kontribusi snak, dan status gizi anak usia prasekolah*. J. Gizi Pangan. 2014 Nov; 9(3):145-150.
11. Emmett PM, Hays NP, Taylor CM. Antecedents of picky eating behaviour in young children. Appetite. 2018 Aug; 130:163–173.