

# Unresponsive feeding practices in overweight and obese suburban preschool-aged children: A qualitative case study

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## Abstract

**Background:** Irresponsible feeding behavior is the cause of being overweight in early childhood.

**Purpose:** This study aimed to investigate the dietary habits of preschool-aged children residing in a suburban region of Indonesia characterized by a significant prevalence of obesity among children aged five and below.

**Methods:** This study was a case study design conducted in South Tangerang, Banten Province, Indonesia, involving six moms who had toddlers with overweight to obese nutritional status. The number of six participants was decided after the saturation coding of the fifth participant, and then one more participant was interviewed to ensure that the data was genuinely saturated. The mothers were selected to participate in the study and were interviewed in depth. The researcher also observed the participants' eating behavior. The analytical framework was used in this research, and then the interview transcripts were analyzed using thematic analysis.

**Results:** The four themes found were 1) The inability to respond to internal cues of satiety, 2) Distraction at mealtimes, 3) Unhealthy food in emotional eating, and 4) Mothers practice persuasive feeding.

**Conclusion:** The children show unresponsive feeding behavior, which notably contributes to the prevalence of overnutrition during early childhood. Community health professionals should strengthen their efforts to improve feeding behaviors among mothers to address the nutritional status of preschool-aged children.

**Keywords:** children; feeding behavior; obesity; overweight; preschool-aged

## Introduction

Obesity, a multifaceted and increasingly prevalent health problem, is becoming more common among younger age groups, including toddlers and preschool-aged children. The historical factors contributing to obesity in early children include genetic predisposition, socioeconomic situations, and lifestyle choices (Sahoo et al., 2015). However, an additional crucial element in the formation of obesity is feeding practices. (Redsell et al., 2021). A technique that has garnered significant attention is known as "responsive feeding." Responsive feeding is a principle that aims to develop a harmonious caregiving strategy where food is given to a child based on their hunger cues (Black & Aboud, 2011). However, if misunderstood or misused, it can unintentionally worsen the occurrence of obesity.

Proper nutrition has a crucial role in the development of preschool-aged children by promoting physical growth and influencing long-term food habits. Responsive feeding is a belief that preschool-aged children have intrinsic abilities to manage their food intake spontaneously (Pérez-Escamilla et al.,

2021). Hence, the principle of responsive feeding is based on the belief that children can naturally regulate their eating while the caregiver responds to the cue of hunger. It highlighted that responsive feeding is not just a behavior but a structured approach. Furthermore, previous studies highlighted the role of responsive feeding in maintaining adequate eating patterns, reducing obesity, and promoting optimal growth and development in preschool-aged children (Srivastava et al., 2022; Winahyu et al., 2023). Caregivers need to recognize and respond correctly to their children's hunger and satiety cues. Ideally, establishing a positive eating environment is the foundation for developing trust between the children and caregiver while ensuring the child's nutritional requirements are adequately fulfilled.

This study describes responsive feeding as a caregiving approach, including recognizing and responding to preschool-aged children's hunger and satiety cues. However, an unclear definition of responsive feeding could lead to misunderstandings of cues, sociocultural context, or caregiver worries, leading to unresponsive feeding practices (Black & Aboud, 2011). For instance, caregivers tend to give food to a crying child rather than solve the real problems that are causing preschool-aged children distress, such as tiredness, boredom, or discomfort. As time passes, the practice could teach preschool-aged children that there is a link between food and emotional solace, which could lead to huge food consumption without hunger (Jalo et al., 2019).

Besides misinterpreting signals, provided food size and type are important considerations. It is crucial since nutrition status could affect the health status of the children (Rahayuwati et al., 2019). Foods that are high in calories but lacking in nutrients may be favored due to their rapid calming impact (Farrow et al., 2015). Moreover, excessive calorie intake is caused by consuming foods that possess appealing flavors and textures that could temporarily relieve a disturbed toddler (Blaine et al., 2017; Farrow et al., 2015). Furthermore, weight gain in preschool-aged children could be caused by the limited gastric capacity for excessive consumption of energy-dense foods (Vijayvargiya et al., 2020).

One factor linked to the feeding process is the environmental setting. For instance, several distractions, including television or technological devices, could impair the capability to detect satiation signaling. Distracted preschool-aged children influence the ability to identify and communicate the emotion of satiety, leading to unconsciously prolonging feeding sessions beyond their level of fullness. Furthermore, an essential factor to be considered in responsive feeding is the caregivers' connection with food. (Black & Aboud, 2011) Responsive feeding underlines the caregiver's approach to children's hunger and satiety cues, leading to enhanced self-regulate eating and promoting their growth and development. Parents and guardians who employ food as a coping mechanism may inadvertently demonstrate these

behaviors in their preschool-aged children. Emotion-driven feeding situations arise from the experiences of caregivers and their association with food.

Therefore, supporting a child's natural ability to control food intake by employing inappropriate responsive feeding could unintentionally create early-onset obesity. Several factors influence deviation from the main principles of responsive feeding, including environmental setting, misinterpretation of cues, the nature and method of food provided, and the attitude of caregivers towards food. As researchers explore deeper into the case studies related to obesity in preschool-aged children, this study aims to examine, understand, and characterize the complex nature of unresponsive feeding in obese preschool-aged children. Unresponsive feeding is a caregiver approach to responding inappropriately to preschool-aged children's hunger and satiety cues during feeding. Recognizing and dealing with unresponsive feeding patterns is crucial, as they have a substantial impact on the emergence of childhood obesity.

## Methods

### Design

This study selected a case study approach to conducting qualitative research. A case study approach comprehensively explores specific events in a holistic setting. This research examines the emerging young child obesity trend, explicitly focusing on unresponsive feeding behaviors.

### Participants and Setting

The setting of this study is South Tangerang City, a suburban area with a high prevalence of obese preschool-aged children. According to Demographic Health and Surveys 2018 in Indonesia, eight percent of children were obese, and 13 of 35 provinces have several obese children above the national average (Ministry of Health Republic of Indonesia, 2018a). One of the cities in Indonesia that has several children with high overweight nutritional status is Tangerang Selatan City (5,89%) (Ministry of Health Republic of Indonesia, 2018a). Based on the report from the Ministry of Health Republic of Indonesia (2018b), Tangerang Selatan City is the city with the highest number of overweight children in Banten Province.

The study's sample or participants were chosen through a purposive sampling technique. The study's inclusion criteria encompass the following: 1) Mothers who have children aged 25-59 months and who are classified as overweight or obese, 2) Mothers who actively engage in the direct feeding of their children, 3) Mothers and their children residing in South Tangerang City, 4) Mothers who possess verbal communication skills, and 5) Mothers who express a willingness to partake in the research study. The research study's exclusion criteria include children receiving direct breast milk consumption.

The initiation of the participant selection process

involved elucidating the research objectives, the established criteria for prospective participants, and an overview of the research procedure, including the protection of participants' rights, as conveyed to the South Tangerang City Health Service. This procedure constitutes a crucial stage in acquiring authorization to conduct research. The researchers assessed the nutritional status of individuals affected by overweight and obesity using data collected from the Community Health Center in the South Tangerang City working area. Upon acquiring data about children who fulfilled the specified inclusion criteria, the researchers established communication with local health cadres, who were identified as crucial individuals for the participants. The researchers sought parental consent to conduct interviews in the presence of health professionals.

The sample size for this study consisted of six individuals. The data collection process involved interviewing five individuals. Data saturation was achieved after these interviews, indicating that no new information or themes emerged. An additional interview was conducted to confirm the data saturation level further. However, no new coding or themes were identified during this interview, confirming that data saturation had been reached.

### Ethical consideration

This research upholds ethical principles that protect participants: autonomy, non-maleficence, beneficence, and justice (Streubert & Carpenter, 2011). The researcher maintained the principle of autonomy by conveying complete information related to research, including guarantees of confidentiality. Participants who received complete information then voluntarily marked the informed consent sheet. The researcher practiced non-maleficence by giving participants the freedom to schedule an interview. The researcher applied the principle of beneficence by not forcing the participant to continue the interview if the interest was not from the participant. The researcher established the principle of anonymity by not writing the participant's name for research purposes. The researcher replaced the names not written with the code 'P' followed by a number, indicating the order in which the participants were interviewed. This study has also been granted ethical approval from the Research Ethics Committee of Faculty of Health Science, Universitas Islam Negeri (UIN) Syarif Hidayatullah with number Un.01/F.10/KP.01.1/KE.SP/06.08.017/2023.

### Data collection

Data was collected from January to May 2023 at the Community Health Center in the South Tangerang City working area, a suburban area of Indonesia. Data was collected through in-depth interviews directly with each participant, each lasting 40-70 minutes. One researcher conducted interviews to maintain the validity of the research data. The researcher also observed three children who were participating while eating.

The interviewer used an interview guide the researcher had previously prepared based on theories about responsive feeding adapted from Mallan and Miller (2019) and Sall et al. (2020). The researcher used the interview guide for bracketing. Moreover, the researcher wrote field notes when conducting interviews and observations. The expressions of the mothers when interviewed, differences in the information provided between what was conveyed, and the child's behavior during observation were documented in field notes.

### Data analysis

The theoretical framework guiding this study is based on Bowlby's Attachment Theory, which outlines a foundational explanation of how a parent-child relationship influences the developmental and emotional state of the child (Ali et al., 2021). Attachment is primarily thought to form during childhood, although it can be established across the lifespan. These behaviors, often called cues, are supposed to be evolutionarily designed to keep caregivers close or facilitate the maintenance of closeness (Flaherty & Sadler, 2011). This framework aligns with the feeding experience as it relates to behaviors that play an essential role in attachment development. Bowlby's theory argues that a caregiver is as essential to a child's emotional health and development as nutrition is to physical health (Benoit, 2004). Positive behaviors that cultivate secure attachments, such as responding to children's hunger cues, are often part of the patterns around frequent feeding (Hodges et al., 2013). While feeding, children may make coordinated offers of interaction with a parent or caregiver, which promotes connection. When caregivers respond to preschool-aged children's signals during nourishing, the children's skills are supported, children are less likely to become overweight, and positive parent-infant intuitions are encouraged (Coyne et al., 2022).

The proposed methodology for data analysis involves employing an inductive thematic analysis approach. According to Yin (2014), one of the analysis methods in a typical multiple-case study is called within-case analysis, typical of thematic analysis between cases or cross-case analysis. In essence, thematic analysis is carried out between cases to provide some background of the case events found. This is in line with the opinion of Creswell and Poth (2018) that researchers focus on several key issues not to generalize between cases but to understand each case through thematic analysis.

The inductive thematic analysis means that the data derives from the theme (Naeem et al., 2023). This approach entails transcribing the interview proceedings, coding the data, and organizing it into categories. Pattern matching was utilized to analyze the case study. It compared the observed pattern (themes) from the interview with the pattern based on existing literature. Through this iterative process, significant themes were identified and derived from

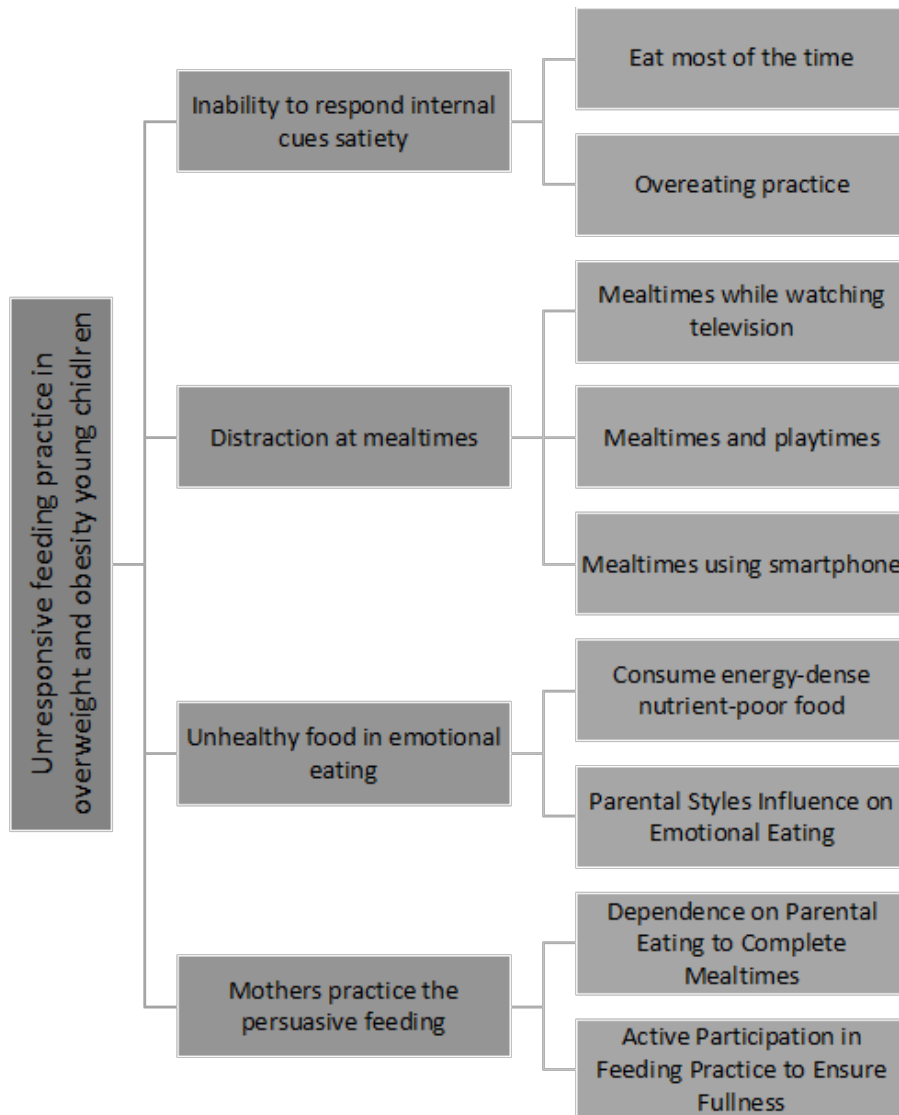


Figure 1. Thematic Tree

the content of the collected interviews. Moreover, a thematic analysis was used since it systematically identifies, analyzes, and reports the data's themes (the pattern) (Braun & Clarke, 2006; Guest et al., 2012). In addition, the in-depth interviews between the interviewers and participants were documented using a voice recorder. Once the interview is completed, the research team transcribes it verbatim. Moreover, a member of the research team proceeded to identify significant statements. The study team, serving as interviewers, transcribed these statements into coding format.

### Trustworthiness

The coding that arises will be discussed with another research team member. Subsequently, the interviewer will initiate further communication with the participant to conduct member checking, a process aimed at verifying the alignment between the momentarily generated coding and the information

provided by the informant. Upon confirming that the subject's intended meaning has been accurately coded, the interviewer will conclude the session with the participant. Upon discovering novel coding techniques, the interviewer will proceed with the interview process until coding saturation is achieved.

The research team employed cross-checking to determine whether redundant or overlapping coding may be consolidated or merged and subsequently to ascertain whether additional data was incorporated based on the observations. Subsequently, individual study teams proceeded with their respective categorizing processes. Upon the conclusion of the individual categorization procedure, the research team convened to engage in a comprehensive discussion regarding the categories as an integral component of the triangulation process. The process continued by discussing the resulting sub-themes and themes. This study's methodology and theoretical framework are considered a vigorous

structure for analyzing responsive feeding in preschool-aged children.

## Results

There are four significant themes resulting from data analysis. By integrating Bowlby's Attachment Theory with inductive thematic analysis, this research offers a comprehensive understanding of the relevant variables affecting responsive feeding practices. Hodges et al. (2013) suggested that forming an attachment bond provides comfort, security, and nourishment. The necessity for comfort and security is evident in the reciprocity exhibited by parents in response to their child's cues. Consequently, the identified themes are anchored in the three fundamental pillars of young child feeding: the child's perception of comfort and security, which is oriented towards meeting their nutritional requirements. These themes are listed in Figure 1. Theme Tree. Six participants were included in this study. The characteristics of the participants are shown in Table 1.

### Theme 1. Inability to respond to internal cues, satiety

#### Subtheme 1. Eat most of the time

Many participants said their children were free to eat at any time. Mothers tend to give food whenever the child asks for food. Children are still given solid food during curfew. Children are not accustomed to recognizing hunger and fullness. The following participant information proves this:

"If he (the toddler) has not fallen asleep by 11 or 10 PM, it is highly likely that he will seek food. The occurrence is irregular, as individuals occasionally request sustenance as their primary concern, prompting my provision of nourishment to them (laughs)" (P5)

"If he's still hungry, he'll ask for more. It's not time to eat yet... There's plenty of food, sis. For example, I don't eat enough. I'm the one who stocks up on food, so that's my fault too because I work and stay away a lot, so I'm used to giving him peace and quiet." "Comfort is with food in the sense that when the mother is working, buying this or eating that, she gets used to it that she will ask for food if the stock of

food runs out, she says she wants that." (P4)

Too much food can make a child vomit. Several participants mentioned it. The child does not want to stop eating, and as a result, the child vomits. That's when the child wants to stop eating.

"Yes, he can, if he's full, he can spit out (vomit) everything that's inside what he eats." (P3)

"...I don't want to eat too much because I know that after eating, he always ue (vomits) he always spits out more (food) because when he's finished eating, he moves a lot, and it immediately comes out again (the food)." (P5)

#### Subtheme 2. Overeating practice

All participants stated that their children ate large amounts, whether of main food or snacks. The child seemed to want to continue eating even when the caregiver tried to stop him.

"don't know how much my child likes to eat. In fact, I want to stop, but he keeps wanting to eat. Sometimes, ma'am, he adds more, and I say, 'That's enough, he's full.' No, Koko (the child) will still want to eat. Keep going. Finally, if it's like that, I'll distract him, let's just go out, we've finished eating. Because of how old he is, he's two years old and he really likes snacking and eating. The milk has started to decrease, well, but when the milk starts to decrease, he eats like crazy. that's how it is, ma'am." (P2)

Some participants stated that every time they ate at a restaurant known for its large portions, their children could finish 1 portion; sometimes even adults don't always finish it. The child's mother did not expect that a child under the age of 5 would be able to eat that much food.

### Theme 2. Distraction at mealtimes

#### Subtheme 2.1. Mealtimes while watching television

Participants frequently mention their enjoyment of eating while watching television. Some participants claimed that if they let their children watch television, they would eat more. Several participants were aware that eating while watching TV was inappropriate. Still, they continued to do so since getting their children to eat was challenging if they were not watching television. This information can be found in the participant statements listed

Table 1. Characteristics of the partisipants (n=6)

Participant's code	Gender	Age (months)	Body weights (kg)	Body heights (cm)	Nutritional status (Weight for height)
P1	Male	59	25.2	105.5	Obese
P2	Male	53	29.1	106.5	Obese
P3	Male	34	17	95	Overweight
P4	Male	44	34	101	Obese
P5	Female	53	22.8	104	Obese
P6	Female	42	25	111	Overweight

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below.

*"When you eat, talk, or watch TV." That is, in fact, not permitted. You should sit, but that's difficult right now." (P2)*

*"...if you bribe him while watching TV, he will even charge at him (laughs)." (P5)*

### Subtheme 2.2. Mealtimes and playtimes

Apart from watching television, playing is another alternative activity for youngsters to do while eating. Some games are played by running around, riding bicycles, taking a kiddie ride (odong-odong), or simply walking around.

*"Sometimes we flirt, then ride an odong-odong and (eat) like that..." I used to take it for a walk or ride my bicycle in the mornings. Yes, I rode and was pushed by a bicycle." (P5)*

*"Invited to play, so he only wanted to eat like that, he played, then he finished like that... While riding a bicycle in that manner." (P6)*

### Subtheme 2.3. Mealtimes using smartphone

Some participants stated that some of their children would eat only if they turned on the video on their cellphone. Apart from that, sometimes children also play light games on cellphones.

*"For example, if I feed him without giving him a cellphone, he doesn't want it. In the end, it's getting worse. For example, if he wants to eat, why does he have to have a cellphone? Previously, he didn't, but now it's like this." (P1)*

## Theme 3. Unhealthy food in emotional eating

### Subtheme 3.1. Consume energy-dense, nutrient-poor food

This subtheme describes the habits of children who often consume processed foods or unhealthy snacks, such as meatballs, dim sum, nuggets, and French fries. Participants also mentioned that children often finish snacks in large quantities at once, indicating an uncontrolled emotional eating pattern.

*"In the afternoon, sometimes the dumpling maker passes by. So, I just gave it to you. Yes, if now (1 portion of dumpling) is gone... If it's a snack, this is the most. If it's like this, the best snacks are sausages, nuggets, and potatoes. Two (fried) potatoes were finished (in one meal). In the past, snacks were sometimes potatoes, fried potatoes, he wanted them, he held them himself." (P1)*

*"His snacks are Yupi and milk. Yes, he buys UHT chocolate milk (Can finish 3 in a day, how many times) the big one (250 ml), right?" (P3).*

### Subtheme 3.2. Parental Styles Influence on Emotional Eating

This sub-theme focuses on the influence of parents who tend to give food that children want as a form of fulfilling their desires without considering

nutritional value. Parents also often choose to provide snacks when children ask, strengthening children's emotional eating patterns.

*"For me, I also happen to like cooking. Sometimes, he likes dim sum models, so I make them myself. Then, like fish balls, I make them myself. Then, like chocolate, I give him that occasionally, but only occasionally. I stock food in the refrigerator; suddenly it is finished by itself." (P2)* *"...like martabak (folded stuffed pancake), then sometimes he costs 15 thousand for meatballs or dim sum (1 portion for an adult) and ends up eating the dim sum himself, ha ha that is why sometimes his father likes to buy him what he wants. If on the street they say I want this and that, oh well, it ends up being eaten like that. So, it is more like what he wants." (P5).*

## Theme 4. Mothers practice persuasive feeding

### Subtheme 4.1. Dependence on Parental Eating to Complete Mealtimes

This subtheme describes the child's dependence on the mother to feed him to ensure the food is finished. The subtheme is reflected in the participant's statement, which indicates that they did not allow the child to eat alone due to concerns that the child might not eat properly or finish the meal.

*"Yes, sit down, eat. Later, run again, but yes, 'aa sit', while being told slowly yes, finally sit down like that, but it is not right away, at most how long. There are times when it takes a while before he wants to. Yes, still, going around yes after that, while I feed him yes finished". (P1)*

*"Because there are different people, so if the child does not want to eat, just let it be. For us, we feed him; we are patient. Suppose we must eat in the morning, afternoon, and evening. For others, if the child does not ask for food, we do not give him food. For us, we must eat; we have to finish it. Eating takes a long time, not fast, unless we feed him quickly because we force him, right?" (P6)*

### Subtheme 4.2. Active Participation in Feeding Practice to Ensure Fullness

This subtheme describes how mothers directly feed their children to ensure that the child eats according to the portion that the mother expects. Mothers need to feed their children so that food can be consumed optimally, as reflected in the quote that children should be fed to ensure their stomachs are full.

*"More like eh I have never let him eat by himself eh more when he eats by himself, it does not go into his mouth, so it is better to feed him so that his stomach is full too." (P5)*

## Discussion

The study addresses the research objective to investigate, comprehend, and describe the

dynamics and nuances of unresponsive feeding in overweight and preschool-aged children. The present research has discovered and categorized four primary themes, which will be further examined and addressed in the subsequent sections.

The first theme “Inability to respond internal cues satiety” indicates a considerable proportion of parents let their children have the autonomy to determine their mealtimes, providing food upon request, and even during traditionally designated fasting periods, such as curfew hours. Responsive feeding practices encourage the children’s ability to respond to internal satiety cues (Miller et al., 2020). In examining the connection between the theoretical framework and the phenomenon of successful parent-child attachment, a previous study indicates that one primary contributing factor is how the parent responds to the cues and signals the child provides (Benoit, 2004). The responsiveness facilitates secure attachment, supporting preschool-aged children to self-regulate food intake and develop healthy eating behaviors. The correct interpretation of the hunger and satiety cues from the child and the correct response from the parent allows preschool-aged children to manage their food intake (Lutter et al., 2021). The absence of mutual interactions between parent and child could lead to disregard for the internal hunger and satiety of the child with growing autonomy and a drive for self-regulation, thus raising the risk of being overweight (Blake-Lamb et al., 2016). Parents who demonstrate a permissive approach to feeding practices are linked with providing comfort to children through food to avoid conflict, leading to ignoring the development of organized eating habits (Kiefner-Burmeister & Hinman, 2020). Significant issues might arise due to employing the approach—for instance, preschool-aged children struggle to manage their food consumption autonomously. Moreover, potentially unstable dietary habits could be influenced by obesity or other metabolic diseases (Pace et al., 2019).

Furthermore, the overeating practice emphasizes the increasing issue of food consumption among children. For instance, children consume significant portions of high calories regularly. Moreover, children’s poor inhibitory control and attentional deficit could make them especially drawn to these enticing signals. As such, children with lower emotional self-regulation might demonstrate a reaction to specific cues due to the relationship with the rewarding behavior of consuming delicious food (Yeum et al., 2023). Thus, there is a lack of synchronization between food and psychological signs, wherein preschool-aged children may struggle or despair in reacting to satiety signals (Redsell et al., 2021). Some situations could accidentally facilitate the feeding practice trend of caregivers. For instance, provide full-of-energy snacks, large amounts of food portions, or cultural beliefs that link large quantities of food with better nutrition (Redsell et al., 2021).

Moreover, the second theme, “Distraction at

mealtimes,” showed that several activities, including watching TV or playing while eating, could lead to unmindful ingestion and a lack of attention to hunger cues (Khot et al., 2022). As Adise et al. (2018) stated that external food stimuli might influence high delightful food consumption as preschool-aged children create reward-based responses. Distraction hinders the ability of people to perceive fullness appropriately, leading to huge food consumption and risk of obesity (Trofholz et al., 2019). Parents’ media utilization while feeding their children is a prevalent practice that constitutes a fundamental aspect of the typical infant’s daily routine during the initial year of their life. Nevertheless, there is considerable variation in feeding practices (Coyne et al., 2022). The findings emphasize the importance of mindful eating habits and a regular eating schedule in reducing massive food consumption.

For the third theme, “Unhealthy food in emotional eating,” this study’s findings have some consequences beyond the direct health outcomes of preschool-aged children. As such, feeding practice could influence long-term maladaptive eating habits. This finding is consistent with Bowlby’s theory, which states that minimal interaction between children and parents can trigger children’s impulsive, emotional behavior, particularly concerning food portions (Ali et al., 2021; Benoit, 2004). Moreover, large amounts of food consumption, exceptionally high calories but low nutrients, might influence the development of obesity in preschool-aged children, leading to other metabolic and psychological problems (Calcaterra et al., 2023; Trofholz et al., 2019). For instance, emotional eating, in which food is consumed to console or calm people rather than to give satiety, could manifest in overeating (Shireen et al., 2022). Emotional eating is characterized by the consumption of less healthy and energy-dense snacks. Providing more nutritious foods at home could prevent children from bingeing on emotionally unhealthy foods, instead supporting children to eat more nutritiously (Haycraft, 2020).

The fourth theme is “Mothers are practicing persuasive feeding.” Notably, the development of self-regulated eating could be influenced by regular direct feeding practices in preschool-aged children (Wood et al., 2020). Most preschool-aged children have acquired motor skills to feed themselves. This stage of development is crucial since it facilitates the journey of independence. Moreover, self-regulation ability in food consumption could be caused by their caregivers’ persistence in food provision, hindering their ability to differentiate between hunger and satiety signals (Redsell et al., 2021; Wood et al., 2020). While the caregiver tends to oversee food choices and reluctance to adopt responsive feeding practices, it will lead to reduced children’s self-control and capacity to eat independently. Efforts to enhance children’s autonomy in feeding themselves are notable for fostering favorable attitudes toward nutritious consumption and promoting children’s self-reliance (Bergamini et al., 2022). Early maternal

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encouragement to eat (persuasive feeding) was positively associated with a child's enjoyment of food and a 'good' appetite. In contrast, it was prospectively associated with children's tendency to overeat one year later (Miller et al., 2020). Thus, feeding practice by caregivers for children over three years needs to be explored more since it could restrict the development of their skills, independence, and healthy food awareness.

The consequences for nursing can be derived from a qualitative study on unresponsive feeding patterns. Nurses can utilize this knowledge to augment patient education, providing guidance to parents regarding the identification and appropriate response to their child's hunger signals and emphasizing the significance of adhering to scheduled mealtimes. Furthermore, these insights might be integrated into developmental monitoring practices to facilitate the acquisition of appropriate self-feeding abilities in youngsters. Nurses can provide nutrition counseling that effectively targets the issue of portion sizes and snack quality, hence mitigating the development of distracted eating behaviors. This study highlights the crucial significance of nurses in preventing obesity by emphasizing the early detection of children at risk, fostering interdisciplinary cooperation to develop comprehensive treatment strategies, and advocating for legislation that encourages healthy eating habits. Furthermore, nurses can utilize this knowledge to enhance the effectiveness of screening tools for assessing feeding behaviors and guide families toward suitable resources, thus making a valuable contribution to the broader endeavor of promoting healthier eating settings and enhancing pediatric health outcomes. Promotion and education related to feeding practices and exceptionally responsive feeding need to be intensified among parents in urban societies to avoid overnutrition in preschool-aged children.

The current study presents valuable perspectives and a comprehensive comprehension of unresponsive feeding behaviors. However, it is crucial to realize the limits related to generalizability, potential biases, and the difficulties in replicating the findings. The themes identified in this study serve as a significant basis for future research endeavors. One potential avenue for additional investigation could be mixed-methods studies that incorporate quantitative measures to solve certain constraints that have been observed.

## Conclusions

This study investigated the dynamics and nuances of unresponsive feeding in overweight and obese preschool-aged children, identifying four primary themes. First, the inability to respond to internal cues of satiety. Many parents allow preschool-aged children to determine mealtimes, leading to irregular eating patterns and potential overfeeding. Second, Distraction at mealtimes, such as TV or

play during meals result in unmindful eating and excessive food consumption. Third, unhealthy food in emotional eating, where food is used to console rather than satisfy hunger, can lead to obesity and other health issues. Fourth, mothers practice persuasive feeding. The practice could hinder children's ability to self-regulate their food intake. Responsive feeding practices generally encourage children to recognize and respond to internal hunger and satiety cues, promoting healthy eating behaviors. Addressing distractions, emotional eating, and persuasive feeding practices is essential for reducing obesity risk in children. Future studies must focus on interventions that help parents adopt responsive feeding practices to improve children's health outcomes.

## Declaration of Interest

The author declares no conflict of interest in this research.

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## Data Availability

None

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