Thechildwhodoesn'twanttoeat:Whydoesithappen?

Abstract

One of the most frequent complaints in pediatric offices is the child don’t want toeat, which causes a lot of concern among parents, generating stress and severalattempts to insist that the child eat. The reasons for this behavior are diverse, varyingwiththechild'sage,familyrelationshipsandsocialcontexts.Facedwiththischalleng e, itisimportanttoknowsomeofthedifferentcharacteristicsofchildrenfrombirth.This articleisanon-systematicreviewwhoseobjectiveistopresentsomeofthemost importantcharacteristicsofchildren,theirnutritionalneeds,thephysiologyofthe developmentofthedigestivesystemandhowneurologicalandemotionalmaturation

occurs,seekingtointegrateallfactorsrelatedtotheactofeatingtohelphealth professionalsandfamilymemberstobetterunderstandandresolvethiscommon probleminchildhood.

Keywords:Feeding,Infantfeeding,Child,Eatingdifficulties,Childhealth

Introduction

Eatingisamultifactorialandlearnedprocessthatimprovesalongwiththedevelopment of the child, who learns to use their sensory and oral skills to interpretand interact with food. This complex function involves organic and emotional aspectsassociated to motivation within the socio-environmental context of the family and theworldthatsurroundsit.Theactoffeedingachildalsocarriesahighemotional burdenfor parents, especially for the mother, who is seen socially and culturally as the mainpersonresponsibleforthegrowthandwell-beingofherchildren.[1]

One of the most frequent complaints in pediatric offices is that the child does notwant to eat, which causes a lot of concern among parents and other family members,generating stress and various attempts to insist that the child eat according to thefamily'swishes.Thereasonsforthisbehaviorarediverseandevencomplex,varying

according to the child's age and interactions between family characteristics and socialcontexts.[2]Thesearchforquickandevenmiraculoussolutionsmeansthatactionsaret aken based on random guidelines, often recommended by lay people and, moreworryingly,withtheuseofpharmacologicalsubstanceswithoutscientificproof,puttingt hechildatrisk.[3]

Totrytoresolvethisissue,itisimportanttoknowsomeofthedifferentcharacteristics of the child from birth, their nutritional needs, the physiology of thedevelopment of the digestive system and how neurological and emotional maturationoccurs, integrating all the factors related to the act of becoming to feed. Therefore, it isnecessary to emphasize to those responsible that children are born with a survivalinstinct, that is, they feed driven by two stimuli: the body's need and the feeling ofhunger.[4]

Initially, it is necessary to recognize that children have varying nutritional needsdepending on their age. The speed of growth, which is very high in the first two yearsof life, reduces from 2 years until the beginning of puberty. [5,6] As a result, it is naturalfor children to start eating less during this period, even though they still meet theirnutritional demands, which is not always noticed by family members. Furthermore, inaddition to the aspect of survival, feeding is an act of the child's relationship with theirworld, with the people around them and their environment, serving to create bonds ofaffectionandstrengthentherelationswiththemother.[7]

Discussion

Thereispracticallynoinformationintheliteraturethatcancoverthemainaspects relatedtotheactofeating.Therefore,inthissection,themainelementsthatmustbe understoodtointerpretthechild'srefusaltoeat willbepresented.

Childcharacteristics

During theprocess of motorand emotional development children accumulateknowledge due toobservation and experiences acquired throughoutlife, learningearlier what is not food and developing an internal ability to determine the amount offood they need and/or are possible to be ingested. [6]It is important to know that theamount consumed at meals and food preferences change frequently, even within thesameday,andareassociatedwithadults'attitudesofaffection,tiredness,environmental conditions, illnesses, etc. and this must be recognized and respected.With myelination progressing in the cranio-caudal direction child acquires posture,motor maturity and oral skills necessary for the feeding process [8], as can be seen intable1.

Table1.Developmentofthechild'smotorandoral skills

Age(month)	Skills
At birth	coordinatessuckingandswallowingmovements
4–6	extrusionreflexdisappears;firmsneck;improvedsuckingandswallowing;performstonguemovementsandmouthclosureto capturefood
5–6m	oralreflexisreplacedbyvoluntarymovementofthemouthfor feedingandspeaking
6–8	remainswithlipsclosed;greatertongueandcheekmovement

After8	kneadsfoodwithtongueandgums;initiatesfoodlateralization movements
After10	oralreflexisreplacedbyvoluntarymovementofthemouthfor feedingandspeaking;greatertonguemovement;organizesandswallow foodthathasbeenchewedinthelateral region
After18	chewingprogress;candeterminewhetherfoodstillneedstobe chewedorcanbeswallowed
24–36	chewingtotalcontrol;caneatfoodsthatrequiredifferentmouth movements
36–48	valuesappearance,color,shapeandconsistencyoffood

Theactofeating

Among some priorities of the human body - such as breathing, circulation, braincontrol, and others - the act of eating is important for survival as a way of obtainingenergy and nutrients, being the only action of thehuman body that requires theparticipationofallorgansandsenses.Furthermore,itstandsoutforbeingafundamental actionintheprocessofhumanbeings'relationshipwiththeenvironment,as it evolves from an instinctive act in the first weeks of life to learned behavior overthefollowingmonths[8].Itisabehavioralphenomenonthatvarieswiththeindividual'snutritional needs, age, physical and emotional conditions, ambient temperature andamount offoodeateninthepreviousmeal.[2]

Motivations for eating include the initial desire to eat, appetite, sensory affectivefactors(taste,odor,texture,appearance,temperatureoffood)andpleasantsensationslinked to the act of eating, which makes the individual continue eating. even withoutbeinghungry.[9]Regulatorysignalsfortheactofeatingbeginwiththethought,vision

and smell of food, which is called the cephalic phase, followed by the stimulation ofchemical receptors after food ingestion that configures the gastric phase, passingthroughtheintestinalphasewiththearrival offoodpartially.digestedtotheduodenum.Foods rich in sugar, fat and salt are related to positive contexts while foods with lowpalatabilityconfigurethenegativecontextofeating.[9]

Oncetheactofeatingbegins,theorganismtriggersaseriesofcomplexinteractionsof molecular, hormonal, neural and behavioral mechanisms that, acting on differentstructuressuchasthehypothalamus(wherethecontrol centerislocated)andstomach(distensionofthewalls),andinteractingthroughorexigenican danorexigenicneuropeptides,leptin,ghrelinandinsulinwillestablishtheappropriatebalanc ebetweenthebody'sneedsandfoodintake.[7]

Taste

After birth the oral cavity presents a very organized sensory and motor integration,allowing the child to learn in the early years what is not food. Taste begins to bestimulated in intrauterine life by substances present in amniotic fluid and, later, bybreast milk, reflecting the mother's eating experiences. [10] Breastfed children are lessdemanding and more likely to try new foods. The innate preference for sweet tastesincetheprenatalphasefacilitatestheacceptanceofhigh-caloriefoods(astheyhavegreater palatability and a feeling of satiety) and those unknown when associated withsugar. [11,12] The presence of chlorides in breast milk puts the child in contact with thesalty taste while the bitter taste (generally from foods with an unpleasant texture andlow energy content) suffers greater rejection, which can be understood as a protectivefactoragainstharmfulsubstances.[13]

Chewingandswallowing

Chewing is an act learned throughout development that, in addition to crushingfood, contributes to facial growth and facilitates speech development. From birth, theorofacial muscles and mouth are active and develop throughstimuli from hands,objectsandfood.Startingfrominitiallypoorlycoordinatedmovements,chewingwillb efully developed in the fifth year of life, performing incision, crushing and pulverizing offoodinadditiontorecognizingtexture,flavorsandodors.[14,15]Chewingforce,stillsmallinthe firstyearsoflife,explainsthenon-acceptanceofhardenedfoods,suchaspiecesof meat, which can cause concerns for family members. [16]The swallowing processconsists of oral preparatory and propulsive (conscious and voluntary), pharyngeal(conscious and involuntary) and esophageal (unconscious and involuntary) phases.Forswallowingtobenormal,theremustbeabalancebetweenthemuscularforcesoft he lips, tongue and cheeks, which involves the work of 26 muscles and six cranialnerves.[17,18]

Oraldefensiveness

Frombirthchildpresentssomewell-developed protectivesensorybehaviors,mainly related tothe hands and mouth, where agreat number of receptorsareconcentrated. During the first year of life child interacts with the world through themouth, and from the 7th week of intrauterine life the perioral region already respondsto tactile stimuli, culminating in the sucking movements that have been present sincebirth.Insomecases,duetotheinefficiencyofstimulusprocessing,childdemonstratese xacerbated reactions when stimulated, mainly by touch, responding with a negativeinterpretationofprotection,fear,flightandfight.Thisphenomenoniscalledtactile

defensiveness and manifests itself in different ways such as not putting fingers orobjects in the mouth, refusing different types of food (due to taste, odor, texture), notchewing, having tactile sensitivity in other areas (discriminates the use clothes), avoidspicy foods and experience nausea and vomiting. [19]More directly related to food(temperature, texture and flavor) this sensitivity can trigger reactions of refusing andavoidingfood.Therefore,thisconditionneedstobeidentifiedandmanagedappropriatel y, throughtheprogressive increasein sensorimotor-oralcomfortwithmassages,touchandobjectsthat stimulatethemost sensitiveareasof themouth.[20]

Learntoeat

To start ingesting non-liquid foods child must have acquired a certain degree ofneurological maturity, such as that obtained from the 4th month of life in full-termbabies. This corresponds to muscular control and coordination (sitting with stability,keeping thetrunk erect,handling foodand taking it to themouth) in addition toadequaterelationshipswithcaregiversandtheenvironment.[21,22]

Fromthenon,amoredifferentiated phase of learning begins when the child begins to associate flavors withtheeating process,developing theability toidentifythepalatability offoodandassociateitwiththedegreeofsatiety.Attheendofthefirstsemesteroflife,flavorsar elearned and then, from 6 to 10 months of age, the ability to identify the texture of foodwillbedeveloped.[11,23]

Foodneophobia

Neophobia is achild's reluctancetotrynew foods.This isnormal and evenexpectedbehaviorinthe18to24monthsagegroup,whereasdonotcausesecondaryda magesuchasgrowthretardationand/ornutritionaldeficiencies.Children's

willingness toacceptspecific foodshashereditarycomponentsand isculturallyinfluencedbyearlyexposuretothetasteandtextureoffood,causingdifferentpatte rnsoffoodacceptance,andisalsoconsideredaprotectivebehavioragainsttheingestionof harmful substances. [24-26] Children tend to exclude fruits and vegetables from theirdiet due to aversion to their color and appearance, giving preference to foods with ahighcaloricdensity.Thisbehaviorcanresultindeficienciesinessentialmicronutrients,suc h as vitamins and minerals, in addition to increasing the consumption of foods richincarbohydrates,whichcanleadtoexcessweight.[27,28]

Childbehavior,familyandenvironment

Throughout life, the act of eating is a common daily task, driven by the search tosatisfy nutritional needs and reinforced by the feeling of pleasure it provides. Thepleasure of eating is also learned and contributes to the development of children'seating habits, which will remain practically unchanged until they reach adulthood.

[29]Somechildrenexhibitselectiveeatingbehavior,whichleadstolimitedconsumptionofimpo rtant foods such as meat and vegetables, giving preference mainly to those witha higher content of carbohydrates, milk and a greater component of dairy products. Itisalsocommontoobservethathighlyselectivechildrenonlyacceptfoodthathasbeenprepa redinacertainwayorifthefoodispresentedseparatelyfromothercomponentsofthemeal.[30]T herefore,selectivitymanifestsitselfintheformofthreecharacteristics:refusal to eat, little appetite and disinterest in food. The most commonly intrinsiccharacteristicsofchildrenwhoarepickyeatersincludeincreasedsensitivity(especi allytotasteandsmell)andpersonalitytraits.[31,32]

The family structure and the environmental context are fundamental elements fortheadequatedevelopmentofthechild,directlyinfluencingbehaviorandtheacquisition

of eating habits. From the beginning of life, the mother is directly linked to the child'snutrition, both during pregnancy and after birth. [33,34] Family adjustment, with its dailyhabits anddynamics, mustalso bepresentin issues related tothechild's diet,contributing to the adoption of healthy and lasting practices. In this context, childcareprogramscandecisivelyhelpbyindicatingtheappropriatetimetointroducenewfoods,organizing mealtime and frequency, diet composition and in transmitting knowledgeaboutthedevelopmentoffeedingphysiologyatdifferentagesofthechild.[35,36]

Whattodowhenchilddoesn'twanttoeat

When caring for a child who is not eating, a general assessment of health andnutritional status must initially be carried out. This is necessary to reassure familymembers,asmostofthetimethechildisingoodhealthandfreefromillness.Withthisinformation it is possible to demonstrate that the child is consuming enough to satisfytheirnutritionalneeds,whichdonotalwayscoincidewithfamilyexpectations.Another important aspect is knowing the child's eating habits (times, foods consumed andrejected,quantityandacceptanceofmeals),assessingthelevelofanxietyofthechildand familyandtheparents'attitudetowardsfoodrefusal.Withallthisinformation[35-39],some conditions can be established to facilitate the child and family's relationship withfood,ascanbeseenintable2.

Table2.Howtomakefeedingeasierforachild

Provideapleasantenvironment,withoutdistractionsornoise
Makethechildcomfortableatmealtimes
Establishmealdurationandtimes
Respectnormalandtemporaryfluctuationsinappetite
Respectthechild'srighttohavepreferencesanddislikes
Offerfoodinsmallquantities
Presentdishesinapleasantway,withanage-appropriatetexture,avoiding foodmonotony
Donotdisguisefood,childmustknowwhattheyareeating,encouraging learningandidentifyingtexturesandflavors
Donot force, threaten,punishorforcechildtoeat
Donotofferrewardsand/ortreats
Donot usesubterfugessuchasthefamous"littleplaneorlittletrain"
Donotshowirritationoranxietywhenrefusing
Encouragesthechildtoparticipateinpreparingfoodandassemblingtheirplate

Conclusion

Giventhevariousfactorspreviouslypresentedabove,itcanbeconsideredthata setofguidelines canbeimplementedtoassistinresolvingtheproblem.

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