

Feeding Problems Among Children

Living in Urban Areas

Thesis

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

وَلَيَعْلَمَ الَّذِينَ أَوَلَّوْا الْعِلْمَ أَنَّ اللَّهَ الْخَلَّاقُ مِنْ
رَبِّكَ فَيُؤْمِنُوا بِهِ فَتُخْلَبَ لَهُ قُلُوبُهُمْ وَإِنَّ
اللَّهَ لَهَادِ الَّذِينَ آمَنُوا إِلَى صِرَاطٍ مُسْتَقِيمٍ

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List of Abbreviations

AAP	American Academy of Pediatrics
AI	Adequate intake
BMI	.....	Body mass index
CHO	.....	Carbohydrate
DRI	.....	Dietary reference intake
EAR	.....	Estimated average requirement
FTT	.....	Failure to thrive
GER	.....	Gastro esophaged reflex
GIT	.....	Gastrointestinal tract
HC	.....	Head circumference
HT	.....	Height
MAC	.....	Mid arm circumference
REA	.....	Recommended daily allowance
SD	.....	Standard deviation
SED	.....	Selective eating disorder
SES	.....	Socioeconomic status
SFT	.....	Skin fold thickness
VIT	.....	Vitamin
WHO	World health organization
WK	Week
WT	Weight
WT. For Ht	Weight for height

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Introduction

Introduction

Feeding is one of many important ways that parents nurture their infants and children (*Mehta et al., 2003*). Feeding problems of childhood are common concerns encountered in pediatric practice (*Manikam and Perman, 2000*). A pediatric feeding disorder is identified when a child is unable or refuses to consume a sufficient volume or variety of food to maintain nutritional status, regardless of etiology (*Pizza et al., 2003*).

Pediatric feeding disorders include pica (in which the child persistently eats non-nutritive substances for at least one month), picky and highly selective eating (e.g., child eats a limited variety of food), food refusal (e.g., child refuses to eat specific foods), struggle for control (e.g., frequent struggles with child about food) and abnormal behavior during eating; exceedingly slow eating, packing (holding accepted food in the mouth) and tantruming or having angry outbursts (*Lewinsohn et al., 2005 & Patel et al., 2005*).

It has been estimated that 25-30% of feeding interactions may be perceived as problematic ranging from minor problems such as messy, noisy and disruptive mealtime behaviors to

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major total food refusal (*Mehta et al., 2003*). Little is known about the incidence of troublesome eating behaviors in community samples of children. It has been reported that one in four parents who brought in their child for a routine pediatric checkup was concerned about their child's eating (*Lewinsohn et al., 2005*).

Troublesome eating behaviors are important because they are sources of concern for parents, and prolonged difficulty in feeding can lead to severe weight loss or failure to gain weight, stunted growth, and cognitive and developmental delays (*Wright and Birks, 2000*). There is evidence that early malnutrition could program the body of the infant to develop health problems later on in life. Arterial hypertension and cardiac disease as well as, paradoxically, obesity can appear later (*Ammaniti et al., 2004*).

Despite the potential seriousness of the problem, little is known about the etiology of feeding problems or factors that maintain feeding problems in children. Rather, the vast majority of research on feeding problems has focused on line of treatments to increase acceptance and decrease problematic mealtime behavior. It was hypothesized that feeding problems are, at least in part, learned behaviors that develop as a result of a child's