

Selective Plates, Growing Concerns: Picky Eating Behaviour and Growth Outcomes in Preschool Children — A Cross-Sectional Study

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Abstract:

Preschoolers often have picky eating habits, which can affect what they eat and their overall health. The current study sought to evaluate parental feeding behaviour and its determinants concerning picky eating behaviour and to investigate the nutritional status of preschool children. A descriptive cross-sectional study was performed involving 177 preschool children aged 24–60 months and their parents or carers. A structured questionnaire was used to gather information about socio- demographic factors, eating habits, screen time during meals, and junk food consumption. To check the children's nutritional status, we took anthropometric measurements like their weight, height, and mid-upper arm circumference. The results showed that 56.5% of the sample were boys and 43.5% were girls. The number of people from rural areas (48.6%) and urban areas (51.4%) was almost the same. Anthropometric results showed that many kids were in the lower ranges of weight, height, and MUAC. This suggests that some of the kids were not getting enough food. The weight-for-height assessment indicated that undernutrition was more common than overnutrition. Behavioral factors, including screen time during feeding and frequent junk food consumption, were commonly observed among the children. The results show that parental feeding behaviour and underlying determinants all have a big impact on how kids eat and how healthy they are. Enhancing parental knowledge regarding balanced diets, nutritious feeding practices, and the restriction of junk food and screen time during meals may contribute to improved nutritional status in preschool children.

Keywords: picky eating behaviour, preschool children, nutritional status, feeding behaviour, parental practices, anthropometry, child nutrition.

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Introduction:

The early years of a child's life are very important for their growth and development. The progress made at this stage is important for health and well-being in the future. As kids get older, they start to have their own tastes and ways of eating (Rizkiyah, 2025)). In the first five years of life, kids grow quickly and change a lot in terms of their development. During this time, kids slowly learn

how to eat, and these habits may last into their teens and even into adulthood. Some kids, on the other hand, have trouble with eating habits, like not wanting to eat much or only wanting to eat certain foods ((Mahmoudi-Zadeh et al., 2025)). Many people call this behaviour "picky" or "selective" eating, and it can be bad for their health and nutrition. In India, the prevalence of stunting among children is reported to be approximately 27.67%. The Metabolic Diseases IDAI conducted research in 2014 that showed that bad eating habits are one of the main causes of eating problems in kids (Puspita & Rama, 2025). Kids usually eat what they can find at home, so the family's eating habits are a big part of how they eat. Parents and other family members have a big impact on what kids eat and how they eat.

Mealtimes are also a good time for families to talk to each other, set up daily routines, and promote healthy eating habits. But being picky about food can make meals harder. Kids who are picky eaters might not want to try new foods or only like foods that are made a certain way (Garcia et al., 2025). This behaviour can disrupt family mealtime routines and may also impact the parent- child relationship (Nguyen et al., 2025). Research indicates that picky eating impacts around 5.6% to 50% of typically developing children, with prevalence potentially escalating to 89% among those with developmental disorders. A child's temperament, how sensitive they are to sensory stimuli, how their parents raise them, and how their friends eat can all affect how picky they are about food (Madu et al., 2025). If not dealt with early, picky eating can cause unhealthy eating habits and make people more likely to have nutritional deficiencies and health problems in the long run. Sensory, developmental, and psychosocial factors may all be important in picky eating ((Hopewell et al., 2025)). Kids may not eat because they don't like the taste, smell, or texture of the food, or because they haven't had it before.

Some people think that picky eating is just a phase, but not paying attention to it can cause nutritional problems (Juneja et al., 2025). Almost 50% of cases

of picky eating that start in preschool may persist into later childhood. This behaviour can lead to nutritional issues, stress in the family, trouble making friends, and a long-term dislike of certain foods. A lot of picky eaters are sensitive to how food feels, smells, and tastes, which can make it hard for them to eat a balanced diet. To deal with picky eating and improve nutritional outcomes, it is important to know parental behavioral and psychosocial determinants of children's eating behaviour. Parents are very important in shaping how children eat because of the foods they give them, how they feed them, and how they react to how their children eat (Zhou et al., 2025). Parents can help preschoolers eat healthy by knowing enough about balanced nutrition and how to feed them properly. The way they feel about feeding, like being patient, encouraging, and giving positive feedback, also affects how willing kids are to try new foods (Barua et al., 2025). Meal planning, food preparation, and keeping regular mealtimes are some of the daily feeding habits that can help or hurt the development of healthy eating habits.

A behavioral determinants framework is widely used in public health and nutrition research to understand how cognitive, emotional, and behavioral factors influence health outcomes. For preschoolers, parents, especially parents, have a big impact on how kids eat and how healthy they are to comprehend the factors that affect children's dietary habits, it is necessary to evaluate parents' evaluate parental feeding behaviour and its determinants concerning picky eating behaviour (Sharma et al., 2025). Consequently, analyzing parental feeding behaviour and associated determinants yields significant insights into the determinants affecting picky eating behaviour and the nutritional status of preschool children. The purpose of this study is to evaluate parental feeding behaviour and its determinants concerning picky eating behaviour and to investigate their correlation with the nutritional status of preschool children. The research seeks to ascertain the determinants affecting children's eating behaviour and to furnish data that could facilitate the creation of effective nutrition education and intervention initiatives aimed at fostering healthy eating habits in preschoolers.

1 Literature review:

(Mahmoudizadeh et al., 2025) Aimed Picky eating (PE) in early childhood significantly influences food preferences and obesity indices among preschoolers. A study of 436 children revealed a 12.4% prevalence of overweight and obesity. Higher consumption of ultra-processed foods and lower energy intake were observed in children with high PE. Logistic

regression indicated that PE was linked to a reduced risk of overweight/obesity (OR = 0.238), abdominal (OR = 0.332), and central obesity (OR = 0.398).

(Rakshit et al., 2025) Examined the prevalence of picky eating among preschool children in Taiwan and its impact on growth, physical activity, development, and health. A survey of 300 caregivers revealed that 54% of children aged 2-4 were considered picky eaters. Picky eaters had lower z-scores for weight-for-age, height-for-age, and BMI-for-age compared to non-picky eaters, with significant differences in those percentiles.

(Chao, 2018) Investigated the association between picky eating behaviors in preschool children and their growth outcomes. The behaviors are classified into four constructs: 'eating a small amount (ES)', 'neophobic behavior (NB)', 'refusal of specific food groups (RF)', and 'preference for specific food-preparation methods (PP)'. A total of 150 parents' survey responses revealed prevalence rates of 44% for ES, 57% for NB, 73% for RF, and 53% for PP. Key findings indicate that children exhibiting ES had significantly lower height for age (HFA) and weight for height (WFH) z-scores compared to those without this behavior ($p < 0.05$ and $p < 0.0001$, respectively).

(Eun et al., 2013) Provided synthesizes qualitative research on fussy eating behaviors in children, addressing gaps in existing literature that primarily focus on quantitative studies. It highlights the subjective experiences of families and establishes a conceptual model illustrating the relationships among child characteristics, parent feeding beliefs, practices, and emotions during mealtime. Identified pathways include the direct and indirect influence of fussy eating on mealtime emotions, as well as three categories of parent beliefs related to fussy eating.

(Wolstenholme et al., 2020) Aimed Picky eating, or selective eating, is common in young children and involves a limited variety of food choices. This study investigates the impact of exclusive breastfeeding and parenting styles on picky eating. Conducted in August 2024 with 64 kindergarten children, the analysis revealed a significant link between exclusive breastfeeding history and picky eating behavior ($p = 0.022$; OR = 1.192), while parenting styles showed no significant association ($p = 0.875$).

(Aceh, 2025) Studied Picky eating among preschool children can negatively affect their nutrition and development. This study examined teacher-led strategies to address this issue in early childhood education settings in Moga District, Indonesia, involving 36 identified picky eaters aged 4-6 years. A mixed-methods design incorporated quantitative data from anthropometric measurements and

qualitative data from interviews and observations. Results showed an increase in the proportion of children with normal nutritional status from 86.1% to 91.6%, alongside improvements in undernutrition and overweight cases.

(Yulistiani & Setiawan, 2025) Explored food rejection behaviors among Turkish children, particularly focusing on food neophobia and pickiness. It aims to test the reliability and validity of the Turkish adaptation of the Child Food Rejection Scale (CFRS). Methodologically, the CFRS underwent assessments including content, construct, and convergent validity, with internal consistency evaluated by Cronbach's alpha. The sample comprised 375 primary caregivers of children aged 2 to 7 years. Results indicated high psychometric soundness of the Turkish CFRS, with factor analysis supporting the scale's construct validity.

(Akin et al., 2025) Aimed Children's food choices significantly impact their long-term health, with unhealthy habits linked to obesity and chronic diseases. This narrative review delves into the various psychosocial, environmental, neurobiological, and individual factors affecting children's dietary decisions. Key influences include parental modeling, the home environment, genetic traits, maternal nutrition, peer influence, food marketing, and food availability. Biological factors, such as gut bacteria and appetite-regulating hormones, also play a crucial role in shaping food preferences.

(Albardan & Platat, 2025) Aimed Growth-related problems and malnutrition are prevalent among children with disabilities, leading to various health issues. A study conducted at HVP Gatagara Hospital aimed to assess parental knowledge, attitudes, and practices regarding malnutrition in children under five with disabilities. In this cross-sectional study involving 130 parents, findings indicated that 61.54% had moderate knowledge, 7.69% had poor knowledge, and 69.2% held a positive attitude towards malnutrition. While 16.9% exhibited insufficient practices, the majority (70.3%) had moderate practices. Parents with high knowledge (>70%) were 3.6 times more likely to demonstrate good practices.

(Hakizuwera & Gbadamosi, 2025) Examined Early detection of feeding difficulties in childhood is essential for timely intervention, which can prevent minor issues from escalating. This study evaluates the knowledge, attitudes, and practices of Australian paediatricians, General Practitioners (GPs), Child Health Nurses (CHNs), and early childhood educators regarding young children with feeding difficulties. Through focus groups and semi-structured interviews, the findings highlight that

healthcare practitioners mainly use growth measurements to identify feeding difficulties, which are most frequently observed after the age of two.

(Mudholkar et al., 2025) Aimed Early detection of feeding difficulties in childhood is essential to provide timely support and prevent simple issues from escalating. This study examines the knowledge, attitudes, and practices of Australian paediatricians, GPs, Child Health Nurses, and early childhood educators regarding young children (under two years) with feeding difficulties. It reveals that healthcare practitioners predominantly use growth measurements for identifying feeding issues, with most cases detected after the age of two. Factors such as food insecurity, cultural influences, and limited access to specialized services hinder early detection and intervention.

(Journal & Issue, 2025) Investigated the factors affecting parental and caregiver engagement in School Feeding Programmes (SFPs) in Uduka Ward, Nzega District, Tanzania, using a cross-sectional design and data collected from 227 respondents. Key findings highlighted that education level, income, number of income sources, and attitudes towards education and SFPs significantly impacted their engagement. It concluded that improving these factors could enhance participation in SFPs. Recommendations include conducting workshops, sharing information to raise awareness about the benefits of SFPs on children's health and education, and targeted campaigns to improve education levels and household income.

1.1 Research Gap:

The literature review indicates that selective eating behaviour is prevalent among preschoolers and correlates with diverse outcomes, including growth trajectories, nutritional status, food preferences, and obesity markers. Numerous studies have investigated the prevalence of picky eating and its correlation with anthropometric measurements, while others have analyzed parental beliefs, environmental factors, breastfeeding history, and intervention strategies. Nonetheless, most current studies predominantly concentrate on behavioral aspects, growth outcomes, or parental perspectives in isolation. There is a paucity of research that concurrently investigates caregiver-related behavioral and psychosocial determinants regarding picky eating behaviour and the nutritional status of preschool children. Moreover, numerous studies are undertaken in various international contexts, while relatively fewer investigations focus on this issue within local settings. Consequently, additional research is required to evaluate caregivers' evaluate caregiver feeding behaviour and influencing determinants concerning picky concerning picky

eating and to elucidate how these elements correlate with the nutritional status of preschool children.

2 Methodology:

2.1 Study design:

The current study employed a descriptive cross-sectional research design to evaluate parental feeding behaviour and its determinants concerning picky eating behaviour and the nutritional status of preschool children.

2.2 Study area and population:

The research was conducted with preschool children aged 24 to 60 months and their parents or carers. We chose kids in this age group because early childhood is a very important time for developing good eating habits and nutrition.

2.3 Sample size:

A total of 177 preschool children and their parents or caregivers participated in the study. The participants were selected to represent different age groups, gender, residential backgrounds, and family types.

2.4 Sampling technique:

The participants were chosen using a convenient sampling method. The study included parents or carers of preschool children who were willing to participate and were available during the data collection period.

2.5 Data collection tools:

A structured questionnaire and anthropometric measurements were used to collect data. The questionnaire had two main parts:

1. Demographic information such as the child's age, gender, where they live, their parents' education, and the type of family they come from.
2. Questions about how people eat and what they eat, like whether they watch TV while eating or eat junk food.

2.6 Anthropometric measurements:

Anthropometric measurements were utilised to evaluate the nutritional status of the children. These were body weight, height, and the circumference of the mid-upper arm (MUAC). We used a standard weighing scale to find out how much someone weighed in kilograms and a measuring tape or stadiometer to find out how tall they were in centimetres. We used a measuring tape that didn't stretch to measure MUAC. We also looked at the weight-for-height index to see how well the kids were eating.

2.7 Data analysis:

The collected simple statistical methods to organise and look at the data we collected. The results were

shown as frequency and percentage distributions. The study used tables to show the participants' social and demographic information, body measurements, eating habits, and patterns of eating junk food.

2.8 Ethical considerations:

Voluntary participation in the study was required. Before the data was collected, parents or carers were told what the study was for and gave their permission. The study kept the information that the participants gave private.

3 Results:

The early years of a child's life are very important for their growth and development, especially when it comes to learning how to eat well and stay healthy. During preschool, kids start to choose what they like to eat and how they eat, which could affect their health in the long run. But a lot of kids are picky eaters, which can change what they eat and how healthy they are overall. Socio-demographic factors, including age, gender, residence, parental education, and family structure, may also affect children's eating habits and feeding behaviours. Moreover, lifestyle factors, including screen time during meals and the intake of junk food, may adversely affect children's nutritional health. Consequently, evaluating the feeding behaviours, dietary habits, and anthropometric measurements of preschool children is essential to comprehend their nutritional status and detect potential health issues. This study seeks to assess the socio-demographic characteristics, anthropometric status, and feeding practices of preschool children to enhance the understanding of the factors linked to picky eating behaviour and nutrition.

Table 1 Age in months

Age in months	Number	Percentage
24-40	97	32.8
41-50	45	35
51-60	35	32.2
Total	177	

The age distribution of the respondents reveals that the majority of them is aged 24–40 months, accounting for 97 respondents (32.8%) of the overall sample. The subsequent age group, 41–50 months, comprises 45 responders (35%), reflecting a similar proportion of the study population. The 51–60 months category comprises 35 responders (32.2%), indicating a slightly lower yet significant participation. The distribution demonstrates a

balanced representation across the three age groups, with a total sample size of 177 respondents, so enabling sufficient coverage of children within the specified age ranges for substantive analysis.

Table 2 Child's gender

Child's gender	Number	Percentage
Boy	100	56.5
Girl	77	43.5
Total	177	

The gender distribution of children indicates that boys represent a greater proportion of the sample than girls. Of the total 177 children, 100 are boys, constituting 56.5 percent of the sample, whilst 77 are girls, comprising 43.5 percent. This signifies a relatively elevated representation of male youngsters in the study. The gender distribution indicates a well-balanced sample, however boys somewhat exceed girls in number.

Table 3 Residence

Residence	Number	Percentage
Rural	86	48.6
Urban	91	51.4
Total	177	

The distribution of respondents by residence reveals a roughly equal representation of rural and urban participation. Among the 177 respondents, 86 individuals (48.6%) are from rural areas, whereas 91 persons (51.4%) are from metropolitan areas. The modestly elevated number of urban respondents indicates a little urban prevalence in the sample; still, the disparity between rural and urban representation is negligible. This equitable distribution improves the study's inclusiveness by ensuring that viewpoints from both rural and urban environments are sufficiently represented, facilitating a more thorough analysis and significant comparison across residential backgrounds.

Table 4 Parents education

Parents education	Number	Percentage
Graduate	23	13

Higher	33	18.6
No formal education	28	15.8
Postgraduate	28	15.8
Primary	36	20.3
Secondary	29	16.4
Total	177	

The distribution of parents' educational attainment reflects a varied educational background among the respondents. Many parents had attained primary education, including 36 respondents (20.3%), followed by those with higher secondary education at 33 respondents (18.6%). Parents with secondary education comprised 29 respondents (16.4%), but the postgraduate and no formal education categories were equally represented, each with 28 respondents (15.8%). Furthermore, 23 parents (13%) were graduates, constituting the smallest proportion within the sample. The statistics indicate an even distribution of educational attainment, with a minor emphasis on primary and higher secondary levels, underscoring the diverse educational backgrounds of parents in the research group.

Table 5 Type of family

Type of family	Number	Percentage
Joint	87	49.2
Nuclear	90	50.8
Total	177	

The distribution of responses by family type indicates nearly equal participation of joint and nuclear families. Among the 177 respondents, 90 persons (50.8%) are from nuclear families, whereas 87 respondents (49.2%) originate from joint families. This negligible disparity signifies a balanced familial composition among the respondents, with a slight predominance of nuclear households. The results indicate that traditional joint family systems and modern nuclear family arrangements are almost equally common among the sample population, demonstrating a transitional trend in family structures.

Table 6 Anthropometry I kgs

Anthropometry I kgs	Number	Percentage
4.5-10	80	35.6
10.1-12	51	33.9
12.1-17	46	30.5
Total	177	

The anthropometric evaluation of the study subjects reveals a diverse distribution among weight classifications. Most responses (35.6%, n = 80) were in the 4.5–10 kg range, signifying that more than one-third of the sample was classified in the lower weight category. Subsequently, 33.9% (n = 51) of individuals fell within the 10.1–12 kg range, accounting for approximately one-third of the overall group. Thirty-point five percent (n = 46) were categorized in the 12.1–17 kg range. The statistics indicate a fairly equitable distribution of participants among the three weight categories, with a little greater concentration in the lower anthropometric range within the overall sample of 177 individuals.

Table 7 HT in cm

HT in cm	Number	Percentage
62-90	129	32.8
92-100	34	29.4
101-116	14	37.9
Total	177	

The height distribution of respondents reveals that the main category is 62–90 cm, including 129 individuals (32.8%) of the overall sample. The subsequent height range of 92–100 cm has 34 respondents (29.4%), indicating a rather minor segment of the sample. The 101–116 cm category includes the fewest respondents, with 14 persons, yet exhibits the greatest proportion (37.9%) within its group. The statistics indicate a diverse height distribution among the 177 respondents, with a greater concentration in the lower height range and comparatively fewer individuals in those with larger categories.

Table 8 MUAC in cm

MUAC in cm	Number	Percentage
10 -15	133	52.5
15.5-18	44	47.5
Total	177	

The distribution of children according to Mid-Upper Arm Circumference (MUAC) reveals a greater prevalence in the lower MUAC range. Among a total sample of 177 children, 133 children (52.5%) are classified into the MUAC range of 10–15 cm, indicating a significant proportion with reduced arm circumference measures, potentially signifying a heightened prevalence of undernutrition. Conversely, 44 children (47.5%) are identified within the MUAC range of 15.5–18 cm, indicating a much superior nutritional status. The data indicate that over fifty percent of the studied population is categorized within the lower MUAC range, underscoring potential dietary issues that may necessitate focused interventions.

Table 9 Wt for ht

Wt for ht	Number	Percentage
Between 10 to -3	13	7.3
0 between 1	9	5.1
0 between -1	7	4
at -2	5	2.8
at 0	10	5.6
at 0 centile	6	3.4
at 1	7	4

at -1	9	5.1
at 2	11	6.2
at 3	8	4.5
at -3	12	6.8
Between - 2 to - 3	5	2.8
Between 1 to 2	16	9
between -1 to -2	9	5.1
Between -1 to -3	11	6.2
between 2 to 3	6	3.4
Between 6 to -3	12	6.8
less than -3	14	7.9
Above obese cent	7	4
Total	177	

The weight-for-height distribution of the 177 respondents reveals significant variability in nutritional health. A significant percentage of participants are below the normal range, indicating varying levels of undernutrition. Children classified at -3 SD (6.8%), below -3 SD (7.9%), and those within the ranges of -2 to -3 SD and -1 to -3 SD collectively constitute a significant proportion, underscoring the frequency of moderate to severe wasting. Furthermore, responders at -1 SD (5.1%), between -1 to -2 SD (5.1%), and at -2 SD (2.8%) underscore a slight to moderate nutritional risk. A lesser yet significant percentage of respondents are situated within or above the normal and elevated ranges, specifically at 0 SD (5.6%), at the 0th centile (3.4%), between 1 to 2 SD (9%), and between 2 to 3 SD (3.4%). A restricted percentage is shown above the obese centile (4%), signifying relatively fewer instances of overnutrition. The distribution indicates that undernutrition is more prevalent than overnutrition among the responders, highlighting the necessity for focused nutritional evaluation and intervention.

Table 10 Use of screen time during feeding

Use of screen time during feeding	Number	Percentage
No	88	49.7
Yes	89	50.3
Total	177	100

The data about screen time usage during feeding reveals a nearly uniform distribution among the participants. Of the 177 participants, 89 respondents (50.3%) indicated the use of screen time during feeding, whereas 88 respondents (49.7%) indicated the absence of screen time during feeding. This nearly identical ratio indicates that the practice of permitting screen exposure during feeding is quite common and nearly as widespread as its absence within the research population. The results indicate a divided behavioral pattern, demonstrating that screen usage during feeding is neither mainly embraced nor entirely eschewed, underscoring the necessity for further investigation into parental awareness, attitudes, and the potential ramifications of screen exposure in feeding practices.

Table 11 Junk food eating

Junk food eating	Number	Percentage
Biscuits	5	2.8
Biscuits and cake	3	1.7
Biscuits and chocolates	4	2.3
Biscuits and Kurkure	7	4
Biscuits, chocolates and packed food	5	2.8
Bread	5	2.8
Cake	8	4.5
Chips korakuri	7	4
Chocolate	2	1.1

Cream biscuits	6	3.4
Donate	8	4.5
Ice cream	7	4
Junk food	3	1.7
Junk food nonveg	7	4
Kurkure	8	4.5

Kurkure and Biscuits and Chocolates	7	4
Kurkure and chocolate	7	4
Kurkure Jos	10	5.6
Lollipop	8	4.5
No	4	2.3
No, Korakori chakalit badesupu	6	3.4
Packed food	8	4.5
Packed food and biscuits	6	3.4
Packed food, Bread	5	2.8
Papad	3	1.7
Same time eat biscuits	3	1.7
Same time eat breads	10	5.6
Same time eat junk food	8	4.5
Yes, same time	4	2.3
Chakalit	3	1.7
Total	177	

The data gathered from 177 respondents indicates a diverse consumption of junk food among participants, featuring a broad array of foods consumed either singularly or in combination. The main patterns identified are “Kurkure Jos” and “same time eat breads,” both representing 5.6% of responses, signifying a penchant for packaged snacks and bread products. A variety of products, including cake, donations, Kurkure, lollipops, packaged food, and concurrent consumption of junk

food, were each reported by 4.5% of respondents, indicating a prevalent intake of sweet and processed foods. Combinations of biscuits, chocolates, Kurkure, and packaged meals were significant, typically varying from 2.8% to 4%, indicating that the consumption of mixed junk food is prevalent. A modest percentage of respondents indicated they do not consume junk food (2.3%) or provided answers suggesting negligible intake. The data indicate that most participants consume various types of junk food, underscoring a prevalent pattern of unhealthy snacking behaviour within the study's population.

4 Discussion

This study conducts a comprehensive analysis of picky eating habits and nutritional health in preschoolers, uncovering the socio-demographic and behavioral factors involved. The sample has a balanced age distribution throughout early life, facilitating a thorough investigation of growth and feeding trends. The gender distribution indicates a marginally greater participation of boys, although the urban-rural representation is relatively balanced, suggesting that the findings are relevant across various residential contexts. Parental education and family structure demonstrate heterogeneity, underscoring the impact of socio-economic and familial factors on children's feeding behaviour and nutritional results. Anthropometric evaluations, encompassing weight, height, and mid-upper arm circumference, reveal significant variability in growth, with a considerable proportion of youngsters displaying undernutrition, indicative of inadequate dietary intake or nutritional imbalance. The weight-for-height analysis highlights the prevalence of wasting in certain children, whereas overnutrition remains relatively rare, indicating that malnutrition continues to be a significant public health issue. Behavioral factors, including screen time utilization during feeding, have a nearly similar range, reflecting divergent parenting behaviour about distractions during mealtimes. The examination of junk food consumption reveals a regular intake of processed and packaged snacks, frequently consumed together, indicating the early formation of detrimental eating habits. The data collectively show that picky eating behaviour and nutritional deficiencies are affected by socio-demographic variables as well as parental feeding behaviour and associated determinants as well as dietary habits, highlighting the complex nature of childhood nutrition.

5 Conclusion

The current study evaluated picky eating behaviour and the nutritional status of preschool children by analyzing by analyzing parental feeding behaviour and its determinants among parents or carers. The

results indicate that selective eating and dietary behaviour in early childhood are affected by various factors, including familial context, parental education, and daily feeding routines. The anthropometric data reveal that a significant number of children are in the lower ranges for weight, height, and MUAC, indicating that some preschoolers may be undernourished. The weight-for-height distribution indicates that undernutrition is more prevalent than overnutrition within the study cohort. The study also points out behavioral factors that might affect how children eat. Almost half of the people who took part said they used screens while eating, which shows that distractions are common during meals. Additionally, the widespread consumption of junk food and processed snacks indicates the premature establishment of detrimental dietary habits in children. The results show that parental feeding behaviour and its underlying determinants have a significant impact on how their kids eat and how healthy they are. Enhancing parental knowledge regarding balanced diets, nutritious feeding practices, and the significance of restricting junk food and screen time during meals may facilitate improved nutritional status among preschool children. So, nutrition education programs and campaigns that target parents and carers are important to promote healthy eating habits and help young children grow and develop properly.

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