



## Sensory Play Psychoeducation to Reduce Picky Eating in Children

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### ABSTRACT

Picky eating is a common eating problem in early childhood. One factor that influences picky eating behavior is sensory sensitivity to food, such as texture, aroma, color, and taste. This study aims to determine the effect of sensory play psychoeducation on reducing picky eating behavior in children. This study used a quantitative approach with a quasi-experimental method and a one-group pretest-posttest design. The research subjects were 25 children with picky eating behavior. The research instrument was a picky eating behavior scale consisting of 35 statements. Data were analyzed using a Paired Samples t-Test. The results of the analysis find  $t = -24.276$  with  $p=0.00$ . The mean pre-test ( $M=49.16$ ) was higher big compared to with a mean post-test ( $M=35.08$ ). It can be concluded that sensory play psychoeducation has an effect on reducing picky eating behavior in early childhood.

## **INTRODUCTION**

The age range of children between 2 and 6 years is a time when children experience transitions in various developmental sectors. One of these is nutrition. Children in this age range generally experience significant changes in eating patterns. This is due to the emergence of children's ability to identify and differentiate certain foods. Children will begin to develop preferences for the taste of the food they taste (Sakinah et al., 2025). Being in this age range is a golden period that requires maximum protection to minimize nutritional problems in children. One of the existing problems related to child nutrition is picky eating. In research conducted by Romdiyani et al. (2024), it was stated that picky eating, or the behavior of selecting and choosing food by school-age children, is a problem frequently experienced by most children and is considered a global issue. Factors contributing to this occurrence include the family and school environment, as well as the variety of children's access to food.

Picky eating is a situation where a child chooses and sometimes rejects the food served to them. Picky eating can basically be classified as normal or abnormal. For example, normal picky eating occurs when a child chooses not to eat eggs but wants to eat chicken when served. This is not a major problem. It becomes abnormal when a child is unable to meet their minimum nutritional needs by not receiving one of the nutritional requirements, such as refusing all protein (Munjidah & Esty Puji Rahayu, 2020). Picky eating, which rejects all nutritional needs, will essentially lead to many problems, one of which is malnutrition, which can lead to stunting. Data from the Ministry of Health from the 2022 Indonesian Nutritional Status Survey (SSGI) indicates that children under 5 years of age have a prevalence of stunting, with a percentage reaching 21.6%, and the prevalence of malnutrition in children has also increased to 7.7%, up from 7.1%.

A study conducted by Munjidah & Esty Puji Rahayu (2020) found that 82% of children assessed for picky eating exhibited picky eating issues. This is due to a lack of variety in the food consumed, leading children to choose not to eat the food served by their parents. This finding suggests that picky eating stems from parents' inability to analyze their children's needs and is fueled by their growing interest in food. In this regard, it is important to understand that most parents lack a thorough understanding of their children's nutritional needs and the developmental stages they are going through. Similarly, research by Oktavia et al. (2025) found that providing nutritional education to parents is highly beneficial in supporting children's nutritional needs and preventing picky eating.

Picky eating in children is often caused by inadequate parenting styles and maternal experience. Most mothers don't fully understand their children's needs, so they feel that whatever they eat, their children will still grow. In this regard, parenting styles are fundamentally focused on the mother's ability to oversee their child's development across all areas, including cognitive, psychomotor, and affective abilities. Regarding picky eating, mothers and parents need a deeper understanding of their child's psychomotor development. In reality, most parents focus more on cognitive aspects without paying attention to their child's psychomotor development. Ultimately, children are unable to adapt to the

various forms of food. Children who are unfamiliar with a wide variety of foods are generally not exposed to them, leaving them in a comfort zone.

Psychomotor skills are generally related to body movement, including fine and gross motor coordination, motor skills, and muscle control. One common psychomotor developmental goal is the coordination of fine and gross motor skills (Kamarudin et al., 2023). This can be achieved through sensory play, which begins with infancy and continues through toddlerhood. A sensory approach, in a study by Bellows et al., highlighted the sensory development component using vegetable cartoon characters in activities such as puppet shows, puzzles, and activity books. Furthermore, children were repeatedly exposed to the targeted vegetables (sensory approach), and posters and banners throughout the school carried specific messages (social and environmental approach). Conversely, during the intervention phase, parents received newsletters containing recipes, spatulas, and chef's hats to encourage them to cook meals containing the targeted vegetables (Susilowati et al., 2024).

Observations related to the phenomenon of picky eating were also evident at TKIT Al-Rahbini Gondanglegi, where the teacher prepared the children's meal portions with the same amount of rice, but the children had the right to offer side dishes according to their tastes. Each child was identified as being picky about food. In general, some chose rice with vegetables and some chose rice with side dishes. In the pre-research observation, the researcher found that there was one child (initials K) who never took a portion of food. Based on information from the teacher, the child did not eat rice.

Every day K was brought a supply of packaged milk, water, snacks, and bread. The behavior seen in K was lethargic, did not participate in learning as usual, the child tended to be inactive when reciting prayers together. In addition, the child tended to play alone and lacked interaction with his friends. K's body posture was small, lethargic, and his eyes were droopy. There was also student N who ate without vegetables and side dishes. N always ate only rice, but he ate very greedily. When his portion of food was finished, he took more rice as needed. The portion of food he took was always finished. N appeared active in learning and cheerful.

This is certainly a problem that requires special attention from parents to ensure they are able to adequately provide their children with the necessary nutrition, enabling them to interact and develop optimally. Many things can be done to support this. One such approach is assistance from cognitive psychology through targeted psychoeducation aimed at addressing picky eating. This psychoeducation not only aims to provide parents with a better understanding of their children's nutritional needs but also to address picky eating issues to prevent children from developing malnutrition and stunting.

## LITERATURE REVIEW

In a study conducted by Pangastutik et al. (2024) in their study entitled *The Relationship Between Picky Eating and The Nutritional Status of Preschool Children at Gotong Royon Kindergraten in Surabaya Indonesia*, it was stated that picky eating is a selective behavior of food that ultimately causes children to

experience limitations in consuming nutrients from food. This will certainly have an impact on the child's health. The results of the study conducted in one of the kindergartens in Surabaya showed that as many as 53.6% of children experienced eating disorders or picky eating and 46.4% did not choose food. According to Pangastutik, one of the factors that determine the occurrence of eating disorders is due to the lack of knowledge and experience of the mother. This study also shows that the average mother who has a picky eating child is in the age range of 26-30 years which is often considered the learning age for a mother.

Furthermore, in a study conducted by Putri, et al. (2024) in their study entitled *Overview of Mothers' Knowledge in Feeding and Picky Eater Behavior in Preschool Children*, the results of the study showed that the majority of children experienced picky eating with a presentation of results reaching 56% or equivalent to 51 participants. These results are an interpretation of children's monotonous habits that make it difficult to sort food, limited parental knowledge about food to parental behavior and skills to meet children's nutritional needs. Picky eating, which is defined as the behavior of choosing food, is a problem that needs to be resolved immediately because if it continues, children will experience malnutrition which makes children unable to grow and develop properly.

In another study conducted by Zukhra & Tampubolon (2025) entitled *The Relationship Between Breastfeeding History and The Incidence of Picky Eating in Preschoolers*, picky eating behavior is defined as an eating problem characterized by a child's lack of desire to try a variety of foods that he or she has never tried before. One of the causes of picky eating is due to breastfeeding. From the study conducted on 157 respondents, the results showed that 60 children experienced picky eating and 110 children received exclusive breast milk from their mothers. This interprets that providing food from an early age, starting with breast milk, can also make children picky eaters if the child is not given basic knowledge about other foods.

Furthermore, research conducted by Chilman et al. (2023) entitled *"Picky Eating in Children: Current Clinical Trends, Practices, and Observations Within the Australian Health Care Context"* states that picky eating behavior is a selective eating behavior in children that occurs when food intake or variety is limited due to the child's reluctance to try new foods. This study found that interventions that can be carried out to unravel the problem of picky eating are through education, coaching, and also through an oral sensory approach to children.

In a study conducted by Aydin et al. (2025) entitled *"The Effect of Childhood Experiences, Picky Eating, and Hedonic Hunger on Eating Addiction in University Students: Analyzed by Machine Learning Approach"*, it was stated that picky eating is not only experienced by children under the age of five. Picky eating that is left without special treatment will become a long-term habit. This study found that positive experiences in childhood will make individuals experience an increase in good eating patterns and vice versa. Good psychological abilities and support from the family will have a positive impact on children's eating patterns.

Aydin's research aligns with Knopf's (2015) study, "When Picky Eating Is a Sign of Psychological Distress," which found that one-fifth of parents reported that their preschool children frequently or always pick and choose their food. For most parents, this is a common occurrence and tends to be overlooked. Furthermore, the study notes that just because such behavior is common and occurs in almost all children, it doesn't mean it's harmless. Therefore, proper and appropriate treatment is needed to address such issues.

Sandvik et al. (2018) in their study entitled "Picky Eating in Swedish Preschoolers of Different Weight Status: Application of Two New Screening Cut-Offs" suggested that children with picky eating showed similar patterns across weight status groups, although some differences emerged. Food responsiveness was lower for picky eaters, but the difference was only significant among obese children. Slow eating was less pronounced among picky eaters in the obese group. In the overweight and obese groups, parents of picky eaters did not report high pressure to eat, compared to the thin or normal weight groups; in the obese group, parents of picky eaters also perceived their children's weight as lower. The results of this study indicate that children need parental assistance in nutritional monitoring, especially if the child is still in the developmental period.

A study conducted by Chilman et al. (2021) entitled "Picky Eating in Children: A Scoping Review to Examine Its Intrinsic and Extrinsic Features and How They Relate to Identification" suggests that one of the reasons children are picky about food is their increased sensitivity to taste and smell. Children tend to choose what appeals to their five senses, sometimes neglecting nutritional needs. Furthermore, there are also external factors that contribute to children's picky eating. This can be caused by authoritarian parenting styles, pressure on children to eat, or even gifts that lack nutritional value. These factors need to be reconsidered, as picky eating can lead to malnutrition or even stunting in children.

A study by Kutbi (2021) entitled "Picky Eating in School Aged Children: Sociodemographic Determinants and the Associations with Dietary Intake" states that picky eating is common in children. Children who exhibit picky eating behavior often exhibit strong food preferences and frequently reject certain foods or food textures, which can lead to limited food variety and the possibility of inadequate or unhealthy eating patterns. This study also states that picky eating not only causes stunting in children but can also lead to obesity due to inadequate nutrition. Furthermore, it is stated that children with higher levels of picky eating exhibit unhealthy dietary behaviors. To resolve this problem, understanding from the surrounding environment, especially parents, is needed to maximize their role in providing good nutrition and nutrition for children.

Picky eating (also known as fussiness, pickiness, or selective eating) is a common behavior in early childhood. This behavior can cause significant stress for parents/caregivers and negatively impact family relationships. Possible causes of picky eating include demographics, parental characteristics, early feeding practices, and psychosocial factors. For most children, this behavior appears to resolve spontaneously, perhaps because the child is exposed to a variety of foods through gradually increasing social activities in preschool,

toddler groups, and school, and by getting to know more peers as their independence and autonomy grow. This is not always the case for all children, so internal support from parents is one of the major breakthroughs that can be made in addressing picky eating. This was explained by Taylor and Paulin (2019) in a Conference on 'Targeted approaches to talking about current nutritional issues' entitled *Picky Eating in Children: Causes and Consequences*.

Research conducted by Anggraeni et al. (2022) entitled "Sensory Integration Therapy Module Design and Interior Aesthetic Elements Using Textured Puzzles" explains that sensory integration (SI) is understood as the process of recognizing, transforming, and differentiating sensations from the sensory system to produce a response in the form of purposeful adaptive behavior. A child's adaptive response ability is the foundation for the development of more complex skills.

Sensory integration can optimize a child's growth and development, especially for children with sensory impairments related to touch, gross motor skills, fine motor skills, joint sensitivity, and balance. The more frequent practice, the more optimal the results. Thus, the more parents can train their children's sensory integration at home, the greater the chance of overcoming these disorders. Activities to improve children's sensory integration abilities can be done while playing with play equipment that can be modified independently. Often, these therapy tools require separate storage space to keep the room neat and clean.

The study used an experimental method, by creating and testing the module on two 4-year-old children, to see the achievement of fulfilling therapy needs and the composition of interior aesthetic elements. The research results in a textured puzzle module with alternative module compositions for various play activities to optimize sensory integration, as well as module storage that can also serve as an aesthetic interior element. As an aesthetic interior element, the presence of the therapy module can blend into the room, providing a distinct and aesthetic feel, and reducing the need for storage facilities.

## **METHODOLOGY**

### *Types of research*

The research method used was a quantitative method with a quasi-experimental design using a one-group pretest-posttest approach. The one-group pretest-posttest design model is a treatment used to see whether there is a change in the subject's condition after an intervention by comparing pre-test and post-test scores in the same group (Creswell, JW, & Creswell, 2017). This study involved one group of subjects who were given measurements before and after a sensory play psychoeducational intervention to determine the effect of the intervention on children's picky eating behavior.

### *Research Subjects*

The subjects of this study were 25 students at TKIT Al-Rahbini Godanglegi in Malang Regency. Based on pre-study observations, all students were identified as having picky eating behavior. Therefore, all students could be included in the research group.

*Procedures and Data Analysis*

Psychoeducation has three stages: preparation, implementation, and evaluation. The initial stage before entering these three stages is the process of obtaining permission from the institution to conduct preliminary observations before conducting the research, which can be used as a reference for researchers in conducting interventions. After researchers determine the suitability of the subjects for their research, they then develop interventions to help reduce picky eating through sensory play, thereby improving children's sensory tolerance and acceptance of food. The following are details of the intervention programs implemented:

Table 1. Program Details

Stages	Indicator	Activity	Identification focus	Time
Intervention preparation	Initial identification	Preparing the environment	a. Preparing a comfortable environment for children b. Creating a safe environment free from pressure and coercion a. Helping children to explore sensory areas (play mats, tables and food containers)	10 minutes
		Conducting a pretest of <i>the picky eating scale</i>	b. Rejection of food texture c. Rejection of food colors and aromas d. Reluctance to try new foods c. Emotional reactions when eating	20 minutes
Implementation of intervention	Non-food sensory recognition	Building a sense of security and comfort in children with	a. Playing with textures such as playing with sand, playdough,	20 minutes

		sensory activities	slime and water b. Recognizing texture through hand touch c. Observing colors and shapes without food elements d. Form playdough into food shapes (oranges, apples, watermelons, strawberries, burgers)	
	Visual recognition of food	Observing food without the demand to eat	a. Observing food based on color and shape b. Grouping food by color (mini game)	20 minutes
	Food export	Touch and smell	a. Touching, cutting food b. Smell the aroma of food	20 minutes
		Voluntary food tasting	a. Licking food b. Biting food c. Putting food into the mouth	20 minutes
Evaluation and follow-up actions	Evaluating the interventions carried out	Conducting a posttest on the <i>picky eating scale</i>	a. Changes in eating behavior b. Emotional responses to food	10 minutes

The initial stage involves conducting initial identification. Two activities are involved: preparing the research site and conducting a pretest on the picky eating scale. This initial stage involves identifying food texture aversions, color

and aroma aversions, reluctance to try new foods, and emotional reactions while eating. These stages are crucial for intervention and therefore must be conducted carefully and with careful observation. Prior to the research, a pretest will be conducted to record the success and failure of the intervention.

The second stage is the implementation of the intervention, consisting of three stages: non-food sensory introduction, visual food introduction, and food exploration. Non-food sensory introduction is used to help children adjust to textures through sand and playdough. This is related to texture, which is the most common cause of picky eating. Children will become accustomed to rough textures like sand and smooth textures like playdough. Furthermore, color introduction at this stage is also important to determine children's preferences for certain colors. Children usually become accustomed to eating foods according to their favorite colors. Next, visual food introduction activities sharpen the senses of sight, touch, and taste. Activities at this stage focus on children's willingness to identify food shapes, smell, and taste. Children tend to enjoy this stage because it involves simple games that group foods by color, taste, and aroma. Ultimately, there is a voluntary awareness of putting food into their mouths without coercion.

The final stage of this intervention is evaluating the intervention through a posttest. The success of this research is demonstrated by the presence or absence of behavioral changes in the subjects, as recorded through the pretest and posttest. The following pretest and posttest consist of 35 statement items. Researchers will observe and record the statements provided based on the behavior of the 25 research subjects.

## RESULTS AND DISCUSSION

Table 2. Pre-test and Post-test Results  
Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	posttest	35.0800	25	2.59679	.51936
	pretest	49.1600	25	2.62488	.52498

Based on the results of paired samples statistics, the average score (**mean**) of children's picky eating behavior before being given sensory play psychoeducational intervention (pretest) was 49.16. Meanwhile, the average score after being given the intervention (posttest) was 35.08. These results indicate a decrease in the average score of 14.08 points after the intervention was given.

The number of research subjects in each measurement was 25 children, with a standard deviation value of 2.62 in the pretest and 2.60 in the posttest. The relatively small standard deviation value indicates that the children's picky eating score data tended to be homogeneous, both before and after the intervention. The standard error mean value in the pretest was 0.52 and in the

posttest was 0.52, which indicates that the estimated average score was quite stable and represented the condition of the research subjects.

Table 3. Correlative Results  
Paired Samples Correlations

	N	Correlation	Sig.
Pair 1 posttest & pretest	25	.383	.059

Based on the results of paired samples correlations, the correlation value between pretest and posttest scores was obtained at  $r = 0.383$  with the number of subjects  $N = 25$ . The significance value of  $p = 0.059$  ( $p > 0.05$ ) indicates that the relationship between pretest and posttest scores is not statistically significant. The correlation value of 0.383 indicates a positive relationship with moderate strength, which indicates that children who have high picky eating scores in the pretest tend to still show relatively higher scores in the posttest compared to other children, even though the overall score decreased after the intervention.

Table 4. Results of T-Test Analysis  
Paired Samples Test

	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair 1 posttest - pretest	-14.08000	2.90000	.58000	15.27706	12.88294	-24.276	24	.000

Based on the results of the Paired Samples t-Test analysis, a difference was found in children's picky eating behavior scores before (pretest) and after (posttest) the sensory play psychoeducational intervention was given. The mean difference value was -14.08, indicating that the average picky eating score of children decreased by 14.08 points. after the intervention was given. A negative sign on the mean value indicates a downward trend, meaning that children's picky eating behavior decreased after participating in sensory play psychoeducation.

The calculated t value = -24.276 with degrees of freedom (df) = 24, and a significance value of Sig. (2-tailed) = 0.000 ( $p < 0.05$ ). Thus, it can be concluded that there is a significant difference A significant difference was found between the pretest and posttest scores of children's picky eating behavior. Furthermore, the 95% confidence interval ranged from -15.277 to -12.883, which did not cross the zero value. This indicates that the decrease in picky eating scores occurred consistently and was not caused by chance factors. Based on these results, the research hypothesis was accepted, namely that sensory play psychoeducation had a significant effect on reducing picky eating behavior in children.

Sensory play psychoeducational interventions are implemented to reduce picky eating behavior in children through structured, gradual, and enjoyable sensory experiences. These interventions are designed based on the assumption that picky eating behavior in children is not solely driven by desire but also related to sensory sensitivities to food, such as texture, aroma, color, and taste. Based on the results of the Paired Samples t-Test, a significance value of  $p = 0.000$  ( $p < 0.05$ ) was obtained with an average score difference of -14.08, indicating a significant decrease in picky eating behavior after the children underwent the entire series of interventions. These results indicate that the sensory play psychoeducational intervention provided was able to have a positive impact on children's eating behavior.

In the second session of the first activity, children are given non-food sensory play activities aimed at building a sense of security and comfort with sensory stimulation. This approach helps children adapt to sensory experiences without the need for food. Based on sensory integration theory, positive basic sensory experiences can improve children's ability to process environmental stimuli, thereby reducing aversion to new stimuli.

In the second session of the second activity, children were introduced to food visually and olfactorily without being forced to eat. This exposure aligns with the food exposure theory, which states that repeated exposure to food under pleasant conditions can increase a child's acceptance of that food. During this session, children showed increased interest in food, although they were not yet fully willing to touch or taste it.

In the second session of the third activity, children are invited to engage in tactile food exploration through touching, squeezing, and manipulating food. This activity plays a crucial role in increasing children's sensory tolerance to food textures. Recent research shows that tactile food exploration can reduce sensory sensitivity, a key trigger for picky eating. Furthermore, children are given the opportunity to engage in voluntary oral contact, such as licking or taking small bites of food. This approach aligns with the principles of responsive feeding, where children are given control over their eating decisions. This control helps reduce children's anxiety about food and fosters a more positive eating experience.

The significant decrease in picky eating scores after the intervention indicates that the sensory play approach is effective in changing children's responses to food. This intervention does not emphasize the child's eating goals, but rather the process of introducing and exploring food through play. This allows children to develop a more positive relationship with food.

## **CONCLUSIONS AND RECOMMENDATIONS**

Based on the research results and data analysis, it can be concluded that sensory play psychoeducation significantly reduced picky eating behavior in children. This is demonstrated by the significant difference between picky eating behavior scores before (pretest) and after (posttest) the intervention.

The average picky eating score for children decreased significantly after participating in the sensory play psychoeducational intervention, indicating that

children became more accepting of food variations and showed a more positive response to mealtime experiences. The results of the Paired Samples t-Test confirmed this finding with a significance value of  $p < 0.05$ . so that the research hypothesis is accepted.

Thus, sensory play psychoeducation can be used as an alternative intervention that is effective, developmentally friendly, and appropriate to the characteristics of early childhood in dealing with picky eating behavior.

#### **FURTHER STUDY**

This research still has limitations so further research on this topic is still needed "Sensory Play Psychoeducation to Reduce Picky Eating in Children".

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