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Maternal perspectives on mealtime experiences of children with autism: A narrative inquiry

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Abstract

Mothers play an important role in managing mealtime for children with autism spectrum disorder, who often display behaviors rooted in their fixation on routines and interests. This study aimed to document the mealtime experiences of children with autism from the perspective of mothers in Batangas Province. Through a narrative inquiry approach under the qualitative method, selected mothers (n=8) from the province of Batangas participated in semi-structured one-to-one interviews. Five themes emerged from the data collated: the challenge of introducing novel food, familiar food as the easy choice, consuming more than what is necessary, indications of intact motor skills, and personal experiences as a tool in addressing mealtime concerns. This study sheds light on the unique and complex mealtime experiences of children with autism, as perceived by their mothers, and highlights the need for further support from healthcare professionals for families dealing with mealtime difficulties in children with autism.

Keywords: Qualitative research, occupation, occupational therapy, feeding, autism

1. Introduction

Autism spectrum disorder (ASD) is characterized by persistent deficits in social communication and social interaction across multiple contexts, including deficits in social reciprocity, nonverbal communicative behaviors used for social interaction, and skills in developing, maintaining, and understanding relationships ^[1, 2]. Compared to their typically developing peers, individuals with autism spectrum disorder are more susceptible to experiencing feeding issues.

Moreover, mothers felt that it was their duty to ensure everyone's happiness at home. Both aforementioned studies emphasize the reported social stigma about their role as a mother and their primary responsibility being to care for and understand their child's needs to ensure adequate growth and development ^[3]. Additionally, mothers described a process of attempting to feed their children and encountering difficulties. There were three patterns of onset. As the children got older, their children became more limited in their repertoire, and the mothers tried to sort out what was typical and what was cause for concern ^[4]. Thus, mothers feel responsible for their children's growth and development and often feel social pressure to prioritize their children's needs and happiness at home.

Mealtimes are important family rituals that are embedded in culture, beliefs, and context. They are seen as a time to eat and socialize. Mothers often encounter their child's feeding challenges early in life, possibly even before the child's diagnosis of autism. It may present problems that can disrupt this process and cause parental anxiety and dissatisfaction ^[4, 5]. Children with autism may display problematic mealtime behaviors such as tantrums, refusal to sit at the family table, and throwing up certain foods ^[6, 7]. It was also found that parent concerns continued to rise from the first weeks of their child's life with many parents reporting difficulties beginning in the nursing period. As children's disrupted feeding patterns emerge early in life, so does their impact on family mealtime.

A study by aimed to develop an ASD-Mealtime Behavior Questionnaire (ASD-MBQ) suitable for DSM-5 according to the standard scale development procedure. The ASD-MBQ is comprised of 42 items that are classified into five subdomains: (1) selective eating, (2) clumsiness/manners, (3) interest in/concentration on eating, (4) oral-motor function, and (5) overeating.

The ASD-MBQ is appealing for several reasons; it applies to a wide age range (3 to 18 years) and children with autism diagnosed by DSM-5 criteria ^[8]. The emergence of a mealtime behavior questionnaire for clients with autism developed in an Asian country marked success and significance in the development of assessment tools for autism and its ties with mealtime behavior occurrence. With that, the utilization of the questionnaire as a guide for determining the maternal perspectives on mealtime behavior of children with autism in the Philippines, specifically in Batangas Province, only seems appropriate and fitting.

Curiosity gave birth to the stimulation of this study, primarily because of the lack of supplementary information that would relay the narratives of caregivers, who are usually the matriarchal figure in the family, concerning mealtime experiences of children with autism. Scoping for local studies that would address the arising concern on hand was limited to none. Studies from international databases would suggest a wide range of sources for the subject but local articles are deemed lacking. This gave more reasons for the researchers to pursue the study to address the subsistent challenges that mothers of children with autism have to manage.

Overall, the study aimed to document the narratives about the mealtime experiences of children with autism through the perspectives of mothers in Batangas Province, so researchers intend to determine the mealtime behaviors that the child with autism manifests. With the completion of this qualitative study, the struggle for families regarding mealtime difficulties will be known and it will serve as a beacon of hope for everyone.

2. Materials and Methods

2.1 Design

The authors have utilized a qualitative investigation using a narrative inquiry approach. The narrative inquiry examines human lives through the lens of a narrative, honoring lived experience as a source of important knowledge and understanding ^[10]. In the current study, we aimed to document the narratives about the mealtime experiences of children with autism through the perspectives of mothers in Batangas Province.

2.2 Participants

Participants are eight mothers of Filipino descent from various municipalities and cities of the province of Batangas, Philippines. The participants were chosen through purposive sampling, also called judgment sampling, the deliberate choice of a participant due to the qualities the participant possesses ^[10]. Inclusion criteria were Filipino mothers aged 25-50 years with at least two years of experience managing mealtime for a child with autism, with a child aged 3-12 years old diagnosed by a licensed physician who has undergone or currently undergoing occupational therapy services. Exclusion criteria were mothers who do not meet the inclusion criteria or have a child diagnosed with other conditions falling under the differential diagnosis of autism.

2.3 Ethical Consideration

The study was approved by the College of Allied Medical Sciences (CAMS) Research Ethics Committee - University of Batangas. The anonymity of the participants was ensured throughout the interviews, and each participant's informed

consent was obtained by signing and agreeing to the provided forms. In no manner whatsoever should participants be exposed to harm. Before journal publication, the results are validated and provided to the participants and the university.

2.4 Data Collection

Our study collected data through in-depth interviews with mothers about the mealtime experiences of children with autism to gain their perspectives. Questions were validated by an occupational therapist for credibility, and interviews were conducted remotely via Google meetings, lasting 45-60 mins. Participants shared their experiences, insights, perceptions, opinions, and knowledge. Interviews were recorded with permission for future transcription. Data gathered provided valuable insights into the mealtime experiences of children with autism from mothers' perspectives.

2.5 Data Analysis

In our study, participant interviews were transcribed using verbatim transcription to capture details and provide direct documentation, enabling in-depth insights. Manual transcription was used due to the absence of instant transcription applications in Filipino. Qualitative coding was employed to systematically categorize data, utilizing an inductive coding approach to develop themes based on interpretations of data. Microsoft Word aided in organizing the text into themes, and researchers individually analyzed the data before agreeing on emergent themes. This approach yielded valuable insights into participants' experiences and perceptions.

3. Results

This report presents the demographic information gathered from participants in the study. To maintain participant privacy and focus on collecting relevant data for the study, no additional personal information was requested during the interview beyond the necessary demographic information of age, address, and experience in managing mealtime for children with autism.

Additionally, this report presents the findings of a study documenting the narratives of the mealtime experiences of children with autism through the perspectives of mothers in Batangas Province. Five themes emerged from the analysis of the data gathered from a series of in-depth semi-structured interviews with each theme incorporating supporting subthemes.

3.1 Demographic Information of the Participants

The study had a sample of eight participants from three cities/municipalities in Batangas province: Lipa City, Batangas City, and Mabini. The participants ranged in age from 28 to 46 years old, with three being middle adults and five being early adults. All participants had experience managing mealtime for their child with autism during the time of the interviews, with the participant with the most experience having 12 years and the least experience having 5 years. The table below represents the tabulation of the participant's demographic information.

Table 1: Demographic Information of the Participants

| Participants (P) | Age | Location |
|------------------|--------------|-------------------------|
| P1 | 42 years old | Lipa City, Batangas |
| P2 | 38 years old | Batangas City, Batangas |
| P3 | 32 years old | Lipa City, Batanga |
| P4 | 43 years old | Lipa City, Batanga |
| P5 | 37 years old | Batangas City, Batangas |
| P6 | 46 years old | Batangas City, Batangas |
| P7 | 28 years old | Mabini, Batangas |
| P8 | 48 years old | Batangas City, Batangas |

3.2 The challenge of introducing novel food

3.2.1 Food selectivity based on smell, texture, and taste

Mothers revealed that children with autism exhibit varying food aversion based on smell, texture, and taste. All the mothers confirmed that their kids avoided foods with strong smells had particular preferences for textures they liked and were fixated on certain tastes when it came to their diet.

[The child] will first smell his/her meal, if I put food in front of him/her, he/she will smell it first, if he/she doesn't like it because of the smell, he/she definitely criticize the food.

(Participant 1)

3.2.2 Food aversion due to unfamiliarity

Mothers claimed that unfamiliarity with the foods being served during mealtime is one of the bases for the occurrence of food selectivity among children with autism. Although this may be true, few of the participants claimed that despite that, their children still showed some eagerness to try unfamiliar foods, reaching the extent of tasting them before declining them.

[The child] doesn't eat food unfamiliar to him/her, only the food I mentioned, that's the only food he/she eats. He/she sometimes tries to eat it, but if he/she wants it, he/she doesn't accept it. He/she will spit or if he/she sees it and doesn't like it, he/she won't eat it.

(Participant 3)

3.2.3 Throwing tantrums after food refusal

Mothers unveiled that children with autism often act out in the form of temper tantrums when presented with food that they don't like. Of the eight people involved in the study, two reported that their children reacted with a tantrum when presented with the food they weren't fond of.

[The child] gets angry. But he/she does not hurt me. He/she takes the food away. Sometimes, when I insist on him/her, he/she does not accept the food, he/she spits it out, and he/she chokes.

(Participant 6)

3.3 Familiar foods are the easy choice

3.3.1 Evident manifestation of brand loyalty

Mothers asserted that their children with autism presented strong attachments toward certain brands. Deviating from providing products from the same manufacturer or dining from a non-preferred fast-food place potentially causes further hostility and misbehaviors from the child.

[The child] likes Cadbury and Toblerone, that's what he/she likes...When it comes to taste, he/she chooses a specific brand and that's what he/she likes the most. For example, he/she likes the Goya chocolate, so he/she doesn't acknowledge other brands like Cloud Nine, because he/she only looks for others that taste the same.

(Participant 2)

3.3.2 Split preference over healthy and unhealthy food choices

More than half of the mothers managed to offer their children nutritious food choices like vegetables and fish.

[The child] is not picky because he/she eats vegetables. He/she has a very good appetite, he/she also eats vegetables, fish, and anything that is served on the table.

(Participant 1)

Conversely, some participants reported that their children preferred unhealthy options such as snacks, packaged meals, and sugary drinks.

No, if he/she doesn't like the food. if it's vegetables, no, he/she doesn't eat them.

(Participant 7)

3.3.3 Parental tolerance to the child's preferred diet

Mothers insisted that they had to put up with whatever their children wanted to eat, either to prevent or help with mealtime issues. Most of the time, mothers follow their child's dietary choices to stay away from mealtime conflicts such as tantrums stating it was an easy decision to make.

I only serve whatever food [the child] likes. If he/she doesn't eat the food that he/she prefers, he/she will be hot-headed, and he/she will cry throughout the day. But he/she doesn't hurt others. He/she is just irritable.

(Participant 3)

3.4 Consuming more food than necessary

3.4.1 Loss of self-control on eating due to insatiability

Participants noticed that their children with autism had difficulty managing their eating habits and didn't seem to experience typical levels of satiety. They all noted that their children had difficulty controlling themselves during mealtimes.

He/she eats really hard, and when he/she eats, he/she is really number one in food.

(Participant 1)

Because sometimes what he does, we know he's full but he still doesn't stop.

(Participant 8)

3.4.2 Concerns about probable health hazards

Mothers revealed that children with autism exhibit overconsumption of food during mealtime. They protested that their child's insistent adherence to the unhealthy repertoire of foods bothers them regarding their children's health and well-being. Mothers expressed that serving unhealthy meals to their children might increase the chances of health problems in the future.

Yes, that's really what I hope to achieve because it's also very difficult because he/she's still young and he/she'll grow up with the disease he/she can get from unhealthy foods.

(Participant 8)

3.4.3 Evident positive food appetency

Mothers suggested that despite the manifestation of food overconsumption among the participant's children, they have a higher level of appetite. All the participants claimed that their children exhibit a high level of appetite accompanied by loss of self-regulation during mealtime. The only instance where decreased appetite is observed is when the children are ill, but otherwise, they usually show positive food appetency.

Yes, indeed. Chubby. My child is a bit chubby.

(Participant 5)

He/She's appetitive... Yes, as long as he/she likes the taste and food...Fast [speed of eating]

(Participant 6)

3.5 Indication of intact motor skills

3.5.1 Functional manipulation of cutlery

Mothers revealed that children with autism have intact skills and accurately use their utensils during mealtime.

Ahh yes, he/she uses a spoon and fork properly. He/she's just left-handed.

(Participant 3)

3.5.2 Positive postural control during mealtime

Mothers disclosed that children with autism (autism) showed considerable progress in terms of posture control during mealtimes, as reported by the participants in the study. They found that their children had good body mechanics and a correct sitting posture while eating without any signs of difficulty.

His/her sitting is okay when eating.

(Participant 5)

His/her posture is okay. He is not mischievous; he is not mischievous while eating.

(Participant 5)

3.5.3 Operational ingestion mechanism

Mothers reported that children with autism had good ingestion mechanisms, such as normal chewing and swallowing.

So, he/she can see that we are chewing our food. I can also see from him/her, he/she really chews before he/she swallows his/her food.

(Participant 7)

3.6 Personal experiences as a basis for addressing mealtime concerns

3.6.1 Shared family meals promote positive experiences

Mothers relayed that when they eat together, they experience fewer difficulties. Children who have autism tend to be more cooperative during mealtime when they are with familiar people, such as their family members.

So, he/she eats well, he probably sees that from his/her grandfather, his/her uncle, and his/her daddy, he/she eats hard, so maybe he/she has adapted, that until now, but what he/she still practices are that he/she eats hard, so I feel that there is something, there is something, the environment has an effect.

(Participant 7)

3.6.2 Approaches for mealtime difficulties are family-strategized

Mothers said that they devised the approaches they utilized for mealtime difficulties exhibited by their children with autism. Each participant described varying techniques and strategies they usually utilize to minimize unwanted behavior during mealtime. One common thing that mothers mentioned was the methods they utilized for addressing the behavior were entirely from their first-hand experience rather than an intervention they learn from therapy or any source of literature.

Uhh, when we want to feed him healthy food, that's why we use a rewards and punishments strategy. "If you eat it, I'll buy you chocolate", or "I'll buy you what you want. If you

don't finish it, there's no reward."

(Participant 2)

3.6.3 Feeding is not initially prioritized in therapy

Mothers mentioned that occupational therapists do not initially consider feeding intervention as their topmost concern when dealing with children with autism. Mothers said that occupational therapist focuses on other skills such as social interaction skills and behaviors.

There's nothing [therapy related to feeding], just what kind of exercises for his tongue we must do at home but nothing else.

(Participant 1)

He seems to have received nothing in therapy related to food.

(Participant 2)

4. Discussion

In this study, we aim to document the narratives about the mealtime experiences of children with autism through the perspectives of mothers in Batangas Province. Five themes emerged from the analysis of the results from the data gathered. Discussion of themes are as follows:

4.1 The challenge of introducing novel food

The selectivity of food repertoires of children with autism is mostly based on the smell, texture, and taste of the food. Our study found that children's palates demonstrate a great deal of hypersensitivity to a variety of foods. Each participant attested that their children had manifested avoidance of strong-smelling foods, had specific adherence to the texture of their liking, and fixated taste preference on diet. Similarly, a study found that children with autism are more likely to refuse food based on sensory factors, such as texture, taste, and smell, compared to typically developing children^[11]. Another study confirmed these findings, with participants with autism reporting greater food selectivity, aversions to certain foods, and sensitivity to taste and texture. They avoided bitter, sour, and spicy foods more often but did not differ in sensitivity to sweet or salty tastes compared to the control group^[12].

The general manifestation of food selectivity in children with autism revolves around the aversion towards specific food's smell, taste, and texture, and it is evident from the viewpoints of the mother interviewed for this study. Some children with autism manifest signs of food aversion due to the strangeness of foods being served to them. Introducing a diet that is not familiar to their typical routine imposes difficulties for them, thus disrupting their mealtime behavior. A parallel study gathered a similar outcome to our research. In that study, they found the link between autism and food neophobia in children^[13]. Food neophobia is the fear of new foods, which can cause a limited diet and nutrient deficiency. The researchers predicted that children with autism would have more food neophobia, but some parents reported their picky-eater children are still open to trying new foods by tasting them first. The same clue was derived from a similar study. Some studies have suggested that children with autism are more likely to exhibit food selectivity or avoidance compared to typically developing children. The connection between autism and food neophobia is not straightforward. Some studies suggest that children with autism may be less likely to have food neophobia than neurotypical children. The authors suggest

that this relationship is complex and depends on individual and contextual factors. Further research is necessary to understand this relationship and develop effective interventions for feeding issues in autistic children ^[14].

Children with autism resort to exhibiting tantrums when presented with food that they do not like. Two of the eight participants claimed that their children throw tantrums in response to their selectivity with the food served. One study established that children with autism were more likely to have tantrums and negative behaviors in response to certain foods. Specifically, the study found that children with autism were more likely to engage in behaviors such as spitting out food, refusing to eat, and throwing tantrums in response to the food they found aversive ^[15]. Moreover, it was discovered that feeding challenges can have a profound effect on a child with autism's participation in mealtime. Children with autism also have a higher prevalence of disruptive mealtime behaviors (e.g., food refusals, tantrums, crying) than typically developing children ^[16].

4.2 Familiar foods are the easy choice

Children with autism may tend to become devoted to particular brands that they are familiar with. All of the parents noticed this inclination in their children and remarked that switching to different products or restaurants could lead to tantrums and other disruptive behaviors. This adherence may be driven by an innate preoccupation with the food item, and the child may even develop a deep emotional attachment to the brand or food item. There is limited research specifically addressing the question of whether children with autism have adherence to fast-food brands. However, a study found that children with autism prefer high-fat and high-sugar foods commonly found in fast food and may prefer certain fast-food brands due to sensory properties or routine ^[17]. They also have idiosyncratic food preferences, displaying unique and highly specific preferences for certain foods, including specific brands. The study found that many children with autism have a strong attachment to particular brands of food and would refuse to eat a similar food from a different brand.

A fractionated preference for children with autism between foods of healthier nature with foods that are unhealthy was revealed by the study. A study discovered that parents opt for nutritious meals to save time monitoring their children's behavior, yet they often choose foods high in calories and low in nutrients. It is unclear if children with autism prefer healthy or unhealthy foods, as preferences vary. However, studies suggest that children with autism may prefer unhealthy foods. One study found that children with autism were averse to vegetables and fruits, including spinach, tomatoes, potatoes, orange, and papaya. Nonetheless, the current study presented a contrasting concept. Despite the reputation of known difficulties to introduce healthier food options for children with autism as per the literature, the result considered the thought otherwise. Three-quarters of the participants mentioned that their children were desensitized to eating a healthier variety of foods such as vegetables and fish.

Parents were left with no choice but to tolerate their children on their preferred diet and it was done either to inhibit or facilitate mealtime difficulties. Most of the time, mothers opted to follow their child's preferred dietary selection to avoid mealtime problems such as tantrums. A study found that parents of autistic children expressed more concerns

about their child's diet and nutrition than parents of typically developing children but showed no difference in tolerating unhealthy diets ^[18]. The study did not clarify why parents of autistic children are more accepting of unhealthy diets, but the authors suggested that it may be linked to the difficulties of promoting healthy eating habits for children with autism due to sensory sensitivities, limited food choices, and high levels of stress and fatigue experienced by parents. Overall, our study suggests that while parents of children with autism may have concerns about their child's diet, they may face unique challenges in promoting healthy eating habits. Further research is needed to better understand the factors that influence parents' tolerance of their child's diet in the context of autism.

4.3 Consuming more food than necessary

Children with autism demonstrate problems with self-control in eating and abnormal levels of satiety. All the participants attested that their children exhibit difficulty in self-regulation during mealtime and don't seem to feel full after meals. A study found that adults with autism struggle with controlling their eating behavior and may display behaviors such as eating quickly, eating until feeling uncomfortably full, and not being able to stop eating once they started ^[19]. Poor satiation in children with autism may be related to sensory processing issues, such as reduced sensitivity to the taste or texture of food, which can make it difficult for them to feel satisfied after eating. Other factors, such as food preferences or eating quickly, may also contribute to poor satiation ^[20].

The study showed that children with autism often eat too much during mealtimes. Three of the eight participants said their child had an inflexible attachment to unhealthy food, which caused them to worry about their child's health. The mothers also said that the occurrence of overconsumption of food imposes health hazards on their children. A study compared the diets, nutritional status, and sensory profiles of children with autism and typically developing children ^[21]. The study indicates that children with autism may face higher health risks related to their diet, and it is essential to address these issues early on for better health outcomes. Feeding difficulties in children with autism may be caused by various factors, including food selectivity and other health complaints that affect food intake ^[17]. By the same token, our study found that overeating among children with autism imposes potential health concerns as viewed by the maternal figure providing mealtime for the children.

Children with autism showed a good appetite. All participants claimed that their children, aside from uncontrolled excessive eating, also exhibit a good appetite for every meal. Individuals with autism can have varied experiences with appetite. Children with autism may have varying appetites due to factors like age, diet, and medications. Medications, such as those used to treat autism like risperidone and aripiprazole, may increase appetite and should be discussed with a doctor. Studies show that these two antipsychotic medications have the best evidence for treating autism-associated irritability but can increase appetite, contributing to weight gain in around 33% of children with autism ^[22]. Despite that, this study was not able to collect data to say that the positive appetite manifested by children with autism was an associated effect of any medication. Further investigation into that matter is highly advisable.

4.4 Indications of intact motor skills

Children with autism were able to perform proper use of utensils during mealtime. Among the eight (8) participants of the study, all mothers expressed that their children could use utensils with accuracy. In contrast, a study indicated that parents feed children with autism four times more often compared to healthy children who can eat their meals using utensils independently. Children with autism exhibited a decreased ability to use utensils properly, which negatively impacted their self-feeding abilities [23]. That result suggests that there is a common belief or assumption that children with autism may struggle with using utensils during mealtime due to difficulties with motor control. This means that some children with autism can manipulate utensils with enough skill to perform tasks such as cutting food, scooping, or spooning food, and bringing utensils to their mouths.

However, the study contradicts the result our research discovered, whereas children exhibited increased ability with the use of utensils. This is an important finding because it challenges the stereotype that all children with autism have difficulties with motor skills and can help to broaden our understanding of the diverse range of abilities and challenges that individuals with autism may have. It is important to note, however, that this study only found evidence of functional use of utensils in some children with autism, and others may still experience difficulties with fine motor control. Therefore, it is important to approach each child as an individual and to provide personalized support and accommodations based on their unique needs and abilities.

Children with autism demonstrated improved posture control during mealtime, according to the participants in the study. It was reported that the children had excellent body mechanics and sitting posture while eating. Furthermore, the participants noted that their children were able to maintain good posture throughout the meal without any difficulty. However, while posture is useful for a child's growth, it can also limit a child's ability to master other perceptual-motor abilities. A study investigated general motor issues in children with autism. The study did not focus on posture but found that children with autism may rely more on sensory information to control their posture [24]. Another study suggested that posture abnormalities in children with autism could be used to objectively measure perceived sloppiness [25]. Their assessment of postural stability showed that people with autism had worse stability than controls when sensory input was altered. On the contrary, our study discovered alternatively that mothers' observation of their children with autism exhibits positive postural control during mealtime.

The interviews conducted with the participants in this study found that the children with autism and its related affectations had strong mastication and deglutition skills, meaning that they were able to properly chew and swallow their food. This indicates that these children have a good level of oral-motor function and can handle mealtimes without difficulty. This is good news for parents, as shown that children with autism and its related affectations can still have successful mealtimes, despite their condition. Conversely, a study suggested that most children don't chew the food properly and swallow instead and this may lead to digestion problems [26]. Many children with autism also have motor issues that involve difficulty with chewing and swallowing [27]. On the other hand, our study found results contrary to that notion.

4.5 Personal experiences as a basis for addressing mealtime concerns

Mothers expressed that having mealtime in unison promotes lesser mealtime difficulties for them. Children with autism are more encouraged to behave accordingly when celebrating mealtime with familiar persons such as family members. This phenomenon is evident across all the participants' viewpoints. A study confirmed that families with adapted routines can participate in shared eating occupations [4]. Short periods at the same table with one family member, starting meals together, and techniques for the child with autism are effective. However, research discovered that feeding challenges for individuals with autism can impede mealtime and family involvement is crucial [28]. Parents in the study expressed apprehension about the stress and difficulties of mealtimes, highlighting the significance of communal dining. In the same way, whether looking at family mealtime as a positive aspect of inhibiting mealtime difficulties for children with autism or as a stressful and challenging experience, our study and Barrientos and their colleagues' research both agree that a family that eats together and shares meals is likely to stay united and connected.

Implications of addressing mealtime concerns of children with autism are based on approaches developed by families with their basis purely from their personal experiences rather than external sources like published literature or known experts. Researchers found that families use individualized strategies during and between meals for feeding difficulties in children with autism [29]. Identifying these techniques can lead to more effective interventions to promote mealtime cooperation. However, the literature lacks clear definitions of specific mealtime strategies used by families in their natural context. Direct observations may uncover unconscious strategies and improve understanding of parent mealtime strategies [30]. Despite the lack of evidence-based references for the management families utilized for addressing the mealtime difficulties of their children, they believed that their first-hand experience proves reliable for their cause.

Occupational therapists prioritize a child's overall development and function and do not initially focus on feeding intervention for children with autism due to the complex and individualized nature of the condition. Feeding issues may not be the primary focus of occupational therapy, and therapy goals and needs are determined based on each child's specific priorities. However, if feeding difficulties are significant, interventions may be developed to support the child's participation in daily activities. Therapy plans should be tailored to each child's unique needs and priorities. For example, a study demonstrates a gap between treatment and parental feeding concerns [31]. Over half of the parents in this study who expressed concerns about a child's feeding difficulties said a therapist had not addressed those feeding concerns. Although it is not surprising therapists would not work on feeding issues if they did not share a parent's concern, it does raise issues of the frequency parent concerns are being identified, understood, and addressed. Our study has limitations as it only represents the maternal perspective of the child. To address this gap, further investigation into the viewpoints of occupational therapists is necessary. To analyze family-centered care provision, it is essential to consider both therapist's and parents' perspectives. Studying how

professionals responded to parents' discussions about feeding issues in children with autism would provide valuable insights to effectively address parental concerns.

5. Conclusion

In this study, we aimed to document the narratives about the mealtime experiences of children with autism through the perspectives of mothers in Batangas Province. We discovered varying notions of mealtime experiences through the lenses of the matriarchal figure. Introducing novel food to children with autism poses a significant challenge for their maternal figures and their families. Children who have autism tend to be selective about the food they eat. This selectivity is based on the smell, texture, and taste of the food. They may also avoid certain foods because they are not familiar with them. If they are offered food they don't like, they may have tantrums. Most of the time, familiar foods are often the easiest choice. Children develop tendencies to become devoted to particular brands and food items, fractionated preference for unhealthy foods over healthier options, and the alternative resort parents employ is by tolerating the child's preferred dietary routines. Children with autism tend to overeat during meals. It can be either a sign of good appetite or a mark of difficulty with self-regulation and feelings of fullness, which can lead to potential health hazards. Despite that, some children with autism surprisingly manifest intact motor skills, specifically in the areas of utensil usage, body and posture control, and mastication and deglutition skills. This challenges the stereotype that all children with autism have difficulties with motor skills and highlights the importance of personalized support and accommodations based on each child's unique needs and abilities. Finally, occupational therapists centered attention on other areas of concern for children with autism resulting in feeding difficulties becoming a trivial aspect to work on. As a result, families were compelled to rely on their personal experiences to address mealtime concerns for their children, strategizing their approaches to dealing with the challenges as a family, united together at a dinner table.

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