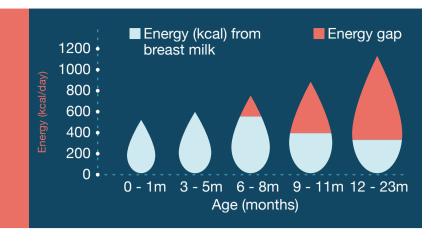
COMPLEMENTARY FEEDING IN MALAYSIA:

OPPORTUNITY FOR EDUCATION AND INTERVENTION

Complementary Feeding is defined as the process of giving the baby other foods and liquids in addition to breast milk. At six months of age, breast milk alone is no longer sufficient to meet the baby's nutritional requirements as they need additional nutrients for their growth and development¹.



COMPARISON OF ENERGY NEEDS PER KG AND PER DAY FROM BIRTH TO TWO YEARS²



SHOULD START FROM THE AGE OF 6 MONTHS³.

COMPLEMENTARY FEEDING

feeding in Malaysia has increased from4: 2009

The rate of timely complementary

2014 64.6%

DATA ALSO SUGGESTS THAT COMPLEMENTARY FEEDING MAY START EARLIER AND QUALITY OF COMPLEMENTARY FOODS MAY **NEED TO BE IMPROVED**

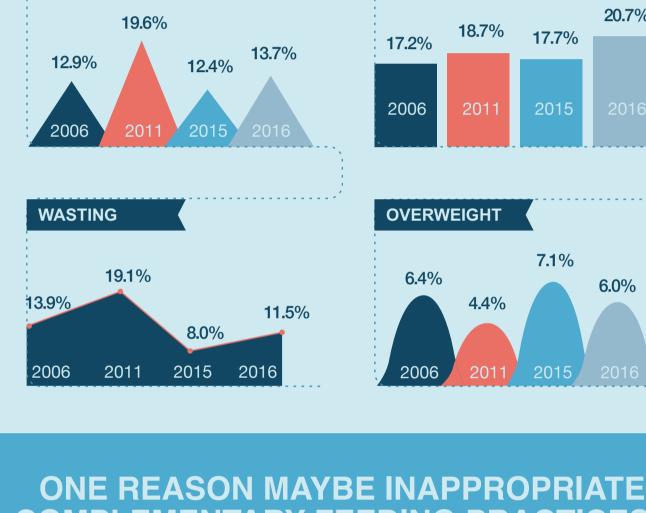
- A study of 295 children showed 70.6% started complementary feeding before 6 months⁵.
- A study of 300 children between 6 24 months of age showed only 68.8% of breast-fed infants and 34.6% of non-breast fed infants had a minimal acceptable diet⁶.
- Only 56.3% of the children in the study achieved their recommendations for energy⁶.

OF MALNUTRITION⁷⁻¹⁰: Prevalence of stunting in children <5 years is still high.</p>

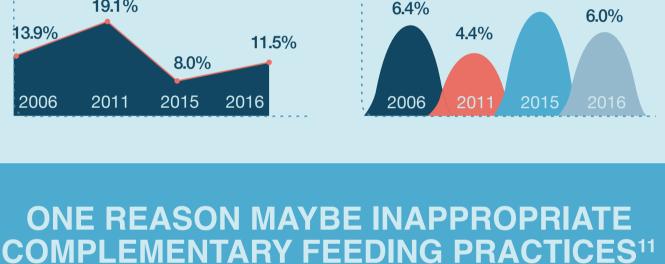
MALAYSIA FACES THE CHALLENGE OF DOUBLE BURDEN

■ While the prevalence of childhood overweight is on the rise, undernutrition remains a significant public health concern.

PREVALENCE OF MALNUTRITION INDICATORS FROM NHMS 2006, 2011, 2015, 2016. **UNDERWEIGHT** STUNTING







POOR QUALITY FOOD INADEQUATE PRACTICES Poor micronutrient quality Infrequent feeding

Inadequate animal source foods

Low dietary diversity

- Low energy content
- Anti-nutrient content

Feeding insufficient quantity Thin food consistency

Non-responisve feeding

SOCIAL

ENVIRONMENT¹⁵

NUTRITION SNACKS/ DAY

- Inadequate feeding during and after illness
- STUNTED GROWTH AND DEVELOPMENT

CONTINUES THROUGH THE EARLY YEARS: A study showed that 50 – 60% of food preferences in 2 – 3 year old children are the same in 17 – 22 year old adults¹².

FOOD PREFERENCES & BEHAVIOURS ARE INFLUENCED BY:

SOILD FOOD

EXPOSURE14

DEVELOPMENT OF HEALTHY EATING HABITS STARTS IN THE WOMB AND

FLUID SENSORY

EXPERIENCE¹³



DIETARY GUIDELINES¹⁶:

Increase the feeding frequency of complementary foods according to age.

- Start the baby on complementary food from 6 months of age. Feed children with enough food to meet their energy needs.

MEAL FREQUENCY/ DAY

Give a variety of food and gradually increase the quantity to ensure that all nutrient

- 6 to 8 months 2 to 3 times 9 to 11 months 3 to 4 times 4 to 5 times 1 to 2 years
- Change food texture and preparation methods gradually as the baby gets older.
- needs are met. Consider your child's stage of development and feeding ability.
- Give sick children extra fluids and small frequent meals.

REFERENCES

Health, Malaysia - MOH_NHMS2015_2015.pdf

12) S. Nicklaus et al. 2004 A prospective study of food preferences in childhood. Food Qual & Pref. 15, 805-818 13) Mennella, JA et al. (2001). Parental and Postnatal Flavor Learning by Human Infants. Pediatrics. 2001 June; 107(6): E88. 14) Sullivan SA and Birch LL. 1994. Infant Dietary Experience and Acceptance of Solid Foods. Pediatrics. Feb;93(2):271-

- 2) Adapted from: WHO Programme of Nutrition (1998), Complementary feeding of young children in developing countries: a review of current scientific knowledge, Geneva: World Health
- 1) http://www.who.int/elena/titles/complementary_feeding/en/
- Organization, UNICEF, University of California/ Davis and ORSTOM WHO/ NUT/ 98.1 3) http://www.moh.gov.my/images/gallery/Garispanduan/MDG%20Children%20and%20Adolescents%20Summary.pdf 4) MOH. 2014. Annual Report Ministry of Health Malaysia 2014. Ministry of Health, Malaysia. 5) CHEAH, W.L. et al 2012. Factors associated with undernutrition among children in a rural district of Kelantan, Malaysia. Asia Pac J Public Health, 24, 330-42.
- 6) KHOR, G.L. et al 2016. Compliance with WHO IYCF Indicators and Dietary Intake Adequacy in a Sample of Malaysian Infants Aged 6-23 Months. Nutrients, 8, E778. 7) INSTITUTE FOR PUBLIC HEALTH. 2008. National Health and Morbidity Survey 2006: Nutritional Status. Ministry of Health - MOH_NutritionalStatus2006_2008.pdf 8) INSTITUTE FOR PUBLIC HEALTH. 2011. National Health and Morbidity Survey 2011 (NHMS 2011). Vol. II: Non-Communicable Diseases. 188 pages.MOH NMHS2011 2011.pdf 9) INSTITUTE FOR PUBLIC HEALTH. 2016. National Health and Morbidity Survey 2016 (NHMS 2016). Vol. II:Maternal and Child Health. Ministry of Health.

11) Stewart CP, et al. Contextualising complementary feeding in a broader framework for stunting prevention. Matern Child Nutr. 2013 Sep;9 Suppl 2:27-45

15) Scaglioni S et al. 2011. Determinants of children's eating behavior. Am J Clin Nutr. 94(suppl):2006S-11S 16) Malaysian Dietary Guidelines for Children and Adolescents - A Summary, National Coordinating Committee on Food and Nutrition Ministry of Health Malaysia 2013

This infographic is developed in collaboration with Prof. Dr. Zalilah Mohd Shariff, Universiti Putra Malaysia.

10) INSTITUTE FOR PUBLIC HEALTH, 2015, National Health and Morbidity Survey 2015 (NHMS 2015), Vol. II: Non-Communicable Diseases, Risk Factors & Other Health Problems, Ministry of

Appropriate complementary feeding practices is important to support the development of healthy dietary habits that will benefit health later in life.