

Development of food based dietary guidelines for 6-11 month old infants using linear programming, in East Lombok, West Nusa Tenggara

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Abstrak

Malnutrition has been responsible, directly or indirectly, for 60% of the 10.9 million deaths annually among children under five. Over two-thirds of these deaths, which are often associated with inappropriate feeding practices, occur during the first year of life (WHO, 2003). In UNICEF conceptual framework, two immediate causes of malnutrition are inadequate dietary intakes and diseases, and the underlying causes that lead to those two are inadequate access to food in the household, insufficient health services and an unhealthy environment, and inadequate care for children and women (UNICEF, 1998). Inadequate dietary intake is influenced by inappropriate feeding practice. Children who are not breastfed have repeated infections and grow less well than children who at least receive some breast milk (Daelmans and Saadeh, 2003). From six months onward, a child must have complementary food at six-month point, since breast milk alone no longer meets all nutritional needs. Delaying the switch over much beyond six months of age can cause a child's growth to falter. Thus, for optimal growth and development, a child needs to be fed frequently with energy-rich, nutrient-dense foods (UNICEF, 1998). However, the complementary foods do not easily fulfill the nutrient requirement a child needs. Problem nutrients are those for which there is the greatest discrepancy between their content in complementary foods and the estimated amount required by the child (WHO, 1998). Three strategies for obtaining needed amounts of problem nutrients are: optimization of nutrient intake from locally available food, micronutrient supplementation, and fortification of processed complementary foods (Dewey and Brown, 2003). The 54th World Health Assembly in 2001 not only recommended exclusive breastfeeding for six months as a global public health recommendation, but also recommended the widest possible use of indigenous nutrient-rich foodstuffs to improve complementary foods and feeding practice (Daelmans and Saadeh, 2003). In response to that recommendation, this study was aimed to develop a feasible dietary guideline for complementary feeding of infants aged 6-11 months that will use local food available. There have been some researches about developing dietary guideline in other countries for certain age group. This study was planned to develop a dietary guideline in one area of Indonesia where many of its children in the age group of 6-11 month were undernourished.