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DASAR PEMAKANAN KEBANGSAAN MALAYSIA 2.0

NATIONAL NUTRITION POLICY OF MALAYSIA 2.0

KEMENTERIAN KESIHATAN MALAYSIA
MINISTRY OF HEALTH MALAYSIA
2021

DASAR PEMAKANAN KEBANGSAAN MALAYSIA 2.0

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ISBN 978-967-19598-1-7

9 7 8 9 6 7 1 9 5 9 8 1 7

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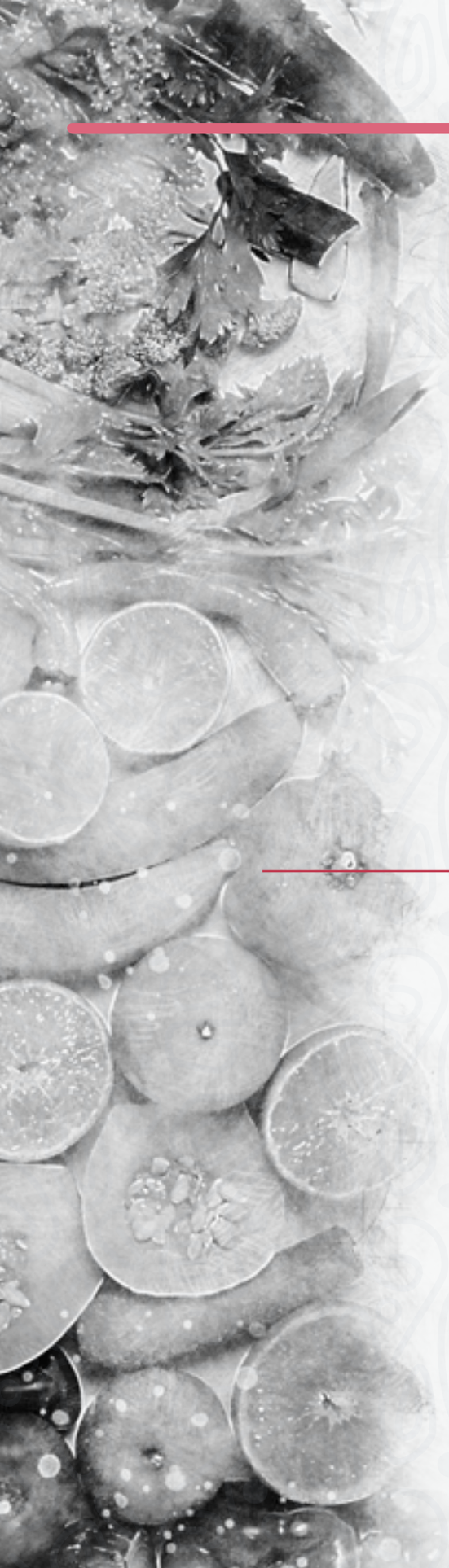


KANDUNGAN

Perutusan Perdana Menteri Malaysia | iv
Perutusan Menteri Kesihatan Malaysia | v
Prakata oleh Ketua Setiausaha Kementerian Kesihatan Malaysia | vi
Prakata oleh Ketua Pengarah Kesihatan Malaysia | vii
Prakata oleh Pengerusi Jawatankuasa Penyelaras Kebangsaan untuk Makanan dan Pemakanan | viii
Senarai Singkatan Kata | ix
Ringkasan Eksekutif | x
Rangka Kerja Dasar Pemakanan Kebangsaan Malaysia 2.0 | xiii

01 Kenyataan Dasar | 01

02 Pengenalan | 03

03 Situasi Pemakanan di Malaysia | 07

04 Visi | 15

05 Misi | 17

06 Strategi | 19

07 Mekanisme Pelaksanaan | 21

08 Pemantauan dan Penilaian | 25

Glosari | 27

Rujukan | 31

PERUTUSAN

PERDANA MENTERI MALAYSIA

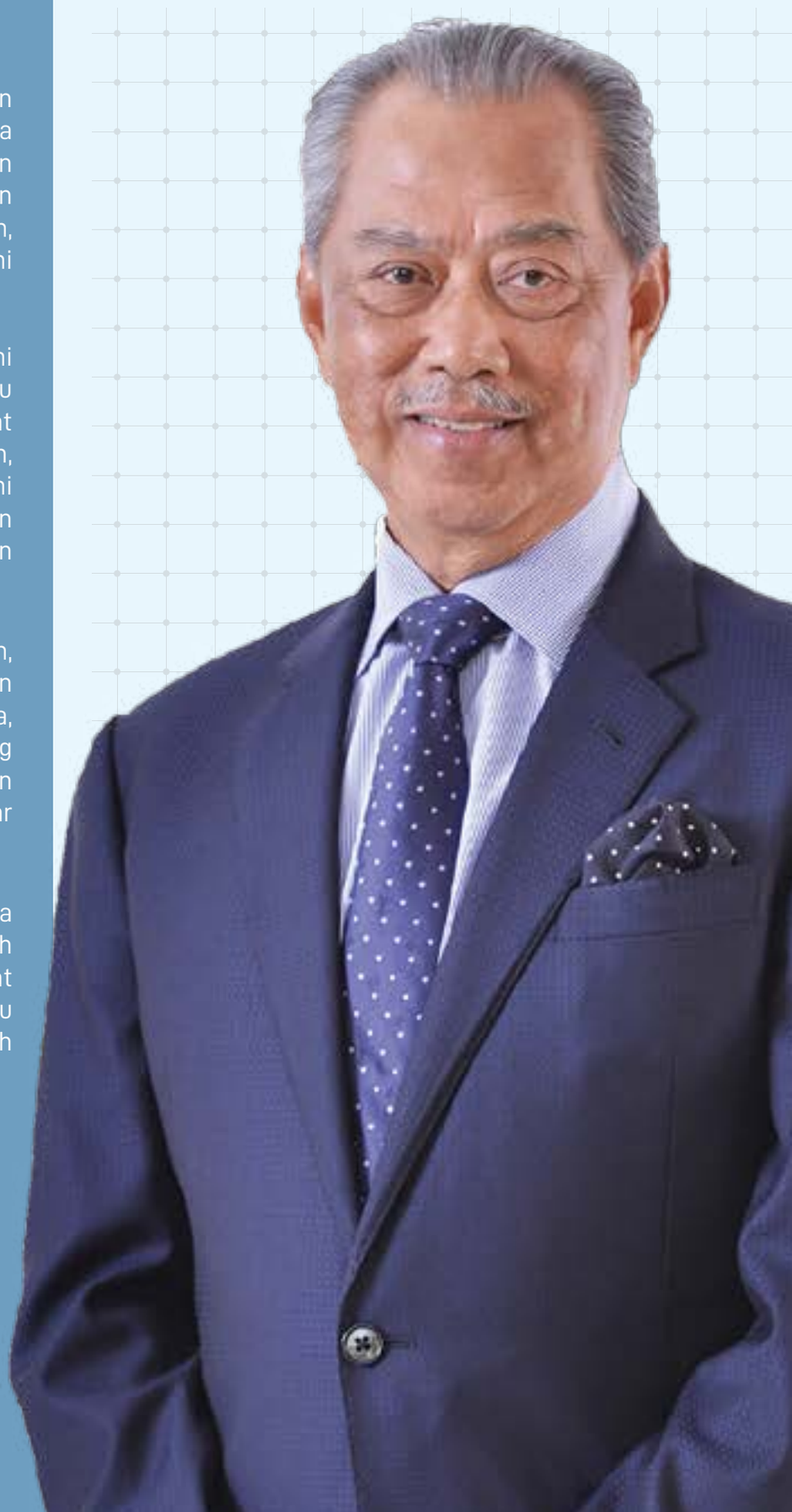
Sejak beberapa dekad yang lalu, Malaysia telah mengalami perubahan drastik dalam trend penyakit, daripada penyakit berjangkit kepada penyakit tidak berjangkit. Peralihan daripada keadaan kekurangan pemakanan semasa era kemerdekaan kepada penyakit kronik berkaitan pemakanan, mengakibatkan masalah beban berganda malpemakanan, adalah sangat membimbangkan serta perlu diperhalusi dan ditangani dengan penuh kesungguhan.

Semakan semula Dasar Pemakanan Kebangsaan Malaysia (DPKM) ini adalah tepat pada masanya untuk menjadikannya relevan dengan isu-isu kesihatan semasa dan di masa depan. Dasar ini merupakan satu mandat daripada kerajaan yang menjadi pemacu untuk mengekalkan, meningkatkan dan mencapai kesejahteraan rakyat. Matlamat dasar ini adalah untuk meningkatkan taraf pemakanan penduduk, mengurangkan penyakit tidak berjangkit berkaitan pemakanan, serta memperkukuhkan sekuriti makanan dan pemakanan.

Usaha bersepadu daripada semua kementerian dan agensi yang relevan, serta badan bukan kerajaan dan sektor swasta untuk melaksanakan dasar ini merupakan asas dalam menangani cabaran-cabaran semasa, terutamanya trend penyakit tidak berjangkit berkaitan pemakanan yang semakin meningkat. Saya percaya dasar ini akan memberikan panduan dan hala tuju yang sangat berguna terutamanya kepada pembuat dasar dan pelaksana.

Oleh itu, saya mengucapkan setinggi-tinggi penghargaan dan terima kasih kepada Kementerian Kesihatan Malaysia serta pemegang taruh lain yang telah terlibat sama dalam pembentukan dasar ini. Saya amat berharap agar dasar ini akan dilaksanakan untuk membina era baru rakyat yang mementingkan pemakanan dan ke arah Malaysia yang lebih sihat.

YAB Tan Sri Dato' Haji Muhyiddin bin Haji Mohd Yassin
Perdana Menteri Malaysia



PERUTUSAN

MENTERI KESIHATAN MALAYSIA

Perubahan demografi yang pesat dan transisi situasi pemakanan telah menyebabkan tabiat pemakanan yang tidak sihat serta gaya hidup tidak aktif dalam kalangan rakyat Malaysia. Perubahan ini sering dikaitkan dengan peningkatan prevalen penyakit tidak berjangkit berkaitan pemakanan dalam masyarakat.

Walaupun pelbagai aktiviti dan kempen kesihatan telah dijalankan dalam beberapa dekad yang lalu, masalah kekurangan pemakanan dan peningkatan prevalen penyakit tidak berjangkit berkaitan pemakanan yang berterusan telah meningkatkan kos penjagaan kesihatan dan mempengaruhi kualiti hidup secara keseluruhannya. Oleh itu, Dasar Pemakanan Kebangsaan Malaysia telah dibangunkan untuk menangani cabaran-cabaran ini. Semakan dasar ini adalah amat penting selaras dengan komitmen berkaitan pemakanan yang telah dibuat di peringkat kebangsaan, serantau dan antarabangsa, termasuklah Matlamat Pembangunan Mampan (*The Sustainable Development Goals, SDGs*) dan Sasaran Pemakanan Global (*Global Nutrition Targets, GNT*).

Dalam usaha mencapai objektif dasar ini, kerjasama erat dan sinergi di antara kementerian, agensi, ahli akademik dan badan profesional perlu diperkukuhkan untuk melaksanakan strategi-strategi yang digariskan di dalam dasar ini. Pendekatan multisektoral ini akan memastikan pelaksanaan dan penyampaian intervensi pemakanan yang lebih berkesan, demi meningkatkan status pemakanan rakyat Malaysia.

Syabas diucapkan kepada Bahagian Pemakanan, Kementerian Kesihatan Malaysia dan semua pihak yang telah memberikan sumbangan dalam penyemakan dasar ini. Saya berharap agar dasar ini akan dijadikan rujukan utama oleh kementerian dan agensi lain serta strategi-strategi yang telah digariskan diambilkira untuk dimasukkan ke dalam pelaksanaan dasar dan program masing-masing. Dengan itu, agenda pemakanan di negara ini dapat diketengahkan untuk mencapai matlamat kita - kesihatan untuk semua.

YB Datuk Sri Dr. Adham Baba
Menteri Kesihatan Malaysia

KATA-KATA ALUAN

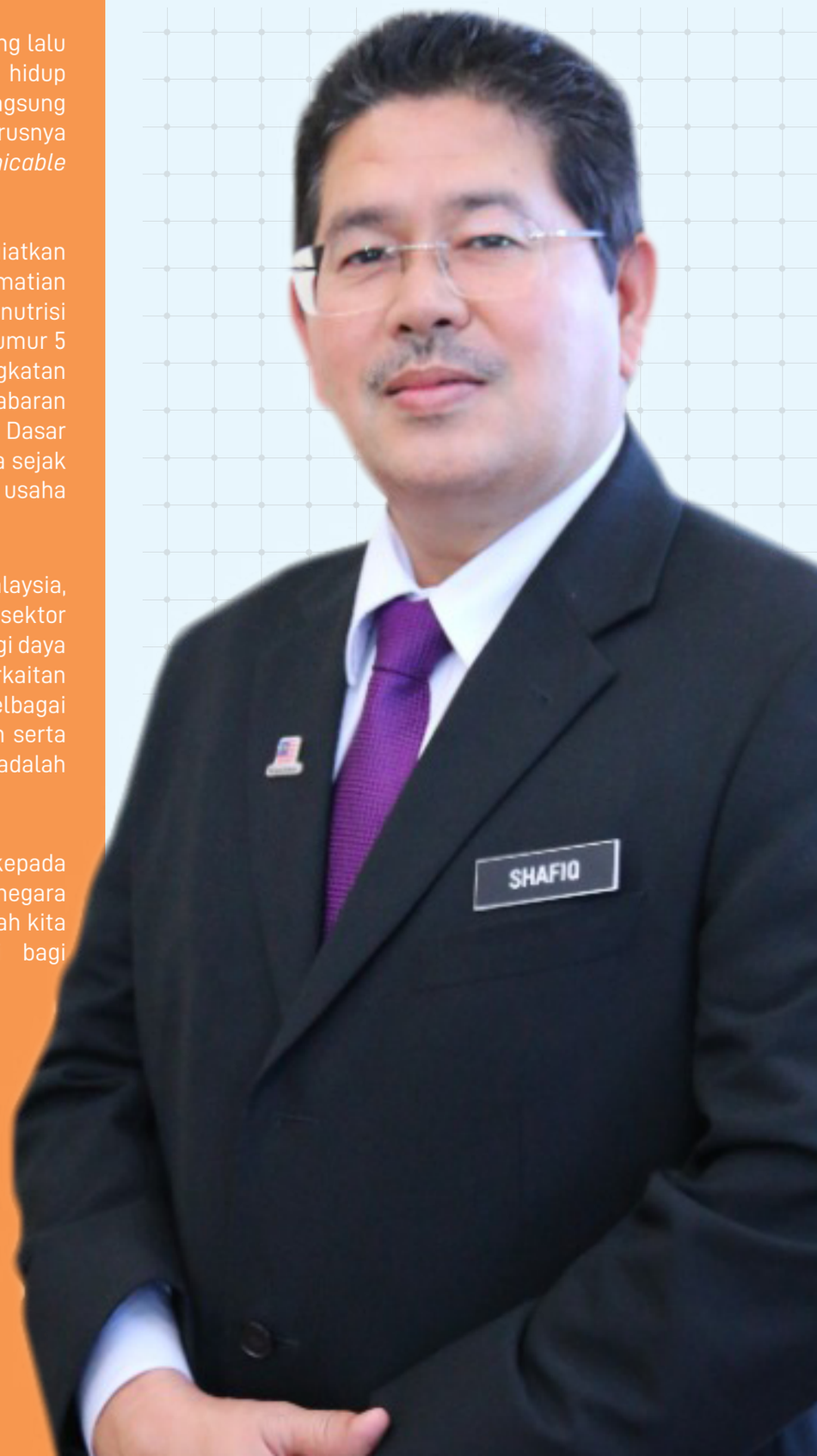
KETUA SETIAUSAHA KEMENTERIAN KESIHATAN MALAYSIA

Kepesatan industrialisasi dan urbanisasi sejak beberapa dekad yang lalu telah banyak memberi impak terhadap persekitaran dan gaya hidup rakyat Malaysia. Tambahan pula, arus globalisasi juga secara langsung telah memberi kesan signifikan kepada amalan pemakanan dan seterusnya mempengaruhi prevalen penyakit tidak berjangkit atau *non-communicable diseases* (NCD) berkaitan pemakanan.

Meskipun pelbagai promosi dan pendidikan kesihatan telah dipergiatkan oleh pihak Kerajaan, NCD masih merupakan punca utama kematian pra-matang di Malaysia ketika ini. Di samping itu, prevalen malnutrisi terutamanya kes bantut dan susut di kalangan kanak-kanak bawah umur 5 tahun juga telah meningkat sejak beberapa tahun yang lalu. Peningkatan jumlah kes NCD ini amat membimbangkan serta merupakan satu cabaran yang besar kepada sistem kesihatan negara. Justeru, semakan Dasar Pemakanan Kebangsaan Malaysia sedia ada yang telah berkuatkuasa sejak tahun 2003 adalah langkah tepat pada masanya dan selari dengan usaha Kerajaan untuk membangunkan bangsa yang aktif dan sihat.

Selain menggariskan hala tuju pembangunan pemakanan di Malaysia, pelaksanaan dasar ini juga diharapkan dapat memperkukuhkan sektor sekuriti makanan dan pemakanan negara, sekaligus memantapkan lagi daya usaha Kerajaan untuk menangani penyakit-penyakit kronik yang berkaitan dengan pemakanan. Pelaksanaan dasar ini akan melibatkan pelbagai pemegang taruh dari segenap sektor bagi memastikan perancangan serta pelaksanaan program-program makanan dan pemakanan adalah menyeluruh dan berkesan demi kemakmuran bersama.

Akhir kata, saya ingin merakamkan setinggi-tinggi penghargaan kepada semua pihak yang terlibat dalam melestarikan agenda pemakanan negara melalui penggubalan Dasar Pemakanan Kebangsaan Malaysia. Marilah kita sama-sama mendukung dan melaksanakan dasar baharu ini bagi melahirkan masyarakat yang sihat dan negara sejahtera.



YBhg. Dato' Mohd Shafiq Bin Abdullah
Ketua Setiausaha
Kementerian Kesihatan Malaysia

KATA-KATA ALUAN

KETUA PENGARAH KESIHATAN MALAYSIA

Dasar Pemakanan Kebangsaan Malaysia pertama kali dirangka dan diluluskan oleh Kabinet pada tahun 2003. Ia merupakan komitmen Malaysia terhadap Persidangan Pemakanan Antarabangsa (ICN) 1992 di Rom, untuk mewujudkan dasar kebangsaan yang bermatlamat untuk membasmi masalah pemakanan dan merubah sistem makanan, bagi memastikan makanan yang berkhasiat boleh diperoleh oleh semua.

Semakan dasar ini merupakan salah satu strategi yang signifikan di dalam Pelan Tindakan Pemakanan Kebangsaan Malaysia (NPANM) III, 2016-2025. Dasar ini bertujuan untuk mengurangkan beban berganda malpemakanan dalam masyarakat, serta meningkatkan sekuriti makanan dan pemakanan melalui sistem makanan yang mampan.

Dalam hal ini, satu pendekatan dinamik yang melibatkan pelbagai sektor bagi menangani masalah beban berganda malpemakanan di Malaysia perlu diperkukuhkan, supaya strategi-strategi yang sensitif terhadap pemakanan dapat dilaksanakan dengan berkesan. Harapan saya agar dasar ini dapat menyediakan satu tadbir urus yang baik bagi memastikan kerjasama yang lebih erat ke arah menjadikan Malaysia sebagai sebuah negara peneraju dalam bidang pemakanan.

Oleh itu, saya mengucapkan tahniah dan penghargaan kepada semua pihak yang terlibat dalam semakan dasar ini, terutamanya ahli Kumpulan Kerja Teknikal Dasar Pemakanan, atas komitmen penuh dan sumbangan yang diberikan. Diharapkan dasar ini akan digunakan secara meluas dan memberi manfaat kepada semua peringkat termasuk profesional kesihatan, pembuat dasar, pengurus program, penyelidik, pendidik, sektor swasta dan orang awam.

Y.Bhg. Tan Sri Dato' Seri Dr. Noor Hisham Abdullah
Ketua Pengarah Kesihatan
Kementerian Kesihatan Malaysia

PRAKATA

PENGERUSI JAWATANKUASA PENYELARAS KEBANGSAAN UNTUK MAKANAN DAN PEMAKANAN

Malaysia telah mencapai kemajuan yang memberangsangkan dalam pembangunan sosioekonomi sejak kemerdekaannya pada tahun 1957. Malaysia turut dikenali di mata dunia sebagai sebuah negara yang memiliki sistem penjagaan kesihatan terbaik, dengan menyediakan perkhidmatan berkualiti dan infrastruktur yang canggih. Akan tetapi, walaupun memiliki sektor kesihatan yang bertambah baik, beberapa hasilan utama berkaitan amalan pemakanan yang kurang baik masih wujud, di mana ia telah menjadi isu kesihatan awam yang sederhana hingga serius

Justeru, Kementerian Kesihatan Malaysia telah membangunkan Dasar Pemakanan Kebangsaan Malaysia dalam usaha menangani masalah malpemakanan. Pembangunan dan semakan dasar ini telah diterajui oleh Kumpulan Kerja Teknikal Dasar Pemakanan di bawah Jawatankuasa Penyelaras Kebangsaan untuk Makanan dan Pemakanan. Dasar ini merupakan satu mandat untuk memastikan rakyat Malaysia mencapai status pemakanan yang optimal, dengan menyediakan rangka kerja untuk pelaksanaan intervensi dan program yang sensitif dan spesifik terhadap pemakanan. Ia akan dapat memberi panduan dan memperkukuhkan kolaborasi diantara pelbagai sektor untuk melaksanakan dan memastikan pelaksanaan program-program pemakanan yang berimpak tinggi kepada kumpulan sasaran adalah berkesan. Kesejahteraan pemakanan yang semakin meningkat akan menurunkan beban penyakit dan seterusnya meningkatkan kualiti hidup masyarakat.

Setinggi-tinggi penghargaan saya ucapkan kepada kumpulan kerja yang telah mencurahkan segala usaha untuk menyemak semula dan menyempurnakan semakan dasar ini. Sumbangan mereka yang mempunyai pelbagai latar belakang dan kepakaran amatlah dihargai. Semoga dasar ini akan menjadi pemangkin dalam mengintegrasikan dan menjadikan pemakanan sebagai agenda utama dalam semua pembangunan dan dasar-dasar negara.

Y.Bhg. Datuk Dr. Chong Chee Kheong
Timbalan Ketua Pengarah Kesihatan (Kesihatan Awam)
Kementerian Kesihatan Malaysia
Pengerusi Jawatankuasa Penyelaras Kebangsaan untuk Makanan dan Pemakanan

SENARAI SINGKATAN KATA

DPKM
Dasar Pemakanan Kebangsaan Malaysia

FAO
Food and Agriculture Organization
Pertubuhan Makanan dan Pertanian

GNT
Global Nutrition Targets
Sasaran Pemakanan Global

HES
The Household Expenditure Survey
Tinjauan Penyiasatan Perbelanjaan Isi Rumah

ICN
International Conference on Nutrition
Persidangan Pemakanan Antarabangsa

KKT
Kumpulan Kerja Teknikal

MANS
Malaysian Adult Nutrition Survey
Tinjauan Pemakanan Orang Dewasa Malaysia

MDG
Malaysian Dietary Guidelines
Garis Panduan Pemakanan Malaysia

MKMPK
Majlis Keselamatan Makanan dan Pemakanan Kebangsaan

NCCFN
National Coordinating Committee on Food and Nutrition
Jawatankuasa Penyelaras Kebangsaan untuk Makanan dan Pemakanan

NHMS
National Health and Morbidity Survey
Tinjauan Kebangsaan Kesihatan dan Morbiditi

NPANM
National Plan of Action for Nutrition of Malaysia
Pelan Tindakan Pemakanan Kebangsaan Malaysia

RNI
Saranan Pengambilan Nutrien

SDGs
Sustainable Development Goals
Matlamat Pembangunan Mampan

UN
United Nations
Pertubuhan Bangsa-bangsa Bersatu

WHO
World Health Organization
Pertubuhan Kesihatan Sedunia

WKB
Wawasan Kemakmuran Bersama

RINGKASAN EKSEKUTIF

Dasar Pemakanan Kebangsaan Malaysia (DPKM) telah julung kalinya dirangka dan diluluskan oleh kabinet pada tahun 2003. Pada tahun 2019, dasar ini telah disemak semula dan diperkukuhkan selari dengan perubahan pesat dalam corak pengambilan makanan dan peningkatan beban berganda malpemakanan di Malaysia. Dasar ini beriltizam untuk mencapai, meningkatkan dan mengekalkan kesejahteraan masyarakat. Matlamat dasar ini adalah untuk meningkatkan status pemakanan, mengurangkan penyakit tidak berjangkit berkaitan pemakanan dan memperkukuhkan sekuriti makanan dan pemakanan. Ia juga menyokong dan meningkatkan sistem makanan yang lestari bagi pemakanan yang sihat untuk masyarakat. Dasar ini akan menyepadukan, menggembleng tenaga dan menggerakkan strategi-strategi makanan dan pemakanan yang efektif melibatkan pelbagai pemegang taruh dari semua sektor. Visi DPKM adalah untuk mencapai kesejahteraan pemakanan untuk bangsa yang sihat. Sementara itu, misi dasar ini adalah untuk mengurangkan beban berganda malpemakanan serta meningkatkan sekuriti makanan dan pemakanan melalui sistem makanan yang lestari. Dasar ini juga bermatlamat untuk memperkukuhkan kolaborasi dan perkongsian pintar dengan pelbagai sektor dalam program dan strategi yang spesifik dan sensitif kepada pemakanan. Tiga belas strategi telah dikenalpasti ke arah mencapai misi yang telah ditetapkan ini.

KENYATAAN DASAR

Dasar Pemakanan Kebangsaan Malaysia beriltizam untuk **mencapai, meningkatkan dan mengekalkan kesejahteraan rakyat**. Matlamat dasar ini adalah untuk **meningkatkan status pemakanan, mengurangkan prevalen penyakit tidak berjangkit berkaitan pemakanan dan memperkukuhkan sekuriti makanan dan pemakanan**. Ia juga menyokong dan meningkatkan sistem makanan yang lestari bagi pemakanan yang sihat untuk masyarakat. Dasar ini akan menyepadukan, menggembleng tenaga dan menggerakkan strategi-strategi makanan dan pemakanan yang efektif melibatkan pelbagai pemegang taruh yang merentasi semua sektor.

VISI

KESEJAHTERAAN PEMAKANAN
UNTUK BANGSA YANG SIHAT

MISI

MENGURANGKAN BEBAN BERGANDA MALPEMAKANAN

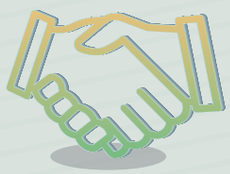
Mengurangkan beban berganda malpemakanan dalam kalangan penduduk.

MEMPERTINGKATKAN SEKURITI MAKANAN DAN PEMAKANAN

Mempertingkatkan sekuriti makanan dan pemakanan melalui sistem makanan yang mampan.

MEMPERKUKUHKAN KERJASAMA PELBAGAI SEKTOR

Memperkukuhkan kerjasama dan perkongsian pelbagai sektor dalam melaksanakan strategi serta program yang spesifik dan sensitif dengan pemakanan.



STRATEGI

1

Memasukkan objektif, pertimbangan dan komponen pemakanan
ke dalam pembangunan dasar, pelan tindakan dan program di peringkat kebangsaan.

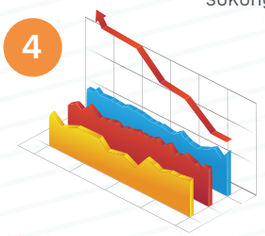
2

Memperkukuh tadbir urus
pemakanan melalui perundangan dan komitmen politik yang padu serta sokongan daripada pemegang taruh utama dan masyarakat.

3

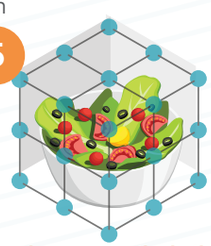
Memperkukuh sistem kesihatan
untuk menangani masalah beban berganda malpemakanan serta sekuriti makanan dan pemakanan secara berkesan dengan sumber yang mencukupi dan pengukuhan kapasiti.

4



Melibatkan, menggembleng tenaga dan mempergiatkan pihak berkepentingan yang berkaitan
dalam menyokong pelaksanaan strategi, program dan aktiviti yang sensitif dengan pemakanan.

5



Memastikan dan mempertingkatkan sekuriti makanan dan pemakanan
kepada semua terutamanya daripada kumpulan rentan melalui sistem makanan yang mampan termasuk kesediaan dan tindakbalas semasa kecemasan dan bencana kebangsaan.

6

Mendayaupaya individu, keluarga dan masyarakat
sebagai agen perubahan dan bertanggungjawab terhadap kesejahteraan pemakanan mereka.

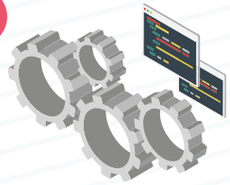
7

Menyedia dan memantapkan
persekitaran kondusif yang menyokong amalan pemakanan sihat serta fasiliti merentasi pelbagai *setting* dan kumpulan sasar.

8

Memastikan semua lapisan masyarakat
berupaya mencapai teknologi dan maklumat pemakanan yang boleh dipercayai bagi membolehkan mereka membuat pilihan dan keputusan yang tepat.

9



Membangun dan melaksanakan strategi dan program
pencegahan, intervensi dan pemulihan pemakanan yang inovatif dan berkesan untuk menangani masalah beban berganda malpemakanan di semua setting dan peringkat.

10

Mempertingkat strategi dan program pemakanan
untuk bayi dan kanak-kanak kecil, remaja dan wanita dalam umur reproduktif.

11

Mempertingkat intervensi pemakanan kepada kumpulan rentan
termasuk Orang Asli, golongan miskin bandar, kanak-kanak tanpa dokumen, orang kelainan upaya serta kanak-kanak dan warga emas berkeperluan khas.

12

Membangun dan memperkukuh
keupayaan pemakanan kebangsaan ke arah penuaan yang sihat.

13

Memperkukuh keupayaan pemantauan dan penilaian
serta penyelidikan dan pembangunan dalam bidang makanan dan pemakanan merentasi sektor.

RANGKA KERJA DASAR PEMAKANAN KEBANGSAAN MALAYSIA 2.0

VISI

Kesejahteraan pemakanan untuk bangsa yang sihat.

KOMITMEN DI PERINGKAT ANTARABANGSA, SERANTAU DAN KEBANGSAAN

SDGs 2030 | GNT 2025 | Rome Declaration II on Nutrition and Framework for Action | WKB 2030 | RMK

NPANM

ISU & CABARAN

1. Beban berganda malpemakanan
2. Ketidakjaminan makanan dan pemakanan
3. Kurang kerjasama dari pelbagai sektor

STRATEGI

1. Mengintegrasikan pemakanan ke dalam dasar dan pelan tindakan kebangsaan
2. Memperkukuhkan tadbir urus pemakanan dan komitmen politik
3. Memperkukuh sistem kesihatan bagi menangani masalah beban berganda malpemakanan
4. Mempergiat dan menggembleng tenaga pihak berkepentingan
5. Memastikan sekuriti makanan dan pemakanan untuk semua
6. Mendayaupaya individu, keluarga dan masyarakat
7. Menyediakan persekitaran kondusif yang menyokong amalan pemakanan sihat
8. Memastikan capaian kepada teknologi dan maklumat pemakanan yang boleh dipercayai
9. Membangun dan melaksanakan program pemakanan yang efektif dan inovatif
10. Memperkukuh strategi pemakanan untuk kanak-kanak dan wanita dalam umur reproduktif
11. Memperkukuh intervensi pemakanan untuk kumpulan rentan
12. Memperkukuh keupayaan pemakanan ke arah penuaan yang sihat.
13. Memperkukuhkan pemantauan & penilaian serta keupayaan penyelidikan dan pembangunan dalam bidang makanan & pemakanan

KEBERHASILAN

1. Status pemakanan dipertingkatkan
2. Beban penyakit tidak berjangkit dikurangkan
3. Sekuriti makanan dan pemakanan diperkukuhkan
4. Komponen pemakanan diintegrasikan ke dalam dasar kebangsaan
5. Agenda pemakanan diutamakan oleh pemegang taruh

01 KENYATAAN DASAR

Dasar Pemakanan Kebangsaan Malaysia beriltizam untuk mencapai, meningkatkan dan mengekalkan kesejahteraan masyarakat. Matlamat dasar ini adalah untuk meningkatkan status pemakanan, mengurangkan prevalen penyakit tidak berjangkit berkaitan pemakanan dan memperkukuhkan sekuriti makanan dan pemakanan. Ia juga menyokong dan meningkatkan sistem makanan yang lestari bagi pemakanan yang sihat untuk masyarakat. Dasar ini akan menyepadukan, menggembleng tenaga dan menggerakkan strategi-strategi makanan dan pemakanan yang efektif melibatkan pelbagai pemegang taruh yang merentasi semua sektor.

02 PENGENALAN

Malaysia telah mengalami pembangunan sosioekonomi yang pesat sejak mencapai kemerdekaan pada tahun 1957. Ini termasuk perubahan trend mega dalam gaya hidup dan amalan pemakanan, yang seterusnya memberi kesan kepada kesejahteraan pemakanan dan pola penyakit dalam masyarakat.

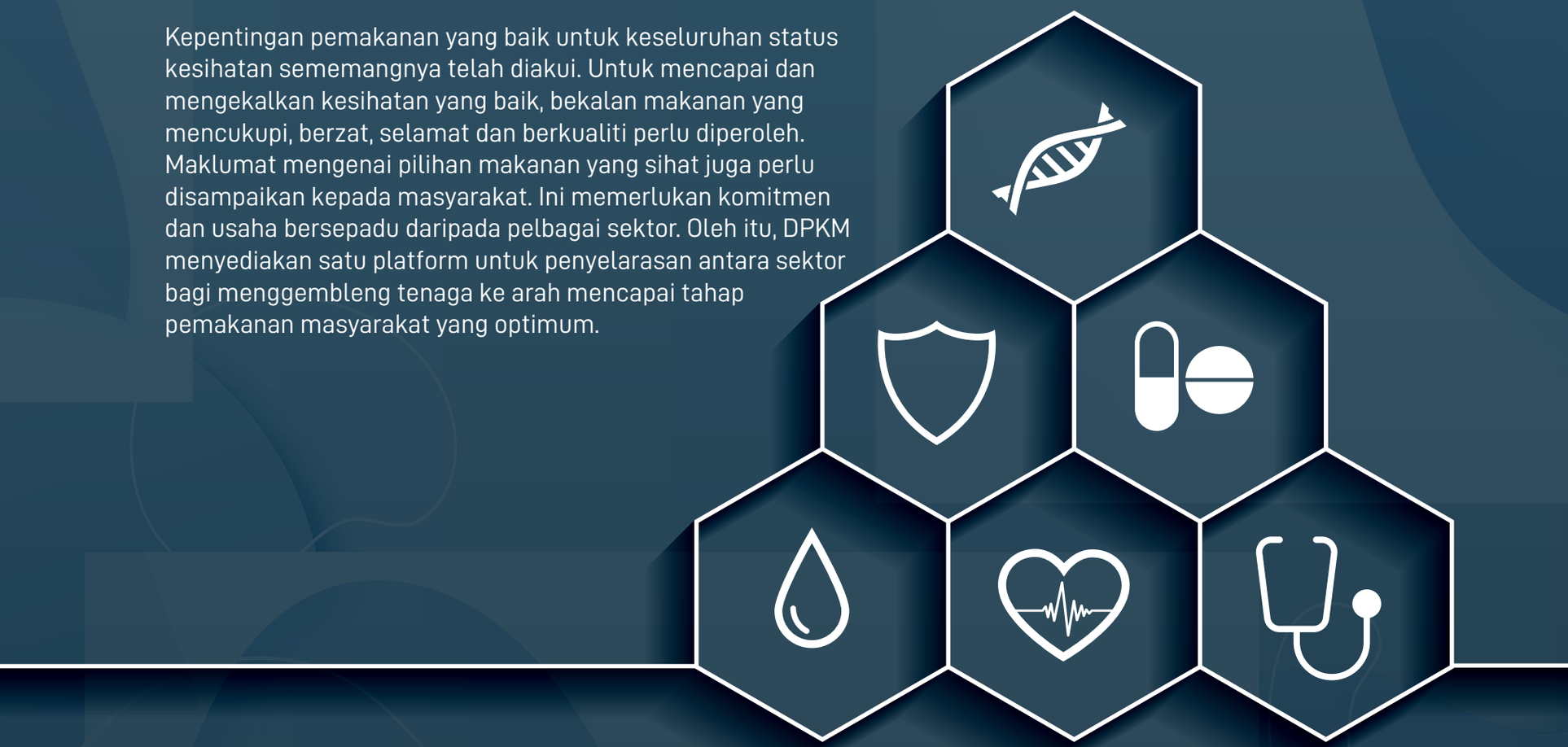
Mengikut Laporan Pertubuhan Bangsa-bangsa Bersatu (UN) mengenai Penduduk Warga Emas Dunia 2019, dianggarkan populasi dunia berumur 65 tahun dan ke atas akan meningkat kepada 16% pada tahun 2050. Seiring dengan pertumbuhan penduduk warga emas dan peningkatan jumlah keseluruhan penduduk, kematian disebabkan oleh penyakit-penyakit tidak berjangkit dijangka akan meningkat sebanyak 15% di seluruh dunia di antara tahun 2010 dan 2020 (UNDESA, 2019). Ini menyumbang kepada kira-kira 70% kematian global pada tahun 2030. Berdasarkan laporan Jabatan Perangkaan Malaysia, dianggarkan pada tahun 2030, penduduk Malaysia akan mengalami penuaan dan Malaysia akan mencapai status "negara tua" dengan peratus penduduk berumur 60 tahun dan ke atas adalah 15.3% (DOSM, 2019). Tinjauan Kebangsaan Kesihatan dan Morbiditi (NHMS) 2015 telah melaporkan bahawa penyakit-penyakit tidak berjangkit berkaitan pemakanan telah menyumbang kepada 73% kematian di negara ini (IKU, 2015), satu trend yang semakin meningkat dalam beberapa dekad ini.

Malaysia juga sedang berhadapan dengan masalah beban berganda malpemakanan, di mana masalah kekurangan dan berlebihan pemakanan wujud pada masa yang sama. Di samping masalah bantut dan susut dalam kalangan kanak-kanak bawah 5 tahun yang amat membimbangkan, obesiti dalam kalangan kanak-kanak dan penyakit-penyakit tidak berjangkit berkaitan pemakanan turut meningkat. Dengan kenaikan angka-angka yang membimbangkan dan ramalan peningkatan beban penyakit ini, pencegahan dan pengawalan masalah beban berganda malpemakanan merupakan satu cabaran besar kepada penjagaan kesihatan negara.

Dasar Pemakanan Kebangsaan Malaysia (DPKM) yang pertama telah diluluskan oleh Kabinet pada tahun 2003 (MKMPK, 2005). Dasar ini bertujuan memastikan kesejahteraan penduduk dicapai dan dikekalkan melalui pemakanan. Matlamat dasar ini adalah untuk memastikan segenap lapisan masyarakat mendapat bekalan makanan yang mencukupi, berzat, selamat dan berkualiti. Ia juga menggalakkan dan menyokong strategi bagi amalan pemakanan yang sihat melalui gandingan pihak-pihak yang berkepentingan dalam perancangan, pelaksanaan dan penilaian program makanan dan pemakanan yang berkesan dan mampan. Bagi menterjemah dan melaksanakan Dasar Pemakanan Kebangsaan Malaysia ini, beberapa siri Pelan Tindakan Pemakanan Kebangsaan Malaysia (NPANM) telah dirangka, iaitu NPANM I (1996-2000), NPANM II (2006-2015) dan NPANM III (2016-2025) (NCCFN, 1995; 2006; 2016).

Walau bagaimanapun, DPKM perlu disemak semula dan diperkukuhkan selari dengan perubahan pesat corak pemakanan dan peningkatan masalah beban berganda malpemakanan dalam kalangan rakyat Malaysia yang akan mempengaruhi kesejahteraan pemakanan. Semakan dasar ini mengambilkira komitmen dan strategi berkaitan pemakanan di peringkat kebangsaan termasuklah Rancangan Lima Tahun Malaysia (RMK) dan Wawasan Kemakmuran Bersama (WKB) 2030. Ia turut mengambilkira komitmen di peringkat global seperti Matlamat Pembangunan Mampan, (SDG) 2015-2030, *The Rome Declaration II on Nutrition and Framework for Action* dan Sasaran Pemakanan Global (GNT) 2025.

Kepentingan pemakanan yang baik untuk keseluruhan status kesihatan sememangnya telah diakui. Untuk mencapai dan mengekalkan kesihatan yang baik, bekalan makanan yang mencukupi, berzat, selamat dan berkualiti perlu diperoleh. Maklumat mengenai pilihan makanan yang sihat juga perlu disampaikan kepada masyarakat. Ini memerlukan komitmen dan usaha bersepadu daripada pelbagai sektor. Oleh itu, DPKM menyediakan satu platform untuk penyelarasan antara sektor bagi menggembleng tenaga ke arah mencapai tahap pemakanan masyarakat yang optimum.



Dokumen-dokumen dasar dan pelan tindakan di peringkat global, serantau dan kebangsaan telah diambilkira dalam semakan DPKM seperti di Rajah 2.1 berikut:

Rajah 2.1: Dokumen dasar dan pelan yang relevan dalam semakan Dasar Pemakanan Kebangsaan Malaysia

Dokumen-dokumen di peringkat global

The Sustainable Development Goals (SDGs) 2030

The Rome Declaration on Nutrition and Framework for Action of the Second International Conference on Nutrition (ICN2) 2014

Global Nutrition Target 2025

Scaling-Up Nutrition (SUN)

Global Monitoring Framework for Maternal, Infant and Young Child Nutrition

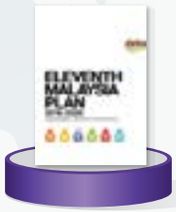
Dokumen-dokumen di peringkat serantau

UNICEF's Strategic Approach to Nutrition Programming in the East Asia and Pacific Region 2014-2025

Regional Report on Nutrition Security in ASEAN

Dokumen-dokumen di peringkat kebangsaan

Pelan Tindakan Pemakanan Kebangsaan Malaysia (NPANM) III, 2016-2025

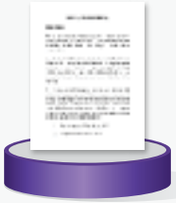


Rancangan Malaysia Ke-11 2016-2020

Wawasan Kemakmuran Bersama 2030

Pelan Tindakan Kementerian Kesihatan Malaysia 2016-2020

Dasar Keselamatan Makanan Kebangsaan 2007



Dasar Warga Emas Negara 2011

Dasar Kesihatan Warga Emas Negara 2008

Dasar Kesihatan Remaja Negara 2001

National Strategic Plan for Non-Communicable Disease (NSP-NCD) 2016-2025

03 SITUASI PEMAKANAN DI MALAYSIA

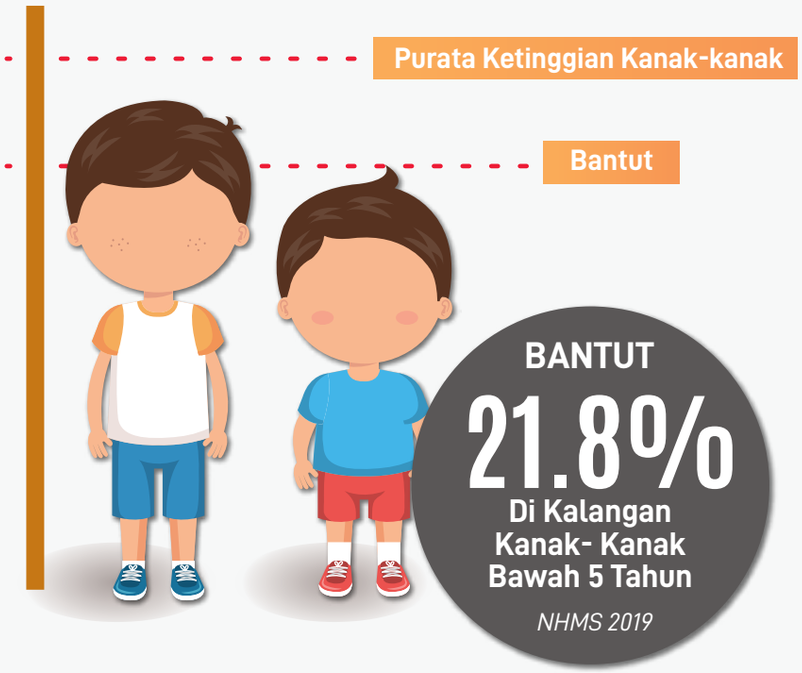
Sejak beberapa dekad yang lalu,

situasi pemakanan di Malaysia telah berubah secara signifikan daripada masalah kekurangan pemakanan kepada beban berganda malpemakanan.

Pertumbuhan penduduk warga emas juga dijangkakan akan menyumbang kepada peningkatan penyakit-penyakit tidak berjangkit berkaitan pemakanan.

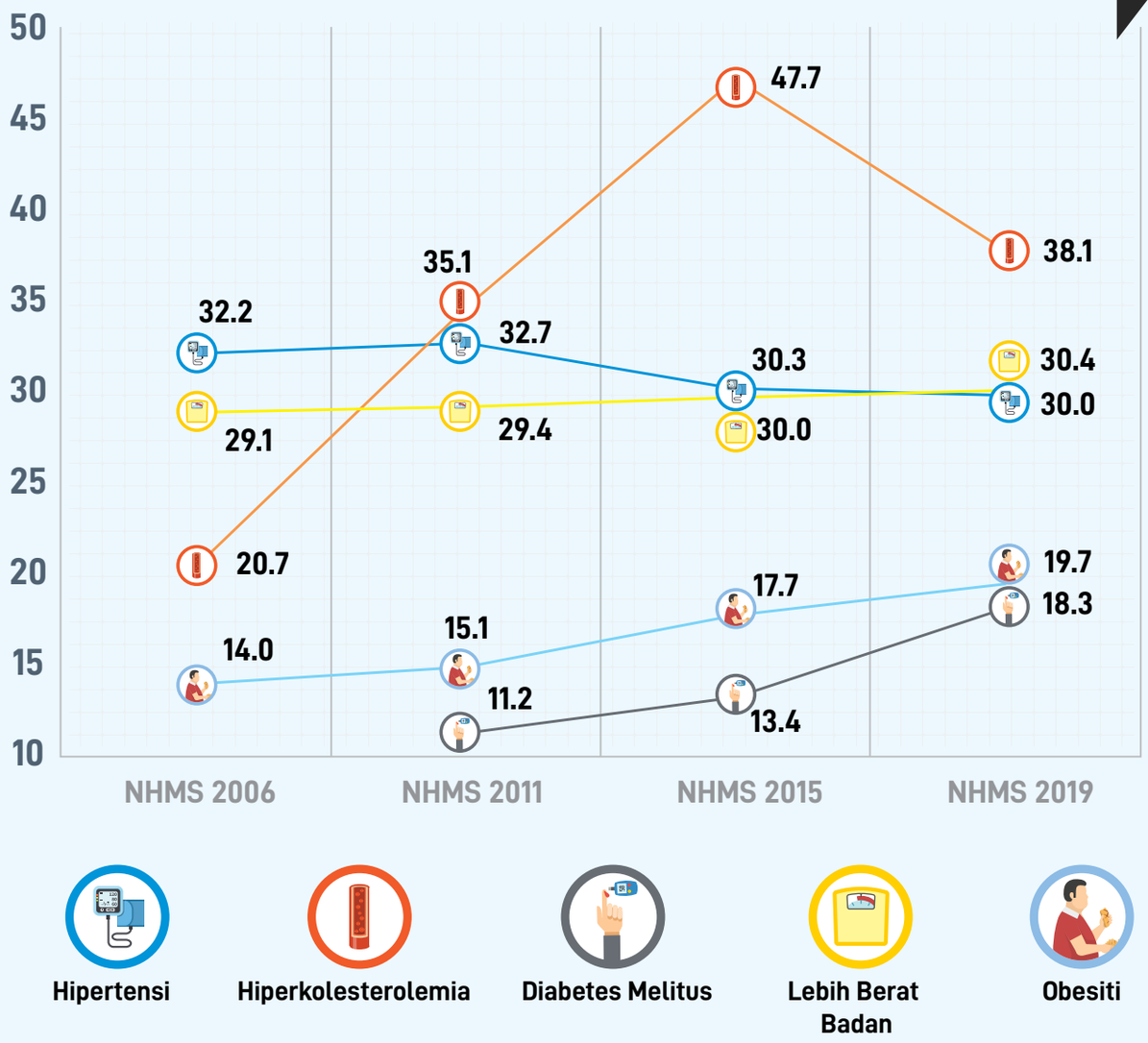
3.1 Status Pemakanan

Malaysia sedang berhadapan dengan masalah beban berganda malpemakanan, di mana terdapat peningkatan kadar obesiti serta masalah kekurangan pemakanan terutamanya dalam kalangan kanak-kanak bawah lima tahun. Kekurangan pemakanan, terutamanya bantut dan susut dalam kalangan kanak-kanak bawah lima tahun, masih menjadi masalah yang perlu diberi perhatian serius walaupun terdapat penurunan dalam prevalen susut. Seperti yang telah dilaporkan di dalam Tinjauan Kebangsaan Kesihatan dan Morbiditi (NHMS), terdapat sedikit peningkatan dari segi prevalen kanak-kanak bawah lima tahun yang kurang berat badan (12.7% pada tahun 2006 kepada 13.7% pada tahun 2016 dan 14.1% pada tahun 2019). Prevalen bantut dalam kalangan kanak-kanak juga menunjukkan peningkatan daripada 17.5% pada tahun 2006 kepada 20.7% pada tahun 2016 dan 21.8% pada tahun 2019. Walau bagaimanapun, prevalen susut dalam kalangan kanak-kanak bawah 5 tahun telah menurun iaitu daripada 13.2% pada tahun 2006 kepada 11.5% pada tahun 2016 dan 9.7% pada tahun 2019. Terdapat sedikit penurunan dan peningkatan dalam prevalen berlebihan berat badan dalam kalangan kanak-kanak ini iaitu daripada 5.8% pada tahun 2006 kepada 6.0% pada tahun 2016 dan 5.2% pada tahun 2019.



Bagi golongan remaja Malaysia berumur 10 hingga 17 tahun, NHMS 2017 melaporkan terdapat penurunan prevalen bantut daripada 10.1% pada tahun 2012 kepada 8.2% pada tahun tersebut. Prevalen susut dalam kalangan remaja juga telah menurun daripada 7.4% pada tahun 2012 kepada 6.6% pada tahun 2017. Sementara itu, prevalen berlebihan berat badan dan obesiti dalam kalangan remaja semakin meningkat, iaitu masing-masing meningkat daripada 14.6% dan 12.3% pada tahun 2012 kepada 15.6% dan 14.8% pada tahun 2017.

Prevalen obesiti dalam kalangan orang dewasa telah meningkat lebih daripada tiga kali ganda dalam tempoh 10 tahun (1996 - 2006), iaitu daripada 4.4% pada tahun 1996 kepada 14.0% pada tahun 2006. Namun, kadar kenaikan prevalen obesiti telah berjaya dikurangkan, dengan sedikit kenaikan kepada 15.1% pada tahun 2011. Walau bagaimanapun, penyakit tidak berjangkit berkaitan pemakanan kekal sebagai masalah utama kesihatan awam di mana prevalen orang dewasa dengan hiperkolesterolemia dan diabetes melitus telah meningkat secara signifikan. Pada tahun 2015, prevalen hipertensi dalam kalangan orang dewasa berumur 18 tahun dan ke atas adalah 30.3%, hiperkolesterolemia 47.7%, diabetes 17.5%, berlebihan berat badan 30.0% dan obesiti 17.7% **(IKU, 2015)**. Sementara itu, seperti yang ditunjukkan pada Rajah 3.1, data NHMS terkini pada tahun 2019 menunjukkan prevalen bagi hampir kesemua parameter adalah meningkat kecuali bagi hipertensi dan hiperkolesterolemia **(IKU, 2020)**.



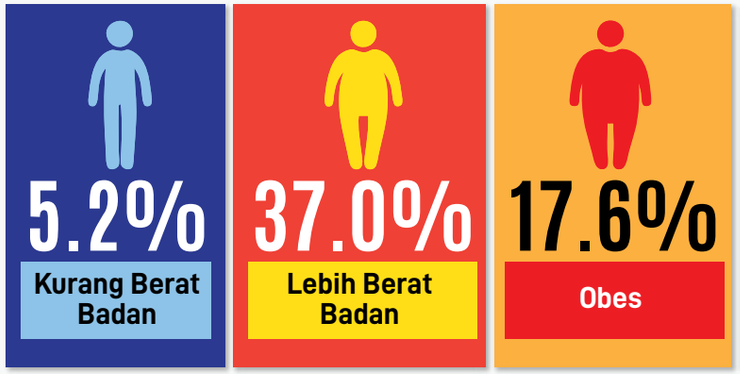
Rajah 3.1: Trend kebangsaan bagi obesiti dan lain-lain penyakit tidak berjangkit berkaitan pemakanan di Malaysia

Prevalen anemia dalam kalangan wanita dalam kumpulan umur reproduktif (15 hingga 49 tahun) juga perlu diberi perhatian. Prevalen anemia dalam golongan ini adalah masih tinggi walaupun terdapat penurunan daripada 34.7% (NHMS 2015) kepada 29.9% (NHMS 2019). Sehubungan itu, usaha bersepadu daripada semua pihak amatlah diperlukan untuk menangani masalah ini dengan segera.

Penurunan daripada

34.7% *(NHMS 2015)* **Kepada** **29.9%** *(NHMS 2019)*

Hasil NHMS 2018 menunjukkan 30.8% warga emas berumur 60 tahun dan ke atas mengalami masalah malpemakanan, dengan 5.2% daripada mereka adalah kurang berat badan, 37.0% berlebihan berat badan dan 17.6% adalah obes. Sebanyak 23.2% warga emas juga menjalani hidup yang tidak aktif (sedentari).



NHMS 2018

3.2 Pengambilan Makanan

Perubahan demografi dan pola pemakanan yang pesat seiring dengan pembangunan ekonomi telah mengubah tabiat makanan dan gaya hidup rakyat Malaysia. Industrialisasi, revolusi dan pemasaran makanan yang agresif telah mempengaruhi corak pengambilan dan kegunaan makanan penduduk. Peningkatan bilangan restoran makanan segera dalam tempoh dua dekad ini serta kurangnya kawalan terhadap pemasaran makanan yang diproses serta produk minuman bergula telah meningkatkan kebolehdapatan dan akses kepada pilihan makanan yang tidak sihat di mana ianya dikaitkan dengan peningkatan prevalen penyakit-penyakit tidak berjangkit berkaitan pemakanan.

Pengambilan makanan yang tidak sihat di kalangan masyarakat sejak dari peringkat bayi sehingga warga emas merupakan isu nasional. Hasil NHMS 2016 menunjukkan bahawa amalan penyusuan susu ibu secara eksklusif dalam kalangan bayi berumur enam bulan telah meningkat kepada 47.1% berbanding 14.5% pada tahun 2006. Walau bagaimanapun, hanya 66.4% bayi menerima kepelbagaian makanan yang minima dan prevalen ini perlu ditingkatkan.

Hasil NHMS 2017 menunjukkan pola pengambilan makanan yang kurang baik dalam kalangan murid sekolah di Malaysia di mana tujuh daripada 10 orang murid kerap tidak mengambil sarapan pagi, manakala lima daripada 10 orang murid kerap melangkau waktu makan tengahari dan makan malam. Walau bagaimanapun, prevalen murid sekolah yang mengambil sarapan pagi dan makan malam setiap hari telah meningkat sekurang-kurangnya 2% berdasarkan NHMS 2012, iaitu 28.1% pada 2012 kepada 30.0% pada 2017 untuk sarapan pagi, dan 52.6% pada 2012 kepada 54.6% pada 2017 untuk makan malam. Sebanyak 54.8% murid sekolah mengambil makanan berat selepas makan malam, iaitu di antara satu hingga tiga hari seminggu.

Survei Perbelanjaan Isi Rumah yang dijalankan secara berkala oleh Jabatan Perangkaan Malaysia mendapati semakin banyak isi rumah yang makan di luar. Laporan Survei Perbelanjaan Isi Rumah 2019 menunjukkan bahawa 28.5% daripada perbelanjaan bulanan isi rumah di Malaysia adalah untuk makanan dan minuman termasuklah makan di luar rumah **(DOSM, 2020)**. Laporan ini turut menyatakan bahawa perbelanjaan bagi penyediaan makanan di rumah telah berkurangan. Sebaliknya, perbelanjaan makanan di luar rumah pula telah meningkat. Menurut Institut Penyelidikan Khazanah, perbelanjaan untuk makanan di luar rumah telah meningkat daripada 12.0% pada tahun 1973 kepada 41.6% pada tahun 2016 **(Jomo KS dan Tan Zg, 2019)**. Sementara itu, hasil Tinjauan Pemakanan Orang Dewasa Malaysia **(MANS) 2014** mendapati bahawa hampir separuh daripada orang dewasa di Malaysia yang tinggal di kawasan bandar membeli makanan di luar rumah **(IKU, 2014)**.

PENDUDUK MALAYSIA MEMBELANJAKAN

28.5%

DARIPADA PENDAPATAN BULANAN UNTUK PERBELANJAAN MAKANAN DAN MINUMAN

DOSM, 2020

Hasil Tinjauan MANS 2014 juga menunjukkan satu daripada dua orang dewasa di Malaysia mengambil protein dan lemak melebihi saranan. Orang dewasa di Malaysia juga tidak mencapai saranan Garis Panduan Pemakanan Malaysia (MDG) 2010 untuk mengambil daripada dua sajian buah-buahan sehari (59.1%), tiga sajian sayur-sayuran sehari (81.7%), dan satu sajian susu dan produk tenusu sehari (73.6%)**(NCCFN, 2010)**. Hampir 80% orang dewasa juga mengambil makanan tinggi sodium dalam diet mereka **(IKU, 2014)**. Selain itu, berdasarkan Tinjauan NHMS 2018, hanya 10.8% warga emas dilaporkan mengambil buahan-buahan yang mencukupi iaitu sekurang-kurangnya dua sajian sehari dan 10.9% mengambil sayur-sayuran yang mencukupi iaitu sekurang-kurangnya tiga sajian sehari **(IKU, 2018)**.

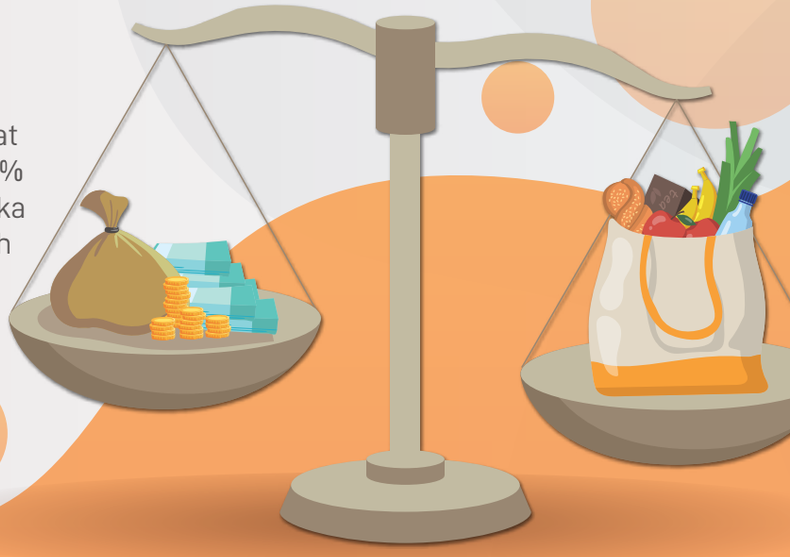
3.3 Sekuriti Makanan dan Pemakanan

Berdasarkan Pertubuhan Makanan dan Pertanian (FAO), sekuriti makanan wujud apabila semua orang, pada setiap masa, mempunyai akses fizikal dan ekonomi ke makanan yang mencukupi, selamat dan berkhasiat bagi memenuhi keperluan pemakanan mereka untuk mencapai hidup yang sihat dan aktif (FAO, 2003). Manakala, sekuriti pemakanan lebih menekankan kepada kualiti diet, iaitu dari segi kepelbagaian, diversiti, kandungan nutrien dan keselamatan makanan untuk memenuhi keperluan pemakanan seseorang, di samping persekitaran yang bersih serta penjagaan kesihatan dan pendidikan yang mencukupi **(CFS, 2011)**. Empat dimensi utama bagi sekuriti makanan adalah kebolehdapatan, kebolehcapaian, penggunaan dan kestabilan bekalan makanan **(Rainer G et. al, 2000)**.

Trend Global menjangkakan peningkatan keperluan makanan sebanyak 35% berikutan peningkatan populasi dunia yang dijangka sebanyak 8.3 bilion pada tahun 2030 (NIC, 2012). Malaysia sedang menggandakan usaha bagi memastikan sekuriti makanan dalam negara. Oleh itu, pengeluaran hasil makanan dan pertanian adalah elemen penting dalam sekuriti makanan dan pemakanan untuk memastikan kestabilan dan kebolehdapatan bekalan makanan yang sihat dan mampu dibeli untuk penduduk. Dalam hal ini, Dasar Agromakanan Negara merupakan dasar yang penting bagi memastikan pembangunan pertanian yang mampan dan menggalakkan industri agromakanan (MAFI, 2011). Jumlah bekalan makanan dalam negara dan jumlah makanan per kapita telah meningkat bagi hampir kesemua kategori makanan kecuali bagi susu dan produk tenusu. Pengeluaran makanan tempatan dan import bagi beberapa jenis makanan turut meningkat untuk memenuhi keperluan makanan penduduk. Walaupun kebolehdapatan makanan bukanlah satu isu di Malaysia, namun ia tidak menjamin capaian kepada pilihan makanan yang lebih sihat dengan harga yang berpatutan untuk semua penduduk.

Kebolehdapatan makanan dengan harga yang berpatutan kekal sebagai satu isu di kalangan penduduk daripada golongan berpendapatan rendah (B40). Menurut Laporan *The State of Household II* 2016 oleh Institut Penyelidikan Khazanah, Indeks Harga Pengguna (IHP) untuk makanan menunjukkan trend yang semakin meningkat sejak tahun 2003 hingga 2014 (KRI, 2016). IHP makanan juga telah meningkat dengan kadar yang lebih cepat dibandingkan dengan IHP secara amnya, di mana ia memberi kesan kepada isi rumah berpendapatan rendah. Survei Perbelanjaan Isi Rumah (HES) 2019 melaporkan isi rumah dengan pendapatan RM2,000 membelanjakan 39.4% pendapatan mereka untuk membeli makanan (DOSM, 2020). Oleh itu, peningkatan IHP makanan telah memberi kesan kepada kos sara hidup bagi golongan berpendapatan rendah B40.

Hasil Tinjauan Pemakanan Orang Dewasa Malaysia (MANS) 2014 melaporkan bahawa kekangan kewangan merupakan faktor kepada penyebab kepada ketidakcukupan kuantiti makanan (25%), kepelbagaian makanan (26%) dan tabiat melangkau waktu makan (15%) (IKU, 2014). Hasil NHMS 2018 juga mendapati 10.4% warga emas mengalami masalah sekuriti makanan, di mana 19% daripada mereka berasal dari kawasan pedalaman dan 7% dari kawasan bandar. Prevalen masalah sekuriti makanan dalam kalangan warga emas adalah lebih tinggi bagi mereka yang tidak mendapat pendidikan formal dan berpendapatan kurang daripada RM1,000 (IKU, 2017).



04 VISI

05 MISI

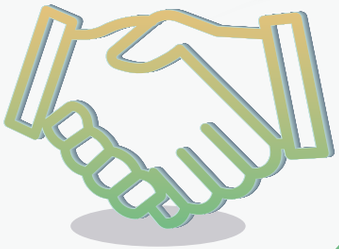
i

Untuk mengurangkan beban berganda malpemakanan dalam kalangan penduduk.

ii

Untuk mempertingkatkan sekuriti makanan dan pemakanan melalui sistem makanan yang mampan.

iii



Untuk memperkukuhkan kerjasama dan perkongsian pelbagai sektor dalam melaksanakan strategi serta program yang spesifik dan sensitif kepada pemakanan.

06 STRATEGI

01

Memasukkan objektif, pertimbangan dan komponen pemakanan ke dalam pembangunan dasar, pelan tindakan dan program di peringkat kebangsaan.

02

Memperkukuh tadbir urus pemakanan melalui perundangan dan komitmen politik yang padu serta sokongan daripada pemegang taruh utama dan pertubuhan dalam masyarakat.

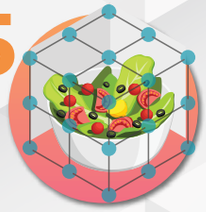
03

Memperkukuh sistem kesihatan untuk menangani masalah beban berganda malpemakanan serta sekuriti makanan dan pemakanan secara berkesan dengan sumber yang mencukupi dan pengukuhan kapasiti.

04

Melibatkan, menggembleng tenaga dan mempergiatkan pihak berkepentingan yang berkaitan dalam menyokong pelaksanaan strategi, program dan aktiviti pemakanan.

05



Memastikan dan mempertingkatkan sekuriti makanan dan pemakanan kepada semua terutamanya daripada kumpulan rentan melalui sistem makanan yang mampan termasuk kesediaan dan tindakbalas semasa kecemasan dan bencana kebangsaan.

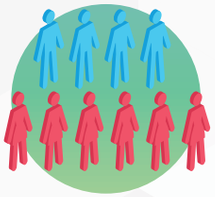
06

Mendayaupaya individu, keluarga dan masyarakat sebagai agen perubahan dan bertanggungjawab terhadap kesejahteraan pemakanan mereka.

07

Menyedia dan memantapkan persekitaran kondusif yang menyokong amalan pemakanan sihat serta fasiliti merentasi pelbagai setting dan kumpulan sasar.

08



Memastikan semua lapisan masyarakat berupaya mencapai teknologi dan maklumat pemakanan yang boleh dipercayai bagi membolehkan mereka membuat pilihan dan keputusan yang tepat.

09

Membangun dan melaksanakan strategi dan program pencegahan, intervensi dan pemulihan pemakanan yang inovatif dan berkesan untuk menangani masalah beban berganda malpemakanan di semua setting dan peringkat.

10

Mempertingkat strategi dan program pemakanan untuk bayi dan kanak-kanak kecil, remaja dan wanita dalam umur reproduktif.

11

Mempertingkat intervensi pemakanan kepada kumpulan rentan termasuk Orang Asli, miskin bandar, kanak-kanak tanpa dokumen, orang kelainan upaya serta kanak-kanak dan warga emas berkeperluan khas.

12

Membangun dan memperkukuh keupayaan pemakanan kebangsaan ke arah penuaan yang sihat.

13

Memperkukuh keupayaan pemantauan dan penilaian serta penyelidikan dan pembangunan dalam bidang makanan dan pemakanan merentasi sektor.

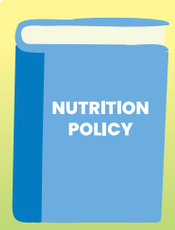
07 MEKANISME PELAKSANAAN

Pelaksanaan DPKM adalah di bawah bidang kuasa **Majlis Keselamatan Makanan dan Pemakanan Kebangsaan (MKMPK)**. MKMPK merupakan badan penasihat tertinggi di peringkat kebangsaan yang menyediakan khidmat nasihat berkaitan keselamatan makanan dan pemakanan di Malaysia. Majlis ini dipengerusikan oleh Menteri Kesihatan Malaysia. Ia dianggotai oleh pegawai-pegawai kanan daripada agensi kerajaan, wakil-wakil pertubuhan bukan kerajaan dan pertubuhan profesional. Penubuhan MKMPK telah diluluskan oleh Kabinet pada 21 Mac 2001. Objektif Majlis ini adalah untuk memastikan kesihatan pengguna dijamin dengan memperkukuhkan keselamatan makanan di semua peringkat rantaian bekalan makanan di negara ini dan memastikan rakyat Malaysia mencapai taraf pemakanan yang optimum. Majlis ini bersidang sekurang-kurangnya satu kali setahun bergantung kepada keperluan dan isu-isu berbangkit. Majlis ini diselaraskan oleh sekretariat bersama iaitu Bahagian Pemakanan dan Program Keselamatan dan Kualiti Makanan, Kementerian Kesihatan Malaysia.

Di bawah Majlis ini, **Jawatankuasa Penyelaras Kebangsaan untuk Makanan dan Pemakanan (NCCFN)** yang dipengerusikan oleh Timbalan Ketua Pengarah Kesihatan (Kesihatan Awam) bertindak sebagai penasihat teknikal dan penyelaras kepada MKMPK. Jawatankuasa ini dianggotai oleh gabungan sektor awam dan swasta berdasarkan kepakaran masing-masing. Jawatankuasa ini bertanggungjawab untuk memantau dan menilai pelaksanaan strategi dan aktiviti dalam NPANM. Mesyuarat NCCFN diadakan sebanyak dua kali setahun. Bahagian Pemakanan, Kementerian Kesihatan merupakan sekretariat kepada Jawatankuasa ini. Pada masa ini, terdapat enam Kumpulan Kerja Teknikal (KKT) di bawah NCCFN, iaitu:

KUMPULAN-KUMPULAN KERJA TEKNIKAL

ini bertanggungjawab untuk melaksanakan strategi dan aktiviti yang digariskan di dalam NPANM.

1. 

KKT Dasar Pemakanan

2.
KKT Garis Panduan Pemakanan

3.
KKT Penyelidikan Pemakanan

4.
KKT Latihan Pemakanan

5.

KKT Advokasi Pemakanan

6.
KKT Sekuriti Makanan dan Pemakanan

Seperti yang dinyatakan pada Rajah 6.1, DPKM merupakan satu mandat dan menyediakan hala tuju pemakanan di negara ini, di mana ia diterjemahkan kepada tindakan melalui NPANM. Setiap KKT di bawah NCCFN bertugas mengikut bidang keutamaan serta strategi pemboleh dan pemudah teras di bawah NPANM untuk menggerakkan aktiviti-aktiviti yang digariskan di dalam NPANM.

Selain itu, aktiviti-aktiviti NPANM dilaksanakan di pelbagai peringkat dalam rangka kerja pelbagai sektor. Di peringkat kebangsaan, pelaksanaan NPANM diselaraskan oleh Bahagian Pemakanan dengan sokongan daripada Bahagian-bahagian lain di bawah Kementerian Kesihatan Malaysia. Sementara itu, pelaksanaan aktiviti NPANM di peringkat negeri, daerah atau klinik diselaraskan oleh Jabatan Kesihatan Negeri dan Pejabat Kesihatan Daerah.

Penglibatan dan kerjasama pemegang-pemegang taruh diteruskan dengan kementerian, badan bukan kerajaan, badan professional, universiti dan sektor swasta yang berkaitan terutamanya industri makanan serta badan antarabangsa seperti Pertubuhan Kesihatan Sedunia (WHO), agensi-agensi Pertubuhan Bangsa-bangsa Bersatu (UN) dan negara ASEAN untuk memperkukuhkan pelaksanaan NPANM.

Rajah 6.1: Struktur tadbir urus Dasar Pemakanan Kebangsaan Malaysia

08 PEMANTAUAN DAN PENILAIAN

Pemantauan dan penilaian berkala DPKM diintegrasikan ke dalam NPANM serta pelbagai dasar dan pelan tindakan kebangsaan yang berkaitan. Dua platform utama untuk memantau dan menilai pelaksanaannya ialah Jawatankuasa Penyelaras Kebangsaan untuk Makanan dan Pemakanan dan Majlis Keselamatan Makanan dan Pemakanan Kebangsaan . Mesyuarat berkala dijalankan oleh enam Kumpulan Kerja Teknikal di bawah NCCFN untuk memantau kemajuan dan pencapaian aktiviti-aktiviti yang telah dikenalpasti. Laporan kemajuan NPANM juga dibentangkan dalam mesyuarat NCCFN setiap dua kali setahun dan MKMPK setiap tahun.

Sasaran Pemakanan Global 2025 dan Matlamat Pembangunan Mampan 2030 telah diambilkira dalam menetapkan sasaran untuk menilai pencapaian strategi atau aktiviti yang terdapat dalam dasar ini.

GLOSARI

A

Anemia
Anaemia

Keadaan di mana kepekatan hemoglobin (Hb) dalam darah lebih rendah daripada paras normal. Apabila kepekatan hemoglobin menurun, keupayaan darah untuk membawa oksigen ke tisu badan terjejas, yang mengakibatkan gejala seperti keletihan, kurang keupayaan melalukan aktiviti fizikal dan sesak nafas.(WHO, 2017)

B

Bantut
Stunting

Satu bentuk kekurangan pemakanan yang paling biasa berlaku di mana seseorang mempunyai ketinggian yang rendah untuk umurnya (di bawah dua sisihan piawai dari median Standard Pertumbuhan Kanak-kanak WHO).(WHO, 2006)

Beban Penyakit
Disease burden/ burden of disease

Beban kos yang ditanggung oleh seseorang individu dan masyarakat yang disebabkan oleh sesuatu penyakit dan ketidakupayaan dengan mengambilkira faktor kesihatan, sosial, politik, persekitaran dan ekonomi.(CDC, 2019)

Beban Penyakit
Disease burden/ burden of disease

Keadaan di mana masalah kekurangan pemakanan, berlebihan pemakanan dan penyakit tidak berjangkit berkaitan pemakanan yang wujud secara serentak di dalam sesebuah negara, masyarakat, isi rumah malah dalam diri seorang kanak-kanak yang sama.(Shrimpton R and Roks C, 2012)

Keadaan di mana masalah kekurangan pemakanan wujud bersama-sama dengan masalah berlebihan berat badan dan obesiti, atau penyakit tidak berjangkit berkaitan dengan pemakanan dalam individu, isi rumah dan penduduk, serta seluruh kitaran hidup.(WHO, 2017)

Berlebihan Berat Badan
Overweight

Pengumpulan lemak yang tidak normal atau berlebihan yang menimbulkan risiko kepada kesihatan. Seseorang dengan Indeks Jisim Tubuh (IJT) sama dengan atau lebih daripada 25 dianggap sebagai berlebihan berat badan. (WHO, 2014);

Kanak-kanak dengan berat-untuk-tinggi lebih daripada 2 sisihan piawai (>+2SD) median Standard Pertumbuhan Kanak-kanak WHO dikategorikan sebagai berlebihan berat badan. (WHO, 2010)

Berlebihan Pemakanan
Overnutrition

Keadaan kronik di mana pengambilan makanan melebihi keperluan tenaga, mengakibatkan masalah berlebihan berat badan dan/atau obesiti.(WHO, 2014)

D

Diabetes melitus
Diabetes mellitus

Penyakit metabolik pelbagai etiologic yang dicirikan oleh peningkatan kadar glukosa dalam darah (atau gula darah) serta gangguan metabolisme karbohidrat, lemak dan protein yang disebabkan oleh rembesan atau tindakan insulin yang tidak cekap.[WHO, 1999]

H

Hiperkolesterolemia
Hypercholesterolaemia

Peningkatan jumlah kolesterol (TC) dan/atau kolesterol lipoprotein berkepadatan rendah (LDL-C) atau kolesterol lipoprotein berkepadatan tinggi (HDL-C) (ditakrifkan sebagai pengurangan HDL-C dari TC) dalam darah, juga sering disebut sebagai dislipidemia, untuk merangkumi fakta bahawa ia mungkin disertai dengan penurunan HDL-C, peningkatan trigliserida, atau kelainan lipid kualitatif.[BMJ Best practice (2019)]

Hipertensi
Hypertension

Keadaan di mana tekanan terus meningkat di dalam salur darah yang membawa darah dari jantung ke seluruh bahagian badan. Ia juga dikenali sebagai tekanan darah tinggi.[WHO, 2019]

K

Kekerapan pengambilan makanan minima
Minimum meal frequency

Peratus anak-anak berusia 6 hingga 23 bulan yang diberi susu ibu dan tidak diberi susu ibu yang menerima makanan pejal, separa pejal, atau makanan ringan bilangan (termasuk pemberian susu untuk anak yang tidak diberi susu ibu) dengan bilangan minimum atau lebih. [WHO, 2008]

Kepelbagaian makanan minima
Minimum dietary diversity

Peratus kanak-kanak berumur 6 hingga 23 bulan telah menerima pelbagai makanan daripada empat atau lebih kumpulan makanan.[WHO, 2008]

Kesihatan awam
Public health

Pendekatan untuk mencegah penyakit, memanjangkan umur dan mempromosi kesihatan melalui usaha masyarakat yang teratur melalui pendidikan, penggubalan dasar dan penyelidikan untuk pencegahan penyakit dan kecederaan.[WHO,2014]

Kurang berat badan
Thinness

Mempunyai Indeks Jisim Tubuh (IJT) yang rendah untuk orang dewasa atau IJT-untuk-umur yang rendah untuk kanak-kanak.[Cole TJ et. al, 2007]

Kurang berat badan
Underweight

Kurang berat badan sederhana dan teruk – berat di bawah dua sisihan piawai (<-2SD) dari berat median untuk usia populasi rujukan; kurang berat badan teruk – berat di bawah tiga sisihan piawai (<-3SD) dari berat median untuk usia populasi rujukan.[UNICEF,2012] ;

Bagi kanak-kanak, berat-untuk-umur kurang daripada 2 sisihan piawai (<-2SD) daripada median Standard Pertumbuhan Kanak-kanak WHO. [WHO, 2010]

P

Penyakit Tidak Berjangkit

Non-communicable diseases (NCDs)

Penyakit kronik yang berpanjangan dan merupakan hasil gabungan faktor genetik, fisiologi, persekitaran dan tingkah laku. Penyakit tidak berjangkit yang utama adalah penyakit kardiovaskular (seperti serangan jantung dan strok), barah, penyakit pernafasan kronik (seperti penyakit paru-paru obstruktif kronik dan asma) dan diabetes.(WHO, 2017)

Penyusuan Susu Ibu Secara Eksklusif

Exclusive breastfeeding

Amalan penyusuan bayi dengan susu ibu sahaja termasuk penyusuan daripada ibu susuan dan susu ibu perahan. Titisan ubat atau sirap yang mengandungi vitamin, suplementasi mineral adalah dibenarkan mengikut preskripsi oleh pegawai perubatan.(KKM, 2014)

S

Sedentari

Sedentary

Dicirikan kebanyakkannya dengan tingkahlaku duduk, dengan tahap penggunaan tenaga yang rendah. (Jamil et. al, 2016)

Sebarang tingkahlaku bangun yang dicirikan oleh penggunaan tenaga kurang atau sama dengan 1.5 MET, semasa postur tubuh duduk, bersandar atau berbaring. (Tremblay et. Al, 2017)

Sekuriti Makanan

Food security

Keadaan apabila semua orang pada setiap masa memperoleh makanan yang mencukupi, selamat dan berkhasiat bagi memenuhi keperluan pemakanan mereka untuk mencapai hidup yang sihat dan aktif.(FAO, 2003)

Sekuriti makanan dan pemakanan

Food and Nutrition Security

Makanan yang mencukupi (kuantiti, kualiti, keselamatan, penerimaan sosial budaya) tersedia dan mudah didapati, dan digunakan dengan memuaskan, oleh semua individu pada bila-bila masa untuk menjalani kehidupan yang sihat dan bahagia.(FAO, 2012)

Sekuriti pemakanan

Nutrition security

Sekuriti pemakanan wujud apabila sekuriti makanan digabungkan dengan persekitran yang bersih, perkhidmatan kesihatan yang mencukupi, dan amalan penjagaan dan pemberian makanan yang betul untuk memastikan hidup yang sihat bagi semua anggota isi rumah.(CFS, 2011)

Sistem makanan

Merangkumi semua elemen dan aktiviti yang berkaitan dengan pengeluaran, pemprosesan, pengedaran, penyediaan dan penggunaan makanan, serta output daripada kegiatan ini, termasuk hasil sosioekonomi dan persekitaran.(HLPE, 2020)

Sistem makanan yang mampan

Sustainable food system

Nutrition-sensitive strategies/ programmes

Sistem makanan yang menyampaikan sekuriti makanan dan pemakanan untuk semua sehingga asas ekonomi, sosial dan persekitaran untuk menjana sekuriti makanan dan pemakanan untuk generasi akan datang terjamin. Ia memberi manfaat kepada kelestarian ekonomi, masyarakat (kelestarian sosial), dan kesan positif atau neutral terhadap persekitaran semula jadi (kelestarian alam sekitar).(FAO, 2018)

Strategi/program yang sensitif dengan pemakanan

Strategi atau program yang menangani faktor yang menjadi penentu kepada pemakanan dan perkembangan bayi dan kanak-kanak, sekuriti makanan, sumber penjagaan yang mencukupi di peringkat ibu, isi rumah dan komuniti, serta capaian kepada perkhidmatan kesihatan dan persekitaran yang selamat dan bersih. Ia dapat berfungsi sebagai platform untuk menyampaikan intervensi yang spesifik dengan pemakanan yang berpotensi untuk meningkatkan skala, liputan dan keberkesanan strategi/program yang dilaksanakan.[Marie,2013]

Strategi/program yang spesifik dengan pemakanan

Nutrition-specific strategies/ programmes

Strategi atau program yang menangani secara terus penentu kepada pemakanan dan perkembangan bayi dan kanak-kanak, pengambilan makanan dan nutrien yang mencukupi, pemberian makanan, penjagaan dan amalan keibubapaan serta beban penyakit berjangkit yang rendah.[Marie,2013]

Susut

Wasting

Bagi kanak-kanak, berat-untuk-tinggi kurang daripada dua sisihan piawai (<-2SD) daripada median Standard Pertumbuhan Kanak-kanak WHO.[WHO, 2010]

T

Trend mega

Mega trend

Dicirikan kebanyakkannya dengan tingkahlaku duduk, dengan tahap penggunaan tenaga yang rendah. [Jamil et. al, 2016]

Sebarang tingkahlaku bangun yang dicirikan oleh penggunaan tenaga kurang atau sama dengan 1.5 MET, semasa postur tubuh duduk, bersandar atau berbaring. [Tremblay et. Al, 2017]

W

Wanita dalam kumpulan umur reproduktif

Women in the reproductive age group

Semua wanita berumur 15–49 tahun.[WHO, 2006]

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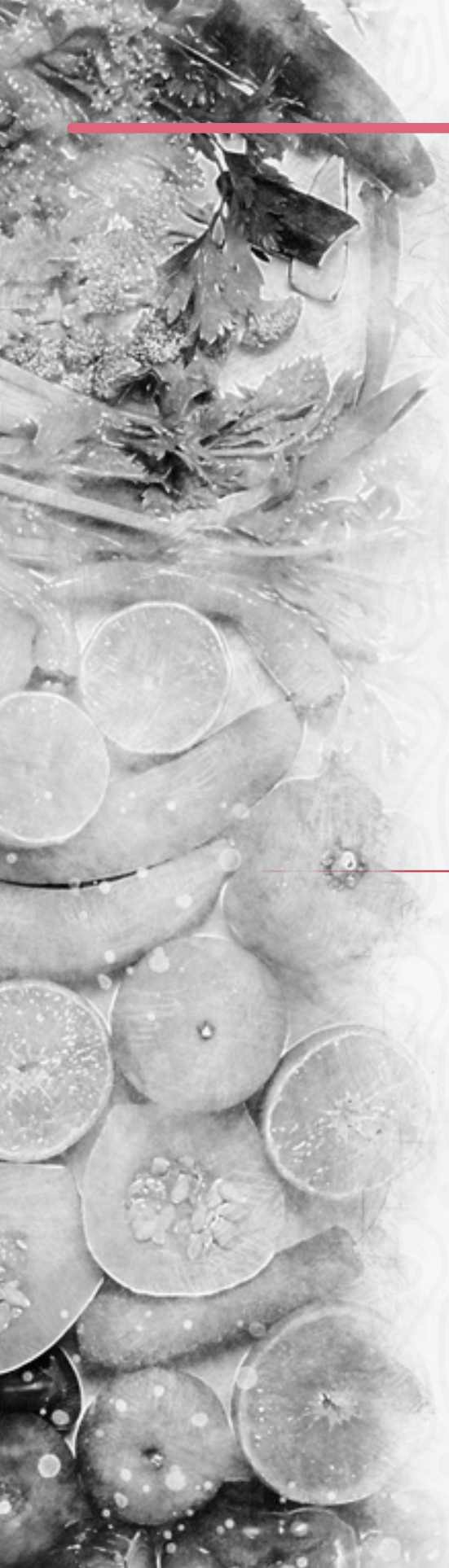
NATIONAL NUTRITION POLICY OF MALAYSIA 2.0



CONTENT

Message by the Prime Minister of Malaysia | iii
Message by the Minister of Health Malaysia | iv
Foreword by the Secretary General of Health Malaysia | v
Foreword by the Director General of Health Malaysia | vi
Preface by the Chairman of the National Coordinating Committee on Food and Nutrition | vii
List of Abbreviations | x
Executive Summary | ix
Framework of the National Nutrition Policy of Malaysia 2.0 | xii

01 Policy Statement | 01
02 Introduction | 03
03 Nutrition Situation in Malaysia | 07

04 Vision | 15

05 Mission | 17

06 Strategies | 19

07 Mechanism of Implementation | 21

08 Monitoring and Evaluation | 25

Glossary | 27

References | 31

MESSAGE BY

THE PRIME MINISTER OF MALAYSIA

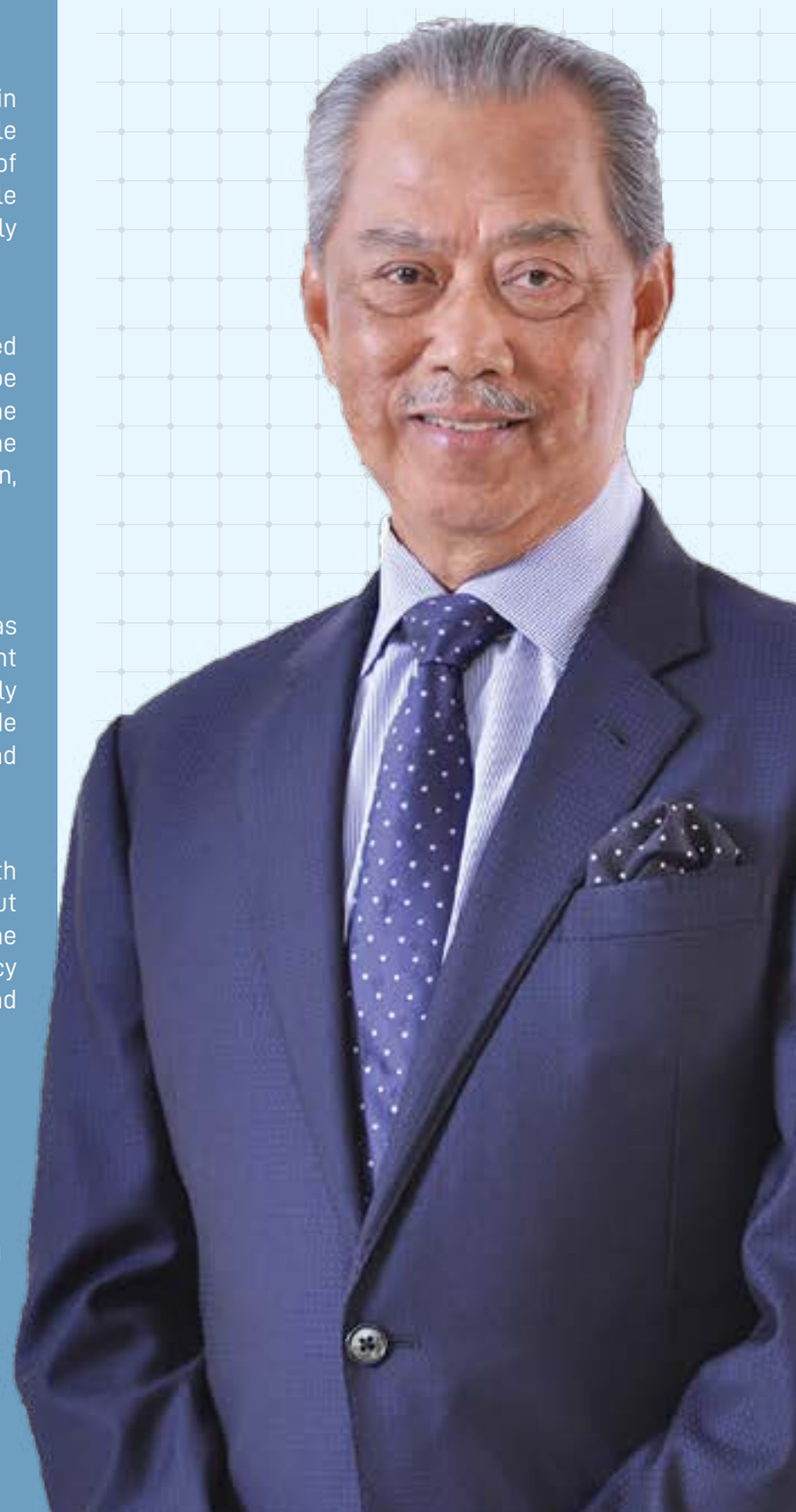
In the past few decades, Malaysia has experienced a dramatic shift in the trend of diseases, from infectious dieases to non-communicable diseases (NCDs). The transition from undernutrition during the era of independence to diet-related chronic diseases, resulting in the double burden of malnutrition, is alarming and needs to be painstakingly addressed.

The revision of the National Nutrition Policy of Malaysia (NNPM) is indeed timely to make it relevant to current and future health issues that may be envisaged. The policy is a mandate from the government with the impetus of maintaining, enhancing and achieving the well-being of the population. It aims to elevate the nutritional status of the population, reduce diet-related NCDs and strengthen food and nutrition security.

Concerted effort from all the relevant ministries and agencies as well as non-governmental organisations and the private sector to implement this policy is fundamental in tackling the current challenges, especially the rising trend of diet-related NCDs. I believe this policy will provide guidance and the way forward especially to the policy makers and implementers.

Thus, I would like to express my utmost gratitude to the Ministry of Health Malaysia and other stakeholders who have provided their valuable input and support in the revision of this policy, which is critical for the nutritional well-being of the population. I ardently hope that this policy will be implemented to usher a new era of nutrition-conscious *rakyat* and towards a healthier Malaysia.

YAB Tan Sri Dato' Haji Muhyiddin bin Haji Mohd Yassin
Prime Minister of Malaysia



MESSAGE BY

THE MINISTER OF HEALTH MALAYSIA

Rapid demographic changes and nutrition transition have unfortunately generated marked changes in unhealthy dietary habits and inactive lifestyle of Malaysians. These changes are often associated with an increased prevalence of diet-related non-communicable diseases (NCDs) in the population.

Despite various public health campaigns and activities over the past few decades, the persistence of nutrient deficiencies and continued rise in the prevalence of diet-related NCDs increases the healthcare costs and influence the overall quality of life. The National Nutrition Policy of Malaysia was therefore formulated to address these challenges. The review of this policy is certainly imperative following the nutrition-related commitments made by the country at national, regional and global levels including the Sustainable Development Goals (SDGs) and Global Nutrition Targets.

In pursuing the policy objectives, strong collaboration and synergy between ministries, agencies, academias and professional organisations need to be strengthened to operationalise the strategies outlined in this policy. This multi-sectoral approach will ensure better implementation and delivery of nutrition-specific interventions to effectively improve the nutritional status of Malaysians.

I would like to congratulate the Nutrition Division, Ministry of Health Malaysia and all parties who contributed to the review of this policy. I hope that this policy will be the primary reference for other ministries and agencies to incorporate nutrition strategies into their policies and programmes. In doing so, the nutrition agenda in this country will be able to be pursued to achieve our goal - health for all.

YB Datuk Sri Dr. Adham Baba
Minister of Health Malaysia

FOREWORD BY

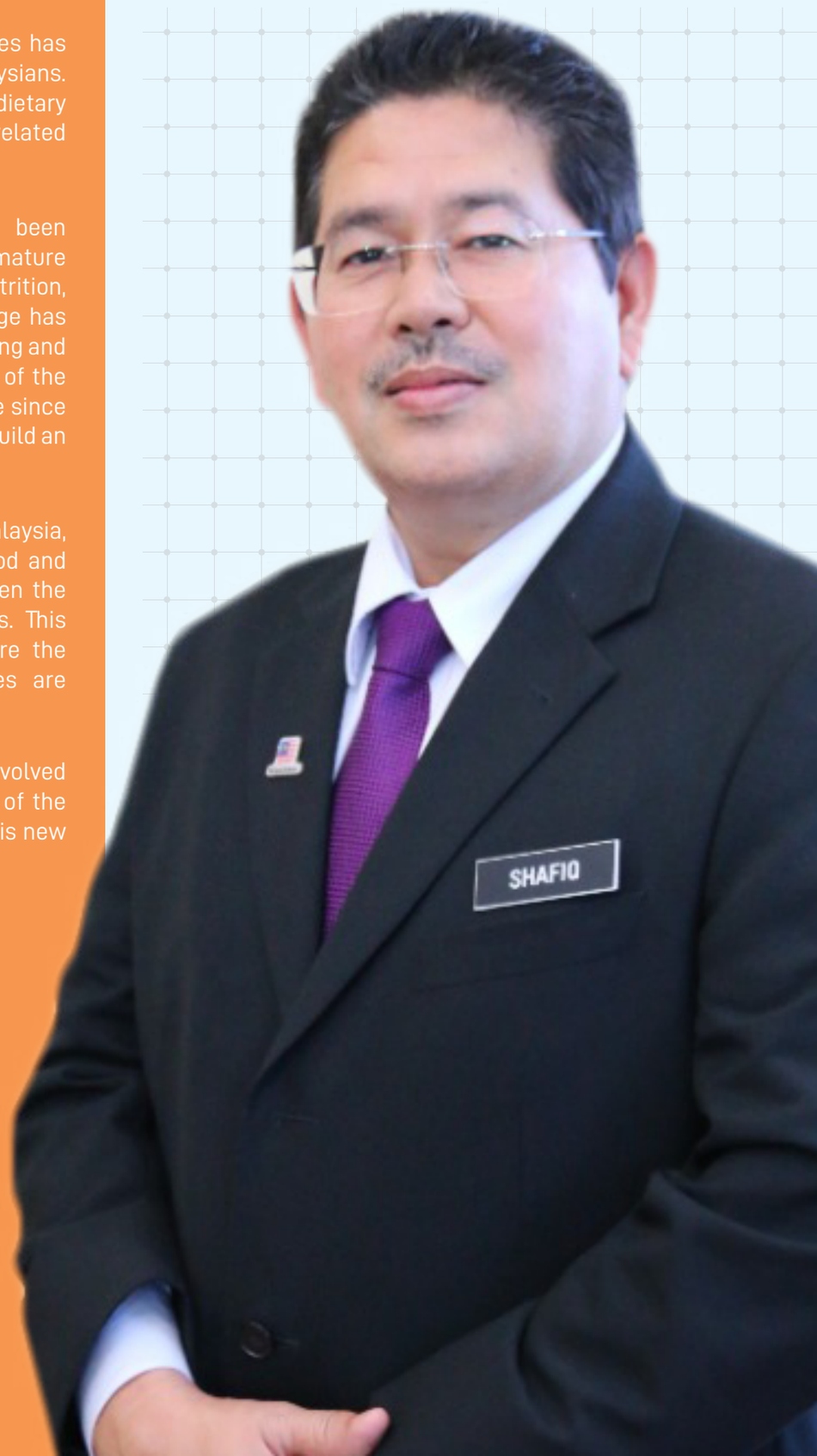
THE SECRETARY-GENERAL OF HEALTH MALAYSIA

Rapid industrialisation and urbanisation over the past few decades has had a huge impact on the environment and lifestyles of Malaysians. Furthermore, globalisation has also significantly affected the dietary practices which in turn influenced the prevalence of diet-related non-communicable diseases (NCDs).

Despite various health education and promotion efforts have been intensified by the Government, NCDs are still the leading cause of premature death in Malaysia nowadays. In addition, the prevalence of malnutrition, especially stunting and wasting among children under 5 years of age has also increased over the past few years. The rise of NCD cases is worrying and of a great challenge to the national health system. Thus, the review of the existing National Nutrition Policy of Malaysia which has been in force since 2003 is a timely step and in tandem with the Government's efforts to build an active and healthy nation.

Apart from highlighting the direction of nutrition development in Malaysia, the implementation of this policy will hopefully strengthen the food and nutrition security sector in the country, as well as further strengthen the Government's efforts to combat the diet-related chronic diseases. This policy will involve various stakeholders from all sectors to ensure the planning and implementation of food and nutrition programmes are comprehensive and effective for the sake of shared prosperity.

Finally, I would like to express my utmost appreciation to all parties involved in sustaining the national nutrition agenda through the formulation of the National Nutrition Policy of Malaysia. Let us all support and adopt this new policy to create a healthy society and a prosperous country.



YBhg. Dato' Mohd Shafiq Bin Abdullah
Secretary-General
Ministry of Health Malaysia

FOREWORD BY

THE DIRECTOR-GENERAL OF HEALTH MALAYSIA

The National Nutrition Policy of Malaysia was first drafted and approved by the Cabinet in 2003. It is Malaysia's commitment from the International Conference on Nutrition (ICN) 1992 in Rome to establish national policies aimed at eradicating malnutrition and transforming food systems to make nutritious diets available to all.

The review of this policy is one of the significant strategies in the National Plan of Action for Nutrition of Malaysia (NPANM) III, 2016-2025. The revised policy aims to reduce the double burden of malnutrition of the population as well as to enhance food and nutrition security through sustainable food systems

In this respect, a multi-sectoral dynamic approach to tackle the problem of double burden of malnutrition in Malaysia will also be strengthened in order to effectively implement nutrition sensitive strategies. I hope that this policy would provide effective governance to ensure we become more integrated and collaborative towards making Malaysia a leader in the field of nutrition.

Therefore, I would like to congratulate all who were involved in the revision of this policy especially the members of the Technical Working Group for Nutrition Policy for their fullest commitment and contribution. It is hoped that this policy will be widely used and benefit health professionals, policy makers, programme managers, researchers, advocates, private sectors and the general public.

Y.Bhg. Tan Sri Dato' Seri Dr. Noor Hisham Abdullah
Director-General of Health
Ministry of Health Malaysia

PREFACE BY

THE CHAIRMAN OF THE NATIONAL COORDINATING COMMITTEE ON FOOD AND NUTRITION

Malaysia has made impressive improvements in socio-economic development since its independence in 1957. The world has also recognised Malaysia for its best healthcare system that provides top-notch healthcare services and sophisticated infrastructure. However, despite an improved health sector, several key outcomes related to poor nutrition still persist which have become moderate to serious public health issues.

The Ministry of Health Malaysia has therefore developed this National Nutrition Policy to tackle the problem of malnutrition. The development and revision of the policy is spearheaded by the National Coordinating Committee for Food and Nutrition (NCCFN), specifically the Technical Working Group for Nutrition Policy. The policy is the mandate to ensure optimal nutritional well-being of Malaysians by providing the framework for nutrition-specific and nutrition-sensitive interventions and programmes. It will also guide and strengthen multi-sectoral collaboration to implement and ensure effective delivery of high-impact nutrition programmes to the targeted population. Improved nutritional well-being will therefore reduce the burden of diseases and eventually increase the nation's quality of life.

My sincere gratitude goes to the members of the Technical Working Group who have invested immense effort in reviewing and finalising this policy. Their varied contribution of expertise and knowledge to this policy document is recognised and appreciated. It is hoped that this policy will expedite the integration and mainstreaming of nutrition into the relevant national development effort and policies.

Y.Bhg. Datuk Dr. Chong Chee Kheong
Deputy Director General of Health (Public Health)
Ministry of Health Malaysia
Chairman of NCCFN

LIST OF ABBREVIATIONS

DOSM Department of Statistics Malaysia	**FAO** Food and Agriculture Organization	**GNT** Global Nutrition Targets	**HES** The Household Expenditure Survey
ICN International Conference on Nutrition	**MANS** Malaysian Adult Nutrition Survey	**MDG** Malaysian Dietary Guidelines	**NCCFN** National Coordinating Committee on Food and Nutrition
NCD Non-communicable diseases	**NGO** Non-government Organizations	**NFSNC** National Food Safety and Nutrition Council	**NHMS** National Health and Morbidity Survey
NNPM National Nutrition Policy of Malaysia	**NPANM** National Plan of Action for Nutrition of Malaysia	**RNI** Recommended Nutrient Intake	**SDGs** Sustainable Development Goals
SPV Shared Prosperity Vision	**TWG** Technical Working Group	**UN** United Nations	**WHO** World Health Organization

EXECUTIVE SUMMARY

The first National Nutrition Policy of Malaysia (NNPM) was formulated and approved by the Cabinet in 2003. In 2019, this policy was reviewed and strengthened in line with the rapid changes of dietary patterns and the increase of double burden of malnutrition in Malaysia. The policy is determined to achieve, enhance and maintain the well-being of the population. It aims to elevate the nutritional status of the population, reduce diet-related non-communicable diseases (NCDs) and strengthen food and nutrition security. It also supports and enhances sustainable food systems for healthy diets of the population. The policy shall integrate, synergise, and mobilise effective and sustainable food and nutrition strategies involving various stakeholders across all sectors. The vision of the NNPM is to achieve nutritional well-being for a healthy nation. Its missions are to reduce the double burden of malnutrition of the population and to enhance food and nutrition security through sustainable food systems. The policy also aims to strengthen multi-sectoral collaborations or partnerships in nutrition specific and nutrition sensitive strategies and programmes. Thirteen strategies have been identified towards achieving the missions.

POLICY STATEMENT

> The National Nutrition Policy of Malaysia is determined to **achieve, enhance and maintain the wellbeing of the population.** The policy aims to **elevate the nutritional status of the population, reduce diet-related non-communicable diseases (NCDs) and strengthen food and nutrition security**. This policy supports and enhances sustainable food systems for healthy diets of the population. The policy shall integrate, synergise, and mobilise effective and sustainable food and nutrition strategies involving various stakeholders across all sectors.

VISION

NUTRITIONAL WELL-BEING FOR A HEALTHY NATION

MISSIONS

REDUCE DOUBLE BURDEN OF MALNUTRITION

To reduce double burden of malnutrition of the population

ENHANCE FOOD AND NUTRITION SECURITY

To enhance food and nutrition security through sustainable food systems

STRENGTHEN MULTISECTORAL COLLABORATIONS

To strengthen "multi-sectoral" collaborations and partnerships in nutrition-specific and nutrition-sensitive strategies and programmes.

STRATEGIES OF THE NATIONAL NUTRITION POLICY OF MALAYSIA 2.0

1

Incorporating nutritional objectives, considerations and components
into the national development policies, action plans and programmes.

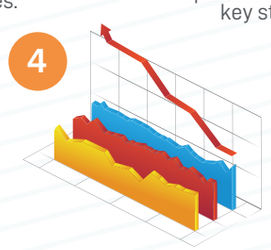
2

Strengthening the governance
of nutrition through legal and strong political commitment and support from key stakeholders and civil society.

3

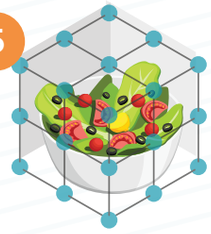
Strengthening the health systems
to effectively address double burden of malnutrition as well as food and nutrition security with adequate resources and capacity strengthening.

4



Engaging, synergizing and intensifying relevant stakeholders
in supporting the implementation of nutrition sensitive strategies, programmes and activities.

5



Ensuring and enhancing food and nutrition security
of all people especially the vulnerable groups via sustainable food system including national preparedness and response during emergencies and disasters.

6

Empowering the individuals, families and communities
as agents of change and be responsible for their nutritional well-being.

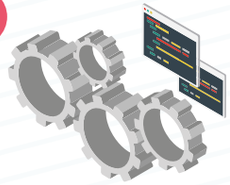
7

Providing and strengthening
supportive and conducive healthy food environments and facilities across various settings and target groups.

8

Ensuring all segments of the population
have access to reliable nutrition information and technologies to make informed choices and decisions including the use of new media.

9



Establishing and implementing
innovative and effective prevention, intervention and rehabilitation strategies and programmes to address double burden of malnutrition at various settings and levels.

10

Enhancing nutrition strategies and programmes
for infants and young children, adolescents and women in the reproductive age groups.

11

Enhancing nutrition interventions for vulnerable groups
including aborigines, urban poor, persons with disabilities as well as children and elderly with special needs.

12

Creating and strengthening
national nutrition capacity towards healthy aging.

13

Strengthening monitoring and evaluation
as well as research and development capacity on food and nutrition across sectors.

FRAMEWORK OF THE NATIONAL NUTRITION POLICY OF MALAYSIA 2.0

VISION

Nutritional Well-being for A Healthy Nation

GLOBAL, REGIONAL AND NATIONAL COMMITMENT

SDGs 2030 | GNT 2025 | Rome Declaration II on Nutrition and Framework for Action | SPV 2030 | 5-Year Malaysia Plan

NPANM

ISSUES & CHALLENGES

1. Double burden of malnutrition
2. Food and nutrition insecurity
3. Lack of multi-sectoral collaboration

STRATEGIES

1. Incorporating nutrition in national policies and action plans
2. Strengthening the governance & political commitment
3. Strengthening the health systems to address double burden of malnutrition
4. Intensifying and synergising relevant stakeholders
5. Ensuring food and nutrition security for all
6. Empowering the individual, families and community
7. Providing conducive healthy food environment
8. Ensuring access to reliable nutrition information & technology
9. Establishing & implementing innovative and effective nutrition programmes
10. Enhancing nutrition strategies for children and women of reproductive age
11. Enhancing nutrition interventions for vulnerable groups
12. Strengthening nutrition capacity on healthy aging
13. Strengthening monitoring and evaluation as well as food and nutrition R&D capacity

OUTCOMES

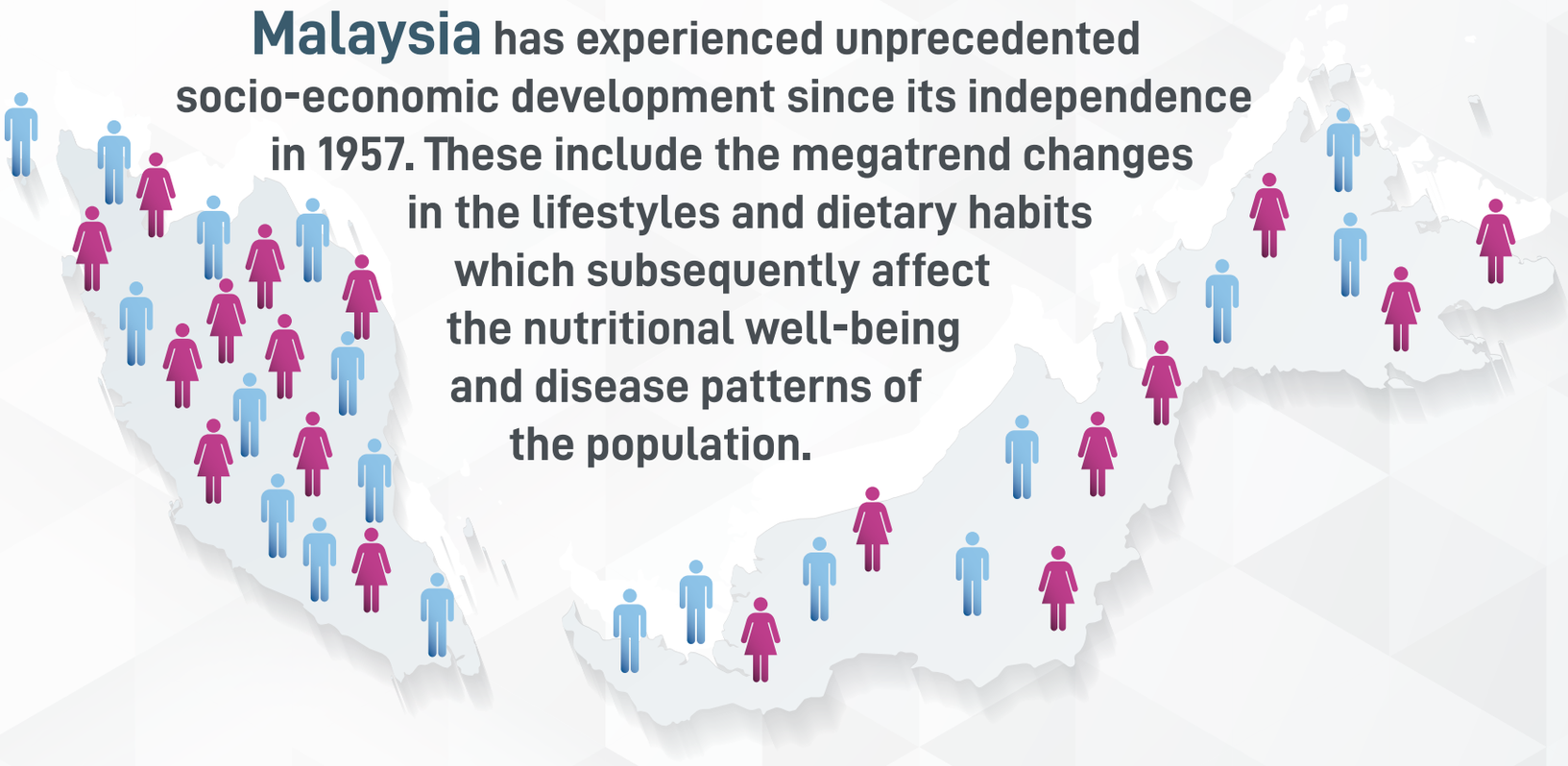
1. Elevated nutritional status
2. Reduced diet related NCD burden
3. Strenghened food and nutrition security
4. Nutrition component integrated into national policies
5. More priority on nutrition agenda by stakeholders

01 POLICY STATEMENT

The National Nutrition Policy of Malaysia

is determined to achieve, enhance and maintain the wellbeing of the population. The policy aims to elevate the nutritional status of the population, reduce diet-related non-communicable diseases (NCDs) and strengthen food and nutrition security. This policy supports and enhances sustainable food systems for healthy diets of the population. The policy shall integrate, synergise, and mobilise effective and sustainable food and nutrition strategies involving various stakeholders across all sectors.

02 INTRODUCTION



Malaysia has experienced unprecedented socio-economic development since its independence in 1957. These include the megatrend changes in the lifestyles and dietary habits which subsequently affect the nutritional well-being and disease patterns of the population.

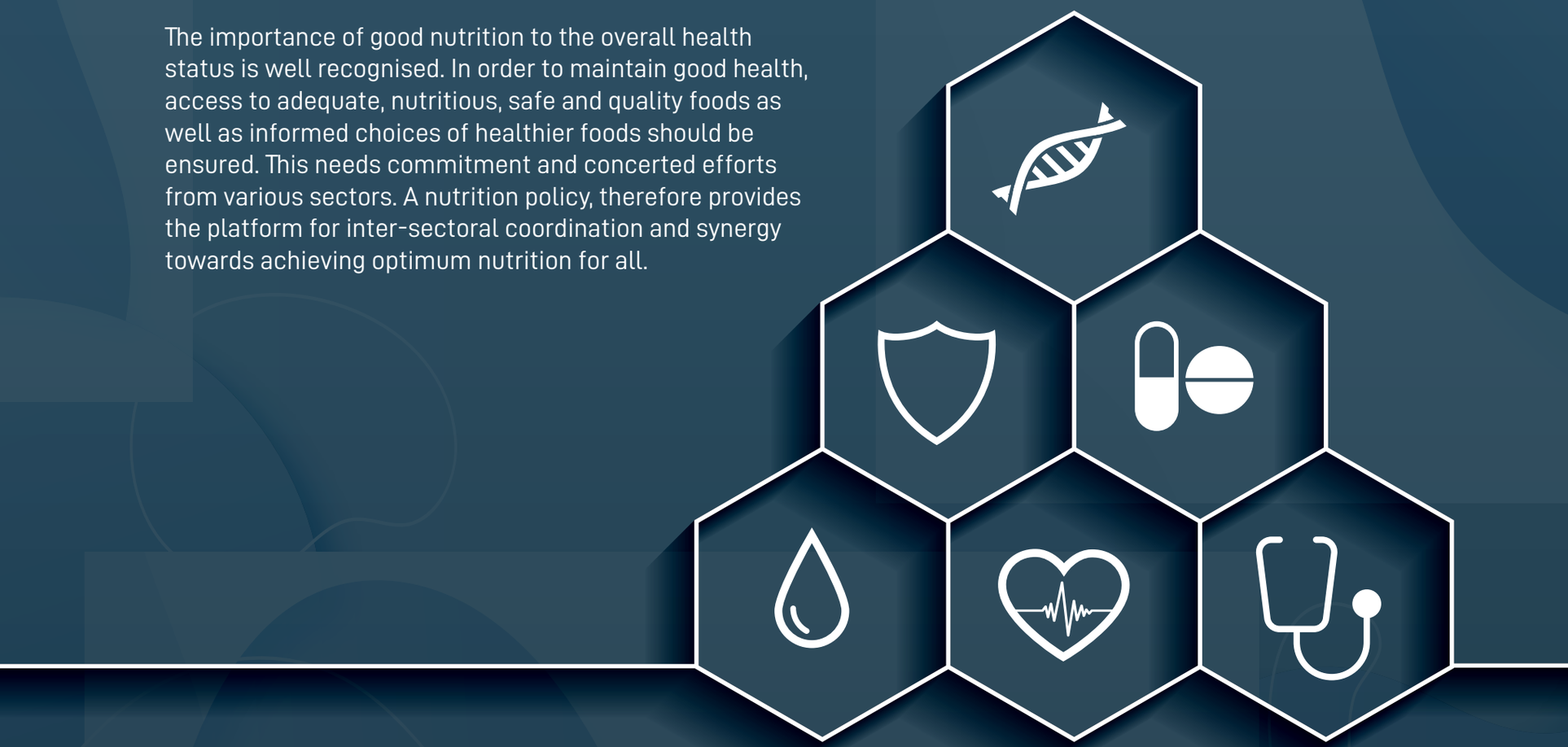
According to the UN Report on World Population of Ageing 2019, it is estimated that the proportion of the population aged 65 years or more will increase to 16% globally by 2050. Driven by the growth of the aging population and increasing number of general population, deaths from non-communicable diseases (NCDs) are also projected to increase by 15% globally between 2010 and 2020, accounting for approximately 70% of global deaths by 2030 (UNDESA, 2019). According to the Department of Statistics Malaysia (DOSM), it is expected that in 2030, Malaysia will experience an aging population with 15.3% of people aged 60 and above (DOSM, 2019). The 2015 National Health and Morbidy Survey (NHMS) reported that diet-related NCDs currently account for 73% of all deaths in this country (IPH, 2015), a trend that has increased in recent decades.

Malaysia is also currently facing the double burden of malnutrition where undernutrition and overnutrition are in co-existence. Stunting and wasting among children aged below 5 years exist at alarming levels while childhood obesity and other diet-related NCDs are on the rise. In view of the worrying figures and the predicted future growth of this disease burden, the prevention and control of the double burden of malnutrition present a major challenge to national health.

The first National Nutrition Policy of Malaysia (NNPM) was approved by the Cabinet in 2003 (NSFNC, 2005). The policy aspires to achieve and maintain the nutritional well-being of the population. It aims at providing access to adequate, nutritious, safe and quality food for all. It also promotes and supports strategies for healthy eating practices by integrating and synergising the efforts of relevant stakeholders in planning, implementing and evaluating food and nutrition programmes that are effective and sustainable. To translate and operationalise this policy, a series of National Plan of Action for Nutrition of Malaysia (NPANMs) were formulated, namely NPANM I (1996-2000), NPANM II (2006-2015) and NPANM III (2016-2025). (NCCFN, 1995; 2006; 2016

However, there is a dire need for NNPM to be reviewed and strengthened in line with the rapid changes in dietary patterns and the increase of the double burden of malnutrition among Malaysians, which may affect their nutritional well-being. It also considers nutrition-related commitments and strategies at the national level including the Five-Year Malaysia Plan and the Shared Prosperity Vision 2030 (SPV 2030) (MEAM, 2019). It also considers global commitments such as the Sustainable Development Goals (SDGs) 2015-2030, the Rome Declaration II on Nutrition and Framework for Action and Global Nutrition Targets (GNT) 2025.

The importance of good nutrition to the overall health status is well recognised. In order to maintain good health, access to adequate, nutritious, safe and quality foods as well as informed choices of healthier foods should be ensured. This needs commitment and concerted efforts from various sectors. A nutrition policy, therefore provides the platform for inter-sectoral coordination and synergy towards achieving optimum nutrition for all.



Various relevant policy documents and blueprints at the global, regional and local level have been taken into consideration in the revision of NNPM as shown in Figure 2.1:

Figure 2.1: Relevant policy documents and blueprints in the revision of the National Nutrition Policy of Malaysia

03 NUTRITION SITUATION IN MALAYSIA

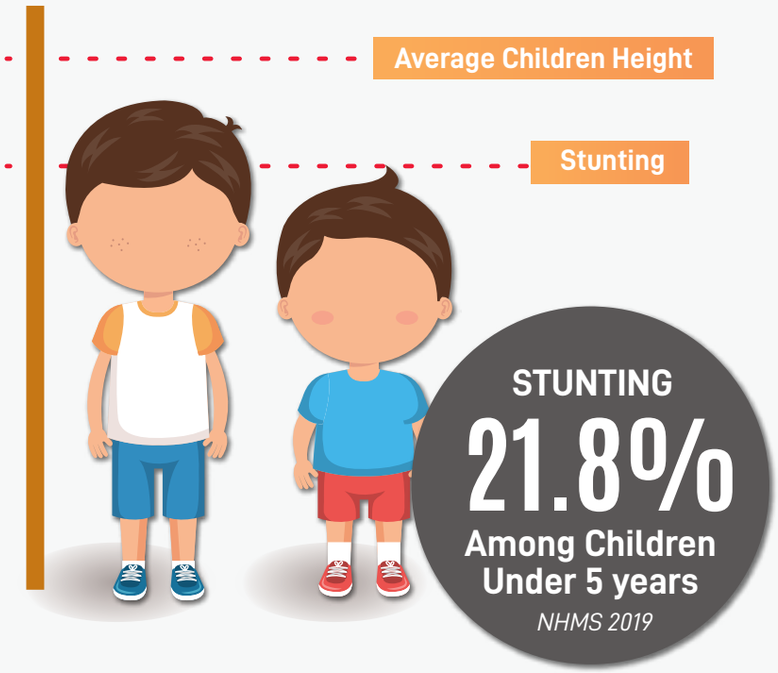
Over the past few decades,

the overall nutrition situation in Malaysia has significantly shifted from undernutrition to double burden of malnutrition.

It is expected that the future growth of aging population will contribute to the increase of diet-related non-communicable diseases (NCDs).

3.1 Nutritional Status

Malaysia currently faces the double burden of malnutrition, with rising rates of obesity on the other hand, and the persistent undernutrition problem especially among children under five years of age. The problems of undernutrition specifically stunting and wasting among children under five years old, still persist and warrant serious attention despite some reduction in the prevalence of wasting. As reported in the National Health and Morbidity Survey (NHMS), there was a slight increase in the prevalence of children under five years old who were underweight (12.7% in 2006 to 13.7% in 2016 and to 14.1% in 2019). There was also an increase from 17.5% in 2006 to 20.7% in 2016 and to 21.8% in 2019 for stunted children. However, the prevalence of wasting among children under five years old has decreased from 13.2% in 2006 to 11.5% in 2016 and to 9.7% in 2019. There was a slight fluctuation in the prevalence of overweight among under five children from 5.8% in 2006 to 6.0% in 2016 and 5.2% in 2019.



Among Malaysian adolescents aged 10 to 17 years, the findings of NHMS 2017 reported a reduction in the prevalence of stunting from 10.1% in 2012 to 8.2% in that year. The prevalence of thinness among adolescents also decreased from 7.4% in 2012 to 6.6% in 2017. On the other hand, the prevalence of both overweight and obesity among adolescents is on the rise. The prevalence of overweight and obesity among adolescents increased from 14.6% and 12.3% in 2012 to 15.6% and 14.8% in 2017 respectively.

The prevalence of obesity among adults has increased more than threefold within 10 years from 1996 to 2006, from 4.4% in 1996 to 14.0% in 2006. However, the increased rate of obesity prevalence has been mitigated, with only a slight increase to 15.1% in 2011. Nonetheless, the NCDs remain as major public health problems whereby the prevalence of adults with hypercholesterolaemia and diabetes mellitus has increased significantly. In 2015, the prevalence of hypertension among adults aged 18 years and above was 30.3%, hypercholesterolaemia 47.7%, diabetes 17.5%, overweight 30.0% and obesity 17.7% **(IPH, 2015)**. Meanwhile, as shown in Figure 3.1, the recent NHMS 2019 reported that the prevalence of almost all of the parameters had increased except for hypertension and hypercholesterolaemia **(IPH, 2020)**.

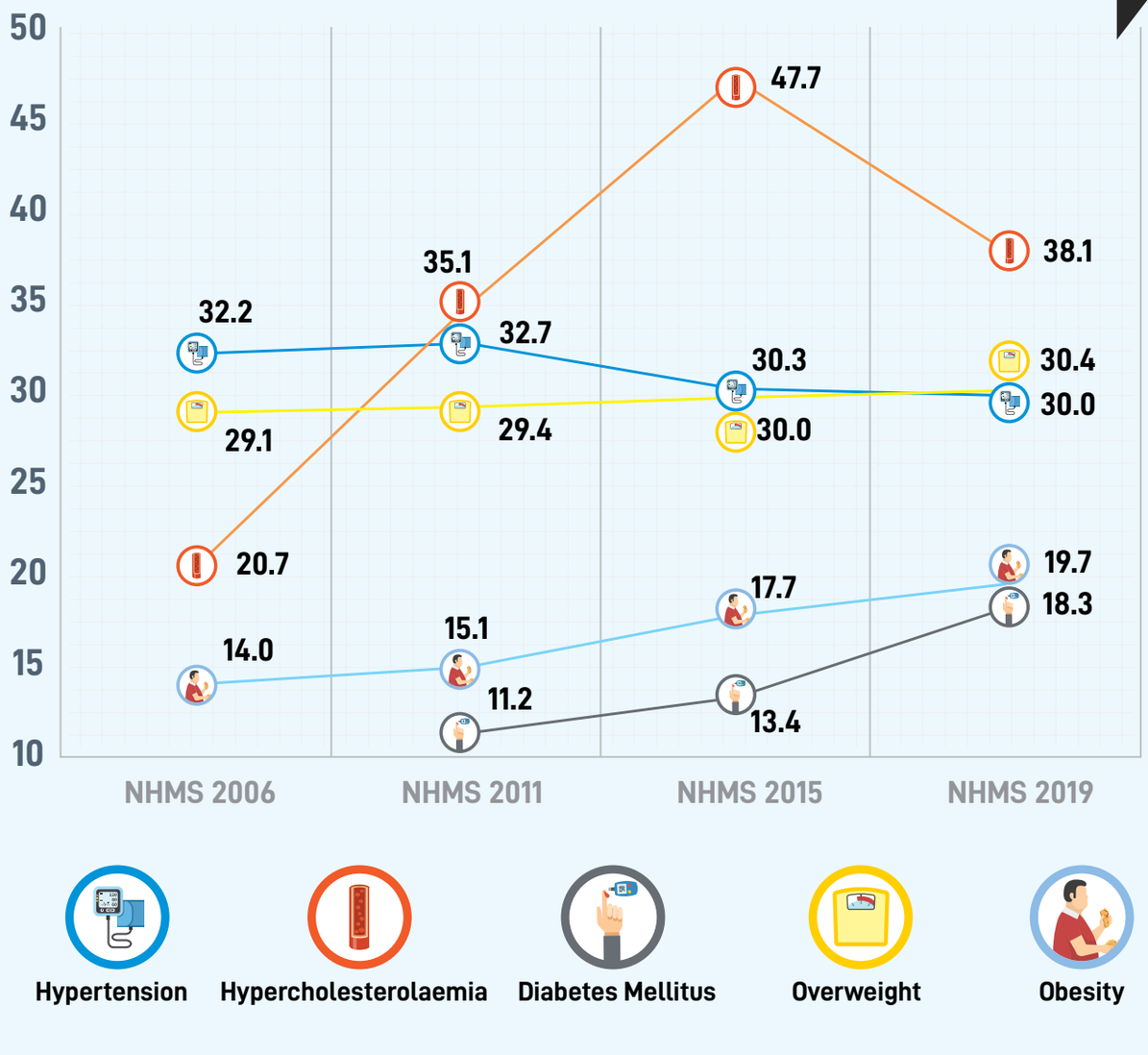


Figure 3.1: National trends of obesity and other diet-related NCDs in Malaysia

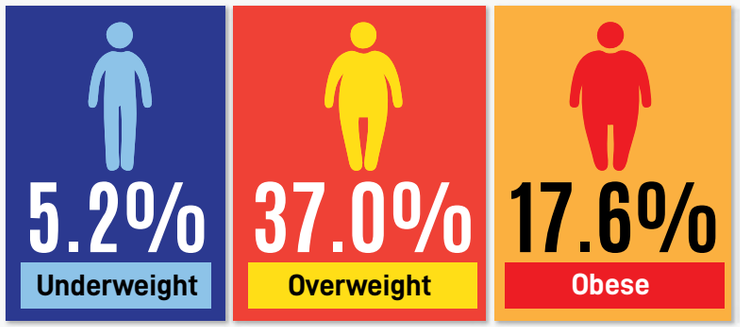
The prevalence of anaemia among women in the reproductive age group (15 to 49 years) is also a concern. The prevalence was still high although there was a reduction from 34.7% (NHMS 2015) to 29.9% (NHMS 2019). Therefore, concerted efforts are urgently required to address this issue.

Reduction from

34.7% To **29.9%**

(NHMS 2015) *(NHMS 2019)*

As reported in the NHMS 2018, 30.8% of the elderly aged 60 years and above were suffering from malnutrition, with 5.2% of them being underweight, 37.0% overweight and 17.6% obese. There was also 23.2% of the elderly who had sedentary behaviour.



NHMS 2018

3.2 Food Consumption

The rapid demographic changes and nutrition transition towards achieving a developed economic status has inevitably generated marked changes in dietary habits and lifestyles of Malaysians. Food industrialisation, revolution and marketing have influenced the population's food consumption and utilisation patterns. The mushrooming of fast food outlets in the last two decades and uncontrolled marketing of ultra-processed food and sugary drink products, have increased the availability of and accessibility to unhealthy food options which are associated with an increased prevalence of diet-related NCDs.

Inappropriate food consumption of the population from childhood to elderly has become a national issue. The findings of NHMS 2016 reported that exclusive breastfeeding practices of infants under 6 months had increased to 47.1% as compared to 14.5% in 2006. Minimum meal frequency was 80.8% among children 6 to 23 months. Nonetheless, the prevalence of minimum dietary diversity was only 66.4% and needs further improvement.

As reported in NHMS 2017, the meal patterns amongst school children in Malaysia indicated that 7 in 10 children regularly skipped breakfast, while 5 in 10 children regularly skipped dinner and lunch. The prevalence of school children who had their breakfast and dinner every day has increased by 2% from the findings of NHMS 2012, from 28.1% in 2012 to 30.0% in 2017 for breakfast and 52.6% in 2012 to 54.6% in 2017 for dinner. About 54.8% of the school children were taking heavy meals after dinner for one to three days of the week.

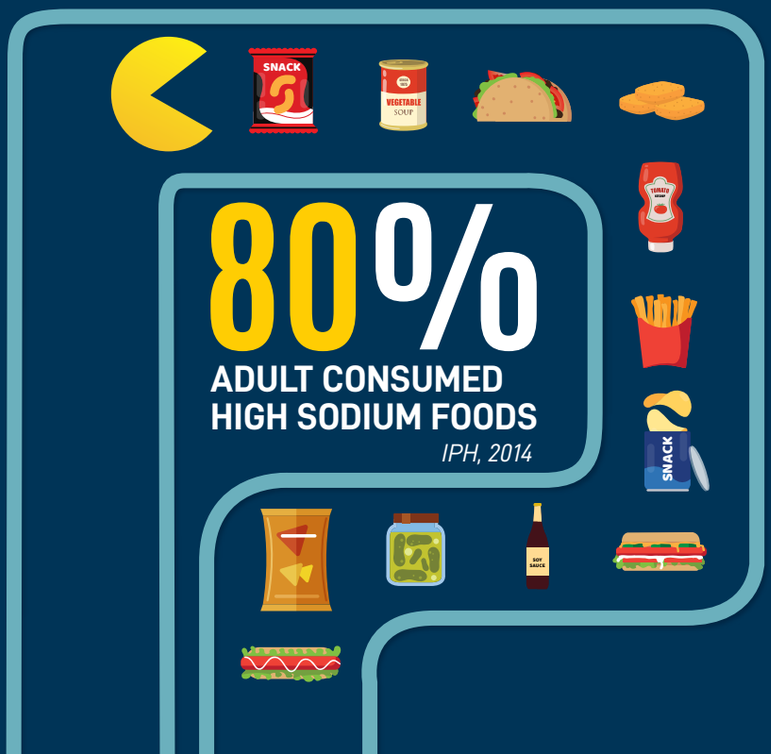
Periodic Household Expenditure Survey (HES) by the Department of Statistics Malaysia (DOSM) has found that more households are eating out. The HES 2019 reported that Malaysian households spent 28.5% of their monthly expenditure on food and beverages including the purchase of food away from home **(DOSM, 2020)**. The money spent for home food preparation decreased in contrast to food expenditure outside the home. According to the Khazanah Research Institute, the expenditure on purchasing food away from home has increased from 12.0% in 1973 to 41.6% in 2016 **(Jomo KS and Tan ZG, 2019)**. The findings of the Malaysian Adults Nutrition Survey **(MANS) 2014** showed that about half of Malaysian adults in urban areas purchased meals away from home **(IPH, 2014).**

MALAYSIAN HOUSEHOLDS SPENT

28.5%

MONTHLY EXPENDITURE ON FOOD AND BEVERAGES

DOSM, 2020



The findings of MANS 2014 also reported that one in two Malaysian adults had exceeded the recommended intake for protein and fat. Malaysian adults also did not meet the Malaysian Dietary Guidelines (MDG) 2010 recommendation for two servings of fruits per day (59.1%), three servings of vegetables per day (81.7%) and one serving of milk and dairy products of per day (73.6%) **(NCCFN, 2010)**. About 80% of the adult population also consumed high sodium foods in their diet **(IPH, 2014)**. Apart from that, based on the NHMS 2018, only 10.8% of the elderly consumed adequate servings of fruits which is at least two servings per day and 10.9% consumed adequate servings of vegetables which is at least three servings per day **(IPH, 2018)**.

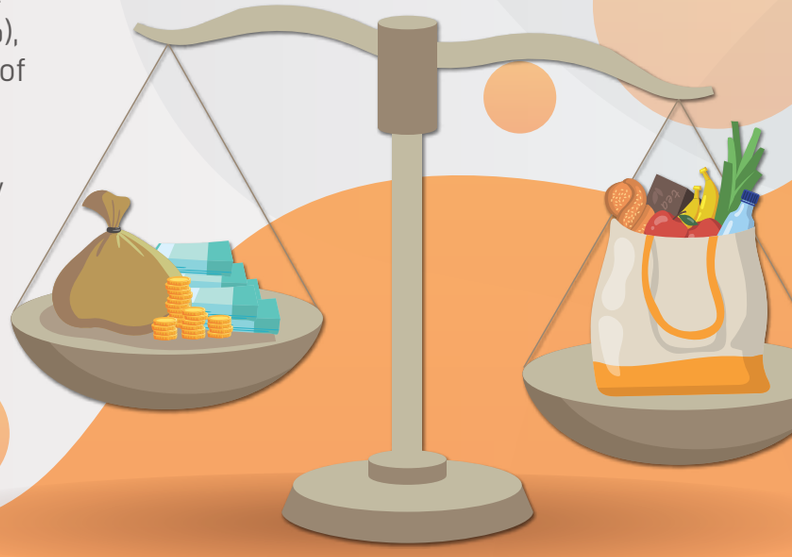
3.3 Food and Nutrition Security

According to the Food and Agriculture Organisation (FAO), food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life (FAO, 2003). Meanwhile, nutrition security emphasises more on diet quality in terms of variety, diversity, nutrient content and safety to meet their dietary needs, coupled with a sanitary environment, adequate health, education and care **(CFS, 2011)**. The four key dimensions of food security are availability, accessibility, utilisation and stability **(Rainer G et. al, 2000)**.

The Global Trends envisage that 35% more food is required as the world population grows up to 8.3 billion people by 2030 (NIC, 2012). Malaysia is intensifying the efforts to ensure food security of the population. Thus, food production and agriculture are both fundamental in shaping food security and nutrition in the country to assure an adequate and stable supply of affordable healthy food for the population. In this regard, the National Agro-Food Policy for Malaysia ensures the development of sustainable agriculture and promotes the agro food industries (MAFI, 2011). Total and per capita food supply have greatly increased for most of the food categories except for milk and milk products. Local production of some foods as well as imported foods has increased to supply food demand by the population. It seems that food availability is not an issue in Malaysia. However, food availability does not ensure affordable access of healthier food options for all.

Access to adequate nutritious food is pivotal. Food affordability remains an issue especially among the B40 population. According to The State of Household II Report 2016 by Khazanah Research Institute, the Food Customer Price Index (Food CPI) has shown an increasing trend since 2003 until 2014 (KRI, 2016). The Food CPI has also increased at a rate faster than the general CPI, which impacts the poorer households. The Household Expenditure Survey (HES) 2019 also reported that Malaysians with household monthly income of RM2,000 have to spent 39.4% of their expenditure on food (DOSM, 2020). Thus, an increase in food CPI adversely affects the cost of living for the B40 population.

The Malaysian Adults Nutrition Survey (MANS) 2014 reported that financial constraints was identified as the factor for insufficient food quantity (25%), food variety (26%) and skipping main meals (15%) (IPH, 2014). The findings of NHMS 2018 also showed that 10.4% of the elderly experienced food insecurity with 19% of them being from rural areas and 7% from urban areas. A higher prevalence of food insecurity was found among the elderly with no formal education and income of less than RM1,000 (IPH, 2017).



04 VISION

05 MISSIONS

i. To reduce the double burden of malnutrition of the population.

ii. To enhance food and nutrition security through sustainable food systems.

iii. To strengthen multi-sectoral collaborations and partnerships in nutrition-specific and nutrition-sensitive strategies and programmes.

06 STRATEGIES

01

Incorporating nutritional objectives, considerations and components into the national development policies, action plans and programmes.

02

Strengthening the governance of nutrition through legal and strong political commitment and support from key stakeholders and civil society.

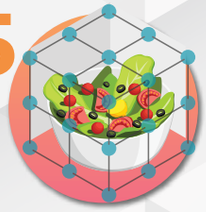
03

Strengthening the health systems to effectively address the double burden of malnutrition as well as food and nutrition security with adequate resources and capacity strengthening.

04

Engaging, synergising and intensifying the relevant stakeholders in supporting the implementation of nutrition-sensitive strategies, programmes and activities.

05



Ensuring and enhancing food and nutrition security of all people especially the vulnerable groups via sustainable food systems including national preparedness and response during emergencies and disasters.

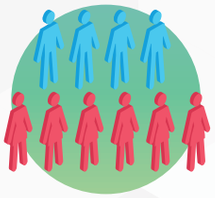
06

Empowering the individuals, families and communities as agents of change and be responsible for their nutritional well-being.

07

Providing and strengthening supportive and conducive healthy food environments and facilities across various settings and target groups.

08



Ensuring all segments of the population have access to reliable nutrition information and technologies to make informed choices and decisions including the use of new media.

09

Establishing and implementing innovative and effective prevention, intervention and rehabilitation strategies and programmes to address the double burden of malnutrition at various settings and levels.

10

Enhancing nutrition strategies and programmes for infants and young children, adolescents and women in the reproductive age group.

11

Enhancing nutrition interventions for vulnerable groups including aborigines, urban poor, persons with disabilities as well as children and elderly with special needs.

12

Creating and strengthening national nutrition capacity towards healthy aging.

13

Strengthening monitoring and evaluation as well as research and development capacity on food and nutrition across sectors.

07 MECHANISM OF IMPLEMENTATION

The implementation of the National Nutrition Policy of Malaysia is under the purview of the **National Food Safety and Nutrition Council (NFSNC)**. The NFSNC is the highest national advisory body that provides advice related to food safety and nutrition in Malaysia. The Council is chaired by the Minister of Health Malaysia. It consists of senior officers from government agencies, representatives from non-governmental organizations and professional bodies. The establishment of NFSNC was approved by the Cabinet on 21 March 2001. The objective of this Council is to ensure the health of the consumers by strengthening food safety at all levels of the food supply chain in the country and to ensure Malaysians achieve optimum nutritional status. The Council meets at least once a year or depending on issues and needs. This council is coordinated by the Joint Secretariat, the Nutrition Division and the Food Safety and Quality Programme, Ministry of Health Malaysia.

Under the Council, the **National Coordinating Committee on Food and Nutrition (NCCFN)** which is chaired by the Deputy Director-General of Health (Public Health) serves as the coordinator and technical advisor on nutrition to the NFSNC. The members of this Committee are from public and private sectors taking into consideration their expertise. The Committee is responsible for monitoring and evaluating the implementation of NPANM. The NCCFN Committee holds meetings twice a year. The Nutrition Division, Ministry of Health Malaysia is the Secretariat for NCCFN. There are currently six Technical Working Groups (TWGs) under NCCFN as follows:

TECHNICAL WORKING GROUPS

These TWGs are responsible for implementing the strategies and activities outlined in the NPANM.

1. TWG Nutrition Policy
2. TWG Nutrition Guidelines
3. TWG Nutrition Research
4. TWG Nutrition Training
5. TWG Nutrition Advocacy
6. TWG Food and Nutrition Security

As shown in Figure 6.1, the NNPM serves as a mandate and provides direction on nutrition in the country, which is then translated into action via the NPANM. In order to mobilise the activities outlined in the NPANM, the TWGs under the NCCFN work based on the priority areas and the core enabling and facilitating strategies under the NPANM.

Apart from that, NPANM activities are implemented at various levels within the multi-sectoral framework. At the national level, the implementation of NPANM is coordinated by the Nutrition Division with the support from other divisions under the Ministry of Health Malaysia. Meanwhile, the implementation of NPANM activities at state, district or clinic level is coordinated by State Health Departments and District Health Offices.

Stakeholder engagement and cooperation are continuously conducted with the relevant ministries, Non-government Organisations (NGOs), professional bodies, universities and private sectors especially the food industries, as well as international bodies such as the World Health Organization (WHO), UN Agencies and ASEAN countries to strengthen the implementation of NPANM.

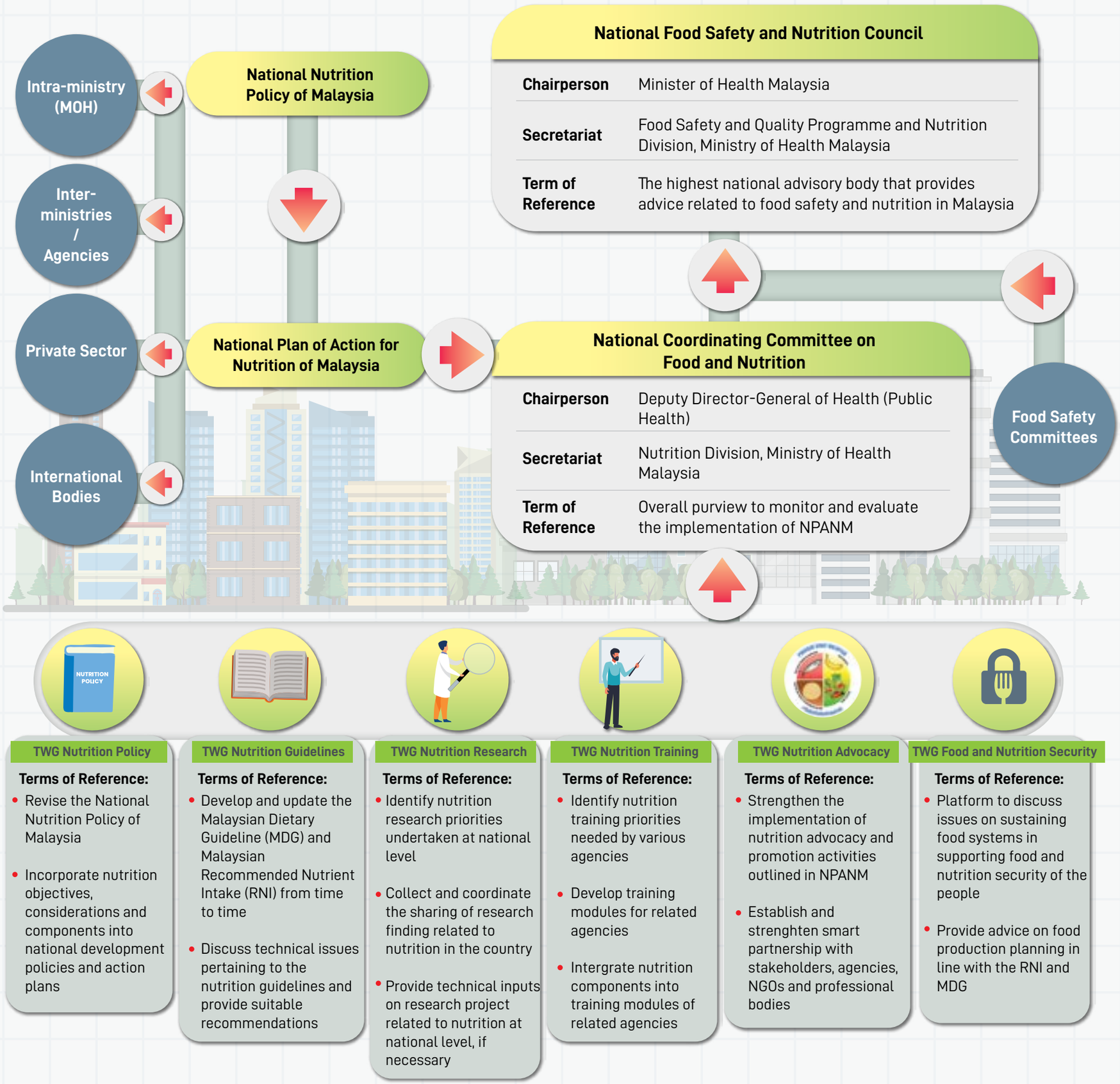


Figure 6.1: The governance of the National Nutrition Policy of Malaysia.

08 MONITORING AND EVALUATION

Periodic monitoring and evaluation of NNPM are integrated into the NPANM and various relevant national policies and action plans. The two major platforms to monitor and evaluate the implementation are the National Coordinating Committee on Food and Nutrition and the National Food Safety and Nutrition Council. Regular meetings are conducted by the six Technical Working Groups under NCCFN to monitor the progress and achievements of the identified activities. The NPANM progress report is presented to the NCCFN twice a year and NFSNC annually.

The Global Nutrition Targets 2025 and Sustainable Development Goals 2030 are taken into consideration in setting the target to evaluate the achievement of the strategies or activities under this policy.

GLOSSARY

A

Anemia

A condition in which the haemoglobin (Hb) concentration in the blood is lower than normal. When the haemoglobin concentration decreases, the capacity of the blood to carry oxygen to tissues is compromised, resulting in symptoms such as fatigue, reduced physical work capacity, and shortness of breath, among others. (WHO, 2017)

C

Childhood Obesity

For children from birth to age 5, obesity is defined as Body Mass Index (BMI) more than 3 standard deviations (SD) above the WHO growth standard median, and overweight is defined as BMI more than 2 SD above the WHO growth standard median, based on the WHO Child Growth Standards (WHO 2006).(WHO, 2006)

For children aged 5 to 19, obesity is defined as BMI more than 2 SD above the WHO growth standard median, and overweight is BMI more than 1 SD above the WHO growth standard median based on the WHO Reference 2007 (WHO 2007).(de Onis M et. al, 2007)

D

Diabetes mellitus

A metabolic disease of multiple aetiology characterized by elevated levels of blood glucose (or blood sugar), with the disturbances of carbohydrate, fat and protein metabolism resulting from defects in insulin secretion or action (WHO, 1999)

Disease burden/ burden of disease

Considers health, social, political, environmental and economic factors to determine the cost that disease and disability exert upon the individual and society.(CDC, 2019)

Double burden of malnutrition

Co-existence of undernutrition, overnutrition and dietrelated NCDs in the same country, community, household or sometimes even the same child. (Shrimpton R and Roks C, 2012)

The co-existence of undernutrition along with overweight and obesity, or diet-related noncommunicable diseases, within individuals, households and populations, and across the life course.(WHO, 2017)

E

Exclusive breastfeeding

No other food or drink, not even water, except breast milk (including milk expressed or from a wet nurse) for 6 months of life, but allows the infant to receive ORS, drops and syrups (vitamins, minerals and medicines).(WHO,2008)

F

Food security

All people, at all times, have physical, social and economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life (FAO, 2003)

Food insecurity

A situation of limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.(USDA, 2000)

Food and Nutrition Security

Adequate food (quantity, quality, safety, socio-cultural acceptability) is available and accessible for, and satisfactorily utilised, by all individuals at all times to live a healthy and happy life.(FAO, 2012)

Food system

Encompasses all the elements and activities that relate to the production, processing, distribution, preparation and consumption of food, as well as the output of these activities, including socioeconomic and environmental outcomes. (HLPE, 2020)

H

Hypertension

A condition in which the blood vessels have persistently raised pressure. Blood is carried from the heart to all parts of the body in the vessels. It is also known as high or raised blood pressure.(WHO, 2019)

Hypercholesterolaemia

An elevation of total cholesterol (TC) and/or low-density lipoprotein cholesterol (LDL-C) or non-high-density lipoprotein cholesterol (HDL-C) (defined as the subtraction of HDL-C from TC) in the blood, is also often referred to as dyslipidemia, to encompass the fact that it might be accompanied by a decrease in HDL-C, an increase in triglycerides, or qualitative lipid abnormalities.(BMJ Best practice (2019)

M

Malnutrition

Deficiencies, excesses, or imbalances in a person's intake of energy and/or nutrients, which will result in undernutrition (wasting, stunting, underweight), inadequate vitamins or minerals, overweight, obesity, and resulting diet-related non-communicable diseases. (WHO, 2019)

Mega trend

Global, sustained and macroeconomic forces of development that impact business, economy, society, cultures and personal lives thereby defining our future world and its increasing pace of change.(SMEinfo,2017)

Micronutrients

Dietary components, often referred to as vitamins and minerals, which although only required by the body in small amounts, are vital to development, disease prevention, and wellbeing. Micronutrients are not produced in the body and must be derived from the diet. (CDC, 2019)

Minimum meal frequency

Proportion of breastfed and non-breastfed children 6 to 23 months of age who receive solid, semi-solid, or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more.(WHO, 2008)

Minimum dietary diversity

Proportion of children 6 to 23 months of age who receive foods from 4 or more food groups.(WHO, 2008)

Non-communicable diseases (NCDs)

Chronic diseases that of long duration and are the result of a combination of genetic, physiological, environmental and behavioural factors. The main types of NCDs are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes.(WHO, 2017)

Nutrition security

Nutrition security exists when food security is combined with a sanitary environment, adequate health services, and proper care and feeding practices to ensure a healthy life for all household members..(CFS, 2011)

Nutrition-sensitive strategies/ programmes

Strategies or programmes that address the underlying determinants of fetal and child nutrition and developement, food security, adequate caregiving resources at the maternal, household and community level, access to health services abd safe and hygienic environment. It can serve as delivery platforms for nutrition-specific intervention potentially increasing their scale, coverage and effectiveness. (Marie,2013)

Nutrition-specific strategies/ programmes

Strategies or programmes that address the immediate determinants of fetal and child nutrition and development, adequate food and nutrient intake, feeding, caregiving and parenting practise and low burden of infectious disease. .(Marie,2013)

Obesity

A complex, multifactorial condition characterised by excess body fat.(MOH, 2004)

Abnormal or excessive fat accumulation that presents a risk to health. A person with a BMI of 30 or more is generally considered obese. (WHO, 2014)

Overnutrition

A chronic condition where intake of food is in excess of dietary energy requirements, resulting in overweight and/or obesity.(WHO, 2014)

Overweight

Abnormal or excessive fat accumulation that presents a risk to health. A person with a BMI equal to or more than 25 is considered overweight. (WHO, 2014);

For children, weight for height > +2 SD of the WHO Child Growth Standards median. (WHO, 2010)

Public health

The art and science of preventing disease, prolonging life and promoting health through the organised efforts of society through education, policy making and research for disease and injury prevention.(WHO,2014)

S

Sedentary behaviour

Characterised primarily by sitting with associated low levels of energy expenditure. (Jamil et. al, 2016)

Any waking behaviours characterised by an energy expenditure ≤ 1.5 METs, while in a sitting, reclining, or lying posture. (Tremblay et. Al, 2017)

Sustainable food system

A food system that delivers food security and nutrition for all in such a way that the economic, social and environmental bases to generate food security and nutrition for future generations are not compromised. It is profitable throughout (economic sustainability), broad-based benefits for society (social sustainability), and positive or neutral impact on the natural environment (environmental sustainability).(FAO, 2018)

Stunting

Stunting is the most common form of undernutrition and is reflected in low height for age (below two standard deviations from the median of the WHO Child Growth Standards).(WHO, 2006)

T

Thinness

Having low body mass index (BMI) for adults or low BMI for age for children. (Cole TJ et. al, 2007)

U

Undernutrition

Inadequate and/or unbalanced intake and/or absorption of micro- or macronutrients that in turn leads to nutritional deficiency. It covers a range of disorders, including growth failure and micronutrient deficiencies. Growth failure is further classified into acute malnutrition (wasting, nutritional oedema), chronic undernutrition (stunting) and underweight. (ASEAN/UNICEF/WHO, 2016)

Underweight

Moderate and severe - below minus two standard deviations (<-2SD) from median weight-for-age of reference population; severe - below minus three standard deviations (<-3SD) from median weight-for-age of reference population.(UNICEF,2012) ;
For children, weight-for-age below two standard deviations (<-2SD) of the WHO Child Growth Standards median. (WHO, 2010)

W

Wasting

For children, weight-for-height below two standard deviations (<-2SD) of the WHO Child Growth Standards median. (WHO, 2010)

Women in the reproductive age group

All women aged 15–49 years. (WHO, 2006)

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