THE EFFORT TO REPAIR TODDLER’S NUTRITION DUE TO LACK OF VITAMIN A

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Lack of Vitamin A (KVA) is still a widespread problem throughout the world, especially in developing countries and it can occur at any age, especially during growth. KVA in the body can cause various types of diseases that are "Nutrition Related Diseases" which may involve a wide range of anatomy and function of organs such as lowering the immune system and lowers epithelize skin cells. One of the impact of less in Vitamin A is an eyes abnormality, which generally occurs in children aged 6 months - 4 years and become a major cause of blindness in developing countries. Toddlers malnutrition in 2013 amounted to 2,475 (0.30%) compared to the year 2012 with number of 1,131 (0.06%). The Incidence of malnutrition is more prevalent in infant girls (1,305 cases) than infant boys under five years old (1,170 cases). While the percentage of Toddlers malnutrition is getting treatment in 2013 amounted to 100% quite fathomable under-nutrition often escape the sight or regular observations and often quickly overcome, but can give rise to major problems (1).

The problem of malnutrition is often missed vision or regular observations and often quickly overcome, in fact it can give rise to major problems. In addition, malnutrition that is simultaneously happened in Indonesia also is starting to face more nutritional problems with more tendencies that have been increasing from time to time. In other words, this time Indonesia is facing multiple nutritional problems. Slowly, malnutrition will result in high mortality rate of mothers, infants and toddlers, and low life expectancy. Moreover, the impact of malnutrition are also seen at the low participation of schools, lack of education, and the slow pace of economic growth (2).
Currently, the nutrition program efforts are still not optimally empower communities and not optimally exploit the potential of existing society. Improving and strengthening the coordination between sectors and involve the potential that exists in the community in a variety of effort to improve public nutrition is an important key to the success of heading Family Awareness of Nutrition (Kadarsi) programs. Paradigm Kadarsi nutrition improvement program towards is an appropriate solution. However, the need to support research and development, especially in developing means of nutrition education for the public in accordance with the socio-cultural conditions. The effort to reach Kadarsi is not only directed to the families, but also to implementing development programs related to the improvement of public welfare (3).

Nutrition status is measured based on age, body weight (BW) and height (TB). The child's weight measured with digital scales that have a precision of 0.1 kg, body length is measured by the length-board with a precision of 0.1 cm, and height was measured using a precision of 0.1 cm. BB Variabel and TB children served in the form of three anthropometric indicators, namely: weight for age (W/A), height for age (H/A), and weight for height (W/H) (4).

Vitamin A has many roles in the body, there are for the growth and differentiation of erythrocyte progenitor cells, the body's immunity against infection and the mobilization of iron stores from across the system. Some research results were summarized by FAO-WHO in 2001, revealed that vitamin A deficiency affects iron metabolism (5). Vitamin A plays a role in the synthesis mucoprotein and mucopolysaccharides which serves to maintain the unity of the epithelium, especially eyes system, mouth, respiratory and genital tract. Therefore, if there is a deficiency of vitamins and minerals, occurring impaired formation of mucous that can cause infection of the body easily (6).

Vitamin A found in animal foods (liver, eggs, milk, butter, and egg yolks) while carotene in vegetable foods (vegetables and fruits yellow orange) (7). The control of parents in providing nutrition rules in the provision of food and beverages consumed, and it roles a model that parents do to help children in the selection of healthy foods for them (8). Another study found that the consumption patterns of children in a family are strongly influenced by the consumption patterns of families, especially the main meals (9). Based on WHO data, there are the limits for nutrient problems which
divided into three categories namely; Stunting (underweight) 10%; Short Toddlers (stunting) 20%; and Toddlers thin (wasting) 5% (10).

As showes that the prevalence of sub-clinical vitamin A in children under five is still high, vitamin A supplementation program high doses given twice a year among children under the age of 6-59 months, which began in 1978 and still continues. Although, vitamin A supplementation program such high doses have been conducted and its scope is quite high but the proportion of children under five who are not affordable the program is relatively large enough so that the possibility of the lack risk of vitamin A is still happen. The Indonesias Baseline Health Surveys (Rikesdas) indicates that the scope of high-dose vitamin A was 71.5% in 2007 and slightly decreased to 69.8% in 2010 (11,12) .

The low levels of vitamin A in the blood of young children have an impact on the increase in morbidity and mortality due to infectious diseases, particularly measles and diarrhea. In several studies have reported that high-dose vitamin A supplementation can reduce infant mortality and maternal mortality rates. The low nutritional status caused by a variety of interrelated factors, mainly influenced by food availability in poverty level of household, education, environment and culture in the community. The obstruction of growth and intellectual development occurs in utero and continues at the age of five, thus threatening the quality of human resources of future generations. As a result, they will be difficult to compete in the labor force in the age of globalization (13).

The consumption of vitamin A can called as good, if the toddler always consume vitamin A capsule as they were given. There is no children who never get a capsule of vitamin A from the Center for Integrated Care (Posyandu), but there are children who do not always get a capsule of vitamin A from the Posyandu. It because when the schedule of Vitamin A is given, toddler did not visit Posyandu. There are 30.9% of mother in the puerperium consume vitamin A is still relatively low (14).

The scope of vitamin A is associated with families’ knowledge of the location and access to health care that are Posyandu, health clinics, midwives and general practitioner. Seen from the unknown of the location and never go to Posyandu, have an important role in the scope levels of vitamin A capsule. Families who does not know the location of Posyandu and toddlers who were never brought to Posyandu 1.3 and 1.7 times will
not getting the vitamin A capsules than families who know the location of Posyandu and young children who brought to the Posyandu. Whereas families who do not know the location of midwife practice, their toddlers are risk 1.3 times to not take a capsule of vitamin A (15).

Previous study reveals of several efforts to improve nutrition in the future: a) Nutrition efforts will be more effective if it is part of a policy of poverty reduction and human development. b) It takes a special policy to accelerate the pace of the acceleration of the nutritional status. With the improvement of people's nutritional status is expected an intelligence, physical endurance and increased labor productivity, so that the economic improvement barriers can be minimized. c) The implementation of nutrition programs should be based on the study of 'best practice' (effectively and efficiently) and a specific locale. d) Decision-makers at each level using accurate information and evidence base in determining policy. Need of good information systems, timely and accurate. e) Improving the effort excavation and mobilization of resources to implement nutrition improvement efforts more effective through partnerships with the private sector, NGOs and communities (16).

References
