

# INTRODUCTION





## NUTRITION RESEARCH PRIORITIES IN MALAYSIA FOR 10<sup>TH</sup> MALAYSIA PLAN (2011-2015)

### **1.1 Introduction**

Good nutrition is the foundation for health and an input to the development of the country. In contrast, under-nutrition that includes both macro- and micronutrient deficiencies, leads to deleterious consequences including poor foetal growth, childhood underweight and stunting, and ill-health in pregnant women and elderly persons. Many millions of children die each year before reaching five years of age. Maternal deaths also take a heavy toll particularly in low-income countries. Most of these deaths would be preventable through adequate health care and nutrition.

Healthy dietary practices constitute an important cornerstone of a healthy lifestyle, that includes non-smoking, regular physical activity and maintaining a desirable body weight. Several chronic non-communicable diseases including cardiovascular disease, diabetes, hypertension and certain types of cancer are associated closely with unhealthy lifestyles. The impact of unhealthy lifestyles on healthcare costs including long-term care is on the rise in Malaysia.

In recent decades, Malaysia has attained impressive social economic and health improvements. There have been remarkable decreases in neonatal, infant and toddler mortality rates and maternal mortality ratio. However, the benefits of these improvements do not reach all segments of the population owing to such factors as poverty, lack of information and knowledge, and geographic terrain challenges. Population groups affected include the Orang Asli and other indigenous groups in Sabah and Sarawak, and the urban poor. Reducing health inequalities to access and use of health care services is thus one of the key concerns that should be addressed.

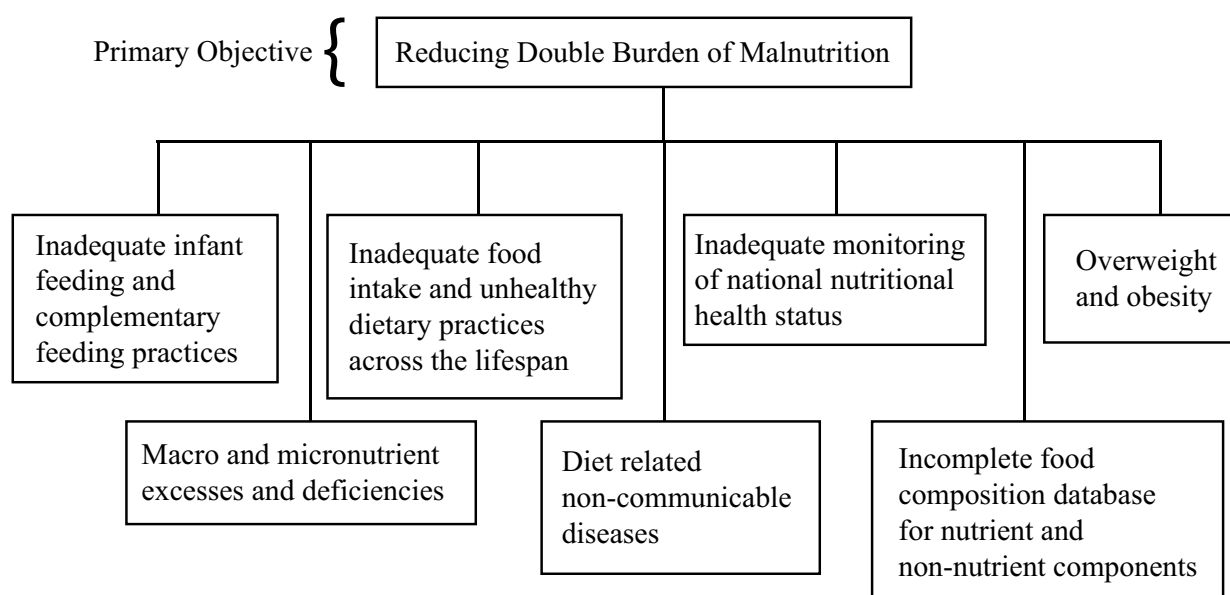
Malaysia has made commendable progress in meeting most of the health and nutrition-related targets of the Millennium Development Goals (MDGs). Nonetheless, challenges remain and need to be addressed if the country intends to achieve all the health targets of the MDGs by 2015. The MDGs targets and other challenges deserving of further research and intervention studies include the double burden of malnutrition, which is the co-existence of underweight/stunting and overweight in children, rapid increase in adult obesity, inadequacy in breastfeeding and complementary feeding practices, unhealthy lifestyles accompanied by the spiralling rise of diet-related non-communicable diseases.

In this respect, the nutrition sector for the 9th Malaysia Plan (MP) affirmed that one of its goals is to enhance research and development. As a follow-up in the 10th MP, greater emphasis will be accorded to research and development related to the reduction of the double burden malnutrition especially through empowerment and healthy lifestyles. This is in line with the primary objective of National Nutrition Policy and National Plan of Action for Nutrition of Malaysia (NPANM, 2006-2015). These national nutrition declarations are aimed at consolidating efforts in combating the double burden of nutritional deficiencies and diet-related chronic diseases.

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Thus, in order to achieve these objectives, a nutrition research priority for the country has been formulated. This research priority document was established through a series of workshops and meetings with the participation of experts and experienced representatives from various government agencies, academia, professional bodies and non-governmental organisations (NGOs). This group known as the Nutrition Research Priorities Technical Committee comprised approximately 69 participants selected from across the fields of nutrition, medicine, epidemiology, social sciences, education and applied sciences. Taking into consideration the National Nutrition Policy, NPANM, 2006-2015 and existing health research priorities, seven nutrition research priority problem areas and gaps were identified as shown in Figure 1.1.



**Figure 1.1: Overview of nutrition research priorities for the 10<sup>th</sup> Malaysia Plan (2011-2015)**

Subsequently, the nutrition research problem areas were summarised into seven research priority areas as focal points for future works as follows:

- i) Infant feeding and complementary feeding practices
- ii) Monitoring of national nutritional status
- iii) Food intake and healthy dietary practices across the lifespan
- iv) Macro and micronutrient excesses and deficiencies
- v) Overweight and obesity
- vi) Diet related non-communicable diseases
- vii) Food composition database for nutrient and non-nutrient components

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A standardised procedure was used to identify nutrition research priority scopes and topics that involved the following steps:

- i) To identify the critical gaps in knowledge and determine the research deemed important to fill such gaps.
- ii) To list all the possible research purposes, scopes and suggested topics within the important research areas.
- iii) To prioritize the research topics by using standardised criteria to determine rank-orders for the topics and to identify priorities within the important topics.

The top ranking research topics have become the Research Priority List for each of the research priority areas. The Research Priority List has been presented within a conceptual framework that provides the purpose and scope of research and suggested research topics or explanatory notes together with the rank order suggested by the groups. Each group has applied similar ranking criteria as shown in Table 1.

**Table 1.1: Ranking criteria for selection of research scopes and topics**

No	Criteria		Ranking Criteria* (Score)	Remarks
1	Primary criteria	Big impact on health status and/or delivery of services	1 - 10	Need to apply both criterias
		Great public health significance	1 - 10	
2	Secondary criteria	Capacity strengthening	1 - 7	Need to apply maximum 2 criterias
		Gap in knowledge/ evidence that necessitates research	1 - 7	
		Feasibility, practicality, cost and time	1 - 7	
		Importance for client satisfaction	1 - 7	

*\*Score "1" indicates the lowest/ worst score. The highest total score obtained is given a relative rank "1" to indicate the highest priority*

