Title: Review on Quality Characteristics of Complementary Food and Look for Policy Gap In Case Of Ethiopia.

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I .Abstract

Malnutrition is the main factor for mortality and morbidity of children in developing countries. In Ethiopia 57% of death of children under 5 year of age are due to malnutrition. Inappropriate complementary feeding practices and it underlies more than one-third of child mortality in Ethiopia. Baby's growth and development is dependent on the type and amount of nourishment gets. Breast milk and the quality of complementary food play important role in baby's growth. When breast milk is no longer enough to meet the nutritional needs of the infant, complementary foods should be added to the diet of the child. The transition from exclusive breastfeeding to family foods, referred to as complementary feeding, during the period of complementary feeding, children are at high risk of under nutrition. Complementary foods are often of inadequate nutritional quality, or they are given too early or too late, in too small amounts, or not frequently enough. So consuming quality complementary foods should be given. The Guiding principles for complementary feeding of the breast feed child, set Standards for developing locally appropriate feeding recommendations. They provide guidance on desired feeding behaviors as well as on the amount, consistency, energy density and nutrient content of foods. For energy, 200, 300, and 550 kcal per day is expected to be covered by complementary foods at 6–8, 9–11, and 12–23 months, respectively In addition, the complementary foods must provide relatively large proportions of micronutrients such as iron, zinc, phosphorus, magnesium, calcium, and vitamin – A. Complementary feeding should be timely, meaning that all infants should start receiving foods in addition to breast milk from 6 months onwards. It should be adequate, meaning that the complementary foods should be given in amounts and consistency and using a variety of foods to cover the nutritional needs of the growing child while maintaining breastfeeding.

Keywords: Malnutrition, Complementary Food, Energy.

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II. Biography

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Biography (word count should not exceed 50 words) As soon as I complete my undergraduate program in chemistry, I join Haramaya University Since joining the Haramaya University I have been working as Instructor and technical at food science and postharvest technology Department, additionally I have been participated in different food and Nutrition related researches.

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IV. Reference

[1] ACC/SCN, “Fourth Report on the World Nutrition Situation.” Geneva ACC/SCN Collab. With IFPRI, p. 140, 2000.

[2] World Health Organization, “Global Nutrition Targets 2025: Breastfeeding policy,” W. H. O Publ., pp. 1–7, 2014.

[3] Renoos, “Complementary feeding or Weaning,” CheenaChatti, 2013.

[4] C. K. Lutter and K. G. Dewey, “Proposed Nutrient Composition for Fortified Complementary Foods,” J. Nutr., vol. 133, no. 9, pp. 3011S-3020S, 2018.

[5] Mensah, “infant meals,” 1995.

[6] E. R. J. Giugliani and C. Gomes Victora, “Jornal de Pediatria Complementary feeding,” J. Pediatr. (Rio. J), vol. 76, no. 3, pp. 253–253, 2000.

[7] A. Kolm, A. Hitthaller, P. Ruso and E. Höld, “Einflussfaktoren auf das Beikostverhalten: Teil 1: übersicht zur Datenlage in europäischen Studien,” Ernahrungs Umschau, vol. 63, no. 6, pp. M328–M334, 2016.

[8] C. M. G. Monte and E. R. J. Giugliani, “Recommendations for the complementary feeding of the breastfed child,” J. Pediatr. (Rio. J), vol. 80, no. 8, pp. 131–141, 2007.

[9] C. West, “Introduction of Complementary Foods to Infants,” Ann. Nutr. Metab., vol. 70, no. 2, pp. 47–54, 2017.

[10] A. Hörnell, H. Lagström, B. Lande, and I. Thorsdottir, “Breastfeeding, introduction of other foods and effects on health: a systematic literature review for the 5th Nordic Nutrition Recommendations,” Food Nutr. Res., vol. 57,no. 1, p. 20823, 2013.

[11] UNICEF, “Appropriate complementary foods,” 2005.

[12] Kathryn Dewey, “Guiding Principles For C O M P L E M E N Ta Ry Feeding Of The Breastfed Pa N A M E R I C A N H E A Lt H O R G A N I Z At I O N,” J. Clin. Nutr. Clin. Nutr., Pp. 18–25, 2001.

[13] E. Grellety et al., “No Covariance structural analysis on health related indicators in the elderly at home focusing on subjective health sensation Title,” Food Nutr. Bull., vol. 12, no. 3, p. 210, 2015.

[14] F. O. R. Americans, “DIETARY GUIDELINES,” 2020.

[15] S. A. Abrams and S. A. Atkinson, “Calcium, Magnesium, Phosphorus and Vitamin D Fortification of Complementary Foods,” J. Nutr., vol. 133, no. 9, pp. 2994S-2999S,2018.

[16] N. A. P. (US), “Dietary Reference Intakes for Calcium and Vitamin D,” 2011.

[17] Nutrition guide line, “Nutrition guide line,” 2015.

[18] WHO and FAO, “Older Infants and Young Children reference daily requirements for some vitamins and Minerals,”2006.