

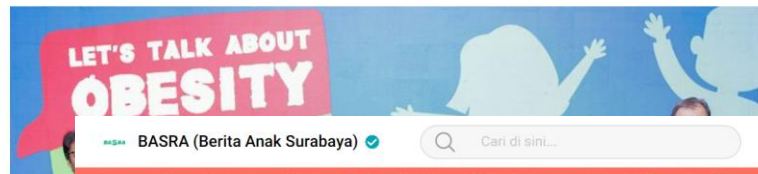


Bijak Memilih Pangan, Cegah Obesitas pada Anak

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PhD(cand.)**
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Sering Dianggap Menggemaskan, Obesitas Membahayakan Masa Depan Anak

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BAHAYA OBESITAS PADA ANAK

Mengonsumsi makanan dan minuman manis bisa menjadi salah satu faktor risiko terjadinya obesitas

Kebiasaan kurang aktif alias malas bergerak pada anak juga bisa mengalami obesitas yang berbahaya

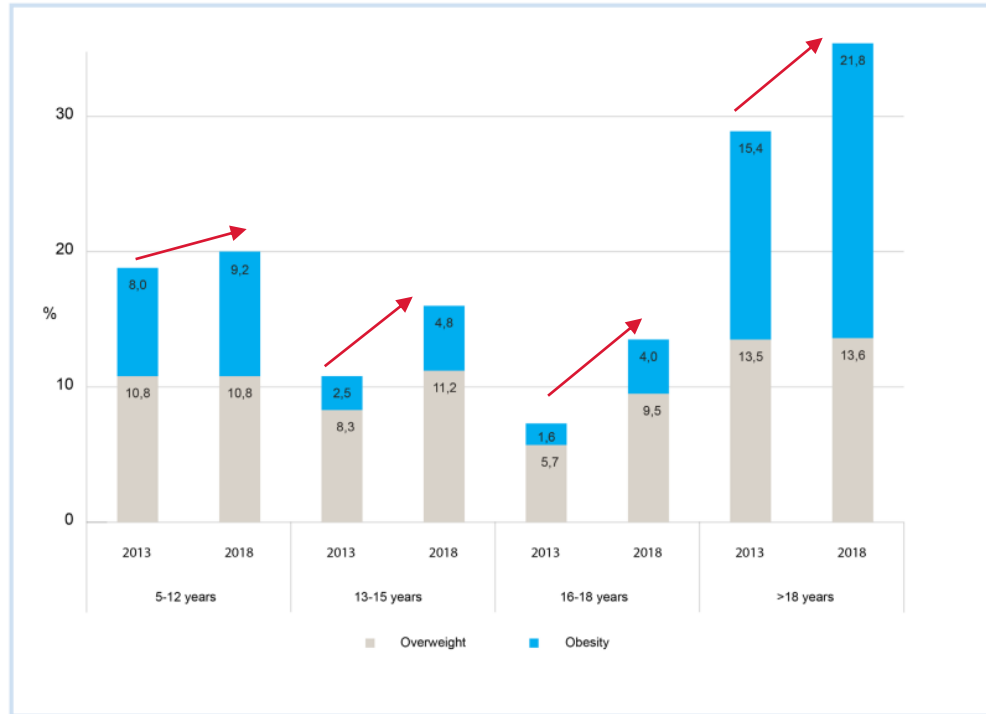
Dijelaskan dr. Winra, obesitas pada anak akan menjadi awal munculnya penyakit lain jika tidak tertangani dengan baik

Komplikasi penyakit yang bisa dialami anak:

- 1 Gangguan tidur seperti ngorok
- 2 Penyakit refluks gastroesofagus (GERD)
- 3 Masalah di tulang (kaki bengkok)
- 4 Diabetes tipe 2 serta gangguan ginjal
- 5 Masalah di organ hati
- 6 Kolesterol tinggi dalam darah

SUMBER: dr. Winra (PhD, SpKK) | BASRA: Muhammad Saadul | INFOGRAFIS: Ali Akbar | okehealth

Prevalensi kegemukan dan obesitas anak di Indonesia



Sumber:
Riskesdas 2013
dan 2018

Evaluasi status gizi anak: Indikator IMT / Usia

IMT =

Berat Badan (Kg)

(Tinggi Badan (m) X Tinggi Badan (m))

**IMT / U anak usia 5 -18 tahun (PMK no. 2 tahun 2020
ttg Standar Antropometri pada Anak)**

Gizi Sangat Kurang (Severe Thinness) : > -3 SD

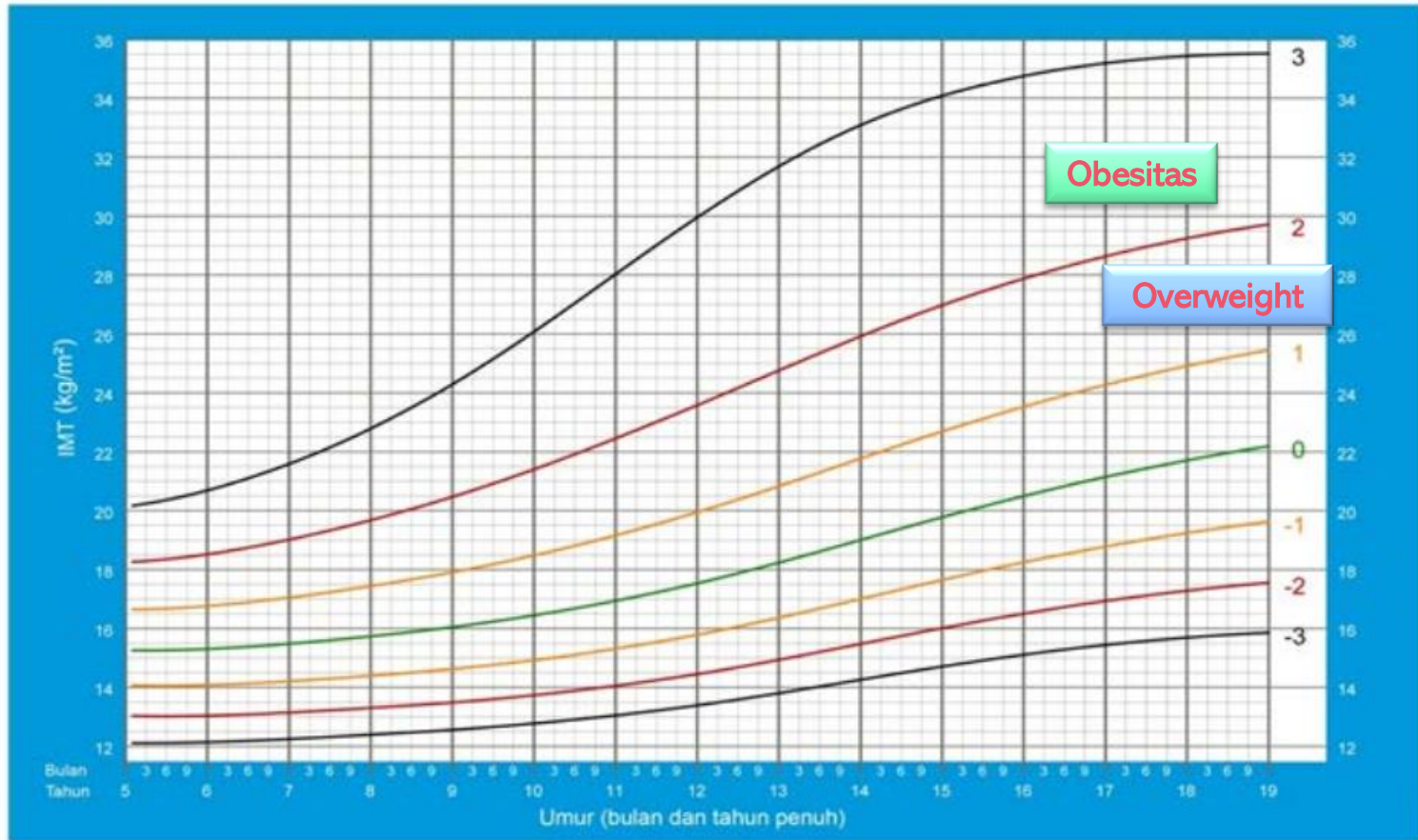
Gizi Kurang (Thinness) : - 3 SD s.d < - 2 SD

Gizi Baik (normal) : -2 SD s.d + 1 SD

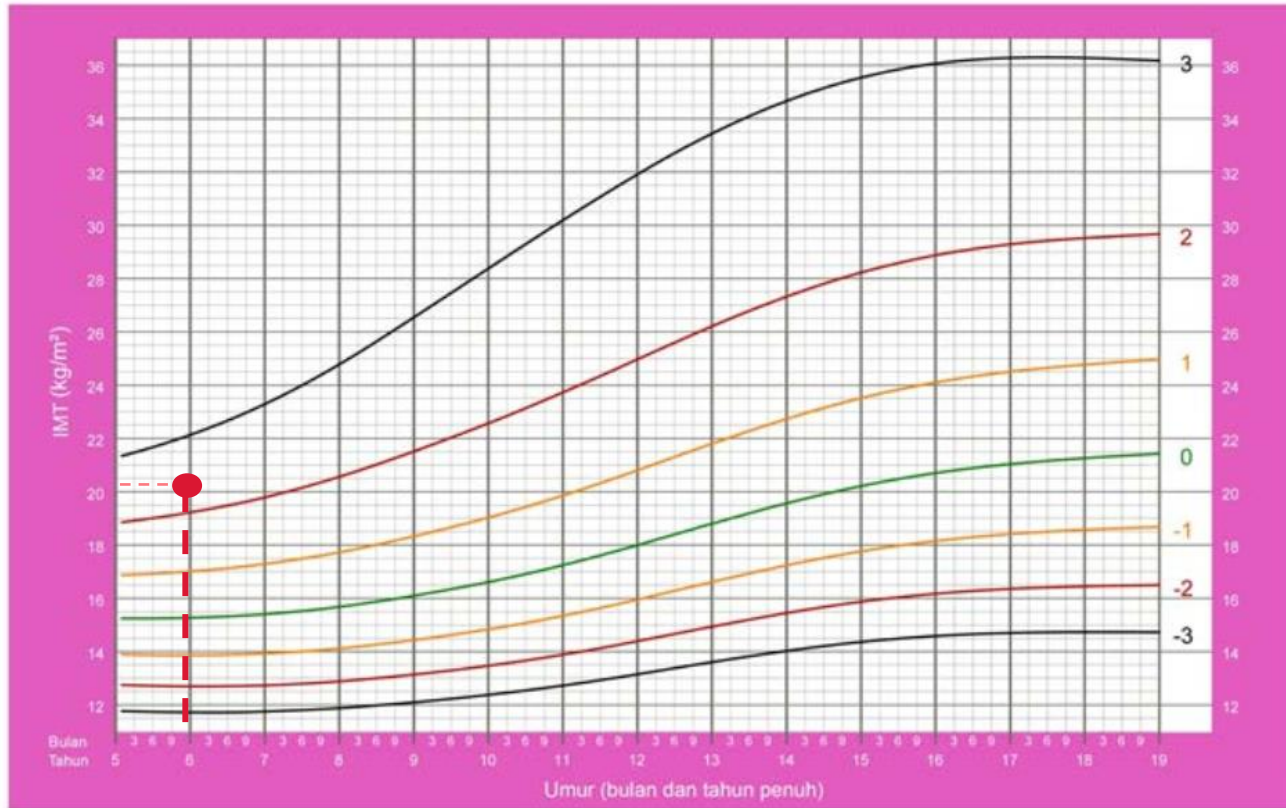
Gizi Lebih (Overweight) : + 1 SD s.d + 2 SD

Obesitas (Obese) : > + 2 SD

Grafik Indeks Massa Tubuh Menurut Umur Anak Laki-laki 5-18 Tahun (z-scores)



Grafik Indeks Massa Tubuh Menurut Umur Anak Perempuan 5-18 Tahun (z-scores)



Anak perempuan usia 6 tahun memiliki berat badan 30 kg, tinggi badan 120 cm (1,2 m).

IMT = 20,8

U = 6 tahun

Z-score = $> +2$ SD
(diatas garis merah)

Maka, termasuk **Obesitas**.

BMI-for-age BOYS 5 to 19 years (z-scores)



World Health Organization

Year: Month	Months	-3 SD	-2 SD	-1 SD	Median	1 SD	2 SD	3 SD
5: 1	61	12.1	13.0	14.1	15.3	16.6	18.3	20.2
5: 2	62	12.1	13.0	14.1	15.3	16.6	18.3	20.2
5: 3	63	12.1	13.0	14.1	15.3	16.7	18.3	20.2
5: 4	64	12.1	13.0	14.1	15.3	16.7	18.3	20.3
5: 5	65	12.1	13.0	14.1	15.3	16.7	18.3	20.3
5: 6	66	12.1	13.0	14.1	15.3	16.7	18.4	20.4
5: 7	67	12.1	13.0	14.1	15.3	16.7	18.4	20.4
5: 8	68	12.1	13.0	14.1	15.3	16.7	18.4	20.5
5: 9	69	12.1	13.0	14.1	15.3	16.7	18.4	20.5
5: 10	70	12.1	13.0	14.1	15.3	16.7	18.5	20.6
5: 11	71	12.1	13.0	14.1	15.3	16.7	18.5	20.6
6: 0	72	12.1	13.0	14.1	15.3	16.8	18.5	20.7
6: 1	73	12.1	13.0	14.1	15.3	16.8	18.6	20.8
6: 2	74	12.2	13.1	14.1	15.3	16.8	18.6	20.8
6: 3	75	12.2	13.1	14.1	15.3	16.8	18.6	20.9
6: 4	76	12.2	13.1	14.1	15.4	16.8	18.7	21.0
6: 5	77	12.2	13.1	14.1	15.4	16.9	18.7	21.0
6: 6	78	12.2	13.1	14.1	15.4	16.9	18.7	21.1
6: 7	79	12.2	13.1	14.1	15.4	16.9	18.8	21.2
6: 8	80	12.2	13.1	14.2	15.4	16.9	18.8	21.3
6: 9	81	12.2	13.1	14.2	15.4	17.0	18.9	21.3
6: 10	82	12.2	13.1	14.2	15.4	17.0	18.9	21.4
6: 11	83	12.2	13.1	14.2	15.5	17.0	19.0	21.5
7: 0	84	12.3	13.1	14.2	15.5	17.0	19.0	21.6
7: 1	85	12.3	13.2	14.2	15.5	17.1	19.1	21.7
7: 2	86	12.3	13.2	14.2	15.5	17.1	19.1	21.8
7: 3	87	12.3	13.2	14.3	15.5	17.1	19.2	21.9
7: 4	88	12.3	13.2	14.3	15.6	17.2	19.2	22.0
7: 5	89	12.3	13.2	14.3	15.6	17.2	19.3	22.0
7: 6	90	12.3	13.2	14.3	15.6	17.2	19.3	22.1

BMI-for-age GIRLS 5 to 19 years (z-scores)



World Health Organization

Year: Month	Months	-3 SD	-2 SD	-1 SD	Median	1 SD	2 SD	3 SD
5: 1	61	11.8	12.7	13.9	15.2	16.9	18.9	21.3
5: 2	62	11.8	12.7	13.9	15.2	16.9	18.9	21.4
5: 3	63	11.8	12.7	13.9	15.2	16.9	18.9	21.5
5: 4	64	11.8	12.7	13.9	15.2	16.9	18.9	21.5
5: 5	65	11.7	12.7	13.9	15.2	16.9	19.0	21.6
5: 6	66	11.7	12.7	13.9	15.2	16.9	19.0	21.7
5: 7	67	11.7	12.7	13.9	15.2	16.9	19.0	21.7
5: 8	68	11.7	12.7	13.9	15.3	17.0	19.1	21.8
5: 9	69	11.7	12.7	13.9	15.3	17.0	19.1	21.9
5: 10	70	11.7	12.7	13.9	15.3	17.0	19.1	22.0
5: 11	71	11.7	12.7	13.9	15.3	17.0	19.2	22.1
6: 0	72	11.7	12.7	13.9	15.3	17.0	19.2	22.1
6: 1	73	11.7	12.7	13.9	15.3	17.0	19.3	22.2
6: 2	74	11.7	12.7	13.9	15.3	17.0	19.3	22.3
6: 3	75	11.7	12.7	13.9	15.3	17.1	19.3	22.4
6: 4	76	11.7	12.7	13.9	15.3	17.1	19.4	22.5
6: 5	77	11.7	12.7	13.9	15.3	17.1	19.4	22.6
6: 6	78	11.7	12.7	13.9	15.3	17.1	19.5	22.7
6: 7	79	11.7	12.7	13.9	15.3	17.2	19.5	22.8
6: 8	80	11.7	12.7	13.9	15.3	17.2	19.6	22.9
6: 9	81	11.7	12.7	13.9	15.4	17.2	19.6	23.0
6: 10	82	11.7	12.7	13.9	15.4	17.2	19.7	23.1
6: 11	83	11.7	12.7	13.9	15.4	17.3	19.7	23.2
7: 0	84	11.8	12.7	13.9	15.4	17.3	19.8	23.3
7: 1	85	11.8	12.7	13.9	15.4	17.3	19.8	23.4
7: 2	86	11.8	12.8	14.0	15.4	17.4	19.9	23.5
7: 3	87	11.8	12.8	14.0	15.5	17.4	20.0	23.6
7: 4	88	11.8	12.8	14.0	15.5	17.4	20.0	23.7
7: 5	89	11.8	12.8	14.0	15.5	17.5	20.1	23.9
7: 6	90	11.8	12.8	14.0	15.5	17.5	20.1	24.0

Triple Burden of Malnutrition

Kurang Gizi

- Stunting
- Wasting
- Gizi buruk

Gizi Lebih

- Overweight
- Obesitas

Defisiensi mikronutrien

- Anemia defisiensi besi
- Kekurangan vitamin D
- Kekurangan vitamin dan mineral lainnya

Dampak Obesitas Anak



Apa yang menyebabkan Obesitas?

Konsumsi makmin manis

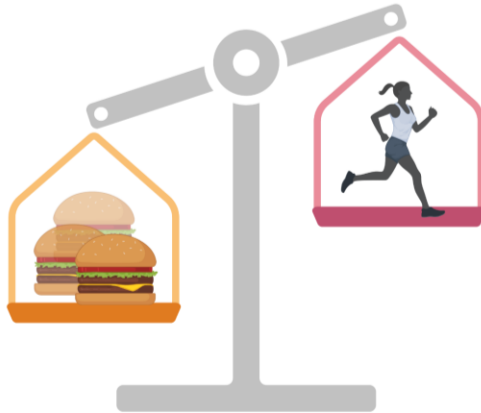
Konsumsi makanan berlemak

Frek dan dosis makanan
di luar rumah

Kurang konsumsi sayur buah

Kurang tidur

Positive Energy Balance



Calories in > Calories out

Screen time tinggi

Kurang aktivitas fisik



Family and Home Environment

- **Pengaruh Orang Tua**

Anak-anak dengan orang tua obesitas lebih mungkin mengalami obesitas karena faktor genetik dan perilaku yang dipelajari terkait makanan dan tingkat aktivitas.

- **Ketersediaan Makanan**

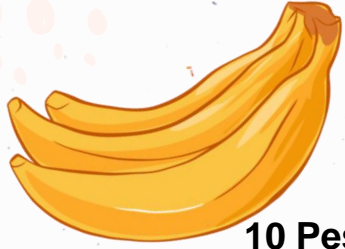
Lingkungan rumah dengan akses mudah ke makanan tidak sehat dan akses terbatas ke pilihan makanan sehat mendorong kebiasaan makan yang buruk.

- **Kurangnya Teladan**

Orang tua yang menjalani gaya hidup tidak aktif atau memiliki kebiasaan makan yang buruk dapat memengaruhi perilaku anak-anak mereka.

Bijak Pilih Pangan:

1. Terapkan Gizi Seimbang



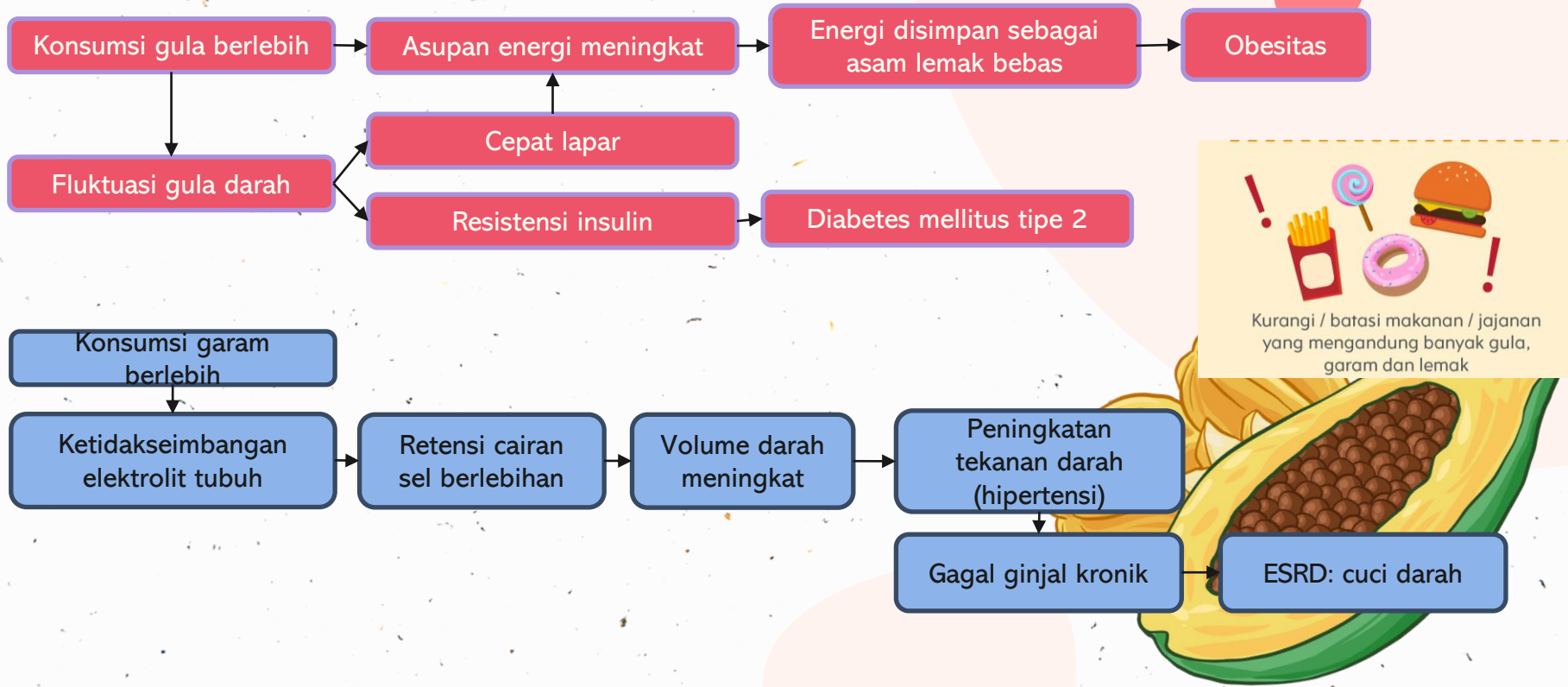
10 Pesan Gizi Seimbang

1. Konsumsi beraneka ragam pangan
2. Biasakan konsumsi lauk pauk tinggi protein (hewani)
3. Konsumsi buah dan sayur
4. Biasakan sarapan
5. Batasi konsumsi GGL
6. Aktivitas fisik yang cukup
7. Cuci tangan dengan sabun dan air mengalir
8. Biasakan membaca label pangan
9. Biasakan minum air putih
10. Syukuri dan nikmati makanan



Bijak memilih pangan:

2. Batasi konsumsi Gula, Garam, Lemak (GGL)





The ESPGHAN Committee on Nutrition recommend that intake of free sugar is reduced and minimised to <5% of energy intake for children and adolescents (aged ≥ 2 -18 years). Free sugar intake should be even lower in infants and toddlers below the age of 2 years.

Recommended maximum daily free sugar¹ intake (< 5% of energy intake) by age²

Age(yrs)³ Grams

2 - 4

15-16



4 - 7

18-20



7 - 10

22-23



10 - 13

24-27



13 - 15

27-32



15 - 19

28-37



1 teaspoon
=
4g free
sugar



Garam



**1 Sendok Teh
= 2000 miligram natrium**

Lemak/Minyak



5 Sendok Makan = 72 gram

Lemak baik dan jahat



Abstract

Partially hydrogenated oils, also known as trans fat, are found in many baked goods, snack foods, fast foods, margarines, and shortening. Partially hydrogenated oil is vegetable oil that has been modified to be solid at room temperature and lengthens the shelf life of products in which it is used.

Consumption of trans fat has been linked to negative changes in lipoproteins, systemic inflammation, coronary heart disease, and diabetes mellitus. Evidence of processes leading to these conditions has also been found in children. Dietary habits and preferences are established in early childhood; therefore, it is important to intervene early with parents to help them make healthier food choices for their families. Educational intervention should reflect successful programs, be based on a theoretical model, and focus on the adverse health effects of consuming trans fat and the importance of choosing a diet that favors unprocessed foods.

High levels of trans fats are also found in popular and widely consumed snack products, such as biscuits, wafers, bakery products and street snacks such as martabak. The highest concentration of trans fats is found in a mixture of margarine and butter, which is 10 times higher than the WHO recommended limit. 9 Mei 2024



Pembatasan: Lemak Trans dan Lemak Jenuh (Saturated fats)

Health effects of saturated and trans-fatty acid intake in children and adolescents: Systematic review and meta-analysis
Lisa Te Morenga, Jason M. Montez

Eligibility criteria for selecting trials

RCTs involving dietary interventions aiming to reduce SFA or TFA intakes and a control group, and cohort studies reporting the effects of SFA or TFA exposures, on outcomes including blood lipids; measures of growth; blood pressure; insulin resistance; and potential adverse effects. Minimum duration was 13 days for RCTs and one year for cohort studies. Trials of weight loss or confounded by additional medical or lifestyle interventions were excluded.

Results

Compared with control diets, there was a highly statistically significant effect of reduced SFA intake on total cholesterol (mean difference (MD) -0.16 mmol/L, [95% confidence interval (CI): -0.25 to -0.07]), LDL cholesterol (MD -0.13 mmol/L [95% CI: -0.22 to -0.03]) and diastolic blood pressure (MD -1.45 mmol/L [95% CI: -2.34 to -0.56]). There were no significant effects on any other risk factors and no evidence of adverse effects.

Conclusions

Advice to reduce saturated fatty acids intake of children results in a significant reduction in total and LDL-cholesterol levels as well as diastolic blood pressure without evidence of adverse effects on growth and development. Dietary guidelines for children and adolescents should continue to recommend diets low in saturated fat.

Abstract

Introduction

Methods

Results

Discussion

Conclusion

Supporting information

Acknowledgments

References

Reader Comments

Figures

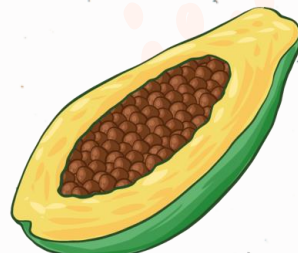
Foods high in saturated fats

- fatty cuts of meat.
- meat products, including sausages and pies.
- butter, ghee, and lard.
- cheese, especially hard cheese like cheddar.
- cream, soured cream and ice cream.
- some savoury snacks, like cheese crackers and some popcorns.
- chocolate confectionery.
- biscuits, cakes, and pastries.

est
Sun



Budayakan membaca label pangan kemasan



Yuk baca 5 informasi ini sebelum membeli atau mengonsumsi makanan/minuman:

- Nama/merk produk
- Informasi gizi
- Tanggal kadaluarsa
- Kandungan bahan
- Sertifikasi halal



INFORMASI NILAI GIZI		
Takaran saji 250 ml		
2 Sajian per Kemasan		
JUMLAH PER SAJIAN		
Energi total	120 kkal	
	% AKG*	
Lemak total	0 g	0 %
Lemak jenuh	0 g	0 %
Protein	1 g	1 %
Karbohidrat total	28 g	9 %
Gula	14 g	
Garam (Natrium)	20 mg	1 %
Vitamin C		50 %

*Persen AKG berdasarkan kebutuhan energi 2150 kkal. Kebutuhan energi anda mungkin lebih tinggi atau lebih rendah.

1

Awali dengan takaran saji
Informasi kandungan zat gizi berdasarkan jumlah Takaran Saji (250 ml), sedangkan isi bersih produk 1 botol 500ml.

2

Perhatikan energi total
Energi total menunjukkan seberapa banyak energi yang kita peroleh dari produk pangan.

3

Perhatikan kandungan zat gizi
Pilih produk dengan kandungan gizi yang sesuai dengan kebutuhan

4

Perhatikan % AKG
% AKG digunakan untuk melihat berapa % zat gizi yang dipenuhi jika mengonsumsi pangan ini satu takaran saji

5

Catatan kaki
Menjelaskan % AKG pada tabel ING berkontribusi pada kebutuhan energi sebesar 2150 kkal, sementara kebutuhan energi dapat berbeda.

Contoh

POCARI SWEAT adalah minuman isotonik yang mengandung elektrolit yang diperlukan untuk menggantikan elektrolit yang hilang akibat berkeringat. POCARI SWEAT untuk yang beraktivitas dan berkeringat serta memerlukan penggantian elektrolit dengan cepat.

INFORMASI NILAI GIZI

Takaran saji: 250 mL
2 Sajian per Kemasan

JUMLAH PERSAJIAN
Energi Total 60 kkal

		%AKG*
Lemak Total	0 g	0%
Lemak Jenuh	0 g	0%
Protein	0 g	0%
Karbohidrat Total	15 g	5%
Gula	14 g	
Garam (natrium)	120 mg	8%

*Persen AKG berdasarkan kebutuhan energi 2150 kkal. Kebutuhan energi Anda mungkin lebih tinggi atau lebih rendah.

Konsentrasi elektrolit:

Kation (mEq/L)	Anion (mEq/L)
Na ⁺ 21	Cl ⁻ 16
K ⁺ 5	Sitrat ³⁻ 10
Ca ²⁺ 1	Laktat ⁻ 1





Takaran saji per kemasan =
2

1 botol = 500 ml

Kandungan gizi **DIKALI 2**
Misal: Gula = $14 \times 2 = \underline{28}$
gram (jika konsumsi 1
botol)

Ultra-processed Food (UPF)

NOVA Food classification

Unprocessed or minimally processed foods	Processed culinary ingredients	Processed foods	Ultra-processed foods
<p>Foods which did not undergo processing or underwent minimal processing techniques, such as fractioning, grinding, pasteurization and others.</p> 	<p>These are obtained from minimally processed foods and used to season, cook and create culinary dishes.</p> 	<p>These are unprocessed or minimally processed foods or culinary dishes which have been added processed culinary ingredients. They are necessarily industrialized.</p> 	<p>These are food products derived from foods or parts of foods, being added cosmetic food additives not used in culinary.</p> 
Legumes, vegetables, fruits, starchy roots and tubers, grains, nuts, beef, eggs, chicken, milk	Salt, sugar, vegetable oils, butter and other fats.	Bottled vegetables or meat in salt solution, fruits in syrup or candied, bread, cheeses, purees or pastes.	Breast milk substitutes, infant formulas, cookies, ice cream, shakes, ready-to-eat meals, soft drinks and other sugary drinks, hamburgers, nuggets.

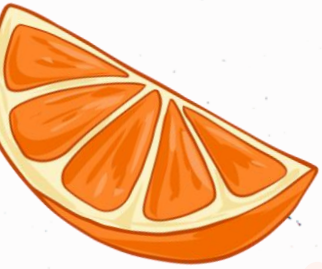
Formulasi industri yang biasanya mengandung 5 atau lebih bahan (dalam jumlah cukup banyak). Selain garam, gula, minyak, dan lemak, bahan makanan UPF meliputi zat makanan yang tidak umum digunakan dalam olahan kuliner, seperti protein terhidrolisis, pati yang dimodifikasi, dan minyak terhidrogenasi atau interesterifikasi, dan bahan tambahan lain seperti pewarna, perasa, pemanis nongula, pengemulsi, humektan, sekuestran, dan bahan pengencang, pengisi, penghilang busa, antikempal, dan pelapis.

Apakah semua *UPF* buruk?

KUNCINYA:

FREKUENSI

DOSIS



Bijak memilih pangan:

3. Batasi makan diluar rumah

The association between frequency of eating out with overweight and obesity among children aged 6–17 in China: a National Cross-sectional Study

Yanning Ma, Weiyan Gong, Caicui Ding, Chao Song, Fan Yuan, Jing Fan, Ganyu Feng, Zheng Chen and Ailing Liu



Abstract

Background: In parallel with the increased prevalence of childhood overweight and obesity, the proportion of eating out in China has increased dramatically in recent years. The purpose of the study was to explore the association between frequency of eating out with overweight and obesity among Chinese children.

Methods: The representative sample was recruited from Chinese National Nutrition and Health Survey (CNNHS) in 2010–2012, which included Chinese children aged 6–17 years (7685 boys and 7576 girls). Frequency of eating out was collected by interview-administered questionnaire and categorized as: 0, 1–2 and ≥ 3 times per week. Height and weight were measured, consequently body mass index was calculated.

Results: The prevalence of eating out among Chinese children aged 6–17 years old was 23.2%. Children who ate out 0, 1–2, ≥ 3 times per week were accounted for 76.8, 10.9 and 12.3% respectively. Findings revealed that eating out three times per week or more was statistically significant associated with higher prevalence of overweight and obesity among boys (OR = 1.20, 95CI: 1.04–1.38) compared with those ate out less than three times per week. However, no significantly association was observed among girls (OR = 0.91, 95CI: 0.78–1.01). In addition, Younger children, rural children, children from low income family, those with leisure exercises (certain physical activities regularly carried out such as swimming, walking, running, equipment fitness), leisure time sedentary behaviors (LTSB) (> 2 h/d) were relatively more likely to eat out.

Conclusions: The results illustrated that eating out three times or more had a significantly positive effect on overweight and obesity among boys in China.

Keywords: China, Eating out, Frequency, Overweight and obesity, Children



Biasakan diri membawa makanan dari rumah yang sudah disiapkan orang tua



Bijak memilih pangan:

4. Advokasi kantin sekolah sehat



Makanan harus aman terhadap bahaya fisik, kimia dan biologi, serta mengandung zat gizi yang dibutuhkan tubuh

Bahaya Fisik



Bahaya Kimia



Bahaya Biologi



Makanan harus aman terhadap bahaya fisik, kimia dan biologi, serta mengandung zat gizi yang dibutuhkan tubuh

- Gunakan penutup kepala dan masker
- Gunakan pakaian dan celemek bersih
- Tanggalkan perhiasan atau asesoris
- Gunakan sarung tangan atau alat pencapit
- Gunakan alas kaki tertutup dan bersih



The background is a light cream color with soft, wavy pink and peach-colored borders. It is decorated with various tropical elements: a large brown coconut with a white interior in the top left; a green kiwi slice at the top center; a yellow star-shaped fruit slice in the top right; a green leaf in the top right; a green kiwi slice on the right edge; a green leaf in the middle left; a yellow star-shaped fruit slice in the bottom left; and a green kiwi slice and a whole brown coconut in the bottom center. There are also small, scattered dots in pink, yellow, and green.

Edukasi anak sedini
mungkin.

**Be mindful.
Be smart parents.**

Terima Kasih

Do you have any questions?

qonitar.business@gmail.com
IG: @nita.rachmah



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