

7. Indonesia's Report

Ishak Halim Octawijaya^{1*}, Wita Rizki Amelia², Achmed Forest Khan³, Nur Ayu Ruhmayanti⁴

¹ *School of Nutrition and Dietetics, Kanagawa University of Human Services, Yokosuka, Japan*

² *Dr. Cipto Mangunkusumo National Central Hospital, Jakarta, Indonesia*

³ *Politeknik Kemenkes Gorontalo, Gorontalo, Indonesia*

⁴ *CV GSB, Samarinda, Indonesia*

At the Asian Congress of Dietetics (ACD) 2022, we declared the importance of nutrition and the urgency to fight malnutrition for the well-being of all people (1). Furthermore, international cooperation and collaboration are needed to achieve the objectives mentioned in the Yokohama Declaration of the ACD 2022, including malnutrition issues, especially in Asian countries. We believe that the Asian Young Dietitian Network (AYDN) is one of the fruits of the ACD 2022, as some initial members have been working together for the ACD 2022. We are honored to represent Indonesia in the AYDN and participate in the kick-off meeting held in Tokyo, Japan.

Visit to Japanese Hospital (Nerima Hikarigaoka Hospital)

We visited Nerima Hikarigaoka Hospital on November 29th (Fig. 1-2). Upon arrival at the hospital, we were warmly welcomed and given a well-organized tour. It appears this hospital is concerned about the security of personnel and patients from the front door. The hospital has more than 30 medical departments with 457 beds. The hospital has comprehensive emergency, children's, and adult, including maternal healthcare. Not only does Nerima Hikarigaoka Hospital provide healthcare services independently, but it also strives to cooperate with the residents and the surrounding healthcare facilities.

Nutrition and dietetic services have been integrated with a computerized system. Even since dietitians record nutritional care in the system, dietary changes are integrated with the food service system. Thus, changes in the diet of patients in the inpatient ward can be directly connected to the preparation of processing until the serving of the patient's individualized diet. Every new patient admitted to the hospital has been screened for malnutrition risk using Malnutrition Universal Screening Tool (MUST), which was reported in the health electronic record. Furthermore, the dietitians visit the new patients at risk of malnutrition by conducting a comprehensive nutritional assessment, diagnosing the nutrition problem, and planning the nutritional intervention individually.

According to the discussions with the senior

dietitian, Ms. Keiko, conducting a comprehensive nutritional assessment is difficult. Every nutritional assessment is not only obtained from the results of each patient's health record, but direct assessments, including anthropometric measurements and physical/clinical examinations, are also necessary. Moreover, reviewing the dietary pattern and the ability of each patient to consume hospital food, as well as observing medical problems through discussion with the nutrition support team in some cases, to determine nutritional interventions, are essential. Patients suspected of sarcopenia have been further assessed following Asian Working Group for Sarcopenia (AWGS) guidelines (3), and it is proven that quite a lot of people experience sarcopenia after undergoing treatment in a hospital. When patients with decreased nutritional status are discharged from the hospital, they receive nutritional support through oral nutrition support (ONS) or enteral nutrition (EN). Besides providing nutritious food, the dietitian mainly conducts bedside counseling for every inpatient, even though the room for counseling is available.

The visit revealed that the Nerima Hikarigaoka Hospital had the latest innovations. The hospital has benefitted from its latest technology related to dietetic services, which differs from hospitals in Indonesia. First, the hospital has an integrated medical record information system. Second, the hospital provides an automated vacuum machine to carry the desired amount of rice directly to the huge rice cooker; it could help minimize human labor empowerment and can be done on a scheduled basis according to food processing planning. Third, the cooling and warming system for cooked food using a tray makes it easier to prepare each meal. The foods can be produced as early as one day before the food is served. Fourth, the management of quality control of the diet was handled by catering nutritionists so that the quality of food safety is guaranteed. Fifth, the fee for every counseling session provided by a registered dietitian, around 2,000 JPY, was regulated by government law so that it may increase the hospital's income. Sixth, each meal was served on a special food-grade plate with a cover, so it may reduce the cost better than using disposable meal covers (for example, plastic wrap).

The latest technology, especially the integrated computerized healthcare system, might be the greatest achievement in Indonesian hospitals for the next 10-

*To whom correspondence should be addressed:
halim-svw@kuhs.ac.jp

15 years. It is beneficial for hospitals in terms of effectiveness and cost efficiency, and it may also help health workers to provide the best services for patients. Despite the shortage of human resources, technology might be the best solution to achieve better coordination in managing health service

Visit to elementary school for school lunch (Funabori Elementary School)

We visited Funabori Primary School on November 30th, when the school had a marathon festival for the younger students (Fig. 3-4). The school had a modern, well-furnished building, including the school kitchen and the classrooms where the children had lunch. Directed by a dietitian, around ten cooks prepared the meal every school day for about 800 students. Commonly, the parents need to pay for the food cost of the meal, but the authority of Edogawa Ward, where the school is located, has started to fund the school lunch program in their area so that the parents do not have to pay for the meals (4, 5). They provide a unique meal for each day of the year, carefully deal with children with food allergies, and educate the students on the importance of food daily. On the day of our visit, the dietitian adjusted a school lunch menu fitted for the school sports occasion. Indonesia does not have a nationwide school meal program now. Learning from Japan, we hope to establish a school meal program for Indonesian schoolchildren in the future.



Fig 1. AYDN visit to Funabori Primary School

Kick-off meeting of AYDN

We had the AYDN kick-off meeting on December 1st at Ajinomoto Headquarters in Tokyo (Fig. 5-6). Representing Indonesia, we presented an overview of the country, food culture, nutrition issues, regulations

regarding dietitians, and how we feel as dietitians in Indonesia.

Indonesia has a rich culture due to its location, climate, and history. For decades, the influences of surrounding countries have generated an indigenous Indonesian food culture. The rich food culture and the development to access foods, among many factors, might have contributed to increased obesity prevalence among adults in the past decades. Parallely, stunting and wasting among children persist, especially in the impoverished areas of the country, with a lack of access to resources, including food and beverages. The government has been implementing intervention programs to fight these issues. Dietitians of Indonesia have a vital role to play in the intervention programs. The regulations regarding the dietitian professions and roles are on their development to achieve better performances and outcomes for the sake of society's health.

During the kick-off meeting, we recognized that the AYDN member countries have similar malnutrition problems in their countries. We have faced some improvements and a lot of setbacks in our efforts to eliminate malnutrition so far. We believe that AYDN is a good community where passionate young dietitians from Asia might share their insights and work together to help many people achieve better, sustainable nutrition and health.

REFERENCES

1. The 8th Asian Congress of Dietitians (ACD2022). A future where Asia works together to eradicate malnutrition. *Asian J Diet* 4(2&3): 29-35. 2022.
2. Trang TN, Marita VDG, Ishak HO, et al. Becoming a dietitian in Asian countries: Educational aspects from young dietitians' perspective. *Asian J Diet* 4(2&3): 37-40. 2022.
3. Chen LK et al. Asian working group for Sarcopenia: 2019 consensus update on Sarcopenia diagnosis and treatment. *J Am Med Dir Assoc* 21(3): 300-307. 2020.
4. Ministry of Education Culture Sports Science Technology Japan. School lunch program in Japan. Ministry of Education Culture Sports Science Technology Japan 1-11. 2013.
5. Edogawa Board of Education. Edogawa Board of Education. 学校給食費の無償化実施について (Implementation of free school lunch). Edogawa Board of Education. 2023.