### 2. The birth of the Asian Young Dietitian Network

Trang Thu Nguyen<sup>1\*</sup>, Andrea Wakita<sup>2</sup>

<sup>1</sup> Jumonji University (Asian Nutrition and Food Culture Research, Japan) <sup>2</sup> Ajinomoto Co., Inc (Global Communication Department, Japan)

In recent years, many Asian countries have faced common nutritional issues such as "double burden" and "triple burden" malnutrition. These issues are significantly impacting the health and well-being of our populations. One of the factors for these two burdens is food habits. Dietitians have the capacity and the skill to educate the population to eat healthily. However, the recognition of the dietitians' role in society varies among Asian countries, some of them working in national nutritional programs, and in other countries, dietitians have less participation in the Government or Universities. Furthermore, the sharing of knowledge and nutritional application of own countries with other dietitians from Asian countries are limited. To change these scenarios, it was essential to create opportunities for young dietitians to share knowledge, engage in discussions, and generate new ideas. These steps are vital in addressing nutritional issues in the Asian region. Therefore, we would like to announce to the readers of the Asian Journal of *Dietetics* that in Asia a new young dietitian network was formally established on December 1, 2023. The kick-off of the network was conducted with the participation of twelve countries in Tokyo, Japan. The objective of this network is to enhance communication among dietitians of Asia to improve the nutritional status of this region and improve dietitians' reputations<sup>1</sup>.

To reach the objective of the network, it will focus on the following three main activities (Figure 1): 1) information Sharing and experiences about nutritional participants' country issues and experiences they have which could contribute to other participants, 2) Conducting researches and publish them to an academic journal (Asian Journal of Dietetics) to increase skills in investigation and research to find the problems and solutions in a logical thinking. 3) Carry out webinars and workshops to increase scientific and non-scientific knowledge.

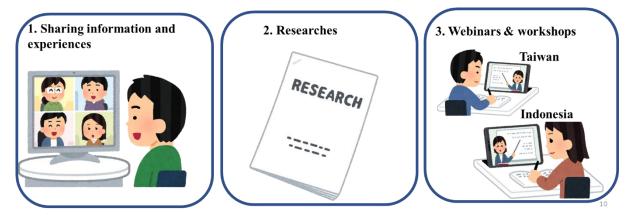


Fig 1. Future activities of Asia Young Dietitian Network

Some of the activities were started in November 2023, in Tokyo, such as visiting a hospital and an elementary school to explore the school lunch. These activities were done to understand the work of dietitians in Japan and to know the infrastructures of each organization to prepare menus for patients or children.

## Visit to Japanese Hospital (Nerima Hikarigaoka Hospital)

The visit was organized by Prof Yamamoto

Shigeru, RD., Ph.D. from Jumonji University. Young Asian dietitians from the network toured the Nerima guided Hikarigaoka Hospital, by Japanese counterparts. They observed the hospital's food operations, from arrival to patient service, including unique technologies like the meal tray retherm system and various cooking appliances. They had a comprehensive discussion on the Nutrition Care Process and nutrition management processes providing insights into the hospital's strategic approach to addressing patients' nutritional needs. These discussions could be beneficial for dietitians in the network participants' respective countries.

<sup>\*</sup>To whom correspondence should be addressed: trangnn27@gmail.com



Fig 2. Entrance of the hospital Nerima Hikarigaoka Hospital



Fig 3. Meal serving method for patients.



Fig 4. Thermograph measuring food temperature before serving.

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

The visit to the elementary school was organized by Prof. Yamamoto Shigeru, RD., Ph.D. Network participants toured a Japanese school's kitchen and meal service, even sampling the children's meals. School dietitians shared their roles in monitoring children's health, educating them on healthy eating, using seasonal foods, and incorporating sustainability concepts like SDGs. The cleanliness of the cooking area, akin to a hospital's, is not typically seen in Asian countries.



Fig 5. School lunch: rice, stir-fried vegetables with shrimp, sweet potato with sauté liver, apple, milk.



Fig 6. The trolley with the leftover food after lunch was almost none.

### **Kick-off meeting of AYDN**

It was conducted at the headquarters of Ajinomoto Co., Inc. building. There was a greeting from

Ajinomoto Co., Inc. (Ms. Yoko Ogiwara), Jumonji University (Prof. Yamamoto), and a representative of the network (Ms. Nguyen Thu Trang).



Fig 7. Ajinomoto Co., Inc. (Ms. Yoko Ogiwara), Jumonji University (Prof. Yamamoto), and representative of the network (Ms. Nguyen Thu Trang) (From left to right)

The representative person of each country introduced the food culture, common ingredients, and nutritional situation in their countries, as well as how to become dietitians and workplace. Finally, they shared their expectation in the network. From the representative countries, Bhutan representatives could not come to Japan and, therefore, attended online.

Table 1. Representative of each country											
<b>Bangladesh</b> Sumaya Islam	Bhutan (ONLINE) Chimi Wangmo	Cambodia Ry ManydineIndia Naaznin Husein		<b>Indonesia</b> Wita Rizki Amelia	<b>Japan</b> Risako Okuyama						
	gmo										
Malaysia Georgen Thye	<b>Philippines</b> Marita De Guzman	<b>Sri Lanka</b> Amal Zaffroon Firouaw	<b>Taiwan</b> Chu Tzu Yun	<b>Thailand</b> Samitti Chotsriluecha	<b>Vietnam</b> Nguyen Thu Trang						

#### Table 1. Representative of each country

Fig 8. Picture during the Kick-off meeting. Ms. Sumaya Islam introduced the situation in Bangladesh

Country	Bangladesh	Bhutan	Cambodia	India	Indonesia	Japan
Nutritional issues	<ul> <li>Anemia 6- 59 months old</li> <li>Anemia (women 15- 49 y-old)</li> <li>Food insecurity</li> <li>Diabetes (DBT)</li> </ul>	<ul> <li>Undernutri tion (child)</li> <li>NCDs</li> <li>Anemia (child, women)</li> <li>Vitamin A↓</li> <li>Fruit &amp; Veg↓</li> <li>Salt intake ↑</li> </ul>	<ul> <li>Malnutrition (maternal, children, elderly)</li> <li>Non- communicab le diseases (NCDs)</li> </ul>	<ul> <li>Malnutrition</li> <li>Anemia</li> <li>Obesity</li> <li>Diabetes</li> <li>Cardiovasc ular diseases and hypertension (HT)</li> </ul>	<ul> <li>Chronic Energy Deficiency in Women</li> <li>Malnutriti on in the elderly and under 5 y- old</li> <li>Obesity (adult)</li> <li>Anemia (adult)</li> </ul>	<ul> <li>NCDs (cancer &amp; heart diseases)</li> <li>Obesity (child)</li> <li>Malnutriti on (elderly)</li> <li>Vegetable intake↓</li> <li>Salt intake↑</li> </ul>
Country	Malaysia	Philippines	Sri Lanka	Taiwan	Thailand	Vietnam
Nutritional issues	<ul> <li>Overweight &amp; obesity</li> <li>Malnutriti on (child)</li> <li>NCDs</li> <li>(DBT, HT, hypercholest erolemia)</li> <li>Physical act↓</li> <li>Fruits &amp; Vegetable intake↓</li> </ul>	<ul> <li>Stunting</li> <li>Overweight</li> <li>obesity</li> <li>Anemia</li> <li>High fasting</li> <li>blood sugar</li> <li>Physical inactivity</li> </ul>	<ul> <li>Diabetes</li> <li>Obesity</li> <li>Anemia (women 15 – 49 y-old)</li> <li>Low Birth Weight</li> <li>Malnutriti on (child)</li> <li>Food insecurity</li> </ul>	<ul> <li>Overweight &amp; obesity</li> <li>Malnutriti on (child)</li> <li>NCDs</li> <li>Physical act↓</li> <li>Fruits &amp; Vegetable and milk intake↓</li> </ul>	<ul> <li>Overweight and obesity</li> <li>Metabolic syndrome (adult)</li> <li>Sarcopeni a (elderly)</li> <li>Malnutriti on (hospitalized)</li> <li>Post- Covid DBT</li> </ul>	<ul> <li>Childhood overweight and obesity</li> <li>Malnutriti on (child, elderly)</li> <li>Metabolic syndrome</li> </ul>

 Table 2: Summary of the nutritional issues in each country

\*Red colored letters: issues that the representative of each country considers as the most important, currently.

From Table 2, we can clearly see the most pressing issues in each country are quite similar to each other with overweight, obesity, and malnutrition with anemia as the center. Most East and Southeast Asia countries like Malaysia and Philippines focused on overweight and obesity while South Asian countries like Bangladesh and Sri Lanka were more heavied on malnutrition in children. This elucidated the current "double burden" situation in Asia which requires dietitians in every country to work together to overcome these unbalances.

The network participants, brimming with proactivity and enthusiasm, are eager to collaboratively enhance their home countries' nutritional conditions and elevate the status of dietitians across Asia. While the journey towards our network's objectives may be long, it is not impossible. As the authors of this letter, we look forward to seeing how this network grows and evolves in the near future.