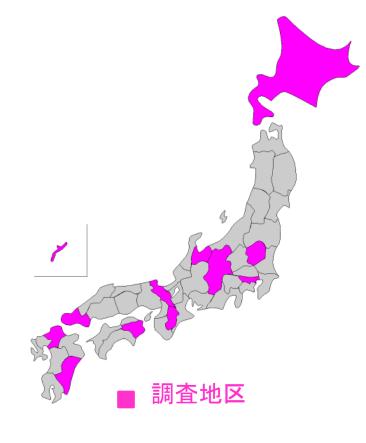
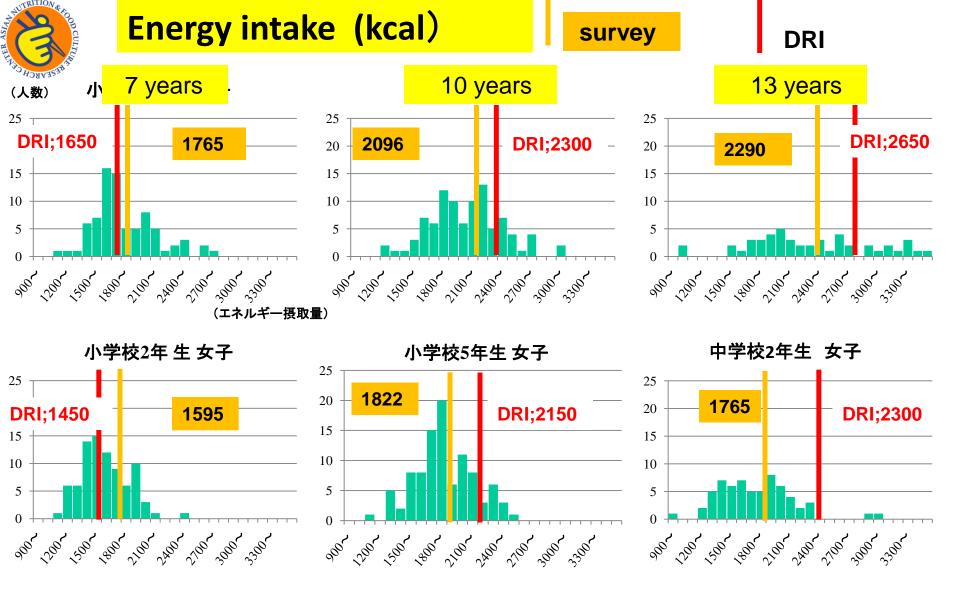


Nutrition in Japanese Children -Food, energy and nutrient intakes-

900 school children
3 non-consecutive day survey

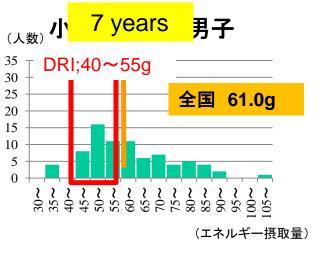


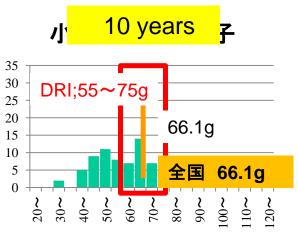


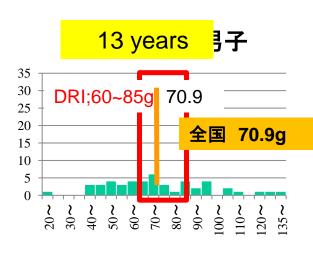


Energy intake was lower than DRI in adolescents

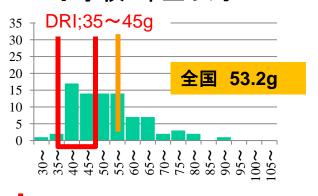
Lipid intake



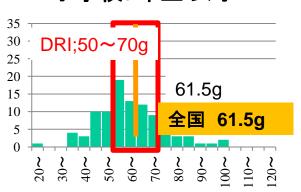




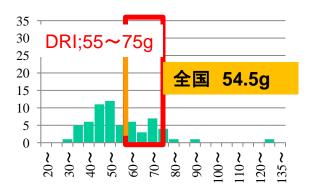
小学校2年生 女子







中学校2年生 女子



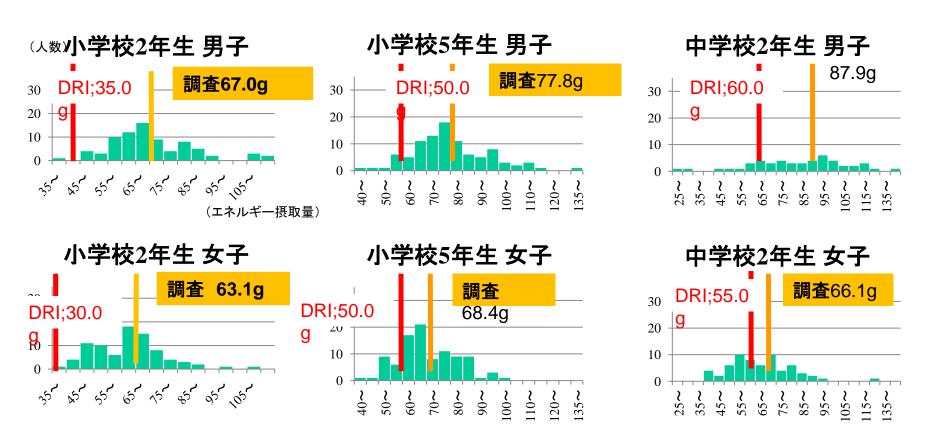
DRI

survey

Lipid intake was small in adolescents.



Protein intake (g)



DRI survey Protein intake was sufficient for most of the children.



Sugar intakes in various countries

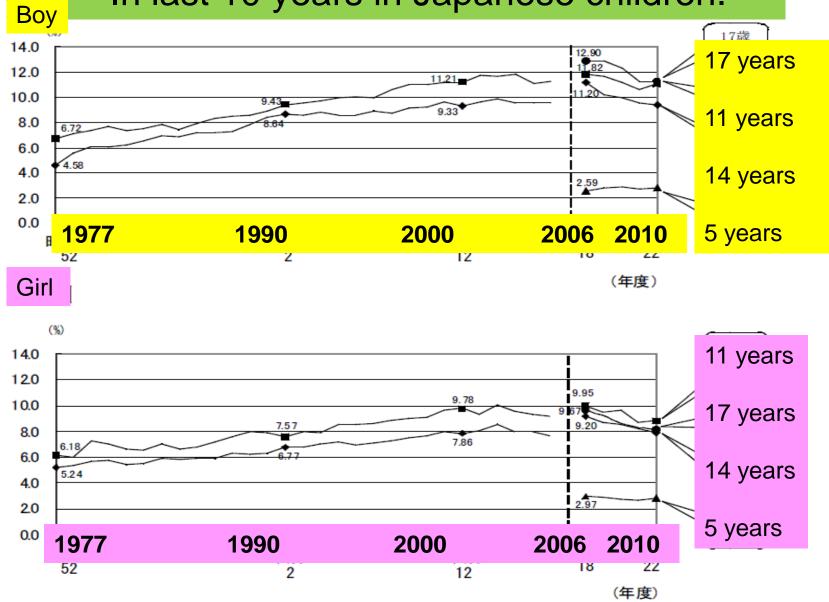
Intakes of Japanese children was low, only 1/4 -1/5 of Americans

Country	[g/day]
USA*1	124-142
UK *2	84
Holland *3	135
South Africa *4	42-59
Japanese children*5	25

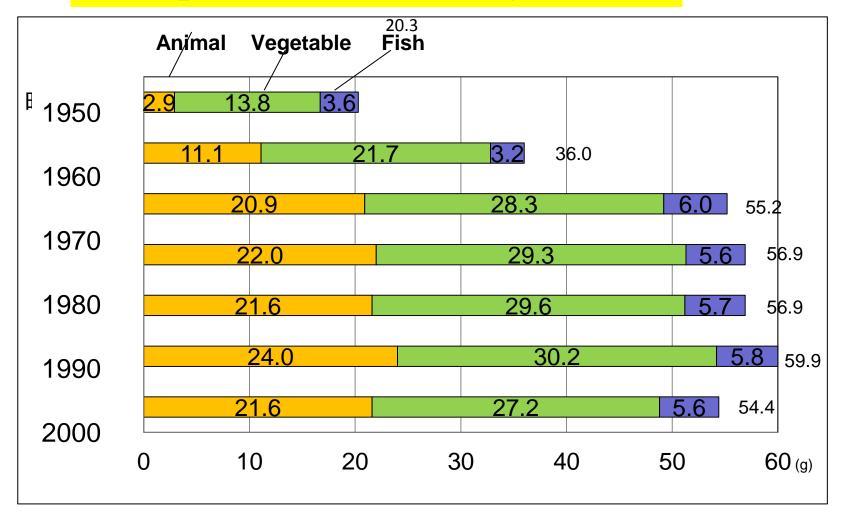
- *1 National Health and Nutrition Examination Survey 2005-2006
- ***2** Family Food 2007
- *3 Dutch National Food Consumption Survey-Young children 2005/2006
- *4 The National Food Consumption Survey; children aged 1-9years1999
- *5 From our study (J Nutr Sci Vitaminol 2012;58(2):113-7.)



Obesity ratio has been decreasing In last 10 years in Japanese children.



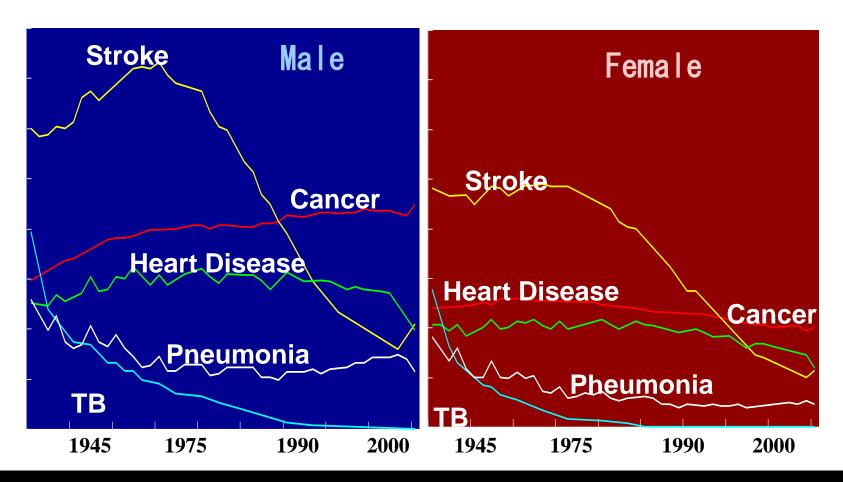
Why could Japanese maintain the lipid intake for 40 years?



From Janaese National Nutrition Survey

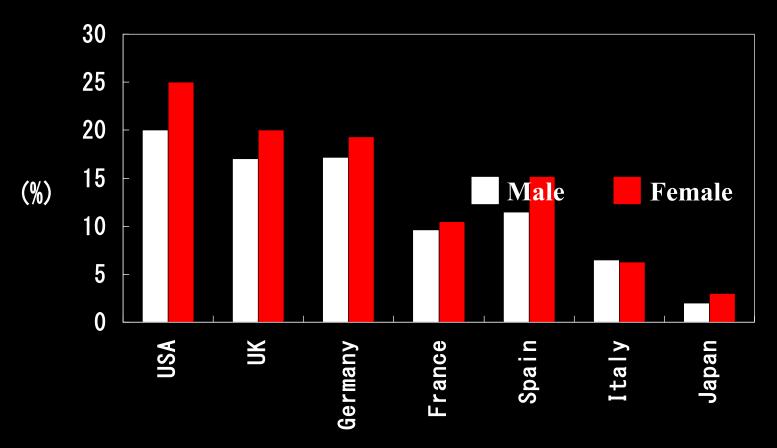


Trends in age adjusted death rates for leading causes of death in Japan (1950-1995)



Although the numbers of death rates by cancer and heart disease have been increasing, it is mainly caused by the increase of the aged





International Comparison of Obesity(BMI≥30)

Is the international definition of obesity correct?
Asians have to re-consider thisand find the best strategy for their own health



In conclusion, different areas and countries have different problems. They have to identify their own problems and find ways to solve them. To do this, just following the directions of other countries is often not advisable. They need to conduct their own research.