Thailand

Country overview

Malnutrition burden

Thailand is on course to meet the global targets for under-five overweight and under-five stunting, but is off course to meet the targets for all other indicators analysed with adequate data. There is insufficient target data to assess Thailand's progress for male obesity.

Although it performs relatively well against other developing countries, Thailand still experiences a malnutrition burden among its under-five population. As of 2016, the national prevalence of under-five overweight is 8.2%, which has decreased slightly from 10.9% in 2012. The national prevalence of under-five stunting is 10.5%, which is less than the developing country average of 25%. Thailand's under-five wasting prevalence of 5.4% is also less than the developing country average of 8.9%.
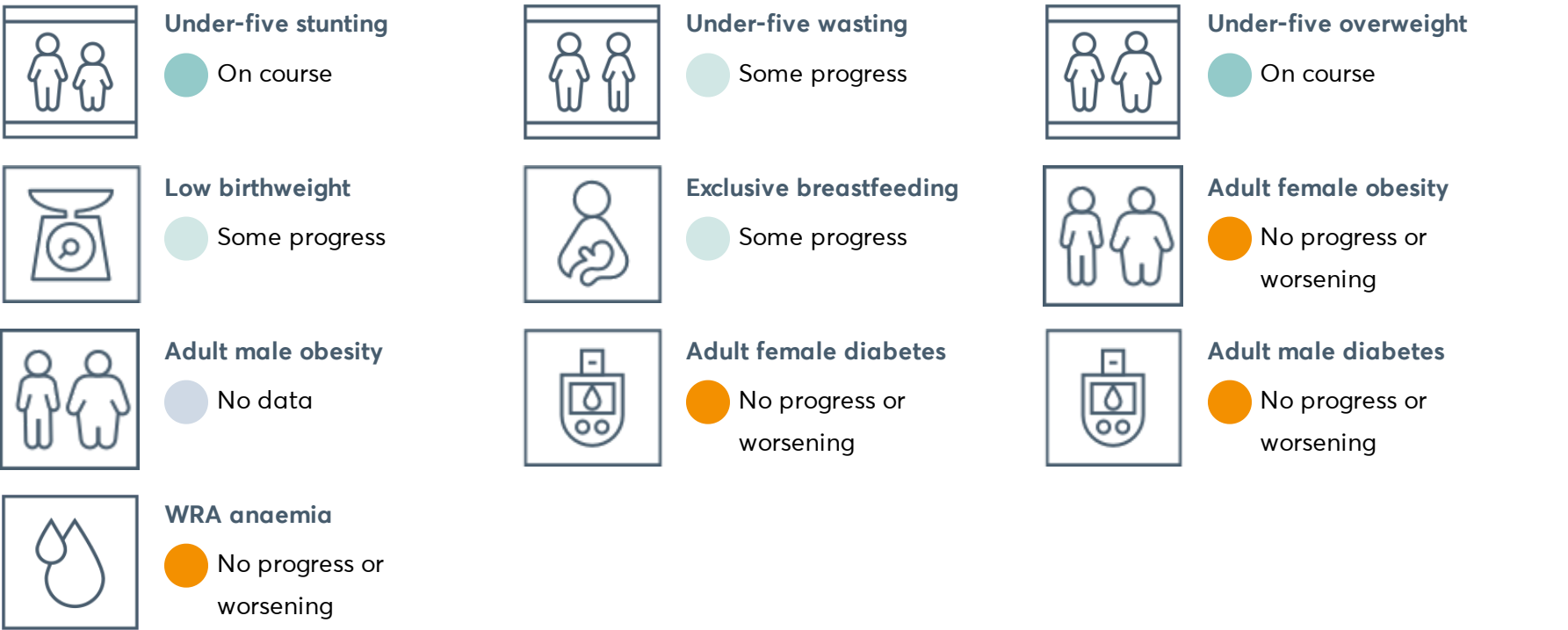
In Thailand, 23% of infants under 6 months are exclusively breastfed, this is well below the South-eastern Asia average of 38.8%. Thailand's 2015 low birth weight prevalence of 10.5% has decreased from 13.5% in 2000.

Thailand's adult population also face a malnutrition burden. 31.8% of women of reproductive age have anaemia, and 8.8% of adult women have diabetes, compared to 8.3% of men. Meanwhile, 12.7% of women and 7% of men have obesity.

Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, UNICEF/WHO Low birthweight estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory.

Notes: Data on the adult indicators are based on modelled estimates.

Progress against global nutrition targets 2019

Under-five stunting
On course

Under-five wasting
Some progress

Under-five overweight
On course

Low birthweight
Some progress

Exclusive breastfeeding
Some progress

Adult female obesity
No progress or worsening

Adult male obesity
No data

Adult female diabetes
No progress or worsening

Adult male diabetes
No progress or worsening

**WRA anaemia**
No progress or worsening

Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory and Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: WRA = Women of a reproductive age; NA = not applicable. The methodologies for tracking differ between targets. Data on the adult indicators are based on modelled estimates.

Child (under-five) nutrition status

Coexistence of wasting, stunting and overweight

- Wasting only
- Stunting only
- Overweight only
- No wasting, stunting or overweight

7.0%
4.8%
8.7%
77.7%
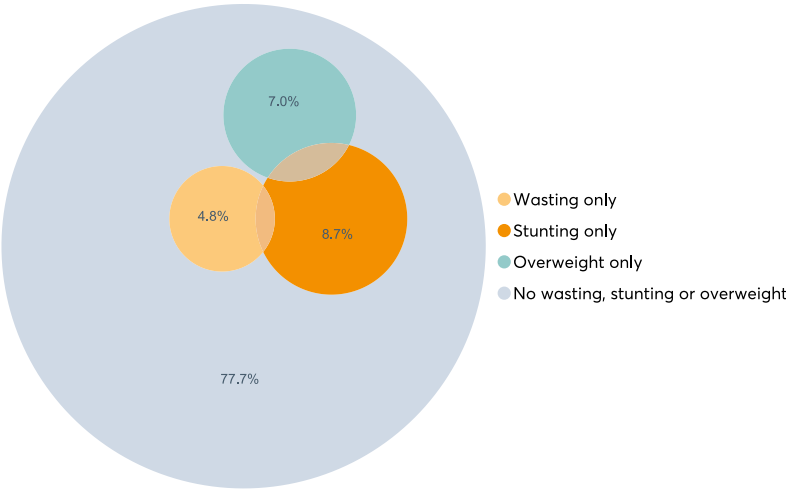
Sources: UNICEF, Division of Data Research and Policy (2019). UNICEF Global Databases: Overlapping Stunting, Wasting and Overweight, January 2019, New York.

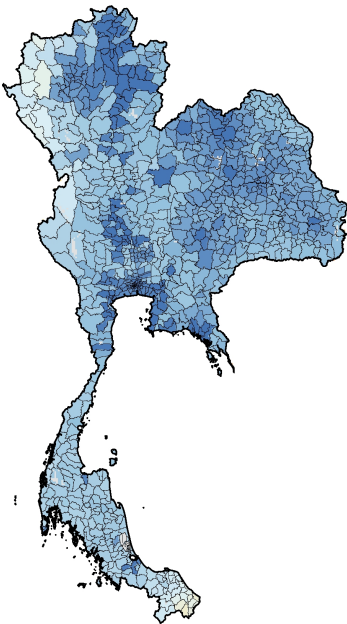Notes: Percentage of children under-five years of age who experience different and overlapping forms of malnutrition.

Low birth weight

Prevalence %

13.5

10.5

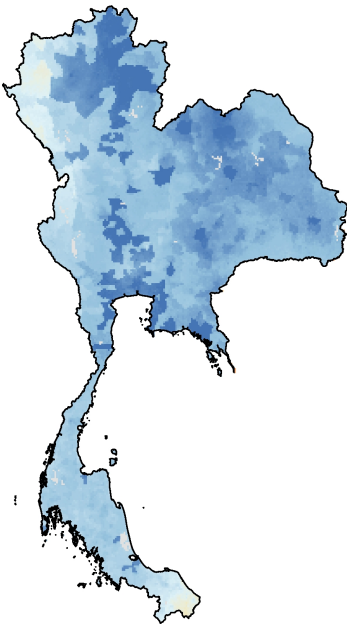2003   2007   2011   2015
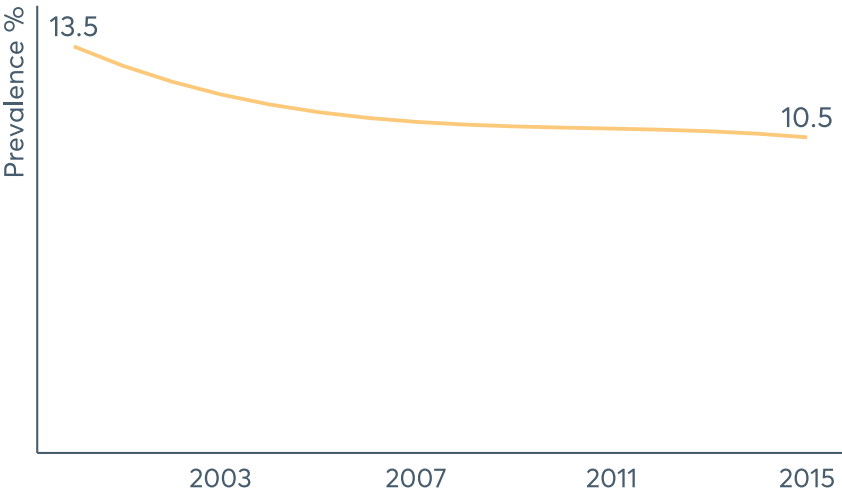
Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

Prevalence of under-five stunting

Stunting at subnational level

Stunting at 5km level
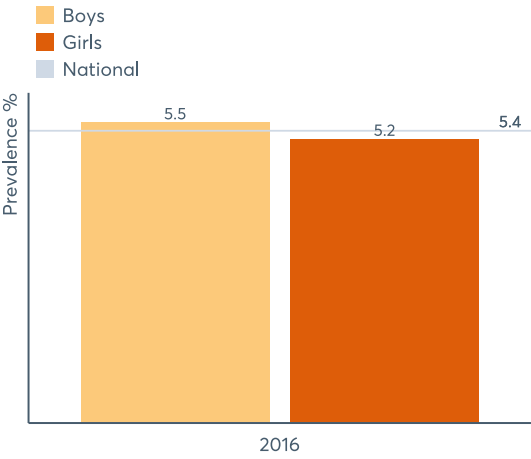

Stunting Prevalence (%)

≥ 50
40
30
20
< 10

Source: Kinyoki, D.K. et al. Mapping child growth failure across low- and middle-income countries. Nature 577, 231–234 (2020) doi:10.1038/s41586-019-1878-8.
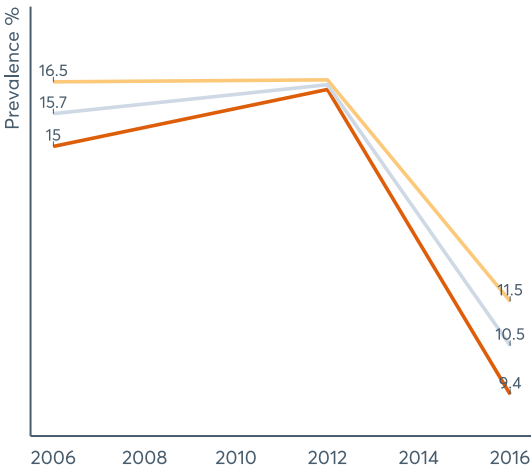
Notes: 5 km level map shows prevalence at the 5 x 5-km resolution. Prevalence is the 2017 estimated prevalence, based on a model using a range of surveys between 1998-2018. See source paper for full methods.
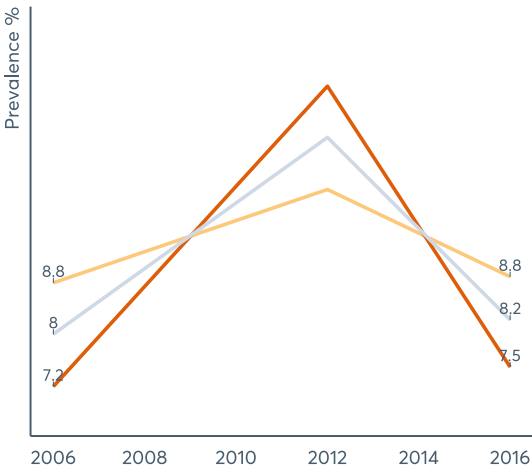
Child (under-five) nutrition status over time
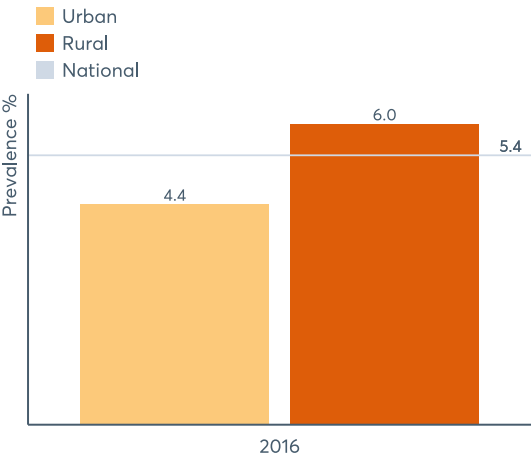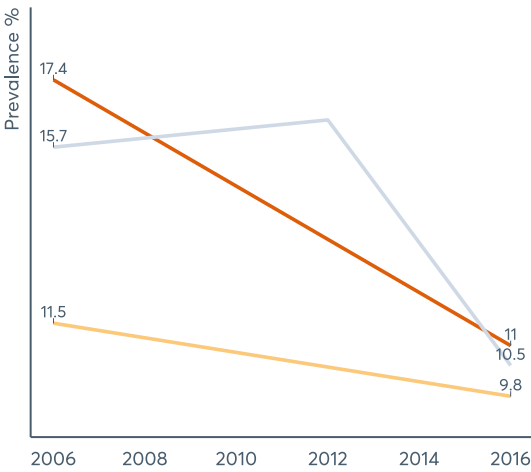
Wasting by gender

Boys
Girls
National

Prevalence %

5.5   5.2   5.4

2016

Stunting by gender

Prevalence %

16.5
15.7
15

11.5
10.5
9.4

2006 2008 2010 2012 2014 2016

Overweight by gender

Prevalence %

8.8
8
7.2

8.8
8.2
7.5

2006 2008 2010 2012 2014 2016

Wasting by location

Urban
Rural
National

Prevalence %

4.4   6.0   5.4

2016

Stunting by location

Prevalence %

17.4
15.7

11.5

11
10.5
9.8

2006 2008 2010 2012 2014 2016

Overweight by location

Prevalence %

11.6

8

6.6

8.5
8.2
8

2006 2008 2010 2012 2014 2016

Wasting by income

Lowest   Second highest
Second lowest   Highest
Middle   National

Prevalence %

6.1   5.9   6.6   3.8   4.1   5.4

2016

Stunting by income

Prevalence %

21
17.6
16.8
15.7

12.1

9

13.1
11.8
10.6
10.5
9.3
8

2006 2008 2010 2012 2014 2016

Overweight by income

Prevalence %

12.9
11.5

8.1
8

5.7

3.7

9.8
8.2
8.2
7.5
7.5

2006 2008 2010 2012 2014 2016

Wasting by mother's education

- None or primary
- Secondary or higher
- National

5.7   5.2   5.4

2016

Stunting by mother's education

Prevalence %

17.4
15.7
13.5

10.8
10.5
10.4

2006   2008   2010   2012   2014   2016

Overweight by mother's education

Prevalence %

9.8
8
6.7

8.5
8.2
7.6

2006   2008   2010   2012   2014   2016

Wasting by age

- 0-23 months
- 24-35 months
- 36-47 months
- 48-59 months
- National

6.3   5.3   4.0   5.3   5.4

2016

Stunting by age

Prevalence %

16.8
15.8
15.7
14.8
14.5

12.4
11.1
10.5
9.6
8.3

2006   2008   2010   2012   2014   2016

Overweight by age

Prevalence %

9.3
8.1
8
7.7
7.5

11.1
10.4
9
8.2
5

2006   2008   2010   2012   2014   2016
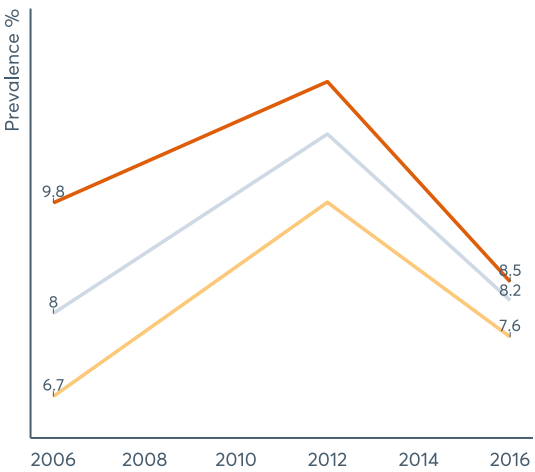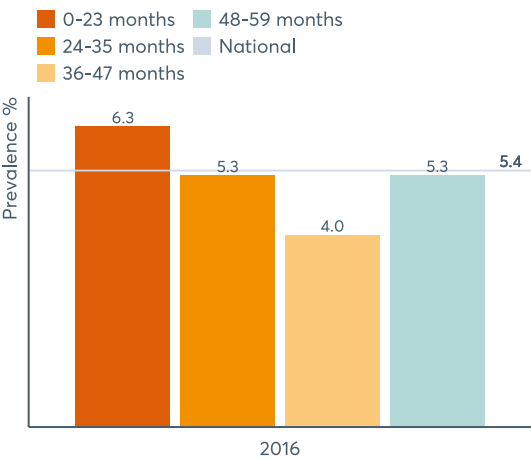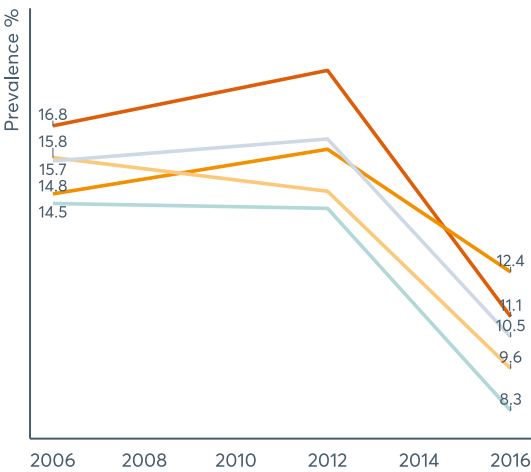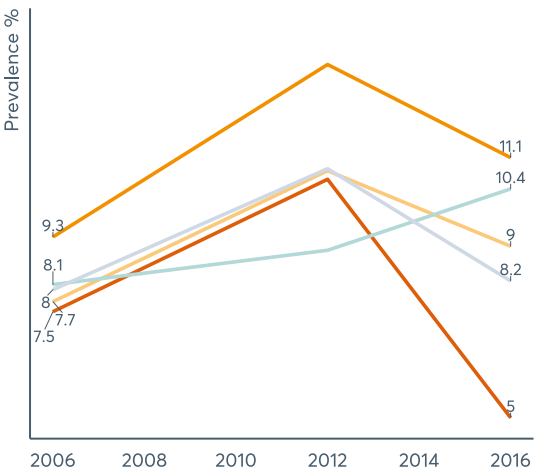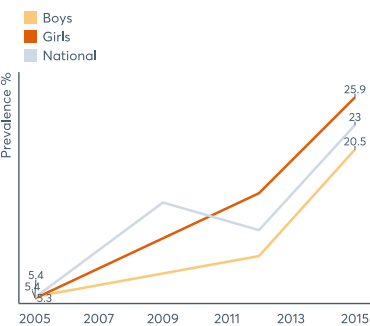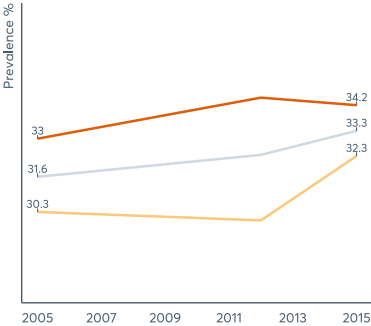
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.
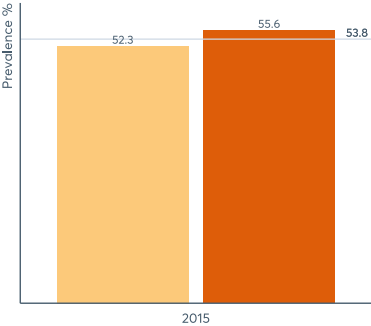
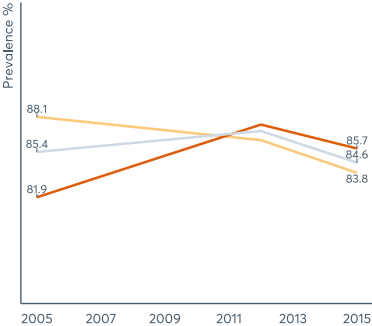# Infant and young child feeding over time

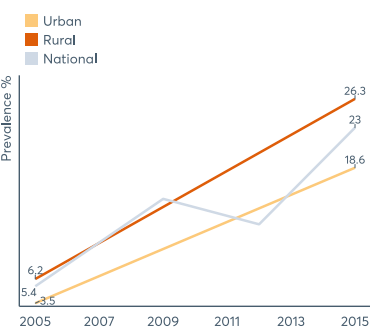## Exclusive breastfeeding by gender

Prevalence %

Legend: Boys, Girls, National

25.9
23
20.5
5.4
5.1
5.3
2005 2007 2009 2011 2013 2015

Continued breastfeeding at 1 year by gender

Prevalence %

34.2
33.3
33
32.3
31.6
30.3
2005 2007 2009 2011 2013 2015

Minimum acceptable diet by gender

Prevalence %

52.3   55.6   53.8
2015

Intro. to solid, semi-solid, soft foods by gender

Prevalence %

88.1
85.4
81.9
85.7
84.6
83.8
2005 2007 2009 2011 2013 2015

Exclusive breastfeeding by location

Prevalence %

Legend: Urban, Rural, National

26.3
23
18.6
6.2
5.4
3.5
2005 2007 2009 2011 2013 2015

Continued breastfeeding at 1 year by location

Prevalence %

34.9
36.1
33.3
32
31.6
24.1
2005 2007 2009 2011 2013 2015
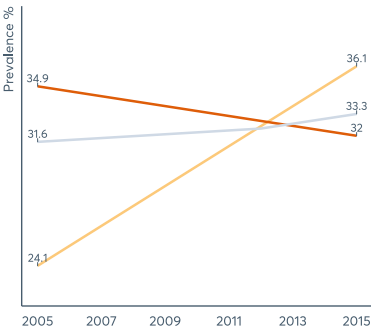
Minimum acceptable diet by location

Prevalence %

58.4   50.6   53.8
2015
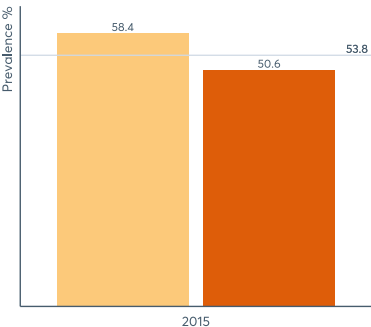
Intro. to solid, semi-solid, soft foods by location

Prevalence %

87
85.4
84.9
85.6
84.6
83.4
2005 2007 2009 2011 2013 2015
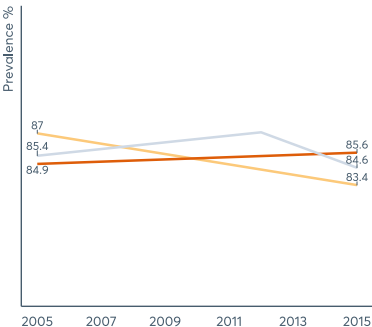
Exclusive breastfeeding by income

Prevalence %

Legend: Lowest, Second lowest, Middle, Second highest, Highest, National

36.4
24.7
24
23
17.9
18.5
7.3
7.3
5.5
2.6
4.6
2005 2007 2009 2011 2013 2015
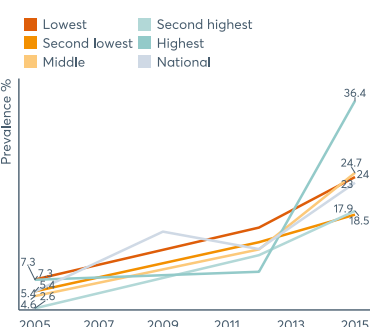
Continued breastfeeding at 1 year by income

Prevalence %

46.6
40.9
35.3
34.1
33.3
33.1
31.6
31.5
26.3
22.5
22.1
14.9
2005 2007 2009 2011 2013 2015
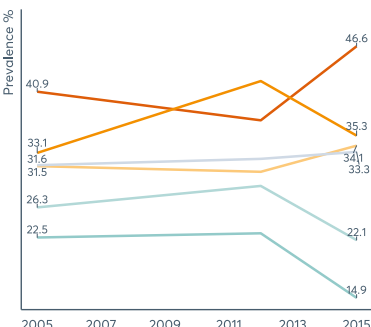
Minimum acceptable diet by income

Prevalence %

51.3   51.1   62.5   53.1   50.3   **53.8**
2015
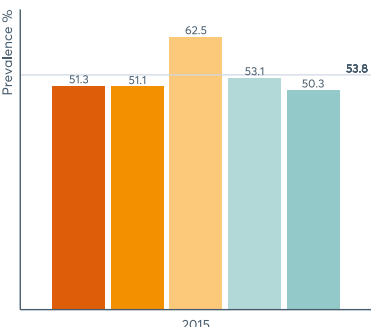
Intro. to solid, semi-solid, soft foods by income

Prevalence %

99.1
89.8
88
88.1
86.6
87
85.6
85.5
85.1
84.6
82.4
81.2
68.3
2005 2007 2009 2011 2013 2015
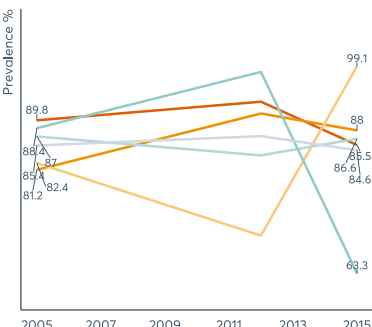
Exclusive breastfeeding by mother's education

- None or primary
- Secondary or higher
- National

2005 2007 2009 2011 2013 2015

5.4 6.5 3.8 26.2 23 13.4
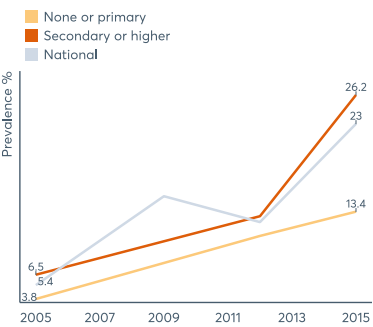
Continued breastfeeding at 1 year by mother's education

35.5 31.6 27.2 33.6 33.3 33

2005 2007 2009 2011 2013 2015
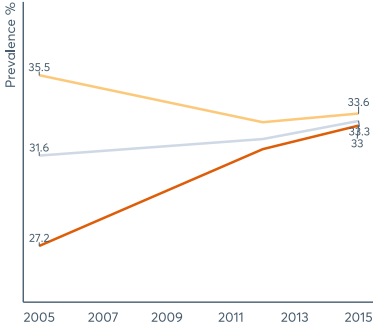
Minimum acceptable diet by mother's education

50.6 55.3 53.8

2015
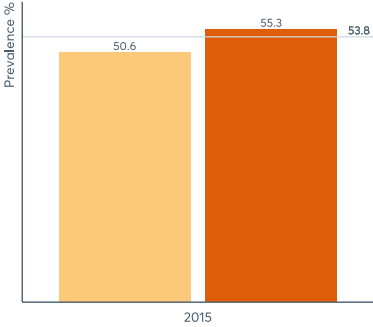
Intro. to solid, semi-solid, soft foods by mother's education

87.4 85.4 83.8 95 84.6 80.5

2005 2007 2009 2011 2013 2015

Exclusive breastfeeding by age

- 0-1 month
- 2-3 months
- 4-5 months
- National

11.9 5.4 4.8 1.7 33.5 30.7 23 8.9

2005 2007 2009 2011 2013 2015
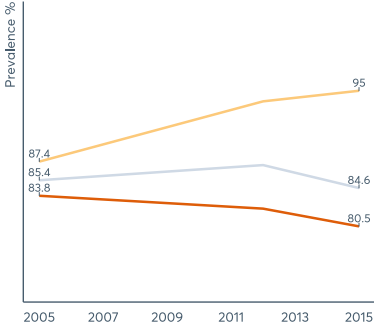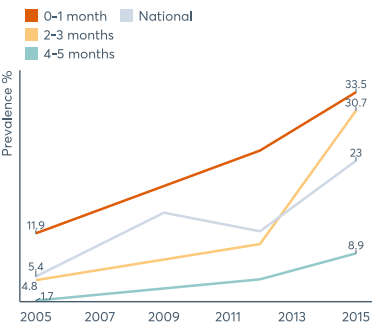
Continued breastfeeding at 1 year by age

No data

Minimum acceptable diet by age

- 6-11 months
- 12-15 months
- 16-19 months
- 20-23 months
- National

35.5 58.0 60.3 65.0 53.8

2015
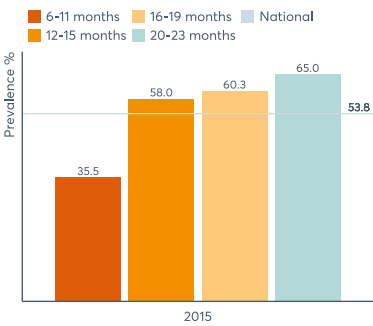
Intro. to solid, semi-solid, soft foods by age

No data

Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding, New York, May 2019.

Infant and young child feeding

Wealth quintiles (%)

- Highest
- Lowest

Continued breastfeeding at 2 years
Continued breastfeeding at 1 year
Minimum acceptable diet
Minimum dietary diversity
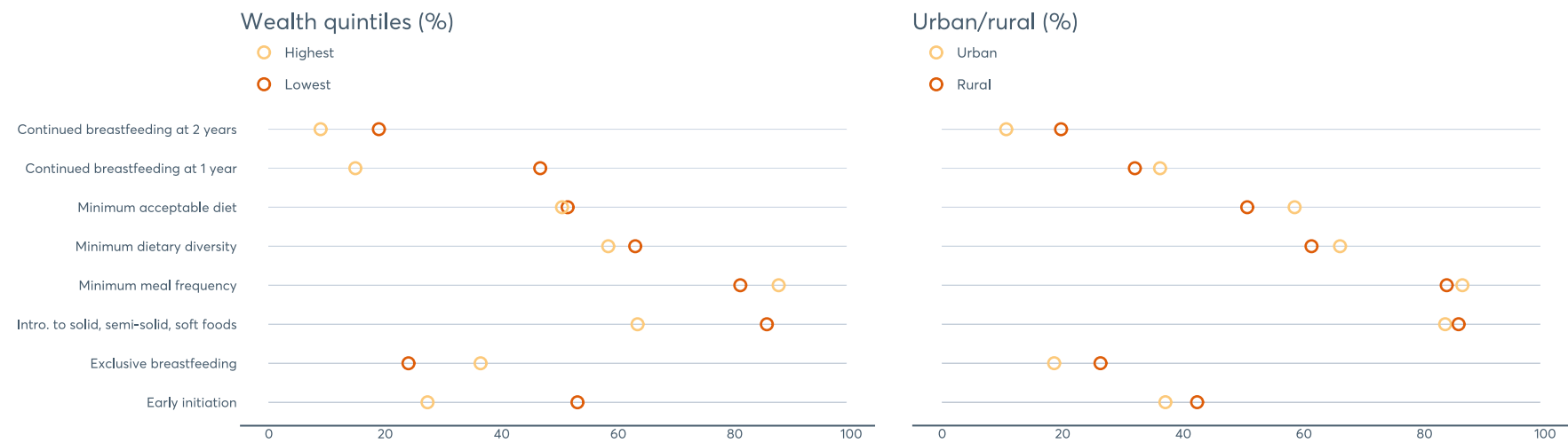Minimum meal frequency
Intro. to solid, semi-solid, soft foods
Exclusive breastfeeding
Early initiation

0   20   40   60   80   100

Urban/rural (%)

- Urban
- Rural

0   20   40   60   80   100

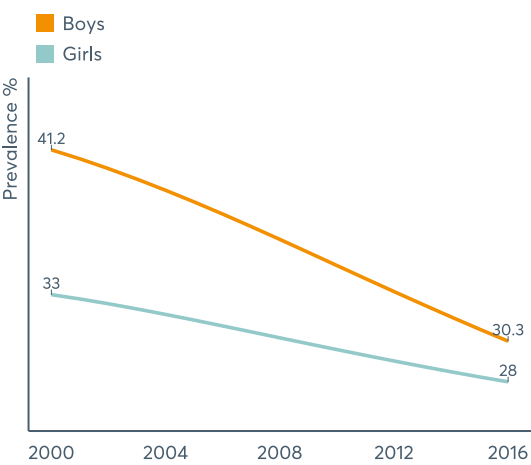Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

Child and adolescent (aged 5-19) nutrition status

Underweight by gender

Boys
Girls

Prevalence %

41.2

33

30.3

28

2000   2004   2008   2012   2016

Sources: NCD Risk Factor Collaboration.

Overweight by gender

Prevalence %

25.1

19.3

8.5

7.7

2000   2004   2008   2012   2016

Obesity by gender

Prevalence %

14.2

8.7

4.1

2.3

2000   2004   2008   2012   2016
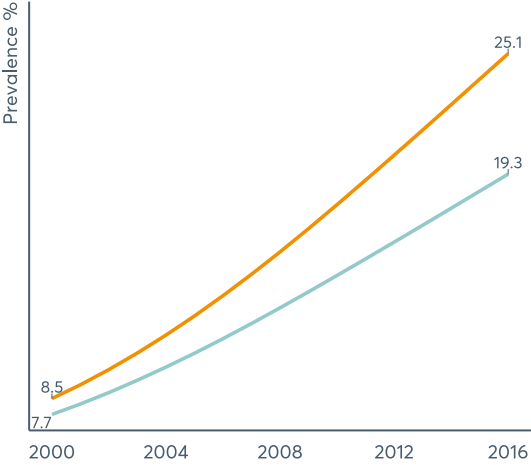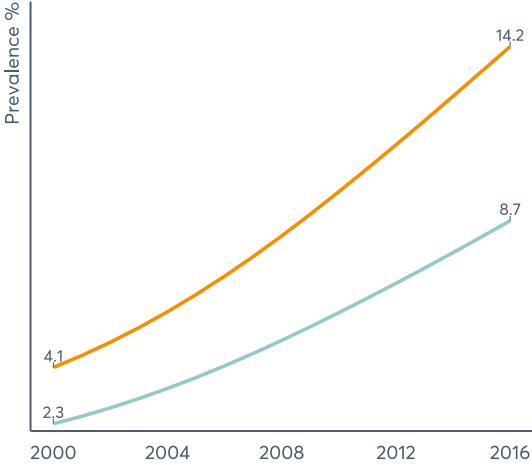
Adult nutrition status

Diabetes by gender
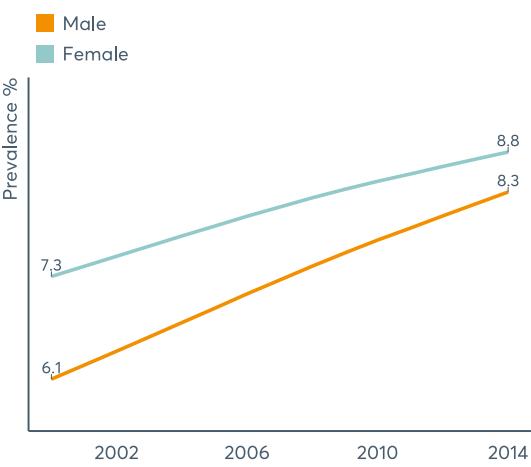
- Male
- Female

Prevalence %

7,3
6,1
8,8
8,3

2002   2006   2010   2014

Sources: NCD Risk Factor Collaboration.

Overweight by gender

Prevalence %

22,5
15
35.6
29.2

2000   2004   2008   2012   2016

Obesity by gender

Prevalence %

5,3
2
12,7
7

2000   2004   2008   2012   2016
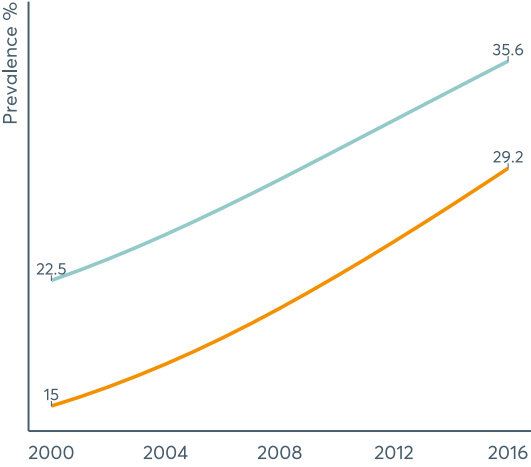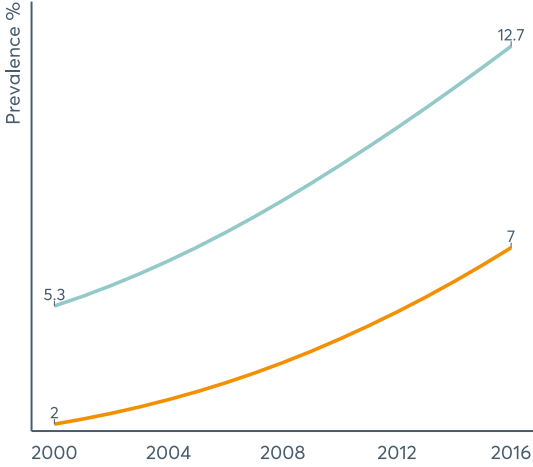
Raised blood pressure by gender

- Male
- Female

Prevalence %

24,1
20,7
24,2
20,3

2003   2007   2011   2015
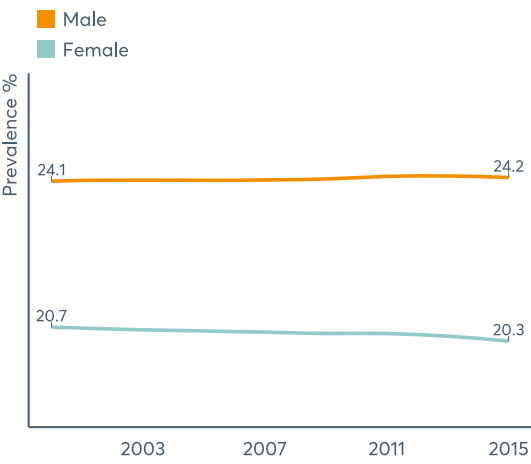
Sources: NCD Risk Factor Collaboration.

Anaemia in WRA

- All women
- Pregnant women
- Non-pregnant women

Prevalence %

29,2
22,2
21,9
40.2
31,8
31,6

2000   2004   2008   2012   2016
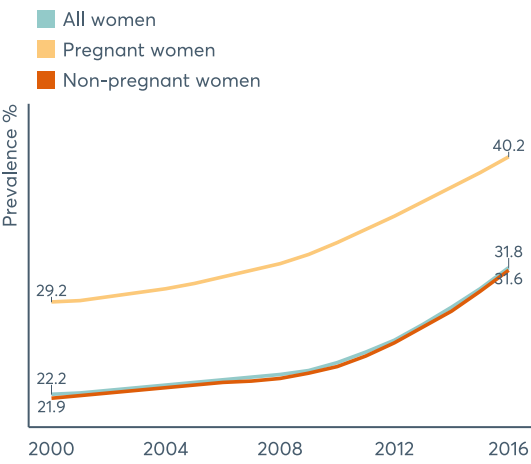
Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age.

Salt intake (grams per day)

- Thailand
- Global

4.7
5.6

2017

Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Dietary needs

Consumption of food groups and components, 2016

Midpoint of TMREL

| 0%/0g of TMREL | 200% of TMREL |

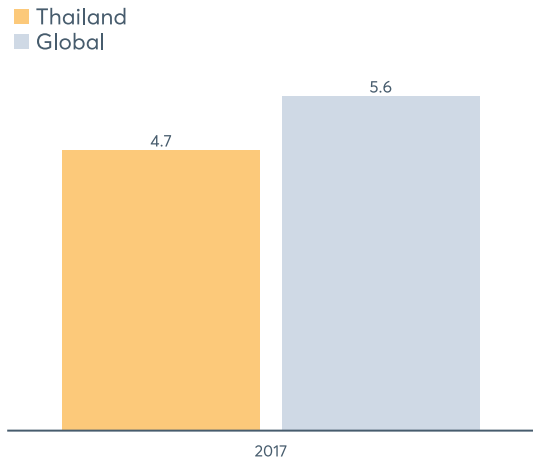| Left chart		Right chart	
Calcium	1.3g	Processed meat	2g
Fruit	250g	Red meat	22.5g
Legumes	60g	Salt	2g
Milk	435g	Saturated fat	7%
Nuts and seeds	20.5g	Sugar-sweetened beverages	2.5g
Omega 3	0.3g	Trans fat	0.5%
Polyunsaturated fat	11%	Vegetables	360g
		Whole grain	125g

Legend:
- Thailand
- Asia
- Global

Sources: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: TMREL = theoretical minimum risk of exposure level. Men and women aged 25 and older.

Intervention coverage

Coverage/practice indicator	Total (%)	Boy (%)	Girl (%)	Year
Children 0-59 months with diarrhoea who received zinc treatment	No data	No data	No data	No data
Children 6-59 months who received vitamin A supplements in last 6 months	No data	No data	No data	No data
Children 6-59 months given iron supplements in past 7 days	No data	No data	No data	No data
Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care	No data	NA	NA	No data
Household consumption of any iodised salt	No data	NA	NA	No data

Sources: Huestis A. and Kothari M., based on *2016 Global Nutrition Report*.

Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.
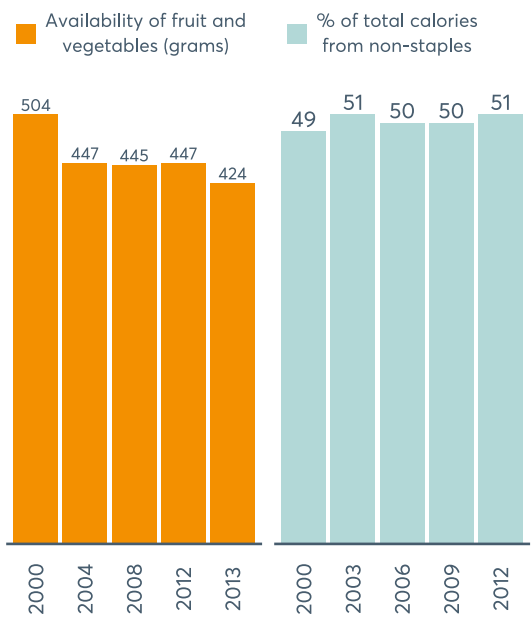
Determinants

Undernourishment
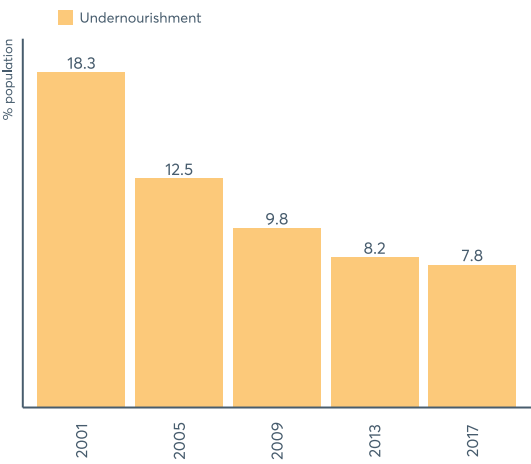
Source: FAOSTAT 2018.
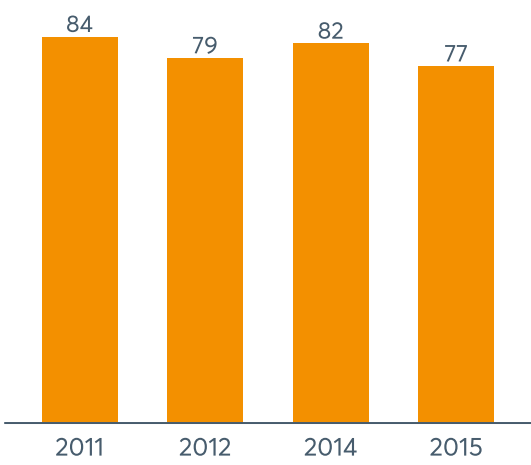
Food supply

Source: FAOSTAT 2018.

Gender-related determinants

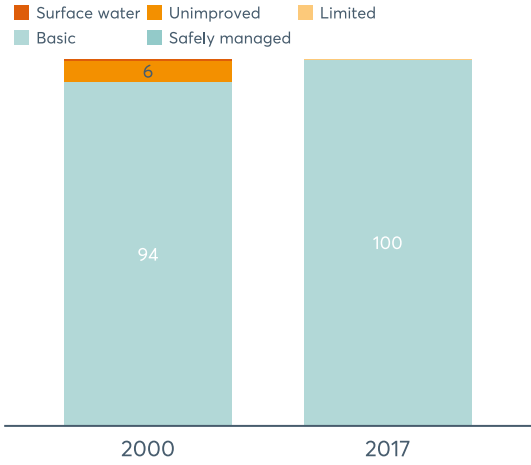|		
Early childbearing births by age 18 (%)[1]	9	2016
Gender Inequality Index (score [*])[2]	0.39	2017
Gender Inequality Index (country rank)[2]	93	2017

Sources: [1] UNICEF 2018; [2] UNDP 2018.

Notes: [*] 0 = low inequality, 1 = high inequality.

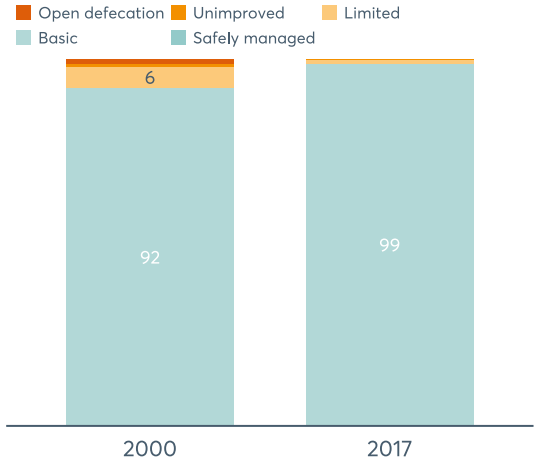## Female secondary education enrolment (net, % population)

Source: UNESCO Institute for Statistics 2018.

Drinking water coverage (% population)

Source: WHO/UNICEF Joint Monitoring Programme 2019.

Sanitation coverage (% population)

Source: WHO/UNICEF Joint Monitoring Programme 2019.

Resources, policies and targets

Development assistance
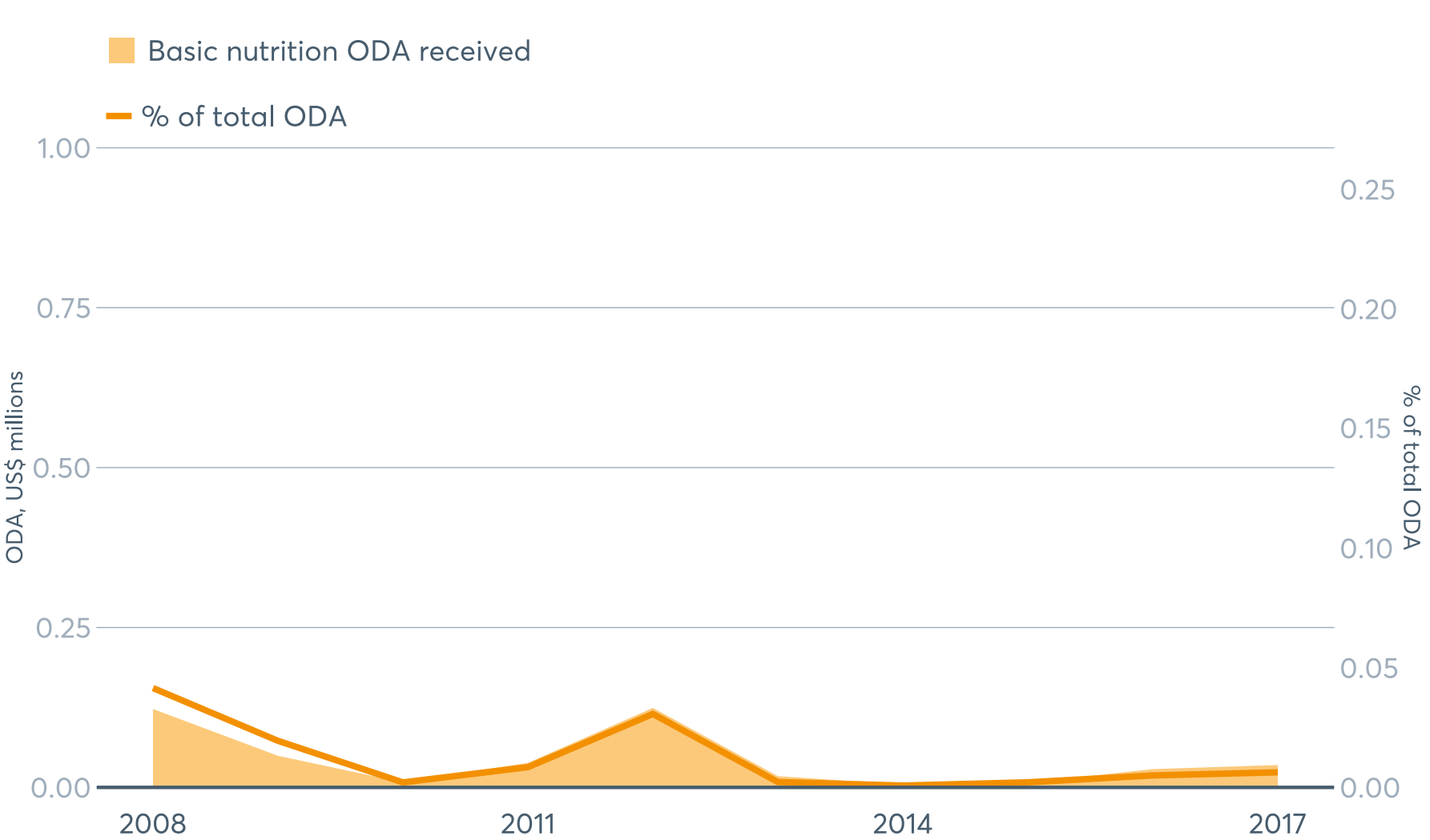
Sources: Development Initiatives based on OECD Development Assistance Commitee (DAC) Creditor Reporting System (CRS).

Notes: ODA = official development assistance. Amounts based on gross ODA disbursements, constant 2017 prices. Figure includes ODA grants and loans, but excludes other official flows and private grants.

National policies

Mandatory legislation for salt iodisation	Yes
Sugar-sweetened beverage tax	Yes
Food-based dietary guidelines	Yes
Policy to reduce salt consumption	Yes
Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs	Yes
Operational, multisectoral national NCD policy, strategy or action plan	Yes
Operational policy, strategy or action plan for diabetes	Yes
Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt	No
Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats	No

Sources: Global Fortification Data Exchange 2018; Sugar-sweetened data prepared using data from the NOURISHING database, academic references and market reports; FAO 2018; WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review, WHO Global Health Observatory.

Notes: NA = not applicable; NCD = non-communicable disease.

Targets included in national (nutrition or other) plan

Stunting	Anaemia
No	No
Low birth weight	Child overweight
No	Yes
Exclusive breastfeeding	Wasting
No	No
Salt intake	Overweight adults and adolescents
Yes	Yes
Multisectoral comprehensive nutrition plan	
No	

Sources: WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review.
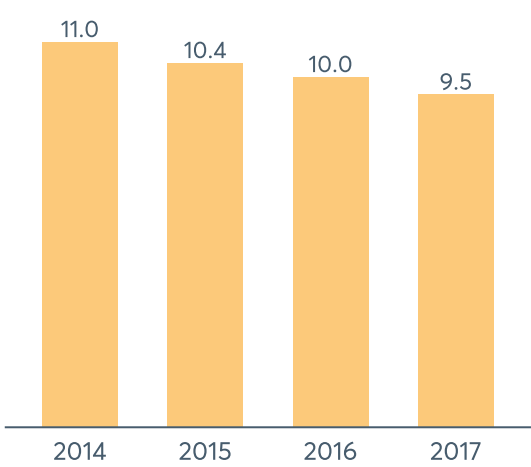
Economics and demography

Poverty rates (%) and GDP (PPP$)

- $1.90/day
- $3.20/day
- GDP per capita

0.6	7.0						
2005	0.1	2.5	2010	0.0	0.5	2015	

16,062 (2016) · 16,661 (2017) · 17,313 (2018) · 17,882 (2019)
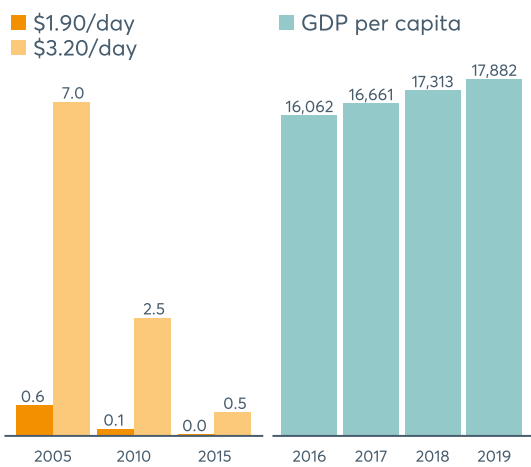
Sources: World Bank 2019, IMF World Economic Outlook Database 2019.

Notes: PPP = purchasing power parity.

Under-five mortality (per 1,000 live births)

2014	2015	2016	2017
11.0	10.4	10.0	9.5

Source: UN Inter-agency Group for Child Mortality Estimation 2018.

Government revenues ($m)

No data

Sources: IMF Article IV staff reports (country specific) and IMF World Economic Outlook Database (April 2019).

Income inequality

Gini index score[1]	Gini index rank[2]	Year
36	76	2017

Sources: World Bank 2019.

Notes: [1] 0 = perfect equality, 100 = perfect inequality. [2] Countries are ranked from most equal (1) to most unequal (159).

Population

Population (thousands)	69,429	2018
Under-five population (thousands)	3,648	2019
Rural (%)	50	2018
>65 years (thousands)	8,638	2019

Sources: World Bank 2019, UN Population Division Department of Economic and Social Affairs 2019.

Population density of health workers per 1,000 people

Physicians	0.47	2015
Nurses and midwives	2.29	2015
Community health workers	0.06	2000

Sources: WHO's Global Health Workforce Statistics, OECD, supplemented by country data.