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 43.7%. 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

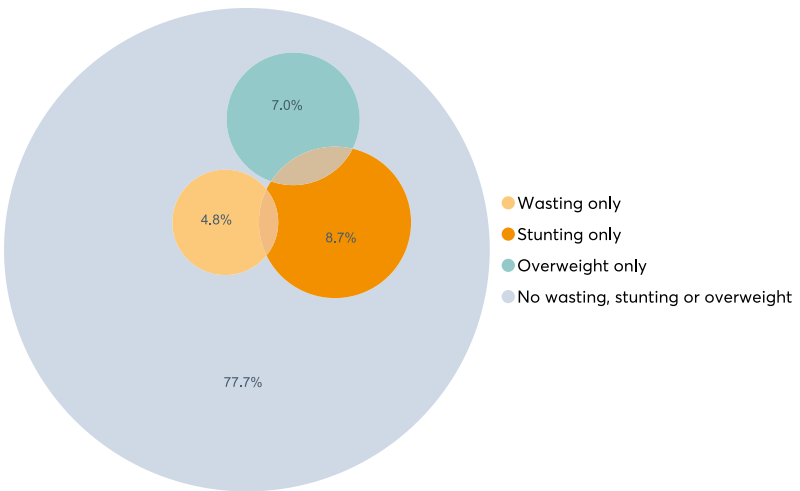
No progress or worsening

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



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

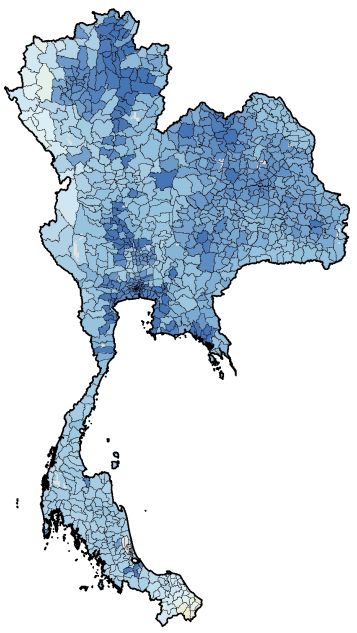
Notes: Percentage of children under-five years of age who experience different and overlapping forms of malnutrition.

Low birth weight

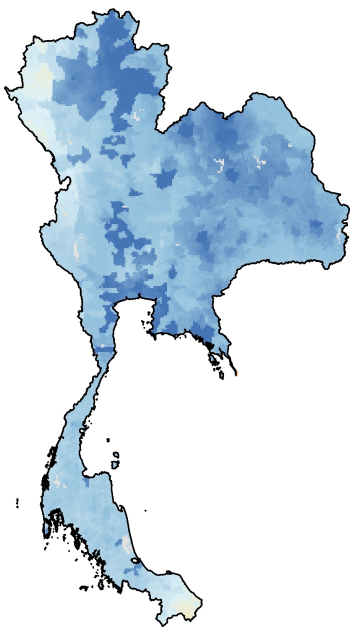
Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

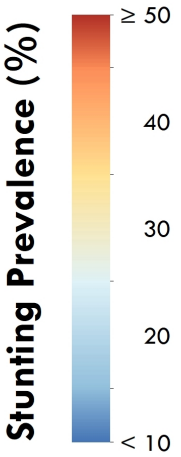
Prevalence of under-five stunting

Stunting at subnational level



Stunting at 5km level



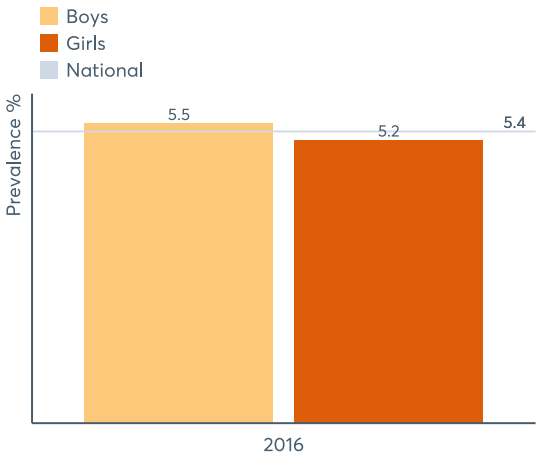


Source: Kinyoki, D.K. et al. Mapping child growth failure across low- and middle-income countries. Nature 577, 231–234 (2020) doi:10.1038/s41586-019-1878-8.

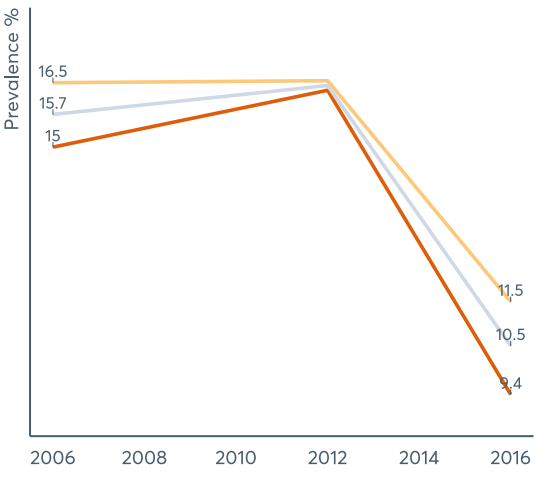
Notes: 5 km level map shows prevalence at the 5 x 5-km resolution. Prevalence is the 2017 estimated prevalence, based on a model using a range of surveys between 1998-2018. See source paper for full methods.

Child (under-five) nutrition status over time

Wasting by sex

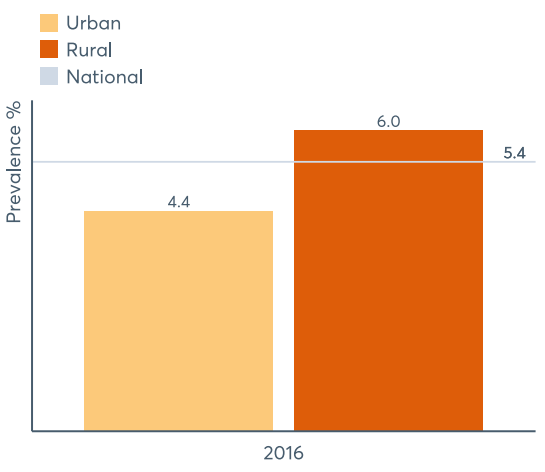


Stunting by sex

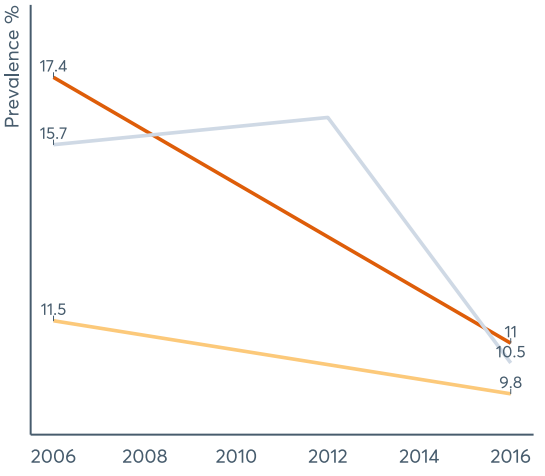


Overweight by sex

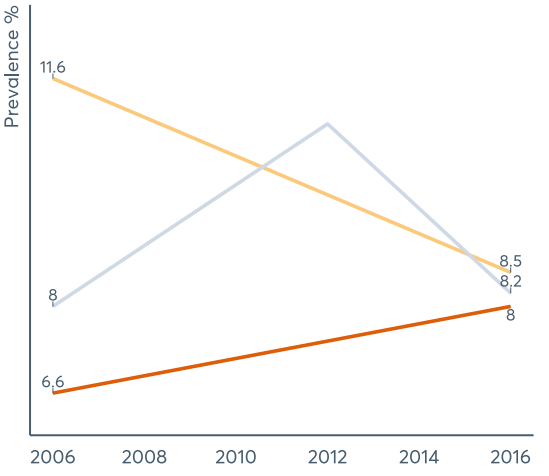
Wasting by location



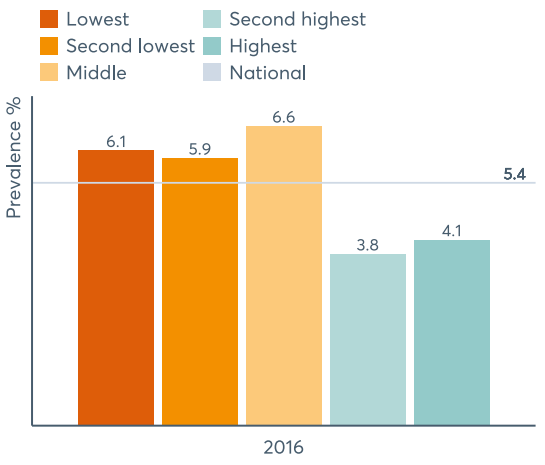
Stunting by location



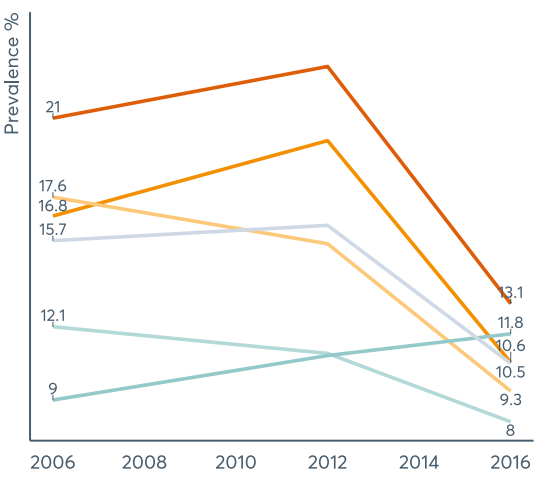
Overweight by location



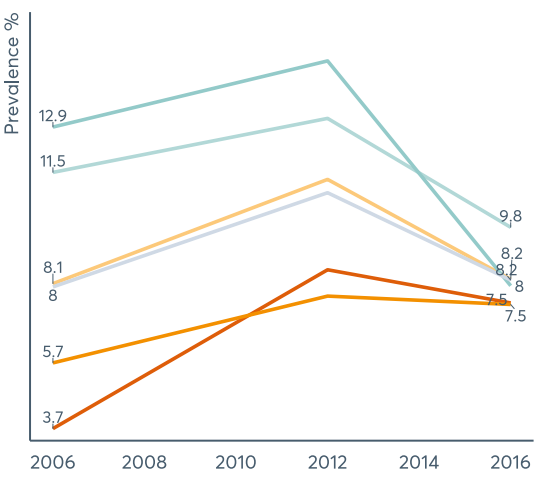
Wasting by income



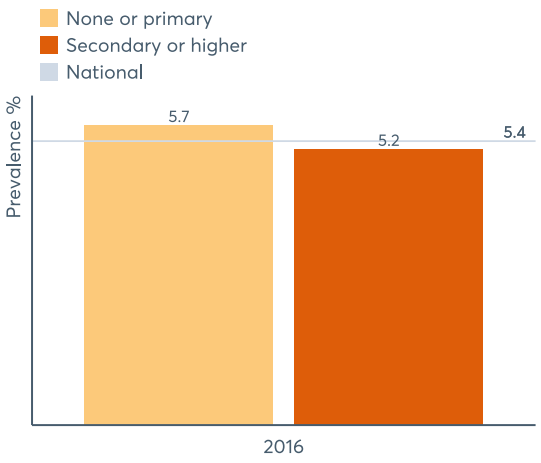
Stunting by income



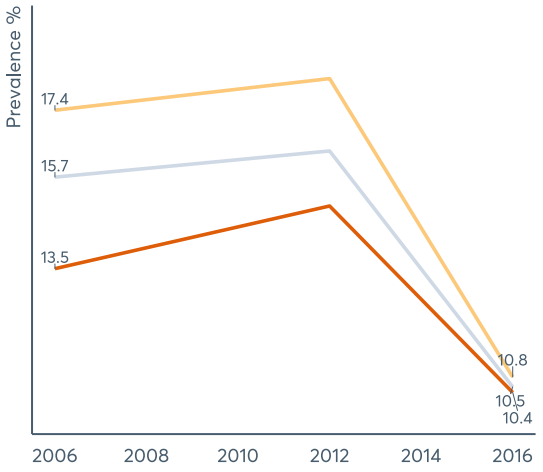
Overweight by income



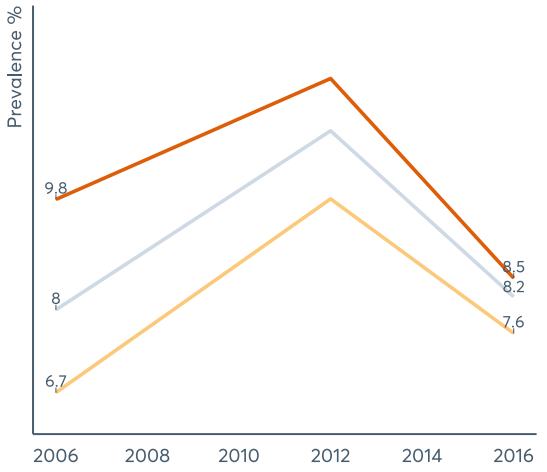
Wasting by mother's education



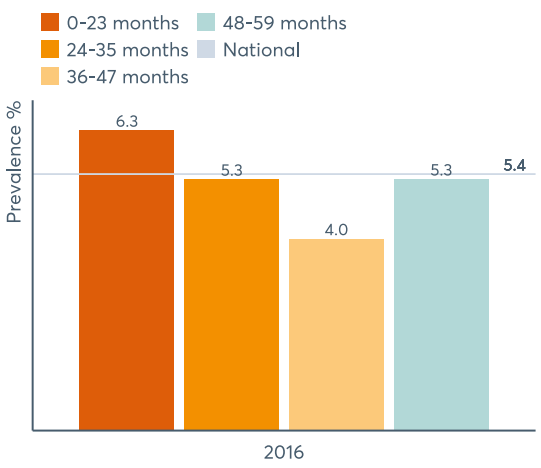
Stunting by mother's education



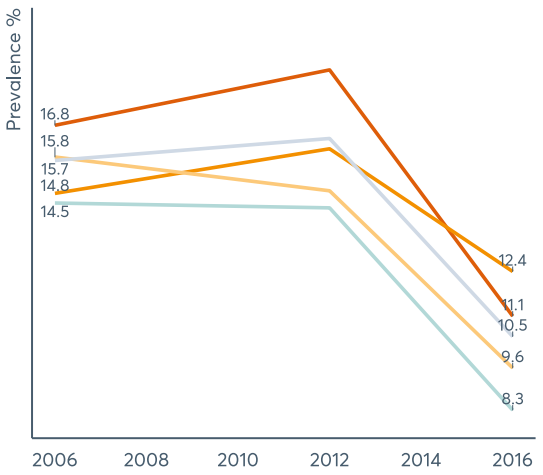
Overweight by mother's education



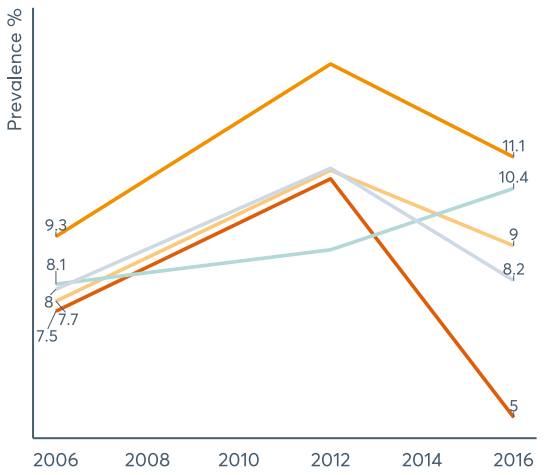
Wasting by age



Stunting by age



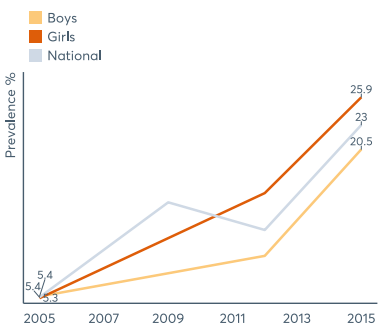
Overweight by age



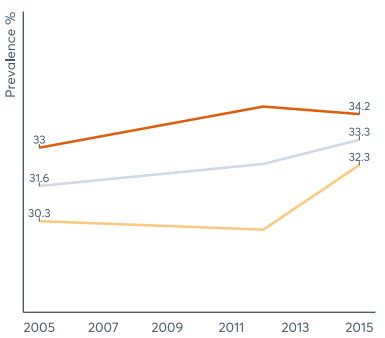
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

Infant and young child feeding over time

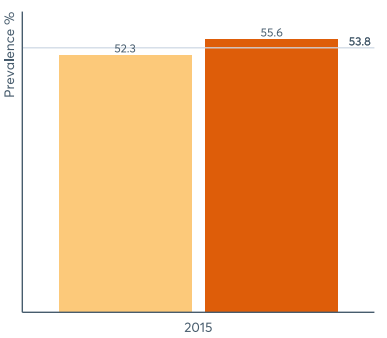
Exclusive breastfeeding by sex



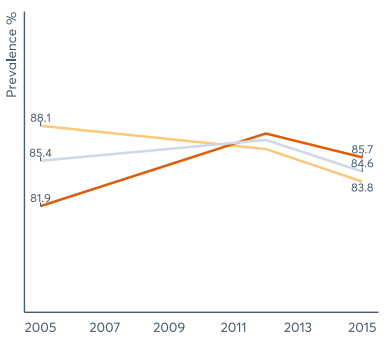
Continued breastfeeding at 1 year by sex



Minimum acceptable diet by sex



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



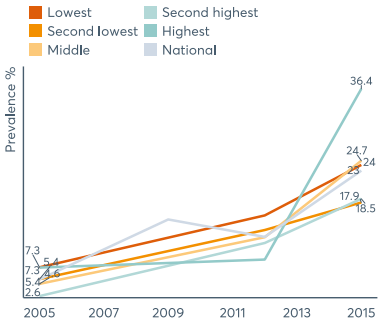
Exclusive breastfeeding by location

Continued breastfeeding at 1 year by location

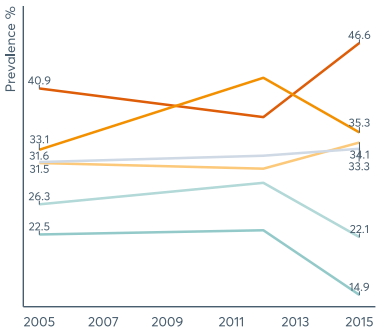
Minimum acceptable diet by location

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

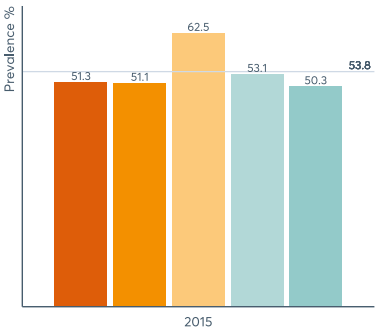
Exclusive breastfeeding by income



Continued breastfeeding at 1 year by income

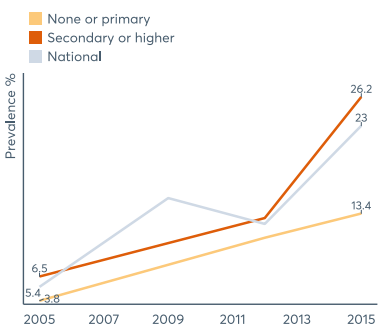


Minimum acceptable diet by income

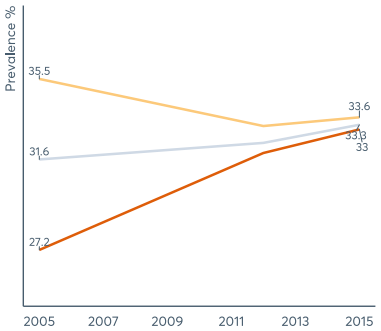


Intro. to solid, semi-solid, soft foods by income

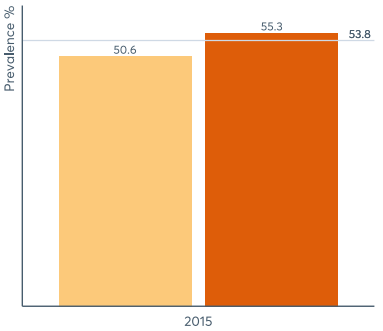
Exclusive breastfeeding by mother's education



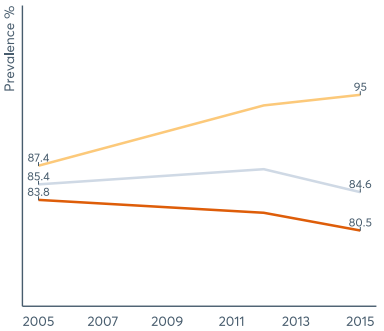
Continued breastfeeding at 1 year by mother's education



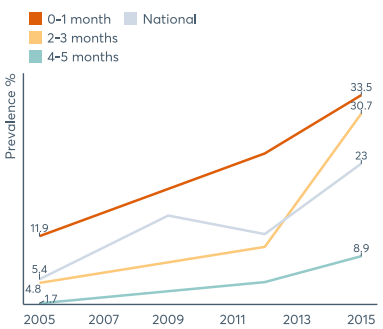
Minimum acceptable diet by mother's education



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



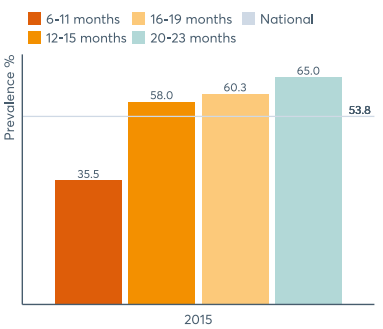
Exclusive breastfeeding by age



Continued breastfeeding at 1 year by age

No data

Minimum acceptable diet by age

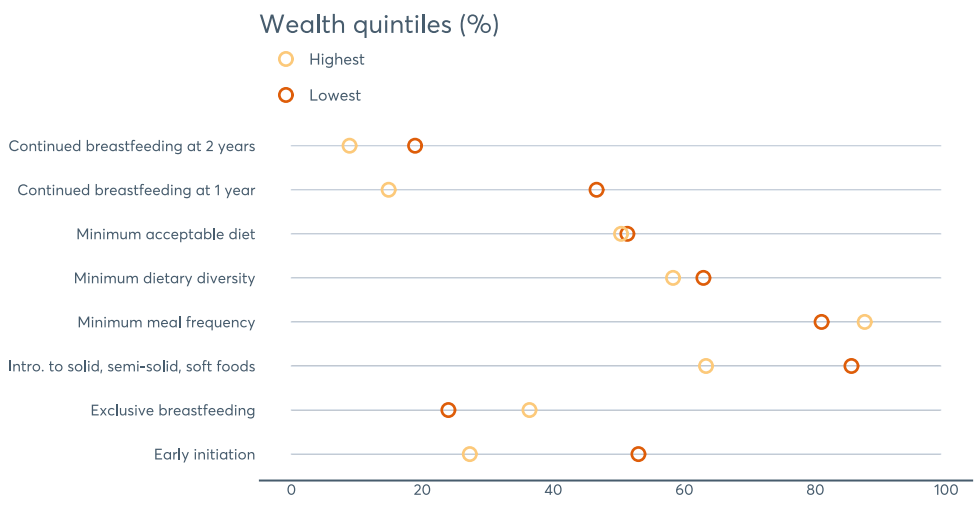


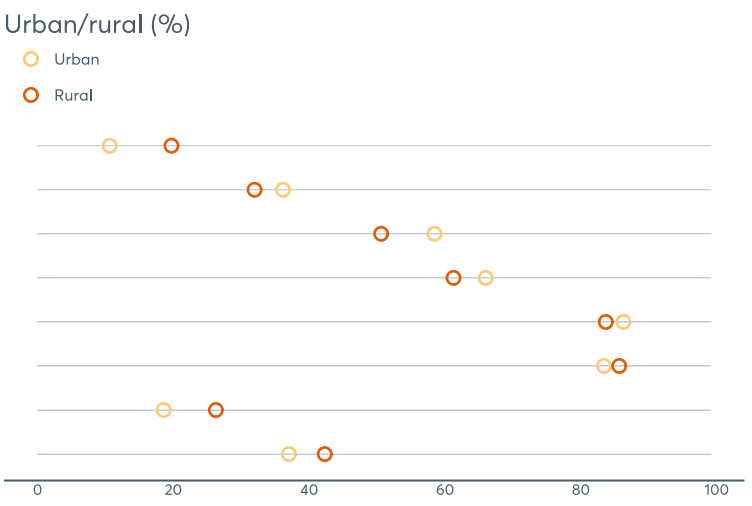
Intro. to solid, semi-solid, soft foods by age

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

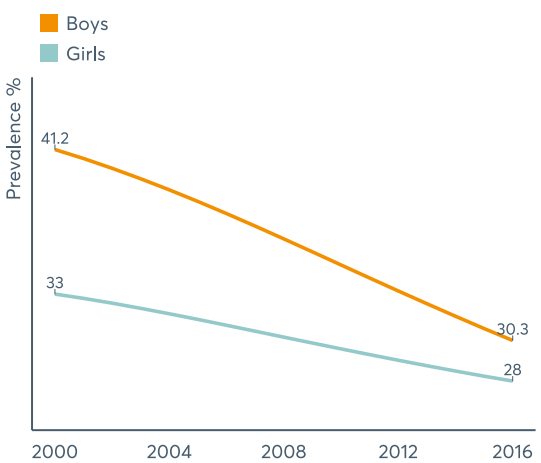




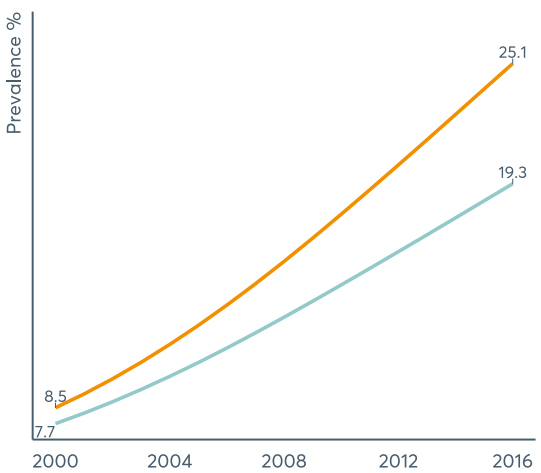
Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

Child and adolescent (aged 5-19) nutrition status

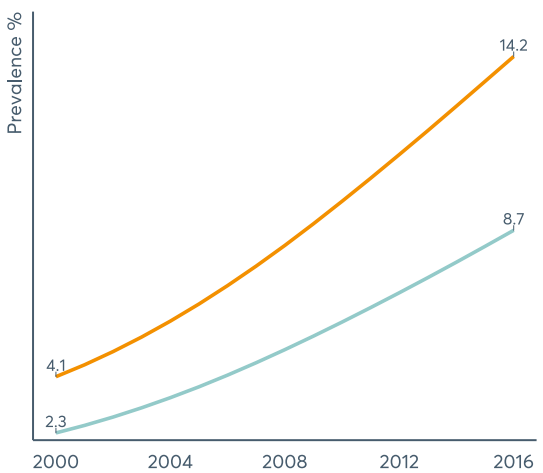
Underweight by sex



Overweight by sex



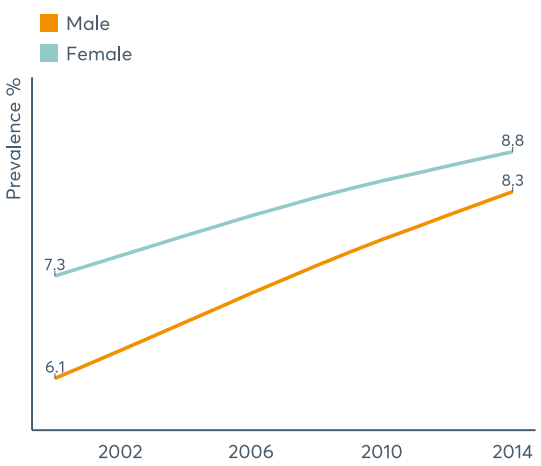
Obesity by sex



Sources: NCD Risk Factor Collaboration.

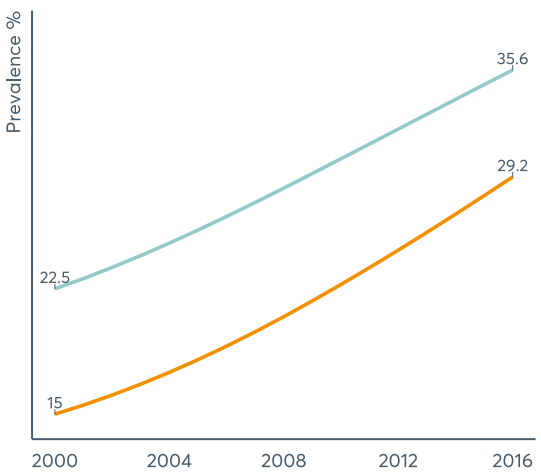
Adult nutrition status

Diabetes by sex



Sources: NCD Risk Factor Collaboration.

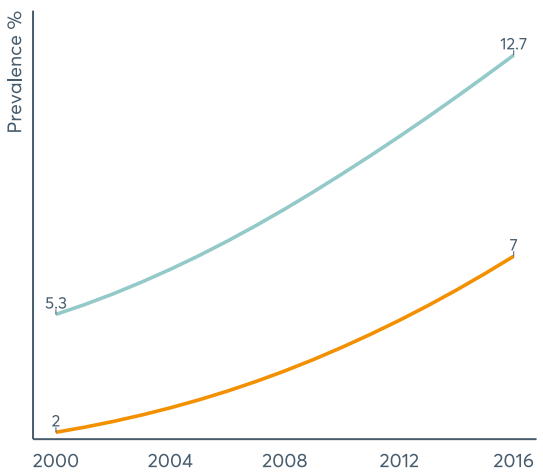
Overweight by sex



Source: WHO Global Health Observatory.

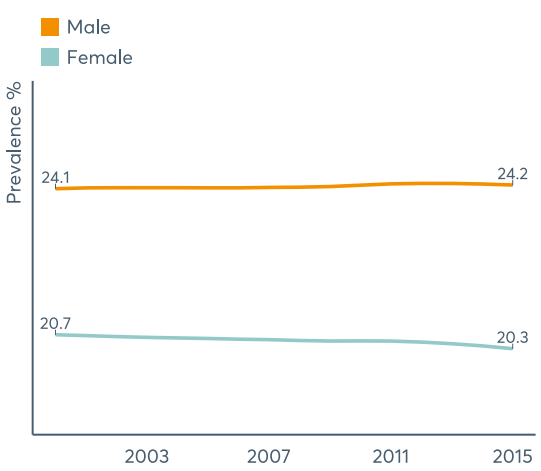
Notes: WRA = women of reproductive age.

Obesity by sex



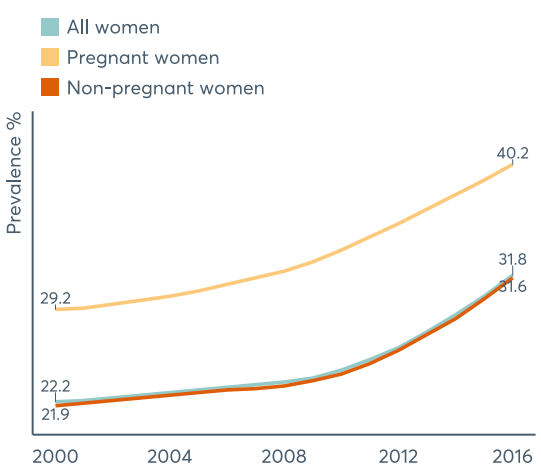
Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Raised blood pressure by sex

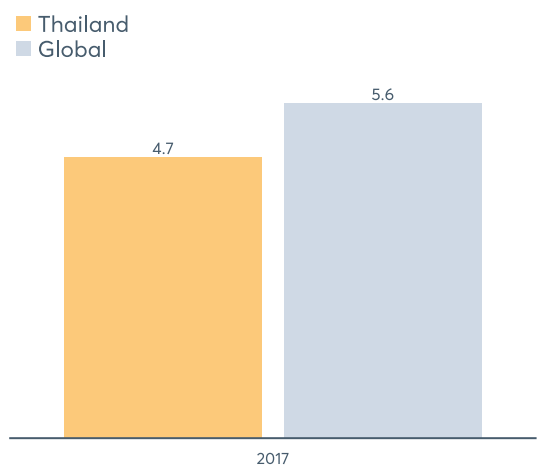


Sources: NCD Risk Factor Collaboration.

Anaemia in WRA



Sodium intake (grams per day)



Dietary needs

Consumption of food groups and components, 2016

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

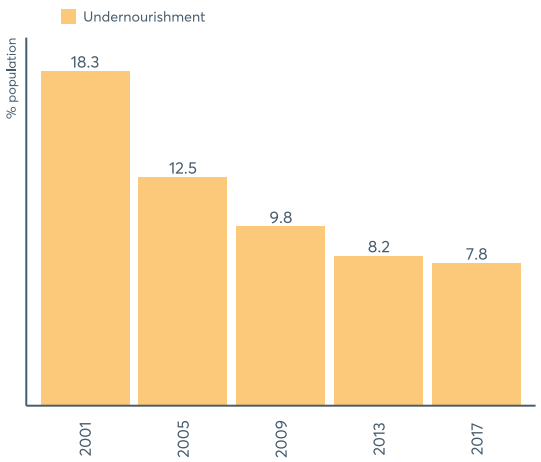
Coverage/practice indicator	Total (%)	Boy (%)	Girl (%)	Year
Children 0-59 months with diarrhoea who received zinc treatment	No data	No data	No data	No data
Children 6-59 months who received vitamin A supplements in last 6 months	No data	No data	No data	No data
Children 6-59 months given iron supplements 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.

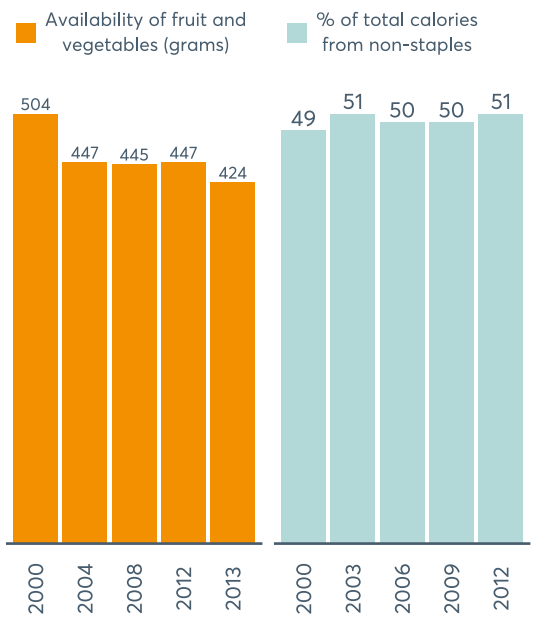
Determinants

Undernourishment



Source: FAOSTAT 2018.

Food supply



Source: FAOSTAT 2018.

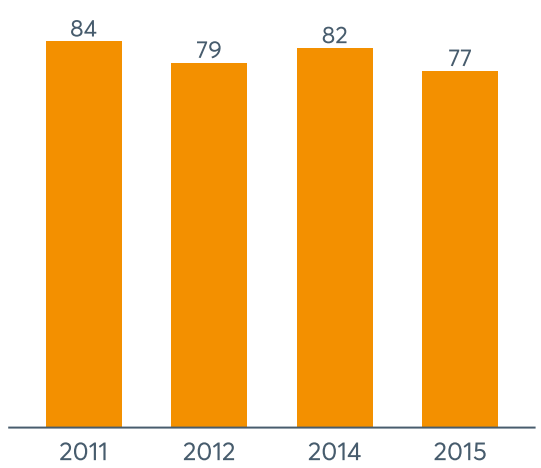
Gender-related determinants

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.

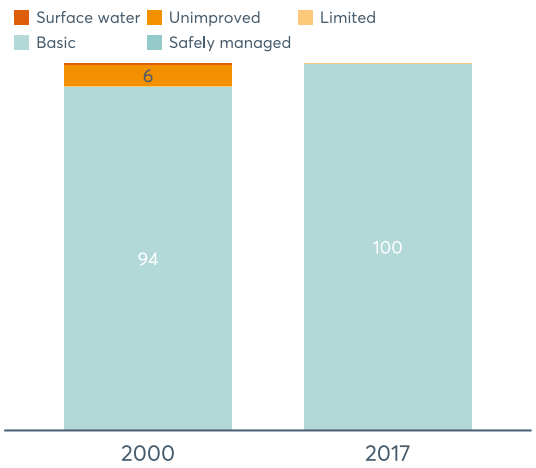
Notes: * 0 = low inequality, 1 = high inequality.

Female secondary education enrolment (net, % population)



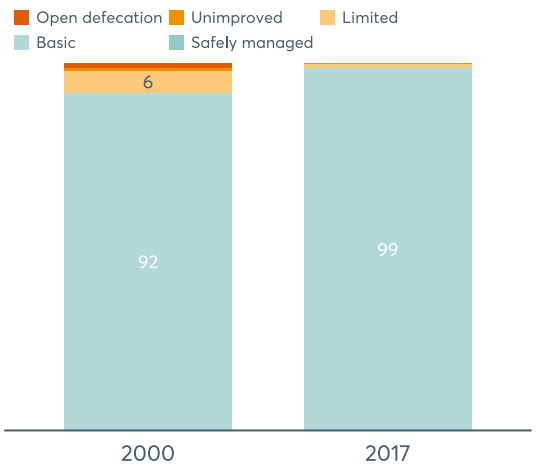
Source: UNESCO Institute for Statistics 2018.

Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

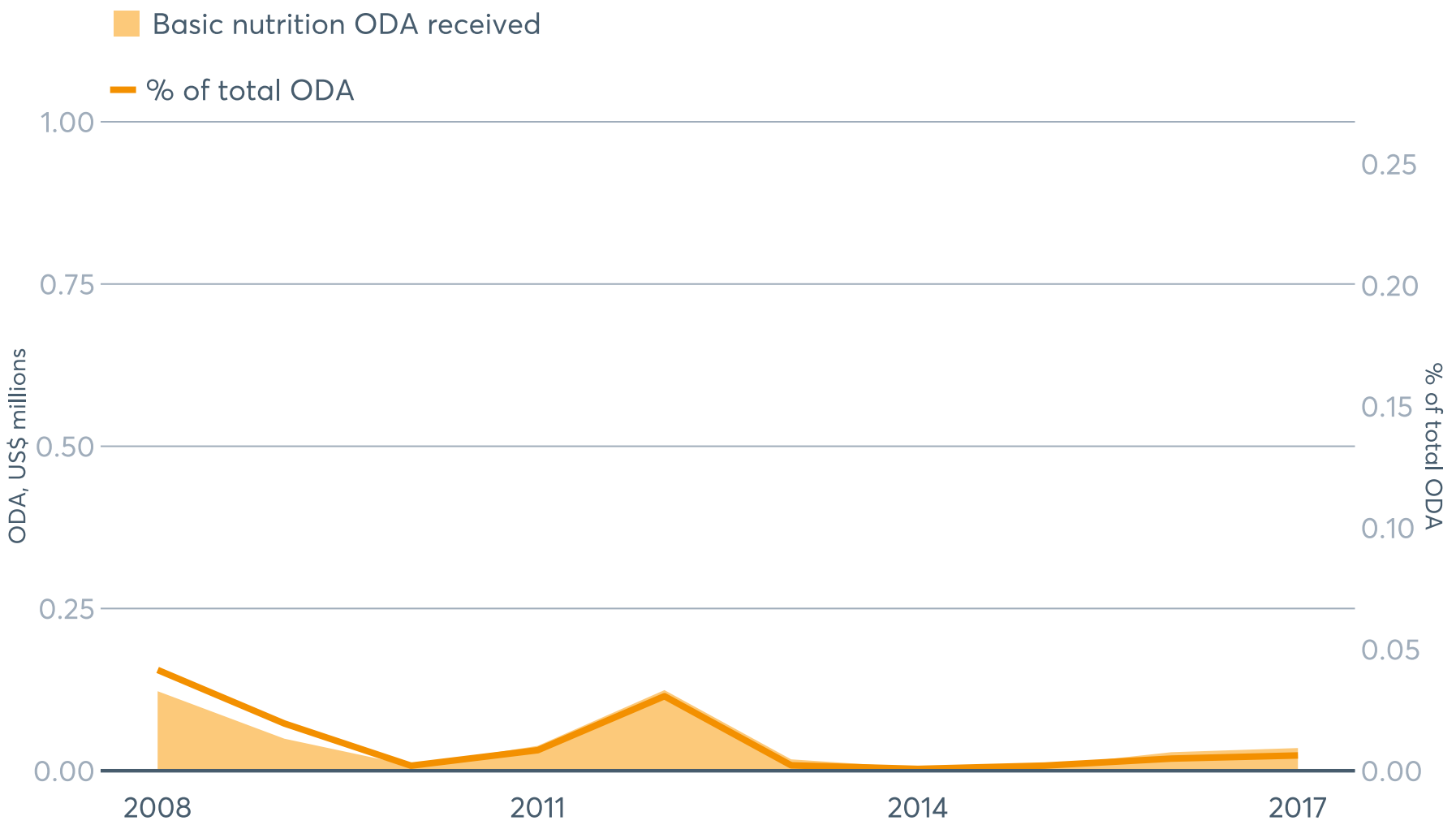
Sanitation coverage (% population)



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.

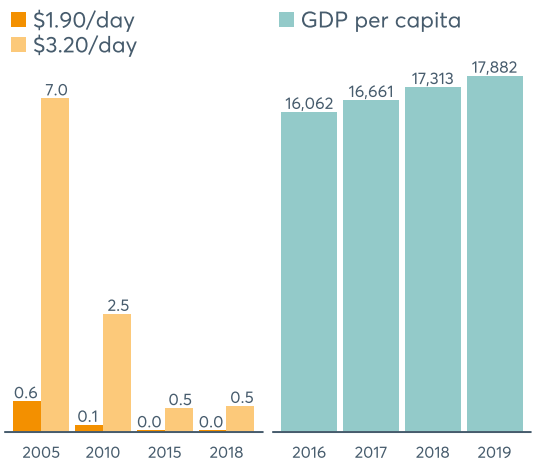
Targets included in national (nutrition or other) plan

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

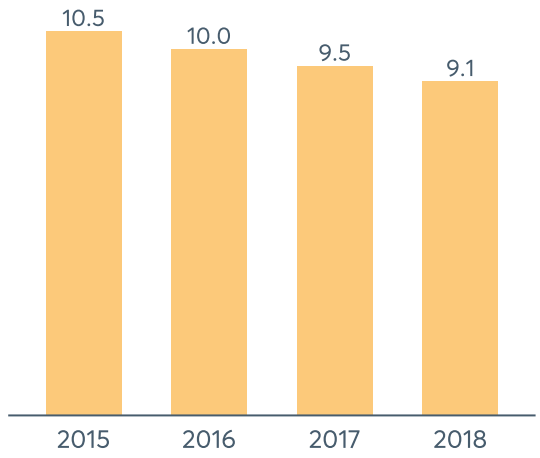
Poverty rates (%) and GDP (PPP$)



Sources: World Bank 2019, IMF World Economic Outlook Database 2019.

Notes: PPP = purchasing power parity.

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



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.