

Management of Overweight and Obesity**Situation and Impacts**

1. Thailand is another country that is witnessing a nutritional transition. While malnutrition or underweight is no longer a problem, the prevalence and severity of overweight and obesity are rapidly on the increase in the population of every age group. During the last decade, in particular, Thailand is one of the countries that saw the highest prevalence of obesity in children. The condition is more prominent in urban areas than in the rural areas and more common in the female population than in the male counterpart. If the situation is not effectively managed, Thai society will be a society of obese people. The Department of Health estimated that by 2015 one in five pre-school children and one in ten school children will be obese. According to the WHO estimate, in 2015 nearly half of the population of over 30 years old will become overweight. Factors that mainly account for obesity are consumption behaviors¹ leading to nutritional imbalance and inappropriate physical activities². Over the years Thai society has seen more people with surplus energy, i.e. the energy received from food exceeds the amount spent on physical activities.

Factors related to obesity in children

2. Breastfeeding alone for an adequate period can prevent obesity in children. In Thailand only 5.4% of infants are breastfed only for five months.

3. It is reported that almost one in three Thai children under five years of age likes to eat sweet food, and more than half prefer crunchy sweets and beverages. The national survey covering 20 provinces shows that children under five consumed on average 30.4 grams of sugar/person/day, higher than the maximum recommended amount (24 grams/person/day) by 27%. Children received sugar in the most part from yogurts and carbonated drinks. Those between 6 and 14 showed a greater tendency to consume sweet drinks, crunchy snacks and high-fat food than any other age group of the population, and this trend will continue. The survey also yields that they consumed 1.8 times more crunchy sweets and 1.5 times more carbonated drinks on a regular basis from 2004 to 2007, while the marketing value of packaged crunchy sweets increased from 11 billion baht in 2006 to 13 billion baht in 2007.

4. Advertisements through various media channels have a great influence on children's decision to buy desserts. Children who spend most of their time watching television know a greater variety of sweets. More often than not they have a desire to eat sweets and food when they see them advertised on television. In addition, attempts have been made to change advertising strategies to ensure greater sale volumes. The expenditure for food advertisement increased nine times within less than 20 years from 1,823 million baht in 1989 to 16,448 million baht in 2008. In the

¹ This includes all manifestations of eating behaviors of the public, including knowledge, attitudes and practices regarding eating.

² This involves body movements and functions using skeletal muscles, thereby spending more surplus body energy than at rest.

meantime, Thailand has no effective measures³ to control advertisement and marketing targeting children in particular in spite of the Department of Public Relations Regulation on “Criteria and duration of time for commercials and business services on radio and television that may have an impact on children” issued on 18 January 2008.

5. School-age children spend much time at school. Naturally, the environments in and outside the school have an impact on their behaviors. The survey conducted in 2005 covering 400 schools nationwide shows that schools often provide lunches and high-energy drinks rich in fat and sugar and reward the children with crunchy sweets, candies, and other confectionery. At the same time shops near the school often sell food with high fat and sugar contents.

6. Western-style fast food⁴ often provides high energy, rich in fat, flour and salt. There are reports that people who like to consume fast food have a higher prevalence of obesity. The survey in Thailand also shows that about one in three students (from primary school to university) usually have a higher frequency of fast food consumption than any other age group of the population.

7. Children who spend most of their time watching television and playing computer games have a greater risk of obesity, because they have less physical activities and usually consume snacks during watching television and playing computer games. The survey in Thailand also finds that Thai children spend on average 3-5 hours a day watching television during their spare time on holidays. Those that spend three hours a day watching television are 1.8 times as likely to have obesity as those who do not watch television.

Factors related to obesity in the general population

8. Thai people as a whole have a tendency to consume more sugar. Over the past two decades, the sugar consumption has increased nearly threefold. According to 2007 information, they consumed sugar four times higher than the maximum recommended amount. One fourth of the meals consumed by the population aged 15-74 years is based on food likely to bring obesity, such as crunchy sweets, fried food, food cooked with coconut milk, meat with fat parts, sweets and fast food. At the same time they do not eat enough vegetables whether in quantity or frequency.

9. Thai people enjoy dining out, especially in the urban areas. More than half of the urban population likes to eat out, while the practice is found in only 20% of the rural counterparts. Besides, the food industry is composed of small food shops/stalls (about 70% of the market share), fast food shops (20% of the market share), and restaurants (10% of the market share). The market value grows on average at a yearly rate of 3%.

10. In terms of physical activities, it is found that the prevalence of the population with inadequate activity levels is seen clearly in the urban population, especially in the Central Region. On the other hand, people in the rural areas and those whose work involves physical exertion, such as farmers, on the whole have an adequate level of physical activities. This is a common phenomenon everywhere in the world. Urban people are bound by the urban way of life. For instance, the congested living conditions do not encourage physical activities or create favorable

³ Opinions and recommendations on rights protection of children and youth from television media, Working Group for Development of Quality of Life, Public Health and Consumer Protection, National Economic and Social Advisory Council, September 2008.

⁴ The kind of fast food originating in Western countries provides high energy, high levels of saturated fat and sodium but low levels of fiber contents, e.g. roast chicken, doughnut, pizza and hamburger.

environments conducive to proper physical exercises. Their work does not require much physical exertion, as there are plentiful labor-saving and time-saving devices. In this connection, attempts have been made to encourage people to move and exert physical energy. People are encouraged to use stairs rather than lifts or escalators, thus helping to save energy at the same time. Other measures have been put in place. For example, people are encouraged to use as little labor-saving devices as possible. Mass transit services have been improved. Bicycle lanes have been improved and expanded. People are encouraged to use less private cars in favor of public transport or bicycles. All this is geared to solve traffic problems, reduce the stress that comes with traffic congestion, save energy, and reduce pollution. A good traffic management, therefore, will not only reduce traffic accidents but also provide more opportunity for physical activities.

Impacts of the problem

11. Obese people, young and old, are liable to contracting several serious chronic non-communicable diseases, compared to the population with normal weights. Some of the diseases are type-2 diabetes, hypertension, cerebrovascular disease (CVD), ischemic heart disease, colon cancer, and breast cancer. Obesity also gives rise to many other disorders, including obstructive respiratory disease, sleep apnea syndrome, degenerative bone and joint disease. It can cause mental problems including depression. The Ministry of Public Health's statistics indicates that the rate of chronic obesity-related diseases in Thailand jumped 3-4 times during the nine-year period between 1997 and 2006, especially obesity, hypertension, and ischemic heart disease. Disorders commonly found in overweight children are high blood sugar level (hyperglycemia), high cholesterol level (hypercholesterolemia), and diabetes as well as various side effects that accompany such disorders. A study of diabetic patients in 11 medical establishments finds that the number of children and teenagers with type-2 diabetes increased from 2% in 1999 to 18% in 2004 because of obesity. It is estimated that there are 3,000,000 obese children in Thailand who show signs of becoming diabetic. In fact, of this number 90,000 cases have already been found to suffer from diabetes.

12. Such health problems have led to direct and indirect economic and social losses in terms of medical costs, DALY loss, unemployment and reduced productivity, and potentials of the obese people concerned. In China, where the nutritional situation is similar to that of Thailand, it is reported that the direct and indirect impact of overweight and related health behaviors is estimated to be 3.58% of the Gross National Product (GNP) or US\$4.3 billion in 2000 and is expected to reach 8.7% of GNP or US\$10.6 billion in 2025. Such information reflects the expenditure burden that society will have to bear, while much opportunity for national development will be lost. All this is due to overweight and obesity of the population.

Related policies and measures

13. It can be said that Thailand is not yet sufficiently prepared to manage weight and obesity in an effective and timely manner. In the past, food and nutrition policies tended to focus on solving malnutrition and underweight problems. However, recent policies have paid more attention to obesity prevention, starting from 2006-2007 when the 10th National Economic and Social Development Plan and the 10th National Health Development Plan included policies to manage, prevent and control overweight and obesity as part of the plan to prevent chronic non-communicable diseases.

14. In 2006 a network of “Thais with no pot-bellies” was established under the leadership of six major partners: Royal College of Physicians of Thailand; Ministry of Public Health; Sports Science Society of Thailand; Nutrition Association of Thailand; Thai Association for Health, Physical Education and Recreation; and Thai Health Promotion Foundation that provided financial support. The network came up with activities to disseminate information on weight control and advocate suitable body weight.

15. In 2007 the Department of Health in conjunction with the partners concerned carried out the “Thais with no pot-bellies” project advocating three principles: suitable food, adequate exercise, and good mood. The effort was made to encourage people to keep in shape and find role models for weight control. The Ministry of Public Health set up a waistline criterion as an important health indicator. Campaigns were launched nationwide for waistline measurements.

16. In 2008 the Department of Health started a “Partner Organizations with no pot-bellied Thais” program, financially supported by Thai Health Promotion Foundation. The program was aimed to create organizations/communities for “no pot-belly” models. At the same time, the department advocated public policies at the organizational, local and national levels. Some of the joint issues advocated by the local level were preparing healthy snacks for healthy meetings and growing organic multi-colored vegetables. Joint issues proposed at the national level included schools/childcare centers free from carbonated drinks, promotion of production/sale of food with 25% less sugar, fat and sodium, and control of advertisement of sweets for young children.

17. In 2007 the Family Network Foundation and Foundation for Consumers jointly carried out activities in support of the consumer protection plan for health. Their action led to the Department of Public Relations issuing an Announcement on “Criteria and duration of time for commercials and business services on radio and television that may have an impact on children”, following the resolutions passed by the cabinet and National Broadcasting Commission (NBC), dated 18 January 2008. The announcement had no effect, however, as a result of the passage of the Act on Radio and Television Broadcasting Activities B.E. 2551 (2008) on 26 February 2008.

18. In 2008 the Consumer Protection for Health and International Consumer Protection and Enforcement Network organized an ASEAN Conference on Marketing of Food to Children. The event was attended by over 150 participants from Thailand, Malaysia, Indonesia, the Philippines, South Korea, Australia, United Kingdom, and Germany, as well as from international organizations including WHO, Consumer International, and International Association for the Study of Obesity. The conference led to the Bangkok Call to Action issued on 29 February 2008.

19. Attempts were made to integrate projects under the Plan for Health Promotion and Disease Prevention for 2009, known as “P&P National Priority”. The work was financially supported by National Health Security Office providing 75 million baht drawn from the project “Thai Health Lifestyle: Pot Belly and Chronic Non-communicable Disease” and 10 million baht from the project “Prevention of Complications from Diabetes”. Requests have also been made for budgetary support for 2010 to further implement the strategic plan.

Constraints

20. Overweight and obesity involve several complicated factors. Attempts to solve the problem on one front without considering other related issues are bound to be ineffectual. So far the work carried out by the Ministry of Public Health has been

beset with a number of obstacles. The costs for effectiveness were high. There was much resistance. Some work lay beyond its scope of responsibility. Efforts were, therefore, made to involve various parties/sectors concerned. Although more participation is in evidence, it has not yet come from all the sectors. As a result, many measures are left unfinished or undone, e.g. passing regulating laws or issuing measures to improve the environment favorable to appropriate consumption behaviors and physical activities. Some measures are limited in nature while others may provoke a strong resistance, e.g. importance given by the parties concerned, budgetary allocation, and resistance from society and business operators. Admittedly, some measures may affect a way of life for some people and earnings for others. In addition, there is not enough information to prove the efficiency or effectiveness of the measures that have been implemented. Such information, if available, would indicate what needs to be improved or developed. As a result, the efforts to manage overweight and obesity are not as efficient and effective as they should be.

Possible solutions

21. Actions must be taken to put in place the following:

(1) Mechanism for all sectors concerned to participate in the awareness raising, learning and solution of overweight and obesity problems.

(2) Integrated management of overweight and obesity on the basis of knowledge and facts.

(3) Development of relevant knowledge, work process and personnel on a continuing basis.

(4) Information collecting system to assess the efficiency, effectiveness and suitability of the implementation.

Issue for Consideration by the National Health Assembly

The National Health Assembly is requested to consider documents: Health Assembly 2/ Draft Resolution 9 and Draft Strategies for Management of Overweight and Obesity 2010-2019 in Document National Health Assembly 2/ Draft Resolution 9/Annex 1.