

Protecting school children from the serious threat of non-communicable diseases

Schools are a key setting for promoting the health and wellbeing of children

Good health and education go hand in hand, which also holds the key to achieving many Sustainable Development Goals (SDGs). Better student health and wellbeing, including positive health behaviors such as healthy eating, avoiding smoking and drinking, and having sufficient physical activity are linked to better educational outcomes including increased school attendance, higher engagement, better readiness to learn, and higher academic performance. Conversely, better-educated students and safe and supportive school environments are associated with better health outcomes for students that are sustained through adulthood.

In Thailand, around 95% of primary-school-age children and 86% secondary-school-age children attend school. Schools therefore provide an efficient and effective way to reach large numbers of the young population. Improving school health is therefore an efficient way to positively impact the health and educational development of 14 million Thai children and adolescents (age ≤18 years old).

Thai school children face many health challenges

Thai children and adolescents are being increasingly exposed to various health risks. The latest Global School-based Student Health Survey (GSHS) in Thailand found that one out of six schoolboys uses a tobacco product.¹ The use of e-cigarette is also gaining popularity among high school and university students. Nearly one out of every four students drink alcohol and this behavior is on the rise among girls. Unhealthy eating is also common among school children. Thailand has the highest level of snack consumption among adolescents as compared to other countries. Additionally over half the students regularly consumed unhealthy food (carbonated sugary drinks and fast food) while only a third regularly consume fruits and vegetables. Thai adolescents have limited physical activity with only 20% of students meeting the daily physical activity requirement of 60 minutes as recommended by WHO. Obesogenic environments combined with sedentary lifestyles are driving the obesity epidemic. The percentage of overweight Thai students increased dramatically from 4.4% to 17% in less than a decade (See Annex for more details).

COVID-19 has worsened prevailing health threats posed by noncommunicable diseases

In the context of COVID-19, promoting the health and wellbeing of children and adolescents is more critical than ever. There is growing evidence that non-communicable diseases and their underlying risk factors are associated with a higher risk of severe COVID-19 related illness and death.² For example, smokers were 1.5 times more likely to have severe complications from COVID-19 and had a higher mortality rate. Exposure to aerosols from e-cigarettes harm the cells of the lung and diminishing the ability to respond to infections including COVID-19. Overweight and obesity individuals have seven times higher odds of developing severe COVID-19 than those with normal BMI. These data underscore the need for urgent action to reduce NCDs and their underlying risk factors, especially given the perils of COVID-19 and potentially, future pandemics.

¹ <https://www.who.int/ncds/surveillance/gshs/thailand/en/>

² https://www.who.int/publications/i/item/WHO-2019-nCoV-Non-communicable_diseases-Evidence-2020.1
<https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931647-0>

The education sector has a fundamental role in protecting school children from the threat of NCDs.

The Ministry of Education is collaborating with the Ministry of Public Health to develop and support policies and environments conducive to promoting health promotion in school settings. However, as evidenced by an increasing of prevalence of NCDs risk factors and worrisome health outcomes of Thai school children in the past decade, there is a need for stronger measures to protect school children from health-harming environments and risk factors such as tobacco and alcohol use, physical inactivity and unhealthy foods.

Suggested actions:

1. Regularly inform students, teachers and school staff about existing national laws on tobacco and alcohol control, including zero tolerance to smoking and drinking on school premises and illegality of e-cigarettes. Enforce national tobacco and alcohol control laws strictly as applied to school settings. Prohibit scholarships or sponsorship by tobacco and alcohol companies.
2. Introduce a healthy cafeteria policy that includes healthy snacks such as milk and local fruits as well as wholesome lunch, consistent with nutritional standards agreed by the Ministry of Public Health and the Ministry of Education.
3. Stop the sale of unhealthy (junk) food and sugary beverages on school premises.
4. Allocate sufficient time in the daily timetable for physical activity. Provide adequate facilities for sports and physical activity at schools.
5. Ensure that the core curriculum for students as well as for teachers' training includes learning about the NCD risk factors i.e. tobacco, alcohol, unhealthy diet and physical activities. Build capacity of teachers and school staff in enforcement of national health-related laws within school premises.
6. Provide skills-based education to schoolchildren so they know how to practice healthy behaviours and, among other things, learn about surrogate marketing tactics used by various industries to target children and adolescents.
7. Provide appropriate on-site counselling and facilitate referrals when needed to offer psychosocial support for students, teachers and school staff, including counselling for alcohol and tobacco cessation.
8. Promote substantive involvement and engagement of student representatives, teachers and families in the development of health-related policies and programmes.

Above actions to promote school health and learning should be institutionalized using a systems approach and implemented in schools across the board, and not seen as a standalone initiative. UN agencies commit to support the Ministry of Education and the Ministry of Public Health to protect school age children in Thailand from the threat of NCDs.

Annex

Thailand Global School-based Student Health Survey in 2008 and 2015; key findings and country comparison

Source: <https://www.who.int/ncds/surveillance/gshs/thailand/en/>

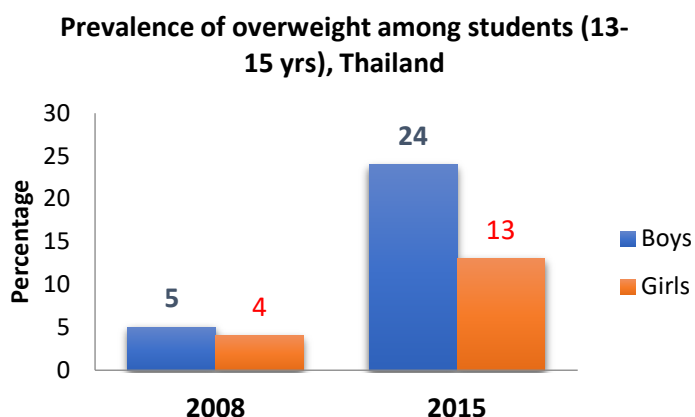
Summary findings:

- Dramatic increase in overweight and sedentary behavior among student overtimes.
- More than half of student drink carbonated drink regularly while only one third eat vegetable regularly.
- Alcohol and tobacco use increasing among girls and no decrease among boys.
- Thai students are at a relatively higher risk than their peers in neighboring Asian countries.

Overweight

- One out of five students were overweight
- More boys were overweight than girls
- Dramatic increase over time

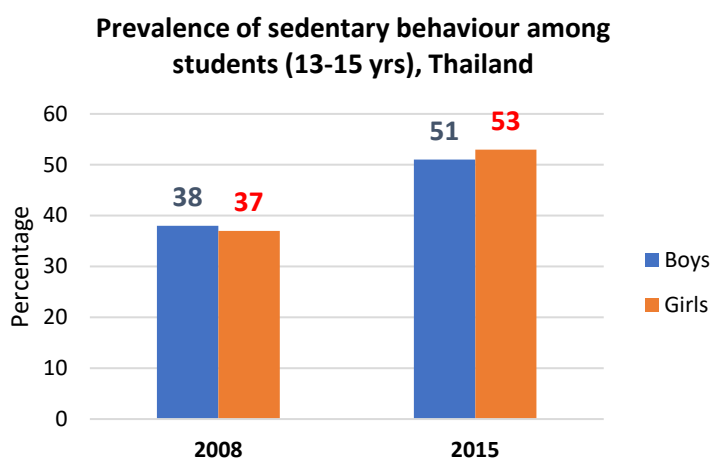
Country comparison	
Vietnam	6%
India	11%
Thailand	17%
Malaysia	19%



Sedentary behavior

- Over half of students (56%) spent three or more hours a day on sitting activities
- Student less active than before

Country comparison	
Bangladesh	15%
Sri Lanka	34%
Malaysia	47%
Thailand	56%



Dietary behavior

Carbonated soft drink;

- Over half of students (56%) drank carbonated drinks daily
- No change since previous round

Country comparison	
Vietnam	31%
Bangladesh	47%
Thailand	56%

Vegetable and fruit intake

- Only 1 out of 3 students ate vegetable regularly (33%)
- Only 40% of students regularly had fruit.

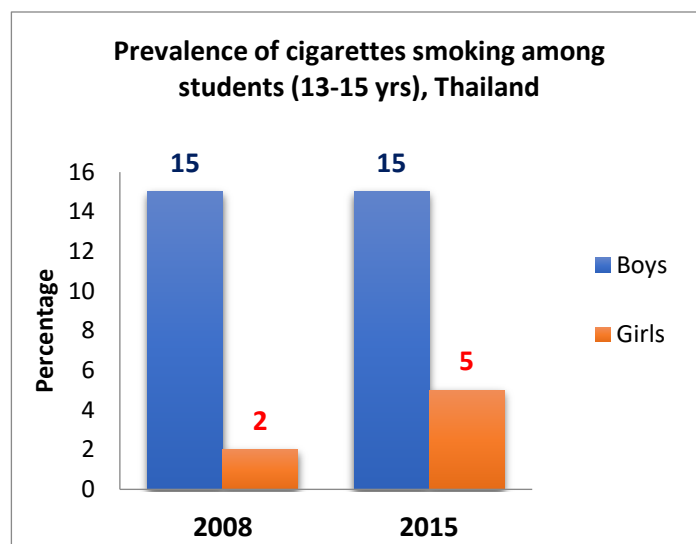
Access to food

- Over half of students (55%) regularly ate food from fast food restaurants, school cafeteria, food vendors, or market.

Tobacco use

- One out of 10 students smoked cigarettes.
- Smoking prevalence 3 times higher in boys than girls, no decline over times.
- Increase in proportion of smoking in girls.

Country comparison	
Laos	6%
Thailand	10%
Malaysia	12%



Alcohol use

- Nearly quarter (22%) of students currently drink alcohol.
- More boys drink than girl but girl drink almost double over time.

Country comparison	
Cambodia	10%
Thailand	22%
Vietnam	24%
Laos	30%

