

WHAT MINISTRIES OF EDUCATION NEED TO KNOW ABOUT NON-COMMUNICABLE DISEASES

A Sectoral Brief for Thailand

ianizatio

### **Key points**

- Addressing non-communicable diseases (NCDs) and their risk factors supports the educational development of children.
- Children and adolescents are being increasingly exposed to tobacco, alcohol, unhealthy diet and physical inactivity. Lifelong health behaviours are shaped during childhood and adolescence.
- The education sector has a fundamental responsibility to protect children's health and well-being.
- Support of educators and peers is essential.
- Empowered children and youth can encourage healthy families and healthy communities.

#### **How NCDs impact education**

NCDs and their risk factors undermine school education and lifelong learning by:

- Interfering with school attendance and academic performance of students when they face illness from an NCD, have to care for family members who are ill, or are exposed to risk factors such as alcohol
- Diverting family resources away from education of children by driving parents into sickness, poverty, and care-taking roles
- **Draining educational resources** by taking away lives, health and productivity of teachers

1

Sustainable Development Goal (SDG) 3 on health and wellbeing includes targets on the prevention and control of NCDs. Addressing NCDs will help the education sector provide children and youth with a nurturing environment for the full realization of their rights and capabilities, and high quality education for all in line with SDG 4.

### What are NCDs and why must government ministries work together

There are four main NCDs: cardiovascular diseases (which include heart disease and strokes), cancers, diabetes, and chronic respiratory disease. In Thailand, NCDs caused 399,100, or 74 per cent of total deaths in 2016. The major causes of death were from cardiovascular diseases, cancer, and diabetes.<sup>1</sup>

Most premature NCD deaths (i.e. deaths before the age of 70), are from four main behavioural risk factors – tobacco use, harmful use of alcohol, physical inactivity and unhealthy diet.<sup>2</sup>

Thailand has the highest level of alcohol use among ASEAN countries,<sup>3</sup> and twenty seven percent of the population use some form of tobacco,<sup>4</sup> including more than 256,000 children who use tobacco every day.<sup>5</sup> More men and women die of tobacco related illnesses in Thailand, compared to other middle income countries.<sup>6</sup>

Only 23.2 percent of youth and children in Thailand meet the recommended minimum physical activity guidelines, with girls being less active than boys.<sup>7</sup> The prevalence of obesity in children rose from 7 per cent in 1996, to 10 per cent in 2009. Childhood obesity is highest for children at ages 12-14 years old (7.2 per cent) followed by 1–5 years old (4.6 per cent) and 6–11 years old (3.5 percent).<sup>8</sup>

Population exposure to behavioural risk factors for NCDs is determined largely by policies in trade, education, labour, tax, urban planning and other 'non-health' sectors. This means that early death and disability from NCDs are largely avoidable through better policy coherence across sectors. Given the social, economic and environmental burdens of NCDs, it is possible to identify strategies and approaches that deliver shared gains for all sectors involved.

## 1. Addressing NCDs and their risk factors supports the educational development of children

- Children often have to take care of family members who have heart disease, chronic respiratory disease, cancer or complications associated with diabetes. As a result, they miss school.
- In addition, the high costs of medical care for NCDs often push families into poverty, and may prevent children from attending school.

- Tobacco and alcohol use, unhealthy diets and physical inactivity all keep children and adolescents from making the most of their education.
- Tobacco (nicotine) and alcohol are addictive, which impairs learning.
- In Thailand, 21 percent of boys and 7 per cent of girls age 13-15 years smoke tobacco, with an upward trend among girls.<sup>9</sup>
- Harmful consumption of alcohol is also a concern among young people and university students. The most frequent alcohol-related problem among male

adolescents and young adults (12 to 19 years, and 20 to 24 years) in Thailand, to was getting into a fight after drinking (26.1 per cent and 23.4 per cent respectively).<sup>10</sup>

- Alcohol use can also result in violence, road traffic injuries and unwanted pregnancies, all of which interrupt education.
- NCDs are increasing in children. Type 2 diabetes used to occur nearly entirely in adults, but is now seen in children too.<sup>11</sup> Onset of NCDs in children impacts educational attainment.<sup>12</sup>
- Overweight and obese children are more likely to suffer from depression, low self-esteem and other behavioural and emotional difficulties as well as stigmatization and social isolation.<sup>13</sup>
- Diabetes also has potential impacts on school performance, negatively affecting school grades for children with poor metabolic control.<sup>14</sup>

2. Children and adolescents are being increasingly exposed to tobacco, alcohol, unhealthy diet and physical inactivity. Life-long health behaviours are shaped during childhood and adolescence

- Better health means better education and better education means better health.15 Over half of NCD-related deaths are associated with behaviours that begin or are reinforced during adolescence.16
- Education is also an enabler of full employment. An equalizer of both opportunity and outcome, education lifts individuals and societies out of poverty and drives economic growth.
- Education is also a means of preparing children for a lifetime of contributing to society, and therefore must inform and empower children on how to avoid preventable NCD related illness and deaths.



- In Thailand, 16.9 percent of surveyed students started smoking before the age of 10 years, and 68.6 percent of female youth (15 to 24 years old) of those who smoke, started smoking at the age of 14.<sup>17</sup>
- Alcohol use was found in 23 per cent of students aged 13-17 years, and 55 per cent of students with experience of alcohol use had their first drinking episode before the age of 14.<sup>18</sup>

# 3. The education sector has a fundamental responsibility to protect children's health and well-being

The Thailand Healthy Lifestyle Strategic Plan Phase II 5-Year Non-Communicable Diseases Prevention and Control Plan (2017-2021) has the goal of relieving the avoidable burden of morbidity, mortality, and disability due to NCDs by means of collaboration between various entities and sectors, with youth as a target population. The plan identifies key strategies for the education sector and educational institutions to contribute to NCD prevention and control across several strategic goals, with an emphasis on risk mitigation, surveillance of risk factors, and knowledge and awareness.<sup>19</sup>

The education sector and educational institutions should strongly consider:

- Thailand has a 100 per cent smoke free school and educational institution policy.<sup>20</sup> However, nearly 50 per cent of students witness someone smoking inside or outside school compounds in Thailand.<sup>21</sup>
- Promoting healthy eating and physical activity at all levels of education, including through the health promoting schools initiative.<sup>22</sup>
- Establishing standards for meals provided in schools, or foods and beverages sold in schools that meet healthy nutrition guidelines.<sup>23</sup>



D PACAF

- Ensuring that regulations concerning the marketing, advertising and sale of tobacco, alcohol are enforced and unhealthy foods and beverages in the vicinity of schools are adopted.
- Raising awareness among students about Thailand's new tobacco control law, including the minimum legal age of 20 years for purchasing tobacco and alcohol products, and 18 years for selling or giving tobacco products.
- Banning educational and sports scholarships by alcohol companies and those that sell processed foods and beverages high in fat, sugar and/or salt.
- Incorporating quality physical activity, into the daily curriculum for children, including during lunch and other breaks, in line with WHO recommendations of 60 minutes of moderate to vigorous activity for 5-17 year olds;<sup>24</sup> promoting extracurricular physical activity, such as through the "Moderate Class More Knowledge" project in Thailand, which encourages activities outside the classroom.<sup>25</sup>
- Ensuring the core curriculum includes indepth learning about the risks associated with tobacco, alcohol, unhealthy diet and physical inactivity. Education institutes have the power of spreading health literacy en masse.
- Building the knowledge and skills of parents, caregivers and communities regarding NCDs and their risk factors.
- Providing health and psychosocial support services to children and youth who are affected by NCDs directly or indirectly.

## 4. Support of educators and peers is essential

Teachers are role models, who have a profound effect on students' propensity for health-harming behaviours such as alcohol and tobacco consumption as well as unhealthy diet. The same is true of peers. Young people from around the world complain about teachers who smoke in or near school and coercion from older peers to start smoking.<sup>26</sup> Supporting staff to adopt healthier behaviours and addressing peer pressure when it comes to unhealthy behaviours is important. This includes:

- Ensuring that non-smoking and nonalcohol policies apply also to staff and parents, both on the premises during school hours and during organized school travel and events.
- Ensuring that teachers possess high health literacy and promote healthy lifestyles, so that they can then fully utilize their potential as educators, but also be instrumental in providing health education. Teachers who champion healthy lifestyles can be important role models for children, and vice versa.
- Offering tobacco cessation support to staff, students and their families and offering counseling to staff with alcohol use disorders or hazardous drinking patterns.
- Ensuring food available to staff is low in salt, sugar and saturated/trans fats. For example, policies should be in place to ensure that food and drink supplied by vending machines are healthy.
- Providing opportunities for staff to engage in physical activity.

• Providing anti-bullying sensitization to students with guidance on differences between positive and negative peer support.

An impediment to offering knowledge and skills on NCDs in schools can be pushback from administrators or teachers who worry that doing so will divert time and attention away from the school's primary mission.<sup>27</sup> It is important to convey that improving health and well-being needs to be central to the mission of schools and colleges. Teachers should play a key role in developing knowledge and skillsbased approaches for incorporating health and wellbeing into the curriculum.

Support for teachers to be advocates for health literacy and healthy lifestyles is critical. Preventing NCDs and risk factors among teachers can also contribute to educational progress in Thailand through reduced absenteeism, improved productivity, and continuity of careers of experienced teachers.

# 5. Empowered children and youth can encourage healthy families and communities

- The education sector has the power to reach the local community in addition to students. Families, businesses and community leaders can all benefit from its leadership. Children can successfully encourage their parents and communities to adopt and maintain healthier lifestyles.<sup>28,29,30</sup>
- There are over 13 million students in Thailand.<sup>31</sup> There is a tremendous opportunity for the education sector to support programmes that inject youth leadership into local NCD responses, and to promote enabling environments for children and adolescents who are outside of formal education.

 Use of social media can create opportunities for curbing risk behaviours in youth. In 2012, Thai Health Promotion Foundation launched a powerful social media campaign on YouTube called "Smoking Kid", which filmed the reactions of smokers being approached by children to ask for a cigarette, and highlighted their arguments on the harms of smoking. This video is credited with increasing the number of calls to the national tobacco cessation support Quitline.<sup>32</sup> In Thailand, over 50 per cent of YouTube users are children and youth aged 13 to 24 years.<sup>33</sup>

### 6. Advancing action on NCDs in the education sector

In the first instance, the education sector needs to:

- Promote the policies in this brief that ensure a healthy school and community environment;
- Integrate health and well-being, including NCDs and their risk factors, into school curricula
- Ensure their leadership is reflected in relevant cross-government health and development policies, plans and programmes.

### Endnotes

- 1 World Health Organization (2018). *Non-communicable diseases country profiles*. Thailand. Available at http://www.who.int/nmh/countries/tha\_en.pdf
- 2 World Health Organization Thailand (2014). *Non-communicable diseases country profiles*. Thailand. Available at http://www.who.int/nmh/countries/tha\_en.pdf
- 3 Alcohol consumption in Thailand (2014). Thai PBS, January 6. Available at http://englishnews.thaipbs.or.th/ infographic/alcohol-consumption-thailand/
- 4 Department of Tobacco Control, Department of Disease Control, Ministry of Public Health (2012); Global Adult Tobacco Survey (GATS) 2011.
- 5 The Tobacco Atlas. Country factsheet Thailand
- 6 Ibid.
- 7 Amornsriwatanakul, A., Nakornkhet, K., Katewongsa, P., Choosakul, C., Kaewmanee, T., Konharn, K., ... & Yankai, A. (2016). Results from Thailand's 2016 Report Card on Physical Activity for Children and Youth. *Journal of physical activity and health*, *13*(11 Suppl 2), S291-S298.
- 8 Teerawattananon, Yot; Luz, Alia (2017). Obesity in Thailand and its economic cost estimation, ADBI Working Paper Series, No. 703
- 9 World Health Organization (2015). *The Global Youth Tobacco Survey, Thailand.* Available at http://apps.who. int/iris/handle/10665/251465
- 10 Sawitri Assanangkornchai, Nisan Sam-Angsri, Sirinporn Rerngpongpan, Amata Lertnakorn; Patterns of Alcohol Consumption in the Thai Population: Results of the National Household Survey of 2007, *Alcohol and Alcoholism*, Volume 45, Issue 3, 1 May 2010, Pages 278–285, https://doi.org/10.1093/alcalc/agq018
- 11 World Health Organization (2016). *Global Report on Diabetes*. Available at http://apps.who.int/iris/bitstre am/10665/204871/1/9789241565257\_eng.pdf
- 12 Muller-Riemenschneider, F, et al. (2008). "Health-economic burden of obesity in Europe." Eur J Epidemiol, 23: 499-509
- 13 Pizzi, M, and Vroman, K (2013). "Childhood obesity: effects on children's participation, mental health, and psychosocial development." Occup Ther Health Care, 27: 99-112.
- 14 McCarthy, A. M., Lindgren, S., Mengeling, M. A., Tsalikian, E., & Engvall, J. (2003). Factors associated with academic achievement in children with type 1 diabetes. *Diabetes care*, 26(1), 112-117.
- 15 He, F, et al. (2015). "School based education programme to reduce salt intake in children and their families (School-EduSalt): cluster randomised controlled trial." BMJ, 350: h770
- 16 AstraZeneca Youth Health Programme, in partnership with others. "Non-communicable Diseases and Adolescents: An opportunity for action." http://www.jhsph.edu/research/centers-and-institutes/center-for-adolescent-health/az/noncommunicable.pdf
- 17 World Health Organization Thailand Country Office. *The prevalence of tobacco use*. Available at http://www.searo.who.int/thailand/areas/tobaccoprevalence/en/
- 18 World Health Organization (2015). *Global school-based student health survey (GSHS) Thailand*. Available at http://www.who.int/chp/gshs/thailand/en/
- 19 The Thailand Healthy Lifestyle Strategic Plan Phase II, the NCD prevention and control plan (2017-2021) (Draft)

- 20 Tobacco control laws (2017). *Legislation by country, Thailand* Available at http://www.tobaccocontrollaws. org/legislation/country/thailand/sf-indoor
- 21 World Heath Organization (2015). *The Global Youth Tobacco Survey, Thailand*. Available at http://apps.who. int/iris/handle/10665/251465
- 22 WHO. "What is a health promoting school?" http://www.who.int/school\_youth\_health/gshi/hps/en/
- 23 As recommended verbatim in the Report of the Commission on Ending Childhood Obesity
- 24 World Health Organization. *Global strategy on diet, physical activity, and health.* Availanle at http://www.who. int/dietphysicalactivity/factsheet\_young\_people/en/
- 25 Thais must change their view on learning (2016). Bangkok Post, 18 Jan. Available at http://www.bangkokpost. com/print/829424/
- 26 UN Habitat (2012). Young people, participation, and sustainable development in an urbanizing world. Available at https://www.worldwewant2030.org/node/300563
- 27 Waters, E, et al. (2011). "Interventions for preventing obesity in children." Cochrane database of systematic reviews, 12 (CD001871).
- 28 Gunawardena, N, et al. (2016). "School-based intervention to enable school children to act as change agents on weight, physical activity and diet of their mothers: a cluster randomized controlled trial." International Journal of Behavioural Nutrition and Physical Activity, 13:45.
- 29 Fornari, L, et al. (2013). "Children First Study: how an educational program in cardiovascular prevention at school can improve parents' cardiovascular risk." Eur J Prev Cardiol, 20: 301–9
- 30 He, F, et al. (2015). "School based education programme to reduce salt intake in children and their families (School-EduSalt): cluster randomised controlled trial." BMJ, 350: h770
- 31 OECD (2016) Reviews of National Policies for Education in Thailand, an OECD-UNESCO perspective. Available at http://www.oecd.org/publications/education-in-thailand-9789264259119-en.htm
- 32 Thailand social media landscape. Thailand social media users in 2014. Available at http://syndacast.com/ wp-content/uploads/2015/01/Thailand-Social-Media-Landscape.pdf

© WHO and UNDP 2019. All rights reserved.

Development of this brief was coordinated by a joint WHO and UNDP team. This brief is for advocacy purposes and provides a set of



options for action. It does not represent an official position of WHO or UNDP and has not been shared with their respective governing bodies. References to Member States and partners do not constitute or imply any endorsement whatsoever of this brief.