

Impact of Economic Crisis on Nutritional Status: Case Examples - Thailand

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INTRODUCTION

Malnutrition has long been recognized as a consequence of poverty. It is also increasingly clear that it is also a cause of poverty. Poverty, which has degraded human lives for centuries, has shown dramatic reduction in the 20th century. Economic growth has therefore been a powerful means to eradicate poverty, raise productivity and incomes of poor people, improve nutrition and expand opportunities and choices in a variety of ways. With respect to nutrition improvement, in several parts of the world, notably East Asia, there have been dramatic gains in reducing malnutrition especially child malnutrition. But overall, the absolute number of malnourished children worldwide has grown. Poor nutrition in children seriously compromises their growth, development and learning capacity, and sets up a disastrous trend towards damaging the productive capacities of nations at large (UNDP, 1997).

Presently, a wide disparity exists in the health and nutritional status of children among different economic groups in various countries of Asia. Good early nutrition is most likely to result when there is economic growth, especially equitable growth; when food, health and social services become affordable and accessible; and when adequate investment is made in human resources, including the empowerment of women. Good nutrition, in turn contributes to greater productivity and thus to economic growth. In the above context, the current economic crisis that has engulfed much of the entire South East Asia is likely to have impinged on various spheres of development. While information on its specific impact on nutritional status of the community is yet to be made available from countries in the region, the situation indeed calls for integrated and sustained community action to address the nutrition problems which are likely to present formidable challenges in the near future.

The current paper aims to present the impact of economic crisis on nutritional status providing an overview of the Thai situation.

The paper will examine

- Decline in poverty in Thailand over the past decade
- Present nutrition situation
- Integrated community-based nutrition improvement programs
- Food based dietary guidelines for promoting healthy diets and life-styles
- Health services
- Consumer protection with a focus on nutrition labeling

The adaptive, enduring and resilient quality of the Thai population in the midst of the current crisis is providing the much needed reassurance and support in facing the crisis and coping to overcome inevitable nutrition challenges in the face of the changing economy in South East Asia.

Poverty alleviation

Poverty alleviation has been incorporated as part of the long-term national policy in Thailand which placed nutrition as an important component for reaching the national 'health for all' goal. Malnutrition which was considered as a sign of poverty and ignorance, has been addressed by eliminating its root causes. The Poverty Alleviation Plan (PAP) focused first on improving the quality of life of 7.5 million poor people in the northern, northeastern and extreme southern regions. Poverty was addressed in all its dimensions and not income alone, through strategies of empowerment and related actions to enhance opportunities for everyone.

To promote equity, five basic principles were adhered to:

1. Top priority was given to specified areas where poverty was concentrated.
2. Living standards were to meet a subsistence level for all the people.
3. Emphasis was on people to eventually assume responsibility for care of themselves.
4. Use of low cost affordable technology that could be handled by the people themselves.
5. People's participation in decision making, learning how to adapt activities to solve their problems.

A central coordinating committee - the National Rural Development Committee - was appointed in 1982, and was responsible for integrating services at various levels namely, provincial, district, sub-district and village levels. Four ministries - Health, Agriculture, Education, and Interior, served as implementing agencies.

Integrated activities were targeted toward poor villages through village committees, village volunteers and community members, and intersectoral collaboration was strengthened by an integrated training team, consisting of extension personnel from the four main ministries. Rural job creation, village developmental projects, provision of basic services and agricultural production were the key programs that were implemented. The PAP was based on quasi-decentralization of services with shared responsibility by officials and communities (Tontisirin, 1995).

The trends in poverty decline in the last decade are shown in Tables 1 and 2. A steady decline in poverty is observed over the last decade in Thailand, which is attributed to the implementation of PAP through a multi-sectoral approach. Thailand has been ranked eleventh among 78 developing countries in the human poverty index (HPI), with an HPI of 12% (UNDP, 1997). The areas where much needs to be done are in the rural parts of Thailand, where currently, intensified developmental efforts are in progress.

The present economic crisis, however, has had its effects through a decline in earnings both in cash and in kind throughout the country, with rural areas being more affected. Out of a total population of 60 million in Thailand, about 1.5 to 2 million are estimated to be unemployed.

Exact data is not presently available, but anecdotal evidence, newspaper reports and national economic records suggest the main effects of the crisis as:

1. reduced income;
2. adoption of prudent life styles by the Thais;
3. varying degrees of psychological stress among severely affected individuals; and
4. likely decline in nutritional adequacy in terms of total daily dietary energy and micronutrient supplies.

Table 1. Poverty Prevalence in Thailand (%)

<i>Region</i>	<i>1988</i>	<i>1990</i>	<i>1992</i>	<i>1994</i>	<i>1996</i>
Central	32.9	20.7	15.4	7.2	6.2
East	15.5	19.4	11.9	7.5	3.8
West	32.0	26.4	13.1	12.5	9.3
North	32.0	23.2	22.6	13.2	11.2
Northeast	48.4	43.1	39.9	28.6	19.4
South	32.5	27.6	19.7	17.3	11.5
Bangkok	6.1	3.5	1.9	0.9	0.6
Total average	32.6	27.2	23.2	16.3	11.4
Population (millions)	17.9	15.3	13.5	9.7	6.8

Source: The Poor Thai 1998

Table 2. Poverty Prevalence by Area (%)

<i>Area</i>	<i>1998</i>	<i>1990</i>	<i>1992</i>	<i>1994</i>	<i>1996</i>
Bangkok metropolitan	8.0	6.9	3.6	2.4	1.9
Town	21.8	18.2	12.7	9.6	5.8
Rural	40.3	33.8	29.7	21.2	14.9
Total	32.6	27.2	23.2	16.3	11.4

Source: The Poor Thai (1998)

Nutrition Situation

The current nutrition situation shows that the progressive nutrition improvement experienced in Thailand over the past 2 decades has been sustained. An overall prevalence rate of 6.8% for low birth weight (LBW) in 1996 was reported from a prevalence of 9.5 % in 1989, and a ten fold decline in maternal mortality from 230 per 100,000 live births to 17 per 100,000 live births in 1996 was noted. Severe protein -energy malnutrition has been eradicated, and rates of mild, moderate and severe malnutrition by weight-for-age standards consistently declined from 50.8% in 1962 to 10.45% in 1996. More than 80% of preschoolers have been reported as nutritionally normal (UNFP, 1997). Vitamin A deficiency (VAD) has been virtually eliminated, though sub-clinical forms of VAD still exist. Very recently, some cases of clinical VAD have been reported in some of the remote areas in rural Thailand, where health and nutrition services may not have had complete access. The iodine deficiency disorders (IDD) situation has improved, with total

goiter rates among school children being reported as 4.27% in 1996. However, IDD rates are found to range between 20 to 50% among disadvantaged rural groups of school age children along the Thai-Lao border for which IDD control programs are being rigorously implemented. Iron deficiency anemia (IDA) is found to exist among 16.4% of school age children and 13% of pregnant women (UNICEF, 1997).

FOOD SECURITY

The economic crisis has not demonstrated any severe effect on the food security status of the Thai population, due partly to the 'food safety net,' established in the country through the long term efforts of the Royal Family and the government and non governmental organizations (NGOs). The Royal Family has been closely promoting 'self-sufficiency of food' through improvement of agriculture and food production programs throughout the country, with special efforts directed to the vulnerable regions bordering Thailand. His Majesty has emphasized food production as a priority, to be then followed by economic improvement in the country.

Special food and nutrition services and day care centers are also available for vulnerable groups, as is also the provision of free school lunch and milk for preschool and school age children. The Social Welfare Council has been assigned as the responsible agency for providing free lunch for needy persons where about 2 million baht is being utilized for the program.

HOLISTIC PREVENTION AND CONTROL STRATEGIES

Strategies for addressing nutritional problems have been developed and are being implemented at various levels through the agriculture, health and nutrition services and systems within the country, utilizing a participatory community involvement approach.

Food production for consumption incorporating nutritional objectives in food production is a unique feature in the Thai context. Agriculture has been long promoted and reinforced among households and communities with support being provided through the government and non-government organizations (NGOs).

Table 3. Typical Land Use in Rural Thai Households

<i>Land purpose</i>	<i>Proportion for use (%)</i>
Housing	10
Reservoir of water, fish ponds	30
Home gardens, fruit trees, raising poultry	30
Cultivation of staples (rice)	30

Integrated farming systems are being practiced to optimize the use of available land. A typical land distribution for use of existing resources among most rural Thai households is outlined below (Table 3). This distribution of the available land as a resource base has been recommended by His Majesty the King, which is being put to optimal use by most households in the rural areas.

Thus, a simple, yet self-sufficient system of food production for consumption is well established in most rural households, while in urban areas people depend on food purchased, which is widely and easily available in a fresh, wholesome and safe form, accessible to all. The traditional Thai diet is widely consumed which has desirable nutritional attributes for a balanced diet.

Government support schemes have been set up in an effort to address the crisis. The government has set up a "social investment fund" which helps to link communities with NGOs for 'community-based activities'. This fund is used to provide investment for such activities as small-scale farming, food business enterprises, fruit processing, and self-help activities to assist people in the current economic crisis. Various food production, processing and marketing schemes for the unemployed are also available, and provision of training and establishment of credit co-operatives at the community level to both rural and urban groups, have helped to meet both nutrition and income needs of the economically disadvantaged populations.

Food fortification schemes through government, industry and academic partnerships have led to large-scale efforts in addressing the problems of micronutrient deficiency in the country. Triple micronutrient fortification of Thai instant noodles seasoning has been initiated, which has met with success throughout the country (Chavisit & Tontisirin, 1998). Product development of a diverse variety of food products and marketing on a country-wide scale taking economic implications into consideration, is also being envisaged.

FOOD-BASED DIETARY GUIDELINES (FBDGS)

Food-based dietary guidelines based on the basic five food groups have been developed taking into account the qualitative and quantitative components of the traditional Thai diet. The development of the FBDGs was initiated in 1989, based on the needs for nutrition awareness of various levels of consumers, professionals and policy makers. The Division of Nutrition of the Ministry of Public Health in collaboration with the Institute of Nutrition, Mahidol University, undertook this venture with an aim to improve the diets, health and life styles of the Thai population.

A set of nine FBDGs, food pattern plans, food portion sizes for daily intake, and food guide models have been developed. Inclusion of dietary variety is emphasized with a stress on plenty of fruits and vegetables that are widely available in Thailand. Appropriate food combinations, desirable cooking practices and household processing methods are also encouraged in the FBDGs. These FBDGs are contributing to foster proper eating habits in Thailand due to the commitment of professionals and stakeholders, and their implementation at a country-wide level through professional and political advocacy for the promotion of nutrition and health.

Presently, efforts to update FBDGs for age-specific vulnerable groups such as infants and preschool children, adolescent girls and pregnant women, are in progress. Promotional and implementation efforts are also being mobilized through the antenatal care services and baby friendly hospital initiatives (BFHI) in addition to the wide community-based efforts.

The emphasis is on exclusive breast feeding promotion, protection and support for breast feeding during the first 4 months of life. Commencement of complementary feeding is advised from 4 months onwards, with the introduction of rice gruel and ripe banana, followed by egg yolk and chicken liver. By 5 months, fish, green leafy vegetables (GLV) and yellow-orange vegetables (YOV) and legumes are recommended. A complete meal is suggested at 6 months, progressing to 2 meals between 8-9 months, and by the end of 1 year, a child should take 2-3 complete meals, incorporating a varied and balanced selection of foods.

For adolescent girls, the emphasis is on inclusion of iron-rich foods including adequate food to meet the additional nutrient needs at this stage. Pregnant women are advised a wide variety of foods both of adequate quality and quantity according to nutritional principles, with specific focus on micronutrients.

HEALTH SERVICES

Quality health have been made available almost throughout the country and most impressively, 90% of Thai people have access to modern health services. Some of the remote areas and border regions of Thailand however, are yet to have adequate access to health care. A large number of public (government) and private hospitals exist which have a well developed health services network. Virtually all subdistricts are now covered by health centers and over 80% of districts have hospitals (UNICEF, 1997). Free health services or highly subsidized health services are available for both the rural poor and the rest of economically underprivileged, and at an affordable price for the general public. Over 80% of pregnant women have at least four visits/contacts with the antenatal care personnel, and Thailand has one of the highest rates in Southeast Asia for deliveries attended by trained personnel. A well established working mechanism for efficient delivery of primary health care (PHC) through participatory community involvement has been made possible through collaborative efforts of government, NGOs and the community. Comprehensive nutritional surveillance has been instituted through growth monitoring and promotion (GMP), and all children up to preschool age are being weighed under the well established primary health care (PHC) system.

CONSUMER PROTECTION

In order to protect consumers and promote food security, consumer protection services are available to provide advice for purchase, selection and use of foods and food supplements/products. This serves as an effective educational aid, promotes desirable nutrition marketing, and provides guidance for wise food purchase. The current emphasis is on nutrition labeling which is likely to become a mandatory practice in the food industry from the 8th December 1998.

Nutrition and health literacy in the community plays a critical role in support of these programs. The formal school system and non-formal system through community volunteers are being mobilized for the purpose, towards nutrition improvement. *National education strategies* also largely centered on nutrition promotion and advocacy at various levels. The electronic, radio and

print media are rigorously engaged in disseminating correct nutrition information to the public in an effort to promote desirable nutrition behaviour and improve health in the Thai population.

CONCLUSION

On the whole, it appears that no serious nutrition consequences of the impact of economic crisis are observed in the Thai situation. The economic crisis, however, is likely to have far reaching implications on nutritional status in certain areas of population groups, for which there is need to monitor carefully, the specific consequences of unemployment among them.

It is noteworthy to point out, that the National Economic and Social Development Plan in Thailand which includes a separate national plan for food and nutrition, has enabled sustainability of national efforts towards nutrition improvement. The establishment of broad ranging, integrated food and nutrition programs as part of poverty reduction efforts has contributed to the long standing nutrition improvement. The existence of the 'social safety net' and well-established infrastructure supported by a strong people's participation, has substantially provided a buffer system in the country. Strong promotion of both household and community food production for consumption by the Royal Family together with national efforts have enabled to provide food security to every Thai, contributing in large measure to nutrition improvement.

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