

# Results from Thailand's 2018 Report Card on Physical Activity for Children and Youth

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## Introduction

Studies have documented physical inactivity as one of the major behavioral risk factors of non-communicable diseases (NCDs) in Thailand.<sup>1,2</sup> Thailand's 2016 Report Card on Physical Activity for Children and Youth revealed only 23.4 percent of Thai children and youth accumulated the recommended levels of moderate-to-vigorous-intensity physical activity (MVPA) ( $\geq 60$  mins) daily.<sup>3</sup> This paper aims to present the final grades of Thailand's 2018 Report Card (Figure 1) by providing the information on how the data was gathered, the methods used and the process employed to obtain the grades of physical activity (PA) and selected indicators required for the updated Report Card.

## Methods

The indicators of Thailand's 2018 Report Card were adopted from the Global Matrix 3.0 which includes 1) Overall PA, 2) Organized Sport and PA, 3) Active Play, 4) Active Transportation, 5) Sedentary Behaviors (SB), 6) Family and Peers, 7) School, 8) Community and Environment, 9) and Government with an additional indicator 10) Physical Fitness. Most indicators (1, 2, 4, 5, 6, and 8) were graded based on the data from two nationally representative surveys. The Thailand's 2016 Report Card was used for the baseline data while the Thailand Physical Activity surveillance data was used to estimate the rate of change in PA and SB. We followed people aged ( $x$ ) years old and estimate their PA in the subsequent years ( $x + n$ ) as cohort. The Active Play data was driven from *Feelfit* accelerometers, while the School indicator utilized the data from the Office of Basic Education Commission. For the Government indicator, we listed the existing policies at the national level which meet the criteria of domains and requested the committee to score the status and impact of relevant policies in promoting PA for children and youth nationwide.

## Results and Discussion

The grades and their rationales are presented in Table 1. Although the final grade remains unsatisfying (graded D-), the percentage of children and youth accumulating at least 60 minutes of MVPA per day on average has increased from 23.2 percent in 2016 to 26.2 percent in 2018. The Active Play indicator continues to stay at the lowest end (graded F), while the School indicator's grade is

elevated from C to B. The significant increase in the grade of the School indicator was perhaps due to the different measurement used between 2016 and 2018 Report Cards. While the 2016 Report Card used the Physical Education (PE) specialist's report on the frequency of PE per week, the 2018 Report Card utilized the schools' report on the provision of regular access to PA equipment and facilities. The existing policies at the national level are also considered sufficient to facilitate schools and communities to provide adequate access to daily PA for children and youth. However, attention should be addressed to the Active Transport indicator, where the proportion of children and youth used active transportation decreasing from 73.6 percent in 2016 (graded B) to 53.4 percent in 2018 (graded C).

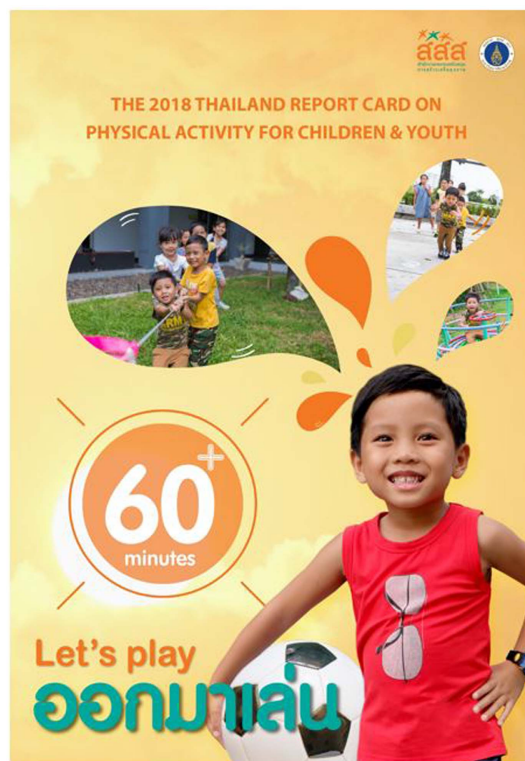


Figure 1 — Thailand's 2018 Report Card cover.

**Table 1 Grades and rationales for Thailand's 2018 Report Card**

Indicator	Grade	Rationale
Overall Physical Activity	D-	<b>26.2%</b> of children and youth accumulated at least 60 minutes of moderate- to vigorous-intensity physical activity per day on average.
Organized Sport and PA	C-	<b>44.1%</b> of children and youth participated in the organized sports and or PA program.
Active Play	F	<b>8.7%</b> of children and youth engaged in unstructured/unorganized active play at any intensity for more than 2 hours a day
Active Transportation	C	<b>53.4%</b> of children and youth used active transportation (walking, cycling, using a wheelchair, in-line skating or skateboarding) to get to and from places
Sedentary Behaviors	D-	<b>25.6%</b> of children and youth met the Canadian Sedentary Behaviour Guidelines (5- to 17-year-olds: no more than two hours of recreational screen time per day)
Family and Peers	B	<b>71%</b> family members (e.g., parents, guardians) facilitated physical activity and sports opportunities for their children (e.g., volunteering, coaching, driving, or paying for membership fees and equipment).
School	B	<b>70%</b> of schools with students who have regular access to facilities and equipment that support physical activity (e.g., gymnasium, outdoor playgrounds, sporting fields, multi-purpose space for physical activity, equipment in good condition).
Community and Environment	B-	<b>64%</b> children or parents reported having facilities, programs, parks, and playgrounds available to them in their community
Government	B+	<b>74.4%</b> of the policy makers believed the existing policies in PA had been implemented; shown by their strong leadership, commitment, funding, resources and relevant initiatives to promote PA for children and youth nationwide.
Physical Fitness	INC	This indicator cannot be graded due to insufficient data.

## Conclusion

Despite the adequate support from the government and community including schools and families, the proportion of Thai children and youth who sufficiently engaging in PA remains low. The favourable grade was given to the School indicator (graded B) however, this should not be seen as a full achievement since it does not reflect all aspects of PA promotion efforts. Although schools offer the adequate PA facilities, the nature of Thai curriculum provides limited opportunities for children to move during classes and to play during recess.

## References

1. Ministry of Public Health. *5-Year National NCDs Prevention and Control Strategic and Action Plan (2017-2021)*. Thailand: Ministry of Public Health; 2017.
2. World Health Organization. *World Health Organization Country Cooperation Strategy 2017-2021*. Thailand; 2017.
3. Amornsriwatanakul A, Nakornkhet K, Katewongsa P, et al. Results from Thailand's 2016 report card on physical activity for children and youth. *J Phys Act Health*. 2016;13(11 suppl 2):S291–S298. doi:10.1123/jpah.2016-0316