



ข่าว สภาพัฒนา

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Thailand's Social Outlook: Q4/2025 and Overview of 2025

Thailand's social outlook for the fourth quarter and throughout 2025 highlights several key trends. These include a contraction in employment, a decrease in the unemployment rate, and a continued decline in household debt (as of Q3/2025). However, Non-Performing Loans (NPLs) remain a concern, as does the decline in safety of life and property. There has also been an increase in alcohol and tobacco consumption, surveillance diseases cases, and consumer protection complaints. The report features 3 key social issues: (1) Developmental Challenges in Today's Young Children; (2) Safe Sex: Sex is not a taboo, but it must be safe; and (3) "Portfolio" and the University Admission Pathway of Thai Students. The report also includes a featured article titled: Medical Inflation: A Risk to Thailand's Healthcare System.

Employment in the fourth quarter of 2025 continued to decline. There were 39.8 million employed persons, a 0.9 percent decrease from fourth quarter of 2024. This was driven by 3.4 percent contraction in agricultural employment, while non-agricultural employment expanded by 0.2 percent. Employment in transportation and storage and manufacturing sectors increased by 3.2 percent and 1.2 percent respectively. On the other hand, employment in construction, hotel and restaurant, and wholesale and retail trade sectors contracted. **The overall unemployment rate fell** to 0.7 percent, accounting for 0.28 million persons. The only group to see an increase was previously employed persons who lost their jobs due to business closures or layoffs, which increased by 18.1 percent. However, quasi-unemployment – individuals working fewer than 24 hours per week, increased slightly by 0.5 percent, primarily driven by an increase in the agricultural sector. Conversely, the insured unemployment rate decreased to 1.78 percent from 1.81 percent in 2024. **Throughout 2025**, the employment rate stood at 99.1 percent, an increase from 2024. There were 39.6 million employed persons, a 0.5 percent decrease from the previous year. Meanwhile, the unemployment rate was 0.81 percent in 2025. **Key priority issues** include: (1) **Facilitating connections between Foreign Direct Investment (FDI) and Thai businesses while enhancing labor skills to create high-quality jobs.** This may involve expanding the coverage of BOI conditions on local employment and the use of local content to all sectors, including SMEs, along with incentives for skill- and technology transfer; and (2) **Easing concerns regarding job security posed by the rise of Artificial Intelligence (AI).** Clear and fair guidelines for AI usage should be established, while investing in digital and AI skill enhancement for workers at all levels.

Household debt in the third quarter of 2025 decreased by 0.29 percent, totaling 16.31 trillion baht. This decline resulted from financial institutions' caution in issuing new credit. Consequently, **the ratio of household debt to GDP remained steady at 86.8 percent**, consistent with the previous quarter. However, **debt service capability worsened across all loan categories.**

Credit Bureau data shows that Non-Performing Loans (NPLs) reached 1.3 trillion baht, accounting for 9.4 percent of total loans, an increase from 9.1 percent the previous quarter. **Key priority issues** include: (1) **Regulation of online loan apps and Buy Now Pay Later (BNPL)**. As these types of loans are easily accessible, users face a high risk of falling into NPL status in the future. Therefore, all online loan apps and BNPL providers should be required to be under the National Credit Bureau (NCB), alongside the establishment of a unified debt ceiling; and (2) **Rising risk of default among middle-to-high income earners**. According to SCB EIC, 21 percent of individuals earning more than 100,000 baht per month are beginning to experience difficulties in debt repayment like lower-income groups. To address this, proactive financial discipline measures should be implemented, such as payment reminders and incentives for consistent, on-time debt repayment.

Surveillance disease cases in the fourth quarter of 2025 increased by 98.5 percent, especially influenza, pneumonia, and Hand, Foot, and Mouth Disease. **Throughout 2025, cases within this same disease group increased** by 44.9 percent. Furthermore, mental health issues intensified throughout both the fourth quarter and the full year, with the highest proportion of individuals being those at risk of depression. **Key priority issues** include: (1) **Hypertension and diabetes contribute to other Non-Communicable Diseases (NCDs)**, but a portion of patients haven't been diagnosed. Emphasis should be placed on regular health screenings and the implementation of taxes on unhealthy products; (2) **The PM2.5 crisis links to rising lung cancer cases**. Proactive air quality control mechanisms are required, such as the imposition of a congestion tax to reduce traffic density and the suspension or delay of high-emission activities during peak pollution periods; and (3) **Adequate Prenatal Care continues to decline**, reaching its lowest level in 8 years which heightening risks for maternal and infant health. Efforts should be focused on expanding access to prenatal services by advocating for prenatal leave as a statutory right, utilizing telemedicine for some appointments, and tracking non-attendance to ensure continuity of care.

Consumption of alcohol and tobacco in the fourth quarter of 2025 increased by 0.1 percent, driven by an increase in alcohol consumption despite a decline in tobacco consumption. Throughout 2025, consumption of alcohol and tobacco grew by 0.4 percent compared to the same period last year. **Key issues requiring close monitoring** include: (1) **The impact of extended opening hours for restaurants to sell alcohol in 5 pilot provinces**, which may increase the risk of road accidents; (2) **The rising number of patients suffering from smoking-related illness**, where proactive health screenings could help reduce smoking, and (3) **Existing tax structures that influence consumption patterns**, potentially leading individuals to switch to cheaper alternatives rather than reducing or quitting alcohol and tobacco use.

Safety of life and property in the fourth quarter of 2025 recorded a 15.4 percent increase in criminal cases compared to the same period in 2024. This was driven by an increase in drug-related offenses, while offenses against property and offenses against life, body, and

sexuality declined. **Regarding road accidents, the total cumulative number of reported incidents fell** by 0.4 percent compared to the same period in 2024; although injuries and fatalities decreased, the number of persons with permanent disabilities increased. **Throughout 2025**, criminal cases and reported road accidents increased by 15.4 percent and 0.6 percent, respectively. **Key issues requiring close monitoring** include: (1) **The illicit trafficking of drugs and contraband through QR codes** placed in public spaces, especially city centers, and tourist areas. These codes lead buyers to AI-powered bots that facilitate orders with payments made in cryptocurrency, making it difficult to trace perpetrators; (2) **The increasing complexity of online scams**, which reached a three-year high in 2025. Fraudulent schemes have become more sophisticated, especially the transfer of funds into cryptocurrency mule accounts, which complicates investigation and asset recovery; and (3) **Risks from defective airbags**. Thailand has recorded a total of 8 casualties (including deaths and injuries) linked to defective airbags. A total of 502,881 vehicles still requires airbag replacements, an issue that demands immediate attention and monitoring.

Consumer complaints in the fourth quarter of 2025 increased by 34.2 from the same period last year. Complaints filed with the Office of the Consumer Protection Board (OCPB) regarding goods and services increased by 37.0 percent, while telecommunications-related complaints filed with the Office of The National Broadcasting and Telecommunications Commission (NBTC) declined by 16.5 percent. Mobile phone services remained the primary source of consumer complaints. **Overall consumer complaints in 2025 increased** by 38.6 percent, with filings to the OCPB and the NBTC increasing by 40.5 percent and 5.6 percent, respectively. **Key priority issues** include: (1) **Chemical contamination in fast fashion products**, especially those imported through online channels. The regulation of hazardous chemical use and residues in textile products is required, alongside promoting consumers' right to disclosure of chemical information on product labels; (2) **The widespread trend of 'weight-loss pens' on social media**, especially illegal advertising and sales using misleading 'instant slim' claims combined with guidance from non-medical personnel, poses significant health risks; and (3) **Risks arising from the use of 'recycled' phone numbers**, such as receiving unrelated debt collection calls or receiving SMS/OTP codes for online services still linked to the previous owner's account. Conversely, previous owners face risks of unauthorized access to their personal data. Users are strongly advised to unlink online services from a phone number before terminating its use. The NBTC may consider extending the 'number cooling-off period,' following the successful models implemented in South Korea and Australia.

Developmental Challenges in Today's Young Children

Early childhood development in the present day has consistently fallen below standards. In 2025, the percentage of children with age-appropriate development was 81.6 percent, missing the target of 85.0 percent. This below-target trend has been evident among the Gen Alpha and Gen Beta cohorts, who are being raised in an increasingly technology-driven environment.

When disaggregate into 5 developmental areas, the most prevalent delays are in expressive- and receptive language development. These delays are often linked to pseudo-autism behaviors such as lack of eye contact and limited social responsiveness. Evidence from international research indicates that such behaviors are correlated with digital media exposure during infancy. This suggests that developmental delays are tied to child-rearing practices in a digital environment. Key factors impacting modern child development include (1) Excessive screen time; and (2) Shifts in household structures, especially into skipped-generation households where elderly caregivers often rely on digital devices as caregiving tools. Also, the technical nature of official childcare manuals makes it difficult for caregivers to understand.

International experiences offer approach to promoting child development alongside digital media regulation. For example, *Singapore* issues screen time guidelines for children tailored to developmental stages. *Japan* protects children and youth online by designing technology to be safe for children at the point of production. This includes requiring digital device manufacturers and internet service providers to have content filtering systems and parental control tools installed. Meanwhile, *The United Kingdom* combines online safety legislation with mobile phone restrictions in schools which are flexible to school contexts. These measures are also complemented by online platforms to provide learning resources for parents and caregivers of children aged 0-4. Thailand can tailor these international best practices to promote age-appropriate child development.

Safe Sex: Sex is not a taboo, but it must be safe.

Although pregnancy and childbirth rates among female adolescents have significantly decreased, this does not indicate safer sexual behavior among Thai youth. The prevalence of sexually transmitted infections (STIs) has shown an upward trend. In 2025, the number of HIV infections was 1.5 times higher than the Department of Disease Control's projections. Notably, one-third of those infected were aged 15-24, with nearly all infections resulting from unprotected sexual intercourse. Moreover, the incidence of other monitored STIs among this age group remains higher than the average. Many young people also hold misconceptions about the proper storage and use of condoms. Furthermore, some groups engage in sexual patterns that extend beyond committed partnerships to include acquaintances, friends, and individuals met through entertainment venues or dating applications. These interactions often occur in contexts where the use of protection is inadequate. **The gap between knowledge and sexual behavior** stems from several key factors, including: (1) **Sexuality education in Thailand remains limited in quality**, with content largely focused on biological aspects while insufficiently addressing life skills essential for making safe sexual decisions. Instruction remains heavily lecture-based rather than interactive engagement, and many teachers lack sufficient skills and confidence in delivering the subject; (2) **Some youth have misconceptions about STI prevention and lack negotiation skills to ensure proper protection**. Many teenage mothers prioritize pregnancy prevention over STI prevention. Moreover, young couples exhibit low level of STI prevention due to the perceived low risk of their partners and the fear of causing dissatisfaction; (3) **Thai**

society is not yet conducive to open dialogue regarding sexual topics. Cultural norms that regard sex as a taboo limit the readiness of parents and teachers to provide appropriate guidance; and (4) **Sexual health services are not youth-friendly**, whether in terms of operating hours, service providers' attitudes, or limited choices of preventive products. These factors adversely affect both the youth and broader economic and social costs of the country. Therefore, it is crucial to **strengthen the sexual well-being of the Thai population, with a particular focus on the youth**, through the following measures: (1) Upgrading sexuality education to emphasize practical skills alongside teacher capacity building; (2) Improving the ecosystem to facilitate youth access to sexual health information and services; and (3) Applying behavioral economics approaches, such as placing condoms in locations that are easily accessible and ensure privacy.

“Portfolio” and the University Admission Pathway of Thai Students

Thailand has adopted a holistic admissions approach for the Portfolio round under the TCAS system which has become a primary admission channel for most Thai universities. As a result, the proportion of students admitted through the Portfolio round has risen steadily, from 21.5 percent in 2018 to 36.3 percent in 2025. This shift has inadvertently exacerbated inequality in access to higher education for Thai students, favoring applicants with greater resources. Such disparities are as follows: (1) Increasingly demanding and specialized requirements for portfolio submission pose significant barriers to applicants with limited financial resources, time, and opportunities; (2) Emphasis on the quantity rather than the quality of achievements has encouraged the emergence of profit-driven businesses, such as activity camps and professional portfolio-making services; (3) Small or remote schools face structural limitations in supporting students' participation in activities aligned with selection criteria, due to constraints in budgets, teacher availability, and parental support; (4) The Portfolio admission round involves relatively high financial costs, which may pose obstacles for students from low-income households; and (5) Portfolio-related fraud has become increasingly sophisticated, while verification mechanisms remain limited.

Nevertheless, several countries have introduced strategies to address these challenges. These include **refining admission conditions and requirements**, such as reducing the extracurricular requirements, disclosing evaluation criteria, and assessing applicants while excluding information that reflects socioeconomic status (South Korea). Furthermore, robust verification systems have been developed to **verify the accuracy of applicant information**, by using software to detect potential plagiarism in essays and subsequently notifying the respective universities (United Kingdom). In Thailand, in 2025 the Ministry of Higher Education, Science, Research and Innovation (MHESI) announced higher education policy guidelines for 2027, seeking cooperation from universities to reduce the proportion of admissions through the Portfolio round, while also developing cost-free portfolio-building tools. Going forward, the following actions should be considered: (1) **schools** within the same geographic areas should form networks to share resources and learning opportunities; (2) **universities** should clearly disclose evaluation

criteria, focus assessments on activities aligned with academic programs, removing applicant's information that reflects socioeconomic status, and jointly develop standardized systems to verify the accuracy of submitted information; and (3) **relevant government agencies** should consider establishing a fee cap for Portfolio round applications to prevent them from becoming excessively high.

Medical Inflation: A Risk to Thailand's Healthcare System

“**Medical inflation**”, or healthcare expenditures calculated from private health insurance claims, has continued to rise steadily. It is projected that in 2026 the global medical inflation rate will reach 10.3 percent, a sustained increase from 2024-2025. In Thailand, medical inflation stood at 10.8 percent in 2025, exceeding the headline inflation rate of 0.7 percent in 2025 by more than fifteenfold. This upward trend is driven primarily by escalating healthcare costs. Approximately 74.0 percent of insurance companies identify modern medical technology as the most significant cost driver, followed by limitations in the capacity of the public healthcare system (52.0 percent). At the same time, the capacity of healthcare service provision in Thailand, particularly in public hospitals, remains constrained in several aspects, including high bed occupancy rates and long waiting time. Consequently, some patients with sufficient purchasing power have increasingly turned to private hospitals, despite the higher costs involved.

The factors underlying medical inflation in Thailand's private hospitals are as follows: (1) **investment in advanced medical technologies**. Approximately 92.0 percent of private hospitals have adopted modern medical technologies to improve treatment efficiency and enhance competitiveness. Nevertheless, high-cost investments may induce usage in order to achieve cost recovery, leading to higher service costs that are ultimately passed on to medical fees and insurance premiums; (2) **competition in remuneration for medical personnel**. Private hospitals offer higher compensation to attract specialized medical professionals, making personnel expenses the largest cost component. In 2025, these expenses accounted for 45.0 percent of total private hospital expenditures and represented a key factor driving up the cost of service provision; (3) **relatively high pricing of medicines and medical supplies in private hospitals**. The private sector bears higher costs related to facilities and administrative management, and pricing is therefore determined by cost structures and managerial discretion. This contrasts with public hospitals, where prices are regulated through the National List of Essential Medicines; and (4) **increasing utilization of medical services by insured individuals**, as reflected in a rising health insurance loss ratio. This trend is partly driven by lump-sum insurance system, which create incentives for the provision and use of medical services beyond clinical necessity. Such utilization accounts for 28.0 percent of total health insurance claims, while only 5.0 percent of insured persons involved in such activities. In response, the Office of Insurance Commission and the insurance industry have introduced co-payment criteria to limit excessive and unnecessary use of medical services.

Therefore, to mitigate the adverse impact on the public's ability to access quality medical services, it is necessary to adopt appropriate measures by: (1) **establishing price ceilings**. The government should have regulatory mechanisms to oversee the prices of essential medicines

and medical supplies in private hospitals, in order to protect consumers and ensure access to quality healthcare at fair prices. This should include transparent and comparable disclosure of cost structures, as well as the development of domestic reference prices, to support decision making; (2) **adopting artificial intelligence technologies within the healthcare system** to enhance service efficiency and reduce operational costs, such as in appointment scheduling and insurance claims processing; and (3) **the promotion of patient participation in treatment decisions**. Patients should be involved in choosing treatment options, discussing alternative diagnostic tests or medical procedures, as well as the potential benefits and risks, in order to avoid unnecessary medical interventions.

Key Social Indicators

Key Components	2024	2025	2024				2025			
	Year	Year	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. Employment ^{1/}										
Workforce (Thousands)	40,356.6	40,230.6	40,226.4	40,178.1	40,484.1	40,537.7	40,484.1	40,114.4	40,196.3	40,127.5
% YOY	-0.2	-0.3	-0.1	-0.3	-0.1	-0.3	0.6	-0.2	-0.7	-1.0
Employed Person (Thousands)	39,806.4	39,624.6	39,579.0	39,500.7	40,039.5	40,106.2	39,383.3	39,510.0	39,852.1	39,752.8
% YOY	-0.3	-0.5	-0.13	-0.45	-0.13	-0.36	-0.49	0.02	-0.47	-0.88
Unemployed Person (Thousands)	402.2	327.8	407.7	429.1	413.9	358.2	357.7	365.5	307.5	280.5
Unemployed Rate (%)	1.00	0.81	1.01	1.07	1.02	0.88	0.88	0.91	0.76	0.70
Underemployed Person (Thousands)	192.3	155.4	191.5	162.4	191.9	223.6	176.3	155.9	142.6	146.6
2. Household Debt^{2/}										
Household debt value (Trillion baht)	16.4	N.A.	16.37	16.36	16.36	16.43	16.32	16.31	16.31	N.A.
% YOY	0.3	N.A.	2.4	1.6	0.9	0.3	-0.29	-0.31	-0.29	N.A.
Ratio to GDP (percent)	88.4	N.A.	90.7	89.7	88.9	88.4	87.2	86.8	86.8	N.A.
NPL (Billion baht) ^{3/}	1.2	N.A.	1.1	1.2	1.2	1.2	1.2	1.2	1.3	N.A.
% YOY	16.4	N.A.	14.9	12.2	14.1	16.4	8.7	6.9	7.6	N.A.
NPL to Total Loan (%)	8.9	N.A.	8.0	8.5	8.8	8.9	8.8	9.1	9.4	N.A.
3. Health and Illness										
Number of patients under disease surveillance (person)^{4/}										
- Measles	1,868	1,137	543	136	504	685	389	352	212	184
- Meningococcal fever	11	21	2	2	3	4	2	0	6	13
- Encephalitis	967	1,572	316	216	242	193	312	435	413	412
- Cholera	4	7	2	0	0	2	1	0	4	2
- Hands, feet and mouth	89,794	112,474	15,957	7,847	49,610	16,380	10,684	13,004	68,510	20,276
- Dysentery	1,823	2,072	485	373	533	432	506	598	556	412
- Pneumonia	398,201	459,138	96,395	75,975	115,246	110,585	138,418	97,040	103,517	120,163
- Leptospirosis	4,187	5,115	767	732	1,348	1,340	782	955	1,287	2,091
- Dengue fever	103,601	57,653	24,131	17,702	42,328	19,440	7,236	15,036	24,918	10,463
- Influenza	650,931	1,174,455	121,074	99,895	220,228	209,734	267,952	130,683	217,452	558,368
- Rabies	3	7	0	1	2	0	4	2	1	0
Rate per 100,000 population of death with major chronic non-communicable diseases^{5/}										
- High blood pressure	13.2	N.A.	Quarterly data are not available.							
- Ischaemic heart disease	33.3	N.A.								
- Cerebrovascular disease	59.5	N.A.								
- Diabetes	21.2	N.A.								
- Cancer and tumors	133.2	N.A.								
4. Safety of life and property^{6/}										
- Against life, body, and sexuality crimes (cases)	19,233	19,280	4,553	4,471	5,237	4,972	5,096	4,902	4,881	4,401
- Property crimes (cases)	70,595	78,541	15,491	15,515	20,776	18,813	19,862	18,573	21,559	18,547
- Narcotics (cases)	357,096	418,214	81,203	84,142	95,511	96,240	92,623	97,774	112,254	115,563
- Receiving notification of cumulative victims ^{7/} (persons)	869,232	874,026	224,121	203,848	212,637	228,626	225,919	204,797	215,580	227,730
- Fatalities due land accidents (deaths)	14,173	12,428	3,748	3,450	3,131	3,844	3,408	3,080	2,716	3,224
5. Consumer Protection										
5.1 Number of Complaints^{8/} (case)										
- Contracts	2,172	2,542	467	420	686	599	625	666	469	782
- Labelling	2,860	3,288	584	533	886	857	911	850	664	863
- Advertising	2,594	2,748	807	397	742	648	788	674	530	756
- Direct Selling and Direct Marketing	2,793	4,293	609	600	711	873	1,418	744	1,258	873
- Others	14,989	22,834	3,319	3,567	3,869	4,234	4,310	5,603	6,315	6,606
5.2 Consumer Complaints filed to NBTC ^{9/}(case)	1,459	1,540	414	340	310	395	394	367	449	330

Source: ^{1/} Labor force survey report, National Statistical Office, Ministry of Digital Economy and Society

^{2/} Bank of Thailand

^{3/} National Credit Bureau

^{4/} Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health

^{5/} Public Health statistics, Strategy and Planning Division, Office of the Permanent Secretary, Ministry of Public Health, and the website of the Thai Health Promotion Foundation (ThaiHealth)

^{6/} Criminal Record and Information Management Enterprise System (CRIMES), Royal Thai Police

^{7/} Claims filed under Protection for Motor Vehicle Victims Act., Road Accidents Data Center for Road Safety Culture (THAI RSC)

^{8/} Office of the Consumer Protection Board, Office of the Prime Minister

^{9/} Office of The National Broadcasting and Telecommunications Commission (NBTC)