



**Understanding eating and feeding practices
affecting maternal-child nutrition in ethnic minority groups**
in southern Lao People's Democratic Republic

**KEY FINDINGS
& RECOMMENDATIONS**

Partnership for Improved Nutrition in Lao PDR, Pillar 3
Accelerating Healthy Agriculture and Nutrition (AHAN)

Overview of the research

PUBLICATION INFORMATION

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Disclaimer

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EXECUTIVE SUMMARY

Project description

The Accelerating Healthy Agriculture and Nutrition (AHAN) Project, led by World Vision, is implemented by a consortium of partners including Agronomes et Vétérinaires Sans Frontières (AVSF), Green Community Development Association (GCDA) and the Burnet Institute (BI). The proposed consortium draws on the unique technical and organisational strengths of each partner to implement an integrated, multi-sectoral project in line with the Government of Lao PDR's (GoL) convergence approach, the National Nutrition Strategy and Plan of Action (NNSAP) (2016-2020), and the European Union's (EU) Joint Indicative Programming Document for Lao PDR (2016-2020). Implementation will target the following 12 districts across 3 southern provinces, supporting 10 villages per district:

- Savannakhet: Phine, Sepone, Thapanthong, Phalanxay, Atsaphone and Xonnabuly;
- Saravane: Saravane, Ta Oi, Toomlarn and Lao Ngarm;
- Attapeu: Xaysetha and Samakxixay..

Specific Objectives

The AHAN Project aims to create supportive conditions for enhanced household (HH) nutrition through the following Specific Objectives:



The proposed study contributes to Objective 2 of the AHAN project. To develop effective tools to change suboptimal eating and feeding practices through the AHAN project, a qualitative study will be conducted to explore current eating and feeding practices affecting mothers and young children within key ethnic minority groups. The study is not designed to describe all culturally specific eating and feeding practices across the three AHAN project provinces, but rather to improve understanding of the potential range of eating and feeding practices, and the context in which these practices are perceived by local households and communities to be meaningful and appropriate. Study findings will inform the development of materials and strategies to improve child nutrition in the AHAN project area. Study findings can also inform future strategies to improve child nutrition within ethnic minority populations in other parts of Lao PDR.

EXECUTIVE SUMMARY

Background

A qualitative study was conducted to explore harmful eating and feeding practices among women and children in selected ethnic minority groups across three provinces of southern Lao People's Democratic Republic (Lao PDR). In eight villages, selected to represent eight ethnic minority groups (Brao, Katang, Makong, Ouay, Phouthai, Ta-oy, Tri and Xouay), adolescent and adult mothers and fathers of children aged between 6 months and 3 years participated in focus group discussions. In each village, key informant interviews were conducted with the Village Health Volunteer, a representative from the Lao Women's Union, and the Village Head. Senior district and provincial level health administrators also participated in key informant interviews.

Key findings

Harmful eating and feeding practices are common among pregnant women, mothers and children.

Particularly harmful practices include **delayed introduction of breastfeeding, early introduction (before 6 months) of complementary food and water, and restrictions on complementary foods for children aged older than 6 months. Maternal energy and nutrient depletion** also emerges as a priority for nutrition interventions. Other important harmful practices identified in study villages are use of inappropriate breastmilk substitutes, consumption of unclean water, low dietary diversity, low protein intake, heavy maternal workload, frequent separation of infants aged 0-6 months from their mothers, and high intake of salt and monosodium glutamate (MSG).

Individual and household level factors influence these harmful eating and feeding practices.

Factors that can be addressed at individual and household level include **lack of knowledge and harmful beliefs relating to breastfeeding, maternal nutrition, and infant and young child feeding, as well as adherence to harmful food taboos, and high unmet need for modern methods of contraception.**

Dominant cause of harmful eating and feeding practices is severe food insecurity.

For the majority of households, food insecurity is a far more important cause of low dietary diversity than food taboos. Study participants consistently reported **demand for more diverse diets, and inability to access diverse foods due to scarcity, seasonality, pressure on food stocks, environmental damage, and lack of access to cash.**

Recommendations

Prioritize maternal and child nutrition outcomes



Critical nutrition behaviours to promote include early initiation of breastfeeding (within one hour after birth), exclusive breastfeeding to six months, and introduction of diverse complementary foods at six months. Importantly, low uptake of these behaviours is only in part due to insufficient knowledge and complementary actions to improve underlying causes, particularly food insecurity, is required in order to achieve sustainable impacts.

Programming should also focus urgently on preventing and/or mitigating maternal energy and nutrient depletion, including by prioritising efforts to reduce early marriage, adolescent pregnancy and unmet need for modern methods of contraception, since this is likely to be a significant public health issue in AHAN communities. Furthermore, efforts to increase exclusive breastfeeding – while highly beneficial for child nutrition – may exacerbate maternal nutrient depletion unless there are complementary actions taken to improve nutrient intake and reduce workload among lactating women.

Specific strategies to support breastfeeding



Detailed, practical messaging around supporting breastfeeding is likely to be well received by both mothers and fathers, as well as health workers. Important topics that have emerged as knowledge gaps through the study include: positioning and attachment; stimulating milk production (including through early initiation of breastfeeding) and maintaining supply; colostrum and other stages of breastmilk; how to breastfeed newborns (including but not limited to the first breastfeed within one hour from birth); recognising early hunger signs, particularly in newborns; and how to recognise and respond to reasons why newborns may cry, particularly reasons other than hunger. Information about mother-child bonding through breastfeeding may also be well received. Practical advice can support families to initiate breastfeeding within one hour after birth, and maintain exclusive breastfeeding to six months. However, given that initiation of breastfeeding within one hour from birth and exclusive breastfeeding to six months remain uncommon in most sites, it would also be helpful to emphasise the importance of these practices in order to generate families' demand.

Participants in several sites report that breastfeeding is disrupted by the frequent separation of mothers and infants, including very young infants, typically because women travel to work in the rice fields or to forage for food. Participants also report that women may not engage in subsistence or paid work until their child is weaned, if her male partner can provide enough food for the household. Efforts to improve agricultural productivity and/or increase household income may therefore support extended breastfeeding, by increasing the food that is available to households in the absence of women's subsistence or paid work. Additionally, in some sites, women report that they can take their children with them when they work in the rice fields. Strategies that improve the physical accessibility of food sources, such as improved road access, increased availability of bicycles or other transport, and improved access to basic items such as shoes, may be beyond the scope of the AHAN project but could be expected to support women to take their infants with them while working, reducing disruption to breastfeeding.



Nutrition education and specific messaging

5 Nutrition education does not address the scarcity of food. To be effective, nutrition messaging should be complemented by strategies to increase the availability of diverse, nutritious foods throughout the year.

6 Since in most sites it is acceptable for young children to consume family foods, nutrition messaging could usefully focus on introducing healthy family foods earlier, at around 7-8 months, as a strategy to improve dietary diversity for young children. However, for many households, household food insecurity means that family foods are insufficiently diverse to provide adequate nutrition. Nutrition messaging may therefore also need to focus on prioritising children and women (particularly pregnant and lactating women) when allocating diverse foods, and foods high in protein and iron, within the household. This is particularly important given the study finding that women and children may be less likely to receive diverse foods due to gender- and age-based inequalities in intra-household food allocation in some families.

7 During nutrition education, discussing foods, cooking techniques, and recipes in ways that emphasise taste benefits, and different options for food textures, may engage families who want to ensure they can prepare food that their children will be enthusiastic about eating. There is evidence that children in some families are not enthusiastic about eating currently available food. Because fresh, diverse food is typically more palatable than less diverse food (particularly in the absence of artificial flavour enhancers), there is an opportunity to strongly emphasise taste in nutrition messaging.

Nutrition education and specific messaging



8 Many participants report consuming few animal products. Improved awareness of food combination and preparation strategies to increase the bioavailability of protein and other nutrients in plant foods (e.g. non-haem iron) can be expected to improve nutrition outcomes.

9 Nutrition education can be an effective strategy to reduce adherence to harmful food taboos, but may be most effective when it addresses community members' emotional responses to health risks. For this reason, communication for social and behaviour change, which is designed to elicit emotional responses and which engages community influencers or opinion leaders as well as key household/family members (male partners, grandmothers, women, adolescents), could be more effective than nutrition education that focuses solely on delivering information. Nutrition messages may be more impactful if educators engage with community members' lived experiences of seeing what they believe to be the consequences of food taboos, and their fear of severe harm to themselves and their families. Providing alternative strategies to protect women and children's health, and prevent miscarriage or stillbirth, may help to reduce community members' reliance on food taboos as a way to manage health risks. Nutrition messages are unlikely to change the behaviour of all community members, but can provide a critical mass of reassurance that shifts social norms which normalise and reinforce adherence to food taboos. Nevertheless, it is likely that some residents will not consume taboo foods irrespective of nutrition messaging.



Gender power relations and fathers' contribution to maternal and child nutrition

10 Gender power dynamics within couples vary substantially within each site. Across all sites, women in the same village report very different experiences of the division of labour within their couple relationships. To influence gendered divisions of labour within households, reduce women's heavy workloads, and support fathers' contributions to maternal and child nutrition, interventions that support couples to reflect on and change the gender power dynamics within their relationship, and explore their personal motivations for change, may be more effective than interventions that target community-level norms about mothers' and fathers' roles without also engaging couples.

11 Men's involvement in maternal and child nutrition is not an unfamiliar concept for local residents. It is common for women and men to have strong opinions and preferences about the unequal gendered division of labour relating to child nutrition and domestic work, and the potential for men's contributions to reduce women's workload. Women and men may or may not have discussed their preferences with their partner, and there is evidence that some women are concerned about backlash from their male partners. Messages around increasing men's contributions to child nutrition and domestic work will be received in the context of couples' existing relationships and, for many couples, existing conversations or patterns of decision-making. While this is a challenging dynamic to engage with, building on existing gender power dynamics and processes of change within couple relationships is likely to be more effective than not engaging with these complex dynamics. For example, in addition to promoting the benefits of increased contributions from men, it may also be useful to engage men and women in deciding how they discuss and agree on the division of labour within their family. Directly engaging couple relationship dynamics in this way may provide an opportunity for program activities to mitigate backlash from men and adolescent boys.

Gender power relations and fathers' contribution to maternal and child nutrition



Study findings provide some evidence that adolescent boys may be especially concerned about developing a masculine identity that reaffirms male dominance, and as a result may attach high importance to established gender-unequal social norms. This has several important implications:

1 First, there may be a heightened risk of backlash from adolescent boys to efforts to promote gender-equal division of labour, reduce women's workload, and support fathers' contributions to maternal and child nutrition. Such backlash could reduce engagement from adolescent boys, and their partners, in program activities, and could also lead to increased couple conflict and violence against women and girls. It is therefore important to ensure program monitoring is able to identify the potential development of backlash. Furthermore, program messages and intervention delivery mechanisms may need to strategically incorporate adolescent and adult fathers' perspectives.

2 Second, adolescent boys may attach high importance to food taboos that restrict the diets of women, since these are a highly visible aspect of established social and gender norms that support the established gender-unequal status quo. Providing nutrition messaging to young couples may be a valuable strategy to not only inform adolescent boys about food taboos, but also support couples to develop a mutually respectful approach to coparenting that mitigates the risk of adolescent boys' backlash to discussions around fathers' and mothers' roles.

3 Third, adolescent boys may attach high importance to existing social norms that position child nutrition as the responsibility of women. To address fathers' involvement in nutrition, it may be useful to bring together adolescent fathers with slightly older, more experienced fathers, who can share their experiences of coparenting and supporting maternal and child nutrition, and emphasise that this has not undermined their identity as men. It may also be helpful to leverage social norms around respect for elders, by identifying male elders who are supportive of more equitable coparenting practices to provide advice and guidance to adolescent boys.

4 Accessible, appropriate technology can substantially reduce community members' workloads, as illustrated by the reported impact of the rice mill in Namouang village on women's workloads. While study data did not provide sufficient detail to fully draw out the impacts of this newly available technology on women and men, it is well established that the gender implications of technological innovation are complex and dynamic, and can leave women with heavier workloads than before and/or increase gender inequality by providing men with a bigger advantage than is provided to women. It is therefore important to review the introduction of appropriate technologies with a gender lens.



Food choices, food taboos and food insecurity

14 Study findings indicate clearly that food insecurity is far more influential than food taboos as a cause of limited dietary diversity. Efforts to address food taboos have not and will not substantially improve dietary diversity unless they are complemented by activities to improve the accessibility of diverse, nutritious foods. Indeed, parents of young children typically report very strong demand for increased dietary diversity. Efforts to improve the accessibility of diverse foods can be expected to rapidly improve dietary diversity.

15 While study participants did not comment directly on food storage, participants consistently described the harmful impacts of seasonality on food accessibility. Accessible, effective food storage techniques that reduce loss due to pests, moisture, inadequate air flow, or other factors can be expected to improve the accessibility of food. Storage or preservation techniques that successfully store food for long periods can mitigate the impact of seasonality by ensuring food can be stored until the period immediately preceding harvest.

16 Study findings indicate that adherence to food taboos is more relaxed for many community members than it is perceived to be by older community members and senior health administrators. While study participants typically reported multiple food taboos, in all sites except Namouang village they also explained that due to food scarcity and shifting social norms (due in large part to education) adherence to food taboos has weakened in the recent past. For many women and men participants, both adult and adolescent, adherence to food taboos has become a matter for individual women to decide whether or not they believe it is important to adhere to food taboos to protect themselves and their children. Adherence to food taboos reportedly varies substantially between different women and families, women and children may adhere to some but not all food taboos, and women and children may also adhere to food taboos only some of the time depending on food scarcity. This illustrates the importance of questioning broadly accepted opinions about the impact of food taboos. There is likely to be more variation and flexibility than may be apparent from initial consultations with community members, particularly more senior community members, and health administrators.

Food choices, food taboos and food insecurity



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Unfamiliar foods that are not taboo (e.g. insects) may be readily acceptable to local residents, and more acceptable than taboo foods. Unfamiliar food preparation techniques to enhance bioavailability of nutrients (e.g. sautéing, adding fresh citrus juice to non-haem iron) may also be readily acceptable, if required cooking equipment and ingredients are easily accessible.

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Study participants did not directly comment on changing land use and its impacts on the accessibility of food sources. However, participants in multiple sites described increased pressure on available food sources due to more people fishing or foraging in the same area. This is plausibly due to changing land use preventing community members from accessing areas that have previously been important sources of food. It is therefore recommended that the impact of changing land use on restricting access to established food sources be explored further, and considered in efforts to support local food systems and addressing food insecurity.



Home gardens and co-planting to support dietary diversity

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There is potential to increase the diversity of plants grown in home gardens, as well as the diversity of crops co-planted in or near rice fields, particularly plants high in protein and essential micronutrients (including iron, vitamin A, zinc, thiamine). This is an opportunity to build on the existing strong skillsets of many local community members who are highly experienced farmers.

Study findings indicate that local residents may have low awareness of plant sources of protein and iron. Support for residents to consume and produce plant protein and non-haem iron can be expected to address protein-energy undernutrition and improve nutrition outcomes.

21

Home gardens may be a valuable resource to mitigate the impact of seasonality. This study found that seasonal variation in the availability of vegetables and fruit strongly impacted community members' diets. It is likely that the strong impact of seasonality contributes to cyclical, seasonal micronutrient deficiencies. To prevent seasonal micronutrient deficiencies, plants that provide key nutrients (especially Vitamin A, thiamine, iron and Vitamin C) and that are productive when existing local food sources are not productive could be promoted for use in home gardens. The time (or times) of year when existing local food sources are not productive varies between sites included in this study, and should be investigated in each AHAN community with local knowledgeable stakeholders. Importantly, the study finding that scarce nutritious food can be sold for cash, leading to a net nutrient loss, indicates that efforts to promote plants that are productive during times of seasonal scarcity (when existing local food sources are not productive) may lead to unintended consequences that need to be managed through careful implementation.

Managing positive and negative impacts of commercial food exchange



Responding to increased accessibility of highly processed foods



22

Study findings indicate there is strong demand for more diverse food, particularly meat, among local residents. Local markets could potentially provide an avenue for local producers to respond to this demand by selling diverse food, including meat, at affordable prices. Reliable demand could enable local residents to increase production of diverse, nutritious food. To support this, training for local producers could usefully emphasise dietary diversity, particularly sources of plant and animal protein.

24

Highly processed foods, including instant noodles, instant rice products and soft drink, are available in the study sites. Evidence from multiple resource-constrained settings, including rural and remote settings in low- and middle-income countries, indicates that access to highly processed foods is likely to escalate quickly. Messages about the low or non-existent nutritional value of highly processed foods should be integrated into existing nutrition programs focused on undernutrition. Messages may need to counteract the impact of misleading marketing that claims these foods have nutritional benefits and emphasises the desirability of highly processed foods. Based on the values and preferences expressed by study participants, it may be helpful to present highly processed foods as “lazy” or wasteful, and emphasise cultural and rural pride in locally available nutritious foods that are prepared through the skill and effort of local residents.

23

Increased reliance on markets to access food (plausibly associated with changing land use restricting access to important food sources), and increased access to non-local food through markets, can have negative impacts on nutrition. Heavy reliance on purchased food, rather than food that is hunted, foraged, fished or farmed, can increase food insecurity, since commercial (market) prices for food are unaffordable for many community members. Additionally, high prices for food can provide a financial incentive to sell fresh, locally produced food in order to generate cash to buy larger quantities of cheaper, less nutritious food, leading to a net loss of nutrients. These negative impacts can be expected to particularly affect the most vulnerable community members, who are likely to find it most difficult to access cash. Interventions to support markets that allow fair commercial exchange of locally produced, nutritious food may alleviate some of these harmful impacts.

25

Study findings indicate that mass media (TV and radio) has an impact on community members' preferences and assumptions relating to child nutrition. This underlines the importance of the International Code of Marketing of Breast-milk Substitutes in ensuring that marketing of infant formula is not misleading or inappropriately targeted. Additionally, marketing of highly processed food may explain the perception among some participants that some highly processed foods, including powdered milk and rice cereal as well as soft drink, are beneficial for maternal and child nutrition. The impact of marketing on diets is likely to increase over time as the penetration of commercial food exchange and highly processed food increases. Harmful impacts can be managed by not only empowering residents with knowledge, but also supporting efforts to constrain harmful marketing practices.

Supporting health staff and Village Health Volunteers



26 While health services have reportedly become more accessible in recent years, barriers to accessing health services (including cost barriers) remain important in some sites. Residents of villages that are physically distant from health facilities face substantial barriers to accessing health services. Study findings on the valued influence of the Village Health Volunteer in Ten village, who had attended a training focused on child nutrition, indicate that delivering specialised training to Village Health Volunteers – combined with supportive supervision from health staff – may be an effective strategy to improve uptake of optimal home care practices. Study findings do not provide insight into potential strategies to improve uptake of health services among residents who face substantial barriers to physically accessing health facilities.

27 Some Village Health Volunteers interviewed during the study expressed misconceptions about maternal and child nutrition, and reported that they had engaged in harmful child feeding practices. Activities that engage Village Health Volunteers may need to review their existing knowledge, attitudes and practices in order to assess what additional support they may require in order to effectively advocate for improved eating and feeding practices.

28 Study findings indicate low rates of early initiation of breastfeeding (within one hour from birth) and low rates of feeding newborns colostrum. In one site, men reported that they valued information they had received from health services about breastfeeding around the time of childbirth. It is likely to be helpful to train health staff to not only provide accurate information about the importance of early initiation of breastfeeding and colostrum during antenatal care, but also support women to initiate breastfeeding within one hour from childbirth.



Building on existing successes and assets

29 Pooling food within a local community may be an acceptable strategy to mitigate food insecurity. To promote pooling, or a communal approach to food more broadly, established social norms around pooling in Ten village may be able to inform acceptable messaging. It is not clear whether social norms around pooling in Ten ensure the most vulnerable community residents can access shared food, and this should be investigated before these norms are used to guide future messaging.

30 The Village Health Volunteer in Ten village is a well-regarded source of information and advice about nutrition, particularly infant and young child feeding. He has reportedly previously attended a workshop on infant and young child feeding, and also runs regular (fortnightly or monthly) cooking demonstrations. This person is considered to be well-informed and highly valued, and could be a useful model for other Village Health Volunteers.

Building on **existing successes and assets**

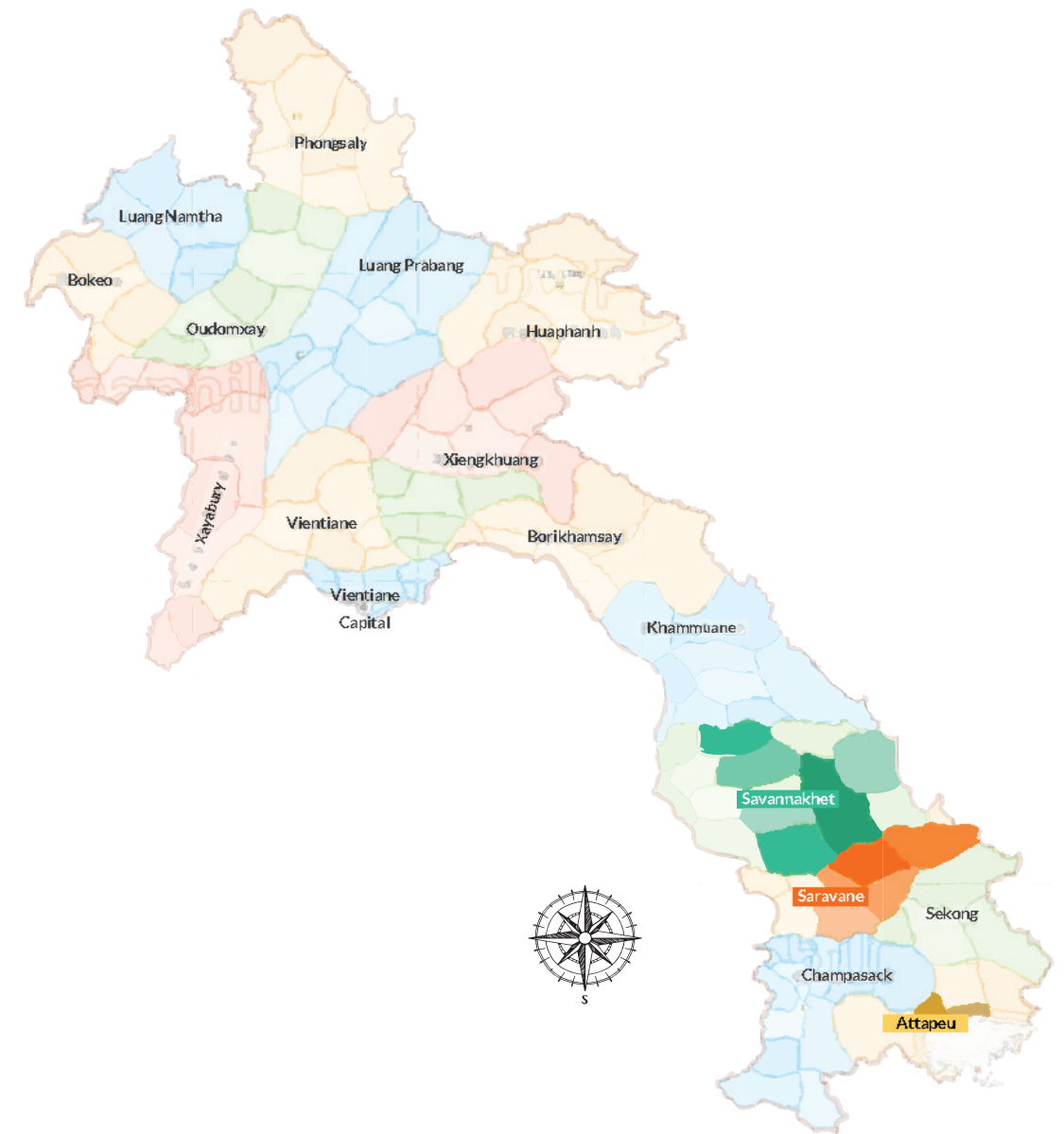


31 Study findings clearly demonstrate that mothers and fathers are used to working extremely hard to feed their families. Parents may be hesitant to take on additional work, or unfamiliar tasks that seem burdensome. When seeking to change parents' behaviour, it may be useful to recognise parents' (particularly mothers') existing very heavy burdens, and clarify how the recommended behaviour change may reduce this overall burden. At the same time, the fact that parents in AHAN communities are willing to work very hard to feed their children and protect their health is an important asset for a nutrition program.

32 Grandparents' (mothers' and fathers' parents) advice is highly valued by parents, particularly during the high-stress newborn period. Supporting grandparents with up to date information, particularly targeting the newborn period, may be an effective strategy to impact parents' behaviour.

33 Fathers and mothers report that they prioritise their children's comfort during episodes of illness, and that soup can be comfortable for children to eat when they are unwell. This provides a valuable opportunity to promote the provision of extra fluids to sick children.

AHAN Project - target area






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