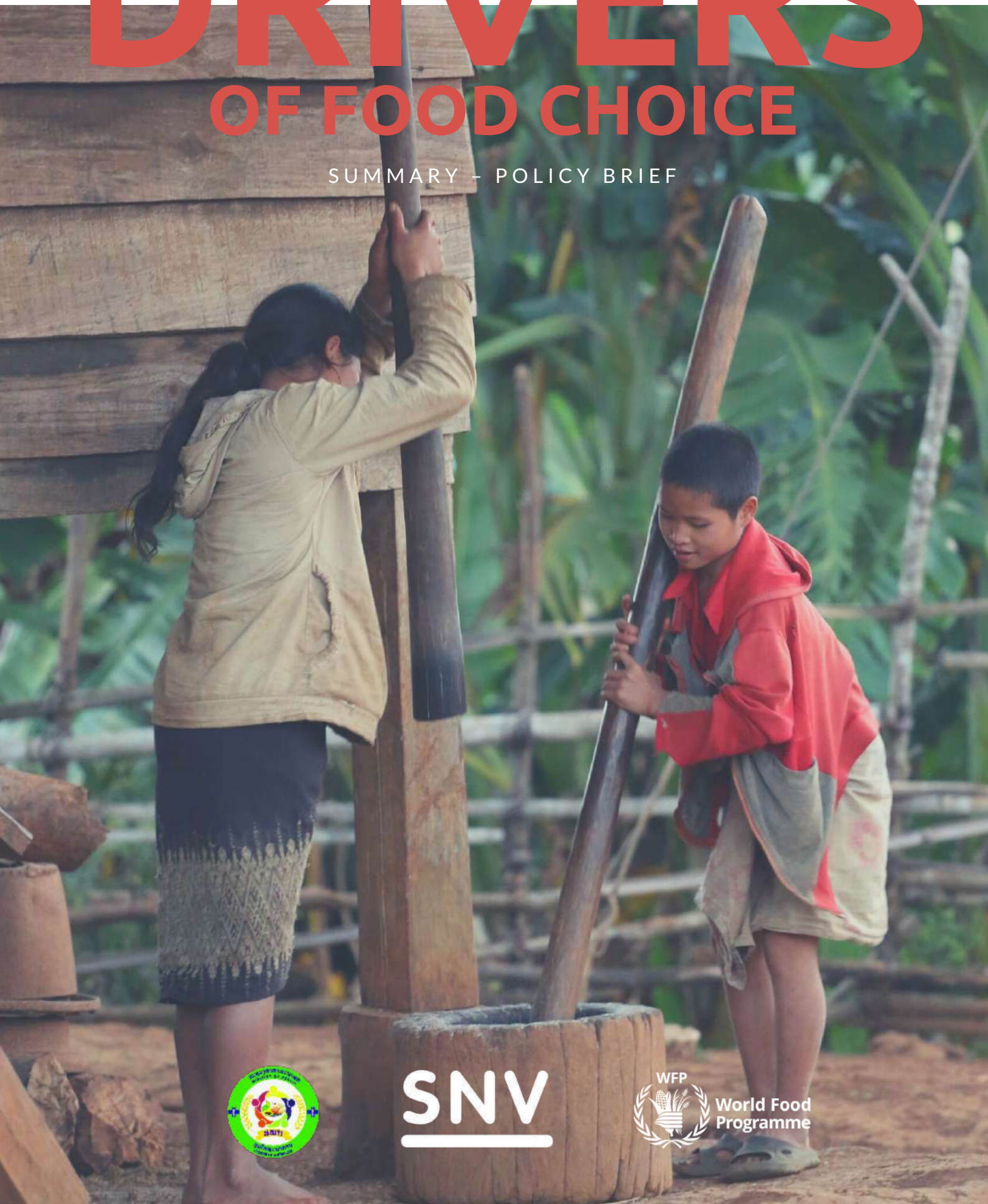
DRIVERS OF FOOD CHOICE

SUMMARY – POLICY BRIEF



SNV

WFP World Food Programme

INTRODUCTION

World Food Programme in partnership with Stichting Nederlandse Vrijwilligers (Netherlands Development Organisation SNV) and the Nutrition Center (NC) commissioned a study to understand the drivers of healthy and nutritious food choices in Lao PDR for families with children under five years old (CU5), adolescent women, and for pregnant and breastfeeding women. Furthermore, the study aimed to identify the main triggers for behaviour change, and to encourage particularly caregivers to choose healthier and more nutritious foods for themselves and their children. The research was conducted in six districts in three provinces with different agroecological zones, namely Phongsaly, Houaphanh and Sekong Provinces. Additionally, people from a wide variety of ethnic groups were interviewed, including Akha, Hmong, Phounoy, Khmu, Emien, Thaideang, Pong, Trieng, Katu and Nge.

A total of 18 villages were visited in six districts, two per province.

A total of 48 Focus Group Discussions were conducted with men and women (separately) and 180 interviews with a number of stakeholders, including mothers and fathers of children under 5, elder caregivers and breastfeeding women. Observations on food preparations were done to understand how food was prepared (which ingredients were used, who prepared the food, how the different dishes were selected, etc.). Visits to markets were also conducted and some market vendors were interviewed. Finally, village authorities were also interviewed to hear from their perspective on what challenges households face to eat healthy diets.

DETERMINANTS OF FOOD CHOICES

Determinants of food choices include both the context and external factors which influence people's capacity to make certain choices, as well as internal factors which refer to how people and families make individual food choices within their context. The study found that the external factors that have the highest impact on food choices are:

People have limited sources of income, frequently only from growing and selling crops grown in small plots. This is done in local markets or through local traders that are willing to buy the small, sporadically sold quantities. Many families with limited income buy items that improve the flavour of foods, such as MSG, salt and vegetable oil, and base their diets on things that they can grow, forage, fish or trap. However, even families with income and access to markets may not decide to consume diverse and healthy diet, as will be discussed below.

Most households are highly dependent on the seasons, given their limited access to water and irrigation (and perhaps to land). This pushes many households to periods of food insecurity especially during the dry season and towards the end of the wet season when rice stocks are depleted and farmers have not been able to harvest the planted rice. Furthermore, families struggle to access a sufficiently nutritious diet during periods of high labour, such as during harvest season. Many families even temporarily move to their fields and have to adapt their diets due to decreased market access.

Access to markets is still limited for many communities, in particular for ethnic communities living in remote areas. For instance, out of 18 villages visited for this study, only four villages had easy access (transportation, short distance to the market town and good road conditions) to the markets in the district towns. This severely limits the healthy food options that families have. While villages usually have one or two village shops, they tend to be stocked with products that are not nutritious, such as MSG, salt, vegetable oil and processed foods that have limited or no nutritional benefit.

The study also identified a number of internal factors that drive the decision of households to eat certain foods. These include:

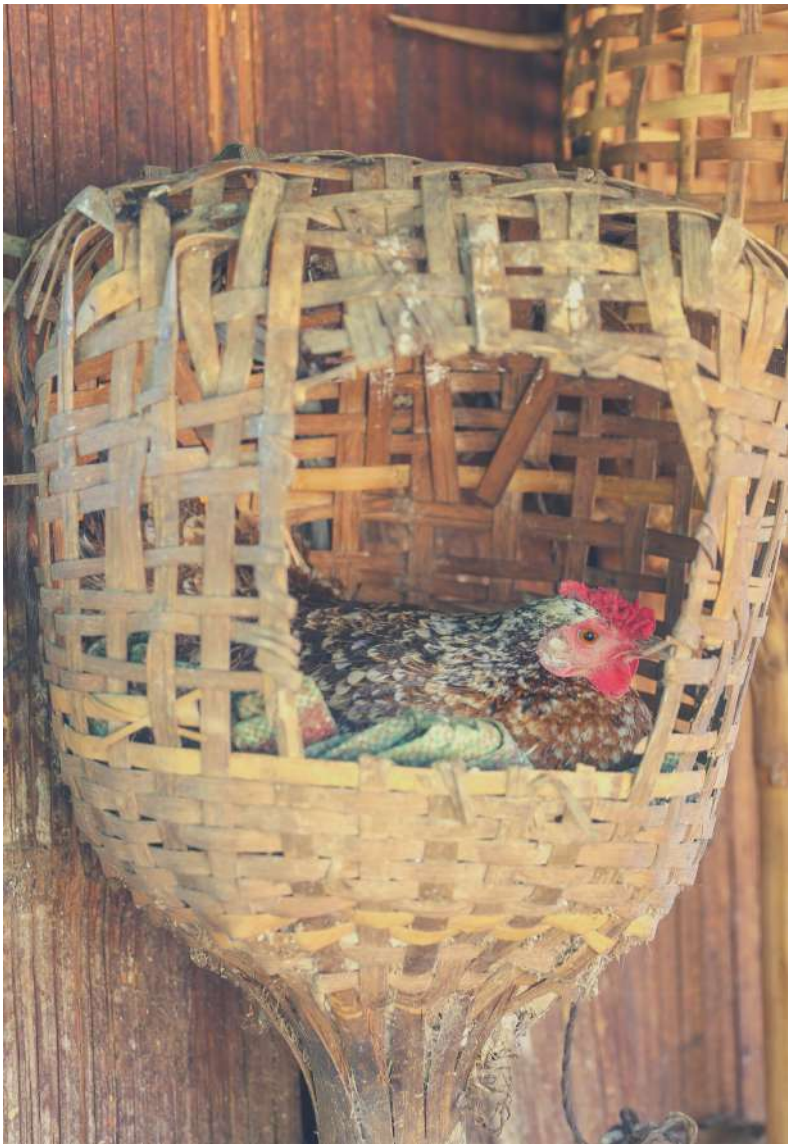
Limited nutrition knowledge. Traditionally, elders such as mothers and mothers-in-law share their knowledge with younger women. However, this knowledge can frequently be contradictory and even incorrect. Different ethnic groups have food restrictions and taboos, especially for pregnant and lactating mothers. According to some customs, women should not eat too much during pregnancy as this can contribute to a difficult delivery. Others indicate that women should not eat certain meats while lactating.

In recent times, however, women have been able to access other knowledge resources through health centre staff and development projects. For example, pregnant women are increasingly attending antenatal care (ANC) sessions at health centres and district hospitals where they receive information on nutrition, breast feeding and infant and young child feeding.

Intra-household dynamics. The way in which decisions about allocation of income are made, the capacity of women to decide what to cook, and the degree to which men and other household members are involved in household activities such as cleaning and looking after children have an influence on what families and children eat. Interviewed women expressed that they would like to eat more animal-sourced foods.

Cultural beliefs about food in each community. These beliefs could have a long history and may be difficult for individual families or family members to challenge, as they may face extreme social pressure or even the risk of being ostracised. These beliefs may vary between different ethnic groups and regions. For instance, some Hmong communities believe that women should eat only chicken and rice for a month after delivery, which can be supplemented with certain herbs to promote health. In Sekong province, the study team found that is a common belief among elders, that eating a lot can contribute to a difficult delivery and they advise pregnant women accordingly.

Increasing availability of junk food in village shops. Packaged snack foods are often less expensive and more flavoursome than more nutritious foods and quickly and easily alleviate feelings of hunger, especially in children. In interviews, parents of small children mentioned that they frequently gave money to their children to buy packaged snacks when there was no other food available at home and the children were crying with hunger. Parents noted that children become very attached to these foods and do not want to eat other more nutritious food. Shop owners want to sell these packaged foods as they provide them with a good income.



DRIVERS OF BEHAVIOUR CHANGE

The study identified potential drivers for behaviour change that could encourage families with children under 5, adolescent girls, and pregnant or breastfeeding women to adopt healthy diets. Among the most important drivers are:

Increase productivity and diversity of food production at the farm level. This can include supporting families to grow more diverse foods, including more vegetables and fruits; increase the number of households able to grow food in dry season through improvement of water systems and increasing access to technology (e.g. greenhouses); help communities to support families with no land for home gardens to organise production of vegetables in communal areas; encourage families to raise small livestock through the provision of clear information on how to raise livestock and the support to the village voluntary veterinary mechanism.

Improve access to markets, in particular for remote communities. This can be done by linking traders to groups of farmers; providing support to small producers to have access to markets to buy and sell their produce through subsidising their costs of selling, e.g. market stalls, transportation to markets; identifying food groups that are lacking in particular areas or markets, and help develop incentives for producers and traders to bring those food groups to those areas. It is important that work is done at the community and household level to ensure that additional income is allocated to nutritious food. This can be done through activities to improve household decision-making.

Strengthen the knowledge on nutrition and healthy diets at the household level. This can be achieved through increasing the information and knowledge provided to households at health centres; supporting community activities where households can learn from each other, e.g. cooking demonstrations; developing a system of counselling for households in the first 1000 days; and making sure that all adult members of households receive adequate information.

Encourage a more equitable distribution of household chores and activities, to ensure that men are more involved in childcare and household chores. This can be realised through behavioural change communication; by identifying role models that work as examples to communities; and by working with communities/households to help them reorganise their distribution of activities.

POLICY RECOMMEN-DATIONS

At a policy level, there are number of recommendations can be made from the findings of this study.

Provincial and National Government offices can support the implementation of existing policies such as Decree number 472/ลบ, date 30th December 2019 on the regulation of marketing and distribution of breastmilk substitutes. The implementation and enforcement of this regulation can help to ensure that the exposure of mothers to breastmilk substitutes is limited and that they opt for exclusively breastfeeding their children.

Develop new policies and regulations on advertisement of processed foods, in particular those focused on children. These types of policies have had some success in a number of countries in limiting the consumption of processed and sugary foods by children. Ensuring that children are not targeted by companies that sell processed and sugary foods is important for behaviour change.

Intensify the BCC campaign with messages on the importance of eating a healthy diet and the dangers of eating processed foods, in particular for children. Continue the support for the implementation of the SBCC Strategy and Action Plan, while adapting specific activities based on feedback from development partners working on the ground.


U.S. ARMY