



Infant and Young Child Feeding in Lao People's Democratic
Republic, Opinion Leader Assessment:
Current Situation, Barriers and Policy Support



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LIST OF ABBREVIATIONS

ANC	Antenatal care
BMS	Breast Milk Substitute
BF	Breastfeeding
CF	Complementary feeding
EBF	Exclusively Breast Feeding
GoL	Government of Lao
IBFAN	International Baby Food Action Network
ICDC	International Code Documentation Center
IYCF	Infant and Young Child Feeding
Lao PDR	Lao People's Democratic Republic
LBW	Low Birth Weight
LSIS	Lao Social Indicator Survey
MOAF	Ministry of Agriculture and Forestry
MUAC	Mid-Upper Arm Circumference
MMP	Multiple Micronutrient Powder
MYCNSI	Mother and Young Child Nutrition Security Initiative
MDG	Millennium Development Goal
MOH	Ministry of Health
NIOPH	National Institute of Public Health
NNP	National Nutrition Policy
NSS/NPAN	National Nutrition Strategy and Plan of Action
NGO	Non-Governmental Organization
PO	Prime Minister's Office
UN	United Nation
UNICEF	United Nation for Children Fund
WHO	World Health Organization
WFP	World Food Program
WHA	World Health Assembly

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OVERVIEW

Among several factors contributing to the poor nutritional status of Lao infant and young children, inadequate breastfeeding and poor complementary feeding practices are clearly major causes. This assessment aimed to inform strategies to build political and public will for policies and practices that support families in implementing optimal Infant and Young Child Feeding (IYCF) in Lao PDR.

The specific objectives of the assessment were:

- To identify barriers to political and public support for IYCF, particularly breastfeeding;
- To identify some possible solutions to these barriers;
- To explore motivations in favor of supporting IYCF, particularly breastfeeding; and
- To recognize channels of communication and points of engagement with opinion leaders

Methodology

The assessment was an exploratory study using a qualitative method of in-depth interviews (IDI). Under technical support from Alive and Thrive, the NIOPH research team developed a question guide for in-depth interviews (IDI) and identified key informants. The key informants were listed according to different categories that contribute to the role and responsibility to support and implement a quality infant and young child feeding (IYCF) strategy. They include a recommended cross-section of leaders from the government at the central level (23) and local level (15), UN agencies and civil society organizations (4), leading media (5), and medical associations (4). Data was collected from interviews with 42 individuals and three small groups of three individuals. Interviews were conducted from 15 March 2015 – 20 April 2015. The researchers acknowledge that some recommendations from this assessment have since been addressed. For example, the maternity law now covers 105 days of paid leave.

A purposive sampling technique was used to collect the qualitative information from the key respondents. Purposive sampling is a form of non-probability sampling in which decisions concerning the individuals to be included in the sample are taken by the researcher, based upon a variety of criteria which may include decision-makers, leaders, knowledge specialists of the research issue, or capacity and willingness to participate in the research. Potential participants were recruited based on their decision-making and leading roles, special knowledge, interest, and willingness to participate in the study.

KEY FINDINGS

Understanding / Awareness of Infant and Young Child Nutrition in Lao PDR

A majority of respondents (24 out of 34) from the central level identified nutrition as a priority for health and development and placed it first among other health-related issues. All leaders from the provincial level recognized that nutrition is crucial—in particular for newer generations—and that children have a right to adequate nutrition and access to safe and nutritious food.

- **Majority recognize short- and long-term consequences of malnutrition:** More respondents recognized that poor nutrition can have a direct impact on children at the individual level. More than half of respondents stated that undernutrition has both short and long term consequences, such as adult size, mortality and disability, intellectual ability, economic productivity, reproductive performance and metabolic and cardiovascular diseases.

- **Majority recognize impact of poor nutrition on socio-economic development:** Key informants from all categories recognize that poor nutrition and inappropriate feeding practices can be major obstacles to sustainable socio-economic development and poverty reduction. Some respondents also mentioned poor nutrition at the country level as a whole in terms of a negative impact on future resources.
- **Lack of understanding of optimal feeding for infant and young children:** Many of the respondents believe that a good environment exists in Lao PDR to enable mothers, families and other caregivers to make and implement optimal feeding practices for infant and young children—especially breastfeeding—if the correct information is provided. Overall, respondents were aware of infant and young child feeding and, in particular, they emphasized that IYCF is needed for normal child growth.

“...We know the benefits of exclusive breastfeeding (EBF) for the child and for the mother, and not just in terms of physical growth but also for cognitive development and hormonal impact on the mother and the bond between mother and child. The rate of EBF in this country should be higher than what it is.”

However, few respondents were aware of how “optimal IYCF” is defined.

Challenges Facing Lao Children

When asked “What do you see as the challenges we face in ensuring that our young children have a healthy future?” some respondents cited concerns about other issues that might have an indirect impact on nutrition, such as a lack of human resources; poor health services delivery, immunization and health promotion; female empowerment; poor nutrition and health education; lack of data sources and the need to improve the health information system.

“Lack of qualified human resources working in the nutrition areas, so inadequate monitoring and supervision.”

Government’s Role in Improving Nutrition

The findings showed two different perspectives on how well Lao PDR is doing in addressing poor nutrition in children. About a quarter of the respondents mentioned that Lao PDR is not doing well at meeting the challenges and addressing poor nutrition in children, while **the majority of respondents stated that the government has made a major effort in the last few years to improve undernutrition** in Lao children. They also recognized that the Lao government is trying to move the country from low income to low-middle income status, which would have a positive impact on malnutrition in the country.

“We have good commitment from the government. This is seen in the establishment of the National Nutrition Committee, the National Nutrition Center (NNC) and the coordination platform with the development partners and international and local non-profits. We have the national nutrition and food security action plan and strategy up until this year (2015), and the national nutrition strategy up to 2025 and the plan of action (NNSPA) for 2016 -2020 is being revised, so we are heading in the right direction with good commitment from every sector and development partner to fight against malnutrition in Laos.”

Opinion Leader Awareness of Major Policies

The assessment found that only a few respondents outside the health sector have ever heard of and seen the national nutrition policy because they are working as collaborative partners with MOH for nutrition activities. Most of the respondents know about breastfeeding and complementary feeding through some training sessions, but they are not aware of an existing IYCF policy or guideline. When asked specifically about the IYCF guideline, it was found that only respondents who are working in the nutrition related sector are aware of it.

Barriers and Opportunities to Strengthen Optimal Child Health and Nutrition

When asked about the barriers to infant and young child feeding practices in Lao PDR, respondents primarily cited cultural norms and traditional practices at the community level and implementation at the political level.

- **Cultural norms and traditional practices:** Deeply embedded socio-cultural traditions and norms among communities and families remain major barriers to improving child nutrition. More than half of respondents mentioned the cultural norms and traditional practices that still exist in many rural communities, as well as some urban and peri-urban settings, such as introducing chewed sticky rice as early as several days after birth and discarding colostrum.

“...when we look where there are the highest stunting rates, there are many traditional child feeding practices, and traditional beliefs, like food taboos for women.”

- **Poor knowledge and practical skills on proper nutrition among mothers:** Three quarters of respondents also expressed concern about poor knowledge and practical skills on proper nutrition among mothers and family members. Some respondents revealed that in rural remote areas, women give children condensed milk and sugar water to young children.
- **Lack of nutrition training and counseling skills for health care professionals:** A quarter of respondents stated that a major barrier is a lack of training received on IYCF among health care professionals. Respondents noted that health professionals are still lacking counseling services on IYCF for pregnant women and lactating mothers, and that during antenatal care for pregnant women and after delivery, only very limited advice is conveyed.

A big concern of all stakeholders at the implementation level is the lack of qualified human resources, nutrition specialists, and well-trained, skilled practical health workers. A majority of respondents recognized that nutrition education is very important, and that every hospital should have activities to promote BF and nutrition education. Respondents strongly advised that health staff should have more knowledge on IYCF and promoting EBF practices.

“...BF counseling services are not widely offered in hospitals and there is a lack of support and counseling services from health care providers.”

Many key informants were most concerned about what types of support the community and health care systems can provide, especially culture-specific counseling on infant and young child feeding to mothers.

- **Limited data availability:** Respondents also listed the limited availability as a barrier to progress.

“Policymakers make decisions based on small scale data or a survey conducted by one or two agencies. If data were routinely available, it would improve the effectiveness of the program.”

“There is limited availability of data that we can use on nutrition decision making - we do not have up to date data on anemia or vitamin A deficiency. We know how many tablets of vitamin A were given to the community, but we do not know the impact data from what we have done. We do have data from MICS 2006, but that is almost 10 years old.”

- **Policy barriers:** At the policy level, respondents cited barriers related to financial constraints on families, maternal employment and protection, lack of maternity entitlement, and the use of breastmilk substitutes.

“At the policy level, the country needs to understand that the nutrition challenge will not be solved unless there is a strong policy framework for BF protection and promotion.”

Infant and Young Child Feeding Policy Landscape

Policy opportunities

A majority of respondents stated that a number of policies, decrees, agreements and strategies have recently been issued in Lao PDR in an effort to improve child nutrition and IYCF practices; there is a high political commitment and advocacy from the government of Laos (GoL) concerning the priority of food security and nutrition as fundamental parts of the Sustainable Development Goals in the next five to 10 years. The National Nutrition Committee and the National Nutrition Secretariat were established in an effort to improve nutrition. The current National Nutrition and Food Security Action Plan and Strategy (2010-2015) is in the process of revision and the New National Nutrition Plan of Action (NNSPA) for 2016 – 2020 and National Nutrition Strategy until 2025 will be finalized soon. The Labor Law was also revised and endorsed in 2014.

Maternal employment and protection

Many stakeholders mentioned that in the past, private day care centers did not exist, and facilities to provide mothers with breastfeeding breaks were limited. However, the situation is changing, and private day care centers have increased in number. Many stakeholders proposed to revitalize and expand the approach to support working mothers to continue BF up to six months.

“I think there are several countries that do provide in facility child care for children and they have shown to have positive impact on mother’s output. It is really interesting this approach, I think that it would be possible in Laos. I saw in Xekong province they bring children to work and they have one to take care for children, mothers share the cost, so I think if we had this it would be popular.”

- **Maternity leave duration:** For women in both rural and urban areas, a key barrier to EBF is working outside the home. Respondents noted that financial constraints can make women face heavy workloads in both urban and rural areas, usually with no maternity protection. Working mothers often go back to work after 105 days of maternity leave, according to the Labor Law. There are no model policies and/or facilities to support extraction and storage of breastmilk.

“Time and money: Women in the city have to work after 3 months maternal leave and that can be one of the factors for them to not be able to breastfeed. Women in the city may have no time to breastfeed even though they have money.”

More than half of respondents (62 percent) stated that the current 105 day maternity leave is likely to be unfavorable for women who would like to exclusively breastfeed their babies for the first six months of life, and support extending paid maternity leave to six months as recommended by the WHO.

However, while some respondents recognized that a six month maternity leave would improve EBF and the mother-child relationship, at the same time, they also believed that with the current socio-economic situation, three months of maternity leave is appropriate.

“EBF for 6 months, it is a good policy; currently three months maternity leave is appropriate with the current socio-economic development; women have to work for family income; when we have a better economic status, the policy can be changed for the better.”

- **Lack of maternity entitlement in the informal sector:** A quarter of respondents also raised the issue of lack of maternity entitlement in the informal sector, including women from rural remote areas and most ethnic minority women. They said that women in rural areas or in some ethnic minorities have to work in the field in the first month after birth.

“Women in rural areas have to work in the rice field, so they leave their child with the grandmother. In some ethnic minority groups, the husband takes care of the infant. Women in rural areas have no time, no money and no knowledge on exclusive breastfeeding and nutrition.”

Inappropriate BMS advertising

- **Aggressive marketing of BMS from private companies:** Many stakeholders expressed concern about manufacturers and distributors of formula milk or breastmilk substitutes trying to advertise and promote BMS products to the general public. Respondents shared that aggressive advertisement and marketing of breastmilk substitutes by infant formula companies within the hospitals is prevalent, resulting in bottle feeding of newborn babies by mothers in hospitals; and hospitals managers and staff showing little support for mothers to practice exclusive breastfeeding.

“The violation of marketing regulations of breastmilk substitutes is common in Laos. In a monitoring study conducted with MOH during 2012 and 2014, we found that among several brands of BMS reviewed, none of them fully met the

legal requirement for labeling. In addition, there are various violations, such as sales of formula in a store adjacent to hospitals, provisions of furniture/equipment for waiting rooms and playgrounds, and even commissions on healthcare providers for prescribing products.”

- **Poor knowledge about the Agreement on Marketing of BMS:** Among health care providers, hospital leaders, health professional groups, and leaders of related organizations, only one quarter have ever heard of or seen the Agreement on Marketing of BMS.
- **Lack of political will and coordination in enforcement and compliance of the Agreement on Marketing of BMS:** Respondents cited a lack of political will and coordination in enforcement and compliance of the Agreement on BMS marketing and usage of infant formula as barriers to progress.

“...But I think that is changing very fast. I think at the policy level, the country needs to understand that the nutrition challenge cannot be solved unless there is strong support and a strong policy framework for BF support, protection and promotion.”

- **Many provisions of the International Code and its subsequent resolutions are not included in the current 2007 Agreement on Marketing of BMS:** Several respondents stated that the current 2007 agreement on BMS marketing is very weak in comparison with the 2004 Agreement, and many provisions of the International Code are not included. There is no enforcement or monitoring mechanism, and no existing coordinator with appropriate authority or committee for breastfeeding. In addition, a few respondents mentioned that there is not much public support, as not many people (including health staff) are aware of the Agreement. Respondents also noted that the existing law does not regulate sanctions for violations in the health sector.
- **Implementation and enforcement of the Agreement are known challenges:** Some respondents recalled that, while policies or agreements are in place, dissemination of the existing policies or agreements are not widely reaching target groups. Consequently, there is poor information dissemination among health care providers as well as provincial officials, and information dissemination is insufficient even at the level of professional groups and policy planners. Despite the ban on distributing BMS in health settings, opinion leaders are still concerned this is a pervasive practice, and anecdotally shared that violations persist.

“The MOH policy and agreement is very important, but implementation itself has many drawbacks, and there are known challenges.”

Channels of Communication

Respondents were asked what channels of communication would be most effective to reach policymakers. Sources of evidence used to inform decision making cited by respondents included databases, conference attendance and proceedings, population health data, research institutions (evidenced-based epidemiology research, national survey, and operational research) and networking channels.

About a quarter of respondents mentioned evidence-based data information from international resources that can provide for advocacy purposes (for example, to respond to or attempt to shape

government policy); to develop funding proposals; to determine future initiatives and to report performance measures.

“We should have evidence based which come from research; policy makers also need research results to develop policy.”

“International sources can provide the best sources of information and they support a lot of developing evidenced-based guideline to facilitate achievement of many programs interventions.”

Respondents also listed policy briefs, round table meetings, face-to-face discussions about the issues, and field visits to the successful program for policy makers as effective sources of information.

A majority of respondents agreed that policy dialog, policy forum, and round table meetings are the best channel to communicate with policymakers. Respondents emphasized that media is also a strong channel to communicate with society, mothers, family members and communities. Respondents mentioned that to communicate with policymakers, all documents should be official, convincing, and evidence-based.

“To better communicate to policymakers as most are men I think that it will be implemented easily if we show the economic benefits, on the other hand mothers also might focus more if all children are breastfed, how much money we could save? If all children are breastfed we can save money; also if children had been breastfed they would not prolong the time starting school. So I think anything that shows the impact on spending money from their own pocket will make people/mothers more aware about it and I think it would be easier to implement exclusive breastfeeding for 6 months.”

Multi-Sectoral Approaches

When respondents were asked about multi-sectoral partnerships for nutrition, a majority of respondents recognized that nutrition related issues need to employ a multi-sectoral approach and cited sectors including agriculture, education, social welfare, health, commerce, planning and investment, and civil society organizations.

“Multi-sectoral approaches include health sector, education sector, agriculture sector, industrial and commerce sectors, planning, investment, and finance sectors, and information and culture sector. We have made very good progress in the last two years when Laos joins to scaling up the nutrition, and one of the strong pillars is a civil society that often has contact with the community.”

Respondents also mentioned that the recent multi-sectoral approach for food security and nutrition plan of action was endorsed and the national nutrition committee was established in response to unachievable MDGs.

However, challenges raised by respondents included coordination, role, mandate, responsibilities, resources, and reporting mechanisms.

“...We should share clear roles and responsibilities for each sector appropriately. For example, to what extent the education, health or Lao women’s union should work; we should avoid the duplication of work.”

“Different sectors have different targets, different budget lines, different funding mechanisms, and different implementation styles. So in reality, when we talk about working multi-sectorally, what it means is that you plan in your own sector, BUT when you implement, you should be coordinated.”

Another point mentioned by respondents was the need to have joint monitoring when using multi-sectoral approaches. They also stated that there has to be some commitments for each line ministry, meaning that there should be some specific budget allocation to implement nutrition-sensitive activities in the other sectors.

Respondents stated that integrated approaches are difficult to create at the national level because of separate and competing ministerial budgets, separate guidelines, and lack of leadership for integrated programming. Provincial services for planning, training, supervision, and monitoring and evaluation are usually siloed among individual sectors.

Challenges for multi-sectoral coordination and integration highlighted by respondents also included sectoral “institutional cultures,” competition for budgets, ministerial politics, lack of leadership for multi-sectoral and integrated approaches, lack of experience in policy planning, enabling participatory processes, negotiating with other sectors, and building consensus.

“...many activities in the existing nutrition policy related to the education sector have not been implemented and there has been no integration of nutrition knowledge and school curriculum, except hand washing and hygiene.”

CONCLUSION AND RECOMMENDATIONS

Summary of Opportunities

The findings indicate that commitment from the government for nutrition and IYCF is high, and there is strong support from international and nongovernmental organizations to implement the policy, regulations and the Agreement on Marketing of BMS. The policy environment is rich, with a number of policies, decrees, agreements and strategies in Lao PDR aimed at improving child nutrition and IYCF practices.

Summary of Challenges

However, while the findings highlighted that policies are in place, the implementation and enforcement of those policies is lacking, and awareness of the policies is also low. Insufficient resources and an absence of coordinating bodies to implement policies remain challenges, and thus, violations of the Code are common. It is important, therefore, to strengthen political will as well as to improve communication and coordination among government bodies—especially with MOH as a focal point—to ensure that the policies and strategies are enforced, complied with and monitored.

Recommendations for Action

Respondents provided the following guidance for recommended actions to improve IYCF in Lao:

Improve knowledge and training among health care workers of optimal IYCF practices

- Build capacity by sensitizing and training health policymakers and health service administrators; improve health worker skills in support of optimal and young child feeding; and revise related pre-service curricula for doctors, nurses, midwives, nutritionists, auxiliary health workers and other groups as necessary. Introduce peer counselors and certified lactation consultants to help to build the confidence of mothers, improve feeding technique, and prevent or resolve breastfeeding problems.
- Integrate professional bodies, including medical faculty, nursing faculty, provincial medical schools and education authorities for ensuring that health care providers working in all neonatal, pediatric, reproductive health, nutritional and community health services are well trained in how to provide skilled support for exclusive and continued breastfeeding.

Strengthen the Agreement on Marketing of BMS

- Strengthen and improve communication and coordination among government bodies, especially MOH, to ensure that the Agreement is enforced, complied with and monitored.
- Strengthen the Agreement to include all provisions from the International Code of Marketing of Breastmilk Substitutes and subsequent resolutions. Upgrade it to a decree or law for better implementation and enforcement.
- Establish, fund and build capacity for a functioning monitoring and enforcement mechanism. Strengthen monitoring of compliance with the Code in health facilities and by health care providers.
- Disseminate widely to all relevant stakeholders the specific responsibilities and mandates of the International Code of Marketing of breastmilk substitutes and the related legislation adopted for local use to health care professionals, concerned stakeholders, private sectors and media representatives.
- Civil society and NGOs should support the government by advocating for the enactment, implementation, enforcement and monitoring of the Code, as well as providing practical breastfeeding support at the community level. These organizations should create a critical mass of Code advocates and supporters to ensure an enabling and supportive environment for Code implementation, enforcement and monitoring.

Improve maternity protections

- Extend maternity leave to six months as recommended by WHO (though some participants believe three months is adequate given the economic environment).
- Create child care and breastfeeding spaces in workplaces: Revitalize the approach to promote working mothers to continue to breastfeed up to six months and beyond in both public and private sectors, including availability of nursery rooms for lactating mothers, places for mothers to extract their breastmilk, and freezers for storing extracted breastmilk.

Governance

- Improve recognition by the Prime Minister, President, Ministry of Finance and Ministry of Planning and Investment and allocate budget to each line ministry for nutrition.
- Ensure high level leadership per sector is engaged and championing multi-sectoral work.
- Create and track indicators for multi-sectoral nutrition.
- Clarify roles and responsibilities of each sector and each level.
- Establish coordination guidance structures at provincial level.
- Hold provincial government accountable for nutrition status.
- Engage mass organizations (LWU, youth union).