

Annex 7

INTERVIEW RESULTS WITH THE KEY INFORMANTS

In-depth interviews with community member

Personal in-depth interview with community members was conducted at the same time during field Research Study on Infant and Young Child Feeding Practices in Five (5) Selected Provinces. The key informants were taken from the community members including village chiefs, traditional birth attendants, older women, and local health workers. All these persons are the source of information on the situation of the communities regarding child health, food availability, and the participation in health, food and nutrition activities in the villages. Only four (4) respondents of personal in-depth interviews were selected from each province. Among the total of twenty (20) respondents, there are ten (10) persons who are Village Health Volunteers, five (5) who are Local Health Workers and five (5) others are Traditional Birth Attendant (TBA) and Village Chief.

The Village Health Volunteer and/ or the Village Health Support Group are appointed by Health Centre system in their local community they are responsible for providing information from Health Centre to the villager and they give the feedback information from villager to Health Centre. The majority of them have started working as health volunteer(s) in their villages since 2001. As compared with the TBA, who were also interviewed and have been working in the community since 1979, because most of them are old women who had also received some additional training from health centre's staff.

Local level health workers refer to persons who are working in the Health Centre and in the Operational Department in the province. All of them have been working in this field for long time as seen from their ages, but as for being in-charge of the nutrition program they seemed to have just recently started around 3 or 4 years.

Child Health Problem in Community

According to the information gathered from keys informants in the community we found that the main health problems of children under 2 years of age are diarrhoea and colds or fever. It is common that in the young children there is a higher incidence of diarrhoea and other illness due to the lack of hygiene and malnutrition. For example, mother gave water that has not been boiled or water with sugar to young children and that can be source of potential risk for diarrhoea of their young children. Bronchitis and dengue fever are the second main health problem based on the findings from the in-depth interviews in the community. According to their experience both these diseases can usually be the cause of the children death in the villages. Aside from this there are some other diseases such as typhoid, malaria, asthma, cough, vomit, and inflammation in of the throat which are also considered as the main health problems that occur for young children.

As mentioned above, young children die because of dengue fever and bronchitis. As we perceive most of respondents seem didn't know clearly about the diseases which cause the children's death in village. Some of them had mentioned that young children age around 2 months had fever, had diarrhoea and then died. Other children abdomen become swollen and then soon died. They said young children cried a lot without knowing the reasons and crying for long hours and then die. A few of the key informants also gave the reason that young children died because of malnutrition. They

said the child become thinner and thinner because their mother have no breast milk and the child was also not fed enough food so the child become poor health and soon died.

When asked their point of views on how to solve health problem(s) of the small children in the villages, most of the respondents would suggest that they force and insist that the mother take the child to hospital. That is because some of them are village health volunteers and local health workers, so they work closely with health centre staff in their community. While some other key informants insist to the caregivers to feed the child enough food, drink boiled water and keep clean or maintain hygiene, so that the child can be healthy. Because malaria is still a dangerous disease that is a threat to the young children, some of respondents suggested that the mothers let their children sleep inside the mosquito net, so that they can avoid getting bitten by the mosquito that carries the malaria disease.

To solve the health problem(s) of small children in the community is an important thing to do. As a contribution to this health issues, a few of key informants suggested that the health centre staff should provide health education to village health volunteer, village health support group, and TBA. Then, this group will continue to educate people in their villages. A few of the respondents said they need a health centre to be located near their community, so it is convenient for them to receive any health services from there. More often we heard the villagers are complaining about a far health centre and that they need to spend more money for travelling to health centre. In order to solve the child health issues, some of them suggested that the child should get vaccinations that can keep them to be healthy and help to prevent them from contacting any diseases.

Young Child Feeding

Based on the observation almost all mothers reported that they had never feed anything besides their breast milk to the baby age less than 6 months. It is true that all children need to be take care and breastfed from their mothers, especially for young children who is still breastfeeding. Now people seem to understand more about child feeding because they learn from TV, Radio and from village health volunteer and then they didn't feed anything to children besides the breast milk. In this age group we also found that some mothers started giving steamed rice to their children. But usually they pounded the boiled rice to become soft and mashed before they feed it to the babies. Long time ago, mothers used to chew the rice in her mouth, then wrap and package the rice from her mouth into a banana leaf and put it into a hot ash to make it become soft so that they can feed the babies. These habits still exist especially in rural areas where people still believe in spirits and illiteracy which is also because of their poverty and accessibility to the health centre and its service is not easy. Water and water with sugar are often given to the young children. Sometimes the water has not been boiled and they give it to the babies by dropping from spoons or by the use of the fingers. Old men said that the child feel thirsty seven (7) times a day that is why mothers give water more often to their babies. Bobor with fish and egg are also reported as what the mother's use to feed the babies with age under six (6) months.

For children age six (6) to eleven (11) months, most mothers feed plain bobor with salt, soy sauce, egg, broth and ingredients in the soup including vegetables and meat. Some key informants claimed that for poor families they feed their children only bobor with salt which never has meat. While some other families who have a better means of living can feed bobor with egg, fish, meat and vegetables or they can buy cereal from market to feed their children. In the previous years mothers never feed fish because they think fish will produce worms and eating raw vegetables will cause diarrhoea. But now people learn more about health education and they want their children to be healthy so they

feed the food which contains vitamins to the children. From age six (6) months old, mothers started to give extra food such as banana boiled, pumpkin, sweet potatoes, snacks, and other fruits. Mothers also feed rice steam to children but they pounded it until it is become mashes before feeding. In habitually, some mothers would like to buy enriched bobor which is for sale in the market or in the village for their children. Moreover it is convenient for them to buy and the child likes to eat it. For this enriched bobor normally it consists of many kinds of ingredients like fried garlic, pepper, oil, fat, sugar, MSG and putting meat, chicken or fish.

For the observation of the child with feeding age between 1 and 2 years, we found that most of children were served with the family food and what ever food is served to the family the child will eat that food too. This is because the children are old enough to eat all food that served for the whole family. Normally, the mother feeds the child like the other adults in the family. Rice with broth and ingredients in the soup including meat and vegetables are often given to children. Giving some additional food such as boiled banana, pumpkin, sweet potatoes, fruits and other snacks are also given to children. Only a few of the key informants reported that some mother's had fed bobor with soy sauce, egg, broth and the ingredients in the soup to their children with ages between 1 and 2 years.

When asked how do mothers who work in the field or have other jobs manage to feed their children, most of the key informants reported that mothers leave them with the elder sibling or grandmother to take care of the baby when she is busy at work. But for the baby less than 6 months, mothers never leave him/her alone she always brings the baby with her. Usually, most mothers breastfeed their babies already before they went to work at the rice field and they come back soon after 2 or 3 hours later to breastfeed babies again. Especially when they feel the spasm in both breasts because they are filled with breast milk, so that they know it is time for their babies to breastfeed. Sometimes the adult sibling brings the baby to meet their mother at the rice field and then mothers can breastfeed the baby there.

At the same time of the study there were a few families reported that they moved all together to live in the rice field. The rice fields are located far away from village so all the family members composed of both young children and adults all moved together to live there. They grow rice there in the rainy season until they harvest the yield and then they come back to live in the village. Some adult children didn't attend school and whenever health centre staff comes to the village to give vaccinations to children, they need someone to call to them. In this situation some young children might not be well taken care of due to lack of better conditions for living where they are susceptible to communicable diseases due to mosquito bite. Only a few children were sent to kindergarten school¹ in the village which is supported by UNICEF but the school was open only in the rainy season while the villagers were busy with their livelihood activities (planting and harvesting rice).

Identification of feeding practices can be considered as a health problem based on the source of information from key informants. Because of poverty there may be more children that are susceptible to malnutrition. A lot of families lack food even if they try very hard to support their living and the parents were also busy in earning a living, so they didn't pay much attention to their children. In this case the feeding practices can be considered as a problem because children were so skinny, no weight gain, and they often get sick. Normally children had poor health conditions and some of them didn't receive any vaccinations. Furthermore some parent's still believed in old traditions or they believe in "magic things". For example when the child was sick, they pray to the

¹ Kindergarten school is in Kosh Sampeay Village, Stueng Traeng province.

dead ancestors and to the spirit of the gods or “tutelary spirits” to help prevent/ cure their children from any disease. While some others parents bring their sick child to traditional healer instead of taking them to health centre.

Another problem also identified was that because the family has too many children, the feeding practices might not be good due to the lack of food and then children can not eat enough food, the food that they eat that does not have vitamins, and sometimes they have no money to buy meat or fish. Sometimes some mothers might have no breast milk to feed their children because she does not eat enough food in order to produce more breast milk. Not all of the key informants consider the feeding practice as problem; a few of them consider that feeding practices are not a problem because children in their village are healthy, they eat enough food and they get the prescribed vaccinations.

There are many difficulties that most parents faced in feeding their children. More often they complain about the lack of food to feed the whole family. So their children might not have enough food to eat and children become sick more often. The reasons that are related to the lack of a better means of living, including the families that have no land to do cultivations and some parents have no job. So they leave their young children at home and go to look for jobs or go fishing or collecting wood in the forest. In this case most parents were busy at work and then their young children might not be well taken care of.

Food availability

Food availability refers to all kind of foods which were available in the village including fish, meat, egg, vegetables, fruits and rice production. Among the total of twenty (20) key informants nearly half reported that there was not enough food available in the villages. The food in the village was scare and people need to buy food from markets and it is expensive. Mostly, villagers had lack of food in the dry season due to the drought, thus they can not plant vegetables around the house even they can do fishing but not enough. The far villages from the market might have no enough food available as compared to the villages near urban or near the provincial town. According to the information some of key informants, they said that the rice production can not sustain the supply for the whole year. More often villagers were complaining about droughts that destroy their rice production. In this situation poor families might face more difficulties in feeding their children.

At the same time there were some of key informants that stated that the food in the village was easy to find and it is not expensive such as vegetables and fish. In rainy season, the villagers can find many kind of vegetables in their village such as ivy gourd, winter melon, pumpkin, cabbage, morning glory, papaya, eggplant, cucumber, chilly leaf, Sleuk Ngoup (kind of vegetable) Pati (kind of vegetable), and Sleuk Bas (kind of vegetable) etc. Normally in each village, people can buy some food which available from small stores. It is a kind of grocery store and but there were not much food available.

It is only vegetable that was always available in adequate amounts in the village, but it is available in the rainy season only. On the other hand people can do the fishing in the villages where there are rivers or lakes. Beef and pork were almost never available in the villages and people rarely buy it because it is more expensive.

The food given to children can be the food that was available in the village. Fish and vegetable were mostly served to children. However even if the price of meat is expensive, some families can provide meat to their children but not too much, (that is in a small amount of meat). While some others said

the children were served with the family food, this means that whatever the food served to the family the child will eat that food too. Rice with broth or Bobor with soy sauce is also reported to be served to the children.

Related to the source of food for the family, most of the key informants said that villagers grow their own vegetables. During the field work we observed that in each household, people plant vegetables in the gardens or around their houses. Most of these vegetables are gourd, winter melon, pumpkin, Pati, Sleuk Bas, tomato, eggplant and chili. But these vegetables exist in the rainy season and it is not enough for the whole family. Besides growing vegetables, villagers also raise some animals such as pig, chicken and fish but they raise them only for selling, and they never eat them. In this manner, all these activities can help support for their living. As mentioned above, some villagers are also involved in the fishing activities and the fish they catch and sell can be the source of food for their families and also for supplementing their income. However, most of the source of food for the family was buying from market or from small stores in the village.

The food that was given to children or consumed by family varied with the seasons. In the rainy season, the villagers have more vegetables and fish. But they have lack of vegetables and some other foods in the dry season due to the drought that they can plant any vegetables. The food shortage in the village was mainly because there was no water, no vegetable and also no fish. Due to the lack of vegetables, there were NGOs that had provided vegetable seeds to the villagers and they grow many kinds of vegetables that people never planted before. Some of respondents said this situation has been changed for the last two years. The price of fish or meat was increases to nearly double its price. Because fish is expensive and people can not catch more fish due to dry season, so they can't make fish paste (*Prahok*) or Pahork for the reserved food for next the year.

Due to the lack of money to buy food to support them and also because some of the food items are becoming more expensive; so there are a few food items that people can afford to buy and most of which may be out of their reach because of the price. The food items that people think are most expensive and out of their reach were beef and pork. People in the village rarely buy beef or pork because it is expensive. They said from month to month they never eat it. It is only vegetables and fish that almost everyone can buy even if it is in small quantities. They said it is easy to find vegetables in the village and it is not so expensive. However the pork is expensive but some of the villagers can afford to buy the meat in small amounts. Usually people in the village bought around 10 to 20 grams of pork and with that meat they can fry and mix it with vegetables or make soup.

Participation in health, Food and Nutrition Activities in the Village

This section illustrates the activities of the community member related to health, feeding and nutrition. When asked in what ways do they help people in community who face problems with health, feeding or nutrition, most of them said they had given advice to children's mothers to feed their children enough food with fish, meat and vegetables. While some others preferred to offer medicines for the children or provided the training to mothers about hygiene, breastfeeding, food and nutrition. That is because they were working in health centre or they came from the Operational District or Provincial Health Department. To help children in the villages who had poor health or are malnourished, the village health volunteers and the TBA would insist to the mothers that they should bring their children to hospital where they can get vaccinations and some other medicines such as vitamin-A, de-worming and tablets for fever. They also suggested to the villagers to raise animals and plant vegetables so that people can use their own products and can help support their families. More often we heard the village health volunteer or village health support group raise up the

registration of the pregnant women into their list. And at that time they educated mothers to breastfeed the child soon after giving birth or to eat meat and vegetables in order to produce more breast milk.

HOUSEHOLD OBSERVATIONS

Breastfeeding

During breastfeeding, the mothers were very attentive to their children. Utmost care and attention were given while breastfeeding the child. Mothers normally observe proper position in which the child will be comfortable while feeding and see to it that breastfeeding will not be interrupted. Mothers also make sure that the children are fed to satiety. Both breasts are given to the child, especially when the child looks hungry and not satisfied. Most mothers did not meet any difficulties while breastfeeding. However, for those mothers working in the field, mothers were honest to say that they did not have much time to feed their children when they are out in the field. Oftentimes, because of the poor condition, mothers' priority is to look for ways to be able to feed the family.

Complementary feeding

Hygiene behaviour

Washing before eating is not being practiced in most households observed. Water in the villages is often collected from the rivers, rainwater and even in the floods. Even if hand washing will be practiced, this may result more to contamination because the water source is not really clean.

The feeding situation

Most of the children do not have their own spoons and plates to use for feeding. Children are fed from the mothers' plate. The utensils used to feed the child are being used by anyone of the family members. Mother and child are usually seated next to each other during mealtime. Feeding is done sitting in the floor by most of the mothers. Among the children who can already crawl or sit or stand up, mothers would often follow them while feeding. In most of the times, it was the mother who would feed the child. Although in some instances, household members such as the grandmother, sister or older son or daughter help in the feeding of the child.

Adaptation to the Family Diet

The children were usually served with foods that were also served for the whole family. Bobor is the only food that is served to child and not to the whole family. Oftentimes, bobor is cooked or bought from the market. When the child is fed food that is served for the whole family, the child is served only with the rice and the broth. Because of limited resources and time to prepare the food for the child, whatever is served for the whole family, the child is fed the same only with ingredients that can be given to the child are served.

Mother-child Interaction

The emotional environment is a very important factor when feeding the child. Young children are very dependent to adults for emotional security. At very young age, it is important that children should feel the sincerity of the caregivers to provide utmost care and affection.

During feeding, children are motivated by the mother to eat with gestures and games. Young children are often not left to eat alone. Mother usually encourages the child to eat. Children were never physically forced to eat. Mothers see to it that their children are fed to satiety.

Mothers always pay attention to the child when feeding. The younger children, because they are very dependent on adults, are given the most attention when it comes to feeding. Older siblings take part in looking after the young children. More often, they are the ones left to feed on their own while the mother is busy with the younger children.

ANNEX 9

LIST OF CONTACT PERSONS DURING FIELDWORK

Kratie:

- Mr. Chamran, Admin person of OD Chhlong
- Mr. Pou Sungly, Head of Chhroy Thma Krom Health Centre
- Mrs. Lanch Num, Chhney village health support group
- Mrs. Man Soleap, Chhney village health support group
- Mrs. Chhun Chany, Kampong Srae village health support group
- Mrs. Yin Savan, Kampong Srae village health support group
- Mrs. Heng Sokchan, Dei Doh Krom village health support group
- Mrs. Em Kun, Snoul Keut village health support group
- Mrs. Reun Saveun, Snoul Keut village health support group
- Mrs. Chheum Sovannary, Srae Thmey village health support group
- Mrs. Larg Saley, Mil Krom village health support group

Stung Treng:

- Mrs. San Channy, Stueng Traeng Provincial Health Nutrition Programme
- Mr. Kheiv Pai, Svay, Village Chief
- Mrs. Eve Sophin, Ou Trel village health support group
- Mrs. Phi Pophu, Kamphun village health support group
- Mr. Chea Van, Svay village health support group
- Mr. Kham Dok, Samkoi village health support group
- Mrs. Chanda Samphorn, Kamphan village health support group

Prey Veng:

- Mr. Pich Bolla, Head of Nutrition Program of Prey Veaeng Provincial Health Department
- Mrs. Bun Yul, Trea village health support group
- Mrs. Phat Samak, Svay Prakral village health support group
- Mr. Tep Khorn, Hob village health support group
- Mrs. Blong Ti, Kreul village health support group
- Mrs. Chhum Chantha, Kreul village health support group

Kampot:

- Mrs. Din Sady, Angkor Chey OD Nutrition Programme
- Mrs. Ghnet Yet, Keatha Vong Krom village health support group
- Mr. Kim Kea, Sam Por village health support group
- Mrs. Net Keurn, Sam Por village health support group
- Mrs. Min Sithat, Damnak Chambok village health support group
- Mrs. Ouk Sok Ry, Damnak Chambok village health support group
- Mrs. Sad Sok An, Damnak Trayueng village health support group
- Mr. Surn Sarorn, Damnak Trayueng village health support group
- Mrs. Yam Sok Kea, Bariveas village health support group
- Mr. Joy Nan, Boriveas village health support group

Battambang:

- Mrs. Choub Nget, OD Sangket
- Mrs. Rorn Marry, Samdach village health support group
- Mrs. Ring Sary, Samdach village health support group
- Mr. Yan Yet, Boeng Tuem village health support group
- Mrs. Hurn Savert, Beng Tuem village health support group
- Mrs. Hung Nav, Baoh Pou village health support group
- Mrs. Sam Sophy, Baoh Pou village health support group
- Mrs. Reum Pirum, Kampong Mdaok village health support group
- Mr. Khorn Sovey, Kampong Mdaok village health support group
- Mrs. Phorn Leap, Ou Trea village health support group
- Mrs. Sat Vuth, Ou Trea village health support group
- Mr. Thai Leurm, Roka village health support group