to the market and it is expensive.
Intention to continue: All the mothers agreed to continue practicing the recommendation.
Discussion/conclusion: All the mothers tried their best to provide adequate amounts of food for their child's growth. Even if the other mothers were not successful in making their child eat ½ bowl of food, they still insisted on trying.

Among the recommendations presented, this is the most difficult for mothers to do. Most mothers think that providing ½ small bowl is too much for their young child to eat. This practice is not feasible for the mothers to do. It is recommended instead that small frequent feeding be provided in order to make the young children used to eating rather than providing a large amount of food in one eating.

Recommendation No. 12: Motivate and help your child to finish all his meal.

Results: Five (5) mothers were given this recommendation and all of them tried it. One mother said that even if she helped her child eat, the child still did not finish the food.
Modifications: No one modified the recommendation but one mother said she tried the recommendation for only 3 days because her child was sick.
Facilitators: The mothers mentioned frequently how satisfied they were when they see their child sleeping well, happier than before and not as fussy as before.
Obstacles: One mother mentioned that she discontinued the practice when her child got sick. The reason was not very clear but it may be because the child was sick that she let the child eat whatever she can eat at the time when her appetite was less.
Intention to continue: All of the mothers have the intentions to continue the recommendation.
Discussion/conclusion: Motivation is an important factor for a growing child to finish his meal. For working mothers with children less than 2 years of age, most of the time, they are left with other caregivers in the family. While this recommendation can be feasible, it is important that other caregivers (aside from the mothers) have the same aspirations for the child.

12-23 months old

Among the 12-23 months old children, the amount of meals being served and the ability of the child to consume all the food served are among the most common problem for this age group.

Table 19. Results of TIPS in children 12-23 months of age (n=27)

	RECOMMENDATION	No. who participated	No. who were successful	No. who were partially successful	No. who were not successful
	BREASTFEEDING PRACTICES				
1.	Express breastmilk and have others give to baby with cup and spoon or just a cup	3 [a/]	-	-	-
	COMPLEMENTARY FEEDING PRACTICES				
	Quality of meals				
2.	If you feed the child soup with rice, give him all the ingredients in the soup, including fish or meat and vegetables	3			
3.	Add vegetables and meat to the rice at each meal	2			

	FREQUENCY AND QUANTITY OF MEALS				
4.	Increase feeding frequency of meals until the child is fed 3 times per day plus 2 snacks	6			
5.	Gradually increase the amount of food until you are giving your child 1 small bowl of food at each meal	13			
	FEEDING BEHAVIOR				
6.	Help your child to eat; do not leave your child to eat by himself. Motivate your child to finish all his meal	8			

[a/] During the conduct of TIPs, all the mothers did not leave the house so the recommendation was not tried.

Table 20. Results of TIPS in children 12-23 months of age

BREASTFEEDING PRACTICES
Recommendation No. 1: Express breastmilk and have others give to baby with cup and spoon or just a cup
Results: Three (3) mothers were given the recommendation. All of the mothers did not try because they did not leave the house. **Modifications:** - N/A **Facilitators:** - N/A **Obstacles:** - N/A **Intention to continue:** Even if the mothers did not try the recommendation, they are willing to do if they need to in the future. **Discussion/conclusion:** Expressing breast milk is a totally new practice among the mothers in the study sites. There are certain issues that need to be considered such as storage of milk and ability of the mothers to express breast milk. This recommendation is not feasible for the mothers considering the living conditions in the rural villages.
COMPLEMENTARY FEEDING PRACTICES
Quality of meals
Recommendation No. 2: If you feed the child soup with rice, give him all the ingredients in the soup, including fish or meat and vegetables
Results: Three (3) mothers were given this recommendation and all of them agreed to try. One mother (M1- 3003) gave fish and morning glory in the soup; another one (M2 – 5004) gave fried fish and snake soup. One mother however, whose child was sick, was not able to practice the recommendation. **Modifications:** One mother gave only plain bobor and grilled pork because the child cannot eat rice with vegetables and fish (child was sick). One mother refused to give pumpkin in the belief that her child will get diarrhoea. **Facilitators:** The children seemed to play more and eat more. **Obstacles:** Pumpkin, according to the mother caused her child to have diarrhoea **Intention to continue:** All of the mothers intend to continue the recommendation **Discussion/conclusion:** There are certain foods, as well as practices that mothers perceive as harmful. It is essential that mothers be educated on the benefits of providing certain vegetables and that diarrhoea can be brought about by other causes such as unhygienic environment or provision of contaminated water. Mothers often believe that their children can get choked because of vegetables, hence, they would usually provide rice with liquid only. This recommendation can be feasible if the misconceptions on foods are corrected.

Recommendation No. 3: Add vegetables and meat to the rice at each meal

Results: Three (3) mothers were given this recommendation and all of them tried it. This recommendation was given to mothers who gave a little amount or no vegetables and meat at all.

M1 (5016) -
M2 (5008) - Mother added unripe papaya and eggplant
M3 (1008) - Mother served morning glory soup and roasted fish

Modifications: No modifications were done
Facilitators: Vegetables are easy to find in the villages. Vegetables are good for the children for them to grow healthy.
Obstacles: Meat is difficult to buy because the market is far.
Intention to continue: All the mothers intend to continue the recommendation.
Discussion/conclusion:

Frequency and quantity of meals

Recommendation No. 4: Increase feeding frequency of meals until the child is fed 3 times per day plus 2 snacks

Results: Eight (8) mothers tried the recommendation. This recommendation was given to mothers whose children were fed less than the recommended number of main meals (~3) or snacks (~2).

M1 (1008) - Mother fed the child with 3 meals and 2 snacks
M2 (1010) - Mother gave two snacks
M3 ( ) - Mother added 2 snacks
M4 ( ) – Mother gave 2 snacks (pancake and orange)
M5 (2017) -
M6 (3021) - Mother added 2 snacks
M7 ( ) - Mother gave 3 meals and 2 snacks
M8 (5008) - Mother provided 3 meals and 2 snacks

Modifications: All the mothers did not make any modifications.
Facilitators: When fed with enough meals, the children seemed happier and satisfied and the mothers are not disturbed at work. The children seemed to gain more weight, more energetic and play more.
Obstacles: The recommendation can be done only when the mother is at home because when she goes to the field, she cannot feed her child that often. Some neighbours have commented that, old people before have never fed their children that often so there is no need for the young children now to be fed that much. Money is an issue when mother has to buy foods such as meat to feed her child enough. When the child is given frequent snacks, the child will drink water more often and he will have “swollen stomach” (tummy will become bigger as a result of drinking too much water).
Intention to continue: All of the mothers have the intention to continue.
Discussion/conclusion:

Recommendation No. 5: Gradually increase the amount of food until you are giving your child 1 small bowl of food at each meal

Results: Thirteen (13) mothers tried the recommendation. Not all of the mothers increased the amount to at least 1 bowl.

M1 (1010) - Mother increased the amount
M2 (1015) -

M3 (1017) -
M4 (2001) - The mother did not try, lesser amt. was given
M5 (2005) - Partially tried
M6 (2012) - Partially tried
M7 (3018) - Mother fed 1 to 2 Tablespoons
M8 (3021) - Mother served 1 small bowl
M9 (3003) - Almost the same amount as the first
M10 (5004) -
M11 (5008) -
M12 (4001) Number of grams consumed is increased
M13 ( ) –

Modifications: One mother gave the usual amount that her child can consume because according to her observations, the child spitted the food when given too much.

Facilitators: The mothers' replies all pertain to their child's change in behaviour when fed more then before. It should be noted however that, these responses could be mothers' knowledge of the benefits that their children can get when they practice the recommendation rather than what they actually observed.

The mother likes the idea of increasing the amount of food for her child, because the child seems to cry less.
The child eats more, grows well, and doesn't cry. She has plenty of time to work.
The child eats more, doesn't cry, plays more, and weigh is higher than usual.
The child's feeling is happy and he grows fast.
"It was easy to do".
"It's easy to make".
"The child eats more, he doesn't need as much breast milk".
"The child eats more than before".
"I liked it because it would make the child strong, sick less"
"My child has enough to eat , he disturbs less , sleeps well , is strong , and plays more"
"I like it. When I gradually increase the amount of food, my child eats more".
"I could do it and my child was able to eat more than before"

Obstacles:

When the child eat more snack, he will drink, he will drink more water so he will get swollen stomach; Mother can do everyday when she is at home, but if she goes to the field, she cant do.

"Difficult, because I don't have enough money to buy meat for my child to eat enough".

Her neighbours have said about child feeding. They said: the old people before have never given foods to the children as often like this, why often give foods to the child of this young age? She replied: If not the doctor come to tell me, do you think my child can be as healthy as now?

"When I increase the amount of food for my child, he/she spits the food out and refuses to eat".
Mother feels happy because she sees her child is full. He plays and not often cries, and sleeps well.
The child becomes full and finish all the food

"I was afraid that when he ate much, the stomach would become big and would be destroyed, because my child is still small"; child also spits out the food when the mother feeds more than before

"I want to find more meat to feed my child more, but it's difficult to find it (to buy) and I don't have enough money"

"I don't like it, when I prepare one small bowl of rice for her, my child doesn't finish all her food, but she eats nearly one small bowl".

Intention to continue: Mothers intend to continue the practice

Discussion/conclusion: Among the recommendations offered, this is the hardest that the mothers can actually practice. Although the amounts served were increased at a certain point, still it is not enough to meet one small bowl as recommended. The mothers had difficulty feeding their children the amount suggested because they think it is a lot for their child. This recommendation is difficult to attain. It can be emphasized though that small frequent feedings and gradual increase in the amount of meal served be tried to make the child get used to feeding more than what was usually being given.

Recommendation No. 6: Help your child to eat; do not leave your child to eat by him/herself. Motivate your child to finish all his meal

Results: Nine (9) mothers tried the recommendation. Eight mothers reported to have consumed all the foods given and 1 mother was unsuccessful because her child was not able to finish the food.

M1 (1015) Child finished his meal
M2 (1022)
M3 (2001) All food served was consumed
M4 (2005) All food served was consumed
M5 ( ) All food served was consumed
M5 (2012) All food served was consumed
M6 (2017) All food served was consumed
M7 (3018) Mother tried but was unsuccessful
M8
M9

Modifications: One mother at several times had to leave her child to eat by himself because she was working in the field. Another mother tried to help her child finish the food but the child still cannot. The mother just fed the child whatever the child can finish because the child was already spitting out the food.

Facilitators: The children were able to finish all the food with the mother's help and that makes the mothers happy as well. When the children are fed to satiety, they do not disturb the mothers, and they can work in the fields and do some chores.

Obstacles: When the mother has to go to the fields, she has no choice but to leave her child to eat on his own. One mother noted that no matter how much the mother tried to motivate and help the child finish the food, the child still cannot finish the food.

Intention to continue: All of the mothers intend to continue the recommended practice.

Discussion/conclusion: This recommendation is a combination of those whose children were sometimes left to eat on their own and those whose children do not finish their meal. Children are sometimes left with other caretakers who at some point, may not provide the support that mothers can give especially when children are left with older siblings and other relatives. This recommendation does not quantify the amount that a child should consume but is limited only to investigating whether the child finish his meal or not. In real situations, mothers who perform several tasks in the household do not have the time or patience to actually make the child finish the food. This recommendation can be feasible with the support of other household members to look after the younger children when the mother is not around.

Child recovering from illness

Recommendation No. 1: Continue to feed your child as usual with meat and vegetables to gain back his weight (child recovering from sickness)
Results: 1 mother tried the recommendation **Modifications:** No modifications were done **Facilitators:** The mother was glad when her child ate more than usual, she wants her child to grow fast and be healthier again **Obstacles:** None mentioned **Intention to continue:** Mother will continue the recommendation **Discussion/conclusion:** There was no feeding problem identified for this child. However, the child's weight is below normal so it was recommended to the mother to continue to feed him with variety of food to gain back his weight.

RECIPE TRIALS

The objective of the recipe trial was to gather information on how infant foods are prepared by the mothers. The idea was to observe the usual preparation and cooking methods as demonstrated by the mothers during the trials.

Participants

The recipe trials were limited to mothers with children between 6-11 months old. This was done to gather relevant feeding practices for those children in the transition period (from exclusive breastfeeding to introducing additional foods) rather than invite mothers whose children do not require additional foods (i.e., 0-5 months) and with older children who are typically fed family foods (i.e., 12-23 months). About 5-6 mothers per province (or a total of 34 mothers) were invited to participate in the trials. However, during the trials, it was found out that the health volunteers recruited some mothers (a total of 5) whose children belong to the older age group.

Selection of recipes to prepare

Since the objective of the recipe trials is to learn how the infant foods are currently prepared, the team made sure that the ingredients to be used were within the mothers' capabilities to acquire them. The team made initial observations of the available resources in the villages such as, the most common available vegetables and meats that the mothers can afford or can be gathered in the surroundings. This was done to make sure that no modifications in the usual preparations such as adding of ingredients that the mothers do not usually use or cannot afford to buy (such as pork or beef) would be done.

The mothers were made to decide among themselves what food preparation they can prepare for their children that is thick, easy to prepare and can be done at home using the available ingredients in the villages.

Results

a. Recipes

Most of the mothers in each province agreed to prepare *bobor* since this is the most common food preparation that they feed for their children. The different preparations in each province were as follows:

PROVINCE	FOOD PREPARATION	INGREDIENTS	AMOUNT	UNIT OF MEASURE
Kratie	Bobor with morning glory	Rice	74	g
		Water		
		Morning Glory	32	g
		Salt	16.5	g
		Garlic	6	g
Stung Treng	Plain bobor	Rice	262	g
		Water	1500	g
		Salt	4	g
		Sugar	4	g
	Fish bobor	Oil	6	g
		Garlic	8	g
		Palm sugar	8	g
		Iodized salt	14	g
		Fish	200	g
		Cooking oil	12	g
Prey Veng	Bobor with fish	Rice	502	g
		Water	4.5	L
		Pumpkin (w/ leaves)	136	g
		Gourd	210	g
		Cat fish	148	g
Kampot	Bobor with fish	Salt	24	g
		Garlic	8	g
		MSG	14	g
		Sugar	32	g
		Cooking oil	14	g
		“Slek Chee” and garlic leaf	9	g
Battambang	Bobor with fish	Rice	526	g
		Water	4500	g
		Chinese green	238	g
		“Sleuk Bass “	52	g
		Pumpkin	242	g

At the start of the recipe trials, it was emphasized that the group should make something that is thick and easy to prepare. Otherwise, the group will have to make an improved recipe if by standards, the bobor was not thick or not nutritious.

The groups in Kratie, Prey Veng, Kampot and Battambang were able to prepare thick bobor except for Stung Treng. It was very interesting to know that, the mothers prepare only plain bobor for their

children and when they were asked to improve the recipe by adding some vegetables and meat, there was resistance from the mothers. The mothers think that their children cannot eat additional foods other than the rice in the plain bobor.

Usual methods for preparing children's food

The method of preparing *bobor* is somehow uniform across all the group of mothers from each province. First, rice is washed and boiled until soft. The other ingredients such as the vegetables and seasonings are added when the rice is cooked.

In instances when the mothers decided to add fish into the *bobor*, there were some noted differences in the preparation. For instance, in Stung Treng, the mothers decided to add fish in the second preparation that they made ("improved bobor"). The fish was boiled in a separate pot. However, in Prey Veng, Kampot and Battambang, the mothers boiled the fish together with the rice until soft enough to be flaked and de-boned.

It was observed that mothers do not sauté the vegetables into the oil before adding to the rice but instead oil is added like an additional seasoning to add flavor to the *bobor*. Moreover, it is a common practice among the mothers to add salt, monosodium glutamate (MSG), and fish sauce all together. According to the mothers, it adds more to the flavor that way. Addition of palm sugar is also common among the mothers because they think making the b*obor* a little bit sweet will be more attractive for their children.

Mothers' reactions during the recipe trials

All the mothers agreed that the vegetables to feed their children should be chopped into very small pieces so that their children could swallow. The mothers made sure that fish bones were carefully removed.

The most common fear among the mothers is for their children to get choked. The fear of having food get stuck in their children's throat was frequently heard among the mothers. Hence, it was observed that mothers added more water when they think the consistency is too thick for their children. The mothers made sure that the rice was cooked well and soft enough for their young children.

The mothers have various ideas of how they can make the preparation more nutritious. In Kratie for instance, fish is scarce in the village. The mothers thought of adding eggs instead to the *bobor*.

On the average, the preparation time took 40-75 minutes to finish. It may take less time to prepare it at home because the amount of ingredients will be lesser unlike during the recipe trial when preparations were made for a number of children.

Responses of children and mothers

An interesting finding during the recipe trials is that there were groups of mothers who experienced for the first time feeding their children with added ingredients. In Stung Treng for instance, the team was quite surprised to discover that the mothers have not tried adding anything to their plain *bobor*. Initially, the mothers were asked to prepare the usual food preparation that they feed their children. All mothers agreed to cook plain *bobor*. When asked why, the mothers replied that they never feed anything to their children except plain *bobor*. When the team suggested that they make recipes out of the ingredients that the team presented, there was resistance from the mothers. They insisted that they have never fed their children anything except plain *bobor* and they were a little hesitant to try it.

The first preparation of plain *bobor* was not very acceptable to the children. The mothers said their children were sick and they cannot eat properly. However, on the second preparation of the "enriched" *bobor*, it was observed that the mothers themselves were quite surprised at how they can make a more nutritious *bobor*. The mothers thought that the second preparation was tastier and better. Some of the children tried it and they liked it. But some of the children fell asleep and were not able to taste the second bobor. However, the mothers themselves liked the second bobor and they were pleased with what they have actually accomplished.

In Kratie, the preparation was thick but only morning glory and eggs were added. According to the mothers, it was difficult at that time because fish was scarce. Morning glory was the only available vegetable at that time

Most of the mothers in Prey Veng feed their children the foods that they prepare for the family. However, during the briefing, the mothers decided to cook *bobor* for the younger children. They chose bobor because it is easier to prepare. It was observed that most of the children liked the *bobor*. The same was observed in Kampot and Battambang. The children did not spit out the food. The mothers were very attentive while feeding their children. Almost all of the mothers served ½ a small bowl that was mostly consumed by the children.

New ideas for recipes or food combinations

All of the mothers believe that they can do the recipes at home if they have enough resources. For instance, most of the mothers said that they cannot afford to make the bobor with several ingredients like fish because they do not have much money to buy for it. They will be able to do but not everyday. During the recipe trials, the mothers made modifications to make the bobor more nutritious and made use of what was available in the village. Like in Kratie, no fish was available so instead, they added eggs into bobor.

Several suggestions were given by the mothers in order to improve the preparations.

In Kratie, mothers suggested to add meat or fish, and fish sauce to improve the preparation. They think that garlic should have been sautéed first before adding to the rice. The preparation, according to the mothers is very thick for their children. They said they normally prepare *bobor* that is a little bit watery.

They chose to add morning glory because it is available in the household. They think it is healthy for their baby because it is rich in iron. The smell is good but the appearance does not look good for them because they think it looks like a pig's food.

In general, the mothers were open for improvements in terms of food preparation. They think that adding more vegetables and fish is not very difficult as they can find it in the village. In areas where fish is difficult to buy, they find ways to at least add a protein source like eggs. Somehow, the mothers were given ideas on what to feed their children without necessarily spending a lot of money.

PREGNANT WOMEN

The main purpose of interviewing the pregnant women is to find out how long after birth they plan to breastfeed their newborn child. This is to learn whether pregnant mothers practice immediate breastfeeding after birth (i.e., within one hour after birth).

Five (5) pregnant women were interviewed regarding breastfeeding after birth. Three out five responded that they plan to breastfeed their child within one hour after birth while two replied that they will breastfeed their children more than 1 hour after birth. These two mothers were given the recommendation

Source of Feeding Information

When the mothers were asked about information on feeding, 2 replied that they heard information from the radio, and 3 from the health personnel in the village. Most of the interviewed mothers regard the health workers in the villages (i.e. TBA, health volunteer, medical team) as good and trusted sources of information when it comes to feeding their children. The TBAs would often visit the mothers and provide information on immediate breastfeeding after birth.

In terms of access to communication channels, four (4) out of five (5) mothers listen to radio and watch TV. Among the programs that mothers listen to in the radio, three (3) mothers listen to child health programs and 1 listen to requested songs. The mothers have heard information on child feeding from the radio. Specifically, the messages were on exclusive breastfeeding until 6 months of age and feeding the colostrum to the child. The mothers find the messages very useful for them. They believe that it will do good for their babies.

Among the five (5) mothers, four (4) are able to watch TV and information on health and entertainment are the programs that they like watching. Same as the information that they heard from the radio, information on breastfeeding was heard from the TV as well. The information that they get from the television is useful for them, it will guide them to feed their child and they believe it will make their child become healthy.

Feeding the Newborn

Four mothers were determined to breastfeed their babies exclusively until 6 months of age. One mother, however, does not have any plans yet of how she will feed her baby. According to the mother, she will wait for her doctor's advised from the health center after she gives birth.

Only 2 mothers replied to breastfeed their child after more than an hour. Hence, the recommendation was tried with these 2 mothers. One mother from Kratie planned to breastfeed her baby 2 hours after giving birth because she believes she will not have breastmilk by then. Another mother from Battambang replied to breastfeed her baby after 1½ hours of giving birth because she thinks it is the earliest time that she could feed her child after birth.

Both agreed to try for reasons that it will help produce more milk and for the child to grow healthy and strong. Early initiation will help the milk to flow faster. There were no modifications that the mothers mentioned regarding the initiation of feeding.

Result of TIPS

Both mothers tried the recommendation. Both mothers were glad to see their children breastfeed well. One mother thinks that when her child is full, the baby sleeps well and grows fast. Relatives and health volunteers told the mother that breastfeeding within one hour of giving birth will make her child healthy.

Both mothers intend to continue the recommended practice for their future babies and they will recommend it to others by emphasizing the importance of feeding colostrum and what breastfeeding can do for their child.

F. RESPONSES TO RECOMMENDATIONS TESTED WITH TIPS

Summary tables of responses to recommendations tested with TIPS

After the recommendations were tested, the change in caloric intake was noted down (Annex 6). The percentage of the children who met the caloric requirement increased but not in significant values. On the other hand, the over-all mean caloric intake also increased and the same was observed for the children in the 6-11 months old. However, the mean caloric intake for the older age-group decreased. In this age group, 3 sick children were found to have lower intakes in the second visit than the first visit. However, there is a need to decide the cut-off points that will establish the definition of how low the caloric intakes were to be considered as outliers.

Table 21. Frequency and percent distribution of children who met and did not meet the energy requirements, by visit

Caloric Intake	1st visit				2nd visit			
	Did not meet		Met		Did not meet		Met	
	n	%	n	%	n	%	n	%
Caloric intake	48	58.5	34	41.5	43	52.4	39	47.6

Table 22. Mean caloric intake over-all and by- age group, by visit

Age	Mean Caloric Intake	
	1st visit	2nd visit
All sample children	345.52	376.61
6-11 months	236.00	310.72
12-23 months	610.18	535.86

b. Key constraints that prevent families from following optimal child feeding

Optimal infant and young child feeding is not always successful because of the constraints that hinder the caregivers to provide proper feeding for the young children. Most often, these factors are beyond the mother's control, such as the lack of resources, lack of potable water, limited access to health information and education and lack of support from the family members. On the other hand, in some ways, caretakers' behaviours, attitudes, habits, beliefs, or knowledge impede their capacity to provide optimal feeding. It is therefore important to identify these barriers because these have the most direct effects on providing care among the young children and providing support on how the caretakers can overcome these.

Hygiene

A hygienic environment is tantamount to being healthy. Observing personal hygiene and clean surroundings decreases the chance of acquiring certain diseases. However, being hygienic depends on certain factors. For instance, in most of the study sites visited, potable water and latrines are not present. The absence of the basic components for a hygienic environment is detrimental to the family's ability to maintain a clean and healthy life for its members. The absence of latrines increases the possibility of acquiring infection because of improper waste disposal.

Most of the activities in the households depend on the presence of water. Daily activities such as cleaning the house, preparing food, cooking, personal hygiene, raising animals, all depend on the presence of water. Unhygienic feeding behaviours such as not washing the hands before feeding the child or preparing food, using unclean utensils and not washing the vegetables or fruits can also be attributed to the lack of water in the area aside from the lack of knowledge about proper hygiene by the mothers.

Mothers' attitudes and beliefs on certain foods

Misconceptions of mothers regarding foods can affect young children's nutritional intake. When children experience sickness, often mothers would attribute this to foods that were given rather than the other underlying causes. For instance, several mothers think that when their children experience diarrhoea, it was because of the pumpkin that they fed their child. In addition, as most of the mothers in Cambodia believe, when a young child is fed with fish, it will cause worms.

The reasons behind why the children experience diarrhoea or develop worms are not well realized by the mothers. The possible causes could be because of contaminated water in the village and the unhygienic environment and practices that cause young children to develop worms.

Childcare and Caretaker's Time

The ability of the mothers to provide care by being attentive to the child's needs is important to optimal feeding. Mothers' attitudes towards providing motivational support during feeding, feeding the child to satiety, proper child rearing, and awareness of how to protect the children from diseases are all important to attain optimal child feeding.

Health information

Health information from different sources greatly affects the mothers' attitudes towards feeding. Many mothers' perceptions are based on the health information that they read or heard from other sources. Therefore, if mothers' access to health information is limited, the mothers' ability to provide optimal care is greatly affected. Mothers in the villages consider the traditional birth attendants and the health volunteers as the most trusted source of health information. These key informants have a great influence to the mothers' attitude towards feeding. Health workers in the villages are probably the most influential persons in terms of changing health behaviours because these are the persons that most mothers in rural villages look up to for support and information on health. In addition, limited access to various communication channels such as television, radio and reading materials impede the mothers' chance to gain knowledge and understanding of the basic child feeding practices that are being promoted.

Available resources

Financial constraint is always an issue when it comes to providing food for the family. The means to buy food for a growing child is often hindered by the lack of the family's capacity to provide adequate amount of meals, adequate quantity and quality of food necessary for a young child. Meats such as pork and beef for instance are not normally consumed simply because the family cannot afford it.

Availability and accessibility of food

While certain vegetables can be grown in the villages, the families also experience the lack of available food supply especially during the dry season. Food is normally scarce during the dry season. Fish, which is the main source of protein in the villages, becomes scarce during the dry season because the rivers and ponds dry-up. Vegetables do not grow well during the dry season because of lack of water.

On the other hand, fish becomes abundant during the wet season. Other meats such as pork and beef are usually consumed only during special occasions or festivities.

G. KEY PHRASES AND WAYS TO MOTIVATE IMPROVEMENTS IN CHILD FEEDING

The attitude of the mothers towards behaviour change in child feeding is influenced by certain factors that can either be a barrier or a facilitator in continuing the recommended practice. Mothers were willing to continue the recommendations because they perceived it as something doable and where their children's health will be improved. Their contact (as well as that of other family members') with health workers/ village health support group members appear to also contribute to this positive orientation as they become exposed to health messages from these key individuals.

Several factors were noted down that could motivate the mothers to improve their child's feeding practices. Among these are the mothers' ability to identify resources within the community and the changes or improvements that they see among their children after trying the new practices.

Availability of resources

Financial resources among the mothers in the villages are basically limited. More often, many households practice eating 2 meals in a day simply because food is not enough for the whole family. With proper information and guidance, mothers can actually be taught to make use of the abundant available resources in the surroundings. In presenting recommendations that would ask the mothers to add vegetables or fish in the diets for instance, mothers were asked of the available vegetables that can be found in the community. In the end, it was seen that the ability to find vegetables and fishes in the village without spending money is a motivating force to practice the recommendation.

"The vegetables are easy to find and at this time of the year, the fish is cheap"

"Bobor can be easily cooked and it is cheap; it is easy to make and the vegetables are available in the village"

"Pumpkins and gourd are grown in the village so they are easy to find; child eats more than usual and plays more"

"It is easy to make; the vegetables and fishes are easy to find because mother can plant on their own and fishes can be easily caught in the river"

"The vegetables are easy to find in the village and it will make my child healthy"

"What I liked about it is, I plant vegetables by myself, it was easy to find vegetables such as pumpkin, gourd, and sleukbas"

"I could find it (vegetables), it was good to eat and my child enjoyed eating"

"What I liked about it is when I feed my child vegetables, fish, and meat, my child likes eating, and I can fish by myself"

"What I like about it is vegetables make my child strong and he likes eating. Moreover, it's easy to find vegetables because I plant vegetables around my house"

"Liked it because it's easy to buy vegetables in the village and there are some vegetables in the fence (backyard)".

"I can find fish, vegetables, and meat"

"It is easy to do; child seem to eat more; vegetables are easy to find in the village and fish can be caught in the river"

Children's responses

In practicing the recommendations, mothers' reactions were that of how they see the changes in their children's behaviour. For instance, when children's amount of food were increased, mothers think that when children are full, they cry less, so mothers are not disturbed with their work. The health of their children is the ultimate concern of the mothers. They are motivated by the changes that they see in their children when the recommendations were tried.

The responses were actually the motivations that were given in the counselling guides. It is apparent that the mothers remembered the key phrases on motivations about health

Among the most common responses were:

“After breastfeeding, the child slept long hour and the child seemed healthy and gained weight”.

“Child seemed to sleep long hour after feeding enabling the mother to do some work; child seemed happier than usual and plays a lot”

The mother is happy because after she has tried the new practice the child seems sick less

“When the child is fed, he seemed to eat more and full and does not disturb the mother at work; child sleeps longer and does not cry much”

“The baby seemed to eat more”

"After I have increased meal frequency 3 times per day, my child eats well, he doesn’t spit the food out. Then he becomes stronger and more active"

"It is easy to do"; "I am happy when my child eats more than before. His face is fresher and he is heavier"

"Child is fed to satisfy (satiety). After feeding my child, I feel happy. I see my child stronger, happy fresh not disturbing much, and (has) sleeps longer"

"I can do it. My child is satisfied"; "After feeding food, I am happy to see my child happy, laughing and able to sleep long hour"

"It is easy to do, no difficulty in doing"; "I am glad to see my child eat more and he seems to be happier and fresher than before. His health is better than before"

"I can do it and it is easy to find". "My child looks prettier, more active and stronger"

"I liked the recommendation so that my child will be healthy"

"I can do, my child can eat more"; "My child likes it, he eats, he is strong, he takes less breastmilk, and sleeps longer"

"My child could finish all his food and he seemed happier and he was not as fussy as before"

"I like it when I gradually increase the amount of food, he eats more and doesn’t disturb much"

"I like, because I want her eat more, grow fast"

"I like it because when I increased the amount of food, my child could still finish it and my child seemed disturb me less and happy".

“Mother tried the recommendation because she wants her child to grow well and healthy”

"It is easy to do. The child seemed happy, more active, slept well”

"When I increased meal frequency to 3 times per day, my child doesn’t disturb as much as before and he eats more than before and gains more weight. Moreover, I have more time to work"

"When my child eats more, she plays more with the other children and sleeps for long hour"

H. ACCESS TO VARIOUS COMMUNICATION CHANNELS

Access to various communication channels is an important means for receiving information concerning good nutrition and feeding practices, particularly among infants and young children.

From amongst the sample respondents, a small percentage claimed having access to radios (39%) or televisions (35%) at home (Table 23). Less than 40% have access to these two communication channels. There is little difference in access to radio and television per province. As expected, respondents from Stung Treng have the lowest access to radio and television. This may be explained by the relative remoteness of the area and the lack of electricity.

Of those who have a radio in the five provinces, majority (40%) listen to it about 2 to 6 days a week, the incidence of this being expectedly lowest in Stung Treng. More than a third (35%) of the respondents usually listen in the morning, while some 28% tune in at noon. The most preferred program appears to be music, followed by health/ disease programs with more than half (53%) and about a fifth (20%), respectively, mentioning that they listen to these. Only a few listen to the news, at 15%. Interestingly, none of the respondent mothers in Battambang cited tuning in to health/ disease programs.

Even as only 35% claimed to have a television in the home, about 62% of the total respondents admitted to watching this (Table 23a). Three in four (78%) of those who watch the television do so on a daily basis or from 2 to 6 days a week, with the majority in Prey Veng accessing this communication channel 2 to 6 days a week. Given their nurturing roles during the day and possibly the electricity arrangements within their localities, more than half of the sample mothers who watch the television do so at night, although a third of them (33%) stated having the time for this at noon. Many of them (29%) claim to watch health/ disease–related programs, while the others appear to watch a mix of programs ranging from news (12%), music (10%), and soap opera (13%).

A large proportion of 85% gave an affirmative reply when asked if they remember having ever heard or read a message on television, radio, newspaper, poster or magazine about how to feed their child, including breastfeeding (Table 23b). As expected, respondents heard or learned about it from the radio (37%) and the television (38%). Due perhaps to their levels of literacy, only a handful mentioned reading the message from a newspaper or magazine. Some 12% mentioned seeing the message on a poster, suggesting the potential value of this material in disseminating positive messages on health, as well as infant/ young child feeding practices.

Table 23. Access to various communications channels

Variable	All subjects [a/]		Provinces [b/]				
	n	%	Kratie	Stung Treng	Prey Veng	Kampot	Battam-bang
Presence of radio in the home							
Yes	43	39.09	7	5	12	11	8
None	67	60.91	15	17	10	11	14
Total number subjects (n)	110	-	22	22	22	22	22
Do you ever listen to the radio?							
Yes	74	67.27	12	12	17	18	15
No	36	32.73	10	10	5	4	7
Total number subjects (n)	110	-	22	22	22	22	22
How often do you listen to the radio?							
Daily (7 days a week)	14	18.92	1	2	3	3	5
2 to 6 days a week	30	40.54	7	3	8	7	5
Once a week	13	17.57	1	4	3	3	2

Once every two weeks	4	5.41	0	2	1	0	1
Once a month	2	2.70	1	0	0	1	0
Rarely	11	14.86	2	1	2	4	2
Total number subjects (n)	74		12	12	17	18	15
Generally, when do you listen to the radio? [c/]							
Morning	36	35.29	7	6	7	9	7
Noon	29	28.43	7	3	6	7	6
Afternoon	18	17.65	1	2	5	3	7
Night	19	18.63	1	7	2	5	4
Total number subjects (n)	102		16	18	20	24	24
What kind of radio programs do you listen to most often?							
News	11	14.86	1	1	5	3	1
Music	39	52.70	7	5	7	8	12
Children's program	2	2.70	0	2	0	0	0
Religious program	2	2.70	0	0	0	0	2
Soap opera	5	6.76	0	2	0	3	0
Health/disease programs	15	20.27	4	2	5	4	0
Total number subjects (n)	74		12	12	17	18	15

[a/] Results expressed as frequencies and percent of group

[b/] Results expressed as frequencies

[c/] Multiple responses

Table 23a. Access to various communication channels

Variable	All subjects [a/]		Provinces [b/]				
	n	%	Kratie	Stung Treng	Prey Veng	Kampot	Battam-bang
Is there a television in the home?							
Yes	39	35.45	10	1	8	9	11
None	71	64.55	12	21	14	13	11
Total number subjects (n)	110		22	22	22	22	22
Do you ever watch television?							
Yes	68	61.82	14	3	14	18	19
No	42	38.18	8	19	8	4	3
Total number subjects (n)	110		22	22	22	22	22
How often do you watch television?							
Daily	27	39.71	7	0	2	7	11
2 to 6 days a week	26	38.24	5	0	11	7	3
Once a week	5	7.35	1	0	1	0	3
Once every two week	1	1.47	0	0	0	1	0
Once a month	4	5.88	0	2	0	1	1
Rarely	5	7.35	1	1	0	2	1
Total number subjects (n)	68		14	3	14	18	19
Generally, at what time do you watch television? [c/]							
Morning	2	2.67	0	1	0	0	1
Noon	25	33.33	8	2	5	3	7
Afternoon	7	9.33	3	0	2	1	1
Night	41	54.67	7	0	9	14	11

Total number subjects (n)	75		18	3	16	18	20
What type of television program do you listen/watch to most often?							
News	8	11.76	1	0	1	3	3
Music	7	10.29	1	0	3	2	1
Sports	1	1.47	0	0	0	0	1
Soap opera	9	13.24	3	1	2	1	2
Healthy/ disease program	20	29.41	2	0	2	4	12
Other	22	32.35	7	1	6	8	0
Does not know/remember	1	1.47	0	1	0	0	0
Total number subjects (n)	68		14	3	14	18	19

Table 23b. Access to various communication channels

Variable	All subjects [a/]		Provinces [b/]				
	n	%	Kratie	Stung Treng	Prey Veng	Kampot	Battam-bang
Do you remember having ever heard or read a message on television, radio, newspaper, poster or magazine about how to feed your child, including breastfeeding?							
Yes	93	84.55	21	16	20	19	17
No	17	15.45	1	6	2	3	5
Total number subjects (n)	110		22	22	22	22	22
Where did you hear it or read it? [c/]							
Radio	49	36.57	8	8	14	12	7
Television	51	38.06	12	0	13	11	15
Newspaper	3	2.24	1	0	1	1	0
Magazine	1	0.75	1	0	0	0	0
Poster	16	11.94	5	4	4	3	0
Other	14	10.45	3	4	4	3	0
Total number subjects (n)	134		30	16	36	30	22

[a/] Results expressed as frequencies and percent of group

[b/] Results expressed as frequencies

[c/] Multiple responses

IV. CONCLUSIONS AND RECOMMENDATIONS

1. The practice of breastfeeding (for 0-23 months old) and exclusive breastfeeding (for 0-6 months old) among the mothers in the study is almost universal. More than half of the study population initiated breastfeeding immediately after birth and nearly all of the mothers provided *colostrum* to their child. The recommended frequency of breastfeeding is practiced by most of the mothers.

2. Introduction of complementary foods at the age of 6 months is practiced by more than 70% of the mothers. *Bobor*, which is the most available semi-solid food for the young children in the rural villages, is the first complementary food introduced by majority of the mothers.

3. Among the most common feeding problems identified based on the counselling guides were the following:
   For the 6-11 months old
   - Infants were fed watery *bobor*, not energy or nutrient dense
   - Infants were fed only soup liquid with rice
   - Inadequate amount, frequency and variety in the diet of the young children

   For the 12-23 months old
   - Delayed introduction of family foods, not enough variety in the diet
   - Inadequate amount, frequency and variety in the diet of the young children
   - Child eats by himself or with older siblings and does not finish meal

4. Most of the mothers agreed to try the recommendations presented concerning improvements in child feeding practices. The mothers somehow did something to improve their child's diet in terms of the quantity and quality of meals but nevertheless, most mothers could not carry out the whole trials because of some difficulties encountered such as: difficulty feeding the child with more amount of food to meet the recommended quantity of food to be served and limited available resources to buy quality foods for the children.

5. The acceptability and feasibility of the recommendations suggested to the mothers based on the TIPs are given below:

   For the 0-5 months old

   Recommendation No. 1: Use both breasts at each feeding and feed until the breasts feel soft
   This recommendation is feasible for the mothers with children in this age-group, especially since most mothers practice exclusive breastfeeding.
   Recommendation No. 2: Stop giving the child water
   Although only tried by one mother, this practice appears to be feasible for the mothers to do especially since most children in this age group are predominantly breastfed.

   For the 6-11 months old

   BREASTFEEDING PRACTICES:
   Recommendation No. 1: Use both breasts at each feeding and feed long enough so the breasts feel soft

This recommendation is feasible for the mothers with children in this age-group, especially since most mothers practice exclusive breastfeeding.

Recommendation No. 2: Express breastmilk and have others give to the baby with cup and spoon or just a cup

Based on these results, it can be said that this recommendation is not feasible. It is possible that mothers need more education and support on how to express their milk properly and to overcome their belief that they do not have enough milk to express and leave for their children when they leave the house.

Recommendation No. 3: Breastfeed more frequently when at home and during the night, on demand.

Though only one mother tried the recommendation, it is possible for the mothers to feed their children on demand.

COMPLEMENTARY FEEDING PRACTICES:

Introduction of food

Recommendation No. 4: Start feeding soft foods, such as thick bobor or soft steamed rice (*bay cham hoy*) with chopped fish, egg or meat and mashed pumpkin or green vegetable, after breastmilk.

The importance of the well-being of the child is the ultimate concern of the mothers when it comes to feeding. Taking this into consideration, the mothers tried their best to do something to improve their child's intake. With proper information on initiation of complementary feeding, this practice can be feasible for the mothers to do

Quality of food

Recommendation No. 5: Make bobor with less water so it is thicker, and add mashed fish, egg or chopped meat and pumpkin, and green vegetable, after breastmilk.

This recommendation is feasible, although most mothers were more willing to add fish or meat to bobor than vegetables.

However, most mothers think that providing thick bobor to a young child will cause choking because it will get stuck in the child's throat. This was seen in one of the recipe trials conducted. However, the information on acceptability of thick *bobor* is very limited. Therefore, it needs futher investigation. It is sometimes difficult to convince mothers to prepare *bobor* with vegetables and meat especially for the younger children because they think they are too small to be fed and it will choke the child. It is important to counsel mothers on the right consistency of foods so the child will not choke.

Recommendation No. 6: Add oil to bobor when cooking

Although most of the mothers were not using oil in the *bobor*, they were able to try it. This recommendation is feasible, and cooking oil is always available in the market.

Recommendation No. 7: Add the fish or meat and vegetables to the rice, not just the liquid

Foods in the villages are usually prepared with liquids and this is usually the food for the family and not just for the child. It can be said that, most mothers can adapt this practice since it is less time consuming than to prepare a different dish for the child. However, mothers will need counselling in order to overcome their fear of choking their children because of certain vegetables such as morning glory, which is actually good for their child. With proper information on food preparation, this recommendation can be doable.

Recommendation No. 8: Add vegetables and meat to the child's diet

Based on the responses given by the mothers, it can be said that this recommendation can be put into practice. With proper information and guidance, mothers can be taught how they can make use of the available vegetables in their surroundings.

Frequency and quantity of meals

Recommendation No. 9: Increase meal frequency until baby is fed 2 times per day (6 months) or 3 times per day (7-11 months)

Based on the responses given by the mothers, it can be said that this recommendation can be put into practice. With proper information and guidance, mothers can be taught how they can make use of the available vegetables in their surroundings.

Recommendation No. 10: Gradually increase the amount of food given to baby until the child is eating at least 1/3 of small bowl (or 2-3Tbsps.) per meal (for 6 months)

This recommendation is difficult for the mothers to do since most of them believe that younger children are too small to be fed. Infants can be fed in small frequent feedings and make them use to feeding rather than make abrupt changes in the amount of food to feed.

Recommendation No. 11: Gradually increase the amount of food given to baby until the child is eating at least 1/2 of small bowl (for 7-11 months)

Among the recommendations presented, this is the most difficult for mothers to do. Most mothers think that providing ½ small bowl is too much for their young child to eat. This practice is not feasible for the mothers to do. It is recommended instead that small frequent feeding be provided in order to make the young children used to eating rather than providing a large amount of food in one eating.

Feeding behavior

Recommendation No. 12: Motivate and help your child to finish all his food.

Motivation is an important factor for a growing child to finish his meal. For working mothers with children less than 2 years of age, most of the time, they are left with other caregivers in the family. While this recommendation can be feasible, it is important that other caregivers (aside from the mothers) have the same aspirations for the child.

For the 12-23 months old

BREASTFEEDING PRACTICES

Recommendation No. 1: Express breastmilk and have others give to baby with cup and spoon or just a cup

Expressing breast milk is a totally new practice among the mothers in the study sites. There are certain issues that need to be considered such as storage of milk and ability of the mothers to express breast milk. This recommendation is not feasible for the mothers considering the living conditions in the rural villages.

COMPLEMENTARY FEEDING PRACTICES

Quality of meals

Recommendation No. 2: If you feed the child soup with rice, give him all the ingredients in the soup, including fish or meat and vegetables

There are certain foods, as well as practices that mothers perceive as harmful. It is essential that mothers be educated on the benefits of providing certain vegetables and that diarrhea can be brought about by other causes such as unhygienic environment or provision of contaminated water. Mothers often believe that their children can get choked because of vegetables, hence, they would usually provide rice with liquid only. This recommendation can be feasible if the misconceptions on foods are corrected.

Recommendation No. 3: Add vegetables and meat to the rice at each meal
Based on the responses given by the mothers, it can be said that this recommendation can be put into practice. With proper information and guidance, mothers can be taught how they can make use of the available vegetables in their surroundings.
FREQUENCY AND QUANTITY OF MEALS
Recommendation No. 4: Increase feeding frequency of meals until the child is fed 3 times per day plus 2 snacks
Financial constraints become an issue when it comes to buying food for the family. This recommendation can be feasible but providing quality snacks should also be considered and emphasized.
Recommendation No. 5: Gradually increase the amount of food until you are giving your child 1 small bowl of food at each meal
Among the recommendations offered, this is the hardest that the mothers can actually practice. Although the amounts served were increased at a certain point, still it is not enough to meet one small bowl as recommended. The mothers had difficulty feeding their children the amount suggested because they think it is a lot for their child. This recommendation is difficult to attain. It can be emphasized though that small frequent feedings and gradual increase in the amount of meal served be tried to make the child get used to feeding more than what was usually being given.
FEEDING BEHAVIOR
Recommendation No. 6: Help your child to eat; do not leave your child to eat by him/herself. Motivate your child to finish all his meal
This recommendation can be feasible with the support of other household members to look after the younger children when the mother is not around.

6. Other factors that should be taken into consideration because of their influence on infant feeding practices are:
   - The changes in the physical and emotional condition of the children when the practices were tried according to the mothers' observations are the most frequently stated reasons why the practices were tried. The health of the children remain as the mothers' primary concern regardless of how inadequate their resources are, mothers' attitude towards the practices are motivated by how they see such changes among their children;
   - The ability to buy certain foods such as fish and meat becomes an issue when the family has no enough money to buy for such;
   - The effects of changes in behaviour of their children when they perceive them as "satisfied" because of recommended increase in the number of meals and amount of servings serve as a motivating force among the mothers because they are not disturbed by their children when it comes to doing some work in the field or household chores;
   - There are certain foods that the mothers frequently mentioned such as morning glory, pineapple and pumpkin to somehow harm their child's health. The lack in information about nutrition is an important factor that has to be addressed in order for the mothers to be fully aware of the benefits that their children can get from the mentioned vegetables.

Given the above findings, the following recommendations are then presented:

1. The mothers' inadequate resources play a vital role in providing adequate and quality foods to the young children. Their ability to provide the recommended quantity and quality of meals should be enhanced by providing capacity building among the mothers in the rural villages. The presence of backyard gardening is practiced by most of the households but the technical knowledge to maintain the available resources should be emphasized.

2. The mothers' aspiration for their children is an important motivator for improving child feeding. The recommendations were tried because the mothers wanted their children to grow well, be healthier, more satisfied, and happy. With support and motivation from the key informants that most mothers have high regard for information on health, these key phrases should be continually used to motivate the mothers to improve their child feeding practices.

3. The beliefs that certain foods will make the young children choke or have diarrhoea should be corrected in a way that mothers will be given knowledge on proper health and nutrition. The benefits of providing vegetables should be emphasized to be more helpful than harmful with regard to the child's health.

4. In providing quantifiable recommendations, it is more useful to establish a standard measurement that the mothers can easily follow. For instance, there are various sizes of bowls that mothers used to feed their child. A clear definition of a standard bowl that would provide the adequate amount (i.e. half of a small bowl, 1 small bowl) necessary for the child should be established. Specifically, it can be useful to define how small is a small bowl that can adequately provide the recommended amount of food for the young child. As recommended by the NNP, it is easier for the mothers to refer to the common bowl "Chan Jang Koer" to provide a clear definition of how much should be fed for the child.

5. Radio and television remain as key media forms for receiving information on infant and young child feeding practices. Use of these media forms, including posters, should be continued. The health workers who are considered to have the most influence among the mothers in terms of health information should continue to advocate and educate the mothers about proper infant and young child feeding. It may be helpful that the health workers be given continuous education and training on nutrition by the health personnel in order to acquire more knowledge and skills and can be more effective as advocates of health improvements in the villages.

REFERENCES

Asian Development Bank. 2001. *Participatory Poverty Assessment: Cambodia*. Phnom Penh: Asian Development Bank, December 2001.

Asian Food Composition Table.

Council for Agriculture and Rural Development (CARD), Food Security and Nutrition Information System website http://www.foodsecurity.gov.kh (dated 18 February 2006)

Council for Social Development. 2002. *National Poverty Reduction Strategy 2003-2005*. Phnom Penh: Council for Social Development.

Dickin K.; Griffiths M.; Piwoz, E. 1997. *Designing by Dialogue: A Program Planners' Guide to Consultative Research for Improving Young Child Feeding*. Washington, DC: Manoff Group and Academy for Educational Development, Washington, DC.

Doyle, Shirley. 2005. *Infant & Young Child Feeding Formative Research: Breastfeeding Practices in Cambodia.* Phnom Penh: Helen Keller International, IYCF Working Group and Ministry of Health.

Engle, Patrice. 1996. *Care for Nutrition, Assessment, Analysis and Action to Improve Care for Nutrition*. UNICEF, 3rd draft.

Food and Nutrition Research Institute. 1997. *The Philippine Food Composition Tables 1997*. Manila: Food and Nutrition Research Institute (Department of Science and Technology).

Jacobs, Bart and Emma Roberts. 2004. "Baseline Assessment for Addressing Acute Malnutrition by Public-health Staff in Cambodia" *Journal of Health, Population, and Nutrition*, June 2004, 22(2):212-219.

Maternal and Child Nutrition in Asia. 2005. *Cambodia Maternal and Child Nutrition (MCN) Programmes*. 2005. Regional Ministerial Consultation on Maternal and Child Nutrition in Asian Countries, 20-22 September 2005. Jakarta, Indonesia. http://www.mcnasia.org/countrypaper05/Cambodia_Country_Paper_MCN2005.pdf

Ministry of Planning. 2005. *Statistical Yearbook*. Phnom Penh: National Institute of Statistics, Ministry of Planning.

Ministry of Planning. 2003. *Cambodia Millennium Development Goals Report 2003,* Phnom Penh: Ministry of Planning.

Ministry of Planning. 2000. *Cambodia Demographic and Health Survey*. Phnom Penh: National Institute of Statistics, Ministry of Planning.

Pan American Health Organization (PAHO). 2004. *ProPan: Process for the Promotion of Child Feeding*. April 2004. Washington, DC: Pan American Health Organization.

Royal Government of Cambodia. 2006. *National Strategic Development Plan 2006-2010*. Phnom Penh: RGC. January 2006.

24H-TV. 1997. *Food Composition Table*.

The World Bank. 2006. *Cambodia: Halving Poverty by 2015? Poverty Assessment 2006*. Prepared by the World Bank for the Consultative Group Meeting. Phnom Penh: The World Bank, February 2006.

ANNEXES