Introduction

• While most agencies report the prevalence of stunting to be around 44%,¹ the nutrition situation may be worse in rural and remote areas of Lao, with rates as high as 62.6-74.5%²
• Many mothers understand the importance of breastfeeding, but few are able or know how to exclusively breastfeed for at least 6 months. The prevalence of exclusive breastfeeding is 26%¹
• Many mothers engage in post-partum restrictive eating taboos that significantly restricts their calorie, protein, and micronutrient intake, which affects the nutritional status of the infant³,⁴
• Lao has endorsed the International Code on Marketing of Breastmilk Substitutes, but the lack of legislative regulation has allowed companies to use unethical practices to undermine activities that promote breastfeeding⁵

Risk Factors for Stunting, Wasting, and Underweight

• Male gender
• Low maternal education
• Mother with poor nutrition education
• Low family income⁶

Characteristics Associated with Improved Nutritional Status

• Education of parents
• Absence of domestic violence
• Antenatal care
• Improved sanitation
• Vitamin A supplementation⁷
Types of Malnutrition for Infants and Mothers

• Energy and protein-energy malnutrition
• Micronutrient deficiencies, including vitamin A, thiamine, iron, and iodine
• The prevalence of micronutrient deficiencies is likely more common than reported, as individuals with one micronutrient deficiency are more likely to be deficient in more

Post-Partum Feeding Practices and Taboos

• Many women impose a very restricted diet to avoid pit duen (post partum sickness), significantly affecting their daily intakes of energy, protein and micronutrients
• Because many food taboos are passed down through tradition instead of being tied to religious beliefs, it

Barriers to Breastfeeding

• Return to work
• Belief that breast milk provides insufficient nutrients, especially as infant grows

Complementary Feeding

• Timing depends on ethnic group
• Many parents don’t know the exact age of their child and instead use developmental milestones to initiate complementary feeding (“When they start to sit and grab things then we will give them”)
• Complementary feedings often starts with khatom (rice porridge) and small pieces of meat and vegetables or glutinous rice

“We learn about theory, what is good and bad, but in real practice we cannot do the theory for giving breastfeeding—sometimes the mother has problem with money or illness—she cannot give enough milk to the baby—must give formula milk, must break EBF rules”
Use of Infant Formula

- Belief that infant formula has more nutrients and makes children grow faster
- Lao government bans public promotion of formula milk, but no restrictions on Thai TV, which does promote formula
- Lao has endorsed International Code on Marketing of Breastmilk Substitutes, but no monitoring or sanctions for parties that violate code
  - Misleading labels imply that coffee creamer is health substitute
  - Public advertising and promotion of BMS
  - Advertising in hospitals, health care facilities
  - Labeling of infant formula shows they are to be used by infants from birth
  - Labels not translated into local language (in English and Thai)
  - Incentives given to doctors to promote breast milk substitutes
  - Companies financially support events of Ministry of Health
  - Ads promote unscientific and false claims that formula increases intelligence and enhances immunity
- Use of infant formula higher in urban areas due to lack of access/availability and low income in rural areas

Maternity Protection

- 1994 Labour Act and 1999 Social Security Decree grants all pregnant women in public and private sectors 3 months of maternity leave
- These laws do not protect women working for families, especially in rural/remote areas

Many mothers unintentionally feed their babies coffee creamer, mistaking its logo for infant formula. Although its label states that it is not a suitable breast milk substitute, most women are illiterate or do not see the warning. Its ingredients are sugar, milk solids, and palm oil.

References

11. Lee HMH, Durham J, Booth J, Sychareun V. A qualitative study on the breastfeeding experiences of...