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European Union

World Vision

Gender Analysis Report

Partnership for Improved Nutrition in Lao PDR Pillar 3:
Accelerating Healthy Agriculture and Nutrition (AHAN)



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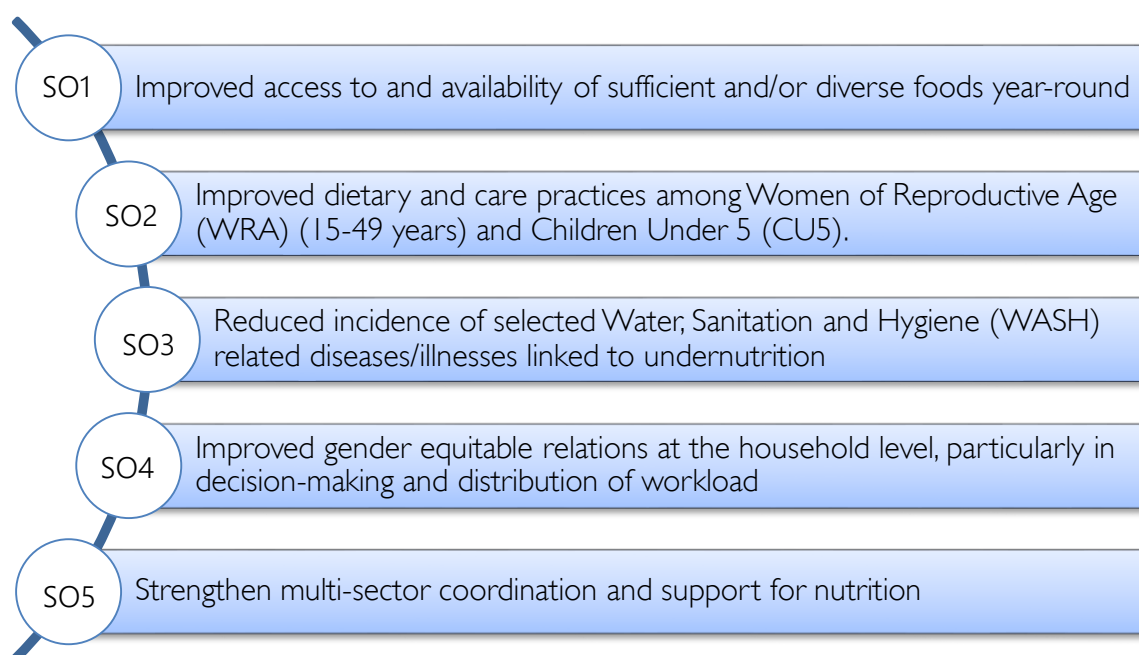
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EXECUTIVE SUMMARY

The Accelerating Healthy Agriculture and Nutrition (AHAN) Project, led by World Vision, will be implemented by a consortium of partners including Agronomes et Vétérinaires Sans Frontières (AVSF), Green Community Development Association (GCDA) and the Burnet Institute (BI). The proposed consortium draws on the unique technical and organisational strengths of each partner to implement an integrated, multi-sectoral project in line with the Government of Lao PDR's (GoL) convergence approach, the National Nutrition Strategy and Plan of Action (NNSAP) (2016-2020), and the European Union's (EUs) Joint Indicative Programming Document for Lao PDR (2016-2020). Implementation will target the following 12 districts across three southern provinces, supporting 10 villages per district:

- Savannakhet: Phine, Sepone, Thapanthong, Phalanxay, Atsaphone and Xonobuly;
- Saravane: Saravane, Ta Oi, Toomlarn and Lao Ngarm; and
- Attapeu: Xaysetha and Samakkhixay.

The AHAN Project aims to create supportive conditions for enhanced household (HH) nutrition through the following Specific Objectives:



This gender analysis aims to develop recommendations for prioritising actions under SO4: Improved gender equitable relations at the household (HH) level, and under livelihood and health outcomes under SO1 and SO2 which identifies household workload distribution, roles and responsibilities, norms and attitudes. This report provides an analysis of the relationship between gender roles/relations and nutritional outcomes for women of reproductive age and children under 5 in eleven selected villages across the three provinces in which the project will be implemented. The research methodology involved primary and secondary research, including focus group discussions (FGD) with men and women in each selected village, in-depth interviews with village heads or their deputies in all selected villages, and observations made by researchers touring the villages with female FGD participants. A desk review of all relevant project documents and other relevant gender reports was also undertaken.

KEY FINDINGS AND RECOMMENDATIONS

People have basic knowledge about best practice nutrition behaviours for pregnant women and children under 5 but unable to implement because of food scarcity.



Time spent foraging for food was significant in most cases, and the yields from foraging were uncertain and often inadequate for household nutrition. Establishing food cultivation that is nearby the household so that daily nutritional needs can be met will greatly reduce the burden of women's work as well as improving nutritional status directly. Where project activities seek to intensify and diversify agricultural production, it is important that

both men and women are involved, and that the activities are planned in such a way that they do not increase women's workloads. The discussion under Key Finding 4 in the results and analysis section suggests that community discussions aimed at shifting the current unequal gendered division of workloads be initiated to garner greater support from men for the work that women currently undertake. Project activities need to be examined to see how the activity will fit into current workloads and be presented to participants in such a way that there is a division of labour between men and women (boys and girls) that results in reduced, rather than increased workloads for women and girls. For the example of establishing home gardens, after the initial hard work of establishing the garden (digging the ground, enriching soil, securing water availability and fence building), the labour burden of maintaining the garden would be less than the current burden for women of spending hours each day foraging for protein sources and vegetables. This report makes the following recommendations:

Recommendations

- Reduce the time spent foraging for food by introducing protein and vegetable sources that can be cultivated nearby the house.
- Investigate water availability in each site and seek to implement actions to eliminate water availability as a limiting factor to the cultivation of home gardens.
- Educate villagers about the time savings of producing cultivated food nearby the house in order to garner support for the home garden activity.

2

In relation to breastfeeding, unequal gender relations and a lack of detailed knowledge about breastfeeding are the primary drivers causing women to provide pre-masticated rice to babies from birth or within the first week of birth.

It was found that three factors drive women to provide pre-masticated rice to babies from birth or within weeks of birth: first, men's lack of support for breastfeeding for their wives (based on unequal gender relation in the household) means that women are expected to return to heavy labour very soon after giving birth (in some sites within days of giving birth), second, a lack of detailed knowledge about breastfeeding, and, third, inaccurate beliefs (held by parents and older caregivers) that babies need to be fed rice from birth in order to be healthy. It is suggested that the following recommendations be implemented to shift the prevalence of feeding babies rice before the age of six months:



Recommendations

- Women and men need detailed knowledge about breastfeeding to dispel beliefs about babies needing to be fed rice when they cry. Ensure consistent nutrition messaging to both men and women, across ages, to enable support for optimal child feeding and MCH care practices.
- It is recommended that training packages be reviewed to ensure that the appropriate information is there to counter common beliefs about there not being enough breast milk and babies needing rice to grow strong.
- In lieu of a situation where women can stay close to home and work in home gardens so that they have the opportunity to breastfeed often (as opposed to leaving the baby at home all day with others to be fed rice while they go to the rice fields); women need better baby carriers and strategies that will enable them to take their babies with them when they have to work away from the home (with the proviso that being with mothers in the rice field does not expose babies to dangerous agricultural chemicals).
- Men need training that will motivate them to support wives more after they give birth and enable enough time to feed babies and young children.

3 *Unequal workloads based on gendered roles means that women carry more of the household labour burden than men in a majority sites.*

Women's ability to provide nutritious food for themselves while pregnant and breastfeeding, and to provide nutritious food to their young children was constrained by the amount of household labour they must contribute. Alleviating the workload for women requires a two-pronged approach: encouraging greater gender equity so that men are willing to share household workloads more evenly and introducing labour-saving technologies so that the work women undertake on their own is less arduous. The following recommendations aim to reduce women's workloads:

Recommendations

- Conduct a comprehensive gender audit of planned project activities and work to incorporate gender-aware programming across all project activities and actions.
- Provide specific gender training to all project staff and key government partners so they are fully aware that their behaviour at all times while in the village and while working with project partners must model leadership for gender equality.
- Strengthen the existing project design by incorporating the World Vision Community Change (C-Change) model of group formation and management into the women's groups (suggested under project activity 2.1.4.) to enable women to meet and provide support to each other through the establishment of groups focused on developing women's skills, confidence and agency (This is a very important recommendation, during the research women reported that they had never sat in a group and shared experiences. The ability to share /work with other women is very important in building confidence and skill in 'having a voice' and will assist women to develop their negotiation skills at both household and village levels).
- Investigate income-generating possibilities for women: earning income gives women more leverage over household decisions.
- Provide scenario-based, participatory gender training to village heads and men (via the C-Change Model).
- Mainstream gender training principles into all training that the project delivers so that gender equality messages are being delivered to men regularly, and from a range of different sources.
- Identify Village Heads who are not supportive of implementing gender equality messages and work to provide comprehensive, transformative gender training in such cases (many men pay lip service to gender equality, yet their behaviours remain highly exploitative).
- Gender training packages need to emphasise the positive benefits of gender equality (most effectively in terms of better household development and family harmony), not just tell people what they 'should' do.
- Training needs to emphasise the importance of teaching boys to participate in HH labour alongside, and equally to girls
- Introduce labour-saving technologies so that the work women undertake on their own is less arduous, see Appendix A.

4

There is a large disparity in the way that women and men viewed and represented their contribution to the household labour in almost all sites.



Differential valuing of men and women's contribution to household labour is a major factor influencing the unequal gendered distribution of labour. Challenging existing assumptions about the differential value of work that men and women contribute is a key activity to be addressed through the C-Change process under Result 4.1.

Recommendations

- Develop and provide gender training that will challenge men to re-evaluate the labour contributions they make to the household relative to their wives (via the C-Change Model). Scenario-based, questioning of what 'heavy' and 'light' work is, how often different labour-intensive tasks occur, and the relative time spent in leisure and social interaction for men as compared to women needs to be incorporated into gender training design in order to move beyond the typical top-down, paternalistic approach to gender training often implemented in Lao PDR.
- Future project monitoring and evaluations should take into account that men are more aware than women of the expectations of people outside the village regarding gender equality and are motivated to represent themselves in a positive light. With this awareness, monitoring and evaluation activities should consider that men's representations of the amount of labour they provide toward the mundane tasks of collecting wood and water as well as the relative labour inputs of men and women in their HH should be triangulated with other sources.

5 *Intimate partner violence was normalised in a high number of sites.*

There is strong evidence supporting the importance of women's empowerment in achieving improved nutrition outcomes, including through more equitable workload distribution and improved control by women over HH income.¹ Moreover, specific research on the relationship between intimate partner violence and nutritional outcomes for both women and their children indicates a clear relationship between women's exposure to intimate partner violence and poor nutritional outcomes.² The authors of the 2016 World Health Organisation study outlined several mechanisms through which intimate partner violence impacts childhood nutrition, including increasing childhood stress which impacts metabolic rates, physical growth and cognitive functioning; increasing the chance of mothers developing depression which impacts women's ability to care for her children; and the potential for abusive partners to limit the amount of money women can spend on both food for the household and on healthcare for herself and her children.³

Recommendations

- In partnership with government representatives, review and improve processes around addressing intimate partner violence (diverse practices are evident, and some were very ineffective and/or counterproductive)
- Develop specific program activities to address intimate partner violence. It is a specialised program area and needs specialised programming rather than being addressed under general women's empowerment information and training. Some suggested messages to include in the activities aimed to reduce Intimate partner violence are as follows:
 - Intimate partner violence needs to be addressed openly.
 - Intimate partner violence is not a household matter, not a private matter
 - All men in the village need to take responsibility for women's safety.
 - Intimate partner violence affects women even if the husband threatens to hit but does not: women behave in a subservient way to avoid escalation of anger and possible violence — the threat of violence severely inhibits women's agency in all realms of life.

¹ SPRING 2014, Improving Nutrition through Agriculture Technical Brief Series: Understanding the Women's Empowerment Pathway.

² Chai, J *et al.* Association between intimate partner violence and poor child growth: results from 42 demographic and health surveys. Bulletin of the World Health Organization, 2016. Accessed from: <https://www.who.int/bulletin/volumes/94/5/15-152462.pdf>

³ Ibid.

6 *Amphetamine use was pronounced in several sites.*

The direct impact of widespread amphetamine use by men and boys in project villages is that users compete with other household members for resources, including stealing household livestock to sell in order to buy drugs and stealing household money that could be used to purchase food. Intimate partner violence was reported to be highly prevalent in households where amphetamine use was present, and this can impact on women's ability to participate in project activities either for fear they will be punished for some perceived disrespect to the male household head by attending, or because they do not dare to leave their children in the care of the addict while they participate in project activities.

Recommendations

- Consult with other organisations on innovative approaches to working in areas significantly affected by drug use and the potential impacts that this may have on the project activities.
- Investigate ways in which community savings funds might be of some help—if women earn money and can deposit it directly into the community fund, they may avoid the money being taken from the HH and spent on drugs.

7 *Early marriage (as young as 12-13 years in one site, and 14-15 years in other sites) and early pregnancy was evident in around 80 percent of sites.*

While marriage of young people under the age of 18 (hereafter referred to as early marriage) is against the law in Lao PDR, in practice it is evident in many sites across the country.⁴ The issue of early marriage is a complex one in Lao PDR because, unlike other contexts where early marriage is not the choice of the young woman and her marriage partner is often much older than she is, in Lao PDR the age of marriage partners is very close. According to a United Nations report on gender equity in 2018, 30%



⁴ UNICEF (2017) reports that 35% of women aged 20-24 in Lao PDR were married or in a union before the age of 18 and UNFPA (2017) reports that Lao PDR has the highest adolescent birth rate in the region, with an estimated 76 births per 1,000 girls aged 15-19.

of Lao women marry before the age of 18, and 19.4% of women give birth before the age of 18.⁵ Girls who marry early are less likely to continue their education and more likely to bear children in their teenage years than those who do not marry. Early marriage and teenage pregnancy present risks to both mother and child: teenage mothers have higher rates of maternal mortality than those aged over 20, and babies you teenage mothers are at greater risk of a range of poor child health outcomes.⁶

Knowledge about contraception and the ability to access contraception for young women was varied. Even within a single village there was varied levels of knowledge about sexual health and capacity among young women to access contraception. During the research we asked women in the FGDs (most of whom were over 18, though there was a minority of women younger than 18) if there was access to contraceptives for teenagers and unmarried women. In all cases, respondents reported that there was no access for teenagers and people who were not married. Access to sexual and reproductive health services for unmarried people in Lao PDR is a noted service gap, with very few youth-friendly service centres in the country⁷

Recommendations

- Seek to collaborate with other in country development partners eg PLAN, CARE, UNFPA, Save the Children, in developing strategies for addressing early marriage: drawing upon previous work to reduce early marriage for a number of years now, using a combination of education about the risks of early pregnancy to women's health and providing knowledge about and access to contraceptives to unmarried young women to prevent teenage pregnancy.
- In cases where teenagers still marry early, it is vital that they are provided with counselling on the risks of early pregnancy and supported to delay pregnancy until after 18 years of age for the mother. This can be included in training for government staff under Activity 2.2.4, aimed at improving the quality of sexual and reproductive health services available in the project target areas.
- Ensure inclusion of teenage mothers in Nutrition and peer support groups.

⁵ UN Report on Sustainable Development Goals: Gender Equity. Accessed from:

http://la.one.un.org/index.php?option=com_content&view=article&id=200&Itemid=174

⁶ Sychareun V, Vongxay V, Houaboun S, et al. Determinants of adolescent pregnancy and access to reproductive and sexual health services for married and unmarried adolescents in rural Lao PDR: a qualitative study. *BMC Pregnancy Childbirth*. 2018;18(1):219. Published 2018 Jun 8. doi:10.1186/s12884-018-1859-1

⁷ https://lao.unfpa.org/sites/default/files/pub-pdf/Final_Eng_AYSA%20Report.pdf

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Differences in nutrition practices between sites were not necessarily attributable to ethnic differences; village leaders, district and provincial level government staff and NGO project workers have a key influence on knowledge and behaviour.



It is important to remember that there are many influences on behaviour and not to over emphasise the importance of ethnicity as an explanatory tool for differences in gender equity and nutrition between sites. While ethnicity does maintain a strong influence over some behaviours and arenas of social life, it does not explain many of the differences observed in gendered workload distribution and levels of nutrition. The role of village

gatekeepers/leaders and key district and provincial level government staff (be they positive or negative influences) is very important in behaviour change, and people in each site have had a unique experience in terms of exposure to the specific personalities and services available in their village.

Recommendations

- A review protocol should be developed so that District Co-Ordinators can make an assessment in each village to enable better understanding of the challenges and opportunities that must be considered in each site:
 - Leadership
 - Significant personalities (eg the health center worker in Saravane)
 - Level of isolation
 - How entrenched exploitative gender roles are
 - Presence of intimate partner violence
 - Drug addiction
 - Level of co-operation between women in the site
 - Identification of any significant vulnerabilities among potential project participants and development of activities to address these (such as the vulnerability seen among some young women in Phasuphon Village in Attapu, detailed in Appendix C).
- Build on existing positive practices by health staff and village leaders
- Invest in male gender models who can influence other men.
- Build women's voice and confidence through inclusion in community groups and peer support groups

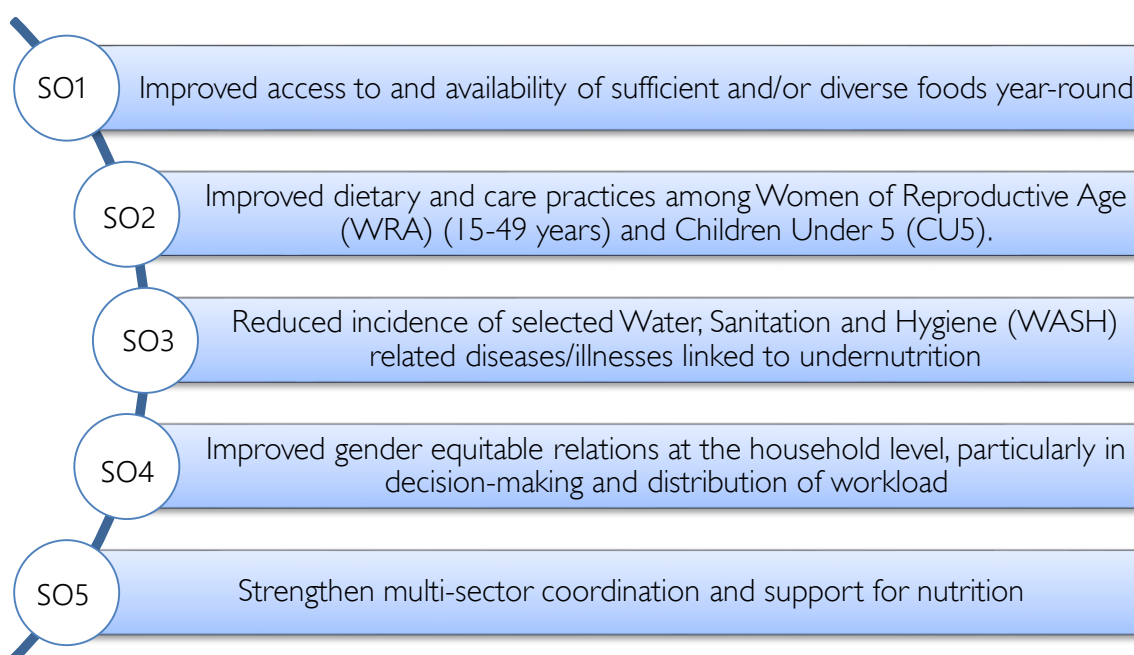
INTRODUCTION AND BACKGROUND

The 4-year European Union funded Accelerating Healthy Agriculture and Nutrition (AHAN) led by World Vision, will be implemented by a consortium of partners including Agronomes et Vétérinaires Sans Frontières (AVSF), Green Community Development Association (GCDA) and the Burnet Institute (BI). The proposed consortium draws on the unique technical and organisational strengths of each partner to implement an integrated, multi-sectoral project in line with the Government of Lao PDR's (GoL) convergence approach, the National Nutrition Strategy and Plan of Action (NNSAP) (2016-2020), and the European Union's (EU) Joint Indicative Programming Document for Lao PDR (2016-2020). The project's overall goal and objectives are:

Overall Goal

The AHAN project aims to create supportive conditions for enhanced household nutrition

Specific objectives:



Implementation will target 12 districts across three southern provinces, supporting 10 villages per district:

- Savannakhet: Phine, Sepone, Thapanthong, Phalanxay, Atsaphone and Xonobuly;
- Saravane: Saravane, Ta Oi, Toomlarn and Lao Ngarm; and
- Attapeu: Xaysetha and Samakkhixay.

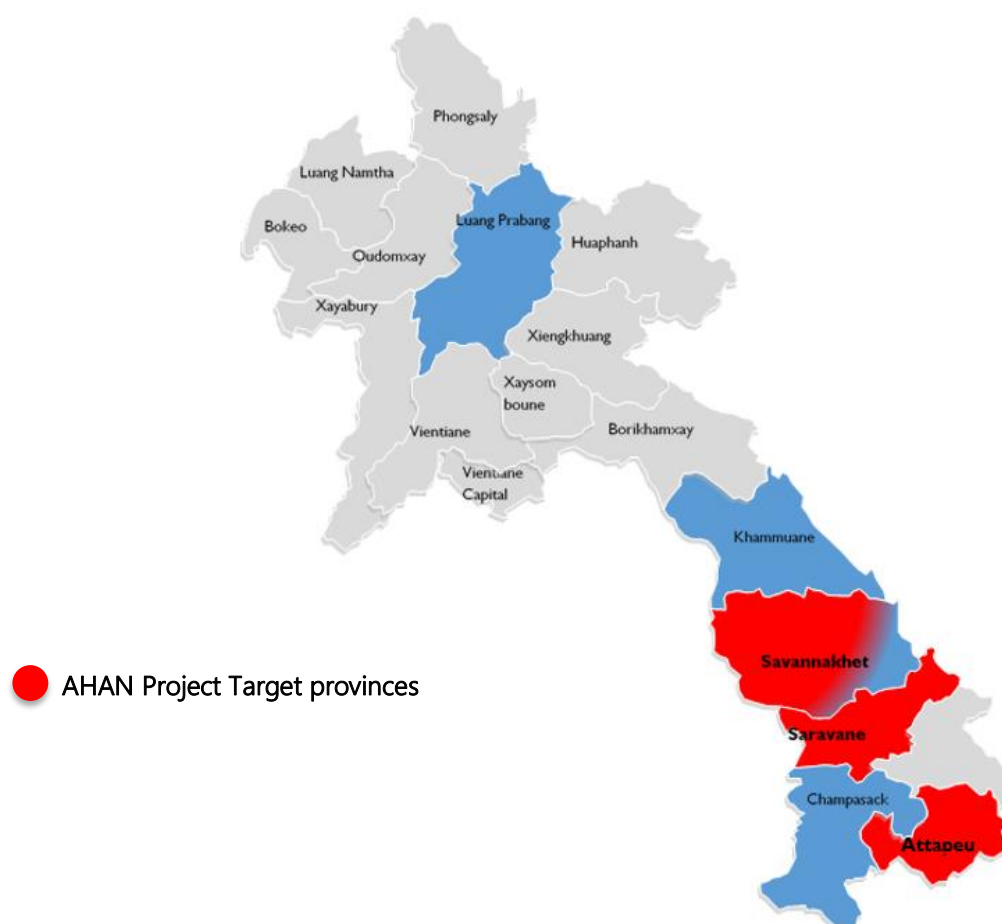
Savannakhet Province is one of the poorest provinces in Laos with a total population of 969,697 people⁸, and 27.6% of the population categorised as being in the lowest wealth index quintile.⁹ In terms of the nutritional status of children, 39.6% of children under 5 in Savannakhet are classified as

⁸ Lao Population and Housing Census, 2015.

⁹ Lao Social Indicator Survey (ii) (LSIS ii), 2017.

stunted.¹⁰ Saravane Province has a population of 396,942, with 36.8% of the population categorised as being in the lowest wealth index quintile.¹¹ In terms of the nutritional status of children, 62.9% of children under 5 in Saravane are classified as stunted.¹² Attapeu Province has a population of 139,628 with 20.9% of the population categorised as being in the lowest wealth index quintile.¹³ In terms of the nutritional status of children, 42.1% of children under 5 in Attapeu are classified as stunted.¹⁴ As highlighted by the map below, all three targeted provinces share borders with either Thailand, Vietnam, or both, and as such are significantly affected by foreign direct investment and potential encroachment of commercial interests on available farming land, which has a direct impact on the nutritional status of the population due to the impact on food availability and household income derived from farming (see Figure 1: Map of Lao PDR showing the target provinces).

Figure 1: Map of Lao PDR showing the target provinces.



The primary aim of this research was to conduct a gender analysis for prioritising actions under SO4: Improved gender equitable relations at the household HH level, and under livelihood and health outcomes under SO1 and SO2 which identifies household workload distribution, roles and responsibilities, norms and attitudes. Further to this aim, the specific objectives of the gender analysis were as follows:

¹⁰ Lao Social Indicator Survey (ii) (LSIS ii), 2017.

¹¹ Lao Social Indicator Survey (ii) (LSIS ii), 2017.

¹² Lao Social Indicator Survey (ii) (LSIS ii), 2017.

¹³ Lao Social Indicator Survey (ii) (LSIS ii), 2017.

¹⁴ Lao Social Indicator Survey (ii) (LSIS ii), 2017.

- 1) To recommend priority actions for influencing household gender roles, responsibilities and inequalities that will improve maternal and young child nutrition and care practices at project target areas;
- 2) To understand existing roles and responsibilities, gender-based time use and division of labour, as well as norms and behaviour that influence household nutrition, particularly during a child's first 1,000 days;
- 3) To explore the potential utility of labour-saving technologies that will reduce women's domestic and/or productive labour burdens in the household, and recommend suitable technologies the project could explore providing;¹⁵
- 4) To identify potential opportunities and constraints of women/girls and men/boys in accessing or participating in project nutrition-specific and nutrition-sensitive interventions;
- 5) To ensure at minimum that the project does no harm and does not reinforce gender inequalities through an analysis of potential risks which can perpetuate or reinforce gender inequalities; and
- 6) To map village gatekeepers and allies the project needs to engage with and identify key participants in the C Change process.¹⁶

This report details the Gender Analysis for the AHAN project in Savannakhet, Saravane and Attapeu Provinces. The report is structured in three key sections. First, the research methodology is detailed. Second, the results and analysis are presented. Finally, the conclusions and recommendations are presented.

RESEARCH METHODOLOGY

The methodological approach adopted for the gender analysis encompassed a desk review of relevant documents related to the project as well as primary research in 11 villages in Savannakhet, Saravane and Attapeu Provinces (see Table 1 for details of the research schedule). The primary research included focus group discussions (FGD) with men and women in each selected village, in-depth interviews with village heads or their deputies in all selected villages, and observations made by researchers touring the villages with female FGD participants. The research design sought to provide clear data on the relationship between gender roles and relations and nutritional outcomes for women of reproductive age, babies and young children in order to inform World Vision programming. In this section of the report, the discussion of the methodological approach will be presented in two parts. First, a detailed description of the research process itself will be presented. Second, the section will conclude with a discussion of the relative strengths and weaknesses of the research methodology.

The fieldwork was conducted over a period of 16 days from November 13-27, 2018 inclusive. During the fieldwork period, the team assessed 11 villages. The evaluation team consisted of one (female) international consultant and one (male) national consultant, assisted by World Vision Lao (WVL) staff from each province and district, and staff from Lao Women's Union (LWU) and Ministry of Health (MoH).

¹⁵ The results for this objective are provided in Appendix A.

¹⁶ The results for this objective are presented in Appendix B

Table 1: Research schedule

Date	Activity	Location (District, Province)
November 12	Travel to Thapanthong District	Thapanthong, Savannakhet
November 13	Data collection: Thongpang Village	Thapanthong, Savannakhet
November 14	Data collection: Nasano Village	Sepone, Savannakhet
November 15	Data collection: Houayjeng Village	Sepone, Savannakhet
November 16	Data collection: AR-Hor Village	Sepone, Savannakhet
November 17	Travel to Kaysone	Kaysone, Savannakhet
November 18	Travel to Attapeu Province	Attapeu, Attapeu
November 19	Data collection: Hom Village	Samakhixay, Attapeu
November 20	Data collection: Phausuphon Village	Samakhixay, Attapeu
November 21	Travel to Saravane Province	Ta Oy, Saravane
November 22	Data collection: Toumlykhao Village	Ta Oy, Saravane
November 23	Data collection: Phorxene Village	Ta Oy, Saravane
November 24	Data collection: Touklouk Village	Toomlarn, Saravane
November 25	Data analysis: Saravan provincial capital	Saravan, Saravane
November 26	Data collection: Kepphueang Village	Lao Ngarm, Saravane
November 27	Data collection: Nongtaki Village	Lao Ngarm, Saravane

The methodology for the gender analysis consisted of three basic activities in each village: WASH surveys¹⁷ in 10-20 households; separate focus group discussions for adult male and female respondents; and in-depth interviews with Village Heads in each site (see Table 2: number of research participants, below). In one site the Village Head was not available, and his deputy was interviewed. During the fieldwork, positive deviance was noted in Phorxene Village in Saravane and an additional interview with the health worker who had acted as an ethnic language translator during the FGDs was added to the research schedule to seek more information on gender change processes in that site.

Table 2: Number of research participants

Respondent profile	Number of FGDs	Average no of participants group	Total number of research participants
Fathers of CU5	11	9	99
Grandfathers of CU5	11	2	22
Mothers of CU5	11	12	132
Grandmothers of CU5	11	3	33
Village Heads (IDIs)*	N/A		12
TOTAL	22	13	298

*Note that 10 village heads were male, 1 female. Fathers and grandfathers were included in single, same-sex FGDs, mothers and grandmothers were included in single same-sex FGDs.

The focus group discussions explored the gendered distribution of workloads within households, gender and political participation in village-level politics, gender and money management in the household, gender-based violence, and sought to map the level of knowledge/skills around nutrition. The in-depth interviews with Village Heads/Deputies aimed to evaluate their level of commitment to supporting gender equality in their village, their support for participation in WV

¹⁷ Selected data from the WASH surveys is included in Appendix A.

programs and their priorities as village leaders. In addition, the village heads were asked about the number of young people of school-age attending primary and secondary school, village-level processes to deal with gender-based violence and what obstacles they felt were preventing the poorest families in their village from developing their households at the same rate as others in the village.

As gender-based violence is a sensitive research topic, women were not asked directly if they had experienced gender-based violence. This topic was addressed by showing a flashcard depicting a man shouting at a woman and asking women to describe what they saw on the card (see Figure 3, under Key Finding 5, below). Women accurately described the depiction and added their own descriptions of the causes of the situation: that the man was probably drunk, that he wanted money for alcohol or drugs, that the woman was going to give him money because if she did not, he would hit her. We then asked if this kind of thing happens in the community, and many women then stated either that it happened to them, or to others they knew. These moments often prompted a discussion among women about the similarity of their experiences and comments that they had not realised that others experienced the same thing and it was clear in most sites that a sense of solidarity started to develop through these discussions between women (with the exception of Phausophon Village, which is discussed in detail in Appendix C).

Data collection for both the quantitative and qualitative aspects of the research was conducted in either Lao or in sites where participants did not speak Lao, in local languages. Interviews with Village Heads were conducted in Lao. For the WASH survey, data collectors posed the survey questions in Lao language and recorded the responses on the data form in Lao. For the focus group discussions, simultaneous translation from English to Lao to local language and back (in sites with low levels of Lao language comprehension) enabled the data to be recorded in English via written notes during the focus group discussion. In-depth interviews involved translation from English to Lao and back to English, and data was recorded via written notes in English during the interviews.

The key limitations of this research relate to sample size and scope of the research. The sample size of research participants relative to both the number of people in individual villages that were included in the research and in terms of the number of villages that will be part of the project means that the data does not give a representative view of the experiences of the potential research pool of respondents, though this is a limitation of most qualitative research. There was enough replication of narratives in the data collected to conclude that the variation of experiences described by the research participants was a reflection of the experiences of people in similar circumstances. Richly detailed stories of both positive and negative deviance are always useful in building a complex analysis of the causes of change and deprivation, and both these narratives were accessed during the fieldwork for this report—though more such stories would potentially further understanding, which is why the limitation of scope is mentioned here.

A further aspect of research scope that limited the data that was able to be collected relates to the research methods that were feasible within the timeframe available for the fieldwork. When asked directly if men and women have the same access to nutrient rich foods, almost all participants (male and female) responded that the family eats together. While the family may eat together, it is possible that, given the strong belief held by men that they do the 'heavy work' in the family and that they earn the money for the household, men (and women) may feel that men have more right to eat the nutrient rich foods on the table, and these unquestioned beliefs may result in differential gendered access to nutrition in the household. Exploring these types of unquestioned beliefs requires a

different set of methods than can be readily applied in a short time period, but which are perhaps worthy of further investigation during routine monitoring and evaluation activities that the project undertakes. With more time in each site, the use of ethnographic methods such as spending several days in selected villages to eat with families and observe the way in which food is distributed among the family may enable the collection of data on potential gendered differences in access to the nutrient-rich food sources available in the household.

RESULTS AND ANALYSIS

In this section of the report the results of the research will be presented. It is structured around each of the key findings, with specific village data presented under each key finding. The key findings are important entry points to understanding the relationship between gender roles/relations and the nutritional status of WRA and CU5. In order for the AHAN program to achieve successful results in Specific Objectives 1 and 2 (improving year-round access to sufficient diverse foods and improving the dietary practices of WRA and CU5), it is vital to undertake actions aimed at improving the gender relations at the household level, and to seek to actualise a greater level of empowerment for women and girls more broadly. Empowerment, for the purposes of this report, is conceptualised following the Women's Empowerment Index, developed by The Hunger Project.¹⁸ The Women's Empowerment Index frames empowerment around five domains, as detailed below:

- **Agency** – Women are able to make decisions and exercise control over resources and are free to exercise these decisions without fear of repercussion.
- **Income** – Women have the ability to benefit from economic activities and enhanced access to markets and financial resources.
- **Leadership** – Women and girls participate in community activities, articulate needs and priorities; women and girls are in decision-making committees and make decisions jointly with others without fear of any consequences.
- **Resources** – Women and girls have access to the resources and skills they need to become equal participants in society.
- **Time** – Women and girls are reducing domestic drudgery (time spent on hard, menial or dull work) freeing up time to pursue productive work, education, and leisure activities.

The relationship between women's empowerment and the successful achievement of development outcomes is well-documented in the literature.¹⁹ In the case of achieving improved nutritional outcomes for WRA and CU5, the relationship between women's empowerment and nutrition is very clear: if women are empowered to make decisions around their health care and released from the burden of heavy field work during their pregnancies they will likely experience healthier pregnancies²⁰; also, if they are enabled to stay close to their babies after birth and not required to travel to the rice fields and undertake heavy farm work soon after birth they will have a better opportunity to exclusively breastfeed their babies, rather than providing pre-masticated rice from birth as is the current case in most sites. Furthermore, time release from domestic drudgery through more equitable distribution of HH labour could enable women to dedicate time to planning,

¹⁸ <https://www.thp.org/our-work/measuring-our-work/womens-empowerment-index/>

¹⁹ Naila Kaber (2005) Gender equality and women's empowerment: A critical analysis of the third millennium development goal 1, *Gender & Development*, 13:1, 13-24

²⁰ Asian Development Bank and World Bank, (2012), *Country Gender Assessment for Lao PDR*. Accessed from: <https://www.adb.org/sites/default/files/institutional-document/33755/files/cag-lao-pdr.pdf>

providing for, and monitoring what their children eat, resulting in better nutritional outcomes.²¹ Gendered workload distribution in a majority of rural households needs to change in order to achieve better nutritional outcomes for women and children. This results section details the main arenas in which gender and nutrition are linked and points towards ways that project activities can seek to influence change.

Key finding 1: People have basic knowledge about best practice nutrition behaviours for pregnant women and children under 5 but are unable to implement their knowledge because of food scarcity and family eating practices (with the exception of knowledge about exclusive breastfeeding, which is discussed separately, below).

Both men and women in all sites had a basic awareness of the requirement for nutritional diversity in the diets of all household members. Foraging, rather than cultivating food was the main source of food for daily consumption (other than rice) in nine out of eleven sites. With increased pressure on forest-sourced food resources because of population growth and the commercialisation of forest land, there has been a decrease in yields from foraging, with subsequent increases in the amount of time needed to gather sufficient food for daily consumption (see Figure 2, below for an example of foraged protein yield). There was some discussion of the link between food scarcity and intimate partner violence during the FGDs, with some men stating that if their wives had not prepared food for them to eat on their return from working in the fields, they would feel justified to hit the wife as a punishment. The belief that it is the woman's responsibility to provide food for her husband does not take into account the challenge of food scarcity and the increased time required to forage for food, therefore lateness in preparing a suitable meal was deemed by some men as justification for intimate partner violence. The following quote from a male FGD participant exemplifies this belief:

"I will get angry at my wife if I return from the field and she has not prepared food, or if I invite people [other men] over and she does not prepare food"

(Male FGD participant, Toumlykhao Village, Saravane).

Figure 2: Example of protein yield from 4-5 hours of foraging. Basket containing a variety of river creatures, including two snails and a handful of small prawns, and fish. Source: Author's own photograph from fieldwork, Phorxene Village.



²¹ Van Esterik, P. (1999) *Right to food; right to feed; right to be fed. The intersection of women's rights and the right to food. Agriculture and Human Values*, June 1999, Volume 16, Issue 2, pp 225–232.

Assessing the impact of food scarcity on the distribution of nutrient-rich foods within the household based on age and gender using the methods employed in this study was challenging (see discussion in the methods section, above). FGD participants were asked if men ate before others in the household, almost all respondents responded that their family ate together, and that food was shared, with each person taking food from the communal serving plates. There were a few cases where women did not agree that the distribution of nutrient-rich foods was equal, as illustrated by the following quote:

"The husband eats fast and gets more meat than the wife. If the man is kind, he will divide some meat and give to the wife and children"

(Female FGD participant, Nasano Village, Savannakhet).

It was beyond the scope of this research to investigate the gendered dimensions of household eating cultures in detail (as discussed in the methods section, above). While it was not possible to collect ethnographic, observational data on household food cultures, it is possible to think through the implications of data that was collected during the fieldwork for the gendered division of nutrient rich foods at the household level. Men in all FGDs were emphatic that they earned more money than their wives for the household, and in many cases stated that their wives earned no money. The majority of men were also adamant that they did the 'heavy work' in the household and contributed more important labour to the household than their wives. Added to this, the prevalence of intimate partner violence in a large number of sites (eight out of the eleven sites visited) means that many women are accustomed to modifying their behavior to ensure that they do not incite their abusive husbands to anger. Given these assumptions about men's superiority in terms of contribution to the household income and their sense of entitlement to dominance in the household, alongside women's subservience due to the potential for physical punishment, it is certainly possible that women might not assert their right to equal access to nutrient-rich foods at the dinner table. Further research is needed to explore this theory in practice.

Key finding 2: In relation to breastfeeding, unequal gender relations and a lack of detailed knowledge about breastfeeding are the primary drivers causing women to provide pre-masticated rice to babies from birth or within the first week of birth.

It was found that three factors drive women to provide pre-masticated rice to babies from birth or within weeks of birth: first, entrenched inequality and inequitable gender norms leading to a lack of recognition of women's value and their needs means that women are expected to return to heavy labour very soon after giving birth (in some sites within days of giving birth), and second, a lack of detailed knowledge about breastfeeding.

The first key challenge to the provision of exclusive breastfeeding to babies evident in the research data was a lack of understanding of the time required to successfully breastfeed a baby, particularly in the first months of the baby's life. In many sites, (around 80 percent), within days or weeks of birthing, women were expected to contribute to household labour in the same way as they would if they had not recently given birth. This means returning to work in the rice fields, foraging for food in the forest, carrying water and cutting and collecting firewood for cooking, as well as undertaking household-based tasks such as cooking and cleaning.

"Even when they are very pregnant or have just given birth our wives must help with heavy work because we do not have many people to work. Women cut wood and carry wood, loads of more than 10kg, from 2-3 km away in the forest to the house. This is our culture, women do not have rest time, we do the same as our parents do"

(Male FGD participant, Houayjeng Village, Savannakhet).

"Chopping wood is women's work. Carrying water is women's work. That is her duty"

(Male FGD participant, Phausuphon Village, Attapeu).

"Health staff told us not to feed the baby rice before six months of age, but we cannot implement this advice because we have to go out of the house to work"

(women's FGD participant, Thongpong Village, Savannakhet).

"We had advice about breastfeeding from the health staff, we know we should only feed breastmilk until six months of age, but we can't do that because we have to work"

(Women's FGD participant, Nasnao Village, Savannakhet).

This lack of acknowledgement of the time required to successfully feed and care for a young baby, and for the mother to get sufficient nutritional intake, water intake, and rest to enable her body to produce enough milk to sustain the baby's needs is a major constraint to being able to exclusively breastfeed for six months from birth.

"Men know women should not work hard during pregnancy. In our place we know they should rest, but we can't do that if she must search for food"

(Male FGD participant, Nasano Village, Savannakhet).

"Husbands here don't help with water carrying, or wood cutting and carrying. We ask our husbands many times to help but they will be angry if we talk too much and hit us"

(Women's FGD participant, Toumlykhao Village, Saravane).

Moreover, men's lack of contribution to the daily household labour exacerbates women's mental and physical load. In many sites, women reported that men 'assisted' them by staying home to care for the baby while they went to the rice field to work, or to the forest to collect wood—more positive outcomes may be observed if this was reversed and the women stayed home to rest and feed the baby while men assisted by going out of the house to undertake the necessary labour to maintain the household.

"Husband's help us after we give birth to the baby, yes. He stays home to look after the baby while we women go to work outside the house collecting firewood and finding food"

(Female FGD participant, Touklouk Village, Saravane).

In sites where men demonstrated their support for their wives by undertaking the labour to maintain the household while women stayed close to the home and were able to exclusively breastfeed their babies, men did not report any negative criticism from other men of their behaviour or masculinity. The lack of negative sanction for supportive behaviour suggests that community criticism is not a barrier to men being able to provide greater support to their wives after childbirth. Men who had changed their behaviour to support their wives more with mundane household tasks reported that they were motivated to do so when they understood the benefit of greater workload sharing for their household harmony and overall development (which they understood as economic prosperity).

The second key challenge to exclusive breastfeeding babies for six months is that knowledge about breastfeeding was limited to an understanding that it is recommended that babies be exclusively breastfed to the age of six months. There was a significant gap in women's and men's knowledge of how breastfeeding functioned such as, the let-down reflex and the importance of suckling. Babies suckle in order to 'put in their order for tomorrow'; that is, suckling is the usual stimulus for milk production and secretion. Instead, babies' cries were interpreted by men and women as evidence that the woman was not producing enough milk for the baby, and that the baby would be sick or underfed if not fed pre-masticated rice.

Finally, inaccurate beliefs held by parents and other carers also contributed to the practice of feeding babies pre-masticated rice from birth. Women and men reported believing that babies cry because they are hungry and that this is a sign that the breastmilk alone cannot satisfy hunger.

"We give babies rice from 4-5 days old. The cry because they are hungry after drinking mother's milk so we give rice" (Female FGD participant, Houayjeng Village).

"We believe babies will die if we don't give rice to eat from birth. When babies cry we give rice because they are hungry" (Male FGD participant, Ah-Hor Village).

There was only one mention of different attitudes regarding breastfeeding between generations, and that came from the Health Centre worker in Phorxene Village:

Some mothers come to the Health Center and tell me that the grandparents are feeding their baby rice during the first six months, in these cases I invite the grandparents to come and I give them health education, this seems to be an effective way of supporting young parents who are being pressured to feed their babies rice"

(Health Center worker, Phorxene Village).

Women who reported feeding rice to their babies in the first six months of life said that they had no choice but to provide rice because they needed to return to foraging and rice production in order to provide food for the household: *"If I do not work, we do not eat"* (female FGD participant, Nasano Village, Savannakhet). In sites where pre-masticated rice was used to supplement breastmilk for babies under six months, there was a common factor that men did little to support the wives to reduce women's labour burden following the birth of a child. The issue of unequal labour burdens is discussed in detail below.

Key finding 3: Unequal workloads based on gendered roles mean that women carry much more of the household labour burden than men in a majority of sites.

Women's ability to provide nutritious food for themselves while pregnant and breastfeeding, and to provide nutritious food to their young children was constrained by the amount of household labour they must contribute. The 2018 UN report on gender equity in Lao PDR states that women and girls undertake multiple labour roles and begin working at an earlier age than men and boys, moreover, that women spent almost 30 per cent of their time on unpaid domestic and care work, while the same figure for men was only 5 per cent.²² Unequal gender norms tend to be more deeply entrenched in sites which are more isolated, such as those in the project target areas, as reflected in unequal gendered access to education, poor health outcomes, high incidence of intimate partner violence, and a range of other markers of gender inequality.^{23,24}

In eight out of eleven sites, women woke earlier than men, undertook regular, labour-intensive work like cutting and carrying firewood and water, and had no leisure/rest time. In contrast, men woke later, and their labour involved tasks that required intensive work some of the time and rest/leisure at other times. Men were not tied to the daily labour required to maintain the household in the same way that women were. Boys, too, emulated their fathers, and refused to do 'women's work' such as hulling rice. Alleviating the workload for women requires a two-pronged approach: encouraging greater gender equity so that men are willing to share household workloads more evenly and introducing labour-saving technologies so that the work women undertake on their own is less arduous. Both of these approaches are discussed in this section. First, the sites where gender workloads were more evenly distributed are discussed to explore evidence of positive deviance, and second, labour-saving technologies that the project can explore introducing are described.

There were three sites where women's workloads were less arduous: Hom Village in Attapeu, Nongtaki Village in Saravane and Phorxene Village in Saravane. In those sites where women's workloads were not as heavy, the nutritional outcomes for babies and young children were much better than in sites where women's workloads were so heavy as to reduce their ability to take care of themselves and their children adequately. In Hom Village and in Phorxene, women reported that they exclusively breastfed their babies until the age of six months, and in Nongtaki Village around half of the FGD participants reported that they exclusively breastfed babies until the age of six months. There was a lack of knowledge around breastfeeding in Nongtaki Village, with some FGD participants stating that they believed that small, weak babies need to be fed rice to help them grow as a supplement to breast milk. There was also more variation in wealth and access to labour-saving technology in Nongtaki Village (for example owning a vehicle that can be used to transport firewood and having money to purchase food), with poorer families having less ability to take time for the mother to stay close to home and breastfeed her baby during the first six months of life.

The relative prosperity of some people in Hom and Nongtaki Villages significantly contributed to reduced labour burdens for women; many (though not all), families could afford some form of

²² http://la.one.un.org/index.php?option=com_content&view=article&id=200&Itemid=174

²³ UN Report on Gender Equity, (2018) access from:

http://la.one.un.org/index.php?option=com_content&view=article&id=200&Itemid=174

²⁴ National Committee for the Advancement of Women, Lao PDR, 2015, *National Survey of Women's Health and Life Experiences: a study of violence against women*, accessed from: https://lao.unfpa.org/sites/default/files/pub-pdf/Final_Eng_VAW%20Report.pdf

vehicle which was used to collect firewood and could afford to purchase meat and vegetables from the market. As food foraging and firewood collection are major labour burdens for rural women, the removal of these tasks has a significant impact on reducing women's labour. In addition, subsistence rice farming was not prevalent in both of these sites, another significant labour burden for both men and women. Among the FGD participants in Hom Village, all had husbands who were waged workers (examples of work included soldiers, drivers, farm workers, and a teacher). Proximity to the main road facilitated access to employment opportunities, as did education levels in the village. Many people (both men and women) in Hom Village had been able to access the government-supported adult education program that enabled the completion of secondary education through special study programs. It is important to note that the experiences of FGD participants are not representative of the experience of all women/families in the village; there are always families who are better and worse off in any single location.

A different scenario was evident in Nongtaki Village. Nongtaki Village has been affected by the commercialisation of productive rice land and many villagers no longer have access to any land on which to grow rice since the establishment of a rubber plantation near the village in 2008. According to the Village Head, most villagers must rent land on which to grow rice, and only 50% of villagers own their own rice field. Those who no longer have access to land on which to grow rice now sell their labour to the rubber company to earn a wage and must buy rice and other food from the market. While the women in the focus group were relatively well off in that they could afford to purchase food from the market and did not report food insufficiency, they did talk about families that were worse off in the village both in terms of access to money and in terms of women who had husbands that did not help them with work and made them work too hard. They also mentioned that some families were so poor and had little access to income because the men were addicted to amphetamines and would not work and that women from those families spent a lot of time foraging for food to sell at the expense of collecting food to eat.

Repeated inputs with the same gender equity message(s) designed to bring about positive behaviour change from a variety of sources seemed to be pivotal to change in the best practice sites, as it has been in many other evaluations that the lead consultant has conducted. Change messages that were provided in the local language were more effective than Lao language inputs in sites where Lao language is limited. In all sites (with the exception of Phausophon), the women who participated in the FGDs were very keen for change, eager to learn new skills and very interested in participating in project activities. This level of motivation was felt across all age-groups and could be a great asset in project activities and overall project success. While the women who participated in the FGDs did not, on the main, hold any position of authority or official village-level responsibility, incorporating them into project activities as conduits for change would model the kind of valuing of women's skills, knowledge and community contribution that the project seeks to achieve.

Phorxene Village in Saravane was the only village in the research where there was significant positive deviance from the norm of unequal gender relations. In Phorxene, people were subject to food insecurity, were not economically better off as in Hom and Nongtaki, and yet women were able to exclusively breastfeed their babies until six months of age, and there was a confluence of reporting equal gender roles and relations in the household between male and female FGD participants. For these reasons, the research findings in Phorxene Village have been highlighted in the case study below: see Box 1: Phorxene Village Case Study.

Box 1: Phorxene Village Case Study

Phorxene Village was the most outstanding village in terms of what they had achieved with limited resources. In this village, women reported that they had good levels of gender equity, evidenced in their ability to have equal input into financial planning and decision-making in the household, equal workloads, and in their freedom from the threat of gender-based violence. In contrast to other sites where men's and women's perceptions of their contribution to household labour was quite different, here there was convergence in the narratives of men and women: women said that men routinely helped them with mundane tasks and supported them to have enough time to feed and care for their babies and young children. Men in Phorxene Village were adamant that it was important to respect and support their wives, and the ability of the men to give specific examples of when and how they supported their wives (along with the fact that the wives had also said that they were supported in the same ways we heard from men), made their assertions much more believable than those encountered in other sites. When asked if men and women work equally, women were quick to answer:

"Here we have solidarity! We work together, except when we are pregnant, then we women work less" (female FGD participants).

Noting the level of gender equity in this village, we asked the men if they had suggestions as to how change could be encouraged in men from other villages. They replied:

"Explain that a good man should help his wife and take part in community activities. If a man does not do that, he should not be acceptable in the community" (male FGD participants).

"Men should care for their wives and help their wives, here we respect our wives and love them" (male FGD participants).

Men and women both asserted that greater gender equity was a new way of being and was different to their parent's generation, where women worked much harder than men. When asked to reflect on the reasons why things had changed in their village, both men and women provided the same responses:

"After people came and gave gender training here things started to change from women working harder than men. At first men did not want to change, but we tried to speak out often during meals about more equal work between husbands and wives, and we continue to ask for help and finally our husbands changed. We repeated it many times, even if our husbands became angry, and we explained about the health impacts of breastfeeding, and taking care not to work too hard during pregnancy. The health people educated men about what will happen if they do not look after their wives when pregnant. That helped a lot to get men to change" (female FGD participants).

"Our wives told us often that we should help, and we felt guilty when we look more closely and see our wives work a lot, so we wanted to help more" (male FGD participants).

Women FGD participants highlighted the importance of the health messages from Village Health Centre staff to changing gender relations in the village and reducing their workloads, so we followed up on this and interviewed the Health Centre Worker. One of the key findings to come out of that interview was the importance of providing health education in the local ethnic language. The Health Centre actually has three staff who speak Ta-Oy language, (two native speakers and one who has learned the language since becoming employed in 2011). In other research that the lead consultant has conducted on the health system, it has been noted that the ability for health centre staff to speak the local language is very important to improving maternal, neonatal and child health outcomes, and that it is rare for health centre staff to speak local ethnic languages. In addition to providing services in the local ethnic language, the health staff at the local health centre were very proactive in their pursuit of solutions to common problems faced by the villagers in terms of health and nutrition, as illustrated by the following quote:

"When husband's come to the health centre with their wives I advise them about how to look after their wives and provide respite from hard physical labour. If parents or grandparents come with women to the health centre I provide education to them because they are also the main people who will take care of the mother and baby. Some mothers tell the health workers that grandparents sometimes feed babies rice during the first 6 months, so I invite the grandparents to come to the health centre and give them education about the importance of breastfeeding and why we should not give rice. Their behaviour changes after that, and I have also seen a big increase in the number of deliveries that we have at the health centre instead of women delivering their babies at home" (Health Centre Worker, Phorxene Village).

Another influential person in leading change around gender relations and roles in Phorxene Village was the Village Head. He was a staunch supporter of greater gender equity, and he spoke about gender and the importance of working together as a family for development of the household and the village often in village meetings, as well as acting as a gender role model in the way he and his wife arrange their own household labour. His work supporting gender equality has been supported by visits from district-level government staff who have provided gender training to villagers as well. The confluence of the same gender equity messages from a number of different credible sources and role modelling from people with power and influence in the village seems to have been instrumental in helping to create change around gender equality in Phorxene Village.

Men often overvalued the contribution they made to the household livelihood and undervalued the contribution of women, even though women's workloads involved longer hours than those of men and involved routine, regular, heavy work such as cutting and carrying firewood and carrying water for household use. Men also represented themselves as contributing more to the household labour than they actually did because they seemed aware of narratives of gender equity that many INGO representatives support and the men wanted to present themselves in a way that would make them seem admirable, but their behaviours did not always match the way that they represented their contribution to household labour. Disparity in the narratives presented by women and men regarding their contribution to HH labour in most sites was stark: women gave many examples of the way in which their workloads were much greater than that of their husbands; while men talked about helping their wives in water carrying, firewood chopping and so on. Interestingly, when questioned about the regularity of their assistance with mundane tasks and whether or not they had actually done these tasks within the last week, men had less to say, giving the distinct appearance that they did not actually participate in the way they initially claimed. The disparity in labour input and differential valuing of labour inputs was evident in small children as well as adults—boys were required in most sites to do little or nothing to contribute to household labour; this was attributed to boy's 'wild' nature. Girls, in contrast, were expected to undertake household labour and to be obedient at all times.

Men valued their own work as being more substantial and economically significant than the work women contributed, based on the fact that they were the ones who carried out the financial transaction of selling household goods outside the village (rice/livestock) and on their perception of themselves as doing the 'heavy work'.

Researcher: "Who earns the money in your household?"

Male FGD respondents: "Men!" (Male FGD respondents, Nasano Village)²⁵

"Wives are not strong like men! We alone cut the big wood to clear the rice fields!

(male FGD respondent, Phausuphon Village, Attapeu.

Their attribution of who earned the money seemed to be primarily based on the importance they placed on the moment of financial transaction and was not related to the amount of work that they and their wives had contributed to producing the saleable product. In FGDs, men quickly asserted that they earned more money than their wives, and that in most cases their wives earned no income.

"Men work harder than women. If our wives could earn even some money we would help her with her women's work [carrying wood, water etc], but since we married our wives did not even earn 10,000kip" (male FGD participants, Toumlykhao Village, Saravane).

²⁵ The response to this question in eight out of eleven sites visited was the same: a very emphatic insistence that men were the ones who earned the household income, despite the labour inputs being equal or more weighted to women's inputs in direct income-generating activities. This does not take account of women's additional labour that is directed toward household maintenance.

"Wives store the money, but men spend it. Husbands assume all money in the house belongs to them, If I don't give him money when he demands it, he will hit me"

(female FGD participant Kepphueang Village, Saravane.

When asked more about the main sources of household income and the amount of labour that they and their wives contributed to producing the sale-able items it was apparent that women contributed just as much if not more labour to the livelihood product, and that men assumed the money had been earned by them only because they had done the final monetary transaction. Working with men in this way to guide them to examine and question their assumptions about the value of women's contribution to the household livelihood during the FGDs for this research did result in some new knowledge for men who would often admit after the discussion that they and their wives earned income jointly.

The other important assumption men made was in terms of valuing their own contribution to household labour as consisting of 'heavy' work and conceptualising their wives' work as 'light'. Men considered work to be 'heavy' if it involved clearing trees, removing tree roots to clear land for cultivation, building the family home, or ploughing the rice field. Because women did not do this kind of heavy lifting, their work was considered (by men) to be 'light'. There are two problems with this way of viewing the differential contributions made by men and women. First, the overvaluing of men's contribution based on the idea that they do heavy work does not take into account the frequency of the work. The 'heavy' tasks listed above are conducted infrequently. In contrast, tasks that are considered 'light' women's work include carrying water from the source to the house on a daily (sometimes twice daily) basis and cutting and carrying firewood for daily cooking, to name just two examples. Given that women's tasks are done regularly, they objectively constitute a greater burden in terms of workload. The second problem with men's perception of the differential labour contributions of men and women is substantive: an appraisal of the work women do where they carry loads of up to 30kg for distances of 2-3 kilometres would not be considered 'light' by most reasonable standards. In Phausuphon Village in Attapeu, men reported proudly that their wives were strong and could routinely carry weights of up to 50kg; interestingly, wives in that village did not see such work as a point of pride and reported that their husbands were exceedingly lazy and did not help them at all, and that if women did not work hard, they and their children would have nothing to eat.

One of the consequences of the differential value placed on men's and women's labour contributions to the household is that men feel entitled to leisure time and they strongly believe that women should not have any leisure time. Even some of men's household labour enabled socialising with other men and time for contemplation, such as hunting for meat in the forest. In addition to this, men were entitled to socialise freely with other men whenever they chose. In contrast, women were criticised if they took any time to socialise with other women and were expected to be attending to household tasks at all times (women were told they were 'gossiping' and should stay at home if they were seen talking with other women by their husbands). This attitude to women's socialising does not necessarily pertain to women's groups organised through project activities, particularly if some income-generating component is incorporated into the group design. The experience of women participating in similar groups in CARE projects in Sekong and Phongsali Provinces in Lao PDR is that men see these project-related groups as a legitimate, work-related activity. It is important to ensure that there are noticeable benefits to the participant's households early in the process of establishing groups, either in the form of new cooking practices, new skills in cultivating food or (better still), income-generating activities. Demonstrable benefits of participation

in women's groups early in the process will help to counter any resistance that men may have to allowing their wives to participate and may in fact encourage men who had not allowed their wives to participate from the beginning to reconsider their position.

In all eleven sites visited for the field research, women reported that the FGD was the first time they had ever sat together as a group and talked about their everyday experiences. This lack of opportunity to share experiences and offer solidarity and mutual support is a clear barrier to women's greater empowerment: in almost all relationships from birth until death women are subordinate (as daughters, and later as wives). The World Vision C-Change model for group discussion and facilitation provides an excellent example of how to build relationships of mutual respect and model inclusive and equal communication between all community members. Some suggested topics to include when working with men and key community leaders to promote gender equality are listed in Appendix A.

Done well, women's groups give women an opportunity to experience for the first time what it is to be treated as an equal and valued participant in a social relationship. This type of experience is vital for women if change toward greater empowerment is the goal. There is already provision for women's nutrition groups in the project under Activity 2.1.4. If the recommendations above regarding the design of groups to incorporate some income-generating component and to explicitly aim for early results in some form that can demonstrate the value of women's participation were incorporated the current program design could be further strengthened.

CARE Laos has been running Women's Income and Nutrition Groups in their projects for several years with great success. Such groups give the opportunity for women to practice their skills at social participation on an equal basis and to gain confidence in sharing their ideas, as well as gaining new knowledge and skills that they can use to potentially undertake income-generating activities. Their experience could serve as a useful model for the current World Vision Project. When women's groups are conceptualised by men as legitimate for having a focus on income generation and improving household nutrition, men are much more likely to allow their wives to participate, thereby overcoming one of the key barriers to women developing relationships of solidarity and mutual support.

Key finding 5: Intimate partner violence was normalised in a high number of sites.

Violence towards women such as hitting, slapping, and pushing was normalised in many sites, as detailed in Table 4, below. Of the eleven sites visited for the research, female FGD participants in six sites reported they had themselves experienced violence from their husbands; in the remaining three sites, in two sites, women in the FGD did not personally experience violence, but reported that it did happen in some families in their village, in the final site, women said they did not know if Intimate partner violence happened in other families (see Table 4, below for a description of women's experiences in each village). The high level of intimate partner violence evident in the study sites is reflective of wider trends in Lao PDR, as documented in the 2015 National Commission for the Advancement of Women (Lao PDR) *National survey of women's health and life experiences: a study of violence against women (VAW)*:

In both quantitative and qualitative components of the study, the traditional gender norms, roles and relations in the Lao context were found to be the key triggers of VAW. Of all women interviewed, 35.6% agreed with the statement that a good wife should obey the husband even if she disagreed with him. This rationale was particularly prevalent in rural

areas and the country's northern region. In addition, 22.9% of all women interviewed saw their partner as superior (he is the boss), 29.4% felt that a wife must not refuse sex and nearly half of all women (44.9%) agreed that a husband could hit his wife if she was unfaithful. Women who experienced physical and/or sexual violence were more likely to agree with such statements supporting traditional (unequal) gender roles, than those who had never encountered any form of violence.

(National Commission for the Advancement of Women (2015) National survey of women's health and life experiences: a study of violence against women: page xvi)

Prevalence of intimate partner violence was explored in in-depth interviews with Village Heads and in FGD with men and women. Almost all Village Heads stated that there is no longer domestic violence in their village when asked directly: "Are there any cases of domestic violence in your village?" However, when probed on their understanding of the term, almost all village leaders stated that they understood domestic violence to mean serious physical altercations²⁶ between husbands and wives that caused injury requiring treatment, or which 'disturbed the peace'. 'Low-level'²⁷ violence such as pushing, slapping or sexual violence would not normally be reported to village leaders.²⁸

"Hitting your wife on her face with your hand is normal. Pushing her is normal. Hitting with wood is not normal, and someone might call Village Security"

(male FGD participant, Touklouk Village Saravane).

"If a man's wife does something wrong, first time the husband will tell her not to do that again. If she does it again, he will hit her. If a wife makes mistakes, her husband can slap her on the face. It is not acceptable to beat your wife with wood, we will call Village Security if that happens" (Village Head, Toumykhao Village, Saravane).

Specific research on the relationship between intimate partner violence and nutritional outcomes for both women and their children indicates a clear relationship between women's exposure to intimate partner violence and poor nutritional outcomes.²⁹ The authors of the 2016 World Health Organisation study outlined several mechanisms through which intimate partner violence impacts childhood nutrition, including increasing childhood stress which impacts metabolic rates, physical growth and cognitive functioning; increasing the chance of mothers developing depression which impacts women's ability to care for her children; and the potential for abusive partners to limit the amount of money women can spend on both food for the household and on healthcare for herself and her children.³⁰

²⁶ The value judgments here where violence is classified as 'serious' and 'low level' reflect the respondent's perceptions of different types of domestic violence. They do not reflect the author's perception of domestic violence. For the author, any form of abusive or controlling behaviour that restricts women's liberty and sense of their own agency is serious and unacceptable.

²⁷ See footnote #29, above.

²⁸ Rape is criminalized in Lao PDR's Penal Law, Article 128. Spouses are specifically excluded from the definition of rape.

²⁹ Chai, J *et al.* Association between intimate partner violence and poor child growth: results from 42 demographic and health surveys. Bulletin of the World Health Organization, 2016. Accessed from: <https://www.who.int/bulletin/volumes/94/5/15-152462.pdf>

³⁰ Ibid.

Table 4: Intimate Partner Violence (IPV) prevalence in the study area

Village	IPV situation	Location
Thapanthong	Men threaten and hit their wives and children, alcohol and amphetamine abuse present* Women reported being afraid their husbands would hit them because they had done so in the past.	Thapanthong, Savannakhet
Nasano	IPV present in some families but not in the FGD participants HHS	Sepone, Savannakhet
Houayjeng	Men threaten and hit their wives and children, alcohol abuse present, women reported being choked by husbands and that children are beaten with bamboo all over the body: heads, hands, backs and so on.	Sepone, Savannakhet
Ar-Hor	Men threaten and hit their wives and children, alcohol and amphetamine abuse present	Sepone, Savannakhet
Hom	IPV reported to be not present, women said they did not know if it was present in other families	Samakhixay, Attapeu
Phausuphon	IPV prevalent in FGD participant's experience and in other families. Alcohol and amphetamine abuse widespread and hard to control.	Samakhixay, Attapeu
Toumlykhao	Men threaten and hit their wives and children, alcohol abuse present.	Ta Oy, Saravane
Phorxene	IPV present in some families but not in the FGD participants HHS	Ta Oy, Saravane
Touklouk	IPV present in some families but not in the FGD participants HHS	Toomlarn, Saravan
Kepphueang	IPV prevalent in FGD participant's experience and in other families. Alcohol and amphetamine abuse widespread and hard to control. When GBV occurs in public other people watch and do not intervene.	Lao Ngarm, Saravan
Nongtaki	IPV present in some families but not in the FGD participants HHS	Lao Ngarm, Saravan

* where amphetamine abuse is mentioned it refers only to male use of amphetamine. No research participants reported that women or girls used amphetamines.

Intimate partner violence encompasses much more than beatings, broken bones and bruises.³¹ Abusive men use a range of strategies and tactics to control women's behaviours, take away women's liberty and remove their sense of their own rights and agency. Once physical violence has occurred in a relationship, men can use other, more socially acceptable ways to control women's behaviours, especially in contexts where violence has become socially unacceptable. A range of strategies and tactics fall into this category, from those that are explicitly linked to physical violence (such as threats of violence) to those that are psychologically linked to physical violence (such as the behaviours that men displayed in the past right before being violent to their wives). The behaviours that are psychologically linked to intimate partner violence for women varies from one individual to another and can be any sign of anger—from men's silence and tension—to other, more explicit signs of anger such as shouting. The following quote illustrates women's awareness of these

³¹ The analysis presented here draws on extensive reading and research on DV, as well as the author's own experience of participation in women's DV support groups. Key sources include the seminal text on abusive men's psychology: 'Why does he do that?: inside the minds of angry and controlling men' by Lundy Bancroft (2003), 'The Shark Cage: the use of metaphor with women who have experienced abuse' by Ursula Benstead, published in the journal *Psychotherapy in Australia*, February 2011.

precursors to violence and the ways in which women respond to men's signals by not asserting their rights:

"Husbands here don't help with water carrying, or wood cutting and carrying. We ask our husbands many times to help but they will be angry if we talk too much and hit us"

(Women's FGD participant, Toumlykhao Village, Saravane).

Male drunkenness is often a very obvious danger sign for women, as abusive men usually reserve their most explicit forms of abuse for times when they are affected by alcohol—this is not to say that drunkenness causes abuse, it just allows men to 'let lose' with the behaviours that they otherwise keep in check because of social or other sanctions. Figure 3, below, shows the illustration that was used during the FGD to open up discussion of domestic violence. This figure was very useful in helping to facilitate a discussion whereby domestic violence was broadly conceived and included verbal and other forms of abuse. When asked to describe what they saw in the illustration, many FGD participants (both male and female) commented that the man was probably drunk, and some commented that he was influenced by *ya-bah* (amphetamines).

"The husband is drunk, the wife is afraid he will hit her"

(male FGD participant, Phorxene Village, Saravan).

Women trapped in abusive and violent relationships quickly learn how to keep themselves (and their children) safe: they watch vigilantly for signs that their husband is becoming angry and modify their behaviours in the hope of avoiding a violent or threatening incident. In this way, past episodes of violence continue to affect women's liberty and agency long after the beating has stopped. Addressing domestic violence and abuse, then, requires education about the range of abusive behaviours and reduction of tolerance for the range of behaviours that abusive men use to take away women's sense of their own agency—it requires a wider focus that deals with more than 'just' physical violence.



Figure 3: Illustration of a man verbally threatening and abusing a woman and child (used during Focus Group Discussion).

Key finding 6: Amphetamine use was pronounced in several sites.

Amphetamine use and addiction was a challenge to development in four out of eleven sites. Both male and female research respondents reported that most teenage boys were amphetamine users, and that men with families also used amphetamines. In all sites where amphetamine use was present it was reported to be only men and boys who used the drug. Amphetamine use led to users taking livestock and cash in order to buy drugs, severely impacting household nutrition levels. In addition, amphetamine users do not provide labour inputs to sustain the household to the same degree as non-users. Both male and female research respondents in sites where amphetamine use was noted reported that amphetamine users have little regard for their family's welfare and were often violent towards their wives and children. In Thongpang, Phausophon and Kepphueang the amount of amphetamine use is a significant risk to project effectiveness.

"Drugs are a huge problem here. If that does not change, nothing can change or develop"
(female FGD participant, Thongpang).

As stated above, the direct impact of widespread amphetamine use in project villages is that users compete with other household members for resources, including stealing household livestock to sell in order to buy drugs and stealing household money that could be used to purchase food. GBV was reported to be highly prevalent in households where amphetamine use was present, and this can impact on women's ability to participate in project activities either for fear they will be punished for some perceived disrespect to the male household head by attending, or because they do not dare to leave their children in the care of the addict while they participate in project activities.

Many male FGD participants in villages where amphetamine use was prevalent commented that drug users do not care about community activities and rarely participate in community meetings or works. This lack of participation in existing community activities signals the potential that drug users may be unlikely to participate in project-based activities and could even discourage their wives from doing so. In most communities where drugs and alcohol abuse are not present, community members will strive to be seen to be 'good' community members by participating in activities sanctioned by the community leaders. Men will generally allow wives to participate in activities that are sanctioned by the village leaders, especially those activities that may result in improved development for the household. Drug addiction in the project's target communities, then, presents a barrier to full participation in project activities, (both for the addicts themselves and for their families), as the lack of care toward community-held values of participation and being a 'good citizen' can impact on women's ability to participate.

Key finding 7: Early marriage (as young as 12-13 years in one site, and 14-15 years in other sites) and early pregnancy was evident in around 80 percent of sites.

While marriage of young people under the age of 18 (hereafter referred to as early marriage) is against the law in Lao PDR, in practice it is evident in many sites across the country.³² According to Glinski, Sexton and Meyers, (2015)³³, girls who marry young experience higher rates of anaemia and malnutrition than those who marry later in life. Moreover, children born to adolescent mothers are more likely to have low birth weight, suffer from poor nutritional status, and experience stunting. They argue that this may be due in part to maternal-foetal competition for nutrients and energy since adolescent mothers' bodies are still growing and developing themselves. It may also be related to the combination of a higher risk of violence faced by child brides coupled with the association between violence during pregnancy and poor infant and child health outcomes. Furthermore, the effects of poor nutrition can be seen throughout the life course of these children, with negative impacts on educational attainment and health into adulthood, perpetuating the cycle of poverty and malnutrition.

The issue of early marriage is a complex one in Lao PDR because, unlike other contexts where early marriage is not the choice of the young woman and her marriage partner is often much older than she is, in Lao PDR the age of marriage partners is very close. In some cases the pressure to marry comes from the young people themselves, and can be associated with a lack of other options in remote areas where secondary schooling is not always accessible.³⁴ Other drivers for early marriage include lack of access to secondary school because of geographic and financial reasons, unexpected pregnancy resulting from lack of access to information about and services providing contraception and lack of role models who have not married early and might show a different way of living than what the young people see all around them. Discriminatory gender norms that undervalue girls' roles in the family and community can also intersect with food insecurity and poverty to create powerful drivers of child marriage. Faced with limited food resources, families may marry their daughters in an attempt to lessen the burden on their constrained food allocations by having one less mouth to feed.³⁵ In the research sites visited by the lead consultant for this work and in sites previously visited for other evaluations, young women had very little knowledge about the risks of pregnancy in their teenage years, nor did they see any other options for their lives.³⁶

Very early marriage seen in Phausuphon Village in Attapeu; related to extremely exploitative gender relations, food insecurity, low education among men and women and drug use among men in the community. Some women had very limited ability to exercise agency in any realm of their lives in

³² UNICEF (2017) reports that 35% of women aged 20-24 in Lao PDR were married or in a union before the age of 18 and UNFPA (2017) reports that Lao PDR has the highest adolescent birth rate in the region, with an estimated 76 births per 1,000 girls aged 15-19.

³³ Glinski, A. Sexton, M. and Meyers, L. (2015) *Child, Early, and Forced Marriage Resource Guide*, written for USAID. See: <https://www.usaid.gov/documents/1865/child-early-and-forced-marriage-resource-guide>

³⁴ Sychareun V, Vongxay V, Houaboun S, et al. Determinants of adolescent pregnancy and access to reproductive and sexual health services for married and unmarried adolescents in rural Lao PDR: a qualitative study. *BMC Pregnancy Childbirth*. 2018;18(1):219. Published 2018 Jun 8. doi:10.1186/s12884-018-1859-1

³⁵ Glinski, A. Sexton, M. and Meyers, L. (2015) *Child, Early, and Forced Marriage Resource Guide*, written for USAID. See: <https://www.usaid.gov/documents/1865/child-early-and-forced-marriage-resource-guide>

³⁶ See Malam, L. (2013) *Building civil society from the ground up: participation, rights and gender equity for ethnic group adolescents Mid-term review* (available from PLAN Laos).

this site, as evidenced by the 15 year-old FGD participant who was heavily pregnant, She told the researchers that she was denied antenatal health care by her husband despite her complaints of pain and discomfort in her abdomen. Exploring the level of consent among child brides as young as 12 years old as reported in this site was beyond the scope of the current research and is a question that requires further research (see Appendix C for more information on the challenges present in Phausuphon).

Table 5: Prevalence of early marriage in the study area.

Village	Early Marriage	Location
Thapanthong	Yes, from 15 years old	Thapanthong, Savannakhet
Nasano	Yes, from 15 years old	Sepone, Savannakhet
Houayjeng	Yes, from 15 years old	Sepone, Savannakhet
Ar-Hor	Yes, from 15 years old	Sepone, Savannakhet
Hom	No early marriage	Samakhixay, Attapeu
Phausuphon	Yes, from 12-13 years old	Samakhixay, Attapeu
Toumlykhao	Yes, from 14 years old	Ta Oy, Saravane
Phorxene	Yes, from 15 years old	Ta Oy, Saravane
Touklouk	No early marriage	Toomlarn, Saravan
Kepphueang	Yes, from 15 years old	Lao Ngarm, Saravan
Nongtaki	Yes, from 15 years old	Lao Ngarm, Saravan

Knowledge about contraception and the ability to access contraception for young women in the study population was varied. Even within a single village there was varied levels of knowledge about sexual health and capacity among young women to access contraception.³⁷ During the research we asked women in the FGDs (most of whom were over 18, though there was a minority of women younger than 18) if there was access to contraceptives for teenagers and unmarried women. In all cases, respondents reported that there was no access for teenagers and people who were not married. Access to sexual and reproductive health services for unmarried people in Lao PDR is a noted service gap, with very few youth-friendly service centres in the country.³⁸

The proposed activity related to strengthening sexual and reproductive health (SRH) care provision (activity 2.2.4) should seek to address existing gaps in service provision to unmarried women. It is also suggested that some education tools and training around sexual consent and skills in negotiating the use of contraceptives be developed and delivered to teenage girls and boys. CARE Lao PDR commissioned an in-depth ethnographic study of the experiences of garment factory workers in 2012, and that study revealed very high rates of first-time sexual experiences that were non-consensual. While this specific issue was not investigated in the current research, it is likely that young women do not have a strong sense of their own rights and boundaries in relation to sexual consent, given that this was the case in the population of young women who had migrated to Vientiane for work and have wider experience than teenage women who have not travelled outside the village.

There were a few cases reported during the research where early marriage had not been followed by immediate pregnancy because education about the dangers of early pregnancy had

³⁷ In all FGDs with women, we asked if people used contraception. Some did, some did not. We asked if they knew where they could access contraception and again the responses were varied. All women stated that as teenagers they had not felt they could access information about contraception from health professionals.

³⁸ https://lao.unfpa.org/sites/default/files/pub-pdf/Final_Eng_AYSA%20Report.pdf

been understood and the couples used contraception to delay pregnancy, though most women encountered during the research who had married before the age of 18 had also become pregnant before turning 18. The reported cases of delayed pregnancy were not the experience of research participants themselves, but their observation of people who had married before 18 in their village, therefore the details of why these people chose to delay pregnancy could not be investigated. The challenge of providing SRH services to unmarried people was raised in the interview with the health centre staff member in Phorxene Village in Saravane, and she stated that sex is a taboo topic in the community, which makes asking for contraception a difficult thing to do. She reported having tried to counsel unmarried women on SRH and contraception during vaccination visits to the village (to provide vaccinations to teenage girls), letting the young women know that they can come to the Health Centre for free contraceptives, but the young women did not come. Education and training around sexuality, consent and puberty is needed in order to break down the barriers to more open communication and health seeking behaviours among adolescents.

Key Finding 8: Differences in nutrition practices between sites were not necessarily attributable to ethnic differences; village leaders, district and provincial level government staff and INGO project workers have a key influence on knowledge and behaviour.

Ethnicity is one factor influencing behaviours around gender relations and nutrition, other factors have as much or more influence on behaviours. The key reason for arguing against the use of 'ethnic beliefs/differences/cultural practices' as a way of explaining variation in gender roles, relations and nutritional outcomes is that it obscures other factors driving difference. Here it is not being argued that ethnic beliefs/practices do not impact on gender roles and nutritional outcomes; what is being argued is that a detailed investigation of the aspects of ethnicity that negatively impact on women's empowerment and children's nutritional outcomes demands more than simply stating 'they have special/different cultural beliefs'.³⁹ Variations in levels of women's empowerment and in resultant nutritional outcomes for children need to be investigated in detail—and this requires a lens that examines social marginalisation from a range of angles, related to economy, education, health, access to natural resources, and so on. Across Lao PDR, communities have historically had differential access to a range of resources and opportunities—the most notable differential being between communities located in urban areas as compared to those in remote rural areas, where most people of non-Lao Lum ethnicity live. It is the differential access to services and opportunities that drives different levels of development, not ethnic identity in itself.

While ethnicity does maintain a strong influence over some behaviours and arenas of social life, it does not explain many of the differences observed in gendered workload distribution and levels of nutrition. In addition to the complex historical and contemporary access to economic opportunity, and educational, health and governance services, the role of significant individuals (be they positive or negative influences) is very important in behaviour change, and people in each site have had a unique experience in terms of exposure to the specific personalities and services available in their village. The example of comparing Thongpang and Nasano Villages, both of which are listed as being Katang Ethnicity in the Lao Social Indicator Survey, is illustrative of the limits of ethnicity as an

³⁹ Statements such as this have been heard many times by the Lead Consultant in the course of her work in Lao PDR over the past six years, usually being made by people of Lao Lum ethnicity.

explanatory tool with regard to some aspects of gender empowerment: women in Thongpang reported that there was very high rates of intimate partner violence, while in Nasano, women reported that intimate partner violence was rare. Other factors contributed to differential experience of IPV in these sites: amphetamine use in Thongpang, and strong support for gender empowerment from the Village Head in Nasano.

The role of people in leadership positions seems to be very important, as is illustrated by the case study of Phoxene Village where the village health workers had positively influenced both health outcomes and gender roles and the descriptions of influential people (who can influence in positive or negative ways). Strong village leadership on gender equity has a positive impact on women's empowerment, as demonstrated in Phoxene Village (see Box1, above). Here, village leadership is defined as strongly supportive of women's empowerment when the village leader is consistent in the messages that he/she conveys about women's empowerment. Such messages must be conveyed by consistent demonstration of respect for women and support of gender equality through everyday behaviours and interactions with people in the village, not just by verbally stating that they support gender equity in village meetings. To be classified as being strong on gender equality leadership, it is argued that Village Heads must have good governance mechanisms in place to deal with cases of gender exploitation, for example, cases of child marriage and intimate partner violence.

The case study of Phoxene Village also illustrates the importance of consistent, dedicated follow-through of cases where negative gender relations are leading to poor health outcomes for pregnant women and young children. In the examples given by the health worker in Phoxene Village, the health worker sought to deal with the root cause of the poor health and nutritional outcomes for her patients, not just to treat the symptoms presented at the health centre. In one example the child was at risk of poor nutritional outcomes because the grandparents insisted on feeding the child rice—the health worker invited the grandparents to the centre to offer them health education on child nutrition. This type of behaviour is outside the usual practice of health workers, yet it is the most effective way to deal with case-by-case negative nutritional and health outcomes. Other examples included providing repeated, consistent messaging about the importance of rest of pregnant women and encouraging men to undertake more of the daily housework in the household in order to allow women to rest, both during pregnancy and after birth of the baby so as to allow time for exclusive breastfeeding.

The more role models that are present in a village to support gender equality, the more likely that a cultural shift toward greater empowerment for women will be achieved. Finding ways to highlight good practice and value men in the community who challenge gender inequality and, conversely, to provide social sanctions to men who oppress their wives are important mechanisms for cultural change. One example from the fieldwork where negative social sanction would have provided a strong message against gender oppression was described by the Village Head in Ah-Hor, Sepone: "there is one man who does not love his wife, he sent her to work in the rice field when she was heavily pregnant and he stayed home to invite others [men] to drink at his home". The social sanction here could be that either the Village Head could go to the house and publicly shame the man and his drinking companions, or, even better, if the drinking companions had refused the invite to drink while the wife worked alone in the field. Social sanctions against men from other men for gender oppression are a highly effective way to change behaviour, as demonstrated by best practice anti-GBV messaging such as that outlined in the WHO (2009) document 'Challenging social and cultural norms that support violence', (see also 'Shifting Social Norms to Tackle Violence Against

Women and Girls', 2016).⁴⁰⁴¹ The range of possible positive roles models in each Project Target Village will vary, and a thorough investigation of potential people to support gender equity through project activities needs to be undertaken in each site. The example below, in Table 6, demonstrates how village roles model attributes were described in the research sites.

Table 6: Positive Agents for change: Savannakhet

Village	Person(s) and reason for selection	Location
Thapanthong	Village Head, LWU representative, Village Health Volunteer, Head of each Village Unit (people were identified by the Village Head)	Thapanthong, Savannakhet
Nasano	Village Deputy was interviewed as VH was not available. He was an excellent problem solver and thoughtful leader and would make a good project partner/advocate. When asked to nominate other supportive individuals he mentioned the man responsible for agriculture in the village, Mr Boon. In terms of gender equality leaders, he nominated the Village Head and a woman named Mrs Tai—but the Deputy himself was also a great advocate for gender equality.	Sepone, Savannakhet
Houayjeng	In this village there are 5 Village Leaders, we interviewed the only female Village Head. She was highly motivated, a great organiser and very easy to communicate with—she would be a major asset to the project, and project staff support would provide validation to her already impressive work on health and gender equality. She runs regular women's groups and has supportive men assisting with gender issues in the village—it is suggested she is the first point of contact in the village and her suggestions for other change leaders be incorporated into project activities.	Sepone, Savannakhet
Ar-Hor	The Village Head here was man who thought deeply about the challenges that the villages faces. He was open to change and had tried to communicate messages of gender equality and nutritional improvement to the villagers, but he lamented that they were very set in their ways and he found it difficult to create change. He asked if there were perhaps better training support materials that might make this easier. He was also very concerned about preventing early marriage and asked about suggestions to help stop this practice. He suggested other agents of change in the village: Suan, the Village Security Officer and Son, the Lao Youth Union Representative.	Sepone, Savannakhet

⁴⁰ https://www.who.int/violence_injury_prevention/violence/norms.pdf

⁴¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/507845/Shifting-Social-Norms-tackle-Violence-against-Women-Girls3.pdf

Table 7: Positive agents for change: Attapeu

Village	Person(s) and reason for selection	Location
Hom	There were very few gender equality issues or nutrition deficiencies in the village. The only problem identified was a lack of drinking water. There was relative prosperity in this village, with people being able to afford to purchase food from the market. Perhaps project activities in this site could be limited to those that are needed, and resources directed to places that are more in need of support. The Village Head and LWU representative are good focal points for project activities.	Samakhixay, Attapeu
Phausuphon	GBV prevalent in FGD participant's experience and in other families. Alcohol and amphetamine abuse widespread and hard to control.	Samakhixay, Attapeu

Table 8: Positive agents for change: Saravane

Village	Person(s) and reason for selection	Location
Toumlykhao	Women from FGD, LWU. The Village head here was an advocate for punishing women's 'transgressions' (not preparing food on time for example), with a slap across the face.	Ta Oy, Saravane
Phorxene	Men from FGD group, all were very respectful of their wives and good advocates for gender equality. Workers from the nearby Health Centre, in particular the woman who acted as our translator for the women's FGD was a really important contact person and will be instrumental in the project—she is a salaried worker so can probably only assist in an advisory capacity. The Village Head here was helpful but was looking toward retiring from the position.	Ta Oy, Saravane
Touklouk	There were problems with conflicting stories in this village—women and men said that GBV is normal for them, women being slapped across the face for minor transgressions was a routine thing. The Village Head said there was no GBV in the Village. Men talked about their wives selling their weaving at very low prices or exchanging them for MSG in the market, but the Village Head denied this happened. It was difficult to nominate a project advocate in this site. More time is needed here to properly understand the village power dynamics.	Toomlarn, Saravan
Kepphueang	Several young men in the FGD stood out as good roles models: Mr Aircon; Mr Noo-John (Johnny) and Mr Tian. Mr Tian is married to Mrs Kampa, and of the three men was the most earnest in helping support his wife. The Village head was highly motivated as was his deputy, and they would benefit greatly from any support the project can provide them. Drug use and GBV are major problems in this site.	Lao Ngarm, Saravan
Nongtaki	Male FGD participants were good advocates for gender equality. The Village Head was also intelligent and active and could be a great project advocate.	Lao Ngarm, Saravan

Table 9: People who need more training to be of assistance

Village	Person(s) and reason for selection	Location
Toumlykhao	Village Head needs comprehensive gender training to change his views on GBV. Initially he told us he did not support GBV and that it did not exist in his village, but after further discussion he revealed that he hits his own wife when she does not do as she is told and that the village enjoyed 'gender equality' because women and men both hit each other.	Ta Oy, Saravane
Kepphueang	There seemed to be some irregularities with processes for reporting GBV and acting on cases of assault at the level of the village cluster and the district.	Lao Ngarm, Saravan

CONCLUSION AND RECOMMENDATIONS

The aim of this Gender Analysis was to undertake a study aimed at providing recommendations for prioritising actions under *SO4: Improved gender equitable relations at the household HH level*, and under livelihood and health outcomes under *SO1 and SO2* which identifies household workload distribution, roles and responsibilities, norms and attitudes. This report has documented the ways in which gender roles and relations at the household level impact on nutrition and wellbeing for women and children, and outlined the factors contributing to unequal gendered workloads.

Gender inequality was deeply entrenched in all but three of the sites visited for the research, and in those three exceptions, was still evident among some families. The proposed C-Change Project Model is an excellent start to addressing gender inequality, and in addition to that it is recommended that gender awareness be mainstreamed into all project activities by conducting a comprehensive gender audit of planned activities and working to incorporate gender-aware programming across all project activities and actions. One example of gender mainstreaming would be to mandate equal participation of men and women in training provided by the project. If training is to include both men and women in the same training session, facilitators must ensure that the session protocols enable women's full participation: for example by using small group problems solving tasks where women work in small all-women groups and that when it comes time for groups to report back to the main group that all groups listen to and respect each speaker. Modeling forms of group management that enable women to practice 'having a voice' build confidence among women as well as showing men that women's opinions are valued by the project staff is an important step in breaking down current models of differential gendered political participation.

Project staff are important role models for leadership in women's empowerment and should be provided training to emphasise the level of responsibility that they have at every moment that they are in a village. Project staff should seek to demonstrate their high regard for women and children at all times they are in the village, looking for opportunities to explicitly demonstrate their respect for women as a way of showing leadership in gender equality. An example of this form of subtle leadership could be in facilitation of a group training session if a training facilitator notices that women are crowded at the back of the room/training area and not seated comfortably when compared to men. The facilitator could then respond by stopping the session, and facilitating people to rearrange themselves so that women have a comfortable space in which to sit and are close to the front of the space in the same way as men, a verbal explanation could also accompany the movement where the facilitator says that he/she is interested in all the ideas of men and women

and that together we can develop some great solutions/ideas. Explicitly training project staff to look for such opportunities is very important lest project staff enter a village with the idea that their only objective is to provide technical training on a specific topic—such an approach would miss many good opportunities to re-enforce the explicit gender equality messages being delivered in specific gender training. Moreover, training planning should take into account women’s child-minding responsibilities and seek to facilitate participation despite these parenting responsibilities, perhaps by arranging child minding so that women can participate in skills training sessions.

The key recommendations of this report aimed at increasing women’s empowerment and, by proxy, the nutritional status of WRA and CU5 are as follows:

Key finding 1: People have basic knowledge about best practice nutrition behaviours for pregnant women and children under 5 but are unable to implement because of food scarcity

Time spent foraging for food was significant in most cases, and the yields from foraging were uncertain and often inadequate for household nutrition. Establishing food cultivation that is nearby the household so that daily nutritional needs can be met will greatly reduce the burden of women’s work as well as improving nutritional status directly. Project activities under Result 1.1 seek to address food scarcity by intensifying and diversifying agricultural production. It is important that both men and women are involved in these activities, and that the activities are planned in such a way that they do not increase women’s workloads. The discussion under Key Finding 4 in the results and analysis section suggests that a C-Change process around the gendered division of workloads be initiated to garner greater support from men for the work that women currently undertake. Project activities need to be examined to see how the activity will fit into current workloads and be presented to participants in such a way that there is a division of labour between men and women (boys and girls) that results in reduced, rather than increased workloads for women and girls. For the example of establishing home gardens, after the initial hard work of establishing the garden (digging the ground, enriching soil, securing water availability and fence building), the labour burden of maintaining the garden would be less than the current burden for women of spending hours each day to forage for protein sources and vegetables. This report makes the following recommendations:

- Reduce the time spent foraging for food by introducing protein and vegetable sources that can be cultivated nearby the house.
- Investigate water availability in each site and seek to implement actions to eliminate water availability as a limiting factor to the cultivation of home gardens.
- Educate villagers about the time savings of producing cultivated food nearby the house in order to garner support for the home garden activity.

Key finding 2: In relation to breastfeeding, unequal gender relations and a lack of detailed knowledge about breastfeeding are the primary drivers causing women to provide pre-masticated rice to babies from birth or within the first week of birth

It was found that three factors drive women to provide pre-masticated rice to babies from birth or within weeks of birth: first, men's lack of support for breastfeeding for their wives (based on unequal gender relation in the household) means that women are expected to return to heavy labour very soon after giving birth (in some sites within days of giving birth), second, a lack of detailed knowledge about breastfeeding, and, third, inaccurate beliefs (held by parents and older caregivers)

that babies need to be fed rice from birth in order to be healthy. It is suggested that the following recommendations be implemented to shift the prevalence of feeding babies rice before the age of six months:

- Women and men need detailed knowledge about breastfeeding to dispel beliefs about babies needing to be fed rice when they cry. Ensure consistent nutrition messaging to both men and women, across ages, to enable support for optimal child feeding and MCH care practices.
- It is recommended that training packages be reviewed to ensure that the appropriate information is there to counter common beliefs about there not being enough breast milk and babies needing rice to grow strong.
- In lieu of a situation where women can stay close to home and work in home gardens so that they have the opportunity to breastfeed often (as opposed to leaving the baby at home all day with others to be fed rice while they go to the rice fields); women need better baby carriers and strategies that will enable them to take their babies with them when they have to work away from the home (with the proviso that being with mothers in the rice field does not expose babies to dangerous agricultural chemicals).
- Men need training that will motivate them to support wives more after they give birth and enable enough time to feed babies and young children.

Key finding 3: Unequal workloads based on gendered roles mean that women carry much more of the household labour burden than men in a majority of sites

Women's ability to provide nutritious food for themselves while pregnant and breastfeeding, and to provide nutritious food to their young children was constrained by the amount of household labour they must contribute. Alleviating the workload for women requires a two-pronged approach: encouraging greater gender equity so that men are willing to share household workloads more evenly and introducing labour-saving technologies so that the work women undertake on their own is less arduous. The following recommendations aim to reduce women's workloads:

- Conduct a comprehensive gender audit of planned project activities and work to incorporate gender-aware programming across all project activities and actions.
- Provide specific gender training to all project staff and key government partners so they are fully aware that their behaviour at all times while in the village and while working with project partners must model leadership for gender equality.
- Strengthen the existing project design by incorporating the World Vision Community Change (C-Change) model of group formation and management into the women's groups (suggested under project activity 2.1.4.) to enable women to meet and provide support to each other through the establishment of groups focused on developing women's skills, confidence and agency.⁴²
- Investigate income-generating possibilities for women: earning income gives women more leverage over household decisions.
- Provide scenario-based, participatory gender training to village heads and men (via the C-Change Model).

⁴² This is a very important recommendation, during the research women reported that they had never sat in a group and shared experiences. The ability to share /work with other women is very important in building confidence and skill in 'having a voice' and will assist women to develop their negotiation skills at both household and village levels.

- Mainstream gender training principles into all training that the project delivers so that gender equality messages are being delivered to men regularly, and from a range of different sources.
- Identify Village Heads who are not supportive of implementing gender equality messages and work to provide comprehensive, transformative gender training in such cases (many men pay lip service to gender equality, yet their behaviours remain highly exploitative).
- Gender training packages need to emphasise the positive benefits of gender equality (most effectively in terms of better household development and family harmony), not just tell people what they 'should' do.
- Training needs to emphasise the importance of teaching boys to participate in HH labour alongside, and equally to girls
- Introduce labour-saving technologies so that the work women undertake on their own is less arduous, see Appendix A.

Key finding 4: There is a large disparity in the way that women and men viewed and represented their contribution to the household labour in almost all sites

Differential valuing of men and women's contribution to household labour is a major factor influencing the unequal gendered distribution of labour. Challenging existing assumptions about the differential value of work that men and women contribute is a key activity to be addressed through the C-Change process under Result 4.1. It is recommended that the following suggestions be taken into account:

- Develop and provide gender training that will challenge men to re-evaluate the labour contributions they make to the household relative to their wives (via the C-Change Model). Scenario-based, questioning of what 'heavy' and 'light' work is, how often different labour-intensive tasks occur, and the relative time spent in leisure and social interaction for men as compared to women needs to be incorporated into gender training design in order to move beyond the typical top-down, paternalistic approach to gender training often implemented in Lao PDR.
- Future project monitoring and evaluations should take into account that men are more aware than women of the expectations of people outside the village regarding gender equality and are motivated to represent themselves in a positive light. With this awareness, monitoring and evaluation activities should consider that men's representations of the amount of labour they provide toward the mundane tasks of collecting wood and water as well as the relative labour inputs of men and women in their HH should be triangulated with other sources.

Key finding 5: Intimate partner violence was normalised in a high number of sites

There is strong evidence supporting the importance of women's empowerment in achieving improved nutrition outcomes, including through more equitable workload distribution and improved control by women over HH income.⁴³ Moreover, specific research on the relationship between intimate partner violence and nutritional outcomes for both women and their children indicates a clear relationship between women's exposure to intimate partner violence and poor

⁴³ SPRING 2014, Improving Nutrition through Agriculture Technical Brief Series: Understanding the Women's Empowerment Pathway.

nutritional outcomes.⁴⁴ The authors of the 2016 World Health Organisation study outlined several mechanisms through which intimate partner violence impacts childhood nutrition, including increasing childhood stress which impacts metabolic rates, physical growth and cognitive functioning; increasing the chance of mothers developing depression which impacts women's ability to care for her children; and the potential for abusive partners to limit the amount of money women can spend on both food for the household and on healthcare for herself and her children.⁴⁵

- In partnership with government representatives, review and improve processes around addressing intimate partner violence (diverse practices are evident, and some were very ineffective and/or counterproductive)
- Develop specific program activities to address intimate partner violence. It is a specialised program area and needs specialised programming rather than being addressed under general women's empowerment information and training. Some suggested messages to include in the activities aimed to reduce Intimate partner violence are as follows:
 - Intimate partner violence needs to be addressed openly.
 - Intimate partner violence is not a household matter, not a private matter
 - All men in the village need to take responsibility for women's safety.
 - Intimate partner violence affects women even if the husband threatens to hit but does not: women behave in a subservient way to avoid escalation of anger and possible violence—the threat of violence severely inhibits women's agency in all realms of life.

Key finding 6: Amphetamine use was pronounced in several sites

The direct impact of widespread amphetamine use by men and boys in project villages is that users compete with other household members for resources, including stealing household livestock to sell in order to buy drugs and stealing household money that could be used to purchase food. Intimate partner violence was reported to be highly prevalent in households where amphetamine use was present, and this can impact on women's ability to participate in project activities either for fear they will be punished for some perceived disrespect to the male household head by attending, or because they do not dare to leave their children in the care of the addict while they participate in project activities.

- Consult with other organisations on innovative approaches to working in areas significantly affected by drug use and the potential impacts that this may have on the project activities.
- Investigate ways in which community savings funds might be of some help—if women earn money and can deposit it directly into the community fund, they may avoid the money being taken from the HH and spent on drugs.

⁴⁴ Chai, J *et al.* Association between intimate partner violence and poor child growth: results from 42 demographic and health surveys. Bulletin of the World Health Organization, 2016. Accessed from: <https://www.who.int/bulletin/volumes/94/5/15-152462.pdf>

⁴⁵ Ibid.

Key finding 7: Early marriage (as young as 12-13 years in one site, and 14-15 years in other sites) and early pregnancy was evident in around 80 percent of sites

While marriage of young people under the age of 18 is against the law in Lao PDR, in practice it is evident in many sites across the country.⁴⁶ The issue of early marriage is a complex one in Lao PDR because, unlike other contexts where early marriage is not the choice of the young woman and her marriage partner is often much older than she is, in Lao PDR the age of marriage partners is very close. According to a United Nations report on gender equity in 2018, 30% of Lao women marry before the age of 18, and 19.4% of women give birth before the age of 18.⁴⁷ Girls who marry early are less likely to continue their education and more likely to bear children in their teenage years than those who do not marry. Early marriage and teenage pregnancy present risks to both mother and child: teenage mothers have higher rates of maternal mortality than those aged over 20, and babies of teenage mothers are at greater risk of a range of poor child health outcomes.⁴⁸

Knowledge about contraception and the ability to access contraception for young women was varied. Even within a single village there was varied levels of knowledge about sexual health and capacity among young women to access contraception. During the research we asked women in the FGDs (most of whom were over 18, though there was a minority of women younger than 18) if there was access to contraceptives for teenagers and unmarried women. In all cases, respondents reported that there was no access for teenagers and people who were not married. Access to sexual and reproductive health services for unmarried people in Lao PDR is a noted service gap, with very few youth-friendly service centres in the country.⁴⁹

- Seek to collaborate with other in country development partners eg PLAN, CARE, UNFA and Save the Children, in developing strategies for addressing early marriage: drawing upon previous work to reduce early marriage for a number of years now, using a combination of education about the risks of early pregnancy to women's health and providing knowledge about and access to contraceptives to unmarried young women to prevent teenage pregnancy.
- In cases where teenagers still marry early, it is vital that they are provided with counselling on the risks of early pregnancy and supported to delay pregnancy until after 18 years of age for the mother. This can be included in training for government staff under Activity 2.2.4, aimed at improving the quality of sexual and reproductive health services available in the project target areas.
- Ensure inclusion of teenage mothers in Nutrition and peer support groups.

⁴⁶ UNICEF (2017) reports that 35% of women aged 20-24 in Lao PDR were married or in a union before the age of 18 and UNFPA (2017) reports that Lao PDR has the highest adolescent birth rate in the region, with an estimated 76 births per 1,000 girls aged 15-19.

⁴⁷ UN Report on Sustainable Development Goals: Gender Equity. Accessed from: http://la.one.un.org/index.php?option=com_content&view=article&id=200&Itemid=174

⁴⁸ Sychareun V, Vongxay V, Houaboun S, et al. Determinants of adolescent pregnancy and access to reproductive and sexual health services for married and unmarried adolescents in rural Lao PDR: a qualitative study. *BMC Pregnancy Childbirth*. 2018;18(1):219. Published 2018 Jun 8. doi:10.1186/s12884-018-1859-1

⁴⁹ https://lao.unfpa.org/sites/default/files/pub-pdf/Final_Eng_AYSA%20Report.pdf

Key finding 8: Differences in nutrition practices between sites were not necessarily attributable to ethnic differences; village leaders, district and provincial level government staff and INGO project workers have a key influence on knowledge and behaviour

It is important to remember that there are many influences on behaviour and not to over emphasise the importance of ethnicity as an explanatory tool for differences in gender equity and nutrition between sites. While ethnicity does maintain a strong influence over some behaviours and arenas of social life, it does not explain many of the differences observed in gendered workload distribution and levels of nutrition. In addition to a range of factors (such as access to education, economic opportunity, health services, and good governance) the role of significant individuals (be they positive or negative influences) is very important in behaviour change, and people in each site have had a unique experience in terms of exposure to the specific personalities and services available in their village.

- A review protocol should be developed so that District Coordinators can make an assessment in each village to enable better understanding of the challenges and opportunities that must be considered in each site:
 - Leadership
 - Significant personalities (eg the health center worker in Saravane)
 - Level of isolation
 - How entrenched exploitative gender roles are
 - Presence of IPV
 - Drug addiction
 - Level of co-operation between women in the site
 - Identification of any significant vulnerabilities among potential project participants and development of activities to address these (such as the vulnerability seen among some young women in Phasuphon Village in Attapu, detailed in Appendix C).
- Build on existing positive practices by health staff and village leaders
- Invest in male gender models who can influence other men.
- Build women's voice and confidence through inclusion in community groups and peer support groups

Appendix A Labour Saving Technologies

The labour burdens of everyday household chores could be reduced by introducing labour-saving technologies across the project's target areas. Isolation in terms of the lack of exchange of knowledge and ideas in many project sites means that even where labour-saving technologies are available within accessible distance from the village, people are unlikely to try out new ideas if they are unsure of the effectiveness of a device. Household finances are, in most cases, so constrained that people are unwilling to risk spending money on a device if they are not completely sure of the ways in which it will bring benefit to them and the household. There was, however, openness to trying new technologies that will reduce labour burdens, evidenced by the reaction of FGD participants to the idea of fuel-efficient cook stoves and ergonomic baby-carrying wrap designs. Therefore, if the economic risk of investing in the labour-saving technology was removed or reduced, alongside increased knowledge of the effectiveness of devices to be introduced, barriers to the adoption of labour-saving technologies would be greatly reduced.

Table 3: Suggested labour-saving technologies

Labour burden	Suggested action/technology
Wood cutting/collecting a major burden for women, but many did not use efficient woodstoves	Investigate SNV Improved Cookstoves Program partnership
Water carrying is a major labour burden for women	Conduct an assessment of water access issues in each site and devise water access plan/actions, as is planned in Project Activity 3.3.1.
Rice hulling is labor-intensive and primarily women's responsibility	Investigate community rice hulling access and provide where needed
Women carry their babies in slings, which creates a lot of strain on their shoulders and necks	Adapt local baby carrying cloth to the design similar to that found at: https://mobywrap.com*
Planting rice is labour intensive for both men and women	Adopt the Food and Agriculture Organisation of the United Nations Drum Seeder in project sites where lowland rice is cultivated. ⁵⁰
Wood carrying	Investigate the feasibility of wood carts to enable wood to be carried more easily

⁵⁰ <http://www.fao.org/3/i9963en/i9963EN.pdf>

Appendix B: Gender training tips for C-Change topics

In women's FGDs we used a flash card representation a man threatening a woman for money we opened up a discussion of threats and the way that women pull back from putting their ideas forward in the household in order to avoid making their husbands angry (Figure 2 in the report text). We also used this card with men, and asked them to consider how women avoid making them angry because they feel that 'low level' violence is in some villages socially acceptable so they know that if they do/say certain things they could potentially be subjected to violence. When we talked with village heads we especially tried to get this message across when discussing violence, and many of the VH's did reflect on their idea of what constitutes violence and broadened their concept of GBV and its accompanying controlling behaviors. With VH's, the processes of dealing with cases of GBV could be discussed to try and encourage VHs to reflect on the appropriateness/not of having the man and women sit together in front of a 'committee' and each tell their side of the story before the committee makes a decision about who is right or wrong.

In terms of general gender/power relations, one discussion topic that can be very useful in encouraging men to think about the way that they incorrectly differentially value the work they and their wives contribute to the household economy is to ask men who earns the most money in their households: them or their wives. Most men will initially say that they earn the money in the household.

With the exception of those few men who sold their labour, this statement is based on the belief that the man earns the money because he does the 'important' work of carrying the product to market and conducting the trade to sell the goods. This idea erases all the labour that women put into producing the product, usually over a long period of time, and values only the 'public' side of the labour input. To challenge men on this belief, the details of the income producing activity is explored, asked men what the primary income generating activity is, and then asking them what exact labour inputs go into producing that product. The outcome of those questions is sometimes that the men do most of the field labour if their wives had small children, in and cases like that it is possible to then discuss the importance of the labour going on in the household which supported the field labour--eg--"could you go to working the field all day if your wife didn't prepare food for you to eat?" "Could you work all day if there were no clean clothes to wear/clean house to return to/meal at the end of the day/person to take care of your child?" In this way the discussion encourages men to reflect on the relative value of the different kinds of work that go into sustaining the family's livelihood, and to revalue women's contribution. To finish off the discussion it is important to return to the start point--so who earns the money from the [insert the product]? By this time most of the men had reflected on their assumptions about earnings and gendered input into the household economy and were ready to admit the money was earned equally by both them and their wives.

In cases where men and women worked together in the field or women did most of the field work it was an even shorter discussion to challenge men on the idea that CARRYING the product to market is just a tiny part of the income earning process.

Another really effective example that can be used is duck raising. [this follows the discussion of the primary activity above]

"If your wife feeds the ducks and puts the ducks to the duck house every night and looks after then ducks, then you carry the ducks to market and sell the ducks, did you earn the money or did she?"

Another angle that can be used to get men to reflect on relative workloads is asking them who carries the wood for their families. In my observation, carrying wood is a major workload for [primarily] women, and something that they don't get a lot of help with. When asked who carries the wood for the household most men will answer that they help, or that they and their wife do it together. The next step is to ask who USUALLY does it, or say "oh, so does that mean your wife never carries wood?" to which most times men will reply "no, she carries it". To follow through, it is important to ask how many days a week men are responsible for carrying wood and how many days a week their wives carry it. What will often emerge is that men carry wood using a motorbike if they have one, and that women still carry full loads of wood as well on their backs/heads. When asked why men don't do this work because it is quite 'heavy' work for women, many of the men's groups will reply that they do all the really heavy jobs like fence building and house building. This was then a great opportunity to challenge men of this relative valuing of the inputs that men and women make—by saying "oh, that good for men--you build a house one time in 10 years then you rest! But women carry wood every day, or every few days!!" Again, this was a point where they became pretty embarrassed and admitted that women do a lot of heavy work, and that their irregular contributions to fence and house building were not really equal.

Appendix C: Challenges in Phausuphon Village

Of all the sites visited for the research, Phausupon was by far the most challenging in terms of gender inequality and other potential impediments to project success. Phausupon is a relocated village, comprising of approximately 1000 people scattered across a wide area. The village is broken into 13 administrative units, with around 30 households in each unit. The Village Head reported that he is not able to successfully manage the village population, and that some Units in the Village will not co-operate with administrative requests. He further stated that the heads of some units are openly uncooperative with administrative requests, such that, for example, they refuse to attend village meetings and therefore do not get or follow messages about allowing children access to education or about increasing gender equality in the household.

There were two main problems related to child welfare observed and/or reported by key informants in Phausupon during the research visit: many children have no access to primary education and a high prevalence of early marriage. One older man in the FGD reported that 70% of children drop out of school before completing primary school; though the team was not able to verify this figure, it still points toward a significant gap in the ability of children to access school. Access to school was not a matter of distance: both primary and secondary schools were readily accessible by walking. Access to school was a matter of money and the priorities of parents who decide if their children can or cannot attend school. Early marriage was a much more complicated issue, though it is related to lack of access to secondary education as well as other factors. The multiple axes of social marginalisation experienced by some young women in this community was exemplified by one of the young women in the FGD.

There was one young girl in the women's FGD who was around 15 years of age and possibly 7-8 months pregnant (she herself was unsure of both her age and the due date for her baby). During the FGD she stayed silent and was too shy to respond to any of the discussion points; even when she was asked a question directly she did not respond. We assumed she did not understand Lao and requested other women in the group to assist to translate for us, and it was at this point that another layer of social marginalisation became apparent: the other women in the group spoke to her in a very demeaning and derogatory way. There were clearly multiple levels of social status in the group, and a glaring lack of solidarity among the women. It was very disturbing to see women from the girl's own community treating her with such a lack of compassion.

After the FGD ended, we asked the girl to stay back and talk with us further so that we could find out more about her situation and because we wanted to encourage her to attend the Health Centre for a check-up and also for the birth of her child, since pregnancies at such a young age carry greater risk factors than pregnancy after the age of 18. It was at that point that we realised she did understand and speak Lao, but that she was so shy in front of the other women who had openly derided her (for not being sure of her age) that she was unable to respond to us during the group discussion. We asked about her pregnancy and if she had been for prenatal check-ups: she had only been one time and that was because she had experienced severe back pain. At the time she had asked her husband (who is also a teenager) if she could go to the Health Centre and he had refused her, she then sought help from her mother who did agree and took her to see the nurse at the Health Centre. When we suggested she attend the Health Centre for the birth she said that she would like to, but it would be entirely up to her husband if she would be allowed to do so. The complete lack of agency that the young women had in her life was deeply shocking. Her lack of agency around issues that directly affect her such as the right to seek health care raised questions

for the research team about her ability to exercise agency in any area, such as choices around marriage and sexual consent.

There are only a few situations (such as sexual slavery) where a person has less ability to exercise agency than the life of the young woman we encountered in Phausuphon Village. It is not known how many other young women live with the same level of marginalisation in Phausuphon, but it is important to further investigate the experiences of young women who are married before the age of 18, and to note that there is considerable tension and dissonance between women in the village. The project will need to devise separate activities for young marginalised women and other women in the community.

In addition to the problems outlined above, the Village Head reported that there is widespread addiction to amphetamine and that amphetamine use is linked to GBV in many families. For the reasons outlined here, Phausuphon Village will prove to be a major challenge for project implementation and will likely require much more input of staff time and project resources than in other sites with less significant operational challenges.

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