World Vision

Gender Analysis

KEY FINDINGS

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

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European Union

AHAN
Accelerating Healthy Agriculture and Nutrition

Gender Analysis Overview

PUBLICATION INFORMATION

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EXECUTIVE SUMMARY

Project description

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 3 southern provinces, supporting 10 villages per district:

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

Specific Objectives

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

Strengthen multi-sector coordination and support for nutrition

Improve dietary and care practices among women of reproductive age (15-49 years) and children under 5 years

Reduce incidence of selected Water, Sanitation and Hygiene (WASH) related diseases/illnesses linked to undernutrition

Improve gender equitable relations at the household level, particularly in decision-making and distribution of workload

Improve access to and availability of sufficient and/or diverse foods year-round

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 & Recommandations

1

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.

Recommandations

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.

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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.

Recommandations

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 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.

Recommandations

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.

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.

Recommandations

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.

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.

6

Amphetamine use was pronounced in several sites.

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% 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 country[7].

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.

[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.
[5] UN Report on Sustainable Development Goals: Gender Equity.
[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

8

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

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