SITE VISIT: Integrated Nutrition and Community Development Project in Thailand


The focus of the Integrated and Community Development Project in Thailand was to reduce malnutrition through understanding and building on local childrearing practices and beliefs.

The project was begun by the Ministry of Health in Thailand who conducted studies to understand why there was such a high incidence of protein energy malnutrition (PEM) within the country. They identified what they perceived to be three major constraints to significant reduction in the level of PEM in infants and preschool children: 1) a health system that did not reach those most at risk; 2) a lack of community awareness about malnutrition and its impact on children's growth and development; and 3) the fact that nutrition was being viewed as a health problem only: there was a lack of multi-sectoral input into the programme.

Taking these constraints into consideration, the government, in 1979, launched an integrated community-based primary health care project that included supplemental feeding, growth monitoring and parental nutrition education, all within a national plan for poverty alleviation. Within this broad framework, the Institute of Nutrition at Mahidol University carried out a nutrition education project that was directed toward families with the most vulnerable infants and pre-schoolers. What is unique about the project is that the nutrition education included a psycho-social component focussing on caregiver-child interactions and on improvements in the physical and social environment surrounding the child.

As a basis for the project, childrearing attitudes and practices were studied to know what mothers were currently doing and to determine how that might affect children's nutritional status. Through the studies a number of nutritional and social taboos were discovered that were not beneficial to the child. For instance, there was a belief that colostrum was bad for the infant and that newborns were incapable of sucking. This meant that breastfeeding was not begun immediately following birth. It was delayed, with the consequence that many mothers found it difficult to breastfeed and quickly turned to bottle feeding. Children were not receiving the nutrition which breastfeeding provides.

It was also discovered that mothers believed that the normal tongue-thrusting activity of infants signalled that the infant was no longer hungry. Because of this belief, many infants were chronically underfed.

Another important belief that needed to be addressed was that few mothers knew that at birth infants were capable of seeing and hearing. As a result, mothers did not interact with their
infants and they were left for hours in hammocks that essentially blocked them from seeing anything in their environment. Related to this was the mother's lack of awareness of her own capacity to make a difference in the child's development. Mothers had little understanding of how they could make use of existing resources to create a more nurturing environment for the child and how important it was for them to interact with the child.

With these practices in mind, a series of interactive videos was created. One was specifically oriented toward child development, aimed at creating maternal awareness of her child as an individual with early perceptual ability, and the importance of play and of mother-child interaction in that play and in supplementary feeding. A second video compared two 15-month old boys, one malnourished, the other normal. The video identified differences in the mother's behaviour (her feeding and caring practices) in each scenario, as well as differences in the food provided to the child. Health communicators in each village, who served as distributors of supplementary food, were trained in the use of the videos which were presented as often as needed in each village.

An evaluation of the project was conducted to assess the impact of the project on children's nutrition. As a result of the project fewer children suffered PEM. On the basis of interviews with mothers of under-two children, and of observations in the home, evaluators of the project concluded that changes in the mothers beliefs and behaviours were critical variables in improving children's nutritional status.

Those involved concluded that videos are a powerful technique when working with illiterate adults. The visual images provided through the videos stimulated discussion and presented mothers with models of behaviour which they could imitate. When observers went to the villages they noted more adult-child interaction, more open cradles, and more colostrum was being given. The results suggest that a focus on the psychosocial components of feeding (i.e., care) can make a significant difference in children's nutritional status.


This project illustrates how both nutrition and psycho-social education components can be incorporated into a national programme of growth monitoring and targeted supplementary feeding with good results, using a method that does not depend on literacy and which takes into account local practices.

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