SITE VISIT: Traditional Child Rearing Practices Among Different Ethnic Groups in Houaphan Province, Lao People's Democratic Republic

By Somporn Phanjaruniti. Study Team Members: Ms. Onsy Saengmuang, Ms. Bouaphet Khotnhotha, Ms. Chandi Pankeo, Mr. Kaed Phanhak, Ms. Phat, Ms. Thong, Ms. Somporn Phanjaruniti. UNICEF VIENTIANE, LAO PDR, April, 1994.

EXECUTIVE SUMMARY...2
INTRODUCTION AND BACKGROUND...3
STUDY DESIGN AND METHODOLOGY...6
TRADITIONAL CHILD REARING PRACTICES...9
TRADITIONAL MATERNAL AND CHILD CARE PRACTICES...33
CONCLUSIONS...55
RECOMMENDATIONS: EARLY CHILDHOOD AND FAMILY DEVELOPMENT PROGRAMMING...57
SUMMARY...70
REFERENCES...72
APPENDIX 1:...73

Acknowledgements

I would particularly like to give thanks to the Houaphan villagers who were great teachers about rural life, were patient with our many questions and sincere in sharing their thoughts, and who gave generously of their time while we were in their villages. The Sam Neua District and Houaphan Provincial leaders also took good care of the team, helped facilitate the work, and showed great cooperation and hospitality. The Lao Women's Union gave support and encouragement to the process. The Dongdok Kindergarten Teacher Training School and the Ministry of Education lent essential technical resources, which allowed the study to go forward.

Ms. Ng Shui Meng, the UNICEF Program Officer, gave the team considerable support and was patient with the time-consuming participatory process used for the study. Bruce Shoemaker helped in editing the final draft of the report. All the members of the study team who came together to share, learn, listen, write, discuss, argue, laugh, and stay together in the villages made for a wonderful team spirit throughout the process of producing this study.

Executive Summary

The Lao Women's Union, with support from UNICEF, has since 1992 been implementing the Women's Development Programme—a village based community development initiative working in five provinces of the Lao PDR to improve the well-being of women and their families. A particular concern in initiating this programme was the status of Lao children—their very high rates of infant mortality and overall health, educational, and developmental situation. WDP staff have recognized that their work relates closely to child survival and development issues but have lacked both specific information on traditional Lao attitudes and practices towards child raising and a strategy to incorporate these issues directly into the programme.

This study was conducted in order to gain better knowledge of these traditional practices and attitudes towards child raising and the overall developmental situation for children growing up in rural areas of the country. It has focused on analyzing what some of the strengths and weaknesses are with traditional practices and what factors lead to early child development problems such as high infant mortality, low level of girls' education, and delayed development. The study took place in Sam Neua District of Houaphan Province in six villages representing the three main ethnic groups in northern Lao PDR: lowland (Lao Loum/Tai Daeng), midland (Khmu), and highland (Hmong) groups. It was carried out by a 7-person team who stayed in each village for 5-6 days and used techniques of Participatory Rural Appraisal to learn from and with villagers about issues and practices that impact on the lives of young children.

Many different aspects of child care and child rearing practices were covered—including traditional maternal and childcare practices, attitudes and behaviour of parents towards raising children, traditional play and toys for children, and other issues impacting on child development and survival. The information collected through this process revealed both strengths and deficiencies within the traditional child rearing system.

Many positive factors were present such as the presence of voluntary child care providers (grandparents and other relatives), positive attitudes and spiritual beliefs towards children, availability of good traditional toys and play, strong self-help skills among children, a reliance on breastfeeding and a good availability of traditional medicines and knowledge, and strong traditions of mutual support and cooperation within the villages. However, there are also many areas for concern. These include inappropriate traditional knowledge and practices and a lack of knowledge about essential child care and development concepts. There are low overall levels of child development, especially in cognitive and physical aspects, a lack of knowledge about proper nutrition and supplementary feeding, and traditional attitudes of preference for male children that result in girls losing the opportunity to attend school beyond very low levels.

The very difficult economic situation for some villages and families also severely impacts on child welfare by limiting the parents' available time (due to labour requirements), inadequate food in some cases, and a lack of access to outside health care and education services. The situation for children varies widely among the three ethnic groups included in this study. Khmu children are in an especially precarious situation, which deserves special attention.

Based on the finding of the study, the team recommends that UNICEF and the Lao Women's Union make *Early Child and Family Development* (ECFD) an integral component of the Women's Development Programme and that other agencies implementing village development projects in the Lao PDR also consider similar initiatives. ECFD is a strategy for working with children, their caregivers, and the whole family. It should be implemented as part of wider rural development activities that address root issues of child development problems and should be implemented using a participatory approach building on the traditional strengths and knowledge of villagers.

The study team recommends that the ECFD component of the WDP be implemented by a Resource Team to be formed with representatives of the WDP, Dongdok Kindergarten Teacher Training Department and appropriate staff from the local area. ECFD activities should focus on training and should include: Caregiver Education; Strengthening the System of Traditional Home-Based Child Care; Child-to-Child Activities; Integration with Wider Development Initiatives; and Advocacy Aimed at Policy-Makers. It is proposed that a two-year project be initiated based on these principles. The project should start initially just in three villages and then, if successful, be expanded over time.

Introduction and Background

This paper reports on a study conducted on traditional child care practices among different ethnic groups in the Lao PDR for which information was gathered in Houaphan Province during October-December, 1993. The study was carried out at the request of the Lao Women's Union/UNICEF Women's Development Programme (WDP) by a team of Lao specialists assembled from Dongdok Teacher Training School and the Lao Women's Union with assistance from an outside consultant and UNICEF staff. It includes recommendations for LWU/UNICEF and other agencies on incorporating Early Childhood and Family Development (ECFD) strategies into their village-based development programmes in the Lao PDR.

The study first provides an overview of the background context and the "Participatory Rural Appraisal" methodology used. Then the findings are presented followed by conclusions and recommendations for future UNICEF and Lao PDR support for early childhood development initiatives. In the appendix, additional information about each of the six villages included in the study is provided.

Children and Women in The Lao Pdr

The Lao People's Democratic Republic is a landlocked country of 4.5 million people. While the population density is low, much of the country is mountainous. Population and land use pressures exist in much of the country. The Lao PDR has in modem times suffered a history of colonial exploitation, devastating war, and isolation. These factors have combined to make the country one of the least developed in Southeast Asia.

The Lao PDR ranks as one of the worst off countries in Asia in terms of Infant Mortality Rate (109), Under 5 Mortality Rate (159), and Life Expectancy at Birth (49). Within the country there are great disparities. In remote parts of the country and among ethnic minority

communities, the health, nutritional, and developmental situation for Lao children is especially bad.

Due to both traditional gender roles and the difficult economic situation, Lao women in rural areas face heavy labour burdens, which require them to spend large amounts of time carrying water, manually pounding rice, foraging for firewood, and working in the upland rice fields, in addition to cooking, washing clothes, and other household duties. This severely limits the time women have to be with and care for their children[i].

Lwu/Unicef Women's Development Programme

This study was carried out as part of the Women's Development Project (WDP) which is being supported by UNICEF in partnership with the Lao Women's Union. After earlier LWU/UNICEF cooperation, which began in 1987, this project started in 1992 for a five year period and is working in five provinces: Houaphan, Xieng Khouang, Savannakhet, Champassak, and Khammoune. The WDP is one of several projects being implemented as part of UNICEF's Programme of Cooperation with the Lao PDR.

The main focus of the Women's Development Project has been to strengthen the Lao Women's Union at all levels as an institution capable of implementing appropriate development projects benefiting women and their families and to support village-based development initiatives through the LWU in the five provinces where the programme is operating. Specific projects implemented at the local level through the WDP have included income generating activities, health education, rice banks, labor saving activities (including rice mills and access to water supply), and sustainable agriculture. In 1994 the WDP is working in over 230 villages within the five provinces.

Out of the experience of the WDP project has come the recognized need to better understand and address issues of early childhood development and to learn more about bow other development issues impact child survival and development.

Houaphan Province and Sam Neua District

Houaphan Province is located in the far northeast of the Lao PDR, bordering Xieng Khouang Province to the south, Luang Prabang Province to the west, and Vietnam to the north and east. The provincial population is estimated at 243,000. Several different ethnic groups make up this population. Lowland Lao groups *(Lao Loum)* are a majority with 141,000 people or 58% of the provincial population. Midland groups *(Lao Theung)* account for 28,700 people or 12% of the population, while highland groups *(Lao Soung)* account for 73,505 people or 30% of the province population.

Houaphan is known as a remote, isolated province. Transportation links are very poor. It takes a full day over a poor dirt road, which is sometimes impassable during the rainy season, to reach any other part of Laos. There is no regular air service to the province (although a new airport is now under construction). There are better road links from Houaphan to Vietnam than to other parts of Laos. Most of the province is very mountainous and paddy fields are limited. Houaphan is

currently divided into six districts: Sam Neua, Vieng Xay, Xieng Kho, Sam Tai, Houamuang, and Viengthong.

Houaphan played a special role during the country's independence war. It was considered the cradle of the Lao revolution and was one of the first parts of Laos to come under the control of the *Pathet Lao* revolutionary forces. During the fighting the headquarters of the Pathet Lao leadership were based here; in the cave complex at Vieng Xay. Many of the villagers in Houaphan fought with the Pathet Lao and were sympathetic to the revolutionary struggle. Parts of the province were heavily bombed by the Americans and some important battles, such as the struggle for Phou Pha Thi, took place here.

As a result, many Houaphan villages have a long history and tradition of shared sacrifice and struggle. While the free market reforms that have taken place all over the Lao PDR have occurred here as well, there still exhibits a strong sense of village/community solidarity. Villagers are used to working together and helping each other.

Ethnic minority groups, such as the Khmu and Hmong who are included in this study, have been affected by this history. Minority groups who had been traditionally discriminated against in Lao history, made up the backbone of the Pathet Lao fighters. Under the new government, ethnic minority people were given leadership roles for the first time. During 1978 cultural campaigns were carried out by the new government, which aimed at abolishing some traditional practices of minority groups that were considered backward. These included some aspects of traditional animist beliefs, spirit worship, and attitudes and practices about cleanliness and sanitation. This campaign occurred on a nationwide basis but to a much larger extent in Houaphan than in some other parts of Laos. This recent history has had the result of actually changing some beliefs and practices within some villages—partially assimilating some ethnic minority people into lowland culture. It also causes some villagers to be reluctant to talk about aspects of their traditional beliefs or practices that they may still hold when these have been officially defined as "backward." It is important to realize that while many of the findings of this study may be true for people and villages in other provinces, this cannot automatically be assumed to be the case.

Sam Neua District is centrally located within the province and includes the provincial capitol town of Sam Neua. It has a population of 48,810 representing 19 separate ethnic groups residing in some 150 villages. These include 76 Lao Loum villages with 25,471 people. Lao Loum sub-groups include *Tai Dam, Tai Daeng, Tai Kang, Tai Khao, Lao Put, Lao Noi, Lao Meua,* and *Lao Phoun.* There are 31 midland Lao Theung villages of 3,650 people including *Khmu, Mai, Lao Kang, Lao Ka,* and *Lao Pong* sub-groups. There are 43 Highland *Lao Soung* villages including White, Striped, and Green Hmong, and Mien sub-groups. There are also small ethnic Chinese and Vietnamese communities.

Route 6 runs through the district for 60 kilometers and three main rivers, the Sam, Van, and Harm, also traverse the district. Many of the lowland and some of the other villages are located along these rivers and the road.

At the time of the study, the WDP was being implemented in approximately 57 villages in three districts of Houa Phan. Project interventions to date have included income generating activities,

sustainable agriculture, labour reduction activities, animal raising, maternal-child health training, drug revolving loan funds, water and sanitation, and non-formal education.

Study Design and Methodology

Objectives

The overall objectives of this study were:

1) To learn about traditional attitudes and practices towards child raising among different ethnic groups in the Lao PDR.

2) To gain a better understanding of the wide range of issues that impact on child survival and development at the village level in a selected rural part of the country.

3) Based on the initial findings, to propose appropriate recommendations for future LWU/UNICEF assistance for early childhood development as part of the Women's Development Programme.

Background Of The Early Childhood Development Study Team

The team members involved in this study included representatives from two Lao institutions: the Lao Women's Union and Done Doke University. Two UNICEF representatives also participated. Six of the seven team members were women.

Ms. Onsy Saengmuang, Development Department of Central Lao Women's Union. Central Women's Union Liaison to the WDP.

Ms. Bouaphet Kothnhotha, UNICEF Program Assistant, Women's Development Programme.

Ms. Chandi Pankeo, Vice-Director of Done Doke Kindergarten Teacher Training School. Previous involvement with participatory training seminars and provincial and district level training of kindergarten teachers.

Mr. Kaed Phanhak, Director of Technical Section at Done Doke Kindergarten Teacher Training School. Previously involved in participatory training seminars and as a trainer in provincial and district level kindergarten teacher training.

Ms. Phat, Staff of Houaphan Provincial Women's Union and WDP provincial liaison to Houaphan WDP.

Ms. Thong, President of Sam Neua District Women's Union. Involved with the WDP over the last two years.

Ms. Somporn Phanjaruniti, UNICEF Consultant. Specialist in early childhood and women's development issues.

Study Design and Preparation

Preparation for the study took place in meetings between the LWU and UNICEF representatives and the consultant, which led to the formation of the Early Childhood Development Study Team in September, 1993. Two months were spent in Houaphan: from mid-October through mid-December of 1993. Initially, one week was spent at the province level working out the methodology for the study and selecting the villages.

The team encountered some difficulties in negotiation with provincial authorities about selection of villages and carrying out the study. Provincial officials wanted the study to take place in the "best" (more modernized and progressive) villages that were accessible by road. The Study Team was more interested in villages that would best represent the population as a whole and not be biased towards more well-off villages. The province was also initially very reluctant to allow the team, and especially the foreign consultant, to stay overnight in the villages, citing safety concerns and a fear that the villages lacked sufficient amenities. Previously it had been almost unheard of for foreign staff of aid agencies to stay overnight in villages in Sam Neua.

Eventually, after several meetings during which the team explained in detail the purpose of the study and the need to stay in the villages for extended periods, the province agreed to allow the whole team to stay in the villages for the duration of the study. Some compromises were made on village selection. Four villages were accessible by road and two required walking. The general pattern was for the team to spend 5-6 days in each village and then to return to Sam Neua town to rest and review the data collected before moving on to the next village.

Two villages from each of the three major ethnic groups represented in Houaphan were selected. Two of these villages, Ban Houa Khang and Ban Kan, already had some involvement with the Women's Development Programme. Two others were due to be included starting in 1994. The villages were:

- Ban Leu, a Khmu village 7 km out of the district town
- Ban Houay Sarn a Khmu village located 17 Km from the town
- Ban Houay Kai Tai, a Hmong village 12 Km from the town
- Ban Houa Khang, a Hmong village I1 Km from the town
- Ban Kan, a lowland Lao village 5 Km from the town
- Ban Ko, a lowland/Tai Daeng village 5 Km from the town

Additional information about each village is included in the appendix. In order to protect the privacy of individuals, when reporting on specific findings below, the names of villages are not given but are referred to as "one of the (ethnic group) villages."

Study Methodology

Rather than using traditional survey techniques, the ECD Study Team decided to emphasize techniques of *"Participatory Rural Appraisal"* (PRA). PRA is an emerging collection of techniques

and methodologies that reflect a new and different approach to rural development information gathering and sharing. Instead of entering a village with a pre-determined questionnaire and an inflexible agenda, the outside team has only a general framework for the study. Villagers themselves participate in setting the agenda and determining the direction of discussion. The emphasis is on qualitative and anecdotal information rather than on quantitative or statistical data collection. Therefore, at times the agenda and topics can vary from village to village.

PRA tools that were used during this study included:

- *Preparation and training of team members:* This included analyzing attitudes and understanding of participatory concepts and behavior by team members before beginning the study.
- *Building a local team within each village:* These consisted of both villagers and study team members, who shaped the objectives and format of each village visit.
- *Focus group interviews:* Dividing into small groups to talk with certain groups of villagers—such as women, grandparents, older children, etc.
- *Transect walks and village mapping:* Walking around observing the village and then working together with villagers to produce maps and drawings of the village to use during discussions.
- *Informal observation:* Spending enough time in each village to observe the rhythm of life and to look at such things as traditional play and toys that children use.
- *Calendars:* Working with villagers to produce local calendars which show the changing cycles of cropping, labour, food security, etc. over the seasons of the year.
- *Frequent summary and analysis of data:* Having villagers, local leaders, and team members participate in discussions to analyze and summarize each village visit.

The use of PRA techniques is reflected in the findings presented below. While a certain order has been given to the information, it is not completely systematic and quantifiable. Sometimes a certain point was brought up in one ethnic village but not in the others and so it is not always easy to compare every point between all six villages. However, as seven team members were in each of the six villages for 5-7 days, a large amount of data were collected.

Based on the study, two reports have been prepared. This English version has been written by Somporn Phanjaruniti, the UNICEF consultant, with a great deal of input and guidance from the other team members. The Lao team members have written a separate Lao language report. That report is not a direct translation of this report but has a similar content and emphasis.

Traditional Child Rearing Practices

Child Caregivers in the Village

At various stages of a child's life, childcare providers include mothers, fathers, grandparents, elder sisters and brothers, relatives, and other people in the village. Primary caregivers at each age of all three ethnic groups are shown in the table below:

Age	*Primary Caregiver*
0 to 3 months	Mother
3 months to 3 years	Grandparents or elder siblings (usually grandmothers or elder sisters)
	Mothers if they do not have grandparents or older children
3 to 6 years	Same as 3 months to 3 years
6 to 8 years	Children go to school or become caregivers themselves

For a zero to three months old baby, the mother will be the primary caregiver. The child will receive special care and attention from the mother at this age, including breast milk at any time based on her or his needs. If the family is very poor and the mother is pressured to work in the fields, she might then even have to leave a young (as early as one week old but more commonly one-two months old) infant with the grandparents or elder siblings or else carry the baby with her.

By the time a child is between three months and three years old, the mother often has to go to work in the fields. The role of childcare provider will be transferred to grandparents or elder siblings. Otherwise, the mother will carry the baby to the fields with her and continue as the child care provider.

In one Lao Loum village, there is a village preschool available so three to six years old children go to the preschool in the morning. In the afternoon they stay home with their grandparents or siblings. In both Lao Loum villages we studied, the children at six to eight years old all go to school in the morning. They help take care of younger siblings during the afternoon and during school breaks.

In Khmu villages, due to economic and food security constraints, there is a greater need for labour in the fields. Mothers usually will have to leave their babies with grandparents when they are one to two months old to go work in the fields or else they carry them to the fields until the child is one year old. Then they may leave the child with relatives or an older daughter. Most girls do not go to school, they have to stay home taking care of younger siblings and helping with household chores.

In the Hmong villages, mothers tend to keep their role as primary caregiver longer than Lao Loum and Khmu mothers. To do so, a mother has her older daughters assist in caregiving while in the fields. An older daughter will carry a younger (0-2 year old) sibling to the fields and help the mother take care of the child there. A child more than two years old will stay home with the grandparents or with older siblings. *Taking care of younger siblings is the main reason that prevents girls from going to school.*

■ THE ROLE OF OTHER FAMILY MEMBERS AS CHILDCARE PROVIDERS

Fathers. Fathers will start to become involved in child rearing when the child is about three to four months old. The father will focus more energy working outside of home and let the mother stay home. He will work to provide food, clothes, and blankets. He sometimes helps to carry the baby. In general the mother will have to devote more time to take care of children than will the father. The father's role will increase when the children are older; they will do more of the teaching and disciplining of older children when they have problems or if they will not listen to their mothers. Involvement of fathers in child caregiving also increases in nuclear families which do not have grandparents living in the same village. The father also will make decisions on issues related to illness, attending school, work division within the family, and other major issues or emergency problems. If a grandfather is in the family, he also has a role in decision-making together with his son (i.e. the father).

Grandparents. Grandparents have a major role in child care in all the villages. Usually the grandmother has this role and she will take care of several grandchildren at once. Grandfathers have less of a role as childcare providers. Sometimes grandparents will group children from two or three houses to take care of them. They stay with their own children and receive food, clothing, etc. as appreciation from their children for taking care of the grandchildren. The age range of grandparents in the study villages is from 50-90. Every village seems to have grandparents as resources who are good at taking care of children. Usually they take care of children older than one or two years of age as younger infants still need to be with their mothers to breast feed.

In Khmu villages the grandparents will closely watch the children when they are about 2 to 3 years old and then will watch from a distance until the child is about 7 years old and able to go to school or start working in the house or taking care of younger siblings. The grandparents also take care of the village (watching for fires, checking for robbers, etc.) when the younger adults are all out working in the fields. The grandparents provide child care mostly during the growing season.

Older Siblings. At seven to eight years of age, a girl will generally start taking care of younger siblings. Boys seldom are given this role—only sometimes when there are no female children

available. If the older sibling goes to school in the morning, she will help her parents to take care of their younger siblings in the afternoon. Girls returning home from school usually will take care of younger siblings and do some household chores. Boys tend to go play and hunt for birds and other animals. Older sisters will start taking this role, under their parent's supervision when they are as young as five years old, although more commonly at seven to eight years old. When they reach 12 years old, older siblings are given complete responsibility for the younger ones. It is common to see older sisters carrying their younger siblings around the village. Although they usually do this close to home, sometimes the older daughters will have to travel with the parents, out to the fields or elsewhere, to take care of their younger siblings there.

■ THE ROLE OF THE COMMUNITY IN CHILDCARE

During the cooperative era (implemented approximately between 1976 through 1984), there were child care centers set up in all of the villages. Grandparents and mothers with young babies were the child care providers. The goal at that time was mainly focused on increasing labour productivity, rather than on improving techniques of child care or child raising. The child care center was a place where mothers could put their children during the day so the parents could go into the fields to do cooperative work. The childcare provider received incentives such as rice, according to the amount of work they did.

After the cooperative era ended, the child care support system tended to revert back to the traditional patterns of reliance upon immediate relatives (usually the grandparents) or the parents. One Khmu village had not had such a practice of the extended family as child care providers in the past. But after the influence of the formal system that was set up during the cooperative period, this village now continues to organize child care using the system of extended families as in other villages.

■ LEVEL OF EDUCATION AND ACCESS TO KNOWLEDGE ON CHILD CARE AND CHILD RAISING

Villagers reported that before last year they had no access to any outside information on child health or development, other than for some women (mostly Lao Loum) who gave birth in the provincial hospital and received some health education there. In 1993 representatives from four of the villages attended a training on maternal and child health sponsored by the provincial and district Women's Union with technical support from the Provincial Health Department. The trainees were provided with a booklet, *Facts for Life,* pamphlets on vaccination, and posters to pass on their knowledge to the other villagers. Some problems with knowledge transfer were reported—many villagers still did not receive or understand the information that was supposed to be provided. Other than the traditions and customs that are passed down within the villages, no other formal training or information on child development has been made available.

Parents' Attitudes Towards Children And Child Raising

Parents have varying beliefs and attitudes toward children and child raising even within ethnic groups—especially within the Hmong and Khmu communities visited. These differences seem to be related to two broad factors:

1. The family's traditional kinship and inheritance customs, rules, and spirit beliefs. [ii]

2. More recent exposure to new ideas, educational level, and interaction with outside communities and cultures.

Gender and Age Ranking Preferences. In all three ethnic groups, parents report that they love all their children equally regardless of gender or age ranking. However in practice there are differences in how they care for, treat, and give opportunities to children depending on gender and age ranking. Gender has a larger effect on this than age ranking. There are also major differences within the different ethnic groups.

Hmong parents strongly prefer to have a son over a daughter—especially for the first child because the first born son can continue the family's ancestor spirits and lineage. The Hmong very strictly follow patrilinear kinship rules. This has an effect on girls' and women's lives in the family and community. The Hmong tradition of continuing the clan's name and inheritance and in maintaining the ancestor's spirit occurs only through the son (see more details in the section "Marriage Practices"). If parents do not have any children or only have a daughter, they will try to adopt a boy from relatives or other couples.

In the Khmu villages there is a tendency for parents to prefer sons than daughters as well. The son will receive more support and concern from his parents. The son must continue the family inheritance and spirit—although this is not as strict as in Hmong tradition (see more details in the section "Marriage Practices"). Some mothers think sons have greater capacity (physical, intellectual) than daughters. Parents intend to have boys go to school more than girls.

Khmu also give preference to the older children over younger ones. Some families tend to show preference towards the eldest child. Usually the eldest child will be named after a parent. If there are many sons the parents usually prefer to stay with the eldest son and rely on him to take care of them when they are old. A few parents are inclined to give the most care specifically to the eldest and youngest child. A few parents said they feel the same towards the oldest, middle, and youngest children and treat them equally.

The Lao Loum parents reported wanting both sons and daughters equally. They have the tradition of having sons continue the family name and inheritance but this is less strict than either among the Khmu or Hmong. They are mainly Buddhist and do not practice animist beliefs of maintaining ancestor's worship through the son. If parents do not have sons they can stay with their daughter's family when they are old.

Parents do not have a strong expectation for any one son to stay with them. In the two Lao Loum villages studied, many of the younger generation have moved away to Vientiane. In one of the villages the family usually reaches consensus on who will stay with the parents and continue the family heritage. It is usually a son but does not have to be the first one. The son who stays with the parents usually is someone who does not want to pursue higher studies, does not want to go work somewhere else, and is hard working and likes to work in the fields for his living. In the other Lao Loum village, the sons reportedly discuss among themselves who will stay with their

parents and continue the family heritage and who will leave the village to work or study in the provincial town or in Vientiane.

Lao Loum parents said they promote and encourage both sons and daughters to go to school and work equally. It would depend on each child's capacity, and what he or she liked. Some parents were inclined to care especially for the first and the last child. Some parents however said they were more concerned about the youngest of their children.

Mothers and grandmothers said that boys tended to be more difficult to deliver than girls and that girls tended to be easier to raise because girls were generally better behaved and more homebound (while boys had tendency to misbehave and be more adventurous about leaving the village and travelling around).

■ WAYS OF EXPRESSING LOVE AND CARE TOWARDS CHILDREN

In one Hmong village, parents and grandparents said there are different ways of expressing love and care for their children such as:

- Smiling and showing friendly facial expressions to children when they come back from the field or work.
- Calling the child to come see parents.
- Touching and feeling their heads.
- Holding hands and walking with children back home.
- Picking some fruits, forest products or snacks to give to children or bringing them gifts from the market. There are gender differences in gifts for boys and girls:
- Girls: balloons, (plastic) dolls, earrings, hair-clips, and shawls.
- Boys: trousers, shirts, shoes, small balls, rubber strings, small cars, (plastic) watches, and hats.
- In one of the Khmu villages parents said that they express love toward their children by:
- Teaching and talking to the children before they went for work in the field.
- Looking for forest products for their children when returning from the fields.
- In one of the Lao Loum villages parents said they show love toward their children by feeding them and making sure their children eat enough.
- Making sure their children stay warm.
- Teaching children to be good and giving instructions on other moral issues, usually at dinner or bed time.
- Encouraging their children to go to school.
- Bringing a gift or something to their children when the parents return from a trip or from working in the fields.

■ SPIRITUAL BELIEFS OF PARENTS ABOUT THEIR CHILDREN

Hmong parents believe that children are their own children and do not belong to any ghost, spirit, or deceased ancestor.

At the third morning after a baby is born Hmong parents usually have a ceremony for *"Le Ga Ying*" (the gods). The ceremony is to inform the gods that a baby has been born, the baby's name, and to ask them to protect and take care of the baby.

In one of the Khmu villages the parents said that when children are still young, the parents do not believe that the children are really their own children. They believe that when the children are very young they still belong to spirits such as the great spirit, mountain spirits, or forest spirits. Only when a child reaches 4 to 5 years old do they consider her or him to be the parent's own child. The villagers said that when children are young they are very vulnerable and have a very high risk of becoming sick and dying. If the children can survive the first 4 or 5 years of life they are out of the vulnerable phase—which also means out of grasp of the spirits who might take them away.

In the case of this particular Khmu village, roughly *50% of the children born die before they reach five years old.* So this belief seems to reflect that people want to be able to explain and understand why they lose their children so easily. They need some way to help them comprehend the situation by relating it to their traditional knowledge and beliefs. This helps them explain, accept, and mentally cope with a situation in which so many of their children will not live beyond infancy and the early childhood years.

In the other Khmu village there are more differences about this belief. Some mothers said they do not believe that their children come from any spirit or returning ancestor. But some elder people said they believe in the spirits and that the baby belongs to the spirit. Some villagers were reluctant to talk about these beliefs to outsiders.

Another Khmu belief is that when a baby is born and turns her/his face towards the mother it indicates that the child will be easy to raise. But if the baby turns the other direction it means that she or he will be difficult to raise throughout their childhood.

In the Lao Loum villages parents believe that children are their own children and do not belong to any ghost or spirit or to anybody else. As Buddhists they believe that their children represent merit/blessings the parents have received and so the parents have a responsibility to raise them well. If the newborn looks like someone who has already passed away, the parents will especially love and care for that child because this represents a good reminiscence. Therefore showing love for the child is being respectful toward the deceased person. Another belief is that if the mother dreams about a baby-related story before the delivery, she will especially love and care for that child.

BELIEFS OF PARENTS ABOUT CHILD GROWTH AND LEARNING

In the Hmong villages, there were varying beliefs among different parents. The majority of parents believe that how children will develop and grow depends on how they have been trained and taught by their parents. But some parents believe that children will usually learn and develop on their own and that parents do not need to provide any special training for their children.

During discussion, a few parents shared some interesting ideas on raising children:

> *"Parents have to train their children from when they are still young and so parents should have some theory or background knowledge about childraising. They should encourage children to try to imitate and learn from their good friends. This way children will become wise and smart on their own. Children do not listen to parents because parents do not leach them when they are still young. Parents do not have any knowledge or theory to teach them. They yell at or scold them, and hit them. To teach children, parents should not hit, scold or yell, or use power, or lie or scare them about ghosts. Children like to be spoken to nicely."*

In the Khmu villages, for children at 0 to 1 year old, most parents believe that children will just develop naturally, and so parents just let them be without outside stimulation. Parents in general do not consciously provide any special early stimulation to help their children develop. Some parents of one to three year old children do believe that their child's development is related to the care given by parents and that children will grow and learn well if they are being raised well and eat well. Parents can teach and train them in order for them to become big and smart. However parents do not know how to stimulate their children to help them to develop to their full potential.

When children reach 3 to 6 years old, parents think that they are able to further learn and develop on their own by themselves. Parents usually let children at this age do what they want and what they are satisfied with. Parents will mainly teach about what they do not want their children to do. Parents also will teach them to help their parents with household chores, especially girls who at 5 to 6 years old will start to carry water and to pound and cook rice.

Lao Loum parents reported that they believe that children will learn from what they are taught (by parents) especially on morals and philosophical aspects of life. On other more physical aspects parents think children can learn by themselves when they reach the appropriate age and that they can learn through friends and the natural environment.

In general for poor families, and particularly for the Khmu, the parents' concepts about children's learning are related more to parents' need for daily household maintenance. Parents do not much appreciate their children's needs and capacity for learning through a stimulating play environment. This shows that the mother's labour burden is a big issue in the family's life and has the effect of limiting children's opportunities to develop appropriately according to their age. This relates also to the small numbers of children, particularly girls, enrolling in first grade. This practice of keeping children (girls) home can have a negative long-term impact on their lives.

■ ADOPTING CHILDREN RITUALLY: COMMUNITY SUPPORT FOR CHILD RAISING

In the villages of all three ethnic groups, there are similar practices of "adopting children ritually", ways in which the broader community helps support parents in raising very young children during stressful periods. This practice is very helpful in supporting parents not to become too overwhelmed or to become too psychologically stressed when they need to raise very young children, especially in times of sickness. It shows the continued reliance on traditional wisdom and coping strategies by which communities provide support systems for parents with new babies.

In the Hmong villages, when a child is born with illness or is chronically sick, the parents will give their children to other couples to be ritually adopted—to have the couple become temporary second parents to the child. The adopting parents will help take care of the child during this time. The ritual involves a ceremony of giving a chicken or a pig to the adopted parents and asking them to ritually receive the child. Later the natural parents will do a blessing ceremony to ritually bring the child back. The adopting parents can be from the same or a different village or even from a different ethnic group. The practice allows more people to take care of and provide warmth and care to the child and also helps parents to feel more support from the community.

The practice is similar in the Khmu villages. If a child is sick and is being treated by a shaman and is not getting better, the parents will give their child to be temporarily adopted by another couple. The shaman will select the adopting parents for them. The natural parents will hold a string-tying ceremony and present a chicken to the adopting couple and ask them to receive the child.

In the Lao Loum villages there are two reasons why natural parents will have a ceremony to have other parents adopt their children. First, when the child is chronically sick. Second, when parents seem to encounter many misfortunes after the baby is born. This is reflected in the Lao Loum saying *"Louk Kae Po Kae Mae"* or "the baby defeats the father, defeats the mother". However, grandparents say that it is easier to raise children nowadays than before because of the availability of medicines and accessibility to nearby hospitals not so far from the village.

Parents' Expectations and Responses Towards Child Raising

This section looks at some ways in which parents respond to their children's developmental needs and also their expectations regarding raising their children.

■ RESPONSE TO THE CHILD'S NEEDS AND DEVELOPMENT

The Concept of Child Development. Child development *(phattanakaan dek)* is a new word in Lao. Most parents in all the three ethnic groups do not know the word and do not understand the meaning and concept of overall child development, that is, that the child has developmental needs, including cognitive, social, and emotional development, beyond physical growth. Grandparents and parents do know what to expect of their children—especially for infants between 0 and 1 year old—regarding their physical development. So villagers tend to have some informal ideas concerning child development norms. They know what to expect of their child compared to the other children in the community. But almost every parent interviewed said that

they lack knowledge on how to stimulate their children to develop in all aspects to their full potential.

■ PARENTS' RESPONSES TO SPECIFIC NEEDS OF CHILDREN

Adequate Nutrition and Health. Providing their children with adequate food and keeping them healthy is a high priority for all the parents. However, lack of resources and knowledge severely limit the ability of many parents to do this. Details of these issues are included in the "Health and Feeding Practices" section.

Child Safety. In general, parents in all three ethnic groups are concerned with protecting their children from physical danger. Many problems with physical danger are often related to ignorance on the part of care givers regarding what constitutes danger. There have been two incidents, causing six accidental deaths, among under-five year old children in recent years within the six villages studied. Both of these were related to a lack of awareness or lack of appropriate caregivers. In one incident five children, ranging in age from 3 to 5 years old, were killed when playing with a *"bombie"* (an unexploded cluster bomb unit dropped by the US during the war) the children found on the ground in front of their home in 1991. (Unexploded ordnances are still commonly found in areas that were bombed during the war.) Children and even adults lack awareness of the danger of playing with unexploded ordnance. This is exacerbated by the fact that it can be difficult to find safe places for children to play where there is no danger of running into ordnance. The second accident was in 1993 when a two year old child fell onto a kerosene lantern in the house and was burnt to death. The mother was away carrying water and the infant was being watched by her four year old sister.

Very young children are also commonly seen carrying sharp objects, especially knives. Parents do not seem to be concerned with this, believing that their children know how to handle them and at worst will only get an occasional minor cut.

Emotional Security. The need for children to form strong emotional attachments to others, especially to adults, is generally recognized by parents in all three ethnic groups. Even though the parents have to spend a lot of time in the fields, the strong kinship system in the village and presence of older siblings as child care providers allow younger children to form attachments to older siblings, grandparents, and other relatives in addition to their parents.

Stimulation and Play. Most village children spend a lot of time outside of the house playing in the natural environment. They play with their friends, with animals, play in the water, in mud, and with anything available nearby. Rural children are in this sense very fortunate to be able to be close to nature. However, they usually do not receive age-appropriate stimulation to enhance their development to reach maximum potential. This is due to their parents' lack of awareness, knowledge, and time to create such opportunities for their own children.

Hmong parents said they really want to see their children develop and grow well. But they do not know the methods, or have the chance or time to spend teaching their children. A few fathers

commented that most parents only know how to teach their children about working in the fields and hope that they will be able to take care of their parents in their old age. Parents do not know what to teach differently to guarantee better lives for their children in the future.

Hmong parents of 3-6 year olds reported that they are close to their children and can tell their level of child development. Parents care about and are interested in outside norms of child development in order to compare with the development patterns of their own children. However, parents still lack understanding about the need for the child's development in such aspects as gross motor, fine motor, and cognitive development. So parents have not been able to create opportunities and the environment for their children to be able to develop to their full potential.

Most Khmu families are economically very poor and their lives revolve around food security and other survival needs. Their priorities and understanding about their children's needs are aimed at meeting immediate survival needs such as getting enough food to eat and staying healthy. Many Khmu parents do not have time for their children because of the amount of time spent foraging for food in the forest or working in the fields just to be able to keep their families alive. So parents usually do not interact much with their children and do not really know or understand what their children want or need in terms of child development. However, Khmu parents expressed that they really want to see their children grow and develop in a good way.

Lao Loum parents usually are aware of different levels of child development for each age group and what to expect of their own children. They know what are normal changes and milestones of their children's development at different ages.

Overall, parents tend to know certain milestones of development for their children such as when a child should start walking. The different ethnic groups have different ways of dealing with children's delayed walking problems. This shows that parents do realize and pay attention to crucial stages of their own children's growth.

■ TRADITIONAL WAYS OF CHILD STIMULATION

Parents in all ethnic groups tend to communicate and talk to a newborn child only after the child is about one to two months old. Babies are believed to be blind and deaf before that time. Parents do not know that children can actually start to learn to listen, talk, and think through early signs of communication (such as crying, eye contact, physical contact, other facial expressions, etc.) when interacting with their parents beginning right after birth (See Colletta, 1992).

Parents usually have home-made toys for children. Parents will make toys for their children based on want or request. (See more details in the "Traditional Play and Toys" section.)

Hmong parents will focus on training the child to speak by talking to them at around two months to one year. They will try to find chances to tease and talk with their children. When children are 1 to 3 years old, parents will focus on training them to sit, scratch, stand, and walk according to child developmental norms in their village.

Khmu children tend to be left to play in the natural environment and with animals such as dogs and chickens. Lao Loum parents also do not know the techniques of child stimulation and do not have enough time to care and pay close attention to their children.

In all three ethnic groups when a one year old child still does not walk parents will boil some traditional medicine for the child to bathe in. In one Hmong village, parents said they will try to hold both hands of the child and lead him or her to practice walking.

Parents usually teach children verbally and by demonstration. They do not use physical punishment such is hitting.

■ INDICATORS OF SUCCESS AND SATISFACTION WITH RAISING CHILDREN

There are three main indicators that parents say they use to measure success in raising their children:

1. For the baby to survive and grow physically big.

2. For a child to remain healthy and grow strong.

3. For a grown child to take care of the parents when they are old and to inherit their house, land, and wealth.

There is both strong social expectation for and hope by practically all village couples to have children. This is reflected in the local Lao Loum saying: "If you don't have a cat, the mice will eat the loom. If you don’t have children, your relatives will scorn".

Parents said they would be happy and satisfied when they see their children reach these goals:

- To get enough food to eat.
- To stay healthy and avoid serious illness.
- To receive enough emotional warmth.
- To go to school and gain some knowledge.
- To be obedient and to feel respect towards their parents and elders.
- To be able to work and gain self-sufficiency.

Among Lao Loum parents, the ultimate hope for their children, beyond their being able to take care of the parents and continue their inheritance, is for one or more of their children to be able to reach a high level of education and then work for the government. Parents usually will want to keep one child at home to inherit the parents' land and wealth and to take care of them. The rest of the children might go to work in Vientiane, in the provincial town, or in another province.

Khmu parents usually just express an urgent hope that their children will be able to stay healthy and survive. Some Hmong parents expressed a hope that in the future their daughters would be

able to go to school. In the past most Hmong girls have had to work from a very early age—often at four or five years old.

Traditional Play and Toys For Children

This section describes the types of traditional play and toys present in the villages: the kinds of local toys that are made and available, types of play, and play opportunities that exist.

This section is included because many researchers and studies have found play and toys to be important in assisting child development. Play is the essence of a young child's life—their "work", their learning, and the basis of much of their early life experience. The child learns through play and this learning has a long term effect on his or her later life. The child's play also facilitates healthy development in all aspects—physical, cognitive, social, and emotional.

There are many traditional toys present in the villages. The traditional toys which all the three ethnic groups seem to have in common include:

"Mak Kang"	spinning spools
"Mak Lae"	spinning "helicopter" seeds
"Tok Ka Kong"	walking with bamboo or coconut shells
"Kong Top"	a wooden slide or piston or coconut shells
"Mak Pin"	spinning tops
"Nark Noi"	bow and arrow
"Kathoun"	slingshots
"Toum To Nok Pid"	a multi-cell cage for birds
"Tentseurk"	jump ropes made from rubber bands
"Lo Souk"	push carts

In addition there are small wooden cars, pushcars, wooden guns, rubber bands (used for shooting), leaves (used for counting or as symbolic money, forest flowers, animals—live or made with clay, etc. Household items such as small looms, rice mortars, wooden blocks, stones, clay, flowers, utensils, agricultural hand tools, and fishing and hunting equipment all form part of the child's toys in the villages. Khmu children have some special toys of their own including: "*Pao*

Tod"—a bamboo whistle with a hole in the middle and "*Toid Term*" - a bamboo instrument hit with the palm.

Some unique toys that Hmong children have include: "*Mark Kon*"—a ball used for playing catch, *"Ka Yae"—a* rattan basket carried on the back, and animal figures made from woven bamboo. There tends to be a lot of toy-making in the Hmong villages.

Making the Toys. Fathers are the main toy-makers for young children in all the villages. Older brothers and sometimes older sisters also make toys for young children. Some older children around five to six years old will make their own toys. Grandparents also sometimes help make toys for their grandchildren. Toy-making tends to be the responsibility of men. Toys usually will be made upon request of the child.

There are a lot of natural toy-making materials available in the villages—forest products such as wood, bamboo, fruits, flowers, and seeds. However, in one village which has moved to be located along a major road, the parents have started buying more ready-made toys, if they can afford them, from the town's market.

Stories, Proverbs, Poems, and Moral Teaching. Many traditional stories exist in the villages. There are always a few people in each village who like to tell stories to children and who are good resources for stories, poems, etc. Storytelling will usually occur after dinner. Some stories are common to all three ethnic groups (such as *"Sin Say"* and *"Khun Lou Nang Oua")* while many others are unique to each group. There are also proverbs and moral sayings that are told in all the villages.

All parents pay attention to moral teaching. Often moral teaching happens during or right after a meal or before the parents leave the house to go to the fields.

In Lao Loum villages, adults who know how to read the Pali dharma language on palm leaves would traditionally read these to their children. However, nowadays fewer people know how to read Pali. There are also many stories with moral lessons told in Lao Loum villages such as "The Lazy Person" and "Taro and Potato". These stories emphasize being good, being diligent, studying hard, or striving for progress in the future.

Khmu villages have some stories that are traditionally told to children such as "Kam *Pa Mark Doeua"* (Orphan Mark Doeua), and "The Story of the History of the Village". Some of these traditional and historical tales tell about the history of the village and show the courage and wisdom of the ancestors or older generations in the village. Moral themes emphasize avoiding conflicts and quarrels with friends, being good, avoiding naughty behaviour, and listening to others.

Khmu parents often teach moral lessons to their children during breakfast. The content usually involves warnings about correct behaviour, work, and about waiting for parents to return from the fields. During dinner parents will ask about the children's daily activities, give advice, and praise the children if they have been good, and try to encourage and motivate them in a positive way.

Hmong villagers have some of their own stories for children such as "Dead People Become Ghosts", "Orphan Man", and "The Younger Son of the *Phaya-In* Gods". Their stories or moral teachings emphasize being a good person, being patient, respecting parents and elders, being attentive, diligent, faithful, honest, and truthful and not to steal things.

Hmong parents usually teach about morality when their children encounter a problem, or when they are assigning and checking the work that they gave to their children. There is no specific time of the day that they will set aside to teach as the Khmu and Lao Loum do.

There are distinct differences in emphasis on moral teaching within the three ethnic groups. Such differences reflect on each group's cultural characteristics and background. Lao Loum will emphasize "being good" so that the child will aspire to study and work at a high level. Khmu parents emphasize avoiding conflicts with friends within the village. Hmong parents emphasize being diligent and honest.

Types of Play. Common types of play tend to be of the variety that don't require many outside materials or toys—such as singing both modem and traditional songs and dancing with songs (especially in Khmu and Lao Loum villages). If children can stay with their grandparents in the village, they will have a chance to play with siblings. If they have to follow their parents to the fields then they usually have to play by themselves.

Each ethnic group has its own traditional songs. Local Lao Loum people have a traditional way of making up lyrics as they go along, called "*Kap Sam Neua*". Hmong also have traditional songs that parents both sing for themselves and to their children to soothe them and make them feel calm and happy. Khmu parents like to sing lullabies for their children that emphasize being patient in waiting for the parents to return from the fields.

As there are not many toys available children tend to play together, in a group or with a couple of playmates, as a way of stimulation. The degree of coordination and harmony in playing together in a group is high. This may have something to do with the type of agrarian society they live in which emphasizes working together and living with a strong sense of community support for each other. There is also a lot of space in the villages, people are not too crowded together.

Children are rarely seen fighting or displaying aggressive behaviour. Videos, while still absent from the six villages studied, are now common in the district town. Six or seven video theaters exist on the main street in Sam Neua town and they are popular with children. There is some concern that exposure to these videos may lead to children becoming more aggressive because such videos often contain violent scenes. It is common to see children play-acting or imitating violent fighting and engaging in more aggressive physical behaviour in places where videos are shown.

Hmong children especially like role-playing. Adults in the villages commented that the type of role-play has changed—it has become more complicated and varied than before due to children watching videos and having more exposure to the outside world. During the discussions in the village, Hmong adults also showed a special affinity and ability for doing role-playing as well. This

seems to be a special characteristic of the Hmong culture and might be a good base for doing non-formal educational activities as part of any future project activities.

In the Khmu villages, children usually play outside naturally. There are some places in each village that children like to go play such as at the foot of a hill. Children like to ride on branches and slide down and climb the trees around the edge of the village. Some like to catch insects and stroll along the rice fields and streams.

Gender Differences in Play. In all three ethnic groups, there are some common types of gender differences in play. Usually gender differences in play start for children at around five or six years of age. This is in line with outside research that children usually reach "gender constancy"—recognizing their own unchanging sex—by this age. The factors leading to children determining gender difference in play may be related to the social and family expectations of boys and girls and also to the household work that they are already being asked to do by their parents at this age.

Girls usually engage in play such as spinning seeds, jumping rope, flower stringing, making small imitation weaving looms, and playing "shop" using leaves as items to be sold or as money. Boys usually like to spin tops, shoot rubber bands, walk with bamboo or coconut shells on their feet, play with wooden cars, chicken and bird fighting, bow and arrow, slingshots, and machetes. Girls and boys tend to play with toys and objects that are related to their work. Boys seem to play with things that employ more physical strength.

There are gender differences in Hmong traditional play that are different from the other groups. For instance girls usually play "*Kayae*", "*To Rae*", and "*Lieng Saed*" (traditional Hmong games). Boys will often play with spinning tops. Khmu girls will play with *Toid Term,* a bamboo instrument that the other groups do not have. Boys will play with *"Pao Tod'*,a bamboo whistle, and "*Kong Top*" ,a wooden slide piston.

Traditional Toys and Play. There are a lot of natural and traditional toys in the villages. Village attitudes and ways of life help children to play spontaneously. Parents pay attention to bringing forest products for their children to use as toys. There are many possibilities and potential for parents to learn about making and finding more kinds of toys and making use of toys or stories for informal teaching. There are many existing resources in the community that could be further studied, strengthened and developed.

However, there are also limitations. Most parents do not have enough time to take care of children and play with them or to make or find toys for them because they are too busy working in the fields and trying to earn a living. Food security and the need for labour in the fields are their immediate priorities—especially in the poorer Khmu villages. In addition, parents and childcare providers do not have a chance to learn about new ideas in toy making, new types of play, or new stories and teaching methods. In general parents do not understand the importance of play—how children learn through it and how it relates to overall child development.

> *Beyond physical growth, children also need social, cognitive, mental, and personal growth. If parents understand the importance of play and stimulation on children's*

overall long-term growth and development, parents then can do a great deal to help this to occur with their children. Many activities are not too time intensive and could even be done by parents with heavy labour burdens in the fields. We found some parents who do understand and see the importance of play for children. They express a need to set priorities to have time for their children and for their children to have time to play and not to work hard too much at an early age. But overall economic conditions and traditions in some villages still place limits on how much this can happen.

Child Development at Different Ages

This section looks at the different aspects of child development, concentrating mainly on 0-6 year-old children, but also looking at 6-8 year-olds and children with disabilities.

From general observations, most children in the six villages seem to have fairly good levels of child development—at least compared to previous generations of children in the same areas. Present-day parents think their children have more chances to play and to receive outside stimulation than did the last generation. Children are thought to be smarter and have more outside knowledge than their parents.

The data collected shows that there are rather large differences in the levels of child development within the three ethnic groups. Overall, most children have low development levels when measured against international norms. Interviews with parents show that the level of child development often is dependent on the parent's awareness of methods and reasons for child stimulation.

There are no standard child development norms that have been set specifically for Lao children. The research team developed a chart of expected "normal" child development for 0 to 6 year-old children to be used for this study. The children were divided into three age groups: 0-1 year, 1-3 years, and 3-6 years. The norms had to be adapted at times to make them appropriate to the local situation as children in the villages studied lacked "normal" materials such as scissors on which some of the norms are based. The study looked at five aspects of child development:

- Physical development—gross and fine motor skills.
- Language development—communication skills.
- Cognitive development.
- Self-help development.
- Social, emotional, and mental development.

The chart of norms were compiled from four different sources:

1. Understanding Cross-Cultural Child Development and Designing Programs for Children by Colletta, 1992. (based on international/developing countries populations).

2. The Whole Child by Joanne Hendrick, 1988.

3. A Guide to Observing and Recording Behavior by Warren R. Bentzen, 1993.

4. A developmental chart designed by Srinakharinwirote Prasarnmit University, Thailand.

The methods used were focus group interviews with caregivers, directly interacting and doing some play activities with the children, and other observation.

■ CHILDREN AT 0-6 YEARS OLD

Physical Development. Overall, 0 to 1 year-old children have good development of fine motor skills but rather poor gross development skills as shown by slow progress on turning over and standing. At 1 to 3 years old the gross development skills are improved but fine motor skills (such as using small tools or scissors), where the child lacked adequate outside stimulation, were slow to develop compared to international norms. For 3 to 6 year-olds, children have problems with grasping using separate fingers (pincer grasping), grasping small objects, and in holding a pencil or drawing.

On average, young children in the six villages had physical development at 80% of international norms. However, each ethnic group had different levels of development as follows:

Lao Loum children had normal levels of gross and fine motor development. Fine motor skills tend to develop better than gross motor development.

Khmu children at 0 to 1 year old have good fine motor skills but their gross motor skills, (such as turning over, crawling, standing, and walking), are very slow to develop. At 1 to 3 years old both gross and fine motor development tend to progress at less than normal rates. From 3 to 6 years old the level of physical development is improved. However, compared to the norm, they still show delayed development. Children do not develop very well in drawing lines, drawing alphabet letters or pictures, tying string, or knowing how to use other small hand tools.

Hmong children from 0 to 1 year old have better developed fine motor skills and less developed gross motor skills. Children walk and roll the toys slower than the norm. At 1 to 3 years old the gross motor skills are better developed. By 3 to 6 years old gross and fine motor skills have the same level of development. But children still have problems with walking backwards toe to toe, clasping their hands, and with rhythmic movements. These are the things that children have not had a chance to be trained in.

Cognitive Development. Overall, within the three ethnic groups, the level of cognitive development appeared slow at each age—around 76% of the international standard norms. This shows that cognitive development is at a lower level than other development. Children cannot tell their age and last name, and do not know math concepts (calculating) or colors as they should according to standard norms. Children have slow response to stimulation. There are differences by ethnic group as follows:

For Lao Loum children, cognitive development is generally at close to normal levels. Children are interested in problems and things around them, are receptive to training, and can accept new

things easily. However, there are some areas where most children are below standard norms such as Performance (acting out or role playing or being brave to speak and move around and act as they want), Counting Numbers, and Distinguishing Names of Colors.

Khmu children at 0 to 1 year old can respond to unconditional stimulation such as returning a smile. However they cannot respond to stimulation with conditions such as imitating a gesture or sounds/words. Children at 1 to 3 years old cannot meet the norms of imitative gestures, drawing, or calculating. Children 3 to 6 years old demonstrate improved levels of cognitive development compared to 0 to 3 years-olds. However in general they are not so eager to learn about their own environment, are not so energetic, and their skills at problem solving and following directions are still not so good. Lack of energy and eagerness in learning might be related to the high levels of malnutrition of children found in this group. (See the "Feeding Practices and Nutritional Status" section for more details.)

In general Hmong children progress according to their age norms but children are still delayed in some areas, such as 0 to 1 year olds are weak on clasping their hands and expressing what they want. Children at 1 to 6 years old cannot move in rhythm, follow directions, or tell their names and age according to the norms.

Language Development. Overall children in the six villages averaged 80% of norm for language development. Language development progresses according to age. But in general children show some delays such as:

- Children at 1 year old cannot understand the meaning of simple words very well.
- Children at 1 to 3 years old speak less than the norm expected for their age.
- Children at 3 to 6 years old cannot sing, recite poems, or tell stories, and most children are shy and quiet.

Each group has different language development as follows:

- Lao Loum children understand gestures and words, and can speak in a sentence according to their age norm. However, there are some aspects that the children have not practiced or received stimulation in—children aged 3 to 6 years old generally cannot sing or tell stories. They are shy and afraid to respond to strangers.
- Khmu children 0 to 1 year old do not understand gestures. Children 1 to 6 years old do not understand "no", do not like to speak, do not tell stories, and cannot give answers to adults as well as they should according to their age.
- Hmong children at 1 year of age cannot speak many meaningful words. This may be because of a lack of stimulation from the parents but also seems to be because of the difficulty of the Hmong language. Some first words in Lao language, such as "*mae*" (mother) are quite easy to pronounce whereas the same word in Hmong, *"neeau"* is much more complicated for a child to learn as its first word. The norms used may need to be adapted for Hmong children in recognition of the difficulty of their language. Hmong children do pick up their first meaningful words by 1-2 years of age but many children in the 1-3 year old age range still

cannot understand the meaning of a lot of speech and don't respond when their parents verbally warn or reprimand them. Children at 3 to 6 years old still cannot follow directions as well as they should.

Self-Help Development. Children usually follow the norms. Some children exceed them—this is an area where the Lao children showed the best level of development based on international norms. Children in the six villages had levels of self-help development at 87% of the norm. However there are some easy activities that they have not had a chance to develop—especially on personal hygiene (such as cleaning their own teeth, cleaning their own face and body, and toilet training).

As children get older they show a decline in levels of self-help development but this is somewhat distorted as it is especially related to norms for toilet training. Parents report that they never really train their child in this as most adults themselves never use a latrine or toilet. The child basically just runs outside of the house and they usually know how to pass urine and stools by themselves outside as soon as they master walking skills at around 18-24 months of age. In general children are very good, beyond normal expectations for their age, at being able to help their parents with household work—such as in carrying water, carrying and taking care of babies, helping in cooking, stoking the cooking fire, steaming rice, going to the fields to gather vegetables or insects to eat, and helping their parents with work in the fields.

There are differences in self-help development among the three ethnic groups:

- Lao Loum children's self-help skills improve as they grow older—they gain according to the norm. Khmu and Hmong children seem to show a relative decline in self-help skills as they grow older.

- Lao Loum children at 1 to 3 years old cannot help themselves on toilet use. Khmu children at 0 to 1 year old cannot hold a cup to drink on their own and cannot cooperate to stretch out their arms and legs for dressing. Children 1 to 3 years old cannot use toilets by themselves. Hmong children at 0 to 1 year old cannot cooperate to stretch out their arms and legs for getting dressed. Children 1 to 3 years old cannot help themselves very well with toilet use. Children 3 to 6 years old cannot dress themselves, wash their face, or clean according to the norm. However, children at three years old in the village along the road know how to stay away from the road and also help take their younger siblings away from the road when a vehicle approaches.

Outside norms distort this category for Lao children. They are focused on hygiene skills - such as toilet use, washing and dressing themselves, and brushing their teeth—which parents in the villages have not focused on. Lao children have very high ability at an early age on assisting with household chores. But standard norms, which emphasize hygiene and health, do not reflect this.

Social, Emotional, and Mental Development. Overall, children like to play in a group. In the group they usually will play with toys. Children know how to share and to forgive each other. Children have trouble playing with different types of rules and most children are shy and afraid of strangers. Children have some problems adjusting to life in the wider society outside the family—

especially when entering the first grade for which they usually have not been prepared. Overall, children in the six villages are at 82% of the standard development norm for this category.

Some of the differences between the three ethnic groups include:

- Lao Loum children have more chances to relate with society and nature and most children meet the standard norms. In some aspects they do not meet the norm such as in arranging games and setting rules together in a group, taking care of toys, and in being shy with strangers.
- Most Hmong children can follow what adults say and show a lot of independence. However, some children still cannot follow directions normally.
- Khmu children improve their relative development as they get older. However, most children are quiet, have low energy, are depressed, do not seem "precocious", are not brave, and are afraid of strangers. As mentioned above, this is in part related to the high percentage of malnutrition and sickness in the Khmu villages.

This chart summarizes the ranking of the children in the six villages compared to the international norms used by the research team. Results for each ethnic group are shown:

Aspects Of Child Development	***Lao Loum***	***Hmong***	***Khmu***
Self Help Skills	93%	91%	79%
Social, Emotional, and Mental Development	92%	83%	72%
Language Skills	88%	78%	72%
Physical-Gross and Fine Motor Skills	87%	82%	72%
Cognitive Skills	80%	77%	70%

Even if the norms are not completely appropriate for the Lao situation, they do show distinct differences between ethnic groups within the country. Lao Loum seem to show the best child development in all aspects and then Hmong. In every category Khmu children have much lower levels of child development. All groups scored highest in the Self-Help Development Category and lowest in Cognitive Development.

As shown in the table, Lao Loum children tend to have stronger Self-Help and Social Skills while Physical and Cognitive Skills are weaker. Hmong children have similar characteristics except that Physical Motor Skills rank higher than Language Skills. This may relate to Hmong children's

relatively good nutritional status, (see details in "Feeding Practices and Nutritional Status" section), which assists their level of physical development, and the initial difficulties children have with the Hmong language (as mentioned above).

The Khmu children's much lower levels of development at each age could be due to many factors. Khmu children live in the poorest villages in terms of both education and economics and so suffer from much lower overall standards of living. Parents express that they feel like they are in a poverty rut. Parents have to spend most of their time and energy out in the fields on basic survival tasks—looking for food for their families. Parents do not have as many opportunities to educate and stimulate their own children. They also have the least knowledge of basic child development concepts and have had the least exposure to new ideas and practices from outside. All of this has an effect on child development.

■ CHILDREN AT SIX TO EIGHT YEARS OLD

Daily Lives. The daily lives of six to eight year old children in all three ethnic groups usually revolve around work—either work around the house or in the fields. They also have some chances for play outside. If they get to go to school, then they will spend a few hours at school. Most children usually go to primary school when around six to seven years old. All children in the Lao Loum villages go to primary school. Most of the boys in Khmu and Hmong villages attend primary school but very few girls do. Children at this age still stay with their mothers more than their fathers.

There are already gender role differences that can be seen at this age. Parents usually teach their 6-8 year old children to stay home and to help with household chores. Girls at this age will learn to help their parents with feeding poultry, collecting vegetables, carrying water and firewood, tending the cooking fire, pounding rice, and taking care of younger siblings. Girls at around 8 years old (sometimes as early as 5 or 6 years old) start learning how to sew from their mothers. Girls at this age tend to be bigger than boys from the parents' observation. Boys at the same age usually go to woods looking for fruit, small animals, and wood for making toys. Parents said they tend to go play with friends and do not listen to parents or pay much attention to household chores.

Education for Six to Eight Year Olds. Children in primary school usually learn by rote, mostly numeracy and literacy. There is no experiential learning taking place in the schools nor any content on social, natural science, safety, or health education issues that might be relevant at the village level. Parents in all three ethnic groups do see a difference in those children going to school and not going to school in terms of their behaviour and the knowledge they have. But parents do not see how the knowledge their children gain from school helps in their family's daily lives—specially with the hard physical labour they must do everyday. Parents in one Hmong village commented that they wanted their children to go to school so they could better help their parents carry firewood and water—but they found that the child could perform these tasks equally well whether or not he or she had been to school!

In the Khmu villages there were cases of children not going to school because of pressure to take care of younger siblings and the need to help their parents with household and field work. They

also have problems with children not knowing the Lao Loum language, which is the only medium of instruction in all primary schools.

One Hmong village reported that the parents usually encourage their children (boys) to go to school and to be diligent in studying. Families that have a lot of children (5-6 children) usually will keep 2 or 3 children at home to work in the rice fields and to take care of the parents later on. Children who get a chance to go to school will continue until fifth grade or higher so they can have a chance to try to get a job with the government. Children whose parents have decided to have them work in the fields will never get to go to school at all.

Most Hmong and Khmu girls do not get a chance to go to school. The main reason as mentioned earlier is that parents do not rely on or live with their own daughters when they are old—especially in Hmong culture due to complicated kinship rules and ancestor spirit beliefs that say that the parents cannot die in their own daughter's home—see details in "Marriage Practices" section. The second reason is so the daughters can take care of younger siblings and help parents working in the fields. In both Lao Loum villages all the children go to school at this age. However, these are relatively well-off and well-educated villagers and this probably should not be taken as the norm for all Lao Loum villages.

The child's opportunities to learn in non-formal settings usually come from their parents and mostly concern skills for working in the fields or the house or to learn some moral teachings. They also learn from playing with friends and from being in nature around the village.

■ LIVES OF DISABLED CHILDREN

In five of the six villages (with one Lao Loum village the exception) there were one to six cases of children with special problems each. These included three cretin cases (one adult), four cases of blindness, five albinos (one adult), one case of muteness, one abnormal right brain child, and one spinal cord deformity. Causes usually were congenital or related to the mother's health status. Some were related to infections or disease during infancy. Special children in general tend to live in difficult circumstances when compared to the rest of the village children. In Khmu villages especially, their needs for food, health, and child development are rarely met. Most occurrences of disabilities in children, except for albino children who can still learn and work in the fields, have a negative impact on the family's living conditions. They become a burden for the parents who will have to take care of them for the rest of their lives rather than being able to help with the parent's work or being able to take care of the parents when they are old. There is no special community support for parents with disabled children.

■ BELIEFS AND UNDERSTANDINGS ON THE CAUSES OF DISABILITIES IN CHILDREN

Parents as well as the wider community do not know what causes most disabilities for children. They all try their best to make their children normal. Limitations related to access to information, knowledge, and health facilities in this rural area make it difficult for villagers to understand and know the causes of disabilities or to prevent some illnesses which can create permanent disabilities. So villagers use traditional folk beliefs to account for many of their disabled children's problems.

"*I have done the best I can to cure my child but she is still blind. I think it is because a ghost (spirit) did this.* " —Mother of a girl blinded by an infection

"I think there might be a few reasons why my children are stupid. I ate raw food and raw vegetables when I was young or maybe the children were just born like that, or it is the sin from the past life." —Mother of two cretin children

" We think the children are white just because they were born like that. Our ancestors never had white skin. Who knows, it may be spirits of French and American soldiers, who were killed during the war in our town, now being reborn in our children." — Some villagers and parents of albino children

- ATTITUDES TOWARD DISABLED CHILDREN

In most of the villages, villagers feel sympathy for disabled children and try to encourage their children to treat them normally and not to discriminate or look down on them. Villagers commented on a retarded girl in one village:

"We think she is stupid because her father used to tease a stupid person, and her mother used to scorn a stupid person. So their child was born with stupidity. So, we do not hate or neglect stupid persons because we do not want our children or grandchildren to be stupid."

However, in one village parents of disabled children said their children feel isolated from the other children in the village. They feel shy and afraid to go to school and are discriminated against by the other children in the village. But in this village the families with disabled children just moved to join their relatives in the village within the last year or two. So what their children experienced could in part be due to a wider non-acceptance of newcomers rather than against disabled children per se. Some parents and teachers may lack awareness and understanding of the needs of disabled children.

In general, disabled children's parents at first feel sorry and disappointed that they cannot rely on their children in the future and they may feel low self-esteem. Later they generally work through their beliefs and accept their children's disability. Some parents still do not give up hope to have their children become normal. This is in part because they do not know the cause of their child's disability, do not know whether it is permanent or temporary, or about what is the realistic capacity of the health facilities in their region.

Family Structure

- TYPE AND SIZE OF FAMILIES

Outsiders often think of Lao family structure as being extended—more than one related couple living together under the same roof. However, in the six villages studied only 23.25% of households consisted of extended families. Usually this meant that there were one set of

grandparents living in the household. After marriage siblings normally will not live together in the same house unless they are all still living with their parents at their parents' house.

Nuclear families make up 74.75% of all households. Even nuclear families are often quite large—6 or 7 people on average. Often one or more relatives, such as a single grandparent, uncle, brother or sister live with the family (it is only considered an extended family when another couple live there also).

Other family structures, such as single-parent families and polygamous families, account for only 2.02% of the households.

In most aspects there were not very significant differences observed in child care and development between nuclear and extended families. Even though people live in nuclear families, there is usually a lot of interaction with close relatives living nearby in the same village. Overall, there is a strong sense of cohesiveness and community based on kinship and traditions of support for each other within the villages. This family support system promotes good childcare by allowing the parents to get assistance from nearby relatives when needed. If they still have problems they can also go to the village committee for assistance. This is contrasted with the life in more urbanized towns or cities in Laos along the Mekong River where the lives of people are more focused on their own nuclear families and where the level of economic development has reduced the necessity for relying on each other.

Whether a child grows up in a nuclear or an extended family may have some effect on him or her. Children in extended families tend to have better hygiene and sometimes have better diet and places to stay. This is because in extended families there are grandparents, especially grandmothers, who help take care of the children while the parents are away working in the fields.

Members of an extended family usually share the same pot of rice, eat from the same table and share labour. Petty cash or small amounts of cash that each couple earns by themselves is usually kept separate. Children growing up in an extended family, or any large family, need to learn how to live together in a big group. This may help create more of a sense of unity and solidarity in the family and help the child to develop social skills.

Growing up in households headed by a single (divorced or widowed) woman seems to have a major effect on children and the lives of the whole family. The ability of the single mother to take care of the children and provide them with enough food is limited. Large amounts of her time must be spent working in the fields. This type of family situation appears to have the largest negative effect on children's lives. Although there is a certain amount of support provided from others in the village, overall it is still very difficult. These families usually are among the poorest and least accepted in the village (especially in the case of divorced women).

Polygamy was previously practiced widely among the Hmong. There were certain reasons and attitudes leading towards having more than one wife:

- For the additional labour value for work in the fields.

- If the husband was unable to have children with the first wife.
- As a status symbol for wealthy men.

Because in the past men and women did not have a chance to select their own spouse and later might fall in love with someone else.

CHANGES IN THE FAMILY STRUCTURE

At present within the six villages only two Hmong men were reported to have two wives. This is a major change from the past and seems to be related to several causes. One was the 1978 cultural campaign of the new government, which promoted the idea that it is inappropriate to have multiple wives. Some elderly men observed that the amount of opium addiction in their village has decreased and so men can help more with field labour and so the pressure for having more than one wife has been reduced. The value given wealth status was also perhaps reduced after the revolution. People also now have a chance to consult with their parents and have a choice in selecting their spouse that has reduced discord in the family.

Other changes in the family structure in this remote rural area of Houaphan do not seem to be prevalent. The only reported change is that there are quite a number of young people, especially young teenage boys, that leave for Vientiane or other towns for study or work, especially from the Lao Loum villages near the town.

Traditional Maternal and Child Care Practices

The development of young children is related to many issues and factors as seen in the above sections. Development is a continuous process and is linked to the mother from the prenatal period up through the time children enter primary school. Therefore, this chapter explores how the wide range of traditional maternal child care practices as well as the nutritional and health status of mothers and children affect child development and survival. The chapter is divided into six sections as follows:

1. Marriage Practices
2. Pre-Natal Care Practices
3. Birthing Practices
4. Post-Natal Care Practices
5. Feeding Practices and Nutritional Status
6. Health Care and Issues for Children and Their Mothers

1. Marriage Practices

This section describes some of the common practices and issues regarding marriage in the villages studied and what some of the impacts of these practices are on child rearing and development.

PATRIARCHAL MARRIAGE PRACTICES. After a couple is married, they will have to stay with the man's parents. The Hmong are very strict about this tradition, the Khmu and Lao Loum less so. In general all groups believe that only the man will inherit the parents' land and wealth and take care of the parents when they are old. Parents say they can only rely on their sons to *"kin haeng"* (literally, to "eat their labour") later in their lives when they are old. They assume that their sons will be able to take care of them later in their lives but not their daughters.

In rural Lao society labour is a major factor in people's lives the same as money is for people in the city. Village society relies on the product of labour. Labour produces food and enough food means staying alive. Parents feel totally reliant on their children when they are old. Sons are the guarantor for their lives when they are elderly—their own social security system. This makes parents tend to invest a lot in their sons and give them ample opportunities to develop their skills. Daughters by contrast gets less priority in terms of access to opportunities to gain skills (such as going to school) as they will not be expected to support their parents.

This patriarchal practice is related closely to parents' preference for sons. It results in better care, concern, and provision of opportunities for male children within the family.

In some cases lowland (both Tai Daeng and other Lao Loum) or Khmu parents may have their married daughter and her husband stay with them. But this will only happen if there is no son in the family. [iii]

A Lao Loum or Khmu woman will change her last name to her husband's last name. It is fairly common for the woman to be called by her husband's first name.

The patriarchal rules in the Hmong villages studied are very strong. Hmong society is divided into clans and they have a patrilinear kinship system, in which only men can continue the clan's name and the family line. There are no exceptions to this rule permitted. A woman's clan name does not change when she gets married—clan names are permanent for everyone.

There is also a Hmong belief in "house spirits"—spirits of ancestors which remain in the house. The parents' house is where their spirits will remain after they die. Only a son can continue to maintain the house spirit. Parents cannot die in their married daughter's house—where the house spirit belongs to the son-in-law's clan—because their spirits will not be maintained if they were to die there. This is the root cause of why Hmong married women can neither continue to stay with their parents nor inherit their parents' wealth or belongings. In a "worst case scenario" when there are no sons in the family a married daughter would have to build a house next to her parents' in order to look after them.

These beliefs and practices have a continuing effect throughout a Hmong woman's life -affecting her chances for going to school, receiving higher education, and her overall status in the family and community.

AGE AT MARRIAGE. In all three ethnic groups people are reported to be getting married earlier than in previous generations. Women tend to get married at a younger age than men. The average age for a woman to marry in the six villages is 17.6 years old. For men the average age is 18.8 years old. The Hmong tend to get married at the youngest age.

Lao Loum women tend to get married at 15 to 18 years old while the men marry at around 18 to 20 years old. The head of one Lao Loum village reported that before 1957 there was a regulation and a traditional practice that women must reach 18 years old and men must reach 20 years old before getting married. After 1957 and up through the present, women more commonly marry at less than age 18 and men at less than 20. From his observation, this is because they grow up much faster and reach puberty earlier than in previous generations. Among the Khmu, women usually will marry after they are 15 years old while men usually reach 20 years old before they will marry.

In the Hmong villages they will look mainly at the physical growth (for a woman to have reached puberty) to determine when they are ready to get married. Hmong men and women usually get married at around 13 to 15 years old.

MARRIAGE AMONG RELATIVES. Marriage among relatives is common but is subject to certain restrictions within each ethnic group as shown in the table:

Ethnic Group	*Marriage to Relatives (Cousins)*	*Marriage within the same clan*
Lao Loum	For marrying cousins, only the sons of elder brothers can marry the daughters of a younger sibling	No restriction on marriage within the same family name and no strict clan system
Khmu	Same as the Lao Loum	Should not marry within the same clan
Hmong	No limitation as long as it is not in the same clan. First cousins can marry each other without restriction.	Strict prohibition against marriage w/in the same clan, no matter how distant or where they are located in the world

The Hmong and Khmu are not allowed to marry people from the same clan. This is especially strictly enforced within Hmong traditions. The Hmong absolutely cannot marry people within the same clan whether they are related or not and no matter to which Hmong sub-ethnic group (Striped Hmong, White Hmong, etc.) they belong. For Hmong to marry among relatives and cousins is fine and is often preferable as long as they are not within the same clan.

As marriage to first cousins is generally not recommended, due to the increased chance of genetic deformities, because there is a potential for developmental problems for children born of such marriages.

Marriages across ethnic groups are fairly uncommon—especially for the Khmu. Khmu women do not know how to weave and make cotton, a high criteria for marriage to a Lao Loum man. Lao Loum women usually would not be accustomed to work in upland fields which would make it difficult for her to be married to a Khmu or Hmong man in a traditional village situation.

Marriage Ceremony and Rituals. In all three ethnic groups men have to pay a bride and wedding ceremony price to the bride's parents. The bride price dropped after the new government established regulations to make it more reasonable. Nowadays the bride price is generally around 50,000 to 100,000 Kips (US$ 70-140). In the case that the groom has difficulty paying the bride price right away, he can buy on credit and pay later.

Weddings in Lao Loum villages are usually held during even months (Lao system) such as November, January, March, and May. Normally they will not many during *Buddhist Lent* or during the July to September harvest season. This is to enable rural people to concentrate on the harvest and make sure there will be enough rice for the wedding and the new family. The wedding cost usually entails killing at least one buffalo.

In the Khmu villages there are several different bride/wedding costs that must be paid: payments to the bride, to the bride's parents, the bride's other relatives, and the bride's house spirits. The bride price also varies between different clans, the "*Lerk*" clan being the most expensive. In the case of cousins marrying each other, the groom does not have to pay the bride's parents. If the groom is asked to stay in the bride's parents' house after marriage, he will then not have to pay the bride price and the woman's family will be responsible for the wedding cost.

Khmu weddings usually occur during December, January, or March. They are seldom held during September to November as this is the rice shortage season. The wedding cost includes five pigs to be sacrificed for worshiping different spirits around the house.

A unique Hmong marriage tradition, different from the other groups, is "bride stealing". In the past bride stealing was done by force without the consent of the woman. This caused many problems—difficulty in arranging the wedding, difficulties for the parents of both sides to come to an agreement, the creation of misunderstandings among the two families, and suffering for the woman if she did not like her husband. There were stories of cases of the bride committing suicide. The Hmong villagers have learned from these experiences and nowadays the stealing practice is more of a "ritual" based on the agreement of both the man and woman. They will have been courting each other already (sometimes through the "ball-tossing practice" at Hmong New

Year) and they will have decided to get married. The man will then get the consent from his parents and both lovers will make an appointment for the "stealing" to take place.

However, the woman will still not want to consult her own parents because of her fear of her mother's disapproval. This fear is well-founded as disapproval often occurs because the mother depends on the daughter as the main helper in the field and in the household. After the daughter is married she must stay at the parents-in-law's house and the mother therefore loses her daughter's labour to another family. So the mother wants to hold onto her daughter as long as she can. Stealing the bride usually happens at night when the mother is asleep.

The wedding cost usually includes one pig of a size of at least seven fist-widths around its stomach (or around 60 kg.) and 10-25 bottles of alcohol. Bride stealing usually happens around Hmong New Year and weddings occur after that (December or January).

Readiness of the Bride and Groom for Marriage. At the age when many women of the study group get married, their physical readiness for marriage and child bearing is relatively low. Some woman become pregnant after their first menstruation. At that age, the adolescent girl's pelvic bone size may not be large enough and her overall health and nutrition status may not be optimal for pregnancy and childbearing. Although the Hmong villagers say they look at a woman's body development in determining when they are ready for marriage, the actual marriage age of 13-15 is still very young.

The mental and emotional maturity of the young brides may also be a cause for concern. This can have major effects on their child raising practices and implications on child development. The modern day trend towards voluntary, rather than arranged or forced marriage helps create mental readiness for marriage among the bride and groom. Parents say they look at the mental and emotional readiness of their children and that of their potential partners (such as having patience, a good heart, getting along with others, and diligence) in deciding whether to approve the marriage.

Economic readiness usually depends on the economic well-being of the groom's parents as the new couple will usually stay with them first before they move into their own house (if they move at all). The bride price normally will go to the bride for her to start her married life. The trend of reducing the bride price or allowing it to be paid later affects how much money the woman has with which to start out her married life. However, there are also definite benefits in reducing the bride price. In the past the practice of charging very high bride prices often led to incurrence of debts and economic difficulties for the groom's families.

The capacity to work is another important expectation in determining readiness for marriage. Women should be able to do household chores, raise poultry, make gardens, work in the fields, and sew. Lao Loum women must know how to weave and to spin cotton or silk. Men should have enough knowledge to work in the fields and know how to work with other people.

Parenting skills are gained after the woman gives birth—through learning by doing and advice passed on by the mother or mother-in-law.

2. Pre-Natal Practices

Age at First Pregnancy. In all three ethnic groups, the age of first pregnancy is quite early and the difference between ethnic groups is small. The average age is 16 years for Hmong, 17 for Khmu and 18 for Lao Loum. However, the age range for first pregnancy is wider for Lao Loum than for the other two groups—ranging from 15 to 28 years old. For Khmu and Hmong the range is between 14 and 18 years of age. Most women in all ethnic groups will usually be pregnant within one year of marriage. Some women might get married even before starting menstruation, as early as 14 years old. Then they might only menstruate one time before getting pregnant.

Spacing Between Pregnancies. The Khmu tend to have the shortest spacing between pregnancies—as little as 5 months and seldom longer than 24 months. Hmong are in the middle—6 to 24 months. Lao Loum women have the longest spacing between births—12 to 18 months. In interviews women reported that as they had more children the spacing period lengthened. However, the time span for the mother to rest between pregnancies is still very short. The detrimental effect on the mother's health is considerable in view of the energy needed for household and field labour and for being pregnant. A woman has very little time to rest and regain her strength. (A spacing period of at least two years between pregnancies is generally recommended.) The family also loses her labour support in the fields for long periods because of frequent pregnancies and births.

One of the main reasons contributing to frequent pregnancy in rural areas is the lack of any proper or safe type of birth spacing methods. Some villages report that they have some herbal medicines for contraception. These herbal medicines appear to be more effective for reducing the potential to have more children rather than to space out births. Hence such medicines are not so popular. All three ethnic groups have a strong belief that to be able to get pregnant and have babies shows they are blessed with good merit. So any kind of medicine which could risk causing permanent infertility or permanently reducing fertility creates fear and is difficult to accept. Villagers may also have questions or concerns about side effects and the effectiveness of such medicines as well. One mother, however, reported that she uses a kind of traditional medicine after giving birth for birth spacing purposes. She was able to space her births from 3 to 6 years apart.

There is usually a taboo against having intercourse for one to three months after the woman gives birth. This is one factor helping to lengthen the spacing between pregnancies.

Too frequent pregnancy also often leads to a premature cessation of breast feeding by the mother. It also affects weaning practices and the overall energy and time the mother has available to care for her young children. (See discussion on this issue in the section on “Feeding”.)

■ PRE-NATAL HEALTH CARE AND STATUS

“Having a baby in the womb is just like waiting for the day of death.”

The above is a common old saying among the Lao Loum villagers in Houa Phan and represents their acknowledgement of the high risk of pregnancy in a place with no medical facilities or

health personnel available to assist them in case of trouble. The saying is used to help make pregnant women aware of problems that can arise during pregnancy and to remind them to be careful and take good care of themselves during pregnancy.

The availability of pre-natal check-up services depends on the distance of the village from the city. Only one of the six villages where we collected data had received pre-natal visits from a health official and this was in a village which is only a few kilometers from Sam Neua. District health officials came to check at this village once a month. Pregnant women here usually stay quite healthy and do not usually need curative medicines, vitamins, or iron supplements.

In the Hmong villages there were elder women who could exam and assess pregnant women and who can turn the position of the baby. The Khmu villages have no traditional midwives capable of giving prenatal care. The Khmu villages were also not visited by any district health official nor were they in any other contact with outside health facilities for prenatal care.

Vaccination of pregnant women also depends on how far the village is from the city and its accessibility by road. Four out of the six study villages reported receiving some kind of vaccine (usually tetanus and polio) through the EPI programme. In one Hmong village along the road all pregnancy cases reported receiving vaccinations. Villagers usually do not know what type of vaccine they are getting. There is still some difficulty in completing a full course of immunisation.

Iodine Deficiency Disorder (IDD). Iodine Deficiency Disorder (IDD) is the most prevalent and chronic problem for pregnant women and women in general in all three ethnic groups. All five pregnant women in one Khmu village had IDD problems. Three women had IDD at Level 2 (see details of IDD level of definition in the appendix) and two women were at Level 1b. In the other Khmu village out of five pregnant women, four had IDD. In one of the Hmong villages seven of eight pregnant women suffered from IDD. For the most part no treatment or preventive measures were known or used in any of the villages. Some villagers suspected one kind of plant growing along the stream near their drinking water source of contributing to IDD in their villages.

Miscarriages. Miscarriages are usually caused from too much physical labour while the woman is pregnant. There were not so many reported cases. Most cases were among the Khmu and Hmong. In one Khmu village miscarriages that occurred were due to: accidents such as falling from the stairs, falling from dizziness, working too hard in the fields, fetching water, and walking uphill during the rainy season. In the other Khmu village there was one woman who had miscarried twice. In one Hmong village there was a history of three miscarriage cases out of a total of eight pregnant women, which occurred during one planting season when the women had to work in the rice fields. They had to bend up and down a lot creating back pain and miscarriage.

Other Reported Health Problems for Pregnant Women. Lao Loum women usually had normal first trimester symptoms such as nausea, tiredness, and dizziness. Pregnant women usually manage to avoid other illnesses except for the IDD problem mentioned above.

In the poorer Khmu village there were cases of malaria among pregnant women. Other problems reported were stomach ache, muscle pain, varicose veins, cramping in legs, urinary bladder infection (inflammation), upper respiratory infection, and diarrhea with vomiting (*Long Thong Hark).* In the village closer to town the women usually buy some vitamins such as B I and B 12 injectables as supplements when they are sick. In general, villages that are far away from town usually receive no treatment and must let illnesses cure themselves over time.

In the Hmong villages only a few other minor health problems were reported such as headaches and fever. They usually will use some herbal medicine, which they believe will help pregnant women stay healthy and deliver more easily or consult with the Shamans (traditional healers). If something serious occurs, such as uterus bleeding, they will try to go to the hospital for treatment.

For other health issues see the "Health" Section.

Labour. Lao Loum pregnant women tend to decrease their work load and are aware of the effect hard labour has on pregnancy. Pregnant women still do their normal work (such as upland field work, paddy field work, weeding, harvesting, gardening, collecting firewood, carrying water, feeding pigs and chickens, weaving, household chores and taking care of children) but less intensively until after giving birth. They would not do some heavy work such as carrying big pieces of wood.

Khmu pregnant women will work the same as before pregnancy and will continue to work to some extent right up until giving birth. There seem to be two main reasons. The first is economic. Most Khmu families are very poor and highly dependent on their own labour for production in order to survive. The other reason relates to traditional beliefs—some villagers believe that the more the woman works during pregnancy the easier the birth will be. In one Khmu village a pregnant woman reportedly suffered from bleeding and had to be sent to the hospital where she died. The other villagers suspected that she worked too hard.

Hmong pregnant women work the same as before they become pregnant. They will work until very late in pregnancy when the womb gets too big and it becomes hard for them to move around and then they will rest and wait for delivery. Some women who already have older children or other relatives around will do less work and not carry heavy loads.

Food Taboos. There are very few food taboos for women during pregnancy. Among the Hmong there are none. They will eat as their economic situation allows and may restrict some foods only if they get sick during pregnancy.

In Lao Loum and Khmu villages there are only a few items of taboo food and these do not seem to have so much effect on nutritional status except potentially in the case of taro and potato. Both Lao Loum and Khmu believe that pregnant women should not eat taro and potatoes and sweets because these will make them fat and cause difficult delivery. This taboo is in part reasonable because usually during the ninth month of pregnancy women do not need to gain as much weight as in the previous months. Late weight gain will make the baby too big and will cause a more difficult delivery. However, Lao Loum and Khmu women practice this taboo right

from the beginning of pregnancy. If there is a guarantee of food from other sources then it will be fine. But some very poor villages that lack rice to eat have to depend on other kinds of starch, such as taro and potato, to replace rice. In Khmu villages where there are often few sources of food and a lack of rice to eat, this could cause nutritional problems for the mother.

Another taboo food is buffalo skin, which does not have much nutritional value anyway. The reason for the taboo on buffalo skin, according to an elderly village woman, is that it will make the ameneotic sac thick and create detachment of the placenta.

Other Beliefs. There are many other traditional beliefs about pregnancy. These are usually related to what might help ease the birth delivery or about what will happen to the baby after birth. In the Lao Loum villages there is a belief that a pregnant woman should not sit in front of a door or at the head of the stairs because this will cause difficulties during delivery. Other beliefs about pregnant women found in one Khmu village included:

> *"Do not go into dark places."*
>
> *"Do not thresh rice for others as doing this will make those people not receive enough rice to eat themselves. They can only thresh rice for their own parents."*
>
> *"Do not go into the temple to participate in temple festivals because that will cause a difficult birth. "*
>
> *"Drinking alcohol will help in giving birth easier. "*
>
> *"The father should not make a "Waeke " (garden spade) crooked because this will cause the child's leg to be crooked as well. "*

3. Birthing Practices

Delivery (Birthing) Place. Giving birth at home is widely practiced in all three ethnic groups. They usually give birth in their own home in the bedroom or on the floor by the bedroom door. Only in Lao Loum villages close to town with access to hospitals will mothers go give birth in the hospital and then usually only when there is a serious problem beyond the capacity of village attendants.

If Hmong babies are born out of wedlock, the mother will have to give birth in a small hut outside of the village. This is because the parents disapprove of the situation and believe it will disturb their ancestors' spirits in the house, which could cause them problems later.

In the study villages, it is not likely that the custom of home deliveries will change any time in the near future given the difficulty of access to health facilities as well as the age old practice of giving birth at home. Therefore, concerns expressed in the village revolved around how to make home delivery safer—especially when there are complications—rather than about how to be able to go to the hospital for deliveries.

Birth Attendants. There are usually a few people attending births in the village such as the husband, the woman's mother, and her mother-in-law. Elder women who are respected, healthy, and without any diseases also assist the birth. If there are any problems or complications, the family will then usually seek outside birth attendants who may have more experience or training.

In the Lao Loum villages studied, there are trained traditional birth attendants or someone with a health background available to assist deliveries. In the Khmu villages they tend to rely on their family members only, although one of the villages had one traditional birth attendant who had family connections to a lowland village.

In the Hmong villages there are one or two elderly women in the village who have traditional knowledge of medicine and who can do simple diagnosis of normal delivery status.

Preparations for delivery. Usually the husband and grandparents will prepare the equipment such as scissors, sharp bamboo sticks, and jute string or cotton thread to tie the cord. Khmu villagers normally do more preparations for the birth, including gathering firewood, setting aside rice, preparing a napkin and baby holder cloth, and boiling water. There is no process of disinfecting the equipment or using any cleaning solution or boiling it in water first. There are cases of infection but reported tetanus cases are very rare—only one case was reported in the last ten years within the six villages.

Delivery Posture and Cutting of the Umbilical Cord. Women will give birth while squatting with their hands holding onto a rope above their head supported from the back and with the mother-in-law or husband cutting the umbilical cord. In Khmu villages, the mother will have to cut the cord herself because they believe that whoever cuts the cord will have to "*yu kham*" (stay by the fire for several days). Lao Loum and Hmong villagers normally will have an elder women help cut the cord. They usually use scissors or a piece of sharp bamboo, without any sterilization or cleaning done beforehand.

Complications. These usually include delay of placenta delivery, haemorrhage, foot presentation, and twins.

Lao Loum women in villages close to town will sometimes give birth at the hospital. If they give birth at home, they will consult a trained traditional birth attendant or a person who has a health background and they will usually try to go to the hospital in the town if they have serious complications.

In Hmong villages there are usually older women available who are knowledgeable about traditional medicine and can help solve complications during pregnancy such as prolonged labour. Hmong people believe that if there is complication during delivery or prolonged labour, it is because of the sin that they had committed against their deceased parents (such as not respecting or listening to them). So to solve this problem the elders or the husband or the pregnant woman will have to plead with the ancestors' spirits for an easy delivery. If they then do have an easy delivery, they will sacrifice a chicken or pig for worship.

In one of the Khmu villages, there are two elders, one man and one woman, who are traditional healers. If there are difficulties with placenta deliveries they will make a preparation of sacred water for the women.

Usually it is very difficult for Khmu, Hmong, and other poor villagers living far from the road to go the hospital in the case of severe complications. They do not have enough money to spend for medical expenses in the hospital, it is too far to travel to the town, and the women feel shy to give birth at the hospital.

Summary. For the most part women from all three ethnic groups still use traditional birthing methods and do not have much access to outside assistance—even in the case of severe complications during delivery. Traditional birth attendants are present in some villages only and many are not well trained.

The Khmu especially, still lack basic knowledge and equipment to help ensure proper deliveries and when complications arise find it especially difficult to get proper emergency care. Hmong villages also lack proper delivery equipment or well-trained birth attendants. But all ethnic groups use unsafe practices, such as not sterilising the cutting instruments for cutting the umbilical cord. This situation, combined with the lack of prenatal and postnatal care, leads to very high rates of infection or even infant and maternal mortality and can severely impact on the health status and development of infants. In the Khmu villages the villagers estimated that one third of babies die during or shortly after birth.

Inappropriate traditional practices and attitudes are not the only problems, however. There is also an absolute lack of appropriate outside care available, even when people do want it.

4. Post-Natal Care Practices

"Yu Kham ". "*Yu Kham*" is a longstanding traditional practice for postpartum women to rest and recover after giving birth. It is a strong tradition and widely practiced throughout Laos. Right after birth the mother will rest by the fire or on the bed with a fire underneath. The mother must stay in bed and cannot leave the fire, which will be lit at all times. She also has to drink a lot of fluids. All three ethnic groups will practice Yu Kham for an average of three to ten days as follows:

- Lao Loum 7-10 days or longer
- Khmu 5-7 days
- Hmong 3 days

Food and Hygiene during " Yu Kham". In Lao Loum villages two generations ago, when now elderly people were giving birth, they used to eat only ginger, galanga, and sticky rice in bamboo (which is a high carbohydrate food with lots of salt and sugar). Owing to the training and information provided by health officials, hospitals, and village committees, changes in the type of food consumed have occurred. Nowadays a Lao Loum postpartum woman will eat rice with boiled chicken, vegetables, and a ginger sauce dip. She will also take some herbal medicine to

encourage lactation. The newborn will be bathed five or six times a day, sometimes using boiled herbal leaves for bathing water. Khmu practices are very similar. They will also drink a lot of herbal medicine.

A Hmong postpartum woman must eat rice with chicken soup, pepper, and an herbal medicine, which is very commonly known to assist lactation. She will have this for every meal for one month. The woman and baby are given boiled water for bathing.

Overall, the practice of *Yu Kham* is very good for the mother, giving her a chance to rest, to be with the newborn baby, to stay warm by the fire, and to drink lots of fluids. The rest and the high fluid intake helps in the case of women who have clotted blood or not-fully delivered placentas *(Thong Kang)* as sometimes happens when traditional birth attendants are not present. The fluids help to push out the blood/membrane left from the delivery.

Food Intake and Taboos for Postpartum Women. A Lao Loum postpartum woman will first *Yu Kham* and take food as detailed above. Five weeks after delivery she will start eating meat and bamboo shoots. She will not be allowed to take anything sour for three months after delivery. She will start eating together with the rest of the family one to three months after delivery.

Foods that lactating women are prohibited from eating are: "*Nai*" fish, *"Kham"* fish, *"Saed"* fish, white buffalo meat, beef, frog, wasps, eels, and lard. A mother with her first baby will be prohibited from eating these foods for one year; for a mother with more than one baby the prohibition lasts ten months. In general Lao Loum mothers are not prohibited from eating vegetables, chicken meat, pig feet, ginger, and "*King*" fish. In some Lao Loum villages the practice of food taboos is now observed less than before according to the observations of older women. Some women lack knowledge about what foods help promote lactation. When a lactating mother is sick, food taboos are more strict.

In Khmu villages the mother usually tries to eat cooked food such as fish, meat, and vegetables. The food taboos for lactating women are somewhat similar to Lao Loum and include: white buffalo meat, beef, frogs, eels, red haired animals, and fruit. Some Khmu villages may not have any prohibitions on food.

In general, Hmong villagers have no food taboos. Postpartum women, especially in the first month, usually eat good warm food and herbal medicine to help lactation. Food taboos are only practiced when the lactating mother or the baby gets sick.

Food taboos have a potential negative impact on the mother's (and therefore the infant's) nutritional status, especially in poorer Khmu and Lao Loum families where the choice of food is limited and where the prohibited foods are important sources of protein. In Hmong villages this is not so much of an issue.

Women's Labour During the Post-Natal Period. In general mothers in all three ethnic groups will take full rest for one month after delivery. Some Lao Loum women may rest up to three months. However, the length of the resting period also depends on the economic status of the family, the need for labour in the fields, and the availability within the family of a second

childcare provider (such as a grandparent). Women in very poor families may need to start working in the fields immediately after *Yu Kham* or around seven days after delivery. If there are no grandparents, the mother will have to carry the baby with her. Depending on each mother's health after the first 4-5 days, she may start doing some household chores such as boiling water and cooking. Villagers believe that sometimes mothers after birth labour too hard and that this causes them to have vaginal bleeding. (See also the "Feeding Practices" section).

Rituals for Newborns. In Lao Loum villages there are two ritual ceremonies performed when a baby is born:

1) **"*Chom Khao*".** This involves putting small pieces of chewed rice into the mouth of the newborn. The person who performs this ceremony is carefully chosen and recognised as a "good" person because villagers believe that the newborn will get the habit of that person. This ritual is not practiced so much these days.

2) **"*Foak*".** This ritual is still commonly practiced nowadays. After *"Chom Khao"* the newborn will be laid softly on blankets in a basket. Then the parent will drop the basket down slightly hard onto the floor in the front of the door three times. Sometimes a knife or mortar or wooden steam pot is also used to knock against the baby's basket. A verse is then repeated:

> "If *this is a spirit child, please come and take it. If this is a child of the gods, please come and take it. Beyond that, we will take it, we will feed rice and care for it."*

The *Chom Khao* ceremony reflects that there is recognition and respect towards "good" people. Some villagers do believe that somehow that goodness can be transferred within the community. It also shows support and trust among people in the community. The ritual also implies the promotion of virtue and the continuing of good deeds.

However, strictly from a nutritional or health perspective, the ceremony may not be appropriate as newborns should not receive any kind of food except breast milk. Also it could lead to choking, especially during the *Foak* ceremony afterwards when the newborn might be rocked hard as they are put down on the floor three times. However there were not any cases of such choking reported and villagers think it is safe because they only use a very small piece of chewed rice.

The *Foak* ceremony reflects the recognition of the influence of spirits on human life and helps parents to accept that the baby (not taken by the spirits) is their own baby. They will have to assume responsibility to raise and care for the baby since it does not belong to any secret spirits. It also gives parents confidence in raising their own children after the ceremony. At a more practical level, the ceremony also startles the newborn and makes it cry. This is similar to the western practice of patting newborns on their buttocks to make them cry at birth.

The Khmu also have the *Chom Khao* ritual ceremony but they call it *"Mam Khao".* The elder or the mother or some respected person will feed the newborn three small pieces of chewed sticky rice. They also believe that this will help their children avoid having a crooked neck.

In Hmong villages there are no special ceremonies until three days after birth. Then they perform *"Le Ga Ying"* which is a ceremony to tell the gods that a baby has been born, what its name is, and to ask the gods to protect the child.

5. Feeding Practices And Nutritional Status

Breastfeeding. In general, breastfeeding is widely practiced in all the villages. In very rare cases if the mother cannot produce breast milk and no other women are available to help breastfeed the baby, the baby might be fed rice water or sweetened condensed milk.

In Hmong villages, there are very strong and good traditional beliefs passed on from elders on the benefits of breast milk and even colostrum. They believe that milk and colostrum help prevent diarrhea, provide vitamins, and make their children strong and have good immunity. (These beliefs are directly in line with current scientific knowledge.) So newborns will receive milk right after birth. Some of the mothers may not understand or distinguish the differences between colostrum and milk because they usually start breastfeeding right away. They also have general knowledge about herbal medicines that increase lactation at times when the mother does not have enough milk. Normally babies from birth until three months old will receive milk at any time with no limitation, depending on the demand of the child. After three months the frequency of breastfeeding will decrease and it will stop when the baby is between one and two years old.

FREQUENCY OF BREAST FEEDING IN ONE HMONG VILLAGE

0-4 months	Based on baby's demand, on average once per hour.
2-3 months	Based on baby's demand, on average 15 times per day.
4-5 months	Based on how mothers perceive their needs, on average 7 times per day.
5-6 months	Mother starts decreasing frequency.
12 months	Twice a day morning and evening. Mothers go to work in the field far away and may completely stop.
12-14 months	All mothers will have stopped breast feeding

In the above Hmong village, a mother would ask other mothers to help feed their own child when they do not have enough milk at the beginning. Several mothers commented that babies fed with breast milk are stronger than babies fed with sweetened condensed milk.

Both Lao Loum and Khmu villagers traditionally believe that colostrum is bad milk, that it will give diarrhea to the baby. They usually call colostrum "sour milk". However, recently this is changing in some Lao Loum and Khmu villages which have had contact with health workers or from giving birth at the hospital or from health training organised for the villages. Now they start to understand about the nutritive value and immune properties that colostrum has. Lao Loum and Khmu mothers do not usually try to have newborns take breast milk right after birth. They usually wait until the milk comes on its own. In the meantime, they will give water to the baby or ask their relatives or other mothers who have breast milk to feed the newborn baby. They will all breast feed their babies without limit during the first month based on the demand of the baby. After that, there is more variation. Some women continue breastfeeding this way longer but with some others starting to decrease the frequency after one month—especially women who must return to work in the fields.

Weaning Practices. In Khmu and Lao Loum villages the mothers usually stop breastfeeding when their children are around two years old. Some stop at nine months because of a new pregnancy. There is no strongly established pattern on when to begin weaning. In the Hmong villages mothers also usually stop at about two years old. They will stop a little bit by bit, and start to give rice and meat. If that does not work they will buy dessert or candy or sweetened condensed milk to feed them for a few times.

The main reasons leading to a mother prematurely stopping breastfeeding are:

Frequent pregnancy. As mentioned earlier frequent pregnancy often leads to an early cessation of breast feeding and also affects weaning practices for children and the energy and time a mother has available for caring for her other children. Inadequately spaced pregnancy is one of the major causes for women in all three ethnic groups to stop breast feeding. Some women will stop breastfeeding as soon as they are pregnant while others may continue breast feeding one child until they give birth to the next child.

Mother's Labour Needs. Women are needed to work in the fields which is usually too far away from home for them to come back to breast feed four to five times a day. So the mother will be pressured to stop breast feeding while her babies are still very young. Some of them will have to go to work in the field as early as one week after the birth. Lao Loum and Khmu mothers will then feed chewed sticky rice to their babies. Hmong mothers will try to prolong breast feeding time until the babies are at least one year old. To be able to do this the mother will have to take the older daughters to the field to babysit the younger one so that the mother can work in the field and breast feed periodically. This is also one of the reasons that prevents older sisters from going to school.

> *From observation it would seem that the poor nutritional and health level of the mother probably causes an early cessation of breast feeding in some cases, especially in poorer villages and families. But this was seldom mentioned directly by the villagers.*

Supplementary Feeding. Foods to supplement breast feeding are introduced at an early age and come from a variety of sources: the forest, gardens, streams, ponds, the market, and upland and

paddy lice fields. Feeding young infants chewed sticky rice ("*mam khao")* is a very strong practice and a long-time tradition among the Lao Loum and Khmu. Lao Loum mothers or childcare providers will chew sticky rice, wrap it in banana leaves, and put it to be baked by the fire before feeding it to the baby. For Khmu they would do the same but without baking it. Reasons why babies are given chewed rice include:

- To stop the baby from crying.
- To make the baby grow fat and healthy.
- It uses less time to prepare than making rice soup.
- So that the mother can go to work in the field far away.

In general, Lao Loum and Khmu babies 0-1 months old will eat chewed rice one to two times a day. In some Khmu villages mothers start feeding chewed sticky rice to the baby as early as three to four days after birth once a day or every other day. This will continue until the child has teeth.

> *Feeding young infants chewed sticky rice is not such a good practice. Breast milk alone is the best food for children at this age. Eating chewed sticky rice takes away a lot of the nutrition that the baby should receive. The baby before three months also should not take any rice because it does not have carbohydrate digestive enzymes.*

Some of the differences in supplementary feeding among the ethnic groups are summarized in the paragraphs and chart below:

Lao Loum Supplementary Feeding. In the Lao Loum villages parents start additional supplementary feeding (foods other than chewed sticky rice) as soon as the child can start grasping for sticky rice or fruit. The child will eat meat when they can walk, usually at about one year old, which will also be around the time that the child starts to eat at the same table as her or his parents. The mother is the main person who prepares food for the children. At 1-3 years old the child eats four times a day, above 4 years old the child eats three times a day.

Khmu Supplementary Feeding. When the child teethes, the mother will start feeding him or her with sticky rice. In general there is no set pattern of supplementary feeding. During the first two years the child will be given whatever she or he can eat from the family's normal food, depending on what is available. There is a lack of knowledge on nutrition—how and what to prepare to feed the child at each age.

Among both Lao Loum and Khmu there is a relationship between motor development an feeding patterns. What the child should eat will be determined by when the infant is able grasp, hold things, sit, stand, and walk.

SUPPLEMENTARY FOODS INTRODUCED TO CHILDREN AT VARIOUS AGES

Age Of Child	*Hmong*	*Khmu*	*Lao Loum*
0-3 months	Breast milk	Breast milk and chewed sticky rice	Breast milk and chewed sticky rice
3-6 months	Breast Milk	Breast milk and chewed sticky rice	Breast milk, chewed sticky rice, and sometimes ground rice soup
6-9 months	Breast milk and ground rice soup, gradually increasing soup up to 2-3 times per day	Breast milk, sticky rice and share some of adult's food (meat if available)	Breast milk, sticky rice and meat
9-10 months	Breast milk and rice with chicken or pork meat	Same as 6-9 months	Breast milk, sticky rice, meat, and some fruit and vegetable when the child starts grasping
10-11 months	Breast milk and rice with meat, vegetable, and fruits	Breast milk, sticky rice and share adult food that is available	Breast milk, sticky rice, meat, and some fruit and vegetable
11-12 months	Same as 10-100 months, plus egg, squashes, kidney, food similar to adults, but 4-5 times a day	Same as 10-11 months, starts vegetables and fruits	Same as 10-11 months
12-24 months	Same as I1 to 12 months. Breast feeding stops around 24 months	Same as 11 to 12 months. Breast feeding stops around 12 to 24 months	Same as 11 to 12 months. Breast feeding stops at 15 to 24 months
36 months	Join the table with parents	Join the table with parents and eat the same as them	Join the table with parents and eat the same as them

and eat the
same as them

So there are certain steps of motor development that determine when mothers start supplementary feeding and what kind of supplementary food is given. Therefore, high risk children already suffering slow development for various reasons, including malnutrition, may be further delayed in getting needed supplementary food. This can have serious effects on the nutritional status and the overall development of the child.

Hmong Supplementary Feeding. The mother will usually start supplementary feeding when the baby is six months old. Mothers will usually give cooked food and will not give food that is too sweet or too salty. The children will be prohibited from eating liver until they become teenagers as it is believed it will make them forgetful. They also are restricted from chicken heads, feet, and stomachs. Some clan groups will not eat certain foods or do certain things according to their beliefs such as the Yang clan whose members will not eat animal hearts at all. During periods of rice shortage Hmong children will be fed mostly vegetables, corn, and sometimes rice with milk.

> *"We do not know why and what to feed to our children. We feel sorry for our children and* try *to give them meat so they can grow big. We feed them fruit just to make them full. We give them vegetables so they have something to eat with their rice."*—An older Hmong woman in one of the villages.

Overall, the Hmong have very good feeding practices and use very appropriate foods. But as this woman pointed out, they do not always know why they use them and they still lack knowledge about the relationship between food and nutrition.

In all groups when a child is sick, such as with measles, he or she will be prohibited from eating chicken, beef, buffalo meat, and pork and will usually eat only rice with salt and vegetables.

Nutritional Status of Children. As mentioned above, this study was more focused on qualitative data in order to learn about traditional child rearing practices. Simple nutritional screening was done in order to get a general idea of nutritional status and to see if severe malnutrition problems were present in the villages.

The study team decided to use measurement techniques that would be simple, unobtrusive, and not too technical so the process would be understandable to the villagers and fit in with the overall focus of the study on traditional child rearing practices. The method of checking mid-arm circumference by age was used for checking nutritional status. The reference values used are based on values from Polish children given by Wolanski (Jelliffee, 1966). A total of 119 under five year old children were measured in the six villages.

There are wide differences in the nutritional status of children within the three ethnic groups. Overall, Hmong children have the best nutritional status, followed by the Lao Loum. The Khmu

children have a significantly worse nutritional status. For 0 to 5 year old children the percentage of malnourished (at or below 85%) children for each group in the villages studied are: Hmong, 40%; Lao Loum, 22%, and Khmu, 56%.

Factors causing malnutrition included both inappropriate feeding practices (due to a lack of knowledge or incorrect traditional beliefs) and the level of poverty/food security within the village and individual family.

NUTRITIONAL STATUS OF CHILDREN IN SIX HOUA PHAN VILLAGES BY ETHNIC GROUP

	Nutritional Level		
Ethnic Group	**At or < 85%**	**85-100%**	**> 100%**
Hmong	40%	66%	3%
Lao Loum.	22%	76%	2%
Khmu	56%	35%	9%

Children aged 1-3 years old have the worst nutritional status. This is the age that the children stop receiving breast milk and begin eating other foods. Children at this age also are often not being cared for by their mothers but rather by other child care providers, such as their older siblings.

PERCENT OF CHILDREN MALNOURISHED (< 85%) AT EACH AGE GROUP. ALL ETHNIC GROUPS COMBINED

Age	*% Malnourished (< 85%)*
0-1 Year	3%
1-3 Years	39%
3-5 Years	23%

Summary. Breastfeeding is practised by mothers in all villages but factors such as women's labour requirements, frequent pregnancies, and beliefs about colostrum all limit its benefits.

Supplementary foods are given at an early age and are sometimes inappropriate. Sometimes supplementary feeding is based on children reaching certain stages of physical development causing additional problems for those already most in need of supplements. The Hmong in particular have good breast feeding and supplementary food practices, and consequentially Hmong children have the best overall nutritional status. Most villagers, with the exception of some Khmu families, still have adequate resources for finding food all year round, but they lack knowledge about nutrition—including about what foods are most important for the children and how they should be prepared. Khmu children have a particularly precarious nutritional status. This is related both to some inappropriate traditional practices and the overall poverty and marginal food security situation faced by many Khmu families.

6. Health Care and Issues For Children And Their Mothers

In general, health issues for children and their families are quite similar within all three ethnic groups.

Traditional Medicine. The availability of herbal medicine is very important in village-level primary health care. Traditional medicine is used to prevent serious illnesses and saves money and time for villagers. The villages that lack resources and traditions of herbal medicine were believed by Villagers to have much higher under five mortality and morbidity rates.

The knowledge of herbal medicine is starting to disappear from one generation to the next due to the increasing belief among young people that it is "not modem" and because of the difficulties in passing the knowledge down from one generation to the next. There is a traditional belief that it is taboo to pass on knowledge to anybody outside of the traditional healer's own family. Knowledge is passed on through oral traditions due to widespread illiteracy, resulting in a lack of documentation. The number of potential students are limited—in Lao Loum and Khmu villages the successor usually will have to be a son, while in Hmong villages most knowledgeable traditional healers are elderly women.

But traditional medicine still plays an important role in village health care. It is a very economical and sustainable village-level health care system. Medicine is available free from the forest. Some of the healers grow them in their gardens with seeds that have been passed down through generations.

Some villagers expressed a concern that the loss of knowledge of traditional medicine could be harmful to their lives—impacting on their economics, and the physical and mental health status of villagers. But others, including some in the village committee have not thought about this or do not yet perceive it as a problem.

> *The loss of the traditional medicine system would have a major negative impact on villagers' lives. There is a need to find out what would be the best way to maintain knowledge of herbal medicine in the village. The village committees need to look at the problem of finding successors outside of the current traditional healer's families and how to more widely spread the knowledge beyond just one or two families in a village. To promote or at least maintain the knowledge of herbal medicine in the village should be*

strongly encouraged. Concerned parties at different levels should seriously consider action in this regard.

Health Seeking Patterns. Basically, in all three groups the health seeking behaviour is similar across all ages whether they are children, adults, pregnant women, or elders. Parents usually first seek health assistance for their children among family members and relatives. Almost all of them will first try to get herbal medicine. The pattern of health seeking behaviour in general is:

1. To consult with their parents, if the sick persons do not have parents, they will consult with their siblings or relatives.

2. Their spouse or parents or relatives will look for traditional medicine. If they do not get better, they will go for the next step.

3. The family will look for money to buy modem medicine at the market. They would seek advice from a village health worker if there is one in the village.

4. If they are taking medicine from the market, and still do not get better, they will consult with the village committee and send the patient to the hospital.

5. If they run out of money for expenses in the hospital or the illness is too serious to be cured, they will bring the patient back home. As a last step they will ask a shaman to pray and bring back the patient's strength and health.

Health seeking behaviour of all ethnic groups is based strongly on the support of family and relatives. The village committee and villagers have strong solidarity in helping each other when someone in the village has a serious illness.

Some people take both traditional and modern medicine at the same time. Villagers usually buy medicine by themselves and let the drug sellers (who usually have no health background and little medical knowledge) diagnose, prescribe and sell them medicine.

Common Health Problems. In general, the ability to correctly diagnose diseases is very low at the village level. Support from the district or provincial health services to diagnose contagious diseases is also very limited. As a result, it is often hard for villagers to say what kind of problems and diseases they have been suffering from. But there are several problems that are predominant.

In general health problems for children are severe—especially in the Khmu villages. In 1993 alone,16 under three year-old children in one of the Khmu villages died of contagious diseases, the majority probably from malaria. While exact mortality rates were not compiled by the study team, it appears that the poorer Khmu villages have under 5 mortality rates of between 300-500. Some of the reported health problems include:

Iodine Deficiency Disorder (IDD). In all three ethnic groups, the most prevalent health problem among women, and the one where there is the least understanding of its cause and

effect, is Iodine Deficiency (Goiter from a lack of iodine intake with the potential for cretinism among offspring). Women do not understand the link between iodine intake and goiters.

In some Hmong villages all currently pregnant women have iodine deficiency problems. This creates a high risk for cretinism. Two children were seen with cretinism in one Khmu village and two others in the Hmong villages (See also "Pre-Natal" Section).

Malaria. Malaria is one of the most common diseases and the number one leading cause of death in all six villages. It especially affects children but also pregnant women and other adults.

Upper Respiratory Infection (URI). URI problems are very common, especially among children in all three ethnic groups. Symptoms can include fever, cold, cough, sore throat, asthma, and chest pain from lung infection. In some Khmu villages ear and deafness problems for children are common and may be related to frequent URIs.

Gastro-intestinal problems (GI). There are different kinds of GI problems in all three ethnic groups among children and adults such as diarrhea, stomach aches, dysentery, typhoid fever *(thong daeng),* and cholera *(thong kee hark).* This is very much related to hygiene problems in the villages. Sanitation is quite poor in most of the villages. No toilets are used. The villages that are far off the road tend to have less or fewer available water sources around.

Frequent Pregnancy. For the mothers, consecutive pregnancies with inadequate birth spacing is a major health problem. This issue has become a more and more popular topic for discussion in the villages among both men and women—especially in low land villages with more access to outside information

Opium addiction. There is some opium addiction among Hmong and Khmu villagers. However, usually it is the elderly members of the family who are addicted to opium, although there are some younger addicts. Usually there is no direct effect on women and children. However, opium addition may affect children and women indirectly through reduction in income available for food and other basic necessities for the household. Most of the families who have members addicted to opium have children older than 8 years old. So there is not much effect on younger children.

Convulsion. Convulsion after having fever is fairly common. In one Khmu village, one third of the children have gone into convulsion during or after fever. The mothers said that when there is fever they do not know what to do except to go to the pharmacy to buy injectable medicine. The villagers lack knowledge on sponging to make the fever come down or about giving a lot of fluids to the children. They do not know how to bring the fever down and usually will wait until there is a high fever and then inject some antipyretic medicine. By then sometimes it is too late to have any impact. They also do not know that convulsions can damage the brain and result in delayed development of the child.

Smoking. Smoking among children is fairly common in Lao Loum. and Khmu villages. Khmu villagers tend to accept smoking, even for children, as part of their culture and habit. Mostly the

boys will start smoking at around 7 years old and this is considered acceptable. In Lao Loum villages smoking is a newer problem that has come with trading with outsiders. Chinese cigarettes are very popular among young teenagers and even children as young as 7 years old. However from adult observation, children tended to smoke for fun and are not addicted.

Other diseases. There are some other contagious diseases that were reported in the villages including whooping cough, chicken pox *(Mark Tam Sai),* and measles *(Mark Daeng).* Some other common diseases are allergies, conjunctivitis, tooth decay, and breast abscesses.

Vaccination. The information about vaccinations in the villages is very scattered and unclear. While some vaccination takes place, villagers are unsure what kinds they are and there are conflicting reports on the numbers of vaccinations that had been received.

Most adult women in all the villages have never received any kind of vaccination. However, most children have received some kinds of vaccination. In Lao Loum villages closest to the district town and with the highest number of formally educated villagers, it was reported that children received three types of vaccine when between 0 to 7 years old. In one village it was reported that vaccination had been received once a year.

Conclusions

The above findings have highlighted some of the many inter-related factors that impact on the status of children in the six villages. The study revealed both strong and weak points of traditional child rearing practices.

Strengths. There are many strengths in traditional child raising practices among the different ethnic groups. Villagers are very much in solidarity and have strong senses of cohesiveness. Beyond mothers themselves, many other people are available to assist in child caregiving. Non-maternal caregivers, such as grandparents and older sisters, play important roles that are related to increasing the family's economic resources (through making more time and labour available).

The nuclear family is the most common type of family in the village. Unlike the urban nuclear family, in these villages there is a strong sense of support for each other—especially based on the kinship system. There are traditional home day care systems that are a good base on which future improvement could be made. Traditional toys made from natural and local materials are available. Overall, parents have good attitudes toward their children. Parents are aware of certain milestones and measures of their children's development. Children in all three ethnic groups have good self-help skills. In general there is acceptance and sympathy towards disabled children.

There are also many positive traditional beliefs and rituals such as *"Foak", "Joni Khao",* ritual child adoption, and spiritual beliefs about children. These traditional beliefs help explain some issues and problems for the villagers. Sometimes these beliefs may not seem logical to outsiders but they are sources of emotional support for parents when encountering severe problems and tragedies in their lives.

Regarding traditional mother and child health practices, breast feeding is practiced widely among all three ethnic groups. The Hmong have especially good traditional practices on breast feeding and supplementary feeding that could be shared with the other groups. The traditional medicine system, while facing threats, is still a rich tradition providing important health assistance for villagers in all three ethnic groups. It has a lot of positive effects on women's and children's health; is also helps to economise expenditures.

Problems. There were many variables found in the six villages that negatively affect the development and survival of young children. Many of these variables are inter-related and result in "vicious circles" from which it is difficult for villagers to escape.

As the chart below shows, there are two main factors that negatively affect children's welfare. First is the parents' and other caregivers' lack of knowledge on providing adequate care and enhancing the overall development of their children. Second is that parents do not have enough time to provide adequate care for their children. These factors are linked to many other issues and root causes.

Demands for labour create a lot of pressure on women's time, so women do not have enough time to take care of their children. Women often have to take their infants to the fields, which could increase risk of exposure to infections and other illnesses. Mothers carrying infants to work in the field cannot work as efficiently, which decreases their labour productivity.

The economic situation affects the labour issue and is itself affected by many factors including land availability and soil fertility and a lack of access to income generation opportunities. Land issues are affected by factors such as increasing population pressure leading to decreased rotation periods for upland cultivation and a subsequent decrease in soil fertility and crop production. This leads to reduced food security, malnutrition and ill-health and also forces villagers to find fields farther away from their homes that require more time and labour to tend.

The need for labour results in older children, particularly girls, having to work as caregivers for their younger siblings and helping their mothers in numerous household chores. This prevents girls from going to school. A girl's status is further threatened by certain traditional practices and attitudes which prohibit women from inheriting their family's name and wealth, thereby endowing her with an unequal status from birth vis-a-vis her brothers. This often leads families to deny their daughters equal opportunities with sons to better themselves as they are growing up.

Denied access to new information and other self-enhancing opportunities, these women then become uneducated parents ignorant about the outside world or simple concepts about health, nutrition, and hygiene practices. They know little about child development and how to help their own children to develop to their full potential. So the cycle continues and in fact worsens as land and population pressures become more acute.

Parents in the six villages think that outside of basic economic factors, the most important factor in affecting their children's development would be for them to gain knowledge on how to better care for, interact with, and stimulate the overall development of their young children. They do not believe that the existing formal kindergarten and preschool education system is adequate.

They even commented that the preschool education system would be inappropriate for the poor remote areas of Laos since it requires expensive investments in buildings, formally trained teachers, outside curriculum and materials. They would prefer assistance based on existing village strengths and initiated with the participation of the villagers themselves using appropriate locally based curriculum and materials and village-supported teachers. (The recommendations presented below were written with these comments in mind.)

Recommendations: Early Childhood And Family Development Programming

The following recommendations are based on the findings and conclusions of the study team presented above. Many of the recommendations come directly from the ideas of the villagers who participated in the study. First are some general recommendations for the LWU/UNICEF Women's Development Programme, and other agencies engaged in similar activities, on the potential role and nature of Early Childhood and Family Development (ECFD) activities as part of rural development work in the Lao PDR. Following these are some specific recommendations for introducing an Early Childhood and Family Development (ECFD) project component into the LWU/UNICEF Women's Development Program.

General Recommendations

As the above findings and discussion have shown, village level issues of child rearing and development have major impacts on the quality of life for children and their families in the Lao PDR. Traditional Lao community and child rearing practices have many strengths. However, there are also many threats and impediments to development facing children growing up in rural areas—especially for children in poor minority villages in remote parts of the country.

The study team observed many problems but also opportunities for addressing ECFD issues at the village level. Parents of children in the six villages are aware of child development issues to varying degrees. All are concerned about their children's development and are willing to try to improve their children's lives. Some problems involve lack of knowledge and inappropriate traditional practices that may be relatively easy to address. Others, however, are linked to acute poverty and absolute lack of resources, including health care and education, confronted by many families. These are therefore much more difficult to solve—especially within the confines of an ECFD specific programme. Given these constraints, the study team recommends that:

1. Early Childhood and Family Development (ECFD) is essential to an overall strategy of assisting women and children in the Lao PDR. ECFD should be a component of the existing LWU/UNICEF supported Women's Development Programme and other "integrated" programmes working at the village level in the Lao PDR. ECFD cannot be implemented in isolation as a separate programme because it is closely linked to other issues and relates to women, the family, and the community as a whole.

2. ECFD should be a community-based initiative, using non-formal approaches and involving children and women as well as men and the community. The methodology should include participatory techniques that build on villagers' current knowledge, capacities, and traditions.

An effective ECFD project for the Lao PDR should include these components:

A. *Building a network of ECFD technical resources.* This needs to be created at the national, provincial, and local levels. This network of people would be able to provide resources for conducting training and assisting those implementing village level development work in the Lao PDR.

B. *Caregiver Education.* This should be a major emphasis and should use a non-formal approach with participatory training at the village level. Training by mobile teams might be a possible approach. Participants should involve child caregivers including grandparents, parents, and older siblings. Child-to-Child approaches need to be looked at closely and potential links with the primary education system should be developed.

C. *Home-Based Day Care.* This should be organized (or strengthened where it already exists) based on the present traditional kinship system. (Often this means using grandparents who are a main resource as day care providers.) Strengthening this existing resource, through caregiver education supported by technical knowledge and appropriate materials, would allow for a better quality of childcare—helping children to develop appropriately and to their full potential.

D. *A focus on those most in need.* ECFD should focus on the poorest villages where child development and survival is most problematic. In Houa Phan this is certainly the Lao Theung villages (Khmu and other midland groups).

E. *Integration with other sectors.* ECFD must be part of a broader initiative that can address development issues that severely impact on the potential for affecting changes in a child's development status. In rural areas of the Lao PDR these include:

- General nutrition education
- Health and hygiene education and access to health care
- Women's labour saving issues
- Birth spacing and family planning
- Food security/sustainable agriculture

Work in some of these areas could fit in well with ECFD activities—using the same network of people.

F. *Advocacy for ECFD at the policy level.* Beyond integration at the village level, work should be done to impact on the policy level to increase awareness of child development issues and the need for non-formal community-based education for children and their

families. This could occur within the Women's Union, and the Ministries of Education, Health, and Agriculture.

Recommendations On Staring An ECFD Component For The Women's Development Program

The following is an outline for a two year pilot Early Childhood and Family Development initiative for implementation as part of the LWU/UNICEF Women's Development Program. It includes goals and objectives for the initiative, project strategies and directions, and details of specific components of the ECFD work, including building a technical resource team, training, and implementation.

Goals and Objectives for the ECFD Project. *The* overall goals for a LWU/UNICEF ECFD Project in the Lao PDR would be:

- To improve the living conditions of children, their families and their communities by providing adequate care for children, education for caregivers, and increasing community awareness and sense of responsibility towards children's needs.
- To create environments and opportunities for children that help ensure their survival and strengthen their comprehensive development in all dimensions—physical, cognitive, social, and emotional development—as well as health and improved nutritional status.
- To provide adequate child care that still allows parents, and especially mothers, to have time to work in the fields and use their labour more effectively.
- To achieve better equity in child development by reaching the most disadvantaged children and their families and thereby reducing disparities between those of different ethnic groups, socio-economic status, sex, and normal vs. disabled children.

Through the proposed pilot project, to develop a national level technical resource network on Early Childhood Development and to gain knowledge and experience that can be applied to more widespread programming in the future.

Meeting the above goals will require a range of project objectives including:

- Building on the current capacities at Dong Dok Teacher Training School and other institutions to create competent technical capacity at the national, and eventually at the local, level that will be able to provide technical back-up for carrying out needed training and monitoring activities.
- Training that can help parents and other care givers gain awareness and understanding of the importance of early childhood development, the developmental needs of children, and how to stimulate and interact with children at each age to help them develop to their full potential.
- Training on appropriate home day care based on the existing traditional systems, and building on traditional play and toys to create materials that can enhance child growth and development.

■ Helping parents and caregivers to improve their response to their children's needs through having more positive interactions with their children and by gaining knowledge of better child raising practices.

■ Increasing the enrolment and retention rate in primary school—especially for girls—and providing opportunities for older siblings to go to primary school and learn Child-to-Child activities which could improve the care they give to their younger siblings.

■ Linking up, through training, access of resources etc., with outside issues that restrict the parents' ability to care for their children adequately (available time, enough resources, time to go to school, etc.) and trying to impact on these issues.

■ Helping create awareness and attention at the policy level on early childhood development issues through seminars, workshops, study tours, and exchanging experiences.

■ OVERALL APPROACH AND STRUCTURE FOR THE ECFD PROJECT

Approaches. The ECFD Project should be based on some general principles on which to build the project strategy. These should include:

Using a Non-Formal Community Based Approach. Child development problems are closely related to issues confronting mothers, the family, and the community as a whole. So early childhood development activities have to be community based so that the family—both women and men—and the community can participate. An appropriate early childhood development project at the village level in the Lao PDR should go beyond formal kindergarten, childcare center, or preschool setting. An ECFD Project at the village level will not be appropriate or effective if based at a formal school center, or if set up as a "school" or "education" programme imposed from the outside. It would be more appropriate for the project to focus on strengthening the home day care system. Activities should start from the villagers themselves, based on their needs and traditional child raising knowledge and wisdom.

Building on Existing Strengths. The existing network of child care providers at the village level will form the core people involved in project activities. The project should use a participatory approach, respecting the traditional knowledge of these people in determining project activities and needs for training. This will include recognizing the different practices and strengths of the different ethnic groups involved when designing project activities. Training village people to manage the project, and strengthening the skills and knowledge of parents and grandparents about appropriate child care development and practices, should be emphasized.

Supporting Both Child Survival and Development Activities. The issues of child survival and development are closely linked. The child cannot survive if he or she lacks healthy child development and a child cannot have healthy development if she or he cannot get enough to eat or is often sick. These impact on each other simultaneously. ECFD activities need to be designed to bring unity and interaction between the physical

(including health and nutrition), cognitive, social, and emotional aspects of child development.

Location. Despite its remoteness from Vientiane, the study team recommends that the WDP strongly consider starting the pilot ECFD phase in Houaphan Province. Carrying out the original study in Houaphan created momentum and interest in this type of project within the province. Comprehensive data have been collected and local staff have already been involved. There is a strong sense of cohesiveness within all levels of the province, and the potential exists for integrating ECFD with other development activities.

The ECFD project should be initiated in villages where the Women's Development Programme is either already operating or plans to start during the coming year. The pilot project should initially start in just three villages of one district. After six months to one year, depending on results of the initial activities, it could be expanded to additional villages. Criteria for selecting the villages should include:

- Inclusion of all three major ethnic groups (As part of the pilot learning process. As the project expands, villages most in need should have priority).
- Existence of strong village organization.
- Reasonable access for district/provincial staff in order to allow for regular visits and monitoring (essential during a pilot phase).
- Interest and commitment within the community—villagers are aware that there are problems and unmet needs for their children, are concerned about their children receiving adequate care, and are willing to "do something" to improve the lives of their children.

Participants. Early child development is a continuous process—from the pre-natal period until the child enters primary school at 6-8 years old. Hence participants at the village level should include anyone who is involved with the child during that time and who has an effect on his or her life. This could include, on a voluntary basis, 0 to 6 or 8 years old pre-primary school children themselves, disabled children, pregnant women, and caregivers including parents, grandparents, and older siblings, as well as preschool and primary school teachers. Participants should not be limited by age, sex, ethnicity, disability, or level of education. The role of potential participants and how they relate to the development of young children—directly or indirectly—should be considered in deciding on who will be included.

The project implementers (the organizers and technical resource people both at the central and local levels) should also be considered as project participants as this pilot project will involve a learning process. Building up the capacities of this network will be an important component of the project.

Project Implementers/Technical Resource Team. The first priority of the project will be to build and assemble a central level *core team of ECFD trainers and organizers*. Some or all of the original study team members may form part of this team but the roles should be clearly divided into two parts:

1. *The Coordination Unit*: This should be staff of the project holder and supporting agency (Lao Women's Union and UNICEF). The role of the coordinating unit will include facilitating the work of the technical team, working on integrating and coordinating the ECFD component into the rest of the Women's Development Programme, and providing other management and support functions as needed.

2. *The Technical Unit*: This should come primarily from the Dong Dok Kindergarten Teacher Training School (DDKTTS). There should be at least four people in the unit. They will coordinate technical resources, design content and materials, and be involved in the training—initially directly at the village level and eventually in training province and district team members and providing more of a monitoring function. They should be trained in and committed to participatory training and development approaches and processes.

The ECFD Resource Team members will need to upgrade their skills regularly and to gain exposure to new ideas and methods. There will also be a need for new material resources or access to different resources such as some special training or workshops inside or outside of the country and possibly study tours to see other ECFD projects in the region.

Eventually, the Technical Unit from the central level should become a national resource that will be able to provide training and technical support for ECFD activities throughout the country. Key for this to happen is that provincial and district level staff are trained and then able to continue to carry out and monitor the actual work at the village level. The district team would play a major role in this by conducting training for the village level organizers and through monitoring the project.

To oversee this process, an *ECFD Advisory Committee* should be organized. The committee would not be involved on a day-to-day basis in the process, but would meet regularly to seek consensus on the ECFD project direction and to pull in different experiences and ideas from various sectors. Committee members could include representatives from various parts of the Lao government including the Women's Union, Dong Dok, the Non-Formal Education Department, and the Ministry of Health, as well as UNICEF and appropriate NGO's. The ECFD Advisory Committee would provide resources and technical support and involve people from different sectors. This would allow for a broader scope for the project. Different agencies which are represented on the committee might want to take the curriculum and approaches being developed within the project to try out in their own projects at the same time—making the ECFD approach more applicable to a wider area and allowing for more experience to be gained.

The second step will be to establish *Provincial and District ECFD teams* at the district and province. At the district and province, each level should have a team of three persons:

- Women's Union - one person
- Education - one person
- Health - one person

Staff from the Women's Union will play a coordinating role and those from the Health and Education Departments will assist as technical resource people. The team will work together at the village level on project mobilization, village level training, and monitoring.

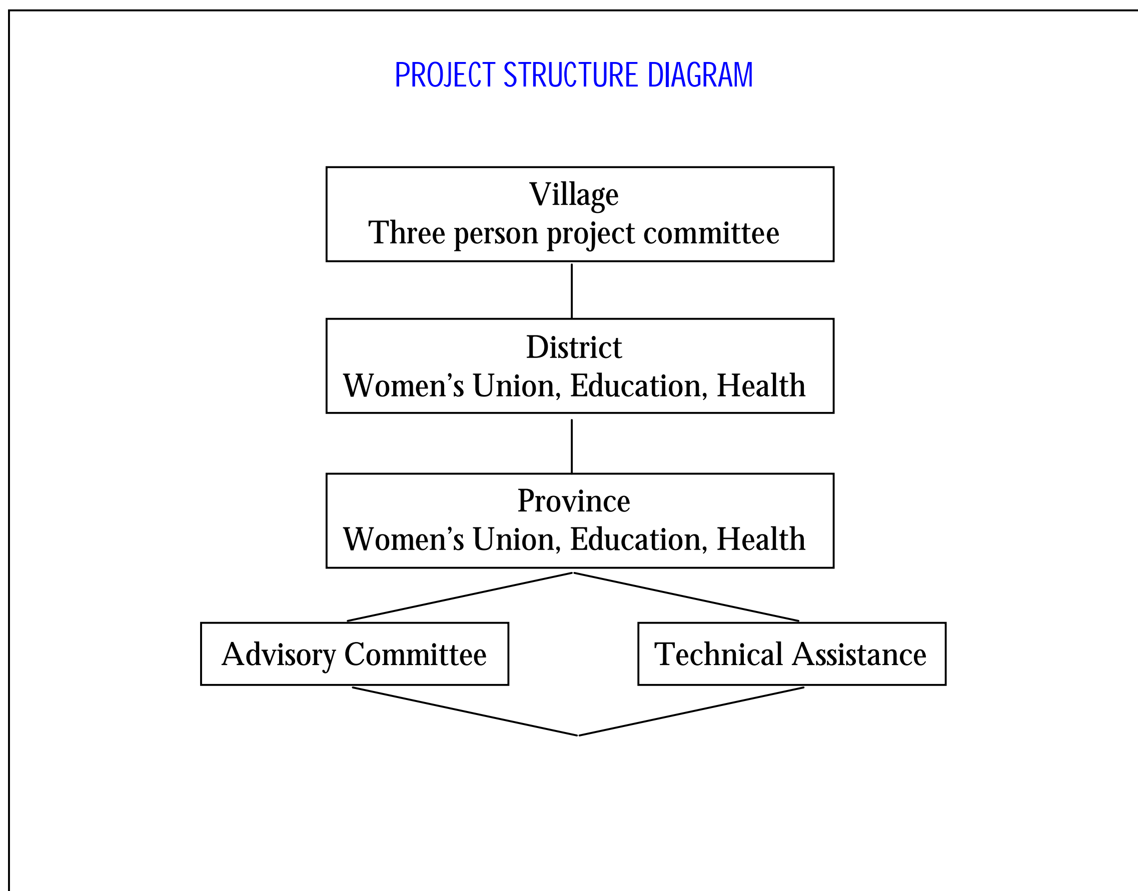
The third step in the process will be the organization of *Village ECFD Committees* in the selected villages. In each of the villages, there should be at least three persons involved as project leaders: a project manager, and two organizers on childcare and family issues.

Eventually, the staff at the various levels will be linked together forming a network of ECFD resources for the country.

Outside Technical Assistance. An outside consultant will be needed to work together with the technical unit on at least a part-time basis. The consultant's role will be:

- To assist the team with the process of developing an appropriate training design and the curriculum framework.
- To strengthen the capacity of the technical unit, particularly on participatory training processes at the local level and on appropriate approaches for working with caregivers of each ethnic group.
- To pull in resources and experiences from outside of the Lao PDR that are relevant and to assist the technical unit in adapting such resources to be appropriate for the Lao situation.
- To facilitate outside training and exposure opportunities.

Actual time needed for this technical assistance will be determined as the project progresses but is estimated to be at least six months of work over the first year of the project.



Central Resource Team Technical Unit / Coordination Unit (DDKTTS) (Central LWU/UNICEF)

ECFD Project Components. The ECFD Project will include several main components or project focuses—emphasizing activities with caregivers, the children themselves, and the wider community. These will include:

- Caregiver Education
- Strengthening Traditional Home-Based Day Care
- Child-to-Child Activities
- Integration with Other Development Activities
- Advocacy for ECFD Awareness

While they can be seen as separate components of the project, they are all closely linked together.

Caregiver Education. The study findings showed that the child care that parents and other caregivers provide has a major effect on the lives of young children. Therefore a central emphasis of the ECFD project needs to be on training caregivers—including grandparents, parents, and older siblings. The training should also reach community leaders, teachers, and health workers in the village to help in building better understanding and the will to mobilize for action on issues that affect child development in the village. Caregivers who participate and gain new ideas can then better interact with their children and help them develop to their fullest potential.

The exact content of this training will be determined based on the findings of the study and future visits to the villages. It will have to be based on the traditions, practices and situation already present among each ethnic group and then focus on problem areas and the potential for improvements. In the initial three villages, visits by the resource team to facilitate Caregiver Education would take place every two months over the course of one year and focus on different subjects each time.

The project will need to be designed to address issues that affect children both directly and indirectly and work to bring about long-term changes in the lives of children and their families. The training should not look only at the environment or the world of the children but also at the world of the parents and community.

The training process and approach will include these features:

- Data Collection. This would include: further needs assessment done with villagers; compilation of local resources and knowledge on child rearing practices; compilation of

relevant training curriculum and methodologies, formal and non-formal, available in Laos from sources such as various nonformal education projects supported by the Ministry of Education and NGOs; appropriate health education resources developed by CHAMPA and other NGOs; and the kindergarten curriculum developed for teachers and children.

- Compiling relevant community based ECFD training and curriculum materials that have been produced in other developing countries.

- Building on experiences with participatory training methodologies ("Training of Trainers") that have recently been gained in Laos.

- Assessing training needs including content, language, and appropriate materials.

- Applying the training content in a participatory, non-formal, and culturally sensitive curriculum in which villagers are involved in determining what they would like to know and learn. The content of the training should be ethnic group specific, designed for people of a wide age span, accessible to illiterate people, and allow both normal and disabled children to participate.

- Organizing workshops, study tours, and exchange seminars for project implementors and participants as appropriate.

Strengthening Traditional Home-Based Day Care. Beyond specific work with individual caregivers, there is a need to support the strengthening of the whole system of home-based day care. The project needs to try to develop new strategies that build on the traditional day care system and help it be more effective and efficient. The village day care system needs to be available on a regular basis all year round—not just during the planting season—and should allow older girls to continue to assist at child care without sacrificing their chance to go to school.

Specifics of this strategy would have to be worked out over time during the visits of the resource team to each village. Grandparents would likely continue to play a major role as caregivers with assistance from older sisters, after school in the morning, and with other parents helping on a rotating and seasonal basis. Combined with improved Caregiver Education, a strengthened system of home-based day care would:

- Improve the care children are given on a daily basis.
- Allow older siblings, especially girls, the chance to go to school.
- Allow parents to have the time to work in the fields that they need.
- This can only happen, however, if some of the labour-saving initiatives mentioned below in the “Integration” section are taking place simultaneously and if enough enthusiasm and understanding has been built up among the villagers to make it a priority.

Child-to-Child Activities. Older siblings, especially older sisters, play a major role in taking care of younger siblings. This is one of the reasons preventing girls from going to school in some villages. There is a need for the project to emphasize this point and to work with older siblings directly both in improving their ability as child care providers and in increasing their ability and determination to stay in school even as they assist in caring for their younger siblings. Therefore,

Child-to-Child Activities, which in effect are another aspect of Caregiver Education, are recommended as one component of the project.

Older children who are, or potentially will be, involved in child care for their young siblings would learn about various aspects of caring for their younger siblings such as:

- Heath and hygiene education
- Ways to play with their younger siblings
- Making appropriate toys for their younger siblings
- Safety and accident prevention.
- Importance of staying in school and ways to stay in school and still help their parents with child care (this relates to the above section on improving home-based child care).

These older children will then be able to better help their grandparents and parents care for younger children. Trained older siblings will also be better prepared for being parents later on and may become motivated to help their communities with problems that affect the lives of their younger siblings, such as poor village sanitation.

Child-to-Child Activities could be carried out in two ways. They could be done through primary schools if these exist in the villages. Primary school teachers would then be the focus of training by the resource team, and they would then be expected to add this to the primary school curriculum that they are teaching. This has the potential to link up with the Basic Education Improvement Project that UNICEF and other agencies are supporting in some areas, which focus on improving the teaching skills of primary school teachers and making the teaching more relevant to the lives of the villagers. Teaching Child-to-Child Activities might help to encourage older girls, especially Khmu and Hmong, to go to school. But this will only occur if the problem of access to child care and other labour issues for the mothers are also addressed.

Bringing Child-to-Child Activities into the formal education system may not work in some villages because of the lack of a school or the lack of child care for very young children and other labor constraints, which do not allow the older children who need to be involved to receive the training. In this case activities might need to be done on a non-formal basis during the evening or on special days.

The same resource team members would be involved in initiating child-to-child activities during their visits to the villages every two months.

Integration. To be effective, the ECFD initiative within the Women's Development Programme (WDP) will have to link up with various outside sectors and project activities. This could include links with the other parts of the Women's Development Program, other separate UNICEF supported initiatives, other projects, and various governmental units.

Links with the Women's Development Program. The ECFD Project will be part of the WDP and will be building on the work and structure already established by that program. It should not

be viewed as a separate project implemented in isolation. Many of the same VVDP staff will be responsible for the ECFD initiative—especially with the coordination and organizing aspects. Some of the key issues involve the amount of time parents, and especially mothers, must spend on basic survival tasks—foraging for firewood and food, carrying water, and manually pounding rice, and how this impacts on their ability to raise their children. It also relates closely with other aspects of the rural situation in mountainous areas of the Lao PDR, including access to family planning, high rates of population growth, unsustainable agricultural practices leading to land and food shortages, and low income.

The WDP is attempting to address many of these issues. Success in doing so is absolutely critical in allowing the ECFD initiative to have long-term success. While the ECFD activities are important in themselves, if the larger rural development issues—especially concerning women's labour—are not addressed, success will be very limited.

Some direct links with WDP activities could be made—such as encouraging income gained from income generation activities to be directed towards children and family welfare. Awareness raising and education on early childhood and family development that help the parents and community see the need of adequate care for children are also very important and need to be integrated into the other WDP activities.

Specific topics that relate to ECFD issues should be based on the priority problems of the village. These might include health (including the maintenance of knowledge about herbal medicines), nutrition, food security and agriculture, water supply, and pre-natal care. The villagers will have to be the ones who decide which subjects are important based on their interaction and discussion with the resource team.

Links with other UNICEF Supported Initiatives. In contrast to some other UNICEF programmes, which are focused on the national level, the ECFD project will be implemented at the village level. However, looking at the overall UNICEF program in the Lao PDR, there is still the potential for integration with programs such as health and nutrition, safe motherhood, EPI, and Water and Sanitation. These programmes could support the ECFD initiative both as technical resources and through the actual impact of the programmes on villages where ECFD will be implemented. ECFD activities could also act as a catalyst to support the other programs of UNICEF in terms of raising villager understanding and awareness of certain problems such as health and nutrition, vaccinations, sanitation, and water supply, and thereby create increased receptiveness and demand for these programs among the villagers.

The ECFD Project’s Caregiver Education component should act as a catalyst to the other programmes of UNICEF in terms of raising understanding and awareness of certain issues, such as health and nutrition, EPI, sanitation and water supply at the village level and in encouraging villagers to reach out to the resources that are available.

Many of the problems that inhibit child development will require assistance from sectors outside of the ECFD project. For example, addressing iodine deficiency disorders (IDD) will require the

Health Sector for support in making available iodized salt (and iodized oil in some serious problem areas) and for obtaining appropriate health education materials.

Advocacy. Concerns about the status of children, women, and families in rural areas and information about work and alternative approaches being used in the ECFD project should be brought to the attention of a wider audience, including policy-makers at higher levels of the government, representatives of international organizations, and others involved in rural development work in the Lao PDR. This should be done through occasional meetings between the resource team and policy-makers, a yearly exchange seminar, the ECFD Advisory Committee whose members will be responsible for sharing information about the project within their own agencies and institutions and possibly even through mass media campaigns, posters, etc.

Implementation. Preliminary steps for implementing the project will include:

- Selection of the ECFD Resource Team (in coordination with LWU/UNICEF staff).
- Establishment of the ECFD Advisory Committee that will advise and seek consensus on the curriculum and approach that is developed.
- Engage consultant for technical assistance.
- Following these steps, the Resource Team will begin to follow the implementation steps, including compilation of appropriate resource materials, meetings with province and district staff for project orientation, and selection of the initial three villages.

The Technical Unit will operate as a mobile team of trainers. Initially they will do training directly in the villages, accompanied by the province and district staff. The process of beginning work in the villages will include:

- Doing a needs assessment with the first three villages. Villagers need to be in agreement on participating in the project. A participatory assessment needs to be designed, using Participatory Rural Appraisal (PRA) techniques. The data collection forms used in the previous study could be adapted for use in this needs assessment. Province and district staff should be involved as well.
- Organizing of village ECFD committees and the people who want to participate in the program such as grandparents, parents, and older siblings.

Then the process of regular interaction between the Resource Team and the three villages can begin. During the first year, the central level Technical Unit will travel to the villages on average every two months to implement the ECFD activities including Caregiver Education, Strengthening Home-Based Care, and Child-to-Child Activities. This will include the central team training district and province staff on training methodologies and project strategies. They will also work with the villagers and other staff of the Women's Development Program to try to facilitate other related development activities that will be essential for ECFD to have a major impact on child development and survival in the participating villages.

Occasionally special workshops or study tours may be organized and a major exchange seminar should occur within the first year of the project. As villagers and local staff are able to implement

more of the project activities by themselves, the central team will take more of a monitoring role. Within six months to one year of the project's initiation, five additional villages will be included in the project. Further expansion will await the results of the exchange seminar and an evaluation which should occur early in the second year of the project.

TIMELINE FOR IMPLEMENTATION

	Months											
Activities	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Form EFCD Resource Team and Advisory Committee. Compile ECFD materials from within and outside of the country												
Orientation work in province and village selection process												
Design framework for curriculum at the central level												
Train the trainers from province and district on ECFD and PRA methodology												
Organize village ECFD committees and do initial needs assessments using PRA												
Curriculum development with villagers												

Training and activities carried out at the village level												
Organize workshops and seminars on relevant topics as needed												
Project summary and exchange seminar												
Expansion to additional villages												
Monitoring and Evaluation												

Monitoring and Evaluation. Monitoring should be done regularly in a participatory way and should be viewed as a type of moral support, technical help, and encouragement from outsiders to the villagers. General monitoring should be carried out by the Resource Team members during their regular visits to the project villages. Monitoring should refer back to the needs assessment done in each of the villages and look at whether the project activities being implemented are in line with that assessment and are starting to help solve some of the problems that came out in the needs assessment.

After the first year of the project, or at a time when expansion of the initial phase of the project to additional villages is being considered, a more formal evaluation should be undertaken. This should include the participation of people who have not been involved in the day-to-day implementation of the project. It could include members of the ECFD Advisory Committee, other UNICEF and LWU staff, or other outsiders.

This evaluation should, however, also be done in a participatory way that provides the villagers a chance to evaluate the performance of the project. The evaluation should be aimed at improving the process of implementing the ECFD Project or even of radically altering it if fundamental problems with the approach have been found.

Evaluation should also take place at the end of the second year of the project at a time when decisions on continuation and expansion of the project would need to occur.

Summary

In order for an Early Childhood and Family Development Project to be successful, UNICEF, the Lao Women's Union, and the Dong Dok Teacher Training School will have to be willing to

make a commitment of staff time and money to invest in the process. A project such as this, which will focus on participatory training at the village level and reaching the poorest ethnic minority groups while simultaneously working at building up a network of technical resources, will by definition be staff-intensive and time consuming.

A long-term challenge will be how to expand the results of this approach beyond the small pilot phase so that ECFD programming can have a substantial impact on the lives of Lao children and their families on a wide scale. Towards this end, UNICEF should do as much as possible to share and disseminate the materials developed in the ECFD Project with other development agencies assisting village-based community development in the country, and to make ECFD an integral component of rural development activities in all their work in the Lao PDR.

References

The following references include both books and articles that were directly cited in the study and other resources and related reading material that the study team found helpful in preparation and analysis work for the study.

Bentzen, Warren R., 1993. Seeing Young Children: A Guide to Observing and Recording Behavior, Delmar, Albany, NY. USA.

Chambers, Robert, 1992. Rural Appraisal: Rapid, Relaxed and Participatory, Institute for Development Studies Discussion Paper 4311, Brighton, IDS.

Colletta, Nancy Donohue, 1992. Understanding Cross-Cultural Child Development and Designing Programs for Children, Christian Children's Fund, Richmond, Virginia, USA.

Escoffier-Fauveau, Claire, Souphanthong, Kopkeo, and Pholsena, Phonethep, 1994. "Women and Reproductive Health in the Lao PDR," Save the Children Fund (UK)/UNDP, Vientiane.

Government of the Lao PDR and UNICEF, 1992. Plan of Operations for Women's Development 1992-1996, Vientiane.

Hendrick, Joanne, 1988. The Whole Child: Developmental Education for the Early Years, Merrill, Columbus, Ohio, USA.

Himes, J., Landers, C., and Leslie, J., 1992. Women, Work, and Child Care: Innocenti Global Seminar Report, UNICEF/ICDC, Florence, Italy.

Jelliffe, D. B., 1966. "Assessment of Nutritional Status of the Community," WHO, Geneva.

McCracken, J., 1989. "Participatory Analysis of the Village Agro-ecosystem" ILEIA, Vol.5, No. 1.

Myers, Robert, 1992. The Twelve Who Survive: Strengthening Programmes of Early Childhood Development in the Third World, Routledge/UNESCO, London.

Rogers, Cosby S. and Sawyers, Janet K., 1988. Play in the Lives of Children, National Association for the Education of Young Children, Washington, DC, USA.

Salole, Gerard, 1992. Building on people's strengths: the case for contextual child development, Bernard van Leer Foundation, The Hague.

Srinakharinwirote University, 1989. "Manual for Teachers and Child Care Givers for Pre-School Children," Bangkok.

UNICEF, 1992. Children and Women in the Lao People's Democratic Republic, Vientiane.

Wichaidit, Somchai, 1990." Weight, Height and Body Measurement of Thai Children," Mahidol University, Bangkok, Thailand.

Appendix 1:

■ VILLAGE PROFILES

The following are short descriptions of each of the six villages included in the study. For each village information is given on the population characteristics and location; health and educational status; and the economic base of the community.

Ban Lou. Ban Lou is a Khmu (midland) ethnic village located seven kilometers away from the provincial town. It is situated along the Hang Creek and is surrounded by mountains and is accessible by a dirt road. There are 171 people living in 24 households. A village has been established in this location for many years. There was first a Lao Loum village here. Later, as a result of the government policy of trying to stop slash and burn the present Ban Lou villagers moved from higher in the uplands to this location. The Lao Loum villagers moved on to Ban Kan, which is only two kilometers from here. The villagers originally believed and practiced Animism. Now some are still Animist and some are Buddhist.

There is one school (first and second grades) in the village. Some children will go on to study at the sub-district school 2-3 kilometers away. Most boys attend the school but very few girls. There were many deaths, including ten deaths of under three year old children, in this village during the last year. The major cause of death was believed to be malaria.

This was the poorest off of the six villages (but is located right next to Ban Kan, the most well-off village). The villagers mostly do upland rice farming but some families have small amounts of paddy as well. They have chronic rice shortages—up to six months per year. This year is worse due to drought and villagers say their rice will only last for four months this year. Beyond that they must forage in the forest for food and hire out their labour to other villages. The villagers also gain some income from selling firewood and forest vegetables and roots.

Ban Houay Sarn. Ban Houay Sarn is a Khmu (midland) ethnic village located 17 kilometers away from the provincial town and about a three kilometers walk off the road. The village is located along a stream in a valley surrounded by mountains. There are 27 households and 140 persons. Most of the villagers came from Houay York, a neighboring area, in 1957 to have better access to water and land. Others from Na Chong village joined them later. The villagers believe and practice in Animism. However, after the 1978 cultural campaign they gave up some of their traditional beliefs, such as the belief in tree spirits.

There is one school in the village. The school has one classroom with grades one and two. Children go to school when 7 years old. There are 10 children (5 girls) in first grade and 2 children (no girls) in second grade. The illiteracy rate is 80%—mostly women. There is one untrained village health worker who receives suggestions and medicines from the district and distributes medicine to sick people in the village. The major reported diseases in the village are malaria, diarrhea, and conjunctivitis.

The village economy revolves around upland cultivation (currently on a five year rotation). One third of the villagers have paddy fields—located 4 kilometers away from the village. They usually have a four-month yearly rice shortfall, but this year, due to drought, they will have a six-month shortfall. During shortfall periods they dig for forest tubers to supplement their rice, or do labor exchange. Last year they were able to get a no-interest loan of rice from the province during the shortfall period. They have no access to other regular outside income.

Ban Houay Kai Tai. Houay Kai Tai village is a Hmong (highland) ethnic village located 12 kilometers away from the provincial town and about a 700 meter walk away from the road. The village is located right along the ridge of a mountain so the village's profile is long, steep and narrow. There are 217 villagers living in 51 households. The village moved from Na Paeng, a nearby area, in 1982. Most of villagers are Animist while two families are Christian.

There is a one-classroom second grade school in the village. The children go to first grade in neighboring Houay Kai Neua village, while the children from Houey Kai Neua come to study second grade at Houay Kai Tai. From both villages combined there are 18 students (9 girls) currently studying in first grade and 12 students (2 girls) in the second grade.

The villagers have both uplands (five-year rotation) and all but five families have at least some paddy fields. They also grow corn, pumpkins, squash and raise animals. At times they sell pigs, cows, buffaloes, and forest vegetables for extra income, and every family has a fishpond. They have a village cooperative system for pooling their labor and efforts for raising animals. They also raise fish in their paddy fields. Some opium is grown but reportedly only for consumption within the village. The villagers report that they do not have enough land for cultivation and as a result face shortages of rice for 1-2 months a year. They currently face drought and insect problems.

Ban Houa Khang. Ban Houa Khang is a Hmong (highland) village located I I kilometers from the provincial town located right along the main road between Sam Neua and Vieng Xay. During the bombing they had to leave the village and hide in the forest. There was a military camp in this area and they still face problems with unexploded ordnance. It is a newer village, established around 30 years ago. There are currently 250 people living in 33 households. They are all Animist.

There is a one-classroom school with one village teacher who teaches first and second grade. There are 31 students (9 girls) in first grade and 8 students (no girls) in second grade. Five men and 26 women are reported to be illiterate. The village has an existing child care building, but it is not in use. Reported health problems include URIs, malaria, measles, and diarrhea. In the last year two of twelve babies born died. There are two traditional healers (one man, one woman) and two traditional birth attendants in the village.

The villagers have 10 hectares of paddy land. All families have some paddy that was divided up according to the size of the family. They do not grow uplands rice but they grow corn in the uplands and have vegetable gardens and fruit trees and do a lot of animal raising. They grow opium but reportedly only for the consumption of 9 people who are addicted. The LWU/UNICEF Women's Program has already been working in this village for two years helping

with pig raising and well digging. The village also had some previous assistance from Mennonite Central Committee for a village water system and some other material aid.

Ban Ko. Ban Ko is a Lao Loum (lowland) village located five kilometers from the provincial town with easy access by a dirt road. It is close enough to Sam Neua that many people have jobs in the town with the government or elsewhere. The population of 176 people in 26 families includes two lowland ethnic groups. The majority are Tai Daeng (19 households) who are Animist while the others are lowland Buddhists. This village is 180 years old. The lowland Lao came from Luang Prabang while the Tai Daeng came from along the Vietnam border. The Tai Daeng are assimilated into lowland Lao culture in most ways, except for their Animism.

There is a one classroom, two-grade school with one teacher in the village. They claim to have eliminated illiteracy for all people under 45 years old. First grade has 21 students (10 girls) and second grade has 9 students (4 girls). Almost all children finish at least 5th grade. Many students continue on through primary school, and even secondary school, in the provincial town. Many of the better-educated people leave the village permanently. Common health problems in the village include malaria, diarrhea, and URIs. They have had relatively few reported deaths of children due to illness during the last ten years. Villagers generally have good sanitation, drink boiled water, and sleep using mosquito nets. Every house has a toilet. There is one traditional healer living in the village.

The villagers grow paddy rice. Every family has paddy that was divided up at the end of the cooperative period in 1989. They also grow cotton, corn, and tubers in the uplands and have vegetable gardens. The women weave and every family raises animals. Some families have income from jobs in the provincial town.

Ban Kan. Ban Kan is a Lao Loum. (lowland) village located five kilometers from the provincial town, along the Hung Creek and at the foot of a mountain. There are 283 people living in 37 households. It is an old village that has been in this location for 600 years. The original villagers were from *"Din Ka Ya"* on the eastern edge of Houaphan province along the border with Vietnam. The villagers believe in and practice Buddhism.

There is one pre-school in the village. The sub-district primary school (Grades 3-5) is also located near the village and the village children all attend it. All pre-school and primary school age children go to school. There are 25 first grade students (10 girls) and 13 second grade (10 girls). There is one traditional medicine healer, two untrained health workers, and one trained midwife in the village. Major illnesses are malaria and diarrhea. There were two deaths in the village last year of under three year old children who had malaria.

All families in Ban Kan mainly earn their living from growing paddy rice and secondarily from uplands fields (on a six-ear rotation). Eight families were short of rice for up to one month during 1993 because of a lack of large animals such as buffaloes to work in the fields. Other sources of income are growing corn, selling animals and vegetables, and weaving.

[i] More detailed information is available in Children and Women in the Lao People's Democratic Republic, published in 1992 by UNICEF in Vientiane.

[ii] This is similar to the findings in the UNICEF/Government of Lao PDR, Plan of Operation for Women's Development Report.

[iii] This tradition is different from lowland Lao in many other parts of Laos where the parents will generally stay with their daughter and she will be the one to inherit their wealth.

Copyright © 1994 UNICEF

Early Childhood Counts: Programming Resources for Early Childhood Care and Development.
CD-ROM. The Consultative Group on ECCD. Washington D.C.: World Bank, 1999.