

Norms, Barriers, and Enablers for improved nutrition in Cambodia



Pregnant woman with her daughter

The Multisectoral Food and Nutrition Security (MUSEFO) project in Cambodia is part of the GIZ's Global Programme Food and Nutrition Security, Enhanced Resilience. The MUSEFO Project is active in Kampong Thom and Kampong Thom provinces and runs between March 2015 and 2026. MUSEFO implements activities in 180 villages and targets women of reproductive age (WRA, 15-49 years old) and young children under the age of 2 years (CU2), aiming to improve individual dietary diversity scores (IDDS) and the minimum acceptable diet (MAD) through a multisectoral approach, which combines measures in the areas of health, nutrition, and agriculture.

In Cambodia, 14 % of WRA are underweight (Body Mass Index <18.5), and 18 % are overweight or obese (NIS 2015). Among the children, only 30 % of children aged 6-23 months are fed an appropriate diet based on the recommendations for infants and young children (NIS 2015). For children under the age of five (CU5) 22 % are stunted, 10 % are wasted, and 16 % are underweight and 4 % are overweight (NIS 2022).

To improve nutrition among first-time mothers / pregnant mothers, mothers with more than one child, grandmothers (other caretakers), and fathers from the targeted provinces of Kampong Thom and Kampong Thom, two studies were conducted concerning **1. customs, beliefs, traditions**, and **2. barriers and enablers** to “improved” nutrition in Cambodia in 2022 and 2023.

The results of the two studies are largely based on qualitative in-person interviews and are compressed as follows: Improved nutrition in Cambodia is challenged by **1. various customs, beliefs, and traditions** and **2. other barriers**. Alongside the two studies, each of the barriers identified can be classified according to these four categories: “Availability”, “Accessibility”, “Utilization/Health”, and “Use”. Customs, beliefs, and traditions in Cambodia especially influence the nutrition status of WRA and CU2 in the categories “Utilization/Health” and “Use”.

1. CUSTOMS, BELIEFS, AND TRADITIONS

Many customs, beliefs, and traditions in Kampong Thom and Kampot affect **I) the nutrition intake** of Cambodian mothers and children, **II) children's feeding habits** and **III) food hygiene habits**, especially during pregnancy and breastfeeding.

II Nutrition intake of Cambodian mothers

A common fear that most mothers and caretakers have about pregnancy is stillbirth. They tend to be careful with their food intake to ensure the foetus is not too big for an easy delivery.

“She was afraid of her baby getting fat, then it will cause problems during her delivery. She believes this because of the older people.

Health Center staff, Sankor Health Center, Kampong Thom province

The beliefs on a healthy diet during pregnancy and up to one year after delivery are wide ranging. There are differences depending on the stages of pregnancy, between grandmothers and mothers, and between traditional practitioners and health care staff. In general, grandmothers are more wary of more food groups than first- or second-time mothers. However, certain foods were mentioned to be avoided for a specific reason, such as pineapple, as this would cause an abnormal growth of the umbilical cord, which would then wrap around the foetus's neck (Angkor Research 2022). Other foods to be avoided before and after delivery were unhealthy commercial foods and beverages (13 %), followed by spicy foods (9 %), alcohol (7 %) and fermented foods (6 %) (Angkor Research 2022). The most listed foods mothers should consume while pregnant or after delivery are meat, fish, fruit and vegetables, green leafy vegetables, milk and dairy products, coconut water and starchy staples (Angkor Research 2022). After delivery, the newborn's grandmother is usually in charge of the diet – to allow the mother some rest.



Red fruit basket for a nutritious snack.



Family cooking traditional foods with buffalo milk.

III Nutrition intake of Cambodian children

There are positive and negative perceptions concerning breastfeeding in Cambodia. Many Cambodian mothers believe e. g., that breastmilk is good for the baby because it makes them smart (Angkor Research 2023). At the same time, exclusive breastfeeding is negatively connotated and associated with poor income, otherwise they would then be able to afford high-quality formula. Some respondents believe formula products are superior to breastmilk (Angkor Research 2023). There are no longer gender differences regarding breastfeeding (and complementary food), as the traditional belief that “boys should be breastfed longer than girls because boys need to be stronger as they will do physical work. While girls should not be breastfed too long as they will become very stubborn” (Angkor Research 2023) is fading away due to a modernized way of working.

Mothers and traditional practitioners have a high agreement on foods for children. Khmer and Cham Mothers agree that especially unhealthy commercial foods and beverages but also ice, spicy, fermented, and raw foods should not be fed to young children. Meat, fish, grains, fruits, vegetables, and porridge were all considered healthy. Fruits and porridge, together with breastmilk, should be consumed daily. While meat and fish were considered healthy, there was also a voice of caution: if children get used to them, it might become too expensive to afford them.



Good examples from MUSEFO projects – Child eating delicious complementary foods during care group session and ...



... Father feeding his daughter complementary foods.

II. Children's feeding habits

Children's feeding habits depend greatly on caregivers' preferences, and very often, children are exposed to unhealthy foods to calm their tantrums (Angkor Research 2023). Although mothers and traditional practitioners agree that commercial foods and beverages are unhealthy and should not be fed to children, the practice looks different. As commercial foods are widely available in the community, children demand them and – once they have established a preference – continue to do so. To stop children from crying, especially if the child were left with another caretaker like their grandma, they would give them these foods, although they consider them unhealthy. In contrast, if the child does not like the taste of certain food and refuses to eat, caretakers will stop feeding or change the food even if the food is nutritious (Angkor Research 2023).

“Local habit is whenever the baby cry in demand for any food, they let the baby eat.

Care Group Leader, Serey Vong Village, Kampong Thom province

III. Food hygiene habits

Regarding food hygiene, the participants mention cooking and covering their food properly, especially during pregnancy and breastfeeding, to protect their children's health. However, some caregivers **do not make the linkage between hygiene and nutrition**, citing a lack of time to ensure a clean environment. Beyond this, there still exists the perception that “[c]hildren need to be in [the] dirt to be strong” (Angkor Research 2023).



Conquering old customs – Children learning how to wash hands with soap at home.

A holistic knowledge of good food and hygiene practices seems to be missing. Even though the traditional habit of collecting rainwater amongst Cambodian villagers exists, and practices such as drinking treated water are adopted to prevent illness and save money, still “they tend to drink the water directly, thinking that it is already safe” (Angkor Research 2023). Also, “they’d like to think that they are not dirty if they don’t touch anything. Furthermore, they don’t need to wash their hands before feeding their child because they are feeding their child with [a] spoon not with hands” (Angkor Research 2023).

Moreover, traditional beliefs, personal preferences, and modern perceptions strongly influence **IV) food and health practices** of Cambodian mothers, families, and caregivers.

IV. Food and health practices of Cambodian mothers, families, and caregivers

Personal and family preferences play a major role in food consumption, often to the detriment of nutritional information. For example, some mothers eat according to their tastes and preferences without knowing the nutritional value of foods.

“*I think we eat enough, but I don’t know which food has vitamins or which food doesn’t have vitamins. I eat my favourite tastes such as vegetables, fish, meats, etc.*

Male caretaker, Cham Tvea Thmei village, Kampot Province

“*My family don’t like soup, and don’t like the taste of soups that have vegetables, they only like dry food.*

Mother with more than 2 children, Cham Prey Thnang village, Kampot province

Cham mothers classify foods according to their tastes and perceived impact on health, often mentioning traditional foods. Khmer mothers, on the other hand, regard them as frightening and harmful to health, classifying them under the risk of *tos*. Grandmothers tend to attribute negative characteristics to foods, perceiving them as capable of causing burns, *tos* or other adverse health effects. In contrast, first-time mothers and those with several children have a more modern view of foods.

Typical Cambodian fear of *tos*

Fears about the negative impact of certain foods on health during pregnancy are common, with mothers avoiding certain foods to prevent complications such as retained placenta or thick amniotic fluid, which can affect the baby (Angkor Research 2023). There is a long list of food not to be eaten by the mother after delivery to prevent vaginal discomfort and *tos*. The most controversial food types include fish, eggplants, long green bananas, and pineapple.

Although *tos* is very common in Cambodia, there exists no official medical diagnoses nor a direct English translation to it. *Tos* might be like a postpartum depression but can also be physical or benign. It can be a temporary ailment or a life-long problem.

“*There was an incident with the long green banana. She ate the long green banana and kept the peel under her pillow. Then she experienced TOS and nobody knew about it. They only knew the cause of her death when they washed the body, and discovered the banana peel under her pillow.*

Traditional medicine practitioner, Meanrith Village, Kampot province

Many customs, beliefs, and traditions in Cambodia are anchored in the collective memory of the young mothers, grandmothers, and caregivers. Some norms are losing importance or giving way to the new realities of a modern society. Nevertheless, it is important to provide professional nutrition counselling to women and mothers of young children by educated health professionals to guide them through their nutritional needs.

V. Excursus: Perceptions of trusted sources of information

The advice of health centre staff like Care Group Leader (CGL) and Village Health Support Groups (VHSG) on topics like (mal)nutrition and hygiene is important to many Cambodian families. Repeating face-to-face consultations is highly appreciated. The advice given by organizational staff therefore is esteemed to be trusted, reliable and effective (Angkor Research 2023).



Family is mapping where they procure their foods with a care group leader.

In general, grandmothers tend to rely on the knowledge of their family members or elderly, while mothers mostly rely on healthcare staff. First-time Cham mothers also rely on neighbours and the media. Second or more time mothers among the Khmer also use NGOs as a source of knowledge.

Very few sought information from social media or online sources (Angkor Research 2023). However, trust in brands and advertising campaigns influences decision-making e. g., when it comes to purchasing plastic water bottles instead of filter tanks.

“ Vital pure drinking water. I trust the brands of bottled drinking water, so I choose them.”

Mother with more than 2 children, Pursat village,
Kampong Thom province

The studies recommend continuing to support the counselling through NGOs, CGLs and VHSGs. However, teaching the complete picture, meaning the relationship between maintaining good hygiene and nutrition intake for better results, is also advised. At the same time, there needs to be a focus on trust building as “staff reported that not being taken seriously by the villagers has become very common” (Angkor Research 2023), which in turn lead to a decreased motivation in providing high-quality counselling.



Mother to be preparing fruits as a snack.

2. SOURCES OF BARRIERS AND ENABLERS

In contrast to customs, beliefs, and traditions, all other barriers and enablers can be classified according to four categories: “Availability”, “Accessibility”, “Utilization/Health”, and “Use”.

II.I Sources of Barriers

Lack of resources like property, good soil, access to water, time, money and family support are often mentioned as barriers to improved nutrition in all four categories.

Barriers to home gardens:

Home gardens may improve the **availability** and **accessibility** of nutritious food; however, there are many barriers to them. The main reasons for not being able to have a home garden are an unsuitable environment, lack of resources to start with, not enough space for their garden or animals, their perceptions about raising animals and contributing to an unclean environment, and the believe of many Cambodians that they are not **korb** in raising animals. Another reason was because those vegetables were already available at the market.

Korb is a common word used by the people in the community. This word is associated with the belief that one person is destined to do that work. Participants often said that they are not **korb** in raising animals, which means regardless of their ability to raise those animals, they will not prosper or benefit from this. They believe they are not **korb** to do it. For others, whenever they raise animals, the animals will die. So, they lack **korb** to raise animals (Angkor Research 2023).

Moreover, there exists the perception that “living in the countryside limits the availability of food” (Angkor Research 2023), thus, more and more Cambodians value foods from the markets higher than their home-grown vegetables.

“Because this is a rural area, there isn’t enough food or snacks for eating. It is not the same as staying near the market area.

Mother with more than 2 children_Trapeang Chrey_Kampot

For many Cambodians, food diversity means eating all kinds of foods, including meat, fish, vegetables, and food bought from the markets, not just from the home garden. The importance of one’s own garden is shrinking, instead, the **availability and accessibility of markets** play an increased role for many Cambodians. They value good and close contact with the sellers because they say it is easier for them to

(quantitatively) eat enough food. Also, they prefer products from the sellers, like vegetables and fruits over produce from their own home gardens, and also to buy products such as Khmer Cake, meat, fish, and bottled drinking water as it is convenient, and it allegedly protects you from an unclean environment.

In contrast, when the shops are closed or the products are too expensive, very often, they can rely on family support (and rare household savings).

“Some days we eat a lot of food, some days not. On the days when sellers come then we can buy food to eat, like corn. If the sellers don’t come, we make our own dessert at home such as bean dessert or banana in coconut milk. Sometimes if the corn sellers don’t come, we buy dessert from a stall in the village.

Female caretaker, SangKum Thmei village, Kampong Thom province

“Yesterday my older in-law caught some fish and gave some to us. If want to buy meat or fish, the shop is close.

Mother with more than 2 children, Lvea village, Kampong Thom province

Socioeconomic factors like income, place of living, occupation, and personal knowledge and experiences play an important role in the accessibility, utilization, and use of improved nutrition.

Limited money, e.g., influences not only the choice of food consumption but also constitutes a barrier to saving groups (Angkor Research 2023).

“I did not eat eggs because I eat depending on the day. If I run out of money, I would buy eggs and I would buy meat when I had money.

Mother with more than 2 children, Prey Dom village, Kampong Thom province

Common reasons for not saving in a group were no money to save or concerns that they may have difficulty getting their money back. They don’t have enough understanding of the saving mechanism. Many said they have had bad experiences in the past (Angkor Research 2023).

Barriers and challenges to drinking treated water:

Acquiring additional tools like filter tanks, which could substantially contribute to successfully implementing a holistic and multidimensional approach to food and nutrition security, is very expensive for households. Many useful in-

interventions fail because of the costs and the lack of universal holistic knowledge or sustainable personal experience. Instead, many Cambodians “trust branded bottled water. They think it is cheap and easy to access” (Angkor Research 2023).

Barriers to maintaining hygiene:

“Underestimation of the problem is one of the common barriers to maintaining good hygiene. A major reason that participants were unable to main both good food and basic hygiene was their personal attitude. Underestimating the seriousness of the issue may lead them to be careless about this issue” (Angkor Research 2023).

“Most of the time, participants were able to share correct knowledge about maintaining basic hygiene. However, they were not able to put it into practice all the time. The major reasons were some of the activities were not a priority for them and some were due to them being forgetful” (Angkor Research 2023).

II.II Sources of Enablers

Having the appropriate **resources** can facilitate the **availability** and **accessibility** of improved nutrition.

The common answer from participants when asked what the enabling factors for having and maintaining a home garden and domestic animals were having the resources, like water and land, time, interest in having a farm, being active, wanting to have access to healthy food, interests in increase their income (Angkor Research 2023). Enabling factors for storing water are convenience, saving time, and saving for emergency needs (Angkor Research 2023). In contrast to their home gardens, access to markets and close contact with sellers are increasingly important for Cambodians as it makes it easier for them to eat enough food.

“We eat enough because we have more sellers here bringing fruits, Khmer Cake. There is someone who brings Khmer Cake for selling here every day.”

Mother of one child, positive deviant, Prey Chheu Neang village, Kampong Thom province

Constant reminders from trusted sources in combination with an increase in knowledge and the possibility to make positive long-term experiences, can help to improve the utilization and use of foods and thus contribute to a healthier lifestyle.

“My husband and my older sister always remind me to wash my hands. Before feeding our baby and/or carrying their milk bottle. Every time when he’s there he reminds me to wash my hands first.”

Mother with more than 2 children, Prasat village, Kampong Thom province

“When I participated in the training course with organizations such as nutrition, they taught that it is necessary to be clean and hygienic during mealtimes. When I do as they said, we don’t get sick often.

Mother with more than 2 children, Krasaing Kor village, Kampong Thom province

“I suffered a few times, ate not well-cooked food and had abdominal pain and it affected my child because the child is still breastfed.

Mother with more than 2 children, Prasat village, Kampong Thom province

Enabling factors for drinking treated water/clean water are health, preventing elders’ and children’s illnesses and saving money.

“I want to keep good hygiene in my family, to protect my family, and children from any illness, because I cannot afford to bring her to the hospital, it would be very expensive for treatment.

Mother of one child, Prasat village, Kampong Thom province

Enabling factors for maintaining positive food and hygiene habits are positive experiences from the past. Moreover, “it requires patience, effort and it also needs resources. Successful hygiene has a lot to do with money, time, and knowledge. These three components must be well connected, and it is important to understand the complete picture of hygiene and nutrition” (Angkor Research 2023).

In conclusion, there are many sources of barriers to improved nutrition for Cambodian mothers and children including socioeconomic factors as well as Cambodian customs, beliefs, and traditions. The latter can affect i) the nutritional intake of Cambodian mothers and children, ii) children’s feeding habits, iii) food hygiene habits, and influence iv) food and health practices of Cambodian mothers, families, and caregivers in general. Nonetheless there are enabling factors and positive incentives to counteract this and thus, facilitate improved nutrition in Cambodia in all four categories, “Availability”, “Accessibility”, “Utilization/Health”, and “Use”.



This article is based on two studies conducted by Angkor Research and Consulting Ltd.

We would like to thank Angkor Research and to give credit to Dr. Elizabeth Hoban for her contributions, Dominique Uwira and Dr. Sanne Sigh.

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As a federally owned enterprise, GIZ supports the German Government in achieving its objectives in the field of international cooperation for sustainable development.

Published by:

Deutsche Gesellschaft
für Internationale Zusammenarbeit (GIZ) GmbH

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Bonn and Eschborn, Germany

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Photo credits:

GIZ Cambodia / Conor Wall

Layout:

kipconcept gmbh, Bonn

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July 2024