

Experiences regarding exclusive breastfeeding practice among ethnic minority mothers in rural areas of Bokeo province, Lao PDR

Krissana Kapheak¹, Nonthaphat Theerawasttanasiri¹, Potchara Khumphoo¹, Chansy Chayaseng², Phouangphet Bounmaseng², Ninrat Pangsri¹, Kanlayanee Kaewsingsu¹, and Jukkrit Wungrath^{3,4*}

¹ Health Promotion Center Region, Department of Health, Ministry of Public Health, Chiang Mai 50180, Thailand

² Bokeo Provincial Health Office, Bokeo Province 05000, Lao People's Democratic Republic

³ Faculty of Public Health, Chiang Mai University, Chiang Mai 50200, Thailand

⁴ ASEAN Institute for Health Development, Mahidol University, Nakhon Pathom 73170, Thailand

ABSTRACT

***Corresponding author:**

Jukkrit Wungrath
jukkrit.w@cmu.ac.th

Received: 26 February 2024

Revised: 23 June 2024

Accepted: 23 June 2024

Published: 24 December 2025

Citation:

Kapheak, K., Theerawasttanasiri, N., Khumphoo, P., Chayaseng, C. Bounmaseng, P., Pangsri, N., Kaewsingsu, K., & Wungrath, J. (2025). Experiences regarding exclusive breastfeeding practice among ethnic minority mothers in rural areas of Bokeo province, Lao PDR. *Science, Engineering and Health Studies*, 19, 25050005.

This qualitative study explores exclusive breastfeeding practices among ethnic minority mothers in Bokeo province, Lao PDR. Utilizing purposive sampling, the research engaged 36 ethnic mothers from five different villages, identified with the help of local health volunteers. This method ensured a diverse group of participants, representing various ethnic backgrounds, age groups, parity levels, and socioeconomic statuses within this marginalized region. The study investigates the intricate interplay between cultural traditions, socioeconomic challenges, and limited healthcare access that shape breastfeeding practices. Through in-depth interviews with these ethnic mothers, it unveils their unique experiences and decision-making processes regarding breastfeeding. Key findings highlight the influence of traditional beliefs such as colostrum avoidance and complementary feeding, alongside economic pressures that compel mothers to resume work soon after childbirth. Additionally, the limited access to healthcare information and support emerged as a significant barrier to exclusive breastfeeding. The study emphasizes the need for culturally sensitive health interventions, enhanced community engagement, and supportive policies tailored to the specific needs of breastfeeding mothers in ethnically diverse, rural areas. Addressing this issue should involve a variety of measures, particularly community engagement. Involving community leaders or experienced members who have practiced breastfeeding can enhance cooperation from nursing mothers significantly.

Keywords: exclusive breastfeeding; ethnic minority; mother; rural area

1. INTRODUCTION

Exclusive breastfeeding (EBF) is a natural and beneficial practice that provides optimal nutrition and health benefits for both infants and mothers. Breast milk contains all the nutrients and antibodies that infants need for their growth and development and protects

them from infections and diseases (Lyons et al., 2020). EBF also benefits mothers by reducing the risk of postpartum hemorrhage, breast and ovarian cancer, and diabetes. Furthermore, EBF strengthens the bond between mother and child, and supports the family's economic and social well-being (Muro-Valdez et al., 2023). The World Health Organization (WHO)

recommends EBF for the first six months of life, followed by continued EBF with appropriate complementary foods for up to two years or beyond (Jama et al., 2020). However, EBF practices vary widely across different regions, cultures, and socio-economic groups. Understanding the factors that influence EBF behaviors and outcomes is essential for developing effective interventions and policies to promote and support EBF.

Approximately 40% of babies worldwide were breastfed, and by 2025, this percentage is predicted to reach 50%. Despite an increase in EBF rates over the previous 20 years, UNICEF recommends 100% global target coverage, which will take time to reach. This is demonstrated by the poor EBF prevalence that currently exists in developing nations, especially in West and Central Africa and some Southeast Asian nations that also have some of the highest rates of newborn malnutrition worldwide (Granger, 2018; Jama et al., 2020). Worldwide, only 39% of newborns were placed to the breast within an hour of birth, and only 37% of infants were exclusively breastfed, despite WHO recommendations and the health benefits of EBF (Jama et al., 2020). In poorer nations, inadequate EBF practices have been widely reported, with only approximately 37% of babies were only breastfed in low- and middle-income countries (LMICs) (Tariquijaman et al., 2022).

One of the regions where EBF practices are poorly understood is Bokeo province, Lao PDR. This province is a rural and mountainous province in northern Laos, bordering Thailand, Myanmar, and China (Somsoulivong, 2016). It has a population of about 180,000 people, of which more than 80% live in rural areas and depend on agriculture and forestry for their livelihoods. It is also one of the most ethnically diverse provinces in Laos, with 34 recognized ethnic groups, such as the Lao, Hmong, Akha, Lahu, and Yao, who have diverse languages, traditions, and beliefs (Goudineau, 2015; Kapheak et al., 2024; Onphanhdala & Philavong, 2021). Previous studies have reported low rates of exclusive EBF and high rates of complementary feeding among mothers in Bokeo, especially in remote and ethnic minority areas (Bal et al., 2022). Complementary feeding is the practice of giving infants something other than breast milk before EBF is established, such as water, honey, or formula (Bal et al., 2022; Bhattacharjee et al., 2021). This practice can interfere with the initiation and establishment of EBF and increase the risk of infections and malnutrition. However, the reasons for these practices and the perspectives of the mothers have not been explored in depth. Moreover, there is a lack of data on the EBF knowledge, attitudes, and practices of different ethnic groups in Bokeo, and how they are influenced by socio-cultural and environmental factors (Kapheak et al., 2024; Phonvisay et al., 2019).

Therefore, the aim of this research paper is to examine the perspectives on EBF of ethnic mothers in rural areas of Bokeo province, Laos. The specific objectives are to (1) describe the EBF perception of mothers from different ethnic groups in Bokeo; (2) identify the barriers and facilitators of EBF among these mothers; and (3) explore the role of culture, family, community, and health services in shaping the EBF experiences and decisions of these mothers.

2. MATERIALS AND METHODS

2.1 Study design

This qualitative investigation employed in-depth interviews with 36 ethnic minority mothers in five villages across five districts of Bokeo province between October and November 2023. The research adopted a phenomenological approach to uncover the underlying reasons and explore the intricate beliefs and motivations that lead rural women to avoid formal healthcare for childbirth.

2.2 Setting

The study was conducted in five purposefully selected villages representing all five districts of Bokeo province: Huayxainoi village (Houayxay district), Srimungkhun village (Tonpheung district), Namyu village (Meuang district), Phouviengchai village (Pha-oudom district), and Hadsa village (Paktha district). The selection prioritized the most geographically isolated and marginalized village from each district, highlighting significant healthcare access challenges. All chosen villages were remote, situated far from their respective district centers, presenting diverse settings with poverty, remoteness, cultural barriers, and infrastructure limitations to investigate multidimensional drivers influencing healthcare decisions among vulnerable subgroups.

2.3 Participants

Utilizing purposive sampling, participants were recruited across the five villages, including 36 ethnic minority mothers aged between 20 and 40 years. Participants were identified through local health volunteers to capture diverse perspectives, encompassing women from different ethnic backgrounds, age groups, parity levels, and socioeconomic statuses within this marginalized region.

2.4 Data collection

Qualitative data was collected through one-on-one in-depth interviews guided by a semi-structured approach with open-ended questions. Trained bilingual interviewers conducted private sessions in participants' homes, allowing 60 to 90 min for each woman to share her narrative confidentially. Audio recordings supplemented by interviewer notes captured nuances in body language and reactions. Cultural and linguistic fluency in the Lao context enhanced rapport with ethnic minorities, uncovering multidimensional rationales behind decisions to avoid biomedical facilities for traditional birth attendants despite awareness of risks.

2.5 Data analysis

Verbatim interview transcriptions were translated from Lao dialects into standard Thai while retaining cultural nuances. A collaborative thematic analysis method, employing an inductive coding approach, identified emergent patterns in the raw data. Interpretive codes were extracted independently by two analysts, discussed, and consolidated into coherent themes capturing women's attitudes and encountered barriers. Iterative dialogue and member checking with participants enhanced legitimacy, providing a rigorous synthesis of textual narratives revealing reasons vulnerable groups forewent hospitals for childbirth.

2.6 Trustworthiness

To address reflexivity and bias risks, various procedures were implemented to enhance data rigor. Extensive field preparation aligned with anti-oppressive qualitative paradigms, minimizing directionality in question phrasing, and ensuring confidentiality helped mitigate response distortions. An iterative dialogue and cross-verification questions validated interpretive resonance with participants' intended meanings. Women steered conversations, revealing multifaceted rationales embedded within decision-making on pregnancy care utilization, offering implications for gender-inclusive policy reforms.

2.7 Ethical considerations

The study received ethical approval from the Research Ethics Committee of the Faculty of Public Health,

Chiang Mai University, Thailand, with reference number ET022/2022 on December 29, 2022.

3. RESULTS

3.1 Participants' sociodemographic information

The participants in this study, as shown in Table 1, had an average age of 24.6 years. Most of them, 72.2%, had completed primary school education, and the average income was approximately 350,000 kip, or about 16.5 USD. A significant majority, 83.4%, worked as farmers. Additionally, the majority of participants, 63.9%, had one child. The ethnic composition of the study included 36.10% Hmong, 33.40% Lanten, and 30.5% Karen, respectively.

Table 1. Participants' sociodemographic information

Characteristics	Number of participants (%)
Total number of participants	36
Average age (years)	24.6
Education level	
Primary school	26 (72.20)
Secondary school	4 (11.10)
No education	6 (16.70)
Average household income per month (Kip)	350,000 (Approximately 16.5 USD)
Occupation	
Housewife	6 (16.60)
Farmer	30 (83.40)
Number of children	
1	23 (63.90)
2	10 (27.80)
3	3 (8.30)
Ethnicity	
Hmong	5 (13.90)
Karen	5 (13.90)
Lanten	5 (13.90)
Lahu	4 (11.66)
Akha	4 (11.66)
Yao	4 (11.66)
Tai Lue	4 (11.66)
Khmu	4 (11.66)

3.2 EBF perception and practice of ethnic mothers

The study discovered that while most participants recognized the health benefits of EBF, aligning with traditional views about its essential role in infant growth and development, there were significant deviations from the WHO's EBF guidelines. This discrepancy was particularly noticeable across various ethnic groups in the study. Cultural norms and deep-rooted traditions played a pivotal role in shaping these practices, often leading to the early introduction of complementary foods or liquids. For example, among the Hmong, it is common to supplement breast milk with rice water or fruit juices within the first few months of an infant's life, a practice reflecting longstanding cultural beliefs in the benefits of these supplements for infant health. These groups also introduce concoctions, or even animal milk, before establishing EBF. In contrast, the Karen and Lanten groups might use herbal tea and honey, influenced by spiritual beliefs associated with health protection and blessings for the infant. The use of rice water, particularly among the Hmong, appears to be a normative practice rather than a spiritual one, likely

influenced by geographical isolation from urban centers where such beliefs are less prevalent. This differentiation highlights how cultural and spiritual beliefs influence infant feeding practices across the studied ethnic groups.

Complementary feeding emerged as a prominent practice, especially in the more remote and isolated ethnic communities. This practice involves administering various substances to newborns before establishing EBF. Common complementary feeds include items like honey and herbal concoctions, and in some cases, animal milk. These substances are often given due to cultural beliefs associated with health benefits or spiritual protection for the infant. This practice, deeply embedded in the community traditions, highlights the complex interplay between cultural beliefs and modern health practices.

The study's findings on complementary feeding shed light on the diverse and intricate factors influencing infant feeding decisions in these communities. It underscores the need for culturally sensitive health interventions that respect and acknowledge these traditional practices while promoting the benefits of EBF for the optimal health and development of infants.



"In our culture, it's common to give the baby some herbal tea before starting EBF. We believe it cleanses the baby's system and brings good health." (Hmong Mother, aged 21)

"My mother told me to feed my baby with a little honey before EBF. She said it was our tradition for generations to give strength to the newborn." (Akha Mother, aged 20)

"I started giving rice water to my baby when she was four months old. It's what everyone in my village does. We think it helps the baby grow stronger and adapt to eating habits early." (Lahu Mother, aged 26)

3.3 Barriers and facilitators of EBF among ethnic mothers

The findings highlight significant socioeconomic and healthcare access barriers to EBF. Economic challenges, particularly the imperative for mothers to return to work postpartum, emerged as a primary obstacle. Many mothers in rural Bokeo, dependent on agriculture or manual labor for their livelihoods, felt compelled to resume work shortly after childbirth. This situation often led to disrupted or shortened EBF periods, as the mothers struggled to balance the demands of work and infant care.

In addition to economic constraints, the study illuminated the issue of limited healthcare access as a critical barrier. Many participants reported a lack of regular interaction with healthcare professionals and a scarcity of local health facilities. This gap in healthcare access hindered their ability to receive crucial EBF information and support. The absence of routine postnatal follow-ups left many mothers without guidance on EBF techniques or solutions to common lactation problems.

"I had to go back to work on the farm just a few weeks after my baby was born. Finding time to breastfeed regularly was really hard." (Yao Mother, aged 30)

"With no health center in our village, I didn't get much advice on how to breastfeed or what to do when I had problems." (Tai Lue Mother, aged 24)

"I wish there was more support. I had to rely on what my family knew, and sometimes, that meant feeding the baby other things besides breast milk." (Khmu Mother, aged 29)

In addition to the socioeconomic and healthcare access barriers, the study identified significant physical challenges that hindered EBF. A common issue among many mothers was the occurrence of painful conditions such as mastitis, leading to severe discomfort, inflammation, and even bleeding. This physical distress often became so unbearable that some mothers chose to discontinue EBF altogether.

Another critical obstacle was the insufficient milk supply experienced by numerous mothers. This issue was often attributed to poor maternal nutrition, as many mothers in these rural areas did not have access to a diet that supported adequate milk production. As a result, their infants frequently cried due to hunger, exacerbating the mothers' stress and sense of inadequacy.

"I suffered a lot from painful EBF because of mastitis. It was so painful, and I felt so helpless, I eventually stopped EBF." (Hmong Mother, aged 31)

"I didn't have enough milk. My baby was always crying, and I felt so guilty. Maybe it's because I couldn't eat

well during my pregnancy and after." (Lahu Mother, aged 27)

"I struggled with EBF. My nipples were bleeding, and my baby wasn't getting enough milk. It was a painful experience for both of us." (Khmu Mother, aged 25)

3.4 Role of culture in shaping the EBF experiences and decisions among ethnic mothers

In Bokeo, cultural beliefs deeply influence EBF practices, with certain traditions taking precedence over modern health recommendations. The study highlights how these cultural factors, varying across ethnic groups, significantly impact maternal decisions regarding EBF. A primary cultural belief affecting EBF was the avoidance of colostrum. In some ethnic communities, colostrum was often perceived as harmful or impure for the newborn. This belief led to its discard, a practice deeply rooted in tradition, despite colostrum being highly nutritious and beneficial for the infant's immune system. This misconception about colostrum's harmfulness reflects a profound cultural influence that overrides the understanding of its health benefits.

Additionally, the practice of complementary feeding was widespread, with various ethnic groups attributing medicinal value to certain foods and liquids given to newborns before EBF was established. For instance, in some communities, it was customary to give newborns herbal concoctions, believed to have health-promoting properties, or animal milk, seen as a strengthening supplement. These practices, passed down through generations, signify the deep-rooted nature of traditional beliefs and their influence on maternal and infant health behaviors.

Another cultural practice observed was the ritualistic introduction of specific foods or liquids as part of a traditional ceremony or rite of passage for the newborn. In some ethnic groups, these rituals were integral to welcoming a new child into the community or for spiritual protection, often involving the administration of foods or liquids other than breast milk.

"In our village, we believe colostrum is not good for the baby. It's a tradition to throw it away and wait before starting to breastfeed." (Akha Mother, aged 32)

"It's our custom to give herbal mixtures to newborns. We've done this for generations, thinking it strengthens the baby before EBF." (Hmong Mother, aged 23)

"We have a ceremony where we give a bit of rice water to our newborns. It's more than feeding; it's a rite of passage and blessing for the child." (Lanten Mother, aged 22)

"I was told to feed my baby goat milk before starting EBF. Our elders say it's good for the baby's health and protects them." (Yao Mother, aged 34)

Additionally, the study uncovered a profound cultural belief specific to certain ethnic groups in Bokeo province, concerning the early introduction of rice to newborns. In these communities, it was believed that if a child did not consume rice from birth, they would face difficulties in finding food or sustenance as they grew older. This belief was deeply intertwined with spiritual perspectives, where abstaining from rice was seen as a neglect of the deities or sacred spirits residing in the grain. These spirits were thought to provide protection and wellness. Hence, not introducing rice to a newborn

was feared to result in the child being more susceptible to illnesses or even facing mortal danger.

"If the baby doesn't eat rice early on, it's believed they'll struggle to find food later in life. It's also a way to honor the spirits that watch over us." (Karen Mother, aged 29)

3.5 Role of family, community, and health services in shaping the EBF experiences and decisions among ethnic mothers

The findings illustrate how family dynamics significantly influence EBF decisions and practices. Elder female relatives, particularly mothers and mothers-in-law, often serve as the primary source of guidance for new mothers, drawing from traditional knowledge and practices. While this can provide valuable support, it sometimes leads to conflicts with contemporary health advice, particularly when it involves traditional practices like complementary feeding or the early introduction of complementary foods. Despite these challenges, emotional support from family members emerged as a crucial factor in encouraging and sustaining EBF.

"My mother-in-law insisted on giving herbal drinks before EBF. It was tough to go against her wishes" (Khmu Mother, aged 26).

Community norms and collective beliefs also play a substantial role in shaping EBF practices. Mothers in these communities often adhere more strictly to practices and recommendations from within their social circle than external advice. Community events and rituals involving newborns often include specific feeding practices, which can either support or hinder EBF. Peer support, especially from other mothers within the community, was highlighted as particularly valuable. Sharing experiences and advice among peers creates a supportive environment for EBF, reinforcing community norms and practices.

"We follow what is commonly done in our village. It feels right to stick to our ways; our practices are deeply rooted in tradition. Even when healthcare advice differs, it's hard to break away from what we've always known and trusted in our community." (Tai Lue Mother, aged 30).

However, many mothers who were educated or taught about the benefits of breastfeeding by medical personnel gained increased self-confidence to pass on the teachings they received to their family members. They strive to inform and persuade family members such as husbands, their own mothers, or mothers-in-law about the value of breast milk and the benefits that children receive from it. They attempt this, often requiring considerable time before their family members agree.

"I made efforts to explain the benefits of breastfeeding to my mother-in-law. It took months of trying before she accepted and supported my decision to breastfeed." (Khmu Mother, aged 23).

"My husband is quite traditional. I tried to tell him about the benefits of breast milk, that it contains all the necessary nutrients, as the doctors taught me. But it took a long time before he understood." (Karen Mother, aged 29)

Health services play a crucial role in influencing EBF practices, with interactions with healthcare providers significantly impacting mothers' decisions to adopt EBF. Mothers who received counseling and support from healthcare professionals were more likely to engage in exclusive breastfeeding. However, numerous challenges

hinder access to these critical services. In particular, the limited availability of health services, especially in remote areas, and a lack of culturally sensitive approaches by healthcare providers stand out as major barriers. Additionally, there is a notable gap in continuous education and support for EBF after mothers are discharged from birth facilities.

Access to health services is not uniform, as even the most basic health units like sub-district health stations can be inaccessible due to various factors, including the difficulty of traveling and potential loss of income when seeking medical care. Many mothers in the study expressed a preference for home visits by healthcare professionals be they doctors, nurses, or public health workers who could provide advice and conduct medical examinations directly in their homes. This preference is facilitated by government support, which provides resources such as travel budgets and meals for these personnel during their duties. This model of care not only addresses the logistical challenges faced by mothers in remote areas but also supports continuous and culturally sensitive healthcare engagement, which is essential for sustaining EBF practices.

"I got good advice at the clinic, but it's hard to follow when our traditions say otherwise" (Hmong Mother, aged 28).

"It's really inconvenient for me to go to the hospital or even a health station because it's far from where I live. It would be better if the officials could come to my home to check, treat, and advise me because they have government-funded resources." (Karen Mother, aged 26).

4. DISCUSSION

The study's examination of EBF perceptions and practices among ethnic mothers in Bokeo illuminates several key aspects in the contexts of maternal and child health. The recognition of EBF's health benefits among participants reflects a general awareness of its importance for infant growth and development. However, the notable deviation from the WHO's guidelines for EBF for the first six months suggests a disparity between knowledge and practice (Ritthimon et al., 2023). This disparity could be attributed to various factors influencing maternal decisions. For instance, the decision to introduce complementary foods or liquids early in an infant's life might be driven by observations within the community or perceived needs of the child, rather than a lack of awareness of EBF benefits. Such decisions underscore the complex decision-making process mothers undergo, which might be influenced by their immediate observations and experiences, rather than solely by traditional or cultural practices (Coomson & Aryeetey, 2018). The prevalence of complementary feeding in certain communities, despite the known benefits of EBF, indicates a nuanced understanding of infant care among ethnic mothers. This practice may stem from inherited familial practices or a perceived necessity in the absence of adequate EBF support. It suggests that mothers' EBF practices are influenced by a combination of personal experiences, perceived infant needs, and inherited knowledge (Deubel et al., 2019).

The study's insights into EBF practices in remote ethnic communities reveal a complex landscape were



cultural beliefs often present significant barriers. The tradition of feeding newborns foods other than breast milk from birth, deeply ingrained in ancestral customs, stems from beliefs that EBF could harm the infant or even offend ancestral spirits. Such practices underscore the profound influence of cultural norms and traditions on maternal and infant health behaviors (Grubestic & Durbin, 2020; Wungrath et al., 2022). Despite these entrenched beliefs, the resilience and adaptability of some ethnic mothers in these communities are noteworthy. As highlighted in the study, these mothers, by embracing knowledge from health professionals, managed to navigate through these cultural barriers. Their efforts to educate and persuade their families about the advantages of EBF demonstrate a significant shift in approach. Driven by a strong belief in the health benefits of EBF for their children, they challenged traditional norms and advocated for change (Tomori, 2022). Ritthimon et al. (2023) further corroborate this finding, indicating that ethnic mothers who engaged with medical services developed positive attitudes towards EBF. This engagement provided them with crucial information and a deeper understanding of the health benefits of EBF, not just for their children but for their overall familial health. The study indicates that when these mothers brought this knowledge back to their communities and families, it catalyzed a gradual change in perception. Initial resistance from family members, rooted in long-standing cultural practices, began to dissipate as they started to recognize and accept the significance of EBF in ensuring the health and growth of their children (Ritthimon et al., 2023). This evolution in family and community attitudes highlights a critical pathway for public health interventions. It underscores the importance of culturally sensitive and accessible healthcare services that can provide education and support to mothers in remote ethnic communities. Such services play a crucial role in bridging the gap between traditional practices and modern health recommendations. Moreover, it emphasizes the need for healthcare professionals to understand and respect cultural contexts while providing evidence-based guidance on infant nutrition and care (Anggraeni et al., 2018).

The study's exploration of socioeconomic barriers to EBF in rural Bokeo provides a stark illustration of the challenges faced by new mothers in balancing their economic responsibilities with their child's health needs. This aligns with several studies that have yielded similar findings, the economic imperatives that force mothers to return to work postpartum are a key factor disrupting EBF practices (Carpay et al., 2021; Shaheen et al., 2018). In rural settings like Bokeo, where livelihoods often depend on agriculture or manual labor, the lack of maternity leave options exacerbates this issue. Mothers are faced with the difficult choice of returning to work to support their families financially, often at the expense of being able to provide EBF during the crucial early months of their child's life (Nazari et al., 2021). This situation is further complicated by cultural expectations and societal norms regarding work and motherhood. In many rural communities, there is a strong expectation for mothers to quickly resume their economic roles, which can add to the pressure of discontinuing EBF (Malatjie, 2020). Moreover, the limited availability of community and healthcare

support for EBF in these areas exacerbates the issue. Without access to necessary resources and guidance, many mothers struggle to find practical solutions to balance EBF with their work (Dutheil et al., 2021).

The limited healthcare access in rural Bokeo significantly hampers effective EBF practices, as evidenced by the study's findings. The infrequent interactions between mothers and healthcare professionals, exacerbated by the scarcity of local health facilities, create substantial barriers to obtaining essential EBF information and support. This situation results in a pronounced knowledge gap for new mothers, who are often left without guidance on critical EBF techniques and ways to address common lactation issues (Kwame & Petrucka, 2022; Pemo et al., 2020). Moreover, the absence of routine postnatal follow-ups in these regions further complicates the scenario. Such follow-ups are crucial for monitoring the health of both mother and child and for offering necessary support and advice on EBF. The lack of these services means that many mothers do not receive the continuous care and guidance needed to overcome EBF challenges effectively. This gap in postnatal care can lead to a reliance on potentially ineffective or harmful traditional practices and a higher likelihood of premature cessation of EBF (Asare et al., 2018; Lawrence & Lawrence, 2021).

Additionally, the study highlights the significant physical challenges faced by EBF mothers, such as conditions like mastitis (Pevzner & Dahan, 2020). This painful and often debilitating condition can lead to severe discomfort and complications, making EBF a distressing experience for many women (Gianni et al., 2019). Without proper medical support and guidance, these physical challenges can become overwhelming, forcing some mothers to discontinue EBF altogether. The consequences of such decisions extend beyond the immediate discomfort, potentially impacting the long-term health and nutritional status of the infant (Wilson et al., 2020). In essence, the study brings to light the critical need for enhancing healthcare access and support in rural settings like Bokeo. Improving the frequency and quality of interactions between healthcare providers and new mothers, ensuring the availability of postnatal care, and providing effective management of physical challenges associated with EBF are essential steps. These measures not only support the health and well-being of mothers and their infants but also contribute to the broader goal of improving maternal and child health outcomes in rural communities (World Health Organization, 2018).

Cultural beliefs about the propriety and implications of certain practices play a significant role in maternal decision-making. For instance, the study found that in some ethnic communities, there's a prevalent belief against the use of colostrum, often perceived as harmful or impure. This leads to its discard, despite its known benefits for the newborn's immune system. Such practices indicate the powerful sway of traditional beliefs and how they can contradict modern medical advice (Beggs et al., 2021). Moreover, the practice of complementary feeding, where newborns are given substances like honey, herbal concoctions, or animal milk before EBF is established, further underscores the cultural dimension in infant feeding practices. Rooted in tradition and often attributed to medicinal or spiritual

benefits, these practices highlight the complexities healthcare providers face when promoting EBF in culturally diverse settings (Sosseh et al., 2023). The study also revealed that ritualistic practices involving the introduction of specific foods or liquids as part of traditional ceremonies significantly influence EBF practices. These rituals, deeply embedded within cultural and spiritual belief systems, often involve giving substances other than breast milk to newborns, reflecting the cultural symbolism and value attached to these practices (Dorri et al., 2021). It is evident that effective EBF promotion in such communities requires more than just providing information about the health benefits of EBF. Healthcare interventions need to be culturally sensitive, taking into consideration the local beliefs and practices. This approach involves engaging with community leaders, incorporating cultural understanding into health education, and finding ways to integrate beneficial health practices without undermining cultural values. Moreover, the role of healthcare professionals becomes crucial in navigating these cultural nuances. They need to establish trust within the community and provide support that respects cultural beliefs while gently guiding mothers towards practices beneficial for both mother and child's health (Marshall et al., 2021).

The role of family and community in shaping EBF experiences and decisions, as observed in the study from rural Bokeo, is a critical aspect in understanding the dynamics of maternal and child health. The findings underscore how deeply intertwined family and community influences are with the practices and decisions surrounding EBF. Family, particularly elder female relatives like mothers and mothers-in-law, play a significant role in influencing EBF practices (Truglio-Londrigan & Slyer, 2018). These family members often act as the primary source of information and guidance for new mothers, passing down traditional knowledge and practices. While this can be a source of valuable support, it can sometimes lead to conflicts with contemporary health advice, especially in cases where traditional practices diverge from recommended EBF guidelines. The study reveals that the advice and beliefs of these influential family members can have a profound impact on a mother's decision to initiate and continue EBF (Feenstra et al., 2018). Moreover, Community norms and collective beliefs also play a substantial role in shaping EBF decisions. The study highlights that in many cases, community-led practices and recommendations are adhered to more strictly than external advice. Community events, rituals involving newborns, and the collective wisdom of the community often include specific practices related to infant feeding, which can either support or hinder EBF. Furthermore, peer support within the community, particularly from other mothers, emerges as a valuable asset, creating a supportive environment that can encourage and reinforce EBF practices (Kuswara et al., 2021; Schindler-Ruwisch et al., 2019).

5. CONCLUSION

This study sheds light on the EBF practices and challenges among ethnic mothers in a diverse cultural setting. It underscores the significant impact of

socioeconomic constraints, limited healthcare access, and cultural beliefs on EBF. Key challenges include the economic need for mothers to resume work postpartum and inadequate healthcare support, which hinder EBF. The study also highlights how traditional practices can conflict with modern health recommendations. These insights call for a multi-faceted approach, including supportive maternity policies, improved healthcare access, and culturally sensitive services. Community-based interventions and a focus on maternal nutrition are crucial for bridging the gap between traditional and modern practices, fostering effective EBF. This research contributes to a deeper understanding of EBF in rural, culturally diverse areas, emphasizing the need for comprehensive strategies to enhance maternal and child health.

ACKNOWLEDGMENTS

The authors would like to express their sincere gratitude to several key institutions and individuals for their support and collaboration. This includes the Faculty of Public Health at Chiang Mai University, Health Promotion Center Region 1, the Health Center for Ethnic Groups, Marginal People and Migrant Workers under the Department of Health, Ministry of Public Health, Thailand, as well as the Bokeo Provincial Health Office in Bokeo province, Lao People's Democratic Republic. Additionally, the authors are deeply thankful for the cooperation and participation of all individuals involved in this study.

REFERENCES

- Anggraeni, M. D., Aji, B., Setiyani, R., Kartikasari, A., & Rahmawati, E. (2018). How do modern parents deal with cultural beliefs about breastfeeding? A qualitative study. *British Journal of Midwifery*, 26(9), 605–613. <https://doi.org/10.12968/bjom.2018.26.9.605>
- Asare, B. Y.-A., Preko, J. V., Baafi, D., & Dwumfour-Asare, B. (2018). Breastfeeding practices and determinants of exclusive breastfeeding in a cross-sectional study at a child welfare clinic in Tema Manhean, Ghana. *International Breastfeeding Journal*, 13, Article 12. <https://doi.org/10.1186/s13006-018-0156-y>
- Bal, N., Boulom, S., van Brakel, K. A., Kounnavong, S., & Essink, D. R. (2022). How do the determinants of exclusive breast-feeding change over time? A multi-survey quasi-longitudinal study in Lao People's Democratic Republic. *Public Health Nutrition*, 25(9), 2380–2394. <https://doi.org/10.1017/s1368980022001380>
- Beggs, B., Koshy, L., & Neiterman, E. (2021). Women's perceptions and experiences of breastfeeding: A scoping review of the literature. *BMC Public Health*, 21, Article 2169. <https://doi.org/10.1186/s12889-021-12216-3>
- Bhattacharjee, N. V., Schaeffer, L. E., Hay, S. I., & Local Burden of Disease Exclusive Breastfeeding Collaborators. (2021). Mapping inequalities in exclusive breastfeeding in low-and middle-income countries, 2000–2018. *Nature Human Behaviour*, 5(8), 1027–1045. <https://doi.org/10.1038/s41562-021-01108-6>

- Carpay, N. C., Kakaroukas, A., Embleton, N. D., & van Elburg, R. M. (2021). Barriers and facilitators to breastfeeding in moderate and late preterm infants: A systematic review. *Breastfeeding Medicine*, 16(5), 370–384. <https://doi.org/10.1089/bfm.2020.0379>
- Coomson, J. B., & Aryeetey, R. (2018). Perception and practice of breastfeeding in public in an urban community in Accra, Ghana. *International Breastfeeding Journal*, 13, Article 18. <https://doi.org/10.1186/s13006-018-0161-1>
- Deubel, T. F., Miller, E. M., Hernandez, I., Boyer, M., & Louis-Jacques, A. (2019). Perceptions and practices of infant feeding among African American women. *Ecology of Food and Nutrition*, 58(4), 301–316. <https://doi.org/10.1080/03670244.2019.1598977>
- Dorri, R. A., Donnelly, T. T., McKiel, E., & Bouchal, S. R. (2021). Knowledge and infant feeding practices' influence on Arab immigrant mothers' initiation and exclusive breastfeeding. *Middle East Journal of Nursing*, 15(3), 3–12. <http://dx.doi.org/10.5742/MEJN2021.9378010>
- Dutheil, F., Méchin, G., Vorilhon, P., Benson, A. C., Bottet, A., Clinchamps, M., Barasinski, C., & Navel, V. (2021). Breastfeeding after returning to work: A systematic review and meta-analysis. *International Journal of Environmental Research and Public Health*, 18(16), Article 8631. <https://doi.org/10.3390/ijerph18168631>
- Feenstra, M. M., Kirkeby, M. J., Thygesen, M., Danbjørg, D. B., & Kronborg, H. (2018). Early breastfeeding problems: A mixed method study of mothers' experiences. *Sexual & Reproductive Healthcare*, 16, 167–174. <https://doi.org/10.1016/j.srhc.2018.04.003>
- Gianni, M. L., Bettinelli, M. E., Manfra, P., Sorrentino, G., Bezze, E., Plevani, L., Cavallaro, G., Raffaeli, G., Crippa, B. L., Colombo, L., Morniroli, D., Liotto, N., Roggero, P., Villamor, E., Marchisio, P., & Mosca, F. (2019). Breastfeeding difficulties and risk for early breastfeeding cessation. *Nutrients*, 11(10), Article 2266. <https://doi.org/10.3390/nu11102266>
- Goudineau, Y. (2015). The ongoing invention of a multi-ethnic heritage in Laos. *The Journal of Lao Studies*, 2, 33–53.
- Granger, K. (2018). Improving early initiation of breastfeeding in Southeast Asia: The alive & thrive experience. *Breastfeeding Medicine*, 13(8), 535–536. <https://doi.org/10.1089/bfm.2018.0125>
- Grubestic, T. H., & Durbin, K. M. (2020). The complex geographies of telelactation and access to community breastfeeding support in the state of Ohio. *Plos One*, 15(11), Article e0242457. <https://doi.org/10.1371/journal.pone.0242457>
- Jama, A., Gebreyesus, H., Wubayehu, T., Gebregyorgis, T., Teweldemedhin, M., Berhe, T., & Berhe, N. (2020). Exclusive breastfeeding for the first six months of life and its associated factors among children age 6–24 months in Burao district, Somaliland. *International Breastfeeding Journal*, 15, Article 5. <https://doi.org/10.1186/s13006-020-0252-7>
- Kapheak, K., Theerawasttanasiri, N., Khumphoo, P., Sriwongphan, R., Ritthimon, W., Chayaseng, C., Bounmaseng, P., Pangsri, N., Ngampradit, Y., & Wungrath, J. (2024). Perspectives of healthcare providers in maternal and child health services in Bokeo province, Lao People's Democratic Republic: A qualitative study. *Journal of Population and Social Studies*, 32, 329–345. <http://doi.org/10.25133/JPSsv322024.020>
- Kuswara, K., Knight, T., Campbell, K. J., Hesketh, K. D., Zheng, M., Bolton, K. A., & Laws, R. (2021). Breastfeeding and emerging motherhood identity: An interpretative phenomenological analysis of first time Chinese Australian mothers' breastfeeding experiences. *Women and Birth*, 34(3), e292–e301. <https://doi.org/10.1016/j.wombi.2020.03.005>
- Kwame, A., & Petrucka, P. M. (2022). Universal healthcare coverage, patients' rights, and nurse-patient communication: A critical review of the evidence. *BMC Nursing*, 21, Article 54. <https://doi.org/10.1186/s12912-022-00833-1>
- Lawrence, R. A., & Lawrence, R. M. (2021). *Breastfeeding: A guide for the medical profession* (9th ed.). Elsevier.
- Lyons, K. E., Ryan, C. A., Dempsey, E. M., Ross, R. P., & Stanton, C. (2020). Breast milk, a source of beneficial microbes and associated benefits for infant health. *Nutrients*, 12(4), Article 1039. <https://doi.org/10.3390/nu12041039>
- Malatjie, K. (2020). *Exploring low income working mother's perceptions of community support for exclusive breastfeeding after returning to work* [Master's thesis, University of Cape Town]. OpenUCT, University of Cape Town. <http://hdl.handle.net/11427/32794>
- Marshall, S., Taki, S., Love, P., Kearney, M., Tam, N., Sabry, M., Kuswara, K., Laird, Y., Wen, L. M., & Rissel, C. (2021). Navigating infant feeding supports after migration: Perspectives of Arabic and Chinese mothers and health professionals in Australia. *Women and Birth*, 34(4), e346–e356. <https://doi.org/10.1016/j.wombi.2020.06.002>
- Muro-Valdez, J. C., Meza-Rios, A., Aguilar-Uscanga, B. R., Lopez-Roa, R. I., Medina-Díaz, E., Franco-Torres, E. M., & Zepeda-Morales, A. S. M. (2023). Breastfeeding-related health benefits in children and mothers: Vital organs perspective. *Medicina*, 59(9), Article 1535. <https://doi.org/10.3390/medicina59091535>
- Nazari, J., Esmaili, A., Mousavi, E.-S., Mirshafiei, P., & Amini, S. (2021). Socioeconomic factors affecting exclusive breastfeeding in the first 6 months of life. *Journal of Pediatric and Neonatal Individualized Medicine (JPNIM)*, 10(2), Article e100255. <https://doi.org/10.7363/100255>
- Onphanhdala, P., & Philavong, V. (2021). Developing policies for local farmer production groups and their impacts on inequality and poverty reduction in Lao PDR. In F. Taghizadeh-Hesary, N. Panthamit, & N. Yoshino (Eds.), *Poverty reduction for inclusive sustainable growth in developing Asia* (pp. 3–37). Springer. http://dx.doi.org/10.1007/978-981-16-1107-0_1
- Pemo, K., Phillips, D., & Hutchinson, A. M. (2020). Midwives' perceptions of barriers to exclusive breastfeeding in Bhutan: A qualitative study. *Women and Birth*, 33(4), e377–e384. <https://doi.org/10.1016/j.wombi.2019.07.003>
- Pevzner, M., & Dahan, A. (2020). Mastitis while breastfeeding: Prevention, the importance of proper treatment, and potential complications. *Journal of Clinical Medicine*, 9(8), Article 2328. <https://doi.org/10.3390/jcm9082328>

- Phonvisay, A., Suruga, T., & Lucero-Prisno, D. E. (2019). Impact of social capital on child nutrition status: The case of three villages in Oudomxay province of the Lao People's Democratic Republic. *Journal of Global Health Science*, 1(1), Article e12. <http://dx.doi.org/10.35500/jghs.2019.1.e12>
- Ritthimon, W., Thongprachum, A., & Wungrath, J. (2023). A qualitative exploration of exclusive breastfeeding practices among Karen ethnicity mothers in northern Thailand remote rural areas. *Kesmas: Jurnal Kesehatan Masyarakat Nasional (National Public Health Journal)*, 18(3), 152–159. <http://dx.doi.org/10.21109/kesmas.v18i3.6662>
- Schindler-Ruwisch, J., Roess, A., Robert, R. C., Napolitano, M., Woody, E., Thompson, P., & Ilakkuvan, V. (2019). Determinants of breastfeeding initiation and duration among African American DC WIC recipients: Perspectives of recent mothers. *Women's Health Issues*, 29(6), 513–521. <https://doi.org/10.1016/j.whi.2019.07.003>
- Shaheen, H. M., Hegazy, N. N., & Sakr, S. S. A. (2018). The barriers to breastfeeding among women: A single-center experience. *Menoufia Medical Journal*, 31(3), 855–861.
- Somsoulivong, B. (2016). *Forest resources dependency of the rural community: A case study in Bokeo province, Lao PDR*. Economy and Environment Program for Southeast Asia (EEPSEA). https://ideas.repec.org/p/eep/tpaper/tp201604t1.html?utm_source=chatgpt.com
- Sosse, S. A. L., Barrow, A., & Lu, Z. J. (2023). Cultural beliefs, attitudes and perceptions of lactating mothers on exclusive breastfeeding in the Gambia: An ethnographic study. *BMC Women's Health*, 23, Article 18. <https://doi.org/10.1186/s12905-023-02163-z>
- Tariqujjaman, M., Hasan, M. M., Mahfuz, M., Hossain, M., & Ahmed, T. (2022). Association between mother's education and infant and young child feeding practices in South Asia. *Nutrients*, 14(7), Article 1514. <https://doi.org/10.3390/nu14071514>
- Tomori, C. (2022). Overcoming barriers to breastfeeding. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 83, 60–71. <https://doi.org/10.1016/j.bpobgyn.2022.01.010>
- Truglio-Londrigan, M., & Slyer, J. T. (2018). Shared decision-making for nursing practice: An integrative review. *The Open Nursing Journal*, 12, 1–14. <https://doi.org/10.2174/1874434601812010001>
- Wilson, E., Woodd, S. L., & Benova, L. (2020). Incidence of and risk factors for lactational mastitis: A systematic review. *Journal of Human Lactation*, 36(4), 673–686. <https://doi.org/10.1177/0890334420907898>
- World Health Organization. (2018). *Implementation guidance: Protecting, promoting, and supporting breastfeeding in facilities providing maternity and newborn services: The revised baby-friendly hospital initiative 2018*. <https://www.who.int/publications/i/item/9789241513807>
- Wungrath, J., Chanwikrai, Y., Khumai, N., & Sutan, P. (2022). Perception towards food choice among low-income factory worker parents of pre-school children in Northern Thailand: A qualitative study. *Malaysian Journal of Public Health Medicine*, 22(3), 98–106. <https://doi.org/10.37268/mjphm/vol.22/no.3/art.1682>