

Child Nutrition in Cambodian migrant households: Does the caregiver’s trauma matter?

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Background

While household wealth and food insecurity affect child’s nutritional status (Aguayo et al 2016; Harvey et al, 2022; Kpewou et al, 2019; Menasria et al, 2018; Miller et al 2009; Yasuoka et al, 2020), the caregiver’s distress and health status as well as parenting style are known contributing factors in child’s undernutrition (Hadley et al 2011; Thielman et al, 2012). In a nation-wide study, children (0 to 3) of migrant parents with grandparents as primary caregivers were found to be 19% stunted and 14% underweight (IOM et al, 2019). Cambodian grandparents faced significant aging health problems and reported symptoms of anxiety and depression (IOM et al, 2019) in addition to their trauma experiences during historical genocide and civil war (Sonis et al 2009; Armes et al, 2019). Yet, little is known about grandparent’s trauma and the effects on child’s nutrition especially skipped generation households.

Research Objective

To measure the effects of caregiver’s trauma and parenting style, household’s food security, duration of parental migration and child gender on child’s undernutrition (stunting and underweight)

Method

- Quantitative research design
- ❖ In 2022, we revisited 82 from 731 sampled households of a nationwide research project in 2018
 - ❖ The household survey interviews were conducted with 82 grandparents and children who were 5-8 years old by 2022
 - ❖ Gathered data on caregiver’s trauma, parental style, food insecurity coping strategies, parental migration, and child’s Body Mass Index (BMI)
 - ❖ Conducted multiple linear regression model to test the associational relationships

Results

- **The past trauma exposures** is related to lack of basic needs, while **current trauma** is related to family financial issues
- **Caregiver’s trauma symptom** prevalence whereby 26.8% met PTSD criteria (cut-off of 2, Mollica et al., 1998)
- **Prevalence of undernutrition** (WHO growth reference)
Stunting (height for age Z, [HAZ] < -2SD) is 14.6%
Underweight (weight for age Z, [WAZ] < -2SD) is 27.3% (with 7.8% identified as severe underweight, WAZ < -3SD)

Results from multiple linear regression

Overall regression models are significant: stunting: $R^2 = .300$, $F(7, 54) = 3.31$, $p = .005$, underweight: $R^2 = .366$, $F(7, 51) = 4.21$, $p = .001$.

Caregiver indicators:

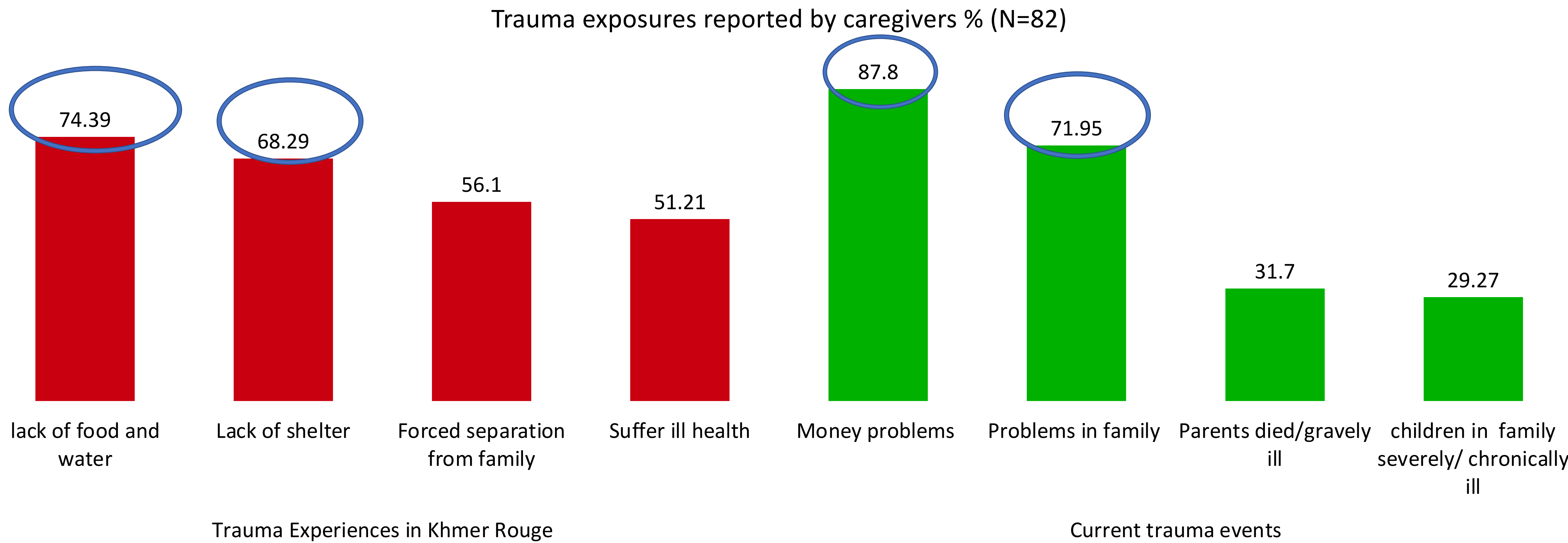
- The caregiver’s trauma exposures, but not the trauma symptoms, associated with children being stunted and underweight, $p < .05$.
- The poor supervision parenting associated with the better children’s nutritional status (stunted and underweight), $p < .05$.

Parental migration indicators:

- The longer the mother has been away as migrant, the better the children’s nutrition is, $p < .05$,
- The longer the father has been away a migrant, the poorer the child’s nutrition is, $P < .05$.

Household and child indicators:

- Increased household food insecurity coping strategies, the greater the odds of children being stunted, $p < .05$.
- Boys are more likely to be stunted than girls, $p < .05$



Conclusion

- Consistent with studies in literature, household food insecurity contributes to children’s stunting.
- Yet, the findings highlights new elements on relationship between caregiver’s trauma exposures and children’s nutritional status. Caregiver’s past and current trauma experiences, especially concerning lack of basic needs and socioeconomic crisis may be linked to insufficient access to food in households.
- The household poverty induces distress among caregivers and places children at risk of poor nutritional status (Harvey et al, 2022). The increasing women’s migration contributes to the improvement of child’s nutrition and overall wellbeing. This may reflect the remittances sent by women for left behind households to support better and sufficient access to food and care (IOM et al, 2019).

Limitations

- The result suggests poor supervision parenting style associated with better child’s nutrition outcome. The parenting measurement used in this study does not specifically capture the feeding behaviour, thus, a well-defined parenting measurement is needed for future research on parenting and nutrition
- The small sample size of this study is another limitation as it might contribute to non-significant results, e.g. food insecurity and child’s gender in child’s underweight

Acknowledgement

This research project received the funding from Center for Khmer Studies Research Fellowship 2021

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Explanatory variable

Caregiver indicators

1. Caregiver’s trauma: Harvard Trauma Questionnaire (HTQ)
2. Parenting: Alabama Parenting Questionnaires (APQ)

Household indicators

1. Coping Strategies Index (CSI)
2. Duration of parent’s migration

Outcome variables
(child aged 5-9)
Stunt and underweight

Explanatory variable

Child indicator
Gender

Conceptual model of relationship between explanatory and outcome variables