

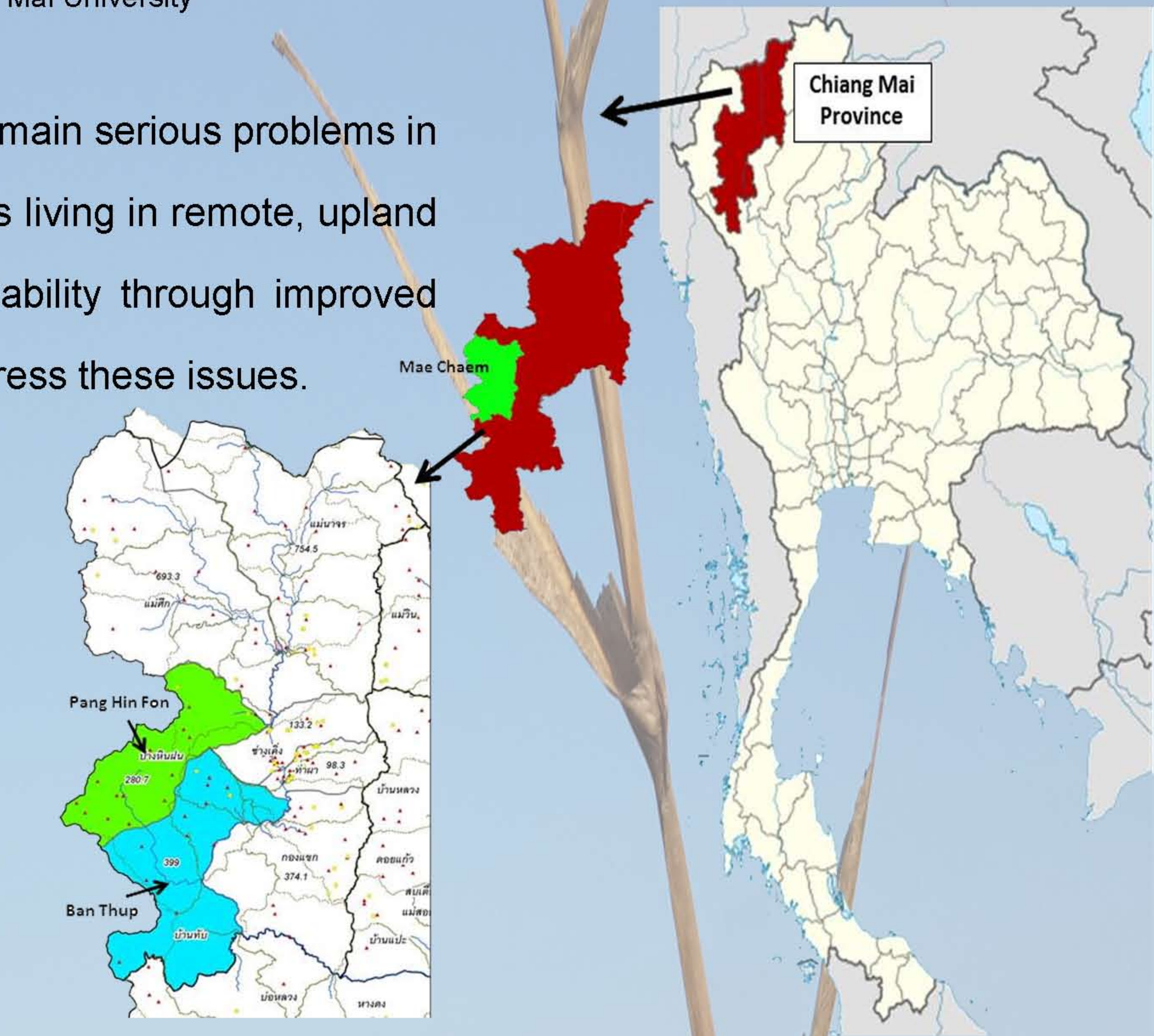
Agroecology, Food Security, and Nutrition

in the Highland of Thailand

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Introduction: Malnutrition and food security remain serious problems in Thailand, particularly amongst ethnic minorities living in remote, upland areas. Sustainably improving local food availability through improved agricultural production has the potential to address these issues.



Objective: To identify local and practical solutions to improve nutrition and food security amongst smallholder farmers in rural upland communities in Thailand through nutrition-sensitive agriculture solutions.

Methods: Four Karen and 4 Lawa hill-tribe villages in Mae Chaem district, Chiang Mai, Thailand, have been investigated for their food security and nutrition status in order to formulate nutrition-sensitive agricultural interventions. A total of 172 households (98 HHs of the Karen tribe and 74 HHs of the Lawa tribe) were surveyed for their situations on food security, dietary diversity, and child-feeding practices, using household questionnaires. Focus group discussions (FGD) and in-depth interviews (with village representatives and local authorities) on agricultural and food-security issues were also done. The FGDs were done in male and female groups of both tribes.

Results: For the first (out of 3) year, it has been found out that they practice both shifting cultivation and permanent-field agriculture, with rice as the main crop. Food is locally grown, bought from the market, and gathered from the vicinity of the villages. The studied population is 50% food secure, and their dietary diversity was about 40%. Only 4 % of 209 children aged 0-5 years old had a minimum acceptable diet. Results of the FGDs showed that the female and the males managed their food systems differently. Potential interventions (chicken raising for eggs and home gardens with nutritive plants) have been formed based on ideas from local stakeholders and international research partners in order to be tested in the second year of the project, and it will be concluded whether the interventions work or not, in the third year.

