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**NATIONAL PROGRAMME FOR THE REVIVAL OF
BREASTFEEDING IN TURKMENISTAN (1993-1997)**

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National programme for the revival of
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Fifteen million children dying in the world are one of the main international problems affecting the survival of the human race and the quality of its health.

The high level of mortality among children in Turkmenistan has become a fundamental problem for the sovereign state.

Undoubted successes in reducing infant mortality (from 57.2 per thousand in 1986 to 45.3 per thousand in 1992) have been possible thanks to the scientifically substantiated introduction of a number of methods accepted throughout the world and refined in Turkmenistan, the most important of which are:

- Prenatal diagnosis of foetal condition and treatment of foetoplacental shortcomings;
- Oral rehydration;
- Family planning;
- Establishment of emergency and intensive care services in rural areas, etc.

In line with WHO resolutions, a comprehensive strategy for reducing infant morbidity and mortality is impossible without universal dissemination of the practice of breastfeeding up to a minimum of six months of age.

Breastmilk has the unique feature of containing a superlatively balanced ratio of nutrients and enzymes to the immunological substances required for protection of the human organism.

Breastfed babies are 2.5 times less prone to diseases than children fed a mixed diet.

Frequent feeding of the neonate solely with breastmilk protects the mother against pregnancy.

Many medical personnel do not have the necessary knowledge to manage lactation and support breastfeeding mothers. For that reason, implementation of a strategy of child survival must include the training of physicians/specialists in medical supervision of breastfeeding.

In this connection, it is necessary to bear in mind the fact that breastfeeding is unthinkable without broad dissemination of information, the organization of joint accommodation for mothers and babies in maternity homes, renunciation of all other types of diet and early placement of the child at the breast.

This programme will make it possible to substantially reduce infant morbidity and mortality, to optimize family planning and to improve the health of future generations.

1.0 Basic information

1.1 Existing situation

1.1.1. Climatic, geographical and demographic features of the region

Turkmenistan is in a dry, hot zone marked by sharp temperature falls. In summer, the air temperature reaches 45–50 degrees Celsius, while in winter it may sometimes fall to minus 15–minus 20 degrees Celsius.

The Karakum Desert, in the centre of the country, occupies the main part of the territory of the Republic. Populated sites are located in the vicinity of the main sources of water. The main

water artery is the artificial canal called the Karakumskim. Part of the territory of the Republic lies on the shores of the Caspian Sea. The southern border lies along the ridge of the Koppeh Dagh mountains.

The country's economy consists primarily of agriculture, with cotton as the main crop. In addition, the development of market gardening and other types of farming has been seen in Turkmenistan in recent years. The country's stock-raising is characterized by the rearing of small large-horned cattle. The chemical and raw materials processing industries are being successfully developed in the Republic, and oil and gas are extracted.

1.1.2. Infant morbidity and mortality

On average, the population of the Republic amounts to 4 million people. Women and children account for more than half of the population, and most of them live in rural areas. The characteristic demographic feature of the population is the high birth rate, with short intervals between births. A high level of morbidity is seen among the female population, with anaemia in the leading position. Diseases of the genitalia and urogenital system should also be noted.

The above-mentioned characteristic is one of the main causes of high infant morbidity and mortality. The latter is to a significant degree caused by underlying diseases, the main cause of which is unsatisfactory feeding of children during the first year of life. Thus, more than 65% of children who die have nutritional disorders.

1.1.3. Trends in the prevalence of breastfeeding

Analysis of this problem in recent years has shown a marked trend towards a steady fall in breastfeeding (from 75% in 1984 to 49% in 1991), mainly caused by hypolactation among mothers. Hypolactation is most frequently encountered among primigravidae (57.4%) and women living in cities (71.5%). Inadequate lactation is most frequently seen in mothers who are sick (82.6%). The duration of breastfeeding has fallen markedly, especially in cities.

The causes favouring a reduction in the number of breastfed children have not been adequately studied; it is therefore timely that this programme has been drawn up for Turkmenistan.

1.2. Problems

1.2.1. Predominance of nutrition-related conditions as fundamental or underlying factors giving rise to high perinatal and infant morbidity and mortality.

1.2.2. Progressive reduction in the number of children who are breastfed.

1.2.3. Increase in the number of women with impaired lactation functions.

1.2.4. Frequent births as a consequence of the lack of natural contraceptive protection under conditions of hypolactation.

1.2.5. High level of extragenital morbidity among pregnant women and breastfeeding mothers.

2.0 Objective and targets

2.1. Objective – to ensure maximum prevalence of breastfeeding as the main means of reducing perinatal and infant morbidity and mortality and strengthening the health of the population.

2.2. Targets

2.2.1. To increase the prevalence of breastfeeding of young children from 49 to 75% (85% in rural areas and 70% in urban districts).

2.2.2. To provide universal authoritative information on the advantages of breastfeeding, respecting the population's ethical and religious traditions.

2.2.3. To train medical personnel in sound lactation practice.

2.2.4. To ensure universal joint accommodation for mothers and infants in maternity homes and early placement of neonates at the breast.

3.0 – 4.0 Strategy and organizational measures

3.0 Strategy – development and introduction of a set of interdepartmental measures aimed at attaining maximum prevalence of breastfeeding.

3.1 Research

No.	Topic	Executing agency	Start	End
1.	Prevalence of breastfeeding in the population	Institute for Research on Maternal and Child Health (MCH)	1994	1996
2.	Lactation and reproduction	MCH Research Institute	1992	1997
3.	Extragenital diseases and lactation	MCH Research Institute	1991	1994
4.	Toxic substances and lactation	MCH Research Institute	1993	1996

5.	Features of thermo-regulation and water/sun balance among neonates in arid zones	MCH Research Institute	1993	1996
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4.1. Organizational measures

No.	Measures	Executing agency	Start	End
1.	Regular dissemination through the mass media of information on breastfeeding	TV, Health Centre, Ministry of Health, MCH Research Centre, Khjakimliki	1993	1997
2.	Education of schoolchildren and students in the principles of reproduction	Ministry of Education, Ministry of Health	1994	1997
3.	Introduction of the principles of breastfeeding into physicians' training programmes	Ministry of Health, Turkmen State Medical Institute (SMI)	1993	1997
4.	Introduction of the principles of breastfeeding into the curricula of medical schools	Ministry of Health	1993	1997
5.	Instruction in breastfeeding for physicians and intermediate-level personnel in maternity establishments	Ministry of Health, MCH Research Institute, Turkmen SMI	1994	
6.	Establishment of a breastfeeding support centre	Ministry of Health, MCH Research Institute	1993	
7.	Antenatal instruction of pregnant women in the principles of lactation	MCH Research Institute	1994	
8.	Organization of guaranteed feeding for pregnant women and nursing mothers	Cabinet of Ministers, Khjakimliki	1994	1997

4.2 Methodological work

No.	Measure	Executing agency	Period
1.	Theoretical/practical conference on "Breastfeeding and infant health"	Ministry of Health, MCH Research Institute, Turkmen SMI	January 1994
2.	Seminars: – "Optimization of breastfeeding in regions of Turkmenistan" – "Organization of breastfeeding in rural areas"	Ministry of Health, MCH Research Institute, Turkmen SMI Ministry of Health, MCH Research Institute,	November 1993 January 1994
3.	Meeting with the Deputy Minister	Ministry of Health	November 1993
4.	Meeting with the Minister	Ministry of Health	March 1994
5.	Statements to scientific societies of midwives/gynaecologists and paediatricians	Boards of the societies	March, December 1994
6.	Organize a permanent school to train dietary nurses	Breastfeeding centre	February – June 1994
7.	Theoretical/practical conference on "Education of schoolchildren in the principles of human reproduction"	Ministry of Education, Ministry of Health	December 1994
8.	Establishment of a programme to revive breastfeeding at regional and district level	Khjakimliki, regional Health Boards	March 1994

5.0 Evaluation

Evaluation and monitoring of data will be carried out with the help of the following measures:

No.	Measure	Executing agency	Period
5.1	Include data on breastfeeding in the statistical reporting of the Ministry of Health	Ministry of Health	1994
5.2	Consider the economic effectiveness of breastfeeding at the level of the family, hospital, district, region, country	Ministry of Economics, Ministry of Health	1996
5.3	Survey mothers discharged from maternity homes, children's hospitals, departments for pregnancy-related diseases	Ministry of Health, "Wellstart"	1994–1996

Assessment of the effectiveness of the measures to be taken will be carried out with the help of staff from the Breastfeeding Support Centre and independent experts from "Wellstart".

Research findings will be extensively used in the country and will form the basis for a number of scientific activities. It is planned to write monographs, articles and other aids for the dissemination of information.

6.0. Budget

6.1. The national programme for the revival of breastfeeding will be funded by resources from the state budget under allocation sections for science (3 million rubles earmarked for 1993–1994 plus the salary of a research group for a five-year period) and for health care (training of medical personnel in post at all levels, changes in the curriculum of the medical institute and medical schools, instruction of pregnant women and breastfeeding mothers,

as well as other medical measures; education; educational programmes in schools; mass media - television, radio, newspapers).

6.2. In the current conditions, additional funding may be received from international organizations/sponsors in the form of popular means of mass information (video films, books, slides, etc.) and the equipping of research laboratories.

6.3 Economic effectiveness

6.3.1. On average, 49% of infants (i.e. 64 000) from birth to 1 year of age are on artificial feeding.

On average, the government distributes, free of charge, 54 kilogrammes of appropriate dried compounds per child per year. In other words, the requirement amounts to 3 456 000 kilogrammes or 3.400 tonnes.

The economic effectiveness of achieving exclusive breastfeeding of 75% of infants up to six months of age amounts on average to US \$10 292 per year.

6.3.2. A 20% reduction in diarrhoea will yield savings amounting to:

$130\ 000 : 5 = 26\ 000 \times 1200 \text{ rubles} = 31\ 200\ 000 \text{ rubles} = \text{US } \$31\ 000 \text{ per year.}$

6.3.3. Milk kitchens will not be closed, their work will be redirected towards food products for children in the second six months of life.

6.3.4. On average, a 50% reduction is envisaged in levels of rickets, hypotrophy, anaemia and allergies. These diseases affect 29% of infants, i.e. 43 000 infants.

Approximately 21 000 will be affected, while 22 000 infants will not contract these

diseases. In other words, savings will amount to 8000 rubles x 22 000 = 176 million rubles = US \$176 000 per year.

Total savings amount to:

US \$10 292 + 31 000 + 176 000 =US \$217 292 per year.

Annexes

1. Training programme on lactation for physicians/paediatricians in Turkmenistan.
2. Training plan on lactation for intermediate-level medical personnel.