

PN. ACA-262
93370

**PROGRAMME OF ASSISTANCE
WITH THE PROMOTION OF
BREASTFEEDING IN TAJIKISTAN**

**Valentina Mal'ceva
Dr Kurbanov
Nazira Artykova**

Submitted 1 October 1993

Developed in cooperation with WELLSTART
as part of the Programme on Lactation Management

Sponsored by the Nutrition Department of USAID, DAN-5117-A-00-9099-00

Filename: h\hds\tst\shirley\misc\shinurst.doc

Programme of assistance
with the promotion of breastfeeding
in Tajikistan

Breastfeeding, as the optimal way of feeding infants, is an important health care question for Tajikistan. According to data compiled by the Office of Medical Statistics, 85.5% of infants aged from 0 to 3 months are breastfed, and 67.5% of those from 0 to 6 months. At the twelfth month of age, 42.2% of infants are breastfed. These data have been confirmed by random surveys carried out by the research group on lactation support. In this connexion, it has also been found that, overall, 31.8% of women experience disturbances in the lactation function, with rates of 24.8% in rural areas and 38.6% (i.e. 1.5 times higher) in cities. Of the social, medical and biological factors which have an adverse effect on lactation, the following are significant: the age, level of education and social position of women, the ethnic grouping and material wellbeing of the family and, most important, parity and the course of pregnancy and birth.

The lowest prevalence of breastfeeding (59.4%) is found among primigravidae, especially those aged under 20 years. While breastfeeding prevalence amounts to 85.5% following uncomplicated pregnancies and births, this figure falls to 29.5% where gynaecological pathology occurs and to 27.7% (i.e. more than five-fold) in cases of extragenital pathology.

The low prevalence of breastfeeding is also due to a number of medical/organizational factors: separate accommodation for mothers and infants in inpatient facilities, delayed placement of neonates at the breast, a set feeding régime, incorrect technique of placement at the breast, and unjustified early introduction of supplementary foods (water, glucose solution, juices, etc.), which in turn is a

consequence of an incorrect approach to the question of breastfeeding by medical personnel.

A high level of morbidity is seen in children not fed on breastmilk: it has been found that 72.8% of such infants suffer from diarrhoeal diseases. This figure is 18 times higher than the level of morbidity among children who are breastfed. A similar picture emerges with regard to other groups of diseases.

A high level of mortality also characterizes this group of children, which dictates the need to develop and implement measures aimed at supporting breastfeeding in the Republic.

Aim of the programme:

To reduce infant morbidity and mortality.

Subsidiary aim:

To increase the prevalence of breastfeeding of infants up to 1 year of age.

Objectives:

1. To modify the public's opinion about the value of breastfeeding.
2. To give instruction in lactation and support for breastfeeding in health care teaching establishments.
3. To introduce "10 steps for successful breastfeeding" into the practice of health care establishments.

Implementation phases:

1. By the end of 1993:

1.1. Endorsement of the breastfeeding promotion programme in the Council of Ministers of the Republic of Tajikistan.

1.2. Organization of a Republic Breastfeeding Promotion Centre.

1.3 Development of a training programme for staff with higher and intermediate-level medical education.

1.4 Formation of a correct attitude by health care managers to the question of breastfeeding:

1.4.1 Orientation of administrators to introduce "10 steps" in the practical work of health care establishments.

1.4.2. Organization of an interdisciplinary approach to the question of breastfeeding.

1.5. Development of topics for mass education about breastfeeding.

1.6. Development of a system for monitoring and evaluation of programme implementation.

2. By the end of 1994:

2.1. Training of personnel in questions of breastfeeding:

2.1.1. Training of breastfeeding instructors/tutors for oblasts (regions) – four of each of the following categories: midwives/gynaecologists, neonatologists, paediatricians and chief nurses.

(Republic Breastfeeding Promotion Centre, 1st quarter 1994).

2.1.2. Training of instructors/tutors for rayons (districts) under Republic jurisdiction – 11 of each of the following categories: midwives/gynaecologists, paediatricians, chief nurses and 5 neonatologists.

(Republic Breastfeeding Promotion Centre, 2nd quarter of 1994).

2.1.3. Training of breastfeeding specialists for health care establishments – 30 of each of the following categories: midwives/gynaecologists, paediatricians and chief nurses.

(Instructors/tutors, throughout the year)

2.2. Dissemination of information about breastfeeding:

2.2.1. Television broadcast "Zdorov'e", magazine "Firuza", video film on the technique of breastfeeding.

(Tajik Institute for Research on Occupational Health, Republic Breastfeeding Promotion Centre, Department for Delivery of Maternal and Child Health (MCH) Care).

2.2.2. "School" for future and young parents in inpatient and polyclinic health care establishments.

(Practising physicians, continuous).

2.2.3. Issue of special literature on questions of breastfeeding for medical staff and the general public.

(Tajik Institute for Research in Occupational Health, Republic Breastfeeding Promotion Centre, Department for Delivery of Maternal and Child Health (MCH) Care, throughout the year).

2.2.4. Articles on the advantages of breastfeeding in the journal "Zdravoohranenie Tajikistana".

(Department for Delivery of Maternal and Child Health (MCH) Care, Republic Breastfeeding Promotion Centre, six times a year).

2.3. Promotion of breastfeeding:

2.3.1 Organization of wards for joint accommodation of infants and mothers in maternity and child health care establishments.

(Managers of health care establishments, throughout the year as planned).

2.3.2. Organization of consultations on questions of breastfeeding in out-patient/polyclinic establishments.

(Managers of health care establishments, throughout the year as planned).

2.3.3. Introduction of the method of early placement of neonates at the breast.

(Gynaecologists, neonatologists, midwives, continuous).

2.3.4. Compliance with the requirements for exclusive breastfeeding of infants up to six months of age and for continuation of breastfeeding of young children up to two years of age.

(Practising physicians and intermediate-level medical personnel, continuous).

2.4. Research work on the advantages of breastfeeding.

(Institute for Research in Midwifery, Gynaecology and Paediatrics, appropriate departments at the Tajik State Medical University).

2.5. Analysis and evaluation of programme effectiveness

Funding

1. Sectoral budget

2. Additional earmarked funding

Annexes