

**United Nations Children's Fund (UNICEF)**

**EARLY CHILDHOOD DEVELOPMENT  
IN THE REPUBLIC OF BELARUS**

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## **Executive Summary**

The research entitled “Early Children Development” was conducted on request of the UN Children’s Fund (UNICEF) office in Belarus by consultants of the Research Institute of Motherhood and Childhood and National Institute of Education in October-December 2001.

The objective of the research was to determine the range of problems related to the healthy start in life as well as to seek possible ways for their solution.

Tasks of the research were to evaluate: accessibility and quality of primary health services provided to pregnant women and children of the early age; economic and social conditions for families and parents who take primary care of children; the level of access to safe water, sanitation and garbage collection systems; the scale of discrimination, neglect, lack of care, cruel treatment and violence in relation to women and children; the general level of parents’ knowledge on how to take care of children and ensure their early development; parents’ attitude to respective organisational forms (channels) of obtaining new information on how to improve educating skills; the scales of problems which pregnant women and young mothers consider as their priority problems; efficacy of the implemented programmes for supporting breast feeding and forming a healthy child; the system of governmental institutions’ support to families and children; the condition of health of pregnant women, neonates and young children; early diagnosis and interventions for preventing deterioration of children’s health and disability; iodised salt supply and demand; existing forms of pre-school care and early child education; existing national policy measures regarding early childhood development (ECD); expenditures allocated from national and local budgets for priority programmes on survival, development and protection of young children.

When the existing national policy measures related to ECD were assessed, regulatory documents in the field of protection of women’s and children’s rights, social guarantees and measures for provision of guaranteed free medical support were analysed. The organisational infrastructure of the motherhood and childhood protection system in the country was also evaluated. When the existing problems were identified, the basic indicators characterising the condition of women’s and children’s health in Belarus were analysed. To assess the level of public knowledge on the key issues as well as basic difficulties encountered while rendering support to young children and pregnant women, a sociological opinion poll was conducted among 1,700 pregnant women and 1,740 young mothers having infants under one year of age.

Another sociological opinion poll was organised to study iodised salt supply and demand; this poll was conducted among 2,000 respondents. In analysing the efficacy of programmes on promotion of breast-feeding implemented in the country, 2,000 men and women of different age groups were interviewed. The research demonstrated that over many years protection of mother and child health has been a priority line in the state policy, including the sphere of health protection. At the same time, a rather great number of difficulties related to medical support of pregnant women and children that are of organisational nature have been identified. Many of these problems may be solved by changing the attitude of medical personnel, including middle-level personnel, to the patient applying for help.

It is very important that a medical worker should properly understand his/her role as a counsellor, capable of assisting a patient to take a correct decision regarding preservation of his/her health, rather than as an official who takes decision instead of the patient.

Problems have been outlined connected with the general level of public awareness: violence against women (including pregnant women) is occurring in a rather great number of families; a significant share of pregnant women does not receive proper attention from other people.

Almost half of the rural population do not have access to water supply controlled by sanitary authorities; safe heating and sewerage systems are not in place.

Programmes implemented in the country for supporting breast feeding and preventing iodine deficiency disorders are rather efficacious. The majority of population are aware of advantages of breast feeding and of the need to use iodised salt.

Most government programmes are designed, principally, for professionals in the fields of medicine and pedagogy. While specialists knowing methods of rational physical and psychological education of children at the early age are available in the country, there are no educational materials devoted to issues of care and education, adapted for parents and members of their families. The majority of parents wish to expand their knowledge on this issue. They indicate television programmes and popular scientific literature as the desired sources of information.

## **Background**

The efficiency of the government policy in any country of the world is determined by the quality of life of the households. Children are the only resource of the country which will influence its future wealth and the level of development. Therefore health and well-being of children is the main concern of the family, government and society in general. The age from 0 to 6-7 years is particularly important because this period lays the foundation for a child's healthy physical and mental development. This is the period of building up a child's perception of the world, his or her ability to interact with other people and the environment. At this age the key components of child's emotional, personal and intellectual development are formed. The analysis of the current challenges for ensuring a decent beginning of life at this age allows to identify the most essential factors influencing the development of a child: the quality of care and education in a family; the right of a family to choose adequate medical, pedagogical and psychological services for a child; government support to families in the upbringing children.

In this regard it is essential to contribute to the understanding by the government, legislative authorities and the general public of the role of a family as being the key component of the society which needs social protection and support in fulfilling its major function, namely birth and upbringing of physically and emotionally healthy children. This is especially important for Belarus because the current social and economic crisis entails reproduction crisis.

This study is intended to analyse the above referred factors, to identify key constraints and possible solutions.

## **Child care in the Belarusian families. Economic and social conditions of families and parents involved in primary child care**

### ***Economic and social situation of families***

As expected, deterioration of the social and economic situation in the country has entailed decline in household living standards thus negatively affecting the dynamics of the major health and demographic indicators. Declining birth rate and increasing death rate have translated in the reduction of the total number of the population, including children's population. Since 1989 the total number of children has decreased by more than 500 thousand. As of 01.01.2001 the registered number of children below 17 years of age was 2 332 359 or 23,3% of the total number of the country's population. The age structure is the following: 664 861 children aged 0-6 years (6,6%), 1 327 148 children aged 7-15 years (13,3%), 340 350 children aged 16-17 years (3,4%). There are more than 30 thousand orphans and children left without parents' care. More than half of these children are in public care.

The negative demographic tendencies are more apparent in rural areas. At present 71,4% of the children's population live in urban areas and 28,6% in rural areas. The death rate in rural areas exceeds the birth rate by 3 times (21,6 □ 8,5 per 100 thousand of the population respectively).

The natural population loss (-4,1‰ in 2000), which translates in the reduction of the number of the population, has highlighted the need of ensuring adequate conditions for the birth and upbringing of a healthy generation as a key priority of the national development.

There's an evident tendency toward an increase of divorce rate with a reduction of marriage rate. In 1980 the marriage rate per 1000 people was 10,1 while the divorce rate was 3,2; in 1990 - 9,7 versus 3,4 accordingly; in 2000 the marriage rate was 6,2 while the divorce rate made up 4,3.

As of beginning of 2001, there were 1 million 535,7 thousand families with children (out of those there were 179,9 thousand single-parent families with 245,1 thousand children). Out of the total number of families, there are 936,7 thousand (61,0%) families with one child, 506,6 thousand (33%) families with two children and 92,4 thousand families (6%) with three and more children.

There's a number of quality and quantity indicators and tendencies characterising the Belarusian family.

With the aim to mitigate the negative impact on the economic situation of families, the government is undertaking a number of measures to support families and children. At present child allowances are regulated by the Law of the Republic of Belarus «On government allowances to families with children», enforced January 1, 1993 (amended July 2, 1997). The Law provides for the following allowances: pregnancy and delivery allowance; a benefit associated with child birth; allowance to mothers registered in prenatal clinics before the 12<sup>th</sup> week of pregnancy; allowance to a single mother having a child below 1,5 years of age; allowance for taking care of a child below 3 years of age; allowance for a child aged 3 - 6 years; allowance for sick child care; allowance for taking care of a child aged below 3 years in case of the illness of a mother.

Lump-sum allowance is paid when a child is born in the amount of per capita minimal consumer budget of a family consisting of four members set as of the date of a child's birth.

There are different categories of the allowance for taking care of a child aged below 3 years. Women on maternity leave, full time students of vocational schools, technical colleges and universities, women, resigned from military service for pregnancy and delivery reasons; disabled women of I and II groups and redundant mothers receive the allowance in the amount of 35% of the minimum consumption budget (MCB).

The allowance (20% of MCB) for taking care of a child below 3 years of age is paid to non-working mothers and women who have been given the status of an unemployed as well as to women taking care of a disabled child aged below 16 years.

The amount of an allowance for a child older than 3 years of age is 15% of MCB. The full amount of an allowance is paid if the average aggregate income per a family member in prices set for September of the year previous to the year of applying for an allowance is below 40% of MCB. In case the average aggregate income per family is below 50% of MCB, half of the full amount is paid.

The allowance in the amount of 15% of MCB is paid to a single mother having a child below 1,5 years of age starting from the date of birth irrespective of her employment status.

Despite a large variety of government allowances, the results of the household survey suggest that in 2000 the monthly income of urban families with one child was 105,3 thousand BYR (70 USD); the monthly income of families with two children - 107,0 thousand BYR (71 USD); the monthly income of families with three and more children - 99,1 thousand BYR (66 USD). The monthly income of rural families with one child was 83,4 thousand BYR (55 USD), the monthly income of families with two children - 85,3 thousand BYR (57 USD), the monthly income of families with three and more children - 73,7 thousand BYR (55 USD). The annual income of 57% of families with two children and 80,8% of families with three children was below the subsistence minimum. 72,4% of families needed better residential conditions.

According to the data of the sociological survey of mothers living in different regions of the country, the average family income for three months (September - November 2001) made up 196483.0 BYR (131 USD; 44 USD a month on the average), in urban areas – 204857.0 BYR (137 USD; 46 USD a month on the average), in rural areas – 179881.0 BYR (120 USD; 40 USD a month on the average). 55.8% of respondents believe that their incomes are “mid-level” and 22.1% - regard them as “poor”. The number of poor families in rural areas is about 2 times higher than in urban areas.

The increasing divorce rate which translates in the growing number of single mothers or fathers (who have to earn money and educate children only by themselves) raises the risk of their falling below poverty line. Therefore the government policy of family support has been reviewed toward giving additional rights to fathers and other family members. It is stipulated in the legislation that a mother, a father and other family members have equal rights in terms of maternity leave, allowance for a child aged below 3 years and sick leave for taking care of a child. With the purpose to secure additional financial support to single-parent families, an additional benefit in the amount of 25% of the allowance for a child of the relevant age is paid on a monthly basis to single mothers, divorced women and men if one of the parents is reluctant to pay alimony. Additional 50% of the standard child allowance is paid to families with a disabled child irrespective of the income. The allowance in the amount of 40% of MCB is paid to the unemployed and people of labour active age receiving no pensions and having a disabled child aged below 16 years. Mothers having a disabled child aged below 16 years have the right to one additional paid day-off a month (expenses are covered by the social security fund). Besides, disabled children aged below 16 years enjoy the right to get prescribed medicines free of charge and access to all types of health care.

Families with three and more children and families whose income is below 50% of the minimum wage as of the date of applying can receive diary baby food and other food products free of charge.

In 2000 47,5% of children got monthly government allowances. The allowances were paid to 93,3% of children below 3 years of age and to 39,5% of children aged 13 – 16 (18) years. In addition to government support, supplementary assistance was provided by social protection agencies, enterprises, collective farms and foreign organisations. The following forms of assistance can be listed:

- financial support (in monetary and in-kind form);
- support to families through regional programs (at the local level);

- support to families through the nation-wide charitable action «Our children» implemented by Ministries, government agencies, banks, concerns, non-governmental associations;
- humanitarian aid provided to the Belarusian families by foreign organisations (humanitarian aid worth 46,8 million USD was supplied to the country in 2000, including humanitarian aid worth 2,9 million USD supplied to children's institutions).

According to Article 165 of the Labour Code of the Republic of Belarus, working pregnant women have the right to pregnancy leave (70 calendar days before delivery and 56 calendar days (or 70 days in case of complicated delivery or birth of two or more children) after delivery. Since 1993 the right to pregnancy leave has been granted to women full-time students of vocational schools, technical colleges, higher educational establishments and post-graduate students. Working women receive pregnancy allowance in the amount of 100% of the average salary; students – in the amount of scholarship.

The terms and period of paying unemployment allowance to women is regulated by Article 18 of the Law «On employment of the population of the Republic of Belarus». The amount of an allowance is calculated depending on the average wage at the last place of work but it cannot be below the minimum wage and should not exceed its double amount. A higher amount of an allowance is set for the unemployed having a child aged below 14 years, a disabled child below 16 years or 3 and more children below 14 years.

A special Fund has been established to finance activities aimed at mitigating after-effects of the accident at the Chernobyl Nuclear Power Plant and securing social protection to the population. The Fund is used for financing assistance to the affected population and clean-up workers, construction of residential buildings for people resettled from contaminated areas, decontamination activities and etc.

An Off-budgetary Fund for social protection of the Belarusian population has been established to ensure functioning of the current social insurance system. The Fund is used for financing pensions, allowances for children aged below 3 years, lump-sum allowances, allowances for taking care of a disabled child aged below 16 years and temporary disability allowances. Allowances to families for children older than 3 years are paid from the government budget.

Safe living conditions of households are secured through availability of habitation with relevant conveniences (94,5% of buildings in urban areas and 52,4% of buildings in rural areas have sanitation facilities), overall access to safe drinking water (100%). According to the sociological survey, the majority of city dwellers have access to centralised water supply, heating and sanitation facilities while a heating furnace is the only source of heat for village people (44.2%); 49.3% of village people do not have access to centralised heating. Accidental coal gas poisoning in winter time being the main reason of the death of children aged 1 – 5 years is of particular concern. In 2000, out of 119 death accidents in children of this age group, 34 children (28,6%) died as a result of coal gas poisoning. During 10 months of 2001 coal gas poisoning caused the death of 16 (28,6%) out of 44 children.

Today a family has opportunities to ensure a balanced daily diet and healthy nutrition for a child. However, there's no possibility to fully use them due to the poor economic situation.

In 2000 the annual structure of basic food products' consumption per person in families with children was the following: bread and bakery products – 95,7 kg; milk and dairy products – 268,2 kg; meat and meat products – 44 kg; fish and fish products – 10,6 kg; vegetable oil, margarine – 7,9 kg; eggs – 160; potatoes – 84,4 kg; vegetables, melon and gourds – 69,8 kg; fruits and berries– 34,1 kg; sugar and confectionery – 20,4 kg.

Annual consumption of basic food products per person in families with one child was the following: bread and bakery products – 97,8 kg; milk and dairy products – 278,4 kg; meat and meat products – 49 kg; fish and fish products – 11,6 kg; vegetable oil, margarine – 8,7 kg; eggs – 173; potatoes – 79,9 kg; vegetables, melon and gourds – 74,6 kg; fruits and berries– 38,8 kg; sugar and confectionery – 21,9 kg.

Annual consumption of basic food products per person in families with 3 and more children was the following: bread and bakery products – 100,2 kg; milk and dairy products – 249,4 kg; meat and meat products – 28,9 kg; fish and fish products – 7,1 kg; vegetable oil, margarine – 6,0 kg; eggs – 121; potatoes – 116,7 kg; vegetables, melon and gourds – 57,2 kg; fruits and berries – 19,8 kg; sugar and confectionery – 16,5 kg.

Therefore, families with three and more children tend to consume more bread and potatoes and less milk, dairy products, meat, meat products, fish, fruits and berries i.e. products with higher nutrition value.

The production of baby food has been enhanced to give families an opportunity to ensure balanced nutrition for a child. In 2000 the output of canned meat made up 2,0 million of units (151% to the 1999 level); paste dairy products - 5,1 thousand tons (134% to the 1999 level); canned fruits and vegetables - 11,5 million of units (111% to the 1999 level); prepared fruits and vegetables - 2,4 thousand tons (153% to the 1999 level); dairy baby food in powder form - 3,1 thousand tons (86% to the 1999 level).

The assortment of canned meat includes 39 types of products (beef, pork, poultry, tongue and etc.) for children aged 7 months - 3 years.

The assortment of dairy baby food has been expanded by launching the production of sour dairy products with bifidobacteriums. The production of desserts has been launched which are made of sour cream with the use of the ultra-filtration method.

Canned fruits and vegetables can be used for feeding babies starting from 4 months of age. More than 50 items are produced: juices, sweet sauces, blended juices, pulp juices, sauces with vegetable oil, milk, whipping cream, cereals and fruit and vegetable creams. The assortment is regularly expanded through the use of new food materials and production of radio-protective and vitamin-enriched foodstuffs.

More than 20 types of baby food in powder form for children below 1 year of age and older are produced in Belarus.

### ***General level of parents' knowledge about child care and early childhood development***

The Convention on the Rights of the Child (1989), the national legislation and regulation reflect the change of focus and social roles in the upbringing a child. The principal responsibility for the educational process lies with parents while the government should secure adequate assistance.

To a great extent the well-being of a family as a key institute in ensuring a comprehensive physical and mental health of a child depends on the married couple's attitude to the reproductive function i.e. their attitude to the planning of pregnancy, number of children, organisation of nutrition and care of a child as well as to the education and development of their children.

The results of the survey suggest that the birth of a child is not planned in about half of all cases. Unwanted pregnancy is an urgent concern. A high frequency of abortion is among the factors negatively influencing the health of women of the reproductive age. The percentage of abortion in case of the first pregnancy is still high (14,3% of women). Abortion is most frequent in women aged 20-24 years (27,3%) which is the best reproductive age. In 2000 complications associated with abortion were registered in 1462 women (2,4%) including genital infections, injuries and infections of pelvic organs and tissues, lengthy profuse bleeding.

Surveys of schoolchildren in Minsk suggest that young people are not sufficiently informed about the consequences of sexual relations, they tend to underestimate the importance of pregnancy and family planning for enhancing their own health and the health of future children. Pregnancy of young girls is a reflection of the problem. 25,0% of girls visiting maternity clinics intend to have abortion. In 1999–2000 the share of abortion in girls aged 12-14 years was 0,6%, the share of mini-abortion – 0,01%; the share of abortion (mini-abortion) in girls aged 15-19 years – 10,9% □ 7,0% respectively. The number of children born outside an officially registered marriage tends to increase. In 2000, 17442 (18,6%) children were born

outside marriage (versus 17,2% in 1999). Out of those, 6 057 children were born in non-registered married couples; the name of the father was missing in the registration certificate of 10 935 babies. In 2000, 86 children were born by mothers aged 15 years and younger, 282 children were born by mothers aged 16 years and 690 children – by mothers aged 17 years. Childbirth is undesirable at this age for a number of reasons. Besides, a child born outside marriage (especially born by a young mother) finds himself or herself in poorer socio-economic and psycho-social environment.

Family planning programs conducted in the country have allowed to downgrade the abortion number from 114292 in 1990 to 60368 in 2000; the number of mini-abortion decreased from 134177 to 55977 accordingly.

The study has highlighted direct interrelation between the frequency of planned pregnancies and educational level of a future mother: the higher the education level of a woman, the more attention she gives to pregnancy planning. This tendency is in place irrespective of whether parents live in urban or rural areas. The survey of mothers has suggested that the first pregnancy is planned more often than further pregnancies.

The survey has demonstrated that there are certain missing gaps in parental knowledge of how to ensure an adequate start of a child's life along with the inability of parents to implement this knowledge.

The following factors have highlighted the insufficient level of future parents' knowledge about the family, gender and functional differences of spouses in organising family life, upbringing and educating a child:

- major part of house work is done by women; 2/3 of rural women have to do heavy physical work during pregnancy;
- 13,6% of pregnant women continue to do the same amount of house work;
- during the pregnancy period part of a woman's house work is more often done by her husband (63,7%) and her mother (23,3%);
- 46% of respondents believe that a mother should be responsible for the upbringing of a child, 18% believe that a father should bear this responsibility. The recognition of the need to shift educational functions from one person (a mother) to other family members has become apparent over the last five years;
- the majority of parents fail to project and give objective assessment of their capacity to be primary educators of their children;
- due to the lack of up-to-date domestic recommendations covering the issues of education and development of a healthy child, many young parents do not properly use medical, psychological and pedagogical methods aimed at supporting early child development.

The importance of pregnancy in a woman's life is predetermined by her self-assessment and the attitude of the society to future mothers. The results of the survey suggest that:

- more than 95% of families are happy about the pregnancy;
- a woman has closest family relations with her parents and a husband. Relationship with parents-in-law is not so close. Building up of family relationships does not depend on whether a married couple has its own apartment or house;
- 2 women out of 3 (62,6%) believe that pregnancy makes a woman more beautiful; 34,4% pregnant women believe that pregnancy does not contribute to a woman's beauty but they are sure that all undesirable changes will disappear soon after delivery;
- only 3,1% of women have agreed that changes in appearance during pregnancy make a woman ugly. Fortunately these changes disappear after delivery;
- despite all difficulties, only 1% of women felt unhappy during pregnancy. Expectation of a child helped 71% of future mothers to feel happy.
- more than 1/3 of women (35,3%) had problems with the management or colleagues when they had to visit a doctor during working hours;

- more than half of pregnant women were not offered a seat in crowded public transport (10,6%) or they were offered a seat occasionally (48,6%).

Given the priority role that the parents play in ensuring a decent start of a child's life, the study focused on the identification of the degree of parents' knowledge about nutrition of a baby, infant care, education and development:

- 84,5% of respondents advocate for breast feeding. The opinion in support of breast feeding is not just a common stereotype, the majority of respondents realise why breast feeding is useful for a mother and a child and what are the associated difficulties;

- only 1,4 % of surveyed pregnant women would not intend to breastfeed their babies;
- more than 70% of women believe that a child should be breastfed at least until 12 months;

- 94,2% of women have stated that they have breastfed their babies at least for a certain period;

- 80% of women began to breastfeed a baby during the first 24 hours after delivery (43,2% immediately after delivery);

- babies of 22% of the surveyed women were exclusively breastfed until 1-2months, 28% - until 3-4 months, 17% - until 6 months. At the same time some women who stated that they had breastfed their babies also said that they had given them water and various supplements. This is an indication of a certain ignorance in terms of rational nutrition of a child during the first year of life;

- the majority of respondents (79,6%) fed a child at any time upon request;
- 53,9% of women mentioned a loss or insufficient quantity of breast milk as the main reason of breast feeding suspension;

- the majority of women (83,7%) did not suspend breast feeding in case of a child's illness. It is interesting to note that the lower the educational level of women was, the more rarely they continued breast feeding in case of a child's illness;

- the vast majority of the surveyed women (71,2%) used dummies and nipples;
- the study has not identified any correlation between the duration of breast feeding and lectures and training organised for pregnant women on feeding babies below 1 year of age. 58.9% of women who attended training courses have breastfed or continue to breastfeed; the percentage of women who did not attend training courses but have breastfed or continue to breastfeed is 58,2% ;

- about half of the surveyed women (45%) swaddled the baby until 1 month, 28% - until 2 months, 18% - within more than 2months; 7% of women did not swaddle the baby at all;

- the majority of women used pampers only when taking the baby for a walk (62%), 20% of women used pampers during the night, 10% of women used pampers during the day and 18% of women did not use pampers at all;

- 89% of the surveyed women started to bathe the baby immediately after leaving a maternity clinic; 53% of women started to take the baby for a walk. 20% of women believe that the baby can be taken for a walk at the age of 1 month and later;

- the majority of the surveyed women (76%) bathed the child every day, 19% - every two days and 2% - once a week;

- the majority of women (80%) know that during the first year the child should put on weight every month;

- the survey, however, has highlighted an alarming fact: 40% of the surveyed women did not call for a doctor when the baby below 1 year of age felt sick and 20% of women called for a doctor from time to time. Besides, when teething was accompanied by a high temperature, rhinitis, a cough and other health problems, 20% of women have never asked for a doctor's advice, 40% of women have approached a health professional from time to time.

In the light of the interpretation of health as a combination of mental, physical and social well-being, the following facts of the adults' attitude to family violence are of particular concern:

- more than 1/3 of women either do not quarrel with their husbands or quarrel occasionally; the same number of married couples quarrel 1-2 times a month and more often;
- less than half of the surveyed women (42,2%) have stated that a husband never raises voice when talking to them;
- 12,3 % of women have stated that when they discovered that they were pregnant, family quarrels started to happen; every third woman has stated that her husband shouted at her during the period of expecting a baby;
- about half of women allow for battery. Among the reasons of this form of family violence they have listed unfaithfulness, alcohol abuse by a woman and poor care of the children;
- in every tenth family a husband could hit a wife during a quarrel;
- half of the surveyed families assume the use of physical punishment with regard to a child below 1 year of age; however, just 20% of respondents or members of their families have resorted to physical punishment.

Adoption of a healthy life style by parents makes a positive impact on children. Therefore, the attitude to alcohol abuse has also been reflected in the survey. The results suggest that:

- only 6,6% of women consumed alcohol during pregnancy (2,0% of women consumed alcohol once a month and more often);
- 31,0% (every third young man) of men consume alcohol 1-2 times a months; 4,3% of men - 2-3 times a week and more often.

The above referred facts suggest that certain aspects negatively affecting the development and upbringing of children can be found in more than half of the Belarusian families.

In 2000, 4 247 children lacked parental care ( including 4 002 children whose parents were deprived of parental rights). 461 child was abandoned. Development and education of children in a one-parent family is a particular problem. The share of one-parent families is 12% of the total number of families in Belarus (as a rule, these families consist of a mother and children (90%), the share of families consisting of a father and children is 10%).

As of 01.01.2001, there were 30,081 orphans and children left without parental care which is 1 234 children more than in 1999. The majority of social orphans have living parents. In 2000 foreigners adopted 420 children aged below 18 years (492 children were adopted by the citizens of the Republic of Belarus).

Summarising the above said, it should be stressed that the Belarusian family urgently needs a qualified assistance of social, medical and educational agencies.

### ***Availability, adequacy and extent of the current programs and initiatives on raising awareness of parents***

Over the last 10-15 years Belarus has established numerous services and centres to support families and children. These centres are intended to raise awareness and to organise differentiated training of parents within the framework of various programs, projects and initiatives.

Consultative services “Marriage and family”, Centres for reproductive health and family planning have been established in Minsk and regional cities. Their activities include assistance to married couples, promotion of healthy reproductive behaviour, prevention and diagnosing of reproductive disorders. Obstetricians and gynaecologists hold training for schoolchildren and teachers on sexual education issues.

Health centres organise lectures using video materials, discussions at schools involving children and parents, “questions and answers”, radio and TV presentations, dissemination of promotion materials on a healthy life style and prevention of diseases.

The State Committee on Youth Affairs jointly with the Ministry of Education, Ministry of Sport and Tourism, Ministry of Social Protection and Ministry of Culture is holding a contest for the best publication covering health life style related issues.

The issues of reproductive health and family planning are regularly covered in the relevant TV and radio programs (TV program “Health”, “One’s own doctor” and “Good health to you”).

The seminars “Promotion of a healthy life style in primary school”, “Reproductive health and family planning”, “Sexual education and prevention of sexually transmitted infections (STI)” have been organised for educational workers, health professionals, interior officers and other relevant specialists.

Training courses for young mothers and fathers have been set up in antenatal centres and children’s outpatient clinics.

According to the results of the survey, only 40% of the surveyed women have attended lectures and training courses (organised by antenatal centres and children’s outpatient clinics) covering such issues as preparation for delivery, nutrition of a baby and child care. Only 5% of fathers have attended the courses.

The vast majority of the surveyed women (92.3%) positively assessed the work of district paediatricians and nurses in terms of securing child care during the first year.

In accordance with the Order of the Ministry of Health □212 dated 22.06.98 «On measures for enhancing reproductive health», outpatient clinics have fixed special hours when teenagers can visit a gynaecologist.

The Republican, regional and city health centres, the relevant health professionals have organised media campaign on raising public awareness about reproductive health and family planning, safe motherhood and upbringing of a healthy child.

The results of the survey of pregnant women who attended training courses for young mothers suggest that health professionals have been the most useful source of information about pregnancy and key aspects of baby care. At the same time women have followed the advice of their mothers and got information from the media (special brochures, newspapers, magazines, TV and radio programs). Many women believe that these issues should be incorporated in school curricula.

The program «Delivery partnership» has been introduced in many regions of the country. It is intended to prepare married couples for future parental duties and to give them skills of upbringing a healthy child.

The UNICRF/WHO program of breast feeding promotion is implemented in practically all maternity and children’s outpatient clinics. The program is aimed at introducing single principles of lactation management and breast feeding within a chain “antenatal centre – maternity clinic – children’s outpatient clinic”.

Given a particular importance of iodine deficiency prevention in Belarus, the government (also involving the general public) implements a program aimed at prevention of micronutrients deficiency disorders (MNDD).

Various programs, projects and initiatives are implemented by social-pedagogical centres, centres for social services to families and children, social shelters for children, family centres, medical/psychological/pedagogical consultations and etc. As of 01.01.2001, social, psychological and pedagogical services to children have been provided by 22 social-pedagogical centres and 60 social shelters for children. In addition to basic services, individual programs and projects have been implemented by territorial centres. For example, the Gomel territorial centre for social services to families and children has developed targeted programs «Family circle», «A Mom without a Dad»; the centre in Rechitsa has been implementing «Anti-stress program for different age groups»; the centre in Molodechno conducts surveys, organises training courses and interactive games.

The first national basic government program and guidelines «Praleska: pre-school education and training» make particular emphasis on cultivating parents’ responsibility for the quality of a child’s education and upbringing. The program helps parents to understand the basic principles of collaboration of a family and pre-school education aimed at enhancing the development and education of children i.e.:

- sustainability of education in family and nursery school;
- facilitation of revival and preservation of folk teaching methods and their use in the process of educating and upbringing;
- strengthening the efficiency of collaboration of parents and children to ensure the best development, enhancement of trust in the child and himself or herself as a competent parent;
- adoption of humanistic approach to the child and mastering of psychological and pedagogical culture.

The program includes various types and forms of reaching parents:

- active involvement of parents in the activities of a nursery school as a social and pedagogical complex;
- improvement and adjustment of the pedagogical position of parents and nursery school teachers;
- giving parents and other family members an opportunity to visit at their convenience the nursery school and to see how the personnel and teachers work and to monitor the child's progress;
- improvement of the knowledge of parents about education and upbringing of children;
- organisation of training for parents aimed at gaining skills of a dialogue with the child based on the knowledge of age and individual psychological specifics of a child;
- practical assistance to parents in the organisation of a daily schedule, nutrition, care and education of children of early age;
- organisation of collaboration and joint creative activities (games, excursions, hikes, staging of fairytales, studios, hobby groups, musical performances and so on).

The programs, special courses, seminars and workshops on the formation of good parental skills are implemented in teachers' training establishments (universities, colleges, high schools, lyceums). The list of the most essential programs includes «Pedagogics of family education», «Correctional pedagogics», «Family education», «Basics of family life», «Education of children in a family», «Early childhood development», «Family planning», «Parental communication» and a number of others.

Young people can build up basic pedagogical, psychological and health knowledge through the program “A person and the world” incorporated in the curricular of the secondary school. The program helps schoolchildren to get basic knowledge on family life and to understand the child's personality and specifics of development and education.

The above referred programs as well as a variety of many other projects and initiatives, however, fail to give a full coverage of the specifics of early childhood development and are insufficiently oriented at raising awareness of parents. There's a recognised need for the development of an inter-agency targeted program for parents “The specifics of early childhood development”.

### ***Parents' attitude to the organisational forms of receiving new information and knowledge on improving parental skills***

Before mid-1980s, the system of parents' education in Belarus focused mainly on large-scale psychological and pedagogical training in the field of education and upbringing of children. The main forms included parents' meetings, discussions, lectures, presentations, general conferences of parents, targeted conferences of mothers, fathers, grandparents, “questions and answers”, radio programs “To adults – about children” and etc.

Starting from the mid-1980s, new forms have been introduced aimed at both raising awareness and diversified training of different categories of parents including group and individual consultations held by the relevant specialists, analysis of family problems, role plays, seminars, discussions, training, press conferences, round tables, family anniversary celebrations, children's birthday celebrations, seminars and festive celebrations for foster parents, joint

creative activities of parents and children, review of new psychological and pedagogical guidelines.

The majority of parents are positive about the referred organisational forms which help to get new knowledge and improve parental skills. Parents support the development of the following new positive tendencies in psychological and pedagogical education:

1. Transition from large-scale education of parents and households to the targeted training of parents based on objective knowledge about a child, his or her development, education and upbringing built up by domestic and foreign psychology, pedagogic science, genetics, psycho-physiology, sociology and etc.

2. Introduction of a diversified training of parents, rendering practical assistance to different categories of parents by qualified psychologists, social teachers, health professionals, economists and other relevant specialists.

3. Individual training of fathers and mothers depending on the individual specifics of children, their mental and physical status (children with mental and physical disorders, children resettled from the Chernobyl-contaminated areas, disabled children, children who are often sick for a long time and other categories).

4. Alleviation of perception that education of children is exclusively a woman's responsibility both in family and educational establishments.

5. Introduction of active forms in the process of training different categories of parents.

6. Active involvement of parents in self-education with the use of domestic and foreign methodological and promotion materials covering the issues of the development, education and upbringing of children.

### ***System of governmental support to families and children. Capacity building of the educational, health care and social protection agencies***

Belarus ratified the Convention on the Rights of the Child in 1990. The ratification has been followed by targeted efforts on the development of the Law "On the Rights of the Child" (the Law was adopted by the Supreme Soviet of Belarus in 1993). The Law "On amending the Law of the Republic of Belarus "On the Rights of the Child" was enforced in 2000. The National Action Plan on the protection of the rights of children in the Republic of Belarus for 1995-2000 was approved in 1995 as a follow-up to the Law "On the Rights of the Child". The Ministry of Education was responsible for the implementation of the Action Plan.

Various legislative and executive agencies have been set up to secure social protection of families in Belarus. They are intended to determine and co-ordinate the government social policy with regard to families and children.

The Commission on social issues has been established in the Council of Republic of the National Assembly of the Republic of Belarus; the Permanent Commission on labour, social issues, health care, physical culture and sport has been set up in the House of Representatives. Special departments on addressing social problems of families and children have been established in a number of Ministries, including: Commission on family and gender problems of the Ministry of Social Protection; Department for childhood and motherhood protection of the Ministry of Health; Senior Department for social and educational work of the Ministry of Education. The Ministry of Social Protection is responsible for the general management of the social protection system. The major functions of the Ministry are the following: 1) development of the strategy and directions of the social protection system; 2) development of the government programs on social protection of all categories of the population.

## **Services to families, mothers and children**

### ***Health status of pregnant women, infants and children of nursery age***

Decision making on priority directions in the field of motherhood and childhood protection should be based on the objective assessment of the health status of the children's population of the country. The health status of children is largely determined by the health of parents, primarily the mother, the course of pregnancy and delivery. Aggravation of health of women of reproductive age is one of the factors negatively affecting the health status of children. At present a vicious circle has been formed: a sick mother – a sick child – a sick teenager – a sick mother or father.

The health of a future mother is largely determined by her health status in the puberty period.

Every second girl aged 12-17 years, when the formation of a girl as a future mother is completed and she is ready for childbirth, has a certain health disorder. The analysis of morbidity structure in girls suggests that the share of extragenital pathologies is 49,7%. The biggest share in the structure of extragenital pathology is attributed to endocrine, blood circulation and digestive disorders.

Quite often young girls have gynaecologic pathologies. The structure of gynaecologic pathologies in young girls includes neuroendocrine syndromes (above 50,0%), dysfunctional haemorrhage (19,6%) and genital development disorders (6,8%). In future this pathology complicates the prognosis of normal delivery.

Both the somatic and reproductive health of women have tended to deteriorate over the last decade. A sizeable growth in gynaecologic morbidity has been registered: inflammatory processes in ovary and uterine tubes – by 3,5 times, endometriosis – by 2 times, menstrual disorders – by 5,8 times, uterine myoma – by 1,9 times.

Sexually transmitted infections (STIs), including HIV/AIDS represent a serious threat to reproductive health. STIs are among negative factors affecting reproductive health.

In 2000 morbidity with gonorrhoea has gone down relative to 1999. 7856 gonorrhoea cases were registered in 2000; the rate is 78,5 per 100 thousand of the population. STI morbidity rate tends to increase annually. In 1998 the morbidity rate of urogenital chlamidiosis was 35,6 cases per 100 thousand of the population, in 1999 – 48,9, in 2000 – 79,9 per 100 thousand of the population. Over the same period the morbidity rate of ureaplasmosis has gone up from 66,7 to 112,8 per 100 thousand of the population. The total number of the registered STI cases has exceeded 70000 while the real picture is much worse. Up to 50% and over of all STI cases are registered in young people aged below 30 years.

Syphilis is registered with the most accuracy. The highest rate was registered in 1996 when 21616 cases of syphilis were diagnosed that made up 209,7 per 100 thousand of the population. Since 1997 there has been a tendency toward stabilisation and gradual reduction of syphilis morbidity. 10527 new cases of syphilis were registered in 2000 (105,2 per 100 thousand of the population), but, nevertheless, the syphilis morbidity rate is still relatively high.

STIs are often the reason of infertility (55-85% in women and 20-40% in men), pregnancy pathologies, miscarriage, intra-uterus infections, inborn pathologies and children's mortality. STIs present a serious problem for health care. Besides, STIs increase (by 160 times and more) the risk of HIV/AIDS, hepatitis □ and cancer of the neck of the uterus.

Before 1996 Belarus was among the countries with a low level of HIV morbidity: the annual number of new cases varied from 5 to 20. 113 cases of HIV infection had been registered by the beginning of 1996. In 1996 there was an HIV outbreak in injecting drug users in the Svetlogorsk district of the Gomel region. 1021 HIV cases were registered in 2000. At present there are 3587 HIV-infected persons in the country that makes up 37,0 per 100 000 of the population. Men prevail among HIV-infected (2595 men versus 992 women). 80,8% of HIV-infected are young people (aged below 30 years).

A system of dynamic observation of women from the “fertility reserve” group (including women from 18 to 40 years of age) is being improved in the country. The main tasks of the observation of this group of women are their rehabilitation before pregnancy, preparing women for pregnancy by prescribing them vitamins and minerals, carrying out prevention measures aimed at ensuring optimal conditions for conceiving and foetus development.

Over the last 10 years the health status of pregnant women has heavily aggravated. The anaemia rate in pregnant women has increased from 13.9 per 100 pregnancies resulting in delivery in 1990 to 30,6 in 2000. Anaemia complicated the delivery process in 5,5 out of every 100 puerperas in 1990 and in 15,6 in 2000.

In 2000 genitourinary pathologies were registered in 13,0 pregnant women per 100 pregnancies resulting in childbirth versus 5.3 in 1990. This pathology has complicated the course of delivery in 2,7 out of every 100 puerperas in 1990 and in 8,3 in 2000.

Blood circulation pathologies in pregnant women in Belarus in 1990 occurred in 5,3 and in 2000 in 10,1 out of 100 pregnancies resulting in childbirth. These pathologies complicated delivery in 4,1 out of every 100 puerperas in 1990 and in 10,4 in 2000.

Toxicosis at the late stages of pregnancy complicated pregnancy in 8,4% of women in 1990 and in 8,7% in 2000; in 1990 toxicosis entailed complications at delivery in 5,0% of women and in 2000 in 12,4% respectively.

Preeclampsia and eclampsia are serious complications caused by toxicosis at the last stages of pregnancy. Over the last decade this pathology has aggravated both the course of pregnancy and delivery (an increase from 0,09 in 1990 to 0,15 per 100 deliveries in 2000).

Check-ups of women at maternity clinics diagnose some pathology in 76,5% of women (versus 53,7% in 1992). The average pathology rate is 2,1.

A pathological course of pregnancy quite often entails various specific complications of pregnancy and delivery: at present almost every third pregnancy is under threat of miscarriage. On the whole, over the last years the physiological course of pregnancy and delivery has been registered in 25,0% of women.

The reproductive system is very susceptible to the negative environmental factors. Production and wide use of household chemicals, pesticides and insecticides alongside with their positive effect have led to the development of a number of pathologies in the female population. Industrial metallurgical enterprises, production involving considerable temperature drops, generation of dust and noise, gas emissions have a considerable negative impact on the health of people working at such enterprises. Up to 25,0% of women work in hazardous and dangerous environment which fails to meet sanitary and hygienic norms.

Alcohol abuse and smoking are among factors negatively affecting a woman's health. Inflammatory processes, menstrual disorders and uterus myoma are more frequent in women who excessively consume alcohol. Smoking is more typical for young women and girls at the best reproductive age when they are particularly susceptible to the impact of nicotine. Women-smokers suffer from infertility 2-3 times more often than women who do not smoke. Women-smokers face a higher risk of miscarriage and various complications of pregnancy including placental detachment which might entail the death of both the woman and the baby. Smoking during pregnancy entails slower prenatal development: infants are smaller in height, their weight is 200 grams (on the average) less than the weight of babies born by non-smoking mothers. For a number of reasons all these factors increase the risk of death of an infant during the first weeks after birth.

The health status of a woman, a complicated course of pregnancy and delivery, perinatal pathology in infants largely predetermine further development of children, the health status of the population at the labour active age and the intellectual wealth of the nation.

Supervision over pregnant women is organised through the network of 306 antenatal clinics, 2 848 primary care and obstetric facilities and 7 medical-genetic centres. As of 01.01.2000 □. within the system of the Ministry of Health there were 6 245 beds for pregnant

women and women in childbirth; 2 645 gynaecologists and 6 315 obstetricians provided medical services to women.

Since 1995 medical services to pregnant women and infants in Belarus are secured through a multi-level system of perinatal care. Special perinatal centres have been set up in large district and regional maternity and children's outpatient clinics to ensure supervision of women with a complicated course of pregnancy and delivery, somatic pathologies and to secure the best conditions for the survival of newly born babies. The Ministry of Health jointly with the Regional Health Departments have selected 45 health facilities (maternity clinics and children's hospitals) which can be regarded as facilities of the II and III levels of perinatal care.

The results of the survey suggest that in cities 90% of women are registered in antenatal clinics before the 12<sup>th</sup> week of pregnancy; in rural areas 85% of women are examined by health professionals after the 12<sup>th</sup> week of pregnancy. This information conforms to the official statistical data suggesting that in 2000 90,4% of women were registered in antenatal clinics before the 12<sup>th</sup> week of pregnancy. Approaching a medical facility at the early stage of pregnancy is explained by the willingness of women to be put under medical supervision as early as possible. Approaching a medical facility at a later stage of pregnancy is often caused by social factors.

In case of a normal course of pregnancy, every woman is examined by a gynaecologist 14-15 times during the period of pregnancy: once a month at early stages of pregnancy, 2 times a month after the 20<sup>th</sup> week and 3-4 times a month after the 32<sup>nd</sup> week of pregnancy. Clinical blood test is done 2-3 times during the period of pregnancy, urine test is done during every visit to an antenatal clinic. If the pregnancy is "healthy", a bacteriological test of vaginal discharge is done twice with the purpose to diagnose inflammatory processes and STIs (gonococcus, trichomonad, fungus and etc.). Blood tests for Wassermann reaction (to diagnose syphilis), and for toxoplasmosis are also done. Identification of the blood group and the Rhesus factor is mandatory; in case of I (0) blood group and/or Rh-negative, a husband is tested for the blood group and the Rhesus factor. An X-ray test for TB of all members of a family where there's a pregnant woman is mandatory. During the period of pregnancy every woman is examined by a general practitioner twice and once by an endocrinologist, oculist and dentist.

In case of a disease or pathological pregnancy, the frequency of examinations and the need of involving other specialists is determined by a gynaecologists in every individual case. When treatment within primary care is insufficient, a pregnant woman (except for her ultimate refusal) is hospitalised to the relevant clinic, including a higher level inpatient perinatal clinic.

According to the results of the survey, the professional level of the personnel of antenatal clinics is adequate to meet the needs of the population: more than half of pregnant women give a high assessment of the professional knowledge of health workers whom they have approached. At the same time every fourth pregnant woman assesses the knowledge of a gynaecologist, obstetrician and GP as mid-level. Only 3-5% of pregnant women assess the knowledge of health professionals as poor. Practically the same assessment is given to the communication skills of medical staff dealing with pregnant women.

At the same time the majority of pregnant women had to visit antenatal clinics in bad weather and during late hours. Pregnant women spent much time in the queue waiting for an opportunity to visit a district gynaecologist: 37,1% of women spent from 15 to 30 minutes waiting for examination, 26,3% of women – from 30 minutes up to 1 hour, 16,5% of women – more than an hour and only 20,1% of pregnant women spent in a queue less than 15 minutes. Getting to the clinic took them a bit less. On the average, a woman needed 2,5-3,0 hours for visiting a clinic while the time of examination by a doctor was less than 30 minutes (46,9% of pregnant women stated that the examination by a doctor or medical attendant took less than 15 minutes; 46,5% of pregnant women mentioned 15-30 minutes). Only sometimes other visitors allowed pregnant women to visit a gynaecologist or to have a test done without staying in a queue. Pregnant women often witnessed conflicts over the sequence of visiting a gynaecologist; they themselves were involved in conflicts much more rarely. Every fifth woman left the clinic

in a bad mood because the personnel was rude to her. Many women had to ask for other persons' explanations of the information they received in the clinic. More often they approached their mothers or other health professionals for an explanation.

The majority of women (71,4%) liked their district gynaecologist, 15,3% of pregnant women gave a positive assessment of the organisation of work in the clinic but would prefer to use the services of a different doctor; 13,2% of pregnant women would prefer to use the services of a different antenatal clinic. In 15,3% of cases women could change a clinic: in addition to the supervision services in a district clinic, 17,6% of pregnant women living in cities and 8,3% of pregnant women living in rural areas used the services of other health professionals (a friend-gynaecologist, private medical doctors and etc).

Delivery is secured by a professional medical personnel. Only 0,5%-0,7% of women gave birth outside medical clinics, mainly for objective reasons: the second stage of delivery begins before the woman is taken to a medical clinic. These women are taken to a maternity clinic at the early postnatal period (often during the III period of delivery). Immediately after birth all infants are examined by an obstetrician, gynaecologist or neonatologist. Single cases have been registered in the country when women rejected medical assistance during pregnancy and delivery for religious reasons and 1-2 criminal cases a year when a woman hides pregnancy and kills a baby soon after delivery.

Delivery is attended by a professional obstetrician alone only if there have been no complications during pregnancy and standard delivery. In case of complicated delivery, a gynaecologist is involved. A gynaecologist decides on the need to involve other specialists to help a woman and a baby (neonatologist, anaesthesiologists and other personnel).

If there are no complications during delivery and post-delivery period, a woman is examined by a professional obstetrician and gynaecologist on a daily basis (except for holidays and days-off). In case of post-delivery complications, the frequency of examinations is determined by a gynaecologist who also decides on the need to involve other medical doctors including specialists from perinatal centres of a higher level.

The increased number of somatic pathologies and complicated pregnancies has entailed aggravation of the health status of infants.

Over 1990-2000 the number of sick newborn children has gone up from 134,3 per 1000 live births in 1990 to 254,0 in 2000. The morbidity rate in mature infants has gone up from 111,1‰ in 1990 to 200,9‰ in 1997. Over the last four years it has remained stable at the level of 190,0-200,0‰, being 194,5‰ in 2000. Over the last ten years the morbidity rate in premature infants has increased by 2,2 times from 635,8‰ in 1990 to 1400,6‰ in 2000.

In 2000 the morbidity structure of newborn children was the following: intrauterine hypoxia and asphyxia during delivery (72,1 per 1000 live births), injury at delivery (26,5‰), breathing disorders (25,1‰), inborn anomalies of development (21,8‰), perinatal infections (7,8‰), haemolytic disease (6,8‰), inborn pneumonia (6,4‰).

Over the last years the health status of babies, children of nursery age and schoolchildren has tended to deteriorate. The highest level of primary morbidity is registered in children below 5 year of age. In 2000 primary morbidity rate in this age group was 209421,8 per 100 000 children. Two diseases and more are annually registered in every child. Respiratory tract disorders are most frequent in the structure of primary morbidity (157966,9). This is the highest rate relative to other age groups. This age group is also characterised by a high rate of infection and parasitic diseases (11766,8). The number of intestinal infections in children below one year of age has gone up reflecting the low sanitary skills of parents. Besides, the majority of children of early age who were diagnosed with intestinal infections did not attend day care centres and got infected at home. Therefore, the improvement of sanitary and hygienic knowledge of households and training of women in hygienic skills of child care can be essential for reducing the number of intestinal infections.

The third place in the morbidity structure is held by nervous system disorders (10079,2). A high percentage of these pathologies falls at cerebral palsy which was first diagnosed in 264

children aged 1 – 4 years. According to the medical statistics, cerebral palsy was diagnosed in 66 children older than 5 years. Late diagnosing of cerebral palsy and, consequently, delayed treatment aggravates the prognosis.

The specifics of the children’s pathology at the current stage is manifested in a higher frequency of acute forms’ transformation into chronic diseases and in the increasing rate of primary chronic internal disorders. The number of children with chronic pathologies of respiratory tract, digestive, genitourinary systems and allergic conditions is growing. These diseases tend to manifest in earlier age. Though medical statistics suggest a certain reduction in the recent number of the registered morbidity when approaching for medical assistance. However, this is just the reflection of a reduced number of visiting a GP with the purpose of receiving sick leaves for child care rather than the evidence of the real decrease in morbidity rate.

In the 1990s the environmental situation was among factors negatively affecting the health of children. Up till now the after-effects of the accident at the Chernobyl nuclear power plant continue to affect the population. Among children entered in the State (Chernobyl) register the highest rate of primary morbidity is observed in children aged 1 – 4 both in terms of general morbidity and individual diseases such as the disorders of the respiratory tract, blood and blood circulation, nervous system and senses, genitourinary system and inborn anomalies. The frequency of this pathology is about 1,5 times higher relative to the average rate in the children’s population in the country.

Health services to the children’s population are provided by 24 children’s hospitals, 393 children’s outpatient clinics (consultative centres), 15 children’s dental clinics, 13 nursery homes (for 1 300 children). As of 01.01.2001, there were 4 252 paediatricians in the country.

Since mid-1980s in all regional centres of the country and many big cities children have access to all main types of specialised outpatient and inpatient services.

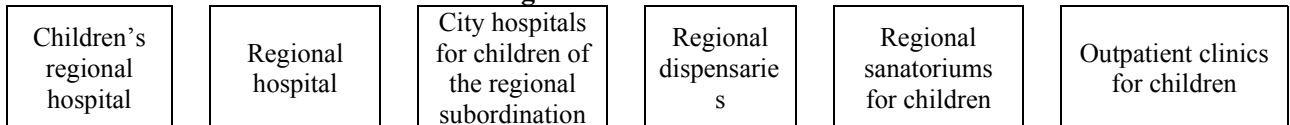
The network of health care facilities of different level providing medical services to children is summarised in the Table below. The general principles of medical and health servicing of children in cities and rural areas are the same. However, there are certain specific features of the operation of health facilities in the cities. It is quite natural that improved forms of paediatric services, development and introduction of new methods of diagnosing and treatment, piloting of more rational preventive techniques for further introduction in the daily work of children’s clinics is more typical of big cities.

Health and medical services to children can be provided at home, in an outpatient children’s clinic, nursery schools, children’s hospitals or children’s unites of specialised hospitals, in children’s sanatoriums and other rehabilitation centres (rehabilitation facilities located in forests, nursery schools of a sanatorium type and etc).

#### **The Republican health care facilities**



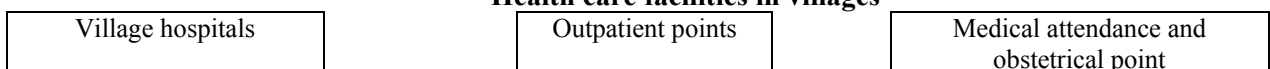
#### **The regional health care facilities**



#### **The district health care facilities**



#### **Health care facilities in villages**



Health and medical services to children are aimed at disease prevention and organisation of the relevant treatment of the highest possible level.

The principle method of disease prevention in children is referred to as “clinical examination” in the form of the ongoing medical supervision depending of the age, specifics of development and health status. Clinical examination is closely interrelated with preventive interventions and planned rehabilitation of children. Preventive interventions in cities are managed through the network of children’s outpatient clinics.

The first examination of the newborn child is conducted by a paediatrician of a children’s outpatient clinic within three days following discharge from a maternity clinic (in cities examination takes place on the first day following discharge from a maternity clinic).

Routine check-ups of a child aged below one month are conducted at home, then in a children’s clinic on a monthly basis. Oculist, neuropathologist and otolaryngologist examine a child below 1 year of age twice a year.

Within the age period of 1–2 years a child is examined by a district paediatrician once in three months. In this period an oculist, a neuropathologist and otolaryngologist examine a healthy child once a year.

Within the age period of 2-3 years a child is examined by a district paediatrician once in six months. In this period an oculist, a neuropathologist and otolaryngologist examine a child once a year.

Check-up of a healthy child after 4 year of age is conducted once a year.

Check-ups include a total blood count, a urine test and a stool test for helminths. Other tests are conducted if needed.

In rural areas the same frequency of examination of early age children is ensured through the work of mobile medical teams.

Preventive interventions are closely interrelated with medical services to children based on the general principle of early diagnosing and timely start of treatment, sequence at all stages of treatment until full recovery.

All health services to children are free of charge. Parents cover only the cost of medicines in case of outpatient treatment. The right to free medicines is guaranteed to all children below three years of age, children suffering from TB, system skin diseases (dermatomyositis, sclerodermia systematica, certain forms of psoriasis), lupus erythematosus, all forms of syphilis, oncologic and haematologic pathologies and phenylketonuria. The costs are covered from the government budget. Children suffering from diabetes, Addison’s disease, epilepsy and a number of other heavy diseases get the prescribed medicines free of charge.

In case of outpatient treatment of a child at home, a mother or any other family member has the right to sick leave allowing them to get paid when they stay at home taking care of a sick child.

Children can get the services of paediatricians of an outpatient clinic from 8<sup>00</sup> to 20<sup>00</sup>. Medical services during night hours and 24-hour ER services are ensured through the ambulance stations which have mobile teams of specially trained paediatricians.

If outpatient treatment is not effective or in case of heavy pathology, medical services to children are provided in the relevant hospitals free of charge.

If a child has a chronic pathology, a district paediatrician decides on the frequency and scope of examination, the need for rehabilitation, frequency of consultations by the relevant specialists.

According to the surveys, in general the level of services provided by children’s outpatient clinics meets the household needs: when asked «Has a district paediatrician or a nurse helped you in taking care of the child below 1 year of age?», the majority of women (92.3%) gave a positive answer. Less than 5% of surveyed mothers stated that a district paediatrician had ignored their request for additional tests or arranging a consultation of the relevant specialist. As a rule (in 80-90% of cases) the personnel of children’s outpatient clinic communicate with children and parents in a delicate way. In general the professional level of the medical personnel

of children's outpatient clinics is adequate to household needs: about 80% of mothers have never approached anybody else for explanations after visiting a children's outpatient clinic; 87% of the respondents stated that they are quite happy with the level of services in the children's outpatient clinic. Only 10% of the surveyed mothers would prefer to have a different paediatrician or to use the services of a different outpatient clinic.

At the same time about half of the surveyed mothers stated that for a regular check-up they had to visit a children's outpatient clinic during late hours, in bad weather or during an outbreak of the flu.

On the average a visit to a children's outpatient clinic takes up to 1.5 hours. The time needed for getting to the clinic, waiting time and the duration of the check-up of a child below 1 year of age are practically the same.

Therefore, the Ministry of Health, Department for motherhood and childhood and territorial health departments are undertaking measures to alleviate the negative tendencies.

### ***Early diagnosing and interventions aimed at prevention of health disorders and disability***

The analysis of the research developments and their implementation in early diagnosing has suggested that at present there's no comprehensive and systematic approach to the diagnosing component of a child's development process.

Diagnosing consists of medical, psychological and pedagogical components. Though each of the components has its own focus, functions and procedure, their results are correlated, interdependent, mutually determined and equally significant. Together they are intended to identify the anomalies of development, underlying reasons and ways of addressing. Early diagnosing and timely response can facilitate the success of further education and development of a child.

Bio-chemical screening is conducted in the country to identify the anomalies of foetus development. Before 1997 practically all women (98.8%) registered with antenatal clinics had a test for the level of  $\alpha$ -phytoprotein. Since 1998 the test has not been conducted in a number of regions due to the lack of funds for procurement of the relevant reagents. In 2000 only 4.7% of pregnant women were tested for  $\alpha$ -phytoprotein. In 1997, 653 pregnant women were selected for amniocentesis and 41 cases of chromosome pathology of foetus was diagnosed (3.3 per 1000 of persons tested for  $\alpha$ -phytoprotein). In 2000, 247 amniocentesis identified 9 foetuses with chromosome pathologies (2.8 per 1000 tests).

In order to diagnose intrauterine developmental defects, ultrasonic examination is conducted in practically all pregnant women (96-98%) once and in 80% of pregnant women – twice. In 2000 the number of diagnosed developmental defects went up from 1.8 per 1000 of the examined pregnant women in 1997 to 3.3 accordingly.

Newborn children are screened for phenylketonuria (96.4% of newborn children are tested), inborn hypothyrosis (93.7% of newborn children are tested). The lack of funds for the procurement of reagents does not allow to conduct regular screening for mucoviscidosis and adrenogenital syndrome.

Pedagogical and psychological testing is organised in nursery schools. The focus of psychological testing is both children (the level of their intellectual, personal, physical development, interpersonal relations in the group and in the family, individual capacities, skills and etc.) and teaching staff (professionally important skills of a teacher, pedagogical collaboration within the schemes «teacher - children», «teacher - parents», «teacher – teacher», «teacher – administrator»).

Following the international tendencies of psychology, the Belarusian researchers include the data on the initial forms of the next period activities and the development level of symptoms characterising the start of the transition period in the focus diagnosing schemes during transition periods (from infant period – to early nursery period, from early nursery period – to pre-school period, from pre-school period – to school period and etc.). The combination of diagnosing techniques is used to determine readiness for school.

Therefore, diagnosing covers both artificially selected individual psychic processes/functions and units of activity. Both approaches focus on the child: the level of mental development relative to himself or herself and the progress of the child in this field.

Pedagogical testing is seen as an integral part of the teaching process and as a pedagogical activity aimed at studying a child.

The staff of nursery schools monitor the development of a child from 0 to 6-7 years. Before a child starts attending a nursery school, the staff of day care centres and nursery schools collect information about the children. Interesting experience has been gained in this field.

Upon consent of parents, there's a possibility to organise social and hygienic screening of the family using the methodology by I.Burtov as well as testing of mental and physical development in the home environment.

Testing involves the use of cards of mental development built upon the indicators of a child's pre-school development.

Pre-school testing also involves monitoring of problems associated with the adaptation to a nursery school. There are criteria for identifying specifics of behaviour, the level of mental development, morbidity and anthropometric indicators. Depending on the complexity of this process, children and parents are offered possible options that could make adaptation easier (flexible regime of attendance, joint staying of an adult and a child in the group and etc).

At present the main problem of the pedagogical testing is the lack of scientifically defined levels of education of a pre-school child by the area of knowledge and their integration into the uniform index of the educational level. Often both the daily practice of pre-school establishments and scientific-methodological publications tend to substitute the concepts of "testing" and "studying" and make an attempt to give an assessment (to determine) the educational level based entirely on the total of the indicators (without the quality criteria of the assessment). These factors highlight "the weakness of growth" associated with the process of strengthening the institute of pedagogical diagnosing in the country.

Monitoring of a child's development in different age periods gives special attention to diagnosing of specifics, defects and deviations of mental and physical development. Early diagnosing of developmental defects is both complicated and necessary. The earlier a targeted work with a child starts, the better results can be achieved in terms of correction and compensation of the defect. In some cases early diagnosing can even help in preventing secondary developmental defects.

Children's disability is of particular concern in the country. The share of disabled children in Belarus is 1,1-1,2%. The specifics of disability in children is that limitations emerge during the period of forming the personality and higher mental functions and mastering of knowledge and skills. Unlike disability in the adult age, children's disability limits both the formation and realisation of a child's personality. The share of disabled children aged 0 - 9 years is 47% of the total number of disabled children. The survey has highlighted weaknesses of formation, diagnosing, ranging and registration of disability in children and pointed out to urban and rural specifics.

The nervous system and senses disorders prevail in the structure of children's disability, including cerebral palsy (25%), eye and ear pathologies, inborn anomalies and mental disorders. Disability in adults is often caused by pathologies originated from childhood, often from perinatal period. Mental and physical disorders of prenatal and perinatal origin are often diagnosed at an older age. This requires strengthened efforts on diagnosing pathology at an earlier age when abilitation and rehabilitation interventions can be most effective.

Certification of a child's disability is a legal act assuming that the government (acting through a number of agencies) takes upon itself the responsibility of ensuring social protection and assistance to this category of children. This category needs individual programs of abilitation and rehabilitation taking into account a whole set of medical, personal, psychological, social and pedagogical factors.

Joint work of health professionals and teaching staff and capacity building is the only way to strengthen the health of the future generation.

### ***Iodised salt: supply and demand***

The iodine deficiency is an acute issue for Belarus. The results of the survey suggest that the majority of households consume iodised salt. Compared to other categories of the population, pregnant women seem to consume mainly iodised salt (81,5%). Pregnant women are well informed about products rich in iodine: 34,9% of the surveyed women mentioned iodised salt, 24,1% - sea fish and 21,2% - walnuts. Medical doctors also believe that iodised salt is useful. 92,5% of medical workers consume iodised salt. However, the nation-wide efforts of health professionals on raising awareness about the need to consume iodised salt are not very effective. Only 1/5 of the respondents-medical doctors do not tell the patients that consumption of iodised salt is useful. At first sight the picture is quite optimistic. It should be noted, however, that half of health professionals explain to the people the ways of eliminating iodine deficiency only when the patients raise the matter. It is especially surprising given the fact that the survey focused on the health professionals who, due to the specifics of their speciality, are supposed to diagnose and treat IDD. The situation becomes even more surprising if one looks at the responses to the question “What, in your opinion, is the effect of iodised salt?”. Only 2% of health professionals included in targeted group stated that in their opinion iodised salt has either no positive effect or the effect is doubtful. It is unclear why health professionals do not fully advocate for a preparation which they believe is useful and which they consume (92,5%). Insufficient efforts of health professionals are the likely reason why some households are poorly informed about this important preparation able to compensate iodine deficiency.

Among the Belarusian people having thyroid pathologies, 6,3% are not informed and 22,9% are partially informed about iodine deficiency. Among schoolchildren the percentage is 3,8% and 37,7%. This does not contribute to the successful treatment of the disease because the affordable products rich in iodine are not consumed at all or the consumption is insufficient. For example, 83,2% of the “not informed” respondents do not have sea food in their daily diet (the percentage of “partially informed” respondents is 53,3%); 40,2% of respondents consume sea fish (18,5% of “partially informed” respondents); 52,5% – walnuts (24,9% of “partially informed” respondents); 73,7% - iodised salt (34,4% of “partially informed” respondents). The daily diet of schoolchildren is more balanced. The “not informed” and “partially informed” respondents consume a bit more of these food products.

The results of the survey suggest that the number of people consuming iodised salt is directly correlated with the level of awareness about iodine deficiency. Therefore, wide consumption of iodised salt and other products rich in iodine by households for prevention and treatment of a number of dangerous diseases can be achieved through well-organised advocacy efforts.

The results of the survey suggest that the respondents of an older age, people with a lower educational level, residents of small towns and village people are less informed about the iodine deficiency. This fact should be taken into account when organising promotion campaigns.

The survey has allowed to identify the most efficient ways of channelling information about iodised salt, its effects and usefulness of other products containing iodine. The rating of TV and radio is the highest. 62,8% of respondents mentioned TV and radio as the main sources for channelling the information. One third of the respondents (27,9%) mentioned print media. The third and fourth places among the sources of channelling information about iodised salt are held by «recommendations of health professionals» (16,0%) and «advice of relatives and friends» (14,0%). It should be noted that the role of medical doctors and other health professionals in raising awareness about iodised salt is negligible. This is one more evidence that health professionals (and they admit this fact) do not always recommend their patients to consume iodised salt even when it is necessary.

At the moment there are certain problems in supplying iodised salt to households.

In general, the campaign on raising public awareness about IDD is successful. However, there's still a potential for enhancing its efficiency.

### ***Current forms of nursery care and pre-school education***

According to the statistical data, as of 01.09.2001 the country had 4423 nursery schools enrolling 390 812 children aged from 1 to 6-7 years. The educational process is organised by highly qualified teaching staff. 95,2% of pre-school teachers have higher education or college diploma.

As a result of negative demographic tendencies and economic situation, the number of pre-school establishments has tended to decrease. In 2000 their number has decreased by 31 versus 1999; 80 nursery schools earlier owned by enterprises were put under the management of municipalities. At present the network of the Ministry of Education consist of 3 538 (80%) pre-school establishments, others are managed by enterprises and organisations.

However, despite these negative tendencies in pre-school system performance, the country has managed to preserve the network of both municipal nursery schools and pre-school facilities owned by enterprises and organisations. Based on family needs, a differentiated network of nursery schools has been established which offers various types of focuses, regime and profile patterns.

The network of nursery schools in Belarus has been preserved largely due to the targeted government allocations for maintaining the network and affordable fees for parents (the parents cover 60% of the costs of meals in a nursery school).

Parents can choose the type, profile and regime of work of the nursery school.

Parents tend to like such pre-school patterns as “Child’s development centre” and “Children’s day care centre/school” which have been operating since 1995 and incorporate a school and extracurricular groups in addition to a day care centre. Interesting experience has been gained by such facilities in Grodno, Berezino, Uzda, Bobruisk, Mogilev and Gomel.

Lowering the school-starting age to 6 years has confirmed the appropriateness of the strategy of keeping children of this age within special preparatory classes of day care centres which has allowed both to keep their network and to “make a childhood period longer”, to create the adequate environment for their adaptation, development and education. At present 9% of preparatory classes are kept within day care centres. The classes are attended by 58% of children (76,8% - in urban areas).

The need to ensure sustainable functioning of secondary schools and educational facilities for children who do not attend pre-school institutions and schools has facilitated the development of teaching materials and methodological recommendations on the education of children aged 5 –7 years. Sustainable forms of preparing children for school have been developed. The experience of work with 5-year old children gained in the town of Baranovichi and the Baranovichi district, in Orsha, in the Osipovichi district, in the city of Vitebsk and the Vitebsk district suggests that these children avoid stress and are easily incorporated in the education process in primary school. As of 1 September 2001, over 86% of children aged 5 are covered by pre-school education (the coverage in urban areas is 92%, in rural areas – 53%).

However, at the moment the sizeable share of children aged 5 (above 14%) are not covered by pre-school education and are unable to build up the same school-starting capacities compared to other children of the same age group.

Despite a number of problems associated with poor financing and low level of staff remuneration, the current system of pre-school education is quite capable to secure social protection of families by ensuring affordable pre-school education.

Out of the total number of pre-school institutions (4423), teaching is held in the Belarusian language in 1826 (42,1%) institutions; in 283 (6,5%) – in Belarusian and Russian; in 2225 (51,3%) – in Russian. Out of the total number of children covered by pre-school education (390,8 thousand), 66 496 children (17%) are taught in Belarusian; 45 274 (11,6%) – in both Belarusian and Russian and 279 030 (71,4%) – in Russian.

Before the 1990s, the country had a uniform system of pre-school education consisting of day nurseries and day care centres which employed a standard program. However, they have introduced a whole range of services (affordable for parents) allowing to ensure both proper care, education and development of children as well as nutrition, health and rehabilitation services. The extended range of services provided to children and parents has not entailed the rise of fees.

The new regulations have formed a solid basis for changing focuses of a day care centre towards a family-centred model within which a family is seen as the main customer of educational services for the child.

The 1993 “Provision on pre-school institution” defined the categories of pre-school institutions by age coverage, focus and types of services. The age-based category includes a day nursery/day care centre (the basic type), a day care centre and a day nursery. The focus-based category includes: day care centres of a general type and “focused canthers” (focus on aesthetic work, sport and etc.). The category based on the types of services includes day care centres for care, supervision and rehabilitation and day care centres of a compensatory type (for children who have correctional needs in terms of physical and mental development) and combined day care centres.

Pre-school institutions have also been classified by organisational forms and subordination. The classification is the following: state-run, collective (owned by leased companies, co-operatives, joint stock companies and etc.); private, combined (state/co-operative, state/non-governmental and etc.) pre-school institutions.

The main objective of pre-school institutions (irrespective of the type, focus and form of ownership) is to enhance physical and mental health of children and to contribute to the formation of the child’s personality and individuality.

The main type of a pre-school institution is a state-run day nursery/day care centre. The new types of pre-school institutions are being introduced including «school – day care centre», child’s development centre, family-type day care centre, seasonal groups and etc.).

The establishment of such new types of institutions as «school – day care centre», child’s development centres and day care centres with the focus on specific activities can be regarded as an important social and pedagogical event. Their particular merits can be summarised as follows:

- continuity of family, pre-school and school education at the new quality level. Collaboration of parents and teachers can open up new opportunities for the education and upbringing of children;
- “age diversification” in the group creates a positive environment for the formation of a child’s personality;
- adaptation to school becomes easier;
- achievement of the sequence of the educational process allowing to avoid program duplication and to concentrate on the main forms of children’s activity and to build up their continuity;
- personality-centred model of communication becomes the key element of pre-school and school education. This model helps to secure psychological protection of the child;
- the content of programs and techniques aimed at the formation of the child’s personality based on his or her individual and age-related specifics enhance the ability of teachers and parents to develop professionally and personally and build up self-development and self-design skills.

In the 1990s, some new types of pre-school facilities emerged in the rural areas of the country such as “family-type day care centre” (day care centre at home). In some rural areas “seasonal groups” (part-time) were re-established.

Like the neighbouring countries, Belarus is developing a system of pre-school institutions of different types, focuses and regime of work which are oriented at their main customer – the family. The country is expanding the network of pre-school institutions aimed at creating a “transparent” educational model where the collaboration of parents and teachers opens up new opportunities to realise their capacity in educating and upbringing of children.

One of the key directions of the government policy on renewing the content of pre-school education is the development, piloting and introduction of new programs, teaching and methodological guidelines based on the child-centred approach.

In the early 1990s pre-school institutions of the Republic of Belarus got a real opportunity to move away from the uniform educational program towards the use of various programs and teaching techniques.

The program «Praleska» (2000) has become the first national comprehensive program. Being the basic program for educating and upbringing of children in a pre-school institution, it consists of the two main blocks: basic and additional education aimed at the development of general and individual specifics of the child, his or her personality as well as at the achievement of the uniform educational standard “Pre-school education. Readiness for school” with regard to children aged 6 years and at ensuring continuity of pre-school and primary education.

The Research and Methodological Centre for Teaching Materials has published 28 methodological guidelines as a follow-up to the «Praleska» program.

In addition to the basic program, 8 optional programs have been developed including «The program for the education and upbringing of children aged 6 years who do not attend pre-school institutions»; «The program for pre-school education and upbringing of children aged 7 years in the senior group (the second year of education)»; «Flexible regime in day care centre»; «Day care centre of family-type »; «Artistic education in day care centre»; «Foreign language in day care centre»; «Welcome, physical training»; «Education and upbringing of children of nursery age (guidelines for parents)».

Six programs and methodological guidelines have been developed describing the specifics of the work with children having mental and physical disorders including «Education and upbringing of pre-school children with mental disorders»; «Education and upbringing of pre-school children with speech defects»; «Education and upbringing of pre-school children with dull hearing»; «Education and upbringing of mentally disabled children of pre-school age»; «Education and upbringing of pre-school children with weak eyesight»; «Social and daily adaptation of children with early autism».

36 guidelines have been developed and published to follow-up the programs.

Upon request of the Ministry of Education, person-centred educational technologies have been developed. Over the last 5 years the educational techniques developed by domestic researchers have been piloted and introduced. Teaching techniques “TRIS”, “First step” and the Montessori system have been introduced in 249 pre-school institutions.

All person-centred techniques are intended to enhance the health and mental development of the child and to facilitate the adaptive educational process.

The main instruments of educating and upbringing of children of pre-school age are the game and the toy. The intellectual, spiritual, aesthetic and physical development of a child largely depends on the kind of available toys. The Belarusian research and methodological centre for games and toys which collaborates with 53 enterprises of different form of ownership has developed more than 80 models of various games and toys. Both commercial production and procurement of games and toys is limited due to economic reasons.

The results of the monitoring have allowed to display positive aspects of the programs and the educational/methodological support of pre-school institutions as well as identify the scope of problems and ways of addressing. The current procedure of the evaluation and approval of programs does not contribute to the improvement of quality, does not protect a child from incompetent pedagogical influence within the system of the diversified education and does not fully orient the work of pre-school institution towards the pedagogics of development. Therefore, there's a need to establish the Evaluation Council for educational issues (under the Ministry of Education) responsible for the evaluation of the educational programs and teaching materials. To ensure timely and comprehensive preparation of the child for school and to secure equal starting conditions, a special set of educational materials (covering six subjects) for children who do not attend pre-school institutions should be developed and supplied to schools and day care centres

(particularly in rural areas). The main focus of methodological support should be the development and publication of study aids for teachers, parents and children with the purpose to enhance the education of children aged from 0 to 6-7 years and to secure continuity of pre-school and primary education. The development of the reference catalogue "Pre-school education in the Republic of Belarus" can be one of the priority focuses of information/methodological support for the system of pre-school education in the country. The methodological magazine «Pralska» has an important role in keeping pre-school institutions informed about the relevant regulations, programs, new teaching techniques and etc.

The most urgent problems of pre-school education are associated with financial constraints. Numerous studies conducted by researchers, physiologists, teachers and psychologists as well as practical experience have highlighted the need to start school at the age of 6. However, despite the age and alleged "school" skills, many children have problems with studying. The experience of teachers confirms that 7-year old children are more capable of comprehending the program; the teaching of 6-year old children is complicated due to insufficient readiness for the school process, too many children in the group and, in some cases, lack of environment needed for making the process of rest and study the most efficient.

The survey has suggested that 70% of parents do not consider their children prepared to start school at the age of 6; 20% of the surveyed parents consider their children to be partially ready for schooling at this age; only 10% think their 6 year old children are ready to start school. The reasons of the parents' concern are as follows: the health status of the children («not prepared due to the physical condition», «the child is often ill»); the child's progress at school («not mature enough mentally», «too small»); the child's individual characteristics (shyness, lack of self-confidence, aggressiveness, problems of behaviour, etc.); teachers' professionalism; school facilities (good nutrition, adequate conditions for rest and sleep, etc.).

In the present social situation the family as the principal social institution for the upbringing of children is seeking ways and mechanisms for pre-school children to acquire full-fledged education and turns for the purpose to children's pre-school institutions. In this capacity parents act as social customers determining the contents, form and methods of pre-school institutions' performance.

Given the fact that the majority of parents cannot bring up the child in the family, they resort to the services of a pre-school institution. The survey of the motivations and expectations of parents when they want their child to attend a day care centre shows that they think that a day care centre provides the most adequate conditions for the child's development, upbringing and socialisation.

It has been established that half of the surveyed parents partly use additional services offered by a day care centre. At the same time 83,2% of parents consider such services to be necessary for the comprehensive education and upbringing of the children.

It is worth to consider the issue of restructuring the work of pre-school institutions with a view of expanding the range of services offered to the children attending them as about 70% of the parents surveyed are ready to fully or partially pay for these services. Pre-school teachers themselves realise the necessity of changing organisation and content of the work of pre-school institutions.

Sociological surveys suggest that parents (32,2%) give preference to a sanatorium type of a day care centre when choosing a pre-school institution. 15% of parents prefer a day care centre of a family type, 16% (the most well-off parents) prefer to bring their child up with the help of a governess. 11,5% of parents rely on their own efforts and want to bring up children in their own family. Only about 20% of the surveyed parents think it possible to bring up the child entirely in the family, 53% of the surveyed parents reject this opportunity. At the same time all of the surveyed parents admit the necessity for a day care centre to participate in the educational process which makes the functioning of the model of the «open day care centre» as a form of effective cooperation of the teachers and the family in the upbringing of children very topical.

The survey has been intended to study participation of parents in the process of the upbringing and educating of children. It has been revealed that parents use different educational options: reading children's books (79,3%), playing together different games (75,7%), teaching to do simplest household chores (66%), taking walks in the countryside (62,1%), doing sport (18,2%), visiting theatres, cinemas (13,8%), acquainting with the surrounding world (57,6%).

Among the reasons preventing the modern young family from fully taking upon themselves the education of pre-school children without resorting to the assistance of state educational institutions the following have been stated as the main ones: lack of time for the upbringing of the children (66,3%); low level of psychological and pedagogic knowledge (43,8%); limited financial resources (17,0%).

Professional pedagogues cooperate with parents on the basis of partnership which implies that each of the sides fully realises its responsibility and makes its contribution to the development of the child's personality depending on their intended role.

The activity of different institutions (government, non-governmental) on rendering assistance to pre-school institutions is co-ordinated through the following Councils and Commissions set up under the Ministry of Education:

- Interagency Council for pre-school education, the main tasks of which are: the implementation of the uniform policy in the field of pre-school education; the co-ordination of the activity of ministries and agencies dealing with nursery and pre-school education; dissemination of the best practice of the upbringing, development and education of children. Interagency Council is composed of the representatives of different ministries including the Ministry of Health, the Ministry of Finance, the Ministry of Economy, the Ministry of Industry, the Ministry of Agriculture as well as general managers of large enterprises having their own pre-school institutions.

- Republican Commission for game and toy which is supposed to co-ordinate the efforts of enterprises designing and producing toys and to establish control over the range of the relevant products with the purpose of securing the consumers' rights, primarily the right of the child to adequate games and toys which would not hamper the physical and mental health of children.

The collaboration of the Ministry of Education with the Belarusian League of Parents and Teachers "Step by Step" has allowed to organise in 2001-2002 piloting of the innovative technologies "The first step" in 233 pre-school institutions of the country.

The «Belarusian Children's Fund» provides substantial assistance to pre-school institutions.

The collaboration of government organisations and non-governmental associations is able to address the problems associated with the child's education and development only to a certain degree.

## **National policy on early childhood development**

### ***National policies on ECD***

On 28 July 1990 the Supreme Council of the Republic of Belarus ratified the UN Convention of the Rights of the Child. The Convention was enforced on 30 October 1990.

Belarus' government policy on children regards comprehensive protection of childhood, family and motherhood by the government and society as the priority political, social and economic goal. This goal is set forth in Article 32 of the 1994 Constitution of the Republic of Belarus (with changes and amendments introduced in 1996) and is defined as a key priority in the Law «On the Rights of the Child» which was passed by the Supreme Council of the Republic of Belarus on 19 November 1993 and is based on the provisions of the UN Convention. The Law defines the legal status of the child as being an independent subject and is intended at ensuring the child's physical and spiritual health, building up the national self-identification based on the general human values of the global civilisation. Special attention and social protection is guaranteed to children with physical and mental disorders, children deprived of their family environment and children in emergency or in need of special care.

A number of the national programs aimed at improving the situation of children and enhancing their social protection have been developed in the country to address the whole range of social problems affecting the children's health, including:

- «The main directions of the government's policy with regard to families»;
- «The National Action Plan on improving the situation of women»;
- «The Concept of the government demographic policy stemming from sustainable economic development in transition»;
- «The National Action Plan for the protection of the rights of children for 1995-2000».

The process of the development and implementation of the government social policy on children was influenced by the adoption of the new edition of the Law of the Republic of Belarus "On the Rights of the Child" (October 2000) and by the efforts on the preparation for the UN General Assembly Special Session on Children. The Decision of the protection of childhood in the CIS member-countries adopted by the Council of the Heads of State on 30 November 2000 was also of great importance. On 31 October 2000 the Republic of Belarus has deposited the Document on the Ratification by the Republic of Belarus of the Convention □182 of the International Labour Organisation on the extermination of the worst forms of child's labour.

Belarus' National Report on the follow-up to the World Summit for Children has been published and disseminated.

The booklet with the text of the International Bill on Human Rights has been published. It is forwarded to 16-years old young people when they receive the passport. The network of the information centres on human rights and the rights of the child is being established.

Particular attention has been given to the development of children's initiatives, involvement of children in the relevant decision-making and to the discussion of the National reports on the situation of children. The most important event was the National Children's Forum "The children of Belarus on the eve of the Third Millennium" held on 31 May – 2 June 2000 in Minsk under the support of the UNICEF Country Office in Belarus.

### ***Description of the indicators for ECD assessment***

Relevant data have been collected to monitor the key aspects of development, growth and survival of children of nursery age allowing to keep track of the long-term dynamics of the following indicators.

- Birth rate
  - general birth rate;
  - birth rate by age groups;
  - birth rate by the marital status of a woman;
  - categorisation of newborn children by weight;
  - categorisation of newborn children by the age of the mother;
  - birth rate by the educational level of the mother, the outcome of the last of the previous pregnancies and by the interval between pregnancies;
- Children's mortality
  - infant mortality rate;
  - early neonatal, late neonatal, neonatal and postnatal mortality rate;
  - children's mortality rate by age group;
  - children's mortality rate by age group (including infant mortality rate) by the reason of death (195 reasons);
  - infant mortality rate (including early neonatal, late neonatal, neonatal and postneonatal mortality) by birthweight, the age and educational level of the mother, outcome of the last of the previous pregnancies.
- Perinatal mortality
  - perinatal mortality rate;
  - mortinatality rate;
  - early neonatal mortality rate;
  - perinatal mortality rate (including mortinatality rate and early neonatal mortality rate) by the reason of death (29 reasons) and mother's pathologies that caused the death of foetus in the perinatal period (29 reasons);
  - perinatal mortality rate (including mortinatality and early neonatal mortality) by birthweight, the age and educational level of the mother and the outcome of the last of the previous pregnancies.
- Morbidity and disability rate
  - morbidity rate in children's population;
  - children's morbidity in age groups by the reason of disease (93 reasons);
  - frequency of diseases in the children's population;
  - frequency of diseases in age groups of the children's population by the reason (93 reasons);
  - lethality rate in the children's population;
  - lethality rate in age groups by the reason (34 reasons);
  - morbidity rate in pregnant women;
  - morbidity rate in pregnant women by the reason (13 reasons);
  - morbidity rate in women in childbirth;
  - morbidity rate in women in childbirth by the reason (24 reasons);
  - morbidity rate in newborn children;
  - morbidity rate in newborn children by the reason (21 reasons);
  - lethality rate in newborn children;
  - lethality rate in newborn children by the reason and birthweight;
  - health index;
  - categorisation of children by health groups;

- disability rate in the children's population;
- disability rate in age groups by the reasons (93 reasons);

Infant mortality and under-5 mortality are the major social and medical indicators characterising the health status of the population.

The increase in infant mortality in the first half of the 1990s, was followed by gradual reduction starting from 1996. In 2000 infant mortality rate was 9,3 per 1000 live births. The positive changes in the dynamics of infant mortality coincided in time with the re-organisation of perinatal care towards the introduction of multi-level health services to pregnant women, women in childbirth and newborn children. The structural analysis of infant mortality has demonstrated high efficiency of the organisational measures aimed at enhancing health services to the women's and children's population at the initial stage in urban areas, where infant mortality began to decrease in 1996 and has gone down from 12,2% in 1995 to 8,3% in 2000 (by 32%). In rural areas infant mortality rate tended to increase till 1999 (15,4%) and only in 2000 the reduction to 12,0% (by 20,8%) was registered.

During 11 months of 2001 the rate of infant mortality was 8,9 per 1000 live births.

There have been changes in the age structure of infant mortality over the last 10 years. In the early 1990-s the share of infants who died during the first month was 60-65%. By the end of the 1990-s, 50% of the under-one children died during the neonatal period. These structural changes were caused by the reduction of the neonatal mortality rate characterising the level of specialised medical services to mothers and children and the increase of the postnatal mortality rate. The increased number of children who died after the first month was particularly apparent in rural areas where the rate of postneonatal morbidity exceeds the relevant rate in urban areas by about two times. The tendencies typical for the late 1990s were also observed during the four months of 2001.

The structure of reasons causing the death of children below one year of age has been relatively stable over the last 10 years. The main reasons are inborn anomalies of development and certain perinatal conditions which in total make up about 70% of infant mortality. While the rate of the under-ones' mortality associated with inborn anomalies has remained stable over the decade, the rate of mortality associated with perinatal conditions has gone down from 5,1% in 1995 to 3,0% in 2000 (or by 41.2%).

Inborn anomalies and perinatal conditions as the reasons of infant mortality are followed by the flu, acute respiratory diseases, pneumonia (0,8%), accidents, trauma and poisoning (0,8%), infectious and parasitic diseases (0,5%) and other reasons (1,0%). During 11 months of 2001 the referred reasons affected the causal structure of infant mortality in the same way.

The Republic of Belarus is among the countries with a low rate of 0-4 mortality; 1146 children of this age group died in 2000 (12,2 per 1000 live birth).

The dynamics of the under-five mortality in Belarus in 1990 - 1999 was characterised by an apparent tendency toward reduction (by 5,7%). This can be explained by the reduction in children's mortality associated with respiratory tract disorders (by 24,7%), infectious and parasitic diseases (19,6%) and other diseases. The increased mortality associated with accidents, trauma and poisoning (by 24.1%) is an alarming factor. Accidents, trauma and poisoning are the main reasons of mortality in children aged 1-4 years (the share is 46,0%). Out of those, the largest number of death cases is attributed to accidental poisoning (20,8%), drowning (20,1%), fire accidents (16,4%), road accidents (14,0%), accidental falls (4,0%). In the majority of such cases the death of these children is caused by the carelessness of the parents.

The second share (18,3%) in the causal structure is attributed to inborn anomalies. Inborn valvular and blood circulation defects constitute about half of all inborn anomalies.

***National and local budget allocations for priority programs aimed at ensuring survival, development and protection of early childhood***

Social support and protection of the rights of children is secured through the Presidential Program “The Children of Belarus” approved by the Decree N 281 of the President of the Republic of Belarus on 24 May 2001. The program covers the period of 2001-2005 and consists of five sub-programs: «Children of Chernobyl», «Disabled children», «Orphans», «Baby food», «Improvement of social protection of families and children». In 2000 918,2 million BYR were invested in health facilities included in the Presidential program «Children of Belarus»; 972,4 million BYR was allocated to cover the costs of the relevant activities.

Within the framework of the program perinatal centres are being equipped and supplied with the relevant pharmaceuticals (the costs are covered mainly by local budgets). For example, the Gomel regional executive committee decided to invest 0.5% of the net profit of enterprises in the improvement of logistic support of maternity clinics and children’s hospitals. 34,3 million BYR was allocated for the implementation of the Program in the first quarter of 2000. The funding of the regional executive committee has been used for the procurement of six beds with heating for maternity departments, pharmaceuticals for the treatment of respiratory disorders in newborn children (worth 47 thousand DM) and for the supply of medicines for stimulation of delivery (prostaglandines) to a maternity clinic. The Gomel regional executive committee has allocated 62 million BYR for the procurement of sutural material. The funds allocated from local budgets have been used for the procurement of bed linen, towels, gowns etc. for maternity clinics and departments (worth 17 million BYR).

The Vitebsk regional executive committee has purchased for the regional children’ hospital the «Gazel» ambulance car for the intensive care team (worth 150000 BYR), a pediatric insulated container for the transportation of premature infants and children in critical condition (worth 13658000 BYR), ten beds with heating for newborn children (worth 7000000 BYR). In 2000 the Vitebsk regional executive committee allocated additional funding worth 96 million BYR. Within the framework of the program the Novopolotsk city executive council has funded the procurement of the respiratory unit «Babylog» (worth 11000000 BYR) for the Novopolotsk city hospital; the Orsha city executive council has funded the procurement of a pulsometer (worth 77000 BYR) for the Orsha city hospital.

The Mogilev regional executive council has decided on targeted fund raising for health care purposes, mainly for children’s hospitals and maternity clinics. The funding allocated by the regional executive council has been used for equipping perinatal centers (three in Mogilev and 1 in Bobruisk, the total funding made up 169,0 billion BYR).

The Minsk city executive council has allocated 454152,2 thousand BYR for equipping perinatal centres (procurement of devices for forced ventilation of lungs, incubators of newborn children, respiratory and narcosis equipment, monitoring equipment and the system for supply and distribution of medical gases and etc). The administration of the City Hospital N 1 has procured a cardiomonitor and a defibrillator for an intensive care obstetric unit worth 9488 thousand BYR (the costs have been covered by off-budgetary funds).

Donor funding has been raised for the Minsk maternity clinic N2 worth 352381,36 USD  
□ 18,5 billion BYR.

The equipment worth 73,4 million BYR has been procured for children’s hospitals (devices for forced ventilation of lungs, laboratory equipment and dry-heat sterilises).

Procurement of artificial surfactant to treat respiratory disorders in newborn children for the city department of intensive care (city hospital N 7) worth 15,0 million BYR and prostaglandines for all obstetric departments worth 167555,2 thousand BYR was financed from the city budget.

In the first half of 2000 the City executive council purchased sanitary transport and equipment for an intensive care ambulance for the regional city hospital worth 43000025 BYR. The annual supply of medicines for prevention and treatment of respiratory disorders in foetus

and newborn children as well as prostaglandines have been purchased for perinatal centres of the II and III levels worth 8 716 389 BYR.

The Lida health department has purchased equipment and supplies for maternity and children's departments worth 120 thousand BYR (the costs have been covered by the local budget).

The Brest regional executive council has allocated about 40 billion BYR for equipping an intensive care unit of the Brest regional children's hospital.

In 1999 the Minsk regional executive council purchased medical equipment (a monitoring system, delivery chairs, sanitary transport and etc.) worth 12 billion 409 million BYR. The Soligorsk health department has allocated 42,3 million denominated BYR for equipping a maternity department and a children's hospital (compressors, suction devices, catheters and etc.). Donor funding worth 16 thousand USD has been raised for installing a compressor station for six intensive care unit beds. The Minsk regional children's hospital has received five ultrasonic inhalers, ten infusion devices and a high-quality unit for forced ventilation of lungs «Babylog-8000» as humanitarian aid.

Supplies of iodine preparations to children are funded from the Republican budget and out of the working capital of the Regional Production Company «Pharmacy». In 2000 the republican budget funded the procurement of the following medications: alfalcynol– 2000 packages; dygidrotakhisterol – 800 bottles.

Thyroid medications (Natrium levothyroxin) are procured out of the working capital and are always available in pharmacy retail network.

413211000 BYR has been spent from various sources to finance supplies of thyroid preparations to the children living in the Minsk region, including 17 thousand packages of antistrumin and 300 packages of L-thyroxin supplied as humanitarian aid.

The supply of thyroid preparations to the children living in the Gomel region is ensured through humanitarian aid and the procurement financed by the regional and local budgets.

IDD prevention with antistrumin is organised in a number of districts of the Grodno region (Ivye, Dyatlovo, Novogrudok, Lida). The campaign is funded from the local budgets (the amount of funding is 3billion 725 million BYR).

The Vitebsk regional executive council has allocated 22725 BYR and the Mogilev regional executive council has allocated 16,0 million BYR for the supply of iodine and thyroid preparations to children.

Iodised salt is used in all schools and pre-school institutions.

The Ministry of Health and the local health departments conduct regular interventions on the prevention of anaemia in children and pregnant women. The Republican workshops have been organised for gynaecologists and general practitioners on the prevention, early diagnosing and treatment of anaemia in pregnant women; the relevant methodological recommendations have been developed. Specialists of the Maternity and Childhood Department of the Ministry of Health have held a press conference on the protection of reproductive health, including the problem of anaemia in children and pregnant women.

The anaemia prevention medications are procured by the republican and regional departments of «Pharmacy». Within the Cupertino framework of the Ministry of Health and UNICEF, 4,017 million antianaemic tablets were supplied in 1999 and 4,6 million tablets in 2000 as humanitarian aid.

The Mogilev regional executive committee has allocated 50,0 million BYR for the procurement of antianemic medications, the Gomel regional executive committee – 9800,0 thousand BYR; the Vitebs regional executive committee - 3340,8 thousand BYR.

The procurement of antianemic medications in the Grodno region has been financed from the local budget (worth of 4500 thousand BYR) and by a number of enterprises (3200 thousand BYR)

The campaign on the supply of vitamins to the eligible categories of the children's population in autumn and winter time has been financed from the local budgets. The Grodno

regional executive committee and local authorities have financed the procurement the polyvitamins worth 1 billion 982 million BYR. Humanitarian aid supplies of the preparation «Revit» have been used for the vitaminization of children in the Berestovitsky, Iyvevsky and Voronovsky districts. The Grodno city executive committee has approved the program of the supply of polyvitamins to children and teenagers in schools and pre-school institutions. 310,8 million denominated BYR has been allocated from the city budget to finance the campaign. The Grodno centre for medical rehabilitation of disabled children has received vitamins as humanitarian aid (worth 450 thousand denominated BYR).

The regional executive committees have financed the seasonal vitaminization campaign. The Vitebsk regional executive committee allocated 529630 thousand BYR in 1999 and 696600 thousand BYR in 2000; the Gomel regional executive committee allocated – 15210,9 thousand BYR in 1999 and 20000 thousand BYR in 2000; the Mogilev regional executive committee allocated 4,5 billion BYR in 1999 and 3,6 million BYR in 2000; the Minsk regional executive committee allocated 83056,3 thousand BYR in 1999 and 365,0 million BYR in 2000; the Minsk city regional executive committee allocated 238 million BYR in 1999 and 405 million BYR in 2000.

In addition, the company “Nycomed” has supplied «Sana-Sol» vitamin (1500 packages) to orphanages. During the summer rehabilitation campaign many children’s sanatoriums and recuperation centres organise vitaminization with domestically produced polyvitamins «Vitus-□», «Vitus-iodine», «Sturdy child».

The procurement of the immune-ferment sets for testing the thyroid hormone is financed from the republican and local budgets. The Minsk city executive committee allocated 6,2 billion BYR in 1999 and 4,8 million BYR in 2000 for these purposes; the Gomel regional health facilities received immune-ferment sets within the framework of humanitarian aid supplies worth 54011,8 thousand BYR.

The Ministry of Health procured vaccines worth 1993805 USD for the immunisation campaign which was organised in the first half of 2000. In 2000 2 billion BYR was spent on the procurement of vaccines. Therefore the demand of the regions was fully met.

The supply of contraceptives to women from the groups of «social risk» is financed from the local budgets.

In order to enhance efficiency of social assistance, on 16 March 2000 the Council of Ministers of the Republic of Belarus issued Resolution □344 on approving the Comprehensive set of measures for social protection of the population for 2000-2005. Effective 1 January 2001 the targeted social assistance was introduced in the country. Families with disabled children, families with many children, one-parent families with children are eligible categories.

In addition to social assistance provided at the government level, social protection agencies jointly with enterprises, organisations and collective farms provide in-kind and financial support to families with many children, one-parent families, families with disabled children and families in emergency. In 2000 in-kind and financial support was provided to 25,4 thousand children living in Minsk, to 90 thousand children living in the Gomel region, 10,7 thousand children living in the Grodno region and to 56,1 children living in the Minsk region.

A whole number of programs aimed at providing support to families and children are being developed and implemented, including such programs as «the Children of Minsk», «Family development and strengthening» (in Minsk), «Family» (in the Vitebsk and Mogilev regions). Various celebrations and festivities like Family Day, Mother’s Day, the Day of family rest and creative activity have become common practice in the Vitebsk region. To enhance the prestige of mother’s role and the social status of a woman having children, 65 socially active women who are successful both in educating children and at work have been awarded the title of laureate of the prize named after the Hero of the Soviet Union Z.M.Tusnolobova-Marchenko, 67 women have been awarded with the title “The woman of the year in the Vitebsk region”, 273 mothers having many children have been awarded with the Order of the Mother.

Events have been organised in all regions and in Minsk to mark the International day of children's protection and the International day of women.

A nation-wide charitable action "Our children" was organised in December 2000 involving 90 ministries and other republican authorities, banks, concerns and non-governmental associations. The participants of the action visited 77 public care institutions and 14 health facilities and gave Christmas presents to children in need of special care. Within the framework of the action assistance worth 491 million 368 thousand BYR was provided to children's institutions.

Active participants of the annual action are the Ministry of Agriculture and Food, the Ministry of Housing and Communal Services, the Ministry of Communication, the Ministry of Sport and Tourism, the Ministry of Interior, the Ministry of Foreign Affairs, the Ministry of Health, the Ministry of Education, the Ministry of Industry, the Ministry of Emergencies, the Ministry of Entrepreneurship and Investment, the Ministry of Defence, the Ministry of State Property Management, the Ministry of Natural Resources and Environmental Protection, the Ministry of Social Protection, the Ministry of Finance, the State Committee on Youth Affairs, the State Committee on Press, the State Committee on Taxes, the State Customs Committee, the National Bank, BelBusinessBank, Priorbank, Bealgrouprombank and other agencies.

In 2000 Belarus received humanitarian aid worth 46,8 million USD, including humanitarian aid supplied to children's institutions USD worth 2,9 million USD or 6,2% of total humanitarian aid. The largest amounts of humanitarian aid were supplied to children's institutions of the Gomel region (1,1 million) while children's institutions of the Grodno region received humanitarian aid worth 0,05 million BYR.

Sizeable supplies of construction materials within the program of humanitarian aid have allowed volunteers to do renovation works in a number of children's homes, boarding schools, social shelters and children's sanatoriums. Humanitarian association «Children of Chernobyl» (Helst, Austria) has financed construction of the building of the children's sanatorium «Zhivitsa» (the Gomel region) for 100 beds worth 20 thousand USD. The funding worth 227 thousand USD has been spent on the renovation of the premises, WC and shower rooms in the Chernitsky and Dubrovensky special boarding schools located in the Vitebsk region. The funding of the charitable foundation «Hope and houses to children» (UK) worth 14,5 million BYR has been used for the construction of a building for a children's home of family type in Krichev (the Mogilev region). Renovation works have been completed in the Pirevichsky boarding school for disabled children, in Zhlobin boarding school, in Novoselkovo secondary school (the Vetkovsky district), in the secondary school of the village of Kuritichi (the Petrikovsky district of the Gomel region), in the Kobrin children's village (the Brest region), in the Barsukovsky, Mstislavsky, Osipovichsky and Khotimsky boarding schools, in the Mogilev orphanage №2, in the social shelter located in the village Knyazhichy (the Mogilev region), in Vileyskaya, Padoshkovichskaya, Staroborisovskaya and Krivichskaya boarding schools (the Minsk region).

Humanitarian aid worth 1,4 million USD has been provided to social protection agencies to support poor families and children.

In 2000 childhood protection agencies of the local executive and administrative authorities considered 4 1999 disputes related to the upbringing of children. Suits for protecting the rights of 1 892 children have been forwarded to court. Courts considered the issues of protecting the housing rights of 345 children, the issues of protecting 21 child from physical and psychological abuse, and 13 children from sexual exploitation and abuse. Law enforcement agencies and childhood protection agencies considered the cases of protecting 106 children from physical and psychological abuse, cruel, harsh or abusive treatment, on protecting 3 children from sexual exploitation and abuse.

22 sectors for childhood protection were set up in district and city educational departments in 2000.

In 2000 the General Prosecutors' Office of the Republic of Belarus carried out inspection to supervise the implementation of the national legislation on the protection of the rights of

children. 353 reports, 144 injunctions and 35 protests were drafted. Formal warnings were issued to 196 persons; disciplinary penalties were imposed on 284 officials upon the Prosecutor's order; administrative penalties were imposed on 67 persons.

The national policy on pre-school education gives the family the right of choice on whether to educate a child below 3 years of age or a child of a pre-school age at home or to attend a pre-school institution choosing the type, form, focus and regime of work. Taking into account the requests of parents and the demographic situation, pre-school institutions with a flexible regime of work have been established in the country. The norms regulating the number of children in a group in a pre-school institution are the following: under-two groups - 10 children; from 2 to 3 years - 15 children; from 3 to 6 (7) years - 20 children; a mixed age group - 12 children.

Day nurseries can be attended by children aged from 2 months to 3 years; day care centres can be attended by children aged from 3 to 7 years; day nurseries/day care canter can be attended by children aged 1 - 7 years. Irrespective of the statutory school starting age of 6 years, upon request of parents and based on medical/psychological/pedagogical certificate children can continue visiting pre-school institutions up till 7 years of age.

Pre-school institutions of a sanatorium type for children who are often sick for a long time can be attended by children aged 1,5 - 7 years; the norms regulating the number of children in the group are the following: under 3 years - 10 children; from 3 to 6-7 years - 15 children; a mixed age group - 12 children.

The norms regulating the number of children in the groups for disabled children vary from 6 to 12 children depending on the form of disability. For example, the number of persons in the group for children with heavy speech defects varies from 6 (below 3 years of age) to 12 (pre-school age).

The Resolutions of the Supreme Council of Belarus "On emergency measures to improve the situation of women, on childhood and motherhood protection and family strengthening" (1990), "On additional measures to enhance childhood and motherhood protection in Belarus" (1991) have allowed to extend the period of paid maternity leave up to 3 years. Since 1992 this entailed the reduction of the number of children attending day nurseries. Starting from 1993 the aggravation of the social and economic situation has increased the number of families that would like to use the services of pre-school facilities both with the standard working regime (9 – 12 hours a day) and flexible working regime (from 1 to 6 hours). The provisions on a pre-school institution of a general type (approved in 1993) and on the pre-school centre for the development of a child (approved in 1995) have allowed a family to choose and use the services of various pre-school institutions. According to Article 12 of the provision on the pre-school institution (1993), upon request of parents day care centres have begun to organise part-time groups, groups for taking a child for a walk (their services are usually requested by mothers on pregnancy leave), groups for preparing children for school, rehabilitation and sport groups, groups with the focus on musical, aesthetic and artistic education and groups with the focus on foreign languages.

The set of regulations and instructions «Pre-school education» was published in 2000. It includes the regulations, orders and instructions of the Ministry of Education and other Belarusian ministries and agencies dealing with the issues of pre-school education. Compared to other CIS countries, Belarus has the highest percentage of children covered by pre-school education (the following figures are given for comparison purposes (in 2000): Russia - 50,8%, Ukraine - 25%, the Republic of Belarus - 70,6%).

Before 1990 pre-school institutions were financed by the local councils of deputies as well as by the enterprises having day care centres or nurseries based on the statutory cost estimates for maintaining pre-school institutions. The estimates envisaged for budgeted allocations and disbursements for financing pre-school institutions.

The estimates reflected the costs of a pre-school institution by 16 items and sources of covering those costs (allocations from the budget and charges paid by parents). The share of

expenditures for keeping a child in a pre-school institution was about 6,6% of the average monthly salary.

Aggravation of the social and economic situation in the Republic of Belarus (like in all other FSU countries) has affected financing of all educational establishments, including pre-school institutions. On 24 April 1992 The Supreme Council of the Republic of Belarus adopted the Resolution «On maintaining and developing the network of pre-school institutions» which helped to preserve the network and to establish an off-budgetary fund for maintaining pre-school institutions owned by enterprises and organisations. This mechanism was in force up till 1999. The Law on the 1999 Budget provided for the introduction of a targeted fee for maintaining all pre-school institutions irrespective of the form of ownership.

Targeted efforts are made in the country for setting up a network of social, psychological and pedagogic services to families and children. Territorial family and children support centres have been established as well as social-pedagogic centres and children's social shelters which provide social, legal and psychological support to families in emergency situations. The centres also focus on the prevention of social orphanhood.

The activities of territorial centres are focused mainly on socially unprotected categories of the population such as families with many children, one-parent families, families at risk, the unemployed and families with disabled children. Social passports of all families covered by the activities of the centres are drafted summarising the basic information by the family and the problems it faces.

In addition to basic social services, territorial centres develop individual programs and identify priority directions.

In addition to basic social/psychological/pedagogical services to 15 categories of socially vulnerable children (children in need of special care or in emergency situation; children whose parents are alcoholics; children- victims of crimes, cruel treatment, physical and psychological violence and etc.), other forms of social services to children and families are being introduced, including crisis centres for women and children in emergency situation and cabinets for reproductive health and family planning.

The activities of the government agencies and non-governmental associations are coordinated by the national Commission on the rights of the child.

The government agencies and non-governmental associations continue to collaborate with international and foreign organisations dealing with the protection of the rights of children.

Co-operation with the United Nations Children's Fund (UNICEF) develops successfully. The following programs are implemented with active involvement and under financial support of the UNICEF Country Office in Belarus: «Early childhood health and development», «Children in need of special protection», «Young people's health and development» and «Social mobilisation for child's protection».

Cupertino with the Stockholm University continues to develop. The Stockholm University and the Swedish Government Agency SIDA have provided financial support for publication and dissemination of the Belarusian-Swedish guidelines «Social work with a child and family».

Co-operation with the government agencies and non-governmental associations of Italy, the USA, Canada, Sweden, Israel and Denmark in the field of international adoption develops successfully.

## Conclusions

The results of the study have allowed to make the following proposals on ensuring decent development of the child at the age of 0 - 6-7 years:

- to substantiate the introduction of the new cost-efficient forms of pre-school education as the mechanism of preserving and developing the network of pre-school institutions; to work out a package of documents ensuring research and methodological support to the process of setting up, operation and development of the new forms of pre-school education in rural areas such as seasonal (play) ground, day care centre of family-type, home groups and to develop the model «Day care centre - school» which is seen as the most suitable form of a pre-school institution in rural areas;

- to develop (based on the collaboration of the Ministry of Health and the Ministry of Education) the forms of methodological support of educating a child in the basics of a healthy life style for teachers (parents), and direct mechanisms of the formation and adoption of a healthy life style by children i.e. the guidelines of “double address” assuming for joint efforts of a child and of an adult. Among the functions of pre-school education, priority is given to the formation of a healthy life style skills and their adoption by pre-school children. Pre-school age is particularly suitable for acquiring new knowledge, including the formation of basic skills of physical culture, motivation for physical activity, understanding and use of the values of physical culture. Such efforts are particularly acute in the light of the aggravation of the health status of the children’s population thus stressing the need for a whole set of measures which would facilitate prevention of diseases and disability. The key component should be the adoption of a healthy life style by parents of the child and other family members, a balanced daily diet and schedule and the relevant psychological education of the child;

- to develop a system of government measures aimed at formation of a “health dominant” in the society and to encourage a healthy physical and spiritual mode of life. One of the directions can be the establishment of micro-ecological schools within the system of health care and education with the purpose to improve children’s health;

- the Ministry of Health is supposed to develop the program for informing teachers and other school staff about the current specifics of children’s morbidity and risk factors negatively affecting the child’s health and causing chronic pathologies particularly if a child has inborn or genetic susceptibility to diseases;

- to develop the package of diagnosing techniques for comprehensive medical, psychological and pedagogical testing of the child’s development at the age of 0 – 6-7 years;

- to substantiate and develop the basics of pedagogical testing, to ensure the relevant methodological and instrumental support; to publish the set of “tests in the form of game” with explanations and recommendations. This would give a child an opportunity to demonstrate knowledge and skills and an adult (a teacher, a parent) would be able to monitor the child and to assess the level of his or her development;

- to study the age specifics of children (0 - 3 years), to ensure the relevant research and methodological support covering the specifics typical for this age period and helping the child to actively participate in creative activities, communication and games;

- to develop and publish the age-specific materials (books, games, toys for ensuring sexual and role self-identification of pre-school children; as well as books, games, toys and guidelines for schoolchildren and students helping them to realise the importance of the role of the mother and father) contributing to the formation of well-informed parental choices in today’s children and young people of different age groups.

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**Annex 1. Belarus: Morbidity in children aged 0-4 years in 1997-2000  
(per 100 000 of children of the relevant age)**

	1997	1998	1999	2000
Total morbidity	202837.9	214849.7	223117.0	209421.8
Infectious and parasitic diseases	13523.7	11599.4	12561.2	11766.8
Tumors	188.7	184.4	210.0	250.3
Endocrine pathologies, digestive disorders, metabolic disease and immune disorders	923.2	778.5	762.7	756.4
Including diabetes	3.4	3.2	3.0	1.9
Hematogenic disorders	2626.8	2634.4	2669.5	2811.0
Including anaemia associated with iron deficiency	1925.5	1934.3	2057.6	2147.8
Mental disorders	687.9	776.0	784.6	789.3
Nervous system and senses disorders	8743.2	8644.4	10342.1	10079.2
Including cerebral palsy	66.7	59.9	69.6	65.5
Miopia	151.6	157.3	137.5	137.0
Blood circulation disorders	486.1	438.9	442.4	391.8
Respiratory tract disorders	153172.0	165789.6	170871.1	157966.9
Including asthma	93.8	110.1	110.3	124.5
Digestive and intestinal disorders	4204.7	4137.2	4486.9	4403.8
Including gastritis and duodenitis	420.2	433.7	457.8	442.0
Genitourinary disorders	1445.6	1484.2	1585.5	1711.0
Skin and subcutaneous tissue disorders	6337.1	7615.7	7334.0	6963.9
Bone, muscular and conjunctive tissue disorders	533.3	480.8	415.0	485.2
Inborn anomalies	1002.5	1042.5	1054.1	1083.0
Certain perinatal conditions	3706.7	3854.8	4334.9	4568.0
Trauma and poisoning	4133.9	4118.4	4209.4	4361.6
Other diseases	0.0	0.0	0.0	0.0

## **Survey on Early Childhood Care Practices and Parental Knowledge**

### **Chapter 1. Medical and social aspects of the situation of pregnant women**

This Chapter is intended to analyze the difficulties faced by pregnant women. The main objective of this part of the study was to obtain information which would help the government agencies, non-governmental associations, health professionals, teachers and the media to develop enhanced and more adequate programs aimed at improving the quality of life of women and children.

*The objectives of the study:*

- to assess availability and quality of primary health services to pregnant women;
- to assess the economic and social conditions of pregnant women, access to safe water supply, sanitation and garbage disposal facilities;
- to assess the extent of discrimination, lack of attention and care, cruel treatment and violence with regard to women;
- to assess the general level of pregnant women's knowledge about the key aspects of child care;
- to assess the attitude of women to the relevant forms (channels) of receiving new information;
- to assess the scope of problems which women regard as priority ones.

The survey was conducted through the method of comprehensive sample in all regions of the country. The survey covered city women whose children were born alive irrespective of the maturity within the period 5 - 12 November and rural women who gave birth to children within the period 5 November – 5 December. Women who had twins or refused to fill in the forms were not included in the study.

1700 respondents participated in the survey.

#### **Family planning:**

- in about half of the cases the family does not plan the birth of the child;
- the frequency of planned pregnancies increases in direct accordance with the level of education of women irrespective of the place of residence (city/village);
- the first pregnancy is planned more often than subsequent pregnancies.

*Availability of primary health services to pregnant women and the degree of trust to medical personnel.*

- in cities 90% of women are registered with antenatal clinics before the 12<sup>th</sup> week of pregnancy; in rural areas 85% of pregnant women are first examined by health professionals after the 12<sup>nd</sup> week of pregnancy;
- visiting a medical facility at the early stage is the result of the willingness of a woman to be placed under medical supervision as early as possible;
- visiting a medical facility at a later stage is often caused by social factors;

**Supervision over a pregnant woman in an antenatal clinic:**

- the majority of women had to visit an antenatal clinic in bad weather and during late hours;
- most of the time is taken by waiting in a queue to be examined by a doctor. A bit less is taken by the way to a clinic. On the average a visit to the antenatal clinic takes 2.5-3.0 hours;
- only sometimes other visitors allow pregnant women to be examined by a district gynecologist or visit the laboratory ahead of the queue;
- pregnant women often witness conflicts over one's turn to visit a district gynecologist; much more rarely they get involved in such conflicts;
- more than half of pregnant women assess the level of the professional knowledge of the medical staff whose services they used as "high". Pregnant women assess the communication skills of the medical staff mostly in the same way;
- every 5<sup>th</sup> woman has to leave the antenatal clinic in a bad mood because the medical staff failed to treat her in a delicate manner or were rude to her;
- many women have to approach other persons for explanations about what they have been told in the antenatal clinic. In most cases they approach their mother or another health professional for advice;
- about 15.3% of pregnant women had to additionally use the services of a different health professional (17.6 % of city women and 8.3 % of village women);
- the majority of women (71.4%) were happy with their district doctor, 15.3% of pregnant women gave a positive assessment of the organization of work in their antenatal clinic but would like to use the services of a different doctor; 13.2% of pregnant women would prefer the services of a different antenatal clinic.

*The attitude of women to the relevant organizational forms (channels) of receiving new information:*

- in the opinion of pregnant women, the most helpful sources of information about pregnancy, the regime of a pregnant woman and key aspects of baby care are advice of their own mothers, articles in the print media, radio and TV programs (by the degree of im-

portance the list is the following: special brochures; newspapers; magazines; TV and radio programs). many women believe that these issues should be incorporated into school curricular;

*The attitude to breastfeeding:*

- only 1.4 % of women would not like to breastfeed the child. Above 70% of women believe that the child should be breastfed until one year and for a longer period;
- 80% of women began to breastfeed the child on the first day after delivery (43.2% of women began to breastfeed immediately after childbirth).

**Availability of conveniences:**

- the majority of city dwellers have access to centralized water supply, heating and sanitation; furnace is the only source of heating for about half of village people, the same share of village people do not have access to centralized water supply (44.2% and 49.3% accordingly).

*House duties of women:*

- the biggest share of housework is done by women;
- 2/3 of village women have to do heavy physical work;
- 13.6% of women had to do the same amount of housework during pregnancy;
- most often the husband and the mother of a pregnant woman take upon themselves the part of a woman's house duties (in 63.7% and 23.3% of cases).

*Relationships in a family:*

- more than 95% of family members are happy about the fact of pregnancy;
- a woman has closest family relations with her parents and the husband. Relationship with parents-in-law is a bit colder. Building up of family relationships does not depend on whether a married couple has its own apartment or house.

*Family violence:*

- more than one third of women either do not quarrel with their husbands at all or quarrel very rarely, about one third of married couples quarrel 1-2 times a month or more often;
- less than half of women (42.2%) stated that their husbands never raise voice when talking to them;
- 12.3% of women stated that after they discovered the fact of pregnancy, quarrels in the family started to happen more often; every third woman stated that the husband shouted at her when she was pregnant;

- about half of women allow for battery. Among the reasons of this form of family violence they have listed unfaithfulness, alcohol abuse by a woman and poor care of the children;
- in every tenth family a husband could hit a wife during a quarrel.

*The attitude of the society to pregnant women:*

- more than 1/3 of women (35,3%) had problems with the management or colleagues when they had to visit a doctor during working hours;
- more than half of pregnant women were not offered a seat in crowded public transport (10,6%) or they were offered a seat occasionally (48,6%).

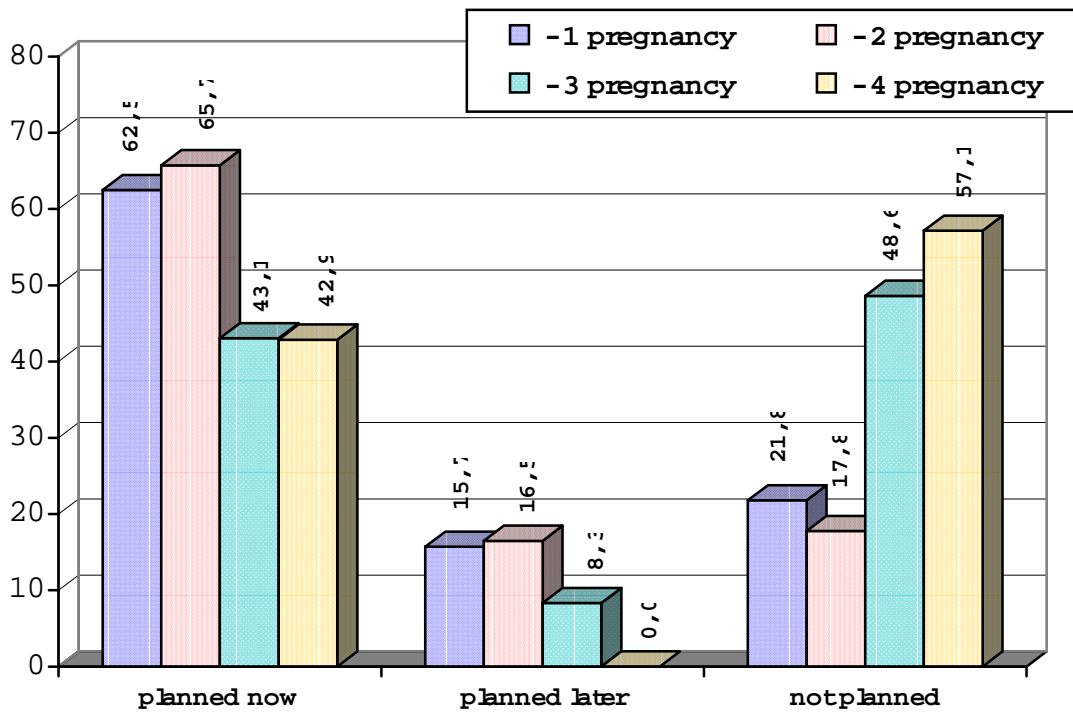
*Pregnancy and women*

- only 6,6% of women consumed alcohol during pregnancy (2,0% of women consumed alcohol once a month and more often);
- 31,0% (every third young man) of men consume alcohol 1-2 times a months; 4,3% of men - 2-3 times a week and more often.

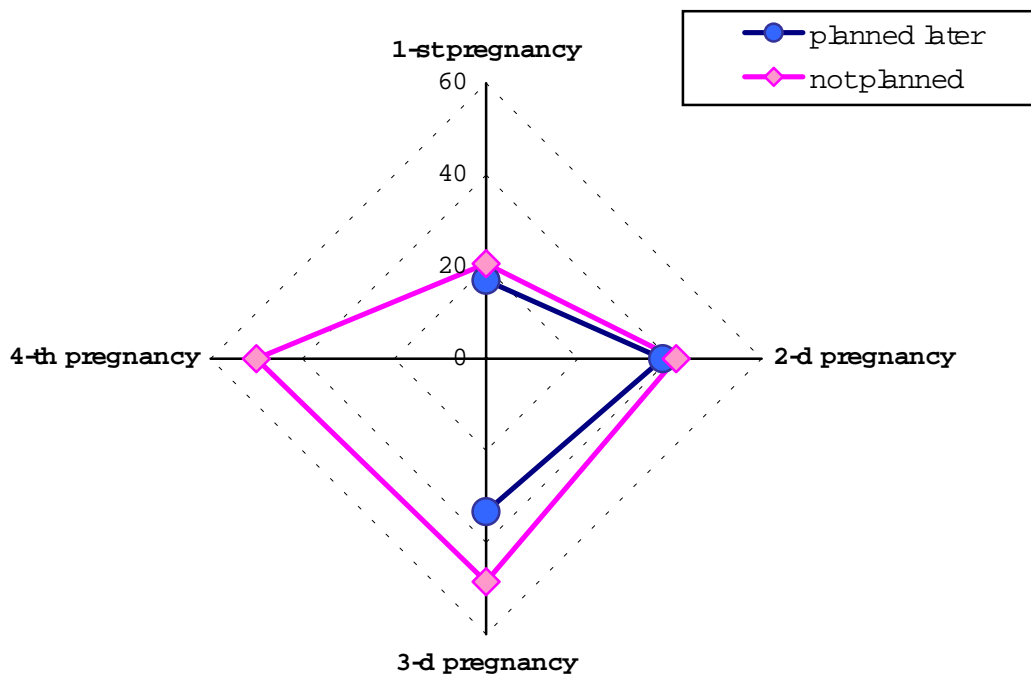
**Are pregnant women happy?**

- 2 women out of 3 (62,6%) believe that pregnancy makes a woman more beautiful; 34,4% pregnant women believe that pregnancy does not contribute to a woman's beauty but they are sure that all undesirable changes will disappear soon after delivery;
- only 3,1% of women have agreed that changes in appearance during pregnancy make a woman ugly. Fortunately these changes disappear after delivery;
- despite all difficulties, only 1% of women felt unhappy during pregnancy. Expectation of a child helped 71% of future mothers to feel happy.

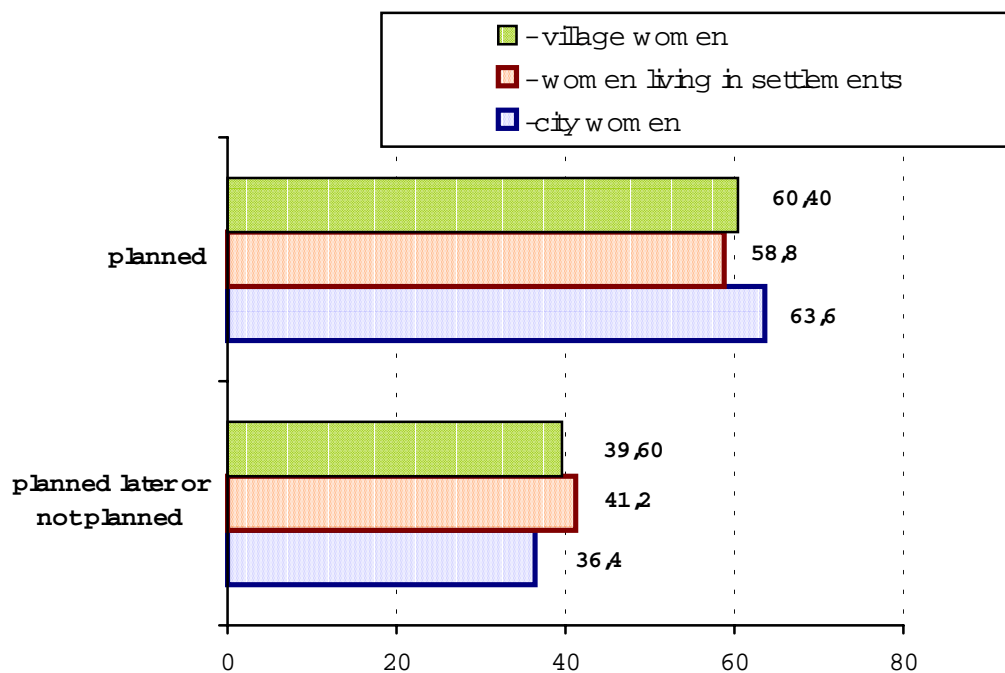
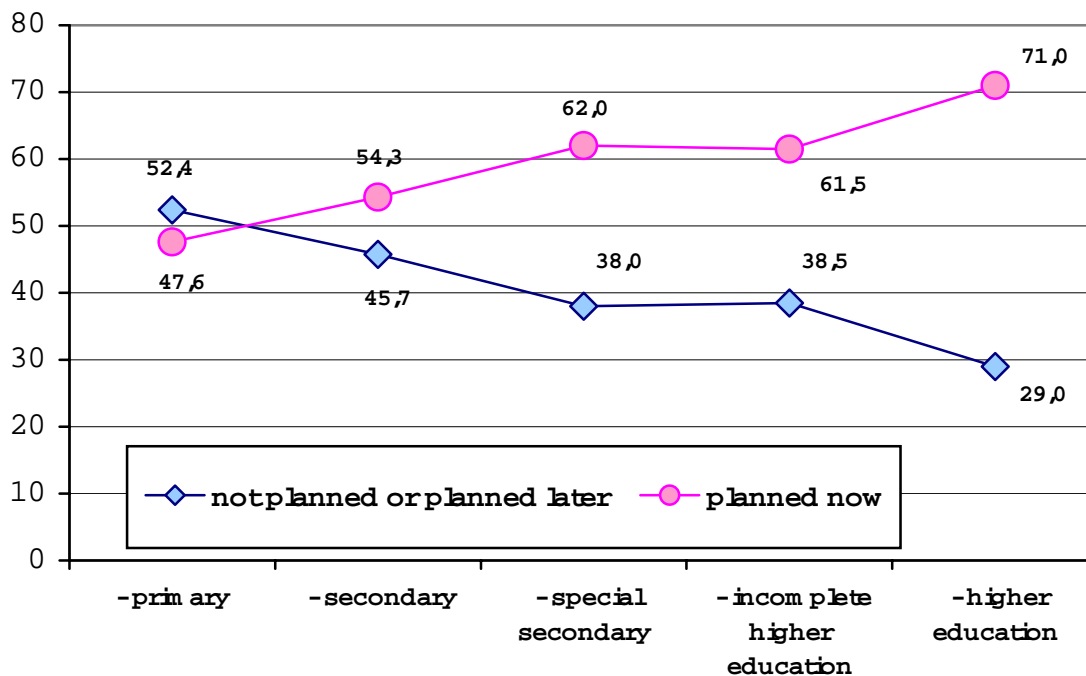
*Have you planned the birth of this child?*



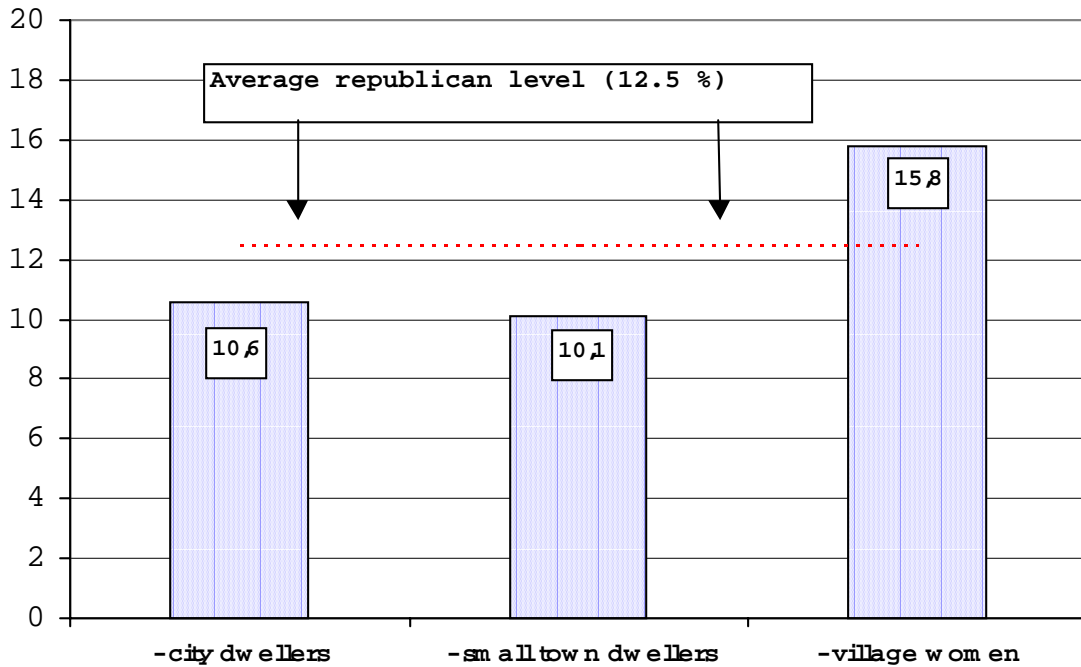
If you haven't planned a pregnancy or are planning it in several years, have you thought of abortion?



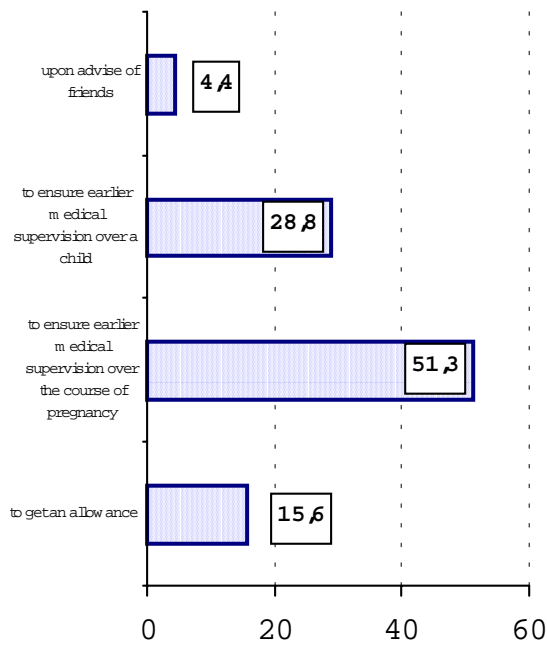
*Have you planned the birth of this child?*



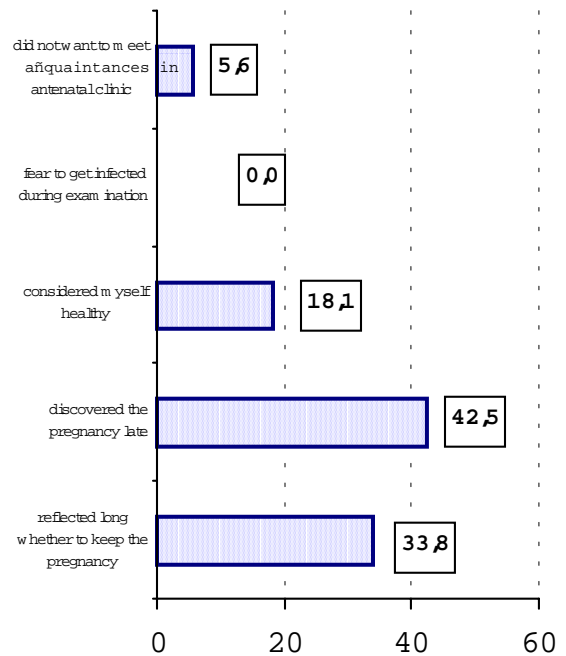
*The share of women registered with antenatal clinics after the 12<sup>th</sup> week of pregnancy*



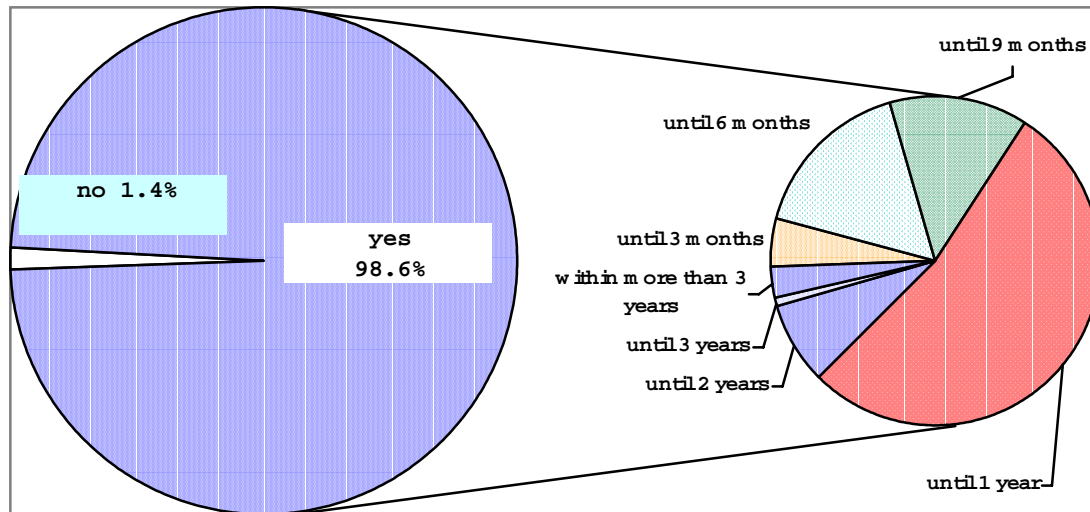
*Why have you registered with antenatal clinic before the 12<sup>th</sup> week of pregnancy?*



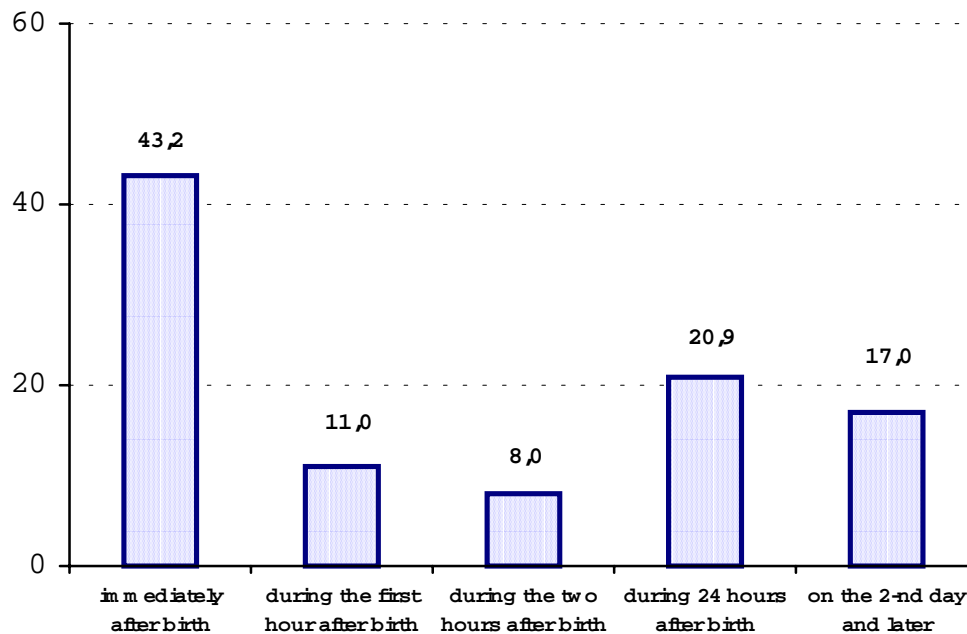
*Why have you registered with antenatal clinic after the 12<sup>th</sup> week of pregnancy?*



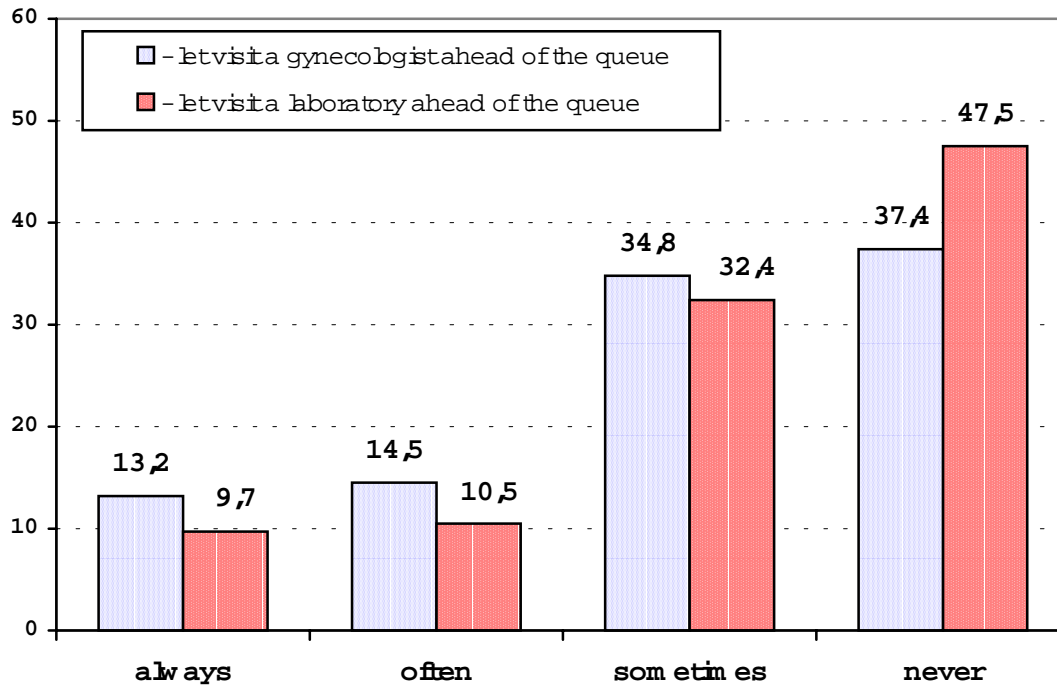
*Do you intend to breastfeed the child?*



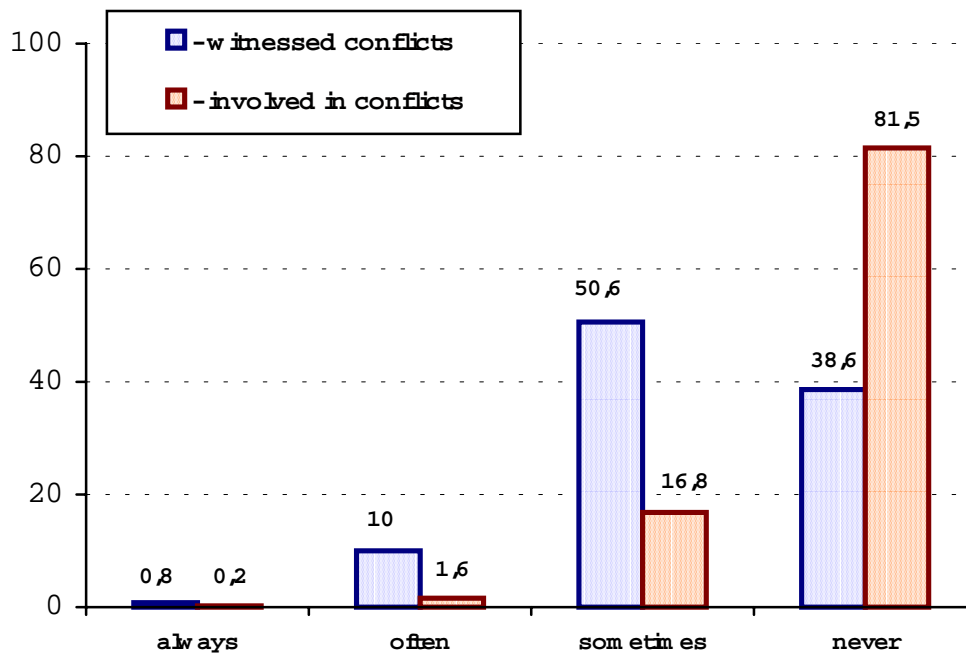
*When did you breastfeed the child first?*



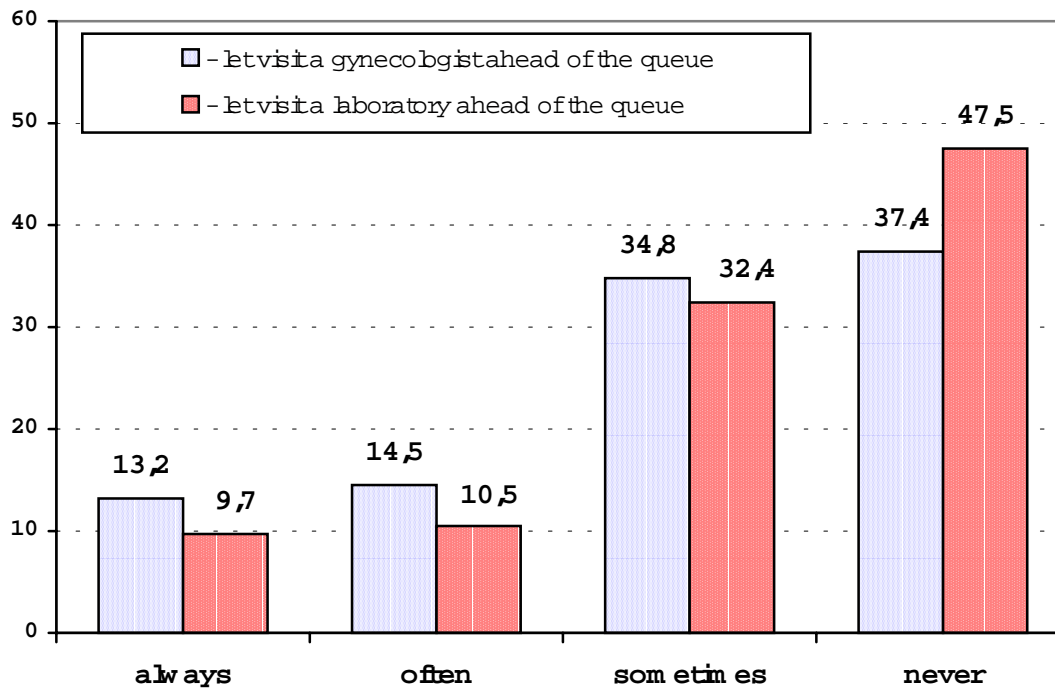
*How are pregnant women treated by other visitors in your antenatal clinic?*



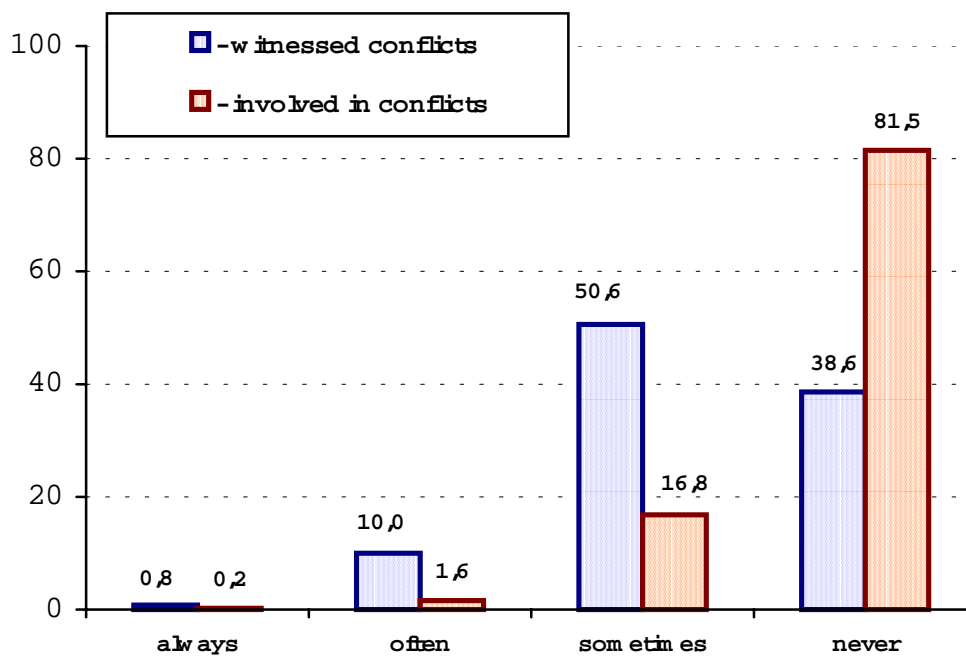
*Have you ever witnessed or been involved in conflicts over sequence of visiting the district gynecologist?*



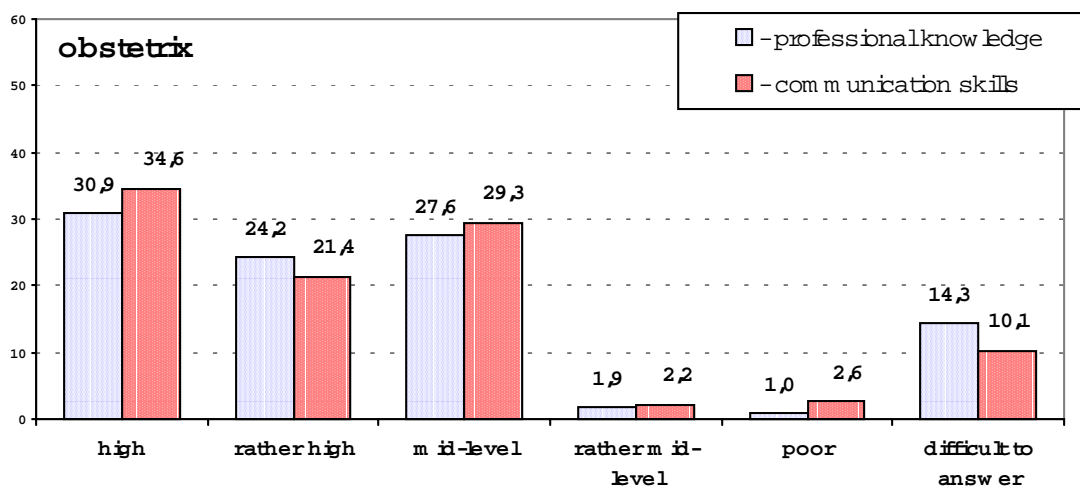
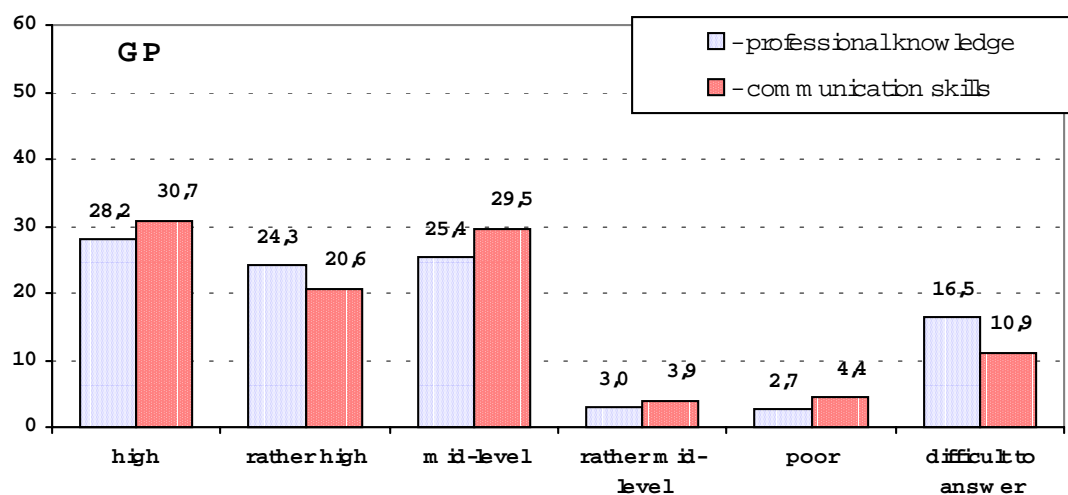
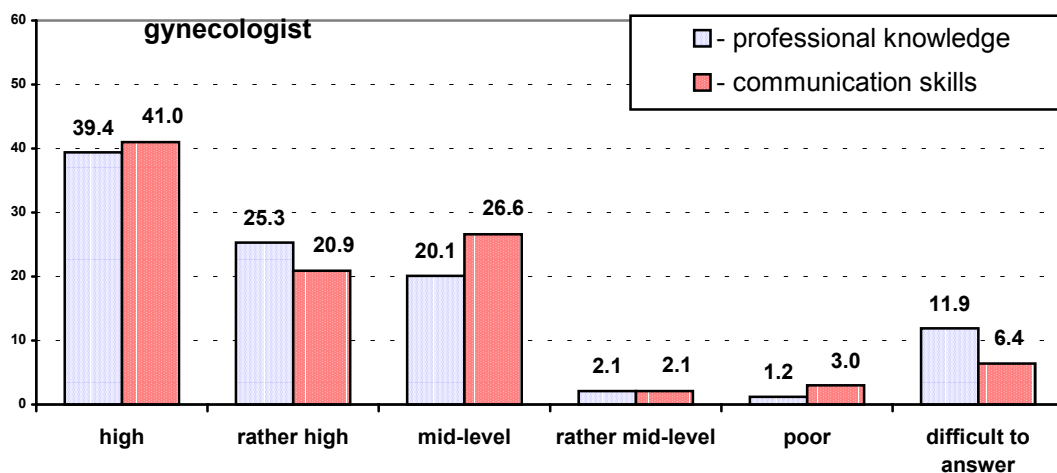
*How are pregnant women treated by other visitors in your antenatal clinic?*



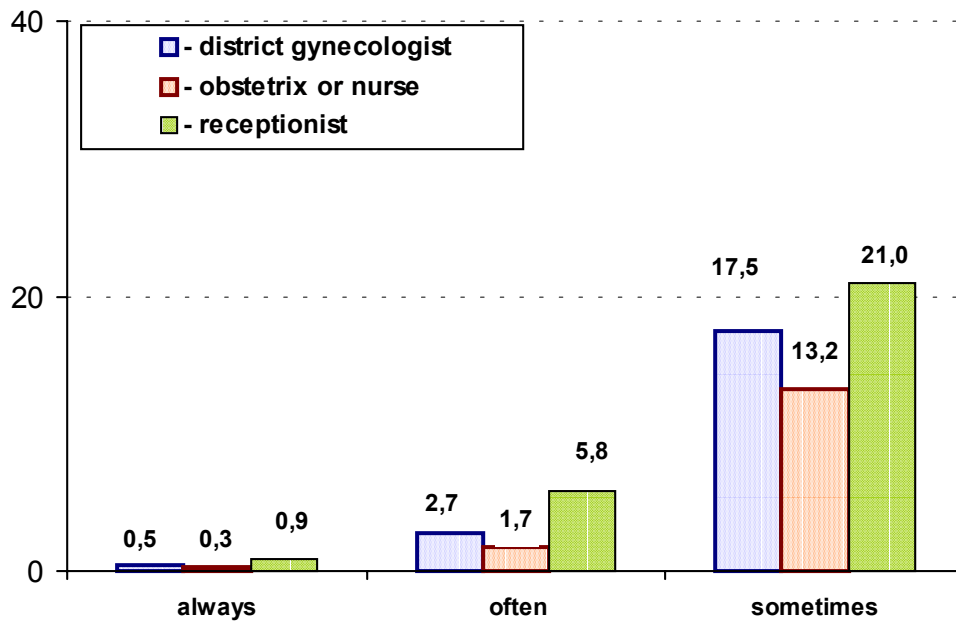
*Have you ever witnessed or been involved in conflicts over sequence of visiting the district gynecologist?*



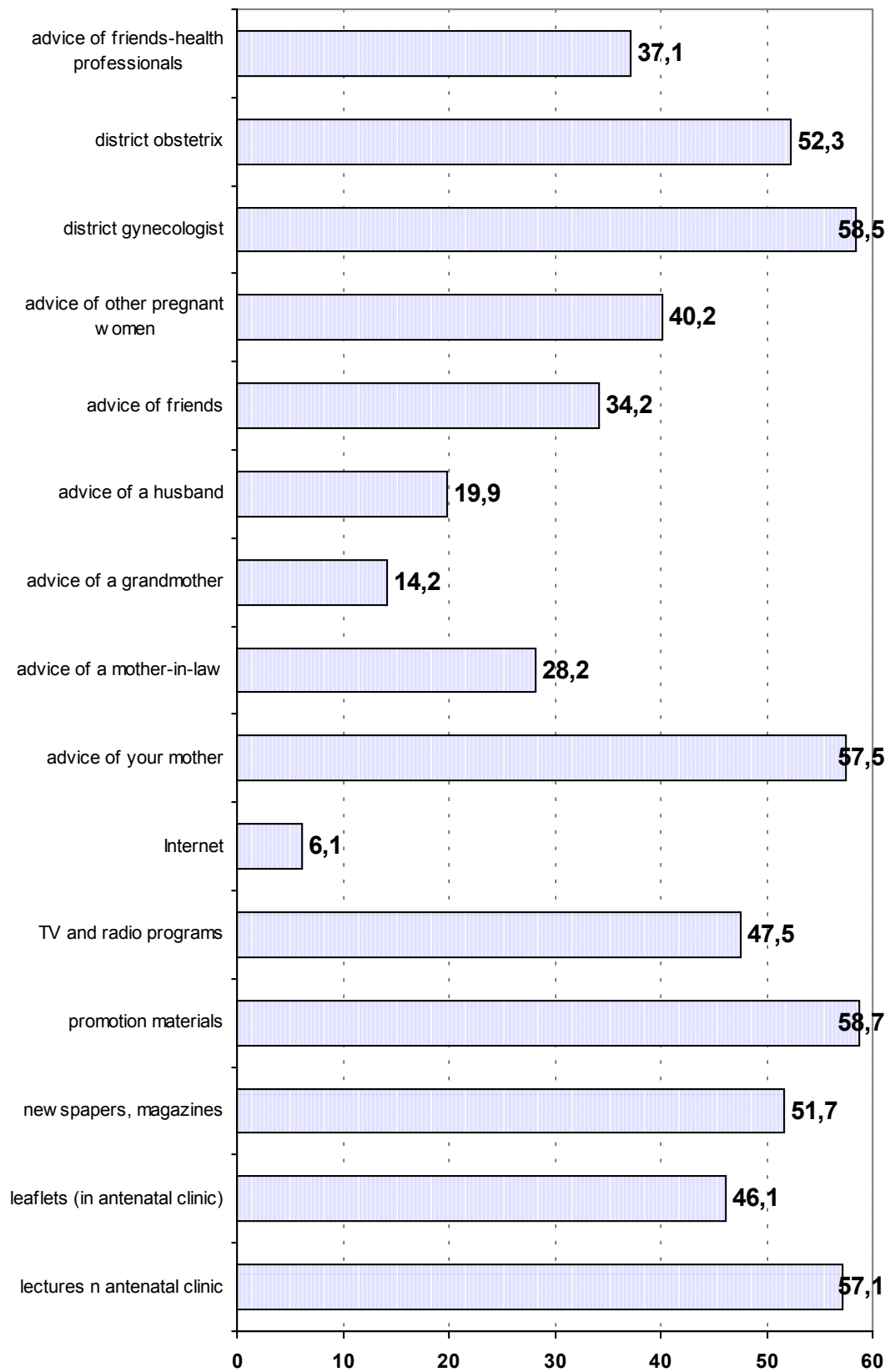
*How do you assess the professional knowledge of the medical personnel you visited and their treatment of pregnant women?*



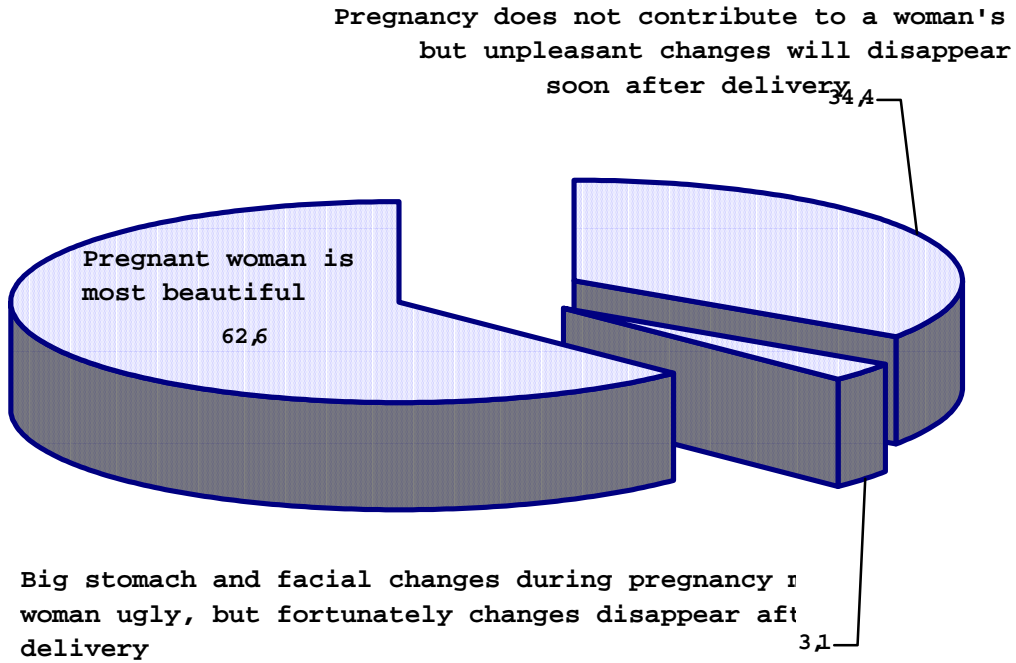
*When you were pregnant, have you ever left an antenatal clinic in a bad mood because the personnel were rude to you?*



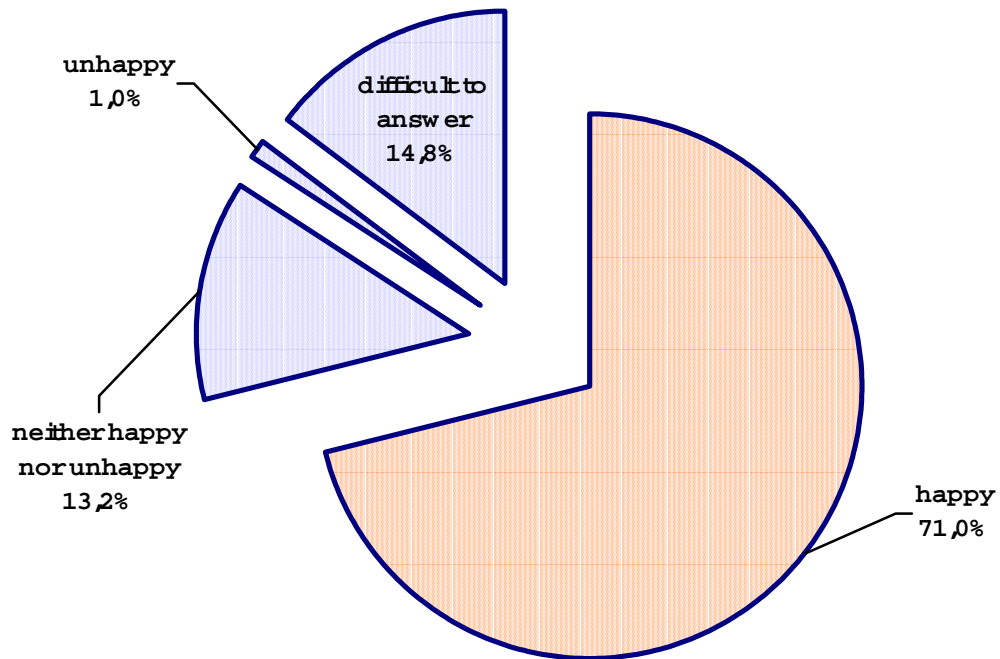
*What sources have been most useful for receiving information about pregnancy, the regime of a pregnant woman and child care?*



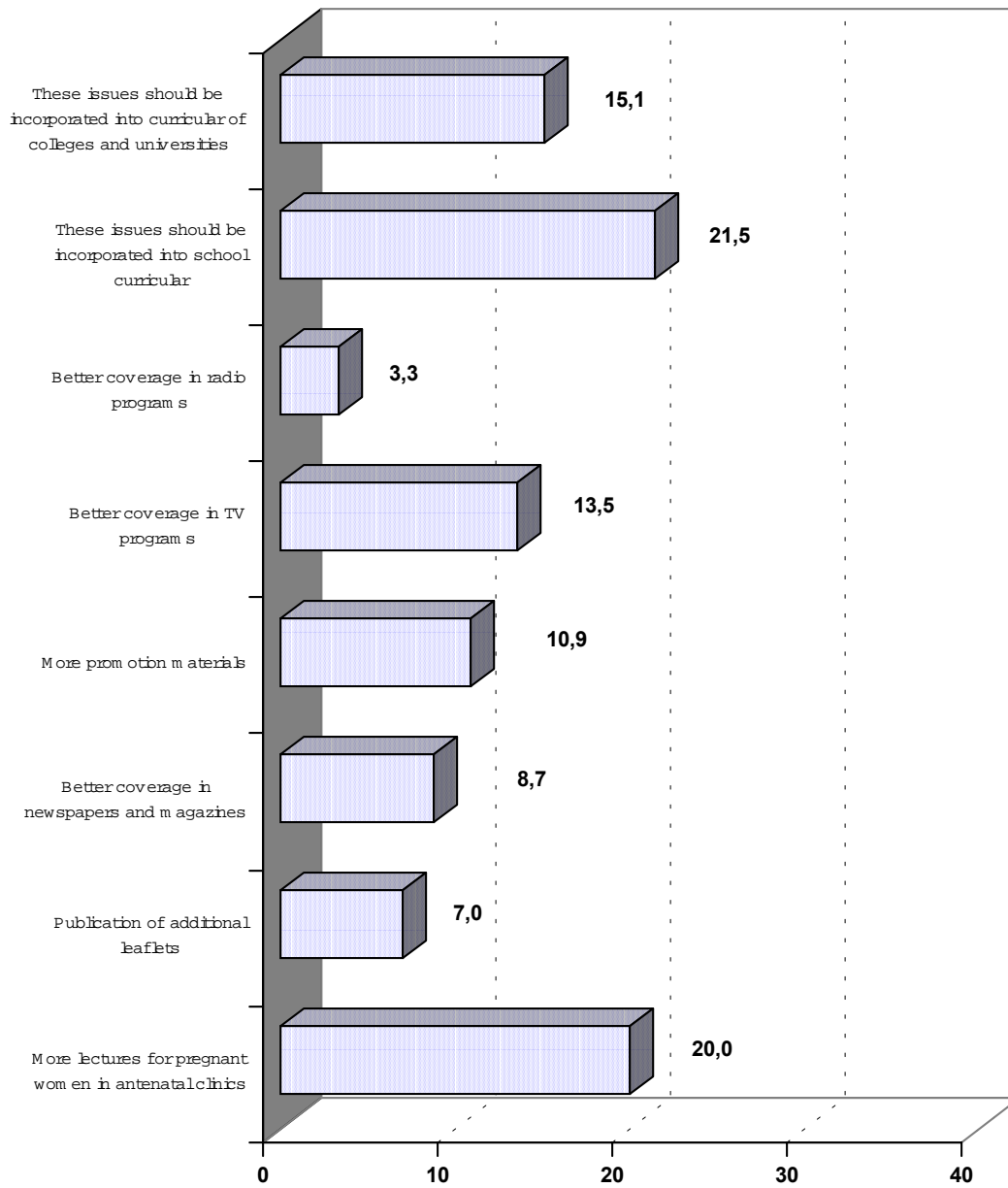
*The opinion of pregnant women about their appearance*



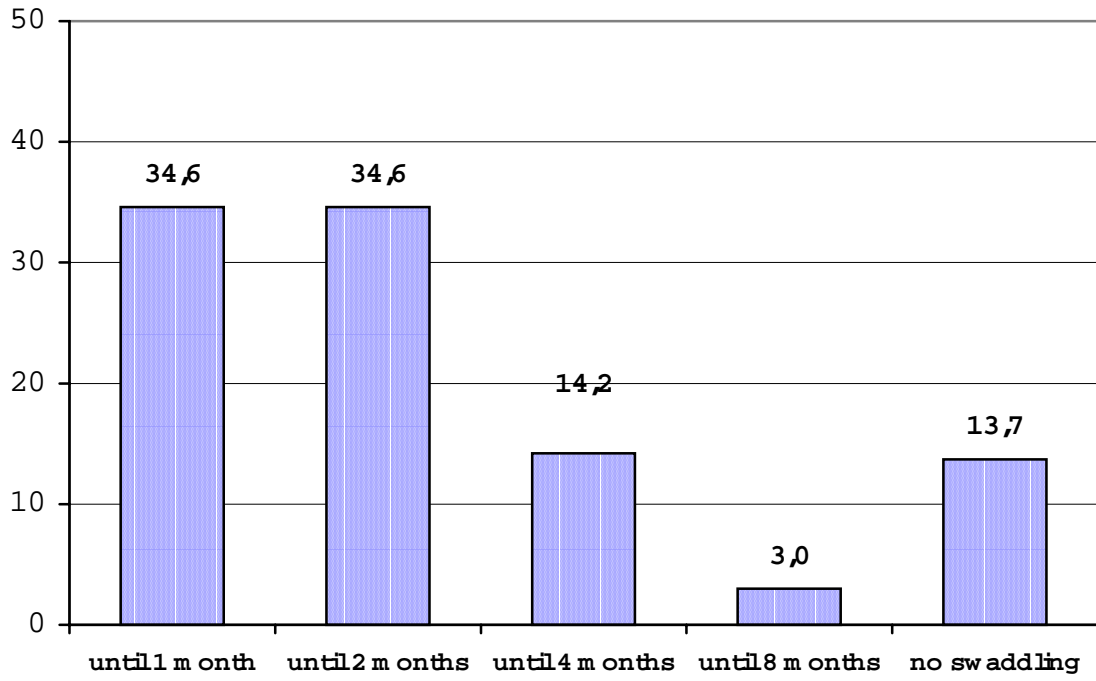
*Do women feel happy during pregnancy?*



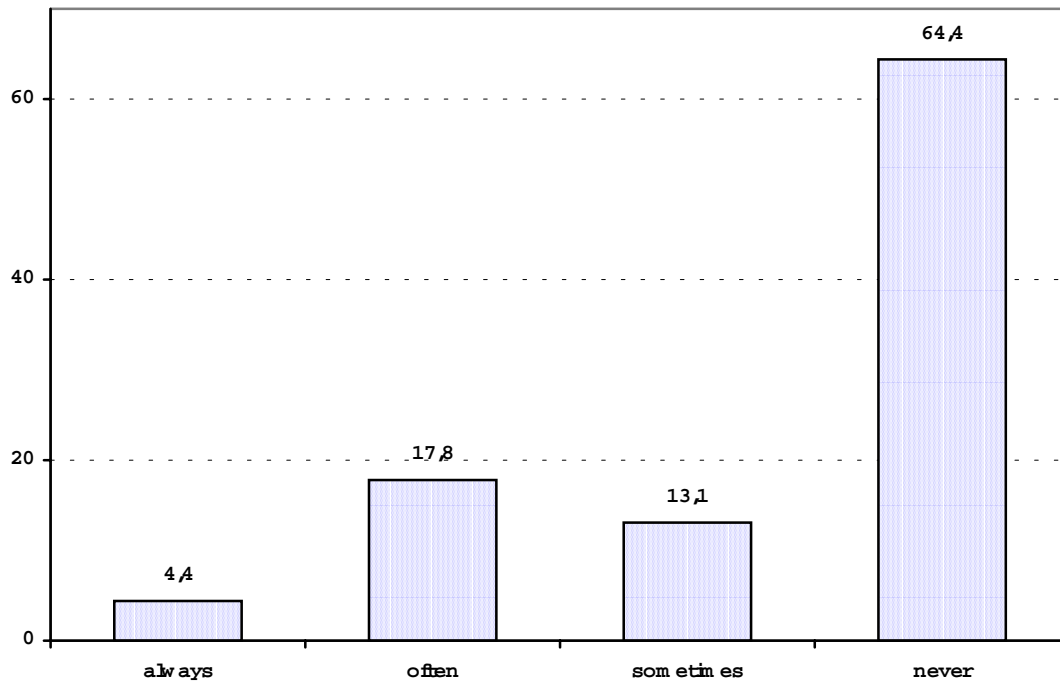
*In what way more attention can be given to preparing a woman (a young girl) for future maternity?*



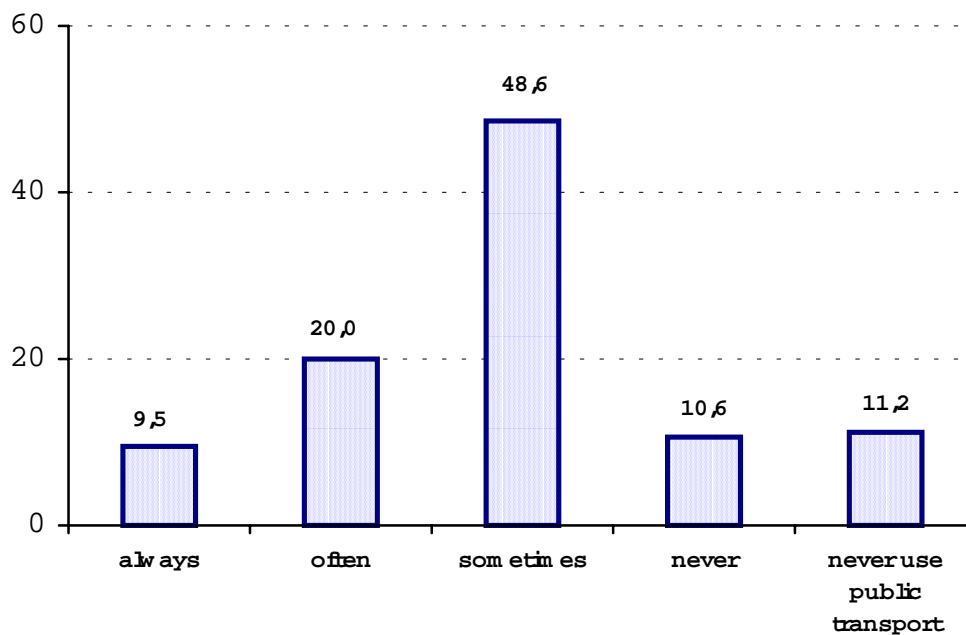
*Until what age should a baby be swaddled?*



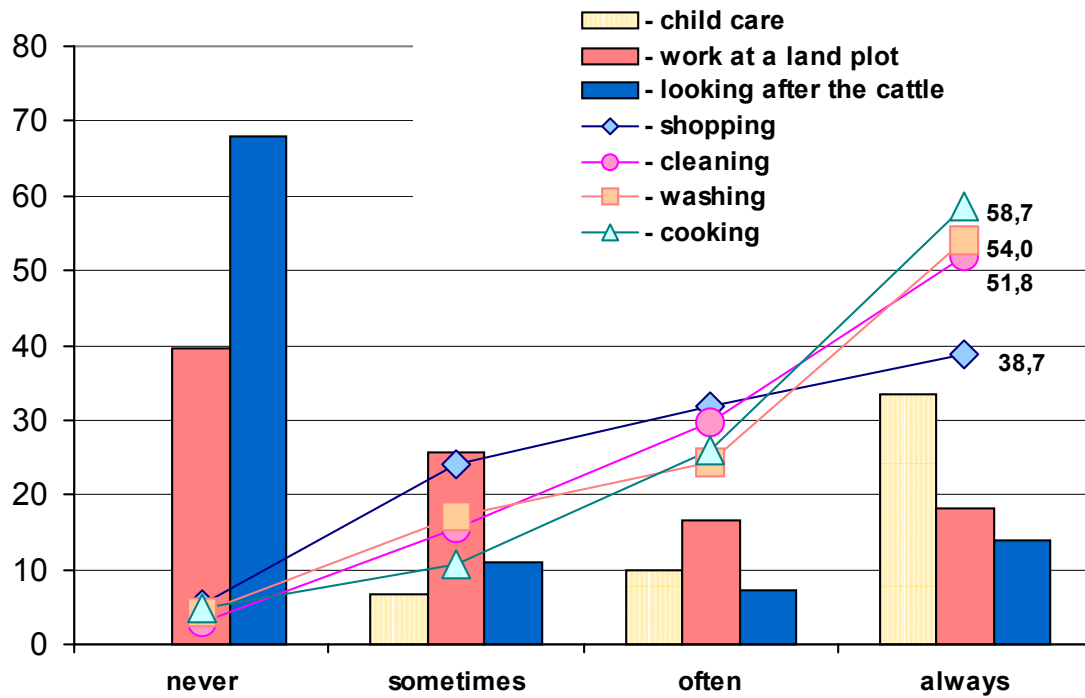
*When you were pregnant, did you ever have problems with the management or colleagues when you needed to visit a doctor during working hours?*



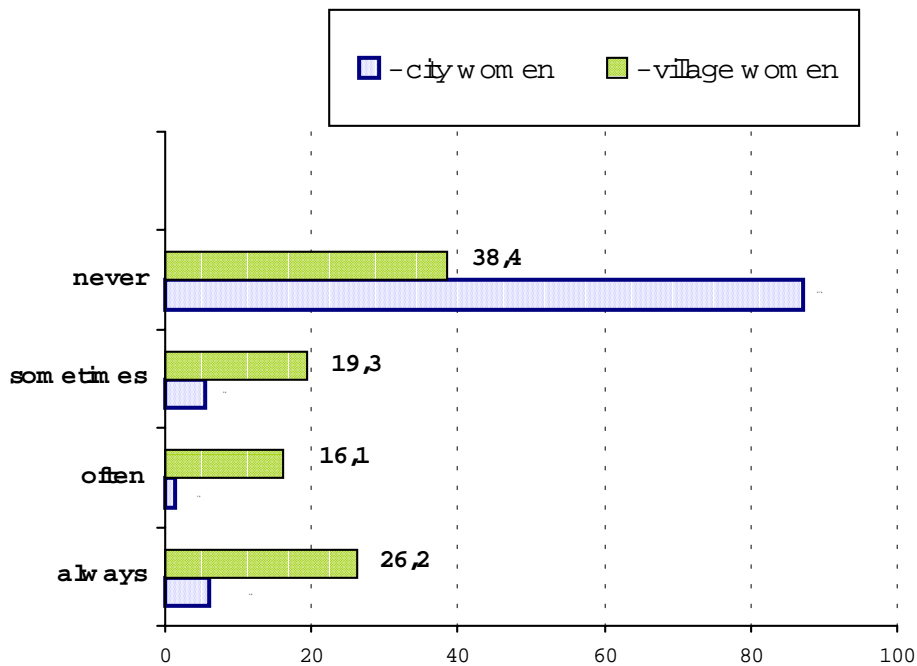
*Did other passengers offer you a seat in public transport at rush hours at the late stages of pregnancy?*



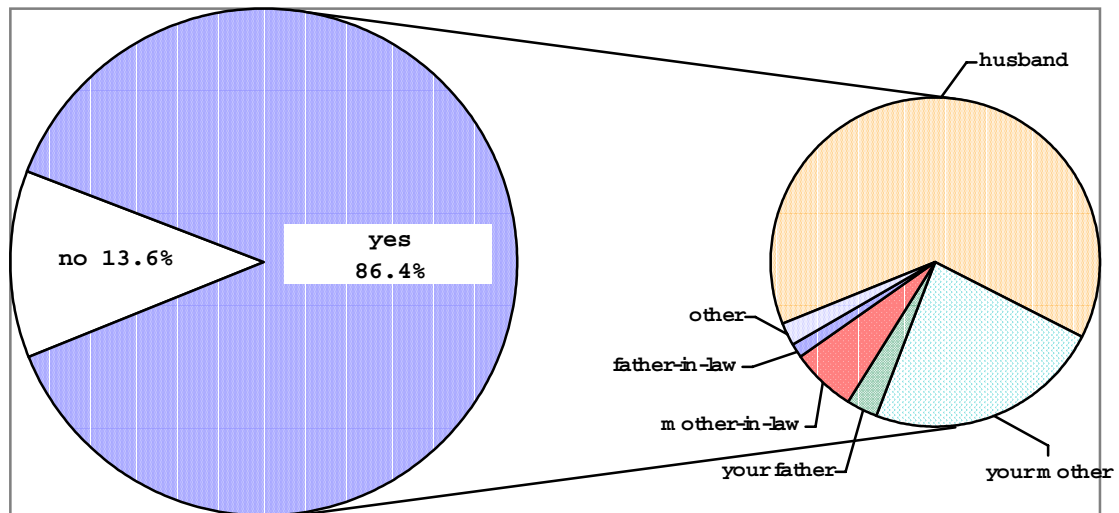
*What house duties did you have before pregnancy?*



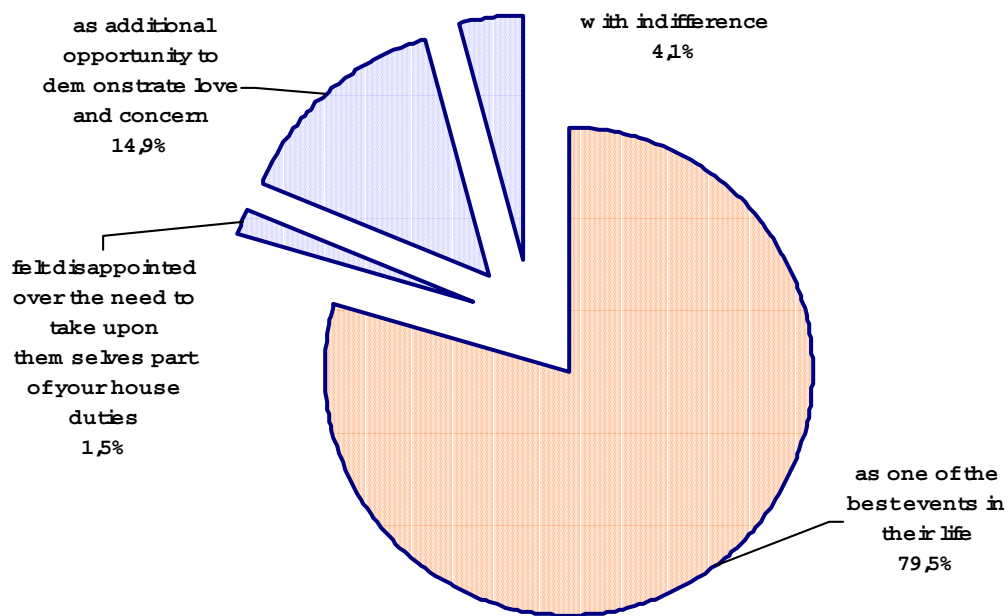
*How often do you have to look after the cattle (a cow, a pig)?*



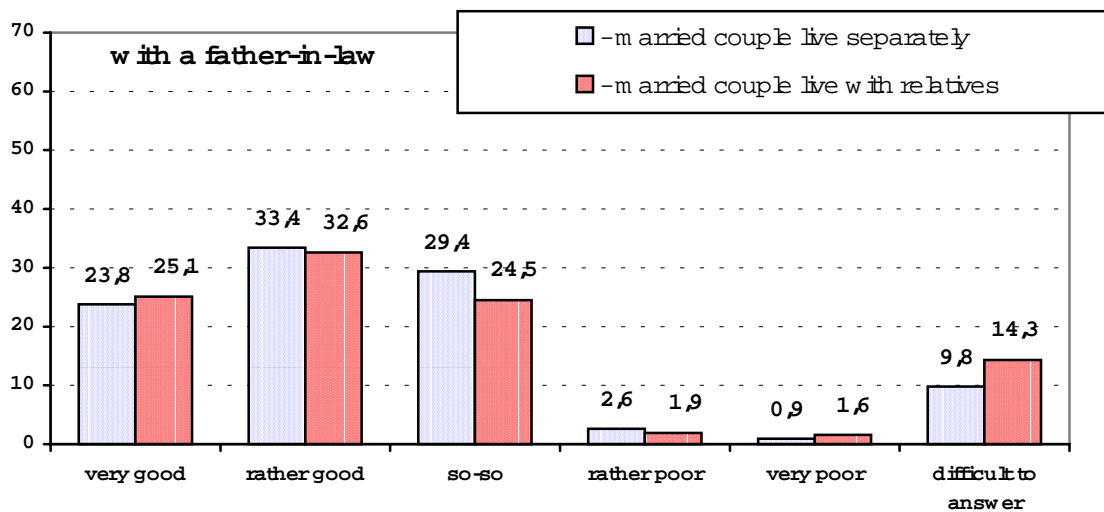
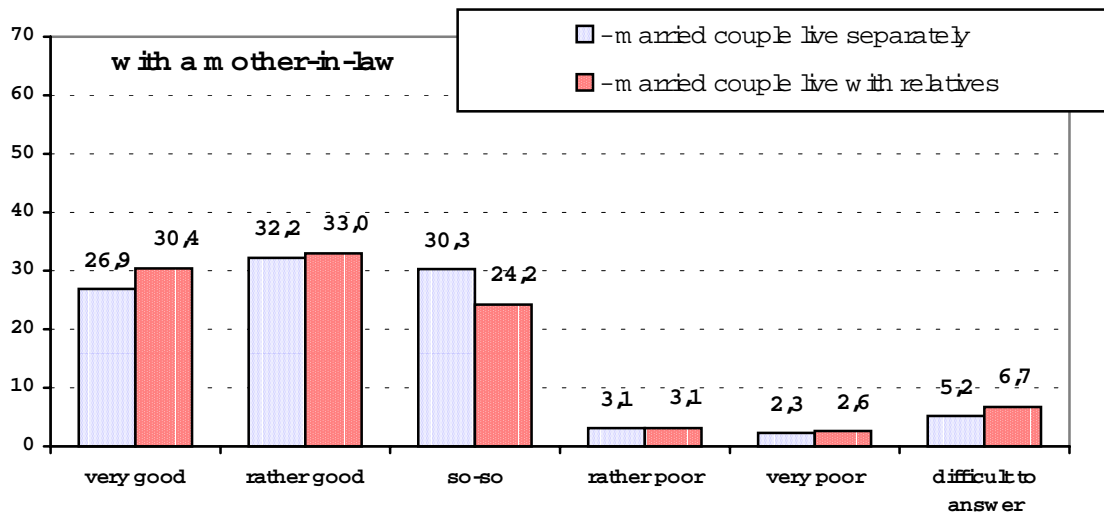
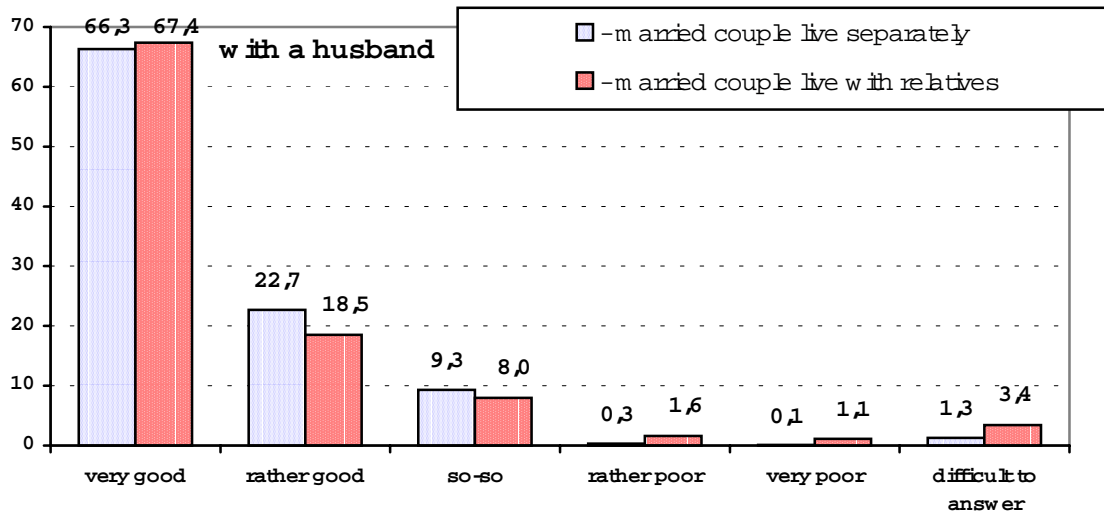
*Did your family members take upon themselves part of your house duties when you told them about the pregnancy?*



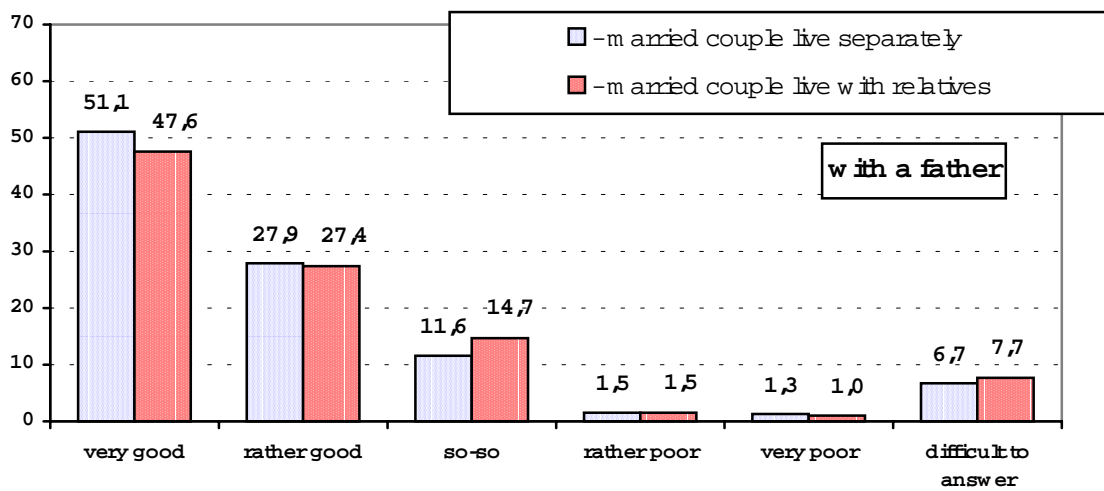
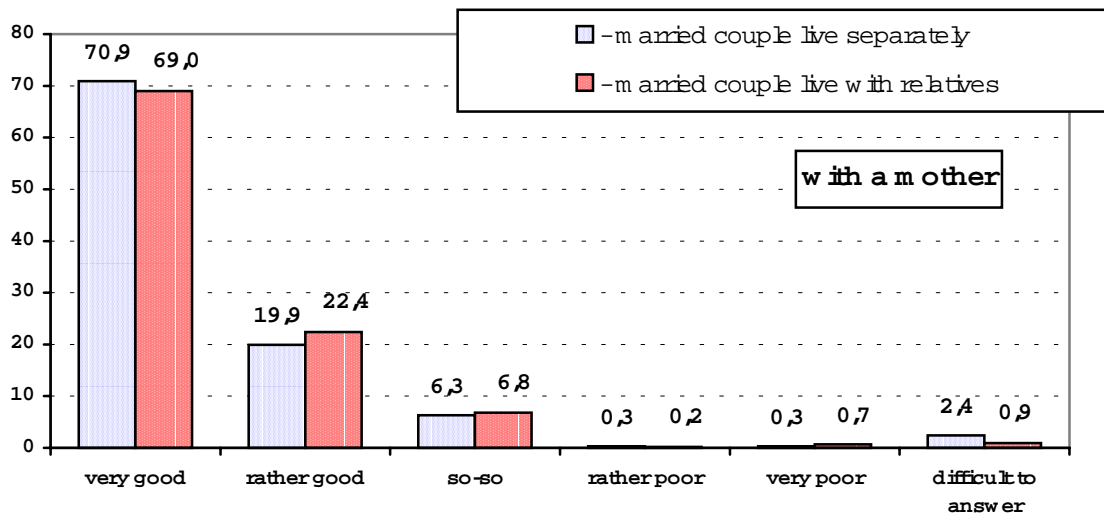
*What was the attitude of family members to your pregnancy?*



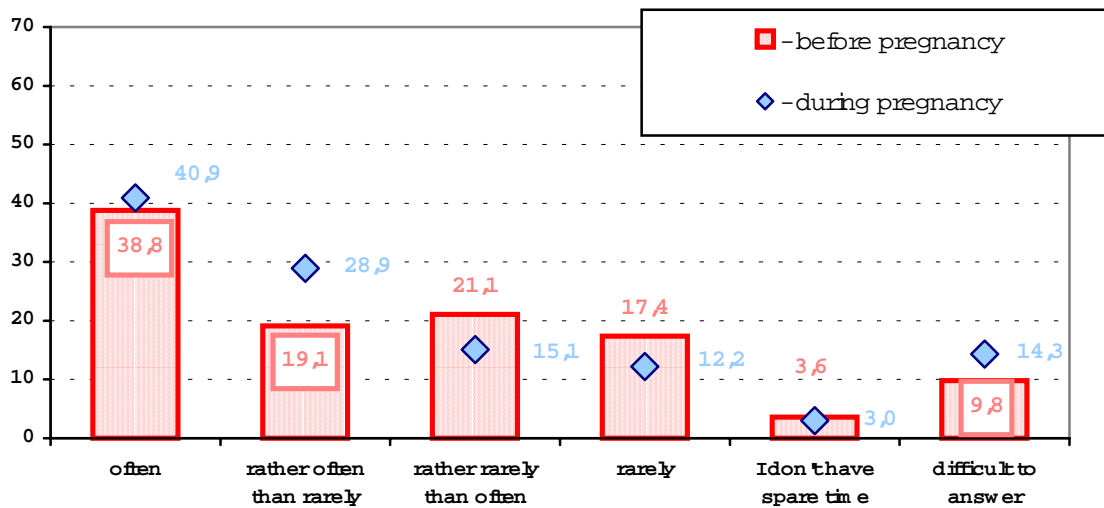
**How do women assess relationships with their husbands and other relatives?**



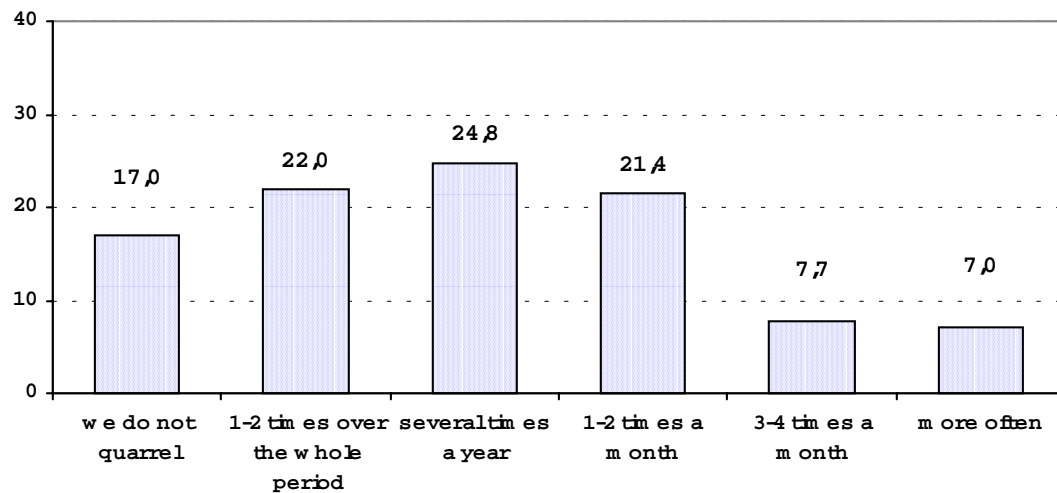
**How do women assess relationships with their husbands and other relatives?**



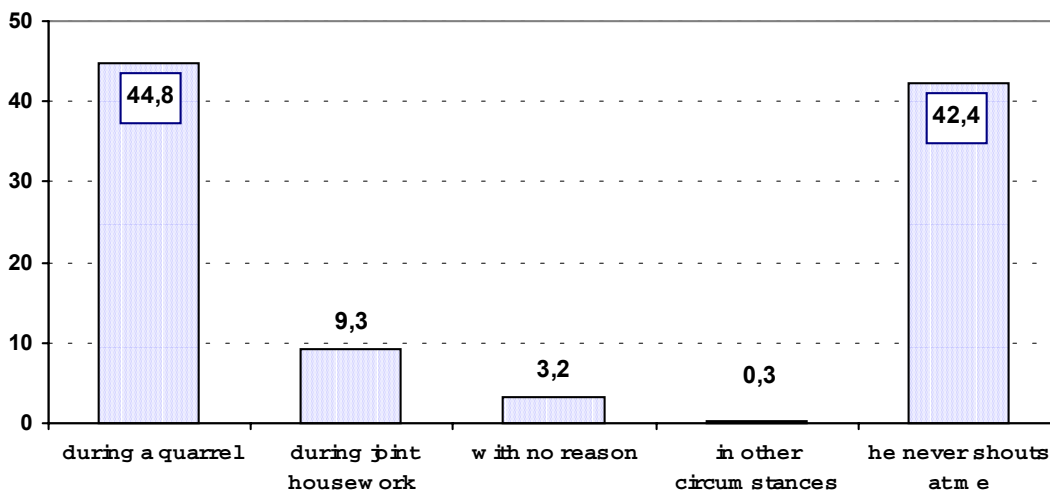
**Do you have spare time when you can rest, read books or communicate with friends?**



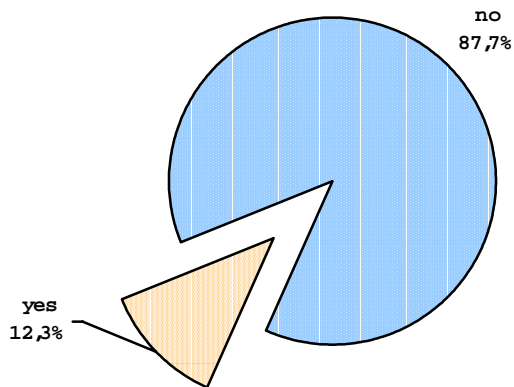
***How often do you quarrel with the husband?***



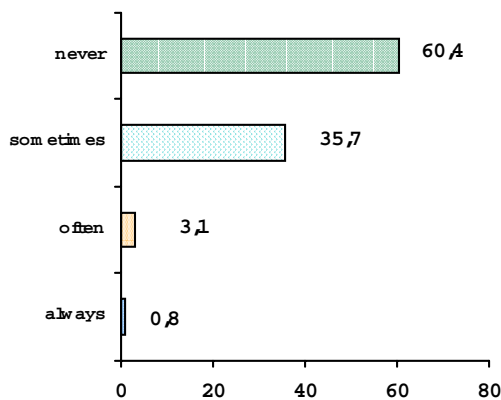
***In what circumstances can your husband shout at you?***



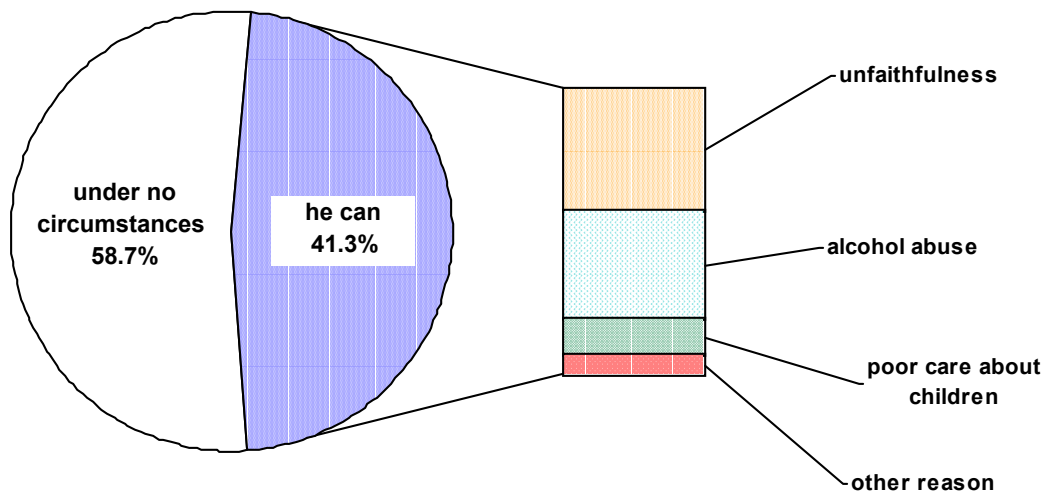
***Did you quarrel with the husband more often during pregnancy?***



***Did your husband shout at you when you were pregnant?***

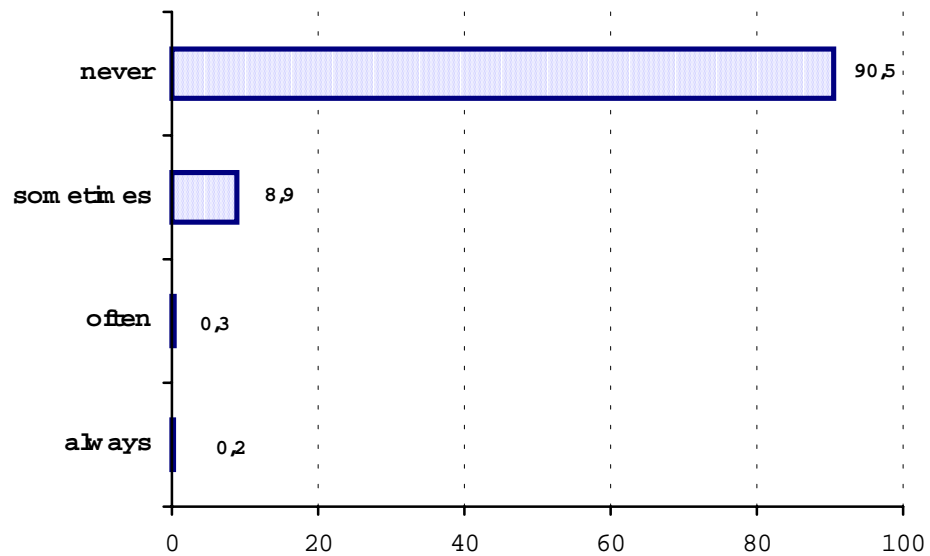


*What is your opinion, can a husband hit a wife and if yes, what can be the reason?*

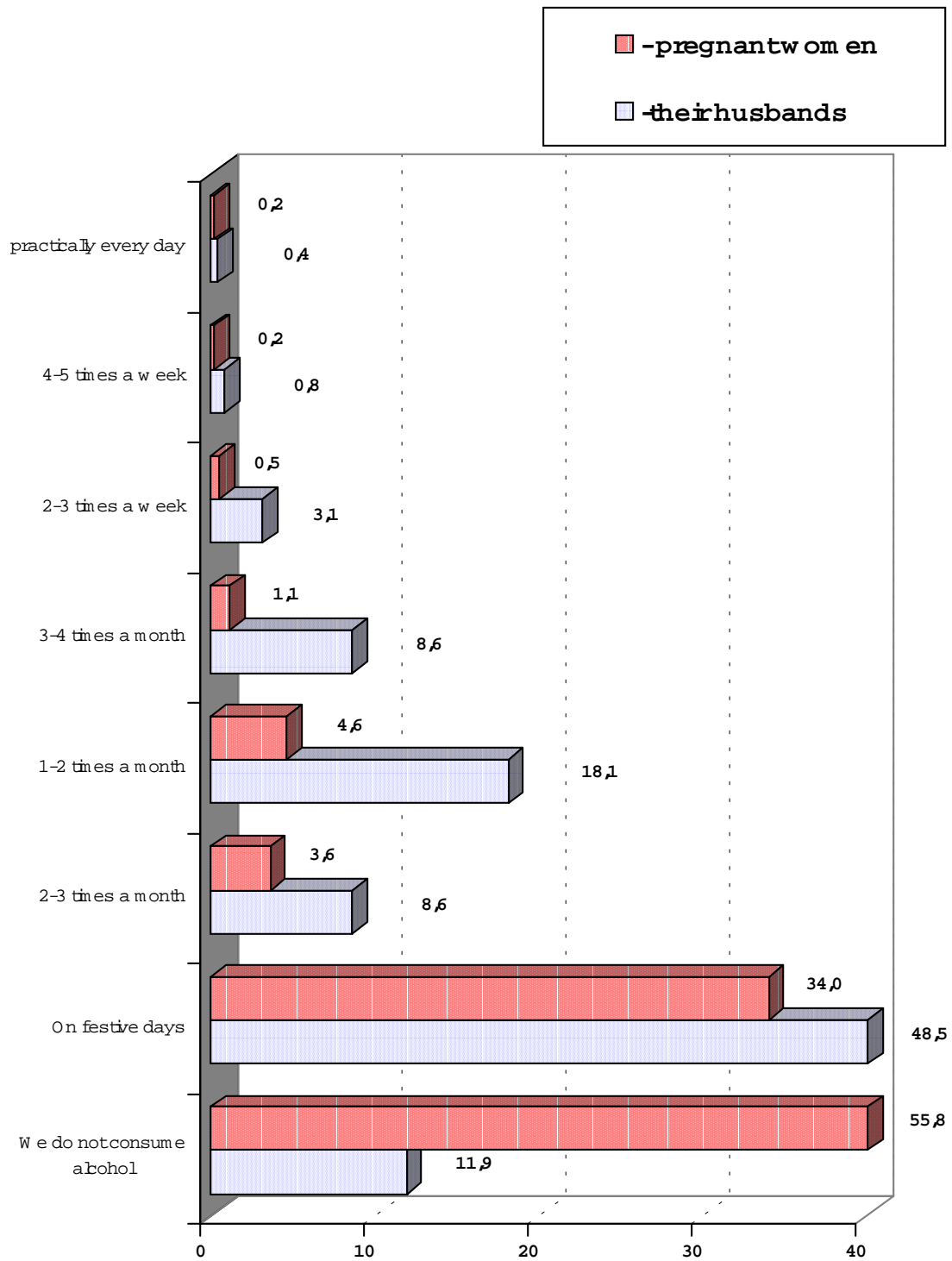


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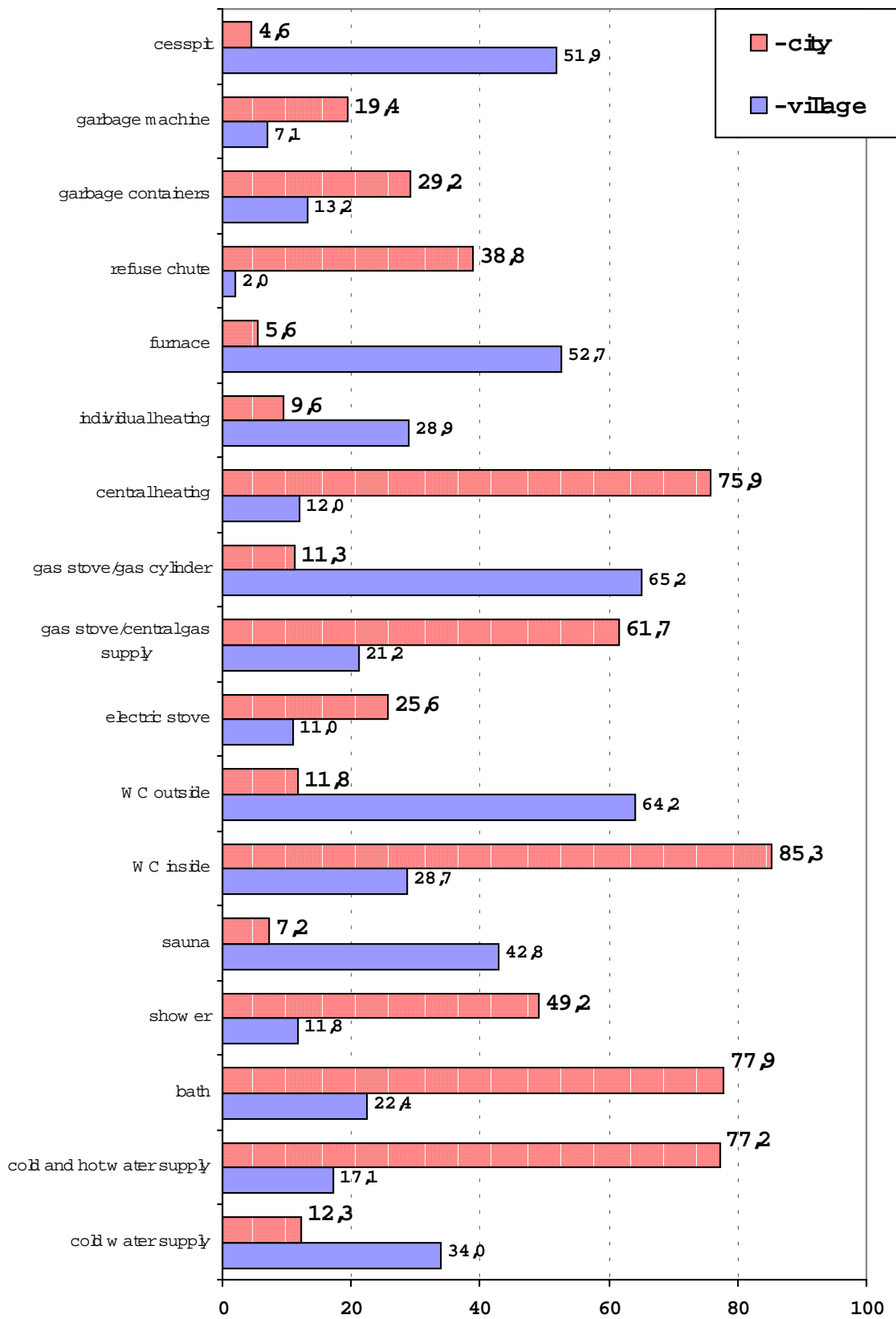
*Has your husband ever hit you during a quarrel?*



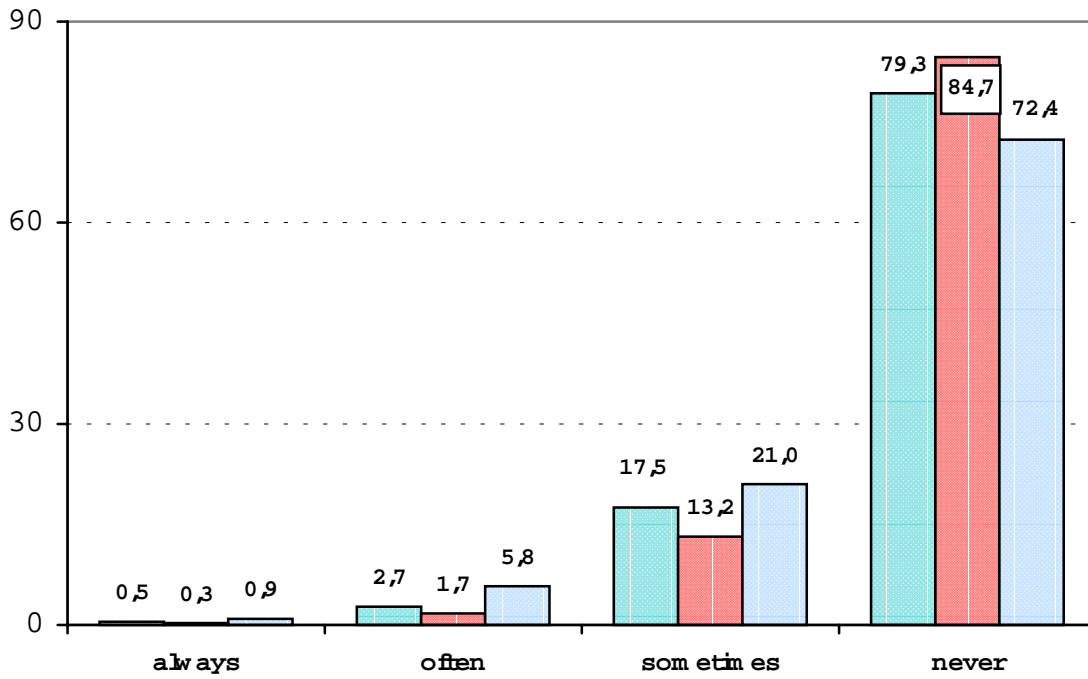
*How often do you and your husband consume alcohol?*



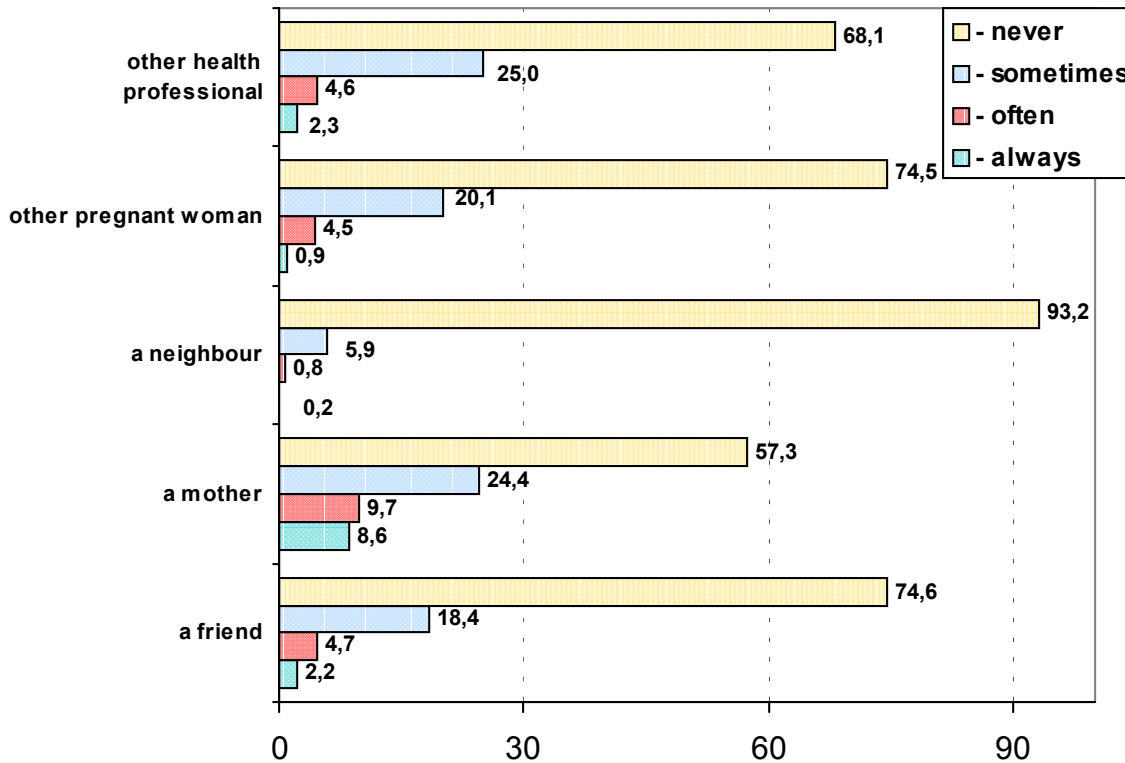
**What conveniences are available in your house or apartment?**



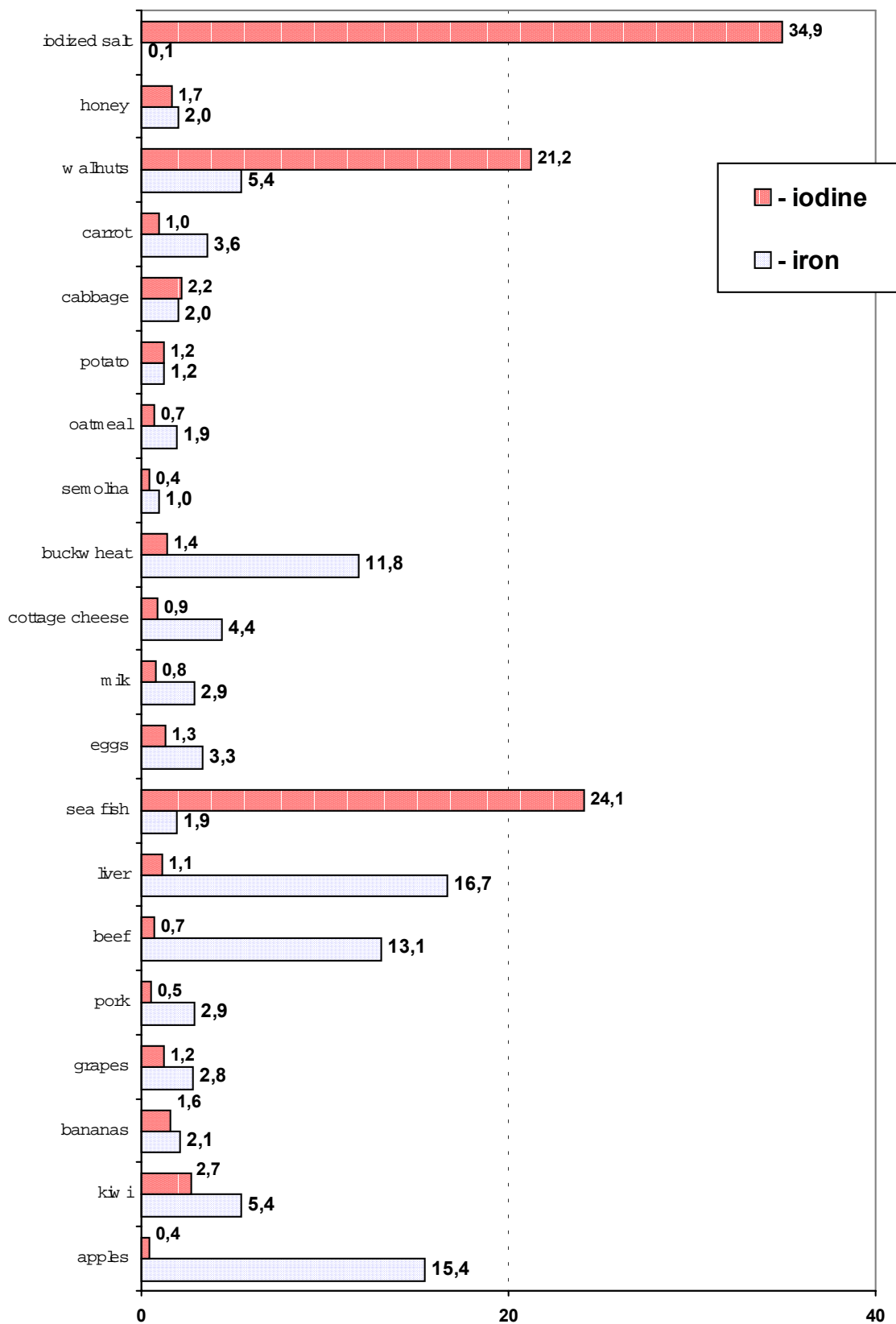
*When your were pregnant, did you ever leave an antenatal clinic in a bad mood because the personnel were rude to you?*



*Have you ever approached another person after visiting an antenatal clinic for clarification of what was explained to you during the visit and whom did you approach?*



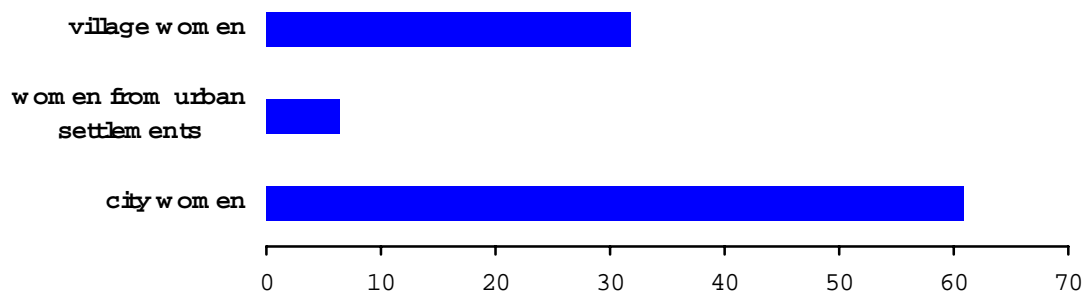
*Which of the food-stuffs listed below contain in your opinion the most iron and iodine?*



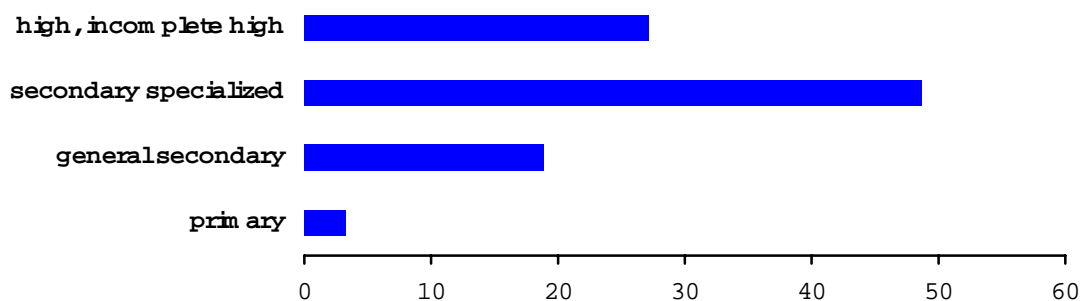
## ***Chapter 2. Medical and social aspects of the situation of under-one children***

This Chapter is intended to study the basic level of mother's knowledge about nutrition and care of children below one year of age as well as the difficulties faced by young women during pregnancy and when having the baby. Another tasks are to analyze the efficiency of the ongoing programs aimed at breastfeeding promotion and enhancing the development of a healthy child and to identify possible options for helping mothers by health professionals.

1 740 women having children below one year of age participated in the survey. The survey was conducted in all regions of the country. The share of city respondents was 60.9%, the share of respondents living in urban settlements – 6.4% and the share of respondents living in villages – 31.8%.



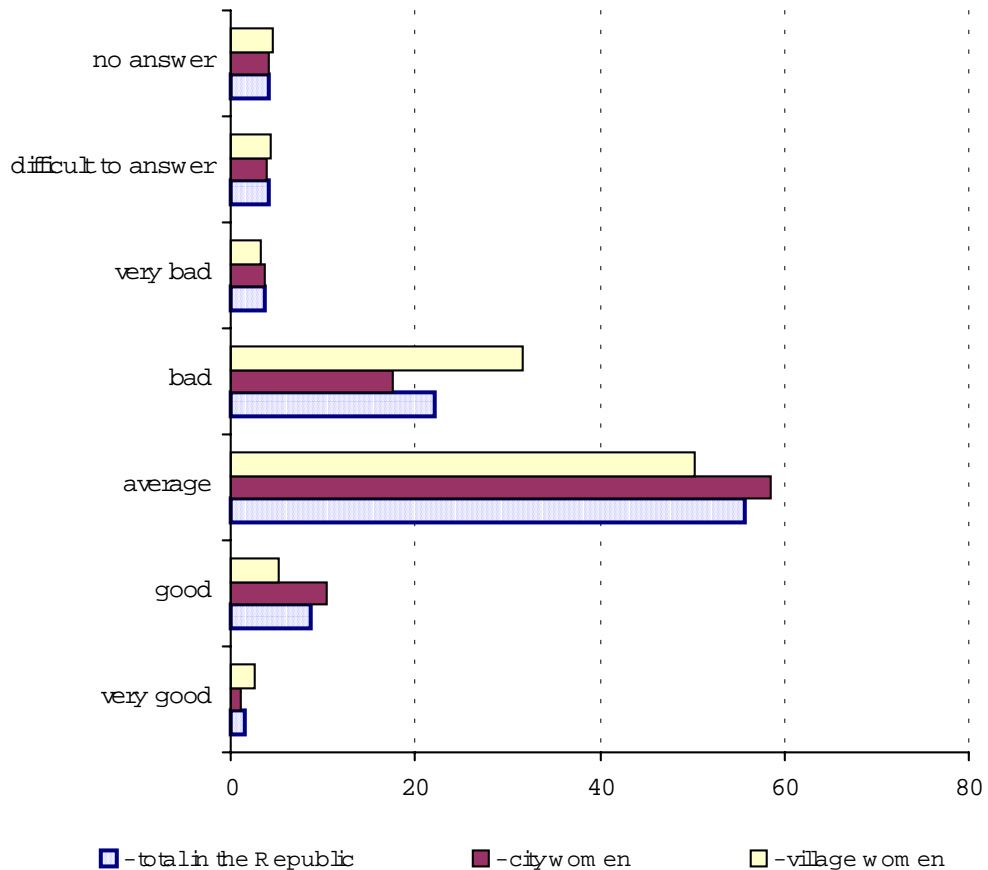
The distribution of women by the level of education is the following:



The average income of the surveyed families over the last three months made up 196483.0 BYR, in urban areas – 204857.0 BYR, in villages – 179881.0 BYR.

55.8% of respondents believe that their financial status is “mid-level”, 22.1% believe that their financial status is “poor”. The number of relatively poor families in rural areas is two times more than in urban areas.

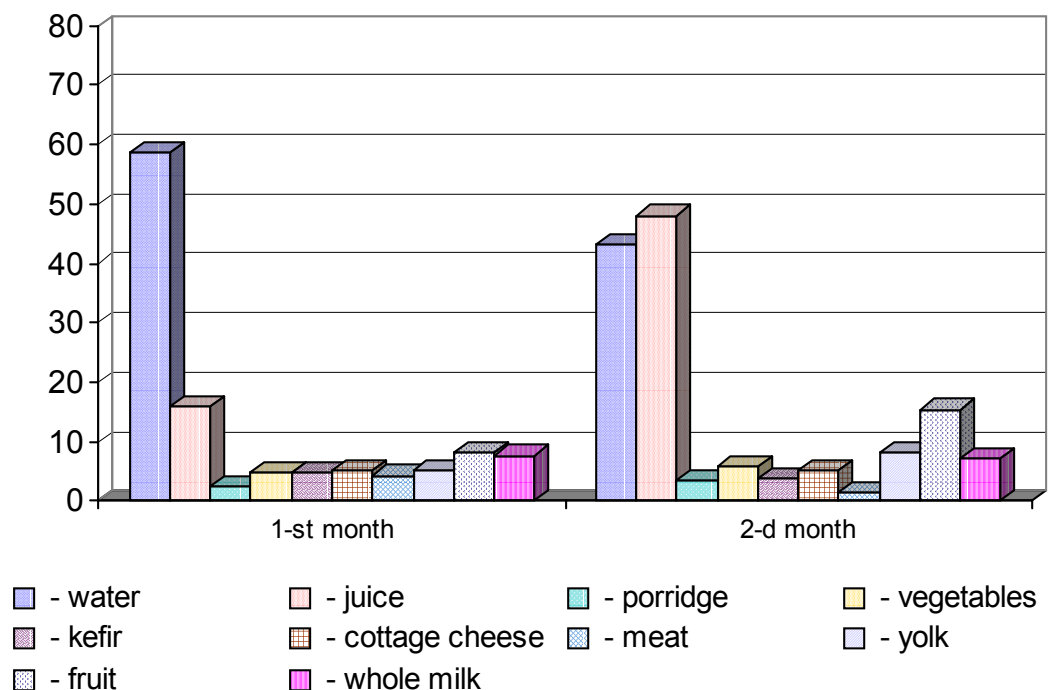
***Level of families’ financial wealth***



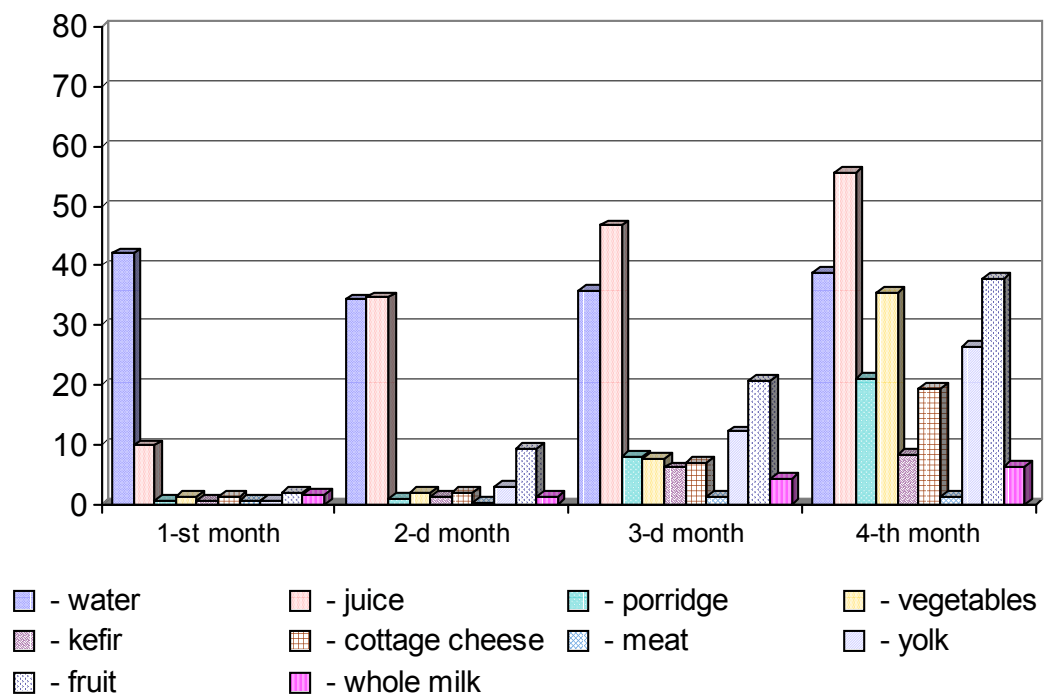
**Section 1. Breastfeeding of children below one year of age.**

When asked “Have you breastfed or are you breastfeeding your child now?”, 22% of the surveyed women stated that they had breastfed the child until 1-2 months, 28% - until 3-4 months, 17% - until 6 months. At the same time some women who stated that they had breastfed their babies also said that they had given them water and various supplements.

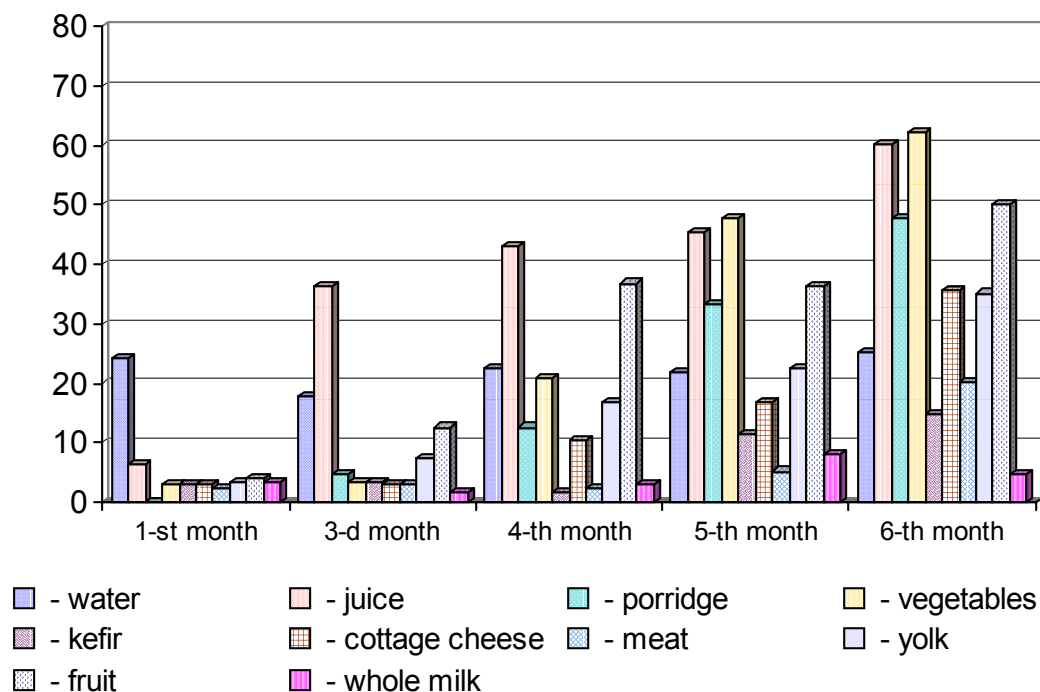
*Variants of the answers of women who exclusively breastfed their children until 1-2 months.*



*Variants of the answers of women who exclusively breastfed their children until 3-4 months.*



*Variants of the answers of women who exclusively breastfed their children until 6 months.*



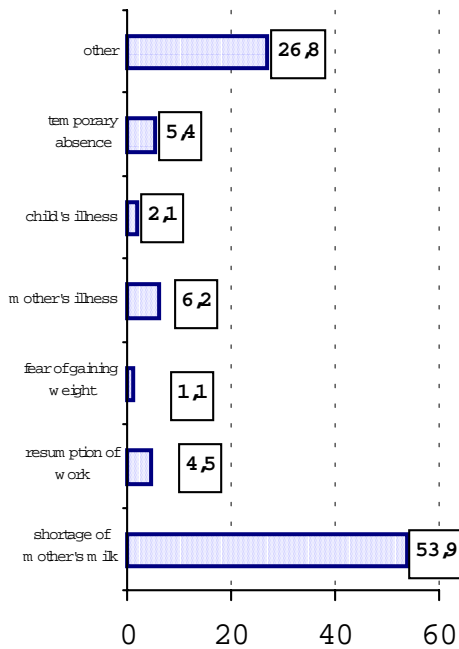
The duration of breastfeeding did not depend on the sex of the child and the number of children in the family.

The study has not identified any correlation between the duration of breastfeeding and lectures and training organized for pregnant women on feeding babies below 1 year of age. 58.9% of women who attended training courses have breastfed or continue to breastfeed; the percentage of women who did not attend training courses but have breastfed or continue to breastfeed is 58,2%.

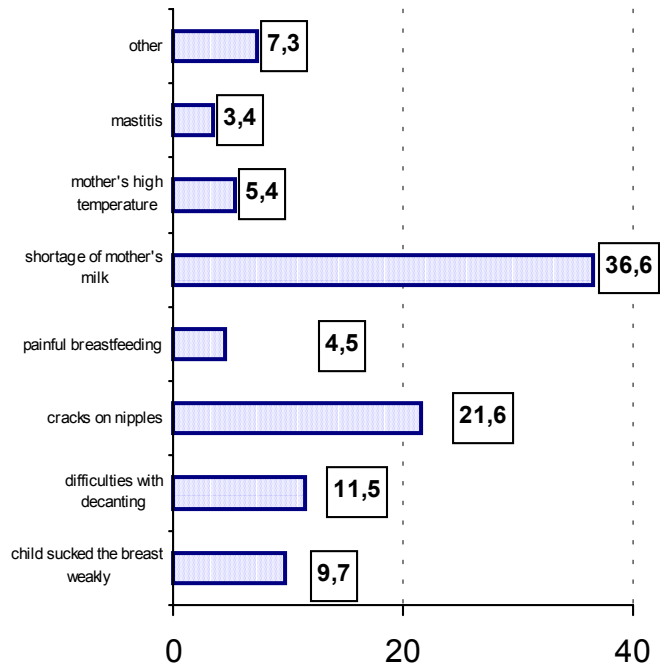
The majority of respondents (79,6%) fed the child at any time upon request.

When asked “Why did you stop breastfeeding?”, the majority of the surveyed mothers (53.9%) mentioned the loss of milk. 36.6% of the surveyed mothers mentioned the insufficient quantity of milk as the most common problem of breastfeeding.

**Reasons to stop breastfeeding.**

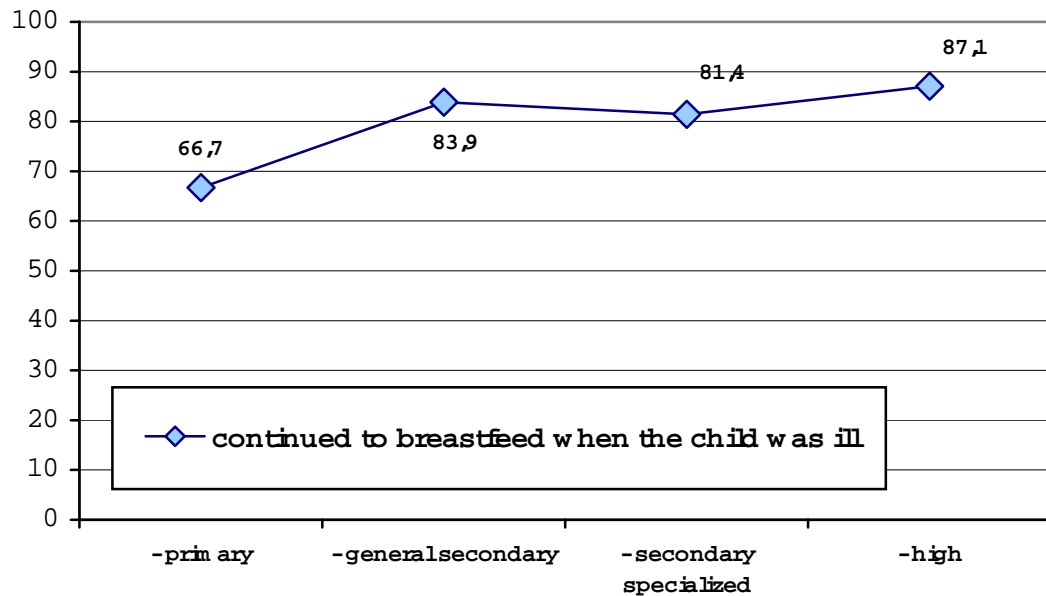


**Pathologies in mothers when breastfeeding**

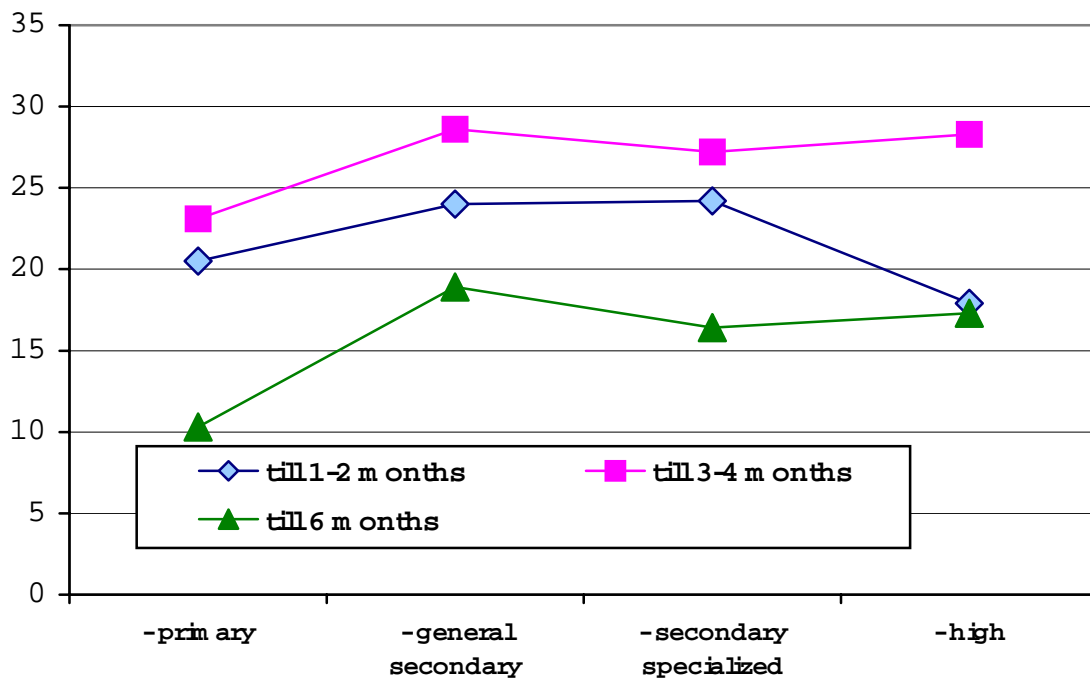


The majority of women (83,7%) did not suspend breastfeeding in case of a child's illness. It is interesting to note that the lower the educational level of women was, the more rarely they continued breastfeeding in case of a child's illness.

**Did you continue to breastfeed the child when it was ill?**



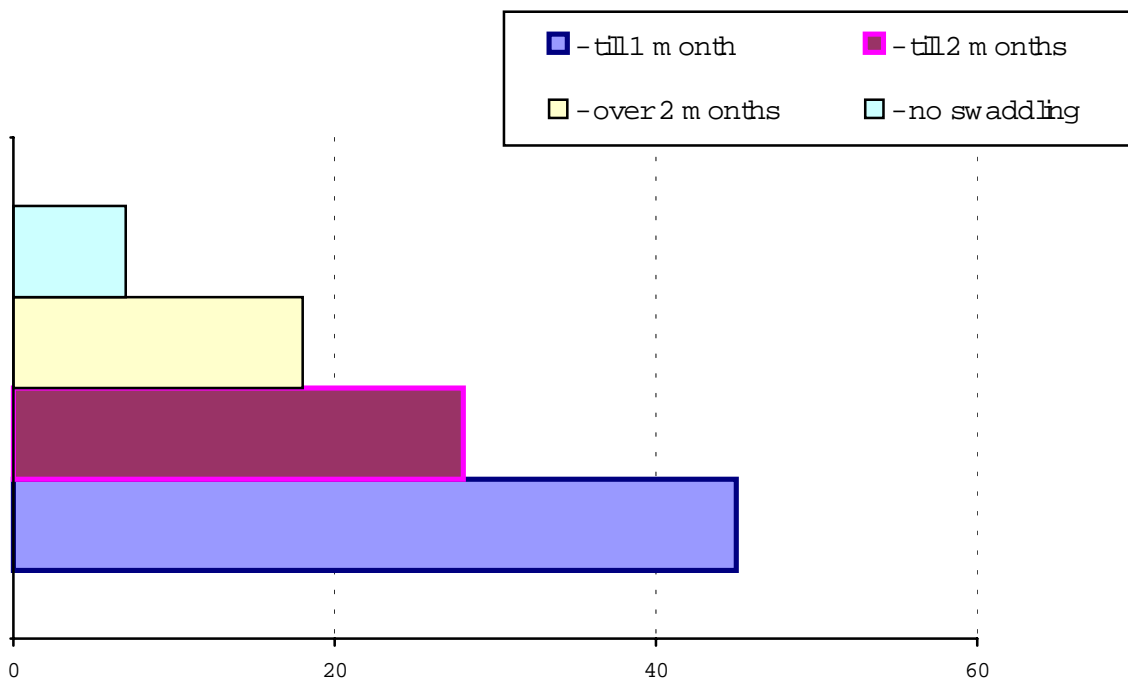
***Duration of exclusive breastfeeding depending on mother's education***



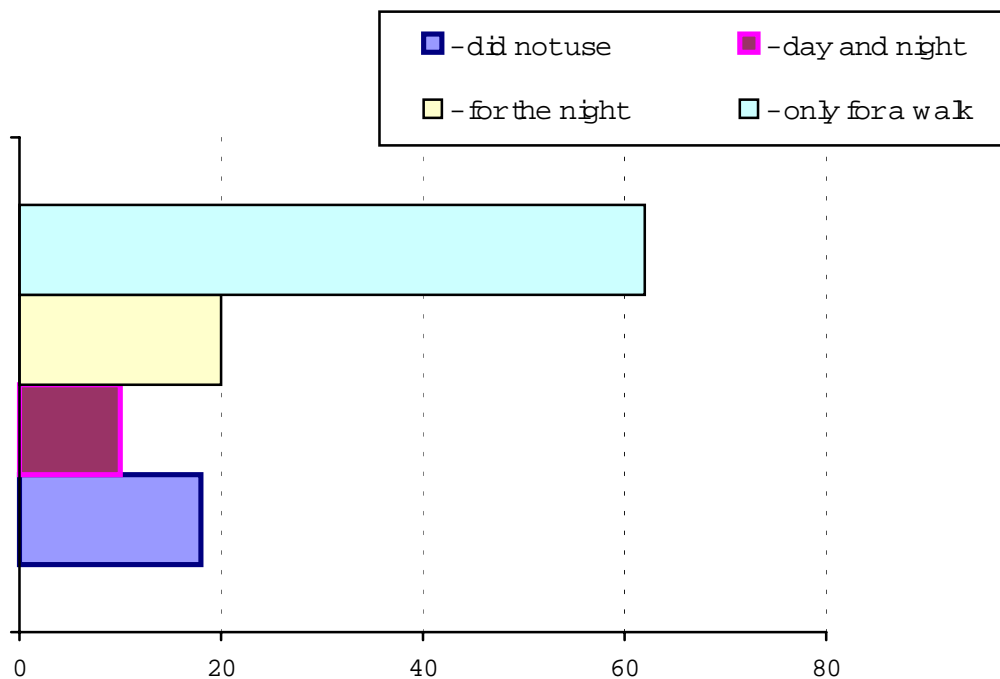
The vast majority of the surveyed women (71,2%) used dummies and nipples.

**Section 2. Child care during the first year.**

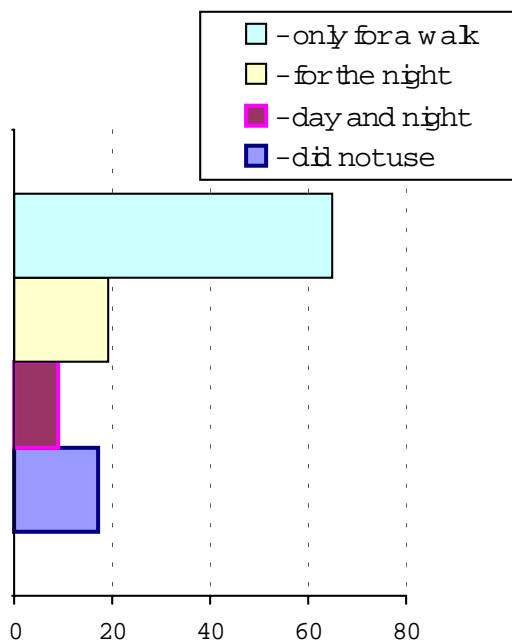
About half of the surveyed women (45%) swaddled the baby until 1 month, 28% - until 2 months, 18% - within more than 2 months; 7% of women did not swaddle the baby at all.



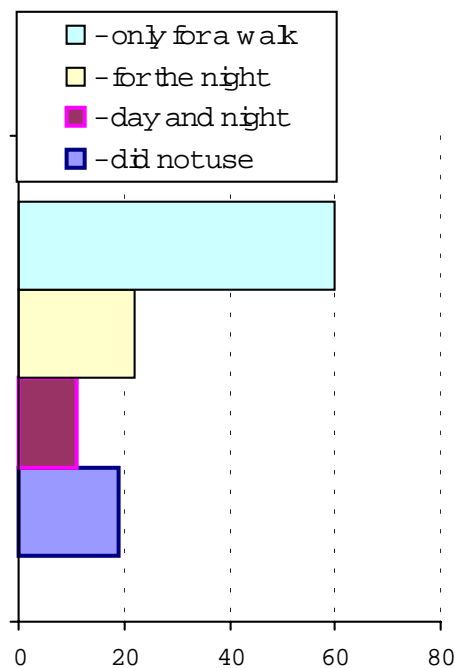
The majority of women used pampers only when taking the baby for a walk (62%), 20% of women used pampers during the night, 10% of women used pampers during the day and 18% of women did not use pampers at all.



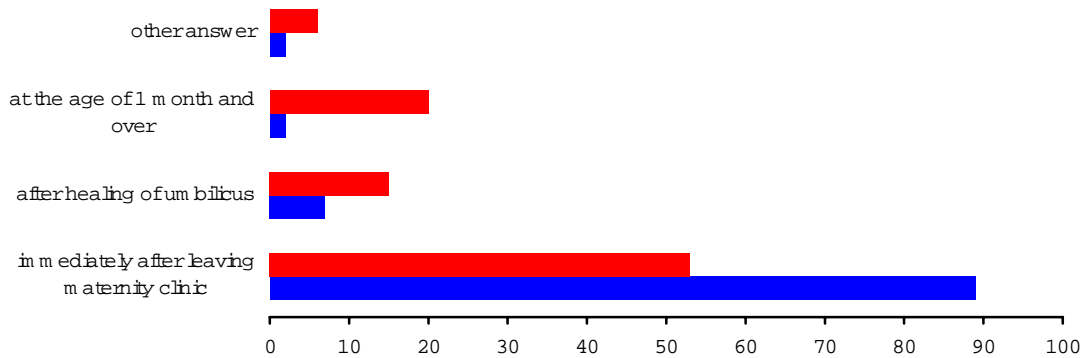
*Boys*



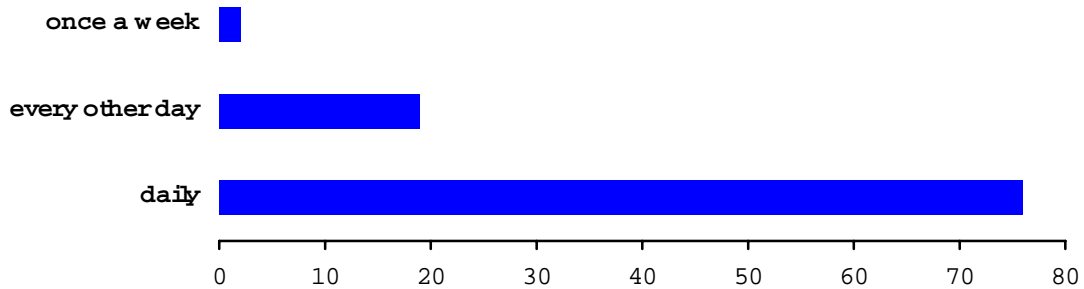
*Girls*



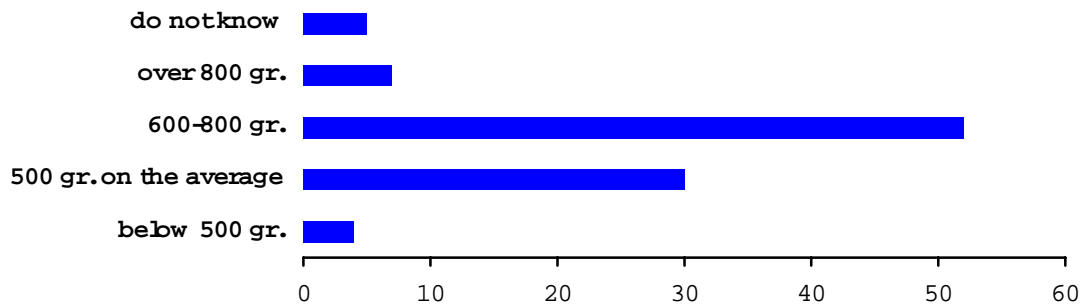
89% of the surveyed women started to bathe the baby immediately after leaving a maternity clinic; 53% of women started to take the baby for a walk. 20% of women believe that the baby can be taken for a walk at the age of 1 month and later.



The majority of the surveyed women (76%) bathed the child every day, 19% - every two days and 2% - once a week.

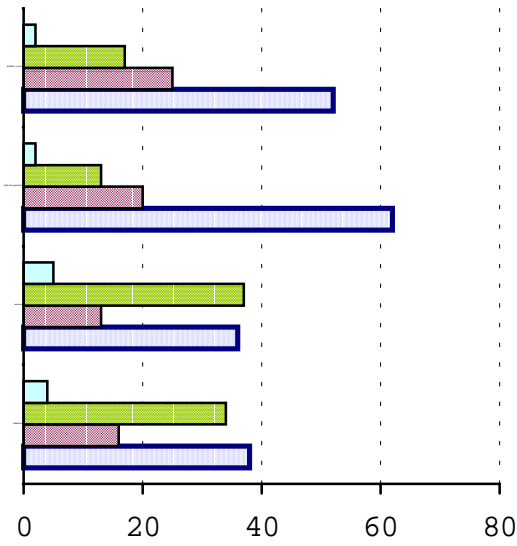


When asked “What is the monthly norm for the under-one child in terms of putting on weight?”, 52% of the respondents mentioned 600-800 grams, 30% - 500 grams on the average, 7% - more than 800 grams, 4% - less than 500 grams, 5% of the respondents found it difficult to answer.



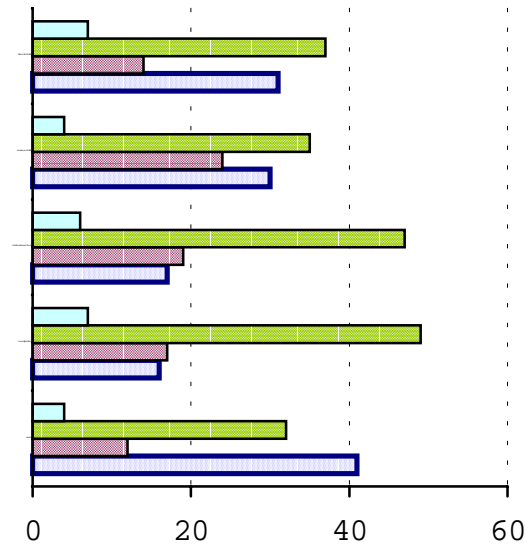
When a child had vomiting, diarrhea, a high temperature, rhinitis, a cough, rash or when there were changes in behavior (refusal to eat, increased anxiety, limpness), 40% of the surveyed women did not call for a doctor and 20% of women called for a doctor from time to time. Besides, when teething was accompanied by a high temperature, rhinitis, a cough and other health problems, 20% of women have never asked for a doctor’s advice, 40% of women have approached a health professional from time to time.

*Did you visit a doctor when your child showed symptoms of diarrhea, nausea, high temperature, cough, rhinitis?*



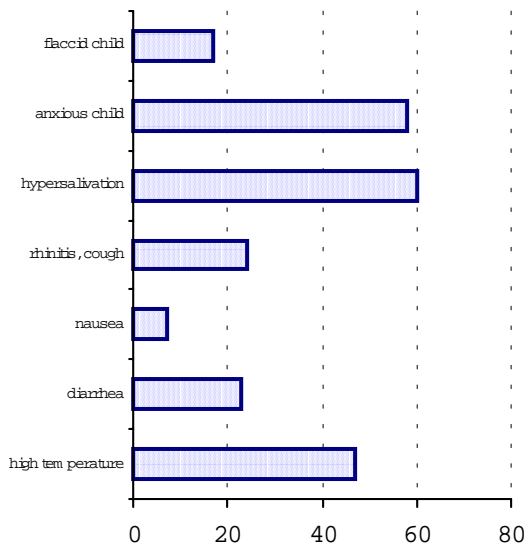
always sometimes never difficult to answer

*Did you visit a doctor when your child had rash, constipation, refused food, was anxious or flaccid?*

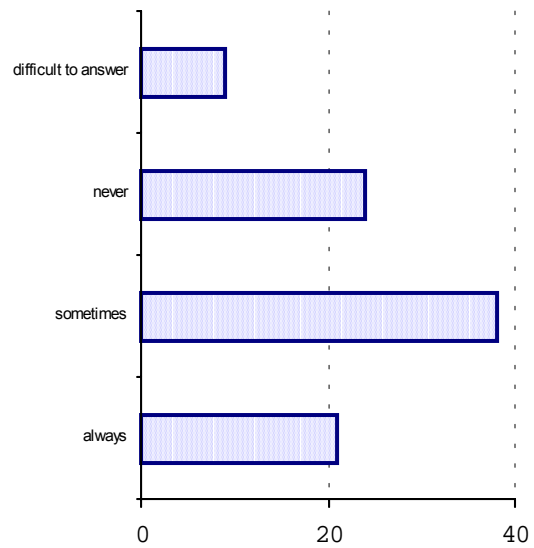


always sometimes never difficult to answer

*Did your child have problems when teething?*

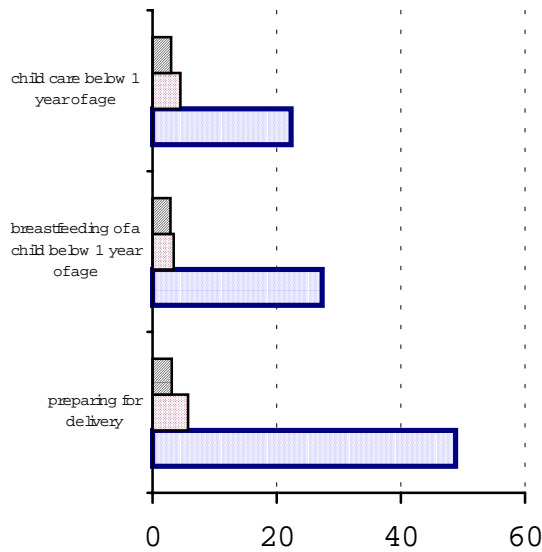


*Did you visit a doctor if your child had problems when teething?*

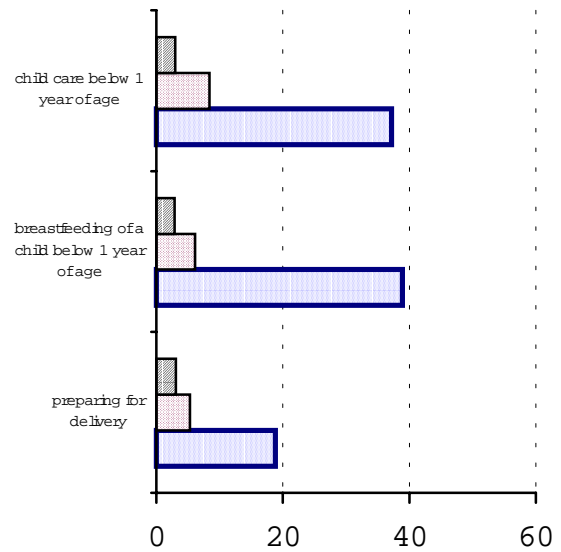


### Chapter 3. Health services to children below one year of age.

*Did you visit lectures and practical lessons at antenatal clinic during pregnancy?*



*Did you visit lectures and practical lessons at postnatal clinic during pregnancy?*

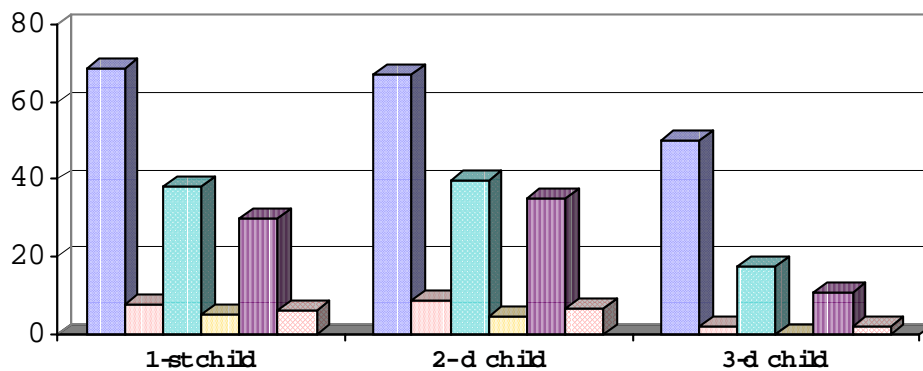


■ alone ■ with husband ■ no lessons

■ alone ■ with husband ■ no lessons

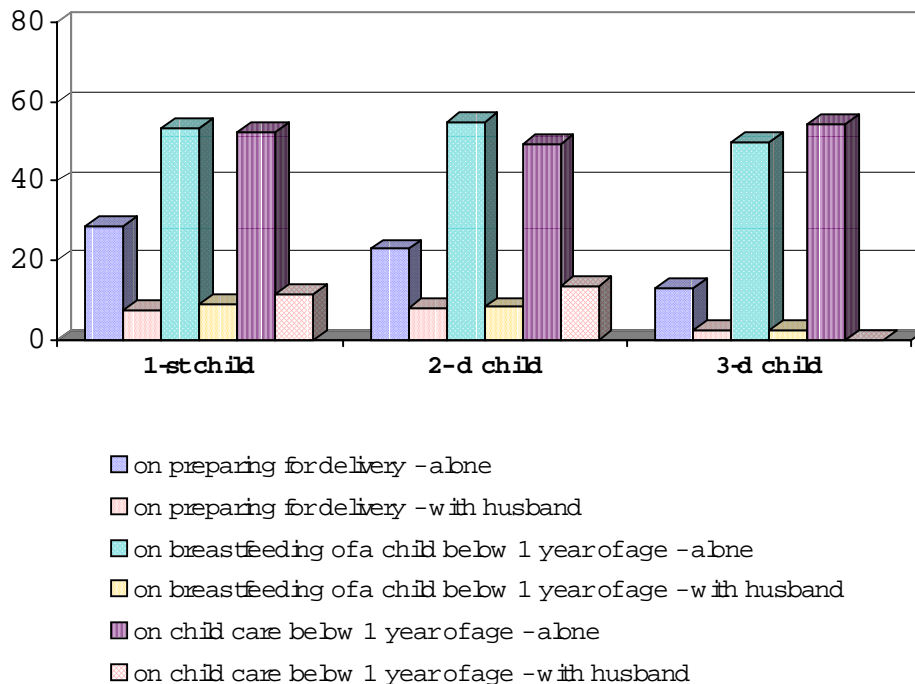
Only 40% of the surveyed women attended lectures and training on preparation for delivery, child care and nutrition organized in antenatal clinics and children's outpatient clinics. The participation of the father was negligible (up to 5%).

*Number of women visiting lectures and practical lessons at antenatal clinic during pregnancy depending on the number of children in the family.*



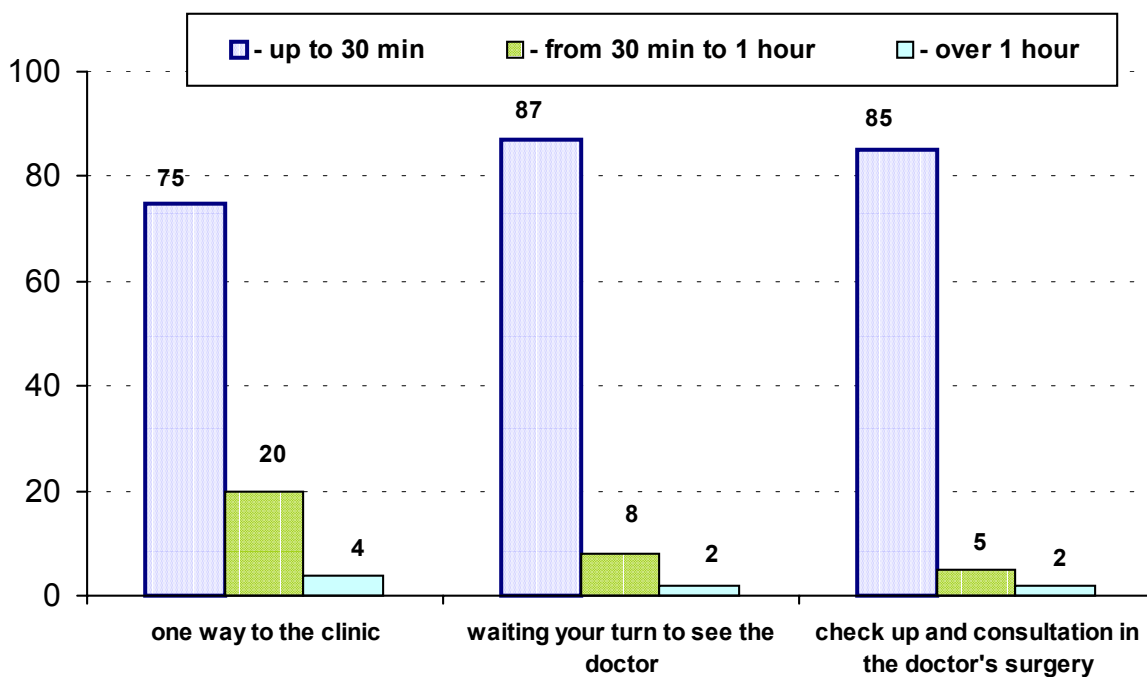
■ on preparing for delivery - alone  
 ■ on preparing for delivery - with husband  
 ■ on breastfeeding of a child below 1 year of age - alone  
 ■ on breastfeeding of a child below 1 year of age - with husband  
 ■ on child care below 1 year of age - alone  
 ■ on child care below 1 year of age - with husband

**Number of women visiting lectures and practical lessons in postnatal clinic during pregnancy depending on the number of children in the family.**

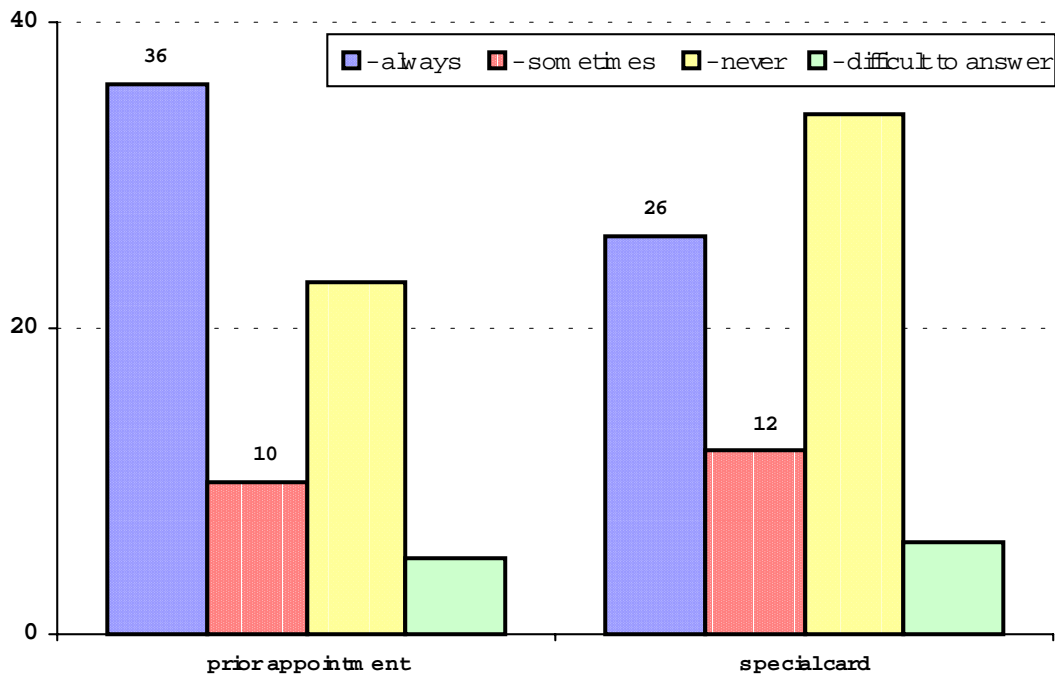


When asked “Has a district pediatrician and nurse helped you in taking care of the child below one year of age?”, the majority of the surveyed women (92.3%) gave a positive answer.

**How is your time distributed during the visit to postnatal clinic?**

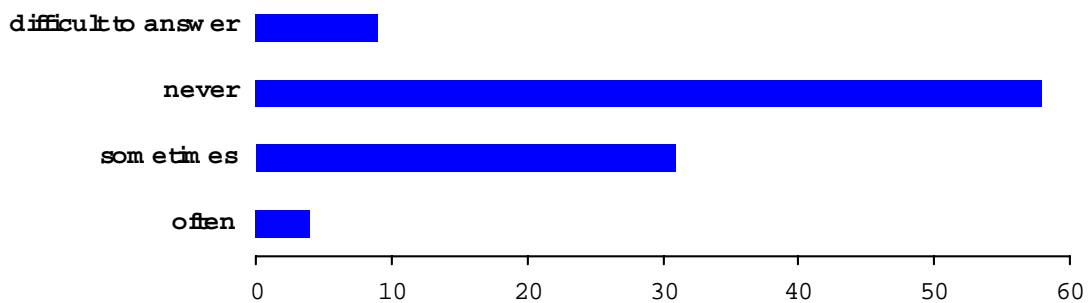


*Does your district children's outpatient clinic have a system of making an appointment for visiting the relevant doctor or having the test done or you need to come beforehand and ask for a special card specifying the time?*



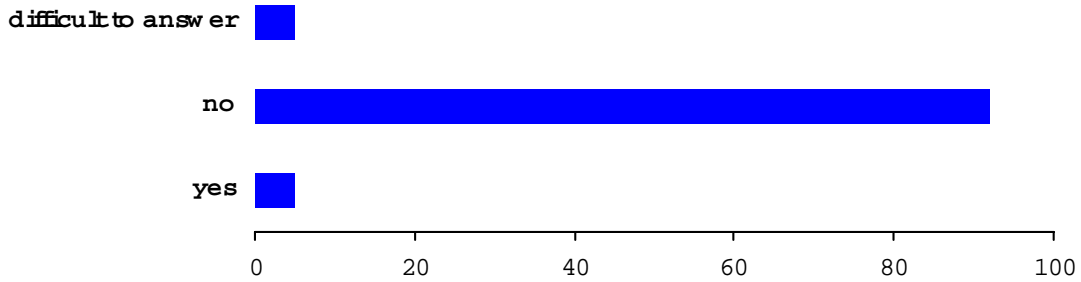
The majority of the surveyed mothers have stated that getting to the children's outpatient clinic, waiting in the queue, examination of the under-one child by a doctor takes them up to 1.5 hours. About one third of the surveyed mothers stated that children's outpatient clinics still have the system of prior recording and issuing time cards for children below one year of age to have the tests done and to make appointments for visiting doctors of particular speciality.

*How often have you witnessed or been involved in conflicts over one's turn to visit a doctor in children's outpatient clinic?*



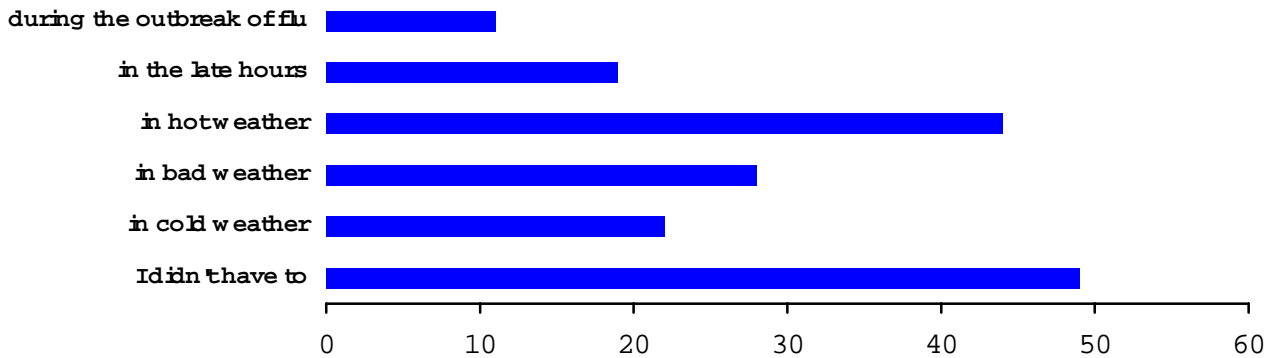
About half of the surveyed women have not witnessed or got involved in the conflicts in the children's outpatient clinic.

***Have you ever been refused when you insisted on additional tests or consultations of the doctors of particular speciality ?***

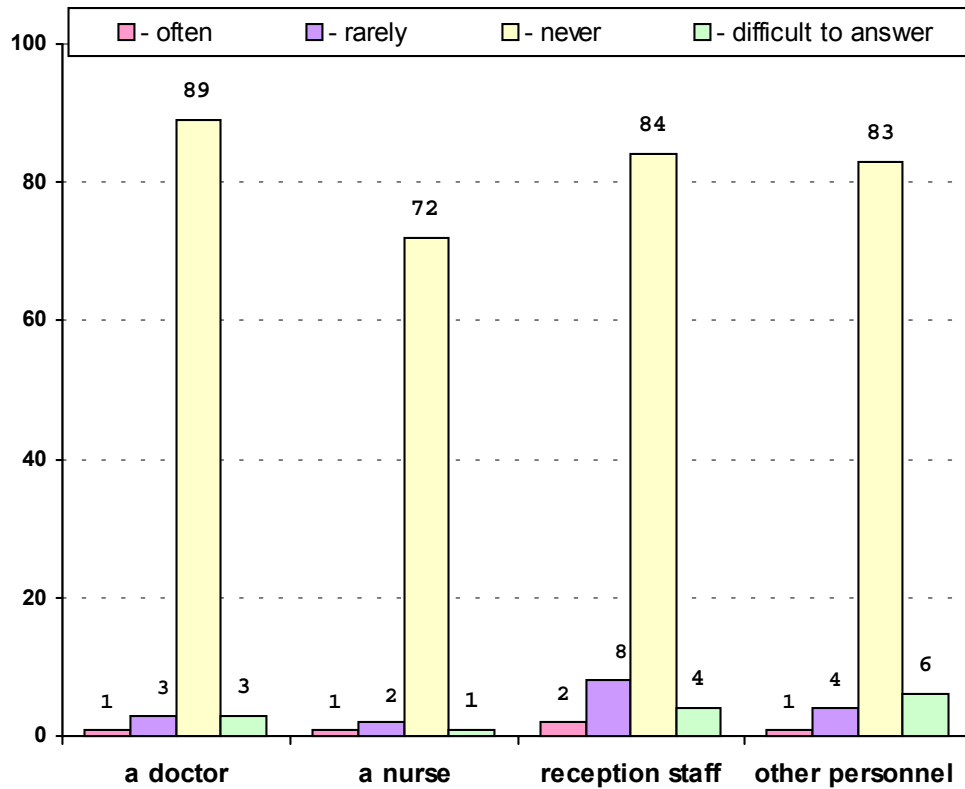


About 50% of the surveyed mothers did not have to visit a children's outpatient clinic for a regular check-up of the child in bad weather.

***Have you had to visit children's outpatient clinic for a regular check-up?***

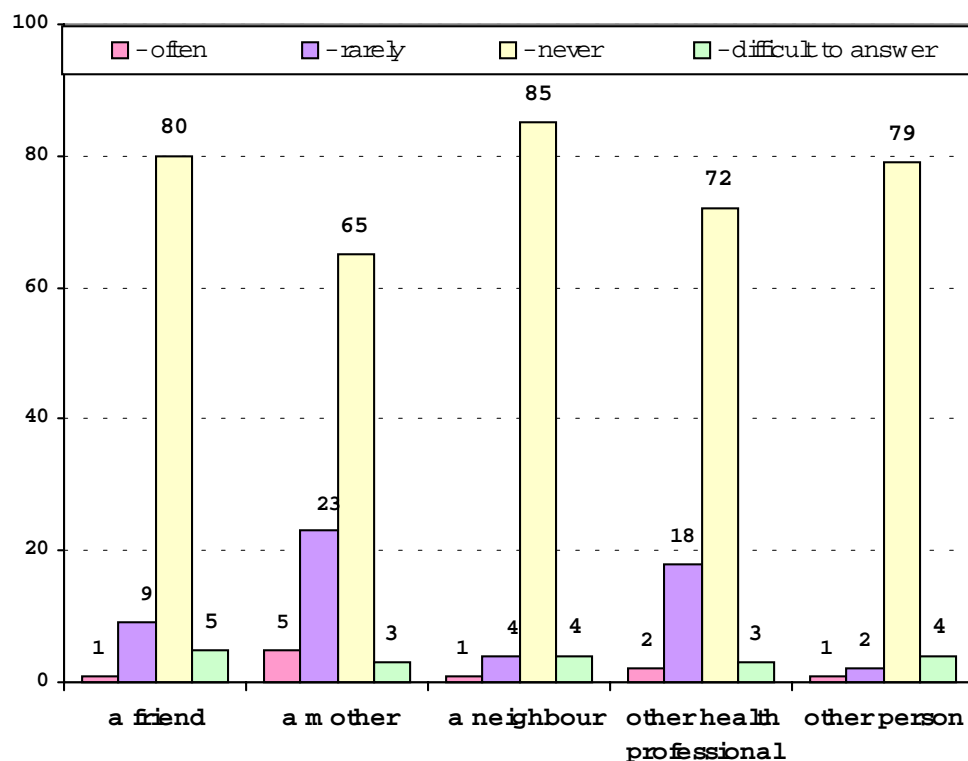


*Have you ever left children's outpatient clinic in a bad mood because the personnel was rude to you?*



As a rule (in 80-90% of cases) medical personnel of a children's outpatient clinic treats children and their parents in a delicate way.

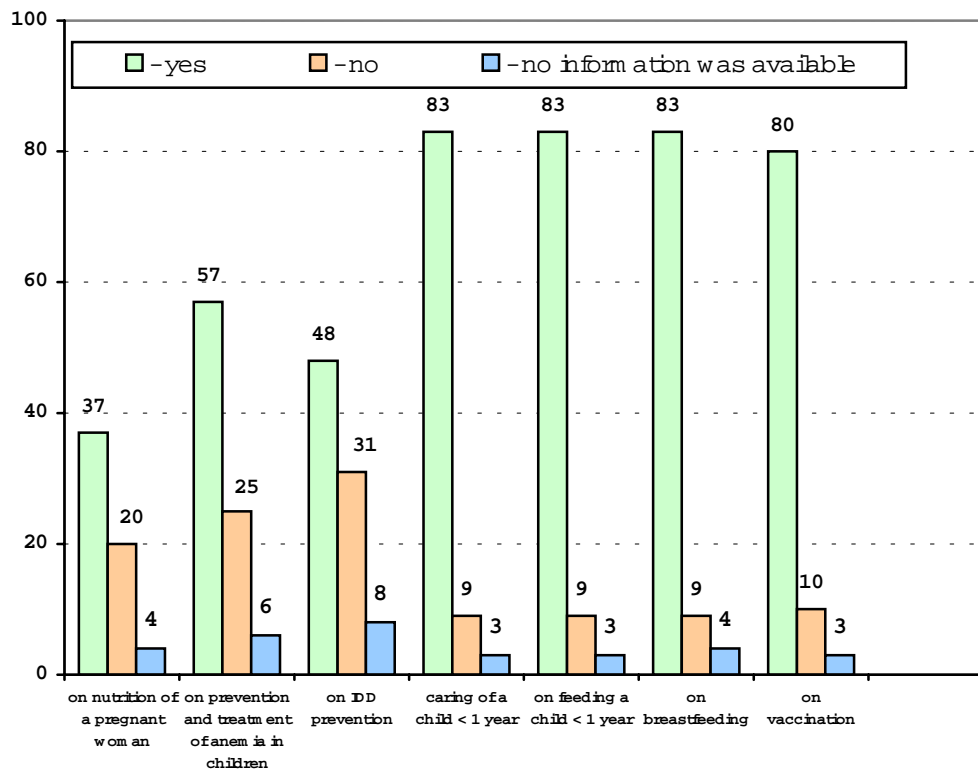
*Have you had to approach other people for explanations after visiting children's outpatient clinic?*



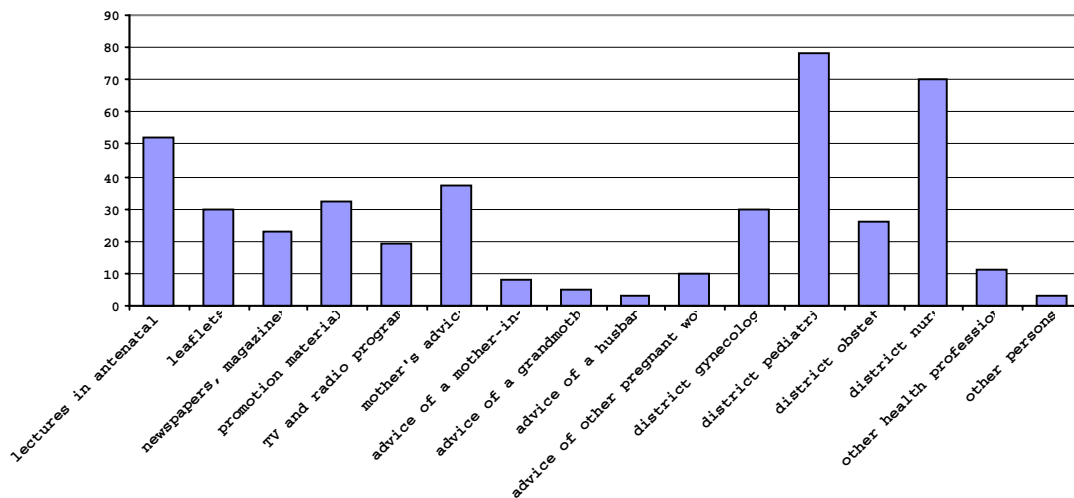
In general the professional level of the medical personnel of a children’s outpatient clinics is adequate to household needs: about 80% of mothers have never approached anybody else for explanations after visiting a children’s outpatient clinic; 87% of the respondents stated that they are quite happy with the level of services in the children’s outpatient clinic. Only 10% of the surveyed mothers would prefer to have a different pediatrician or to use the services of a different outpatient clinic.

When visiting a children’s outpatient clinic, young mothers can study the relevant brochures about the nutrition of the under-one child, breastfeeding, child care, IDD prevention and immunization. About 80% of the surveyed women stated that the most useful information about child care and nutrition they received from a district pediatrician and a nurse, 52% of the respondents mentioned lectures organized in the antenatal clinic and the children’s outpatient clinic.

***Have you studied promotion materials when visiting children’s outpatient clinic?***



**What sources have been most useful for receiving information about feeding and caring of a baby?**



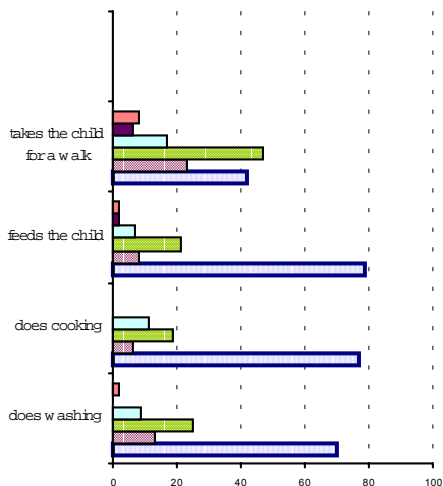
Baby food supplements, bottles, dummies and nipples have not been promoted in the majority of antenatal clinics (75%) and children’s outpatient clinics (71%). The surveyed mothers stated that only in 3 – 7% of cases they were given presents of supplements, bottles, dummies and nipples.

**Section 4. The attitude to the child and mother in a family.**

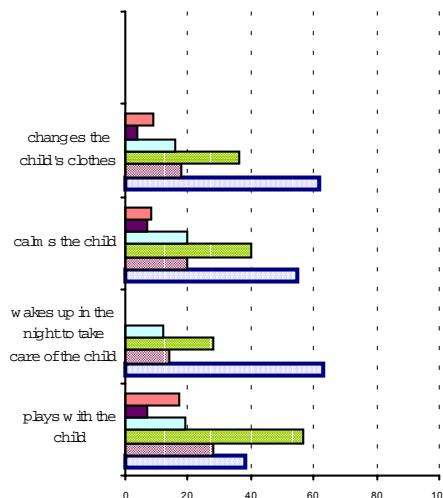
When asked “Who does the main work connected with child care in your family?”, the majority of women stated that they themselves do the biggest part of the work. At the same time 78.5% of the surveyed women believe that they are happy.

**Who in your family does washing, cooking; who feeds the child and takes the child for a walk?**

**Who in your family takes the child for a walk, wakes up in the night to take care of the child?**

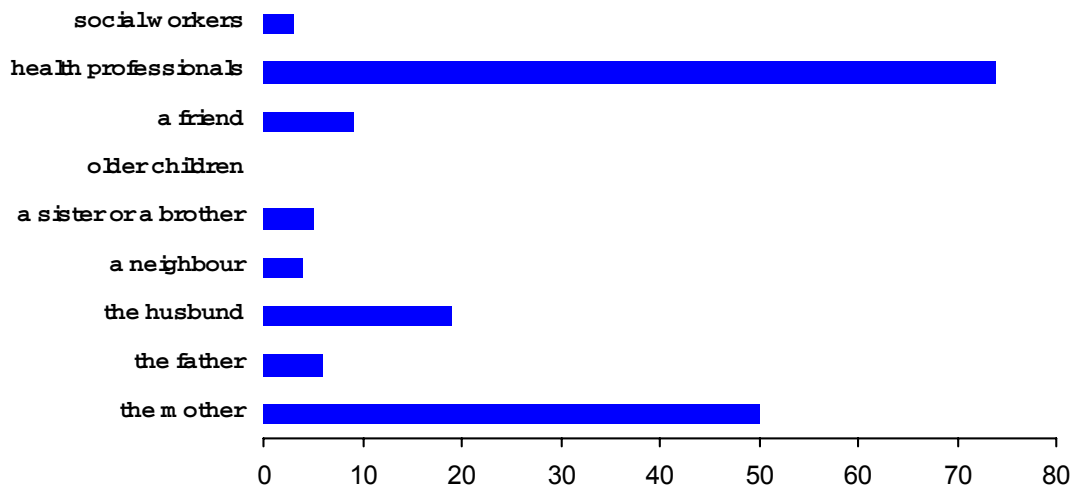


- older children and other relatives
- a grandfather
- a grandmother
- jointly with the husband
- the husband
- myself



- older children and other relatives
- a grandfather
- a grandmother
- jointly with the husband
- the husband
- myself

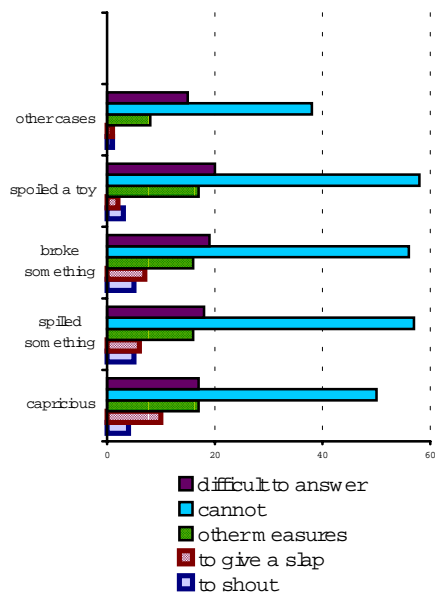
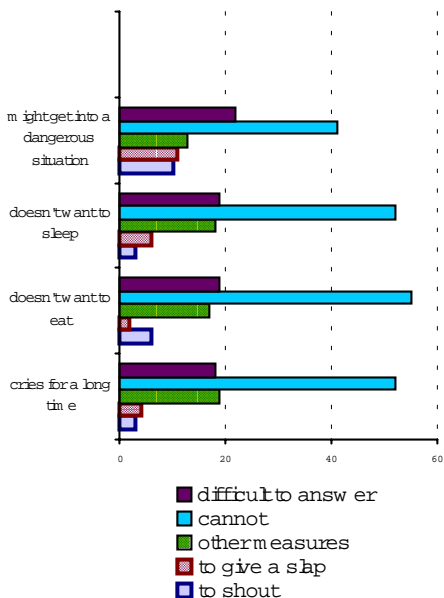
In case of problems associated with child care, young women approach health professionals (74%) and their mothers (50%) for an advice and support.



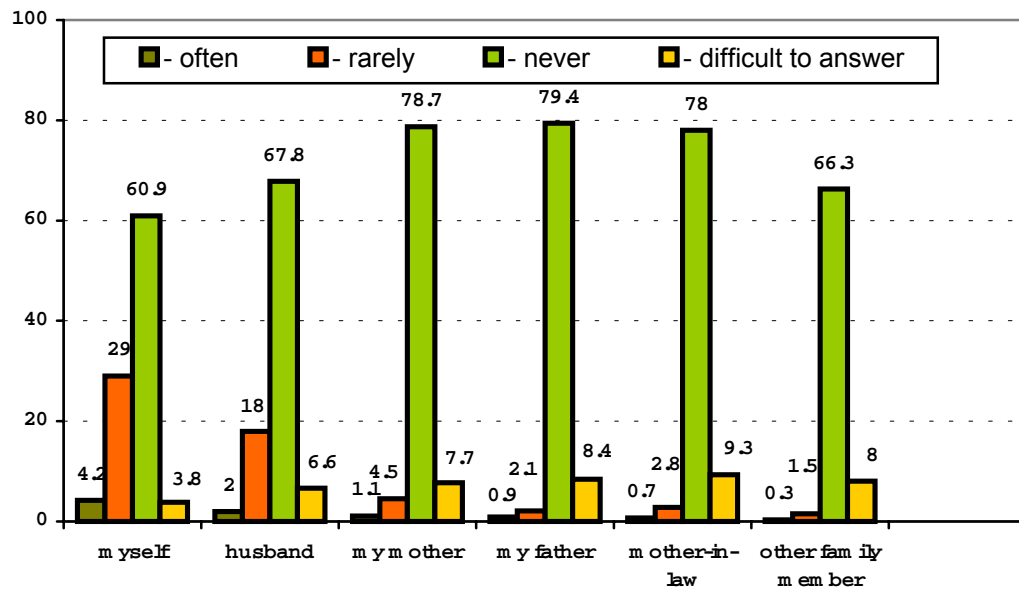
In no circumstances about half of the surveyed mothers would allow for any punitive measures against the child below one year of age.

*Can you punish the child below 1 year of age if he or she cries, doesn't want to eat, to sleep or might get into a dangerous situation?*

*Can you punish the child below 1 year of age if he or she is capricious, has spilled or broken something?*



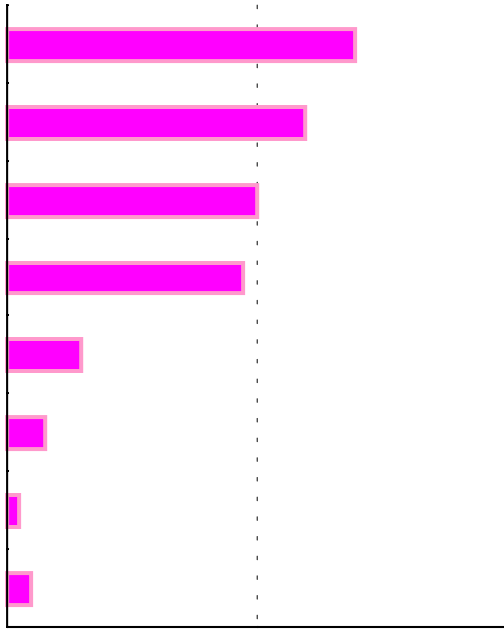
*When asked “Who in your family has ever punished the child below one year of age?”, the majority of women stated that “nobody has ever punished the child”.*



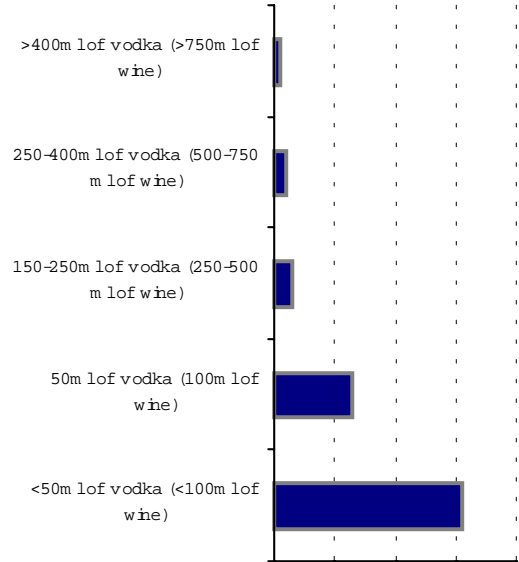
When asked “How often do you consume alcohol, including beer?”, 27.3% of the surveyed women stated that they never consume alcohol. The majority of women consume alcoholic drinks 2 – 3 times a month and less often. Usually they consume 50 – 100 ml of vodka (or 100 – 250 ml of wine) at a go.

When asked “How often does your husband consumer alcohol, including beer?”, only 7.1% of the surveyed women stated that he never consumes alcohol. 25.4% of the husbands of the surveyed women consume alcoholic drinks once a week, 23.8% - once a month. Usually they consume 50 – 100 ml of vodka (or 100 – 250 ml of wine) at a go.

***How often do you consume alcohol including beer?***



***How much alcohol can you drink at a go?***



***How often does your husband consumer alcohol including beer?***



***How much alcohol can he drink at a go?***

