Nutrition Promotion

The ultimate aim of the nutrition promotion activities in Myanmar is "Attainment of nutritional well-being of all citizens as part of the overall socio-economic development by means of health and nutrition activities together with the cooperative efforts by the food production sector".

To enable Myanmar citizens to attain nutritional status this will contribute to full life expectancy and longevity of life, Nutrition Section of Department of Health is implementing nutrition promotion activities throughout the country with following specific objectives:

(1) To reduce protein energy malnutrition (PEM) among under-5 children
(2) To eliminate iodine deficiency disorders (IDD)
(3) To maintain the virtually eliminated state of vitamin A deficiency among children and to promote a good vitamin A status in all vulnerable groups
(4) To reduce iron deficiency anaemia among women, adolescent girls and children
(5) To reduce prevalence of Beri Beri among infants as it was one of the causes of U5MR
(6) To prevent emergence of over-nutrition and diet-related chronic diseases as a public health problem
(7) To disseminate nutrition information and education to the entire population so as to enable all citizens to develop proper food practices

Review workshop on Community Based Nutrition Program

Myanmar has identified five nutrient deficiency states as its major nutrition problems. They include Protein Energy Malnutrition (PEM) and four micronutrient deficiencies, namely, Iodine Deficiency Disorders (IDD), Vitamin A Deficiency (VAD), Iron Deficiency Anaemia (IDA) and Vitamin B1 Deficiency (VBD).

Interventions, activities and present status

1. Control of Protein Energy Malnutrition

Nutrition interventions are implemented by Basic Health Staff in all townships. The following activities are implemented in order to control Protein Energy Malnutrition among children.

1. Growth Monitoring and Promotion for children under three years (GMP)
2. Community Nutrition Centre for moderately malnourished children in urban areas (CNC)
3. Hospital Nutrition Unit for severely malnourished children (HNU)
4. Community based Nutrition program comprising GMP, CNC and Village Food Bank (VFB) for malnourished children in rural areas.
5. Strategy on Infant and Young Child Feeding (IYCF) in Myanmar was developed in 2003 and revised. Coordination meeting for review and revise of 5 year strategy for Infant and Young Child Feeding (2011-2016) was conducted in 2011 and has drafted.
6. Training workshops on management of severely malnourished children were conducted in 2004, 2007, 2010 and 2011.
7. Workshop on management of acute malnutrition was held in 2011.

According to Multiple Indicator Cluster Surveys (MICS), the prevalence of under-weight among children below five years of age declined from 35.3% in 2000 to 31.8% in 2003 and 28.0% in 2010. The rate of Low Birth Weight was 24% in 1994 (hospital based study) while 10% in 2004 and 7.9% in 2010 by community surveys (NNC, DOH). Exclusive breast feeding rate was increased from 16% in 2000 (IYCF survey, NNC) to 23.6% in 2010 (MICS).

2. Iodine Deficiency Disorders Elimination

The Central Committee for Elimination of Iodine Deficiency Disorders was formed in 1991 and Universal Salt Iodization (USI) has been adopted as the single, long-term strategy for eliminating iodine deficiency disorders since 1997. According to the regulation issued by the Ministry of Mines in 1999, all factories licensed for production of salt for human and animal

consumption must be produced only iodized salt with iodine level between 40 ppm and 60 ppm. In collaboration with the Ministry of Mines, the Ministry of Health is striving for virtual elimination of Iodine Deficiency Disorders.

Visible Goiter Rate among 6-11 year old school children dropped from 5.5% in 2003 to 2% in 2006. Proportion of household consuming iodated salt was 86% in 2003 and 87% in 2007. Percentage of household consuming adequately iodized salt was 73% in 2005 but it was declined to 47% in 2008. Median urinary iodine excretion (UIE) among 6-11 year old children was 136 microgram/ litre in 2000 and 123.5 microgram /litre in 2006.

3. Vitamin A Deficiency Elimination

Biannual supplementation with high potency Vitamin A capsule is the main strategy against Vitamin A deficiency among under five children. One dose of vitamin A (200,000 IU) is distributed for all lactating mothers within one and a half month after delivery.

Prevalence of Bitot's spot among under five children has decreased from 0.23% in 1997 to 0.03% in 2000. Assessment of serum vitamin A status of a sub-sample of children in the survey of 2000 indicated that all children in the rural community and 96% of urban children had normal serum vitamin A status while only 4% of the urban children had mild sub-clinical deficiency.

4. Control of Iron Deficiency Anemia (IDA)

Iron supplementation, integrated deworming and nutrition education are main strategies for anemia control in Myanmar. Iron folate tablets are distributed once a day for six months to all pregnant women throughout the country and biweekly iron supplementation for adolescent school girls in 20 selected townships. Starting from January 2006, integrated deworming is implemented twice a year for all children aged 2-9 years and once during pregnancy period after first trimester.

The efficacy trial and effectiveness study of Home Fortification by Micronutrient Sprinkles were conducted in Taungoo and Yedashe townships of Bago region in 2009-2010. The findings proved micronutrient sprinkles are efficacious as well as effective. It is planned to expand more townships.

Distribution of Micronutrient sprinkles to Children in Taungoo Township

According to the surveys conducted by National Nutrition Center, the prevalence of Anemia was 45% among non-pregnant women (2001), 26% in adolescent school girls (2002), 71% in pregnant women (2003) and 75% in under five year children (2005). The prevalence of worm infestation was 30.8% among under-five children and 44.3% among pregnant women (2003). The prevalence was more common in delta region and coastal region.

5. Control of Vitamin B 1 Deficiency

Infantile Beriberi surveillance was started from May 2005 and control of Infantile Beriberi project was initiated in June 2006. Vitamin B1 supplementation is distributed to all pregnant women starting from last month of pregnancy till 3 months after delivery. Injection B1 ampules are supplied for treatment of Beriberi cases.

According to Cause Specific Under Five Mortality Survey (2003), Infantile Beriberi is the fifth leading cause of death among children between 1-12 months (7.12%) in Myanmar. For children under six months, deaths due to Beriberi were nearly 9%. The findings from National Nutrition Center (2009) revealed that the prevalence of Vitamin B1 deficiency was 6.8% among pregnant women and 4.4% among lactating women.

6. Nutrition Promotion Month campaign

The Nutrition Promotion Week Campaign has been launched since 2003 and it has been replaced as Nutrition Promotion Month in August since 2009. Nutrition promotion through various means and all categories of nutrition interventions are conducted as a mass campaign in all over the country.

7. Household Food Security

In accord with the commitment made at the International Conference on Nutrition 1992, Myanmar formulated the National Plan of Action for Food and Nutrition (NPAFN) in 1994. Coordination meeting for 5 year strategy of NPAFN was conducted in late 2011 and 2011-2016 Plan is in progress. The Department of Health is working in collaborated with relevant ministries involved in food production, food distribution, education, information and developmental affairs to strengthen food security.

8. Nutrition laboratory

Nutrition laboratory is concerned mainly for dietary and food analysis for nutrient contents and biochemical analysis of nutritional assessment such as urinary iodine content.