



Kyrgyz

2012 Demographic and Health Survey

Key Findings



This report summarizes the findings of the 2012 Kyrgyz Demographic and Health Survey (KgDHS) conducted by National Statistical Committee of the Kyrgyz Republic from August 2012 through December 2012. ICF International provided technical assistance for the survey through the USAID-funded MEASURE DHS program, which is designed to assist developing countries to collect data on fertility, family planning, and maternal and child health. Funding for the KgDHS was received from USAID/Kyrgyz and the United Nations Population Fund (UNFPA). The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the donor organizations.

Additional information about the survey can be obtained from the National Statistical Committee of the Kyrgyz Republic: 374, Frunze Street, Bishkek, 720033, Kyrgyz Republic; Telephone: (996-312) 665-662, Fax: (996-312) 660-138, email: nsc_mail@stat.kg

Additional information about the DHS programme may be obtained from MEASURE DHS, ICF International, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, U.S.A. (Telephone: 1.301.572.0200; Fax: 1.301.572.0999; e-mail: info@measuredhs.com).

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About the 2012 KgDHS

The 2012 Kyrgyz Demographic and Health Survey (KgDHS) is designed to provide data for monitoring the population and health situation in the Kyrgyz Republic. The 2012 KgDHS is the first Demographic and Health Survey conducted in the Kyrgyz Republic since 1997. The objective of the survey was to provide up-to-date information on fertility and contraceptive use, abortion, maternal and child health, childhood mortality, domestic violence against women, and knowledge and behavior regarding tuberculosis, HIV infection, and other sexually-transmitted infections.

Who participated in the survey?

A nationally representative sample of 8,208 women age 15–49 were interviewed in all selected households and 2,413 men age 15–49 in one-third of selected households. This represents a response rate of 99% for women and 97% for men. This sample provides estimates for the Kyrgyz Republic as a whole, for urban and rural areas, and, for most indicators, an estimate for each of the nine regions.

KYRGYZ REPUBLIC



HOUSEHOLD CHARACTERISTICS

Household composition

Kyrgyz households consist of an average of 4.2 people. Thirty-three percent of the household members are children under age 15. Just over one-quarter of households are headed by women.

Housing conditions

Housing conditions are relatively good throughout the Kyrgyz Republic. Almost all households (more than 99%) have electricity and 88% of households have access to an improved water source. Household access to an improved water source does vary by residence - 96% of urban households have an improved water source, most commonly piped water into the dwelling or yard, compared to only 83% of rural households. Access to improved water from piped sources has increased since 1997, especially in rural areas from only 26% of the household population with access to piped water to 41% in 2012. The large majority of both urban and rural households use an improved toilet facility (92% and 97%, respectively).

Ownership of goods

Currently, 99% of Kyrgyz households own a television, 98% have a phone, and 97% have a mobile phone. Eighteen percent of households have a computer and 7% have an internet connection. Ownership of these items has increased since 2006 when 27% of households had a mobile telephone and only 6% had a computer. Ownership of fixed telephones has decreased from 40% of households in 2006 to 25% of households in 2012..

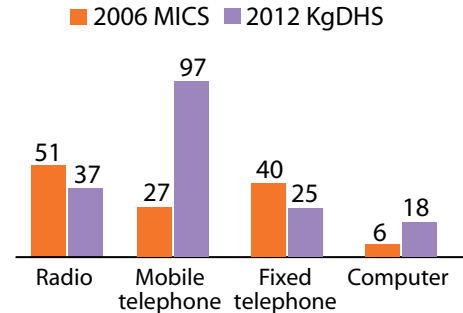
Currently, one quarter of households own a bicycle and 46% own a car. Ownership of cars and bicycles has more than doubled since the 1997 KgDHS. More than half (57%) of households own agricultural land.

Computer use

About 3 in 10 women and report that they have used a computer in the year before the survey (29% and 32%, respectively). Almost half of urban residents report computer use (43% of women and 47% of men) compared to just over 20% in rural areas (21% of women and 25% of men). Computer use decreases with age and increases with education.

Trends in Ownership of Household Goods

Percent of households with household items

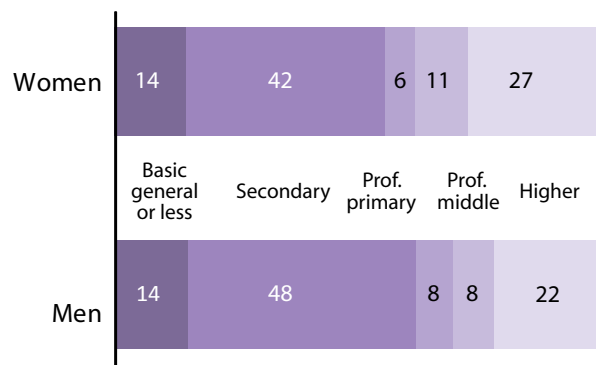


Education of survey respondents

The majority of Kyrgyz have at least secondary education. Only 11% of women age 15-49 have attended professional middle school, while 27% have attended higher education. Men are slightly less educated only 22% of 15-49 year old men have attended higher education.

Education

Percent distribution of women and men age 15-49 by highest level of education



FERTILITY AND ITS DETERMINANTS

Total Fertility Rate (TFR)

Currently, women in the Kyrgyz Republic have an average of 3.6 children. This is comparable to other countries, like Tajikistan, but higher than neighboring countries to the west, like Azerbaijan and Armenia.

Fertility varies by residence and by region. Women in urban areas have 3.0 children on average, compared with 4.0 children per woman in rural areas. Fertility is highest in Talas, where women have an average of 4.8 children, and lowest in Osh City where women have an average of 2.7 children.

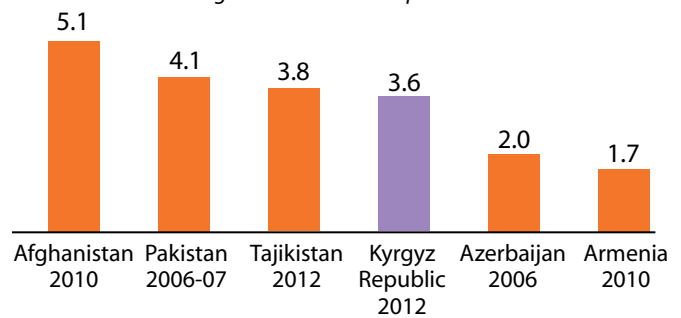
Fertility also varies with mother's education and economic status. Women who have higher education have an average of 3.2 children, while women with basic general have an average of 3.7 children and women with secondary or professional primary/middle have an average of 4.0 children. Fertility increases as the wealth of the respondent's household* decreases. The poorest women, in general, have more than one child more than women who live in the wealthiest households (4.0 versus 2.7 children per woman).

Age at first birth

Very few women in the Kyrgyz Republic have their first birth before age 18 - only 3%. The median age at first birth for all women age 25-49 is 22.0. Women in Bishkek City wait to a median age of 23.6, the latest in the country. On average, women with lower levels of education have their first birth one to two years earlier than women with higher education (median age of 23.7).

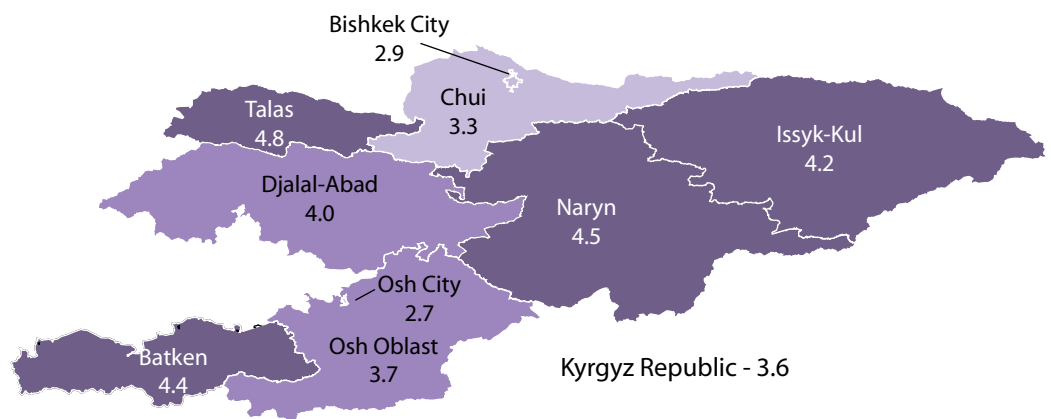
Fertility in Central and Southern Asia

Average number of births per woman



Total Fertility Rate

Average number of births per woman



* Wealth of families is calculated through household assets collected from DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on individuals' relative standing on the household index.

Age at first marriage

Eight percent of 20-24 year old women in the Kyrgyz Republic were married by age 18; 33% were married by age 20. The median age at first marriage is 20.6 for women age 25–49. Men marry at a median age of 24.5.

Age at first sexual intercourse

In general, Kyrgyz women initiate sexual intercourse about the same time as their first marriage. Only 8% of women age 20-24 had their first sexual intercourse by the age of 18. The median age at first intercourse is 20.5 for women and 19.9 for men.

Desired family size

Kyrgyz women and men want about 4 children. The mean ideal family size among all women is 3.9 and among men it is 4.1. Women’s ideal family size is highest in Osh Oblast (4.4) and lowest in Bishkek City (3.3).

ABORTION

Frequency of abortion

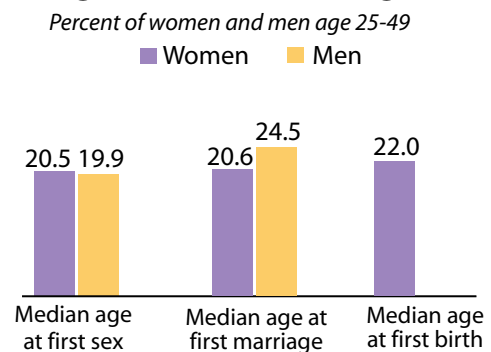
Eighteen percent of women age 15-49 in the Kyrgyz Republic report having ever had an abortion. Among women who have had an abortion, about half have had two or more abortions. Lifetime experience with abortion has decreased since the 1997 KgDHS when 30% of women reported having had an abortion.

Abortions are more common among women with many children and among older women (those over age 35). Abortions are also more common among educated women and those from wealthier households. Women in Talas are most likely to report ever having had an abortion (27%) compared to only 11% of women in Naryn.

Use of contraception before abortion

Among pregnancies that resulted in abortion, 80% occurred after no contraceptive method was used. Seventeen percent of abortions occurred after using a modern method, and 3% of abortions occurred after use of a traditional method.

Median Age at First Sex, Marriage, and Birth



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FAMILY PLANNING

Knowledge of family planning

More than 90% of all women in the Kyrgyz Republic know a modern method of contraception. Sexually active unmarried women are most likely to know a method (100%). The most commonly known methods among all women are the male condom (92%), IUD (87%), and the pill (84%).

Current use of family planning

One-third of married women (34%) currently use a modern method of family planning. Another 3% are using a traditional method (primarily withdrawal). The IUD is the most popular method, used by 22% of married women. Eight percent of married women use the male condom, 2% use the pill, and 2% have been sterilized.

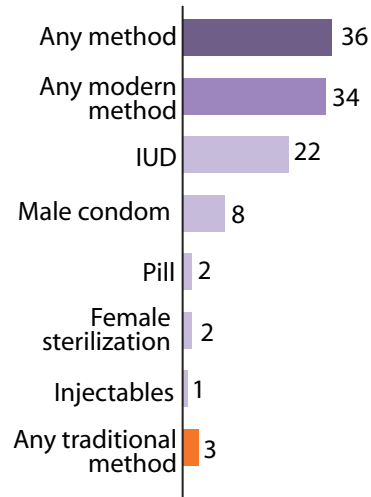
Use of modern family planning methods varies by region. Modern method use among married women ranges from a low of 28% in Chui to a high of 53% in Naryn.

Modern contraceptive use is lowest among women with only basic general education (27%) compared to over 34% among women with higher levels of education. Modern method use is above 30% among women across wealth categories.

Use of family planning, both modern and traditional methods, has declined since 1997. In 1997, half of married women used a modern method of family planning compared to only 34% in 2012. This is due primarily to the decrease in use of the IUD, from 38% of married women in 1997 to 22% of married women in 2012.

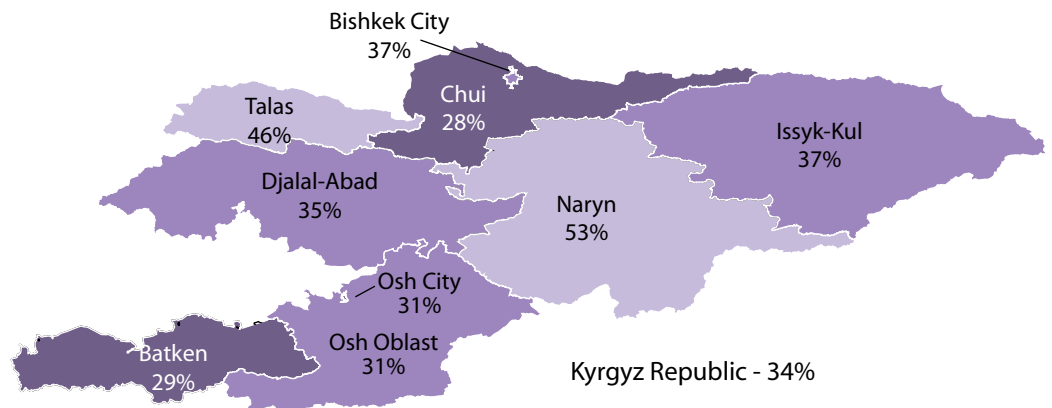
Family Planning

Percent of married women age 15–49 using family planning



Use of Modern Methods of Family Planning

Percent of married women currently using a modern method



Source of family planning methods

Public sources, such as government hospitals and maternity homes, currently provide family planning to 71% of current users, while the private medical sector provides methods to 27% of users. More than 90% of female sterilizations and IUDs are accessed at public facilities, while pills and male condoms come primarily from the private sector.

NEED FOR FAMILY PLANNING

Intention to use family planning

One in four currently married nonusers (23%) intend to use family planning in the future.

Desire to delay or stop childbearing

One-quarter (26%) currently married Kyrgyz women want no more children. Another 28% want to wait at least two years before their next birth. These women are potential users of family planning.

Unmet need for family planning

Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception. The 2012 KgDHS reveals that 18% of married women have an unmet need for family planning—12% for spacing and 6% for limiting. Unmet need is highest among women from the Chui region (23%). In general, unmet need decreases with education. Almost one-quarter of married women with basic general education have an unmet need compared to only 15% of women with higher education.

Missed opportunities

Overall, about one-quarter of women were exposed to a family planning message on the radio, TV, or in the newspaper. Television is the most common source of family planning messages in the media.

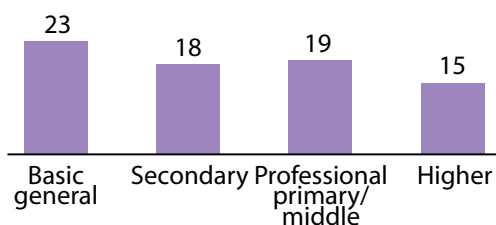
Among all women who are *not* currently using family planning, only 13% were visited by a field worker who discussed family planning, and only 17% of women visited a health facility where they discussed family planning. Overall, 78% of nonusers did *not* discuss family planning with any health worker.

Informed choice

Family planning clients should be informed about the side effects of the method used and given options about other available methods. About 70% of Kyrgyz users of modern methods were informed about side effects and told what to do if they experienced side effects. Two-thirds (66%) were informed of other methods that could be used.

Unmet Need by Education

Percent of married women 15–49 with unmet need for family planning

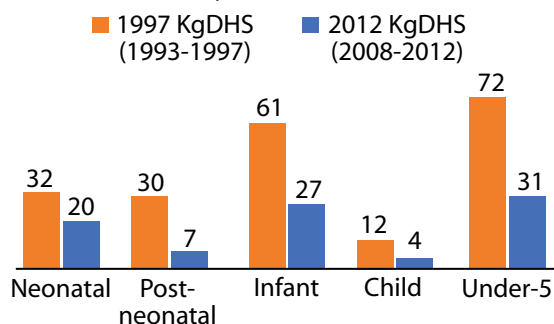


INFANT AND CHILD MORTALITY

Childhood mortality has dropped dramatically since 1997. Currently, the infant mortality rate in the Kyrgyz Republic is 27 deaths per 1,000 live births for the five year period before the survey. Under-five mortality (death before the 5th birthday) is 31 per 1,000 live births. In 1997, infant and under-5 mortality rates were more than twice as high (61 and 72 deaths per 1,000 live births, respectively).

Trends in Childhood Mortality

Deaths per 1,000 live births



Childhood mortality is low across educational and wealth categories. Under-5 mortality is identical in urban and rural areas, but there is more variation among the regions. Under-5 mortality is highest in Batken, where there are 52 under-five deaths per 1,000 live births (see map below).

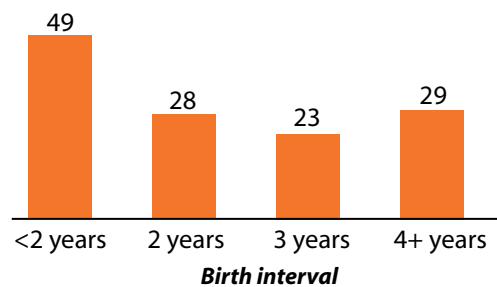
Spacing children at least 36 months apart reduces risk of infant death. In the Kyrgyz Republic, the median birth interval matches this recommendation—36 months. Infants born less than two years after a previous birth are more than twice as likely to die before age five (49 deaths per 1,000 live births) as infants born more than two years after the previous birth (under 30 deaths per 1,000 live births). One-quarter of infants in the Kyrgyz Republic are born less than two years after a previous birth.



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Under-5 Mortality by Birth Interval

Number of under-5 deaths per 1,000 live births for the 10 year period before the survey



MATERNAL HEALTH

Antenatal care

Almost all (97%) Kyrgyz women receive some antenatal care (ANC) from a skilled provider, most commonly from a doctor (79%). ANC coverage is very high (over 97%) in all regions with the exception of Osh Oblast, where only 90% of women receive some ANC from a skilled provider. ANC coverage has been consistently high since the 1997 KgDHS.

The timing and quality of ANC are also important. Four in five women with a recent birth had an antenatal care visit by their fourth month of pregnancy, as recommended. Even more (84%) received the recommended four or more visits.

While almost all (99%) pregnant women had their blood pressure measured, a urine sample taken, and a blood sample taken, only 62% were informed of signs of pregnancy complications during an ANC visit. Less than half (45%) took iron tablets or syrup, and only 37% took folic acid tablets.

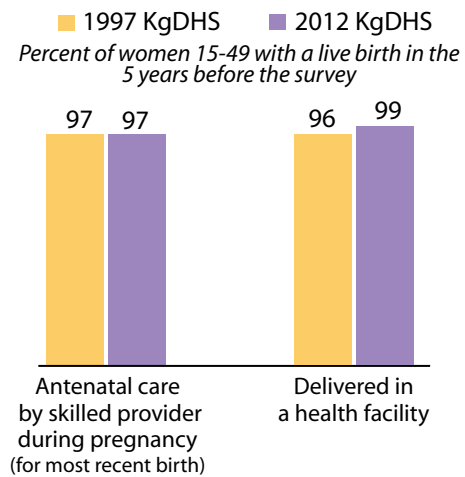
Delivery and postnatal care

Ninety-nine percent (99%) of births in the Kyrgyz Republic occur in health facilities, almost entirely in the public sector. This is a slight increase from 96% in 1997. The same percentage of births are assisted by a skilled provider (doctor, nurse, midwife, or feldsher).

Postnatal care helps prevent complications after childbirth. Almost all (96%) of women received a postnatal checkup within two days of delivery. However, 2% of women did not have a postnatal checkup within 41 days of delivery.

A postnatal check up for the newborn is less common: only 80% of births were followed up by a postnatal check up within 2 days.

Trends in Maternal Health Care



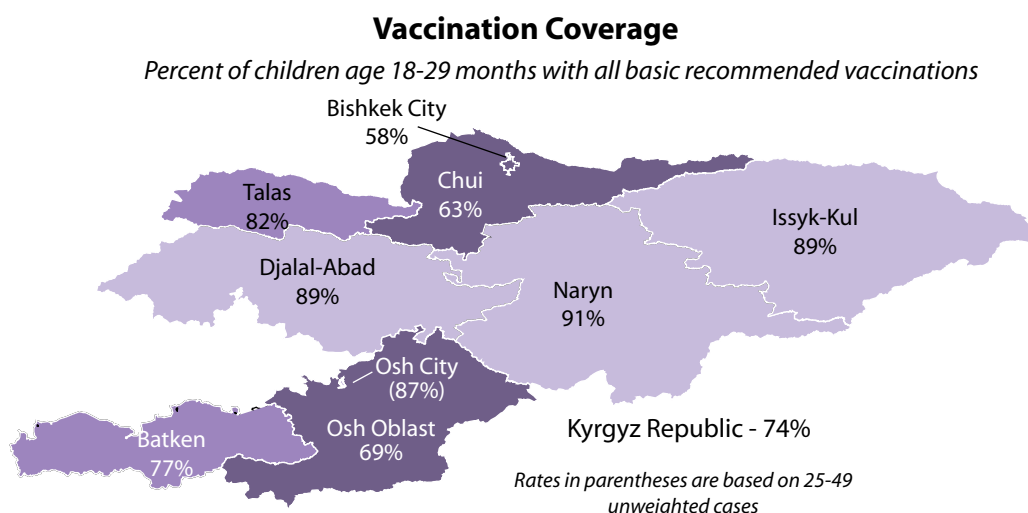
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CHILD HEALTH

Vaccination coverage

According to the 2012 KgDHS, three-quarters (74%) of Kyrgyz children age 18-29 months have received all recommended vaccines—one dose each of BCG and measles and three doses each of DPT and polio. Only 1% of children did not receive any of the recommended vaccines.

Vaccination coverage varies greatly among the regions, from only 58% of children in Bishkek City to 91% of children in Naryn. Vaccination coverage decreases with household wealth: 82% of children from the poorest households are fully vaccinated compared to 62% of children from the wealthiest households.



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Childhood illnesses

In the two weeks before the survey, 1% of children under five had symptoms of an acute respiratory infection (ARI). Five percent of children had a fever in the two weeks before survey. Of these children, 43% received treatment from a facility or provider and 43% took antibiotics.

During the two weeks before the survey, 5% of Kyrgyz children under five had diarrhea. The prevalence was highest (9%) among children 6-11 months old. More than half (55%) of children with diarrhea were taken to a health provider. Children with diarrhea should drink more fluids, particularly through oral rehydration therapy (ORT). Four in five (81%) children with diarrhea were treated with ORT or increased fluids.

FEEDING PRACTICES AND THE NUTRITIONAL STATUS OF WOMEN AND CHILDREN

Breastfeeding and the introduction of complementary foods

Breastfeeding is very common in the Kyrgyz Republic, with 99% of children ever breastfed. WHO recommends that children receive nothing but breast milk (exclusive breastfeeding) for the first six months of life. More than half (56%) of children under six months in the Kyrgyz Republic are being exclusively breastfed. On average, children 0-35 months breastfeed until the age of 18 months and are exclusively breastfed for an average of 3.1 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In the Kyrgyz Republic, 60% of children ages 6-9 months are breastfeeding and eating complementary foods.

The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children age 6-23 months also be fed four or more other food groups. Only 17% of breastfed children in the Kyrgyz Republic meet this recommendation. It is also recommended that nonbreastfed children be fed milk or milk products, and four or more food groups. However, only 48% of nonbreastfed Kyrgyz children receive milk or milk products, and only 59% were fed four or more food groups. Overall, only 16% of Kyrgyz children are fed according to the IYCF recommendations.

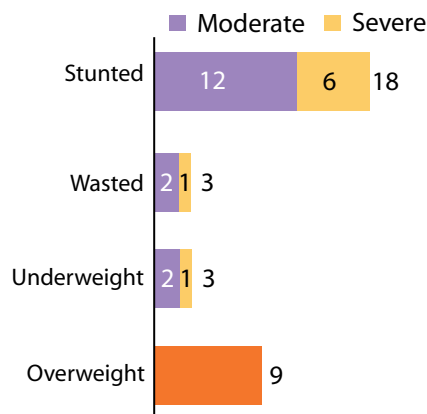
Children's nutritional status

The KgDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. According to the 2012 survey, 18% of children under five are stunted, or too short for their age; 6% are severely stunted. This indicates chronic malnutrition. Stunting is fairly uncommon in Issyk-Kul (10%), Chui (12%), and Talas (13%) and quite high in Osh City (29%), Osh Oblast (25%), and Batken (23%).

Wasting (too thin for height), which is a sign of acute malnutrition, is far less common (3%). In addition, 3% of Kyrgyz children are underweight, or too thin for age. Conversely, 9% of Kyrgyz children are overweight or obese.

Children's Nutritional Status

Percent of children under age 5, based on WHO Child Growth Standards



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Women's nutritional status

The 2012 KgDHS also took weight and height measurements of women age 15–49. Just 7% of Kyrgyz women are too thin, while 36% are overweight or obese. Overweight and obesity increase gradually with age: only 6% of 15-19 year old women are overweight or obese compared to 72% of women age 40-49.

Vitamin A and iron supplementation

Vitamin A, which prevents blindness and infection, is particularly important for children and new mothers. In the 24 hours before the survey, 66% of children age 6–23 months ate fruits and vegetables rich in vitamin A. Less than half (44%) of children age 6–59 months received a vitamin A supplement in the six months prior to the survey. Half of women received a vitamin A supplement postpartum.

Six in ten children (61%) ate iron-rich foods in the day before the survey, but only 11% were given iron supplements in the week before the survey. Pregnant women should take iron tablets or syrup for at least 90 days during pregnancy to prevent anaemia and other complications. While 44% of women took some iron during pregnancy, only 2% took iron tablets or syrup for at least 90 days during their last pregnancy.

Use of Iodized Salt

Iodine is an important micronutrient for brain development, and maternal and child health. Iodine is commonly ingested through iodization of household salt. Ninety-seven percent of households in the Kyrgyz Republic have iodized salt.

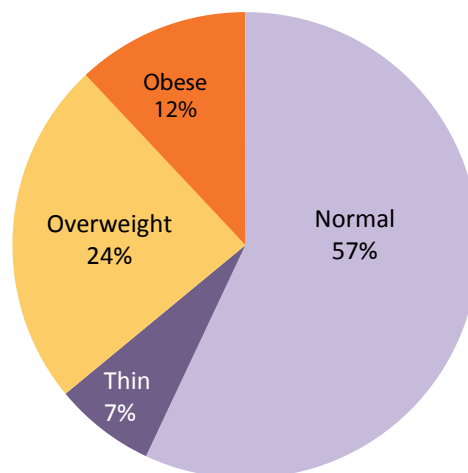
Anemia

Almost 4,000 children and more than 8,000 women provided blood drops for anemia testing as part of the KgDHS. Four in ten children age 6-59 months are anemic; 17% are moderately or severely anemic. Anemia is most common among children 9-11 months. In Chui, 60% of children are anemic, compared to only 26% in Osh City.

One-third of women are anemic, and the majority of these are mild cases.

Women's Nutritional Status

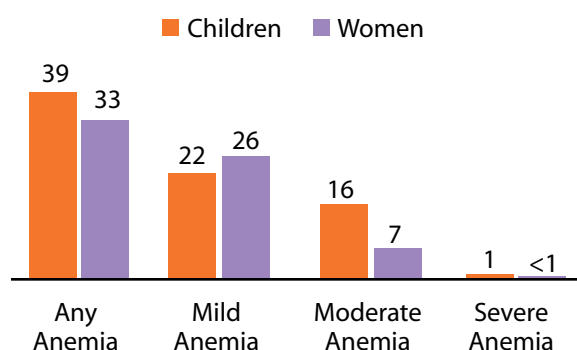
Percent of women age 15-49, by BMI level



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Anemia in Women and Children

Percent of children age 6-59 months and women age 15-49 years with anemia



WOMEN'S EMPOWERMENT

Employment

Only one-third of married women age 15–49 interviewed in the KgDHS are currently employed compared to 96% of men age 15–49. The large majority (88%) of these working women earn cash, while 8% are not paid and 3% earn cash and in-kind payments. This is very similar to men's payments, as 80% of men earn cash, 12% are paid cash and in-kind, and 7% are not paid at all. Among the women who earn cash, about half report that their cash earnings are less than their husband's, while 39% report that they earn about the same.

Ownership of assets

Almost half of Kyrgyz women (48%) do not own a house and 67% do not own land. The majority of women who do own a house or land own these items jointly. In comparison, 36% of Kyrgyz men do not own a house and 54% do not own land.

Participation in household decisions

Kyrgyz women report substantial power in household decisions. Ninety percent of married women report that they have sole or joint decisionmaking power over their own health care, and more than 80% make decisions about major household purchases and visits to her family or relatives. About 80% of married women report that they participate in all three decisions; only 6% do not participate at all in any of the three decisions asked about in the KgDHS.

Women who have less education are less likely to participate in all three decisions (59% versus 85% among women with higher education). Women in Osh Oblast have least decisionmaking power: 21% report that they do not participate in any of the three decisions.



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DOMESTIC VIOLENCE

Experience of violence

About one in four (23%) women in the Kyrgyz Republic report that they have suffered from physical violence at some point since age 15. Thirteen percent of women suffered from acts of violence during the past 12 months. This proportion is substantially higher for divorced/separated/widowed women (19%) and married women (17%) than never married women (3%). More than four-fifths of women who have ever experienced physical violence report that the perpetrator of the violence was a current or former husband/partner.

Three percent women have ever experienced sexual violence. In 98% of cases, sexual violence is perpetrated by current or former husbands or partners.

Spousal violence

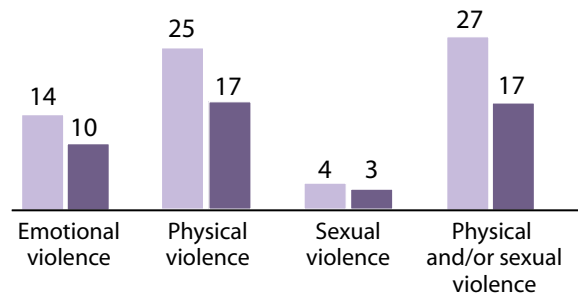
One-quarter (27%) of ever-married women have ever suffered physical or sexual violence by a spouse or partner. Seventeen percent of ever-married women report having experienced this physical or sexual violence in the past year.

Spousal violence is most common in Naryn, where 41% of ever-married women have ever experienced physical or sexual violence by their partner compared to 18% in Issyk-Kul. Experience with spousal violence is reported by 46% of women who are divorced, separated, or widowed compared to 23% of women who are currently married or living with their partner.

Wife beating continues to be accepted by some women and men in the Kyrgyz Republic. According to the 2012 KgDHS, 34% of women and 50% of men believe that wife beating is justified in certain circumstances, such as arguing with her husband, neglecting the children, or going out without telling the husband.

Spousal Violence

■ Ever ■ In past 12 months
Percent of ever-married women age 15-49 who have experienced the following types of spousal violence



HIV/AIDS KNOWLEDGE AND BEHAVIOR

Knowledge

According to the 2012 KgdHS, more than 90% of women and men have heard of HIV. Knowledge of HIV prevention measures is much lower. Only about 60% of women and men know that the risk of getting HIV can be reduced by using condoms and limiting sex to one faithful, uninfected partner. Prevention knowledge increases quickly with education: 74% of women with higher education know these two prevention methods compared to only 21% of women with none/primary education.

About 6 in 10 Kyrgyz women and men know that HIV can be transmitted by breastfeeding. Fewer (33% of women and 27% of men) know that the risk of mother-to-child transmission can be reduced by taking drugs during pregnancy.

HIV-related misconceptions are common in Tajikistan. Only 58% of women and 69% of men know that a healthy-looking person can have HIV, and only 52% of women and men know that HIV/AIDS cannot be transmitted by kissing someone who is infected with HIV.

Attitudes

Kyrgyz women and men are not yet accepting of people living with HIV/AIDS. Only 37% of women and 25% of men report that they would buy fresh vegetables from a shopkeeper living with the AIDS virus, and 42% of women and 65% of men would be willing to care for a family member with AIDS in their home.

Over 80% of Kyrgyz women and 72% of men believe that women are justified in refusing to have sex with their husbands if she knows he has sex with other women. Over 80% of women and men believe they can ask the husbands to wear a condom if he has a sexually transmitted infection.

Multiple Sexual Partners

Less than 1% of Kyrgyz women report having had 2 or more sexual partners in the year before the survey, compared to 10% of Kyrgyz men. On average, women have just over one sexual partner in their lifetime; men report an average of 5.7 sexual partners.

Knowledge of HIV Prevention

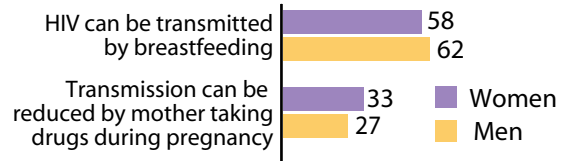
Percent of women and men 15-49

Percent who know that the risk of HIV can be reduced by:



Mother-to-Child Transmission

Percent who know that:



Paid Sex

Four in ten Kyrgyz men report that they have ever paid for sex; 8% paid for sex in the year before the survey. Paid sex is most common in Djalal-Abad (70% of men have ever paid for sex), Chui, and Osh City (65% each).

Prior HIV testing

More than half of Kyrgyz women and men know where to get an HIV test (57% and 53%, respectively). Four in ten women have ever been tested for HIV and received the results, compared to only 9% of men. Only 12% of women and 2% of men have been tested for HIV in the last year.

Almost 6 in 10 women received counselling on HIV during antenatal care; 45% received counselling and an HIV test, as well as the results. HIV testing during ANC is especially high in Issyk-Kul (63%) and particularly low in Osh Oblast (27%).

ADULT HEALTH

Use of tobacco and alcohol

Only 3% of women in the Kyrgyz Republic use tobacco compared to 53% of men age 15-49. Among men, cigarettes (44%) and chewing tobacco (11%) are the most common tobacco products used. Among men who smoke cigarettes, 77% smoke 10 or more cigarettes a day. Smoking increases with age; only 6% of men age 15-19 smoke compared with more than 60% of men age 35 and older.

More than one-third of men 15-49 report that they have had at least one alcoholic drink in the past month. Among these men, they report drinking an average of 4.3 alcoholic beverages on a typical drinking occasion. However, 63% of men report that they drink alcoholic beverages less than once a month. Alcohol consumption increases with age; only 7% of men age 15-19 report that they have consumed alcohol in the past month compared to 31% of 20-24 year olds and more than 50% of 45-49 year olds. Men's alcohol consumption is highest in the Chui region (62%) and lowest in the Batken region (9%).

Knowledge about Tuberculosis

Almost all women and men have heard of tuberculosis. Knowledge about tuberculosis transmission and treatment is fairly high. More than 80% of women and men know that TB is spread through the air when an infected person coughs or sneezes, and about 80% know that TB can be cured. Women and men do not report too much TB-related stigma. Only 39% of women and 14% of men say that they would want a family member's TB to be kept a secret.

Still, misconceptions about TB are common. Sixty-three percent of women and 44% of men think that TB can be transmitted by sharing utensils; 32% of women and 40% of men believe it can be transmitted through food.

Health insurance coverage

According to the 2012 KgDHS, 85% of women and 90% of men are covered by mandatory health insurance. Fourteen percent of women and 10% of men have no health insurance. The youngest women and men, those with no or little education, and those living in Bishkek City are least likely to be insured.

Hypertension

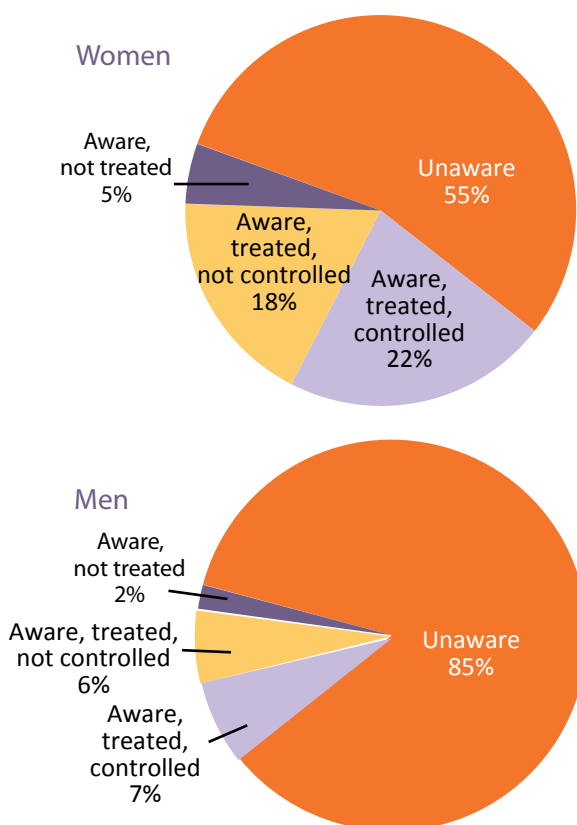
Five percent of women and 2% of men report that they have ever been told by a health provider that they have high blood pressure. Among these women and men, some are taking measures to control their high blood pressure: 71% of these women and 45% of these men are taking prescribed medication; about one-third are controlling or losing weight, and more than a third are cutting down salt in their diet.

The 2012 KgDHS tested respondent's blood pressure, and found that 10% of women and 7% of men had hypertension. The majority of those with high blood pressure had only mildly elevated blood pressure. Hypertension increases with age. Among the oldest respondents age 45-49, 28% of women and 16% of men had elevated blood pressure.

The comparison between self-reported hypertension and the results of the blood pressure testing in the KgDHS indicates that 55% of women and 85% of men with blood pressure were unaware of their high blood pressure status.

Awareness of High Blood Pressure and Treatment Status

Percent, among women and men with high blood pressure



Key Indicators

Fertility	Residence		
	Total	Urban	Rural
Total fertility rate (number of children per woman)	3.6	3.0	4.0
Women age 15–19 who are mothers or currently pregnant (%)	6	4	8
Median age at first marriage for women age 25–49 (years)	20.6	21.3	20.2
Median age at first intercourse for women age 25–49 (years)	20.5	20.9	20.3
Median age at first birth for women age 25–49 (years)	22.0	22.9	21.6
Married women age 15–49 who want no more children (%)	26	27	26
Total abortion rate (total induced abortion rate for the 3 years before the survey)	0.7	0.8	0.6
Family Planning (married women, age 15–49)			
Current use			
Any method (%)	36	39	35
Any modern method (%)	34	34	33
Currently married women with an unmet need for family planning ¹ (%)	18	16	19
Maternal and Child Health			
Maternity care			
Pregnant women who received antenatal care from a skilled provider ² (%)	97	99	96
Births assisted by a skilled provider ² (%)	99	100	99
Births delivered in a health facility (%)	99	100	99
Child vaccination			
Children 18–29 months fully vaccinated ³ (%)	74	67	78
Nutrition			
Children under 5 years who are stunted (moderate or severe) (%)	18	18	18
Children under 5 years who are wasted (moderate or severe) (%)	3	3	3
Children under 5 years who are underweight (%)	3	4	3
Women 15–49 who are overweight or obese (%)	36	32	38
Childhood Mortality			
Infant mortality (between birth and first birthday) ⁴	27	23	29
Under-five mortality (between birth and fifth birthday) ⁴	31	33	33
HIV/AIDS-related Knowledge			
Knows ways to avoid HIV (women and men age 15–49):			
Having one sexual partner (women/men) (%)	75/75	81/78	71/74
Using condoms (women/men) (%)	64/71	70/74	61/69
Knows HIV can be transmitted by breastfeeding and that the risk of MTCT can be reduced by mother taking special drugs during pregnancy (women/men) (%)	27/18	30/18	26/18
Tested for HIV in the past 12 months and received result of the test (women/men) (%)	12/2	14/3	11/2
Women's Experience of Violence (women age 15–49)			
Ever experienced physical violence since age 15 (%)	23	22	24
Ever experienced physical or sexual violence committed by a husband/partner ⁵ (%)	25	27	25

Figures in parentheses are based on a limited number of cases.

¹ Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning.

² Skilled provider includes doctor, nurse, midwife, and feldsher

³ Fully vaccinated includes BCG, measles, three doses of DPT and three doses of polio (excluding Polio 0 and Polio 4)

	Region								
	Issyk-Kul	Djalal-Abad	Naryn	Batken	Osh Oblast	Talas	Chui	Bishkek City	Osh City
	4.2	4.0	4.5	4.4	3.7	4.8	3.3	2.9	2.7
	9	8	5	9	5	14	8	1	5
	20.7	20.4	20.5	20.1	20.1	19.9	20.6	22.1	20.8
	20.9	20.4	20.5	20.2	20.2	19.8	20.3	21.4	21.0
	22.1	21.7	21.7	21.7	21.5	21.1	22.3	23.6	22.5
	30	27	31	37	13	34	30	25	31
	0.7	0.8	0.3	0.7	0.6	1.1	0.7	0.7	0.6
	38	38	53	33	32	47	29	43	33
	37	35	53	29	31	46	28	37	31
	19	18	11	20	20	11	23	14	13
	99	99	99	99	90	100	97	99	100
	100	98	99	99	100	99	98	100	99
	100	98	100	98	99	99	98	100	99
	89	89	91	77	69	82	63	58	(87)
	10	15	18	23	25	13	12	19	29
	2	3	2	3	3	4	1	4	6
	2	4	3	5	4	3	1	3	11
	39	31	40	35	40	42	39	29	36
	25	24	24	45	35	33	24	21	4 ⁵
	28	28	27	52	39	38	30	(33)	6 ⁵
	85/72	66/85	75/74	61/94	69/52	61/83	82/84	85/76	72/77
	82/84	58/86	66/59	46/4	57/65	73/90	65/76	75/79	54/66
	53/43	16/22	32/14	12/14	28/5	35/25	25/17	34/17	20/29
	20/2	12/1	13/6	14/2	3/2	22/3	15/3	12/1	17/7
	16	22	37	29	26	34	19	23	12
	18	24	41	33	21	37	20	34	16

⁴Number of deaths per 1,000 births; figures are for the ten-year period before the survey except for the national rate, in italics, which represents the five-year period before the survey.

⁵-Osh City's mortality rates are implausibly low, most likely due to underreporting of child deaths.

⁶ Ever-married women age 15-49

