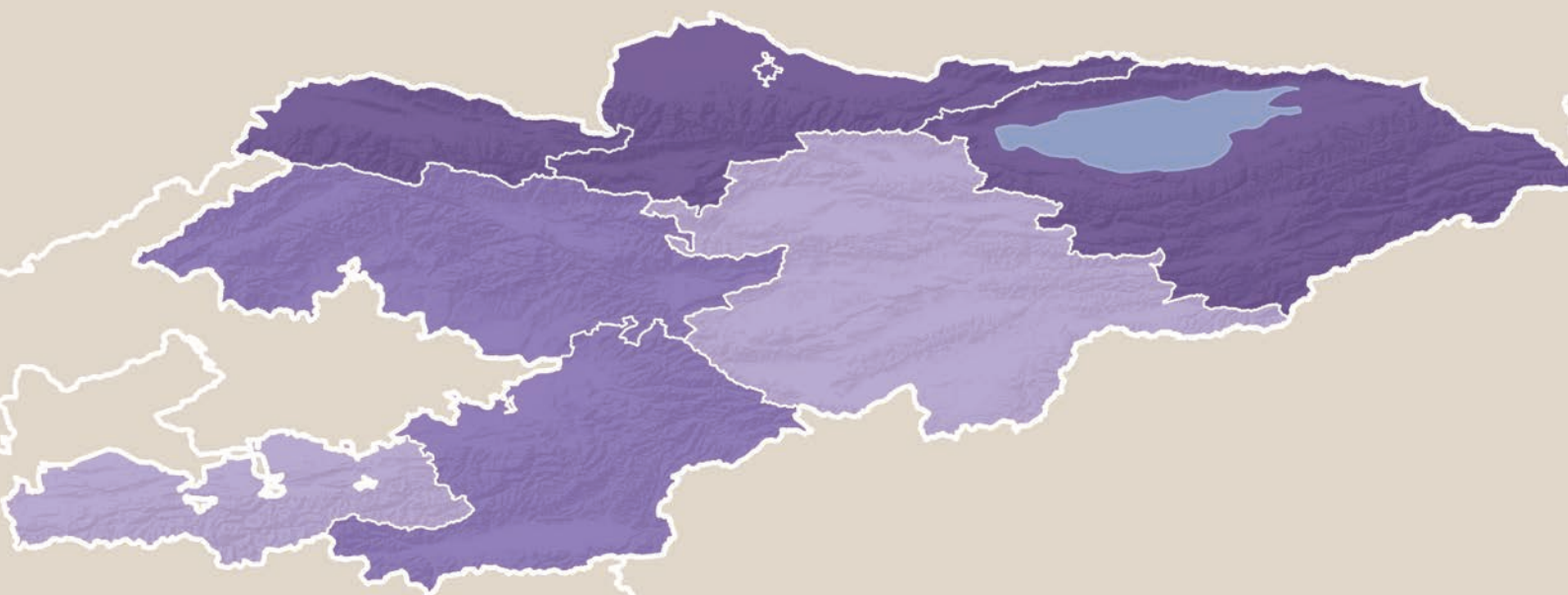


Kyrgyz Republic

2012 Demographic and Health Survey

Atlas of Key Indicators



This report summarizes the findings of the 2012 Kyrgyz Republic Demographic and Health Survey (KgDHS) conducted by National Statistical Committee of the Kyrgyz Republic and the Ministry of Health 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 Republic. The United Nations Population Fund (UNFPA) provided funding for printing. 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).

Recommended citation:

National Statistical Committee (Kyrgyz Republic), and ICF International, 2013. *2012 Kyrgyz Republic Demographic and Health Survey: Atlas of Key Indicators*. Bishkek, Kyrgyz Republic, and Calverton, Maryland, USA: National Statistical Committee (Kyrgyz Republic), and ICF International.



ABOUT THE 2012 KGDHS

The 2012 Kyrgyz Republic 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 second Demographic and Health Survey conducted in the Kyrgyz Republic; the first was conducted in 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?

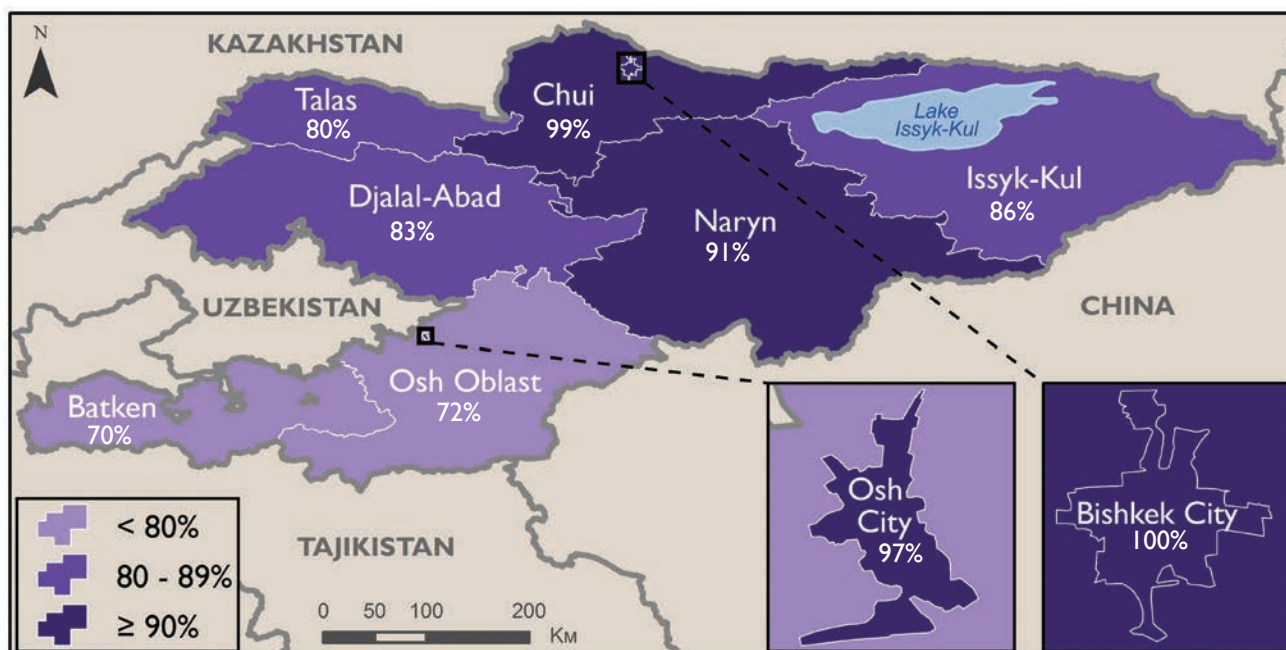
A nationally representative sample of 8,208 women age 15–49 were interviewed in all selected households and 2,413 men age 15–49 in one-third of selected households. This represents a response rate of 99% for women and 97% for men. This sample provides estimates for the Kyrgyz Republic as a whole, for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

2012 KgDHS Atlas

Maps allow for a visual interpretation of population and health indicators across regions. The health of women, men, and children is not consistent across all regions. Maps help to show where the patterns exist, which regions are making good progress towards better health and which regions require additional interventions.

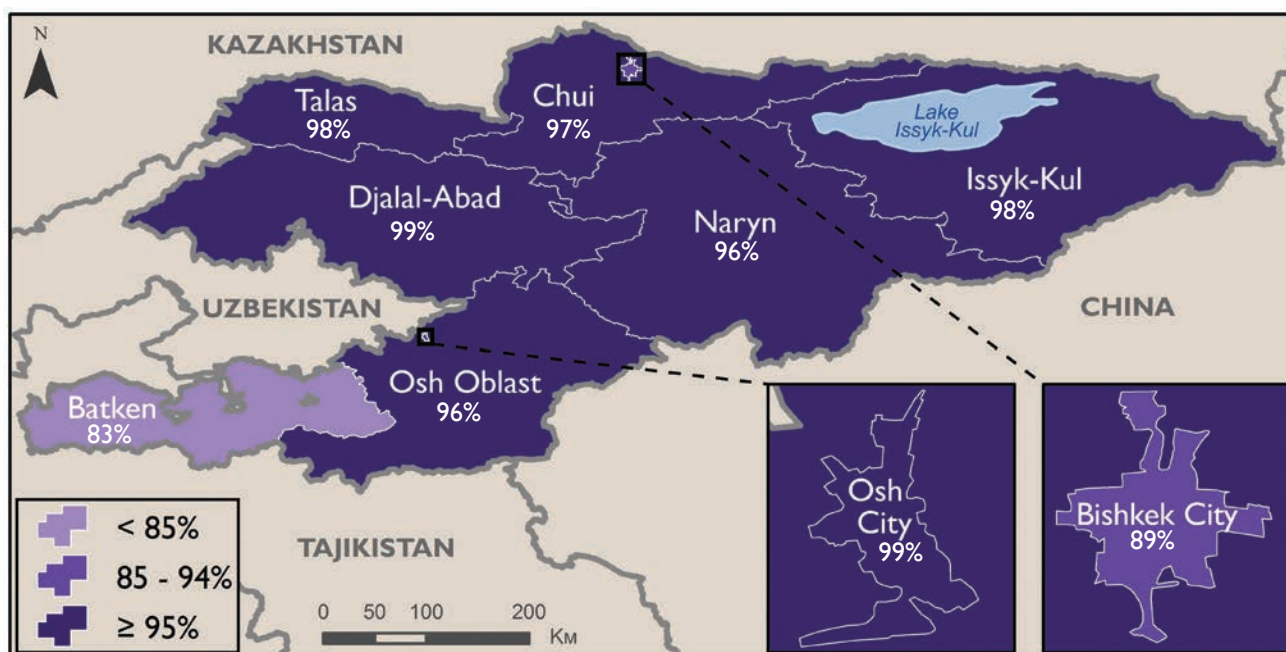


WATER AND SANITATION



Access to an Improved Water Source:

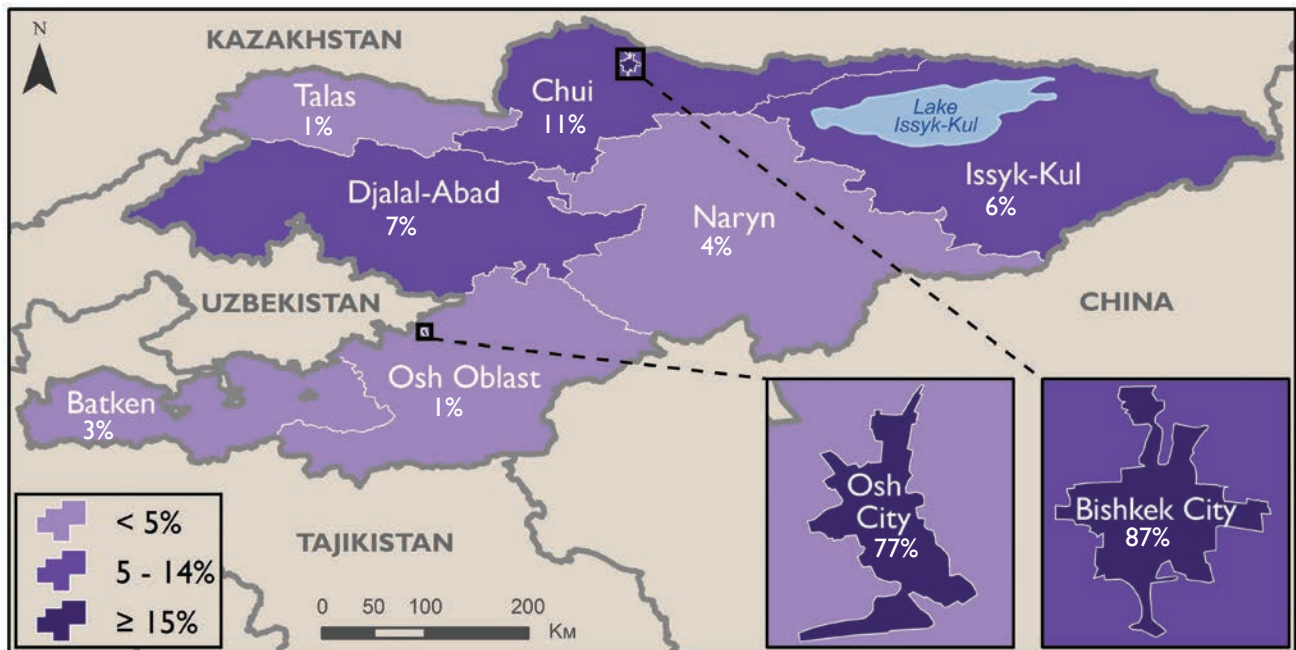
Overall, 86% of the population of the Kyrgyz Republic have access to an improved water source, such as piped water into the dwelling/yard or a public tap. Access to improved water varies by region, from 70% and 72% in Batken and Osh Oblast, respectively, to 100% in Bishkek City.



Sanitation Facilities

Almost all of the population of the Kyrgyz Republic (95%) have an improved, and not shared, toilet facility, such as a flush/pour system to the sewers, a VIP latrine, or a pit latrine to a slab. Access to improved sanitation is below 90% in Batken (83%) and Bishkek City (89%).

DISTRIBUTION OF WEALTH



Household Wealth

Wealth is not distributed evenly throughout the Kyrgyz Republic. Eighty-seven percent of Bishkek City's population is in the highest wealth quintile*. Talas and Osh Oblast are the poorest regions, with only 1% of their populations in the highest wealth quintile.



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* The Demographic and Health Surveys use a wealth index to compare relative wealth across households. Wealth is determined by scoring households based on a set of characteristics, including access to electricity and ownership of various consumer goods.

Households are then ranked, from lowest score to highest score. This list is then separated into 5 equal pieces (or quintiles) each representing 20% of the population.

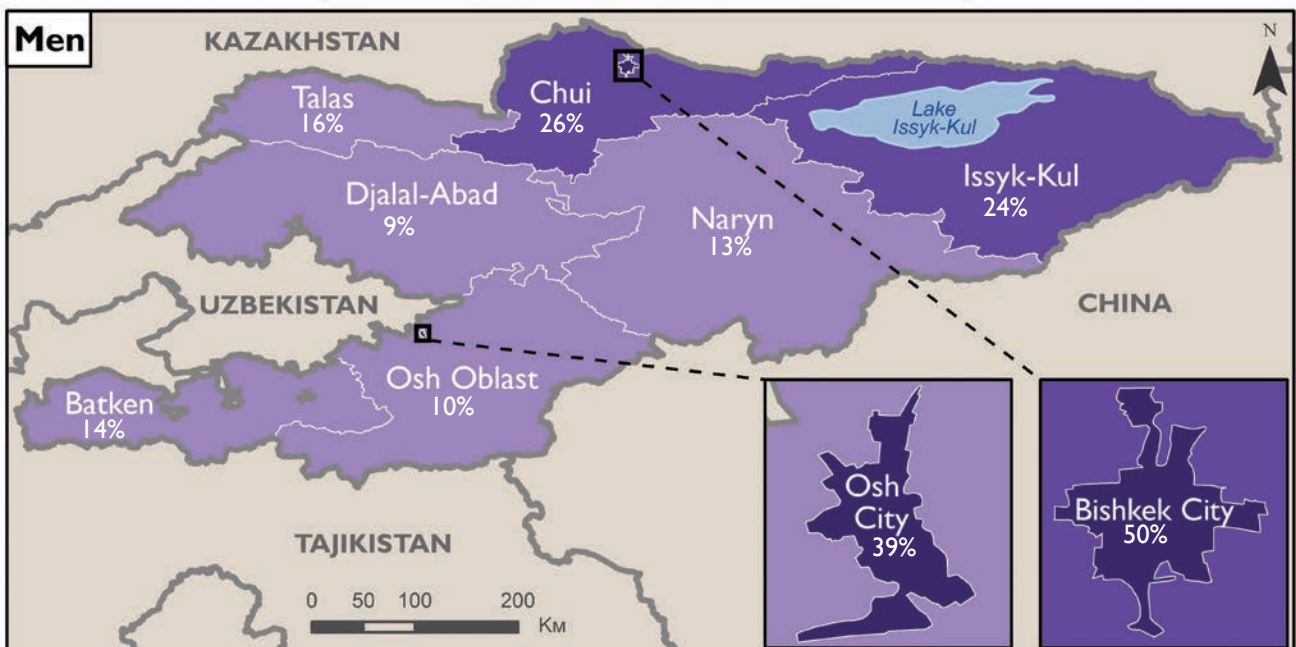
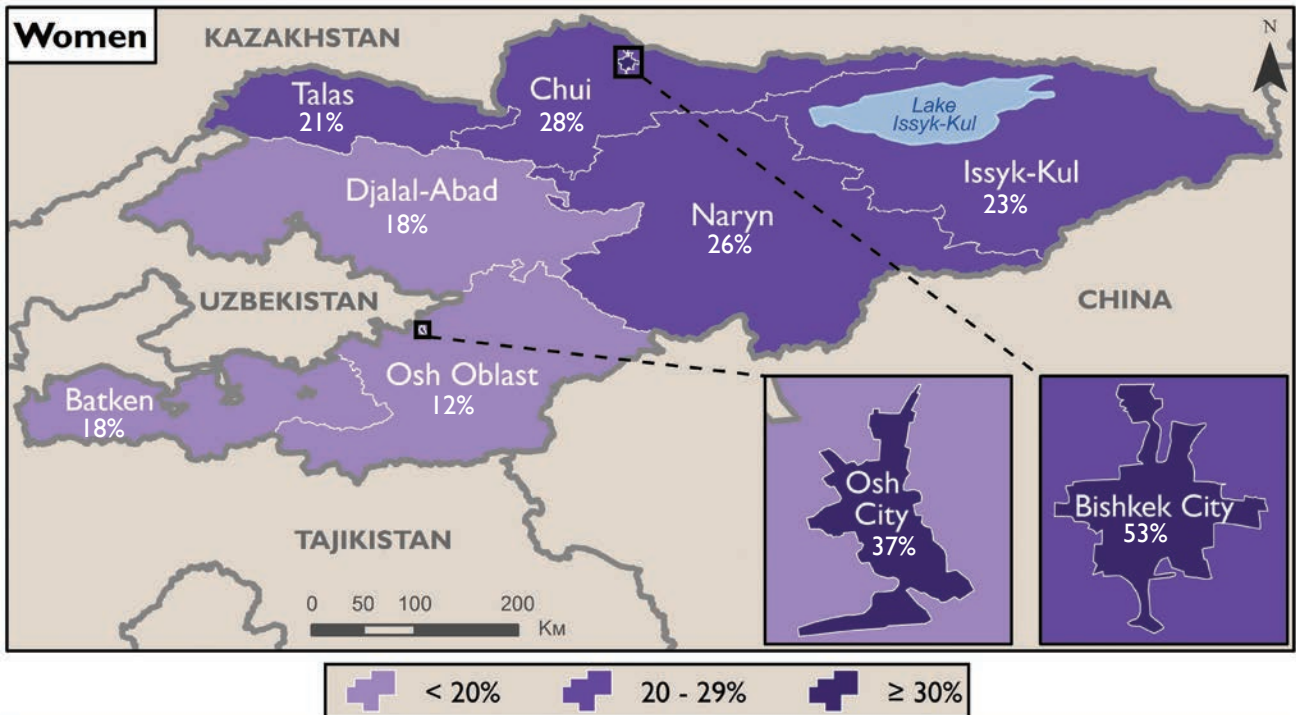
Therefore, those in the highest quintile may not be "rich" but they are of higher socioeconomic status than 80% of the country.

Frequently, a larger proportion of the wealthiest households are located in urban centers, while a larger proportion of the poorest households are located in rural areas.

EDUCATION

Women's Higher Education

Nationally, women have completed almost 11 years of education. Just over one-quarter (27%) of women have attended higher education. More than half of women in Bishkek City have attended higher education compared to less than 20% of women in Djalal-Abad, Batken, and Osh Oblast.



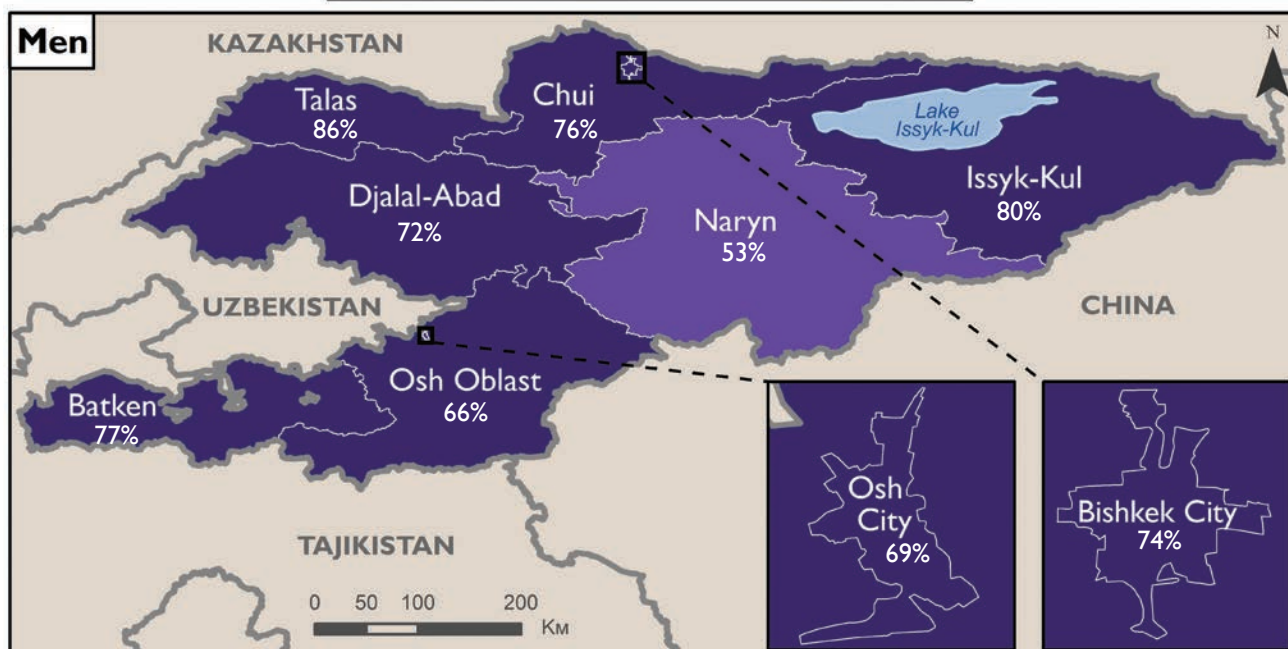
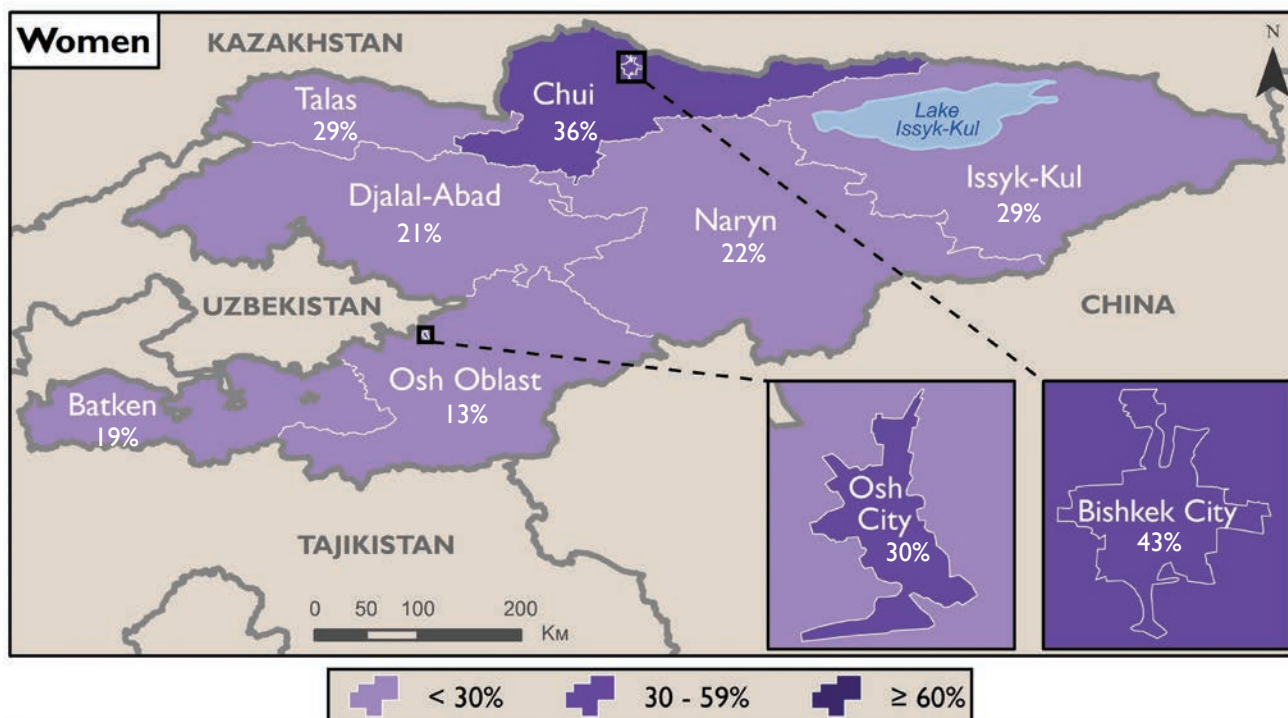
Men's Higher Education

Nationally, men have completed about almost 11 years of education. Only 22% of men have attended higher education. The men in Bishkek City and Osh City are the most educated, while those in Djalal-Abad and Osh Oblast are least likely to have attended higher education.

EMPLOYMENT

Women's Employment

Just over one-quarter of women in the Kyrgyz Republic were employed at the time of the 2012 KgDHS, meaning that they had worked in the past seven days. Women's employment is highest in Bishkek City (43%) and lowest in Osh Oblast (13%).



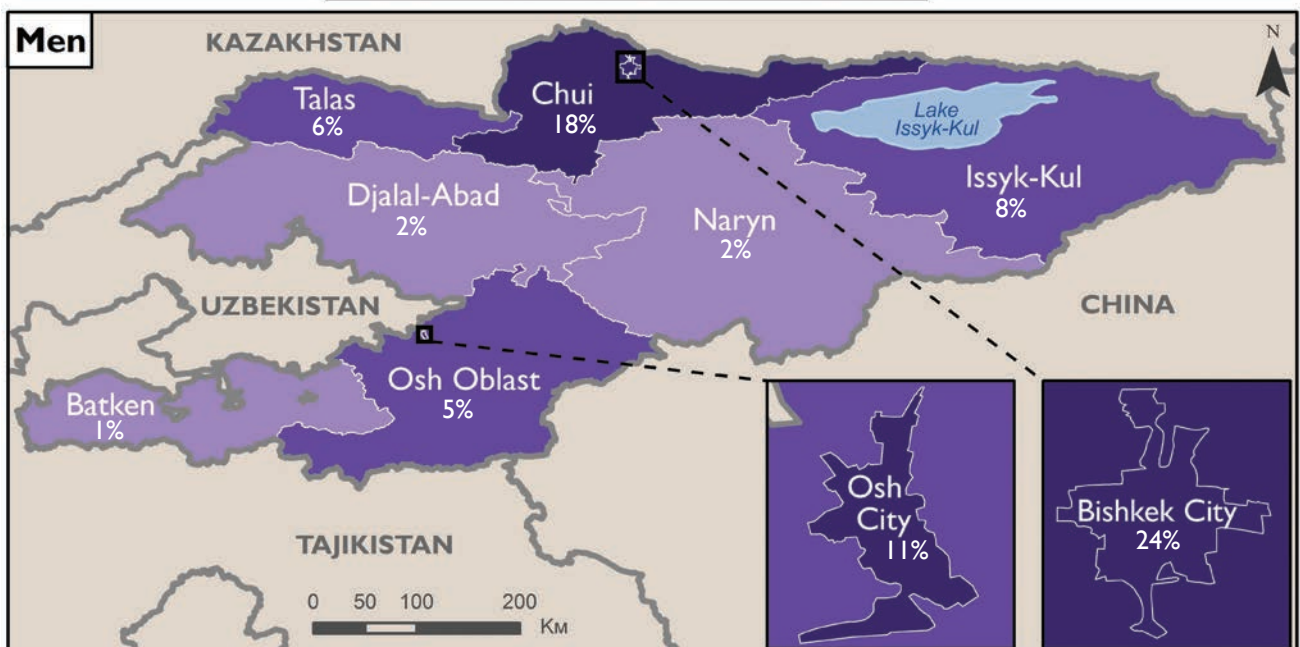
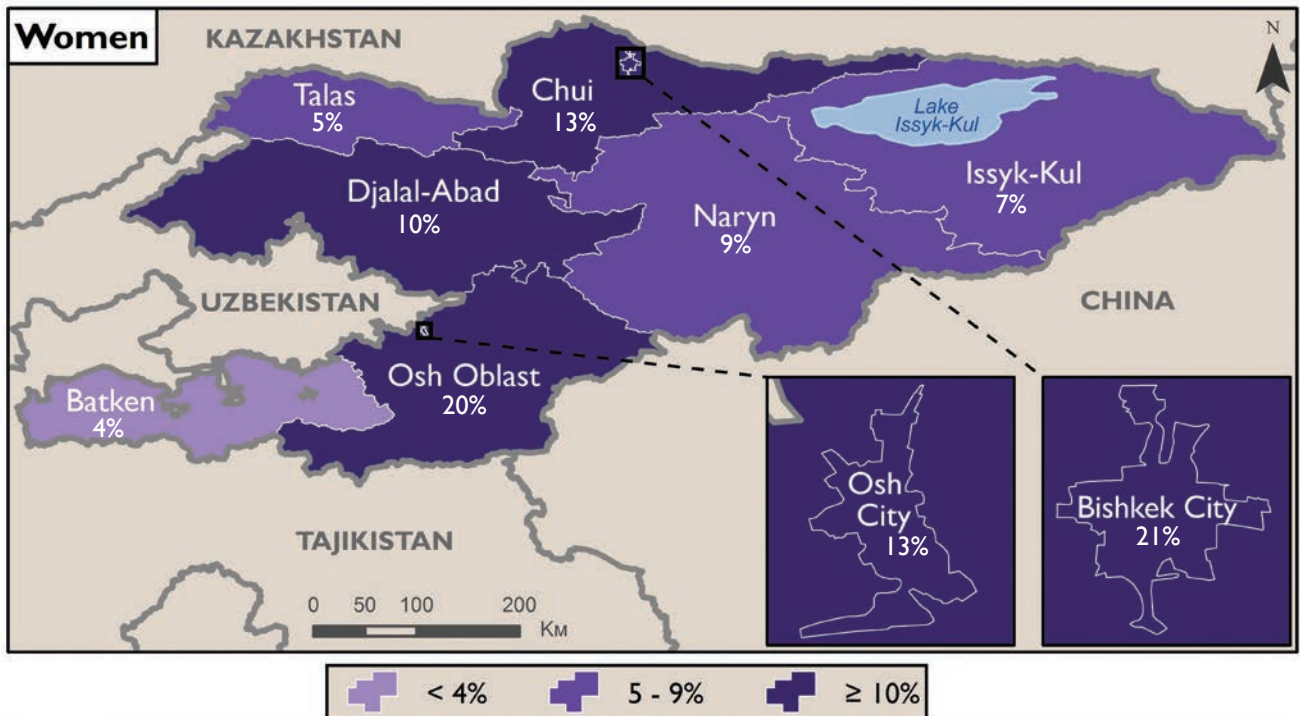
Men's Employment

Almost three-quarters of men in the Kyrgyz Republic were employed at the time of the 2012 KgDHS, meaning that they had worked in the past seven days. Men in Talas and Issyk-Kul are most likely to be employed (86% and 80%, respectively), while men living in Naryn are least likely to be employed (53%).

HEALTH INSURANCE

Women: No Health Insurance

Nationally, 86% of women age 15-49 have health insurance; 14% report having no health insurance. One in five women in Bishkek City and Osh Oblast have no health insurance, compared to only 4% of women in Batken.



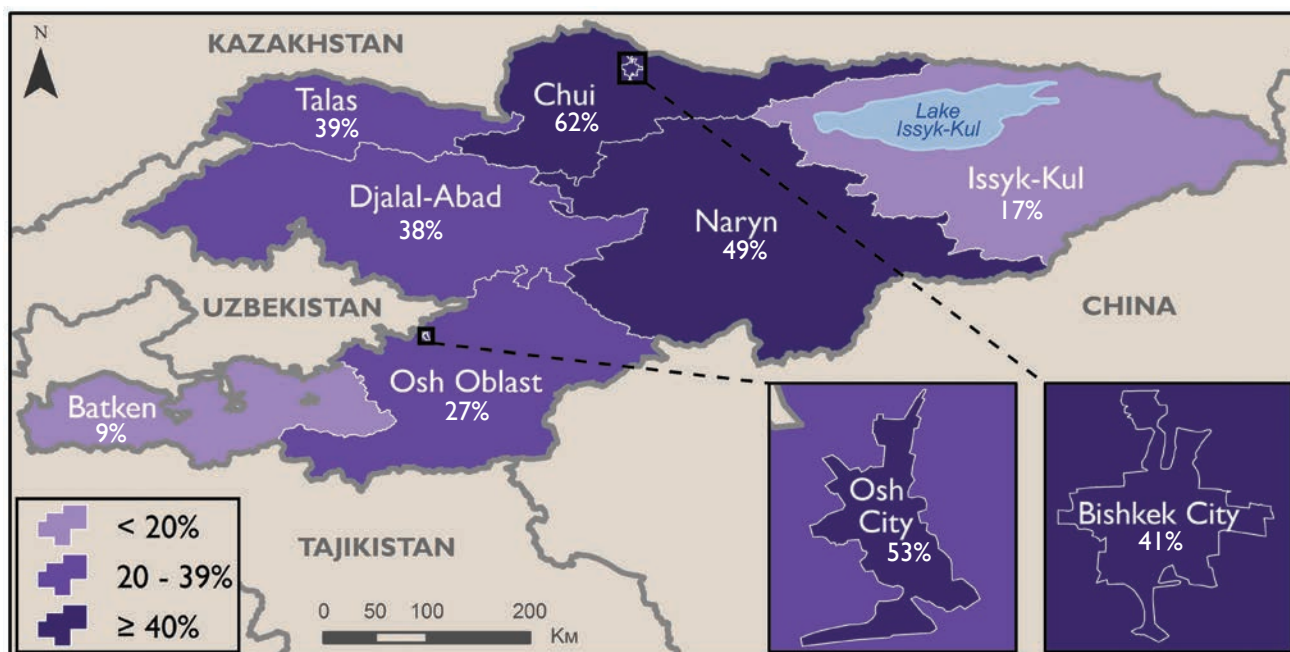
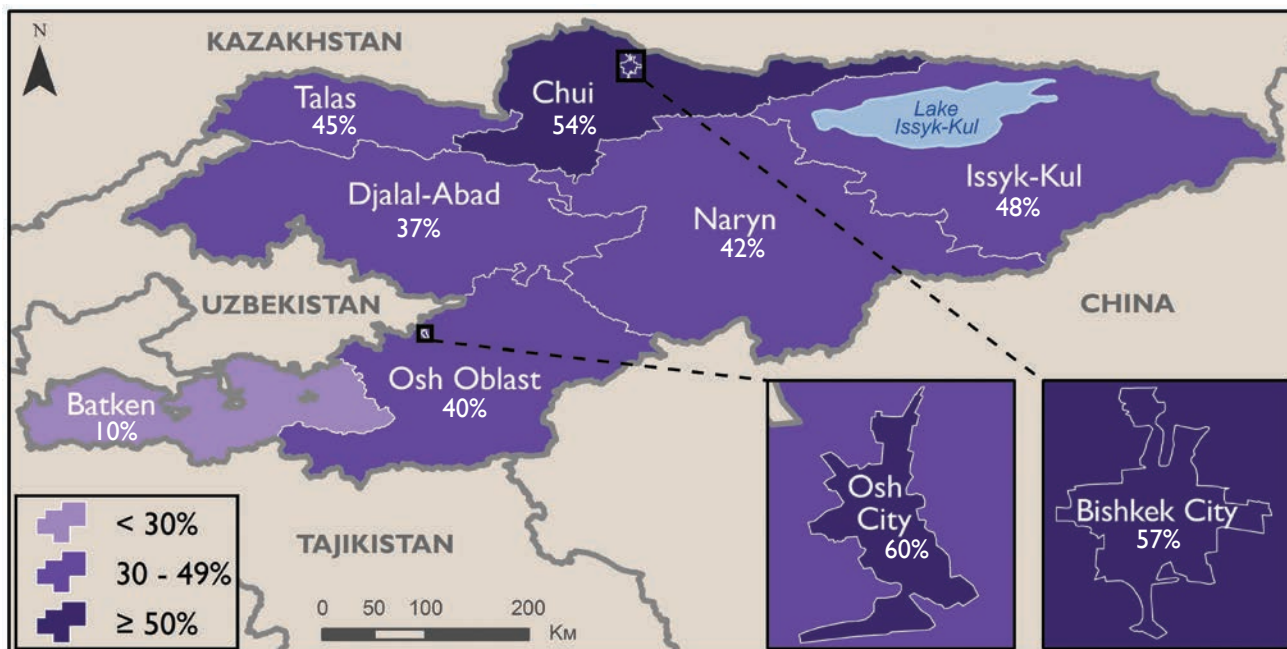
Men: No Health Insurance

Nationally, 90% of men have health insurance and 10% report having no health insurance. Men living in Bishkek City and Chui are least likely to have health insurance (24% and 18% with no insurance, respectively).

SMOKING AND ALCOHOL USE AMONG MEN

Men's Cigarette Smoking

Nationally, 44% of men age 15-49 smoke cigarettes. More than half of men in Osh City, Bishkek City, and Chui smoke cigarettes, compared to only 10% of men in Batken.



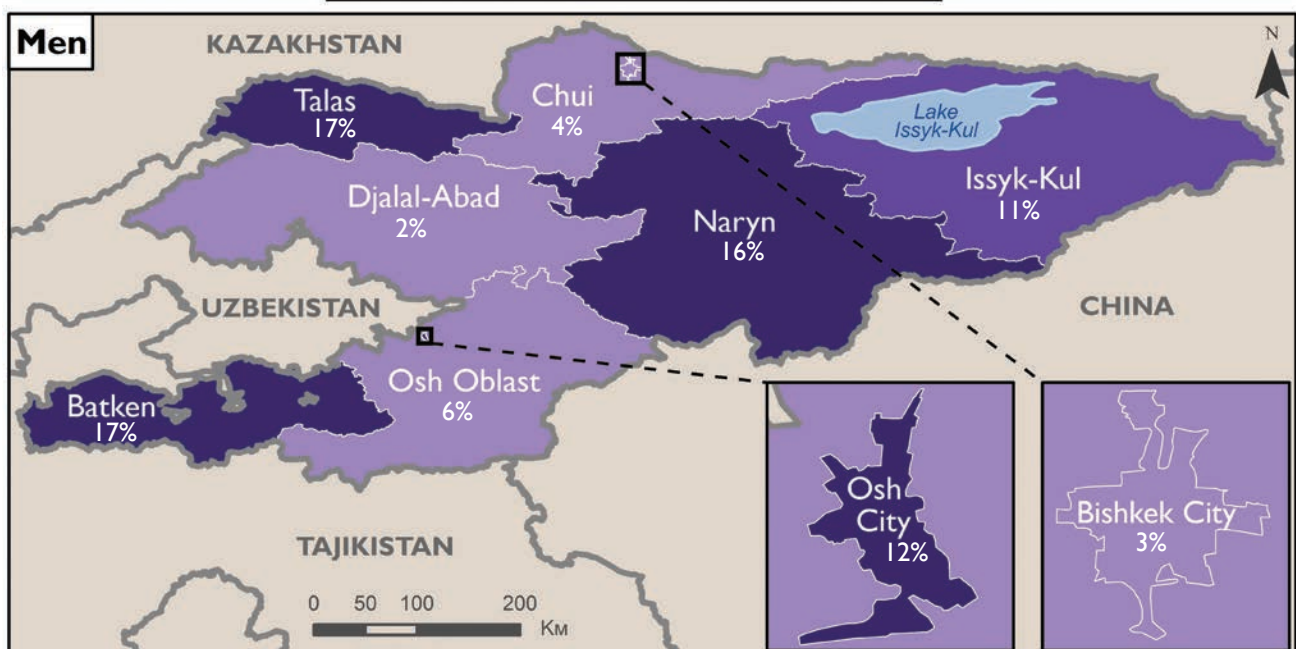
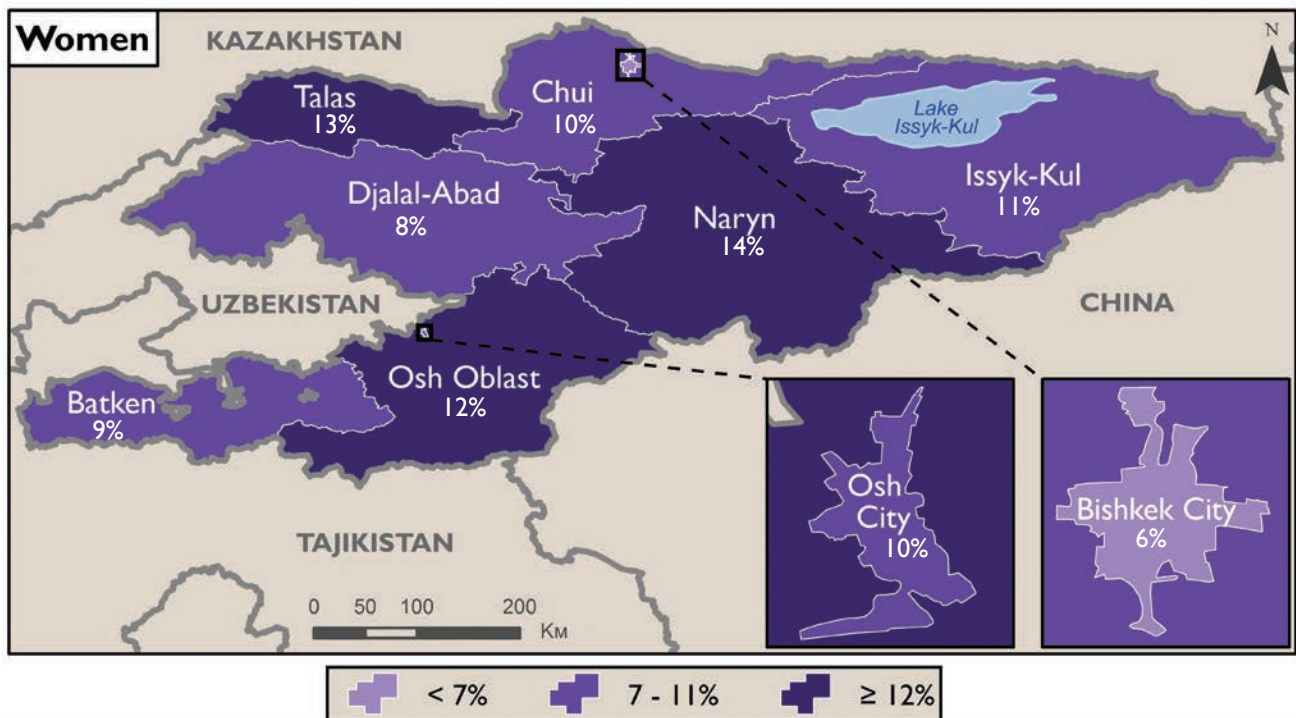
Men's Use of Alcohol

Just over one-third of men age 15-49 in the Kyrgyz Republic report having had at least one alcoholic drink in the month before the survey. Alcohol drinking is most common in Chui, where 62% of men report having had at least one drink in the past month. Men in Batken are least likely to report having had an alcoholic drink in the past month (9%).

HYPERTENSION

Women's Hypertension

Nationally, 10% of women age 15-49 have hypertension (blood pressure $\geq 140/90$ mmHg or currently taking antihypertensive medication), according to the 2012 KgDHS. Hypertension among women is most common in Naryn (14%) and least common in Bishkek City (6%).



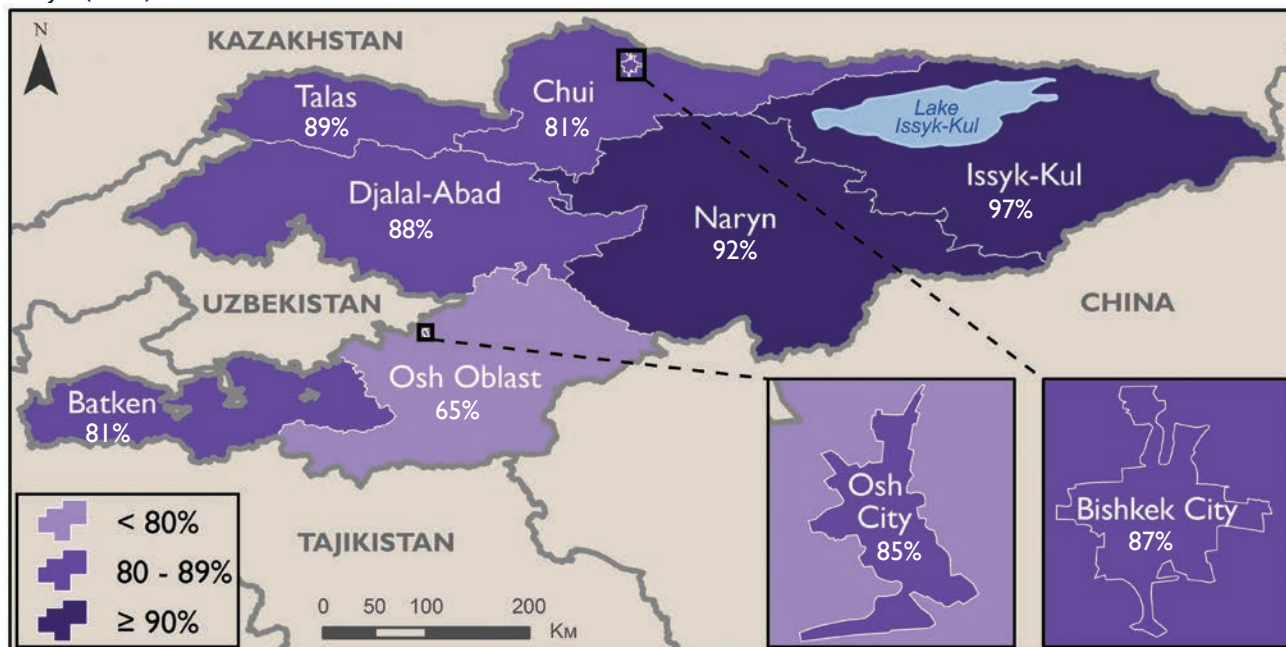
Men's Hypertension

Hypertension (blood pressure $\geq 140/90$ mmHg or currently taking antihypertensive medication) is less common among men in the Kyrgyz Republic: only 7% of men age 15-49 have high blood pressure according to the 2012 KgDHS. However, there are more dramatic regional differences for men: only 2% of men in Djalal-Abad have high blood pressure, while more than 15% of men in Naryn, Talas, and Batken have high blood pressure.

TUBERCULOSIS KNOWLEDGE

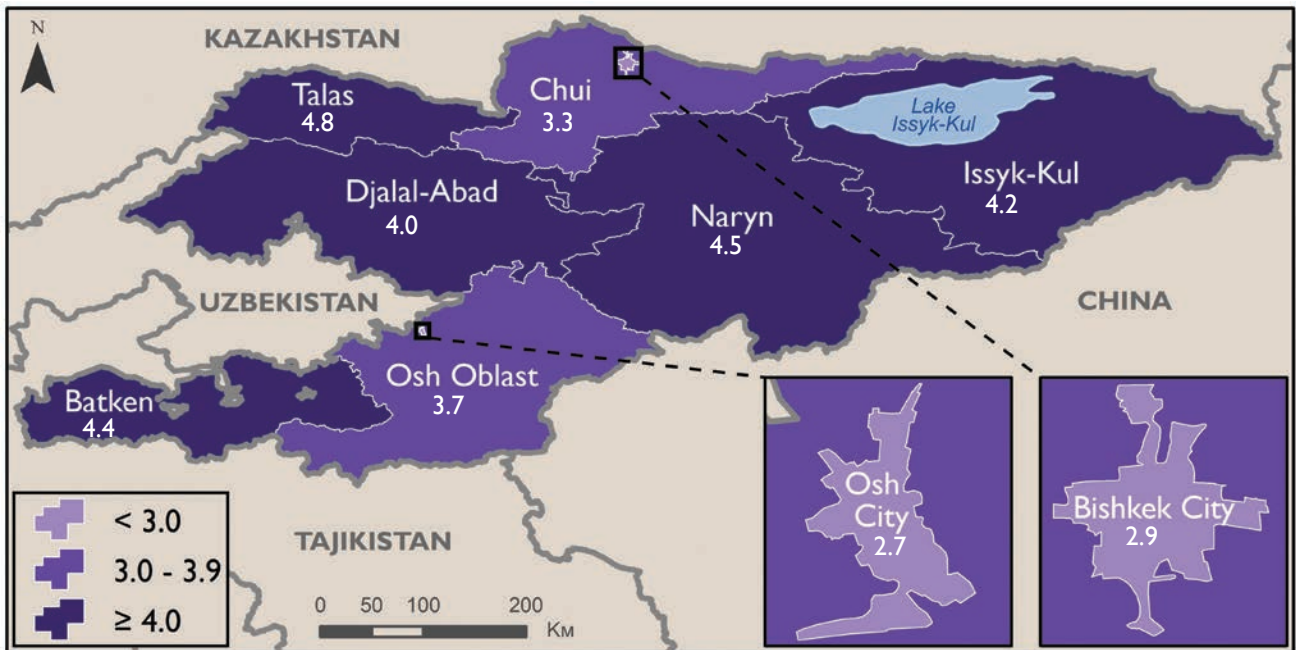
Women's Knowledge of Tuberculosis (TB) Transmission

More than 8 in 10 (82%) women in the Kyrgyz Republic age 15-49 who have heard of tuberculosis (TB) know that (TB) is spread through the air when an infected person coughs or sneezes. Knowledge of TB transmission ranges from a low of only 65% of women in Osh Oblast to over 90% in Issyk Kul (97%) and Naryn (92%).



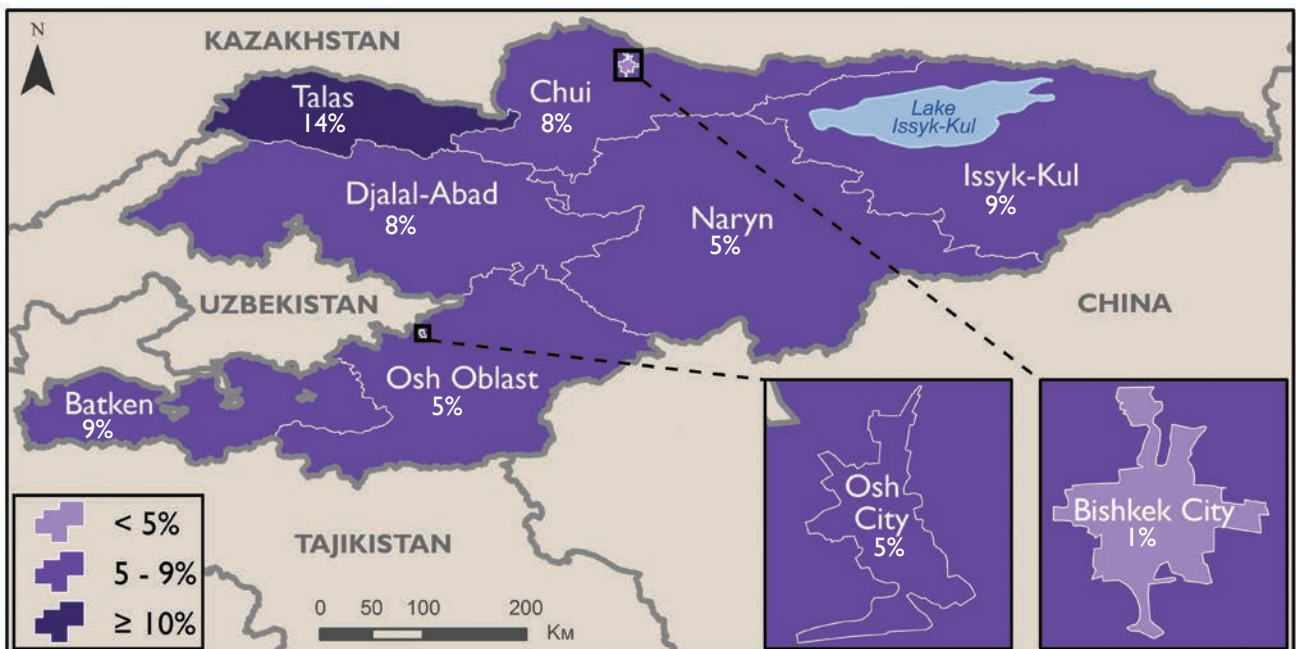
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FERTILITY



Total Fertility Rate

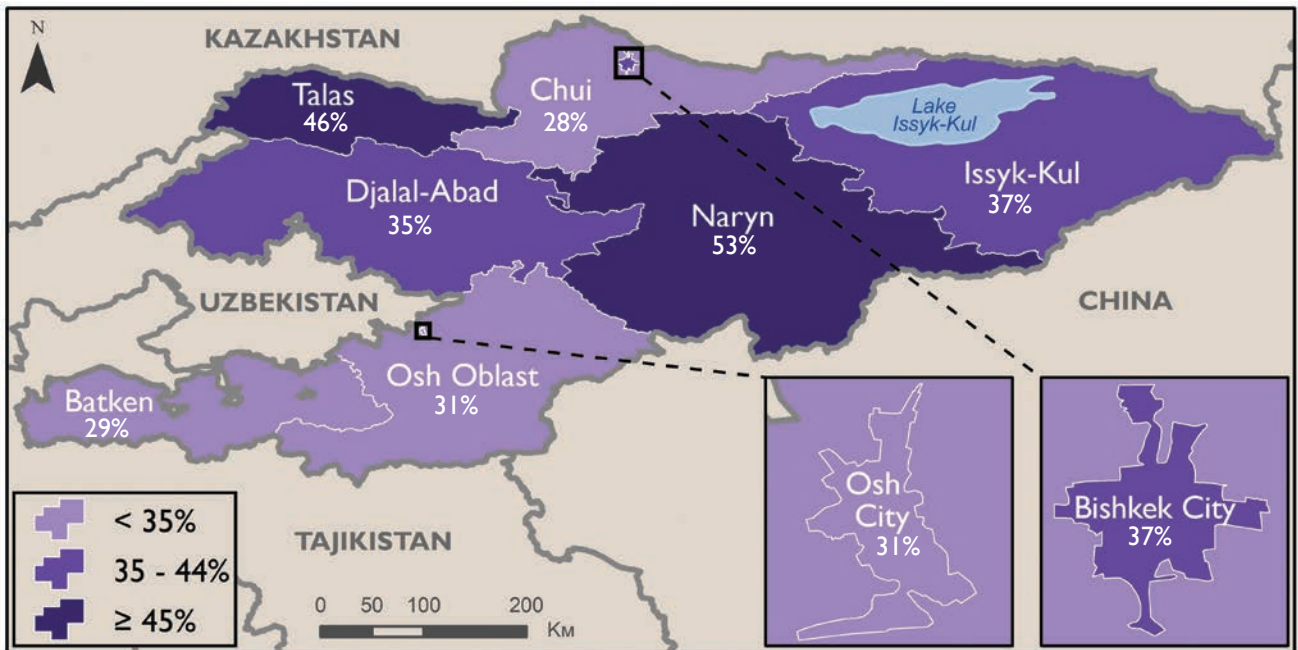
Women in the Kyrgyz Republic have an average of 3.6 children. Women in Bishkek City and Osh City have the fewest children, on average (2.9 and 2.7, respectively), while women in Talas have the most children (4.8).



Teenage Childbearing

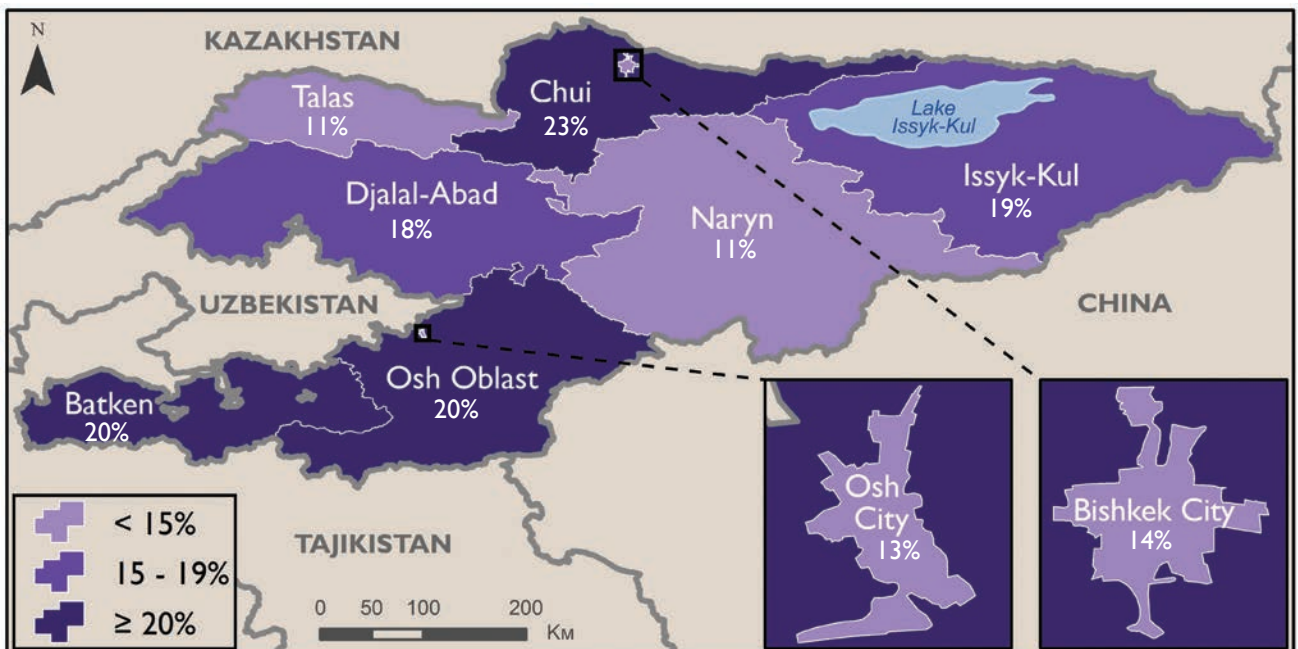
Nationally, 6% of young women age 15-19 were already mothers or were pregnant at the time of the 2012 KgDHS. Teenage childbearing is most common in Talas (14%) and least common in Bishkek City (1%).

FAMILY PLANNING



Use of Modern Methods

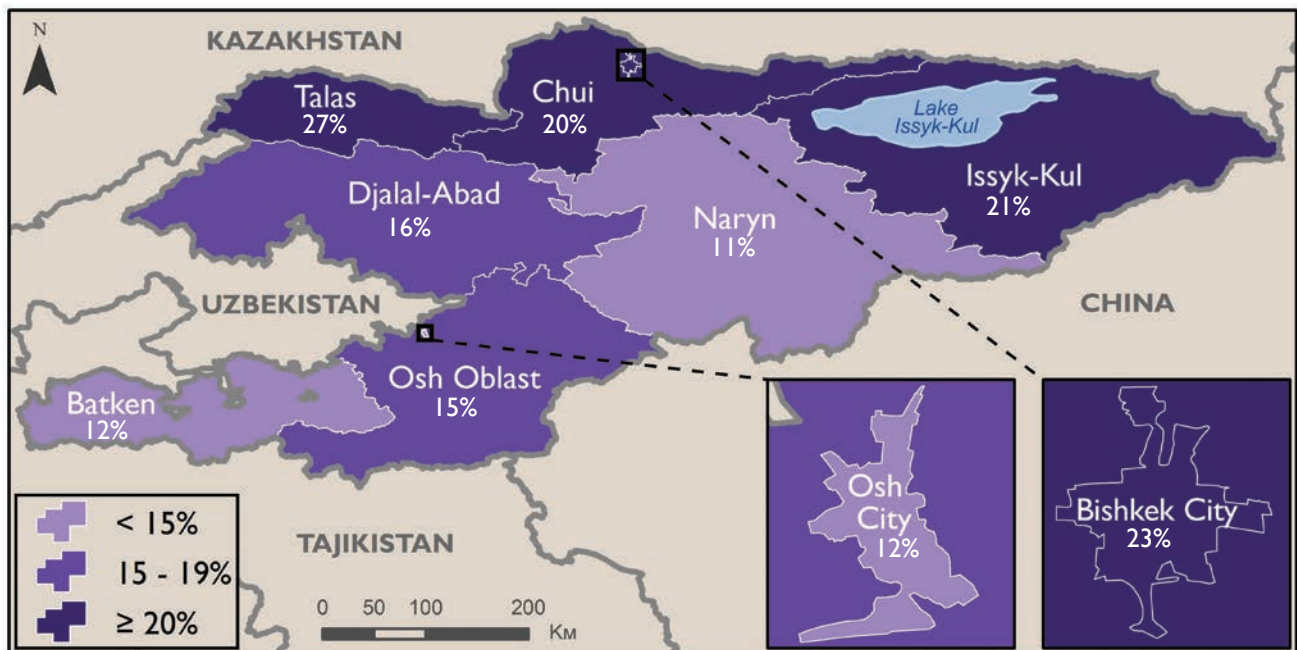
One-third of married women in the Kyrgyz Republic are using a modern method of family planning such as the IUD, pill, injectable, female sterilization, or male condom. Use of modern methods is highest in Naryn (53%) and Talas (46%) and lowest in Chui (28%).



Unmet Need for Family Planning

Women who want no more children or want to wait at least two years before their next birth but who are not using family planning are said to have an unmet need for family planning. Nationally, 18% of married women have an unmet need for family planning. Unmet need is highest in Chui (23%) and lowest in Naryn and Talas (11% each).

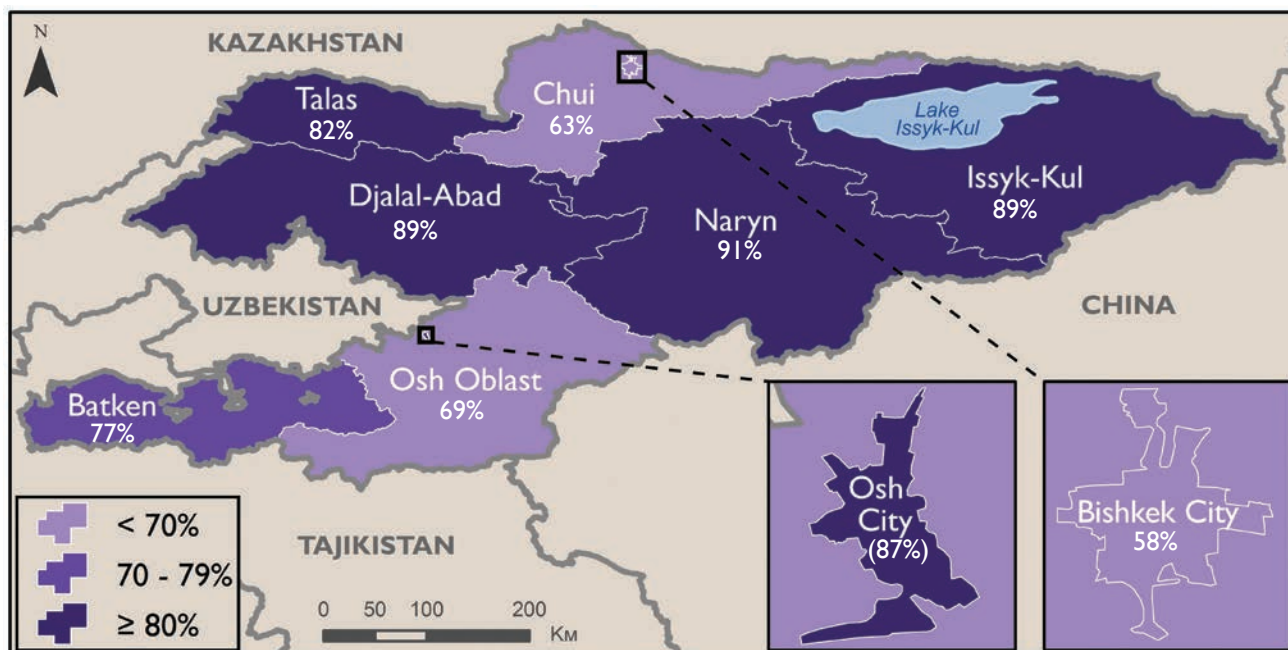
ABORTION



Lifetime Experience with Abortion

Eighteen percent of women in the Kyrgyz Republic age 15-49 have had an induced abortion. This varies by region, from 11% of women in Naryn to 27% of women in Talas.

CHILD HEALTH



Vaccination Coverage

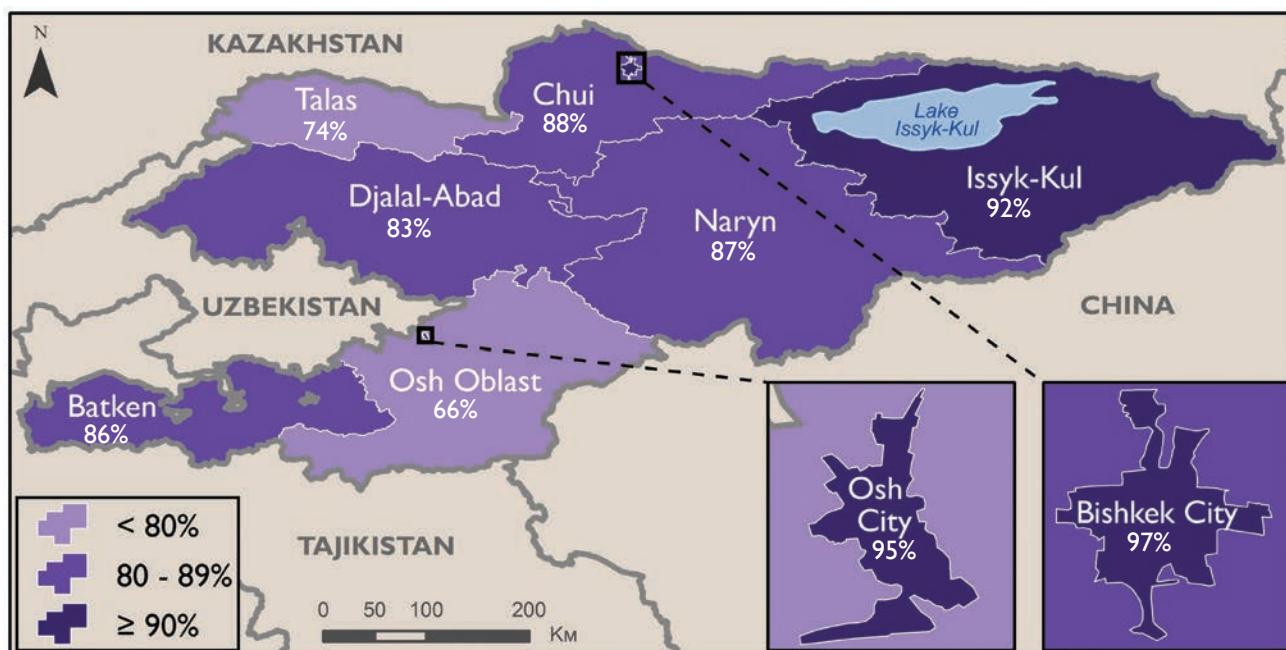
Nationally, three-quarters of children age 18-29 months have received all basic vaccinations (BCG, measles or MR, and 3 doses each of DPT/Pentavalent and polio vaccine). Vaccination coverage is over 90% in Naryn, and under 70% in Bishkek City, Osh Oblast, and Chui.

Figures in parentheses are based on 25-49 unweighted cases



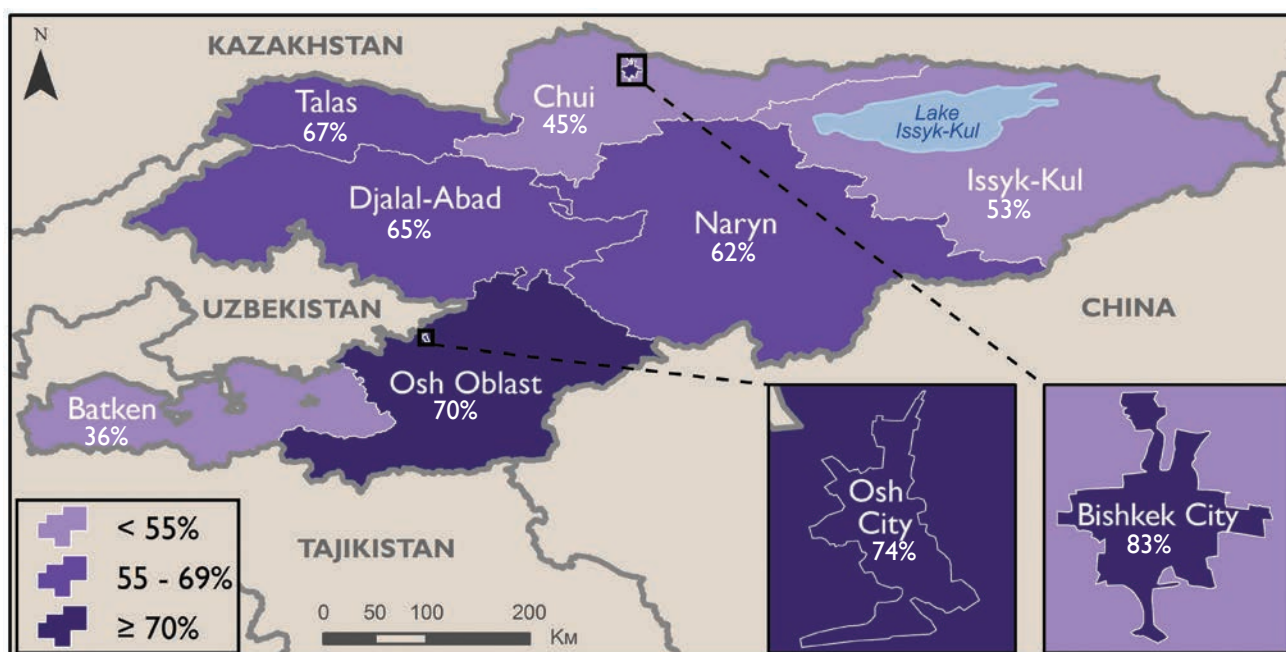
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MATERNAL HEALTH: ANTENATAL CARE



Antenatal Care: 4+ Visits

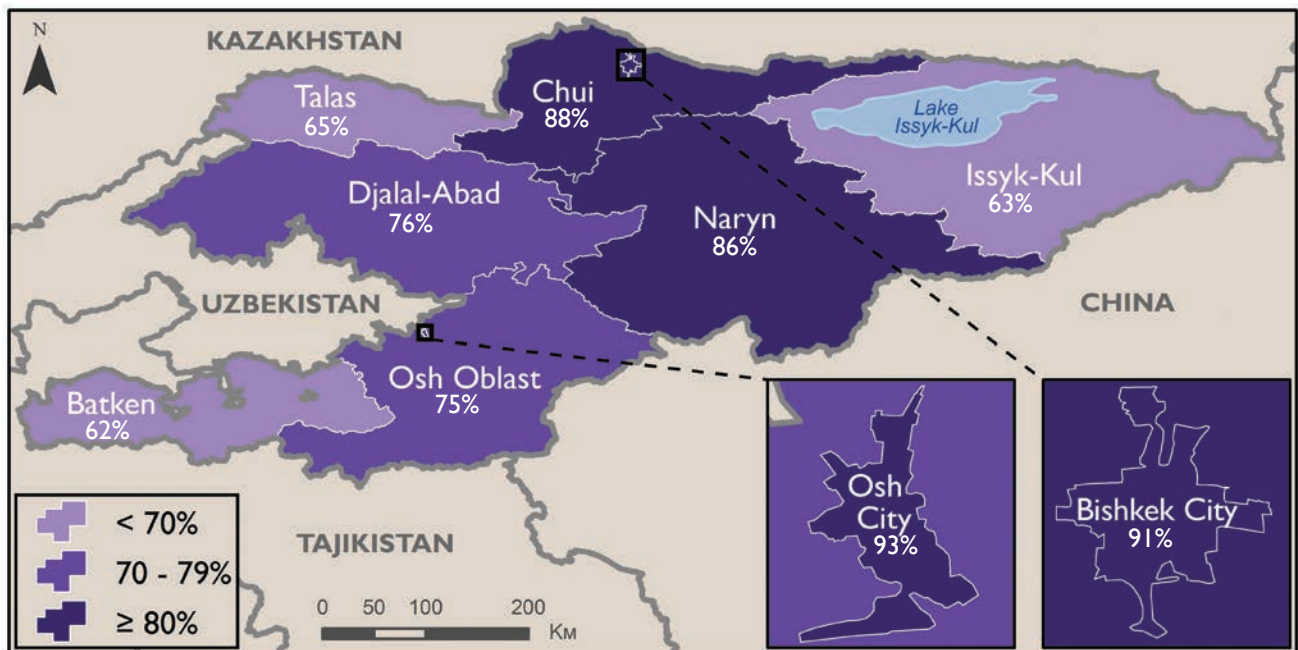
Overall, 97% of women in the Kyrgyz Republic with a live birth in the five years before the survey received antenatal (ANC) care from a skilled provider. The majority (84%) of women receive at least four antenatal care (ANC) visits during their pregnancy, as recommended. Women in Osh Oblast are least likely to receive 4 or more visits (66%) compared to more than 90% of women in Issyk-Kul (92%), Osh City (95%), and Bishkek City (97%).



Information on Pregnancy Complications

Among women who received ANC for their last birth, 62% reported that they were told about signs of pregnancy complications. Women in Bishkek City were most likely to receive this information (83%) while less than half of women in Batken (36%) and Chui (45%) were told about pregnancy complications.

DELIVERY ASSISTANCE



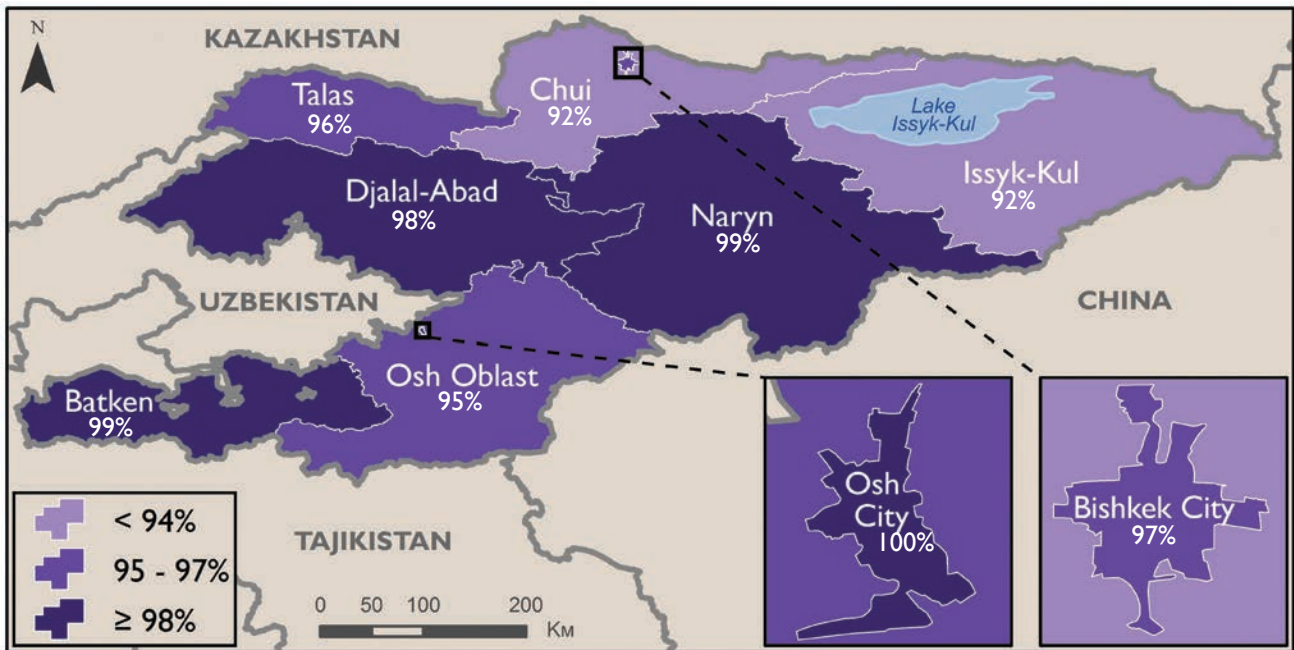
Delivery by a Doctor

Nationally, 99% of births are delivered by a skilled provider (doctor, nurse, midwife, or feldsher) and 77% of births are delivered by a doctor. Delivery by a doctor ranges from only 62% in Batken to over 90% in Osh City and Bishkek City.



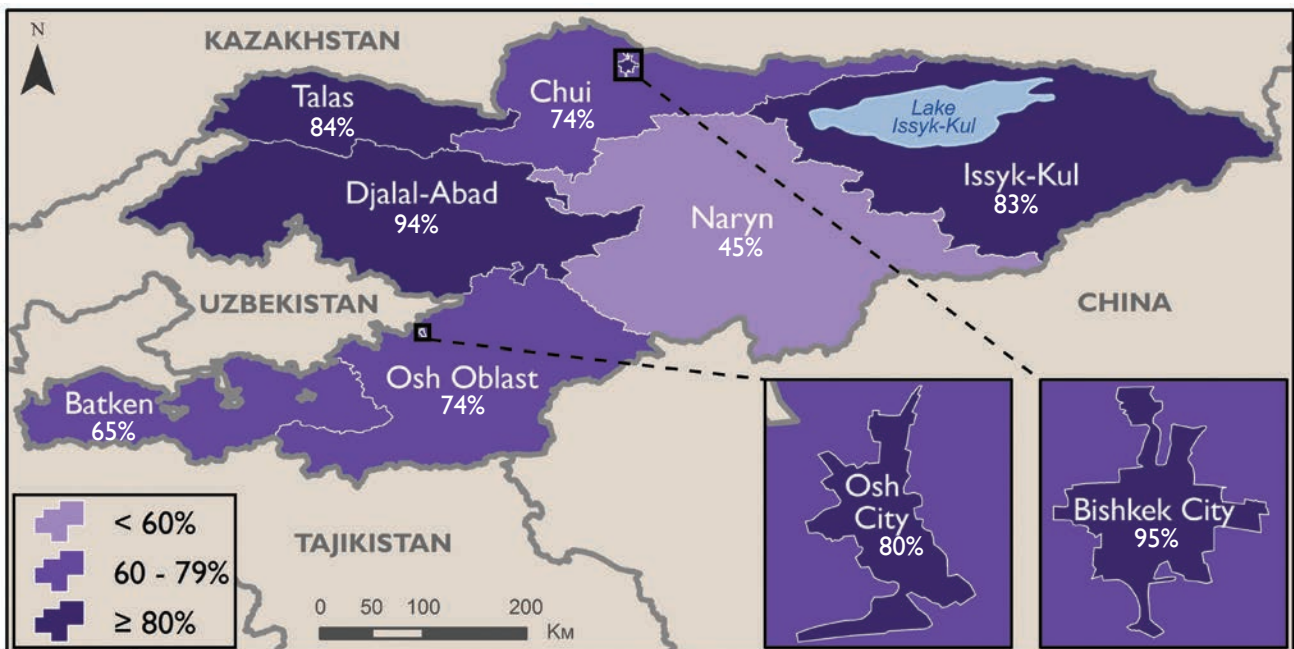
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POSTNATAL CARE



Postnatal Care for Mother

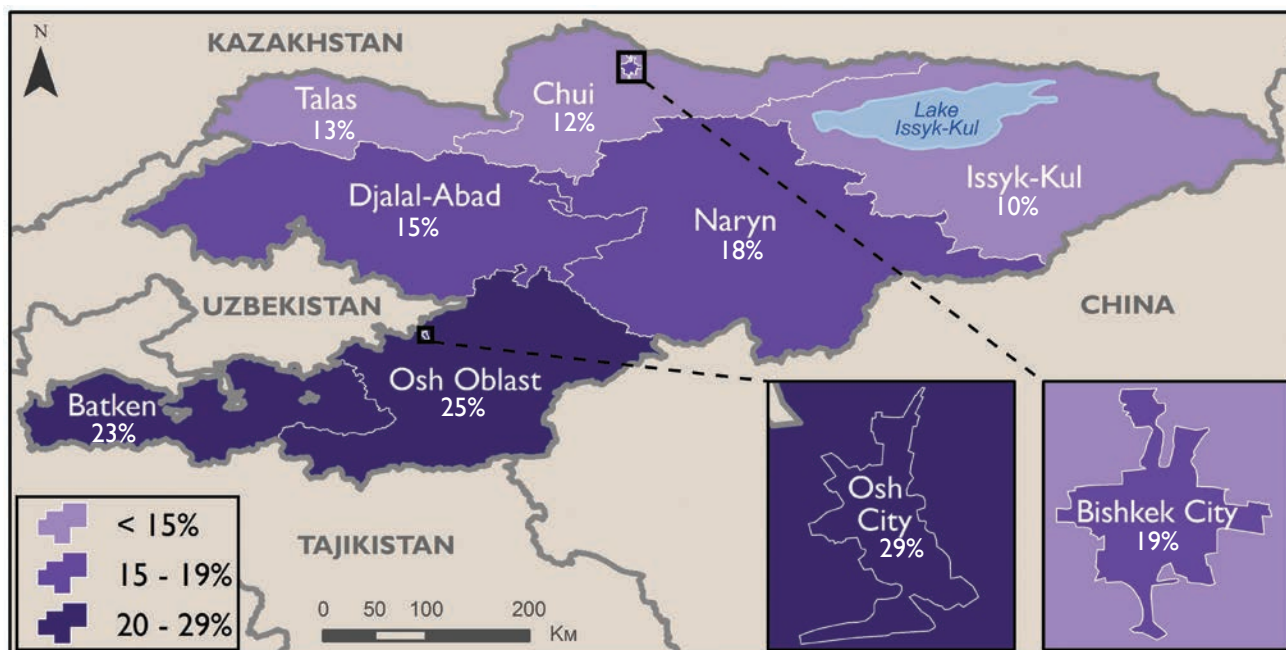
Almost all women in the Kyrgyz Republic receive postnatal care within two days of birth. Timely postnatal care for women is least common in Issyk-Kul and Chui (92% each) and most common in Osh City (more than 99%).



Postnatal Care for Newborn

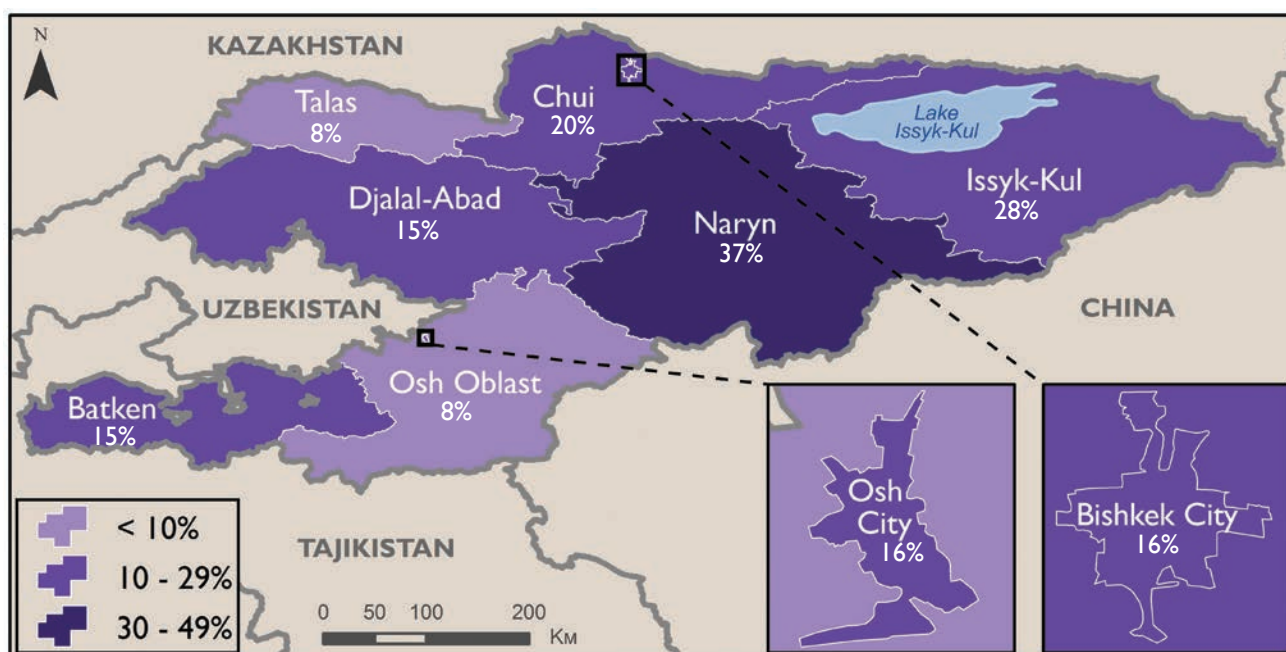
Postnatal care for the newborn is less common; only 80% of newborns received a postnatal checkup within two days of birth. Postnatal care for the newborn is especially uncommon in Naryn (45%), while 94% of newborns in Djalal-Abad receive a checkup in their first two days of life.

CHILDREN'S NUTRITION



Children's Stunting

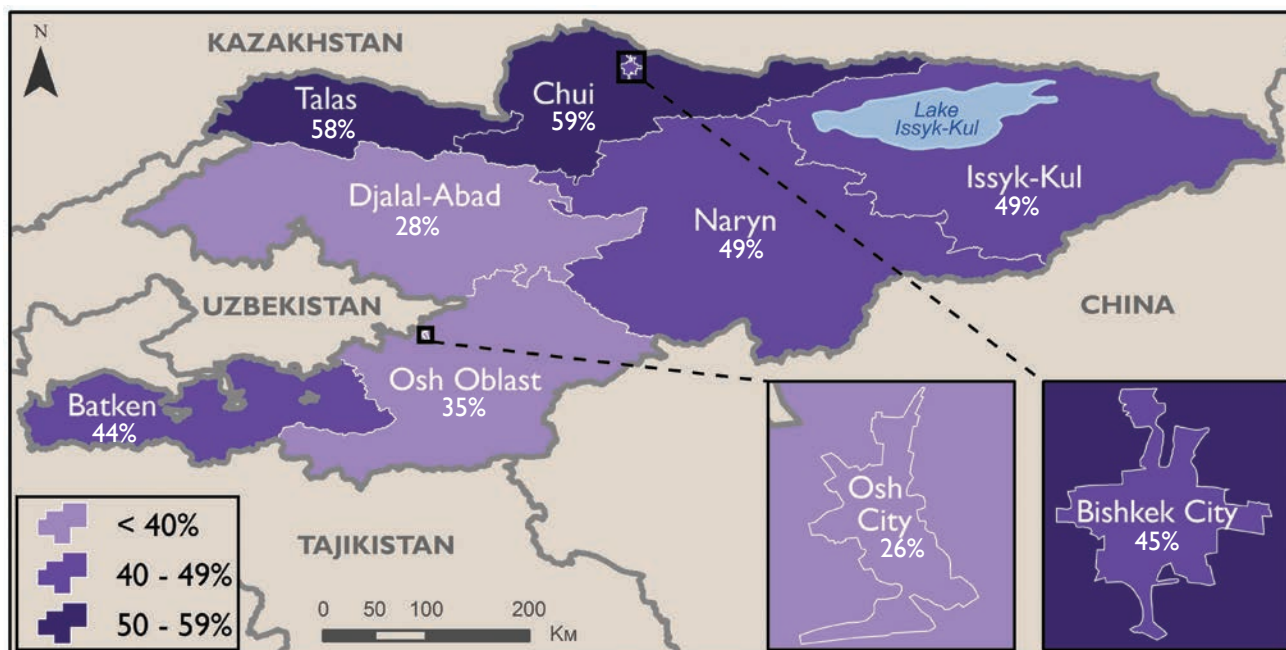
Overall, 18% of children under age five in the Kyrgyz Republic are stunted, or too short for their age. This is a sign of chronic malnutrition. Stunting ranges from 10% of children in Issyk-Kul to 29% of children in Osh City.



Infant and Young Children Feeding (IYCF) Practices

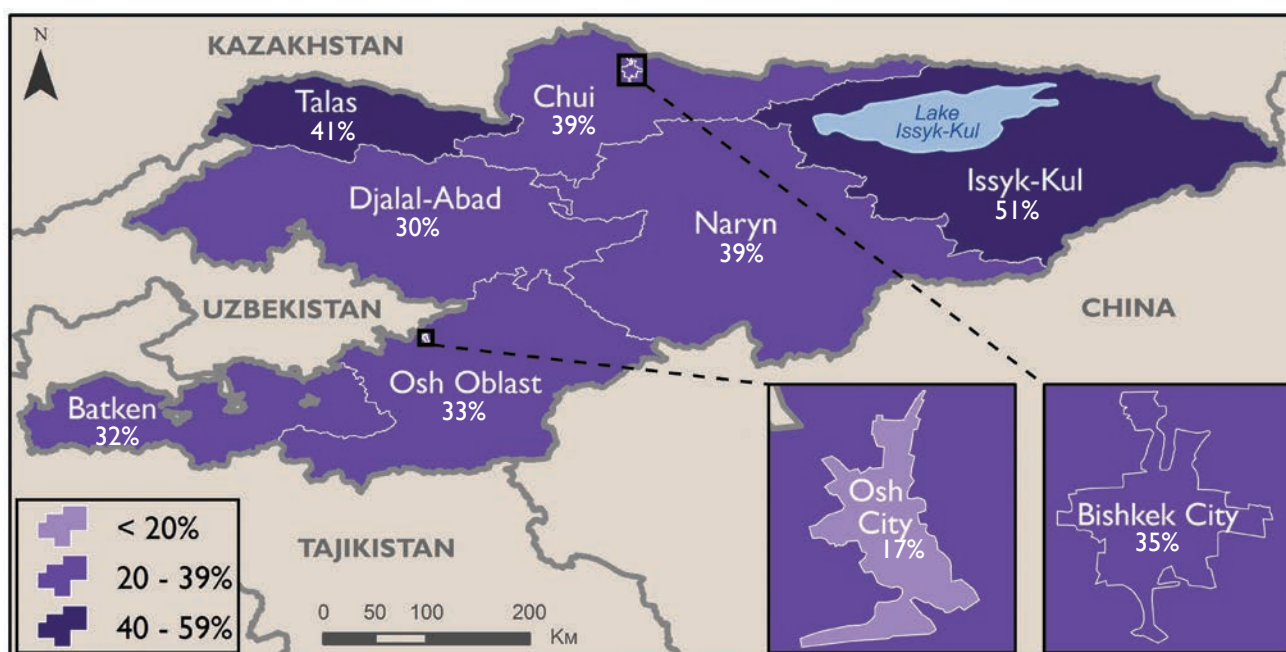
The World Health Organization recommends that children age 6-23 months be fed breastmilk or milk products, 4+ food groups, and a minimum number of times per day based on their age and breastfeeding status. In the Kyrgyz Republic, only 16% of children age 6-23 months are fed with all three IYCF practices. IYCF practices are least common in Talas and Osh Oblast (8% each) and most common in Naryn (37%).

ANEMIA



Anemia*: Children

Nationally, more than 4 in 10 children age 6-59 months have anemia, or low hemoglobin levels. Anemia in children is especially high in Chui (59%) and Talas (58%), while only 26% of children in Osh City are anemic.

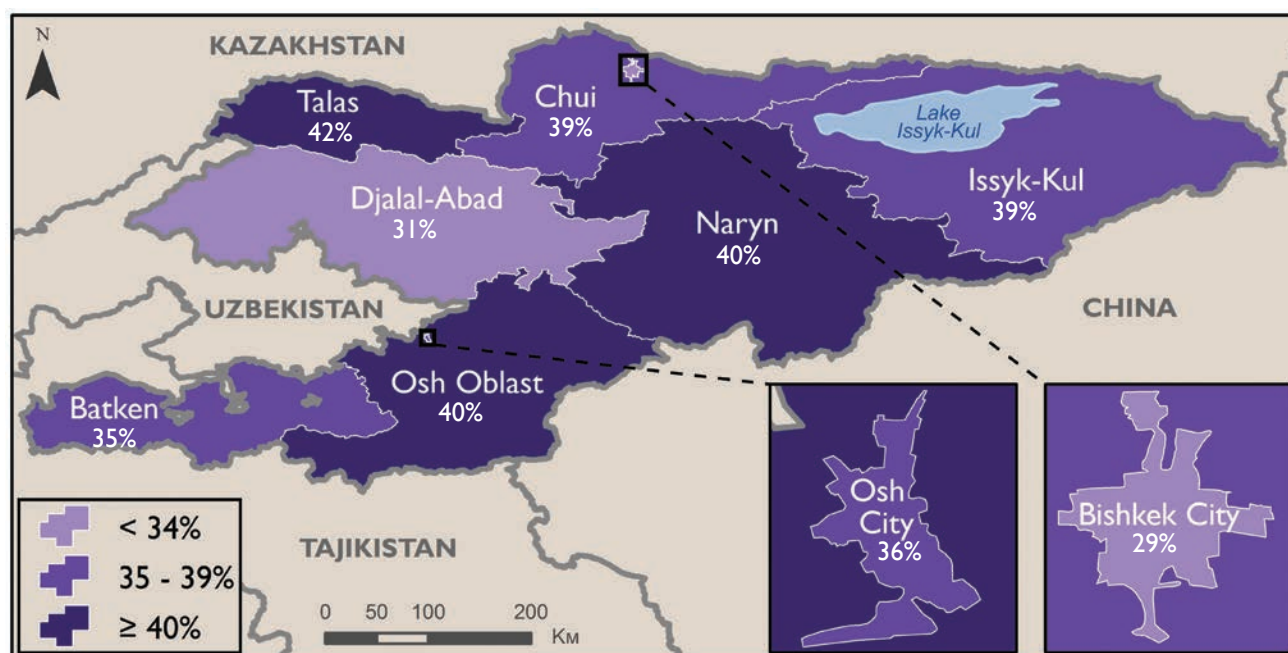


Anemia*: Women

Approximately one-third of women age 15-49 have anemia, or low hemoglobin levels. Anemia in women is especially high in Issyk-Kul (51%), and low in Osh City (17%).

*The prevalence of anemia is based on hemoglobin levels (<11.0g/dl for pregnant women and children, <12.0 g/dl for nonpregnant women) and is adjusted for altitude for women and children and smoking status for women).

WOMEN'S NUTRITION



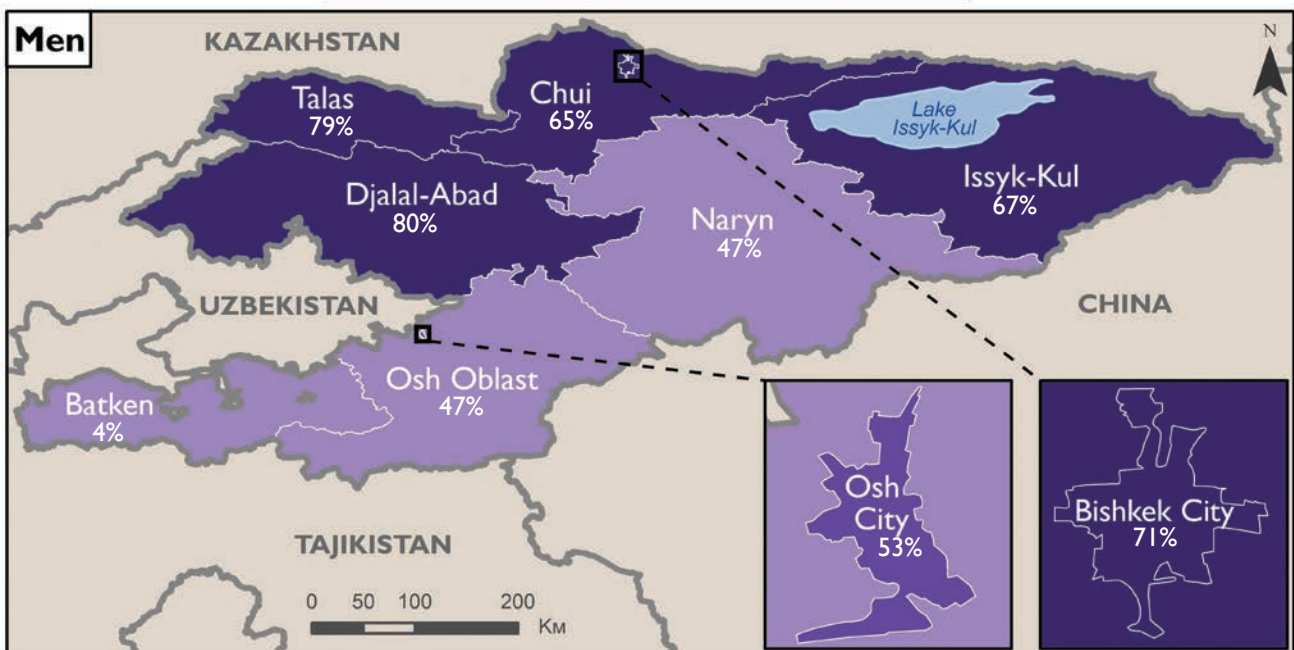
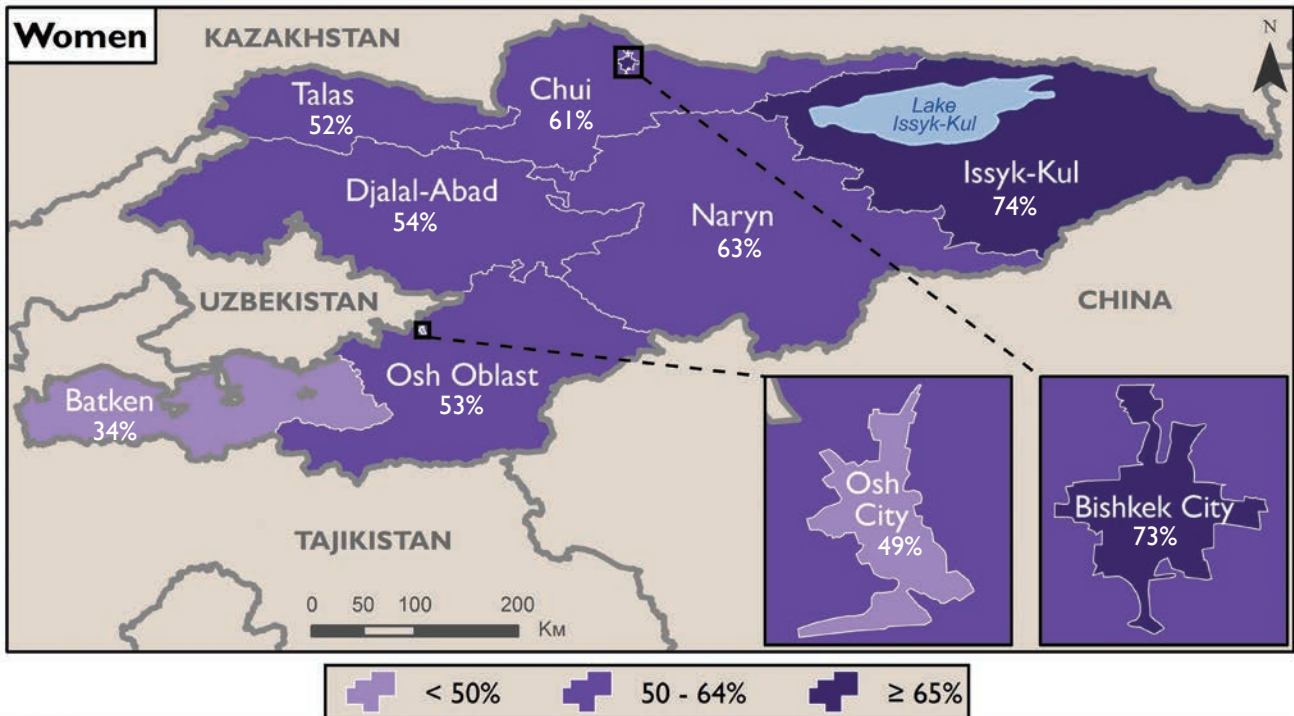
Women's Nutritional Status: Overweight and Obesity

More than 1 in 3 women age 15-49 in the Kyrgyz Republic are overweight or obese (BMI ≥ 25.0). Overweight/obesity is most common in Talas, Osh Oblast, and Naryn, where at least 40% of women are overweight or obese.

HIV KNOWLEDGE

Women's Knowledge of HIV Prevention

Almost 6 in 10 women age 15-49 in the Kyrgyz Republic know that using condoms and limiting sex to one, uninfected partner reduces the risk of getting HIV. This HIV prevention knowledge among women is highest in Issyk-Kul (74%) and lowest in Batken (34%).



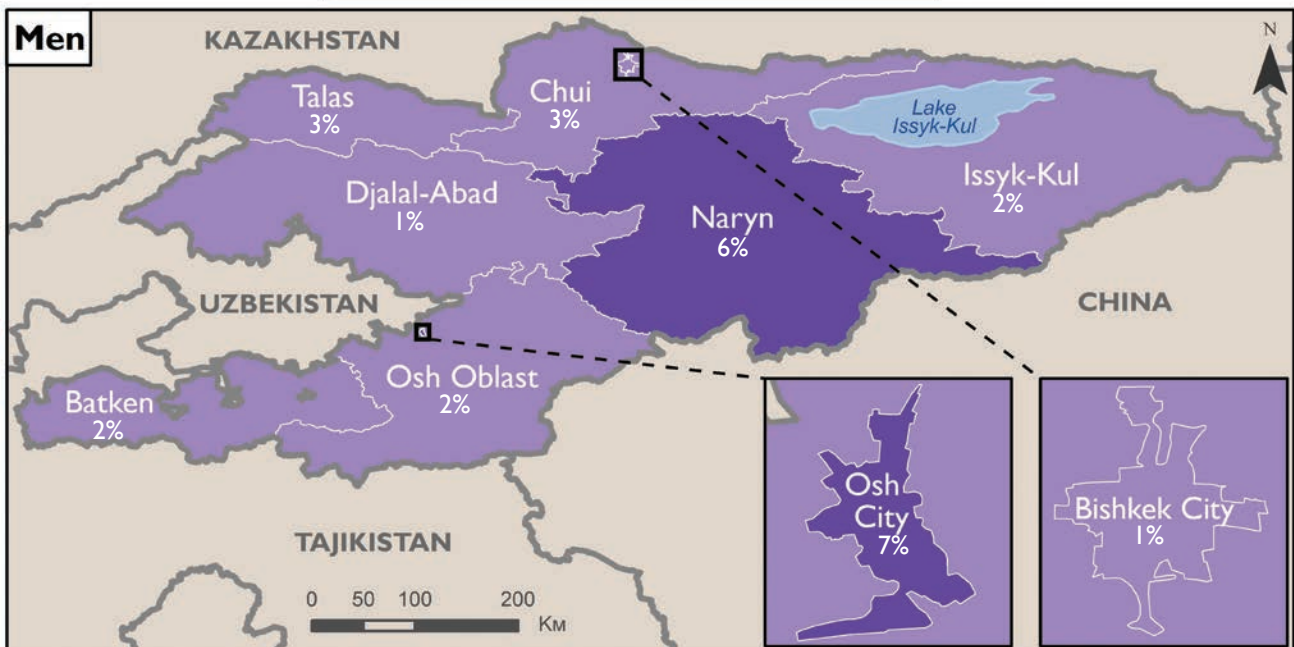
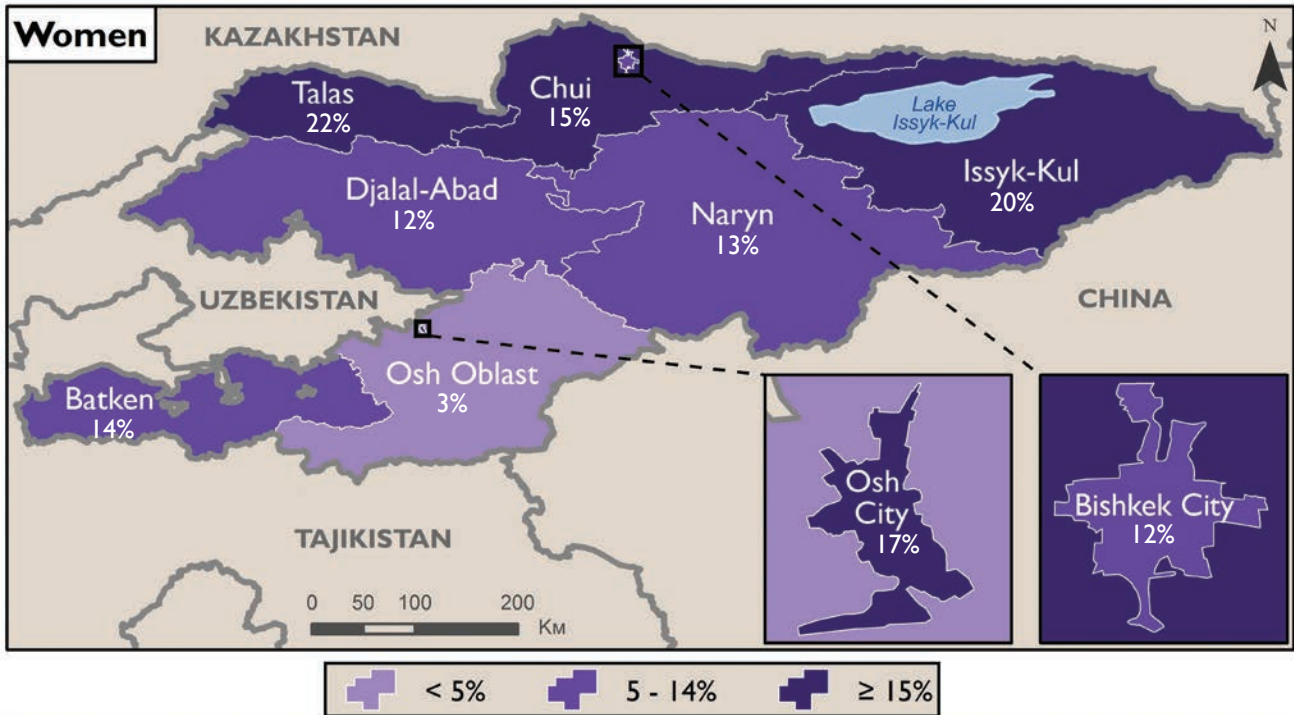
Men's Knowledge of HIV Prevention

Nationally, 6 in 10 men age 15-49 know that using condoms and limiting sex to one, uninfected partner reduces the risk of getting HIV, but regional differences are quite striking. About 80% of men in Djalal-Abad and Talas know the two HIV prevention methods, compared to only 4% of men in Batken.

HIV TESTING

Recent HIV Testing: Women

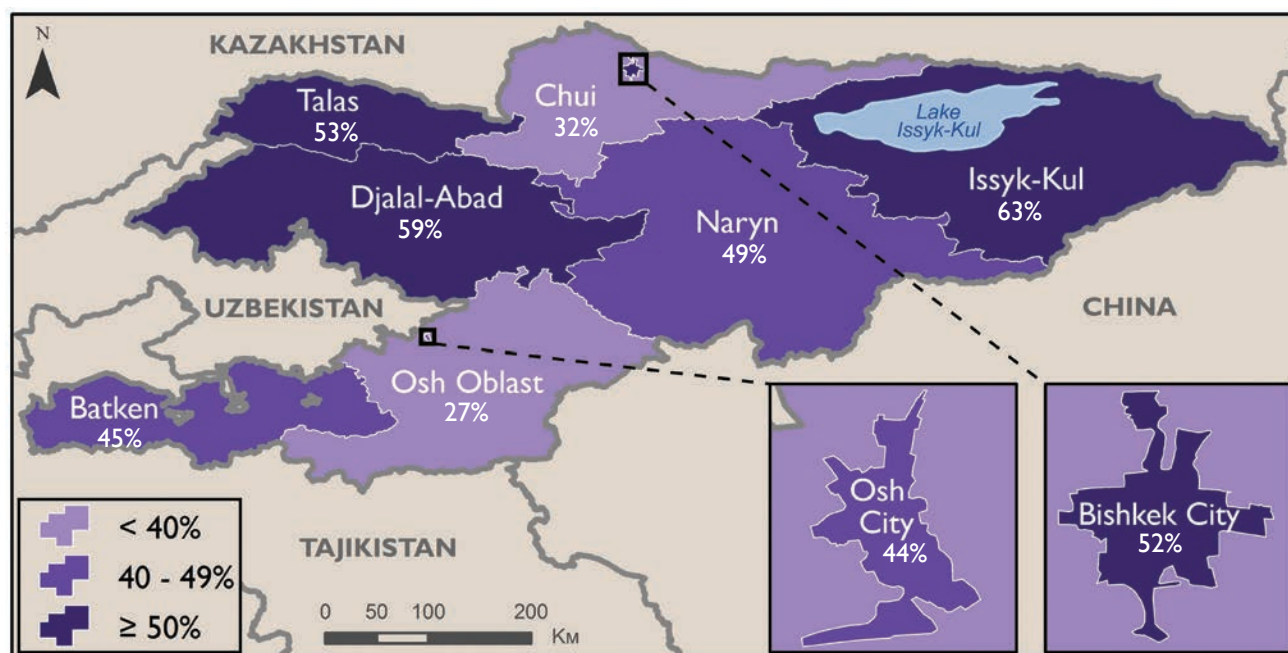
Nationally, only 12% of women age 15-49 were tested for HIV in the year before the 2012 KgDHS and received the results of the test. HIV testing is most common among women in Issyk-Kul (20%) and Talas (22%) and least common among women in Osh Oblast (3%).



Recent HIV Testing: Men

HIV testing is much less common among men; only 2% of men age 15-49 were tested for HIV in the year before the 2012 KgDHS and received the results of the test. HIV testing is slightly more common among men in Naryn (6%) and Osh City (7%).

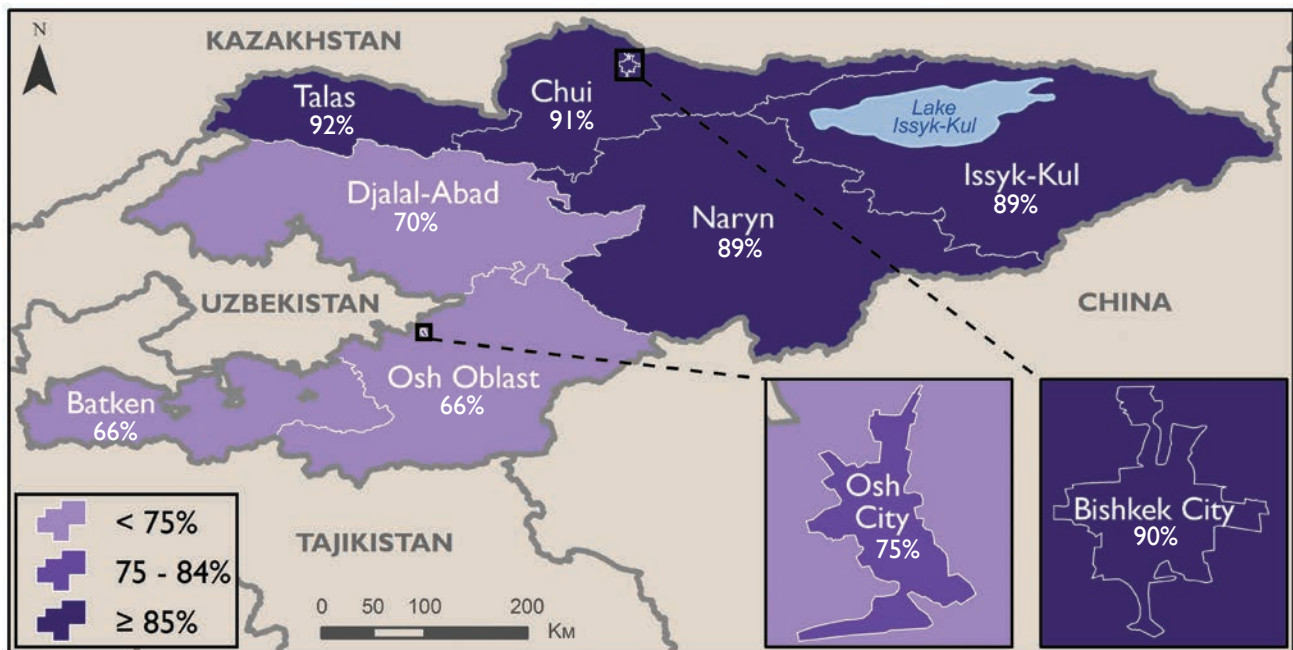
HIV TESTING DURING ANTENATAL CARE



HIV Testing During Antenatal Care

Among women who gave birth in the two years before the survey, 45% received counselling on HIV and an HIV test during antenatal care (ANC) and received the results. HIV testing during ANC is highest in Issyk-Kul (63%) and lowest in Osh Oblast (27%).

WOMEN'S DECISIONMAKING



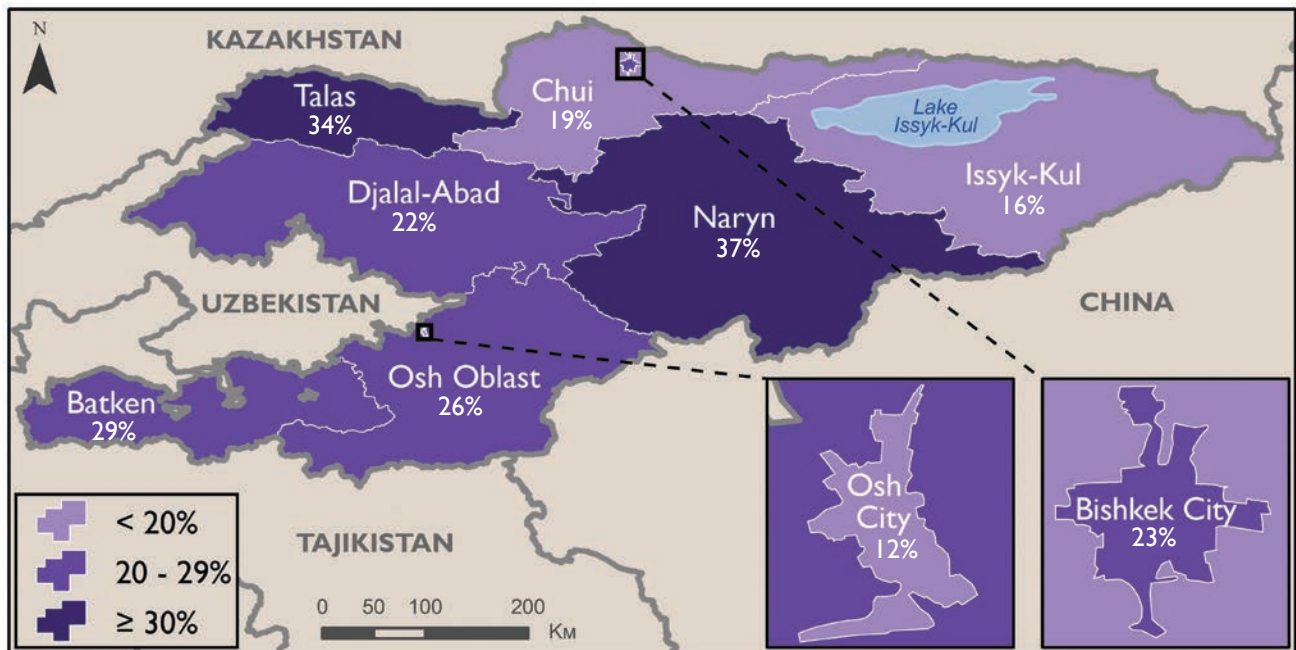
Women's Decisionmaking

Household decisionmaking is a measure of women's empowerment. In the Kyrgyz Republic, 79% of married women age 15-49 report that they participate in all three of the following decisions: her own health care, making major household purchases, and visits to her family or relatives. Only two-thirds of married women in Batken and Osh Oblast participate in all three of these decisions, compared to 90% or more of married women in Bishkek City, Talas, and Chui.



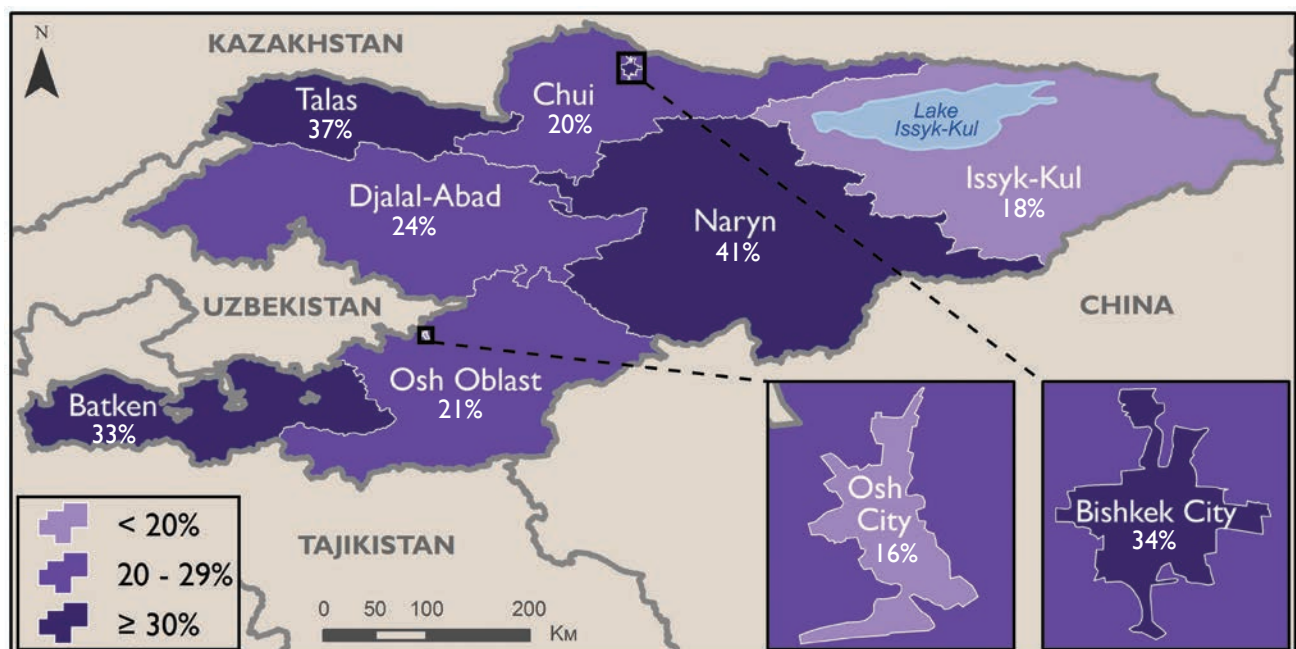
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DOMESTIC VIOLENCE



Physical Violence since Age 15

Nationally, almost one in four women (23%) age 15-49 report that they have ever experienced physical violence since age 15. Women living in Talas (34%) and Naryn (37%) are most likely to report physical violence, while women's experience of physical violence is least common in Osh City (12%).



Spousal Violence (Physical or Sexual)

One in four ever-married women in the Kyrgyz Republic report that they have experienced physical or sexual violence committed by their husband or partner. Spousal violence is most commonly reported in Naryn (41%), Talas (37%), and Bishkek City (34%) and least commonly reported in Osh City (16%).

