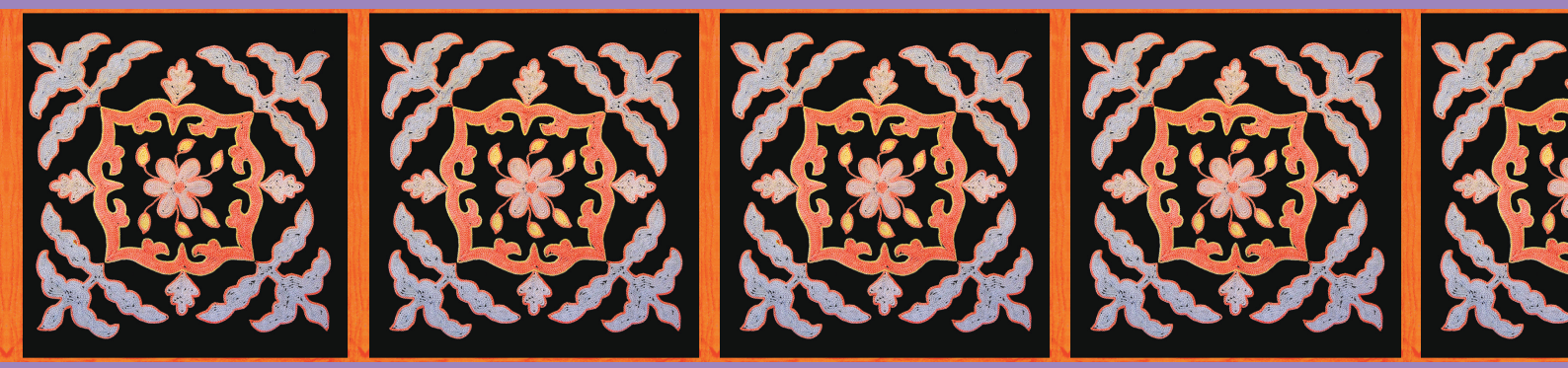

Kyrgyz Republic

2012 Demographic and Health Survey

Policy Briefs

The 2012 Kyrgyz Republic Demographic and Health Survey (KgDHS) was conducted by National Statistical Committee of the Kyrgyz Republic in collaboration with the Ministry of Health ICF International Inc. 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 The DHS Program, ICF International, 530 Gaither Road, Rockville, MD 20850 U.S.A. (Telephone: 1.301-572-0200; Fax: 1.301.407-6501; e-mail: info@dhsprogram.com).

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Introduction

The 2012 Kyrgyz Republic Demographic and Health Survey (2012 KgDHS) was published in January 2014. The second Demographic and Health Survey conducted in the Kyrgyz Republic, the KgDHS was implemented by the National Statistical Committee of the Kyrgyz Republic in collaboration with the Ministry of Health. The 2012 Kg DHS collected information from more than 8,000 households and over 10,000 women and men age 15-49.

	Urban	Rural	Total
Number of Households Interviewed	2,820	5,220	8,040
Number of Women interviewed	2,732	5,476	8,208
Number of Men interviewed	690	1,723	2.413

The survey provides information for the country as a whole, for urban and rural areas, and for the nine administrative regions.

The 2012 KgDHS was designed to collect information on the current status of fertility and contraceptive use, maternal and child health and nutrition, childhood mortality, domestic violence against women, and knowledge and behavior regarding tuberculosis, HIV infection, and other sexually transmitted infections.

The survey results give information needed to evaluate existing social programs and to design new strategies for improving the health status of the country's women and children and enhancing their access to health services. In addition, the 2012 KgDHS provides indicators for the Government of the Kyrgyz Republic to report on the country's progress in meeting many of its Millennium Development Goals.

National policies play a critical role in improving national health and welfare. Sound policies lay the foundation for strong health systems, effective programs, and improved outcomes. Policy also contributes to better governance and accountability. But to be effective, policies and programs must be based on accurate information. The 2012 KgDHS provides this information. The four policy briefs in this publication are based largely on the results of the Kyrgyz Republic DHS as well as on other national and regional sources of data. They were written by representatives of the National Statistical Committee of the Kyrgyz Republic, the Ministry of Health, and the Public Policy Research Institute under the Academy of Management under the Office of the President and address essential issues in the Kyrgyz Republic: children's and women's nutrition, adult health, and domestic violence. Each brief provides critical policy and program recommendations to the Government of the Kyrgyz Republic and major national stakeholders with the goal of improving living standards for all citizens of the Kyrgyz Republic.

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Nutrition of Children

Good Nutrition In Childhood: The Key To A Successful Future

Prepared by: Tursun Mamyrbaeva, National Center for Maternity and Childhood of the KR Ministry of Healthcare, Deputy Director on Science; Galina Samohleb, KR NSC, Department for Household Statistics, Head; and Eugenia Karpovich, Public Policy Research Institute under the Academy of Management under the KR President, Deputy Head Introduction

Executive Summary

Malnutrition remains one of the Kyrgyz Republic's biggest problems, threatening the lives, health, and well-being of the younger generation. One out of five children under the age of five are considered stunted in height. Of children age six months to five years old, 43% suffer from anemia. Only 16% of children age six months to five years receive a nutritional diet meeting WHO recommendations. This is both a great tragedy for families and an enormous burden for the country. The government has made some progress in improving child nutrition, but there needs to be a comprehensive, intersectoral strategy to address these issues, and work must be done to inform and encourage women and families to adopt better practices in breastfeeding, using nutritional supplements, and providing their children with a rich and diversified diet.

Introduction

The first 1,000 days of a child's life, (the nine months spent in the womb and the first two years after birth), are key for the child's health throughout his or her life. Children who do not receive adequate nutrition in this important period in life may develop irreversible defects in their cognitive abilities, including poor memory skills and difficulty learning. This may have a detrimental impact on their education, employment, and overall success in life.

The development of brain cells begins in the womb, and connections actively form between them after birth. The greatest numbers of connections are formed in the first two years of life. The nutritional intake of the mother has a significant impact on a child's brain development during pregnancy, as does breastfeeding and appropriate complementary feeding after birth.

http://www.womenhealthnet.ru/child-one/2261.html

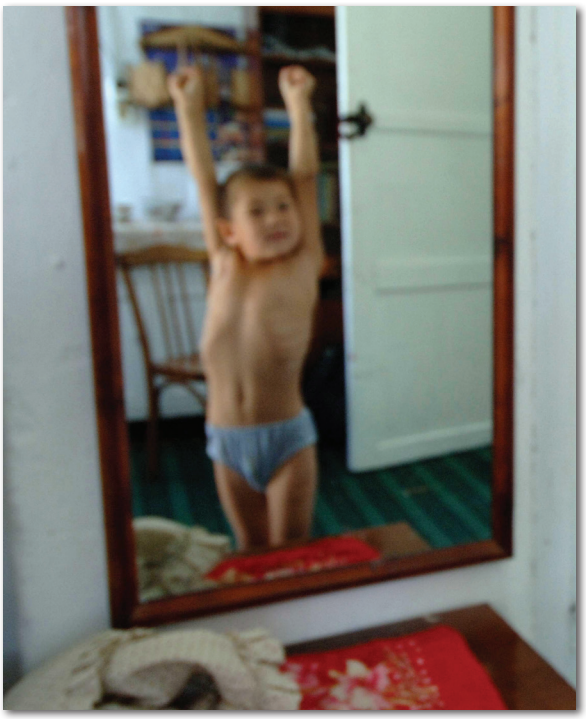
When they grow up, those underfed in childhood frequently suffer from serious chronic illnesses like diabetes, heart disease, and high blood pressure. In addition, poor nutrition frequently leads to anemia in children, which also has a long-term negative impact on mental abilities and behavior. Ultimately, malnutrition and anemia have a negative influence throughout a person's entire life.

***Height** is an important indicator of children's health. Consistent poor nutrition in the first two years of life causes a delay in growth and the child is considered stunted.*

***Children who are stunted or wasted** are at greater risk of dying from the most common childhood diseases… [R. Black et al., 2008].*

UNICEF and the World Bank estimate that every fifth death of a child under the age of five in the Kyrgyz Republic is the consequence of malnutrition.

Poor nutrition in the first two years of life has a negative impact not only on the child and family, but on the state as a whole. Financial losses from deaths and from loss of productivity due to malnutrition are estimated to be US$4.45 million and US$27.94 annually, which amounts to total losses of US$32 million every year.



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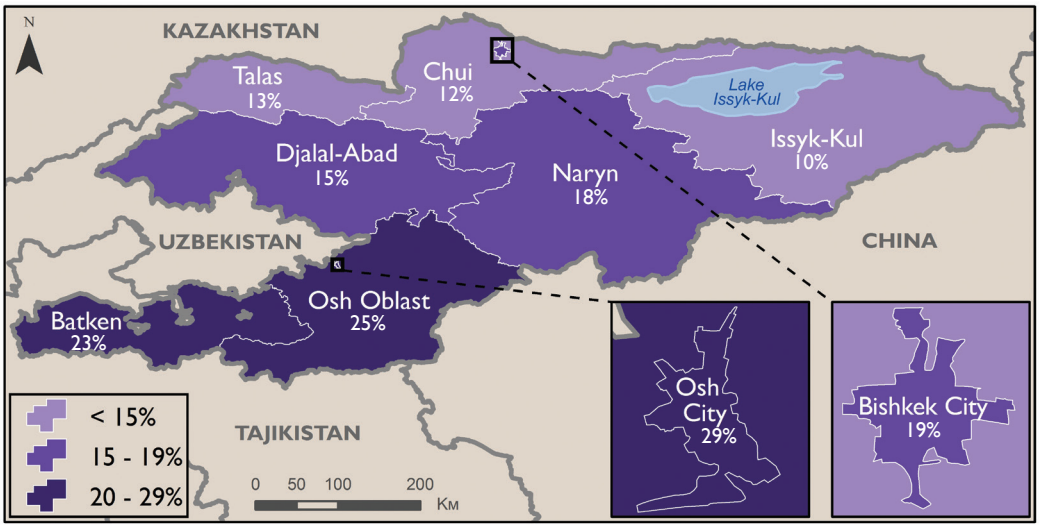


Percent of children who are stunted, by region

2012 Kg DHS: Child Nutrition

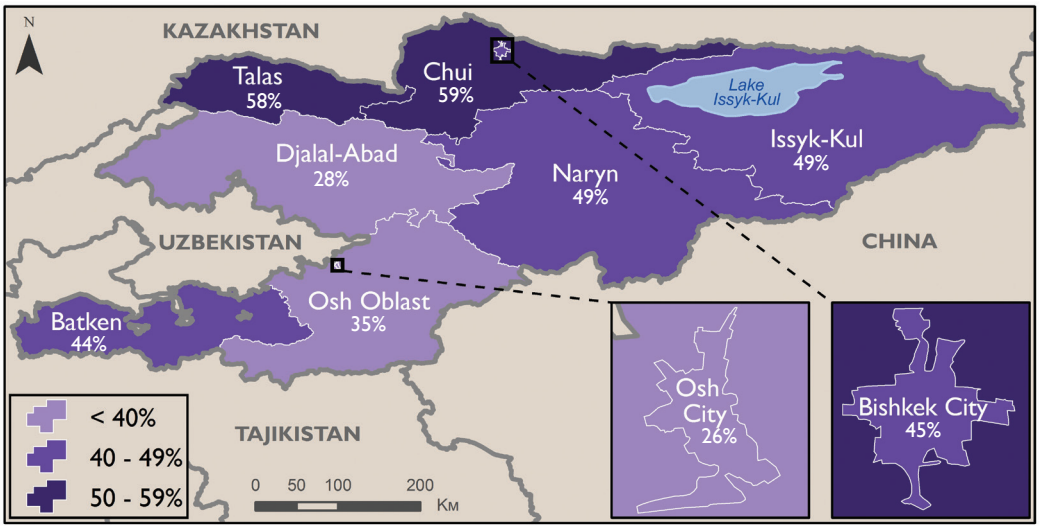
According to the DHS, one out of four children under three and one out of five under five (18%) are stunted, and 6% of children are severely stunted.

There is considerable regional variance in stunting in the Kyrgyz Republic. The highest percentages of stunted children are in the city of Osh, Osh region, and Batken region. Osh city and region have the highest percentages of severely stunted children: 13 percent in the city and 10 percent in the region.

Children who are born underweight are twice as likely to be stunted as children who are of average weight at birth (31% compared to 16%). In addition, children born to thin mothers are more likely to be stunted than children born to mothers who are of average weight.

More than half of children in the Kyrgyz Republic from six months to five years of age have a high risk of mental impairment caused by anemia linked to malnutrition. [REF]

Anemia is another problem linked to malnutrition. Over 40% of children between the ages of six months and five years are anemic. The highest prevalence of anemia was found in children living in the Talas and Chui regions, while the lowest was found in Osh City and the Djalal-Abad region.



Percent of children with anemia, by region

One way to improve children's nutrition is through breastfeeding, which has been promoted in the Kyrgyz Republic by the Ministry of Health in its Child-friendly hospital initiatives. Breastfeeding has also been protected through legislation "On the protection of breastfeeding and the regulation of marketing products and services for artificial feeding." These measures have produced good results. The DHS showed that eight out of 10 children were breastfed within an hour after birth, more than half of children under six months were exclusively breastfed, and nearly all children (99%) were breastfed at some point in their lives. A comparison of data from the 1997 KgDHS[1] (RIOP and Macro International 1998) and the 2006 Multiple Indicator Cluster Survey (MICS) [NSCKR and UNICEF 1998] shows that the percentage of children who were breastfed within an hour after birth has significantly increased over the last 15 years—from 45% in 1997 to 65% in 2006, and 84% in 2012. Among children under six months old, the percentage of infants who were exclusively breastfed rose from 32% in 2006 (MICS) to 56% in 2012 (DHS).

Nonetheless, contrary to recommended practices, almost half of children under six months are given other liquids in addition to breast milk. At the same time, less than half of children aged 623 months receive an appropriate variety of food (44%), or the recommended amount of solid or semi-solid food once a day (44%). Only one out of six children (16%) is fed in accordance with all three recommendations for optimal feeding (breastfeeding or other dairy products, the appropriate diversity in the child's diet, and the frequency of feedings in a day).

Not all children have diets rich in Vitamin A and iron. Only two-thirds of children from the age of 6-23 months were fed foods rich in vitamin A in the day or night before the survey. Among children aged 6-8 months, 35% were given foods rich in vitamin A, while this figure rises to 81% in the 18-23 month age group. The percentage of children given vitamin A-rich foods varies significantly by region: it is the lowest in the Osh region (37%), and the highest in the Naryn region (92%).

Nationally, 61% of children aged 6-23 months were given foods rich in iron in the 24 hours leading up to the survey. That percentage for the 6-8 month age group is 30%, and 76% for the 18-23 month age group. The highest percentage of children given iron-rich foods before the survey was found in the Naryn region (91%).

In response to these issues and to improve the nutrition of the populace, the government of the Kyrgyz Republic has passed a law and other normative documents on the enrichment of flour[2]. But this legislation is problematic: it does not regulate imported flour, there are no tariffs for enriched flour, and there are no punitive measures for violating the law. Subsequent legislation to address these issues was passed in its first reading in 2013 but has not been finalized and signed into law.

Conclusions and Recommendations

Although the government has instituted several policies that have improved children's nutrition, there are still serious problems to be addressed. Above all, there needs to be an overall plan that includes and coordinates the work of the medical community, businesses, media, and community groups. Women and families need to be informed about better practices for improving their children's nutrition and to be encouraged to implement them and make use of governmental programs.

- Efforts must be made immediately to develop and ratify a state program to improve the population's nutrition, with emphasis on women and children.
- Through the mass media and medical community, promote recommended practices for child feeding: exclusive breastfeeding in the first six months of life, continued breastfeeding up to age two and older, appropriate complementary feeding and enriched food products.
- Distribute iron with folic acid to pregnant women and children older than two free of charge and conduct a campaign in the mass media to encourage women to make use of the opportunity.
- Develop and carry out a plan to work regularly with the mass media in order to conduct regular information campaigns on the appropriate diversity of diet, the importance of micronutrients and other essential components of nutrition to promote and improve health.

[1] To analyze changes between the two surveys, data on the initiation of breastfeeding from the 1997 KgDHS were reexamined for all last-born children, born in the two years before the survey, and, consequently, differed from those published in the 1997 KgDHS, where data were gathered on children born in the three years before the survey.

[2] "On the prevention of iodine deficiency diseases" of 18 February 2000 No 40; "On the enrichment of baking flour" of 11 March 2009 No 78; Order of the KR Government of 19 March 2013 No 96-r; Decree of the KR Government of 16 August 2012 No 569

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Nutritional Status of Women

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Executive Summary

In Kyrgyzstan, women face two major health problems that are diametrically opposed. On the one hand, many women are malnourished. One in every three women of reproductive age suffers from anemia, and less than half of women take iron supplements during pregnancy to treat it. But on the other hand, one in every three women is overweight, and one in eight is obese. Poor diets causing deficiencies of crucial nutriments or obesity put women at risk for a number of illnesses. They may also cause complications during pregnancy and childbirth, and contribute to health and developmental problems for their children. The government of the Kyrgyz Republic has successfully solved the problem of iodine deficiency through the implementation of a state program, legislation, and public awareness campaigns. Now is the time to take the same kinds of measures to improve women's nutritional health.

Introduction

Problems connected with poor nourishment and malnutrition affect everyone, but women and children are particularly vulnerable due to their physiological attributes and socio-economic characteristics. Women with poor diets suffer more frequently from illness than their well-fed counterparts, and they are at a high risk for complications at birth, especially fatal postpartum hemorrhage and giving birth to an underweight child.

Signs of malnutrition among women are low body weight and anemia caused by iron deficiency. Iron is essential as a component of hemoglobin in the blood, which provides oxygen to the brain, heart, other organs and tissues. Underweight women often have fertility and other health problems. Overweight women are prone to a wide spectrum of health problems, including diabetes and heart disease, as well as poor birth outcomes.

Some state programs, such as the efforts to reduce iodine deficiency, have been very successful. Other programs, such as the distribution of iron and folic acid supplements to pregnant women, are underutilized by the population. According to the KgDHS, only two out of 100 women took iron supplements over the course of 90 days, and one out of 100 women took folic acid for 90 days, as officially recommended by the Ministry of Health. These indicators have a strong negative effect on the physical and mental development of their children.

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During the 2012 DHS, the height, weight, and hemoglobin of women of reproductive age (15-49) in surveyed households were measured.

2012 KgDHS: Women's Nutrition

The Demographic and Health Survey carried out in the Kyrgyz Republic in 2012 showed that over half of women (57%) have a normal body mass index (BMI), and only 7% of women are underweight. In the 15-19 age group, one in five women is underweight (18%). This is a cause for concern, as this age group has seen yearly growth in births, and early pregnancies carry risks for both the mother and the baby.

Meanwhile, obesity is becoming a serious problem in Kyrgyzstan. The percentage of obesity among women rose from 9% in the 1997 KgDHS to 12% in 2012. Over a third of women are overweight or obese.

The percentage of women who are overweight increases with age. In the 20-29 age group, nearly one in five women is overweight or obese; this increases to almost half (48%) in the 30-39 age group, and a very high 72% of women age 40-49.

While there is little variation in levels of underweight women throughout the country, the proportion of overweight women ranges from 19% in Bishkek to 30% in Naryn. Women are more likely to be

overweight in the Talas, Naryn, and Osh regions than in other regions. In general, women are more likely to be overweight in rural areas than in urban centers.

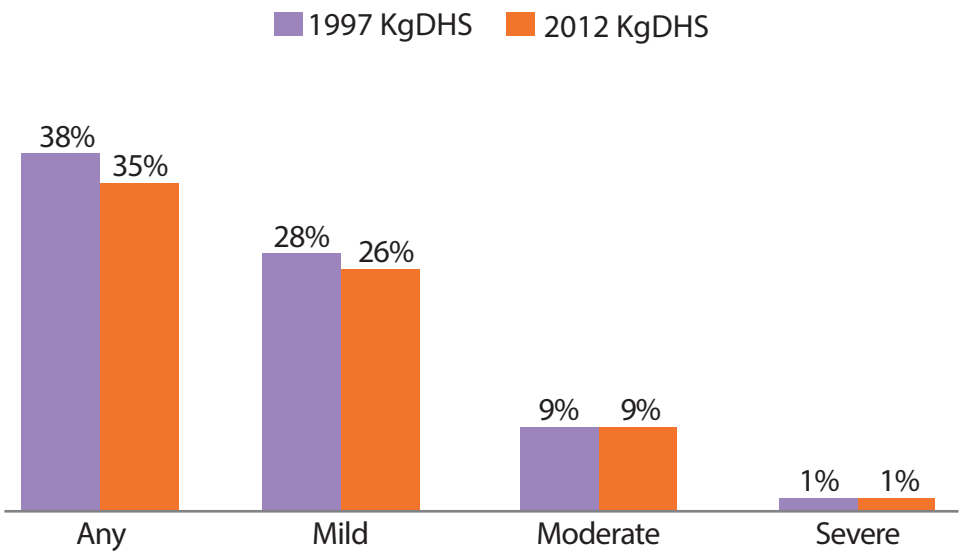
Micronutrient deficiency is not a new problem for the Kyrgyz Republic. Iron is one of the most important micronutrients, necessary for the body, as it is part of the hemoglobin in the blood that brings oxygen to the brain, heart, and all the other organs and tissues. If there is not enough iron in an individual's diet to meet the body's needs, iron deficiency anemia develops.

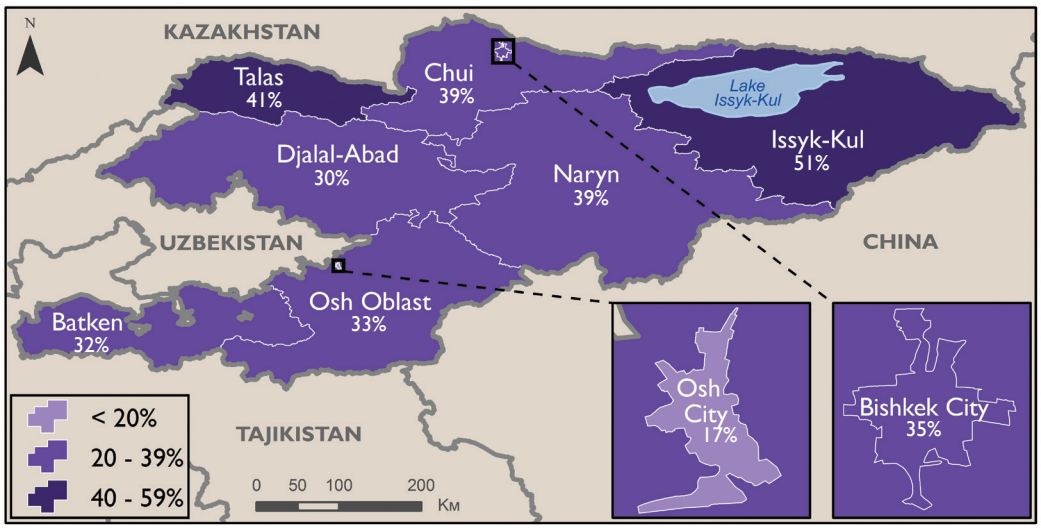
Although the percentage of women of reproductive age with anemia has decreased slightly from 38% in the 1997 KgDHS to 35% in 2012, the indicator is still relatively high. Anemia also varies considerably by region, from a low of 17% in the city of Osh to a high of 51% in the Issyk-Kul region.

The Kyrgyz Republic is similar to neighboring countries in the percentage of women with anemia—between Azerbaijan (37% in 2006) and Kazakhstan (36% in 1999), lower than Turkmenistan (47% in 2000), but higher than Armenia (25% in 2005) and Moldova (28% in 2005). (NSS [Armenia] at al., 2012; NCPM [Moldova] and ORC Macro, 2006; SSC [Azerbaijan] and Macro International Inc., 2008; Academy of Preventive Medicine [Kazakhstan] and Macro International Inc., 1999; GECRCMCH [Turkmenistan] and ORC Macro, 2001).

Fortifying flour with iron is the most cost effective way to enrich diets. To that end, the government

Percent of Women age 15-49 with Anemia





Percent of women age 15-49 with anemia, by region and city

passed law No. 78 «On the enrichment of baking flour» in March 2009. However, there are problems with the way the law is being implemented by flour suppliers.

Sufficient micronutrients and vitamins are especially important for women during pregnancy. Sufficient intake has a positive impact not only on women themselves, but also on pregnancy, birth outcomes, and the health of newborns.

Only 44% of women took iron tablets or syrup during their last pregnancy, and the majority of them took the supplement for less than 60 days; only 2% reported doing so for 90 days or more, as the Ministry of Health recommends. Women aged 20-29 and 30-39, those living in the Naryn region, and those with higher levels of education are more likely to take iron supplements during pregnancy.

In the five years leading up to the survey, 37% of mothers took folic acid during the last pregnancy that led to a live birth. Most women took folic acid for less than 60 days; 3% took folic acid for 60-89 days, and only 1% of respondents took folic acid for 90 days or more. The highest percentage of women taking folic acid was found in the Issyk-Kul region and in the city of Bishkek (47% each), and the lowest percentage was found in the Batken region (17%).

Iodine deficiency is another problem connected with diet and contributing to a number of unfavorable pregnancy outcomes, including miscarriage and stillbirth, as well as fetal brain damage and congenital defects.

A clear achievement in the prevention of iodine deficiency is the use of iodized salt in nearly all households surveyed (97 percent). The majority of women of reproductive age (95%) who gave birth in the five years leading up to the survey live in households where iodized salt is used. The highest percentage of iodized salt use (100%) was found in the Issyk-Kul region, while the lowest was in the Talas region (83%).

Over one-third of Kyrgyz women age 15-49 and over 70% of women age 40-49 are overweight or obese.

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Conclusions and Recommendations

Efforts by the government to improve the consumption of micronutrients (vitamins and microelements) have shown significant success. However, during pregnancy the majority of women are still not taking the recommended course of micronutrients, which can lead to deficiencies in the mothers. These deficits may cause physical and intellectual developmental problems for their children.

At the other end of the spectrum, the country now has the relatively new problem of obesity among women, caused by an unbalanced diet that is starch-heavy (flour, potatoes, and sugar) and includes too many fats. This, too, requires urgent measures, since excess weight causes a number of unfavorable health problems with mothers and their children.

Improving women's nutrition requires many of the same actions recommended for improving child nutrition.

- The government and health care providers must work with groups to urge improvements to the law on fortified flour.
- Financial resources must be allocated so that free supplies of iron and folic acid supplements will be made available to all pregnant women and

children under the age of five at primary health care facilities. These supplements will be included in the list of medicines that fall under Program of State Guarantees. This will provide at least a 90-day course of supplements for pregnant women, which will lower their risk of anemia and help prevent birth defects.

- Work with the Ministry of Health to develop and allocate funds for targeted communication campaigns in the mass media to encourage healthy eating, create steady demand for healthy food products, and urge pregnant women to take the recommended doses of micronutrients.

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Adult Health

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Executive Summary

A healthy population is the essential precondition for the normal development and well-being of a country, and it is key factor for ensuring national security. The measures being carried out under the National Strategy for the Sustainable Development of the Kyrgyz Republic 2013-2017 include disease prevention and improving treatment. The state program for the prevention and control of non-communicable diseases (NCD) in the Kyrgyz Republic 2013-2020 also includes organizational activities that are coordinated among state bodies, non-governmental organizations, organizations under local administrations, and citizens' groups that are working to prevent or lower morbidity, early death, and loss of productivity due to non-communicable diseases, including cardiovascular diseases.

NCDs, especially cardiovascular disease and cancer, are the major killers in more developed countries like the Kyrgyz Republic. In just 2013 alone, more than 5,400 people under the age of 65 and 12,200 people over the age of 65 died from cardiovascular diseases, according to death registration statistics from the Kyrgyz Registry Office and research by the National Statistics Committee of the Kyrgyz Republic on causes of death. Death from cancer is the third leading cause of death in the Republic and makes up about 10% of all deaths in the country.

Hypertension or high blood pressure is a leading contributor to cardiovascular disease. Known as the "silent killer," hypertension rarely causes symptoms but over time can lead to severe heart disease and stroke. More than one-quarter of women and 16% of men age 45-49 in the Kyrgyz Republic have high blood pressure. More than half of Kyrgyz men aged 20-49 use tobacco regularly, another major contributor to heart disease. The public health consequences of these conditions are dire.

The main causes of cardiovascular disease are widespread risk factors like smoking, excess weight, sedentary lifestyle, poor nutrition, and stress. Another cause is the failure to adequately monitor blood pressure because the population does not have enough information about the dire consequences of hypertension. Men who smoke have levels of hypertension that are almost twice as high as men who don't smoke. More than 65% of men older than 35 smoke, mostly cigarettes. The overwhelming majority of women do not smoke, but in one out of three households they are subject to second-hand smoke.

Along with tobacco use and hypertension, alcohol use is an important risk factor (WHO and JMU 2009). Some possible consequences of alcohol abuse are a greater risk of cirrhosis of the liver, hypertension, psychiatric illnesses, and having children with congenital developmental disorders. Alcohol abuse also may lead to family problems, such as domestic violence, as well as social and workplace problems connected with alcoholism, accidents, criminal behavior, and even murder and suicide.

About one third of adult men surveyed in 2012 said that they had used alcohol during the month preceding the research. Alcohol use dramatically rises with age: from 7% among men aged 15-19 to 31% among men aged 20-24, and then 52% among men aged 45-49.

Controlling high blood pressure and reducing the high rate of tobacco and alcohol use are critical first steps to preventing heart disease, cancer and premature death. The government of the Kyrgyz Republic and the medical profession need to take immediate steps to educate the public about the causes and treatment of high blood pressure and the risks of tobacco use, encourage health care professionals to measure blood pressure at every patient visit, and improve compliance with medication, as well as counseling smokers to quit. Improving health management information systems in health care facilities nationwide is also essential to secure better data on the prevalence and treatment of high blood pressure in the Kyrgyz Republic.

Introduction

Mortality among adults in the Kyrgyz Republic from diseases of the circulatory system is three times higher than the European average, including death from ischemic heart disease and cerebrovascular disease. Men are more at risk than women for these diseases. Cardiovascular mortality rates are 1.5 times higher among men than women.

Hypertension is one of the most important factors contributing to cardiovascular disease. Hypertension generally develops slowly over many years and affects many people. Fortunately, it can be easily detected and with drugs and life style changes, treated and controlled. Cigarette smoking and excessive alcohol use are is more difficult to control, requiring multiple interventions such as behavior change communication programs, regulations against tobacco use in public places, and increasing the cost of cigarettes and alcohol (WHO and JMU 2009, WHO European Health for All).

In 2006, the government of the Kyrgyz Republic enacted The Law "On Protection of Health of Citizens Against Harmful Tobacco Impact" (WHO 2006) The law confirmed the state commitment to reducing demand for tobacco products by a variety of measures including state-funded public awareness campaigns, prohibition of smoking in public places, and posting warnings on packages of tobacco products." Unfortunately, this law is not always observed, and smoking is still the norm in many public places.

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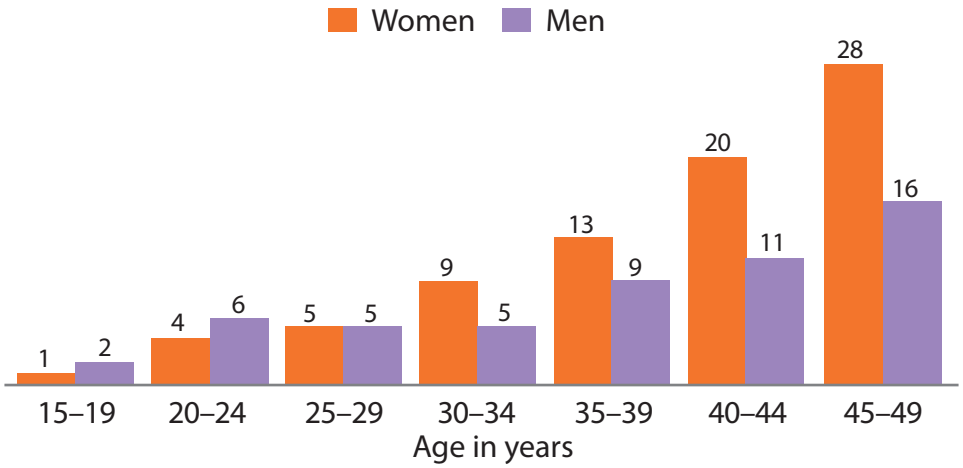
2012 KgDHS Results: Hypertension in the Kyrgyz Republic

Hypertension is very common in the Kyrgyz Republic. According to the 2012 Kyrgyz Republic Demographic and Health Survey (KgDHS), 10% of women and 7% of men aged 15-49 had hypertension. (The criteria for hypertension were systolic blood pressure over 140 mmHg or diastolic blood pressure over 90 mmHg, or the use of antihypertensive medication to lower blood pressure.)

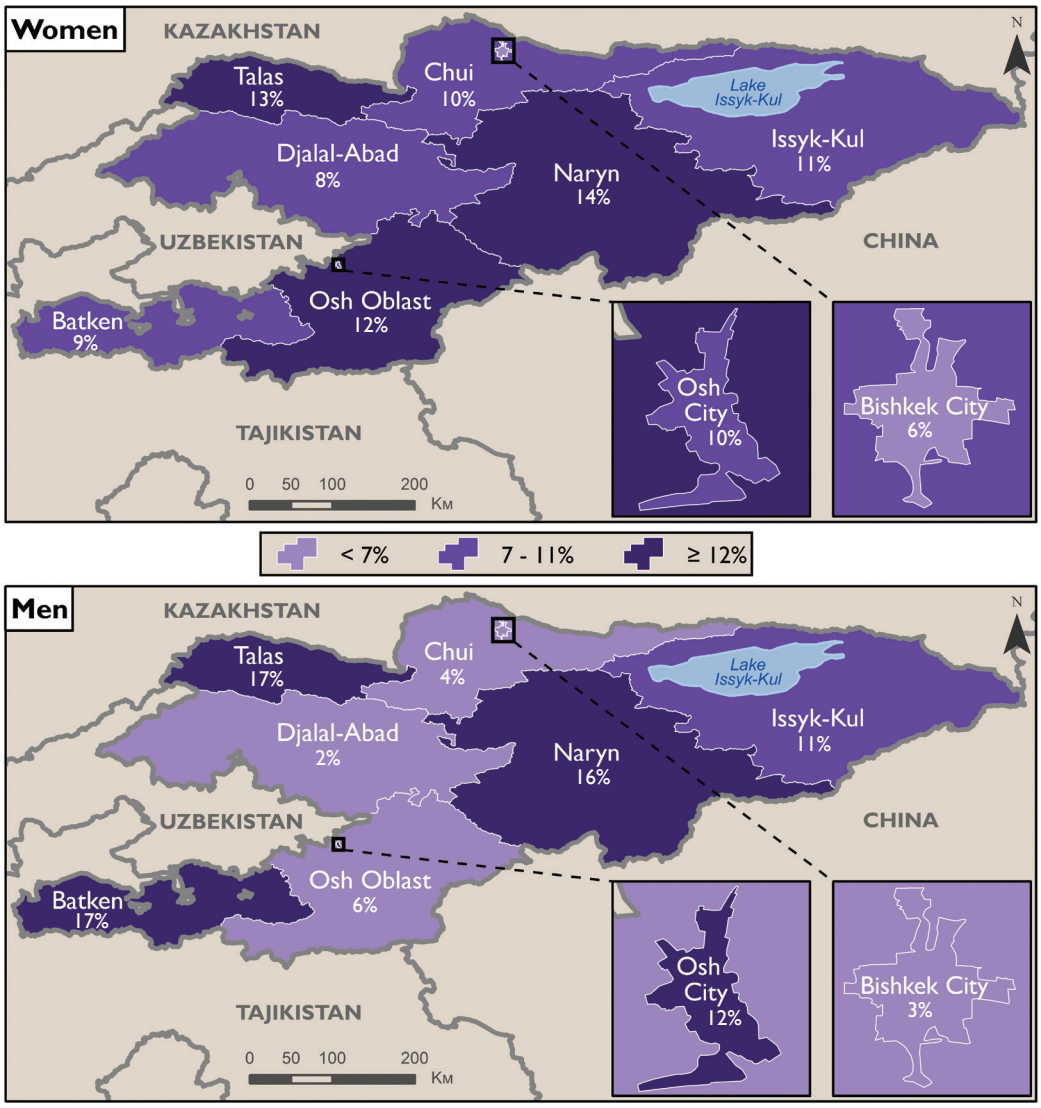
For both women and men, the rate of hypertension increases with age. Only 1-2% of men and women age 15-19 have high blood pressure. In contrast, among respondents aged 45-49, more than one in four women and one in six men had high blood pressure.

Hypertension by Age

Percent of women and men who have high blood pressure



Percent of women and men age 15-49 with hypertension by region



Nationwide, high blood pressure varies by oblast. Among women, the prevalence of high blood pressure ranges from a low of 5% in Bishkek to a high of 14% in the mountainous Naryn region, located 2,000-3,000 meters above sea level. The pattern is similar among men ranging from 3% in Bishkek to 16 and 17% in Naryn, Talas, and Batken.

Major risk factors for high blood pressure are smoking, obesity, inactive lifestyles, poor diet, and stress. According to the KgDHS, more than one in four (27%) obese women has hypertension compared to only 5% of women of average body mass. This is a cause for concern since obesity is a growing problem among Kyrgyz women. The KgDHS shows that 72% of women age 40-49 are overweight or obese. Men who smoke are more likely to have hypertension than non-smokers. Again this is a cause for concern since 44% of Kyrgyz men age 15-49 smoke cigarettes, and 11% use chewing tobacco.

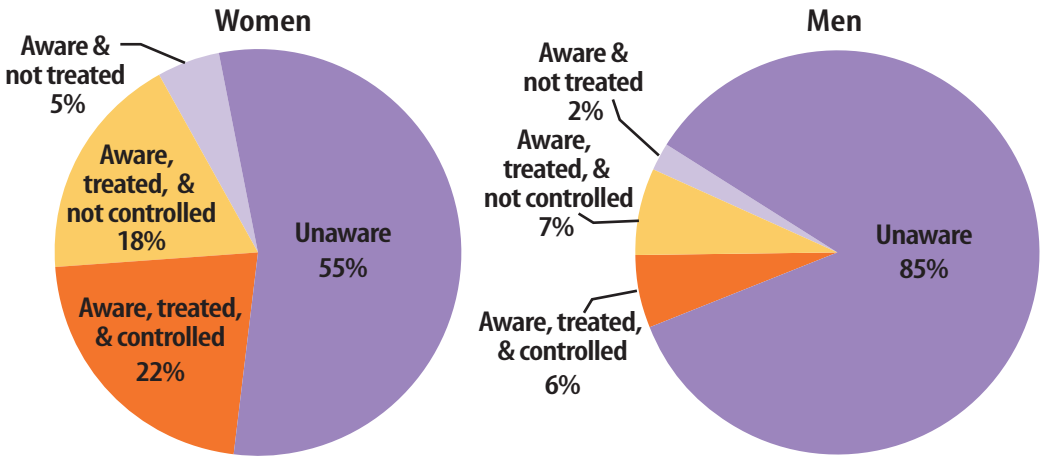
Kyrgyz women and men have lower rates of hypertension than the population of most other countries in the region, according to recent Demographic and Health Surveys. One-fourth of women and almost one-third of men in Ukraine have high blood pressure (UCSR et al 2007); comparable rates in Armenia in 2005 were 22% of women and 27% of men (NSS et al 2012). In contrast, the 2002 Health Examination Survey in Uzbekistan shows the lowest rates in the region: 8% among women and men (AIC et al, 2004).

The KgDHS shows that a significant percentage of men (85%) and women (55%) with high blood pressure are not aware of their condition. About one in five women who know they have hypertension are controlling their blood pressure with treatment, but another 18% are being treated but still have hypertension. Only 15% of hypertensive men are aware of their condition and only half of these men are successfully controlling the condition with medication.

Caption goes here?

Awareness and Treatment of High Blood Pressure

Percent of women and men aged 15-49



Overall, only 5% of women and 2% of men reported that a doctor or other medical professional had told them that they had high blood pressure. The KgDHS does not provide information on how many respondents had actually had their blood pressure measured by a health care provider.

2012 KgDHS Results: Tobacco and Alcohol Use in the Kyrgyz Republic

More than 50% of Kyrgyz men routinely use tobacco, most often cigarettes. Over 40% of men smoke cigarettes, and about 11% report using chewing tobacco. While the vast majority of women do not use any tobacco products, women are exposed to secondhand smoke in one of every three households.

Men are more likely to smoke as they get older. Only about 6% of teenagers smoke, compared to 43% of men age 25-29 and more than 65% of men over 35. Smoking is also more common among urban men and men from the most affluent households. The majority of smokers report smoking 10 or more cigarettes daily

During the KgDHS, men were asked a number of questions about alcohol use: had they ever used it, at what age did they have their first drink, and how many drinks did they have a day during the last month. A standard portion was a bottle or can of beer (330-350 ml); a glass of wine (50-200 ml); or a shot of liquor, vodka or whiskey (50 ml). Nationwide, 37% of men reported drinking in the month before the survey. Among these men, the average number of drinks per day varied by region, from two portions in Talas and Chiu regions to seven portions among men in Bishkek. Nationwide, the average number of drinks per day was three portions.

The rate of alcohol use in the Kyrgyz Republic, 37% of men having at least one portion of alcohol in the month before the survey, is similar to the rate among men in Azerbaijan (39%) but considerably less than men in Ukraine (77%) and Moldova (80%) (SSC [Azerbaijan] and Macro International 2008; UCSR [Ukraine] et.al. 2008; NCPM [Moldova] and ORC Macro, 2006).

Overall, men in the Kyrgyz Republic do not drink alcohol that often. Of the 37% of men who had had an alcoholic beverage in the month before the survey, almost none of them said that they drank every day. Only 7% use alcohol once or twice a week, 16% – two or three times a month, and 13% – once a month.

Similar to the pattern of tobacco use, alcohol use is more common in urban areas and among men from wealthier households. Alcohol consumption in the month before the survey ranges from a low of 9% in Batken to a high of 62% in Chui.

Conclusions and Recommendations:

Hypertension: High blood pressure is a common, serious and preventable condition. The first step towards controlling the rate of hypertension is to inform people about the condition and its consequences—premature disability and death. The KgDHS results provide important information for developing programs to reduce the prevalence of high blood pressure and subsequent high rate of illness and death among adults from cardiovascular disease.

- Most women and men do not know they have high blood pressure. It is essential to increase their knowledge about the consequences of high blood pressure and the need for treatment. Medical organizations, rural health committees, NGOs, and the media should collaborate to prepare and disseminate information about hypertension through specialized booklets, local community groups, television and radio shows.
- To prevent hypertension, people also need to know the risk factors, such as overweight, smoking, excessive use of alcohol, and high salt intake.
- Blood pressure testing needs to become routine. Adults should have their blood pressure tested every time they see a health care provider or come to a health care facility. In addition, widespread blood pressure testing can be carried out in pharmacies and during special community events. People diagnosed with high blood pressure can then be referred immediately to their doctors. Early detection and treatment will prevent serious side effects.
- Hypertension increases with age. National public health programs need to focus on people 45 and older both to prevent the condition and among those with hypertension to successfully treat and control it.
- Good data is the basis for monitoring health conditions. At present, many illnesses including hypertension are not routinely registered at medical centers. Efforts need to be taken immediately to improve health management information systems. This must include in-service and pre-service training for doctors and other health care providers to increase registration of illnesses and regular review of medical documentation.

Smoking and Alcohol: Tobacco and alcohol use increases the risk of hypertension as well as independently contributing to heart disease, lung diseases, and of course, cancer. Second-hand smoke also causes disease and death among non-smokers. Alcohol use leads to greater violence, accidents, and crime. Acting now to reduce smoking will save thousands of lives and millions of soms in health costs in the Kyrgyz Republic.

- Steps need to be taken immediately to enforce the laws against tobacco use. This will require collaboration between policymakers, police, health care workers, tobacco importers and sellers, and the business community.
- Research in other countries has shown that increasing the cost of cigarettes and alcohol, prohibiting smoking in public places, and reducing the availability of alcohol are effective deterrents to smoking. Priority should be given to these interventions.
- Changing social norms about smoking are essential to mobilize social pressure against tobacco use. Carefully designed and sustained mass media campaigns as well as banning tobacco advertisements, alter public and personal perceptions of smoking.
- Support for smoking and alcohol cessation programs, help from health care providers, and telephone hot lines all contribute to behavior change.

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Domestic Violence

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"Beware the enemy at home"
(As Samarqandi, 12th century Persian poet)

Executive Summary

Throughout the world, women are subjected to physical abuse, violation, rape, and even become victims of murder in their own homes at the hands of their partners, who should be those they can depend on the most. Violence in the family occurs in all cultures, irrespective of ethnicity or religion, and affects people regardless of their economic and social status.

Domestic violence is an urgent social, economic, and public health problem as well as a crime against human rights. Abused women suffer long-term physical and emotional problems. They are less likely to receive antenatal care, are more likely to have unwanted pregnancies and stillbirths, and experience higher rates of sexually transmitted diseases. Children who suffer violence or witness violence between their parents are victims as well; they have poorer health outcomes overall, are more at risk for emotional and school-related problems, and are more likely to become perpetrators or victims in their own families, repeating the cycle of violence in their adult lives (Hindin et al, 2008; Kishor and Johnson, 2004). The Government of the Kyrgyz Republic and other civic organizations must work together to identify domestic violence a crime, to enforce existing laws against abusers, and to provide protection and services to women These measures must stop crimes against individuals, and ensure the rights of every family member, as citizens, to safety, freedom, and personal dignity.

Introduction

Domestic violence is an international problem. Demographic and Health Surveys carried out in about 30 countries show spousal violence ranges from a low of 12% in Burkina Faso to a high of 64% in the Democratic Republic of the Congo (Head et al. 2014). According to data from the World Hearth Organization, 70% of women surveyed in Russia had been affected by some form of violence, as compared to 12% in Germany and 10% in France. Globally, from 40-70% of murdered women were killed by their partners in an act of domestic violence (http://www.un.org/ru/women/ endviolence/situation.shtml).

Policymakers in the Kyrgyz Republic and worldwide have recognized that this burden of violence must be stopped. In 1993, the United Nations General Assembly adopted the Declaration on the Elimination of Violence Against Women (DEVAW), which establishes a comprehensive set of standards in international law for the protection of women against sexual and gender-based violence. A decade later, the UN General Assembly passed Resolution 58/147, entitled "Elimination of domestic violence against women," which states that "domestic violence is of public concern and requires States to take serious action to protect victims and prevent domestic violence."

The Kyrgyz Republic was the first country in Central Asia to officially recognize the existence of domestic violence on the state level. In 2003, at the initiative of activists from the Kyrgyz women's movement, the law entitled, "On the Social and Legal Protection against Domestic Violence" was signed into force to prevent violence in the family and set punishments for offenders. The Kyrgyz Republic also ratified the UN resolutions cited above as well as the "Convention on the Rights of the Child", along with other international legal acts. These actions serve as a legal and social basis for preventing gender-based violence nationwide.

Percent of women age 15-49 who have ever experienced physical or sexual violence by their husband/partner

2012 Kg DHS: Domestic Violence

In the Kyrgyz Republic one in four married women age 15-49 years has experienced physical or sexual violence by her husband or partner, and 17 percent have experienced this violence in the past 12 months. Seven percent of women have experienced physical violence during pregnancy.

The Kyrgyz Republic has higher rates of intimate partner violence than other countries in Central Asia and the Commonwealth of Independent States. Less than 15% of women in Ukraine and Azerbaijan report domestic abuse compared with 25% of women in the Kyrgyz Republic.

In the Kyrgyz Republic domestic violence by a woman's husband or partner increases with women's age, ranging from only 3% among women age 15-19 to 33% among women aged 30 and older. Physical, sexual, or emotional abuse does not vary by urban or rural residence, by the husband's or wife's level of education or by the financial status of the family. Domestic abuse differs by oblast, however. It is highest in the Naryn and Talas oblasts, where two in five women experience violence. The lowest rates are reported in Issy Kul (18%) and Osh City (21%).

Alcohol use is strongly associated with violence. Women whose husbands are often drunk experience the highest rate of spousal violence (70%), while those whose husbands drink, but never get drunk, experience the lowest rate (10%). A history of domestic violence is strongly predictive of future abuse. Women whose fathers beat their mothers are approximately twice as likely to have experienced some form of spousal violence (52%) than women whose fathers did not beat their mothers (23%).

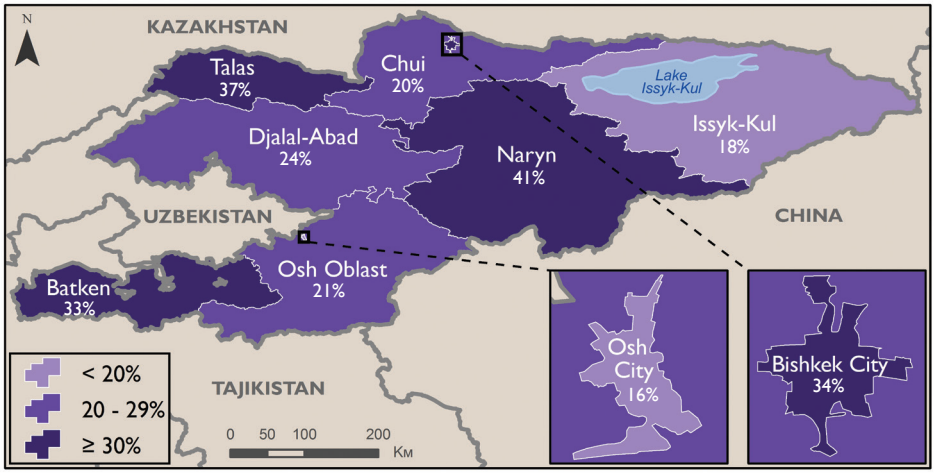
The immediate consequences of domestic violence are severe. More than half (57%) of ever-married women who have experienced physical or sexual spousal violence reported injuries including broken bones, broken teeth, and cuts and bruises. Despite the frequency of injuries, only about 40% of women who have experienced physical or sexual violence have sought help. Another 17% have talked to someone about the abuse. Two in five women who have been abused have never sought help or told anyone about their problem. Women with the lowest levels of education and wealth are least likely to seek help.

Few women seek help from the police or from lawyers. According to the Ministry of Internal Affairs, less than 2,400 men are charged with domestic violence annually and issued a restraining order.

Very few men are charged with domestic violence in the Kyrgyz Republic, since many men and women do not perceive this violence as illegal or unacceptable. According to the KgDHS, 34% of women and 50% of men believe that wife beating is acceptable under some circumstances; most notably if the wife neglects the children or goes out without telling her husband.

At the current time, the government has not created safe living conditions for all the women who have experienced domestic violence. It is necessary to create an organized system of social partnership in which assistance comes from non-government organizations, government bodies, the media, and law enforcement. It is also necessary to expand the laws of the Kyrgyz Republic.

The number of registered domestic violence offenders (with the issue of a temporary restraining order), according to data from the Kyrgyz Republic Ministry of Internal Affairs



Spousal violence by region in the Kyrgyz Republic

Conclusions and Recommendations

Government bodies and civil society must work together to prevent domestic violence. People have only recently begun talking openly about domestic violence in our country. More widespread discussion must occur along with actions to protect women and children.

The following are the highest priority measures:

- The government has made the crucial first step of passing laws against spousal violence and ratifying international treaties. Now, the government must enforce these laws and treaties.
- Enforcement of laws depends on the level of knowledge and commitment among law enforcement and the courts. The government must make sure that all state authorities know about the law, understand the legal conditions and penalties, and are committed to taking necessary action to protect women in their homes. Taking legal action against abusers is the first step to preventing domestic violence.
- Global and national history demonstrate that criminal and administrative measures alone are ineffective in situations of family violence, since the accused and victim are close to each other, and the victim generally does not wish to take punitive measures. Both men and women must recognize that domestic violence is a crime. Currently, one in three women and one in two men in the Kyrgyz Republic believe that wife beating is justified. Unless these attitudes change, gender-based violence will continue. The government must work with civil society, mass media, and NGOs to carry out public service campaigns which label domestic violence as a crime, explain the physical, mental and economic harm it causes, and promote legal action against abusers and support for women.
- At present, there are no established standards for providing legal and social aid and other services to victims of spousal violence. National and local governments need to work together to develop guidelines for how courts, police, and social services nationwide should care for victims of domestic abuse. Standardized guidelines will help ensure that women receive consistent and supportive care throughout the country.
- According to the DHS, less than two in five women who have been abused have sought help, and the overwhelming majority of these women went to family members. Less than 10% of women went to health care providers, the police, lawyers, or social workers. There are crisis centers and hotlines in Kyrgyzstan for women affected by domestic violence. However, these centers are very under-utilized, due to low awareness and an absence of centers on the regional level. To encourage women to get help, the government and NGOs need to publicize existing services such as hotlines and crisis center and also to establish more services to make them accessible to women throughout the country.

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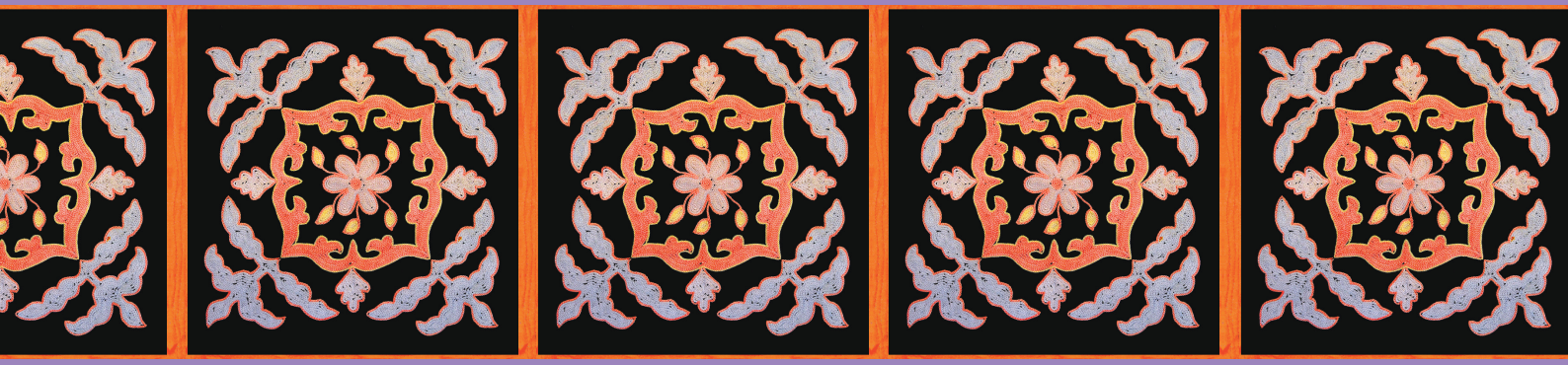
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