Kyrgyz Republic Demographic and Health Survey 1997

Preliminary Report

Institute of Obstetrics and Pediatrics
Ministry of Health of the Kyrgyz Republic

Demographic and Health Surveys
Macro International Inc.

The Demographic and Health Surveys (DHS) Program is assisting government and private agencies with the implementation of more than 60 surveys in developing countries. Funded primarily by the United States Agency for International Development (USAID), DHS is administered by Macro International Inc. in Calverton, Maryland. The main objectives of the DHS program are to (1) provide decision makers in survey countries with databases and analyses useful for informed policy changes, (2) expand the international population and health database, (3) advance survey methodology, and (4) develop in participating countries the skills and resources necessary to conduct high-quality demographic and health surveys.

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Macro International Inc.
Calverton, Maryland USA

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FOREWORD

The 1997 Kyrgyz Republic Demographic and Health Survey (KRDHS) was sponsored by the Ministry of Health of the Kyrgyz Republic and implemented by the Institute of Obstetrics and Pediatrics of the Ministry of Health of the Kyrgyz Republic The purpose of the survey was to develop an information base to be used in planning effective policies and programs regarding the health of women and their children. Preparations for the 1997 KRDHS started in June 1996, and the fieldwork was carried out between August and November 1997.

The KRDHS was designed to provide information on reproductive practices of women, maternal care, child health and mortality, child nutrition practices, anthropometry and anemia. This information is important for understanding the factors that influence the reproductive health of women and the health and survival of infants and young children, and will be instrumental in identifying new directions for the national health programs.

The KRDHS survey was funded by the United States Agency for International Development. Technical assistance for the program was provided by the Demographic and Health Surveys, Macro International Inc. The KRDHS is part of an international program that has executed more than 70 national-level surveys around the world.

This report summarizes the basic findings of the KRDHS. It is the result of more than one year of preparatory work and three months of data collection. This report is preliminary; a more detailed final survey report will be published during the summer months of 1998.

We would like to express our appreciation to all KRDHS interviewing teams for their devotion and sincere efforts in accomplishing the survey activities on time; and to the staff of DHS, Macro International Inc. who prepared this preliminary report.

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Minister of Health
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I. BACKGROUND

A. Introduction

The 1997 Kyrgyz Republic Demographic and Health Survey (KRDHS) is the first national-level population and health survey in the Kyrgyz Republic. The KRDHS was implemented by the Institute of Obstetrics and Pediatrics of the Ministry of Health of the Kyrgyz Republic and was funded by the United States Agency for International Development. Technical assistance for the program was provided by the Demographic and Health Surveys Program of Macro International Inc., USA.

Fieldwork for the KRDHS was conducted from August to November 1997. This preliminary report presents the first findings for the principal topics covered in the survey. The early publication of these results is intended to facilitate the planning and management of the programs of reproductive health and nutrition in the Kyrgyz Republic. A more detailed report will be published in the summer months of 1998. The final figures are not expected to differ markedly from the findings presented in this report; nonetheless, the results presented here should be regarded as provisional.

B. Survey Objectives

The purpose of the survey is to provide an information base to the Ministry of Health for the planning of policies and programs regarding the health of women and their children. The KRDHS collected data on women's reproductive histories, knowledge and use of methods of contraception, breastfeeding practices, and the nutrition, vaccination coverage, and episodes of diseases among their children under the age of three. The survey also included the measurement of the hemoglobin level in the blood to assess the prevalence of anemia, and measurements of height and weight to assess nutritional status.

A secondary objective of the survey is to enhance the capabilities of institutions in the Kyrgyz Republic to collect, process and analyze population and health data so as to facilitate the implementation of future surveys of this type.

II. SURVEY IMPLEMENTATION

A. Sample Design

The KRDHS employed a representative probability sample of women aged 15 to 49. Selected survey estimates were to be produced for four survey regions. The capital city of Bishkek and Narynskaya *oblast*, which is located in the mountainous eastern part of the Kyrgyz Republic, constituted two survey regions by themselves (survey regions 1 and 3, respectively). The remaining two survey regions consisted of groups of contiguous *oblasts* located in the North (Survey Region 2) and South (Survey region 4) of the Kyrgyz Republic. The four survey regions were defined as follows:

Survey Region 1:	Bishkek City
Survey Region 2 (North):	Issyk-Kulskaya, Chuiskaya and Talasskaya *oblasts*.
Survey Region 3 (East):	Narynskaya *oblast*.
Survey Region 4 (South):	Oshskaya and Dzhelal-Abadskaya *oblasts*.

In the rural areas, the primary sampling units (PSUs) were the *raions* which were selected with probabilities proportional to size, the size being the population size as published by Goskomstat. At the second stage, one village was selected in each selected *raion*, from the list of villages collected by the Institute of Obstetrics and Pediatrics. This resulted in 76 rural clusters being selected. Very large villages (with 400 households or more) that were selected into the sample were divided in the field into smaller segments, and one segment was selected prior to the household listing operation. A complete listing of the households in the selected clusters was carried out. The lists of households served as the frame for third-stage sampling, i.e., the selection of the households to be visited by the KRDHS interviewing teams. In each selected household, women age 15-49 were eligible to be interviewed.

In the urban areas, the sampling frame is the list of therapeutical *uchastoks* that have been collected by the Institute of Obstetrics and Pediatrics. However the list of *uchastoks* only exists for main cities and not for small towns. For small towns, each town has been divided into segments of equal size around 2000 population each, and these segments have been treated as if they were *uchastoks*. The selected *uchastoks* were segmented prior to the household listing operation which provided the household lists for the third stage selection of households. In total, 86 uchastoks were selected.

On average, 20 households were selected in each urban cluster, and 30 households were selected in each rural cluster. It was expected that the sample would yield interviews with approximately 4000 women between the ages of 15 and 49. Because of the non-proportional distribution of the sample to the different survey regions, sampling weights have been applied to the data in this report.

B. Questionnaires

Two questionnaires were used for the KRDHS: the Household Questionnaire and the Individual Questionnaire. The questionnaires were based on the model survey instruments developed in the DHS program. The questionnaires were adapted to the data needs of the Kyrgyz Republic during consultations with specialists in the areas of reproductive health and child health in the Kyrgyz Republic. Both questionnaires were developed in English and then translated into Russian and Kyrgyz. A pretest was conducted in June 1997. Based on the pretest experience, the questionnaires were further modified.

The Household Questionnaire was used to enumerate all usual members and visitors in a sample household and to collect information relating to the socio-economic position of a household. In the first part of the

Household Questionnaire, information was collected on age, sex, educational attainment, and relationship to the head of household of each person listed as a household member or visitor. A primary objective of the first part of the Household Questionnaire was to identify women who were eligible for the individual interview. In the second part of the Household Questionnaire, questions were included on the dwelling unit, such as the number of rooms, the flooring material, the source of water, and the type of toilet facilities, and on the availability of a variety of consumer goods.

The Individual Questionnaire was used to collect information from women age 15-49. These women were asked questions on the following major topics:

- Background characteristics
- Pregnancy history
- Outcome of pregnancies and antenatal care
- Child health and nutrition practices
- Child immunization and episodes of diarrhea and respiratory illness
- Knowledge and use of contraception
- Marriage and fertility preferences
- Husband's background and woman's work
- Maternal and child anthropometry
- Hemoglobin measurement of women and children

One of the major efforts of the KRDHS was testing women and children for anemia. Testing was done by measuring hemoglobin levels in the blood, using the Hemocue technique. Before collecting the blood sample, women were asked to sign a consent form, giving permission for the collection of a blood droplet from herself and her children. Results of anemia testing were kept confidential (as are all KRDHS data); however, strictly with the consent of respondents, local health care facilities were informed of women who had severely low levels of hemoglobin (less than 7 g/dl).

C. Training and Fieldwork

The KRDHS questionnaires were pretested in June 1997. Eight interviewers were trained over a two week period at the Institute of Obstetrics and Pediatrics. The pretest included one week of interviewing in an urban area (Bishkek City) and one week in a rural area. A total of 120 women were interviewed. Pretest interviewers were retained to serve as supervisors and field editors for the main survey.

A total of 40 people (mainly the staff members of the Institute of Obstetrics and Pediatrics: physicians, researchers and nurses), were recruited as field supervisors, editors, interviewers and medical technicians for the main survey. They were trained for three weeks in July-August 1997. Training consisted of in-class lectures and practice, as well as interviewing in the field. Interviewers were selected based on their performance during the training period.

The KRDHS data collection was carried out by three teams. Each team consisted of eight members: the team supervisor, one editor, one household interviewer, four individual women interviewers, and one medical technician (responsible for height and weight measurement and anemia testing). All interviewers were female.

All three interviewing teams began work in Region 1 (Bishkek City) on August 8. After about two weeks of interviewing in Bishkek City, all teams were assigned to the remaining survey regions and fieldwork started in Regions 2 through 4. The data collection was completed on November 8, 1997

D. Data Processing

Questionnaires were returned to the Institute of Obstetrics and Pediatrics in Bishkek for data processing. The office editing staff checked that questionnaires for all selected households and eligible respondents were returned from the field. The few questions which had not been pre-coded (e.g., occupation, type of chronic disease) were coded at this time. Data were then entered and edited on microcomputers using the ISSA (Integrated System for Survey Analysis) package, with the data entry software translated into Russian. Office editing and data entry activities began on September 15, and were completed on December 17, 1997.

E. Response Rates

Table 1 presents information on the coverage of the KRDHS sample includ-ing household and individual response rates. A total of 3,821 households were selected in the sample, of which 3,695 were occupied at the time of conducting fieldwork. The main reason for the difference was that some dwelling units which were occupied at the time of the household listing operation were either vacant or the household was away for an extended period at the time of interviewing. Of the 3,695 occupied households, 3,672 were interviewed, yield-ing a household response rate of 99 percent.

In the interviewed households, 3,954 women were eligible for the individual interview (i.e., all women 15-49 years of age who were either usual residents or visitors who had spent the previous night in the household). Interviews were successfully completed with 3,848 of these women, yielding a response rate of 97 percent. The principal reason for non-response was a failure to find an eligible woman at home after repeated visits to the household. The overall response rate for the survey, the product of the household and the individual response rates, was 97 percent.

Table 1 Household and individual sample results

Percent distribution of households and eligible women by result of the interview, and response rates, Kyrgyz Republic 1997

Result of interview and response rate	Number	Percent
Households selected	3,821	100.0
Interviewed	3,672	96.1
No competent respondent at home	7	0.2
Household absent	54	1.4
Refused	15	0.4
Dwelling vacant/not a dwelling	72	1.9
Dwelling not found	1	0.0
Households occupied	3,695	100.0
Households interviewed	3,672	99.4
Households not interviewed	23	0.6
Eligible women	3,954	100.0
Interviewed	3,848	97.3
Not at home	49	1.2
Refused	19	0.5
Incapacitated	37	0.9
Other	1	0.0
Household response rate		99.4
Individual response rate		97.3
Overall response rate		96.7

III. RESULTS

A. Characteristics of the Respondents

Table 2 shows the distribution of women interviewed in the KRDHS, weighted and unweighted, by selected background characteristics.

The percentage of women in five-year age groups declines steadily with increasing age. One exception are women in age group 25-29 (14 percent), the percentage of which is lower than the percentage of women in the following age group 30-34 (16 percent).

Thirty-four percent of women live in urban areas; 67 percent in rural areas.

The percent distribution of the interviewed women by regions of their residence is as follows: 14 percent live in Bishkek City, 31 percent in the North, 6 percent in the East (Naryn oblast), and 50 percent in the South.

The survey respondents are well educated. All respondents had attended at least primary/secondary school, 30 percent having a secondary-special education and 17 percent having a higher education.

Sixty two percent of respondents are Kyrgyz, 11 percent Russian, 18 percent Uzbek and 10 percent other ethnic groups.

Table 2 Background characteristics of respondents

Percent distribution of women 15-49 by background characteristics, Kyrgyz Republic 1997

Background characteristic	Weighted percent	Number of women	
		Weighted	Unweighted
Age			
15-19	19.3	743	740
20-24	16.9	649	639
25-29	13.8	530	552
30-34	16.4	630	616
35-39	15.0	579	567
40-44	10.7	410	415
45-49	8.0	307	319
Residence			
Urban	33.5	1,290	1,485
Rural	66.5	2,558	2,363
Region			
Bishkek City	13.5	518	893
North	30.9	1,188	1,023
East	5.6	215	770
South	50.1	1,926	1,162
Education			
Primary/Secondary	53.4	2,053	1,929
Secondary-Special	29.9	1,151	1,181
Higher	16.7	643	738
Ethnicity			
Kyrgyz	61.9	2,380	2,560
Russian	10.7	412	493
Uzbek	18.0	691	439
Other	9.5	364	356
Total	100.0	3,848	3,848

B. Reproduction

Each woman interviewed in the KRDHS was asked a series of questions about the pregnancies she has had. To encourage complete reporting of events, respondents were asked separate questions about the number of pregnancies which had terminated in live births, induced abortions (including mini-abortions), miscarriages, and stillbirths.

A detailed pregnancy history was then obtained from the respondent. In this history, information specific to each pregnancy was collected--proceeding in reverse chronological order from the most recent to the respondent's first pregnancy. For each pregnancy, information on the type and date of pregnancy termination was collected. For each live birth, information was collected on the sex of the child, survival status and age (for surviving children) or age at death (for deceased children).

1. Fertility

Age-specific and total fertility rates were calculated directly from the information recorded in the pregnancy history section of the KRDHS questionnaire. The reported rates refer to the three-year time period preceding the survey: i.e., from mid-1994 to mid-1997. Age-specific fertility rates were calculated by dividing the number of births to women in a five-year age interval by the number of woman-years lived in that age interval. The sum of the age-specific rates multiplied by five is known as the total fertility rate (TFR). The TFR is interpreted as the number of children a woman would have in her life time if she experienced the currently observed age-specific fertility rates during her childbearing years.

Age-specific fertility rates are shown in Table 3. The TFR for all of the Kyrgyz Republic is 3.4 children per woman. The women in Kyrgyz Republic experience their peak childbearing years during their early twenties. No respondents age 45-49 reported having a live birth in the previous three years.

Table 3 Current fertility and children ever born

Age-specific fertility and total fertility rates for the three-year period prior to the survey and mean number of children ever born by age of woman, Kyrgyz Republic 1997

Age of women	Age-specific fertility rates	Mean number of children ever born	Number of women
15-19	0.075	0.065	743
20-24	0.246	1.057	649
25-29	0.179	1.979	530
30-34	0.113	2.973	630
35-39	0.047	3.683	579
40-44	0.013	4.282	410
45-49	0.000	4.896	307
TFR			
15-49	3.366	2.351	3,848

Table 3 also shows the mean number of children ever born (CEB) to women in each five-year age group. The mean CEB to women 45-49 indicates the completed fertility experience of this age group (4.9 for all of the Kyrgyz Republic). The fact that the TFR (3.4 children per woman) is less than the mean CEB to women 45-49 indicates that fertility has declined in the Kyrgyz Republic over the past three decades.

Table 4 shows TFRs by background characteristics of respondents. The TFR is higher in rural (3.9 children per woman) than in urban areas (2.3). The TFR is lowest in Bishkek City (1.7 children per woman). The TFRs for women residing in the North, East and South are 3.1, 4.3, and 3.9 children per woman, respectively.

In terms of the education level, the TFR is greatest for women with a primary/secondary education (3.7 children per woman) and somewhat less for women with either a secondary-special or higher education (3.3 and 2.4 children per woman, respectively).

In terms of ethnicity, the TFR is greatest for Uzbek women (4.2 children per woman), somewhat lower for Kyrgyz women (3.6 children per woman) and the lowest for Russian women (1.5 children per woman).

2. Abortion

Age-specific abortion rates and the total abortion rate (TAR) were calculated directly from the information recorded in the pregnancy history section of the KRDHS questionnaire. Age-specific abortion rates and the TAR were calculated in a manner analogous to the calculation of fertility rates. As was the case with fertility, the reported rates refer to the three-year period from mid-1994 to mid-1997. The TAR is interpreted as the number of abortions a woman would have in her lifetime if she experienced the currently observed age-specific abortion rates during her childbearing years.

Age-specific abortion rates from the KRDHS are shown in Table 5 and Figure 1.

The TAR for all of the Kyrgyz Republic is 1.6 abortions per woman. The age-specific rates of induced abortion increase for the younger women, peak among women 30-34 (81 per 1,000 women) and decline in the older age groups. The age-specific rate of induced abortion for women age 20-24, which have the highest age-specific fertility rate (246 births per 1000 women) is 57 abortions per 1,000 women.

Table 6 shows TARs by background characteristics of respondents. The TAR in urban areas (2.1 abortions per woman) is higher than in rural areas (1.3).

There are some regional variations in the rates of induced abortion. The TAR is highest for Bishkek City (2.0 abortions per woman), intermediate for the North and South (1.6 and 1.5, respectively) and lowest for the East (0.9).

In terms of the education level, recourse to induced abortion for women with higher or secondary-special education (1.7 and 1.9 abortions per woman, respectively) is significantly higher than for women with only primary/secondary education (1.3 abortions per woman).

In terms of the ethnicity, recourse to induced abortion is highest for the Russian women (2.2 abortions per woman), somewhat lower for Uzbek women (1.9 abortions per woman), and lowest for Kyrgyz women (1.3 abortions per woman).

Table 4 Current fertility by background characteristics

Total fertility rates for the three-year period preceding the survey by background characteristics, Kyrgyz Republic 1997

Background characteristic	Total fertility rates
Residence	
Urban	2.291
Rural	3.914
Region	
Bishkek City	1.652
North	3.122
East	4.342
South	3.892
Education	
Primary/Secondary	3.703
Secondary-Special	3.307
Higher	2.391
Ethnicity	
Kyrgyz	3.556
Russian	1.459
Uzbek	4.191
Other	2.694
Total	3.366

Table 5 Induced abortion rates

Age-specific induced abortion and total abortion rates for the three-year period prior to the survey, Kyrgyz Republic 1997

Age of woman	Age-specific induced abortion rates	Number of women
15-19	0.006	743
20-24	0.057	649
25-29	0.077	530
30-34	0.081	630
35-39	0.058	579
40-44	0.022	410
45-49	0.010	307
TAR		
15-49	1.553	3,848

Figure 1. Age-Specific Fertility and Abortion Rates

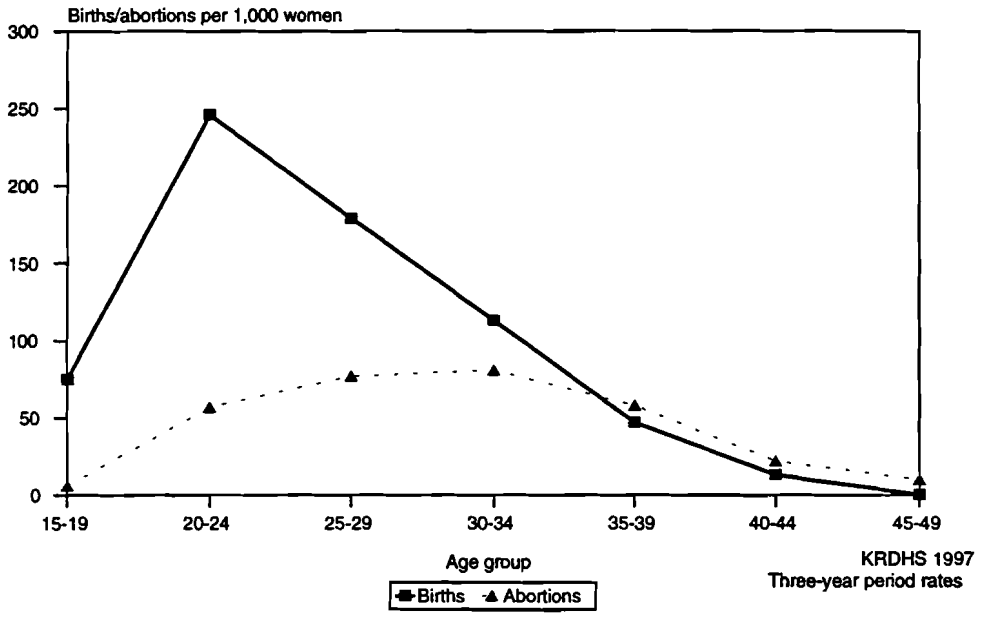

Table 6. Induced abortion by background characteristics

Total induced abortion rates for the three-year period prior to the survey by background characteristics, Kyrgyz Republic 1997

Background characteristic	Total abortion rates
Residence	
Urban	2.088
Rural	1.279
Region	
Bishkek City	2.009
North	1.609
East	0.851
South	1.471
Education	
Primary/Secondary	1.251
Secondary-Special	1.862
Higher	1.710
Ethnicity	
Kyrgyz	1.252
Russian	2.248
Uzbek	1.864
Other	2.173
Total	1.553

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C. Family Planning

The KRDHS collected information from respondents on their knowledge and use of family planning methods. Respondents were first asked to name all the methods of family planning that they knew or had heard about. For methods not mentioned spontaneously, the interviewer read a description of the method and asked whether the respondent had heard of the method. For each method recognized (either spontaneously or when read the description of the method), women were asked whether they had ever used the method. Respondents were also asked if they were currently using a method, and if so, which method.

1. Knowledge

Table 7 and Figure 2 indicate that knowledge of at least one method of family planning is high among currently married women in Kyrgyz Republic. Almost all currently married women have heard of the IUD (100 percent); the great majority of them have heard of the condom (85 percent), the pill (73 percent), withdrawal (68 percent), injectables (67 percent), the calendar method (61 percent) and female sterilization (59 percent).

Table 7 Knowledge, ever use, and current use of contraceptive methods

Percentage of all and currently married women who know a contraceptive method, who have ever used a method, and who are currently using a method, by specific contraceptive methods, Kyrgyz Republic 1997

	Knows method		Ever used		Currently using	
Method of contraception	All women	Currently married women	All women	Currently married women	All women	Currently married women
Any method	97.1	99.8	63.7	83.3	42.8	59.5
Any modern method	97.1	99.8	58.3	76.7	35.3	48.9
Pill	67.7	73.3	9.6	12.7	1.2	1.7
IUD	95.6	99.6	49.8	66.7	27.6	38.2
Injection	58.0	67.1	2.9	4.0	0.9	1.3
Diaphragm/foam/jelly	25.8	29.9	1.6	2.1	0.1	0.1
Condom	81.1	85.2	20.1	26.2	4.1	5.7
Female sterilization	51.2	59.3	1.4	1.8	1.4	1.8
Any traditional or folk method	69.0	80.8	32.4	42.5	7.5	10.7
Calendar method	52.8	60.8	12.5	16.1	2.2	6.0
Withdrawal	56.3	67.5	21.5	28.5	4.2	1.5
Douche	11.8	14.9	8.5	11.2	1.1	0.0
Other	1.5	1.7	0.5	0.6	0.0	0.0
Number of women	3,848	2,675	3,848	2,675	3,848	2,675

2. Ever use of family planning

More than three quarters of currently married women in the Kyrgyz Republic (83 percent) have used a method of family planning at some time in their lives (Table 7). Seventy seven percent have used a modern method; 67 percent reported use of the IUD. Forty three percent of currently married women reported experience with traditional methods.

3. Current use of family planning

Overall, the KRDHS found that 60 percent of currently married women are currently using a method of contraception (Table 7). Many more women are using modern methods (49 percent) than traditional methods (11 percent). By far the most popular method is the IUD, used by 38 percent of currently married women. Other methods used are the calendar method (6 percent), the condom (6 percent), female sterilization (2 percent) and pills (2 percent).

There are significant differences in current use by women differentiated by age and number of living children (Table 8). Among currently married women, the use of contraception increases steadily with age up through age group 30-34 (70 percent) and declines thereafter, especially in the age group 45-49 (46 percent). The IUD is the most popular method at every age group. As expected, contraceptive use rises with the number of living children.

The level of contraceptive use is higher for women living in urban areas (66 percent) than for rural women (57 percent). The contraceptive prevalence rate for Russian women (72 percent) is higher than for women of Uzbek or Kyrgyz ethnicities (63 and 56 percent, respectively). Contraceptive use is widespread throughout all geographic areas and educational groups of the Kyrgyz Republic.

Figure 2. Knowledge and Use of Methods of Contraception Among Currently Married Women 15-49

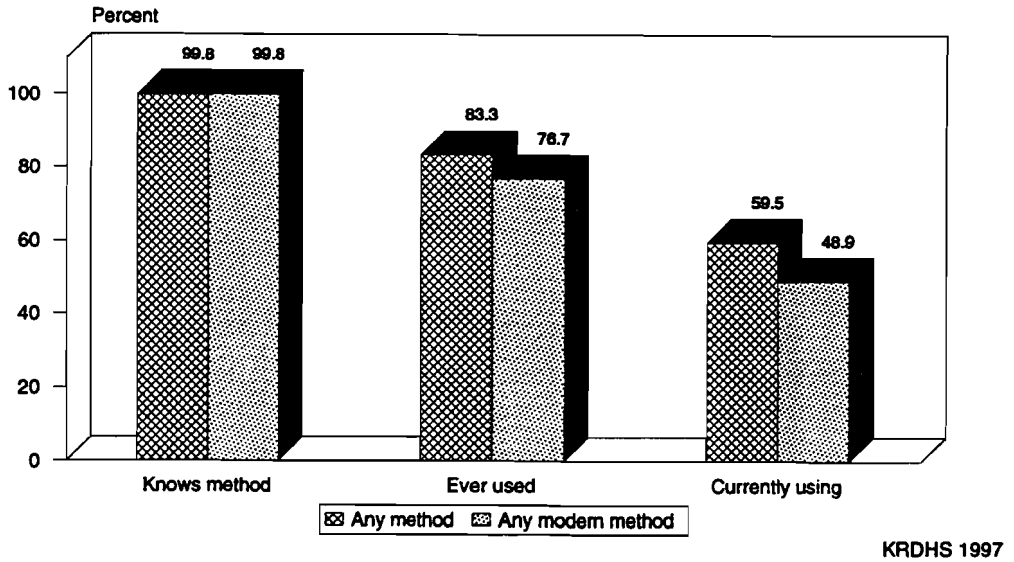

Table 8 Current use of contraception by background characteristics

Percent distribution of currently married women by contraceptive method currently being used, according to background characteristics, Kyrgyz Republic 1997

			Modern contraceptive method						Traditional method					
Background characteristic	Any method	Any modern method	Pill	IUD	Con-dom	Female sterili-zation	Other[a]	Any trad. method	Cal-endar method	With-drawal	Douche	Not using any	Total	No. of women
Age														
15-19	29.3	20.5	0.0	14.9	5.4	0.0	0.3	8.8	4.1	4.6	0.0	70.7	100.0	91
20-24	48.7	39.2	1.3	30.4	7.3	0.0	0.3	9.5	2.1	5.9	1.5	51.3	100.0	460
25-29	56.9	46.5	1.6	37.6	5.9	0.6	0.9	10.3	2.8	6.3	1.2	43.1	100.0	458
30-34	69.9	57.7	2.7	45.9	6.2	0.5	2.4	12.2	3.1	6.4	2.7	30.1	100.0	557
35-39	69.5	59.0	2.6	46.8	5.5	1.8	2.4	10.5	2.8	6.8	0.9	30.5	100.0	511
40-44	64.2	51.6	0.8	38.9	4.6	6.1	1.2	12.6	6.5	4.6	1.5	35.8	100.0	342
45-49	45.8	37.4	0.7	26.7	3.3	5.4	1.3	8.5	1.7	5.4	1.3	54.2	100.0	256
Residence														
Urban	65.8	55.0	3.0	37.6	10.6	2.4	1.3	10.8	5.4	3.7	1.7	34.2	100.0	856
Rural	56.6	46.0	1.2	38.4	3.4	1.5	1.5	10.6	2.1	7.1	1.4	43.4	100.0	1,819
Region														
Bishkek City	68.9	59.6	5.0	33.3	15.8	3.8	1.7	9.3	6.5	1.0	1.8	31.1	100.0	349
North	59.2	50.3	1.6	40.5	4.5	1.9	1.8	8.9	3.4	2.8	2.7	40.8	100.0	836
East	54.0	51.6	0.9	43.5	2.0	1.8	3.3	2.4	1.8	0.2	0.4	46.0	100.0	152
South	58.0	44.9	1.1	37.4	4.2	1.2	1.0	13.1	2.3	9.9	0.9	42.0	100.0	1,338
Education														
Prim/Second	58.2	47.0	1.1	39.4	3.6	1.6	1.3	11.2	1.7	8.1	1.4	41.8	100.0	1,314
Second-Spec	59.4	50.5	1.7	39.4	6.1	1.5	1.9	8.9	3.5	4.0	1.4	40.6	100.0	908
Higher	63.7	51.2	3.9	32.4	11.0	3.0	0.9	12.5	6.6	4.0	1.9	36.3	100.0	452
Ethnicity														
Kyrgyz	55.8	47.0	1.1	39.2	3.4	1.8	1.4	8.7	2.7	4.6	1.4	44.2	100.0	1,632
Russian	71.8	58.1	5.6	31.5	17.8	2.0	1.1	13.8	9.7	2.7	1.3	28.2	100.0	300
Uzbek	62.7	49.5	1.5	41.1	4.6	1.2	1.2	13.2	0.3	12.3	0.6	37.3	100.0	504
Other	63.2	48.7	1.4	33.5	8.3	3.0	2.5	14.5	3.8	6.5	4.2	36.8	100.0	240
No. of living children														
None	20.1	17.5	3.1	3.1	10.0	0.6	0.6	2.6	1.9	0.3	0.4	79.9	100.0	196
1	46.1	35.7	1.7	26.2	6.9	0.4	0.6	10.4	5.1	4.5	0.8	53.9	100.0	464
2	66.5	54.0	2.3	41.0	7.7	2.1	0.8	12.5	3.5	5.9	3.0	33.5	100.0	660
3	67.9	55.1	1.3	44.6	4.9	2.5	1.7	12.8	3.3	7.6	1.9	32.1	100.0	533
4+	65.5	55.6	1.3	46.8	2.8	2.3	2.4	9.9	2.0	7.2	0.7	34.5	100.0	823
Total	59.5	48.9	1.7	38.2	5.7	1.8	1.4	10.7	3.2	6.0	1.5	40.5	100.0	2,675

[a] Includes injection and diaphragm

4. Sources of family planning

Women who reported currently using a modern method of contraception were asked where they obtained the method the last time. Some women may misreport the type of place where they obtained their method, since the distinction between types of clinics and between public and private sources may not always be clear.

The dominance of the public sector in the provision of contraceptives in Kyrgyz Republic is evident (Table 9). Ninety seven percent of modern method users last obtained their method from the public sector with the primary sources being women's consulting centers (36 percent), hospitals (35 percent), pharmacies (13 percent), and polyclinics (13 percent).

Table 9 Source of supply for specific modern methods

Percent distribution of current users of modern contraceptive methods by source of method, according to specific method, Kyrgyz Republic 1997

Source of method	Modern method currently being used				All modern methods	Number of women
	Pill	IUD	Condom	Other		
Public sector	90.1	98.8	85.5	97.9	96.9	1317
Hospital	7.1	38.6	2.9	63.1	35.0	476
Polyclinic	2.9	14.4	2.4	15.9	12.7	173
Women's consulting center	33.3	41.7	4.7	18.2	35.6	484
Pharmacy	46.1	3.9	74.8	0.6	13.3	180
Community health worker	0.6	0.2	0.7	0.0	0.2	3
Other public facility	0.0	0.1	0.0	0.0	0.0	1
Private medical sector	0.0	0.2	3.9	0.3	0.6	9
Private hospital/clinic	0.0	0.0	0.0	0.3	0.0	0
Private pharmacy	0.0	0.0	3.5	0.0	0.4	5
Other private medical	0.0	0.2	0.4	0.0	0.2	4
Other private	7.0	0.0	9.7	0.6	1.4	19
Shop	1.2	0.0	4.2	0.0	0.5	7
Friends/relatives	2.5	0.0	4.5	0.0	0.6	8
Other	3.3	0.0	1.0	0.6	0.3	4
Missing	3.0	0.9	0.9	1.2	1.0	14
Total	100.0	100.0	100.0	100.0	100.0	
Number of users	47	1,063	156	92	1,358	1,358

The source from which a method was last obtained was related to the type of method being used. Women using the IUD predominately obtained that method from women's consulting centers, hospitals or polyclinics. Users of the pill primarily relied on public sector pharmacies (46 percent) or women's consulting centers (33 percent). Seventy five percent of condom users obtained their supplies from public sector pharmacies.

D. Fertility Preferences

To assess fertility preferences, currently married women were asked whether or not they wanted another child, and if so, how soon. Forty five percent of currently married women say they want no more children or have been sterilized (Table 10 and Figure 3). Only forty percent of women want to have a child at some time in the future and the majority of these women (26 percent) say they would like to wait 2 or more years before having their next birth. Thus, the vast majority of women want either to limit childbearing altogether or want to space their next birth.

Table 10 also shows that the desire to limit births increases rapidly with age; by the time women reach their mid-30s about 46 percent have had all the children they want. By their late 30s, seventy percent of currently married women want no more children or are sterilized.

Table 10 Reproductive preferences by age

Percent distribution of currently married women by desire for children, according to age, Kyrgyz Republic 1997

Desire for children	Age of woman							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Want another								
Within 2 years	24.8	19.6	17.3	12.4	11.5	2.2	1.2	12.4
After 2 years	60.8	58.1	46.2	25.1	5.7	0.5	0.1	26.4
Unsure when	2.6	3.4	1.7	2.2	1.6	0.0	0.2	1.8
Undecided[a]	6.6	8.0	12.0	10.8	3.8	1.5	0.8	6.9
Want no more	1.9	9.3	20.1	46.1	68.5	78.7	75.1	45.0
Sterilized	0.0	0.0	0.6	0.5	1.8	6.1	5.4	1.8
Declared infecund	3.2	1.6	2.0	2.9	6.8	11.0	17.1	5.7
Missing	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	91	460	458	557	511	342	256	2,675

[a] Undecided whether they want another child

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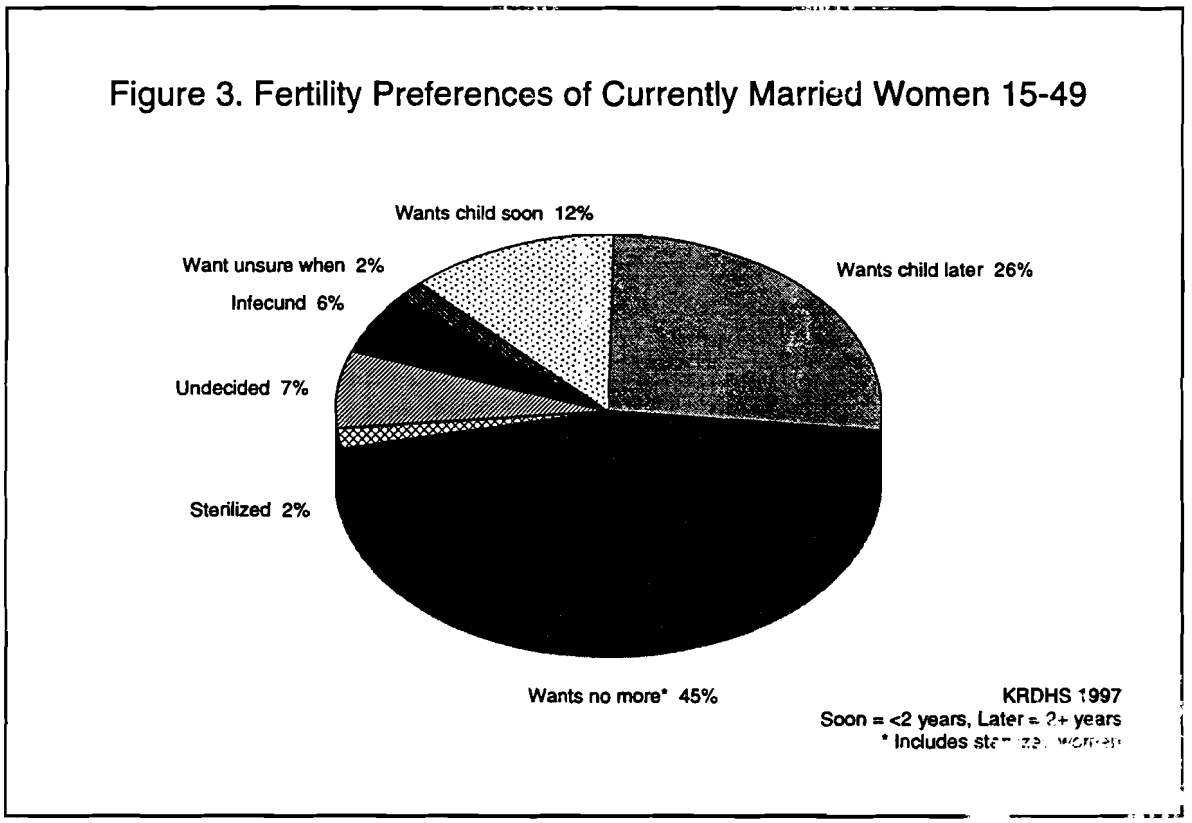

E. Maternal Care

Proper care during pregnancy and childbirth are important for the health of both the mother and child. The KRDHS included a number of questions on maternal health care for all pregnancies which terminated within the three years preceding the survey. While maternal care questions were asked about all types of pregnancy terminations, this report focuses on antenatal care and assistance at delivery for live births.

Table 11 shows that for 65 percent of births in the three years preceding the survey, mothers received antenatal care from a doctor, 32 percent from a nurse or trained midwife. In urban areas, 92 percent of antenatal care is provided by doctors and 6 percent by nurses and midwives, while in rural areas doctors provide 58 percent of antenatal care and nurses and midwives 40 percent.

In the East and South, a relatively high proportion of antenatal care is provided by nurses and midwives (38 and 48 percent, respectively), while in Bishkek City and in the North, almost all antenatal care is provided by doctors. Ninety nine percent of antenatal care for mothers of Russian ethnicity is provided by doctors, while for mothers of Kyrgyz and Uzbek ethnicity doctors provided only 64 and 55 percent of antenatal care, respectively. The percentage of antenatal care provided by doctor increases with mother's age and level of education.

Assistance at delivery from a health professional is universal in the Kyrgyz Republic. Sixty one percent of live births during the three years preceding the survey were attended by a doctor, 37 percent by a nurse or midwife. Residential, regional, educational, and ethnic differentials exist in the share of births attended by a doctor as opposed to a nurse or midwife, but the majority of deliveries in all population groups were under the supervision of a doctor with the exception of the southern region where 43 percent of births were attended by doctor, and 54 percent by a nurse or midwife.

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Table 11 Antenatal care and assistance at delivery

For all births in the three years preceding the survey, the percentage whose mothers received antenatal care from a doctor or trained nurse/midwife and assistance at delivery from a doctor or trained nurse/midwife, by background characteristics, Kyrgyz Republic 1997

	Received antenatal care from:		Received assistance at delivery from:		Number of births	
Background characteristic	Doctor	Nurse or midwife	Doctor	Nurse or midwife	Weighted	Un-weighted
Mother's age at birth						
<20	62.4	34.1	53.1	44.5	152	145
20-34	65.4	32.1	62.0	36.6	933	886
35+	70.8	26.2	61.4	33.3	88	96
Residence						
Urban	91.9	6.2	77.0	22.2	265	286
Rural	57.7	39.5	56.0	41.8	907	841
Region						
Bishkek City	97.9	0.7	91.4	7.9	81	140
North	91.8	5.4	86.2	13.0	330	288
East	60.2	38.4	74.7	24.9	78	279
South	49.4	47.8	43.2	54.0	683	420
Education						
Primary/Secondary	59.4	37.0	54.8	42.9	615	576
Secondary Special	67.9	30.3	63.7	34.8	414	395
Higher	84.2	15.0	78.0	21.0	143	156
Ethnicity						
Kyrgyz	64.0	33.1	57.7	40.1	772	820
Russian	98.9	1.1	87.7	12.3	51	61
Uzbek	54.6	44.2	57.9	40.9	261	164
Other	90.5	3.5	80.2	17.3	89	82
Birth order						
1	67.0	30.2	67.5	32.2	343	332
2-3	67.8	29.9	61.9	36.6	545	510
4-5	61.5	36.1	50.1	45.9	199	192
6+	53.0	42.6	51.7	42.9	85	93
Total	65.4	31.9	60.8	37.3	1,172	1,127

F. Health of Children

1. Vaccinations

According to guidelines developed by the World Health Organization, a child should have received a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis and tetanus, three doses of the polio vaccine, and a measles vaccination by the age of 12 months.

Information on vaccination coverage was collected in the KRDHS for all children under three years of age. In the Kyrgyz Republic, child health cards are maintained in the local health care facilities rather than in the homes of respondents, so it was decided to collect the vaccination data in two ways: first from respondents while administering the individual woman's questionnaires, and second from the health cards maintained at the health facilities.

The data collected in the individual woman's questionnaire were virtually entirely based on mother's recall, since health cards were available in only 24 homes (less than 2 percent). Data were collected on whether or not a child had received specific vaccines, such as BCG, Polio, DPT or DT (against diphtheria and tetanus without the pertussis vaccine component), and Measles. For children reported to have received polio and DPT/DT, mothers were asked the number of doses which were received.

The vaccination data from the health cards were collected by the supervisors of the interviewing teams who visited the health care facilities and, with the help of facility personnel (i.e., a nurse or archive clerk), searched for the child health cards. Cards were found for 82 percent of children reported as under three years of age in the woman's questionnaires. The team supervisors recorded the vaccination data for each child on forms designed for that purpose.

Table 12 presents vaccination coverage rates: 1) for the data obtained on the woman's questionnaires (i.e., based on mother's recall), and 2) for the data obtained from the cards at the health facilities.

Table 12 Vaccinations by source of information

Percentage of all children age 12-23 months who have received specific vaccinations by the time of the survey, by whether the information was from a vaccination card or from the mother's report, Kyrgyz Republic 1997

	Percentage of children who received:									Number of children	
Source of information	BCG	P1	P2	P3	D1	D2	D3	Mea-sles	ALL	Weighted	Un we
Mother's recall	98.6	94.6	59.3	44.1	95.6	47.4	36.1	84.6	21.9	373	3[illegible]
Health cards	98.5	99.8	97.6	94.8	99.8	97.5	95.3	85.4	82.2	289	275

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Vaccination coverage with BCG, first doses of polio and DPT/DT, and measles vaccines was similarly high based on both the mother's verbal reports and the records from the health facilities. However, mothers reported much lower coverage with the second and third doses of polio and DPT/DT vaccines compared to what was recorded in the health cards. Because of the high drop out rate between the first and third vaccines of polio and DPT/DT according to the mother's report, the percentage of children who had received all WHO recommended vaccinations was only 22 percent, while according to the health cards, 82 percent of the children were fully immunized.

Because the mother's report of vaccination coverage is an unreliable source of information compared to the health card, in the remaider of this report, vaccination data are presented based exclusively on health cards found in the health facilities.

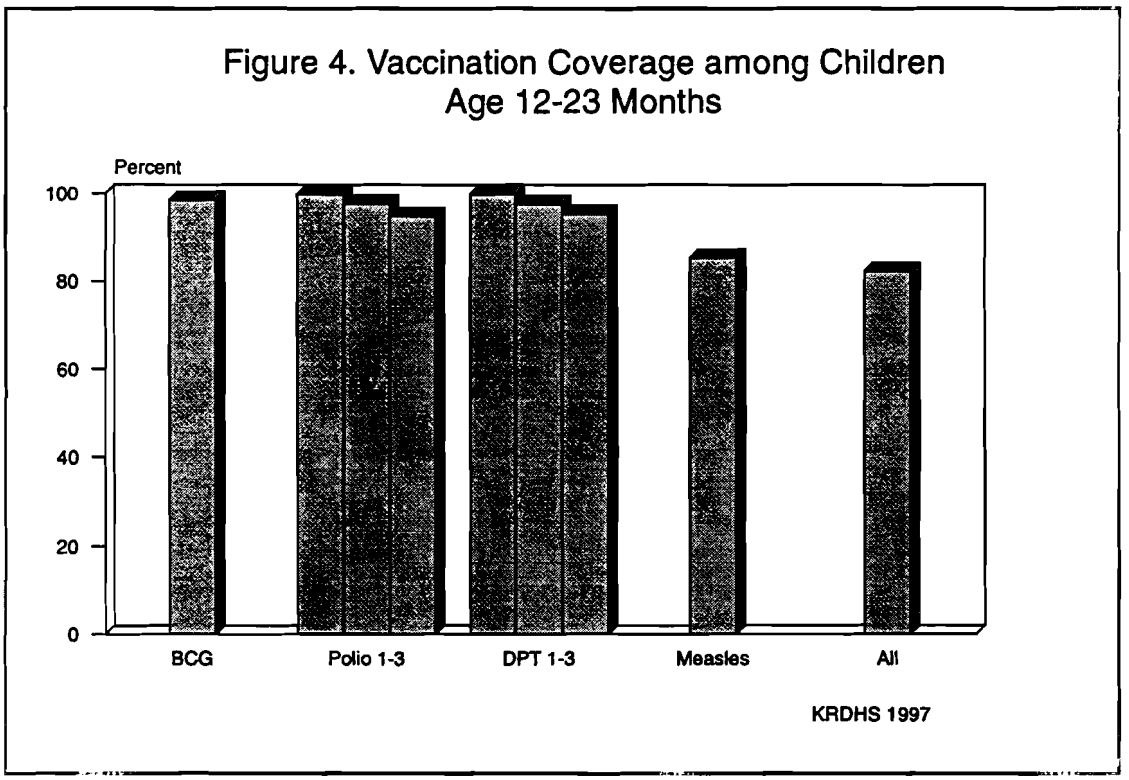
Table 13 Vaccinations by background characteristics

Percentage of all children age 12-23 months who have received specific vaccinations by the time of the survey (according to the health card maintained at the health facilities) by background characteristics, Kyrgyz Republic 1997

	Percentage of children who received:										Number of children	
Background characteristic	BCG	P0	P1	P2	P3	D1	D2	D3	Measles	ALL[a]	Weighted	Unweighted
Sex												
Male	98.6	83.9	100.0	96.8	96.1	100.0	97.0	93.8	85.6	82.2	153	145
Female	98.4	83.3	99.6	98.4	93.4	99.6	98.0	96.9	85.1	82.1	135	130
Residence												
Urban	98.1	89.2	99.1	99.1	99.1	99.1	98.1	97.2	86.7	84.8	62	61
Rural	98.6	82.1	100.0	97.1	93.7	100.0	97.3	94.7	85.0	81.5	227	214
Region												
Bishkek City	*	*	*	*	*	*	*	*	*	*	13	22
North	100.0	95.0	100.0	100.0	98.3	100.0	100.0	98.3	83.1	83.1	67	59
East	100.0	97.5	100.0	98.7	96.2	100.0	100.0	100.0	78.7	77.5	22	80
South	98.3	76.6	100.0	96.7	93.3	100.0	96.7	94.2	86.9	82.8	186	114
Education												
Prim/Secondary	99.6	82.2	100.0	96.9	94.7	100.0	96.9	94.5	85.1	82.7	150	138
Secondary-Spec	97.9	82.6	100.0	99.7	96.4	100.0	99.4	97.9	88.6	84.7	101	98
Higher	95.9	91.8	98.5	94.3	91.4	98.5	94.3	91.4	77.5	73.4	38	39
Ethnicity												
Kyrgyz	99.2	84.6	99.7	97.2	94.7	99.7	97.3	95.7	85.1	82.3	196	209
Russian	*	*	*	*	*	*	*	*	*	*	10	12
Uzbek	97.8	78.7	100.0	97.8	93.4	100.0	97.8	93.4	83.9	79.5	71	43
Other	*	*	*	*	*	*	*	*	*	*	12	11
Total	98.5	83.6	99.8	97.6	94.8	99.8	97.5	95.3	85.4	82.2	289	275

[a] ALL = BCG, Polio 1-3, DPT/DT 1-3, Measles. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 13 and Figure 4 show rates of vaccination coverage for children 12-23 months of age (i.e., children who should be fully vaccinated). BCG vaccination is usually given in delivery hospitals soon after delivery and is found to be nearly universal (99 percent). Eighty four percent of children have received the initial dose of polio vaccine (in the hospital). Almost all children (100 percent)have received first doses of polio and DPT/DT. Coverage for the second dose of polio and DPT/DT wasalso very high (98 percent). The third doses of polio and DPT/DT were received by 95 percent of children. This represents a dropout rate of only 5 percent for both, the polio and DPT/DT vaccinations. Eighty five percent of children have received measles vaccine. Because of the high coverage with BCG, measles and individual doses of polio and DPT/DT vaccinations, the percentage of children 12 - 23 months of age who had received all WHO recommended vaccinations was high, 82 percent.



2. Infant feeding practices

Breast milk is an essential source of nutrition and immunological protection for infants and young children. All of the nutrients that a baby requires in the early months of life can usually be provided by breast milk alone. As the infant grows, breast milk alone is no longer sufficient nourishment, and other liquids and foods need to be added to the baby's diet.

The breastfeeding status of children age 12 months and under is shown in Table 14 and Figure 5. The majority of mothers breastfeed their children through the first 12 months of the child's life. In the first months of life, 98 percent of children are breastfed. Thirty one percent are exclusively breastfed; 53 percent are given other liquids; 14 percent are given solid or mushy food. Solid and mushy food supplementation increases to 62 percent among the children 4-6 months of age, and to 80 percent by the end of the first year of life. At the same time, the proportion of children who are breastfed declines to 80 percent. Approximately a quarter of the children 0-3 and 4-6 months of age received liquids in a bottle. This practice declines during the latter part of infancy.

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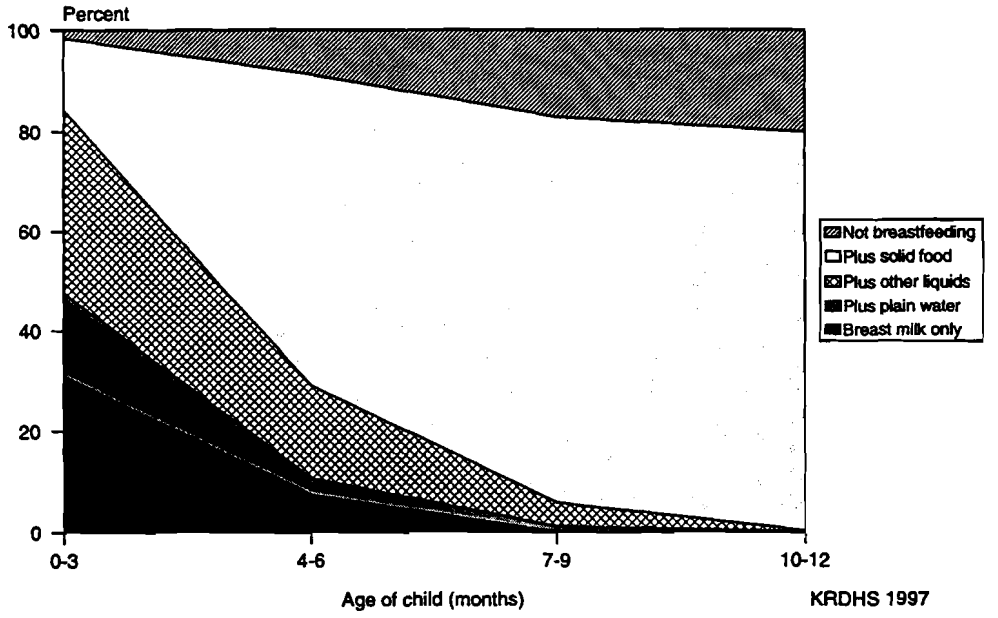
Table 14 Breastfeeding and supplementation

Percent distribution of living children age 12 months and under by breastfeeding status, food supplementation, and use of a bottle with a nipple, according to age, Kyrgyz Republic 1997

			Breast milk and:					
Age of infant	Not currently breastfeeding	Breast milk only	Plain water only	Other liquid	Solid/ mushy food	Total	bottle with a nipple	Number of children
0-3 months	1.6	31.0	16.7	36.6	14.1	100.0	24.8	127
4-6 months	8.9	7.5	3.2	18.5	62.0	100.0	25.9	88
7-9 months	17.1	0.0	1.2	4.7	77.0	100.0	16.9	91
10-12 months	20.2	0.0	0.0	0.3	79.5	100.0	9.7	91

Figure 5. Breastfeeding Status of Children According to Age



G. Anemia

Anemia has been considered to be among the leading public health problems in the Kyrgyz Republic for decades. Nevertheless, prior to the KRDHS, no nationally representative data on the prevalence of anemia were available.

In the KRDHS, anemia was assessed by measuring the hemoglobin level in the capillary blood of all respondents and their children under age three. Prior to participating in the study, respondents were asked to sign a consent form giving permission for the collection of a blood droplet from herself and her children. Measurements of the hemoglobin levels were made using the Hemocue technique. Blood was taken from the finger using Tenderlett lancets (i.e., sterile disposable instruments that allow a relatively painless skin puncture).

Levels of anemia were classified as severe, moderate, and mild based on the hemoglobin concentration in the blood, and were defined as follows:

- Severe: hemoglobin concentration: less than 7.0 g/dl.
- Moderate: hemoglobin concentration: 7.0 - 9.9 g/dl.
- Mild: hemoglobin concentration: 10.0 - 11.9 g/dl.
  (10 - 10.9 for pregnant women and children under age three).

The rates of anemia were calculated using high altitude adjustment coefficients. Table 15 presents anemia rates for women. Thirty eight percent of the women in the KRDHS survey suffer from some degree of anemia. Nine percent of these women have moderate anemia, and two percent were found to have severe anemia.

Among age groups, the highest rate of moderate and severe anemia was diagnosed among women age 30 - 34 (14 percent), and the lowest rate among women age 15-19 (7 percent). High rate of moderate and severe anemia was found among women living in the South of the Kyrgyz Republic (12 percent), while only 7 percent of women in Bishkek city were diagnosed as having moderate and severe anemia .

Women with higher education are less frequently anemic than women with primary or secondary special education. The rates of moderate and severe anemia are higher among rural women as compared to urban, and among ethnic Kyrgyz and Uzbek as compared to ethnic Russians or women of other ethnic groups.

Table 16 presents anemia rates for children. Fifty percent of the children under the age of three suffer from some degree of anemia. Twenty four percent have moderate anemia. One percent of children are severely anemic.

Differences in overall rates of anemia by sex of the child, ethnicity, residence and education of the mother were relatively minor. However, as was the case with women, differences by region are substantial. Thirty two percent of the children living in the North and 24 percent of children living in the South and East of the Kyrgyz republic were diagnosed as having moderate or severe anemia. In Bishkek City, the prevalence of moderate anemia among children was relatively low (13 percent).

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Table 15 Anemia among women

Percentage of women classified as having anemia by background characteristics, Kyrgyz Republic 1997

Background characteristic	Percentage of women with: Severe anemia[1]	Moderate anemia[2]	Mild anemia[3]	Number of women measured: Weighted	Un-weighted
Age					
15-19	0.7	5.9	25.2	720	718
20-24	0.8	8.9	24.3	642	631
25-29	1.3	7.4	28.4	525	543
30-34	2.7	11.2	30.3	618	605
35-39	1.0	10.3	30.3	566	549
40-44	2.8	10.2	26.1	396	402
45-49	1.5	10.5	31.1	300	312
Residence					
Urban	0.8	6.5	24.8	1,250	1,430
Rural	1.8	10.2	29.1	2,517	2,330
Region					
Bishkek City	0.6	5.0	23.5	500	862
North	1.4	8.5	26.6	1,157	997
East	0.5	7.0	22.6	211	756
South	1.9	10.5	30.0	1,898	1,145
Education					
Primary/Secondary	1.1	10.1	27.6	2,018	1,892
Secondary-Special	2.3	8.4	28.9	1,128	1,156
Higher	1.3	6.5	25.5	621	712
Ethnicity					
Kyrgyz	1.9	9.6	27.6	2,347	2,518
Russian	0.3	3.9	20.7	391	470
Uzbek	1.1	10.8	34.2	680	432
Other	0.7	7.1	23.3	349	340
Total	1.5	9.0	27.7	3,767	3,760

[1] Hemoglobin level less than 7g/dl
[2] Hemoglobin level 7 - 9.9 g/dl
[3] Hemoglobin level 10 - 11.9 g/dl (10 - 10.9 g/dl for pregnant women)

Table 16 Anemia among children

Percentage of children under three years classified as having anemia by background characteristics, Kyrgyz Republic 1997

Background characteristic	Percentage of women with: Severe anemia[1]	Moderate anemia[2]	Mild anemia[3]	Number of children measured: Weighted	Un-weighted
Sex					
Male	2.1	28.1	22.9	511	500
Female	0.7	20.5	25.4	510	480
Residence					
Urban	2.2	15.9	20.4	227	244
Rural	1.2	26.7	25.2	793	736
Region					
Bishkek City	0.8	12.7	17.8	69	118
North	2.1	30.0	19.9	284	249
East	3.6	20.0	24.9	69	245
South	0.9	23.4	26.7	599	368
Education of mother					
Primary/Secondary	1.2	25.5	24.5	535	499
Secondary-Special	1.8	24.0	24.4	359	344
Higher	1.1	19.8	21.8	126	137
Ethnicity					
Kyrgyz	1.4	25.5	26.0	664	709
Russian	0.0	22.5	10.8	45	55
Uzbek	0.9	20.3	24.4	240	151
Other	3.5	27.4	13.8	71	65
Total	1.4	24.3	24.1	1,021	980

[1] Hemoglobin level less than 7g/dl
[2] Hemoglobin level 7 - 9.9 g/dl
[3] Hemoglobin level 10 - 10.9 g/dl

Demographic and Health Surveys Preliminary Reports

DHS-III

Kenya	September	1993	(English)
Philippines	October	1993	(English)
Turkey	January	1994	(English)
Ghana	April	1994	(English)
Bolivia	July	1994	(Spanish)
Bangladesh	July	1994	(English)
Zimbabwe	January	1995	(English)
Indonesia	January	1995	(English)
Tanzania	January	1995	(English)
Haiti	April	1995	(French)
Côte d'Ivoire	April	1995	(French)
Central African Republic	April	1995	(French)
Colombia	August	1995	(Spanish)
Morocco (Panel)	August	1995	(French)
Kazakstan	September	1995	(English/Russian)
Uganda	November	1995	(English)
Guatemala	March	1996	(Spanish)
Eritrea	March	1996	(English)
Egypt	March	1996	(English)
Mali	June	1996	(French)
Nepal	September	1996	(English)
Brazil	September	1996	(Portuguese)
Benin	September	1996	(French)
Comoros	October	1996	(French)
Malawi (KAP)	January	1997	(English)
Uzbekistan	February	1997	(English/Russian)
Zambia	February	1997	(English)
Dominican Republic	February	1997	(Spanish)
Peru	February	1997	(Spanish)
Tanzania	March	1997	(English)
Senegal	May	1997	(French)
Bangladesh	June	1997	(English)
Mozambique	October	1997	(Portuguese)

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