



ANALYSIS OF EARLY MARRIAGE AND EARLY MATERNITY IN KYRGYZSTAN

«Human Rights Movement:
Bir Duino Kyrgyzstan»



BISHKEK 2013

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Introduction

According to the WHO, every year 16 million young women become mothers at age 15-19 and 2 million give birth before 15. In countries with low and medium income level pregnancy and delivery related complications are one of reasons of death among young women aged 15-19. Still birth and newborn mortality rates in teenage mothers are higher by 50% than similar rates among children born to mothers aged 20-29. Children born to teenage mothers have higher probability of low body mass at birth, which may have prolonged affect to their health and development¹.

Early maternity² is a social phenomenon which greatly affects a girl's further socialization. In Kyrgyzstan it is conditioned by early religious marriages, bride kidnapping, acceleration and early sexual activity of teenagers, as well as sexual crime in relation to children.

These all take place against background of low awareness of adolescents of reproductive health, pregnancy planning methods, possibility to use urgent contraceptives and abortion, prevention of STIs in case of unexpected sexual relations or violence.

According to data provided by NMIC of the Kyrgyz Republic, out of 139,344 deliveries registered in-patient in 2011 1.2% was teenage deliveries. That time in Kyrgyzstan 1,214 babies were live born to mothers aged 15-17 and 10,543 – to mothers aged 18-19, which in total makes up approx. 8.5% of newborns³. Approx. 1,200 abortions of teenagers aged 12-17 are officially registered annually across the country⁴. Meanwhile, the data about number of abortions are incomplete due to evident unreliability of abortion registration. About one third of newborns are children of mothers without officially registered marriage (in 2011 – 29.9%).

Pregnancy of adolescents in most cases is unexpected, which is fraught with serious consequences for health of a mother and a baby. The teenage mother health risk is especially high in rural area, where health system is developed less. Quite often teenage pregnancy ends with unsafe abortion which may become a reason of a gynecological disease, lead to delivery complications and infertility later on. Abortion related mortality rate per 100,000 deliveries throughout the republic makes up 9%⁵.

The social role of a teenage mother is perceived by the society unambiguously too, often through prism of gender and cultural-moral stereotypes. A child birth means automatic loss of a child status for her, the society immediately begins placing a high demand on her which she cannot meet due to her age. Successful maternity of an adolescent without marriage is always doubtful. Early marriages are virtually never registered, therefore in case of divorce teenage mothers are left without financial support. Many of them are prone to domestic violence, have neither social nor legal protection. Not only are young mothers who delivered not married, but their children are also subject to stigmatization by the society. In reality a minor girl often does not manage to overcome the stigma unassisted.

Thus early maternity becomes a relevant social problem. Its importance lies in the fact that this category of mothers has high risk of unfavorable medical, psychological, and social aftereffects. With no appropriate support, this category virtually inevitably becomes a group with particular risk of deviant behavior.

Information about early maternity in mass media started appearing because of efforts made by women crisis centers (CC) and NGOs, children centers, reproductive health concerned organizations, and health providers. All of them try to attract attention of government and public to this problem addressing.

At the same time many state officials whose functions include regulation of family, children, and public morale related issues, do not believe that early maternity is a critical problem demanding governmental intervention. Based on their opinion, teenage pregnancy and maternity belong to family domain which should not be interfered with.

This publication presents main information about early maternity problems in the Kyrgyz Republic and provides recommendations for relevant actions to be taken. This includes review of national legislation, history of ratification of different relevant international standards by the country, analysis of best practices available in early maternity area and statistic information about their replication.

Information about Norwegian Helsinki Committee

The Norwegian Helsinki Committee was established in 1977. It bases its activities on the Helsinki Agreements signed by more than 35 European and Northern American States on the Session of Security and Cooperation in Europe (SSCE) in 1975. The Agreements state that respect for human rights is a main factor of development of and understanding between states.

This nongovernmental noncommercial organization monitors compliance with regulations of OSCE on human rights with all signers of the SSCE, supports initiatives towards strengthening of democracy and civil sector. Within recent several years its activity has been emphasized onto democracies appeared in Central and Eastern Europe and former USSR. The Committee operates irrespectively of state ideology and political stands, focused on revealing the violations of the Helsinki Agreements, papers of the SSCE, and other international treaties of human rights. It is politically independent. www.nhc.no

Information about “Human Right Movement: Bir Duino – Kyrgyzstan”

The public union “Human Right Movement: Bir Duino – Kyrgyzstan” is a legal successor to human right protection center “Citizens Against Corruption”; is impartial noncommercial organization implementing its activity based on principles of voluntary, equality of its members, legality, openness, self-financing, and self administration.

The Union’s mission is protection of human rights and freedoms through assistance to establishment of good governance principles and supremacy of law in Kyrgyzstan. Its main purpose – assistance to practical implementation of humanitarian articles of final statement of the 1975 Helsinki Session on Security and Cooperation in Europe (OSCE), other international legal documents accepted for its development, as well as all other commitments of Kyrgyzstan with regard to human rights and freedoms.

www.anticorruption.kg

Research Purpose and Methodology

Purpose - collection and analysis of reliable information on early maternity and protection of under-aged mothers' rights, formation and prevention of early maternity.

The study provides with answers to following questions:

- what is legal framework for marriages, early maternity, and reproductive health?
- what is historical and socio-cultural context of early maternity?
- what is the link between early maternity and such practices as child marriage, bride kidnapping, polygamy, sexual crimes against minors?

The research has also studied issues of medical-social and psychological components of early maternity. The research methodology was built upon combination of various methods and included:

- analytical review of information available about legislative and institutional basics and policy of teenage pregnancy, abortions, early marriages, maternity, as well as review of relevant international standards, national legislation, and official statistical and expert data available;
- review of interviews with experts from government, civil sector, academic and medical areas, religious leaders, and representatives of crisis and children centers;
- interviews with women (and in relevant cases – with men) about teenage pregnancy, abortions, early marriages, maternity and family planning with emphasis on rights of minors and social context.

The study has been run in seven oblasts of the republic, Osh and Bishkek cities. See Annex 1 for data about participants of the research.

Historical Aspects of Marriage and early Maternity

According to data from scientific research⁶, marriage-family relations of the Kyrgyz in XIX century have been regulated by rules of Adat and Sharia. Regulations of marital-family relations are mainly developed by and approved on urgently called congress of people elected judges as the Code of Conduct Rules – Erezhe. Adat guided behavior of adults and its application started upon achievement of a certain age. According to some data⁷, the age of 15 was established for young men/boys and women/girls enabling them to marry, manage their property, and contract. However, in different regions of Kyrgyzstan girls aged 13-15 and boys aged 16-18⁸ or 14 depending on the intellect – even starting 13⁹ - could be considered adult. Engagements with minor children who were in their cradles was well spread; meantime “beshik kuda” (“beshik” – cradle, “kuda” – parents of son/daughter-in-law) relations occurred. For example, Alay Kyrgyz people had engagement frequently when a boy was one year old, rarely in his adult age¹⁰. Traditional lifestyle of this period envisaged such form of marriage as Levirate. According to this marriage form, a brother (or nearest relative) had to marry his late brother's widow and undertake care of his children.

Cited from the interview with a school head of curriculum department:

“In the pre-Soviet era early marriage was a solution to settle down a daughter’s life. The Soviet time brought the education cult, everybody were willing to see their daughters well educated. But pre-Soviet anachronisms were also there, for example there was a notion of “kara daaly” in respect to a unmarried woman of certain age. Now old visions are back, the values are changed... most part of the population with low income has changed back their priorities”.

Early marriages and early maternity were welcomed. When a girl had menarche, her hairs were plaited to two tresses, which gave signal for matchmaking. At the same time maternity out of wedlock was believed to be an immoral action and a shame for the girl’s family and kin. In Soviet times, a civil marriage registered in relevant state authorities became the single form of marriage irrespective of religion. A marriage entered into through a religious ceremony had no legal consequences. A certain age and mutual agreement of future spouses were enough to enter into a marriage; the idea of “love match” has appeared. Maternity before marital age and out of officially registered marriage was believed immoral. Every case of pre-marital maternity was a subject of public blame, it was clarified on party and komsomol meetings, meantime parents of young people could pay for this with their career. In case of out of wedlock pregnancy they preferred to settle this down “peacefully”, i.e. to marry the young people as soon as possible. If there was a refusal to marry the pregnant woman, the man (and his parents) were pressed by party and governmental institutes, as a result the marriage was entered into, as a rule.

Legal Context

The Kyrgyz Republic has ratified “Children Rights Convention”¹¹ and Convention “On elimination of all forms of discrimination against women”¹², and also has joined the Convention “On consent to marry, marital age, and marriage registration”¹³. The Children Code and other legal regulations of the Kyrgyz Republic **regard persons whose age is below 18 as under-age children**. In accordance with national legislation, a child may reach the lawful age before he/she is 18 in two cases: marriage to a person below 18, if is lawful and the court did not recognize the marriage void (Clause 56 of Kyrgyz Civil Code) and in case of emancipation – declaration of a juvenile as fully able-bodied, if he/she works with labour contract or is an entrepreneur with consent of legal representatives (Clause 62 of Kyrgyz Civil Code).

The Constitution the Kyrgyz Republic has a principle to secure the children’s best interests, each child has right to living level required for his/her physical, intellectual, spiritual, moral, and social development. The Constitution makes parents or persons who care for the child responsible for living conditions required for the child’s development within the limits of their abilities and financial opportunities.

Marriage and Family Legislation

Cited from interview with an expert – oblast level official:

“I think that it is necessary to amend the legislation and replace the term “early marriage” with “child marriage”. And administrative responsibility should be introduced in case of early marriages including responsibility of the parents. Such tough measures are required because we will not be able to eradicate early marriage practice - which exists for a long time - merely through advocacy. It gets implanted so deeply that this is perceived as normal. Now nobody – none of neighbors, none of friends of this family, neither a quarter committee nor a school – nobody wonders and tells “What are you doing after all?” Because it is believed to be a normal thing. It is something like cultural stereotype. If we cannot struggle with it by persuasion, we shall struggle with it legislatively.

Clause 1 of Kyrgyz Family Code establishes that a family, paternity, maternity, and childhood are subject of special care of whole society and under the primary protection of the state and the state *secures preparation of citizens to family life, matrimony, and maternity*. Kyrgyz Constitution (Clause 36) and Family Code (Clause 13) establish that **men and women who reach marital age have right to marry and have family; no marriage can be entered into without voluntary and mutual consent of persons entering into a marriage**. According to the Family Code no marriage is allowed between persons, at least one of whom has

another already registered marriage. Kyrgyz Criminal Code prescribes responsibility for bigamy and polygamy¹⁴.

Clause 14 of Kyrgyz Family Code **establishes marital age at 18**. If there are valid reasons, executive authorities of local self-government bodies in the locality where persons, wishing to enter into a marriage reside, have a right, based on request, **to reduce marital age for men and women by one year**. Due to the fact that a legislator does not provide a definition for the notion “valid reasons”, in practice this notion in most cases is understood as pregnancy or child birth.

In order to adjust regulations of Kyrgyz Criminal Code in line with principles of gender equality, the draft law was adopted in 2012, introducing criminal responsibility for bride kidnapping with purpose to marry against her will. At present Part 1 of Clause 154 of Kyrgyz Criminal Code¹⁵ prescribes a punishment for coercion to enter into marital relations with a person below 17 - a fine between one hundred to five hundred minimum wages (estimated index), or correction works for up to two years, or incarceration for up to five years. Stricter penalty of **imprisonment from five to ten years** is prescribed by second part of the Clause for kidnapping a person who did not reach 17 to enter into marriage.

Clause 155 of Kyrgyz Criminal Code prescribes responsibility for coercion of a woman into marriage, bride kidnapping or prevention to enter into a marriage. Coercion of a woman into marriage or continuing marriage as well as prevention of a woman from getting married is punished with a fine from one hundred to two hundred estimated index units, or imprisonment of up to three years. Stricter penalties are prescribed for bride kidnapping

against her will – **imprisonment for a period from five to seven year**. Not once was this regulation applied towards parents (custodians, trustees) for coercing minors into a marriage during the period of existence of this clause.

Thus **persons aged 17 who entered into marriage legally** and voluntarily, and whose marriage was not recognized void by law, **shall use the same legal rights as adults**, i.e. may have access to health services or act as claimants and defendants in court.

Clause 67 of Kyrgyz Family Code (Rights of Minor Parents) prescribes that minor parents have right to cohabitation with their child and participation in his/her upbringing. Part 2 of the Clause establishes that minor parents who are not married, in case of birth of their child and upon establishment of maternity and (or) paternity **have right to enjoy their parental rights independent of their reaching the age of 16**. Before minor parents reach 16, their child may be assigned a custodian who will fulfill his/her upbringing together with the minor parents. Disputes occurring between the custodian and minor parents shall be resolved by Family and Children Support department. The Clause also prescribes the right of minor parents to recognize and challenge paternity and maternity on common grounds, as well as right to claim judicially - upon achievement of age 16 - the establishment of paternity in relation to their own children.

Clause 1 of the Family Code establishes that **a marriage shall be registered by the state**, and that **religious ceremonies concerning marriage and family have no legal importance**. The marriage is entered into through personal presence of persons who enter into a marriage within one month of their statement to Civil Status Statements Registration Authority. If there are specific circumstances (pregnancy or childbirth), the marriage can be registered on the day of statement submission.

In 2011 there were parliamentary sessions on amendments and additions to Family, Criminal Codes and Code of Administrative Responsibility, and Law “On freedom of belief and religious organizations”. The draft law **proposed that religious ceremony be run only after legal registration of the marriage by the relevant state authority**. These amendments encountered resistance from both MPs and muftis of the republic. From the one side the draft law was criticized by parliamentarians for missing effective mechanisms to enforce fines for *Nikeh* – marital ceremony - done by religious officials without state registration¹⁶. Another version is that male MPs had concerns that the draft law toughening rules of Nikeh ceremony could be used for combating another phenomenon – polygamy, which is officially prohibited in the republic¹⁷.

In the view of representatives of the muftiat, “Nikeh is a sharia ceremony, and its regulation should be discussed together with Islamic scholars”¹⁸. As a result, the proposed changes were not accepted.

Kyrgyz Family Code **secures men and women equal rights** to marry – spouses are free in their choice of occupation, profession, and living. The family life related issues are addressed by spouses jointly, based on principle of equality, mutual respect and assistance and exclusion of discrimination. They fulfill equal duties in administration of household labour (Clause 32 of Kyrgyz Family Code). The Kyrgyz Law “On state guarantees for equal

rights and opportunities enjoyed by men and women”¹⁹ stipulates that household labour is performed by family members on voluntary basis and shall not be a tool of gender and other forms of discrimination against the family members. Household labor must be fulfilled equally by partners regardless of gender. Household labor maintains and develops health, working abilities and spiritual needs of family members and as such is recognized by the state.

According to Chapter 4 of Kyrgyz Family Code, **a marriage may be broken off through its annulment based on a petition submitted by one or both spouses.** At the same time a husband has no right to submit his divorce petition during his spouse’s pregnancy and within one year after a childbirth, without explicit consent by the latter.

Clause 132 of Kyrgyz Criminal Code prescribes responsibility for sexual intercourse and other sexual actions with a person below 16.

Family Planning and Reproductive Rights Related Legislation

Kyrgyzstan recognizes all fundamental international agreements concerning sexual and reproductive rights²⁰. Reproductive and reproductive health related rights of citizens are warranted by Kyrgyz Constitution (Clause 47), and also secured in Kyrgyz laws²¹.

National strategy of protection of reproductive health of Kyrgyz population to 2015²² envisages promotion of teenage reproductive health, reduction of unplanned pregnancy rates, rates of abortion, STIs, HIV /AIDS. This strategic document indicates the following as challenges:

- teenagers have no access to reproductive health related services;
- insufficient integration of teenage reproductive health related services into primary medical-sanitary assistance;
- insufficient level of preventive work among teenagers with respect to reproductive health issues;
- lack of awareness campaigns and educational programmes for teenagers aimed at safe reproductive and sexual behavior;
- low level of awareness and involvement of parents in sexual education of children and teenagers;
- discriminating stereotypes which negatively affect the state of juvenile reproductive health.

The following is envisaged to address these problems:

- improvement of reproductive health service delivery system;
- integration of health services into activities of FPG, awareness campaigns among juvenile physicians, children gynecologists and urologists;
- awareness campaigns among teenagers and parents on issues of healthy sexual and reproductive behavior through introduction of special programmes;
- secured confidentiality and teenager friendly approach in health services provision;
- development of legal framework for protection of juvenile reproductive health.

According to Cause 68 of Kyrgyz Law “On protection of health of citizens of the Kyrgyz Republic”, **rights of teenagers to health protection** are secured through regular medical check-up, treatment in health facilities, medical-social assistance, sanitary-hygienic education, medical counseling, provision with information required about health state in accessible format. In accordance with the Law **every woman is secured with free-of-charge medical-sanitary assistance during her pregnancy, childbirth and postpartum by the State Guarantees Programme.**

Cited from interview with a representative of the children’s center (in Bishkek):

“Ministry of Health makes everything to have a pregnant woman registered on time irrespectively of where she is from and whether she has a residence registration or money. But quarter leaders hinder this immediately, for example, they do not provide with a residence letter until she pays for garbage removal or something else. In other words, pregnant women cannot always use those things that they are supposed to receive.

Clause 10 of Kyrgyz Law “On reproductive rights of citizens and guarantees of their fulfillment” indicates that national traditions, customs, and other psychological factors cannot limit rights of citizens to protection of their reproductive health, freedom of visit to the relevant reproductive health protection services.

Clause 13 prescribes reproductive rights protection related rights of children and teenagers. The Clause

establishes that **children and teenagers enjoy protection of their reproductive rights, as well as education and training on sexual and reproductive health, preparation to family life.** The Clause also sets up that parents, educational institutions, health facilities are responsible for improvement of educational level of children and teenagers in sexual and reproductive health. The **reproductive health related services** are delivered to children and teenagers for free in line with the State Guarantees Programme. Part 3 of Clause 13 establishes that any medical intervention should be performed with mutual consent of teenagers, parents or lawful representatives along with observance of confidentiality and friendly attitude to children and teenagers.

The Monitoring Report on realization of Kyrgyz Law “On reproductive rights of citizens and guarantees of their fulfillment”²³ mentions that this norm contains a number of legal uncertainties and needs correction. For instance, “Kyrgyz Law did not provide a definition of “teenager”, while states that “a child is a person below 18”. The Law does not provide a definition of “medical intervention”. Also there is no provision about how the consent should be expressed – in written form or orally”²⁴. Existence of these gaps hinders execution of this norm into practice.

Clause 14 of this Law prescribes that a woman has a right to maternity, healthcare during her pregnancy, medical assistance during delivery and postpartum, with use of methods minimizing risk to her health, fetal health and newborn health. A woman cannot be forced to pregnancy or abortion. Such actions are classified as violence against her.

Clause 16 of the Law envisages the right of a woman to induced abortion. Induced abortion during first 12 weeks is performed in accordance with the woman's wish. Personally motivated abortions may be performed up to 22nd week with consent of either spouses or a single woman, while medically-necessitated ones – irrespectively of length of pregnancy.

Part three of Clause 16 prescribes that **induced abortion for under-age persons should be performed with mutual consent of minors and their parents or lawful representatives**. This regulation contradicts Clause 91 of Kyrgyz Law “On protection of health of Kyrgyz citizens” which allows medical **assistance to minors older than 16 without awareness of their parents or lawful representatives**. Permission for minors at age of 16 to have induced abortions without consent of their lawful representatives (parents, custodians, trustees) is also stipulated in regulation “On induced abortion”²⁵ which most health providers follow in practice. The Regulation “On provision of benefits in case of temporary disability, pregnancy and delivery”²⁶ prescribes that unemployed persons who are not registered at the Employment Service, are not provided temporary disability benefits, as well as pregnancy and delivery benefits. As a result teenage mothers, who as a rule, are unemployed and unregistered at Employment Service do not qualify for pregnancy and childbirth benefits.

Anara Niyazalieva: “In Kyrgyzstan death costs more than life”

“In Kyrgyzstan a death costs more than a life”, said at the press-conference Ms.Anara Niyazalieva, Representative of PU “Innovative Solutions”. According to her, the Budget allocates KGS 2,358 or 25.4% of a monthly average salary for interment (based on data for 2013-2015). “Meanwhile pregnancy and delivery benefits make up KGS 1,750 only, or 13.4% of average salary. It turns out that we pay more for death than for a birth”...”Approx.80 % of maternal mortality is recorded in rural areas”, - added Anara Niyazalieva.

Source -URL:<http://www.24kg.org/community/144091-anara-niyazova-v-kyrgyzstane-smert-cenitsya.html>

At the same time the Law “On state benefits in the Kyrgyz Republic” provides for a one-time childbirth payment amounting to 300% of warranted minimum income, provided that average per capita aggregated income of a family does not exceed the size of warranted minimum income. In practice this means that if average per capita income of a family does not exceed KGS 580 and all the required documents are gathered, a teenager girl shall be able to receive a one-time payment for a childbirth in the amount of KGS 1,740. However under-aged girls as a rule are not aware of such opportunity, and being dependent on other family members, have no chance to gather documents required for this benefit. According to Kyrgyz Government Resolution dd. April 29, 2008 No.192, women registered for pregnancy and delivery, for postpartum complications, and personally and medically-motivated abortions have a right to free medical assistance within the State Guarantees Programme, for both in-patient and out-patient treatment. In practice pregnant women can visit a gynecologist free-of-charge, access other health experts, take laboratory analyses, and be rendered other prescribed services.

Expert Assessment of Legislation

Virtually all experts who participated the research have noticed that Kyrgyz legislation meets all fundamental provisions of international documents regulating protection of children's rights.

According to experts' opinions, children's rights are well protected by domestic legislation (Children's Code, Criminal and Family Laws), which cover the whole range of children's rights, including issues of early marriage, pregnancy, and maternity. Enforcement of criminal responsibility for minor bride kidnapping is viewed positively.

Needs of teenagers' reproductive health are recognized as a priority within the health system and state policy. However, even up to day issues of reproductive health are considered to be purely medical, and thus other state authorities do not view them as a priority.

Cited from interview with a health provider of oblast level:

"There are laws, good laws, and we in our turn educate and meet with parents...Recently we were visited by a woman who had concerns about lack of pregnancy in her 15 years old daughter married 3 months ago. Yesterday we were visited by a mother who is also married at 15 and already has two children".

Cited from interview with a representative of rayon state administration:

"Today we have facts, but no responsibility, i.e. laws do not work. Naturally, when children are delivered by women younger than 18, the state must interfere. If a child were married at the age of 15-16 in Soviet times, there would have been a harsh response and many would be punished, starting with a school director and ending with who knows, including the parents. But now everything is okay, nobody reacts"

Cited from interview with a representative of NGO (Bishkek):

"I don't have a slightest idea what the state is doing. There is a law which defines marital age and voluntary nature of marriage, but it does not work. There is total non-observance of laws, and no one takes responsibility; the Prosecutors are not interested in the enforcement of marital legislation at all. Ask them when they last examined enforcement of the Family Code. We all say that laws are good. But the laws which are not observed are not worth a penny".

At the same time experts highlight the necessity to increase control over enforcement of existing social and legal regulations. They have also stressed that "if existing laws are executed, there will be no need in inventing anything else".

From the report by Rashida Mandzhu, UN Special Rapporteur on violence against women:

"93. Establish a legal requirement, supported by specific sanctions, that a religious marriage is possible only after registration of civil marriage, and inform religious leaders and communities. Increase the fine for polygamy and cooperate with countries receiving migrants from Kyrgyzstan to take action on prevention of polygamous marriages abroad".

In 2009, the Spiritual Directorate of the Muslims of Uzbekistan has adopted an internal regulation that "nikokh" procedure can be accomplished only by an official imam and only after the couple will go through official registration by the state authorities. This order is intended to protect the rights of women and had to reduce the number of early marriages. In practice, the betrothed couple were not apply to official imams - the servants of the mosque, but to the religious people of their environment, because, in their opinion, "nikokh" may be made by any devout Muslim. All of the surveyed young marrieds said that during the procedure nikokh spiritual leader did not ask them about the age and the fact whether there was a wedding in the registry office.

Source: S. Velieva for UNFPA. - Uzbekistan. - Early marriage. 2012, <http://eeca.unfpa.org/public/pid/12491>

Based on data of the research, the experts who participated into the study have no common opinion regarding the prohibition of religious marital ceremony without prior official registration of marriage. Part of participants believes that representatives of clergy should be barred from performing *Nikeh* without legal registration of a marriage.

Others think that such prohibition shall not be introduced due to the fact that "this won't be enforced, and we have enough of merely declarative laws". Nevertheless, the adoption of such a law would become an act of political will by the state regarding early marriages and serve as an important instrument to counter them. Many experts, including representatives of Kyrgyz clergy, agree that religious leaders are above all citizens of our state and should comply with laws effective in Kyrgyzstan. Hence it is necessary that Kyrgyz clergy define their official position regarding *Nikeh* ceremony in compliance with Kyrgyz Constitution, Family Code and other laws which regulate marital age, order and conditions of marriage.

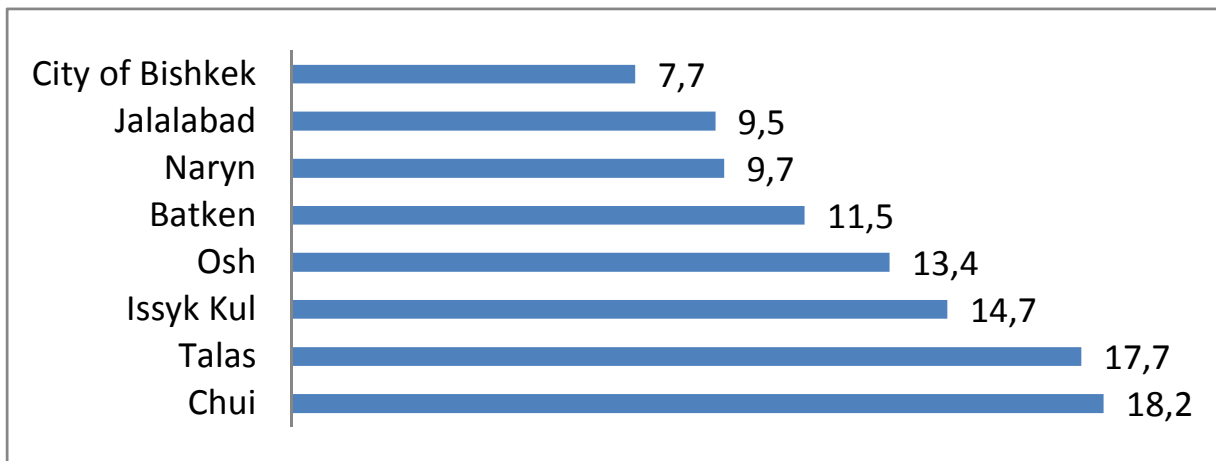
Meanwhile, the representatives of Kyrgyz clergy state that prohibition of Nikeh ceremony without official registration of marriage contradicts Islamic canons which allow polygamy, in contrast to the state legislation. It has been mentioned during interviews, that with applications for consecration of marriage with a second under-age spouse, the religious officials should every time decide which law to violate – state's or God's.

Review of Official Statistics

Marriage Age

Average age of first official marriage has been virtually the same in the last five years. In 2011, for women it was 23.4 and for men - 26.8²⁸.

Data on the number of marriages registered by age groups do not allow tracking the dynamics of early marriages, because most marriages at the ages of 17 and 18 and all marriages below 16 are not officially registered. According to data from monitoring of children and women²⁹, the share of women who married before 18 is in rural areas up to 14.4%; in urban areas – 9.7%. The highest rate of child marriages was found in Chui (18.2%), Talas (17.7%), Issyk Kul, and Osh (13.4%) oblasts. The lowest rate was registered in Bishkek – 7.7%.

Fig 1. Share of women who married before 18, by oblast (2006)

Women in poor households are more prone to early marriage (16.5%), less prone in rich households (9.1%). Besides, rural areas have more women (in pro cent ratio) who married or cohabitate at the ages 15-19 than urban areas (10.1% and 4.1% respectively).

Based on data from express-study of early marriages conducted by UNFPA Kyrgyzstan in 2012³⁰, early marriage is not a well-studied issue. One reason for that is the issue rarely discussed publicly, the other is flawed data. No survey of the scale of, reasons for, and consequences of early marriages was conducted at national level. The express-study has highlighted that “often the information about early marriages is a by-product of gender violence studies, reproductive health surveys or children’s rights research”³¹.

Ibraimov: “Parents force their daughters into marriage. Everyday Kyrgyz stories”³²

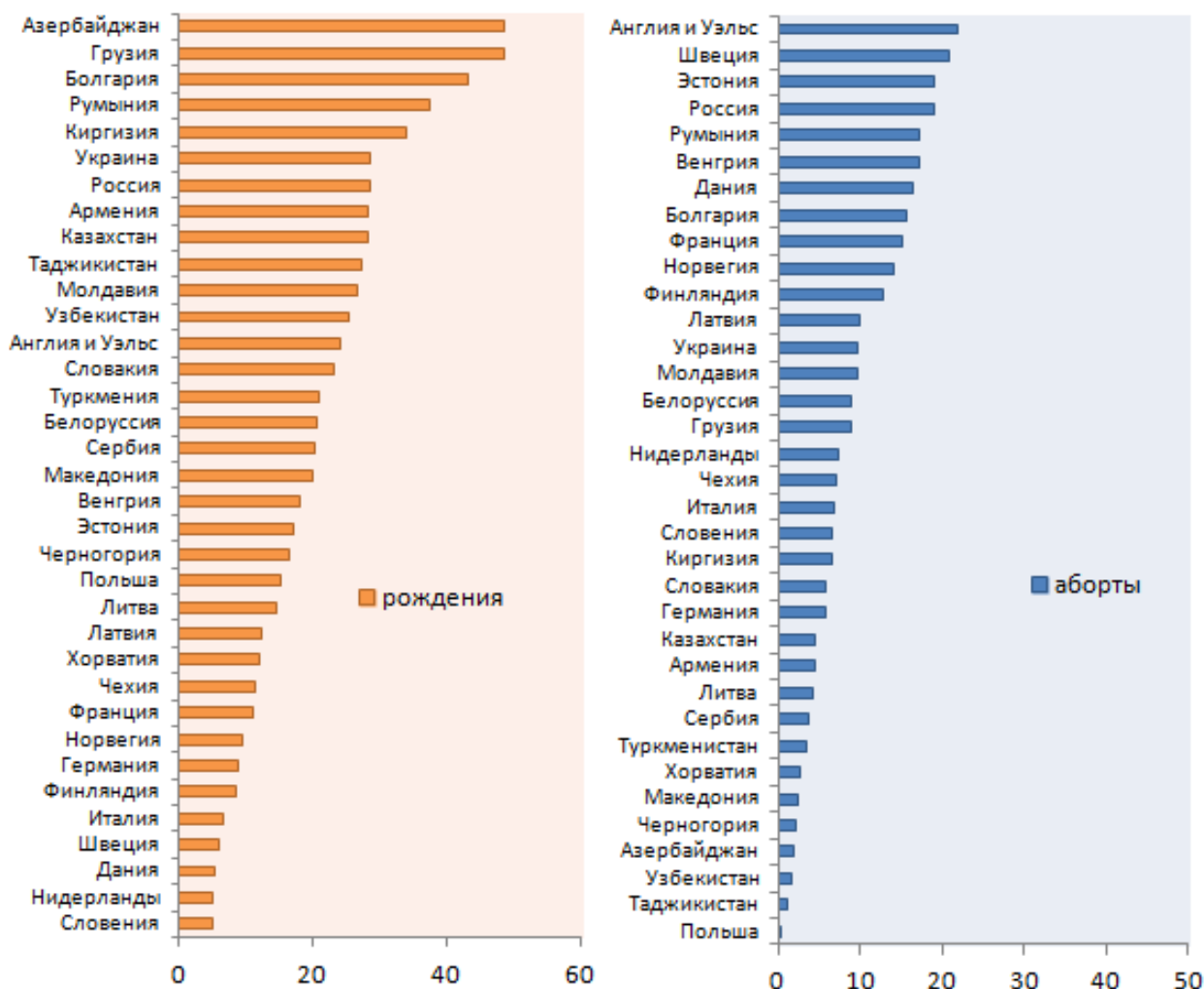
Families exposed to Islam ignore official registration of marriage. According to the survey administered by Osh Gender Resource Center, 77% of marriages among minors are unofficial.

Early marriages can be counted indirectly, through the number of deliveries among women under 18, however, as practice shows, pregnancy at this age does not always end in childbirth, and not all women who delivered were married. The number of early marriages cannot be evaluated based on abortion related data as well, as these may be due to early marriage, early sexual life or rape. Thus data on early marriages are scanty and do not present the phenomenon as a whole.

Birth Rate at Premarital Age

In 2010 Kyrgyzstan was fifth out of 35 countries in the Eurasian region (after Azerbaijan, Georgia, Bulgaria, and Romania) in childbirth rate by women aged 15-19. As to abortion rates in age group 15-19, the country was roughly in the middle of the list (see Fig. 2).

Fig 2. Birth rate and abortion rate in age group 15-19 per 1,000 girls (2010)³³



Note: data for Tajikistan are from 2005 (MIKS); for Turkmenistan, Uzbekistan – 2006; Netherlands –2007; France, Italy, Denmark, Finland, Norway – 2009.

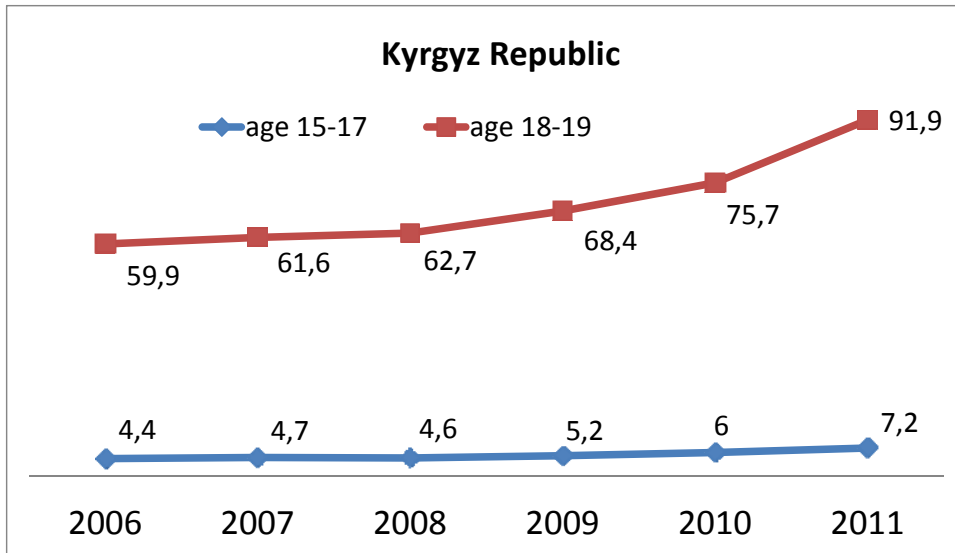
1,214 live births were registered among girls aged 15-17 (0.82% of total number of live births) and 10,543 – among women aged 18-19 (7.05% of total number of live births) in 2011. Out of those, for 91% of women aged 15-19 this was their first baby; for 8.7% - second (1,028 cases); for 32 this was their third child before they turned 19. There were five cases registered when women had 4 children by the age of 19.

Source: NSC of KR, Table P241-H-2011. Number of live births by age groups, order of birth, and mother's ethnicity.

According to data obtained from official statistics bodies, the average age of a mother at her first birth is 23.4³⁴.

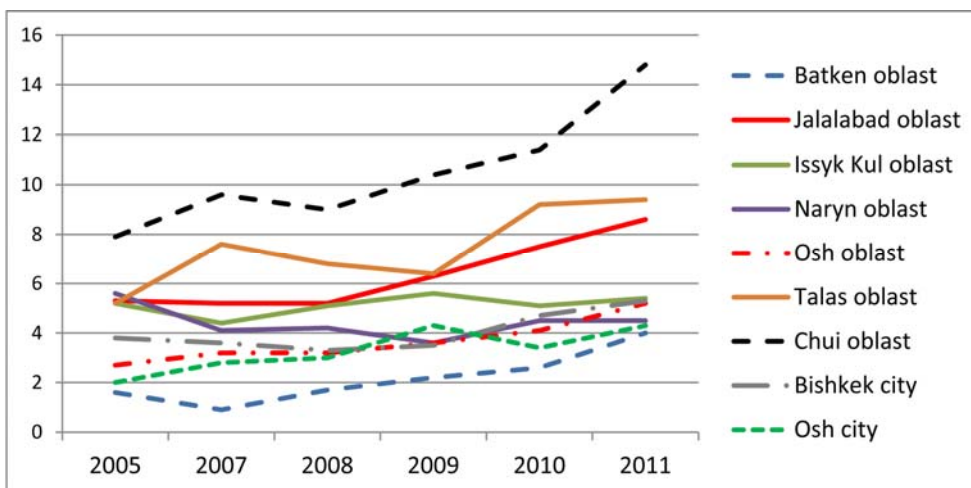
Within last 6 years, the birth rate among girls of premarital age (15-17) has increased 1.6 times, from 4.4 per 1,000 girls in 2006 to 7.2 in 2011.

Fig 3. Birth rate among women of premarital age (15-17)³⁵ (number of deliveries per 1,000 women)



Birth rate among women aged 18-19 has grown more rapidly (within last 6 years - 1.5 times) - from 59.9 ppm in 2006 to 91.9 ppm in 2011. The highest birth rate among girls of premarital age was observed in Chui oblast, where local rate exceeded the national rate twice in 2011, and was 14.8 deliveries per 1,000 girls.

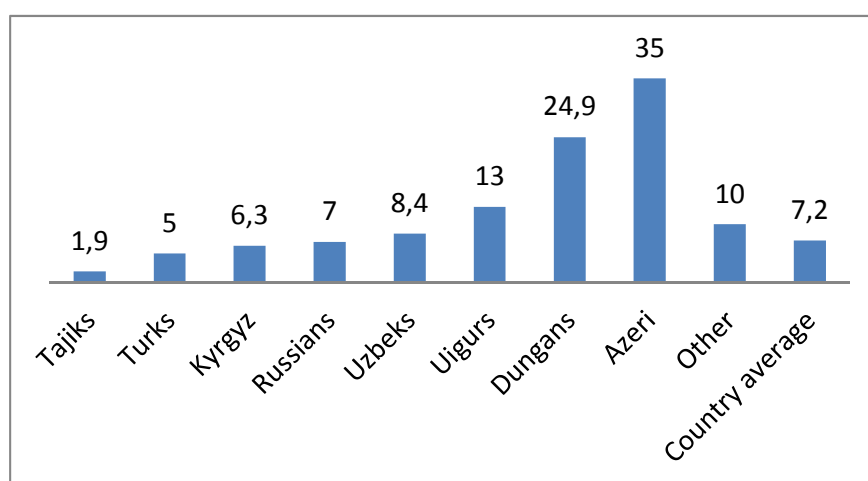
Fig 4. Birth rate among girls of premarital age (15-17) by regions³⁶ (number of deliveries per 1,000 women)



Batken oblast had fewest deliveries among girls of premarital age. However, this region has registered the most dramatic jump – the birth rate among girls aged 15-17 has increased by a factor of 2.5 between 2005 and present. In comparison with 2005 premarital birth rate has increased almost twice in Osh, Talas, and Chui oblasts. The lowest growth in the rate within this period was observed in Naryn oblast (growth by factor of 0.8).

The birth rate was also calculated per every 1,000 girls of respective ethnicity and age for a more detailed analysis³⁷.

Fig 5. Birth rate among women of premarital age (15-17) by their ethnicity (number of deliveries per 1,000 women in this age group and ethnicity)



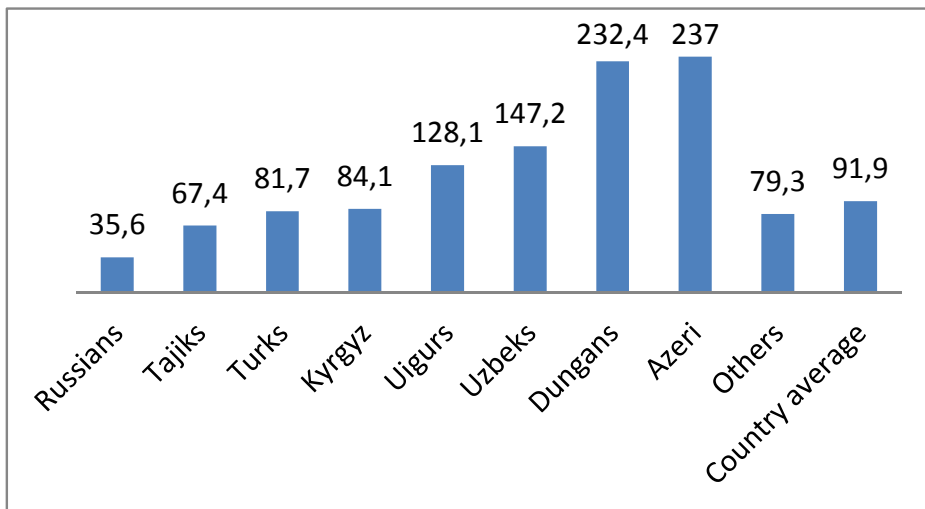
The highest premarital birth rates in 2011 (15-17) were found among Azeri girls (higher than national rate by factor of 4.9) and Dungan girls. Also Uzbek girls aged 15-17 had birth rate (8.5 ppm) higher than national one; Russian (7 ppm). Kyrgyz (6.3 ppm), Turkish (5 ppm), and Tajik (1.9 ppm) girls had premarital birth rates below the national rate.

Taking into account that 85.4% of the Dungan and 61% of Azeris live in Chui oblast, the phenomenon of high birth rate among minors in Chui oblast becomes rather understandable.

“Dungan people have such mentality, they always marry their daughters early – they have no goal to educate a girl, they wait when she will be asked into marriage. It is often the girls who sit at home that get asked into marriage and not those who attend education institutions. Parents are even proud, if their girl is asked into marriage. Bride kidnapping is a rare thing, usually parents arrange the marriage.

Cited from an interview with a school director: We have three 9-grade classes with 30 pupils in each, i.e. 90 ninth-graders in total, but only 25-30 pupils make it to 10 grade. Four girls were married in their 16 after graduating 9th grade in 2012. There were girls who were married as second wives; there were cases when teachers married their students”.

Fig 6. Birth rate among women aged (18-19) by ethnicity (number of deliveries per 1,000 women of corresponding age group and ethnicity)



Russian women in this age group (18-19) give birth the least (35.6 ppm), Kyrgyz women have a rate similar to the national one (84.1 ppm). The highest birth rate is still observed among Azeri women aged 18-19 (237 ppm) and Dungan women (232.4 ppm). Uzbeks (147.2 ppm) and Uigurs (128.1 ppm) give birth in this age slightly less.

Data from official bodies on deliveries may have small deviations due to unregistered home deliveries, however, these do not significantly affect reliability and completeness of data.

Abortions Among Juveniles

According to NMIC proportion of abortions among juveniles in 2009-2011 made up approx. 1.4% of the total number³⁸. There were 15,622 abortions performed in 2011 (without mini-abortions). Out of those, there were 1-2 abortions by girls aged 12-14; about 200 – by those aged 15-17; and 1,250 – by women aged 18-19.

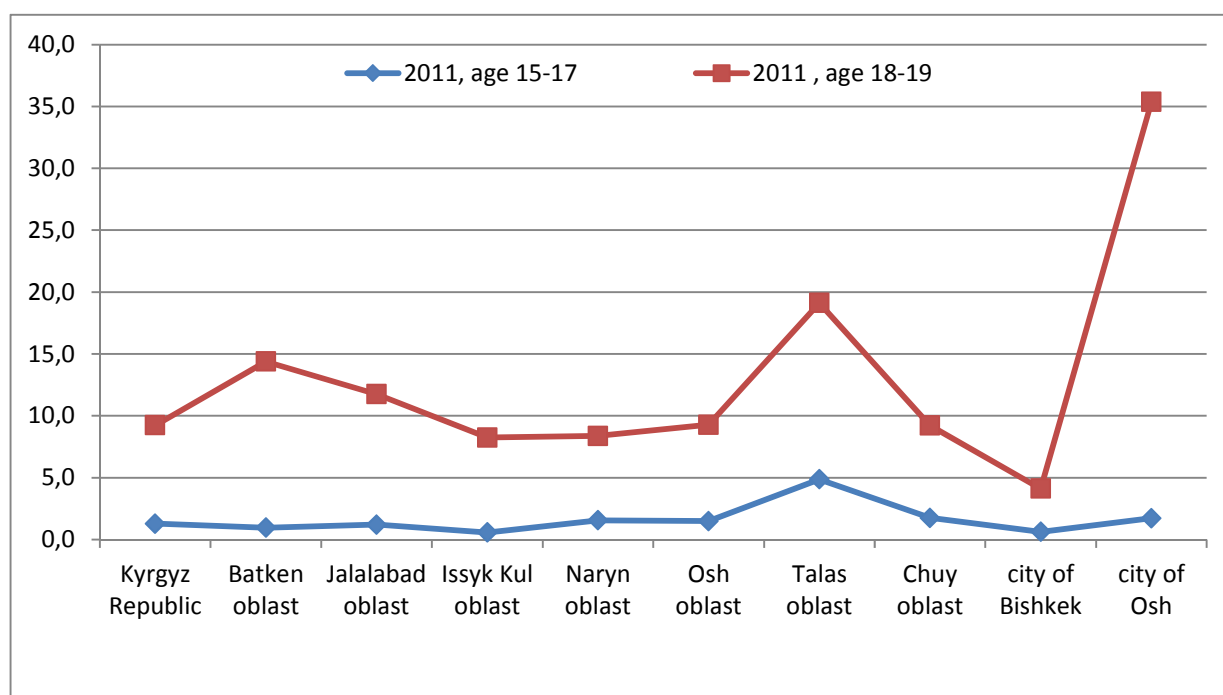
“At present, despite the lack of accurate statistical data on abortions, experts have no doubts that figures are rather high. According to some assessments, a woman in Kyrgyzstan makes one abortion by the age of 22 age, 2 abortions – by 30.7, and 3 – by 36” – stated the UNDP Human Development Report for 2009-2010. “I would say that real numbers across the country are much higher. A lot of abortions are performed in private clinics with no registration”, - said Executive Representative of UNFPA in Kyrgyzstan, Dr. Meder Omurzakov.

Source: <http://www.centrasia.ru/news2.php?st=1354078560>

According to Mr.Dastan Bekeshev, a Kyrgyz MP, more than 1,000 abortions performed on school girls were officially registered in 2012. “That is a lot for a 5-million state and is bad statistics. These are official figures, but how many unregistered ones are there? The Government does little to solve this issue; schools have religion studies and other lessons instead of sexual education. Universities also have such subjects that should have been taught in 1-3 grades, but not in senior grades and in universities”, - stated MP.

Sources: http://www.knews.kg/ru/parlament_chro/30107/

Fog 7. Proportion of abortions among juveniles in total abortions by age groups in 2011³⁹



According to data provided by NMIC the highest proportion of abortions is registered among girls aged 15-17 in Talas, Chui, and Osh oblasts. However, it should be noted that it does not necessarily mean that other oblasts have less abortions among juveniles. Actually it is a matter of completeness of statistical registration.

Teenage girls begin sexual life at 15 in Bishkek (research dd. 28.03.2013)

Bishkek (AKIpress). On average, teenage girls begin sexual life at 15 in Bishkek and every third one has an abortion. Such data were reported, after interviewing 1,000 girls in Bishkek, by Ms. Alfia Samigullina, Senior Teenage Gynecologist at Municipal Health Department on March 28, 2013 during the National Conference on Sexual and Reproductive Health.

It has been noted that teenage girls know little about safe sex. 50% begin sexual life without any motivation. <http://kg.akipress.org/news:571555/>

Cited from an interview with a representative of Center for Medical and Social Assistance to Families (Osh oblast):

"I feel that the statistics on abortions and deliveries among girls under 18 is imperfect. Nowadays many private diagnostic centers and clinics hide the figures and do not report. Health complications among girls who delivered or aborted there are hidden. Private clinics are mainly visited by minors for abortion.

Based on assessments of most experts, official statistical data on abortions are underestimated and do not allow tracking their dynamics among minors. As it has been revealed, many private medical centers, where lion's share of all abortions is performed, either submit underestimated data (because of shadow accounting), or do not report at all. This problem is not addressed in full by medical statistics authorities so far.

The Ministry of Health in cooperation with UNFPA and WHO has implemented Strategic assessment of contraceptives and abortions policies, programmes, and services throughout the republic in 2011. Findings of this Assessment have shown that knowledge among health providers and the population at large about family planning and contraceptives is low, leading to increase in early deliveries and abortions among youth. Young age and unpreparedness of mothers, both morally and physically, often become reasons of maternal and neonatal mortality, numerous diseases of newborns, and improper care about them.

“Old and prohibited methods of abortion are used in Kyrgyzstan” (by Asel Shabdanova)
 Abortions are allowed in Kyrgyzstan. Very different clinics provide abortion related services. But many private clinics do not inform the official authorities about their activity... Research administered by a number of NGOs revealed that every fifth case of induced abortion has no record. In the meantime, officials from Health Ministry agree that figures are quite far from the actual picture”. Source-URL: <http://www.vb.kg/214054>

Medicamental abortions have also increased which in many cases take place at home without any counseling from health providers, and are virtually never recorded/registered.

Cited from an interview with a health provider in a maternity hospital:

“I have noticed that cases of visits by under-aged girls suffering from irregular menstruation cycle have increased. Sometimes they confess to health providers that they bought and took medicines for medicamental abortions. Hemorrhage is a frequent consequence. These problems should be addressed somehow”.

Cited from interview with a physician of FMC:

“Abortion related statistics in general and the relevant juvenile statistics in particular are not credible, it is hard to even realize to what extent it is underestimated. There are private clinics which do not report. Abortions may be performed in neighboring Kazakhstan for instance to hide this problem from acquaintances and relatives”.

Cited from interview with a representative of the municipality: “Question: is the problem of early maternity recognized as an ongoing problem in your oblast and in the country as a whole?

Answer: Early marriages and early maternity are not the problem for us. These make up 1%. Even biologically, the first menstruation cycle is a sign that a girl is physically ready to sexual life and birth... Early maternity is not a risk”.

Children’s, juvenile, and youth reproductive health services are underdeveloped: cuts in the number of children and teenage gynecologists in primary medical-sanitary assistance units (PMSA); small number of specialized beds in gynecological in-patient hospitals of the republic; there is insufficient qualification among children and teenage gynecologists and uro-andrologists.

Since 2008 Kyrgyzstan has Youth Friendly Services (YFS) introduced. 12 offices/clinics of YFS have been opened by 2012. In order to activate efforts towards promotion of youth and teenage friendly services, a set of YFS documents were developed in 2010 which is presently under review by Kyrgyz Ministry of Health.

Table 1. Information about youth friendly services in the Kyrgyz Republic

#	Health facility	Oblast, town
1.	Student Clinic	Bishkek city
2.	Family Medicine Center (FMC) No.2	Bishkek city
3.	FMC No.4	Bishkek city
4.	FMC No.6	Bishkek city
5.	RHA Clinic	Bishkek city
6.	Oblast level FMC	Issyk Kul oblast, Karakol town
7.	Private clinic	Issyk Kul oblast, Balykchy
8.	RHA Clinic	Karakol town
9.	Oblast level FMC	Talas oblast, Talas town
10.	Oblast Human Reproduction Center	Jalal Abad oblast, Jalal Abad town
11.	Oblast level FMC No.2	Jalal Abad oblast, Jalal Abad town
12.	Municipal FMC	Kyzyl Kia town

Maternal and infant mortality rate

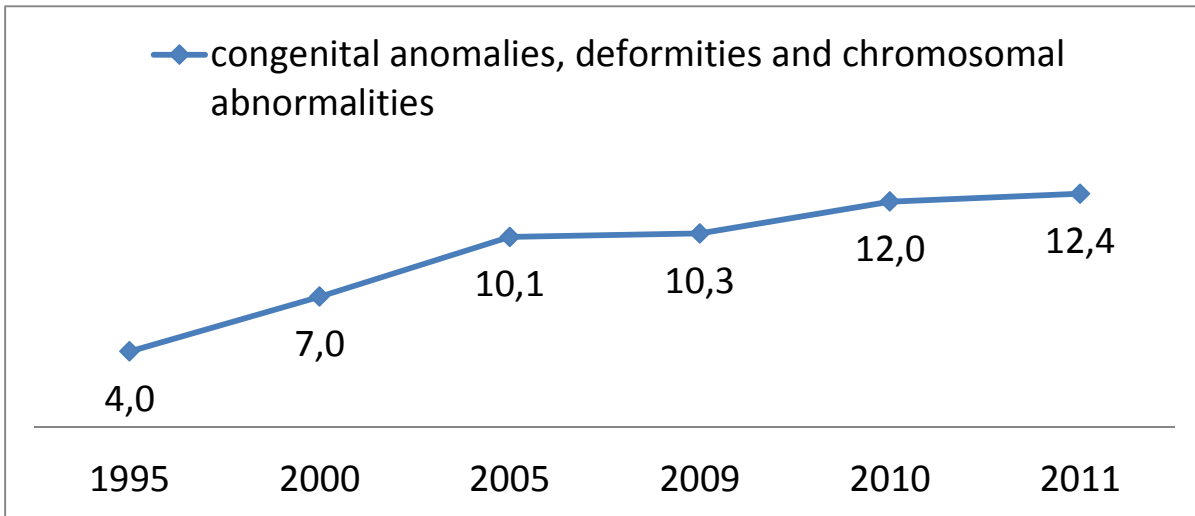
In 2011 there were 54.8 maternal deaths per 100,000 live births⁴⁰, out of those 5.6%⁴¹ were women under 20. The main reason of most deaths is postpartum hemorrhage.

“Kyrgyzstan has the highest maternal mortality rate among Central Asian countries” (D.Niyazalieva, MP)

“According to official data, maternal mortality varies from 46.5 to 47 per 100,000 live births from 1999 to 2011. At the same time, the highest maternal mortality rate in Central Asian countries is registered in Kyrgyzstan”, - said D.Niyazalieva. According to her, within recent years the highest maternal mortality rate was recorded in 2009 and constituted 80 deaths per 100,000 newborns, having exceeded Kazakhstan rate twice, Uzbekistan – by factor of 2.7, and Turkmenistan – by factor of 10”. KyrTAG. Diana Esenalieva. **Source:**

Within last twenty years, against the background of general reduction in infant mortality rate at age <5, there is a growth in rates of death caused by birth abnormalities (malformations), deformations, and chromosomal damages. Based on opinion of experts, growth of this statistic is partially associated with transition to new standards of registration. At the same time, some experts do not exclude that growth of this statistic may be a consequence of deterioration of such indicators as population health, nutrition, environment, as well as increase in number of early deliveries. However, this issue needs a further special study.

Fig 8. Rates of infant deaths from birth abnormalities (malformations, deformations, and chromosomal damage (% of total number of deaths at age <5)⁴²



Neonatologists alarm: growth in cases of birth pathology among newborns which require operative intervention in first days, or even hours, of their life.

The Municipal Perinatal Center (the largest obstetric facility in the country) has up to 8,000 deliveries every year. Approx. 12% of deliveries are preterm, - commented Ms.Damira Seksenbaeva, Expert of the Facility.

“Within recent years preterm deliveries became a problem for many countries. The main reason for this (80% of cases) are different infections. Genetic problems, hormonal insufficiency, and other factors affect this too. Age of the future mother has an enormous importance. There are a lot of problems among old aged women giving birth - there are mothers aged 48 and 50. But there is another extreme – increase in number of women giving birth when under 18. We have patients aged 15 and even 14”

IA“24.kg”. Anastasia Bergard. Source: <http://www.24.kg.org/investigation/147204-v-kadamdzhajskom-rajone-mat-ostavila-maloletnego.html>

Cited from an interview with a head of school curriculum department:

“Early maternity is now a widespread phenomenon in our country. Consequence of this, based on mv observations. is birth of disabled persons and children with subnormal intellect”.

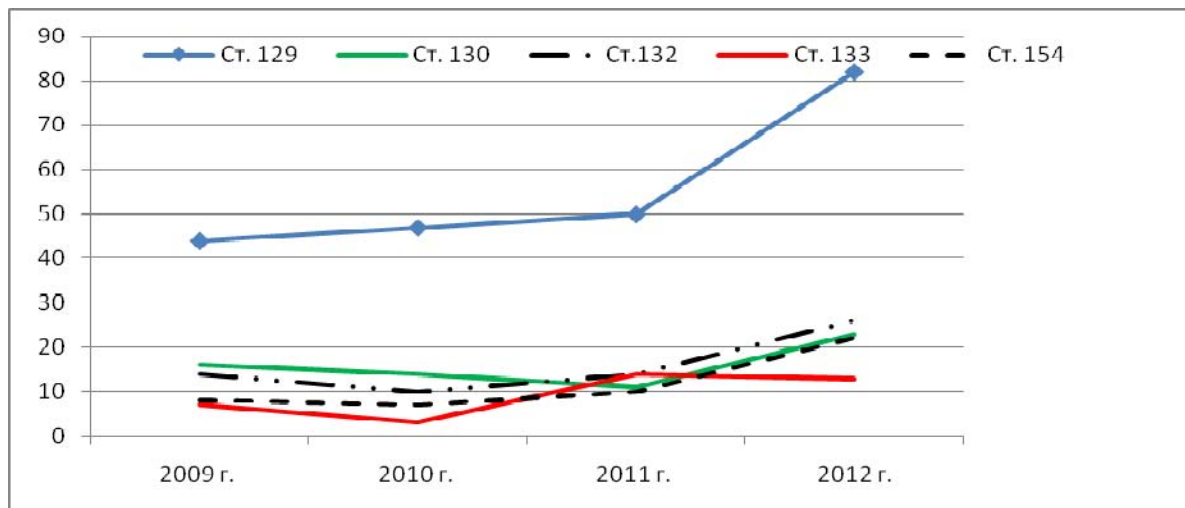
There are cases of infant deaths hard to register officially. For example, in case of death of a child who has no birth certificate, there is no opportunity to get a death certificate.

Crimes against sexual inviolability, sexual freedom of a person and family of minors

According to Kyrgyz IAC under Ministry of Internal Affairs, within recent 4 years the proportion of crimes perpetrated against minors is growing in total volume of crimes against sexual inviolability and sexual freedom of a person:

- regarding Clause 132 of Kyrgyz Criminal Code (CC) (Sexual intercourse and other actions of sexual nature with a person who is below sixteen) – from 22 cases in 2009 to 36 in 2012;
- regarding Clause 133 of CC (Lecherous actions against persons known to be under 14) - from 8 criminal cases in 2009 to 13 in 2012;
- regarding Clause 129 of CC (Rape) from 44 cases in 2009 to 82 in 2012 (see Fig. 9).

Fig 9. Number of registered crimes perpetrated against minors



In the number of rapes of minors per 100,000 persons, the maximum rate is registered in Chui (3.3), Bishkek (3.0), Naryn (1.9), Issyk Kul (1.8), and Jalal Abad (0.9) oblasts.

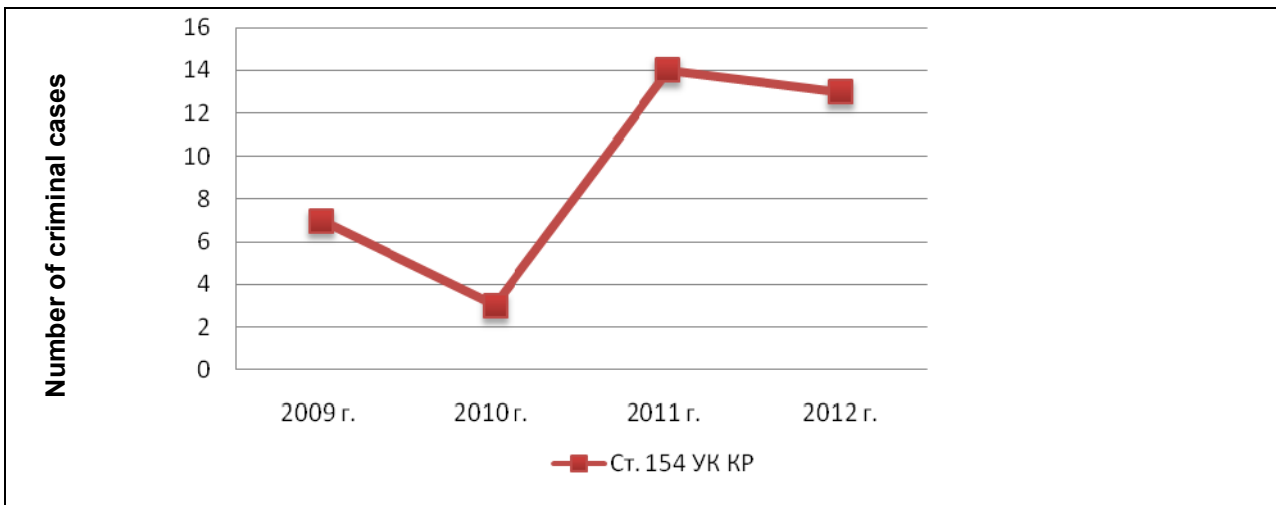
Since 2009 the number of registered cases of crimes against family and minors has also grown. 7 criminal cases were registered in 2009 under Clause 154 (Coercion to actual marriage with a person below 17, and the number has grown to 13 cases in 2012.

“Father of a raped girl was offered money to withdraw his statement” 11.04.2013

“Father of a raped girl was offered money for withdrawal of his statement. The fact has been stated by Mr. Ismail Tokobaev, father of a 15 year-old girl, at a press conference in Bishkek on April 11. According to Tokobaev, 9 months ago when his daughter went to a shop early morning, she was raped. First she concealed this fact as she was afraid that she would be misunderstood. When the police was informed, according to Tokobaev, the case was delayed for a long time, justifying by the idea that “the girl is spoilt herself”. Eventually the case was taken to court. “Court of first instance passed a fair sentence despite evidences of false witnesses. The offenders have been sentenced to 13 and 10 years respectively. But it was first instance only. Judges of second and third instances may pass another sentence. I am afraid that these scums could get away free. Now I am visited by different people asking me to withdraw my statement. The most offensive thing so far was that a woman visited me recently and has offered to marry one of my daughters to their relative, and become related to my family. I am going to go to till the end in spite of everything, and I hope for a fair judgment”, - said Tokobaev”.

Source: <http://kant.kg/2013-04-11/otstu-iznasilovannoy-devushki-predlagayut-dengi-za-otkaz-ot-zayavleniya/>

Fig 10. Number of criminal cases registered under Clause 154 of CC (Coercion to actual marriage of a person below 17)



Clause 154 of CC

The main shortcoming in the official statistics on sexual crimes and crimes against family and minors is incompleteness of data due to under-reporting. Under-reporting is both institutional (as a result of ineffectiveness of law enforcement authorities and refusal to register applications of victims) and personal (conditioned by reluctance of victims themselves to report facts of sexual offense to law enforcement authorities).

Based on experts' assessment the tendency to under-report sexual crimes against the under-aged is higher than among adults.

“Law enforcement authorities do not register reports submitted by parents of underage girls raped and married to the rapist”

According to statement by Kyrgyz Ombudsman, a group of villagers raped a girl of eighth grade in Kochkor rayon on October 12, 2011, when she was returning from school. Neither rayon Prosecutor's office, nor the police, or local self government authorities took actions against persons suspected.

“Deputy Head of rayon police Mr. Omurbek Abdyrakov demanded that parents not register their report, calm down and forget the incident, and come to agreement with the opposite side. An investigator of rayon police office has also persuaded the family and friends of the victim not take the raped girl to medical checkup”, - stated Mr.T.Akun, the Kyrgyz Ombudsman.

Moreover policemen persuaded the offender to marry the raped girl, but some time later she escaped and came back home. After that the victim's side tried to submit their complaint once again, but no one accepted it. Only after that, they turned to Kyrgyz Ombudsman for assistance”. **Source:** press conference of Kyrgyz Ombudsman Mr.Tursunbek Akun on September 11, 2012.

http://www.vb.kg/news/society/2012/09/11/199082_ombydsmen_rasskazal_ob_ignorirovanii_vlastiami_dela_ob_iznasil_ovanii_shkolnicy.html

The clinical protocols for assistance to victims of sexual violence at primary level of health system are currently under approval of the Ministry of Health. This protocol regulates health provider's delivery of first medical assistance, counseling, and prompt re-assignment of a victim of sexual abuse to forensic expertise, if necessary. **On the whole, the official data on early maternity- despite their incompleteness and limited scope – allow to state that the number of early pregnancies, abortions, and maternities among juveniles grew. Statistical data show convincingly that the number of early maternity cases is growing because of both increases in the number of early marriages, including those with parental agreement and bride kidnapping, and of early sexual life among teenagers. The increase in early pregnancies and deliveries is also definitely affected by increases in the number of sexual crimes against minors.**

Social aspects of early maternity

A survey of current matrimonial strategies of women and men in Kyrgyzstan⁴³ demonstrates that within recent years “the state’s impact on marriage and family has evidently weakened. It declares itself as a subject interested in the promotion of a family, and sets up the objective to develop special support programmes and governmental regulation of the family... In reality systems of support for young families, children and their parents are merely symbolic; it is observed that the role of religious institutes and kin (clan) systems in family and marriage tends to strengthen and, as a result, the state’s role in the regulation of marriage and family has decreased critically... At present, a growing number of partners do not believe the state registration of marriage is compulsory, while religious institutes...managed to revive mass marriage validation”.

The problem of early marriage in Islam is discussible. There is no unanimity among religious leaders of focal communities about what age is considered early. A significant part of them does not support “early” marriages before 16. However, most of priests at local level express their readiness to bless a marriage and perform Nikeh ceremony involving a girl below 18, if a bride and her parents have no objection. Some representatives of the clergy have readily available written statements with agreement of the bride and her parents to Nikeh involving a girl under 16 in case of any complications with law enforcement authorities.

Source: L.Ilibezova. Research Findings Report “Gender Violence Related Knowledge, Relations, and Practices of Religious Leaders” (on the example of four focal communities). – Bishkek, 2012. UNFPA

At present the Muslim priests bless marriages with girls below marital age, who would become first and second wives, regardless of the fact that they violate family and criminal legislation. On the whole it can be stated that within last twenty years the family-marriage relations have experienced a transformation which led to drop in the values of legally registered marriage. Thus, about one third of newborns (in 2010 - 30.9%) are children of women who have no registered marriage. 75% of children born out of wedlock were

delivered by women under 30. Out of all children born out of legal wedlock, 55% were registered based on joint application of parents, and 45% - with mother's application only⁴⁴. The study has revealed an illogical approach to the phenomenon of early maternity. That is, early pregnancy and maternity are believed to be a violation of marriage-family values only when they are out of marriage.

Cited from interview with a representatives of health system:

"The public does not react to girls delivering before 18 when married. But those who gave birth without husbands are condemned, negatively treated, and society prohibits communicating with them".

Cited from interview with a head of school curriculum department:

"When a girl gives birth within a marriage, this is perceived as norm, even though the marriage was early one. Moreover, if she does not become pregnant immediately, she will be suspected of infertility and simply kicked out. Parents of married minors think positively about early deliveries, it makes them happy. They will worry and visit physicians, if she does not become pregnant at once. Sometimes it comes to the situation that before marriage she is provided with a series of warming injections (calcium chloride) in order to make her pregnant immediately after her wedding. All in all every effort is made to give her a chance to deliver one-two babies and reinforce her positions. Parents think that then their son-in-law won't divorce their daughter. At the same time, the public shames girls who gave birth without husbands, and their parents. Afterwards their sisters face difficulties in marriage, everybody has a stigma».

The surveyed under-aged girls who delivered out of wedlock were often blamed that "they were unsound as mothers", "poorly cared after their baby", were "aggressive to a child", "left and sold their children". At the same time the pregnancy of under-aged girls in early marriage is considered as a rather normal thing, and her successful maternity (nursing, care, and education of a baby) is not doubted.

Some respondents feel that newborns are abandoned or sold mainly by minor girls, and information about such cases is published in mass media from time to time. However, **no statistical and documental evidences for this point of view were found in the research.** At the same time it has to be admitted that minor mothers rejected by the society and without support from their family and friends have higher risk of deviant behavior.

Unknown individuals left a newborn in the street in Naryn oblast, communicated by press-service of Kyrgyz Ministry of Interior

“According to locals, unknown people knocked the gates about midnight on February 23. When the house owner went out, he found a newborn boy. Nobody was near him”, - stated the press-service. The investigation-operative team has been working at the site of occurrence, health providers from the territorial hospital were also called and examined the baby boy. His health had no concerns. Health providers believe that the boy was very likely born at home”. Source:

<http://www.knews.kg/ru/action/28510/>

O.Semenyuta: “Birthing mother who jumped out of the window in a maternity hospital in Bishkek last Friday has died”

“In Bishkek maternity hospital under National Maternity and Childhood Protection Center, a 19 year-old birthing mother jumped out of the window on third floor; the wounds turned out fatal. Based on accounts of health providers, the future mother jumped out because her pregnancy was unwanted. In general, the number of rejected children and foundlings has grown in the republic. Three babies were found in Bishkek yesterday. Two– at gates of private houses. A third one – at the entrance of the hospital”.

Source:<http://nts.kg>

18 year-old girl arrested in Chui oblast, after selling her newborn baby for KGS 30,000

This fact was communicated by the Mol press-service on Friday. Officers of criminal search unit at juvenile department of police office in Chui oblast have been detained on March 20 at 1:00 a.m. a 18 year-old resident of Panfilov rayon who was suspected of selling her newborn baby to unknown persons for KGS 30,000. It has been established that the girl delivered her baby on December 20, 2012 in Moskva rayon hospital. After her discharge, having negotiated with a resident of Sokuluk rayon, she sold her newborn baby through a mediator. The investigation unit of Moskva rayon police office has instituted proceedings based on this fact under Clause 124, part 2(Trafficking in humans) of Kyrgyz CC. At present the suspected woman is arrested and put into the detention center. Other participants of human trafficking are giving their evidences. Investigation is ongoing.

Source: <http://www.kyrtag.kg/?q=ru/news/39649>

Early maternity in Kyrgyzstan is conditioned by the following phenomena:

- child marriages (parent-negotiated, bride kidnapping, polygamy, religious marriages);
- early sexual life experiences due to lack of knowledge on reproductive health;
- conflicts with parents, socially disadvantaged family; and
- sexual crimes against minors.

Mutual wishes of an underage girl and her boyfriend to create a family and have a child was mentioned extremely rarely.

Factors affecting growth of early maternity are decline of morale and family values as well as reluctance of the state to regulate issues of marriage and family.

Based on data from interviews, the juveniles who delivered out of wedlock were in need of safe abortion and delivery-related assistance. Later they needed support to overcome public blame, social isolation, and financial assistance, too. Many young mothers spoke about inaccessibility of pre-school facilities.

Official information provided by Kyrgyz MoH, ref.No. № 393 dd. 04.03.2013

118 young pregnant women, who were registered in FMC-19 for pregnancy and delivery, were examined in Bishkek in 2011. The average age of the girls was 17.0 ± 0.6 , 67% (79 girls) were under-aged. It has to be noted that out of 79 under-aged pregnant girls 5.1% had repeated pregnancy, and 4.2% had records of abortion of first pregnancy in their medical files.

70.3% of under-aged pregnant girls were in unofficial or religious marriage, 26.3% were officially married, and 3.4% were single mothers.

Based on data from interviews, the juveniles who delivered out of wedlock were in need of safe abortion and delivery-related assistance. Later they needed support to overcome public blame, social isolation, and financial assistance, too. Many young mothers spoke about inaccessibility of pre-school facilities.

Cited from an interview with a representative of the municipality:

“Question: What do you think are the reasons of early maternity?”

Answer: Desire to experience the forbidden, physical passion, foolishness of youth, insufficient upbringing.

Question: What is the risk of early pregnancy and early maternity for a girl's health?”

Answer: None.”

Cited from interview with a representative of health system:

Cited from interview with representatives of education system:

“Reason for early maternity is early marriage. Having married the daughter, the parents decline all responsibility for her education/upbringing, maintenance, etc. Present girls are very developed in sexual terms. Sometimes it is very tough to keep them in-line. Parents therefore are concerned about disgrace and try to marry them as soon as possible.”

“The reason for early maternity lies, I think, in early maturation, acceleration, impact of promotion of sexuality on TV, Internet, and social networks. This is also consequence of labour migration. Many family members in Kara Suu rayon are involved in labour migration to Korea or Russia. The children are left with relatives who do not care about their upbringing, kids do not listen to them. Girls from poor families, trying to copy their better-off peers (nice clothing, cell phones, and so on), sometimes take the road of earning money by their body.

“In 70s-80s the state thoroughly controlled a childbirth before marital age. If a school girl became pregnant, the school director would be investigated on a session of municipal office at Ministry of Education, the girl's parents were blamed at their work and in the party – that was a terrible shame. Therefore school, parents watched their children”. One can say that there were no early marriages before school graduation in Bishkek, this was controlled strictly by the state. Now everything is entrusted to a family which cannot manage this – poverty, migration,

...Youth do not think about their future because of their illiteracy, lack of knowledge about reproductive health”.

Early maternity in a child marriage

Based on research data⁴⁵, the number of early marriages has grown in the last years. It is especially noticeable in Osh and Jalal Abad oblasts after June 2010 events. Child marriages, although observed in all communities, are more typical among such ethnic groups as Uzbeks, Dungans, and Azerbaijanians. Child marriage is typical mainly for girls.

According to data provided by Kyrgyz Ministry for Social Development, Kyrgyzstan has 104 children orphanages which care for approx. 20,000 children. 89% of whom are social orphans, who have parents and 11% are semi-orphans and absolute orphans who lost parental care.

Source:

<http://www.uspeshnye-siroty.ru/news/v-kyrgyzystana-pyitayutsya-reshat-problemyi-sirot.html>

Cited from interview with a women who married at 16:

"I have married following my parent's negotiations. They decided to marry me into the well-off family of our relatives, they said that I would not be in need at all, I would not need to earn money, and I agreed. I was 16, my husband was 21. When a priest performed Nikeh, he did not ask my age. My parents and parents of my husband were likely aware of illegality, but since we are relatives, no one had objections. I graduated 9 grades only. I have no profession.

In the course of marital life I have never used contraceptives. All my pregnancies were unplanned. I gave birth to three children during 4 years of marriage. When I informed about my next pregnancy, I was said to deliver, and I delivered. Surely I had problems with my health. My legs have swollen during my pregnancy. As a result of early marriage I have lost my health, missed my chance to learn and work.

Question: If you had a chance to go back, what would you do differently with respect to your marriage and early maternity?

- I would build my life differently".

This is related with such practices as parent's negotiations, bride kidnapping, polygamy, and kin, unregistered and religious marriages. Child marriage may lead to unwanted pregnancy, and as a result, the birth of unwanted children, that leads to the increase in the number of orphans.

In most cases a bride does not decide on her early marriage, and in case of parent's negotiation – often a groom does not either. More frequently a bride and a groom know each other insufficiently and as a rule their acquaintance is limited to few meetings and rarely lasts more than one month. In case of kin marriage a groom and a bride as a rule know each other quite well. Bride kidnapping might lead to different situations. There are cases when a bride does not know the groom before her kidnapping; sometimes their acquaintance is limited to one-two occasional meetings; and sometimes bride kidnapping takes place with mutual consent of a girl and a young man.

Usual difference in the age of a bride and a groom is 3-4 years, however, the study recorded child marriages where a groom was older than his bride by 8 and even 12 years.

L.Ilibezova for UNFPA in Kyrgyzstan – Child Marriages. 2012 Source:

<http://eeca.unfpa.org/public/pid/12491>

Child marriage almost in all cases studied has been accompanied by abuse, irrespective of whether a bride was kidnapped or married by parent's negotiation. After their marriages 9 girls out of 11 have confessed that after marriage they were abused psychologically by their mothers-in-law and husband's relatives, 4 were physically abused. One girl and her children were beaten not only by her husband but her parents-in-law. Another two girls have suffered not only psychological and physical abuse, but sexual one too.

It has to be stressed that none of the girls turned to law enforcement authorities, crisis centers or local governments during their marriages, regarding abuse facts they experienced. Nobody was informed about existence of Kyrgyz Law "On socio-legal protection from family violence", some of them did not even know at the moment of their marriage that they violated marital legislation which forbids marriage with persons <18.

Based on the research data, while married the girls have never been involved in family budget distribution and had no pocket money. They had to ask money for buying small things including hygiene stuff; they were obliged to ask money from the husband or mother-in-law. It has been ascertained that husbands employed abroad never send their remittances to their young wives, only to their parents. Most of respondents told that they never feel themselves equal to the husband – his opinion and the mother-in-law's opinion were always a priority.

Based on the research data, the reasons for the growth in early marriages are:

- strengthened patriarchal-cultural and ethnic traditions in marriage and family area;
- poverty, reduction of financial security of families that thus have no opportunity to educate girls, the so called "social waste" of investing in girls education;
- lack of adequate mechanisms for the execution of available criminal-legal actions against child marriages;
- lack of moral-ethical influence of state, local authorities and the public, i.e. negligence of child marriages at all levels;
- ignorance of parents and young people about negative legal and reproductive consequences of early marriages among girls; and
- enhancement of the influence of religious leaders who support and bless child marriages, growth of religious marriages.

Cited from interview with a representative of oblast office of Reproductive Health Center:

"Basically girls from rural areas with low social strata are used to marrying and giving birth before marital age, they often are not aware of reproductive health. Poor conditions of life, insufficient nutrition since their childhood leads to anemia, various extragenital diseases that negatively affects their pregnancies. Natural newborns are often abandoned in the street, at maternity hospitals or are killed".

Cited form interview with a representative of "New generation" programme:

"Student girls from Pedagogic College and vocational schools marry in the first year of their education before winter, when they are 15-16. They make up 20-30% of total number of students. Before they graduate and reach full age, almost 99% are married with 1-3 kids".

Cited from interview with a representative of a juvenile center (Bishkek):

“People live very poor, no support and assistance, children begin working early. In such families many girls see the solution in marriage. It is a good way for parents to get rid of eaters and transfer their child to another family. But there she also suffers, juvenile organism is not ready to maternity, weak babies are often born from such marriages”.

Early maternity as a consequence of early sexual life

The research data point to several main scenarios of early sexual life among under-aged girls, which result in pregnancy and/or maternity. First of all, some girls give in to partners who insists on sexual relationship, so that girls do not lose them. There are cases when a girl thought that the right time came, it seemed to her that the start of sexual life would make her “higher” and “more advanced” than her peers. In such cases the decision to start sexual life is taken independently by the girl, she identifies her partner, and takes initiative.

There are cases when a girl falls in love with a young man and dates him, she has illusions of future marriage. She loses fear of becoming pregnant as she is sure that the partner will marry her.

There are records of cases when girls entered sexual relationship with the purpose to get financial benefits or blackmail a partner.

Representatives of juvenile centers have cites examples/cases when early maternity was seen as a method to solve problems between juveniles and parents. For instance, in order to overcome a ban to date a boy/girl, this is a response to tough control of parents, or vice versa - to lack of attention from their side. Early maternity can also be observed in socially disadvantaged and one-parent families, where a mother or both parents, and sometimes several generations in the family abuse alcohol, frequently change their partners or have casual sex.

Cited from interview with a school representative:

“We had a case, when a girl in 9th grade gave birth, she was then 16. But the family (girl’s family) was such a scum of society: both her grandmother and her mother were alcoholics. Her mother had hordes of men, we do not even know, whether the girl herself screwed around, or maybe one of her mother’s boyfriends raped her...”

On the whole, whatever reasons for early pregnancy, they all share the fact that almost all girls hide their pregnancy, fearing publicity, negative reaction of their parents, friends. Many of them do not try to address the problem of their pregnancy independently, they do not visit health facilities, and as result they are late for abortion.

From the selection of cases studied it is clear that most parents are displeased with pregnancy of their under-aged girls, many of them insist on abortion, referring to the fact that pregnancy and childbirth without a husband will become a disgrace for their family.

Education of the girl is discontinued in many cases. At the same time it cannot be stated unambiguously that these girls lose their chance to get education, as there were observed cases, when parents of a girl who gave birth have tried to cope with the stigma, for instance they adopted her child and sent her to study as far as possible from their village. Based on the research data it can be pointed that **entering into child marriage most often leads to end of education for the teenage parent.**

The republic has 2,188 comprehensive schools with more than 1.1 mln pupils and vocational schools and universities with 220,000 students.

Based on the data of Ministry of Education 29,000 children do not attend schools in Kyrgyzstan⁴⁶. Education in reproductive health, HIV and STIs is not part of schools curriculum, there is no specialized methodologies of teaching or trained teachers who could educate young people on this topic. The country has no a reproductive health handbook for teachers in educational institutions approved by the Ministry of Education

Virtually all girls who became mothers without husbands are subject to stigmatization, society shows hostility will towards them, and their peers are forbidden to communicate with “bad friends”.

Cited from UNFPA Report for 2012: “Teenage pregnant girls are forced to leave their schools and thus lose their right to education. Unplanned pregnancy may jeopardize female health, undermine her opportunities to make her livelihood and doom her and her family to miserable and unfortunate life”.

As it has been ascertained in some cases the isolation is forced not only through society but the educational system too. A representative of one of municipalities has informed that educational institutions had a practice of special isolation of a pregnant girl from others in school/vocational school/college, in other words she was expelled so that “she won’t show bad example and spoil other girls”.

Cited from interview with the woman who gave birth out of wedlock before 18:

"I have been dating this boy, but later we broke up. I went to bed with another man to spite him. He was 23 years old. I did not use any contraceptives, I did not think about this at all. I became pregnant at 15. I was afraid of this and told my friend, she blurted out my secret to her mother, and the mother told my mother. We wanted to do an abortion. But health providers did not allow, said that I would not be pregnant later. We visited the clinic again in one month, and we were told that it was too late for abortion. Father of my child refused to marry me; he said that the baby was not his.

I lost my boyfriend. I left my school because of my pregnancy, teachers came to my home but my father sent them away.

The pregnancy was difficult, there was hemorrhage after delivery, doctors even thought to remove uterine. 6 weeks later I had the uterine removed because inflammation began. Later I had mastitis...

My father scolded me harshly, until now he does not allow me to even go to a shop. I go out when he is at work. My poor mother grew old; she is also verbally abused by father. She took this hard and cried – I am guilty of hurting her. The relatives try to give no sign. But I know that all of them condemn me, and nobody, excluding my mother and grandmother, understand me. I do not want to look at my peers at all – everybody is a betrayer, but what do they know about life.

Because I gave birth without a husband I lost my happy life. All my dreams were broken down.

I wished to be an actress. My mother became unfortunate, and father – nervous. Sometimes I simply do not want to live..."

Cited form an interview with a representative of women's crisis center:

"Today we were visited by people with the following problem – a 17 year-old girl does not know who made her pregnant. Her mother, brother and one of her boyfriends came. They wanted me to help them with abortion. Doctors do not permit abortion. I have interviewed the boy. He told me that he is not sure that the baby is his and therefore is not going to marry her. In the course of the interview with the girl, I have found that she also does not know who the father of her child is. It is a very topical issue. Often you do not know how to help the girls in such a situation. They spoil early, their life goes down."

Cited from an interview with a representatives of juvenile organization:

There are cases when pregnant girls negotiate in advance with people who wish to have a baby, and later they deliver and give their children upon discharge from maternity hospital. It is not clearly known how the documents are formalized.

Early maternity as consequence of sexual crimes against children

In the course of the survey, we found no official data on the number of deliveries and abortions that happened as a result of rape of juveniles. As it has been ascertained, no state authority collects such statistics. Information about deliveries and pregnancy as a result of rape is more frequently provided by representatives of crisis centers, health providers, and mass media. Due to low validity of these data, it is impossible to assess the scale of these cases. In the meantime, the dynamics of sexual crimes against juveniles within last 5 years has grown. In this connection it can be assumed that the number of pregnancies and deliveries caused by rape grows too.

Based on data sent by health providers and law enforcement authorities, families as a rule become aware of sexual crimes against juveniles late – the girls are afraid to tell parents about that, they are ashamed, they hide that they were raped. Pregnancies of girls raped by their stepfathers is especially hidden. The research recorded cases when a mother having learnt about the fact that her daughter became pregnant by the stepfather, just sends her to abortion without any drama.

According to legislation, a rape is a valid reason for induced abortion and delivery in such cases is almost always a necessary measure.

The research data demonstrate that public attitude towards girls who delivered after being raped is hypocritical. They are treated as victims of crime but at the same time as a guilty party” “I am sorry for her, but why she walks around late?”, “girls are guilty of this by themselves – they dress provocative”...

Cited form interview with the girl who was raped:

“My parents have higher education, my family has five children, I am a student of a pedagogic institute. Rape was my first and the only sexual contact. Early morning I was returning from my relatives and walking to my institute and accidentally was on the street where prostitutes usually work. A guy turned to me with a question: “Do you work?” Before I had a chance to answer, he pushed me into his car and drove away, and after that he raped me and let me go. I talked to nobody, because I was ashamed.

Not long after that I had nausea, I visited a clinic for ultrasound, and was told that my stomach had problems, and in 5 months I learnt that I was pregnant. During that time I have had several short menstruations. I wanted to have an abortion, but health providers told me that it was too late and they were afraid to risk as I have weak eyesight. Of course, doctors scolded me, but they helped me, I had pregnancy card, I was not asked any money. I did not abandon my studies, I have attended sessions till the delivery time. Now my parents would like to take the baby to their village to allow me to continue my study. I have no idea about the guy who raped me.”

A teenager in one of the villages in Chui oblast delivered an infant from her stepfather. Internet-editorial office of “Vecherny Bishkek” (newspaper) has learnt this fact from its own sources in law enforcement authorities.

It has been found that a man has been cohabiting with his stepdaughter for several years. He intimidated his victim so much, that the girl was afraid to talk to her mother about the torturer all this time. The first time the stepfather raped the girl when they were left alone. Later on he began to visit the child almost daily. The rapist prevented her from unwanted pregnancy the first year, but in recent years he became indifferent to his stepdaughter’s fate. At the beginning of this year the 17 year-old girl became pregnant. Even when the baby was born, the teenage mother concealed the name of the baby’s real father. The lies were disclosed only when the relatives put pressure on her. Now proceedings against the stepfather-pedophile are under way. If his guilt is proven, he will answer under several clauses of Criminal Code at once. Source: <http://www.vb.kg/171934>

In Osh city officers of Ak Bura Police Department arrested a taxi driver who raped an adolescent girl – student of 7th grade in one of the city schools.

A taxi driver tricked a 14 year-old girl into his car “Opel-Astra” at 17:00 p.m. and offered to drive her home. After that he drove her outside the city and raped her in the car.

Operative-investigation activities were undertaken on this fact, in the course of which a 24 year-old O.Kh. was arrested and put into detention center. Criminal case under Clause 129 of CC (Rape) was filed.

Another group of crimes infringing public morale and stimulating juveniles to sexual activity is the distribution of pornography, including child pornography, through Internet. Based on data obtained during the research⁴⁷, Kyrgyzstan has no mechanisms to protect children from pornography – no legal framework for detecting and blocking porno websites as well as for punishing for its distribution. At present adolescents are offered not only pornography but also real sexual relationship via Internet. Based on the views of representatives of education and health sectors, the state has to develop measures to setup safe Internet and prevent children from early sexual activity.

Reproductive aspects of early maternity

Health providers have stressed that pregnancy before 18 poses a risk for reproductive health of a girl, because her organism is not completely developed and is not ready to child bearing before the age of 18. In the opinion of representatives of maternity hospitals, given present rates of maternal mortality, any pregnancy and childbirth before 18 may become dangerous for both a woman and a child. Juvenile abortions, miscarriages, birth of children with small weight, and postpartum complications are also indicated by health providers as negative side effects of early pregnancy.

Official information provided by Kyrgyz Ministry of Health, ref. No.393 dd.28.02.2013

During examination of 118 young pregnant girls registered for pregnancy and birth in FMC-19 it has been found that: 77.9% had high level of somatic pathology (26.3% - had those in complex with gynecological diseases established in every second girl). Complications suffered by young women in comparison with fertile age women (FAW) were dominated by hypertension disorders including eclampsia, miscarriage threat, intrauterine infection, delays in intrauterine development, and fetal intrauterine hypoxia. Births by young women in comparison with FAW tended to come prematurely, were complicated by premature break of waters, weakness of birth activity, pathologic and border hemorrhage, traumas of soft tissues of birth canal; prematurely born children were more frequent to young women.

Even seemingly safe early childbirth is not a guarantee that afterwards the girl will manage to avoid reproductive problems, many of them – as observed by health providers – might affect her at older age.

From quick-survey “early Marriages in the Kyrgyz Republic”⁴⁸ :

“After delivery my daughter passed away. She lived 18 days only. Health providers told me that it happened because either I worked hard or worried a lot or took some medicines. But they do not know exactly”. (Woman who got married at 17).

“Doctors told me that I was small, lean, and needed cesarean section. My mother-in-law did not allow, she said that I should deliver by myself, perhaps, because of money. I gave birth naturally, but it was so tough, I thought that I would die. After childbirth I lost my strength, I was unconscious. I did not have enough breast milk... I was too weak; I could not manage the household, and the baby at the same time... My mother-in-law did not like that”. (Woman who got married at 17)

In view of health providers a big part of the problem is poor health of most of the teens, which hampers successful outcome of pregnancies.

Data provided by Kyrgyz Ministry of Health corroborate the concerns of health providers concerning state of health of girls aged 15-17. Total morbidity per 100,000 is 12% higher among 15-17 year-old girls than among women >18.

Table 2. Indicators of morbidity among adult populations across the Kyrgyz Republic in 2010 per 100,000 inhabitants of relevant age group”⁴⁹

	Adults (18>)	Teens (15-17)
Total women	54 653.3	61 227.7
Endemic goiter	1 744.4	4 372
Endocrine system diseases	3 409.7	5 460.1
Blood and blood diseases	3 447.7	4 996.6
Iron-deficient anemia	3 288.6	4 706.3
Infection and parasitic diseases	1 542.6	2 501.8
Nervous system diseases	2 957.9	3 352.3
Malnutrition	8.4	401
Menstrual cycle disorders	243.5	489.2
Other gynecological diseases (excluding menopause and infertility)	352.7	354.9

Girls aged 15-17 more frequently have such diseases as endemic goiter (higher by factor of 2.5), disorders of menstrual cycle (twice more), endocrine system diseases (higher by factor of 1.6), blood diseases (higher by factor of 1.4), iron-deficient anemia (higher by factor of 1.4), infection and parasitic diseases (higher by factor of 1.6). At the same time the gynecological morbidity rate among girls aged 15-17 is virtually the same as for adult women. Malnutrition occurs 50 times more frequently among girls aged 15-17 than among adult women.

It is evident that under such level of morbidity and nutrition the pregnancy of girls aged 15-17 is riskier than of adult women, with the risk to health of future children increasing accordingly.

The analysis of information gathered has demonstrated that girls in early marriages became pregnant immediately after their wedding, as most of them were forbidden to use contraceptives. There are cases where repeated delivery happens every 7-8 months. This is confirmed by data of NSC of KR, based on those there were 1,028 cases of second deliveries, 32 – third deliveries, and 5 - fourth deliveries by women aged >19 in 2011 across the republic⁵⁰.

The girls were not secured with special nutrition regimen, sleep, and rest in almost all cases of early pregnancy, as a result their pregnancies have been developing with complications. A girl who delivers out of wedlock also faces serious psychological pressures, which is extra factor of reproductive risk. Teenagers have no awareness of reproductive health and beginning of sexual life⁵¹. Most of girls in this period have only general idea about female reproductive health and do not know contemporary methods of contraception and STIs prevention. At the moment of survey none of respondents has any information about opportunity of medical prevention of unplanned pregnancy within first 72 hours and about STIs. Health providers have highlighted that in many cases of early pregnancy out of wedlock, the girls register their pregnancy late, visit gynecologists occasionally, and as a result encounter complications during their pregnancies.

Cited from interview with a teenage gynecologist:

“Early delivery is a great problem for us, health providers. In particular, based on my observations, girls <18 often have anatomically contracted pelvis, immaturity of uterine muscle layer, many girls have small weight and anemia. Hormonal background is unstable in this age, teenagers therefore often have problems with placenta development during their pregnancies, and it means that a baby may receive less nutrients. Early pregnancy is accidental almost in all cases, unplanned, and sometimes unwanted, so nobody was ready to, hence there are many all sorts of problems”.

Cited from interview with a maternity hospital’s staff:

“Women’s awareness, especially among adolescents, of reproductive health and family planning is very low. Sometimes we, health providers, are horrified by such extreme ignorance. It seems that so much information is available, booklets, broadcasts, but information does not reach – population is still unaware: women do not hurry to registration, there is no practice to undergo examination before a conception

Based on findings of small-sized sampling, the girls who gave birth in their child marriages and after rape had less information about reproductive health than their peers who decided to begin sexual life by their own. At the same time urban girls are more aware than their rural peers.

Early maternity in a marriage (bride kidnapping), Talas oblast:

“I was kidnapped at 17, I became pregnant immediately. During my first pregnancy I had registration for pregnancy after 5 months of gestation. I visited the gynecologist then 2 times only and after that I gave birth. Health providers have forbidden me to become pregnant immediately after that delivery, they said that a break was required. But after the childbirth delivery I had no contraceptives since I did not know how to practice safe sex, and became pregnant at once, miscarriage happened. Now I am pregnant third time, gestation age is 6 month. This time I have registered for my pregnancy on 3rd month, as I am afraid of repeated miscarriage”.

Cited from interview with a health provider:

“After that sensational handbook we have disputes on pros and cons of sexual education in schools all the time. In my mind, now the side of opponents has strengthened due to activation of Islam. While we are chatting, abortions and STIs among juveniles will increase, and eventually we will have no healthy mothers and fathers left.

National strategy of reproductive health protection of Kyrgyz population until 2015, dd. July 15, 2006 No. 387:

Findings of assessment of reproductive health related needs of youth in Kyrgyzstan have shown that “there is virtually no information for teenagers, although health providers and teachers realize the importance of work with that group towards awareness of STIs and contraceptives”. It is still the fact that not all teenagers visit health facilities, fearing publicity or they have no information about where and to what extent the services of their concerns are delivered.

Results of the study on the basis of monitoring tools and assessment of standards of youth friendly services in health facilities in Issyk Kul, Talas, Jalal Abad, Batken, and Chui oblasts in Kyrgyzstan, 2010:

For many teenagers who have sex experience, reproductive health related services – for example, contraceptives and medication against STIs – are either inaccessible or delivered in such a way that adolescents feel discomfort and feel themselves as undesirable patients. As a result they prefer means which do not belong to official health system, for instance, home-made medicines, traditional methods of contraception, illegal abortions or purchase of medicines in shops or traditional healers.

respondents (senior obstetrician-gynecologist at oblast level) has communicated in the interview that recently she was visited by 15 year-old student girl who asked her, whether she can begin sex life and what she has to do not to become pregnant. As the health provider told that she answered the girl that “early sex life is fraught with undesirable consequences, and if her boyfriend really loved her, he should keep out until their wedding”. Surely such moralizing answer of the doctor has very unlikely prevented the patient from early sex life, and she left without answer to such an important question.

The survey has demonstrated that in most cases parents see their main task in reproductive health of their daughters as the preservation of their virginity. Due to established mentality a family virtually never speaks about opportunities to plan pregnancy, about abortion, and childbirth.

Scanty information about these issues is provided in schools at lessons of biology, anatomy, and specific class hours. In some schools a health provider is invited to deliver a mini-lecture on reproductive health, but the whole point is that this problem is not virtually covered at the level of schools, especially rural ones.

However, until now there is no school subject on sexual education and healthy life style⁵². Urban girls use Internet to obtain relevant information. Their rural peers, especially from poor families, are the most vulnerable in terms of access the information about reproductive health.

In some cases health providers are not ready for counseling adolescents on pregnancy planning too, they are themselves prone to marriage related stereotypes. For example, one of

Cited from an interview with a senior physician of a maternity hospital:

“What would you tell the girls who get married and give birth at 16-17? Some of them say that they gave birth fine and a baby is okay too.

Answer: I would say that they reached wrong conclusions. They think, if they have pacifiers, bottle-feeding, and clothes, then everything is fine. If an organism is immature, would there be enough breast milk? If a baby is not provided with his/her mother’s milk, he/she will have diabetes, bronchial asthma, and even cruelty... Early delivery is violence against immature organism, and in the future this anyway will entail negative consequences, for instance, cancer diseases. It was established on the basis of multiyear medical observations for a good reason, that 18 years old is the age when marriage and childbirth delivery are allowed”.

Response actions

Kyrgyz Ministry of Health jointly with UNFPA and Public Union “Reproductive Health Alliance” develops youth friendly programmes. Their purpose is improvement of access of teenagers and youth of Kyrgyzstan, especially from poor, vulnerable, marginal groups, to quality health services, which is built on principles of benevolence, confidentiality, and respect. At present there are 10 offices of youth friendly services. However, they cannot cover all teenagers, especially in rural areas, therefore the issue of reproductive health awareness is still relevant.

Cited form interview with children’s rights official at national level

“I believe that Ministry of Health and self-government authorities know better the early maternity topic. Early maternity is not a problem so far, and it is not worth to look at this as a problem. If there are more facts, then this shall become a problem.

Cited form interview with a representative of municipality of one of oblasts:

“Question: Are reproductive health and marriage related topics to be included into comprehensive school curriculum?

Answer: No, they shall not. Parents have to be included into this process.

Question: Which actions should be undertaken to improve early maternity related situation?

Answer: We do not need any actions.

The republic does not manufacture contraceptives (CC), there is no system of warranted supply of CC, and limited resources do not allow procuring, dues to this fact the country completely depends on external donors. Health authorities jointly with UNFPA provide the population with contraceptives as humanitarian aid.

The Additional Programme of mandatory medical insurance on medicinal provision for citizens insured at in-patient level (hereinafter referred as AP MMI) was introduced in 2000. Funding of the AP MMI is secured

from funds of mandatory medical insurance levied on per capita basis. The goal of this programme is improvement of access of insured citizens to medicines at level of PMSA. In the framework of the AP MMI since 2011 insured citizens, who are registered in FPG, with

a receipt of a family physician or a doctor assistant of FAS, buy contraceptives in pharmacies (triregol, regividon, intrauterine device), having paid only a part of costs (approx.30-50%), outstanding costs shall be reimbursed by FMMI. However, the system of reimbursement of costs of medicines within the AP MMI does not envisage preferential provision for students and teenagers, as they are not insured. As a result, this group shall buy contraceptives on their own or on the account of their parents, which in its turn prevents them from early sexual activity. At present the demand for family planning services is growing, that is a logical outcome of reproductive health protection ongoing in the country in recent time. Hence need in CC will increase, and their shortage may threaten with boom in unplanned pregnancies, criminal abortions, and corresponding growth of maternal and infant mortality rates.

Health providers in secondary schools inform teenagers about healthy lifestyle and reproductive health. However, education authorities do not count this job as a priority, and this is therefore delivered at random basis.

Recently some steps have been made towards bride kidnapping⁵³. In 2012 female MPs have achieved equalizing of penalties for bride kidnapping with human kidnapping penalties.

In 2012 the UNFPA has initiated fast assessment of early marriage situation, and has drafted informational materials for prevention of early marriages which were presented at a photo exhibition dedicated to International Girl's Day.

In this respect the experience of Osh city is interesting, where a coordinating role in prevention of gender and domestic violence at local level was taken by the municipality. It has issued Resolution No. 137 dd.30.04.2012 "On additional measures to strengthen interagency coordination to prevent family and gender violence". The Coordination Council for prevention and response to family and gender violence was established under chairmanship of Osh Vice Mayor. The Resolution has approved Annual Work Plan and condominiums were identified within territory of those "piloting" of model of interagency response to cases of gender and family violence has been implemented. All participants of redirection system (staff of condominiums, FMC, ambulance stations, trauma office, police, Crisis Center, house/quarter committees) were trained. Instructions and Action Plans for domestic and gender abuse have been elaborated within pilot systems of health care and local self-government. Within period from July 27 to December 31, 2012 there were 7 meetings with population within territory of condominium "Alymbek datka", which were attended by approx. 400 residents. The activities have been implemented by Multisectoral Team consisting of representatives of pilot condominiums, OPSD, FMC, schools, police, Crisis Center, Aksakal (the Elder) Courts, OPC, house and quarter committees, and local mobilizers. Besides meetings with population, the house and quarter committees have surveyed the territories with purpose to reveal those vulnerable to gender and domestic violence. As a result of joint work with concerned families **75 girls who live an early marriage without residence registration in the husband's house, were registered, 15 couples have received their official certificates of marriage registration, and 10 children were provided with their birth registration certificates**⁵⁴. In general, problems

of early maternity and marriage are more the concerns of state authorities responsible for gender equality and health care than authorities shaping children related policy. Meantime officials who are decision makers quite often believe early maternity is a purely medical problem which should be addressed by health providers only, and that school children and population at large, in their mind, need no reproductive and family planning related educational programmes.

Cited from interview with a representative of Social Development Agency in one of oblasts:

Question: Are reproductive health and marriage related topics to be included into comprehensive school curriculum?

Answer: No, they shall not. Parents have to be included into this process.

Question: Which actions should be undertaken to improve early maternity related situation?

Answer: We do not need any actions. We have wise people enough as it is ”

Based on opinion of such officials, under-aged girls and their parents are guilty themselves for forcing child marriages (“they gave the girls into marriages themselves”, “they did not take the girl away from the kidnapper”), for early sexual activity (“they did not bring her up appropriately”, “they did not watch”, as well as for sexual crimes against girls (“she walked not in right place and not in right time”, “she wore wrong clothes”, and “she provoked the rapist herself” ...).

Conclusions and Recommendations

On the whole, based on findings of the research, following brief **conclusions** can be made:

- the republic shows a sustainable tendency towards the growth of maternity among juveniles. 1,214 births delivered by girls aged 15-17 (1.2% out of total number) and 10,543 - by women aged 18-19 (8.5% out of total number of births) were registered in 2011. Out of those, 91% of women aged 15-19 have delivered one baby; 8.7% - two children (1,028 cases); 32 women have three children by their 19. There were five cases registered when women had 4 children by the age of 19;
- in 2010 Kyrgyzstan was fifth in the list of 35 countries of Eurasian region (after Azerbaijan, Georgia, Bulgaria, and Rumania) by childbirth rate among women aged 15-19. As to the abortion rate in age group 15-19 the country is roughly in the middle of the list;
- official data on deliveries and infant mortality have high validity, and deviations do not affect significantly their quality;
- official data on abortions among adolescents are incomplete, there is need for improvement of data gathering at private medical clinics and offices;

- official statistics on sexual crimes and crimes against family and minors are also incomplete due to their high latency. Meantime the latency is both institutional (as a result of ineffective activity of law enforcement authorities and refusal to admit applications of victims) and personal (conditioned by reluctance of victims themselves to submit their applications on facts of sexual offense to law enforcement authorities).
- early maternity is a social phenomenon which has historical, religious, ethnic, social, and moral roots;
- early maternity in Kyrgyzstan is caused by such phenomena as:
 - ✓ child marriages (parent-negotiated, bride kidnapping, polygamy, religious marriages);
 - ✓ early sexual life experience against background of missing knowledge on reproductive health
 - ✓ conflicts with parents, socially disadvantaged family; and
 - ✓ sexual crimes against minors
- early maternity is not a well studied phenomenon. There is no tailored survey of teenage mothers and their children to find out the real social consequences of early maternity to the family, children, and society. Information about under-aged mothers is quite often a by-product of other research;
- one of reasons for such a situation is that policy makers in the sphere of children's policy do not consider early maternity as an important issue. In their mind school children and population in general do not need educational programs in reproductive health and family planning;
- despite the fact that legislation stipulates minimum marriage age to be 18, children do get married before this age. The Law prescribes responsibility for coercion into a marriage. However, child marriages are entered into by parents' negotiation or by bride kidnapping, therefore existing mechanisms of accountability do not function: overwhelming majority of persons involved in coercion into marriage are left unpunished;
- besides the upper age limit for marriage and criminal liability for coercion into it, the republic has no state programs to prevent early marriage and early maternity
- Kyrgyz Law "On reproductive rights of citizens and warrantees of their fulfillment" contains a number of legal ambiguities such as the definitions of "teenager", "medical intervention", and "consent to medical intervention". These ambiguities hinder the execution of some of the norms set by this Law;
- there is no legal framework for guaranteeing confidentiality of medical services to adolescents, which prevents seeking advice in health facilities;
- the Law establishes that parents, educational institutions, and health care organizations are responsible for improvement of educational level of children and adolescents about their sexual and reproductive health. However, in practice there

are no measures envisaged for failure to execute these norms. In many cases parents do not take care of sexual education of their children, schools have no information and education programmes on safe reproductive and sexual behavior, and health care organizations do little preventive work among teenagers;

- reproductive health legislation stipulates that national traditions, customs, and other psychological factors cannot limit rights of citizens to protection of their reproductive health, freedom to turn to relevant reproductive health services. However, it is exactly national traditions, customs, mentality, and stereotypes that justify early marriages and early maternity, and influences directly the reproductive functions and health of juveniles;
- under-aged girls who gave birth - as a rule are unemployed and have no official status of unemployed persons – are disentitled from claims to benefits for their pregnancy and delivery;
- child marriage, early pregnancy and maternity are the main reasons of girls' dropping out of the schools. Education of girls who gave birth in early marriage is quite often not resumed after birth and, as a result many of them are left without education and profession. Unlike the former, girls who delivered out of wedlock and secured social support continue their education in many cases. Based on the research data it can be stated that child marriage more frequently leads to dropouts than teenage pregnancy;
- the study has established numerous facts, where early maternity has been associated with psychological, physical, sexual, and financial control;
- awareness of under-aged mothers about their constitutional and universal rights to physical and moral inviolability, personal freedom, mutual voluntary consent of a man and a woman entering into a marriage and reaching marital age is extremely low;
- awareness about legal mechanisms of protection from abuse is also insufficient among adolescents – none of the respondents turned to law enforcement authorities, crisis centers or local governments;
- the research has registered a double-sided approach to early maternity. Early pregnancy and maternity are believed to be a violation of marriage, family and moral values only in case of a lack of marriage. Under-aged girls who delivered out of wedlock were often blamed: "they were unsound as mothers", "poorly cared after their baby", and "aggressive to a child". At the same time pregnancy of an under-aged girl after a child marriage is considered as rather normal thing, and her successful maternity (nursing, care, and education of a baby) is not put under doubt.
- from the point of view of parents who force their under-aged children into a marriage, early marriage is not considered an infringement of child's rights. Furthermore they perceive early marriage as "better future" for their daughter;
- pregnancy before 18 poses a risk for a girl's reproductive health. Additional risk is deterioration of health of most teenagers: total morbidity rate per 100,000 is 12% higher among girls aged 15-17 than among adults;

- in almost all cases of early pregnancy the girls were not secured with special nutrition regimen, sleep, and rest and, as a result their pregnancies have been developing with complications. A girl who delivers out of wedlock also faces serious psychological pressures, which is an additional factor of reproductive risk. These girls register their pregnancy late, visit gynecologists less frequently, and as a result encounter complications during their pregnancies;
- awareness among teenagers about reproductive health at the beginning of their sexual life is insufficient. Most of the girls in this period have only a general idea about female reproductive health and do not know contemporary methods of contraception and STI prevention. At the moment of the survey none of the respondents had any information about medical prevention of unplanned pregnancy within first 72 hours and STIs;
- adolescent mothers strongly need legal, psychological, and social support provided not only by the state, but by the society too. Assistance in addressing problems of teenagers influences the outcome of pregnancy, delivery, and health of a newborn;
- under-aged mothers need assistance not only during pregnancy and childbirth. They are to be supported further to enable them to continue their education, get a profession, overcome public stigma, and perceive themselves as equal members of society;
- based on data of the survey, some young mothers who were provided support, manage their childcare perfectly and continue their education.

On the whole, the participants of the study propose the following **recommendations** to reduce early maternity rate:

- bring the attention of the government to international commitments undertaken by Kyrgyzstan towards inadmissibility of early marriages, which were prescribed in Conventions On Child's Rights, Consent to Marriage, Marital Age, and Marriage Registration and Elimination of All Forms of Discrimination Against Women;
- support initiative of Kyrgyz MPs to introduce administrative responsibility towards religious figures who practice religious ceremony Nikeh without official registration of marriage with the relevant state authority;
- introduce amendments and additions to existing legislation to secure guarantees of observation of rights of under-aged mothers, especially those who are children from disadvantaged backgrounds, and provide social support;
- develop a legal framework for adolescent reproductive health;
- develop a set of special social services for teenage mothers with legal, psychological assistance, temporary asylum, placement in kindergarten, assistance in education and employment;
- legislatively define the term "child marriage" as a marriage where one of the spouses did not reach a marital age;

- Ministry of Health should activate its work towards the review and introduction of package of documents for youth friendly services, and the Clinical Protocol to assist victims of sexual abuse with primary health care;
- strengthen advocacy for prevention of early marriages, risk behavior among teenagers, sexual crimes against juveniles through collaboration among state authorities, youth, teenagers, and NGOs;
- provide NGOs with support in implementation of projects designed to reform traditions and mentality damaging health of girls through information campaigns, education and resistance to violations of girls' rights;
- setup an interagency task force within the responsible agency consisting of principal ministries, agencies and professional organizations to elaborate Action Strategy to address problems of early maternity and its monitoring; improve interaction between health and education systems with regards to delivery of lectures on reproductive health and family planning for senior school children, especially in rural area;
- develop and introduce a special course on reproductive behavior and reproductive rights at schools taking into account the national, ethic, and religious standards;
- improve quality of official statistics on abortions with emphasis on the improvement of completeness and quality of data provided by private medical centers and registration of marital status of a mother when she delivers at health facilities;
- register children abandoned in orphanages by underage mothers;
- develop and introduce a statistical data collection system for religious marriages through introduction of responsibility of Kyrgyz Muslim Clergy for the data on religious marriages by age of the couples;
- cooperate closer with mass media with regards to improving teenager and youth values, aims, and beliefs towards healthy lifestyle and parental responsibility;
- health care institutions should introduce – taking into account the age and psychological peculiarities of first-time adolescent mothers, rigidity of their tissues, and lability of the nervous system – a compulsory medical pain relief using a complex of sedative, analgetic and spasmolytics medicines to prevent abnormalities during birth;
- promote family planning as a right. Each woman shall be entitled to shape her life by herself; and
- encourage involvement of men and boys in supporting rights of women and girls to reproductive health, family planning, and other activities designed to reduce child and polygamic marriages and domestic violence.

Annex 1. Information About Participants

Target groups in Chui, Issyk Kul, Naryn, Talas, Jalal Abad, Osh, Batken oblasts, and in Bishkek and Osh cities	Number of interviews
Ministry of Social Development	1
Ministry of Labour, Migration, and Youth	2
Ministry of Health	1
Policy makers – Deputies of Mayors/Akim (Head) for Social Affairs	9
Managers of oblast/municipal maternity hospitals/Maternity and Childhood Protection Coordinators	9
Reproductive Health Centers	9
Directors/Principals of school where early maternity cases happened	9
Representatives of Crisis Centers/Women NGOs	9
Representatives of Juvenile Centers	6
International Organizations	2
Women who gave birth before 18 age in their early marriages (including bride kidnapping and marriages arranged by parents)	18
Women who gave birth before 18 age out of wedlock (acceleration and sexual crimes against minors)	18
TOTAL	93

Abbreviations

HIV	Human Immunodeficiency Virus
CvC	Civil Code of the Kyrgyz Republic
FPG	Family Physicians Group
KMC	Kyrgyz Muslim Clergy
CSR	Civil Status Registration
IAC	Information and Analysis Center
STIs	Sexually Transmitted Infections
KR	Kyrgyz Republic
CrC	Crisis Center
MoI	Ministry of Interiors
NGO	Nongovernmental Organization(s)
NSC	National Statistical Committee
LEA	Law Enforcement Authorities
NMIC	National Medical Information Center
CC KR	Criminal Code of the Kyrgyz Republic
FAS	First Aid Station

¹ This was communicated by BELTA with reference to press service of the WHO. Source: <http://news.open.by/health/80607>

² Early maternity hereinafter is referred as maternity before 18 age. Early marriage is a marriage where at least one of spouses is adolescent.

³ Source: NSC of KR. Number of live birth in 2011.

⁴ Source: Kyrgyzstan is overwhelmed by epidemy of teenage abortions. <http://mir24.tv/news/society/4703352>

⁵ Source: Working Session for discussion of Strategic Assessment of Quality of Unwanted Pregnancy Related Services with technical support provided by the WHO, MoH, UNFPA, PU "Reproductive Health Alliance. <http://www.rhak.kg/russian/index.php>

⁶ Zh.Ch.Tegizbekova. Forms of Marriages By Kyrgyz Customary Law. Source: <http://lib.krsu.edu.kg/uploads/files/public/2609.pdf>

⁷ G.Zagryazhsky. Juridical Customs of Kyrgyz.– M., 1991. – p. 272.

⁸ A.Zhumagulov. Family and Marriage in Chui Oblast Kyrgyz.- Frunze, 1960. – p. 33.

⁹ N.I.Grodekov. Kirgiz and Kara-Kirgiz in Syr Darya oblast, M., 1991 – p.36.

¹⁰ N.I.Grodekov. Kirgiz and Kara-Kirgiz in Syr Darya oblast, M., 1991 – p.55.

¹¹ The Kyrgyz Republic by Jogorku Kenesh (Parliament) Resolution No. 1402 dd. January 12, 1994 has ratified Convention of Child's Rights.

¹² The Kyrgyz Republic has joined to Convention on Elimination of All Forms of Discrimination of Women by Jogorku Kenesh (Legislative Assembly) Resolution dd. January 25, 1996 No. 320-1 and People's Representatives Assembly of Jogorku Kenesh dd. March 6, 1996 No. 257-1 dd. December 18, 1979.

¹³ The Kyrgyz Republic has joined to Convention on consent to marriage, marital age, and marriage registration by Jogorku Kenesh Resolutions dd. January 25, 1996 No. 322-1 and People's Representatives Assembly of Jogorku Kenesh dd. March 6, 1996 No. 260-1.

¹⁴ Clause 153 of CrC of KR "Bigamy or polygamy in other words cohabitation with two or several women along with common household keeping is punished by imprisonment to two year. Clause 15 "Circumstances preventing marriage"

¹⁵ Criminal Code of KR dd. October 1, 1997 No. 68 revised by Law of KR dd. 20.12.2012. the Law took effect on January 28, 2013.

¹⁶ Crisis Centers Association "Promotion of Women Rights at Legislative Level": http://www.acc.web.kg/womanrightslaw_rus.html

¹⁷ <http://www.Kant.kg> (2012). "Jogorku Kenesh has reviewed the draft law on imposition of penalty for delivery of religious marriage ceremony without state registration of a marriage", January 21, 2012. ¹⁸ Kyrgyz Clergy of Kyrgyzstan being concerned of the position adhered by Kyrgyz Parliament towards this problem believes that banning of Muslim marriage ceremony Nike delivery without marriage registration in state authorities is discrimination by religion. The Kyrgyz Muslim Clergy has expressed its position in the statement communicated by its press service. Source:

<http://www.time.kg/index.php?newsid=506>

¹⁹ Clauses 1 and 22 of Kyrgyz Law "On state guarantees of equal rights and opportunities for men and women" dd. August 4, 2008 No. 18.

²⁰ Inter alia: International Conference on Population and Development (Cairo,

1994); Declaration and Action Plan of IV World Conference on Women Status (Beijing, 1995); UN Convention on elimination of all forms of discrimination against women (CEDAW, 1997); Universal Declaration of Human Rights (1948); Declaration of Millennium Development Goals (2000); Global Reproductive Health Strategy (2004); Regional Strategy of ERB WHO for sexual and reproductive health protection (2001); Strategic Action Plan on Women Health in Europe (2001); Reproductive Health Strategy focused to acceleration of achievement of progress in international development goals and objectives of WHO (2004); Charter of International Federation of Family Planning and Sexual and Reproductive Rights (1996); ILO Convention No.103 dd. June 28, 1952 No.103 “On Maternity Protection” and etc.

²¹ Kyrgyz Laws “On protection of health of Kyrgyz citizens” dd. January 9, 2005 No.6; National Strategy of Kyrgyz Population Reproductive Health Protection to 2015” dd. July 15, 2006 No. 387; “On reproductive rights of citizens and guarantees of their fulfillment” dd. August 10, 2007 No. 147; “On HIV/AIDS in the Kyrgyz Republic dd. August 13, 2005 No. 149; “On state warrantees of equal rights and opportunities of men and women” dd. August 4, 2008 No. 184; “On socio-legal protection from domestic violence” dd. March 25, 2003 No. 62; “On state benefits in the Kyrgyz Republic” dd. March 5, 1998 No. 15.

²² National strategy of reproductive health protection for Kyrgyz population to 2015 approved by Kyrgyz President Decree on July 15, 2006 No. 387.

²³ Report on monitoring of Kyrgyz Law “On reproductive rights and warrantees of their fulfillment”, Reproductive Health Alliance and UNFPA, 2010 – p. 21.

²⁴ Same as for 22.

²⁵ Approved by Order issued by Kyrgyz Ministry of Health dd. August 24, 2009 No.618.

²⁶ Approved by Kyrgyz Government Resolution “On approval of Regulation on order of assignment, payment, and size of benefit for temporary disability, benefit for pregnancy and childbirth delivery, and Regulation on order of assignment, payment, and size of obituary ceremony” dd. November 11, 2011 No. 727 (with amendments and additions dd. 09.10.2012).

²⁷ Kyrgyz Law “On state benefits in the Kyrgyz Republic “ No. 318 dd. December 29, 2009.

²⁸ Source: Statistic Compilation “Women and Men of the Kyrgyz Republic”. -Bishkek, 2012. - p.

57.

²⁹ Monitoring of status of women and children. Cluster Survey with Numerous Indicators, NSC and UNCEF, 2006. Section: Early marriage and Polygamy - p. 131.

³⁰ L.Ilibezova for UFPFA. Publication of findings of the express survey “Early Marriages in the Kyrgyz republic”. – Bishkek 2012. Brochure “Early Marriages: Minuses Without Pluses. Childhood Sold”. – UNFPA, 2012.

³¹ Third and Forth Communications of the Kyrgyz Republic to be submitted in compliance with Clause 44 of the Convention on Child’s Rights; L.Ilibezova Report on findings of study “Knowledge, attitudes, and practical methods of religious leaders towards gender violence” (on examples of four focal communities). Bishkek. – 2010. Robin N. Haar. Cruel Treatment of Children and Neglecting Their Needs In A Family in the Kyrgyz Republic”. National Survey. UNCEF. – 2009. Monitoring of state of women and children. Cluster Survey with Numerous Indicators, NSC and UNCEF – 2006. PORC “EI Pikir”. Eclat International. Situational analysis of commercial exploitation of children in the Kyrgyz Republic – Bishkek, 2004.

³² Source:<http://www.centrasia.ru/news2.php?st=1322564460>

³³ Source: <http://demoscope.ru/weekly/2012/0535/reprod02.php>.

³⁴ Source: Compilation “Women and Men of the Kyrgyz Republic”. -Bishkek, 2012. - p.54.

³⁵ Same

³⁶ Source: Compilation “Women and Men of the Kyrgyz Republic”. -Bishkek, 2012. - p.35.

³⁷ Indicators were calculated on the basis of table data p241-2 “Number of live births by age groups, order of birth, and women nationality” for 2011. Data on population number, gender, age, and nationality. Source: NSC of KR <http://stat.kg>

³⁸ Source: NMIC of MoH of KR. Tables “Age Group Abortions”, “The Kyrgyz Republic by Years”.

³⁹ NMIC of KR “Age Group Abortions”, the Kyrgyz Republic. 2010-2011.

⁴⁰ Source: Compilation “Women and Men of the Kyrgyz Republic”. -Bishkek, 2012. - p.57.

⁴¹ Based on data of NMIC.

⁴² Source: <http://www.stat.kg/stat.files/din.files/census/5010012.pdf>

⁴³ G. Ibraeva (Kyrgyzstan). Study of intergenerational dynamics of matrimonial strategies of women and men in Kyrgyzstan of Soviet and Post Soviet time. Source: www.gender-ehu.org/.../Ibraeva.doc

⁴⁴ Source: Compilation “Women and Men of the Kyrgyz Republic”. -Bishkek, 2012. - p.34-35.

⁴⁵ L.Ilibezova for UFPA. Publication of findings of the express survey “Early Marriages in the Kyrgyz republic”. – Bishkek 2012

⁴⁶ Source: <http://www.ca-news.org>,
<http://www.automan.kz/289855-v-kyrgyzstane-shkoly-ne-poseshajut-29tys..html>

⁴⁷ Behavior of children in Internet and on-line risks of sexual exploitation in Kyrgyzstan.– Bishkek, 2011. PORC “EI Pikir” with support provided by ECLAT International. L.Ilibezova for UFPA. Publication of findings of the express survey “Early Marriages in the Kyrgyz republic”. – Bishkek 2012.

⁴⁹ Source: NMIC of MoH of KR, Form 12 “Report of FPG”.

⁵⁰ Table data p241-2 “Number of live births by age groups, order of birth, and women nationality” for 2011

⁵¹ Third and Forth Communications of the Kyrgyz Republic on implementation of the Convention on Child’s Rights: Findings of the Study on the basis of monitoring tools and evaluation of assessment of standards of youth friendly services in health facilities in Issyk Kul, Talass, Jalal Abad, Batken, and Chui oblasts in Kyrgyzstan, 2010; Report on. Report on public survey of state of knowledge and practices used towards reproductive health and reproductive health state assessment among students of universities and vocational schools in Jalal Abad and Naryn oblasts. 2006; Intersectoral cooperation on HIV/AIDS and youth’s value guidelines in the Kyrgyz Republic (on example of Bishkek and Naryn oblast). 2005.

⁵² The school handbook “Healthy Life Style” was developed in 2003. However, a group of individuals has accused the authors in “sex dissemination” and performed public burning of the handbook, brought files against the authors for youth corruption. After that the handbook “HLS” was withdrawn from libraries of the republic. Until now there are no such handbook and subject. Source:

<http://centrasia.ru/newsA.php?st=1095296460>

⁵³ UNFPA within framework of global preparation to the International Girls’ Day in 2011 has implemented the project “Express study of early marriages related problem”, run series of awareness raising activities on TV targeted towards attraction of interest to the problem of early

marriage, organized the photo exhibition and published the brochure “Early Marriages: Minuses Without Pluses”. Osh Resource Center of ‘Interbilm” International Center has implemented a small project which participation of 20 girls in 2011. The Project activities were consisting of awareness raising and dissemination of ideas of inadmissibility of marriages before 18. Participants have been trained, upon completion of those they should persuade parents not to marry their daughters before this age. The Project was initiated by one of participants, who was married being a child. “Round tables” with topic “Early Marriage Impact to Girls Reproductive Health” took place on June 14 and June 15, 2012 in Jalal Abad initiated by Southern Regional Office of public union of the National Society of Red Crescent (NSRC) with financial support provided by British Red Cross. Their purpose was consolidation of efforts towards reduction of number of child marriages which negatively affect girls’ reproductive health, information of South population about marital age. The public union “Social Technologies Agency” has developed a series of informational booklets and posters about prevention and eradication of gender violence, domestic violence, bride kidnapping, early unregistered marriages for use by the Domestic Violence Prevention Committees to be established within pilot self-government authorities in the framework of Human Rights Strengthening Project in Kyrgyzstan implemented with support provided through USAID.

⁵⁴ Source: Report on findings of monitoring the Intersect oral Interaction Mechanism for prevention and response to domestic and gender violence in Osh and Jalal Abad. “TsIPD” for UNFPA.– Bishkek, 2013.



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