

# UNFPA Kyrgyzstan



*Because everyone counts!*



delivering a world where every pregnancy is wanted,  
every birth is safe,  
every young person's potential is fulfilled.



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# Message from UNFPA Representative



**The Millennium Development Goals (MDGs) have been the most unified global anti-poverty push in history, contributing to significant and substantial progress. Since the adoption of the Millennium Declaration, the Kyrgyz Republic has demonstrated progress in meeting many of the 8 MDG targets adopted in 2000. The positive trends in reduction of poverty as well as improvement of child survival, universal primary education, gender equality and environmental sustainability indicate long-term efforts to meet the needs of the people and promote human development.**

However, with less than 800 days to the 2015 target date, immense challenges still remain as shown in the country's MDG Acceleration Framework report: "even though substantial progress has been made (...) a high rate of maternal mortality remains as a major concern. In particular, poor women, women living in rural areas and young women are exposed to high risks during pregnancy and childbirth".

Currently Kyrgyzstan has the highest maternal mortality rates in Eastern Europe and Central Asian region. For the last decade the mortality ratio virtually never dropped below 50 deaths per 100,000 live births.

To address the slow progress towards reducing maternal mortality to 15.7 deaths per 100,000 live births by 2015, the Kyrgyz Republic applied the MDG Acceleration Framework, endorsed by the United Nations Development Group. As a result, a set of practical solutions to improve maternal health was identified in line with Den Sooluk National Health Reform Programme for 2012-2016 with focus on reproductive health, perinatal and emergency obstetric care, nutrition, community support to vulnerable women as well as improvement of emergency transportation and health infrastructure.

During the meeting of the United Nations System Chief Executive Board for Coordination hosted on November 2013 in New York, we noted that despite the remarkable progress made so far towards achieving some of the targets, the MDG 5 related to improve maternal health in Kyrgyzstan is the goal that lacks the farthest behind. Together with the World Bank Group, the United Nations Country Team committed to continue supporting Kyrgyzstan Government's efforts to tackle high maternal mortality rates and utilize a Sector-Wide Approach to health system in close coordination with other development partners.

In this context, there is increased recognition that governments, acting alone, cannot fully address the challenges of achieving sustainable, inclusive, and knowledge – led development. The efforts of government, civil society, business communities, and UN system bodies need to be synchronized, a common understanding among all stakeholders and enhanced cooperation is more important than ever before.

Colleagues and partners: failure is not an option – hence I take this opportunity to call on all the development partners to join UNFPA's collective actions on improving maternal health and work together towards a future in which safe motherhood is not a luxury but a must.

The sooner we realize that we, as development actors, are not an island, the sooner we will be able to sustain development for generations to come in Kyrgyzstan.

**Alexander Avanesov**  
**UNFPA Representative**

# Message from UNFPA Assistant Representative

For those who are committed to defending and promoting sexual and reproductive health and rights at the global, regional and country levels, the year 2013 brought much excitement, especially for those of us in Kyrgyzstan where sexuality education has been a contested issue. People are divided over whether sex education should be imparted to students or not and even if it should be, what should form part of such a curriculum. Today, with an increased outcry against sexual violence that women face, sexuality education has again come to the fore, and its importance as part of the school curriculum is being stressed. It becomes important at this juncture to look critically at the issue at hand.



**Sex and relationships education (SRE)** is learning about the emotional, social and physical aspects of growing up, relationships, sex, human sexuality and sexual health. It should equip young people with the scientifically correct information, skills and values to have safe, fulfilling and enjoyable relationships and to take responsibility for their sexual health and well-being.

**Is school-based SRE beneficial?** Reviews of international researches show that school-based SRE, particularly when linked to provision of contraceptive services, does not increase sexual activity, but can have a positive impact on young people's knowledge and attitudes, delay sexual activity and/or reduce pregnancy rates by the use of contraception and safer sex.

**Keeping the silence.** When it comes to adolescents, we need to ask ourselves why is there a systematic silencing of information about sex and sexuality? How does this silencing contribute to ignorance, sexism, misogyny, gender discrimination, and patriarchal attitudes present in school and university spaces? How does this sexism contribute to the formation of rape cultures?

**The lack of sexuality education** also makes young people to seek information about their bodies and the sexual act from often misinformed sources: peers, media/internet, pornography. It is a known fact these days that in the absence of a comprehensive sexuality education, pornography becomes the source for sexuality education for most young people.

**The choices and decisions that today's adolescents and youth make**, or are forced to make by others, about their sexuality, intimate relationships, marriage and childbearing will critically influence their future.

Adolescents and youth have a right to education and skills building as they experience physical and emotional maturation. **While sexuality education exists in most countries, it tends to be limited in Kyrgyzstan.**

In this context, UNFPA actively assists policy makers, service administrators and providers to improve their outreach to young people, and to strengthen their services so that young people will be comfortable using them.

However, investments of this kind require **collective commitment** in which everybody has a role to play: the government, youth organizations, the development partners, and of course, the most important, the parents themselves.

**Meder Omurzakov**  
UNFPA Assistant Representative

# UNFPA: Making a Difference

For the first time since independence in 1991, one of Kyrgyzstan's regions succeeded in reducing maternal mortality to zero: In the north-western Talas region, not a single woman died during 2012 while being pregnant or as a result of giving birth.

The UNFPA Country Office in Kyrgyzstan has contributed to this success by training health care providers in the Talas region on Effective Perinatal Care with a focus on emergency obstetric care. Knowledge and skills of health care providers on antenatal care and family planning have been strengthened.

A number of supportive supervisory visits were carried out to provide on job practical trainings and help to make changes in practice. It also trained health promotion specialists on educating local communities, including village health committees, about reproductive health issues.



Source: RMIC, 2013

Indicator	2007	2008	2009	2010	2011	2012
National MMR (per 100 000 live births)	62,5	58,9	75,3	50,6	47,5	49.1
MMR in Talas region (per 100 000 live births)	137.4	51.1	61.3	87.0	40.9	0

As evidence of improved capacity of health providers all cases with eclampsia and hemorrhage that happened in Talas region in 2012 were appropriately managed and many lives of pregnant women were saved. During 2012, 319 cases of preeclampsia, 95 cases of eclampsia and 425 cases of hemorrhage were treated in Talas region. Monitoring results on antenatal care also show positive changes in practice of health providers at PHC level.

# Delivering a world where every pregnancy is wanted...



Guided by the Cairo Programme of Action, UNFPA does not support or promote abortion as a method of family planning. It accords the highest priority and support to voluntary family planning to prevent unwanted pregnancies so as to eliminate recourse to abortion. UNFPA supports governments to strengthen their national health systems to deal effectively with complications of unsafe abortions, thereby saving women's lives (every year, an estimated 74,000 women die worldwide as the result of unsafe abortions).

## **Contraception and Unintended Pregnancy in Kyrgyzstan**

- Poor and rural women, whose access to skilled providers is limited by financial constraints and geographic distance of services, often must resort to obtaining abortions performed by untrained providers using unsafe methods or attempt to self-induce an abortion.
- Because most pregnancies that end in abortion are unwanted, nearly all injury and death resulting from unsafe abortion can be avoided by preventing unintended pregnancies.

• Kyrgyzstan has one of the highest maternal mortality indicators in the Central Asian region and is reported to be lagging behind in terms of achieving MDG 5 target. For the last several years the indicator has positive sign of stabilization: 75.3 in 2009, 50.6 in 2010, 47.5 in 2011 and 50.3 maternal deaths per 100.000 live births in 2012.

• Abandonment of newborn babies is also perceived as unintended pregnancy. Each year, around 50-60 newborns are abandoned in maternity houses. According to the Minister of Social Development, Kudaibergen Bazarbayev in 2013 alone, 48 newborns were abandoned in maternity houses.

### **In Kyrgyzstan, contraceptive use is low**

• The high levels of unintended pregnancy and unplanned births in Kyrgyzstan can be attributed primarily to nonuse of contraceptives by women who do not want a child soon.

### **Barriers to contraceptive use**

• According to the results of 2012 KgDHS, contraceptive use increases with educational attainment. Women with higher levels of education are more likely to use a method than women with basic general education (38-39% compared with 28%).

• Male partners also may influence whether a woman will practice contraception. There is a popular believe that contraceptives can cause health problems, such as infertility and cancer, or that the contraceptive use might cause women to have extramarital affairs.

## Healthy Lifestyle in the educational system: Kyrgyzstan's Government pledges its support

On November 19, UNFPA in collaboration with UNDP, UNESCO and GIZ organized a national conference on the “integration of healthy life style programmes for adolescents and youth in the educational system” of Kyrgyzstan. The discussion platform aimed to mainstream the adoption of healthy lifestyles in the educational system of the country. Members of Parliament, representatives of the Government apparatus, as well as departments and agencies, academia, civil society, international organizations discussed health education programmes that cover pre-school institutions, secondary educational institutions and universities. Moreover, they shared their experiences on ways to promote healthy lifestyle among children and young people.

**Deputy Minister of Education, Nazarkul Ishekeev** stressed the importance of supporting reproductive health issues and especially of life-skills courses for both parents and teachers. In his speech, the Deputy Minister assured the Government's support for social awareness and educational programs which foster improving the knowledge of young people on reproductive health issues.

“ I came to wake you all up, not to give you lectures. Now it is time for action and collaboration, please keep an open mind to the discussions!” said **Gulmira Tashmurzaeva, Head of the Republican Health Promotion Center.**

**UNDP's representative, Pradeep Sharma** noted that “with sexuality being culturally a ‘taboo subject’ to talk about with elders and teachers, there is little guidance for young people on how to approach sex and the issues related to it. In order to avoid any damaging misconceptions, I think a legitimate raising awareness campaign on healthy life style among young people is a crucial topic we need to focus on”.

**Nurgul Kinderbaeva, National Program Officer UNFPA:** “We are ready to collaborate and support age appropriate and culturally sensitive sexuality education for young people and adolescents in Kyrgyzstan. In this sense, UNFPA has already developed a strategy addressing young people's potential and leadership skills, focusing on creating an environment where services on SRH are available and easy to access”.



# Delivering a world where every childbirth is safe...



"Access to family planning services empowers women and can save lives. Ensuring access to voluntary family planning can reduce maternal deaths by a third and child deaths by 20 per cent," said Meder Omurzakov, UNFPA Kyrgyzstan Assistant Representative.

**97 % of mothers reported seeing a health professional at least once for antenatal care for the most recent birth in the five-year period before the survey. Coverage is high among mothers regardless of background characteristics, with the lowest rate of coverage observed among mothers from the Osh Oblast region (90 %) - KR DHS, 2012.**

But even if professional support is being pursued, women are still dying from avoidable causes related to pregnancy and delivery every year.

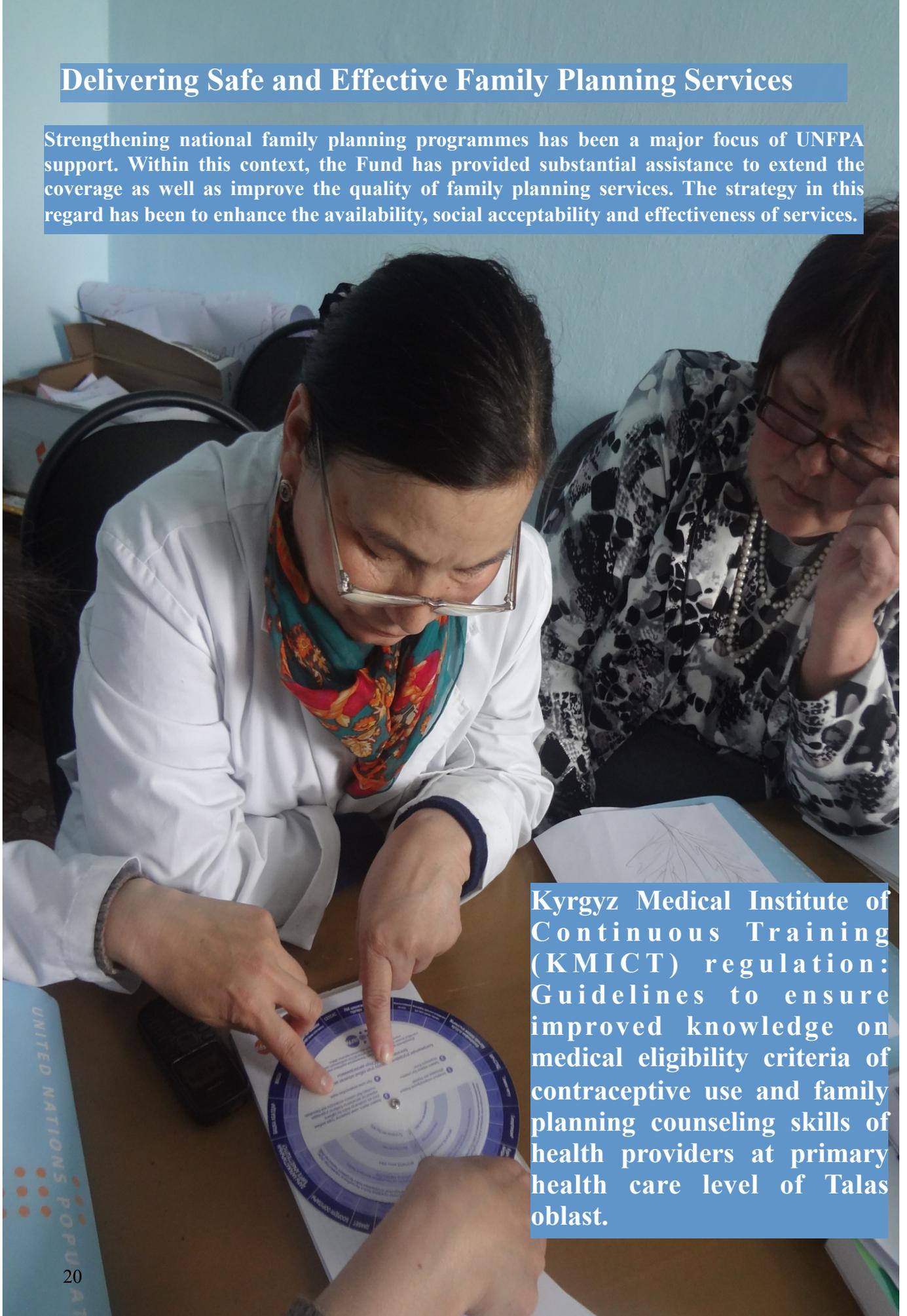
That is why UNFPA and partners continue to work hard to save mothers' lives, ensuring that more pregnant women have access to skilled care during delivery and that those with complications have timely access to quality emergency obstetric care.

Background characteristic	Percentage with antenatal care from a skilled provider <sup>1</sup>	Number of women	Percentage delivered by a skilled provider <sup>1</sup>	Percentage delivered in a health facility	Number of births
<b>Mother's age at birth</b>					
<20	95.3	187	99.2	99.2	288
20-34	97.5	2,421	99.1	98.8	3,338
35+	94.8	406	99.7	99.5	456
<b>Residence</b>					
Urban	98.7	935	99.5	99.5	1,216
Rural	96.2	2,079	99.0	98.7	2,867
<b>Region</b>					
Issyk-Kul	98.9	284	99.8	99.6	385
Djalal-Abad	99.2	547	98.3	98.2	732
Naryn	99.3	125	99.4	99.6	176
Batken	99.0	260	99.3	98.1	365
Osh Oblast	89.8	605	99.5	99.3	831
Talas	100.0	170	99.4	99.0	256
Chui	97.2	510	98.3	98.3	660
Bishkek City	99.1	428	100.0	100.0	557
Osh City	99.6	86	98.5	98.5	119
<b>Mother's education</b>					
No education/primary	*	13	*	*	23
Basic general	97.4	326	99.4	99.1	432
Secondary	95.7	1,338	98.8	98.6	1,851
Professional primary/middle	96.9	481	99.5	99.4	666
Higher	98.9	856	99.6	99.3	1,109
Total	97.0	3,014	99.1	98.9	4,082

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.  
<sup>1</sup> Skilled provider includes doctor, nurse, midwife, or feldsher. A feldsher is a physician assistant trained in nursing and midwifery with extended training in diagnosis and pharmacology. Feldshers are authorized to provide basic treatment and to prescribe a restricted number of drugs in a feldsher-accoucher post (FAP) with no assigned doctor.

## Delivering Safe and Effective Family Planning Services

Strengthening national family planning programmes has been a major focus of UNFPA support. Within this context, the Fund has provided substantial assistance to extend the coverage as well as improve the quality of family planning services. The strategy in this regard has been to enhance the availability, social acceptability and effectiveness of services.

A photograph showing two women sitting at a table, looking at a circular diagram. The woman on the left is wearing a white lab coat and a colorful scarf, and is pointing at the diagram. The woman on the right is wearing a black and white patterned jacket and glasses, and is also looking at the diagram. The diagram is a circular flowchart with text in Kyrgyz and English, detailing medical eligibility criteria for contraceptive use. The background is a plain wall with some papers and a chair visible.

**Kyrgyz Medical Institute of Continuous Training (KMICT) regulation: Guidelines to ensure improved knowledge on medical eligibility criteria of contraceptive use and family planning counseling skills of health providers at primary health care level of Talas oblast.**

# Delivering a world where every young person's potential is fulfilled



Young people make over half of Kyrgyzstan's population today. These numbers could come with benefits of a demographic dividend if there are opportunities for youth to contribute to the country's economy.

That is why, in 2013 UNFPA and partners intensified its advocacy efforts to ensure that structures are put in place to address young people's needs such as acquiring skills, as well as obtaining age appropriate sexual and reproductive health information and services.

Strategies to respond to young people's needs, both in school or outside the school system are gradually increasing.

UNFPA's partners - local primary health centers supported youth friendly health services in 2013 by establishing 3 more Youth Friendly

Health Services Delivery Points in primary health centres in Naryn, Atbashy and Kochkor.

The Youth Friendly Health Service Delivery Points are designated spaces convenient and attractive for youth in public health facilities where sexual and reproductive health and HIV information and services are provided.

These efforts ensured that 15 000 young people have access to information and services on SRH.

## Preventing Teenage Pregnancy with the help of celebrities

During July - October 2013, UNFPA Kyrgyzstan developed an awareness raising campaign on preventing teenage pregnancy in Kyrgyzstan, campaign that was lead by the country's most popular artists Gulnura Satylganova, Kanykei, Nurbek Savitahunov and Omar Janyshv. In an extraordinary effort to strengthen a culture of personal responsibility among teenagers regarding sex, getting pregnant and giving birth, the 4 celebrities shared their own experiences as teenagers related teen parenting, love and relationship advices, etc. UNFPA's initiative was launched on July 11 on the occasion of this year's *World Population Day Theme Adolescent Pregnancy* in the presence of representatives of Ministry of Health, international organizations, young activists and reached its climax at the end of October with the launch of SWOP- Motherhood and Childhood Report.

The concept of UNFPA's campaign was based on an honest and direct approach, a straightforward communication with teenagers (12-19 years old) and their parents. It featured bus ads, PSAs in the movie theaters, web and non-traditional advertising, as well as an integrated social media program, designed to help teens think through the real-life costs of teen pregnancy and guide them toward healthier decisions. To read more about UNFPA's Teen Pregnancy Prevention Campaign access [www.unfpa.kg](http://www.unfpa.kg). Contact person: Nurgul Kinderbaeva, National Programme Analyst on Gender, Youth, Communication and Advocacy, [kinderbaeva@unfpa.org.kg](mailto:kinderbaeva@unfpa.org.kg)



### ВСЕМИРНЫЙ ДЕНЬ НАРОДОНАСЕЛЕНИЯ 2013 (18 photos)

ЮНФПА при помощи известных людей поднимает вопрос о подростковой беременности в Кыргызстане



# Jashtar Camp 2013

This year's fifth annual youth conference Jashtar Camp brought together more than 1,000 young people across the country as the youth pre-conferences were held in five different cities: Bishkek, Osh, Karakol, Kant, and Batken.

The event supported by UNFPA aims to stimulate young people's active civic participation at all levels and create an open platform for exchange of ideas among youth, presentation of innovative ideas, where everyone can get the expert advice and find new partners for their initiatives.

Jashtar Camp 2013 focused on access to public services and civic engagement; entrepreneurship and start-ups; edutainment and personal success.

Contact person: Asel Turgunova, Youth Specialist, [turgunova@unfpa.org.kg](mailto:turgunova@unfpa.org.kg)

Partners of Jashtar Camp 2013 are Soros Foundation in Kyrgyzstan, joint project of the European Union and the United Nations "Promoting Good Governance for Social Justice", United Nations Development Programme, UNICEF, the U.S. Embassy in Kyrgyzstan and the program «Jasa.kg» of the International Youth Foundation with financial support of USAID.



UNFPA supports the integration of young people's rights, needs, and aspirations in poverty reduction strategies.

#### ПОСТОЯННЫЕ ПАРТНЕРЫ:



#### ОРГАНИЗАТОРЫ:



#### ПАРТНЕРЫ:



#### ИНФОРМАЦИОННЫЕ ПАРТНЕРЫ:



#### ДРУЗЬЯ:



#### ТЕХНИЧЕСКИЕ ПАРТНЕРЫ:



#### УЧАСТНИКИ:

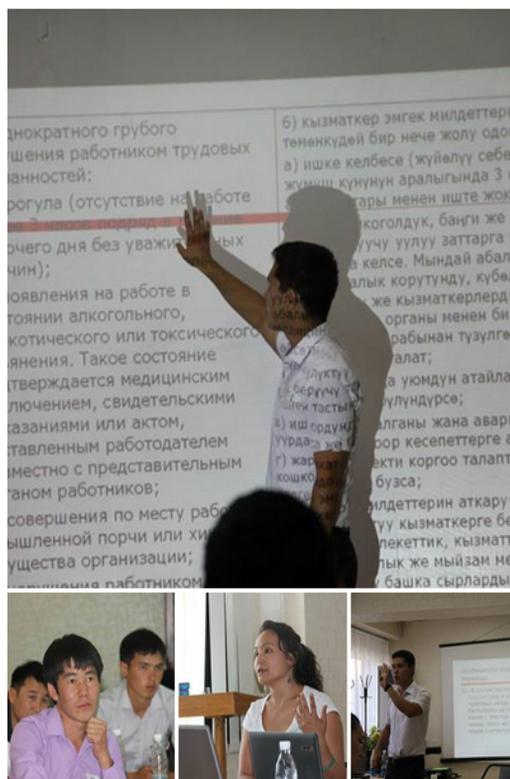


## Reaching young people with reproductive health education in and out of school

School-based and out-of-school life skills education should promote positive attitudes and skills including self-esteem, negotiation, coping, critical thinking, decision-making, communication and assertiveness skills. Additional support should be provided to strengthen parent education programmes that include parent-child communication skills. Particularly for out-of-school youth and youth in especially difficult circumstances, support should be provided for initiatives that serve to empower young people (e.g. girls and boys empowerment initiatives) and that link reproductive health and HIV prevention with other specialized and social services, livelihood opportunities, skills building and vocational training.

To complement HIV/AIDS education programmes, UNFPA Kyrgyzstan supports multi-level and multi-media communication efforts that encourage positive and healthy lifestyles, good social norms and safer sexual options. The development, production and dissemination of behaviour change communication (BCC) materials and messages are age and culture sensitive and audience tailored so to allow messages to be relevant to specific attitudes, practices and needs.

In 2014, UNFPA in partnership with Y-Peer Network will expand its support to peer education programmes for in school and out-of-school youth. Young people will serve as agents of change and carriers of positive and culturally relevant messages. Contact person: Cholpona Egeshova, National Programme Analyst on HIV, [egeshova@unfpa.org.kg](mailto:egeshova@unfpa.org.kg)



Positive role models including celebrities and peers helped us to inspire, encourage and motivate young people to develop their own aspirations to the same heights as their role models, and to make the right decisions and choices in relation to sexual activity and lifestyle.



# Integrated approach to address sexual and reproductive health and HIV/AIDS

Between 29 - 31 October 2013, UNFPA organized an “In Reach training” for UN Agencies' staff members from five Central Asian countries – Kazakhstan, Tajikistan, Turkmenistan, Uzbekistan and host country Kyrgyzstan. The goal was to strengthen UN staff’s capacity to work with key populations in their countries, where HIV epidemic is at the concentrated stage.

To strengthen the prevention of HIV in Central Asia, we must build the capacity of the UN system to respond effectively and appropriately to the epidemic.

This requires better knowledge of contexts and situations of risk and vulnerability, and application of current best practices and approaches for accelerating prevention among these affected key population groups.

In this context. UNFPA Regional Office for Eastern Europe and Central Asia decided to organize the “In Reach training” with inputs from resource people and facilitators from global, regional and national levels.

**“This is firstly for UN staff to learn about key issues, challenges and needs of these key populations groups and secondly, to better guide our responses and interventions with a view to assist community empowerment, build more enabling and supportive environments, and to increase access to quality services” said Dr Jenny Butler, Senior HIV Adviser of UNFPA’s HIV/AIDS Branch in New York.**



Alexander Avanesov, UNFPA Representative in Kyrgyzstan stressed the importance of the workshop for the UN system particularly in Central Asia: “We need to strengthen our responses, but not just do more of the same. We need to be strategic. We need to be evidence based – “know your epidemic, know your response”. We need to focus our efforts where they will have most impact. We need to be smarter, to do more with less and to really work on strategies and interventions that will make a difference. Above all we need our responses to be human rights based, to address the vulnerabilities and challenges faced by the key population in our societies. The UN system has a role in helping both Governments and community to reduce these risks in Central Asian countries”.

## Bringing religious institutions on board to support integration of sexual and reproductive health and HIV/AIDS



Religious leaders play an important role in the lives of communities. Their words and actions influence strongly the way people understand and interpret messages and how they behave. They are instrumental in passing on messages to communities. That is why it is important to strengthen their knowledge and understanding of the link between reproductive health and HIV/AIDS.

Therefore, leaders from 30 faith based institutions in Kyrgyzstan were oriented on their role in implementing the Stepping Stones Training Package for Religious Leaders.

UNFPA supported the religious leaders to develop strong focus and increased dialogue on the prevention of HIV and AIDS transmission, domestic violence, alcohol and drug use, sexual and reproductive health issues, maternal health and gender based violence. The religious leaders were trained in community dialogue skills, supported to conduct community dialogue sessions and implement action plans for positive social and individual behaviour change in communities.

“The involvement of key leaders of the Muslim community has been successful in mitigating initial opposition of village religious leaders. It also enabled UNFPA to raise awareness about the role of Islam in family planning and in health more generally.” – Nurgul Smankulova, National Program Analyst on Reproductive Health, UNFPA.

Work with religious institutions will be expanded in 2014 to raise maternal health, sexual and reproductive health issues and gender issues in the context of sermons and other religious events. Contact Person: Nurgul Smankulova, National Programme Analyst on SRH, [smankulova@unfpa.org.kg](mailto:smankulova@unfpa.org.kg)

# Population Dynamics: Using data to inform and influence policy

## Motherhood in Childhood

Facing the challenge of adolescent pregnancy

## La mère-enfant

Face aux défis de la grossesse chez l'adolescente

## Maternidad en la niñez

Enfrentar el reto del embarazo en adolescentes



## Motherhood in childhood: Facing the challenge of adolescent pregnancy

The most recent State of World Population Report (SWOP) was released in October 2013.

The report published by UNFPA highlights the main challenges of adolescent pregnancy and its serious impacts on girls' education, health and long-term employment opportunities. The report also shows what can be done to curb this trend and protect girls' human rights and well-being.

In every region of the world, impoverished, poorly educated and rural girls are more likely to become pregnant than their wealthier, more urban, and more educated counterparts. Girls from ethnic minorities or marginalized groups, and those who have limited or no access to sexual and reproductive health, are also at greater risk.

"A pregnant girl who is pressured or forced to leave school, for example, is denied her right to an education. A girl who is forbidden from accessing contraception or even information about preventing a pregnancy is denied her right to health."

Dr. Babatunde Osotimehin  
Executive Director,  
UNFPA.

GO TO SCHOOL, ENJOY LIFE AND PLAN YOUR FUTURE. BE AN ADOLESCENT!



**PREVENT ADOLESCENT PREGNANCY IN KYRGYZSTAN**

Join the conversation on UNFPA KG with GULNUR, NURBEK, KANYKEI and OMAR

### The effects of teen pregnancy in Kyrgyzstan

(excerpts from the 2013 "Early Motherhood in Kyrgyzstan" report by Human Rights Center "Citizens against corruption")

- Early motherhood is not considered an issue in Kyrgyzstan, therefore policy makers don't consider including reproductive health and family planning as educational programs in schools or on the public agenda;
- The country's law on reproductive health provides that national traditions, customs, and other psychological factors can not restrict the rights of citizens to protect their reproductive health, freedom of access to appropriate services for reproductive health. However, it is the national traditions, customs, mentality and stereotypes are the basis of early marriage and early motherhood, which directly affect the reproductive function and health of minors;
- The existence of a two-pronged approach to the phenomenon of early motherhood: early pregnancy and motherhood in a society considered as a violation of the marriage and family and moral values and norms only in the absence of marriage;
- Parents who force their minor daughter to enter into a marriage, think "early marriage" is not a violation of their child's rights. Moreover, the parents see early marriage as a "better future" for their daughter;
- The level of awareness on the sexual reproductive health among adolescents is insufficient. Most of the teenagers have a general notion about the reproductive health of women and are clueless when it comes to modern methods of contraception and prevention of sexually transmitted infections.

## Teen Births and Sex Education: the high and the low of Kyrgyzstan's statistics

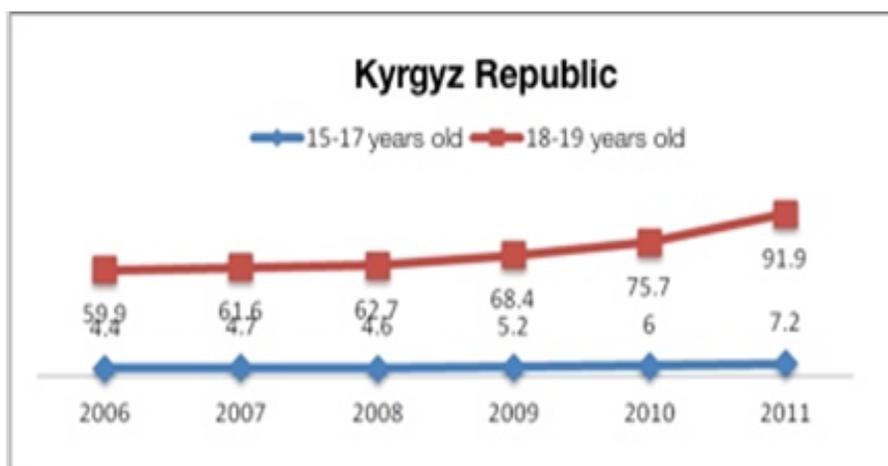
Kyrgyzstan is one of the “youngest” among the former Soviet Union countries, 53% of its population is under the age of 25.

According to the Republican Medical Information Center, number of births given by adolescent girls aged 15-17 in 2012 is 7.9 per 100,000 population. According to the National Statistics Committee there is steady growth in birth rate among girls aged 15-17. It increased from 4.4 children per 1000 women of this age group in 2006 to 7.7 children in 2012. A similar trend is being observed in the birth rate among the age group of 18-19. The birth rate increased from 62.7 children per 1000 women in 2008 to 91 children in 2012.

UNDP's 2009/2010 National Human Development Report stated that “on average, by the age of 22, a woman in Kyrgyzstan has had one abortion. By the time she is 30.7 she has had two. By the time she is 36, she has had three”. *“I would say the real number of abortions in the country is much higher. There are many abortions that are performed in private clinics and are not registered,”* Dr. Meder Omurzakov, the Assistant Representative of the United Nations Population Fund (UNFPA) in Kyrgyzstan.

According to Dastan Bekeshev, member of Kyrgyz Parliament, in 2012 more than 1000 abortions among schoolgirls were officially registered. *“This is a very high number for a country with 5 million people. I can only imagine how much higher the abortion rate would be if we would take into account also the unregistered cases, the unofficial data. The government has done very little in this direction, in schools for example, instead of teaching religion, they should include sex education lessons”.*

**Birth rate in women pre-marital age (15-17 years) - number of births per 1,000 women of a given age.**



Contact person: Tolgonai Tolgonai Berdikeyeva, National Programme Analyst on Population and Development, [berdikeyeva@unfpa.org.kg](mailto:berdikeyeva@unfpa.org.kg)

# Tying the knot for gender equality and empowerment

Gender equality implies a society in which women and men enjoy the same opportunities, outcomes, rights and obligations in all spheres of life. Equality between men and women exists when both sexes are able to share equally in the distribution of power and influence; have equal opportunities for financial independence through work or through setting up businesses; enjoy equal access to education and the opportunity to develop personal ambitions.



Kyrgyzstan can be characterized by its patriarchal norms where sons are believed to be a source of support, security and honor for the family, whereas girls are subject to early marriages, school dropouts, seen as “property” of their husbands or their husbands’ family and bride kidnapping and violence against women are highly tolerated. While the country has ratified most of the major international human rights treaties, including CEDAW, the implementation of these commitments is far from the satisfactory. The significant gap between legal commitments and practice suggests the need for increased efforts into engaging men in gender equality and empowerment of women.

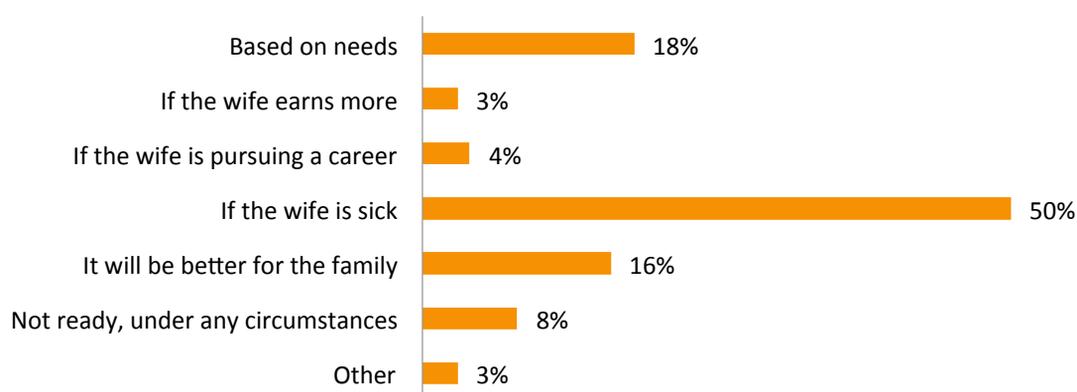
## Evidence on Men's Involvement in Kyrgyzstan

In order to encourage critical awareness among men and women on gender roles and norms, programs and policies should start from identifying first the gaps. In this sense a comprehensive survey was carried out recently in Talas and Chui oblast to identify norms, practices, needs and attitudes of men and women towards their reproductive health, family planning, childcare and violence in a family as well as their effects on the intergenerational practices.

The results of the survey will serve as basis for developing strategies and programs meant to transform the existing gender norms in a family and community that negatively affect SRH and gender relations in a family.

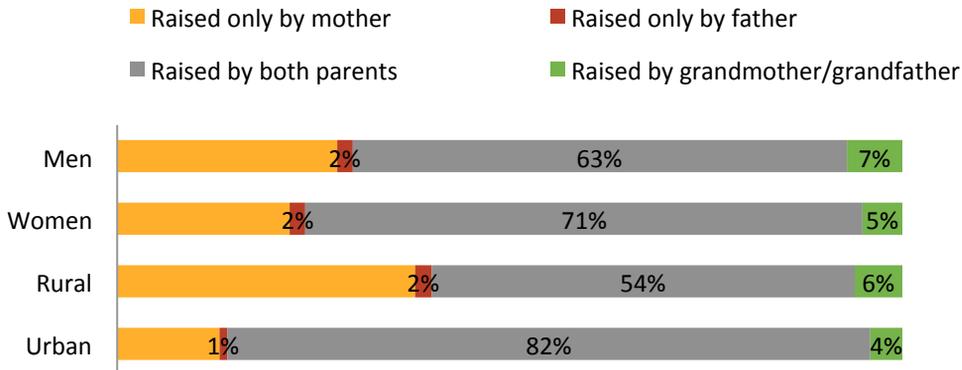
Please specify, during your most recent pregnancy and postpartum period how often did your husband...	Always	Sometimes	Never
1. Accompany you to the doctor during pregnancy	38%	34%	28%
2. Watched / listened to the baby's heartbeat on the ultrasound	28%	29%	43%
3. Interested in pregnancy, fetal development of the child	66%	25%	9%
4. Reminded you to do regular doctor check ups during your pregnancy	56%	18%	26%
5. Present in the delivery room during childbirth	10%		90%
6. Cared about the breast-feeding of your child	66%	15%	19%
7. Cared during pregnancy and after delivery of your sleep and rest	58%	26%	16%
8. Gave money for a trip to the doctor, for the purchase of medicines, vegetables, fruits, meat during pregnancy and after birth?	84%	9%	7%
9. Abstained from sexual activity during the postpartum period?	68%	24%	9%
10. Worried about safe sex in the postpartum period?	63%	22%	15%
11. House chores (cooking, cleaning), when you were pregnant and after giving birth?	42%	35%	23%
12. Helped you in the first years after your child was born in bathing, feeding, etc?	50%	28%	22%

### Cases in which men are willing to take time off to take care/raise their children

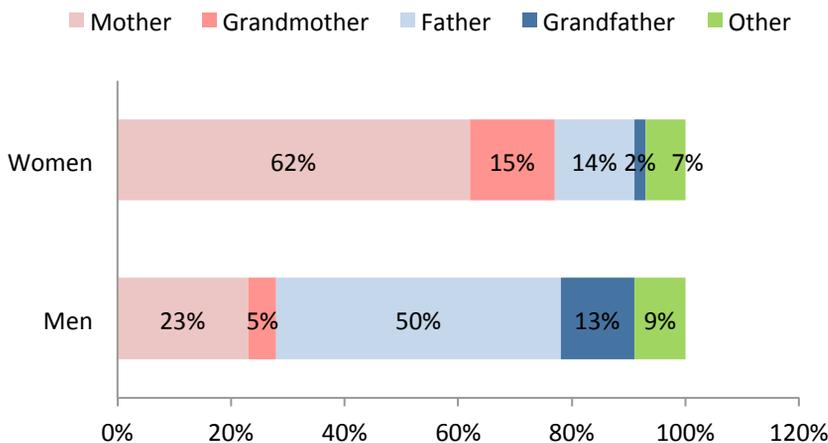


# Evidence on Men's Involvement in Kyrgyzstan

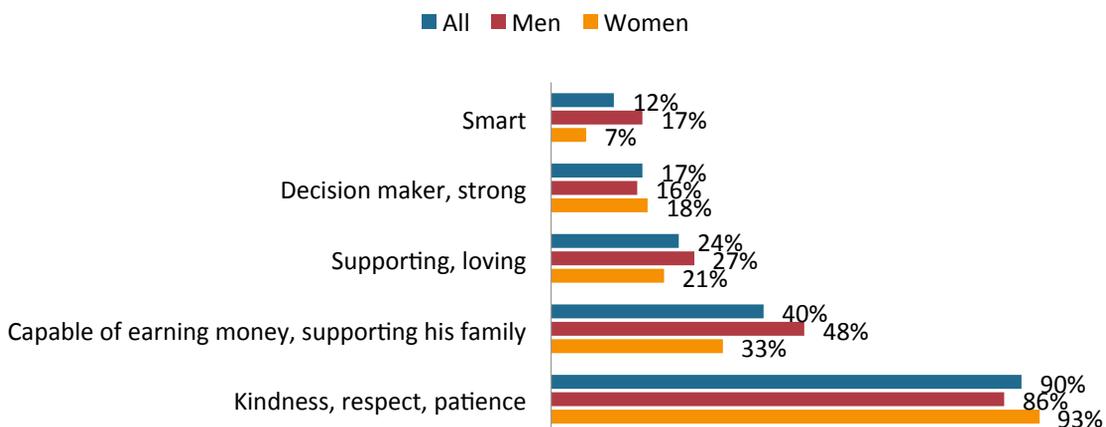
Please specify who took care of/raised you during childhood period?



Please specify, in your opinion, who in your family played the biggest influence on your formation as an adult?

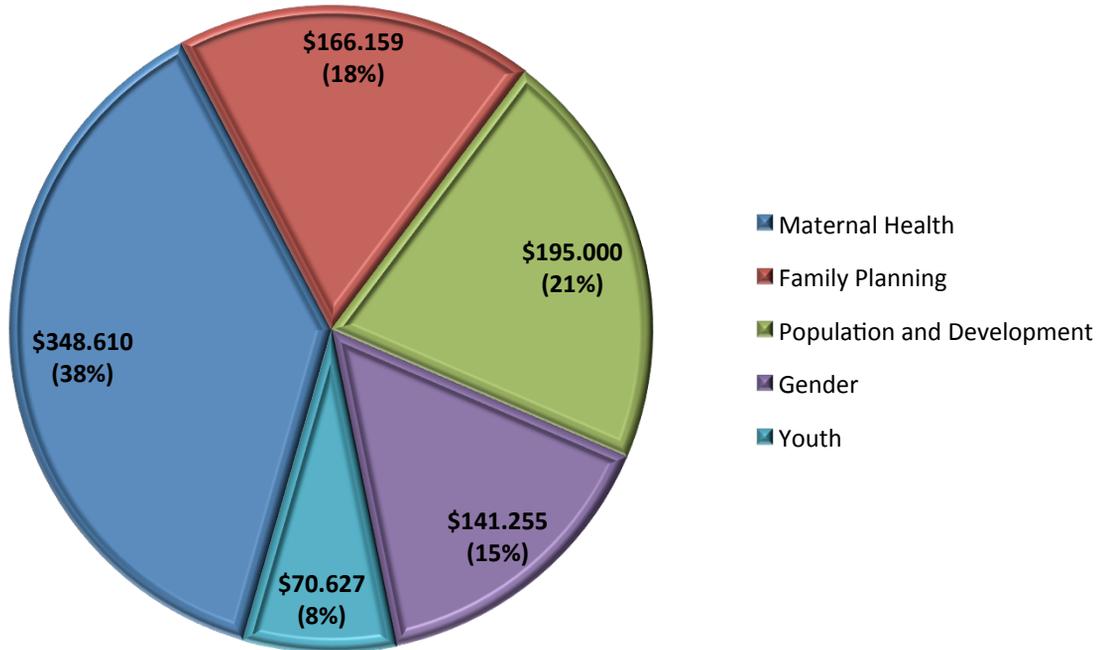


Please specify, in your opinion, what are the main 5 qualities a father should have?



# UNFPA's response to Kyrgyzstan's priorities development challenges in 2013

## What we did with our resources in 2013



## Resource mobilization in 2013

### UNFPA receives \$ 1.3 million from the Peace Building Fund

The resources mobilized by the Country Office will be available for the period of January 2014 – December 2015 and will seek to bridge divisions and reduce local tensions by: a) assisting the state institutions to possess stronger capacities in responding, formulating and implementing gender and human rights responsive policies; b) engaging religious and community leaders as agents of peace to help promote inter-ethnic, inter-religious and inter-cultural understanding in their own communities; c) promoting peace and unity among young people from different ethnic backgrounds via specifically created TV and radio programs.





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