

# THE FORUM OF WOMEN'S NGOS: REPRODUCTIVE HEALTH IN KYRGYZSTAN

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## **Health Care System**

The health care system in the Kyrgyz Republic, which developed as part of the Soviet- system, was designed to provide adequate access to health services for all citizens. There are specialized dispensaries providing health services. In city and regional hospitals, screening programs are carried out to identify individuals with early manifestations of disease, and treatment programs are implemented to halt the progress of the disease.

Health services in the Kyrgyz Republic are provided in Oblast and republican hospitals, in specialized hospitals and dispensaries, and in research institutes. The clinical treatment offered at these facilities is aimed at minimizing the effects of disease and disability.

Maternal and child health services in the Kyrgyz Republic are largely provided through wide network of primary health care institutions. Almost all deliveries occur at delivery hospitals and, in rare cases, at regular hospitals. In general, doctors at the women's consulting centers (part of urban polyclinics) provide prenatal care, regional and rural ambulances, and FAPs. Prenatal care starts early in pregnancy (usually during the first trimester of pregnancy) and continues on a monthly basis throughout the pregnancy,

Child health services in the Kyrgyz Republic include neonatal care, a service typically provided in the first week after delivery when a woman and her newborn are still in the delivery hospital. After discharge from the delivery hospital, a child is visited by a patronage nurse who provides the mother with general counseling on child care and carries out a physical examination of the child. A mother is required to bring her child in for a regular checkup and vaccination at the polyclinic or outpatient clinic several times during the first two years of the child's life. A doctor in the polyclinic can refer the child to a pediatrician in the case that the child develops a disease or any other conditions that require special care or hospitalization.

Unfortunately, maintaining such a system requires substantial and continuous budgetary support, enormous human resources and appropriate management. The socioeconomic changes in the Kyrgyz Republic during the last five years have influenced the health sector. The reduction in financial resources has become the main obstacle to ensuring medical care and services, and this in turn has led to a deterioration of the health of the population.

These factors prompted the Ministry of Health to take immediate action, and several activities resulted. With the technical assistance from the World Health Organization, the Ministry of Health developed the Manas Health Care Reform Program, which will develop consistent health care policies and strategies to improve the health of the population through the year 2006.

The basic principles of the health care reform are (1) the improvement of the health status of the population , (2) the achievement of health equity by reducing and eliminating differences in health between regions and between urban and rural areas, (3) the provision of guaranteed access to existing services, and (4) the assurance of

protection of patients rights. These goals can be accomplished by the restructuring of the health care system, the prioritization of services, and changes in health finance.

### **Family Planning**

The Ministry of Health manages a broad spectrum of activities including provision of intense family planning education for the population and the supplying of contraceptives throughout the country. While promoting access of women to a variety of contraceptives, the Ministry also is concerned with the quality and effectiveness of contraceptive methods. In order to control family planning services, the Ministry considers them part of maternal and child protection and requires that adequate counseling on the choice and use of contraceptive methods be done by health professionals with skills in obstetrics and gynecology. Due to the policy of promoting the use of safe methods of family planning, wide use of contraception has been observed in the Kyrgyz Republic during the last several years. Among the most popular methods of contraception is the intrauterine device. Traditionally, many women continue to rely on the intrauterine device as a convenient and safe method. For many years oral contraceptives were less available in the Kyrgyz Republic because of the Law called "*On the Side Effects and Complications of Oral Contraceptives,*" published by the Ministry of Health of the former Soviet Union in 1974. This document, in effect, banned the distribution and use of oral contraceptives. Women in the Kyrgyz Republic now have broad access to a variety of methods of contraception including oral contraceptives and injectables. They are distributed centrally through pharmacies and women's consulting centers, and privately via private pharmacies.

The Kyrgyz Republic has a well-developed health system with an extensive infrastructure of facilities that provide maternal care services. This system includes special delivery hospitals, the obstetric and gynecology departments of general hospitals, women's counseling centers, and doctor's assistant/midwife posts (Fads). There is an extensive network of Fads throughout the rural areas.

The number of live births is 24.6 per 1000, and every year the population increases by 2.2%. Among currently married women, 83 percent report having used a contraceptive method at some time. The women most likely to have ever used a method of contraception are aged 30-44 (among both currently married and all women). About half (49 percent) are using a modern method of contraception and another 11 percent are using a traditional method. The IUD is by far the most commonly used method. Other modern methods of contraception account for only a small amount of use among currently married women: pills (2 percent), condoms (6 percent), injectables and female sterilization (1 and 2 percent, respectively). Thus, the practice of family planning; the Kyrgyz Republic places high reliance on a single method, the IUD.

The vast majority of women obtain their contraceptives through the public sector (97 percent): 35 percent from a government hospital, and 36 percent from a women counseling center. The source of supply of the method depends on the method being used. For example, most women who use IUDs obtain them at women counseling centers (42 percent) or hospitals (39 percent). Government pharmacies supply 46 percent of the pill users and 75 percent of the condom users. Pill users also obtain supplies from women's counseling centers (33 percent).

A majority of women in the Kyrgyz Republic indicated that they wanted no more children. By age 25-29, 20 percent want no more children, and by age 30-34, nearly half want no more children. Thus, many women prefer to stop childbearing at relatively young ages—when they have 20 or more potential years of childbearing ahead of them. For some women, the most appropriate method of contraception may be a long-acting method such as sterilization. However, this method is not commonly used in the Kyrgyz Republic. In order to provide a broad range of safe and effective methods, information about and access to sterilization should be increased so that individual women can make informed decisions about using this method. There are 1.2 million women of childbearing age 15-49. Maternal mortality is 90 per 100,000 live births. The main causes of maternal death are toxemia, hemorrhaging, and sepsis. According to statistics, the number of deaths due to sepsis is growing. Infant mortality is 25 per 1000 live births. The main reasons for children's deaths are respiratory diseases, prenatal pathology, and diarrhea diseases. Nowadays, a great number of abortions is being done, and this number is not going to decrease.

The total abortion rate for the Kyrgyz Republic for the period from mid-1994 to mid-1997 is 1.6 abortions per women. This data is lower than recent estimates for other areas of the former Soviet Union, such as Kazakhstan (1,8) and Russia (2,8). But it is higher than Uzbekistan (0.7) Every year, 55-60,000 abortions take place: this corresponds to 50 abortions for every 100 live births. There is a very high level of abortions among women younger than 18 years; about 10% of all abortions are for women in this age group. A very high death rate also is the result of teenagers' abortions. .

After Kyrgyzstan became independent, the republic paid great attention to the question of family planning in the new program called "Healthy Nation," the purpose of which is to strengthen women's health by decreasing maternal and infant mortality with the help of family planning. In the framework of this policy, measures are taken to introduce means of contraception and the appropriate services. Recently we can see the growing use of contraceptives. Currently, they are used in 21.6% of cases. Usage of IUDs accounts for only 3%, and the sterilization of women and the use of injection contraceptives is very small.

The main goal of the family planning policy is to ensure low-risk pregnancies and safe motherhood; it strives to avoid complications due to inadequately spaced pregnancies and to reduce the incidence of extragenital diseases among women of reproductive age.

### **The Prevalence of Anemia**

Anemia has been considered a major public health problem in the Kyrgyz Republic for decades. Nevertheless, this was the first anemia study in the Kyrgyz Republic done on a national basis. Eighty percent of pregnant women have anemia and 60% of non-pregnant women have it. The main reason for the high percentage of "low iron" is the poor quality of the food; other possible reasons include the high number of abortions and the widespread usage of IUDs. Statistics also show a fast rate of growth for venereal diseases, especially among teenagers and youth.

Certain relationships are observed between the prevalence of anemia among mothers and their children. Among children of mothers with moderate anemia, 0.5 percent have severe anemia and 37 percent have moderate anemia. The prevalence of

moderate anemia among these children is more than twice as high as among children of non-anemic mothers.

At the present time, local social NGOs assist in developing ideas of self-help on the basis of local resources and the complex of abilities, which must be included in the framework of the priorities for national development. Currently, the Forum of Women's NGOs runs its own program on family planning for women from rural areas and refugees. In November of last year, together with the Winrock Agricultural Institute, the Forum provided free medical exams for women and children who live in four villages in the region of Kant. Taking part in these exams were a gynecologist, a general practitioner, a pediatrician, and a specialist on ultrasound. More than 100 women and children were examined, and they were given appropriate recommendations and directions. The results of our research are these: 50% of the women never had such an exam and they found out about their diseases for the first time, and 10% of the women were not even aware that they were pregnant. Almost none of them can see a doctor regularly because of the fact that a medical exam is very expensive. It's essential to point out that rural women don't have any knowledge about how to plan their families and they are particularly uninformed about contraceptives. That's why the Forum has published a number of articles in its informational digest, "Joogazyn," which is distributed to women's NGOs in Kyrgyzstan. The Forum of Women's NGOs of Kyrgyzstan is currently conducting various seminars and training sessions about family planning.