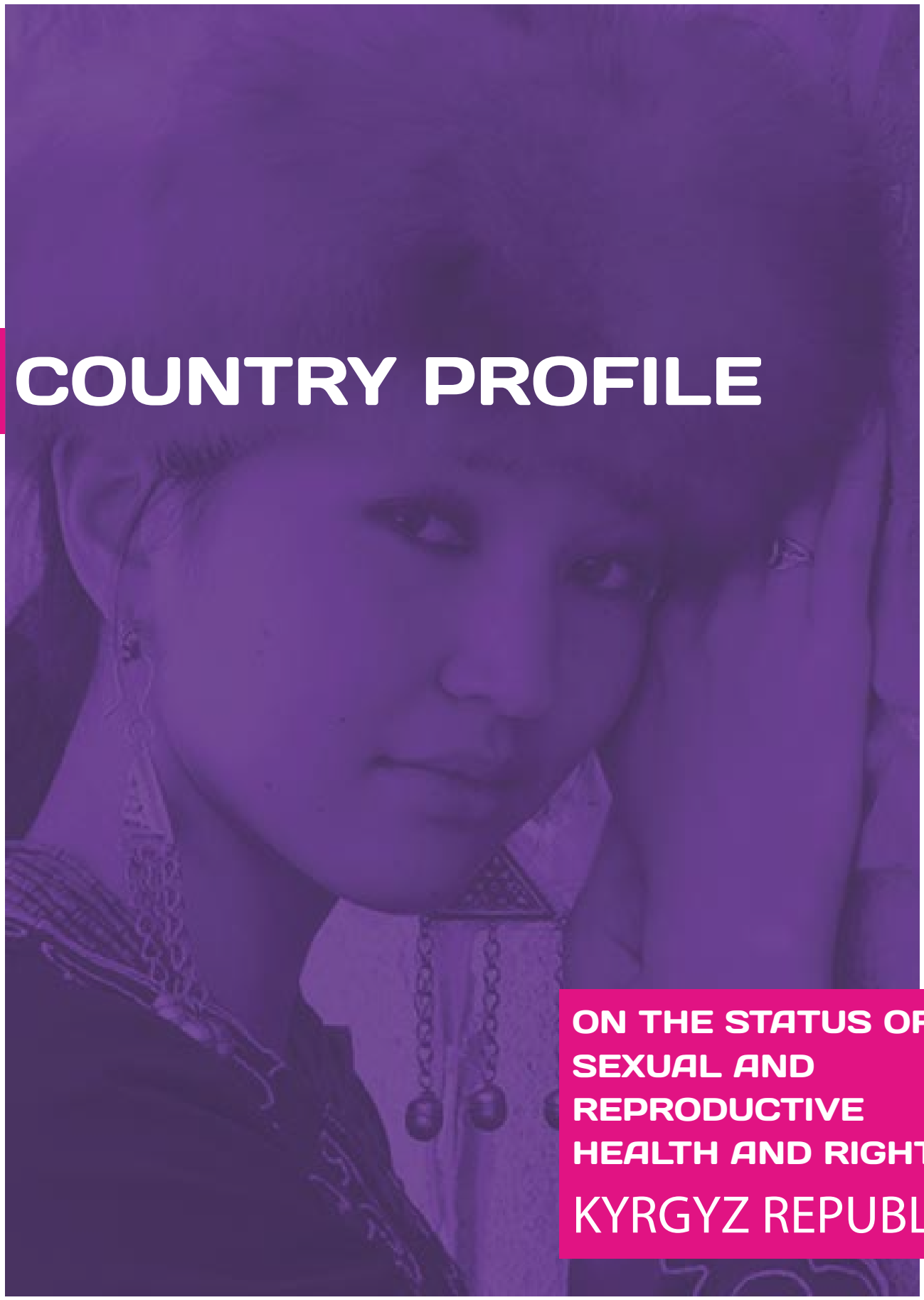


COUNTRY PROFILE

ON THE STATUS OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS:

KYRGYZ REPUBLIC

Introduction: From social justice gains to losses

Kyrgyz Republic is a comparatively young state with a very ancient and rich nomadic history and culture. It is essential to state from the very beginning two ongoing structural changes that impact the current development context and gender equality, and women's rights, including sexual and reproductive health and rights (SRHR) in the country: the transition from socialism to capitalism and growing religious fundamentalism interventions.

The Kyrgyz Republic is a sovereign, democratic, and secular state. Kyrgyz Republic is a Parliamentary democracy. The country was part of the Soviet Union, and it became an independent state in 1991. The Kyrgyz Republic is a mountainous country in Central Asia with a population of 5.5 million people. The country shares borders with Kazakhstan, Uzbekistan, Tajikistan, and China.

Kyrgyz Republic is multinational country with more than 80 nationalities. The majority are Kyrgyz, constituting more than 70 percent of the population. Other major ethnic groups are the Uzbek, Russians, Dungans, and Uigurs.[1]

Kyrgyz Republic consists of seven provinces: the Issyk-Kul, Djalal-Abad, Naryn, Batken, Talas, Chui, and Osh Oblast regions. Out of 5663,1 thousand people 3762, 9 thousand live in rural areas[2], or 66, 45 percent of the population.

It is important to pay attention to the proportion of youth in the Kyrgyz Republic population. Demographically the country is experiencing higher birth rates (27.1 per 1,000 population in 2011) and relatively lower death rate (6.5 per 1,000 population in 2011). As a result of this demographic trend, 32 percent of Kyrgyz are under age 15, while the population over age 65 constitute 4%.[3]

Transition from the socialism to capitalist market economy led Kyrgyz Republic to poverty, social inequality, privatisation of many public services, losses in women's health and rights as well as women's disempowerment. The country has made efforts to start its own political, social and economic development. During the last decade, thanks to the economic transition led by the State and by peoples' own initiatives, and incoming international business Kyrgyz Republic in the country has led to a decrease in the overall poverty level from 64.0% to 31.7% between 2000 and 2008. From 2010 to 2012 the poverty increased and the share of the poor from increased up to 38 percent in 2012[4].

Despite this high rate of poverty reduction, today the country is characterized by increasing disparities between rich and poor, "stratification of the population by income in Kyrgyzstan continues to increase, in particular, the R80/R207 ratio has increased from 6.8 in 2010 to 7.3 in 2011"[5].

Agriculture, industry (gold mining predominantly), trade and tourism are the main sectors contributing to the economy of the Kyrgyz Republic.

The Kyrgyz Republic health care system changed dramatically during the transition from socialism to capitalism. Many healthcare services that were provided by state with a wide and well functioning medical and health care services infrastructure are disappearing or are damaged by low investments, privatization and today it became commercialized sector of services provision.

From a women's rights perspective it gained some and it lost important features. Women had jobs, labor migration was not a problem, every woman was able to use maternity hospitals' services free of charge, all girls were visiting schools, health status was much better, etc. For example, during 1991-2001 – the first decade of transition - more that 30 times increase among women of the goiter resulted from State stopping adding iodine to salt[6]. In the same period we saw that "Out of all 93573 pregnant women who successfully delivered babies 52967 had anemia, 1283 – diseases with blood circulation system, …"[7] among other symptoms. Ten years after in 2012 out of 134934 pregnant women 71195 have anemia[8].

There are trends that were encouraging us, women, and trends that were and are disappointing women.

In 1995, four years after its independence, Kyrgyz Republic adopted the Beijing Platform For Action (BFPA), signed the International Conference on Population and Development (ICPD) Programme of Action.

It is important to state that Kyrgyz Republic is known by its very vibrant civil society, which is in the frontline of struggle for rights of people, including for sexual and reproductive rights of the Kyrgyzstan people.

This country profile briefly describes the context of Kyrgyzstan development and helps to understand the status, changes and challenges as well as actors in the field of sexual and reproductive health and rights (SRHR). It helps to see connections between changing social, political and economic context and social economic, political social rights as well as sexual and the SRHR.

Status of sexual and reproductive rights in the kyrgyz republic

Paragraph 106 (b) of the BPFA calls upon States to "Reaffirm the right to the enjoyment of the highest attainable standards of physical and mental health, protect and promote the attainment of this right for women and girls and incorporate it in national legislation, for example; review existing legislation, including health legislation, as well as policies, where necessary, toreflect a commitment to women's health and to ensure that they meet the changing roles and responsibilities of women wherever they reside."

In the following section we examine policies pertaining to sexual and reproductive health and rights, abortion, adolescent sexual and reproductive health services and HIV and AIDS to monitor how effectively women in the Kyrgyz Republic are able to realize their sexual and reproductive rights.

Policies in the area of sexual and reproductive health and rights

Kyrgyz Republic adopted the Beijing Platform for Action (BPFA); the International Conference on Population and Development as well as the Millennium Declaration and Millennium Development Goals.

The Kyrgyz Republic has also ratified key conventions and treaties including the International Covenant on Civil and Political Rights(1994), International Covenant on Economic Social and Cultural Rights (1994), the Convention on the Rights of the Child (1994), the Convention on the Elimination of All Forms of Discrimination Against Women (1997) and the Convention on the Rights of Persons with Disabilities (2011).[9] The Kyrgyz Republic has also acceded to the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages.

With respect to national legislation on sexual and reproductive health and rights, there is no integrated comprehensive law on sexual and reproductive health and rights. However Kyrgyz Republic adopted a law on Reproductive Rights of Citizens and Guarantees of their Enforcement", in 2007.[10]. This law supports reproductive rights guaranteed by law in the Constitution of the Kyrgyz Republic, provides equal rights for men and women, access to contraception as well as the termination of pregnancy. While the access to contraception is guaranteed in practice such access is difficult due to high costs of contraception. At the same time parental approval for termination of pregnancy below 18 years hinders access to safe abortion for adolescents and young people thus forcing them to seek unsafe abortions.[11] The law has also prioritised maternal and new born health.[12] The adoption of this law is seen as a milestone. However the law is more declarative and has no earmarked funds or enforcement mechanisms.[13]

The Beijing Platform for Action in paragraph 107 (d) calls upon States to "Reinforce laws, reform institutions and promote norms and practices that eliminate discrimination against women and encourage both women and men to take responsibility for their sexual and reproductive behaviour; ensure full respect for the integrity of the person, take action to ensure the conditions necessary for women to exercise their reproductive rights and eliminate coercive laws and practices;"

Currently a new version of the law "Law of the Kyrgyz Republic –" On reproductive rights and guarantees of their implementation" is being proposed, and a draft version of the law was put forward on 31 May 2013 for public comments and discussion. This draft was approved by the Parliament in its first reading.[14]. This draft law recognizes sexual and reproductive rights of the citizens, as integral to human rights and strengthens guarantees of its implementation, as well as establishes guarantees of the state. It provides a legal framework for the services in the field of sexual and reproductive health and rights of the citizens of Kyrgyz Republic. This draft law aims to meet all the international agreements that the Kyrgyz Republic has signed on to in the area of sexual and reproductive health and rights. The draft law addresses issues of right to equality and freedom from all forms of discrimination, including the rights of citizens to education and information, to ensure decisions pertaining to their sexual and reproductive health are based on full free and informed consent. The draft law also includes issues of sexual health, sexual rights, sex education, sexuality, adolescents, and surrogacy.

This draft law is not yet approved by the Parliament although it was already approved more than one year ago in the first Parliamentary listening in 2013. It is important to ensure the progressive elements of the draft law are retained in the final version given the growing conservative environment and the growing influence of conservative political parties' members in the national Parliament, religious, patriarchal groups in the country.

In addition, Kyrgyz Republic has adopted a national strategy for the protection of reproductive health which is implemented in two stages: 2006-2010 and 2011-2015.[15] The national program "Den Sooluk" (Health) for 2012-2016 is continuing the previous national programs and strategies "Manas" (1996 -2005) and "Manas Taalimi" on the healthcare system reformation (2006-2011). The Kyrgyz Republic National Sustainable Development Strategy for 2013-2017 calls for the need to change people's attitude towards their health and improve the quality of health services. The Den Sooluk National Health Reform Programme also addresses this issue. [16]

Grounds on which Abortion is Permitted

The Beijing Platform for Action in paragraph 106 (k) urges "All Governments and relevant intergovernmental and non-governmental organizations to strengthen theircommitment to women's health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services. Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family-planning services should be offered promptly, which will also help to avoid repeat abortions", consider reviewing laws containing punitive measures against women who have undergone illegal abortions;"

Abortion is legal on all grounds in the Kyrgyz Republic including to save the life of a woman, to preserve physical and mental health, in case of rape or incest, because of foetal impairment, and for social and economic reasons.[17]

The legislation on abortion in the Kyrgyz Republic is guided by Soviet Decree of 23 November 1955, later in 1982 a Decree was passed which declares the right to abortion. [18]

The Law of the Kyrgyz Republic of Kyrgyz Citizens Reproductive Rights from 2001 in article 12 also discusses abortion

Further to this the order of the Health Care Department of Obligatory Medical Insurance Found from 10.07. 2002/№ 167 – describes the conditions and the procedures for abortion, which includes:

- Abortion is legal up to 12 weeks on request.
- 12-22 weeks abortion performed at request of patient, often extenuating social reasons.
- No limit - if pregnancy is life threatening

Abortion in the Kyrgyz Republic requires the consent of the pregnant woman; it is authorized if performed by a licensed physician in a hospital or other recognized medical institution. Abortion is available on request during the first 12 weeks of gestation. Thereafter, induced abortion is available within 28 weeks from conception on judicial, genetic, vital, broad medical and social grounds, as well as for personal reasons if authorized by a commission of local physicians.[19]

Young girls face difficulties in access to safe abortion, as they need parental consent if they are below the age of consent (18 years under the family code). In such situations, there are possibilities that girls seek unsafe abortion procedures.[20]

Policy on Adolescent Sexual and Reproductive Health Services

Paragraph 107(g) of the BPFA recognises the specific needs of adolescents and call for the implementation of specific appropriate programmes, "such as education and information on sexual and reproductive health issues and on sexually transmitted diseases, including HIV/AIDS…"

Further to this paragraph 108 (k) of the BPFA urges governments to " Give full attention to the promotion of mutually respectful and equitable gender relations and, in particular, to meeting the educational and service needs of adolescents to enable them to deal ina positive and responsible way with their sexuality".

While youth policies exist in the country, adolescent and young people sexual and reproductive health and rights and access to SRH services is rarely addressed in these policies.[21] The National Reproductive Health Strategy (2006-2015) mentions SRH services for young people. Kyrgyz Republic lacks youth friendly SRH services.

The Kyrgyz Republic 2007 Law on Reproductive Rights of Citizens and Guarantees for Their Realization also does not refer to youth as a category. It assigns responsibilities to authorised state bodies, Health Ministry to protect citizens' reproductive health. [22]

Currently there is no policy on comprehensive sexuality education for adolescents and young people, although life skills education is provided. This education is not adequate to meet the comprehensive sexual and reproductive health education needs of adolescents and young people. The education system also lacks teaching methodologies and specifically trained instructors on comprehensive sexuality education.[23]

Over the years, youth policies in the Kyrgyz Republic have not helped young people access to sexual and reproductive health services. Youth friendly health services as well as information are lacking in the Kyrgyz Republic although sporadic attempts in this area are being put in place by the government and NGOs. [24]

Young people in the Kyrgyz Republic have difficulties in accessing services, getting information about reproductive health, youth friendly services including treatments for STIs and reproductive morbidities, due to lack of a policy on adolescent and young people sexual and reproductive health services. Stigma, awkwardness and moral judgments further impede access to SRH services for adolescents and young people.[25]

HIV and AIDS Policies

Paragraph 108(m) of the BPFA, calls upon governments to "Ensure the provision, through the primary health-care system, of universal access of couples and individuals to appropriate and affordable preventive services with respect to sexually transmitted diseases, including HIV/AIDS, and expand the provision of counselling and voluntary and confidential diagnostic and treatment services for women; ensure that high-quality condoms as well as drugs for the treatment of sexually transmitted diseases are, where possible, supplied and distributed to health services;". Further to this in paragraph 108 (d), it calls for the recognition "of the extent of HIV and AIDS pandemic in respective countries, taking into account its impact on women, with a view to ensuring that infected women do not suffer stigmatization and discrimination, including during travel".

Kyrgyz Republic is a signatory to a number of international agreements on HIV/AIDS including the 2001 United Nations General Assembly Special Session (UNGASS) Declaration on Commitment on HIV/AIDS; the 2004 Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia.

At the national level, the ManasTaalimi health reform programme (2006-2010) describes HIV and AIDs prevention as a priority and this is further taken forward in the subsequent Den Sooluk Health Reform Programme (2012-2016).

Kyrgyz Republic[26] established its first law in the late 1990s, namely the AIDS prevention in the Kyrgyz Republic, further policy revisions and improvements were made in 2004-2007 focusing on the protection of human rights of most at-risk people, people living with HIV (PLHIV) and other affected groups. Law

on HIV was adopted in Kyrgyz Republic in 2005 and signed by the President of the country under №149 on 13.08.2005, was later in 2011 amended [27]

Although Kyrgyz Republic was one of the first countries to set up multi-sectorial framework for dealing with HIV and AIDS, this action was not backed by allocation of state resources .In 2011, out of $5.7 million spent on Kyrgyz Republic's HIV and AIDS response, only about $1.4 million came from state sources, whereas the rest was funded by international donors.[28]

The national law on HIV and AIDS defines the procedure for preventing the spread of AIDS as well as protects the rights of people living with HIV (PLWHIV). This law is historic as this is the first Kyrgyz law to adopt the notion of stigma and discrimination, liability for wrongful acts associated with the testing for HIV infection, psycho-social counselling, and compliance with confidentiality of the test results for HIV infection.[29]

However great obstacles remain in the implementation of laws on HIV and AIDS, including prevention, and treatment and care for PLWHIV.

Political will and leadership to reduce the spread of HIV is being shown with multi sectoral approaches by the Kyrgyz Republic. However, in a situation of rising HIV infection in comparison to the previous years, especially among people who inject drugs, sex workers, men who have sex with men, those in prison settings and through infections acquired in hospitals, and especially in the unstable political, social and economic situation, including reducing donor funds, sustainability of these actions are important to reverse the spread of HIV. .[30]

Legislation on Sexual Orientation and Gender Identities

In terms of legislations, homosexual acts have been considered legal, with reforms in this area in 1998 including equal age of consent for both homosexual and heterosexual acts in the Kyrgyz Republic.[31]

However, there has been a serious regional backlash observed with the introduction of the anti-propaganda homosexuality law in Russia, and this has negatively motivated countries in the region to adopt similar laws. In March 26, 2014, Kyrgyz Republic national parliament (Zhogorku Kenesh), passed a draft law, ***"On amendments to some legislative acts of the Kyrgyz Republic", at a public hearing, that violates the rights of persons with diverse sexual orientation and gender identities.*** [32]

This draft law, regarding so-called "homosexual propaganda" laws, prevents exposure to issue of homosexuality information and awareness.[33] The law is in complete violation of human rights and freedom of persons of diverse sexual orientation and gender identities, as well as in contradiction to several articles within the Constitution of Kyrgyz Republic.[34] The Constitution of the Kyrgyz Republic notes – "No one shall be discriminated on grounds of sex, race, language, disability, ethnicity, religion, age, political or other beliefs, education, origin, property, birth or other status, and other circumstance.[35]

A ban on the dissemination of information pertaining to the issues of sexual orientation and gender identities is discriminatory and would violate the human rights of access to information guaranteed under Article 33 of the Constitution of the Kyrgyz Republic: ***"Everyone has the right to seek, receive, store, use and disseminate information in oral, written or in another form," also violates the Art. 31 – "Everyone has the right to freedom of expression, freedom of speech and to free press."***[36]

The adoption of the draft law would also violate international commitments that the Kyrgyz Republic has signed on to, including the International Covenant on Civil and Political Rights (ICCPR), International Covenant on Economic Social and Cultural Rights, Convention on the Rights of the Child (ICESCR), and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

Article ***26 of the ICCPR states: "All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.***[37]

The adoption of this law can further increase violence and discrimination towards persons of diverse sexual orientation and gender identities, as

the bill would provide for authorized discrimination against persons of diverse sexual orientation and gender identities.

The status of sexual and reproductive health in kyrgyz republic

The Beijing Platform for Action calls upon governments to provide "more accessible, available and affordable primary health-care services of high quality, including sexual and reproductive healthcare, which includes family planning information and services, and giving particular attention to maternal and emergency obstetric care, as agreed to in the Programme of Action of the International Conference on Population and Development."[38]

The Beijing Platform for Action also called for support and implementation of the commitments made in the Programme of Action of the International Conference on Population and Development as well as the obligations of the State parties under the Convention on the Elimination of All Forms of Discrimination against Women and other relevant international agreements to meet the health needs of girls and women of all ages.[39]

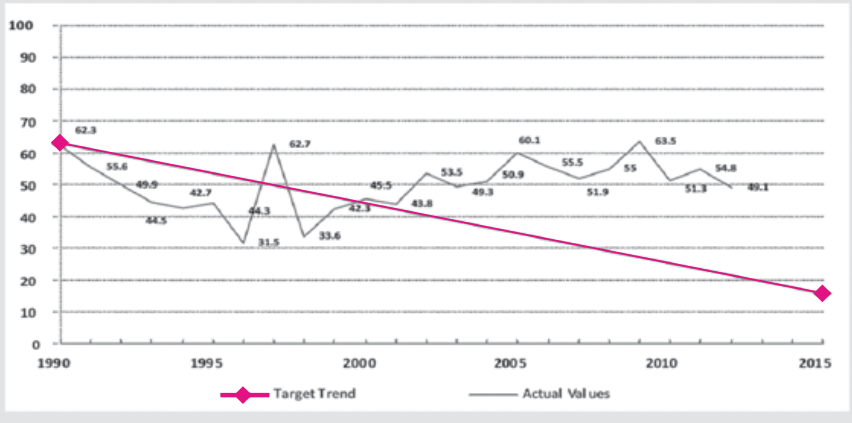
In the following sections we examine key indicators pertaining maternal health, contraception/family planning, HIV and AIDS, and adolescent sexual and reproductive health to monitor how effective women, young women and adolescents are able to effectively seek sexual and reproductive health services.

Maternal Health

The Beijing Platform for Action calls upon governments to ensure that the "reduction of maternal morbidity and mortality is a health sector priority and that women have ready access to essential obstetric care, well equipped and adequately staffed maternal health-care services, skilled attendance at delivery, emergency obstetric care, effective referral and transport to higher levels of care when necessary, post-partum care and family planning in order to, inter alia , promote safe motherhood."[40]

Maternal mortality in Kyrgyzstan has remained high in the last decades in comparison to countries in Eastern Europe and Central Asia. Maternal mortality in 2000, when the Millennium Development Goals (MDG) came into action was reported to be 45.5 in the Kyrgyz Republic. The MDG target is to reduce this mortality by three quarters which is about 15.7 by 2015.[41] This target of reducing maternal mortality to 15.7 remains far behind and unfulfilled with maternal mortality reported to be 49.1 in 2012.[42] According to the National Statistical Committee maternal mortality in 2012 was reported at 49.1 for 100,000 live births. This figure is higher than the maternal mortality in 2000, which was reported at 45.5 per 100,000 live births. Data on maternal mortality disaggregated by rural and urban residence shows that women in rural areas suffer higher maternal mortality (56.4 in 2012) in comparison to urban areas (35.3).

FIGURE 1. MATERNAL MORTALITY IN THE KYRGYZ REPUBLIC PER 100,000 LIVE BIRTHS



Source: National Statical Committee

Causes of maternal deaths include edema, proteinuria and hypertensive disorders during pregnancy, labor and the postpartum period. [43] Key barriers include access to quality health services especially for women in rural remote areas.

An examination of indicators such as the proportion of births attended by skilled birth attendants, access to emergency obstetric care, antenatal care and postnatal care point to a stagnation rather than progress.

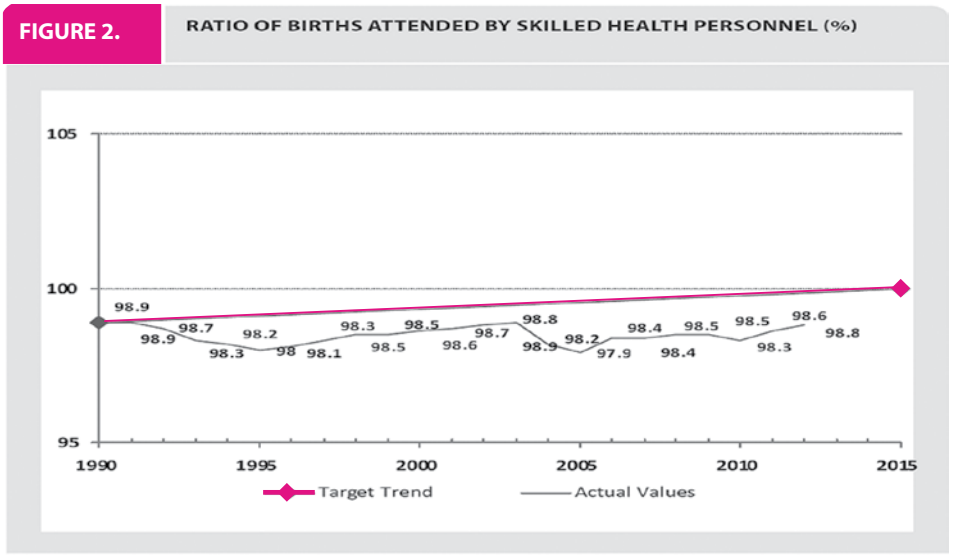
The proportion of births attended by skilled birth attendants is closely linked to maternal mortality. According to the National Statistical Committee, the proportion of births attended by skilled health personnel remained stagnant since 2000. 98.8% of births were attended by skilled health personnel in 2012 as compared to 98.6% in 2000.

However, Studies have pointed to poor quality of services delivered by skilled birth attendants. Inadequate health infrastructure has also been observed as barriers to quality care. It is noted that more than 90% of healthcare rural buildings are inadequately heated posing challenges for women coming for delivery especially in winters. Primary health facilities also face chronic shortage of equipment, medicine, medical items, inadequate hospital attendants and lack of round the clock services all pose barriers to provision of quality skilled health assistance during delivery.[44]

It is well documented that the quality and availability of emergency obstetric care has an impact on delivery outcomes and significantly reduce maternal mortality. It is understood that emergency care is not well developed with established standards and protocols. Lack of regulatory mechanisms for the private sector has also been observed as hindrance to providing quality maternal health services.

Studies have pointed to low capacities of health personnel involved in Emergency Obstetric Care including anesthesiologists, neonatologists, obstetricians, midwives and gynecologists in village first-aid stations rural clinics with beds. According to an assessment carried out in 2012, in the observed medical facilities, no medical worker has been fully trained in Emergency Obstetric Care. In 38% of all maternities, effective perinatal technologies have not been implemented. A system for monitoring and on the job training is not implemented and clinical protocols are not being fully implemented. There exists an imperfect system of referral between primary, secondary and tertiary levels of care.[45]

FIGURE 2. RATIO OF BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL (%)



Source: National Statical Committee

The antenatal period is a crucial period in the promotion of maternal health and prevention of maternal deaths. Antenatal care coverage has been reported to be 96.9% for at least one visit and 84% had at least 4 visits in Kyrgyz Republic.[46] However, it is documented that the content and quality of antenatal care needs improvement. Lack of range of antenatal care services for pregnant women with different health condition has been observed, including lack of systems that ensure timely referral of pregnant women, information on identifying signs of pregnancy complications is less common among women.

In the area of postnatal care, data from the Demographic and Health Survey points to 96% of women receiving postnatal care (PNC) within two days of delivery and among them, most women (85%) received PNC within the first four hours

after delivery, and another 11% received care within two days of delivery. The survey also point to two percent of women not receiving any postnatal care in the first six weeks after delivery.

From the above data, we see a stagnation, and lack of progress and reversal in the progress made towards improving maternal health and reducing maternal mortality in the Kyrgyz Republic. Significant barriers to accessing health care services by pregnant women include getting money for treatment, distance to the health facility, and absence of transportation.

Among women, younger women, women with many children, married women, women who are not employed, those who live in rural areas, women with secondary or less education, and women in the lowest three wealth quintiles were more likely to suffer problems in accessing health care than other women.

Other factors include overall poor health status of women, inadequate nutrition of pregnant women, anemia among pregnant women, early age of pregnancy, inadequate spacing of births.[47] According to the National Statistics Committee data, the percentage of women with anemia is 64 % and this is 2.5 times higher than in 1990. [48] In addition poverty, lack of qualified health personal including Family Group Practitioners (FGPs) and personnel at the Family Medical Centres additionally impede women' access to health care.

The health system also has many challenges including lower budget allocation for health, lack of quality health services and trained health professionals. Lack of legal regulations, standards and protocols hinder the provision of emergency obstetric care.

Poor health infrastructure in regions, hindered access to clean water and sanitation, poor road conditions all contribute to poor access to health care for pregnant women.

Internal and external migration has an impact on maternal health with migrant women often left out of counseling and care by health practitioners. A growing number of maternal deaths have been observed among migrant women.[49]

Contraception/Family Planning

The Beijing Platform for Action explicitly recognizes and reaffirms the right of all women to control all aspects of their health, in particular their own fertility.[50] It also emphasizes the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice.[51]

The total fertility rate (TFR) [52] is a critical indicator of good or poor reproductive health among women of reproductive age. The TFR in Kyrgyz Republic has been reported at 3.6 births per woman in 2012.[53] Data from other sources such as the National Statistical Committee and other official national statistics confirm an increase in the total fertility rate in the recent years. Differences in the total fertility have been observed across different background characteristics of rural and urban residence, regions, education and wealth. Women in rural Kyrgyz Republic have one child more (4.0 births per woman) as compared to women in urban areas (3.0 births per woman).[54] Regional variations have also been observed. In terms of education though the pattern is not uniform, women with higher education have a lower TFR (3.2 birth per woman) than women with relatively lower education (3.7- 4.0 births per woman). Fertility has also been observed to be negatively associated with wealth with women in the highest wealth quintile having a lowest TFR of 2.7 births per woman in comparison to women in other wealth quintiles.[55]

Table 1. Key indicators on contraception and family planning in Kyrgyz Republic

	DHS 1997	DHS 2012
Total Fertility Rate	**3.4**	**3.6**
Contraceptive Prevalence Rate (Any method) %	**59.5**	**36.3**
Contraceptive Prevalence Rate (any modern method) %	**48.9**	**33.7**
Unmet need for Contraception	**11.8**	**18.0**

Source: Kyrgyz Republic Demographic and Health Survey 1997 and 2012

Contraceptive Prevalence Rate (CPR) is a sensitive indicator of both access of reproductive health services, and access to the range of contraceptive methods among women.[56] Data from the Kyrgyz Republic (Kyrgyzstan -DHS 2012 shows a significant decline in the use of contraception among married women over the past 15 years from 60% in 1997 to 36% in 2012. Of the 36% of currently married women who are using any method of contraception in 2012, 33.7% rely on modern methods. However examining trends in the use of modern methods shows a drastic decline in the use of modern methods from 48.9% in 1997 to 33.7% in 2012.

Among the contraceptive methods, the use of IUD has significantly declined from 38.2% in 1997 to 22.1% in 2012. The use of traditional methods especially withdrawal method has also declined from 10.7% in 1997 to 2.6% in 2012. In terms of male contraceptive methods, the use of male condom has increased from 5.7% in 1997 to 7.7% in 2012, though the increase in the use of male contraception is not phenomenal, it points to a possible increase in male responsibility in the use of contraception.

Difference in the use of contraception across background characteristics of wealth as well as rural (35.1%) and urban (38.9%) residence has not been very significant. In terms of education, women with basic education or with primary basic education had a lower contraceptive prevalence (any method) of 28% compared to women with secondary (36.2%) professional (39.1%) or higher education (37.7%).[57]

Data on the unmet need for contraception shows 18% of currently married women are in need of contraception, among whom 12% wanted to space or delay the birth, while 6% wanted no more children. Unmet need for contraception is highest (22.9%) among women in the age group of 20-24, especially for spacing births (22.3%). The unmet need is slightly higher in rural areas (12.9%) in comparison to urban areas (11.1%). Women with basic general education have been observed to have a high unmet need at 23%.

The above data points to increasing fertility rates in the situation of women's health deterioration and lack of control over her fertility, a high-unmet

Table 2 : Contraceptive Prevalence Rate

Method	Kyrgyz Republic DHS 1997	Kyrgyz Republic DHS 2012
Any method	59.5	36.3
Any modern method	48.9	33.7
Female steralisation	1.8	1.6
Pill	1.7	1.5
I U D	38.2	22.1
Injectables	1.3	0.5
Male condom	5.7	7.7
Female condom	NA	0.0
LAM	NA	0.2
Diaphragm /Foam/ Jelly	0.0	0.0
Any traditional method	10.7	2.6
Rhythm method	3.2	0.2
Withdrawal	6.0	2.3
Other traditional methods	1.3	0.1

Source: Kyrgyz Republic Demographic and Health Survey 1997 and 2012

need and low use of contraception especially the modern methods among women. A high-unmet need points to poor access to reproductive health services. Barriers to contraceptive use include lack of commitment by the government to ensure access to range of contraceptive methods. Increasing out of pocket expenditures, both formal and informal are also contributing to inequities in access to health care including family planning.[58]

HIV and AIDS

Kyrgyz Republic is reported to have a low HIV prevalence and the epidemic is concentrated among Injectable Drug Users (IDU), prisoners and Men having Sex with Men (MSM) with a prevalence of more than 5%. The prevalence among pregnant women is low at 0.03% in 2013. However increase has been observed in the incidence of HIV among women from 30.3% in 2011 to 41.9% in 2013. Although the epidemic is still said to be low prevalence, it is observed that the number of people affected by HIV and AIDS has risen over the years. In addition, we observe there is no universal access to ART for all people living with HIV and AIDS. The reported number of adults on ART is estimated at 457, and the estimated ART coverage based on 2010 WHO guidelines is 20%t (14-30)[59]

In 2012, it has been observed that the government has doubled the domestic spending on HIV activities.[60] The challenge will sustaining the domestic spending and allocate resources for prevention, treatment and care of people affected by HIV and AIDS.

Data from the Demographic and health Survey 2012, points that more than half of Kyrgyz women and men know where to get an HIV test. More than 90% of women and men have heard of HIV, comprehensive knowledge of HIV prevention measures is much lower.[61]

Table 3. HIV and AIDS Estimates 2013

Number of people living with HIV	**8,700 [6,000 - 13,000]**
Estimated HIV prevalence (ages:15 to 49) prevalence rate	**0.3% [0.2% - 0.4%]**
Percentage of young people aged 15 to 24 who are living with HIV, 2012	**0.2 (0.1<-0.2)**
Women aged 15 and up living with HIV	**1,300 [1,100 - 1,600]**

Source: UNAIDS Global Report 2013

Adolescents and Young People Sexual and Reproductive Health

The Beijing Platform for Action in para 267 notes "The International Conference on Population and Development recognized, in paragraph 7.3 of the Programme of Action, that "full attention should be given to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality", taking into account the rights of the child to access to information, privacy, confidentiality, respect and informed consent, as well as the responsibilities, rights and duties of parents and legal guardians to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the Convention on the Rights of the Child, and in conformity with the Convention on the Elimination of All Forms of Discrimination against Women. …"[62]

Low awareness pertaining to sexual and reproductive health and rights among adolescents and young people in Kyrgyz Republic increases their vulnerability and promotes the growth of the number of cases of STIs / HIV; increase the number of unwanted pregnancies and abortions, the spread of gender-based violence, an end to the education of girls in educational institutions, unemployment and poverty.[63] Adolescents and young people are vulnerable as a result of reproductive maturity and initiation of sexual activity without proper sexuality education.

The adolescent fertility rate (15-19 yrs) is reported at 44 per 1000 women in the same age group in 2012.[64] According to the Demographic and Health Survey 2012, 6% of the adolescents age 15-19 in the Kyrgyz Republic have begun childbearing. An examination of differences based on rural and urban residence shows 8% of adolescents in rural areas and 4% of adolescents in urban areas have been childbearing. Adolescents and young people in rural areas face particular difficulties in accessing reproductive and sexual health services including access to contraception.

Poor social and economic situation in the country has made its young people especially vulnerable to STI and HIV and AIDS. It is reported that 27% of registered HIV cases are through sexual transmission and this is growing among young people.[65]
While the government has taken steps to introduce special services for young people in health care facilities. However, they are inadequate in terms of number of facilities and do not meet the needs of young people in full and the quality of services has remained inadequate.[66]

Kyrgyz Republic has experience in the implementation of sex educational programmes aimed at maintaining the health of adolescents and youth. However, these programs are implemented as a small-scale pilot projects by relevant ministries and non-governmental organizations, with financial support from international organizations.

While educational institutions are supposed to provide preventive sexuality education, as a rule, this provision of sex education is not mandatory. The content on sexual and reproductive health is inadequate and teachers are not trained to provide sexuality education. There is a need to evaluate the present sexuality education programme to make it comprehensive meeting the needs of adolescents and young people.[67]

Young people, especially girls, are faced with increasing pressure on sexual health and life from religious, traditional and patriarchal groups. These groups has had influence on the access to sexuality education and sexual and reproductive health services among adolescents and young people.

The situation calls for comprehensive sexuality education and youth friendly services for sexual and reproductive health information and services.[68].

Conclusion and recommendations

From the above, we conclude that there was poor or slow progress in the area of sexual and reproductive health legislation and services. Further, in many situations, progressive legislations are being reversed.

On 2-3 October 2014, 52 participants gathered in Bishkek to review BPFA implementation in the Kyrgyz Republic. The conference participants stressed the need to expedite the development of special policies to preserve and support the sexual and reproductive health. This policy should be based on the principles of respect for human rights, development and social activism to promote justice, equality and freedom. The rights need to be in accordance with internationally agreed treaties, agreements and conventions, including the International Conference on Population and Development , Beijing Platform of Action, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, the International Covenant on Economic, Social and Cultural Rights.

Conference participants underscored the lack of legal framework in support of SRHR, and noted the existing laws do not meet the current and evolving needs of couples and individuals . Women from marginalized groups' especially adolescent and young girls, rural women, people living with HIV, people with disabilities, drug users and sex workers face significant legal, institutional and cultural barriers to services, information and resources in the field of SRHR. They face difficulties in obtaining public and private health services and often pay out of pocket [69].

Evidence presented in the above sections shows that the needs of rural women and other marginalized groups including women with disabilities to access information and services on safe motherhood and other SRH services are not adequately met. Service providers on SRH in rural areas lack support and motivation to work (financial, professional, structural), many do not have the appropriate skills and knowledge, and the medical equipment. Access

to SRH services is further impeded by low skills of health providers. There is a lack of inter sectorial coordination, continuity and integration especially among the education system and the health system to address the SRH needs of the people.

Poor budget allocation for health especially SRHR and lack of monitoring mechanisms for the budgets health indicators also impedes progress

There is a need for coordination and leadership of the Government and key agencies in the development of policies, standards and strategies for the promotion of education, SRH services to ensure universal access to SRHR.

The existing sexuality education for adolescents and young people also needs to evolve further and be made comprehensive to address the SRH needs of adolescents and young people. There is lack of well-funded programs to support the sexual and reproductive health of young people and adolescents (existing Youth-Friendly Centers does not cover the needs of all young people).

The role of the family in matters of sex education is not defined in law and public policy. Politics and ideology in the education system does not take into account issues of SRHR of young people, does not enhance the skills and knowledge of adolescents about their sexual and reproductive health. There is also a lack of public policy (including personnel), and common standards for education (including on sex education, gender, health, role of parents, teachers skills), and health care (training and retraining of personnel, provision of resources through public institutions – SRH services information).

Continuing pressure from conservative supporters for limiting the role of NGOs and patriarchal societal norms as evidenced by recent legislative initiatives in parliament against the LGBT community, sex education and public organizations pose significant barriers to realization of SRHR for all.

It is noted that existing laws and regulations in Kyrgyz Republic do not meet the needs of the population in the implementation of sexual and reproductive rights, and often at odds with the very concept of human rights.

The government and the Parliament in accordance with the commitments made by the Kyrgyz Republic and its citizens should be responsible for promoting the Beijing Platform for Action, the Millennium Development Goals including in international commitments in the field of SRHR and the full realization of human rights.

Sharing the concern of the public relating to the implementation of sexual and reproductive health and rights in Kyrgyz Republic, the participants agreed on the following recommendations:

Recommendations to Parliament of Kyrgyz Republic (Jogorku Kenesh) and the Government of the Kyrgyz Republic:

Policies on Sexual and Reproductive Health and Rights

- Improve and strengthen the legislation of Kyrgyz Republic concerning the exercise of sexual and reproductive rights through the adoption of the Law "On sexual and reproductive rights" and other regulations, promote the application of rules and practices that eliminate discrimination against women and girls access to education, information and SRHR services, encourage participation and responsibility of men for their sexual and reproductive behavior; and ensure full respect for the integrity of the person, regardless of gender, age, sexual orientation, religion and nationality.

- Continue to improve the legislation to prevent and respond to gender-based discrimination and violence (Law KO "On social - legal protection against domestic violence," Article 129 of the Criminal Code should be supplemented by measures increasing the penalty in time of armed conflict).

- Align legislation regarding domestic violence with other normative – legal acts.

- Ratify the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights, which provides individuals with the ability to protect their economic, social and cultural rights at the international level.

- Develop sustainable mechanisms for the involvement of women in the process of monitoring and evaluation of programs and policies at all levels and in all areas that have an impact on their life and health, while creating the conditions for the voice of young people to be heard and taken into account.

- Prioritize the activities of youth committees and women's councils in each MSU and consider allocation of funds from the local budget.

- Make it mandatory to report every six months the heads of local self-government on the implementation of the law on gender equality, gen-

der budgeting, the Law on Maternal and Child Health, Family Code, the Law on Social Order.

- Fully implement the Law on the protection of mothers and children. The Family Code should consider the mandatory allocation of funds from the local budget for prevention activities.
- Strengthen monitoring implementation of the Law on gender equality including gender budgeting in all ISU.
- Develop mechanisms for the control and monitoring of the implementation of state programs to combat violence against women.
- To systematize the accounting and collection, the figures on gender-based violence in law enforcement, with the obligatory separation form of violence.
- Make changes and additions to the Code of Criminal Procedure under Articles on violence to include questions about incest.
- Establish a Commission on Women and Family Affairs under the Government of the Kyrgyz Republic.
- Ensure local authorities use mechanisms to support reproductive health from its own budget (legislative barriers).

Adolescent and young people sexual and reproductive health and rights

- For the purpose of monitoring and adequate assessment of the effectiveness of national programs concerning adolescents and young people, we call for the development and use performance indicators, harmonized for all sectors to ensure greater public and international comparability. We call for the integration of youth into the national system of statistics and household surveys.
- Make comprehensive sexuality education compulsory, accessible in all schools, universities and colleges, which is based on common and widely accepted standards.
- Improve human resources to provide training on comprehensive sexuality education through a system of pre-and post-graduate training of teachers and health professionals on SRHR adolescents and youth.
- Provide support and resources for government and non-governmental programs (including civil society organizations), designed to work with vulnerable young people and young people out of school.
- Strengthen inter-agency cooperation and the obligations of the partners in the implementation and evaluation of the national strategy for education in the field of SRHR, such as the Ministry of Labour, Migration and Youth, the Ministry of Education and Science, Ministry of Health.
- Based on the assessment of needs of young people, as well as in accordance with approved standards, integrate and provide youth friendly services at the level of primary health care by improving the financing of the national and local budgets.
- Provide appropriate training to health care providers who work with adolescents and young people to provide SRH services in an efficient and timely manner and comprehensively address issues of sexuality.
- Recognize for teenagers and young people the right to education and information in the field of SRHR and to ensure, through the implementation of public policies, standards of formal and informal sexuality education, supporting the implementation of the right to informed responsible choices.
- Take steps to improve the quality of SRH services for young people and adolescents, through enhancing the capacity of health care providers in the primary, secondary and tertiary levels of care.
- Reduce the age for teens to 16 years from 18 years (Family Code of the Kyrgyz Republic) to obtain medical services without parental consent.
- Ensure the inclusion of health goods and services for adolescents and youth in the national health insurance scheme, especially for people with high-risk behavior.
- Make education in the field of sexual and reproductive health and rights compulsory, accessible and comprehensive in all schools, universities and colleges.
- Improve human resources in the field of integrated sex education through a system of pre- and post-graduate training of teachers and health professionals on SRHR adolescents and youth.
- provide support and resources for government

and non-governmental programs (including civil society organizations), designed to work with vulnerable young people and young people out of school.

- Strengthen inter-agency cooperation and the obligations of the partners in the implementation and evaluation of the national strategy for education in the field of SRHR, such as the Ministry of Labour, Migration and Youth, the Ministry of Education and Science, Ministry of Health.

- Based on the assessment of needs of young people, as well as in accordance with approved standards to integrate at the level of primary health care and maintain services youth-friendly by improving the financing of the national and local budgets.

- Provide appropriate training to work with young people and teenagers, can not only provide medical care, but also efficiently and in a timely manner to inform and advise young people on SRHR, warning and preventing risks and their consequences.

- Develop a program of universal access, especially youth and adolescents to prevention services related to sexually transmitted infections, including HIV, and to help women broader counseling and voluntary and confidential services for the prevention of unwanted pregnancies, and to ensure, through the allocation of appropriate articles of the state budget, including the participation of local budgets.

Maternal health, Contraception/ Family Planning

- Provide and ensure funding from the state budget through compulsory health insurance mechanisms procurement of contraceptives and other SRH services especially for the most vulnerable women at risk of maternal death including the poor, young people under 18 years old, people with disabilities, women with complications.

- Improve quality of maternal health services especially in the rural areas, and among marginalized groups

HIV and AIDS

- Develop and provide relevant resources, materials through the state budget, with the participation of local budgets, programs, for especially youth and adolescents to prevention services related to sexually transmitted infections, including HIV, and to help women receive broader counseling and voluntary and confidential services on the prevention of unwanted pregnancies.

- Taking into account the reduction of donor funding and the growing number of people living with HIV in the country, develop mechanisms for this group of high-quality information, services testing, and ART from public funds.

- Ensure local authorities use mechanisms to support reproductive health from its own budget (legislative barriers).

Recommendations for CSOs

- Seek inclusion of SRHR in the agenda at all levels of discussion, monitoring and promotion

- Improve collection and documentation of case studies in the promotion of SRHR for use in advocacy to influence on decision-making at all levels.

- Maintain and develop youth organizations and associations that are able to implement national and international programs and projects and to act as independent experts to assess the effectiveness of programs

- Support young women leaders who can act as experts in the evaluation of policies, programs and projects aimed at SRHR.

- Encourage interaction of women at the national, regional and international levels, by supporting the establishment of appropriate platforms and networks for exchange and cooperation on the promotion of their sexual and reproductive rights.

- Increase the involvement of young people in international forums in particular, through the inclusion of youth representatives in national delegations to important international meetings, as well as the UN General Assembly.

Recommendations for International Organisations and Donors

- Donors to fulfill their ODA commitments and prioritise SRHR in the post 2015 development agenda.

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About FWNGO

The Forum of Women's NGOs of Kyrgyzstan was created in 1994 to provide assistance to women's NGOs via development of a network as well as opportunities for mutual cooperation. Today FWNGO unites more than 85 women's NGOs in Kyrgyzstan. FWNGO works for the consolidation and strengthening of women's movement towards gender equality and women's empowerment, building partnership towards women's equality, increase of women's participation in public life through their organizations and NGOs.

FWNGO focuses on the following programs: Women's participation in political processes (WPPP), Violence against women (VAW), Women and economy, Women's Human rights, Cross-cutting initiatives, Network consolidation. FWNGO is a founder and regional coordinator of the Central Asian Forum of Women's NGOs and a member of AWID, APWW, APWLD, CPDE, and APRN. In 2005, FWNGO was given a special consultative status with UN ECOSOC.

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