

**CHILD AND FAMILY WELFARE: TRENDS AND INDICATORS
IN THE REPUBLIC OF KAZAKHSTAN**

Country Paper

**Co-ordinator: Erbolat Musabekov
National Statistics Agency, Almaty**

**Background paper prepared for the Regional Monitoring
Report No. 8: *A Decade of Transition* (2001)**

The opinions expressed are those of the authors and do not necessarily reflect the policies or views of UNICEF.

Child and family welfare: trends and indicators

Analytical report

Improving women's and children's health status in the Republic of Kazakhstan and providing adequate living conditions for them will make for healthier families and a more viable society.

Since the declaration of its sovereignty, Kazakhstan has joined the UN and many other international economic, political and cultural organizations, becoming a full-fledged member of the world community.

In his Message to the people of Kazakhstan *Kazakhstan-2030. Prosperity, Security and Higher Living Standards for All Citizens of Kazakhstan*, the President of the country, realizing the paramount importance of the nation's health status, put health, education and well-being of the citizens of Kazakhstan as the fourth item on the national agenda. "Maternal and child health protection must be a primary concern of our state, our public health system and the public at large," the Message says.

Kazakhstan has had its share of the problems connected with the transition period: inadequate social services, declining standards of living, mounting unemployment, internal and external migration, etc. In the period under review, the country's public health system faced a number of serious challenges.

Children under 18 and women of reproductive age constitute two-thirds of Kazakhstan's population, therefore mother and child health protection is high on the government's priority list.

The past few years have seen a deterioration of children's and reproductive-age women's health, declining birth and in natural population growth rates, while infant and maternal death rates remained high.

Given the child and reproductive-age women health situation and the existing standards of medical services available to them any efforts to improve the nation's gene pool will be futile without a special comprehensive programme.

Maternal and child health protection system as it is now

The current period of socio-economic reforms in Kazakhstan is marked by a decline in births (by 9 percent since 1995) and in the natural population growth rate. The women's and children's health status is deteriorating. Maternal and infant mortality rates are still high. Ever more women prefer delivery at home, hence a rising rate of deaths in childbirth.

In the infant mortality structure, the share of stillbirths, infant deaths within 24 hours of birth and neonatal mortality is growing. The percentage of underweight and malformed newborns remains high. All that points to growing combined maternal and foetal pathologies.

The reproductive-age women's health index is low (a mere 20 percent) in the Republic, and lower still in the regions adjacent to the Semipalatinsk nuclear testing site and the Aral Sea area (10 percent). Among women's diseases, the share of social ones is growing steadily. The high abortion rate problem remains critical. If socio-economic causes were removed, the number of abortions would decrease considerably.

The incidence of children's diseases is rising. Annually, some two million children suffer from acute respiratory disorders, and 600,000, from acute intestinal infections which are a major cause of the postnatal mortality. Over the past few years, children have become more vulnerable to zoonotic infections and social diseases.

The incidence of diseases related to malnutrition and metabolic disorders, hereditary factors and congenital anomalies has increased, especially among children living in the environmentally unsafe regions of the Republic.

In the rural areas, up to 80 percent of very young children suffer from anemia, retardation, and rickets. For various health-related reasons, most young men are unfit to do their constitutional tour of duty in the armed forces.

Children's diseases tend to become chronic of late. For example, one-fourth of preschool-age cases and half of school-age cases have acquired a chronic form. The number of children handicapped by poor eyesight, dull hearing and spine problems has not diminished.

Every year, up to 800,000 children are recorded at dispensaries, and only 5-6 per cent of them are treated at sanatoria or health centres.

The number of disabled children is growing from year to year and has now reached 44,000. No effort should be spared to rehabilitate them and bring them back to active life.

Because children's hospitals and maternity homes do not have targeted financing for procuring new equipment and repair, they are in no position to offer their child patients and expectant mothers adequate preventive or outpatient treatment. This hinders the provision of high-quality care for sick children and mothers. Moreover, it is the main obstacle to using the international live births definition criteria.

In many regions, ambulance planes have been grounded, and specialized emergency first-aid teams disbanded.

Sanatorium and rehabilitation services for children and reproductive-age women are in a critical condition. The number of children's sanatoria has shrunk from 45 to a mere 12.

Poor interdepartmental coordination between public health and education authorities has affected the quality and regularity of health care for children at schools and institutions.

Schools attached to sanatoria and rehabilitation centres have inadequate facilities, lack school supplies and teaching aids.

The number of abandoned babies is growing faster than that of institutional accommodations. As a result, unwanted newborns stay in maternity homes for too long, running the risk of nosocomial infections and retarded physical and mental development.

The urgent tasks now are the reduction of morbidity among women and children, reproductive health protection, reduction of the congenital and hereditary pathology disability and incidence, as well as further reduction of maternal and infant mortality rates.

Under the Constitution of the Republic of Kazakhstan, care for children and their upbringing are a natural right and duty of the parents.

In July 1994, Kazakhstan ratified the Convention on the Rights of the Child. In 2000, the President signed the Optional Protocols to the Convention pertaining to children's involvement in armed conflicts, child trafficking, child prostitution and child pornography.

With a view to guaranteeing the rights of the younger generation, conceptually novel legislation has been adopted: the *Education Act*, the *Republic of Kazakhstan Citizens Health Protection Act*, the *Marriage and Family Act*, the *Special Government Allowance Act* and others, containing special chapters and sections facilitating implementation of the basic provisions of the Convention of the Rights of the Child.

The age of majority, the marriageable age and the call-up age of 18 years established by the civil legislation of the Republic of Kazakhstan do not contradict the provisions of the Convention. A child may exercise certain rights on a par with adults, such as the right to work, from the age of 16, and the age of discretion has been set at 14 years.

The right to life, enshrined in Article 15 of the Constitution, meets the Convention's requirements. This right is guaranteed by criminal law which provides for measures to protect an individual from violent encroachments on his/her life and health.

Special legislative acts on the protection of children in the Aral Sea area and Semipalatinsk region are aimed at ensuring the survival and healthy development of children in the environmental distress areas.

The Constitution of the Republic of Kazakhstan and the *Public Associations Act* guarantee the child, just as it does any citizen, the right to freely form and express his/her views.

The child nationality determination issues are regulated by the Constitution, the Civil Code and the *Nationality Act* and conform to the Convention's requirements. The child's identity is ensured by giving him at birth a surname, a first name and a patronymic in accordance with the *Marriage and Family Act*. Upon reaching the age of 16, a child is free to change his surname, first name and patronymic at his/her own discretion.

The *Culture Act*, *Physical Culture Act*, *Sports Act*, *Tourism Act* and other legislative acts of the Republic of Kazakhstan provide a child with additional legal means and remedies for exercising his/her right to development.

Thus, the legislation of the Republic of Kazakhstan guarantees the child's right to education, leisure and recreational and cultural activities, which is also in line with the provisions of the Constitution.

The policy of protecting the rights and legitimate interests of children is recognized as a high priority area for government bodies of all levels.

The Republic of Kazakhstan, a young sovereign multiethnic state, has the area of 2,724,900 sq km. As of January 1, 2000, Kazakhstan's population was 14,900,000 million of which 8.3 million (55.7 percent) resided in urban areas, and 6.6 million (44.3 percent), in rural areas. There are 5.69 million (37.6 percent of the total population) of children under 18 (see Annex 1).

The social and economic problems of the newly-independent Kazakhstan engendered by the process of transition of its economy to market relations and the consolidation of its statehood have also affected the demographic situation.

The year 1999 saw the lowest birth rate in the past few decades – 14.0 per 1,000 of population as against 21.7 in 1990.

The findings of the 1999 health and population survey (HPS) of Kazakhstan indicate that with the present birth rate each woman will bear 2.1 children within her reproductive period; this index is 18 percent lower than the crude birth rate (CBR) recorded by the 1995 HPS (2.5 children per woman) and 29 percent lower than the CBR recorded by the 1989 population census (2.9).

In 1999, the natural growth of the Republic's population was 4.33 per 1,000 which is much lower than in 1990 (21.7).

General and infant mortality rates are high despite the decrease recorded in 1999. The death rate was 9.7 per 1,000 of the population which is 22.8 percent higher than in 1990. The average life expectancy in Kazakhstan was 64.8 years in 1999 as against 68.6 years in 1990.

At present, Kazakhstan's economy is showing a tendency toward stabilization. In this connection, the Government has proclaimed a policy aimed at the priority solution of social problems and high priority is given to the implementation of child welfare programmes.

Children's education

The Constitution of the Republic of Kazakhstan guarantees its citizens the right to compulsory and free secondary education.

The main tasks in the development of education are set in the Government's long-term priorities for the period until 2030 and in the Instructions of the country's President. The *Education Act* of the Republic of Kazakhstan has been passed, and the state programme *Education* has been adopted.

On the whole, Kazakhstan achieved certain success in the sphere of education in the 1990s. According to the 1999 population census, the number of people with higher education was 124 per 1,000 of the population (as against 97 according to the 1989 census); the number of those having secondary vocational education is 223 per 1000 (as against 184 in 1989); general secondary education, 368 (339 in 1989); basic secondary education, 181 (200 in 1989); and primary education, 75 (104 in 1989).

On the other hand, in the 1990s the public education system of the Republic of Kazakhstan underwent changes related to the consolidation of an independent state, the transition of its economy to market relations and the lowering of the level of social services for children.

The national public education system has the following levels: pre-school, secondary and higher education.

As compared with 1991, the kindergarten network has shrunk by almost 80 percent (see Annex 3). Because of the closing down of pre-school child care centres and a high cost of the services offered by the remaining ones only 11 children out of 100 benefited from pre-school education programmes. To rectify the situation, public education institutions will offer a free pre-school education programme for five- and six-years old children.

Secondary education has a special role to play. It includes general secondary education, primary education and secondary vocational education and training.

At the beginning of the academic year 1999/2000, the Republic had 8,290 full-time general education schools, of which 1,447 (17.5 percent) were primary; 1,539 (18.6 percent), basic; and 5,205 (62.8 percent), secondary. The total enrolment was 3.1 million which is 1.9 percent more than in 1995/1996, while the school network shrank by 5.1 percent over the same period. One hundred percent of the Republic's school-age children attend school (see Annex 4).

Since academic year 1997/1998, new-generation textbooks have been gradually introduced under the purpose-oriented programme of preparation and publishing of general-education school textbooks and teaching modules and manuals. Curricula and teaching aids on gender issues are being developed.

New forms of general secondary education – schools with a special focus on certain subjects, comprehensive schools, lyceums, private schools – are on the rise in the past few years. At the beginning of the 1999/2000 academic year, there were 1,642 such specialized schools in the Republic with the enrolment of 715,200; 178 comprehensive schools with the enrolment of 108,900; 142 lyceums with the enrolment of 55,500; and 199 private schools with the enrolment of 16,400 (see Annex 5). The number of private schools has increased by 10.5 percent as compared with the last year's figure, but their enrolment has decreased by 11.4 percent owing to high tuition charges at such schools.

In 1999, primary vocational training was offered by 285 vocational schools with an enrolment of 87,400, with girls accounting for 36.7 percent of that figure. Since 1995, 119 vocational schools have been closed, and their enrolment decreased by 66,900 or by more than 50 percent.

In the academic year 1999/2000, secondary vocational education and training was offered by 274 schools or 12 more than in the 1995/1996 academic year; their enrolment, however, decreased by 28.9 percent to 142,600. The number of vocational secondary schools (colleges) grew chiefly due to the opening of non-public educational establishments the number of which in the Republic was 99 with an enrolment of 33,000. The schools turned out almost 52,000 trained workers.

At the beginning of the 1999/2000 academic year, there were 163 institutions of higher learning in the Republic with an enrolment of 365,400, which is 46,600 or 15 percent more than the previous year's figure. For figures of student enrolment and graduation over the past few years, see Annex 6.

Since the 1995/1996 academic year, the number of state universities and other higher education institutions has decreased by 14. Over the past few years, the network of non-public higher education institutions has been expanding. Since 1995, their number has grown 2.5 times, from 41 to 106 in 1999.

Eighty-three percent of general secondary schools, 60 percent of higher education institutions and 40 percent of vocational schools have added to their curricula the “Valeology” programme which includes personal hygiene; the effects of tobacco smoking, drugs and substances abuse on the child’s health; and the ways of protection against AIDS and sexually transmitted diseases.

A methodological manual on the ethics and sex education of students, with a special focus on girls, is broadly used. Moreover, a special course on AIDS problems and prevention has been introduced at all educational institutions. In pursuance of the National Plan, the state *Ethics and Sex Education* programme is being developed.

The number of criminal offences is growing in the Republic. During nine months of 2000, the number of crimes committed by juveniles increased by 5.7 percent. Most of the criminal offences are perpetrated in a state of alcoholic intoxication or under the influence of drugs. A comprehensive programme of ethics education has been developed for educational institutions, and the Institute of Moral and Ethics Education has been set up.

Civic education has been stepped up at educational institutions, specific measures are taken to improve the forms and methods of crime prevention and develop new ones, strong emphasis is being placed on fostering civicism and patriotism.

Despite economic difficulties, the state is making every effort to enforce constitutional guarantees relating to education. The plan targets on financing educational establishments from the state budget were implemented 101 percent in 1997; 90 percent in 1998; and 95.6 percent in 1999.

For all the measures taken, there is quite a number of outstanding problems in the area of compulsory general education. In some regions, there are cases of absenteeism by children from one-parent or low-income families which move from place to place in search of housing and jobs. Providing schooling for children in remote villages where there are no boarding schools is a difficult problem. As many as 876 children need placement in boarding schools.

It should be noted that new forms of general secondary education have been introduced mainly in rural areas. For lack of school buildings, classes are often conducted in two or even three shifts, and the share of children who have to attend school in the afternoon is growing (30 percent in 1995/1996 and 33.7 percent in 1999/2000).

The streamlining (optimisation) of the network of state organizations in the Republic has led to a massive closure of institutions providing extra-curricular activities. As compared with the year 1998, their number decreased by 120, and their enrolment is now 67,200. Last academic year, only 670 extra-curricular education organizations benefiting a mere 7.5 percent of the total number of schoolchildren functioned in the Republic.

The number of schoolteachers has decreased by 4.4 percent – to 262,200 – as compared to the 1995/1996 academic year. More than one third of the Republic's schoolteachers have no higher education. Their salaries are low and irregularly paid with the result that teaching profession is losing its attractiveness, skilled school teachers are ever harder to find, and the quality of instruction is deteriorating.

Social protection of children

The state is showing constant concern for children deprived of parental care. Authorized central and local executive bodies in charge of public education, health, labour and social protection are trying to provide normal living conditions for the most vulnerable children.

The *Marriage and Family Act* of the Republic of Kazakhstan and Government Resolution No. 738 *On the Amount and Sources of Social Assistance to Needy Citizens While They Receive Education* of May 17, 2000 were adopted to provide social protection for parentless children.

Orphaned and mentally retarded children, as well as those from large and poor families are regarded as the most vulnerable ones. Government support is rendered to them through a system of children's homes and boarding schools.

The country's public education system runs 506 children's institutions caring for about 58,000 children including:

43 children's homes and 22 boarding schools for parentless and abandoned children with 10,961 children (900 more than in the last academic year). Out of all children's homes and boarding schools, 14 are for orphans and mentally retarded children (2,600) and 40 are family-type homes caring for 334 orphans;

87 special (correctional) institutions in which 14,883 mentally retarded children falling under eight basic categories are educated, trained and treated;

67 general boarding schools (with an enrolment of 20,227);

11 boarding schools for TB cases (2,835);

1 special boarding school for deviant children and youngsters (121 inmates);

236 boarding houses attached to village general schools for children from remote villages and from large, poor and one-parent families.

All children falling under the above-mentioned categories need permanent attention from Government agencies and the public.

In 1990, there were only 41 children's homes and boarding schools for orphans with only 4,700 children. Now there are 65 such institutions where 10,961 parentless children, or 12 percent of their

total number, live in a normal supportive environment. This is the only part of the secondary education system which has not undergone optimisation.

Social orphanhood has become a serious problem. There are over 88,000 social orphans in the Republic. Only 30 percent of them actually lost both parents while 70 percent either were abandoned or their natural parents were divested of parental rights. The number of unwanted babies left behind in maternity hospitals is growing. The Republic has an extensive network of institutions to take care of such babies. It comprises children's homes of the public health system; boarding schools of the social welfare system; children's homes, boarding schools, family-type homes, branches of children's homes, the "kindergarten—children's home—general school—vocational school" complexes. These institutions provide accommodation, maintenance, education and vocational training for parentless children with a special emphasis on developing their life skills. The matters of adoption or giving relatives the custody of parentless children are dealt with in accordance with the procedure established by law. Out of 88,000 children who lost parental care, 84.2 percent have found new homes: 29.2 percent were taken into custody by other people, 55 percent were adopted and 12.5 percent were placed in boarding schools for parentless and abandoned children.

In conditions of socio-economic instability, the number of troubled or broken families is growing. Today, there are 4,098 abandoned children as against 2,630 in 1998. Because of the low living standards progressive forms of caring for children, such as adoption, are not very popular. In 1999, only 2,807 children were adopted as against 5,448 in 1998. The first family-type children's homes – a new and progressive form of accommodating orphans and children who are left without parental care – were established in 1990. Every effort is being made to create a true family-like environment for such children. Working together with the Children's Fund of Kazakhstan, local authorities set up 51 family-type children's homes in all regions of the Republic by 1994. Today, however, only 40 of them have survived.

There are 19 family-type children's homes and boarding schools where 2,782 children of various ages live in 16 "family" groups, each comprising 15 to 20 "kindred spirit" children who are relatives or friends. Such an arrangement has a favourable effect on their physical, mental and emotional development.

The *Act on Family-Type Villages and Youth Homes* of the Republic of Kazakhstan and the draft Government resolution *On the Employment and Housing of Parentless Graduates of Educational Institutions* are aimed at providing more comprehensive protection of the rights and interests of children who lost their parents or were left without parental care.

Measures are being taken to solve another problem – that of providing employment and housing to parentless young graduates of educational establishments. Out of the 894 school leavers in the past academic year, 417 have gone on to vocational schools, 79 found jobs, 94 entered vocational secondary and higher educational establishments (only 23 of them entered university level institutions).

Last September, the Kazakh State Teachers' Training College for Girls opened the first-ever preparatory department for 200 parentless girls wishing to get higher education. Plans are now afoot for establishing similar preparatory departments for parentless children at other higher education institutions.

The children in children's homes and boarding schools receive medical care. In the past few years, 100 percent of parentless children and children without parental care are provided with recreational and health-improving facilities and jobs. Every year, parentless children spend their vacations in summer camps, sanatoria, country homes, at schools playgrounds and in work and recreation camps financed from the state budget or by sponsors. Forty children's institutions and boarding schools have out-of-town recreation facilities of their own.

However, economically developed countries are changing over from state-run institutions to family-type children's homes and to family support programmes. This is more advantageous economically and spares the children the sense of deprivation.

In Kazakhstan, a large part of children without parental care are still in state-run institutions. The efforts to provide normal conditions for child development, strengthen and support the families, broaden the network of family-type children's homes, shift the social policy emphasis to investing into child development and to greater reliance on family-type homes are still insufficient.

Disabled children

Social support for families having disabled children and for large families is provided in accordance with the legislation of the Republic of Kazakhstan. The number of children who receive disability allowances is 49,161 which is 100 percent of the disabled children (Annex 12). The monthly disability allowance is 2,175 tenge plus a social assistance allowance of 652.5 tenge.

On recommendations of a commission of psychologists, medical doctors and educationalists, handicapped children may receive specialized care and instruction at home. Today, 2,335 children are taught at home.

The establishment of a ramified network of special correctional schools for handicapped children can also be regarded as an achievement. Whereas in 1990 there were 125 such schools in the Republic caring for 24,600 children, now there are still 99 of them with a total enrolment of 17,445.

A network of boarding institutions has been organized to provide care for disabled children who for various reasons cannot live at home. Within the framework of the labour and social protection system, there are 17 such boarding schools and homes (3,143 beds in all), 15 of them care for mentally retarded children and 2, for the physically handicapped.

As many as 2,800 children live at boarding schools at the expense of the state. There is no waiting list. Admittance age ranges from 4 to 18. Upon reaching the age of 18, young people are transferred to a boarding house for adults, if they need accommodation and on doctors' recommendations.

Children at boarding schools receive health care, undergo courses of social adaptation and work rehabilitation and are taught various skills. In nine months of the year 2000, the boarding schools received 78.6 percent of the required financing.

Retarded children are taught in accordance with a special curriculum and programme. Physically handicapped children have a standard general school curriculum. They can get vocational training at the specialized school of within the labour and social protection system which offers courses in accounting, clothes cutting, sewing and shoemaking.

If there are no contraindications, disabled and handicapped children may attend general education schools, but integrated education is not yet generally accepted. According to recent studies, the society is not prepared for the introduction of inclusive education. In some regions, however, there is a clear progress towards this goal. In 24 schools of Almaty, for example, the so-called levelling classes have been formed which admit retarded children. In the town of Taldykorgan, a special school for 150 retarded children has been merged with a standard general education school, and now each class includes up to 25–30 children with special educational needs.

These problems were discussed and analysed by the international conference on *Special Education and Social Support for Handicapped Children. Cooperation Between Governmental and Non-Governmental Organizations*.

Disabled children are offered 12 specialized instruction programmes aimed at their adaptation and integration

The Social Adaptation and Work Rehabilitation Centre (SAWR) is doing much to coordinate assistance to handicapped children. In the current academic year, a similar centre has been opened

in the Atyrau Region. Interdepartmental psychological/medical/educational counselling offices are functioning in 12 regions.

A uniform concept and specific models of the government system of correctional aid to handicapped children have been developed, which have a major social significance.

Central to the system are early diagnosing of various deviations in development and correctional measures to help children aged from 0 to three years. A package of methodologies for identifying the high-risk groups of children who can develop psychophysical deviations and the application algorithm for them have been prepared.

As part of the work to ensure effective functioning of the system of early diagnosing children's developmental disorders, broad nationwide measures are to be taken, with appropriate financing, such as preparation of relevant publications, including didactic and diagnostic materials; mass training of nurses and providing a legislative basis for interdepartmental coordination and joint activities.

Government agencies and non-governmental organizations are actively supporting special educational programmes within the framework of the UNESCO's Promotion of the Basic Education of Children with Special Social Needs project.

In 1990, *Special Olympics Kazakhstan*, a sports welfare association, was formed in Kazakhstan. Its branches in 13 regions train handicapped athletes in 15 sports.

A draft law *Social, Correctional and Educational Aid to Handicapped Children* of the Republic of Kazakhstan has been prepared with a view to preventing child disability and helping them recover the lost functions. Under the National Plan of Action, the draft law is to be included in the Government's draft legislation work plan for 2001.

The enactment of this draft law will make it possible to build a uniform national system for identifying and registering children with developmental problems, offer them comprehensive

health, specialized educational and social services, and establish a network of rehabilitation and correctional aid centres.

When enacted, the law will guarantee child disability prevention and a reduction in chronic disability, thus facilitating a more efficient use of the funds earmarked for special government grants and disability allowances and for the maintenance of specialized boarding schools for children with physical and mental disorders.

Clearly, despite all the difficulties of the transition period, the Government shows constant concern for the most vulnerable, needy and disabled children.

There are, however, certain problems in the realization of the child's rights and freedoms. Disabled children are sometimes discriminated against, no special facilities have been provided to give them easy access to residential, public and other buildings and educational institutions, to public transport and roads, to telecommunication and information systems and to other elements of the social infrastructure, or to help them find their way and move around on their own.

In Kazakhstan, the number of children in especially difficult circumstances (physically and mentally retarded, those who lost their parents or parental care or are homeless) is growing, while the access to skilled medical aid and education is becoming ever more difficult.

It is necessary to take effective measures to guarantee the timely payment of social allowances and other benefits in all regions.

Child health

Children's right to health protection is enshrined in the *Protection of Citizens' Health in the Republic of Kazakhstan Act*. Decrees of the President of the Republic also treat maternal and child health as a top priority in the field of health protection.

In 1998, the *People's Health* national programme was adopted to ensure effective solution of the vital problems of maternal and child welfare. Special attention is paid to the encouragement of only breast-feeding in the first six months of the infant's life, to the improvement of baby diets, to immunoprophylaxis, etc.

Hospital treatment is available at 14 regional, 15 city, and 180 district and national children's hospitals with a total of 198,428 beds.

Data on health services for children and the incidence of children's diseases in the Republic of Kazakhstan can be found in Annexes 14 to 15. Regrettably, these indices tend to get worse.

The past few years have seen a rise in the incidence of blood, kidney and gastrointestinal diseases and of congenital developmental defects among children. Specialized children's clinics – oncogematological, surgical, gastroenterological and nephrourological – have been opened in this connection.

Pediatricians are trained at pediatric departments of five state medical academies, and registered nurses and hospital assistants, at 30 medical colleges.

There are 245 consultation rooms for adolescents, as well as for prevention and treatment of juvenile disorders. Moreover, adolescents may receive anonymous consultations on any question at the "confidential reception rooms" of 34 dermatovenereal dispensaries and at 24 departments of central district hospitals as well as at 180 dermatovenereal consultation rooms attached to clinics.

There are telephone hot lines in the cities of Astana, Almaty, Aktyubinsk and Karaganda. Such a form of seeking and providing anonymous expert consultation is increasingly in demand due to the emergence of previously little known problems, such as teenage pregnancies, AIDS, drug-addiction and alcoholism among adolescents.

A draft Government resolution *On the Establishment of the State Enterprise “The Republican Scientific and Practical Centre to Deal With the Health and Social Problems of Drug Addiction”* has been prepared.

In the country’s environmentally unsafe areas (such as the Kyzylorda Region) the Asper programme of salt iodination and iron-deficiency anemia prevention among children and reproductive-age women is implemented in cooperation with UNICEF.

The Nutrition Institute has developed a technology and specifications for the iron enrichment of flour which can be used nationwide. A relevant special programme is being prepared.

The draft resolution of the Government of the Republic of Kazakhstan *On Preventing Iodine Deficiency* is being assessed by the ministries and other departments concerned. Work on the National Nutrition Programme is in progress.

Given the limitations of the Republic’s budget, the National Commission on Family and Women’s Issues under the President of the Republic of Kazakhstan is making vigorous efforts to draw the attention of international organizations, donors, foreign embassies and companies to the problems of the public health system in the country and to raise funds for implementing the relevant programmes. During 1999–2000, about a million US dollars were raised to supplement the public health budget.

Today, Kazakhstan is drawing up a medium-term *Mother and Child Health Protection* comprehensive programme for 2001–2005 which takes into account the specific economic, demographic, health, environmental and other features of the country’s various regions.

At the same time, parental neglect and the lack of accessible sports and recreation facilities where children and teenagers could usefully spend their spare time lead to vagabondism, alcoholism (19 percent of children in the 12 to 14 years aged group and 40 percent in the 15 to 18 age group have tried alcohol) and drug addiction. Over the past three years, the number of children with drug

abuse history has grown four-fold. Some of these young addicts come from otherwise quite normal and well-to-do families.

The declining number of health workers, deteriorating facilities and equipment, and rising incidence of most diseases are a matter of serious concern. As a result of the optimisation of the out-patient pediatric clinics network, health care has become less accessible for children in the Republic's regions. The guaranteed established range of health care services must be provided for all children, but parents often have to pay for the medical services rendered to their children.

Infant mortality

The infant mortality rate in the Republic tends to decline. In 1993, the infant mortality rate was 28.0 per 1,000 newborns; in 1996, 25.4; in 1999, 21.2, i.e. it decreased by a factor of 1.3.

Yet, according to the 1999 Medico-Demographic Studies Programme (MDSP) where data was collected on the basis of international criteria of live and births, infant and child mortality, the infant mortality rate for the 1994–1999 period was 62 per 1,000 births. The neonatal and postneonatal mortality rates were 34 and 28 per 1,000, respectively. The child mortality rate in the 1 to 5 year age group was much lower – 10 per 1,000. On the whole, the mortality rate for children up to five years of age was 71 per 1,000 over that period.

Perinatal (from 0 to 6 days) pathology has been the main cause of infant mortality in the Republic, followed by respiratory disorders, congenital developmental defects and infectious-parasitic diseases.

In the past few years, infant mortality in the under-one-year age category caused by certain pathologies in the perinatal period rose from 29.1 percent to 39.6 percent; this is an alarming sign of the deterioration of reproductive-age women's health and of family outpatient clinics' failure to

provide them with proper preventive care and treatment, to arrange early supervision of expectant mothers or to take antenatal foetus protection measures.

Respiratory disorders are the second greatest cause of infant mortality in the Republic.

Congenital developmental defects the incidence of which has also increased from 13.3 to 15.6 percent come third. Their incidence has risen practically in all regions. The standards of prenatal diagnosing, including ultrasonic examination, are low, the work of medical-genetic consulting centres leaves much to be desired. No research is being done on the impact of unfavourable environmental factors, the care of expectant mothers with serious extragenital pathologies and with complicated obstetric histories is inadequate.

Infectious-parasitic diseases rank fourth as a cause of infant mortality – 8.8 percent (10.4 in 1998). The number of child deaths caused by acute intestinal infections has decreased. These changes for the better can be explained by the introduction of the WHO international programmes.

Accidents and poisonings are the fifth largest cause of infant deaths, which has increased from 3.1 to 5.0 percent of the total.

Child mortality in the 1 to 5 years age group has been decreasing steadily over the past few years. Nevertheless, urgent measures should be taken in order to further reduce mortality among children over one year of age.

Maternal mortality

The trend of women's health deterioration persists in Kazakhstan. The women's health index is 30 percent; in some regions it is 20 percent or even lower. More than half of pregnant women suffer from anemia in Kazakhstan. The level of pregnancy and birth complications is high – up to 60 percent. This is due to many factors, such as environmental pollution, socio-economic difficulties, reduced access to first and specialized medical aid, inadequate health awareness of the people and

their neglect of their own and their children's health status . It is common knowledge that children's health status directly depends on their mothers' health.

Under the *Labour Act* of the Republic of Kazakhstan, women are granted a paid maternity leave.

A woman is free to have a less than 12-week pregnancy terminated in a specialized clinic if she so wishes; a more advanced pregnancy may be terminated if childbirth is contraindicated. The National Plan of Action provides for drawing up a draft law *On the Human Rights Related to Reproduction and Guarantees of Their Exercise*.

The level of maternal mortality remains high. Over the past decade it has fluctuated between 62.8 and 77.5 per 100,000 live births.

In 1999, maternal death was caused mainly by abortions (25.0 percent); vaginal hemorrhage, 23.4 percent; and other factors, 19.8 percent.

Problems of family planning, prenatal aid, safe birth and obstetric care are now being dealt with as part of the effort to guarantee safe motherhood.

There are 708 women's consultation centres and obstetric-gynecological inspection rooms, about 200 maternity homes and departments, more than 30 wards for sick newborns and for the nursing of prematurely born babies, eight perinatal and neonatal centres with reanimation and intensive care departments. Maternity homes have postnatal wards where mothers can stay together with their newborn babies.

The non-governmental organization *Kazakhstan Medical and Educational Association* held, with international organizations' support, workshops on reproductive health, family planning, safe behaviour and sex education of young people, children and teenagers in all regions of the Republic. The workshops were attended by over 2,000 medical doctors, teachers and youth leaders.

Medico-social surveys of reproductive behaviour and health status of the population have been conducted in the regions. The Government's policy is aimed at promoting family planning and reproductive health protection.

In the past decade, the number of abortions has tended to decrease; unfortunately, however, abortions remain the most common method of birth control.

According to the MDSP-99, 52 percent of pregnancies in the Republic ended in live births, and 48 percent, in induced abortions, miscarriages or still births. Induced abortions accounted for 37 percent of all the unfavourable pregnancy terminations.

Over the past decade, the number of reproductive-age women using contraceptives (endometrial coils, oral contraceptives, barrier methods) has increased by 30 percent.

Within the framework of the UNFPA's Country Programme of technical assistance to Kazakhstan, UNFPA developed and implemented eight projects in close cooperation with the Government, non-governmental organizations and international agencies and organizations. Throughout that period, the UNFPA rendered a USD five million worth of technical aid to Kazakhstan.

The Republic is broadly promoting breast feeding and the *Child-Friendly Hospitals* initiatives. By now, this honorary title has been conferred on eight maternity homes and one pediatric clinic, and another five hospitals have been prepared for certification. Programmes to promote breast feeding of babies up to six months of age have been developed in the regions.

According to the MDSP-99, breast feeding is an almost universal method in Kazakhstan: 95 percent of the babies born in five years preceding the MDSP had been breast-fed. 47 percent of the 0–3 months old babies had been exclusively breast-fed. Among babies aged 4 to 7 months, the breast feeding rate grew from 3 percent in 1995 to 10 percent in 1999.

The practice of perinatal foetus examination is becoming more common. Medical-genetic examination rooms have been opened. However, further development of these services and raising their efficiency is hindered by limited financing and lack of the necessary equipment.

Infectious disease incidence

95 percent of the babies under one year have been inoculated against whooping cough, tetanus, diphtheria, tuberculosis, poliomyelitis, and 95 percent of children under two years of age, against measles.

The Republic of Kazakhstan is the first CIS member-state to introduce and carry out the vaccination of all the newborns against viral hepatitis B. Since 1999, children under 5 have been vaccinated against viral hepatitis A. As a result, the incidence of these infectious diseases has been stabilized.

Notable progress has been made in reducing the incidence of vaccine-controllable infections. For example, the incidence of diphtheria has been reduced to one-sixtieth; epidemic parotitis, by 45 percent; measles, by 25.1 percent; whooping cough, by 13.8 percent.

The Mother and Child Health Protection project is being implemented with UNICEF's technical and financial support. The project includes: combating diarrheal and respiratory infections; an integrated action to control infantile disorders in three pilot regions –Almaty, Eastern Kazakhstan and Karaganda); maternal and child health protection in the perinatal period; and combating anemia.

Intestinal infections are still caused mainly by the shortage of safe drinking-water, and continued marketing of inferior food.

On the whole, water supplied from centralized sources was available to 75.1 percent of the Republic's population (as against 75,3 percent in 1998), and the share of population using water dispensed from tank trailers has somewhat decreased – 3.8 percent in 1999 as against 4.4 percent in 1998.

According to the MDSP-99, only 59 percent of the households had running water, and 30 percent drew their water from open sources. In urban areas, 90 percent of the households have running water as against 35 percent in the rural areas. Open water sources are predominant in the countryside (59 percent), with only five percent of rural households using water from tank trailers.

Sewerage systems are available to 55 percent of the Republic's population.

According to the MDSP, most households had pit latrines, and 47 percent, flush toilets, with 81 percent of urban households having flush toilets as against 5 percent in the rural areas.

The incidence of tuberculosis keeps growing – in 1999 the TB morbidity index amounted to 141.0 per 100,000 of the population.

Children's and adolescents' exposure to TB infection is as high as adults'. The number of TB cases among children and adolescents is growing. In 1994, TB incidence among children was 19.9, and among adolescents, 49.7 per 100,000 of the population; in 1999 it rose to 57.6 and 116.7 percent, respectively.

The number of children and adolescents who contract tuberculosis from pockets of infection is growing. In 1994, out of 12,970 children and 2,313 adolescents who were in contact with TB cases, 78 and 32 fell ill, respectively; and in 1999, out of 19,910 children and 3,694 adolescents who had been in contact with TB cases, 257 and 101, respectively, contracted TB.

Children under 7 account for almost half of all the tuberculosis cases (42.8 percent). In the past few years, the number of children (35) and adolescents (4) who had tuberculous meningitis has increased sharply as compared with 1994 (14 and 1, respectively). The share of destructive forms of pulmonary tuberculosis among children was 4.5 percent in 1999; for the first time, cases of fibrocavernous tuberculosis were recorded among adolescents (8 in 1998 and 4 in 1999).

Beginning from 1999, the tuberculosis treatment method based on the WHO-recommended DOT8 strategy has been used. In 1999, all the identified children (2,459) and adolescents (974) with TB

were treated in this way and the method proved highly effective. In 10 months of 2000, treatment based on the DOT8 strategy was administered to 1,769 children and 971 adolescents.

There is a sufficient network of hospital beds for children and adolescents with TB in the Republic. Because of belated diagnosing, however, even the most thorough anti-tuberculosis therapy proves useless. Whereas in 1994 18 children died of tuberculosis, in 1998 there were 51 fatalities, and in 1999, 39.

The first HIV case in the Republic – a foreign student – was recorded in 1987. All in all, as of November 11, 2000, there were 1,257 HIV-infected adults (25.4 percent of them women drug addicts), 13 children under 15, and 14 persons living with AIDS. Ninety-two HIV cases (28 AIDS patients included) died. There were two children among the fatalities.

According to the MDSP-99, young men and women know little about venereal diseases and their symptoms which is a cause for serious concern considering the potential share of young people in the possible formation of HIV epidemics in Kazakhstan. There is evidence that about 81 percent of women and 42 percent of men did not use condoms during the latest sex contacts with their partners. Such behaviour increases the risk of HIV and other STIs transmission.

At present, the Government is considering the draft resolution *Basic Guidelines for the Government Policy of Response to HIV/AIDS Epidemics in the Republic of Kazakhstan for 2001–2005*.

A decline in the incidence of syphilis – from 231.4 per 100,000 of the population in 1998 to 181.9 in 1999 – has been recorded. Among children under 14, morbidity grew from 0.2 per 100,000 of the population in 1990 to 5.8 in 1996 and to 12.6 in 1999. Among adolescents, syphilis incidence rate increased from 2.8 per 100,000 of the population in 1992 to 179.0 in 1996 and to 92.3 in 1999.

There were 5 cases of congenital syphilis in 1995; 15 in 1996; 206 in 1997; 294 in 1998; and 335 in 1999.

An unfavourable environmental situation in some regions of Kazakhstan has an adverse effect on children's health. In order to reduce it, the following national environmental programmes have been adopted: *Protection of the Population and the Environment from Dioxins and Other Persistent Organic Pollutants; Human Health and the Environment; Introduction of a Uniform Drinking-Water Quality Monitoring System.*

In pursuance of the Government Programme *The Environment and the Health of the Population*, a draft resolution of the Government of the Republic of Kazakhstan *On the Quality and Safety of Food Products* has been prepared. The Government of the Republic of Kazakhstan has approved *The National Plan of Action for Environmental Health.*

Nevertheless, the sanitary and technical condition of most waterworks remains unsatisfactory, many of them require complete rebuilding and some components and facilities need replacement or repairing.

The alarming spread of tuberculosis among children and adolescents is due to a high incidence of TB among adults.

The findings of the epidemiological surveillance of some population groups testify to a high latent incidence of syphilis. The incidence of sexually transmitted diseases remains high, coming second only to flu and acute respiratory diseases.

Young Girls

The current legislation grants girls equal rights with boys with regard to education and health, medical services and in all the other spheres of life. Negative attitudes with regard to girls are not characteristic of the culture of any ethnic groups in Kazakhstan.

There are 2,247,000 girls under 14 and 436,800 girls of 15–17 in Kazakhstan. In these groups, boys slightly outnumber girls – by 91,000.

Besides the section on *Family and Women's Health*, the National Action Plan includes a special section dealing with girls' problems.

The health status of the younger generation is of especial concern. As early as in adolescence, many boys and girls suffer from a wide range of chronic diseases, and by the age of 17, over 60 percent of the girls develop various health problems. Therefore, timely and correct diagnosing and treatment of the girls' reproductive system disorders is a matter of paramount importance. All schools have included in their sixth and seventh forms' curricula an age-specific personal hygiene programme for girls.

The increasing sexual activity of teenagers has engendered a complex of problems, such as unwanted pregnancies and sexually transmitted diseases. An early beginning of sex life and poor knowledge of the methods and means of contraception lead to a rise in the incidence of teenage abortions and births. Teenage abortions account for 10 percent of their total number.

The National Commission, in cooperation with the Bobek Fund, the Education and Science Ministry and UNICEF is developing projects in ethics and gender-related education and preventing violence against girls. Programmes, textbooks and methodological recommendations will be developed and introduced in general education schools.

Violence against children remains a serious problem. Legislation of the Republic of Kazakhstan provides for criminal responsibility for violence against children, girls included. Nevertheless, according to the Ministry for the Interior, every year there are about 2,000 reported cases of rape or attempted rape of young girls.

The National Plan of Action for Security and Protection of Girls from Commercial Exploitation, provides for developing a policy to prevent sexual violence against, trafficking of and pornography involving underage girls.

A review of the main outstanding problems and relevant recommendations.

Impediments to progress

According to the UN Convention on the Rights of the Child (Article 6) every child has the inherent right to life, and the States Parties shall ensure to the maximum extent possible the survival and healthy development of the child (Article 7), every child shall be registered immediately after birth and shall have the right from birth to a name and the right to acquire a nationality.

In Kazakhstan, all the newborn babies weighing less than 1,000 grams, measuring less than 35 cm in length and delivered after a gestation period of less than 28 weeks are still regarded as miscarried. Such babies are registered at the registry office if they have stayed alive for seven days after delivery.

In accordance with the National Action Plan, some regulatory legislative acts have been revised as part of a switch to the WHO live birth criteria.

Problems involved in protecting children's health call for special attention. The number of organizations having children's polyclinics or pediatricists' consultation rooms has decreased. Children's hospitals and maternity homes often lack up-to-date equipment.

Society in general and schools in particular are not yet prepared for integrating handicapped children into ordinary schools. The experience individual regions have gained in this respect should be extended.

In Kazakhstan, a large part of children left without parental care still live in state-run institutions. Little is being done to provide the legislative framework and conditions for rearing children in a family setting, for consolidating the family, supporting families and creating family-type children's homes, for shifting the emphasis of the social policy to investment into the child, and for placing children predominantly in family-type homes.

What hinders the implementation of most child welfare programmes is budget limitations.

Measures planned at the national and international levels

The state policy of protecting the rights and interests of children has been formalized in the Government programmes *Education, People's Health*, and others which specify the targets, priorities and specific plans of the measures and actions to be taken.

The ministries and departments concerned will concentrate on an early attainment of the planned goals and implementation of relevant projects.

Measures will be taken to expedite the adoption of international norms, classifications and criteria by the various departments dealing with the exercise and protection of children's rights.

In order to raise the efficiency of this work it is necessary to pool the efforts of both government agencies and non-governmental organizations concerned and provide conditions to enable the latter to make their contribution to the government programmes.

At the international level, the Republic cooperates in the sphere of maternal and child health protection with UNICEF, WHO, UNFPA, USAID and international non-governmental organizations.

The Government of the Republic of Kazakhstan has signed a programme of cooperation with UNICEF for the period 2000 to 2004 which provides for working out and implementing measures for mother and child survival, development and protection, for the all-round development of the child and for the welfare of young people. Its implementation is to cost USD12 million.

Under UNFPA 2000 Programme of Technical Assistance to Kazakhstan (Eastern Kazakhstan Region and Astana), pilot projects to improve reproductive health services were launched.

Thanks to the technical support from the USAID POLICY Project, a draft reproductive health protection programme has been developed for the Republic of Kazakhstan (computerised family planning modelling for 2000–2001).