FAMILY AND CHILD WELFARE TRENDS IN THE TRANSITION PERIOD IN KYRGYZSTAN

Country Paper
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FAMILY AND CHILD WELFARE TRENDS IN THE TRANSITION PERIOD

Socio-economic situation in the Republic in 1991–1999

The demise of the USSR in 1991 and the opening up of the economies of its former constituent republics have resulted in a production slump, with inter-branch ties breaking up and most of the nation’s previous export products losing their competitiveness. The collapse of traditional markets was stepped up by the break-up of the payment mechanism, the setting up of customs barriers and the introduction of national currencies. For lack of purposeful market-forming effort, production and general living standards began to decline. Following the disintegration of the Union, the CIS member-states went their different paths of development. Kyrgyzstan has opted for the road of real democratic transformations and radical market reforms with a view to changing over from a centralised planned economy to a free market-oriented one which implies a highly efficient self-adjusting information system.


The first period was marked by the onset of market reforms, the drop in basic macroeconomic indices, soaring inflation rates growing over into hyperinflation and a sharp decline in the population's overall standard of living.
Over the period of 1991–1994, the gross domestic product (GDP) shrank almost by 50 per cent; industrial output, by nearly 66 per cent; and farm produce output, by 33 per cent. As a result, the share of the commodity production sector in GDP went down from 67 per cent in 1990 to 62 per cent in 1994. The gross capital accumulations, which had constituted over 23 per cent of GDP in 1990, diminished to a half (12–17 per cent) over 1991–1994. Gross national savings which had constituted 14 per cent of GDP in 1991, plummeted to 6.7 per cent in 1994. By that year, as many as 102,500 jobs, or six per cent of the 1990 employment figure, had been lost. The result was a deterioration of the social situation in the country, which showed specially in the average wage falling short of the minimal consumer budget.

In the meantime, notwithstanding such a substantial deterioration of welfare standards and economic performance indices, the period under review saw the onset of market reforms which laid the institutional, legal and regulating groundwork for sustained economic growth.

The second period was that of coming back to order and of stabilisation. The basic reforms were brought to completion, and the economy was liberalised to the extent of unleashing a vigorous progress of free trade, the services sphere, the financial sector and private enterprise – the vital components and motive forces of a market economy.

Notwithstanding a nominal rise in wages, the people's living standards continued sliding downwards, average wages were short of the consumer budget and the number of households living below the poverty line increased. Despite a seven- and ten-per cent in growth of GDP in 1996 and 1997, respectively, the overall public production level remained over 40 per cent short of the 1990 figure, and the Republic did not even reach the 1980 and 1993 levels. Nevertheless, thanks to its successful fiscal
policy, the Government managed to beat the inflation rate down to 32 per cent in 1996 and further
down to 23 per cent in 1997, consolidate the national currency unit – som and lower the interest rate. It
also managed to strengthen public finance and slash the state budget deficit to five per cent of GDP.

The **third period** was marked by an economic growth slowdown from 1998 to mid-1999 (caused by
the world and Russian financial and economic crisis); in mid-1999, the economy recovered from the
crisis and growth resumed.

Whereas at the beginning of 1998, the economic situation in Kyrgyzstan could be described as a growth
crunch, towards the end of that year it developed into an economic crisis further complicated by
stagnation and production slump. Statistics for early 1999 indicate that the Republic began to pick up
again with the result that by mid-1999 its real GDP increased 2.8 per cent and by the end of that year,
3.7 per cent. In 1999, the share of the industry was over five per cent up on the 1998 level, constituting
21.7 per cent of GDP.

**Family and child welfare**

More than 50 per cent of Kyrgyzstan’s population live below the poverty line. For the first time, the
poverty situation was surveyed by the World Bank in 1993. Within the *Poverty Monitoring*
Component, four surveys of people's living standards were conducted (in the spring and autumn of
1996; in the autumn of 1997 and 1998). The findings of the surveys helped quantify the poverty level in
the Republic and establish the characteristics and causes of poverty.
The per capita cash income (expenditures) compared with the poverty line was used as the poverty level indicator. Preference was given to the cash expenditures, however, as a more credible indicator. The poverty line was taken as a cost value characterising the food consumption level meeting the minimum calorie requirements, with the minimum non-food expenses added.

In 1996, 51.9 per cent of the population were regarded as poor, and 19.1 per cent, as very poor. In 1998, about 55 per cent of the Republic’s population were classified as poor, with those living in extreme poverty constituting 23 per cent of the total. In 1999, the proportion of poor people amounted to 55.3 per cent. An analysis of survey findings over the past few years (1996–1999) reveals not only an increase in the number of the poor, but also the process of the poor getting poorer still. Poverty gap statistics show that in 1999, the shortage of funds for the Republic's poor to get out of poverty grew to almost 19.8 per cent of the general poverty line and that the degree of impoverishment constituted 9.8 per cent.

The spread of poverty over the country is uneven. In the countryside, the poverty level is much higher than in town (62.4 and 42.2 per cent, respectively). This trend has been persisting throughout the period under review. The year 1999, however, saw poverty spreading at a rate much higher than in the previous year, especially in towns. Although the poverty indicators in the countryside were considerably higher than that in town, the poverty growth rate was much lower in the former.

The poverty level depends on the family size. The larger a family, the poorer it is: a poor family has two more members, on the average, than non-poor one (basically, more of children and adults of working age). However, children aged under 14 are chiefly responsible for the difference. Poor families are usually distinguished by a large number of children. Whereas 58 per cent of non-poor families have one
child, and 27 per cent, two children, among the poor families the percentages are as follows: 27 per cent of them have one child; 32 per cent two children, and 40 per cent, three and more children. The average number-of-children coefficient is 2.4 per each poor family and 1.7 per each non-poor family. Families with many children – both poor and non-poor – are found for the most part (1.9 and 2.6, respectively) in the countryside.

Child poverty is in direct proportion to the welfare of their parents’. In 1999, 61.1 per cent of all children under 14 belonged to poor families, the poverty level being the higher the more children in a family. Among families with 8 to 9 children, the poverty level amounted to 92 per cent. In families with many children poverty indices are growing from year to year. In 1999, the incomes of 11.7 per cent of the families with children constituted less than a half the median value of income of all the households with children. A half of all the poor families with children had incomes 50 and more per cent below the poverty line.

Proceeds from the sales of farm produce and cattle and the income in the form of savings effected by the consumption of home-grown food are a substantial addition to family incomes. These supplementary incomes are of special importance for the families residing in the countryside where they account for a third of overall incomes. Whereas in town these incomes, as a rule, serve as additions to the main earnings (constituting about 4 per cent of the total income), in the countryside they are a vital source of livelihood.

Consumer spending analysis reveals a high degree of household stratification. Town-dwellers’ average per capita expenses are 60 to 66 per cent in excess of the country folks’. The distribution of average per capita household expenses according to the place of residence and quintile groups leaves the rural
population, more often than not, in the bottom quintiles with the top quintiles «reserved» for the town-dwellers. In the bottom quintiles, the proportion of large families is much higher, and in the top quintiles families consisting of adults only or adults with one child predominate. Distribution over 20 percentage groups has shown that in each subsequent quintile group the ratio between family expenses and the Republic’s average is growing from one group to the next. Whereas in the first group expenses constituted 31 per cent of the average, in the second and third groups the were 50 and 68 per cent, respectively. In the top quintile, conversely, the expenditures doubled the level.

The spending ratio between the polar groups ranged from one to seven. Such a gap clearly shows in consumer spending on foodstuffs and out-of-home meals (48 times), on consumer durables, utilities bills (11) and health services (18 times).

Nutrition is among top priorities. The smaller the share of food expenses in the consumer spending total, the higher the standard of living of people. The poorest households spend 51 per cent of their budget on nutrition, and non-poor ones, 49 per cent. The share of food expenses depends inversely on household distribution over quintiles. The higher a quintile, the lower share of food expenses.

Both in town and countryside, foodstuffs account for the bulk of consumer spending. A town-dweller spends more on food (55.8 per cent of his family budget) than a rural dweller does (43.3 per cent in 1998). The latter depends heavily on the food he grows on his household plot. With the cost of the latter produce counted in, the correlation of food expenses shares becomes more even (57.5 and 58.5 per cent). Produce grown and consumed by the rural poor saves them a fifth of the money earmarked for consumer spending.
As the share of food expenses in the quintiles is reduced, the absolute value of per capita spending increases the higher the quintile. Whereas in 1999, food expenses in the first quintile averaged 180 soms a month per capita, in the fifth one they amounted to 250 soms.

Poor families are undernourished. The calorie content of a daily diet of those in the bottom income quintile falls 760 kilocalories short of the minimum standard approved by Zogorku Kenesc (2,249 kcal) and half as less as that in the top quintile. The calorie value of children’s diet is 20 per cent, protein intake, 32 per cent, and fat intake, 33 per cent below the minimum requirement. Children aged 4 to 6 years get the least (33 per cent) of the nutrients they need. An analysis of child nutrition data for 1998 using the Z-score method has revealed that seven per cent of the Republic’s children are systematically underfed and suffer from emaciation. Among pre-school children, the 5-, 6- and 1-year age brackets are marked for the largest proportion of those underweight (10.5; 8.9 and 9.6 per cent, respectively). Notably, the percentage of undernourished one-year-olds remained high throughout the four years under survey (1996–1999).

When considering household expenditure patterns, we should note the difference between poor and non-poor families in the share of expenditures on non-food consumer goods and services and the quality of the goods purchased. The expenditures on non-food consumer goods and services depend directly on a family’s income. In each subsequent quintile these expenditures are higher than in the previous one. Whereas in the first two quintile groups the expenditures on the services rendered do not exceed 11 per cent, in the last group these expenses amount to almost a fifth of total consumer spending. Poor families purchase prime necessities, for the most part (clothes, footwear, personal hygiene products, detergents, fuel), pay public transport fares and utilities. Non-poor families spend most of their income on consumer durables, education, recreation and entertainment. In households
with children, the expenditures on food items amounted to 67 per cent in the first quintile and 45.7 per cent in the fifth one, the expenditures on non-food consumer goods, to 24.6 and 44.6 per cent, and on consumer durables, 3.6 and 7.4 per cent of total consumer spending, respectively. One-parent families are in a much harder situation: 73 per cent of them are poor.

The minimum consumer budget, governed by a special law adopted in 1993, is another social indicator of the standard of living. The minimum consumer budget is calculated on the basis of the normative-statistical method whereby the minimum consumer basket is made up of the minimum food basket taking into account dietary restrictions and guaranteeing the minimum necessary calorie content, as well as the expenditures on non-foodstuffs and services, taxes and mandatory payments which make up a certain share of the food basket and correspond to the low-income families’ budgets in the pattern of expenditures. The cost value of the minimum consumer budget is an aggregate cost value of the food basket cost plus the proportionate expenditures on non-foodstuffs, services and taxes. In 1999, the minimum consumer budget constituted 1,097.13 soms per capita per month and 898.40 soms for children aged 1 to 13 years. As compared with 1993, the cost value of the minimum consumer budget grew 12-fold. The incomes of over 90 per cent of the Republic’s population are below the minimum consumer budget.

Social security and welfare programmes are to go a long way toward solving the poverty problem. The Kyrgyz Republic’s Labour and Social Protection Ministry pays out an about 800 million soms’ worth of government pensions, monthly lump-sum allowances (MLA) strictly targeted and other welfare benefits a year. Under a child welfare programmes, large families receive monthly lump-sum allowances and other welfare benefits; gas, electricity and heat are supplied to their homes at minimum cost; grants-in-aid are paid to the needy at the expense of local budgets, and humanitarian aid that arrives in the
Republic is dispensed among them. Today about 10 per cent of the Republic’s population receive monthly lump-sum allowances. Nearly 90 per cent of the MLA recipients reside in the countryside. Among the recipients of welfare benefits, children under 16 predominate (97 per cent), the share of college and high-school students being 2.5 per cent, and that of the disabled, 0.2 per cent. Most of the monthly lump-sum allowances go to children with able-bodied parents.

The Araket national programme was adopted in the Republic in 1998 as part of the anti-poverty campaign. However, it has not been of much help to the poor. In 1999, preparations for launching a medium-term national poverty reduction strategy got underway on the IMF initiative. In the context of the anti-poverty campaign, the problem of state security is closely intertwined with two highly important programme documents the work on which is now nearing completion. They are the National Poverty Reduction Strategy for 2001–2003 now being drawn up with the ADB’s support and the Comprehensive Development Framework for the period of up to 2010 backed by the World Bank. Along with the National Sustainable Human Development Strategy for the period ending in 2015, adopted in 1997, these documents emphasise combating poverty and provide for the administrative and economic facilities towards the achievement of the goals set.

Education

The system of education has always been among the better aspects the Republic inherited from the centralised planned economy. Its advantages include a high enrolment factor and gender equality. Nevertheless, added socio-economic and psychological difficulties many families have come up against as a result of society's transition to market relations threaten to deprive children of equal access to
education and to disrupt the sustainable development of the Republic’s pre-school child-care and basic education system.

Over the period of 1989–1999, the number of pre-school child-care institutions diminished to 25 per cent; of out-of-school educational facilities, to 33 per cent; and extended-day schools have practically ceased to exist. The Republic now has 1,985 general-education schools, which number includes 29 private schools and 19 specialised and full-time boarding schools for handicapped children, with a total enrolment of 1.1 million, which is 172,300 in excess of the academic 1989/90 figure.

At the beginning of the 2000/01 academic year, as many as 28,800 school-age children and adolescents did not go to school, of whom six-year-olds constituted 88 per cent. Besides, 2,500 children were pronounced by medical commissions to be too handicapped, physically or mentally, to receive regular schooling. The main reasons for non-attendance are as follows: parents keeping their six-year-old children away from school on the grounds that it is one year too early for them to attend (43 per cent); material difficulties (6 per cent); broken families (5 per cent); family circumstances such as sick relatives needing bedside care, junior brothers and sisters to be looked after (four per cent). The share of children prevented from attending school by having to work constituted about one per cent (this category includes children upwards of 15 years old).

The enrolment factor showing the proportion of school-going children in each age group is major indicator of access to education. A survey of 3,000 households conducted within the framework of the poverty monitoring project in 1998 has found the primary and incomplete secondary school enrolment factor to be quite high irrespective of the student's family welfare status. Nevertheless, in the 16-year-
old age bracket the enrolment factor declines dramatically overall and begins to vary depending on the family's income level.

<table>
<thead>
<tr>
<th>Age bracket (years)</th>
<th>Welfare status</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very poor</td>
<td>Poor</td>
</tr>
<tr>
<td>7–17</td>
<td>89.2</td>
<td>90.8</td>
</tr>
<tr>
<td>7–10</td>
<td>98.5</td>
<td>98.2</td>
</tr>
<tr>
<td>11–15</td>
<td>94.4</td>
<td>96.1</td>
</tr>
<tr>
<td>16–17</td>
<td>50.2</td>
<td>57.3</td>
</tr>
</tbody>
</table>

Only 63.9 per cent of the 16- and 17-year-olds go to school, on the average, with the percentage amounting to 75.2 for the non-poor families and constituting merely a half for the poor ones.

Although the government has set its sights on universal secondary-school education, general-education services are by no means free of charge and make ever deeper inroads in household budgets. As paid instruction becomes common practice, children from poor families find it ever more difficult to gain access to pre-school education, extracurricular primary and secondary-school classes, extension and foreign language courses. Family expenditures on items like footwear and clothes merit special mention although they appear to have little to do with schooling. Actually, school uniform differs sharply from what one wears at home. As already noted above, financial difficulties are among the chief causes of children staying away from school. School uniform costs money, and poor families simply cannot afford it because they usually have more children than one.
### Annual schooling expenditures according to family welfare status

*(soms and percentages)*

<table>
<thead>
<tr>
<th>Type of expenditures</th>
<th>Welfare status</th>
<th>Total</th>
<th>Student distribution by type of expenditures, percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very poor</td>
<td>Poor</td>
<td>Non-poor</td>
</tr>
<tr>
<td>Tuition fees</td>
<td>4.09</td>
<td>15.58</td>
<td>179.88</td>
</tr>
<tr>
<td>Textbooks, school uniform, coaching</td>
<td>223.23</td>
<td>264.06</td>
<td>373.35</td>
</tr>
<tr>
<td>Gifts to teachers, excursions, classrooms repairs, “school fund”</td>
<td>28.88</td>
<td>42.30</td>
<td>98.53</td>
</tr>
<tr>
<td>Meals, transport, other expenses</td>
<td>14.33</td>
<td>20.53</td>
<td>73.2</td>
</tr>
<tr>
<td>Total</td>
<td>270.53</td>
<td>342.44</td>
<td>724.96</td>
</tr>
<tr>
<td>Share of expenditures on education in household annual spending, per cent</td>
<td>12.9</td>
<td>10.50</td>
<td>6.7</td>
</tr>
</tbody>
</table>

* The share of students who made payments in the total student body.

** Computation of average values was based on the entire student body, irrespective of whether such expenditures were made or not.

Quite a few private schools have appeared in the Republic. Most of them offer higher education, which is due to a number of reasons. First of all, prior to the period of transition enrolment to higher educational establishments was limited, with demand exceeding supply by far, and the private sector was not slow to take advantage of that. Second, the private sector is much quicker to introduce innovations, new subjects, etc. Third, from students’ point of view, education will pay off the earlier the shorter the time gap between graduating a college and getting a job. The skills and knowledge received in a private primary school take a much longer time to pay back than those received in a private higher education establishment.
The number of private schools grew from 19 in 1995 to 29 in 1999, their enrolment increasing 50 per cent over that period to reach 2,500 students (0.2 per cent of the total student body). The number of private schools students has been rather stable over the past four years, and that of private higher educational establishments has grown 80 per cent to amount to 13,200 (eight per cent of the total student body). The higher education system is broadening as numerous new branches and departments of higher educational establishments are added to it.

The current trend shows a reduction in the number of specialised schools and a decline in the handicapped enrolment factor. Whereas in 1992 there were 25 specialised boarding schools in the Republic for handicapped children with a student body of 5,117, by the year 1999 their number had dropped to 19 and the student body to 3,504. Despite the tight financial and economic straits it is in, the public education system is casting about for new flexible ways and means of bringing all forms of education within the young generation’s reach in a market-oriented economy. The Government has earmarked over 10 million soms for the treatment and maintenance of handicapped children in the year 2000. Besides that international organisations are sending in humanitarian aid of food, medicines and clothes worth a total of 427,000 soms to all boarding homes.

At present, preparations are underway for the opening of rehabilitation centres for handicapped children. In the city of Bishkek, there are vocational training centre for handicapped children and the Umut (Hope) handicapped children rehabilitation centre with 52 inmates.

In accordance with the Public Education Law of the Kyrgyz Republic and the Statute of Consumer Contributions to the General Education Institutions of the Kyrgyz Republic, approved by a resolution of the Government of the Kyrgyz Republic, all students from the disadvantaged groups (low-income and
large families, orphans, handicapped children, children in foster families, inmates of orphanages, boarding and specialised schools for children with special needs) are provided with free or cut-price sets of textbooks. A vigorous effort is being made to raise extrabudgetary funds to give targeted aid to children from disadvantaged brackets. The measures taken to keep education services within the reach of such children include providing them with school uniforms, stationery and other articles, and running subsidiary farms to supply them with provisions at the farms’ expense. In some regions of the country, children are offered daily school bus services and meals free of charge.

In 1999, footwear, clothes and stationery were purchased for children from socially vulnerable groups on the funds provided by the Zhetkinchek presidential programme, the Meerim International Charitable Fund, other sponsors and public funds supporting general education schools, and guardianship councils. Within the framework of the Zhetkinchek Access to Education programme backed by the Asian Development Bank, targeted support is given to 21,250 schoolchildren from socially vulnerable brackets, specifically to inmates of children’s homes and boarding schools for orphans.

The demographic situation and child health

As of early 2000, children under five years of age numbered 529,000 (10.9 per cent of the country’s population). As compared with the early 1990s, the number of children in this age group has decreased considerably owing to a decline in the birth rate. The 0 to 14 age bracket has also shrunk appreciably, with only the adolescent group (15 to 17 years) registering a slight increase.
A high birth rate in the mid-1980s and in the early 1990s was largely due to the measures the Government had taken to support large families financially. Following the switchover to a market-oriented economy, childbirth grants were stopped. The overall fertility rate\(^1\) went down from 3.6 in 1990 to 2.6 in 1999. The birth rate decline came chiefly as a result of a decrease in the incidence of fifth and subsequent births in a family. Despite the decline, the existing birth rate is sufficiently high to guarantee demographic stability.

The share of children and adolescents in the total population remains the largest in the regions with high birth rates. The number of children varies considerably with region, nationality and place of residence (town or countryside). The highest birth rate is in Naryn Region (3.6 children per woman), it is slightly lower in the Batken, Dzelal-Abad, Osh and Talass regions (3.1–3.2), much lower in Chuya Region (2.3) and the lowest in Bishkek (1.5). These differences are related to the ethnic composition of the regions’ population. In all the regions except Chuya the indigenous Central Asian nationalities predominate, exceeding the Slav communities by far in terms of birth rates. According to the 1999 census, the fertility rate is as follows: 3.0 for Uzbek and Tajik women; 2.9 for Kyrgyz women; 2.3 for Kazakh women; and 1.7 for Russian women. In urban-type settlements women of all nationalities give

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\(^{1}\) The average number of births per woman.
birth to less children than women residing in the countryside (in towns and countryside births average 1.9 and 3.2 per woman, respectively).

In countries with a high birth rate, infant and child mortality rates are also high, as a rule, the infant mortality rate known to be a basic index of the population's health. As many as 2,000 to 3,000 newborns, or 23 to 30 per 1,000 live births, die of various diseases, poisonings and injuries within months of delivery.

<table>
<thead>
<tr>
<th></th>
<th>1990</th>
<th>1995</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant mortality</td>
<td>30.0</td>
<td>28.1</td>
<td>22.7</td>
</tr>
<tr>
<td>(per 1,000 births)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child mortality</td>
<td>41.3</td>
<td>41.3</td>
<td>35.5</td>
</tr>
<tr>
<td>(per 1,000 births)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal mortality</td>
<td>62.9</td>
<td>44.3</td>
<td>42.3</td>
</tr>
<tr>
<td>(per 1,000 births)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Over the period of 1990-1999, the infant mortality rate went down by almost 25 per cent owing chiefly to a 37 per cent reduction in the number of infant deaths caused by respiratory disorders. It is noteworthy, however, that the national live birth and infant mortality criteria\(^2\) differ from international ones with the result that the national indicators are considerably underrated.

Infant deaths at the age of under one year are caused chiefly by respiratory disorders (about 40 per cent of all lethal cases) and, besides, by diseases and states developing in the perinatal (afterbirth) period (nearly 30 per cent):

\(^2\) \textbf{Child-birth} means the full expulsion or extraction of the fetus from the mother's organism after the pregnancy period of 28 or more weeks (i.e. the fetus not less than 35 cm long and weighing not less than 1000 gr). The \textbf{live-born} children are those who made at least one breath on their own after the separation from the mother's body, as well as children born after a shorter pregnancy period but who lived longer than a seven-day
Over the past decade, the infant mortality rate has been reduced by a mere 14 per cent in the age group of 0–4 years. With infant mortality being the main component of the child mortality rate (60 per cent), there arose the suspicion that the age of some of the dead infants was overstated, but inspections conducted over the past few years have revealed no evidence of that.

Most child deaths occurring in the 0–5 age bracket are caused by respiratory disorders (40 per cent):

(200) period. The **stillborn** baby is the baby which has not made a single breath on its own after the expulsion or extraction from the mother's body.

*3* Per 1000 live births.
Most deaths occurring in the 0–5 age bracket (minus new-born babies) are also caused by respiratory disorders (40 per cent), infectious and parasitogenic diseases (nearly 20 per cent) and, besides, by accidents, poisonings and injuries (over 20 per cent). Consequently, the accident-caused child mortality rate in the 1–4 age bracket is much higher than that among the new-born babies. Children aged 1 to 4 years begin to walk on their own and are often left unattended. Of all the children in that age bracket who died an unnatural death in 1999, 39 per cent drowned; 18 per cent died of accidental poisoning, falls, burns and electric shocks; 12 per cent, of accidental suffocation. Village children meet with fatal accidents twice as frequently as their town counterparts. In the countryside, there are plenty of lakes and rivers but almost no pre-school child-care centres, parents and adult family members are out in the fields for most of the day leaving their small children to their own resources or under the care of their brothers and sisters hardly much older than the children themselves.

A high level of infant and child mortality is largely due to a poor state of mothers’ health. The maternal mortality rate went down from 63 in 1990 to 42 in 1999 per 100,000 live births. About 20 per cent of maternal deaths are caused by ante- and post-partum hemorrhage, and about 50 per cent of births are complicated by anaemia.

**State of health of pregnant and parturient women**

<table>
<thead>
<tr>
<th></th>
<th>1989</th>
<th>1991</th>
<th>1993</th>
<th>1995</th>
<th>1997</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of women who went through full-term gestation period or terminated it pregnancies ended in:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>delivery at term</td>
<td>94,735</td>
<td>98,300</td>
<td>8,987</td>
<td>10,612</td>
<td>93,012</td>
<td>8,802</td>
</tr>
<tr>
<td>premature delivery</td>
<td>3,467</td>
<td>2,838</td>
<td>2,646</td>
<td>3,179</td>
<td>2,250</td>
<td>2,186</td>
</tr>
<tr>
<td>spontaneous or therapeutic abortion</td>
<td>5,378</td>
<td>4,853</td>
<td>4,125</td>
<td>3,926</td>
<td>3,824</td>
<td>3,367</td>
</tr>
<tr>
<td>pregnancies complicated by, per cent:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>anaemia</td>
<td>20.4</td>
<td>29.4</td>
<td>35.0</td>
<td>49.3</td>
<td>55.4</td>
<td>56.6</td>
</tr>
<tr>
<td>circulatory system disorders</td>
<td>1.1</td>
<td>1.4</td>
<td>1.2</td>
<td>1.5</td>
<td>1.6</td>
<td>1.4</td>
</tr>
<tr>
<td>diabetes mellitus</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0.02</td>
<td>0.01</td>
<td>0.02</td>
</tr>
<tr>
<td>late toxicosis</td>
<td>5.6</td>
<td>5.5</td>
<td>5.5</td>
<td>4.9</td>
<td>5.2</td>
<td>5.6</td>
</tr>
<tr>
<td>urogenital diseases</td>
<td>2.0</td>
<td>3.5</td>
<td>7.0</td>
<td>8.5</td>
<td>10.6</td>
<td>13.2</td>
</tr>
<tr>
<td>venous complications of pregnancy</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1.5</td>
<td>2.0</td>
<td>2.5</td>
</tr>
</tbody>
</table>
The high infant and child mortality rate has a negative effect on the life expectancy at birth index. This index tended downwards from year to year (from 68.5 years in 1990 to 66 in 1995), and it was only in 1996 that it showed a slight rise (67 years in 1999). In the Republic, this index is six to seven years lower than Europe’s average.

Men’s life expectancy (63 years) is eight years shorter than women’s (71) owing to a mortality rate difference between the sexes: among men, the mortality rate is 50 per cent higher than that among women. Fifteen per cent of the men and eight per cent of the women do not live to be 45, to be 60 – 33 and 18 per cent, respectively. Among the adolescents, the difference between these indices is not as striking: five per cent of the boys and four per cent of the girls do not live to be 15. Most adolescent deaths are caused by accidents, poisonings and injuries, with suicides accounting for 25 per cent of the fatalities. The suicide rate among young men has gone up 30 per cent over the past five years.

There are 976,500 families in Kyrgyzstan, of which 793,100 (81 per cent) have children under 18 years of age. Of this number, families with one child constituted 29 per cent; with two, 30 per cent; with three, 22 per cent; with four, 12 per cent; with five and more children, 7 per cent. Almost all children and adolescents (12,013,000 or 98 per cent of the total number of the people under 18) live in two- or one-parent families, of whom 148,000 children (7 per cent of all the children and adolescents living in families), have only one parent. The children and adolescents living away from their families and in one-parent families are facing serious risks to their development and material well-being.

Families with one married couple are most typical for both town and countryside and constitute 53 to 60 per cent of all families with children:
<table>
<thead>
<tr>
<th>Type of family</th>
<th>Total</th>
<th>Town</th>
<th>Country-side</th>
</tr>
</thead>
<tbody>
<tr>
<td>All families having children aged under 18, per cent,(^4)</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>of these:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>one married couple with children</td>
<td>57,6</td>
<td>52,9</td>
<td>60,1</td>
</tr>
<tr>
<td>one married couple with children, living together with (or without) one of the spouses’ parents and with other relatives</td>
<td>18,0</td>
<td>19,0</td>
<td>17,5</td>
</tr>
<tr>
<td>two or more married couples with children, living together with (or without) one of the spouses’ parents and with (or without) other relatives</td>
<td>9,9</td>
<td>6,1</td>
<td>11,9</td>
</tr>
<tr>
<td>mother (father) with children</td>
<td>8,7</td>
<td>13,0</td>
<td>6,4</td>
</tr>
<tr>
<td>mother (father) with children and with one of her (his) parents</td>
<td>1,7</td>
<td>2,5</td>
<td>1,3</td>
</tr>
<tr>
<td>other families</td>
<td>4.1</td>
<td>6,5</td>
<td>2,8</td>
</tr>
</tbody>
</table>

One-parent families result from divorces and extramarital births. One-parent families are more common in towns (15.5 per cent) than in the countryside (7.7 per cent). An increase in the extramarital birth rate (from 13 per cent in 1990 to 29 per cent in 1999) is worthy of note. It should be taken into account, however, that Muslim-law marriages, arranged without a civil registration procedure or formally registered only in the event of childbirth or on some other occasion have become common of late. Therefore, some children born out of wedlock have, in fact, both parents, but 66 per cent of such children are registered by a joint application of the parents, and 33 per cent, by their mothers’ application only; more likely than not, these children will be raised in fatherless families.

Over the past few years there has been a marked rise in births by women of pre-marriage age (15 to 17 years) which is due to a decline in moral standards, on the one hand, and to the general ignorance about
modern birth control methods and family planning, on the other. In 1990, the number of births in this age bracket constituted 4.4 per 1,000, and in 1999, as many as 8.0 per 1,000. About 60 per cent of the babies born by very young mothers are registered on a joint application of the parents, and about 40 per cent on the mothers’ applications only. Mothers as young as that are not always able to give their babies adequate care and upbringing.

The incidence among children of contagious diseases such as tuberculosis, diphtheria and pediculosis has increased notably over the past decade, and the outbreaks of measles were recorded in 1993 and 1998.

**Incidence of individual contagious diseases in the 0-14 age bracket**

*(cases)*

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis</td>
<td>21,513</td>
<td>20,968</td>
<td>16,891</td>
<td>13,170</td>
<td>16,395</td>
<td>14,142</td>
<td>14,869</td>
<td>8,124</td>
<td>21,730</td>
<td>10,845</td>
<td>4,535</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>10</td>
<td>3</td>
<td>129</td>
<td>223</td>
<td>114</td>
<td>111</td>
<td>49</td>
<td>35</td>
</tr>
<tr>
<td>Measles</td>
<td>39</td>
<td>546</td>
<td>726</td>
<td>723</td>
<td>2,318</td>
<td>107</td>
<td>8</td>
<td>50</td>
<td>318</td>
<td>1,366</td>
<td>284</td>
</tr>
<tr>
<td>Whooping Cough</td>
<td>177</td>
<td>233</td>
<td>182</td>
<td>366</td>
<td>297</td>
<td>153</td>
<td>105</td>
<td>173</td>
<td>95</td>
<td>129</td>
<td>46</td>
</tr>
<tr>
<td>Pediculosis</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>2589</td>
<td>2478</td>
<td>3802</td>
<td>2377</td>
<td>2080</td>
<td>2191</td>
</tr>
</tbody>
</table>

The tuberculosis morbidity rate among children was rising amid a general spread of this disease in the Republic, although the year 1999 saw a slight decline in the occurrence of child TB. The spread of sexually communicated diseases arouses special concern. The incidence of syphilis, for example, in

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4 According to the data of the First national population census of 1999.
the 0–14 age bracket in 1999 amounted to 120 as against zero in 1990. Congenital syphilis cases have also been registered in the Republic.

The spread among children of such «social» diseases as pediculosis and scabies is a manifestation of a decline in the standard of living – in the «Soviet» epoch such diseases were extremely rare.

The problem of iron-deficiency anaemia among pregnant women, lactating mothers and children under 5 remains acute. The incidence of this pathology remains high among pregnant women in the southern and mountainous regions of the Republic. Over 60 per cent of children under 5 and 80 per cent of lactating mothers and pregnant women suffer from iron-deficiency anaemia. The roots of child morbidity are to be sought basically in the composition of children’s diet.

Considering the economic difficulties the public health system is beset with, the Government of the Kyrgyz Republic and the Ministry of Public Health are seeking to supplement budgetary financing with international investments aimed at improving child health. In particular, an 18 million loan given by the World Bank helped the Republic to implement, in 1996–2000, the Public Health – 1 programme aimed at reforming the public health system – the primary health care service, in particular. Today, work is under way to enlist the World Bank’s support in funding the Public Health – 2 programme, which also provides for reforming the Republic’s public health system. Primary health care is offered children by groups of family doctors whose number has exceeded 800.

A campaign to provide compulsory medical insurance for the Republic’s child- and delivery-care institutions is to be launched in 2001. Budgetary financing has been supplemented with funds for compulsory medical insurance which will make it possible to extend the guaranteed range of medical
services available at these institutions. Before the year 2000 is out, it is planned to extend the compulsory medical insurance system to the handicapped children and recipients of welfare allowances. Besides, foreign investments will be invited in 2000 with a view to raising the standard of services offered at child and delivery-care institutions.

As part of the effort to reduce child morbidity and mortality rates in the Republic, a package of programmes have been implemented since 1995 jointly with UNICEF aimed at introducing affordable and highly efficient methods of treatment requiring neither sophisticated equipment, nor heavy expenses.

These programmes are as follows:

- Control of respiratory diseases and diarrhea among children aged under five.
- Encouragement of and support for breast feeding.
- Preventing iodine- and iron-deficiency states.

Modern methods of treatment and diagnosis, such as integrated therapy of infantile disorders, are being developed in accordance with the currently implemented WHO-recommended programmes aimed at introducing more efficient and less costly procedures and techniques into pediatry. The emphasis is on the integrated therapy of five diseases chiefly responsible for a high child mortality rate: acute respiratory disorders, diarrhea, measles, nutritional disorders and infections. A rehabilitation centre for children suffering from bronchial-pulmonary and cardiac pathologies is being built by the Meerim international fund on the shore of lake Issyk-Kul. Tuberculosis cases are treated using the DOTS method – a short-term course of controlled TB chemotherapy which includes modernisation of early TB diagnosis, introduction of modern TB treatment techniques (standard short-term schemes),
development of a treatment process registration and monitoring system. A new Joal-Cohen delivery method which provides for the demedicalization of child delivery – i.e. no active interference in and correction of the parturition process – is being introduced. Ten WHO-recommended breast feeding principles have been put into practice in all the maternity homes of the Republic. As a result, up to 88 per cent of babies aged under four months are now being breast-fed. Two maternity homes have qualified for the Baby-Friendly rating – i.e. an international certificate.

The Iodine-Deficiency Disease Prevention Law of the Kyrgyz Republic, adopted earlier this year, provides for a system of government measures to prevent iodine-deficiency conditions. Massive campaigns to reduce iodine deficiency are being carried out: this year alone, such campaigns have been conducted in Dzhelal-Abad Region, with iodised oil purchased by UNICEF in Germany dispensed among all children.

The Government of the Kyrgyz Republic has approved a programme of action against venereal diseases, including HIV/AIDS, which provides for rendering victims – under-age ones in particular – medical attention and conducting explanatory work among the population. The AIDS association has been set up in the Republic complete with a nation-wide network of local branches for the purpose of co-ordinating the efforts of government agencies and public organisations to prevent AIDS and other sexually transmitted diseases. Within the framework of the UNDP Programme for Preventing AIDS and Sexually Transmitted Diseases in the Kyrgyz Republic, signed by the Government of the Kyrgyz Republic, UNDP, the Ministry of Public Health and the Ministry of Education, Science and Culture of the Kyrgyz Republic, a series of school programmes to promote a healthy way of life has been drawn up with emphasis on matters related to HIV/AIDS and VD prevention and family planning.
**Children in public care**

The Republic’s Ministry of Education, Science and Culture is in charge of 37 child-care institutions intended for orphans, abandoned and handicapped children. Financing such institutions is high on the list of government priorities. In 1999, the Ministry of Education, Science and Culture of the Kyrgyz Republic received 84.5 per cent of its overall budget expenditures; while the orphanage and specialised boarding school aid programmes have been funded 98.2 and 98.8 per cent, respectively.

Over the period of 1990–1999, the total number of children transferred from institutionalised to foster care grew 28 per cent and now constitutes 15,400. The number of child-care institutions inmates aged 0–4 diminished slightly, constituting 229 in 1999 as against 244 in 1989. The share of fostered children dropped from 96.3 to 90.8 per cent of the total number of children in public care, which points to an inadequate use of more progressive forms of child upbringing.

Adoption is the best way for a child in institutional care to be properly brought up. Despite an overall decline in the standard of living in the Republic, the total number of adoptions increased almost by 33 per cent in the mid-1990s compared to 1990, and now exceeds the 1990 level almost 6 per cent, a previous downward trend notwithstanding. Only a few Kyrgyz orphans were adopted by foreign families – 12 in 1996, 3 in 1997 and 8 in 1999. Over the first half of the decade under review the inflow of new arrivals in child-care institutions grew more rapidly than the number of those who left them, and the relevant statistics for the second half of the decade showed cyclic fluctuations in these indicators.
Inmate inflow and outflow statistics

(persons)

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</tr>
</thead>
<tbody>
<tr>
<td>Inmate inflow to children’s homes, boarding schools for orphans and children left without parental care</td>
<td>127</td>
<td>143</td>
<td>218</td>
<td>236</td>
<td>227</td>
<td>241</td>
<td>323</td>
<td>226</td>
<td>428</td>
<td>217</td>
</tr>
<tr>
<td>Inmate outflow</td>
<td>219</td>
<td>237</td>
<td>181</td>
<td>195</td>
<td>135</td>
<td>167</td>
<td>184</td>
<td>276</td>
<td>189</td>
<td>149</td>
</tr>
</tbody>
</table>

The pattern of inmates’ outflow from children’s homes and boarding schools was as follows

Inmates left for:

(percentage)

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</tr>
</thead>
<tbody>
<tr>
<td>specialised secondary schools, higher educational establishments</td>
<td>4.6</td>
<td>3.8</td>
<td>–</td>
<td>1.6</td>
<td>3.0</td>
<td>3.6</td>
<td>10.3</td>
<td>3.6</td>
<td>1.1</td>
<td>8.0</td>
</tr>
<tr>
<td>vocational and technical schools</td>
<td>24.7</td>
<td>41.8</td>
<td>33.2</td>
<td>20.5</td>
<td>28.9</td>
<td>28.1</td>
<td>31.5</td>
<td>9.1</td>
<td>29.6</td>
<td>29.5</td>
</tr>
<tr>
<td>specialised and technical vocational schools</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>2.6</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>0.7</td>
<td>4.8</td>
<td>0.7</td>
</tr>
<tr>
<td>places of employment</td>
<td>3.6</td>
<td>7.6</td>
<td>6.1</td>
<td>10.3</td>
<td>12.6</td>
<td>2.4</td>
<td>4.9</td>
<td>6.5</td>
<td>9.5</td>
<td>2.7</td>
</tr>
<tr>
<td>other children’s homes and boarding schools</td>
<td>26.0</td>
<td>22.4</td>
<td>20.4</td>
<td>33.3</td>
<td>41.5</td>
<td>21.0</td>
<td>32.1</td>
<td>65.6</td>
<td>33.9</td>
<td>27.5</td>
</tr>
<tr>
<td>foster families</td>
<td>3.6</td>
<td>2.5</td>
<td>7.7</td>
<td>1.0</td>
<td>1.5</td>
<td>1.8</td>
<td>2.2</td>
<td>2.2</td>
<td>2.1</td>
<td>5.4</td>
</tr>
<tr>
<td>adoptive families</td>
<td>3.2</td>
<td>2.5</td>
<td>0.6</td>
<td>5.1</td>
<td>5.9</td>
<td>5.4</td>
<td>–</td>
<td>3.3</td>
<td>3.7</td>
<td>4.0</td>
</tr>
<tr>
<td>natural parents</td>
<td>21.5</td>
<td>13.5</td>
<td>20.4</td>
<td>17.9</td>
<td>4.4</td>
<td>34.7</td>
<td>14.1</td>
<td>7.6</td>
<td>15.3</td>
<td>14.1</td>
</tr>
<tr>
<td>other destinations</td>
<td>12.8</td>
<td>5.9</td>
<td>11.6</td>
<td>7.7</td>
<td>2.2</td>
<td>3.0</td>
<td>4.9</td>
<td>1.4</td>
<td>–</td>
<td>8.1</td>
</tr>
</tbody>
</table>
Most of the leavers move to other children's homes and boarding schools or enter vocational and technical schools. The number of cases of inmates coming back home to their parents has diminished somewhat, no cardinal changes have been registered in guardianship and adoption statistics. In 1997–1998, some orphanage and boarding-school inmates – problem children mostly – were transferred to specialised vocational and technical schools.

In 1996, five children’s homes and 14 specialised boarding schools with over 3,000 inmates among them were put on the Republic’s budget with a view to guaranteeing their timely and full financing. At present, 54 institutions of this type are being financed from the Republic’s budget. Moreover, Republican budget allocations have been made for the arrangement of orphans’ summer holidays (2,000,000 soms); for publishing new-generation textbooks (4,000,000 soms); for the implementation of the 21st Century Workforce programme (3,000,000 soms). The Public Education Fund under the President of the Kyrgyz Republic has been allocated 25,000,000 soms for providing access to education for and giving support to children from the most socially vulnerable brackets of the population.

The law of the Kyrgyz Republic on protecting and safeguarding the rights of minors provides that the disabled and handicapped children shall, for the purpose of their social development and rehabilitation, have the right to receive general education and vocational training adequate to their physical condition and abilities so that they could do whatever work is within their powers. In 1999, Bishkek’s home for 90 handicapped children was expanded with a day-care centre for ten disabled children, whose construction cost $33,000, and the building of a rehabilitation centre for disabled children capable to accommodate 20 inmates (estimated cost of which is $83,000) was started – all at the expense of the Save the Children international organisation based in Denmark.
The State Migration and Demography Agency under the Government of the Kyrgyz Republic (set up in 1999) carries out the procedure for registration and granting of refugee status to persons arriving from CIS trouble spots. As of now, refugee status has been granted to 5,346 persons aged under 16. In accordance with the law of the Kyrgyz Republic, the refugee children shall enjoy equal rights with the children of Kyrgyzstan to education, medical attention and the protection of their rights. Six Sunday schools for the children of Afghan refugees, with instruction provided in their mother tongue, have been opened in Kyrgyzstan with the financial support of the local office of the UNHCR. At the beginning of the academic year, stationery, clothes and footwear were issued to them free of charge.

The Government of the Kyrgyz Republic is drawing up, jointly with UNICEF, public organisations and associations, the New Generation national programme laying down the strategy for a more effective implementation of the Convention on the Rights of the Child. Priority will be given to improving the position of the most vulnerable groups. One of the “risk” groups is made up of the so-called problem children.

Against the background of an overall rise in crime caused by the worsening of the economic situation and social and political liberalisation, juvenile delinquency is also assuming menacing proportions. The curtailment of educational and employment opportunities are major factors in boosting youth crime. The recorded juvenile crime rate over the decade under review reached its peak in 1992 (479 crimes per 100,000 population aged 14–17, or 50 per cent the 1989 figure), and it was only in 1998 that it fell below the 1989 level. The nature of crime has changed. The share of robberies in the property crime category, which accounts for over 66 per cent of criminal offences, has increased; the number of minors found guilty of crimes related to drug abuse and trafficking has grown. The share of violent crimes
committed by minors is on the rise: the number of premeditated murders has tripled, and cases of infliction of grave bodily injury doubled over the past decade.

Access to statistics on penalty awarding and serving is restricted. Judging by the available data, however, the number of minors serving terms at correctional institutions has been going down, and many of them have been released on parole over the past five years.

In the course of Waif, Adolescent and other juvenile crime prevention campaigns, children from vulnerable brackets, in particular, those working as street vendors or market place helps are sent to minor temporary shelters for identification and the establishment of their parents' addresses.

Depending on the circumstances, children and adolescents are returned to their parents, put up in child-care or medical institutions.
Appendix

Basic indicators for family and child welfare monitoring

1. GDP
2. Inflation rate
3. Real wages
4. Unemployment level
5. State budget deficit (surplus)
6. Total population
7. Numerical strength of individual population age groups
8. General fertility factor (for various nationalities, regions, town and countryside)
9. Share of births per women of 20
10. Share of extramarital births
11. Average age of primapara mothers
12. Share of extramarital births by mothers aged 20
13. Share of underweight new-borns
14. Abortion rate
15. Infant mortality
16. Child mortality
17. Maternal mortality
18. Female life expectancy at birth
19. Male life expectancy at birth
20. Crude marriage rate
21. Crude divorce rate
22. Share of children in poor families (by region, town and countryside)
23. Share of underfed children (by sex, region, town and countryside)
24. Access to safe drinking water
25. Access to adequate health facilities
26. Dynamics and structure of state budget allocations to child care institutions
27. STD incidence (by various age brackets)
28. Pre-school enrolment factor
29. Basic education enrolment factor
30. General education enrolment factor
31. Number of children’s home inmates
32. Recorded minor crime level
33. Minor conviction rate