



MICS

**KYRGYZ REPUBLIC  
MULTIPLE INDICATOR CLUSTER SURVEY  
2018**

**Snapshots of Key Findings**

**May, 2019**



**USAID**  
OT AMEPKHAHCKOFO HAPODA



**unicef**   
for every child

# KYRGYZ REPUBLIC MULTIPLE INDICATOR CLUSTER SURVEY 2018

## *Snapshots of Key Findings*

May, 2019



The Kyrgyzstan Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Statistical Committee of Kyrgyz Republic as part of the Global MICS Programme. Technical support was provided by the United Nations Children's Fund (UNICEF), with government funding and financial support of UNICEF, USAID and UNFPA.

The Global MICS Programme was developed by UNICEF in the 1990s as an international multi-purpose household survey programme to support countries in collecting internationally comparable data on a wide range of indicators on the situation of children and women. MICS surveys measure key indicators that allow countries to generate data for use in policies, programmes, and national development plans, and to monitor progress towards the Sustainable Development Goals (SDGs) and other internationally agreed upon commitments.

The objective of the MICS Survey Findings Report is to facilitate the timely dissemination and use of results from the 2018 Kyrgyzstan MICS. The report contains detailed information on the survey methodology, and all standard MICS tables. The report is accompanied by a series of Statistical Snapshots of the main findings of the survey consolidated in this publication.

For more information on the Global MICS Programme, please go to [mics.unicef.org](http://mics.unicef.org)

---

**Suggested citation:**

*National Statistical Committee of the Kyrgyz Republic and UNICEF. 2018 Kyrgyzstan Multiple Indicator Cluster Survey, Snapshots of Key Findings. Bishkek, Kyrgyzstan: National Statistical Committee of the Kyrgyz Republic and UNICEF. 2019, Kyrgyzstan*

This material may be reprinted, quoted or otherwise reproduced, providing that the source is properly acknowledged.

**National Statistical Committee of the Kyrgyz Republic**

374, Frunze str., Bishkek, 720033

Tel.: (+996 312) 625747, 324635

Fax.: (+996 312) 660138

Internet: [www.stat.kg](http://www.stat.kg)

**United Nations Children's Fund (UNICEF) in the Kyrgyz Republic**

160, Chui prs., Bishkek, 720040

Tel.: (+996 312) 611224, 611227

Fax.: (+996 312) 611191

Internet: [www.unicef.org](http://www.unicef.org)

## Table of Contents

Sample and survey characteristics	4
Child Mortality	7
Fertility and Family Planning	9
Maternal and Newborn Health	13
HIV	17
Tuberculosis	19
Child Health & Care of Illness	21
Infant & Young Child Feeding (IYCF)	24
Nutritional Status of Children	26
Early Childhood Development	28
Early Grade Learning & Parental Involvement	30
Education	33
Birth Registration	37
Child Discipline	39
Child Labour	41
Child Marriage	43
Safety & Security	45
Mass Media, Communications & Internet	47
Drinking Water, Sanitation & Hygiene - WASH	51
Household Energy Use	56
Migration and Children's Living Arrangements	58
Social transfers	61
Adolescents	64
Gender Equality	68

# Kyrgyzstan

## 2018

### Sample and Survey Characteristics

MICS

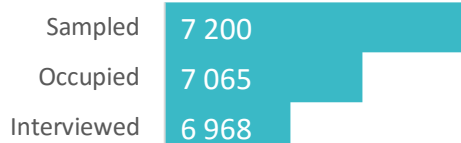
Multiple Indicator  
Cluster Surveys

#### Response Rates

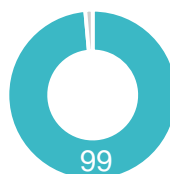


#### Household

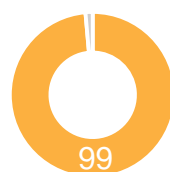
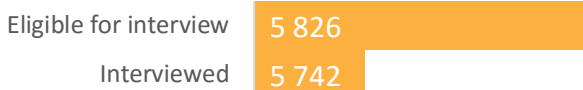
#### Number



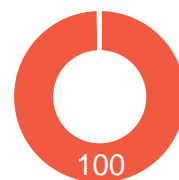
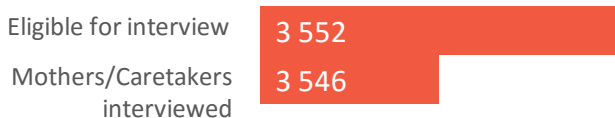
#### Response rates



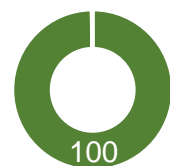
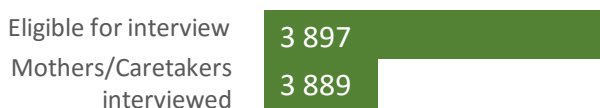
#### Women age 15-49



#### Children under 5



#### Children age 5-17



#### Survey Implementation

**Implementing agency:**  
National Statistics Committee

**Sampling frame:**  
2009 Census of Population

**Listing & mapping:**  
May-July 2018

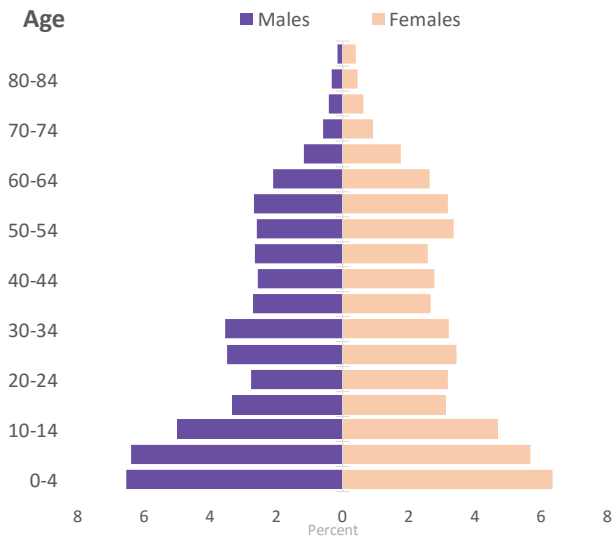
**Interviewer training:**  
August 2018

**Fieldwork:**  
September-November 2018

**Questionnaires:**  
Household  
Women age 15-49  
Children under 5  
Children age 5-17  
Form for Vaccination Records

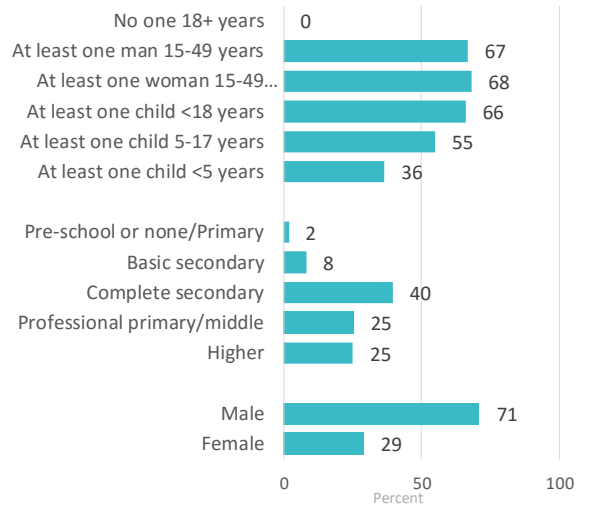
# Population Characteristics

## Household Population Age & Sex Distribution



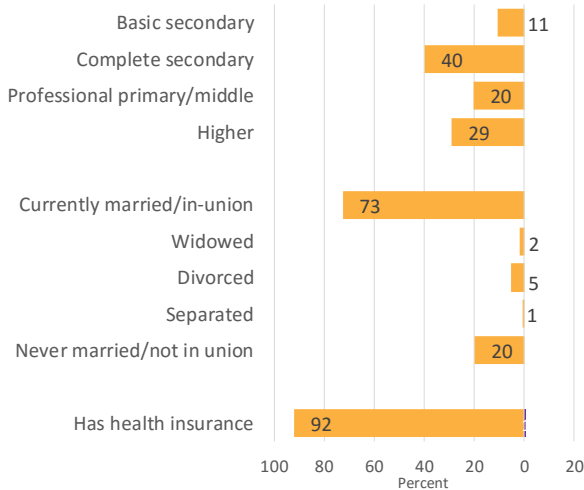
Percent distribution of household population by age group and sex

## Household Composition & Characteristics of Head of household



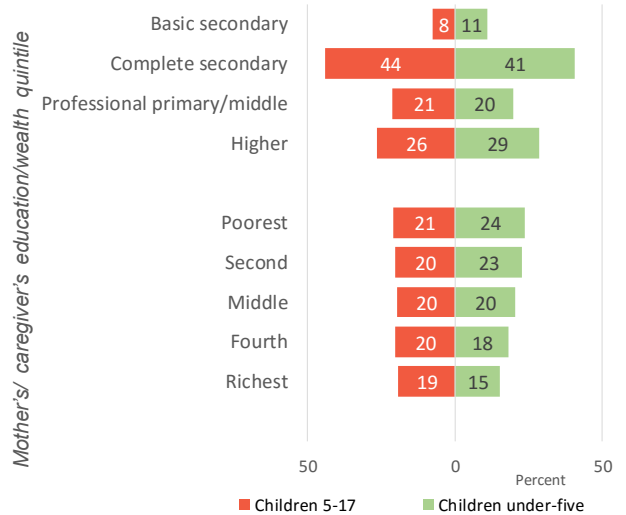
Percent of households by selected characteristics

## Women's Profile



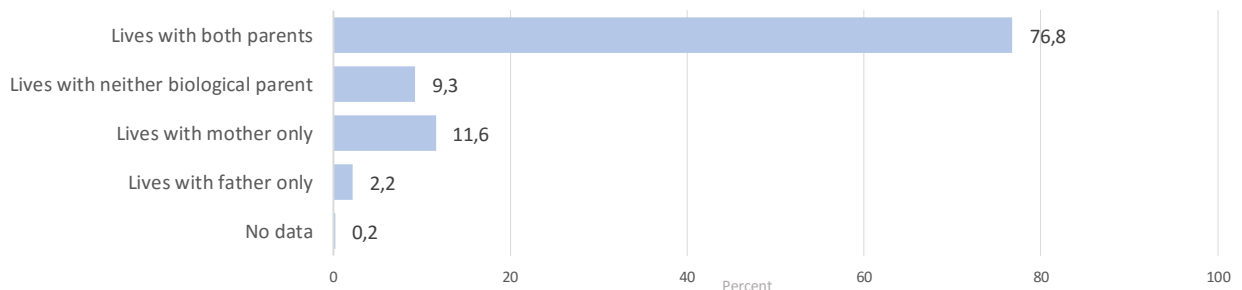
Percent distribution of women age 15-49 by background characteristics

## Children's Profile



Percent distribution of children age 5-17 and under-five by background characteristics

## Children's living arrangements\*



Percent distribution of children age 0-17 years according to living arrangements  
\*Children 0-17 years

## Regional distribution of population (percent)

Region	Households	Women	Children under 5	Children 5-17
<b>National</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
Batken	7	7	9	7
Djalal-Abad	17	16	19	16
Yssyk-Kul	8	7	7	9
Naryn	5	4	4	5
Osh	21	21	24	20
Talas	4	4	4	5
Chui	15	15	14	16
Bishkek c.	19	22	14	18
Osh c.	4	4	5	4

## Key Messages

- The response rates for households, eligible women, children 5-17 and caregivers of children under 5 are all outstanding, at almost 100 per cent.
- Two households out of three have at least one child aged 0-17 years.
- Nearly 36% or more than one third of households has at least one child under 5.
- Only nine per cent of children do not live with both their biological parents. Of the remaining, twelve per cent live with their mother only and two percent with their father.
- Nearly 29 per cent of households is headed by a female.
- More than half of children under five (52%) live in the household where mother/caretaker is with upper secondary or basic secondary education.
- More than one in four children live in the household where mother/caretaker is with higher education.

The Kyrgyzstan Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Statistics Committee as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, USAID and United Nations Population Fund provided financial support.

The objective of this snapshot is to disseminate selected findings from the Kyrgyzstan MICS 2018 related to Survey and Sample Characteristics. Data from this snapshot can be found in table SR.1.1, SR.5.1W, SR.5.2, SR.5.3 and SR.2.3 in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

# Kyrgyzstan

## 2018

MICS

### Child Mortality

Multiple Indicator Cluster Surveys



#### Mortality Rates among Children Under-5



Years preceding the survey	Neonatal mortality rate: SDG 3.2.2	Post-neonatal mortality rate	Infant mortality rate	Child mortality rate	Under-5 mortality rate: SDG 3.2.1
0-4	13	4	17	3	20
5-9	15	7	22	3	25
10-14	12	13	25	2	28

**Neonatal mortality (NN):** probability of dying within the first month of life

**Post-neonatal mortality:** calculated as difference between infant and neonatal mortality rates

**Infant mortality ( ${}_1q_0$ ):** probability of dying between birth and first birthday

**Child mortality ( ${}_4q_1$ ):** probability of dying between the first and fifth birthday

**Under-5 mortality ( ${}_5q_0$ ):** probability of dying between birth and fifth birthday

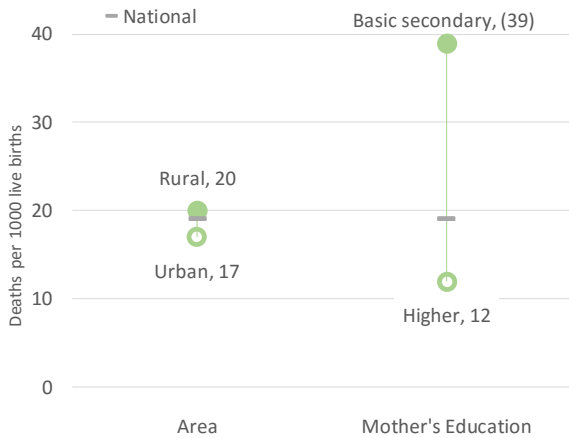
## Key Messages

- Mortality rate among children under 5 years is 20 children per 1,000 live births.
- The infant mortality rate is 17 children, and the neonatal mortality rate is 13 children per 1,000 live births.
- Thus, among children who die before age 5 years, 85% die before the age of one year. And among children who die before age 1 year, three-quarters die within the first month of life.
- The mortality rate of children under 5 years old is higher in rural areas, in households with the poorest wealth quintile and among mothers with a low level of education.
- Although based on relatively low number of cases, it appears that mortality rate of children under 5, who were born within two years after a previous birth is 3.6 times higher than among children born four or more years after a previous birth (29 vs 8 per 1,000 live births).
- Over the past 15 years, there has been a steady decline in the infant mortality rate and child mortality rate under 5 years old.

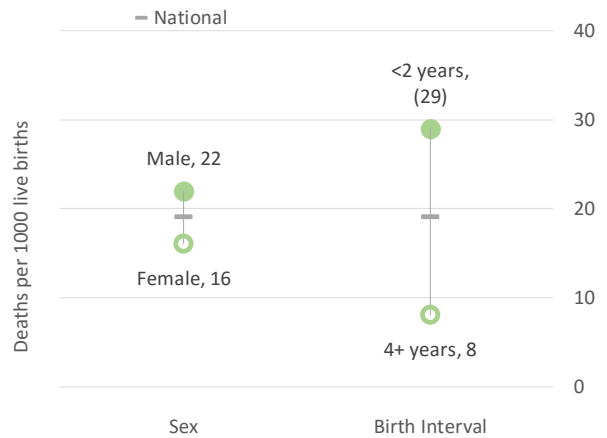


## Child Mortality Disparities

Under-5 mortality rate by socio-economic characteristics & area

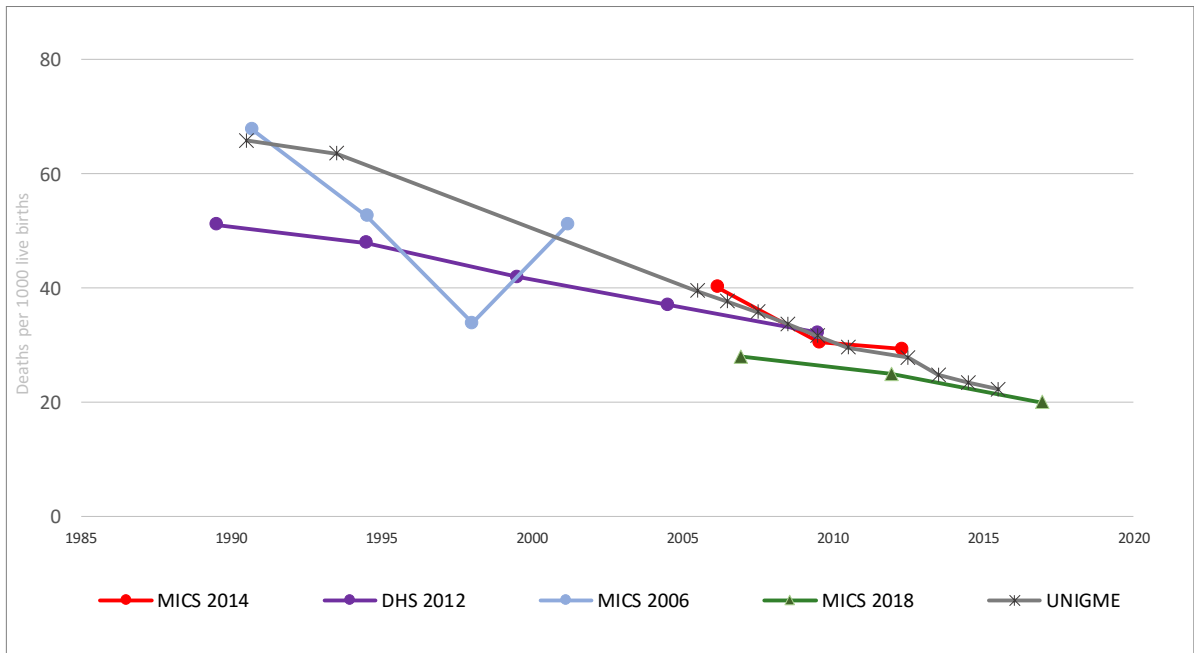


Under-5 mortality rate by demographic risk factors



Under-five mortality rates for the five year period preceding the survey, by socio-economic characteristics, area and demographic risk factors  
 ( ) – Figures that are based on 250-499 unweighted cases

## Trends in under-5 mortality rates



The source data used in the above graph is taken from the final reports of MICS 2018, MICS 2014, MICS 2006 and DHS 2012, with the exception of UNIGME which is downloaded from the UN IGME web portal. Child mortality source data and child mortality estimates are published on [www.childmortality.org](http://www.childmortality.org), the web portal of the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). Data from the same source may differ between a report and UN IGME web portal as UN IGME recalculates estimates using smaller intervals, longer reference periods and/or calendar years (if data are available).

# Kyrgyzstan 2018



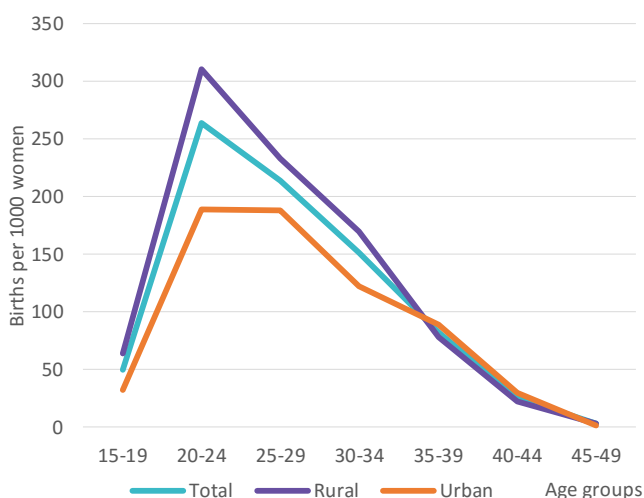
## Fertility & Family Planning

Multiple Indicator  
Cluster Surveys



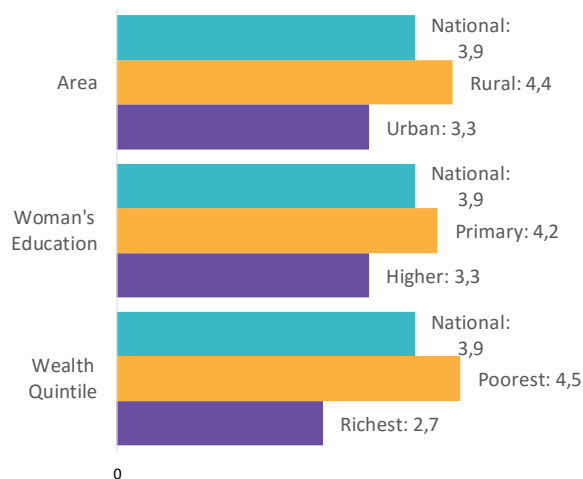
### Fertility

#### Age Specific Fertility Rates



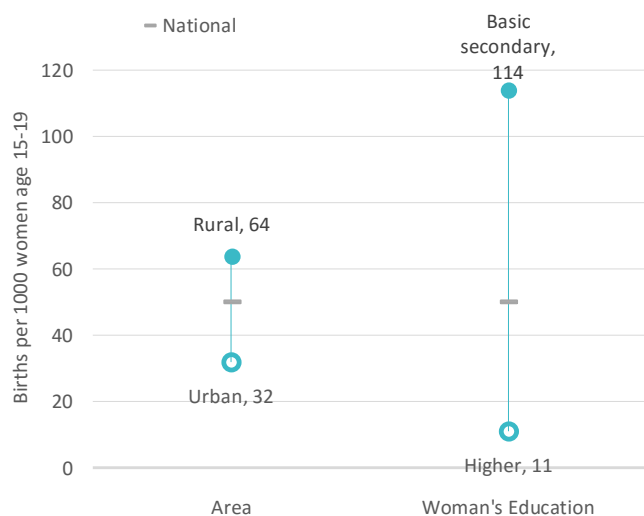
Age-specific fertility rates (ASFR) are the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

#### Total Fertility Rate



The total fertility rate (TFR) is calculated by summing the age-specific fertility rates (ASFRs) calculated for each of the five-year age groups of women, from age 15 through to age 49

#### Adolescent Birth Rate: SDG indicator 3.7.2

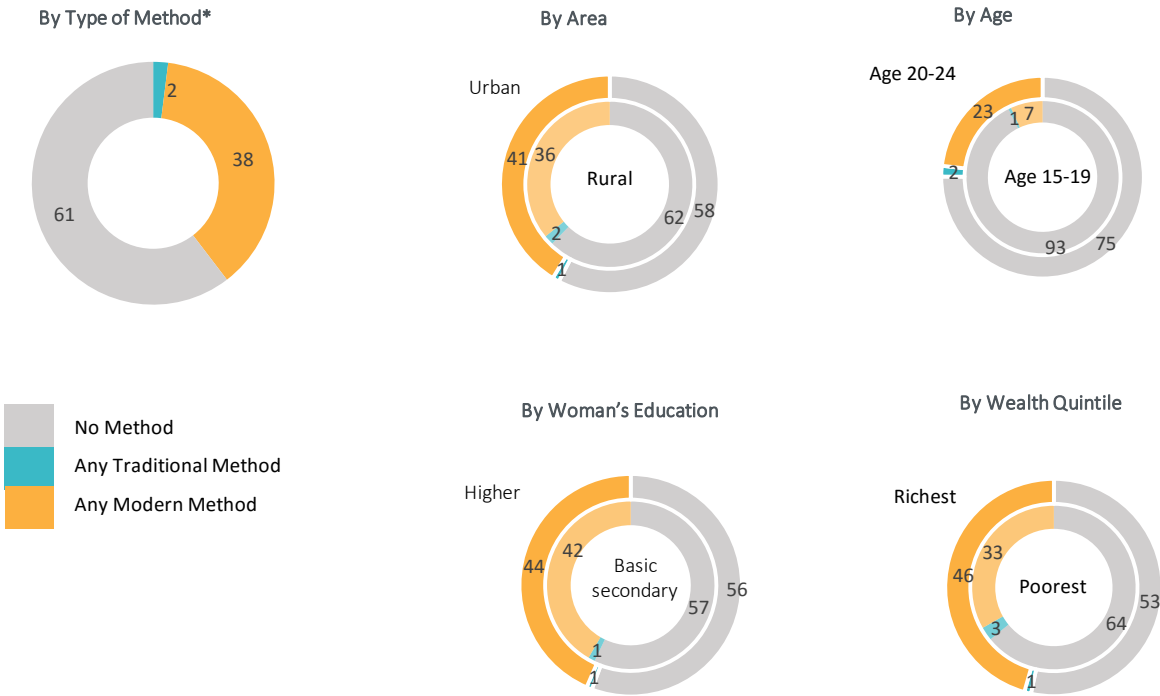


Age-specific fertility rate for girls age 15-19 years for the three-year period preceding the survey

Adolescent Birth rate SDG 3.7.2 indicator is under target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

Reducing adolescent fertility such as availability of comprehensive sexuality education in and out of school settings, youth friendly health services and information and addressing the multiple factors underlying it are essential for improving sexual and reproductive health and the social and economic well-being of adolescents. Preventing births very early in a woman's life is an important measure to improve maternal health and reduce infant mortality.

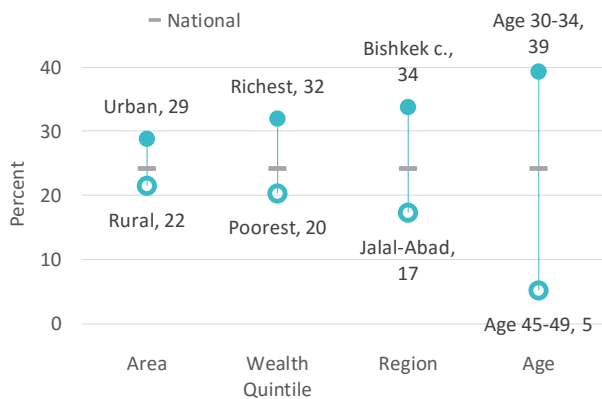
Method of Family Planning by Various Characteristics



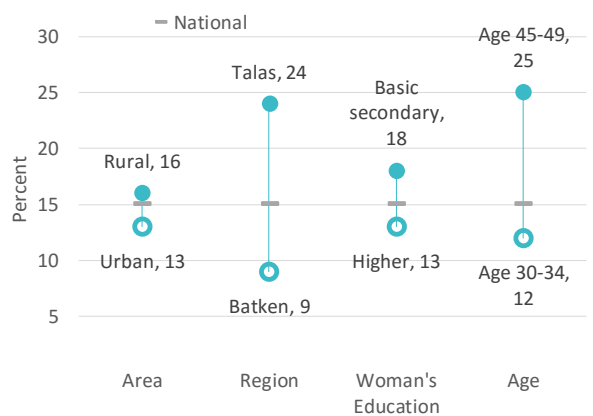
Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method  
 \*Modern Methods include female sterilization, male sterilization, IUD, injectables, implants, pills, male condom, Female condom, diaphragm, foam, jelly and contraceptive patch. Traditional methods refer to periodic abstinence and withdrawal.

Met Need for Family Planning

Met Need for Family Planning - Spacing



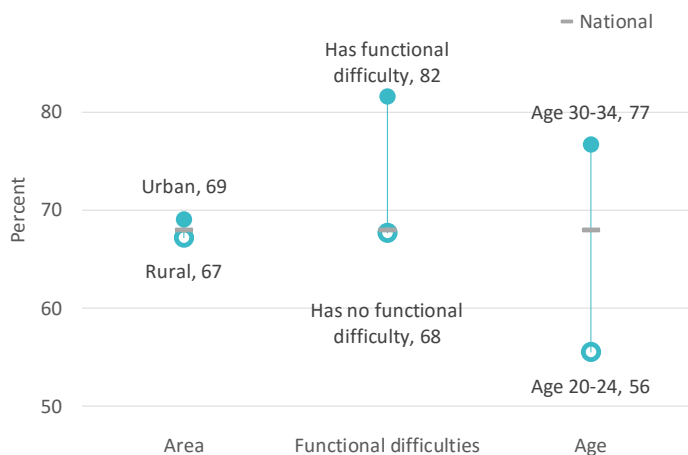
Met Need for Family Planning – Limiting



Percentage of women age 15-49 years currently married or in union with an met need for family planning for spacing, by background characteristics

Percentage of women age 15-49 years currently married or in union with an met need for family planning for limiting, by background characteristics

## Percentage of Demand for Family Planning Satisfied with Modern Methods - SDG indicator 3.7.1



The proportion of demand for family planning satisfied with modern methods (SDG indicator 3.7.1) is useful in assessing overall levels of coverage for family planning programmes and services. Access to and use of an effective means to prevent pregnancy helps enable women and their partners to exercise their rights to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. Meeting demand for family planning with modern methods also contributes to maternal and child health by preventing unintended pregnancies and closely spaced, pregnancies which are at higher risk for poor obstetrical outcomes.

## Regional Data on Fertility & Family Planning

Region	Adolescent Birth Rate	Total Fertility Rate	Child bearing before 18*	Contraception Use of modern method among married / in-union women	Contraception Use of any method among married / in-union women	Demand for family planning satisfied with modern methods among married / in-union women
<b>National</b>	<b>50</b>	<b>4</b>	<b>3</b>	<b>38</b>	<b>19</b>	<b>67</b>
Batken	(52)	(4)	2	26	28	49
Jalal-Abad	(65)	(5)	5	25	21	56
Issyk-Kul	41	(4)	2	35	19	65
Naryn	(64)	(5)	2	48	12	80
Osh	90	(5)	2	37	16	71
Talas	(*)	(*)	7	50	13	79
Chui	50	(4)	2	45	19	71
Bishkek c	6	(3)	2	46	20	70
Osh c	77	(4)	3	39	17	71

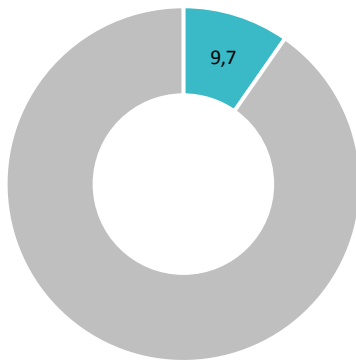
\*Percentage of women age 20-24 years who have had a live birth before age 18

(\*) – Figures that are based on fewer than 125 unweighted cases

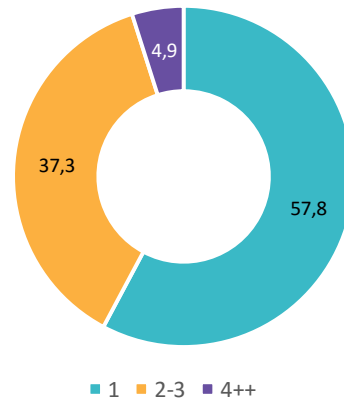
() – Figures that are based on 125-499 unweighted cases

## Abortion

Percentage of women with at least one induced abortion



Percent distribution by number of abortions among women who had an induced abortion



Percentage of women age 15-49 years who have ever had an induced abortion and percent distribution by number of induced abortions

### Key Messages

- According to the survey, total fertility rate in Kyrgyzstan is 3.9 births per woman
- The fertility rate is higher in rural areas, among women with low level of education and women with lower level of well-being;
- The teenage birth rate (among The teenage birth rate in rural areas is 2 times higher than in urban areas (64 babies versus 32 children per 1000 women);
- More than one third of married women (39%) use one or more methods of contraception, including modern methods of contraception - 38% of women;
- The proportion of women using contraceptives is higher among women living in urban areas, among women with higher levels of education and in richer quintiles;
- Adolescents aged 15-19 years use contraceptives much less frequently than older women. Only 7% of women of this age use one or more methods of contraception;
- 39% of married women have a satisfied need for family planning (24% - for planning the dates of birth of children and 15% - for prevention of unintended pregnancies
- 68% of married women are satisfied with modern methods of contraception for family planning
- 18% of married women aged 15-49 have unmet needs for family planning.
- Overall, 9.7% of Kyrgyz women age 15-49 have ever had an induced abortion. The majority of women who have had an induced abortion report having only one abortion (57.8%); 37.3% had two to three induced abortions, and almost 5% had four or more abortions. A majority of induced abortions occurred in Osh city ( 13.2%) , Chui (13.1%) and Jalal-Abad ( 12.7%) and among women of age 29-35 ( 17.4%)

The Kyrgyzstan Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Statistics Committee as part of the global MICS programme.

Technical support was provided by the United Nations Children's Fund

(UNICEF). UNICEF, USAID and United Nations Population Fund provided financial support.

The objective of this snapshot is to disseminate selected findings from the Kyrgyzstan MICS 2018 related to Fertility and Family Planning. Data

from this snapshot can be found in table TM1.1, TM 2.1, TM2.2W, TM2.3W, TM3.1 and TM3.3.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

# Kyrgyzstan 2018



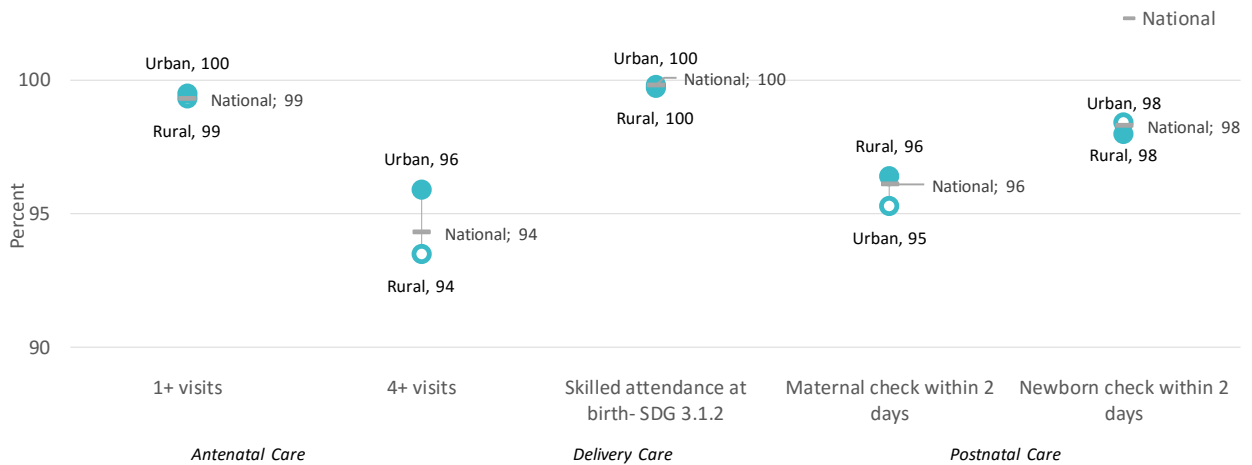
## Maternal & Newborn Health

Multiple Indicator  
Cluster Surveys



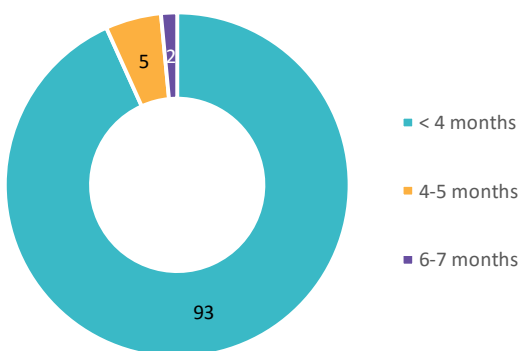
### Key Elements of Maternal & Newborn Health

#### Maternal & Newborn Health Cascade by Area



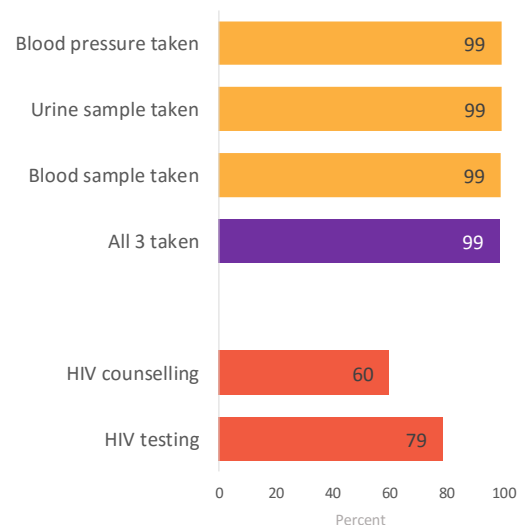
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider, who were attended by skilled health personnel during their most recent live birth (SDG 3.1.2), whose most recent live birth was delivered in a health facility, who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live birth and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by area

#### Timing of First Antenatal Care Visit



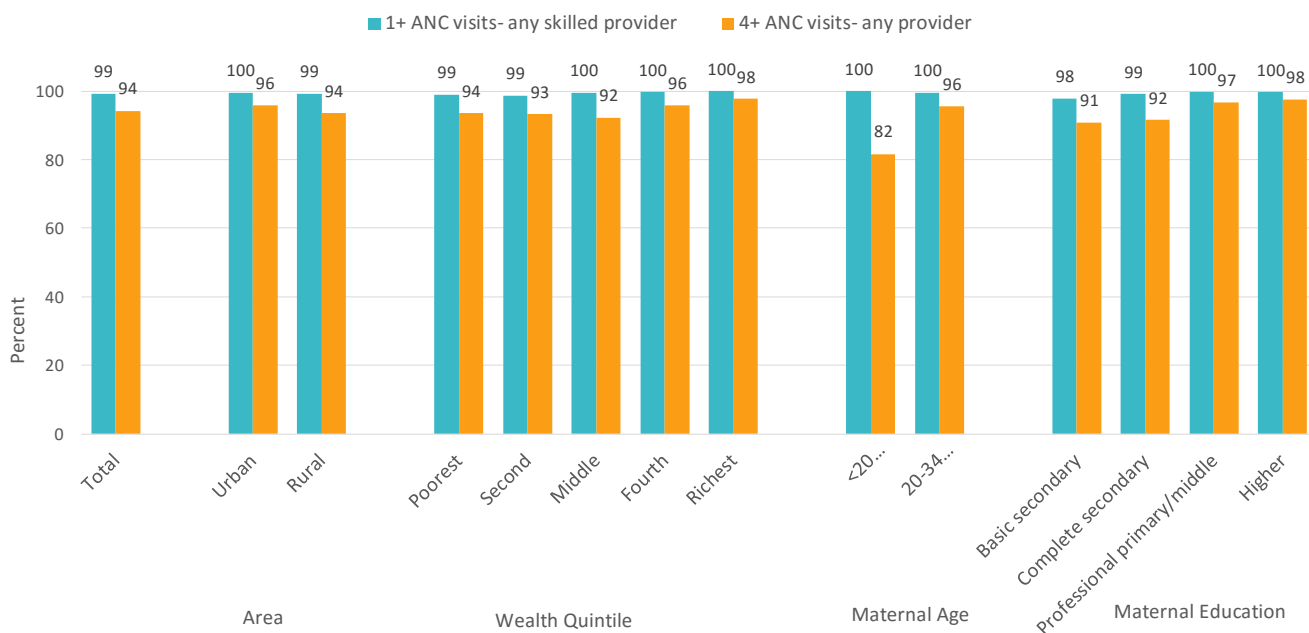
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel, by the timing of first ANC visit

#### Content & Coverage of Antenatal Care Services



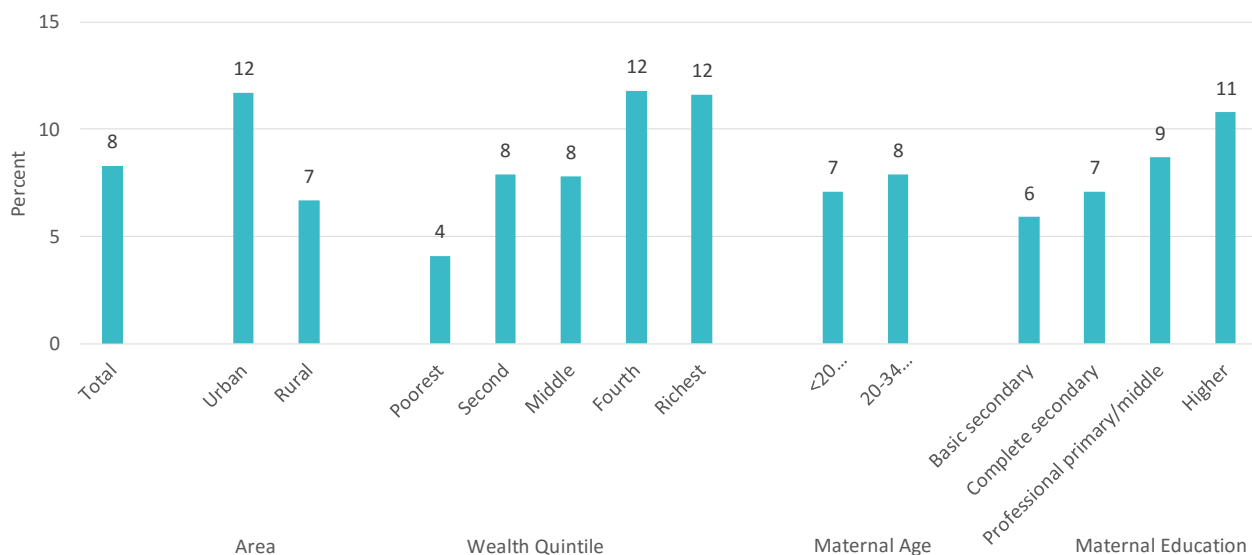
Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples, reported that during an ANC visit they received information or counselling on HIV, and reported that they were offered and accepted an HIV test during antenatal care and received their results during the last pregnancy that led to a live birth

## Coverage of Antenatal Care by Various Characteristics



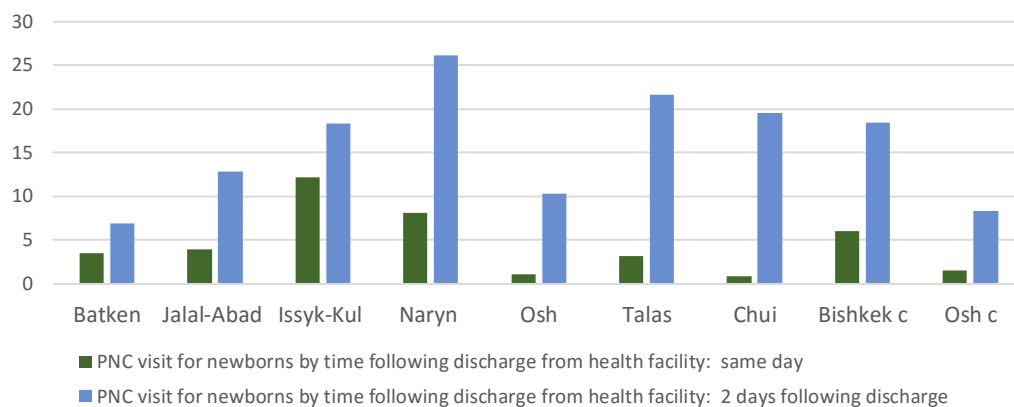
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider

## Caesarian Section by Various Characteristics



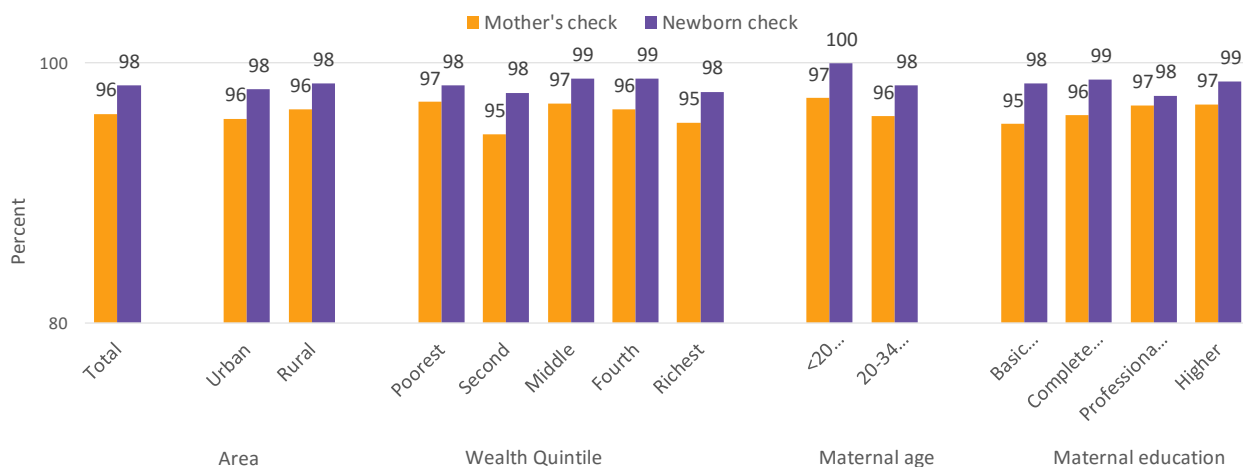
Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered by caesarian section by various characteristics

## Post-natal health checks for newborns, by region



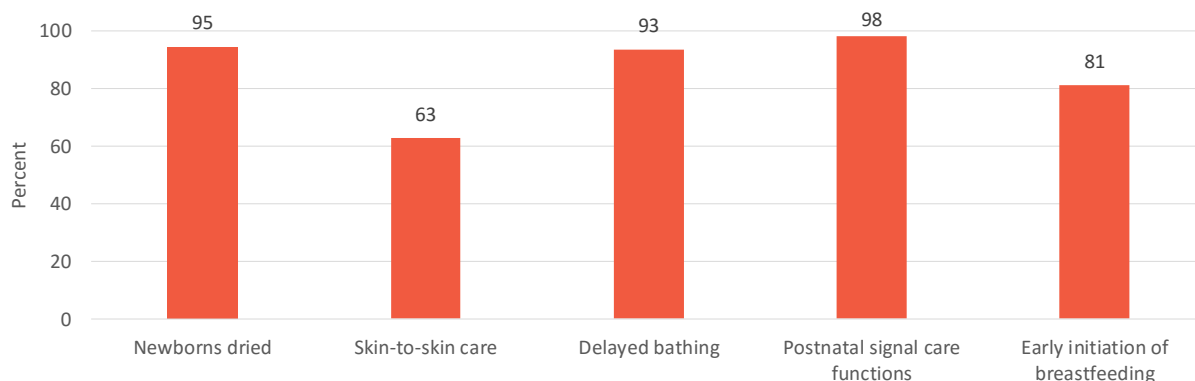
Percent distribution of women age 15-49 years with a live birth in the last 2 years whose most recent live-born child received a post-natal care (PNC) visit within the first week following discharge from the health facility

## Postnatal Care within 2 Days of Birth by Various Characteristics



Percentage of women age 15-49 years with a live birth in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, or a post-natal care visit within 2 days after delivery, by various characteristics

## Coverage of Newborn Care



Among the last live-birth in the last 2 years, percentage who were dried after birth; percentage who were given skin to skin contact; percentage who were bathed after 24 hours of birth; percentage where the newborn received a least 2 postnatal signal care functions within 2 days after birth; and percentage of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth, by various characteristics



## Regional Data on Maternal and Newborn Cascade

Region	ANC: At least 1 visit (skilled provider)	ANC: At least 4 visits (any provider)	Skilled Attendance at Birth	Institutional Delivery	Postnatal Care for Mother <2 days	Postnatal Care for Newborn <2 days
<b>National</b>	<b>99</b>	<b>94</b>	<b>100</b>	<b>100</b>	<b>96</b>	<b>98</b>
Batken	100	99	100	100	99	99
Jalal-Abad	99	90	99	98	96	98
Issyk-Kul	100	98	100	100	96	99
Naryn	98	91	100	100	93	98
Osh	100	95	100	100	98	98
Talas	99	93	100	100	91	95
Chui	97	92	100	100	97	98
Bishkek c	99	96	100	100	94	98
Osh c	100	99	100	100	98	100

For indicator definitions, see earlier charts

## Key Messages

- Antenatal care takes place (99,8% percent) in a health facility, and in most cases antenatal care is provided by a doctor (84%) and more than 15% by nurses, midwives and feldshers
- 94.3% percent of women had at least four antenatal care visits while only 5% had 1-3 visits to any provider.
- 99.8% of pregnant women were attended at least once by skilled health personnel. However, only 70% women were offered pregnancy insurance policy.(58% ).
- All pregnant women who received antenatal care for their most recent birth had urine and blood sample taken as part of antenatal care package (99%) and had blood pressure measured (98%). However, only 77% women conducted urine analysis for a hidden bacteriuria infection to reveal a latent infection during pregnancy.
- 91% of deliveries are assisted by skilled doctors and 8% by nurses and midwives (in Issyk-Kul 15% by midwives).
- The cesarean section rate in Bishkek 14.9% and Chul 14.8%. C-sections are the lowest in Jalal-Abad hospitals (4%). The highest proportion of C-sections is performed among mothers in the highest wealth quintile (11.9% among richest versus 4% among poorest).
- The proportion of women who received a postnatal check at the same day after discharge varies widely across region, from 0.8% and 1% in Chui and Osh to 12.2% in Issyk-Kul. After 2 days of discharge the lowest is 6.9% in Batken and the highest is 26.9% in Naryn.

The Kyrgyzstan Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Statistics Committee as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, USAID and United Nations

Population Fund provided financial support.

The objective of this snapshot is to disseminate selected findings from the Kyrgyzstan MICS 2018 related to Maternal and Newborn Health. Data from this snapshot can be found in table TM.4.1, TM.4.2, TM.4.3,

TM.5.1, TM.6.1, TM.6.2, TM.8.2, TM.8.4, TM.8.5, TM.8.6, TM.8.7, TM8.9 TM.11.5, TC.6.9 and TC.7.1.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

# Kyrgyzstan

## 2018



### HIV

Multiple Indicator Cluster Surveys

#### HIV indicators

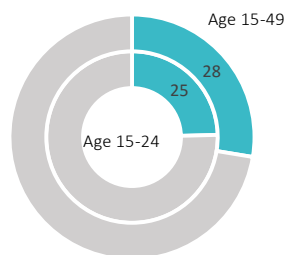


#### Key Messages

- Only a third of women aged 15–49 have comprehensive knowledge about HIV / AIDS;
- Misconceptions about HIV transmission are quite common: according to the survey, 57% of women know that HIV cannot be transmitted through mosquito bites and 73% that HIV cannot be transmitted through sharing a meal with a person with HIV;
- The percentage (67%) does not reflect the statement. It should read: Survey data has shown the stigma towards people living with HIV: 60% of women aged 15-49 would refuse to buy vegetables from an HIV-positive vendor and 45% believe that children living with HIV should not be allowed to attend school with children who do not have HIV;
- Over the past 12 months, only 20% of women aged 15–49 who have been tested for HIV know their results, and only 52% of women who have been tested for HIV during antenatal care, know their results and received post-test counseling on HIV;
- The level of comprehensive knowledge about HIV among young women aged 15–24 years is lower than among women of reproductive age in general.
- The level of knowledge on use of condom every time to prevent HIV infection is 75% and is lowest in Batken – 58%.

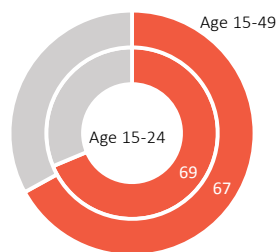
#### Knowledge

Percent of women who know of the two ways of HIV prevention (having only one faithful uninfected partner and using a condom every time), who know that a healthy looking person can be HIV-positive, and who reject the two most common misconceptions, and any other local misconception



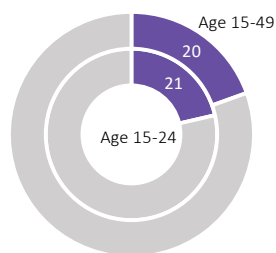
#### Stigma

Percent of women of those who report discriminatory attitudes towards people living with HIV, including 1) would not buy fresh vegetables from a shopkeeper or vendor who is HIV-positive and 2) think children living with HIV should not be allowed to attend school with children who do not have HIV



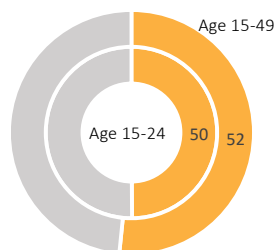
#### Testing

Percent of women who have been tested for HIV in the last 12 months and know the result



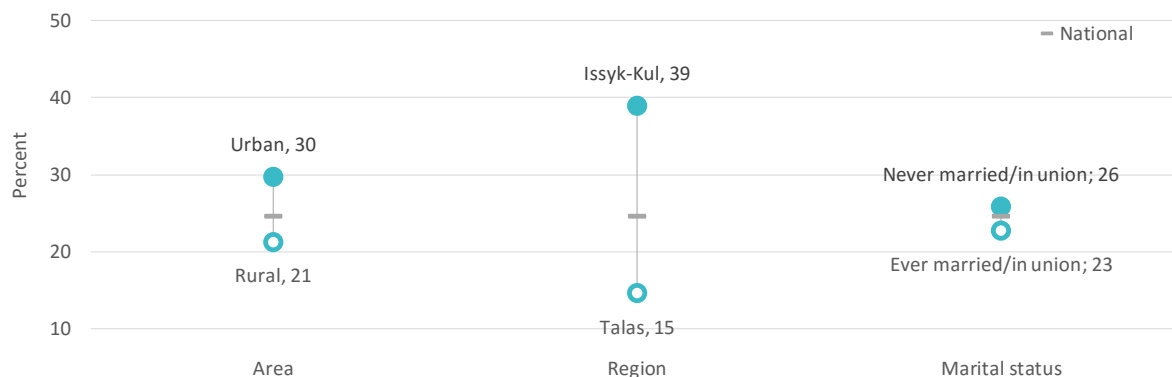
#### Testing during Antenatal Care

Percent of women who during their antenatal care for their last pregnancy were offered an HIV test, accepted and received results, and received post-test health information or counselling related to HIV



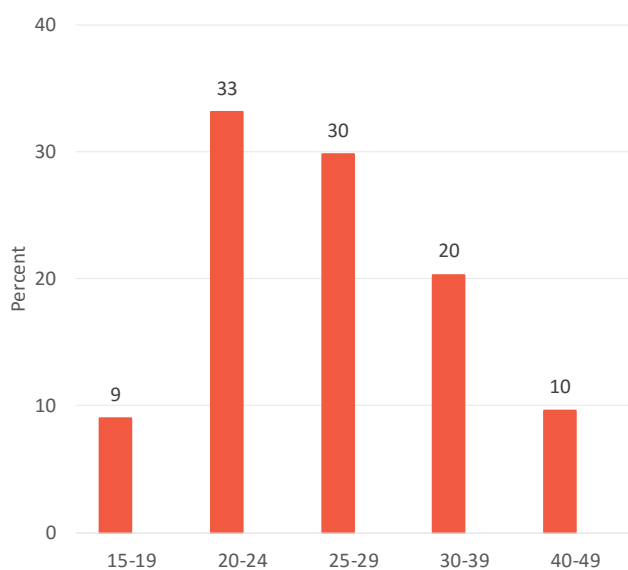
## HIV Indicators by Key Characteristics

### Comprehensive knowledge about HIV prevention among young women (15-24)\*



\*Percentage of women age 15-24 years who correctly identify the two ways of preventing the sexual transmission of HIV, who know that a healthy-looking person can be HIV-positive and who reject the two most common misconceptions about HIV transmission.

### Tested for HIV in last 12 months



Percent of women age 15-49 who have been tested for HIV in the last 12 months and know the result

### Regional Data on HIV Testing

	Women who tested in last 12 months	Women testing at ANC
<b>National</b>	<b>20</b>	<b>52</b>
Batken	23	58
Jalal-Abad	25	42
Issyk-Kul	14	77
Naryn	23	54
Osh	19	67
Talas	24	51
Chui	15	36
Bishkek c	18	41
Osh c	22	44

**Tested in last 12 months:** percent of women age 15-49 who have been tested in the last 12 months and know the result

**HIV testing during ANC:** percent of women age 15-49 who during their last antenatal care for their last pregnancy were offered an HIV test, accepted and received results, and received post-test health information or counselling related to HIV

The Kyrgyzstan Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Statistics Committee as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, USAID and United Nations Population Fund provided financial support.

The objective of this snapshot is to disseminate selected findings from the Kyrgyzstan MICS 2018 related to HIV. Data from this snapshot can be found in tables TM11.1W, TM11.3W, TM11.4W, TM11.5, and TM11.6W.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

# Kyrgyzstan 2018



## Tuberculosis

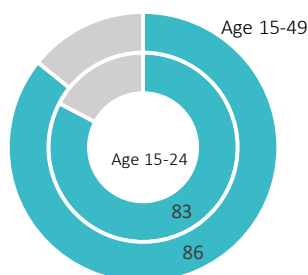
Multiple Indicator  
Cluster Surveys



### Tuberculosis indicators

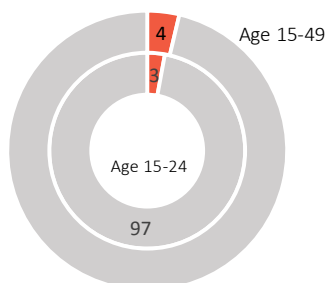
#### Knowledge about transmission modes

Percent of women who know that TB is transmitted through the air when coughing or sneezing.



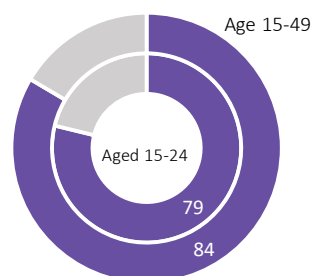
#### Knowledge of TB symptoms

Percent of women who mentioned all three most common symptoms of tuberculosis.



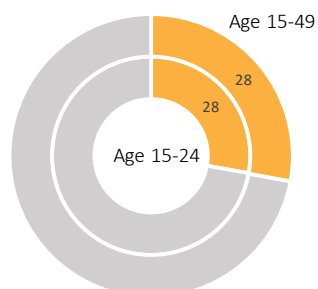
#### Knowledge of treatment

Percent of women who know that TB can be completely cured.



#### Attitudes towards people with tuberculosis

Percent of women who prefer that it be kept a secret that a family member has TB.

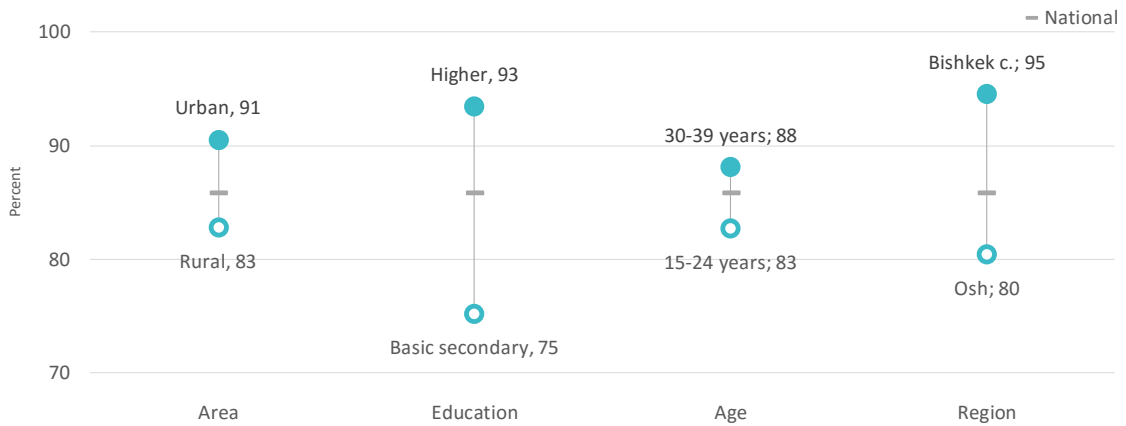


### Key Messages

- More than 80% of women know that tuberculosis is transmitted through the air when they cough or sneeze;
- More than 5% of young girls aged 15-17 have not heard of tuberculosis;
- Only about 4% of women know the three most common symptoms of tuberculosis (cough a few weeks, fever, fatigue / weakness);
- 83.5% of women know that tuberculosis can be completely cured and a third of women prefer to keep secret that a family member has tuberculosis.

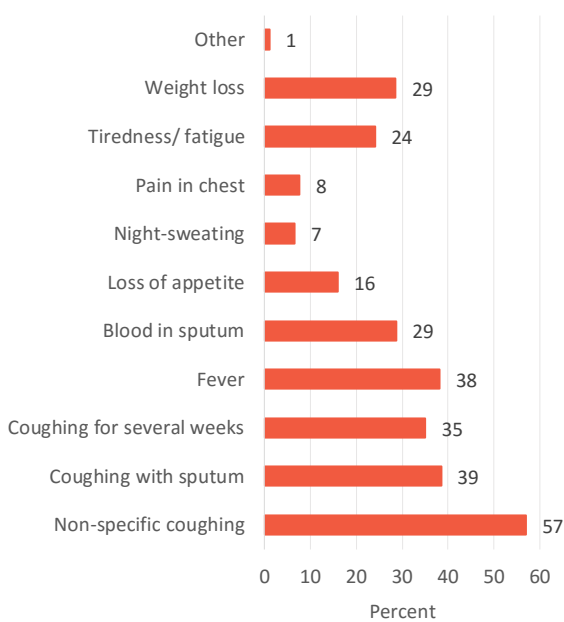
## Tuberculosis Indicators by Key Characteristics

### Knowledge about transmission modes of tuberculosis\*



\*Percent of women age 15-49 who know that TB is transmitted through the air when coughing or sneezing.

### Symptoms of TB



### Regional Data on Tuberculosis

	Know that TB is transmitted through the air when coughing or sneezing	Know all three most common symptoms of tuberculosis	Know that TB can be completely cured	Prefer to keep a secret that a family member has TB
<b>National</b>	<b>85.8</b>	<b>3.7</b>	<b>83.5</b>	<b>27.9</b>
Batken	83.1	9.1	85.1	22.1
Jalal-Abad	86.3	4.7	84.7	31.5
Issyk-Kul	86.7	4.3	88.6	13.9
Naryn	86.4	6.2	90.6	20.3
Osh	80.4	4.4	82.4	13.0
Talas	88.0	2.3	85.3	13.7
Chui	81.1	0.9	79.8	48.3
Bishkek c	94.5	2.1	82.2	35.1
Osh c	82.6	4.4	84.0	30.9

Percentage of women age 15-49 years who have heard of tuberculosis and know specific symptoms of tuberculosis.

The Kyrgyzstan Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Statistics Committee as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, USAID and United Nations

Population Fund provided financial support.

The objective of this snapshot is to disseminate selected findings from the Kyrgyzstan MICS 2018 related to TB. Data from this snapshot can be found in tables TM13.1W, TM13.2W,

TM13.3W.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

# Kyrgyzstan 2018



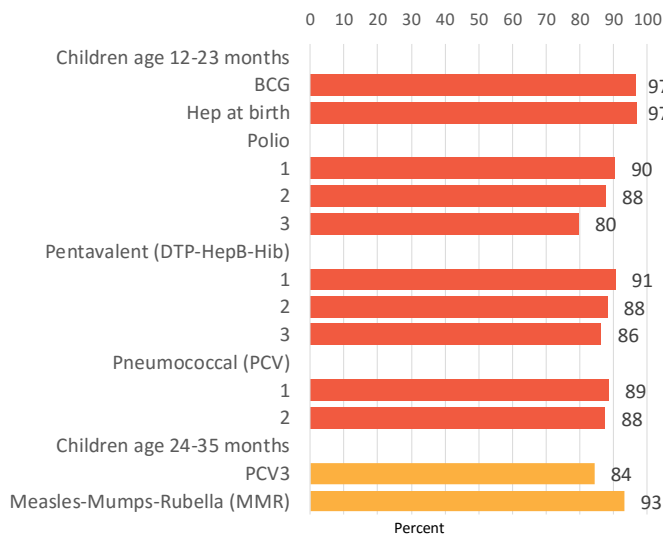
## Child Health & Care of Illness

Multiple Indicator  
Cluster Surveys



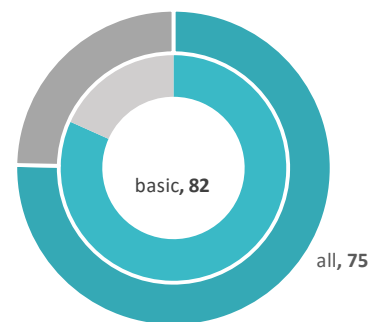
### Vaccinations

#### Vaccinations in the first years of life



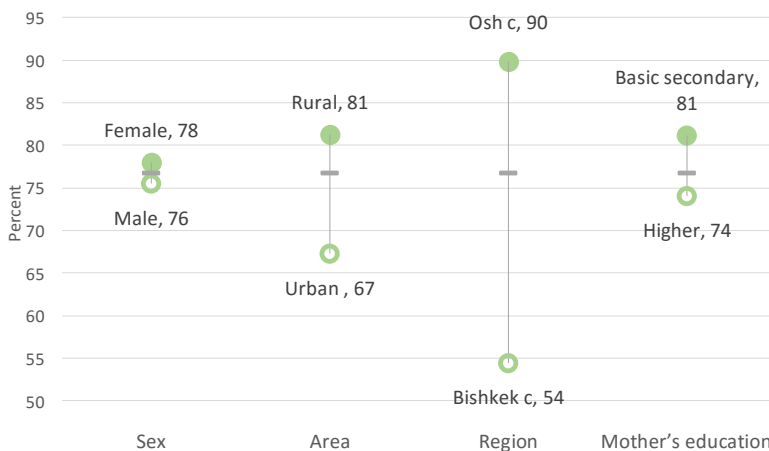
Percentage of children age 12-23 months and 24-35 months vaccinated against vaccine preventable childhood diseases at any time before the survey (Crude coverage).

#### Crude coverage basic and all antigens



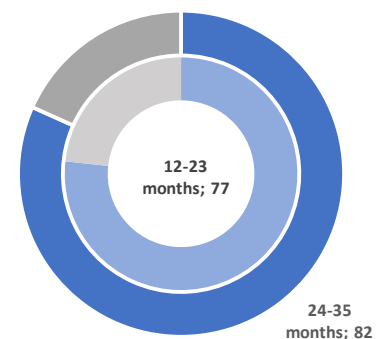
Percentage of children age 24-35 months vaccinated against vaccine preventable childhood diseases at any time before the survey (Crude coverage)

#### Disparities in crude coverage basic antigens



Percentage of children age 12-23 months vaccinated against vaccine preventable childhood diseases at any time before the survey (Crude coverage) by background characteristics

#### Crude coverage basic antigens



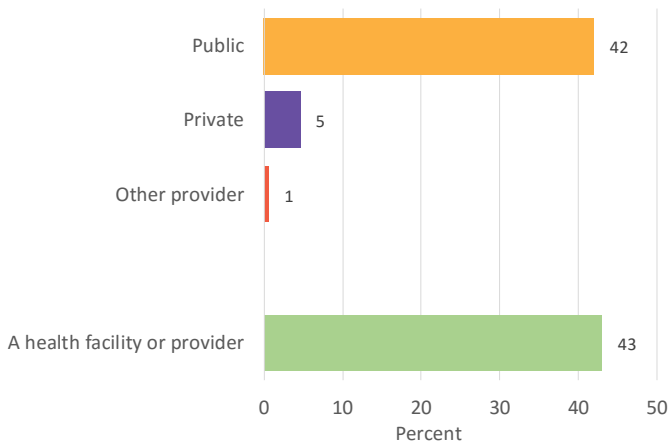
Percentage of children age 12-23 months and 24-35 months currently vaccinated against vaccine preventable childhood diseases (Crude coverage)

Note: Basic antigens include: BCG, Polio3, Pentavalent3, Measles.

All antigens include: BCG, Polio3, Pentavalent3, Pneumococcal (PVC3), Rubella and Measles as per the vaccination schedule in Kyrgyzstan

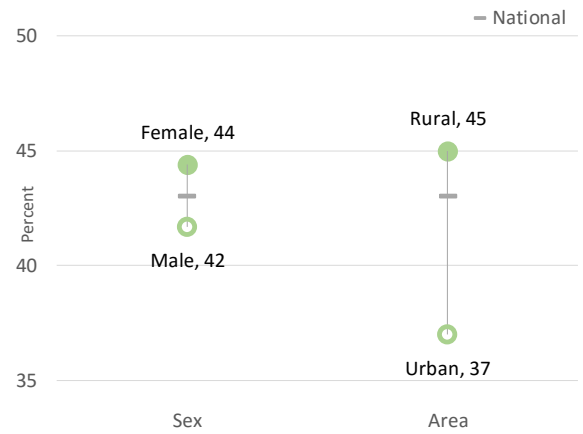
# Diarrhoea

## Care-seeking for Diarrhoea



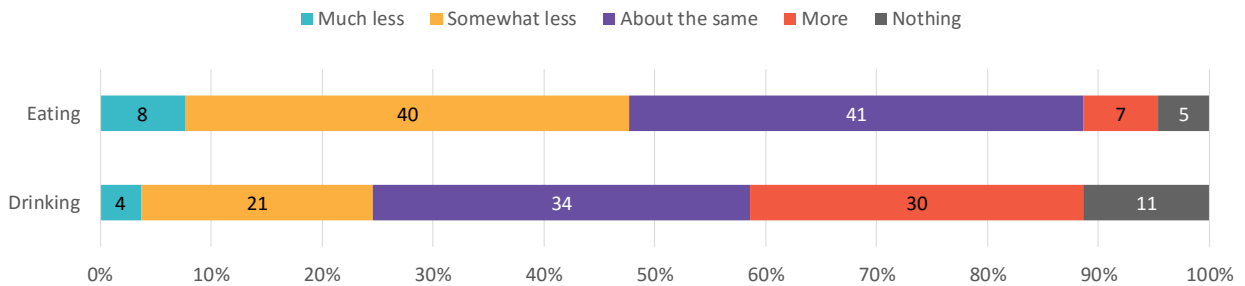
Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought by source of provider

## Disparities in Care-seeking for Diarrhoea



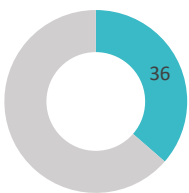
Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought at a health facility or provider

## Feeding during Diarrhoea



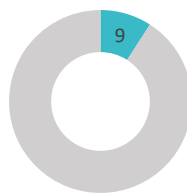
Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea

## ORS Treatment for Diarrhoea



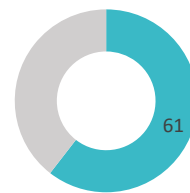
Percentage of children age 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS)

## ORS + Zinc Treatment for Diarrhoea



Percentage of children age 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS) and zinc

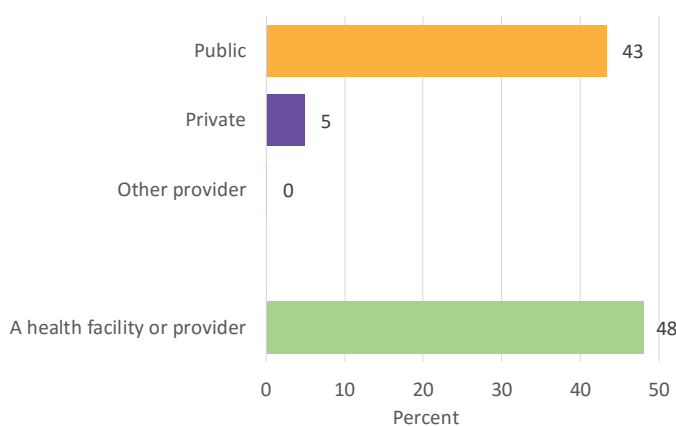
## ORT + Continued Feeding for Diarrhoea



Percentage of children age 0-59 months with diarrhoea in the last two weeks who were given oral rehydration therapy (ORT) with continued feeding

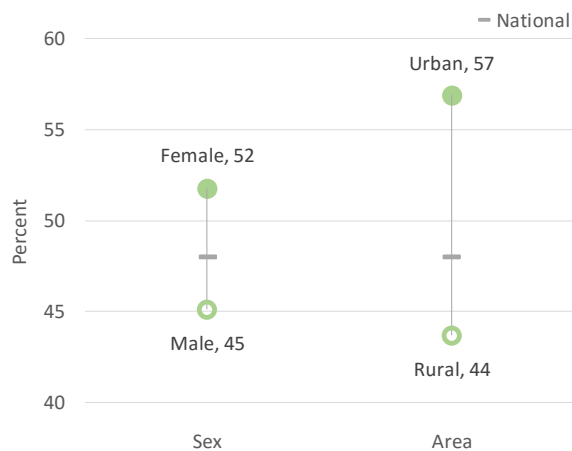
# Fever

## Care-seeking during Fever



Percentage of children age 0-59 months with fever in the last two weeks for whom advice or treatment was sought, by source of advice or treatment

## Disparities in Care-seeking during Fever



Percentage of children age 0-59 months with fever in the last two weeks for whom advice or treatment was sought at a health facility or provider

## Regional Data on Care-Seeking for Childhood Illness

Region	Care-Seeking at a health facility or provider for:	
	Diarrhoea	Fever
<b>National</b>	<b>43</b>	<b>48</b>
Batken	(*)	(*)
Jalal-Abad	40	39
Issyk-Kul	38	56
Naryn	43	48
Osh	54	43
Talas	(*)	(*)
Chui	33	43
Bishkek c	(*)	63
Osh c	42	67

(\*) - Figures that are based on fewer than 25 unweighted cases

## Key Messages

- Only half of mothers whose children had a diarrhea and fever seek for medical care in public or private health facilities. The survey has shown disparity in care-seeking for diarrhea and fever between the rural and urban population, the poorest and most wealthy households, mother's education. T.
- 95% of children with diarrhea continue to receive food during illness. 59% of children with diarrhea received less fluids than before the illness, and 11% of children did not receive, which does not comply the treatment patterns.
- 61% of mothers continued to feed and give ORS to children during diarrhea, only 9% of children received zinc, as recommended by the treatment patterns.

The Kyrgyzstan Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Statistics Committee as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, USAID and United Nations

Population Fund provided financial support.

The objective of this snapshot is to disseminate selected findings from the Kyrgyzstan MICS 2018 related to Child health & Care of Illness. Data from this snapshot can be found in

table TC3.1, TC3.2, TC3.3, TC6.10 and TC6.11.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).



# Kyrgyzstan 2018

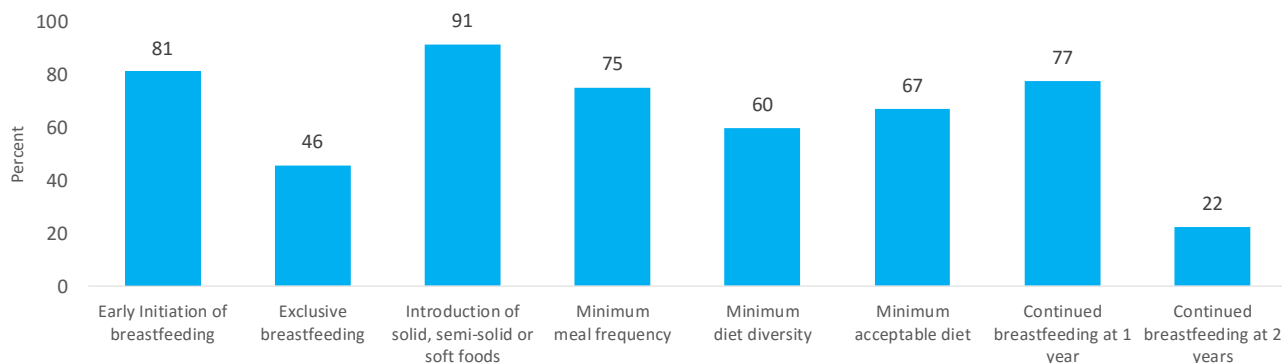
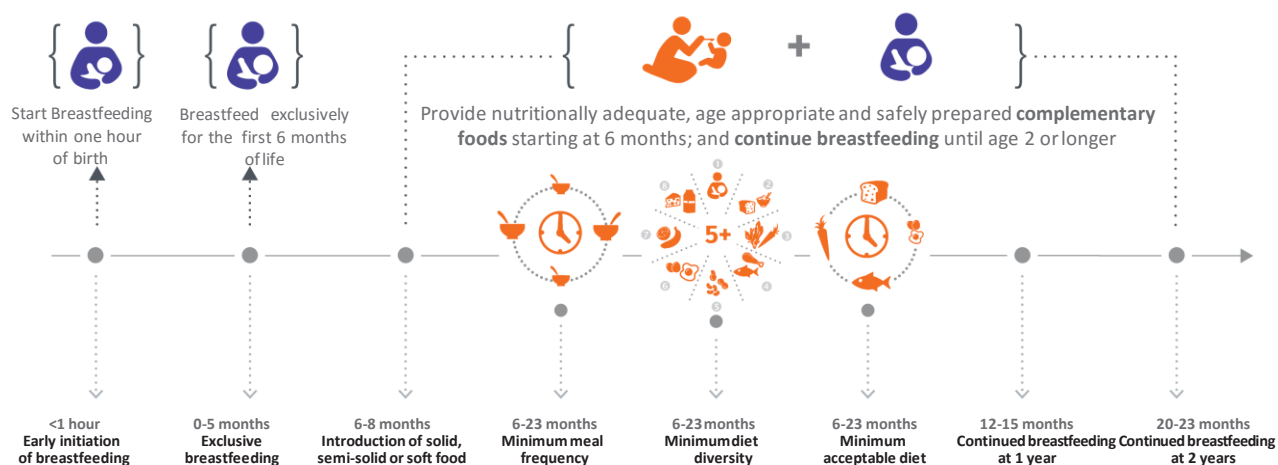
MICS

## Infant & Young Child Feeding (IYCF)

Multiple Indicator  
Cluster Surveys



### Infant & Young Child Feeding

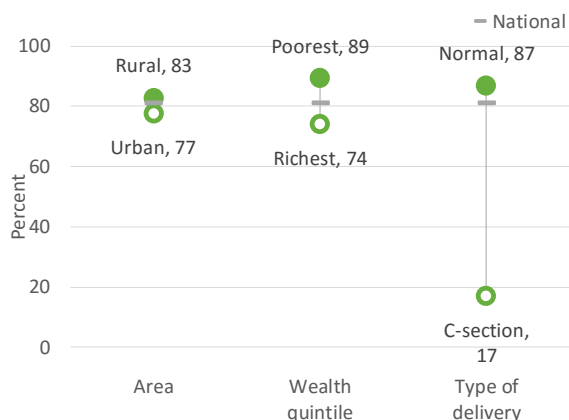


**Early initiation:** percentage of newborns put to breast within 1 hour of birth; **Exclusive breastfeeding:** percentage of infants aged 0-5 months receiving only breastmilk; **Introduction to solids:** percentage of infants aged 6-8 months receiving solid or semi-solid food; **Minimum diet diversity:** percentage of children aged 6-23 months receiving 5 of the 8 recommended food groups; **Minimum meal frequency:** percentage of children aged 6-23 months receiving the recommended minimum number of solid/liquid feeds as per the age of child; **Minimum acceptable diet:** percentage of children aged 6-23 months receiving the minimum diversity of foods and minimum number of feeds; **Continued breastfeeding at 1 year:** percentage of children aged 12-15 months who continue to receive breastmilk; **Continued breastfeeding at 2 years:** percentage of children aged 20-23 months who continue to receive breastmilk.

- The survey shows that 81% of newborns were put to breast within 1 hour of birth, however the initiation of breastfeeding in case of C-section remains quite lower (17%).
- The highest rates of early breastfeeding is shown among population of rural areas, families with lower level of well-being and among mothers with higher education. Percentage of exclusive breastfeeding of infants aged 0-5 month remains low - 46%, while the target is 80%. Exclusive breastfeeding rates sharply decreases at 4-5 months (from 71% to 30%).
- The survey shows that almost every 10 child (13%) starts receiving solid food at the maternity hospital.
- 67% of children aged 6 months and more receive a minimum acceptable diet diversity, which is one of the reasons of high prevalence of eating disorders.
- The minimum diet diversity is higher among urban areas, families with higher wealth level, mothers with higher education and among children aged 18-23 months.
- The lowest rate of the minimum diet diversity is among children in the Batken region (27%, while the target in the country is 60%).

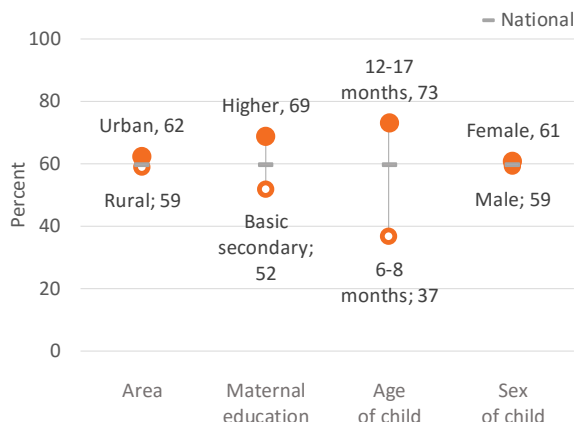
## IYCF: Equity

### Early Initiation of Breastfeeding



Percent of newborns put to the breast within one hour of birth, by background characteristics

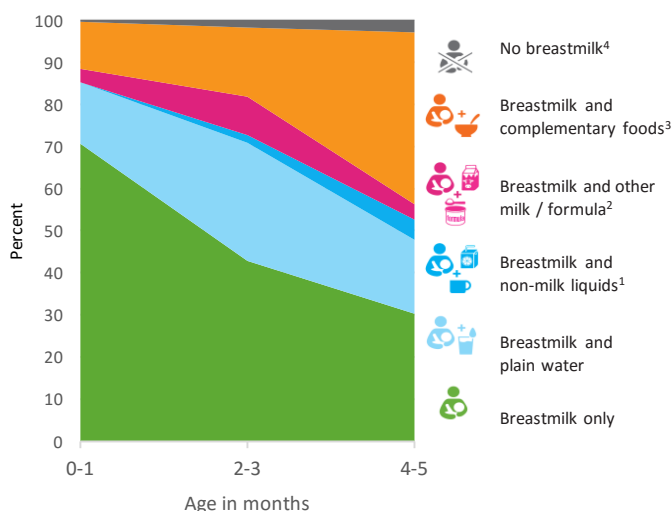
### Minimum Diet Diversity



Percent of children aged 6-23 months that were fed food from at least 5 out of 8 food groups, by background characteristics

## IYCF: What are the Youngest Infants Fed?

### Liquids or foods consumed by infants 0-5 months old



Percent of infants aged 0-5 months receiving breastmilk only, breastmilk and plain water, breastmilk and non-milk liquids, breastmilk and other milk/formula, breastmilk and complementary foods and no breastmilk

Notes: 1) may also have been fed plain water; 2) may also have been fed plain water and/or non-milk liquids; 3) may also have been fed plain water, non-milk liquids and/or other milk/formula; 4) may have been fed plain water, non-milk liquids, other milk/infant formula and/or solid, semi-solid and soft foods.

## Regional Data

Region	Early Initiation of breastfeeding	Minimum Diet Diversity
<b>National</b>	<b>81</b>	<b>60</b>
Batken	93	27
Jalal-Abad	74	67
Issyk-Kul	74	41
Naryn	79	83
Osh	95	56
Talas	79	69
Chui	65	73
Bishkek c	79	61
Osh c	79	65

Percent of newborns put to the breast within one hour of birth, and percent of children aged 6-23 months that were fed food from at least 5 out of 8 food groups by geographic region

The Kyrgyzstan Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Statistics Committee as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, USAID

and United Nations Population Fund provided financial support.

The objective of this snapshot is to disseminate selected findings from the Kyrgyzstan MICS 2018 related to Infant & Young Child Feeding (IYCF). Data from this snapshot can be found in table

TC.7.1, TC.7.2, TC.7.3, TC.7.5, TC.7.6, TC.7.7.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

# Kyrgyzstan 2018



## Nutritional Status of Children

Multiple Indicator  
Cluster Surveys

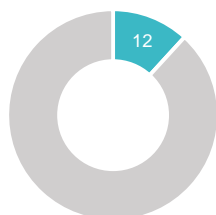
### Anthropometric Malnutrition Indicators



#### Stunting: SDG 2.2.1



**Stunting** refers to a child who is too short for his or her age. Stunting is the failure to grow both physically and cognitively and is the result of chronic or recurrent malnutrition.

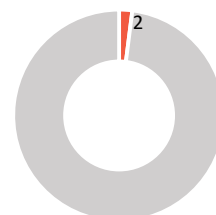


Percentage of children under-5 who are stunted

#### Wasting: SDG 2.2.2



**Wasting** refers to a child who is too thin for his or her height. Wasting, or acute malnutrition, is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible.

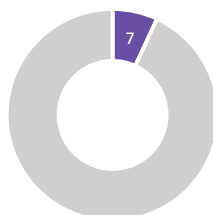


Percentage children under-5 who are wasted

#### Overweight: SDG 2.2.2



**Overweight** refers to a child who is too heavy for his or her height. This form of malnutrition results from expending too few calories for the amount consumed from food and drinks and increases the risk of noncommunicable diseases later in life.

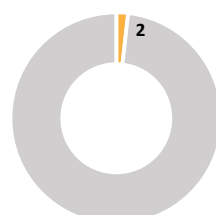


Percentage of children under-5 who are overweight

#### Underweight

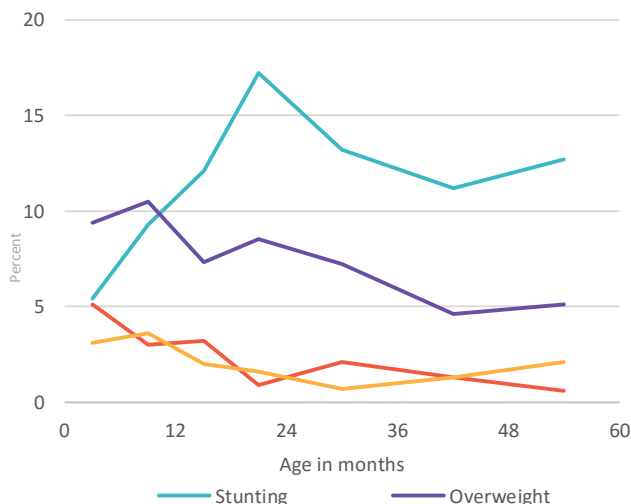


**Underweight** is a composite form of undernutrition that can include elements of stunting and wasting (i.e. an underweight child can have a reduced weight for their age due to being too short for their age and/or being too thin for their height).



Percentage children under-5 who are underweight

#### Anthropometric Malnutrition Indicators by Age



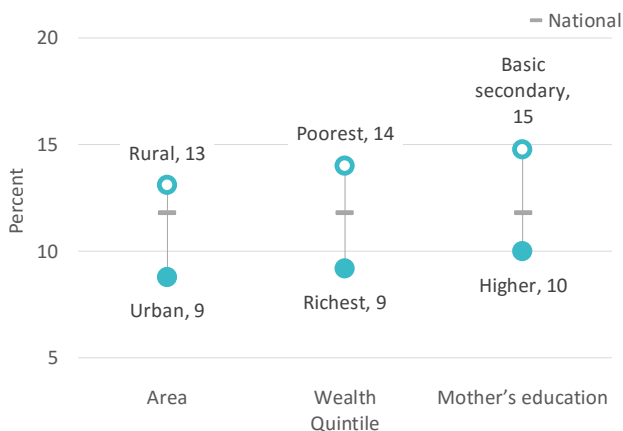
Percentage children who are underweight, stunted, wasted and overweight, by age in months

#### Key Messages

- In Kyrgyzstan, stunting is moderately high at 12%.
- The highest rates of stunting are among rural children (13.1%) and children in the poorest households (14.0%). The lowest rates have been observed among children in the richest households (9.2%) and in urban areas (8.8%).
- The percentage of stunted children increases with age – it's highest at age group 18-23 months (17.2%).
- Anthropometric indicators of wasting and underweight in Kyrgyzstan are within the biological norm and do not exceed 5% among all age-groups of children.
- There are 99% of households with iodized salt and 92% of households consuming adequately iodized.

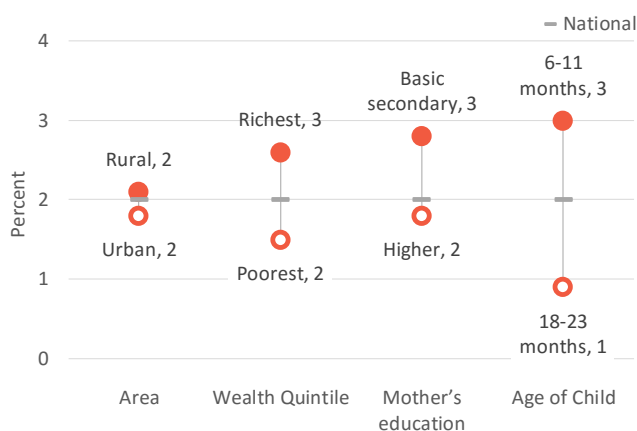
## Nutritional Status of Children: Disaggregates

### Stunting: SDG 2.2.1



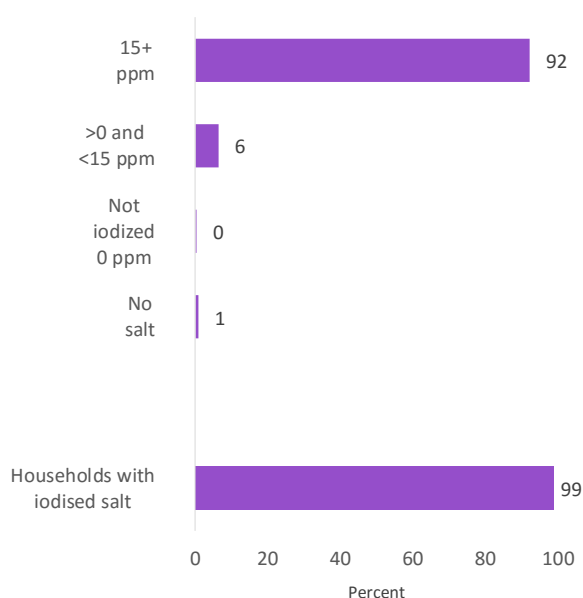
Percentage of under 5 children who are stunted, by background characteristics

### Wasting: SDG 2.2.2



Percentage of under 5 children who are wasted, by background characteristics

### Iodized salt consumption



Percent distribution of households by consumption of iodized salt

### Regional Data on Stunting, Overweight & Wasting

	Stunting: SDG 2.2.1	Overweight: SDG 2.2.2	Wasting	
	% stunted (moderate and severe)	% overweight (moderate and severe)	% wasted (moderate and severe, SDG 2.2.2)	% wasted (severe)
<b>National</b>	<b>12</b>	<b>7</b>	<b>2</b>	<b>1</b>
Batken	12	7	2	0
Jalal-Abad	16	9	4	1
Issyk-Kul	14	5	2	1
Naryn	6	4	1	0
Osh	14	5	2	1
Talas	10	3	3	0
Chui	10	12	2	1
Bishkek c	6	7	1	0
Osh c	11	3	2	0

The Kyrgyzstan Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Statistics Committee as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF).

UNICEF, USAID and United Nations Population Fund provided financial support.

The objective of this snapshot is to disseminate selected findings from the Kyrgyzstan MICS 2018 related to the Nutritional Status of Children.

Data from this snapshot can be found in table TC. 8.1.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

# Kyrgyzstan 2018



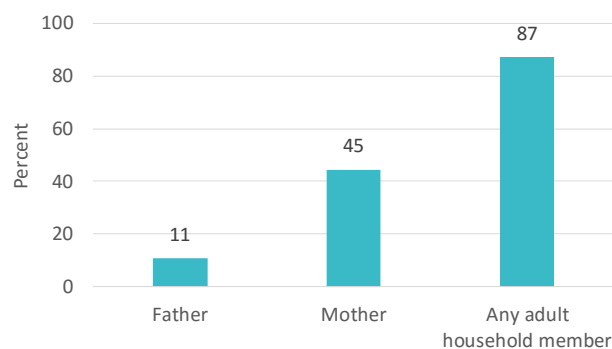
## Early Childhood Development

Multiple Indicator  
Cluster Surveys



### Support for Learning

#### Early Stimulation & Responsive Care



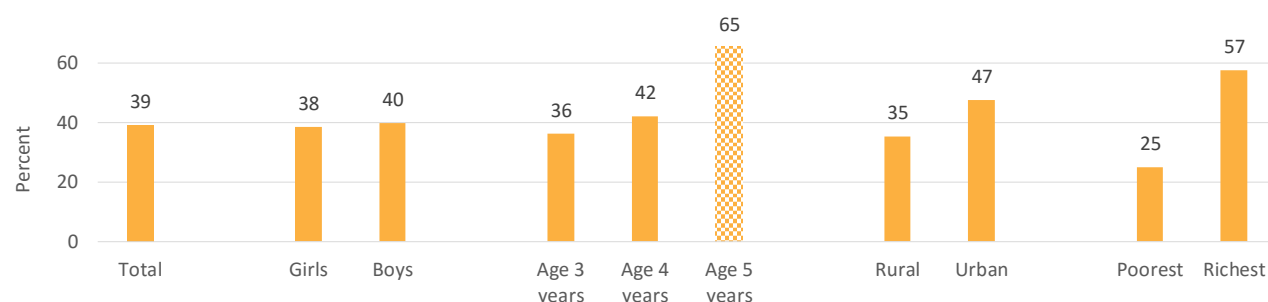
Percentage of children age 2-4 years with whom the father, mother or adult household members engaged in activities that promote learning and school readiness during the last three days

Note: Activities include: reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child

Early childhood, which spans the period up to 8 years of age, is critical for cognitive, social, emotional and physical development. During these years, a child's newly developing brain is highly plastic and responsive to change. Optimal early childhood development requires a stimulating and nurturing environment, access to books and learning materials, interactions with responsive and attentive caregivers, adequate nutrients, access to good quality early childhood education, and safety and protection. All these aspects of the environment contribute to developmental outcomes for children.

Children facing a broad range of risk factors including poverty; poor health; high levels of family and environmental stress and exposure to violence, abuse, neglect and exploitation; and inadequate care and learning opportunities face inequalities and may fail to reach their developmental potential. Investing in the early years is one of the most critical and cost-effective ways countries can reduce gaps that often place children with low social and economic status at a disadvantage.

#### Attendance at Early Childhood Education Programmes



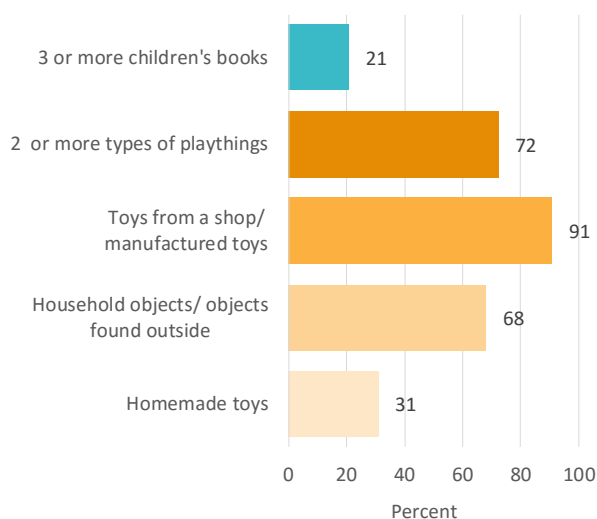
Percentage of children aged 36-59 months attending an early childhood education programme, by background characteristics

### Key Messages

- Early stimulation and responsive care for children aged 2-4 years is carried out mainly by any adult (87%), but the father's participation (11%) is very limited.
- Attendance at early education programmes is higher among children aged 4 years, children from urban areas and among families with higher level of well-being.
- The levels early childhood development are higher among children from urban areas (76%), families with higher level of well-being (78%), and among girls (75%).
- Most of children under 5 years have access to toys from the store (91%), household items, including objects found outside (68%) and lower percentage of children have access to homemade toys (31%).
- 72% of children aged 3-4 years were developmentally on track in at least 3 of 4 domains. The level of motor and cognitive development and skills are quite high (99%/92%), social-emotional development - 74%, while the literacy-numeracy rate is much lower -14%.
- Total rate of children under 5 years that were left alone or under the supervision of other children younger than 10 years of age is 8% all over the country. This indicator is highest in Chui (16%), Batken (12%), Talas (10%) and Jalal-Abad (8%) regions.

## Learning Materials & Child Supervision

### Access to Play & Learning Materials



Percentage of children under age five according to their access to play and learning materials

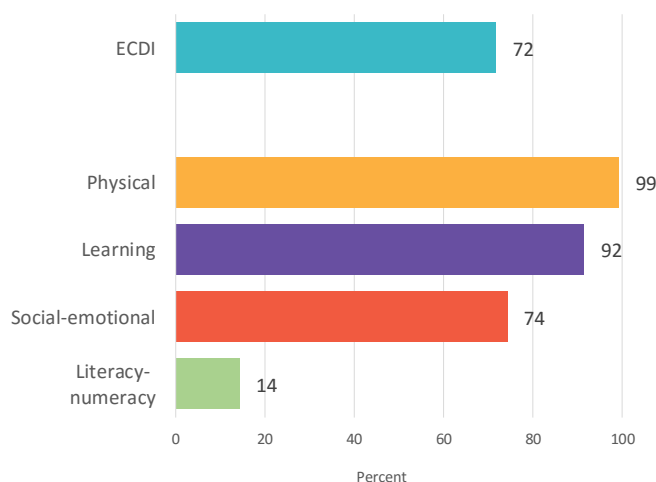
### Inadequate supervision of children

Region	Left in inadequate supervision
<b>National</b>	<b>8</b>
Batken	12
Jalal-Abad	8
Issyk-Kul	6
Naryn	7
Osh	5
Talas	10
Chui	16
Bishkek c	3
Osh c	4

Percentage of children under age five left alone or under the supervision of another child younger than 10 years of age for more than one hour at least once in the last week, by region

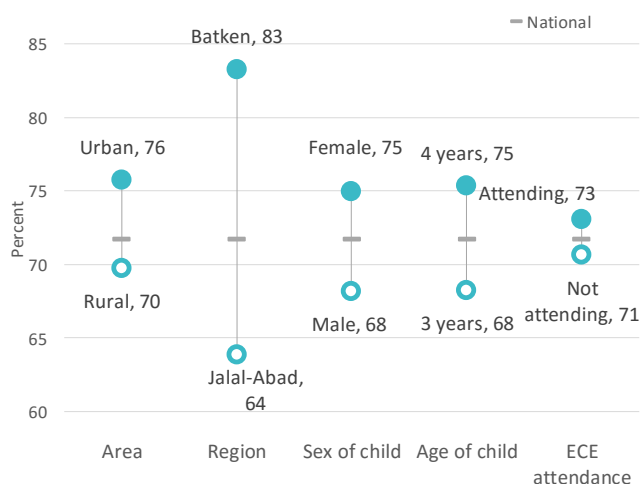
### Early Childhood Development Index (ECDI)

#### ECDI: Total Score & Domains, SDG 4.2.1



ECDI: Early Childhood Development Index; percentage of children age 3-4 years who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains

#### ECDI: Disaggregates



ECDI by various characteristics  
ECE = early childhood education

The Kyrgyzstan Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Statistics Committee as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF), UNICEF, USAID and United Nations Population Fund provided financial support.

The objective of this snapshot is to disseminate selected findings from the Kyrgyzstan MICS 2018 related to Early Childhood Development. Data from this snapshot can be found in tables TC10.1, LN1.1, LN1.1A, TC10.2, TC10.3 and TC11.1

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

# Kyrgyzstan 2018



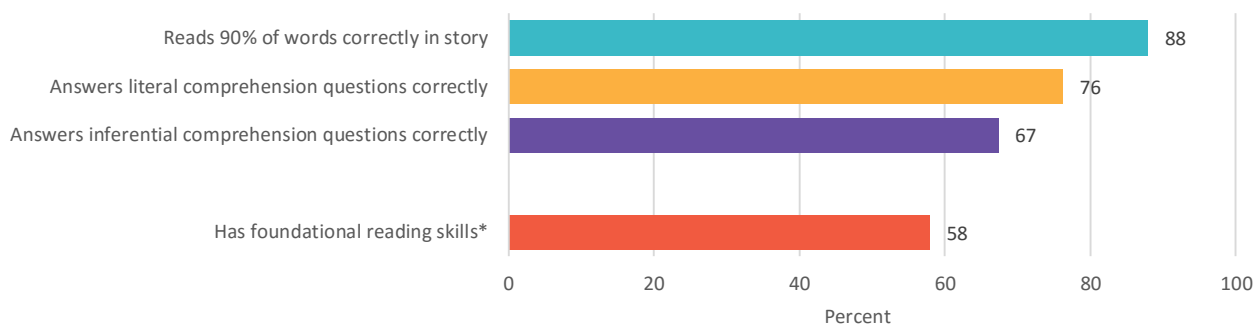
## Early Grade Learning & Parental Involvement

Multiple Indicator  
Cluster Surveys

### Early Grade Learning

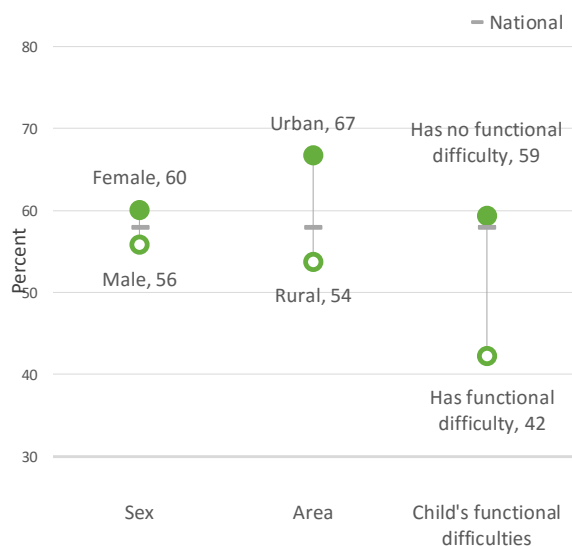


#### Foundational Reading Skills: SDG 4.1.1.(a) (i: reading)



\*Percentage of children age 7-14 who can 1) read 90% of words in a story correctly, 2) Answer three literal comprehension questions, 3) Answer two inferential comprehension questions

#### Disaggregates in Foundational Reading Skills

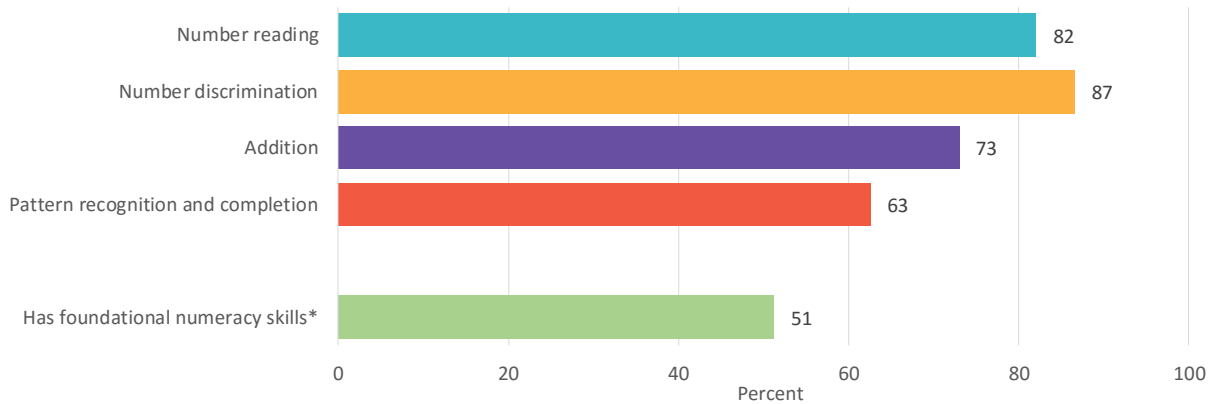


#### Regional Data on Foundational Reading Skills

Region	Boys	Girls	Total
<b>National</b>	<b>56</b>	<b>60</b>	<b>58</b>
Batken	64	67	66
Jalal-Abad	47	54	50
Issyk-Kul	59	71	66
Naryn	41	37	39
Osh	50	59	55
Talas	67	64	65
Chui	47	50	49
Bishkek city	75	73	74
Osh city	69	76	72

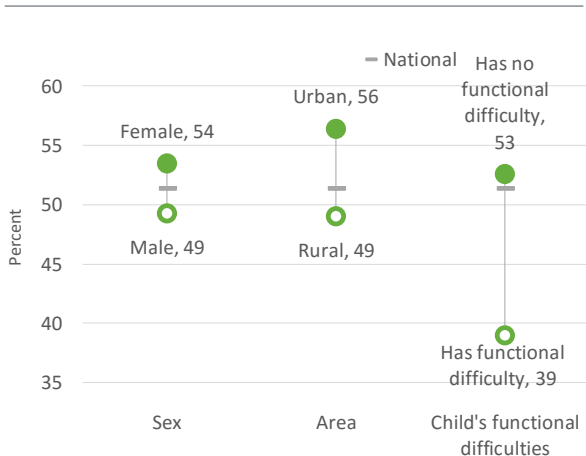
## Early Grade Learning

### Foundational Numeracy Skills: SDG 4.1.1.(a) (ii: numeracy)



\*Percentage of children age 7-14 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

### Disaggregates in Foundational Numeracy Skills



### Regional Data on Foundational Numeracy Skills

Region	Boys	Girls	Total
<b>National</b>	<b>49</b>	<b>54</b>	<b>51</b>
Batken	66	68	67
Jalal-Abad	32	58	43
Issyk-Kul	50	59	55
Naryn	40	42	41
Osh	48	51	49
Talas	45	54	49
Chui	52	40	46
Bishkek city	67	62	65
Osh city	51	58	54

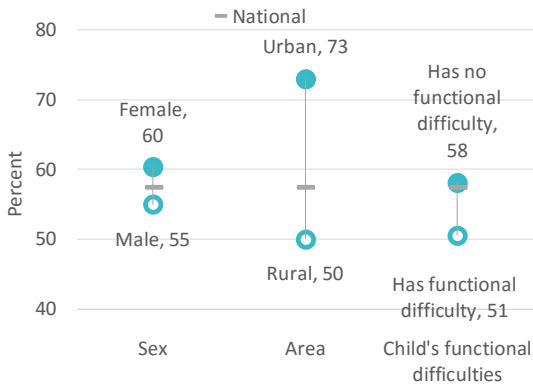
## Reading & Numeracy Skills Data in MICS

- The Foundational Learning module adopts a direct assessment method for children's early learning in reading and mathematics at the level of Grade 2 in primary education. This contributes to SDG4.1.1.(a) Global Indicator.
- For the Foundational Learning module, one child age 7 to 14 (inclusively) is randomly selected in each household.
- The content of reading assessment is customized in each country, ensuring that the vocabulary used are part of the Grade 2 reading textbook. This ensures national question relevance in terms of vocabulary and cultural appropriateness). The questions on mathematics are based on universal skills needed for that grade level.
- As MICS also collects data on school attendance and numerous individual and household characteristics, such as location, household socio-economic status, and ethnicity, the most marginalized sub-populations of children can be identified for support to improve learning outcomes.

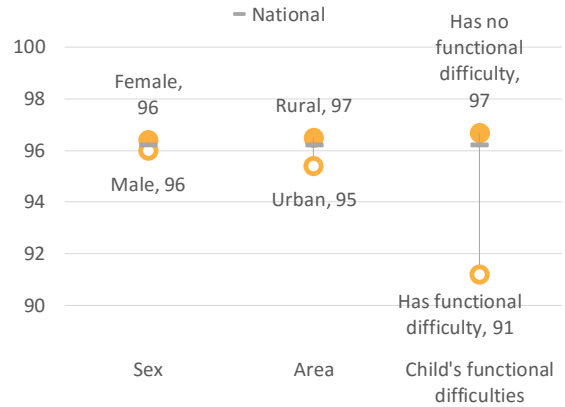


## Parental Involvement: Learning Environment at Home

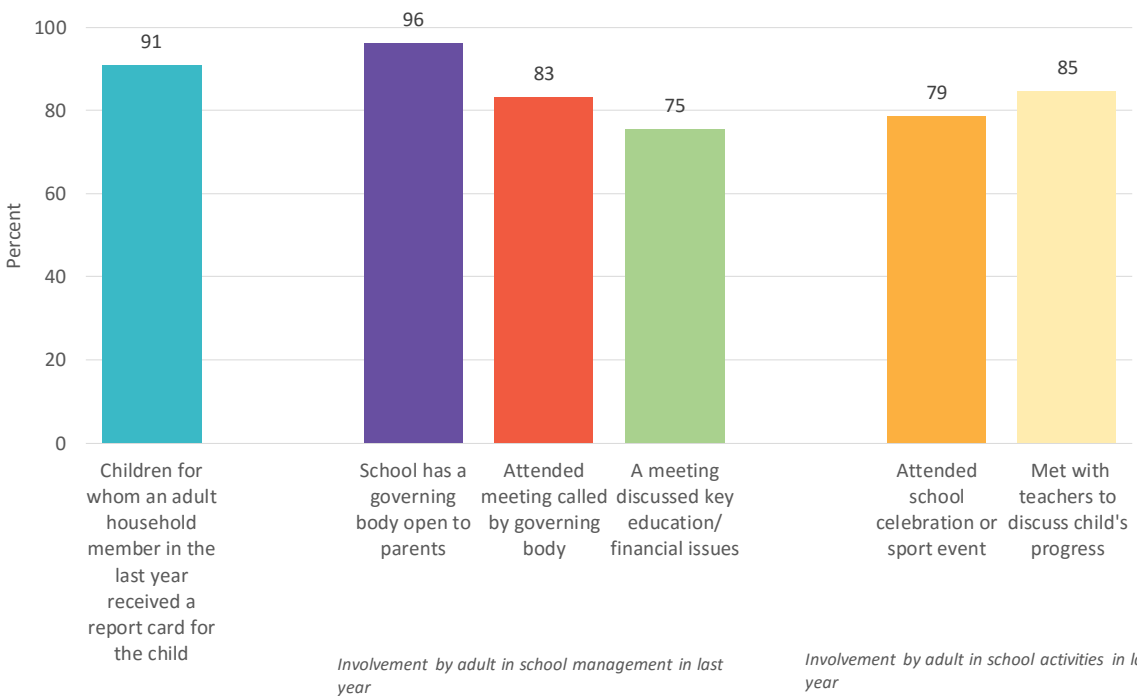
Children with 3 or more books to read at home



Children who read books or are read to at home



## Parental Involvement: Support for learning at School



The Kyrgyzstan Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Statistics Committee as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF), UNICEF, USAID and United Nations

Population Fund provided financial support.

The objective of this snapshot is to disseminate selected findings from the Kyrgyzstan MICS 2018 related to Early Grade Learning & Parental Involvement. Data from this

snapshot can be found in table LN.3.1, LN.3.3, LN.4.1 and LN.4.2.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

# Kyrgyzstan 2018



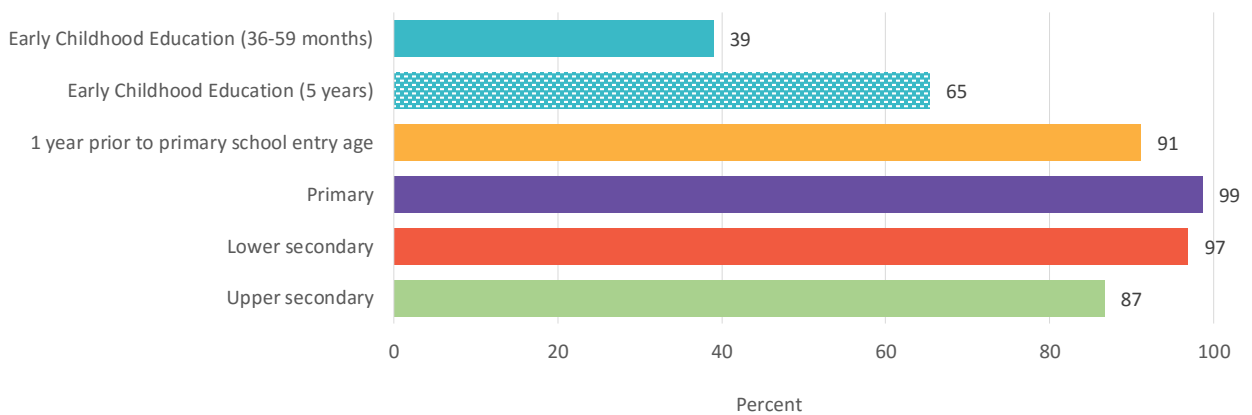
## Education

Multiple Indicator  
Cluster Surveys

### Attendance Rates & Inequalities

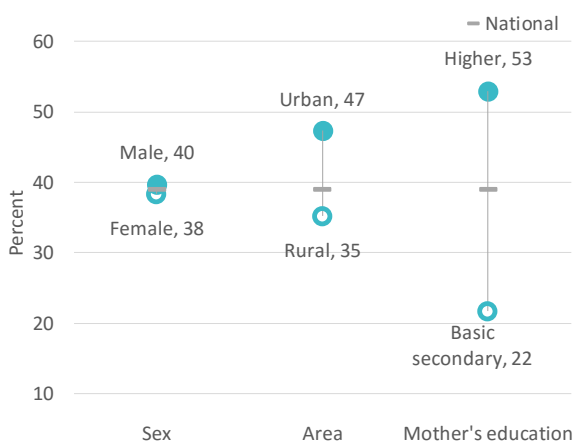


#### School Net Attendance Rates (adjusted)

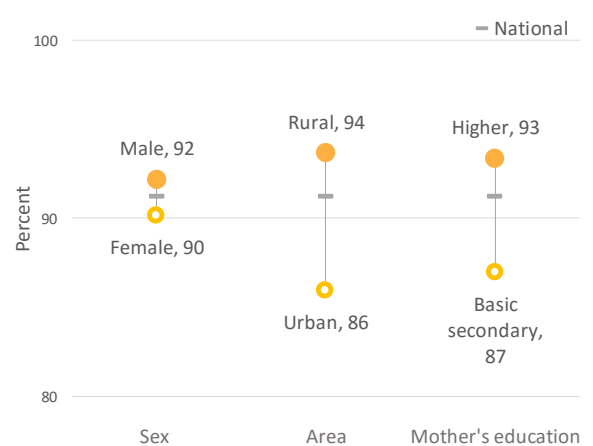


### Inequalities in Attendance in Early Childhood Education & Participation in Organized Learning

#### Net Attendance Rate for Early Childhood Education



#### Participation Rate in Organized Learning (1 Year Prior to Primary Entry Age): SDG 4.2.2

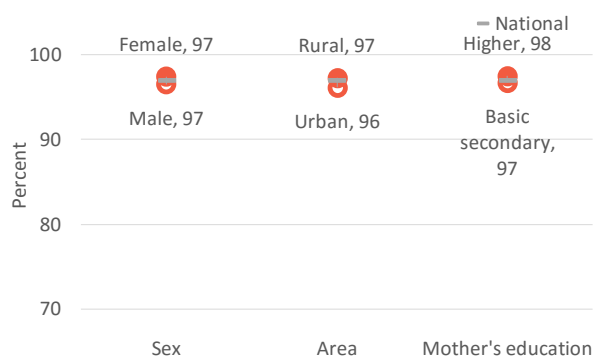


Percentage of children age 36-59 months who are attending early childhood education

Percentage of children attending an early childhood education programme, or primary education (adjusted net attendance ratio), who are one year younger than the official primary school entry age at the beginning of the school year

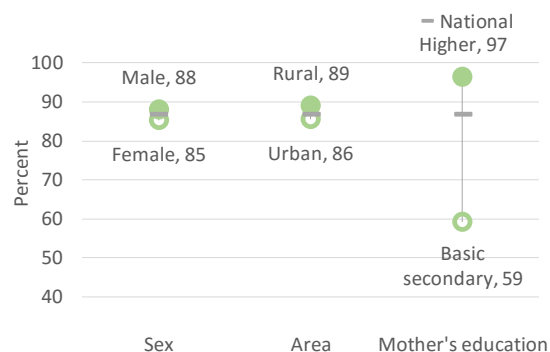
## Inequalities in Attendance Rates

### Adjusted Lower Secondary School Net Attendance Rate



Percentage of children of lower secondary school age (as of the beginning of the current or most recent school year) who are attending lower secondary school or higher

### Adjusted Upper Secondary School Net Attendance Rate



Percentage of children of upper secondary school age (as of the beginning of the current or most recent school year) who are attending upper secondary school or higher

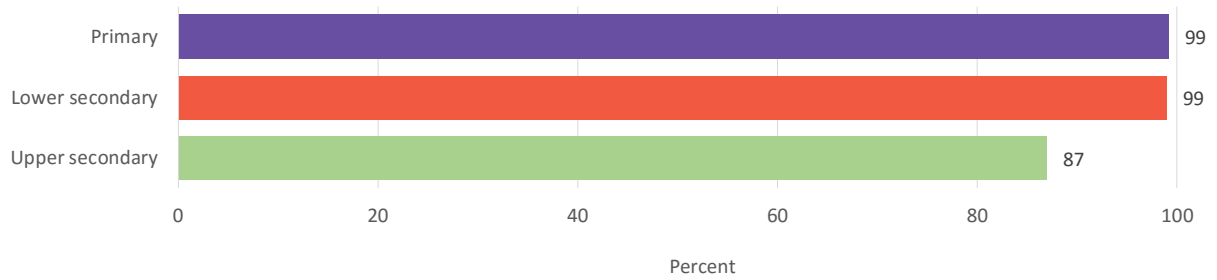
## Regional Data for Net Attendance Rates (adjusted)

Region	Early Childhood Education		Participation rate in organized learning		Primary	Lower Secondary	Upper Secondary
	36-59 month	3-6 years	In early childhood education	In primary			
<b>National</b>	<b>39</b>	<b>47</b>	<b>38</b>	<b>54</b>	<b>99</b>	<b>97</b>	<b>87</b>
Batken	37	44	47	39	92	93	91
Jalal-Abad	37	48	37	55	99	96	89
Issyk-Kul	27	37	55	35	99	98	92
Naryn	63	63	54	44	99	100	95
Osh	42	50	27	70	99	99	79
Talas	21	39	51	43	100	97	84
Chui	24	30	33	58	99	96	79
Bishkek city	52	61	43	36	100	96	96
Osh city	46	53	16	78	99	96	78

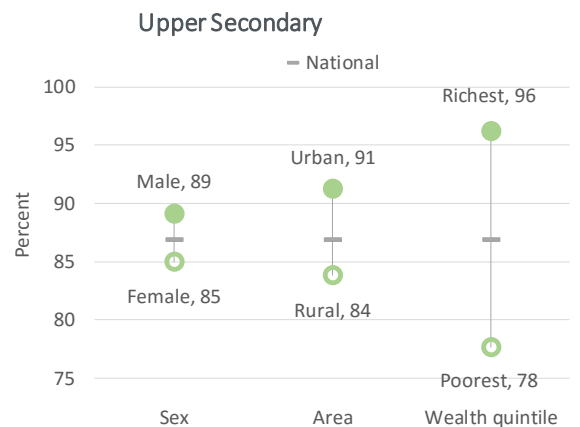
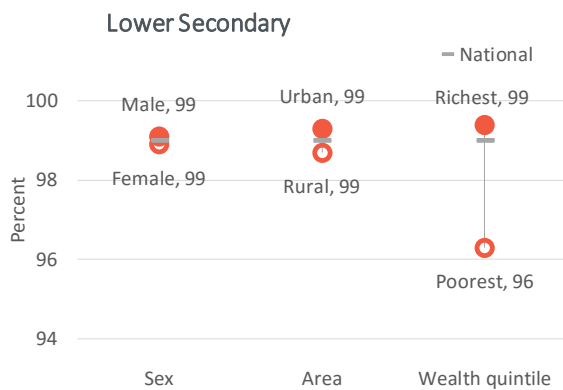
## Key Messages

- The survey has shown that the attendance rate in early childhood education among children aged 36-59 months remains low (39%)
- There is a high participation rate in organised learning programs (1 year before the age of enrollment in primary school) - 91%,
- The attendance rate of children in primary (grades 1-4) and lower-secondary (grades 5-9) schools is high — 99% and 97%, respectively.
- A decrease in attendance was shown at upper-secondary school level (grades 10-11) - down to 87%.
- The highest attendance rate among children (36-59 months) was recorded in Naryn (63%) and Bishkek city (52%), lowest were recorded in Talas (21%), Chui (24%) and Issyk-Kul (27%) regions.
- The highest attendance rates in early childhood education were recorded in the Issyk-Kul (55%), Naryn (54%), and Talas (51%) regions.
- In the country as a whole, there is a high level of attendance in primary and lower secondary school, except for Batken region (92% for primary and 93% for lower-secondary).
- The survey showed the lowest attendance rate in the upper-secondary schools in Osh city (78%), Chui and Osh regions (80%).

## Completion Rates



## Inequalities in Completion Rates



Percentage of children who age 3 to 5 years above the intended age for the last grade of lower secondary school who have completed lower secondary education

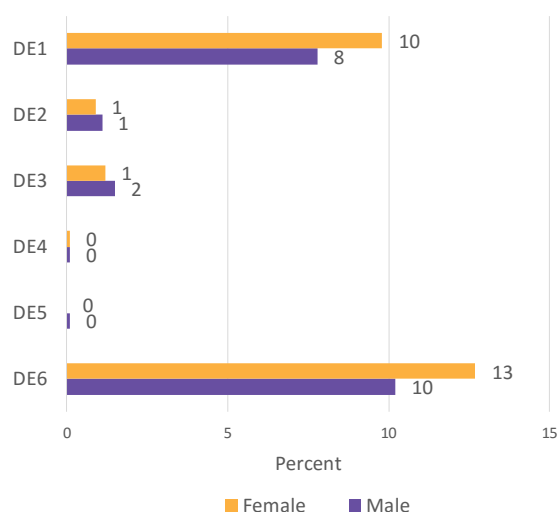
Percentage of children or youth who age 3 to 5 years above the intended age for the last grade of upper secondary school who have completed upper secondary education

## Regional Data in Completion Rates

Region	Primary	Lower Secondary	Upper Secondary
<b>National</b>	<b>99</b>	<b>99</b>	<b>87</b>
Batken	100	98	97
Jalal-Abad	97	98	87
Issyk-Kul	100	100	96
Naryn	100	97	89
Osh	100	99	75
Talas	98	98	(96)
Chui	100	97	83
Bishkek city	99	100	96
Osh city	100	100	76

## Out of School Rates

### Out of School Dimensions for Levels of Education



**Dimension 1:** Children not attending an early childhood education programme or primary education

**Dimension 2:** Children of primary school age who are not in primary or secondary school or higher education

**Dimension 3:** Children of lower secondary school age who are not in primary or secondary school or higher education

**Dimension 4:** Children who are in primary school but at risk of dropping out (overage by 2 or more years)

**Dimension 5:** Children who are in lower secondary school but at risk of dropping out (overage by 2 or more years)

**Dimension 6:** Children of upper secondary school age who are not attending primary, secondary or higher education

### SDG Summary for Education

SDG	MICS Indicator	Definition & Notes	Value
4.1.4	LN.8 a,b,c	Completion rate (primary education, lower secondary, upper secondary education)	99%/99%/87%
4.1.5	LN.6 a,b,c	Out-of-school rate (primary education, lower and upper secondary education)	1.0%/1.4%/11.4%
4.1.6	LN.10 a,b,	Percentage of children over-age for grade (primary education, lower secondary education)	0.1%/0.0%
4.2.2	LN.2	Participation rate in organized learning (one year before the official primary entry age), by sex	M:92.2%/F:90.2%
4.5.1	LN.5 a	Parity indices (female/male, rural/urban, bottom/top wealth quintiles) for primary adjusted net attendance rate	1.00/1.00/1.00
4.5.1	LN.5 b	Parity indices (female/male, rural/urban, bottom/top wealth quintiles) for lower secondary adjusted net attendance rate	1.01/1.02/1.01

The Kyrgyzstan Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Statistics Committee as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF,

USAID and United Nations Population Fund provided financial support.

The objective of this snapshot is to disseminate selected findings from the Kyrgyzstan MICS 2018 related to Education. Data from this snapshot

can be found in table LN.1.1, LN.1.1A LN.1.2, LN.2.3, LN.2.4, LN.2.5 , LN.2.6, and LN.2.7.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

# Kyrgyzstan 2018



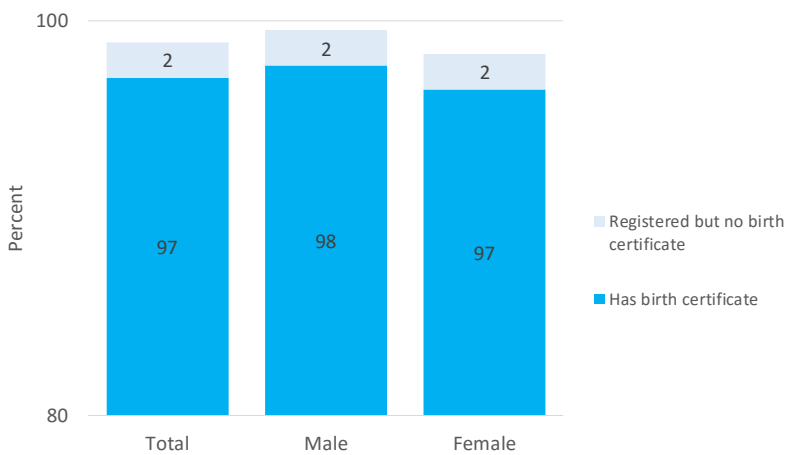
## Birth Registration

Multiple Indicator  
Cluster Surveys



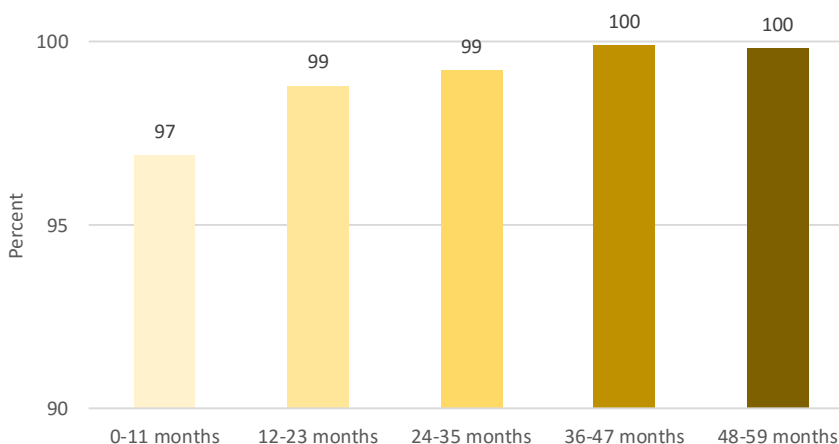
### Birth Registration Levels

#### Birth registration for Children Under-Five: SDG 16.9.1



Percentage of children under age 5 whose births are registered, by whether or not they have a birth certificate and by sex

#### Birth registration by Age

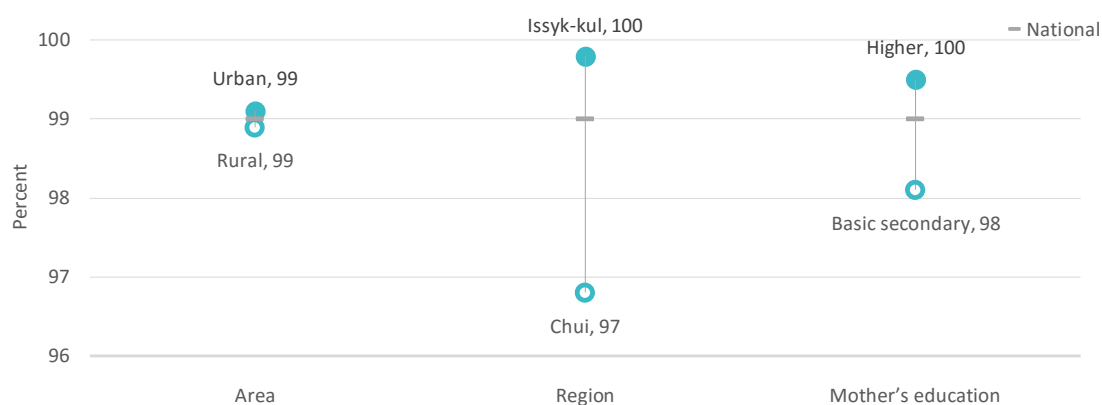


Percentage of children under age 5 whose births are registered, by age in months

### Key Messages

- High birth registration among children under 5 is observed in the Kyrgyz Republic – 98.9%
- Birth registration of boys is higher than registration of girls (99.5% and 98.4% accordingly)
- The highest number of unregistered children is prevalent among children under 1 (96.9%) and by the age of 5 almost all children are registered.
- Birth registration rate is higher among children with mothers with higher education – 99.5% versus 98.1% among mothers with complete secondary education
- Birth registration rates were the lowest in Chui oblast (96.8%) and in Osh city (97.5%)
- Birth registration rates were the highest in Batken oblast (99.7%) and Issyk-Kul oblast (99.8%)

## Birth Registration: Inequalities



Percentage of children under age 5 whose births are registered, by background characteristics

### Regional Data on Birth Registration

Region	Total registered
<b>National</b>	<b>99</b>
Batken	100
Jalal-Abad	99
Issyk-Kul	100
Naryn	99
Osh	99
Talas	99
Chui	97
Bishkek city	99
Osh city	97

Percentage of children under age 5 whose births are registered, by region

The Kyrgyzstan Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Statistics Committee as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, USAID and United Nations

Population Fund provided financial support.

The objective of this snapshot is to disseminate selected findings from the Kyrgyzstan MICS 2018 related to Birth Registration. Data from this snapshot can be found in table PR1.1.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

# Kyrgyzstan 2018



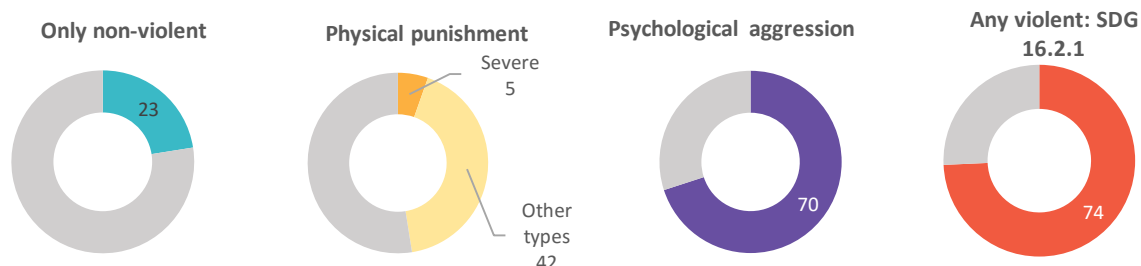
## Child Discipline

Multiple Indicator  
Cluster Surveys



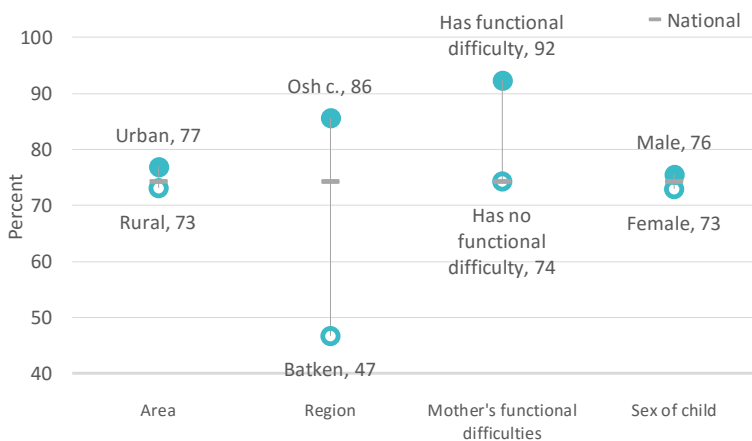
### Child Discipline

#### Types of Child Discipline



Percentage of children age 1 to 14 years who experienced any discipline in the past month, by type

#### Violent Discipline: Inequalities



Percentage of children aged 1 to 14 years who experienced any violent discipline in the past month, by background characteristics

**Physical punishment:** Shaking, hitting or slapping a child on the hand/arm/leg, hitting on the bottom or elsewhere on the body with a hard object, spanking or hitting on the bottom with a bare hand, hitting or slapping on the face, head or ears, and hitting or beating hard and repeatedly.

**Severe physical punishment:** Hitting or slapping a child on the face, head or ears, and hitting or beating a child hard and repeatedly.

**Psychological aggression:** Shouting, yelling or screaming at a child, as well as calling a child offensive names such as 'dumb' or 'lazy'.

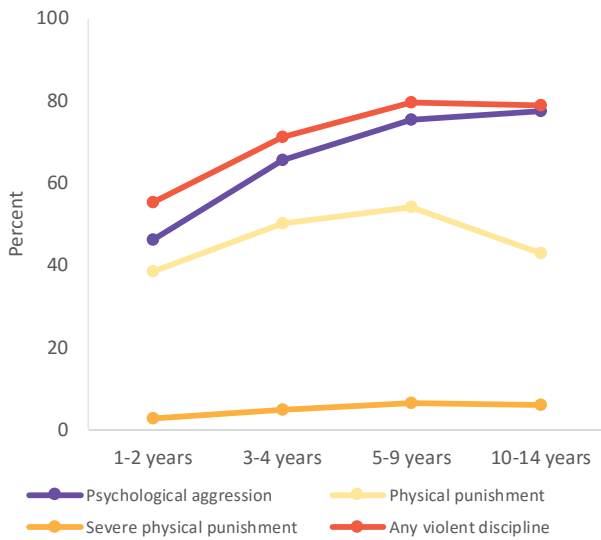
**Violent discipline:** Any physical punishment and/or psychological aggression.

### Key Messages

- 23% of children are exposed to only non-violent methods of discipline.
- 47.5% of children are exposed to physical punishment and 5.4% of children – to severe physical punishment.
- 70% of children experienced psychological aggression.
- Almost ¾ of children (74.3%) experienced either of the violent methods of discipline.
- second quintile of wealth index.
- Share of children experiencing violent methods of discipline tends to grow with their age.
- Share of mothers and caretakers who believe that physical punishment is needed was 8.9%, and the share of children who actually experienced physical punishment was – 52.9%.



## Violent Discipline: Age Patterns



Percentage of children age 1 to 14 years who experienced any violent discipline in the past month, by type and by age

## Physical Punishment: Attitudes & Experiences

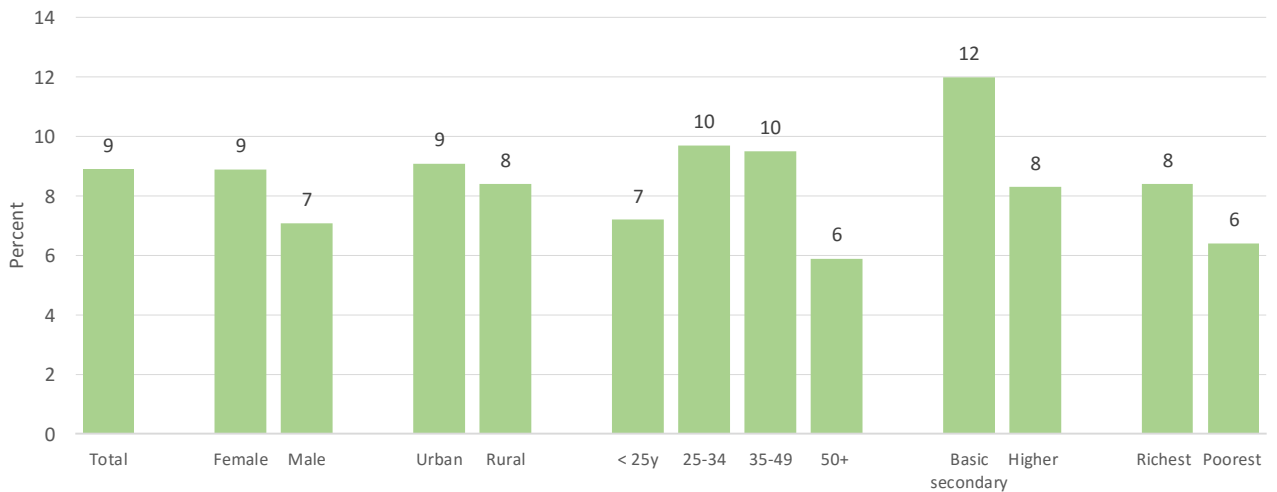
Percentage of respondents who think that physical punishment is necessary

9

Percentage of children age 1-14 years who experienced any physical punishment

48

## Attitudes to Physical Punishment



Percentage of respondents to the child discipline module who think that physical punishment is necessary to raise or educate children, by their background characteristics

The Kyrgyzstan Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Statistics Committee as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF), UNICEF, USAID and United Nations

Population Fund provided financial support.

The objective of this snapshot is to disseminate selected findings from the Kyrgyzstan MICS 2018 related to Child Discipline. Data from this snapshot can be found in tables

PR2.1 and PR2.2.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

# Kyrgyzstan 2018



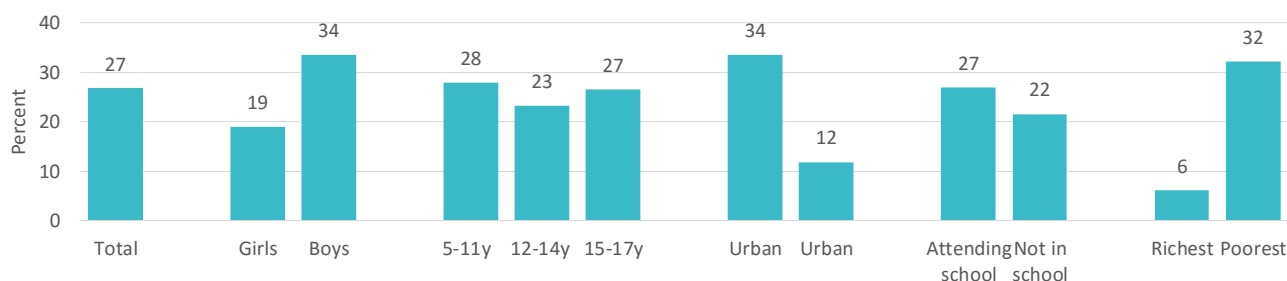
## Child Labour

Multiple Indicator  
Cluster Surveys

### Child Labour: Levels & Disaggregates



#### Child Labour for Age 5-17 years: SDG 8.7.1\*



Percentage of children age 5 to 17 years engaged in child labour, by background characteristics

\*Estimates from MICS of child labour are different from those in the SDG database for indicator 8.7.1, as the database excludes the hazardous work component and applies a threshold of 21 hours for household chores for children age 5-14 and no threshold for household chores for children age 15-17

#### Types of Child Labour



Percentage of children age 5 to 17 years engaged in child labour, by type of activity and by age

Note: These data reflect the proportions of children engaged in the activities at or above the age specific thresholds outlined in the definitions box.

#### Definition of Child Labour

Age 5 to 11 years: At least 1 hour of economic work, 28 hours of unpaid household services per week or hazardous working conditions.

Age 12 to 14 years: At least 14 hours of economic work, 28 hours of unpaid household services per week or hazardous working conditions.

Age 15 to 17 years: At least 43 hours of economic or unpaid household services per week or hazardous working conditions.

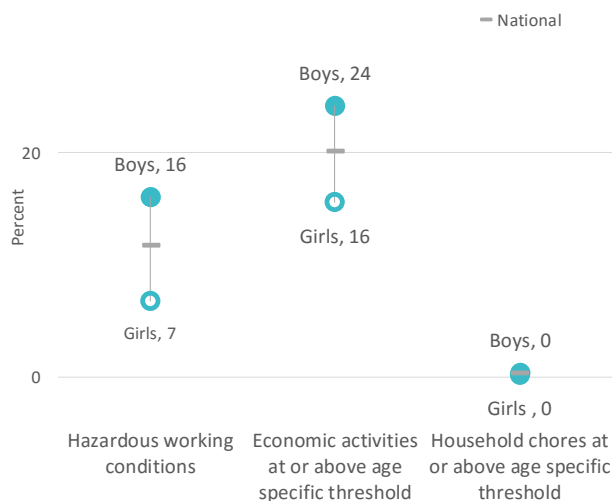
Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children, as well as collecting firewood or fetching water.

## Key Messages

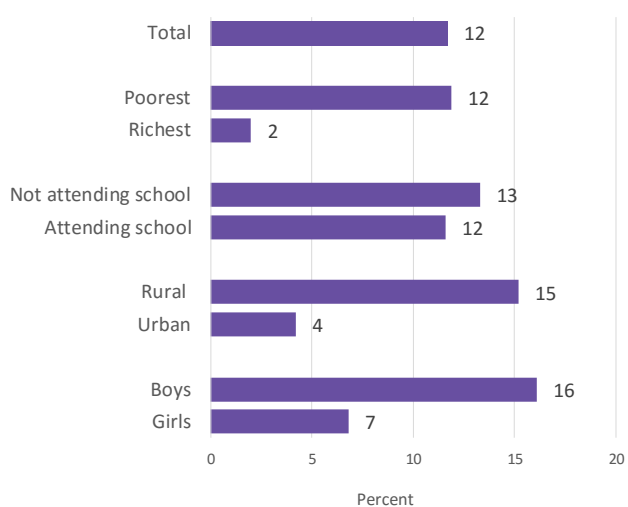
- In the Kyrgyz Republic 26.7% of children are engaged in child labour. That said, prevalence of child labour is higher among boys as compared to girls (33.6% vs 19.0%).
- Children from rural areas are involved in economic activities at twice the rate of children from urban areas.
- Children from the poorest wealth index quintile are engaged in child labour almost 5 times more often as compared to children from the richest quintile (32.1% versus 6.1%).
- Share of children age 15-17 involved in hazardous working conditions is higher as compared to other age groups.
- Share of children involved in hazardous working conditions is higher in the poorest quintile (12%) and in rural areas (15.2%). Boys are more often involved in hazardous activities (16.1%).
- Regional breakdown shows the highest rate of child labour in Naryn oblast (40.5%) and the lowest – in the cities of Bishkek (7.3%) and Osh (6.1%).

## Inequalities in Child Labour & Hazardous Conditions

### Child Labour Inequalities



### Hazardous Conditions Inequalities



### Regional Data on Child Labor

Region	Total Child Labor
<b>National</b>	<b>27</b>
Batken	28
Jalal-Abad	34
Issyk-Kul	27
Naryn	40
Osh	33
Talas	35
Chui	24
Bishkek c	7
Osh c	6

Percentage of children age 5 to 17 years engaged in child labor, by region

The Kyrgyzstan Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Statistics Committee as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, USAID and United Nations

Population Fund provided financial support.

The objective of this snapshot is to disseminate selected findings from the Kyrgyzstan MICS 2018 related to Child Labour. Data from this snapshot can be found in tables PR3.1, PR 3.2 and PR3.3.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

# Kyrgyzstan 2018



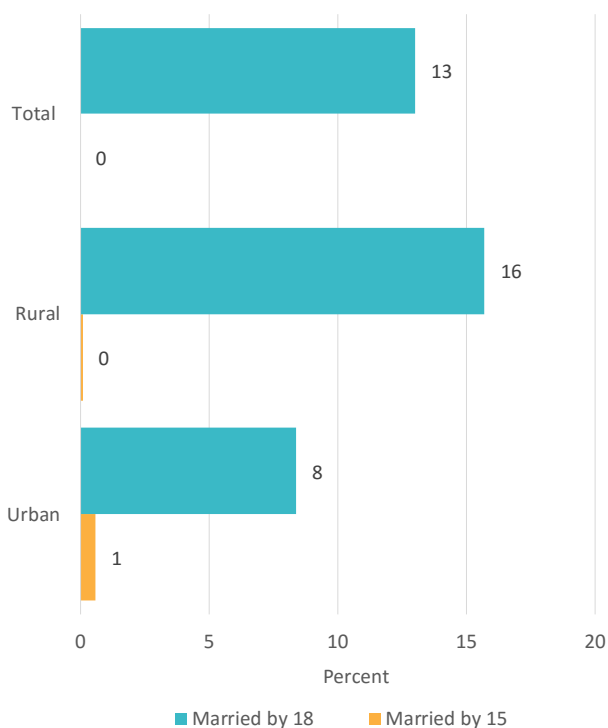
## Child Marriage

Multiple Indicator  
Cluster Surveys

### Child Marriage: Levels & Disaggregates

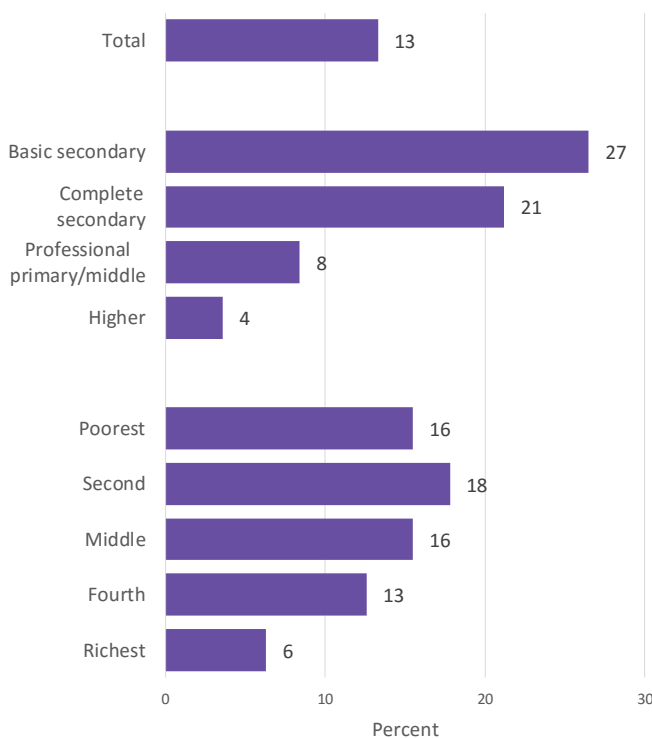


#### Marriage before Age 15 & Age 18: SDG 5.3.1



Percentage of women age 20-24 years who were first married or in union before age 15 and before age 18\*, by residence

#### Disaggregates in Marriage before Age 18



Percentage of women age 20-49 years who were first married or in union before age 18, by wealth quintile and education

### Key Messages

- One in 11 teenage girls aged 15-19 are currently married.
- Nearly 3% of married adolescents aged 15-19 have a partner who is 10 years or older.
- About 13% of women between the ages of 20 and 24 entered into an official or civil marriage for the first time before the age of 18.

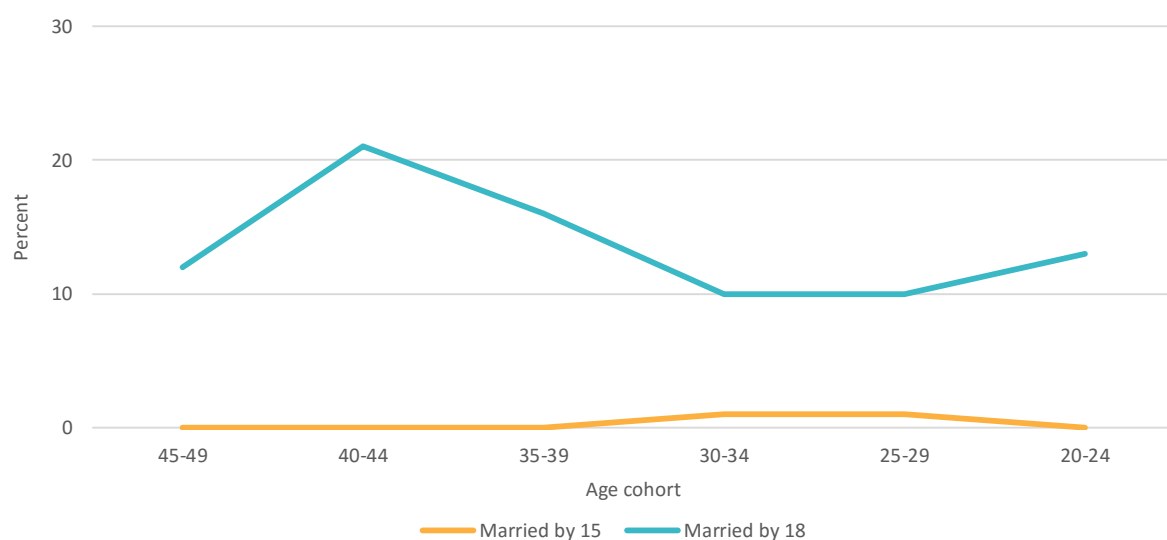
## Regional Data on Child Marriage

Region	Marriage by age 18
<b>National</b>	<b>13</b>
Batken	15
Jalal-Abad	15
Issyk-Kul	15
Naryn	17
Osh	15
Talas	18
Chui	17
Bishkek c	6
Osh c	10

Percentage of women aged 20 to 49 years who were first married or in union before age 18, by region

Marriage before the age of 18 is a reality for many young girls. In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner.

## Trends in Child Marriage



Percentage of women age 20-49 years who were first married or in union before age 15 and before age 18, by age cohort

The Kyrgyzstan Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Statistics Committee as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF), UNICEF, USAID and United Nations

Population Fund provided financial support.

The objective of this snapshot is to disseminate selected findings from the Kyrgyzstan MICS 2018 related to Child Marriage. Data from this snapshot can be found in tables

PR4.1W.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

# Kyrgyzstan 2018

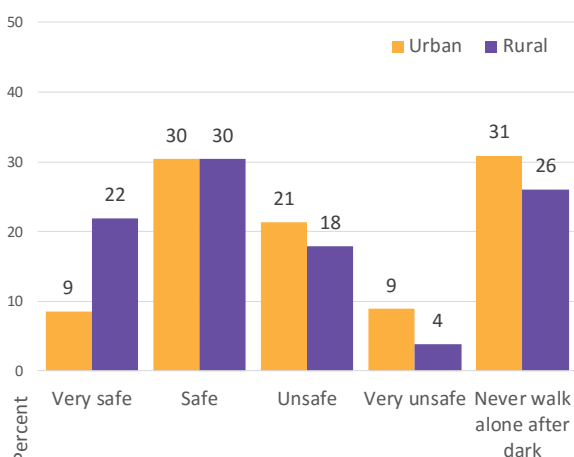


## Safety & Security

Multiple Indicator  
Cluster Surveys

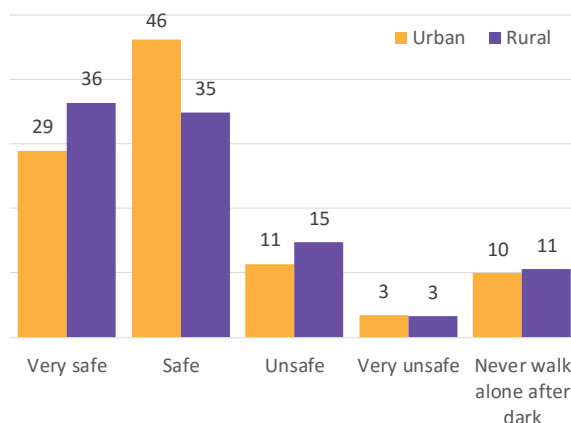


### Feeling safe while walking alone, SDG 16.1.4 sex disaggregate



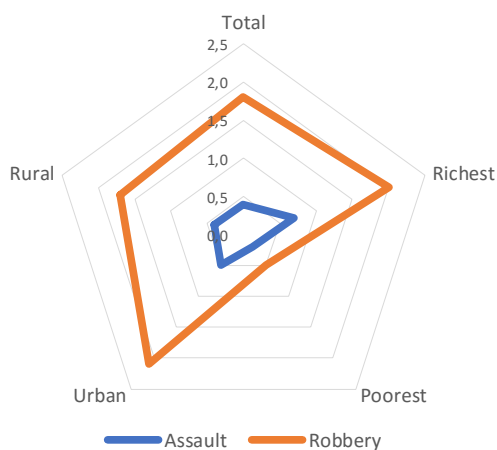
Percentage of adults who feel safe walking alone in their neighbourhood after dark, by area

### Feeling safe while being at home alone



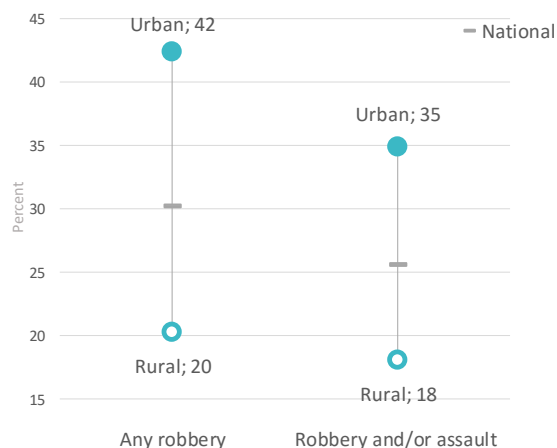
Percentage of adults (age 15-49) who feel safe being home alone after dark, by area

### Victimisation



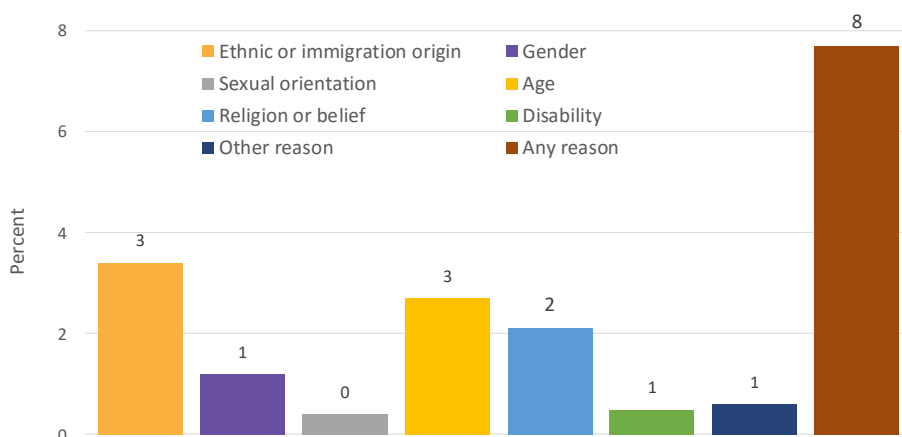
Percentage of female adults age 15-49 who experienced physical violence of robbery or assault in the last year, by sex, wealth quintile and area

### Reporting of victimisation to police, SDG 16.3.1



Percentage of adults age 15-49 for whom the last incident of physical violence of robbery and/or assault in the last year was reported to the police, by area

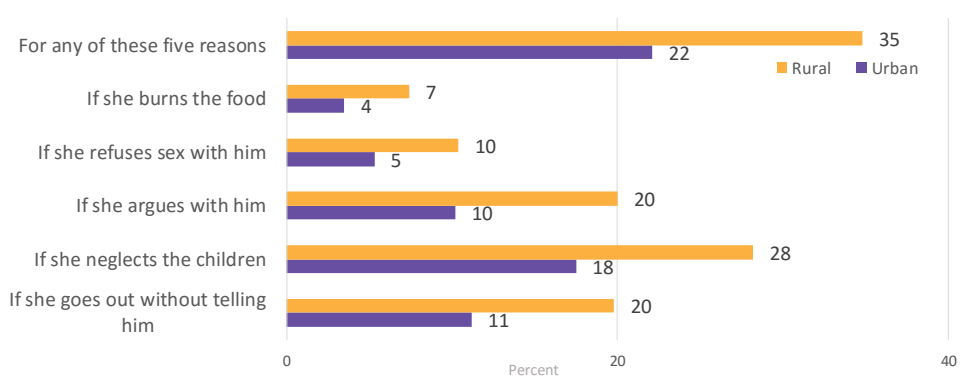
## Discrimination & harassment



Percentage of adults age 15-49 who have ever personally felt discriminated or harassed based.

## Attitudes & expectations

### Attitudes toward domestic violence



Percentage of women age 15-49 who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex, wealth quintile and area

## Key Messages

- Nearly 47% of women aged 15-49 feel safe walking alone in their area at night.
- 73% of women feel safe when they are alone at home in the dark.
- Over the past 3 years, 5% of women aged 15-49 have been victims of physical violence: robbery or assault and 2% in the last year.
- About 8% of women in the last 12 months have experienced discrimination or harassment on any grounds.
- One third of women aged 15-49 believe that a husband has the right to beat his wife for any of the 5 mentioned reasons.

The Country Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, USAID and United Nations

Population Fund provided financial support.

The objective of this snapshot is to disseminate selected findings from the Country MICS 2018 related to Safety & Security. Data from this snapshot can be found in table

PR.6.1W, PR.6.4W, PR.7.1W, PR.8.1, EQ.3.1.

Further statistical snapshots and the Summary Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

# Kyrgyzstan 2018

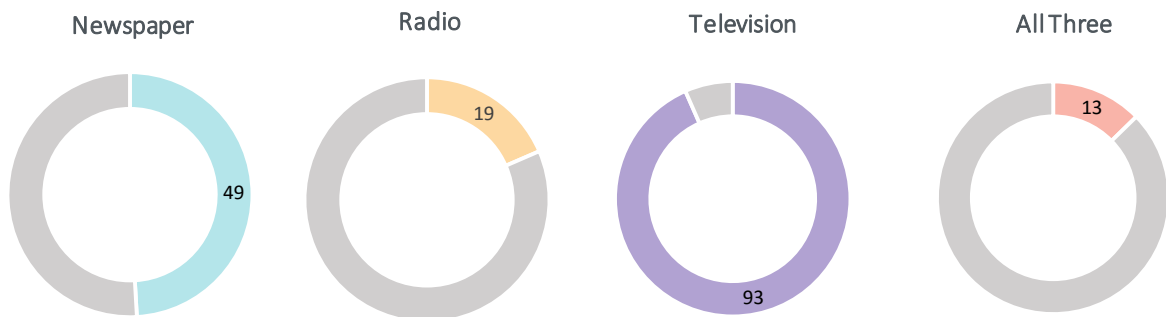


## Mass Media, Communications & Internet

Multiple Indicator  
Cluster Surveys



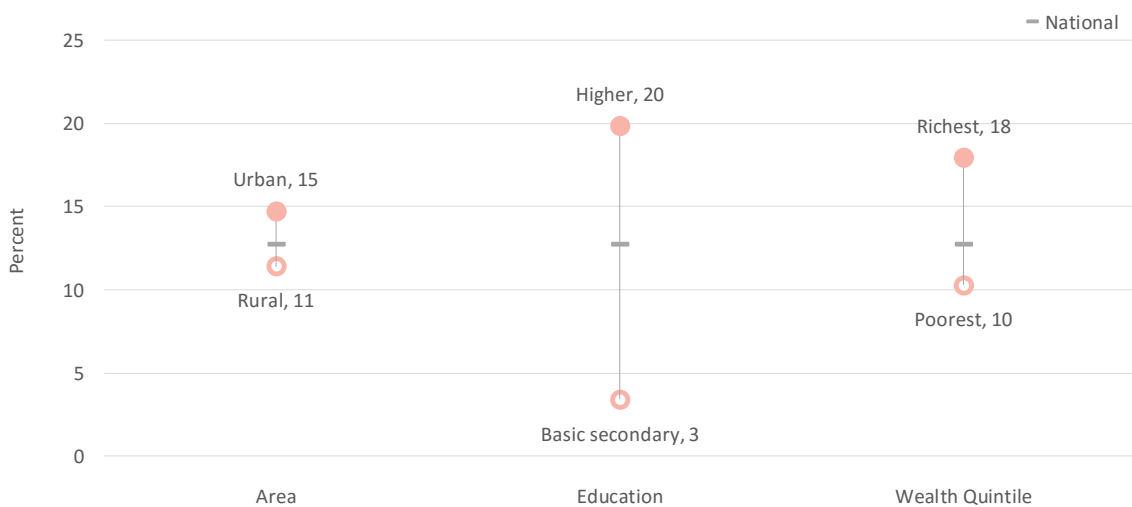
### Exposure to Mass Media



Percentage of women age 15-49 years who are exposed to specific mass media (newspaper, radio, television) on a weekly basis and percentage of women & men age 15-49 who are exposed to all three on a weekly basis

### Access to Mass Media

#### Women with Access to Newspaper, Radio & Television Weekly



Percentage of women age 15-49 years who are exposed to newspaper, radio, and television on a weekly basis



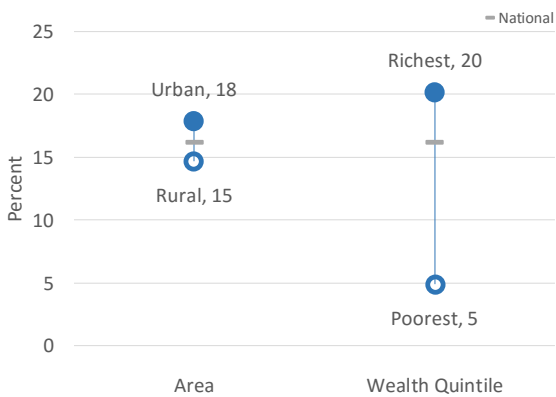
## Household Ownership of Information & Communication Technology (ICT) Equipment & Internet at Home

Region	Radio	Television	Telephone-Fixed line	Telephone-Mobile	Computer	Internet at Home
<b>National</b>	<b>16</b>	<b>97</b>	<b>19</b>	<b>98</b>	<b>27</b>	<b>69</b>
Batken	5	99	2	99	14	51
Jalal-Abad	18	97	6	98	21	77
Issyk-Kul	20	99	19	99	16	71
Naryn	24	98	7	99	16	62
Osh	8	97	3	98	16	59
Talas	11	99	8	99	15	9
Chui	20	97	18	98	32	76
Bishkek c	21	97	43	98	45	78
Osh c	6	95	31	98	30	79

Percentage of households which own a radio, television-fixed line, telephone- mobile, computer and that have access to the internet at home

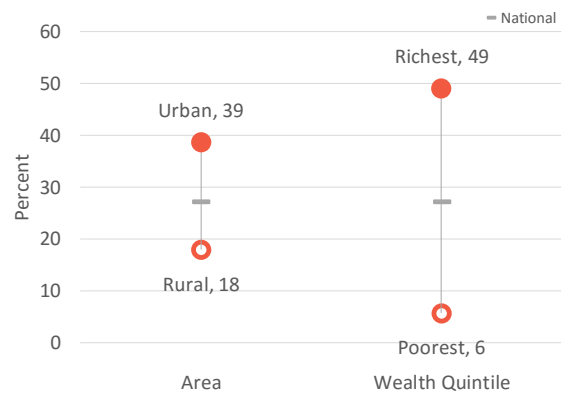
## Inequalities in Household Ownership of ICT Equipment & Internet at Home

### Household Ownership of a Radio



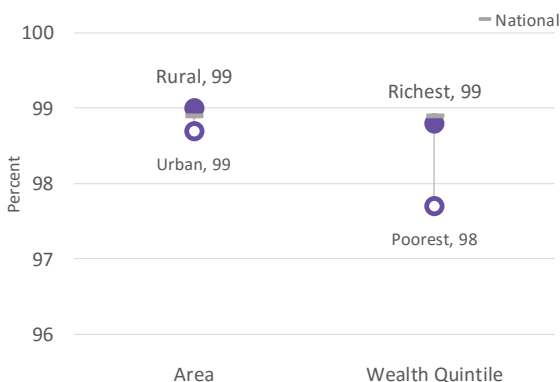
Percentage of households with a radio at home

### Household Ownership of a Computer



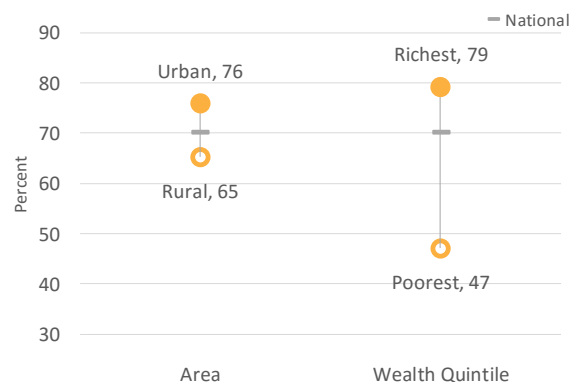
Percentage of households with a computer at home

### Household Ownership of a Mobile Telephone



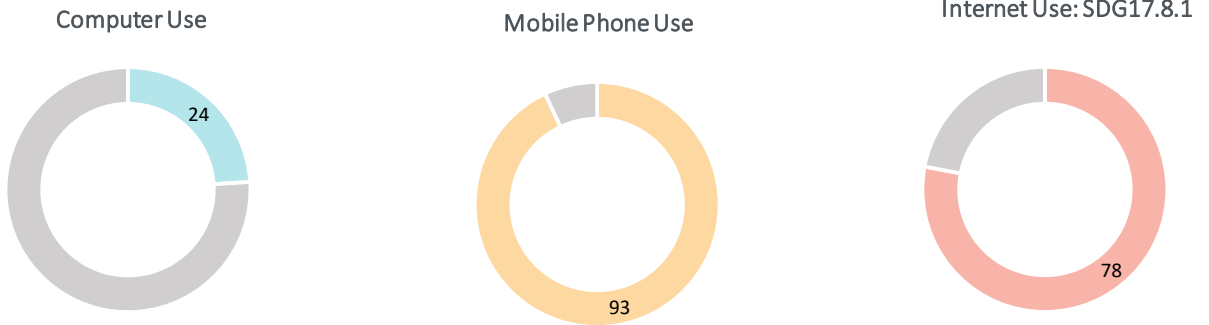
Percentage of households with mobile telephone

### Households with Internet



Percentage of households with access to the internet at home

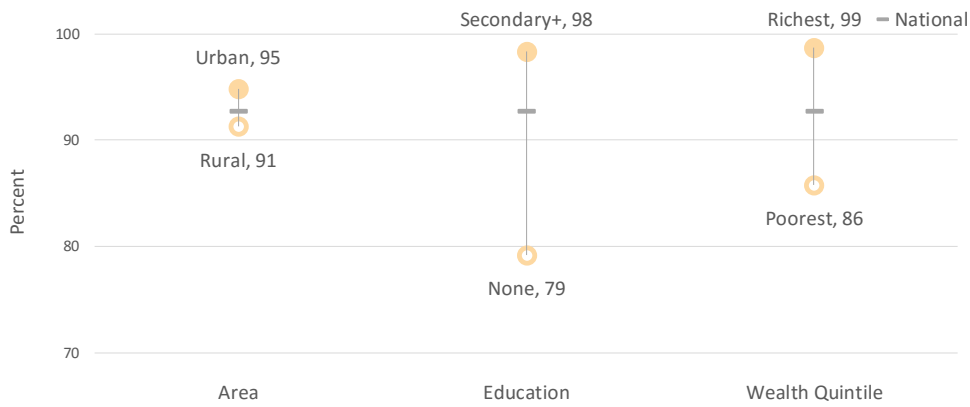
## Use of Information & Communication Technology



Percentage of women age 15-49 years who during the last 3 months used a computer, used a mobile phone and used the internet during the last 3 months

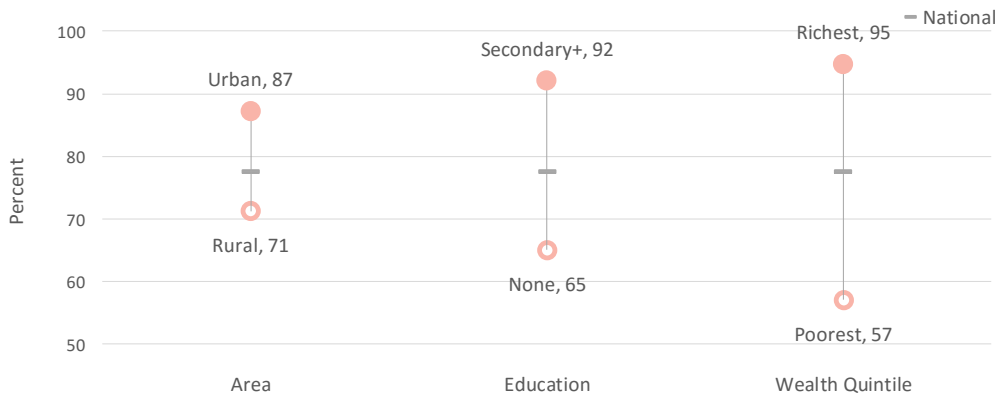
## Disparities in Use of Information & Communication Technology

### Disparities in Mobile Phone Use



Percentage of women age 15-49 years who during the last 3 months used a mobile phone during the last 3 months

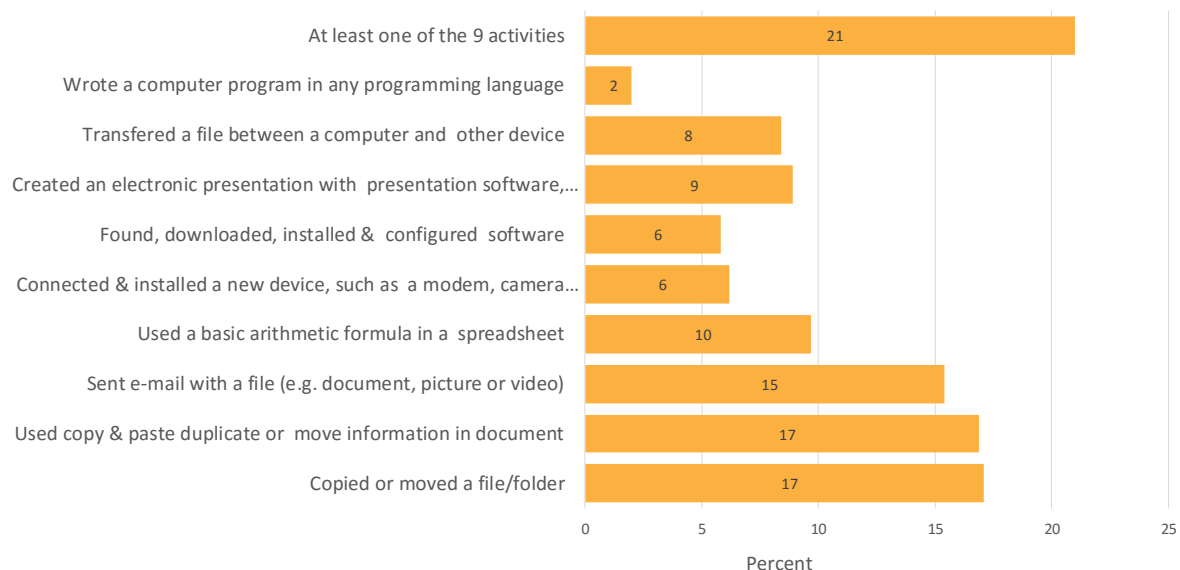
### Disparities in Internet Use : SDG17.8.1



Percentage of women age 15-49 years who used the internet in the last 3 months

## Information & Communication Technology (ICT) Skills

### Specific Computer Skills



Percentage of women age 15-49 years who in the last 3 months have carried out specific computer related activities and the percentage who have carried out at least one of these activities

### Regional Data on ICT Use & Skills

Region	Computer Use	Mobile Phone Use	Internet Use	Performed at Least 1 computer - related activity
<b>National</b>	<b>24</b>	<b>93</b>	<b>78</b>	<b>21</b>
Batken	14	95	68	8
Jalal-Abad	12	88	72	11
Issyk-Kul	17	98	83	15
Naryn	18	95	71	16
Osh	17	86	67	14
Talas	21	94	67	17
Chui	27	96	82	24
Bishkek c	46	99	94	42
Osh c	19	82	69	15

Percentage of women age 15-49 years who during the last 3 months used a computer, used a mobile phone and used the internet and percentage who performed at least 1 computer-related activity

The Kyrgyzstan Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Statistics Committee as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF), UNICEF, USAID and United Nations

Population Fund provided financial support.

The objective of this snapshot is to disseminate selected findings from the Kyrgyzstan MICS 2018 related to Mass Media, Communications & Internet. Data from this snapshot can be found in table SR9.1W,

SR9.1M, SR 9.2, SR9.3W, SR9.3M, SR9.4W and SR9.4M .

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

# Kyrgyzstan

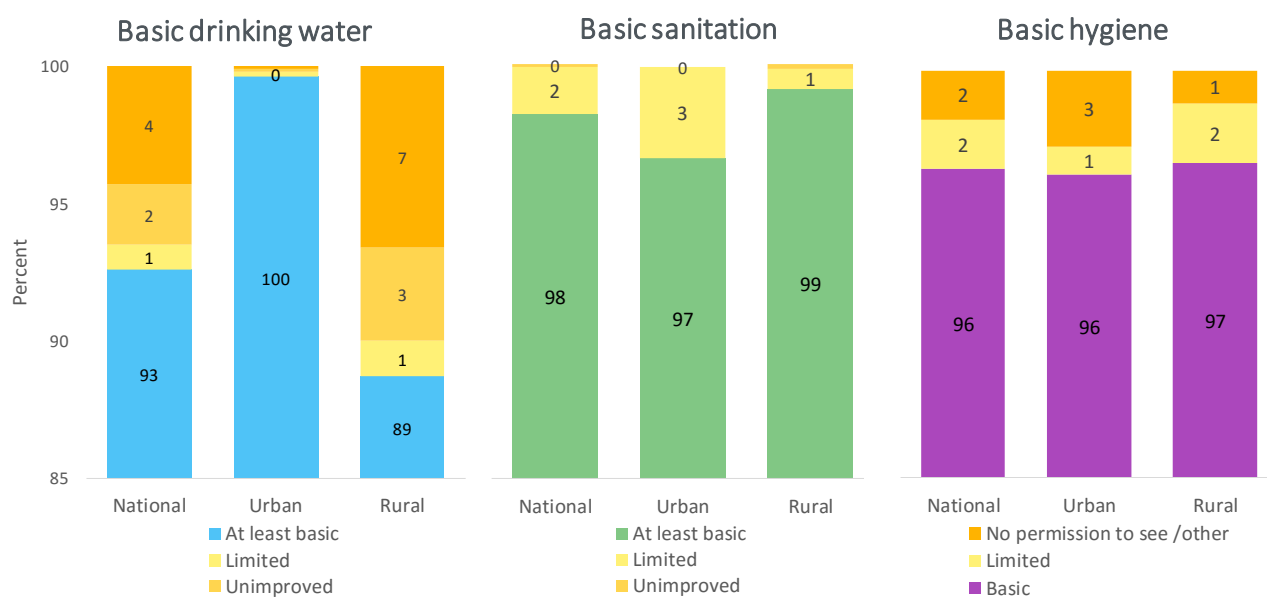
## 2018



### Drinking Water, Sanitation & Hygiene - WASH

Multiple Indicator Cluster Surveys

Basic Drinking Water, Sanitation & Hygiene Services



Percentage of population

Note: Some figures in this snapshot do not add up to 100 percent because of rounding.

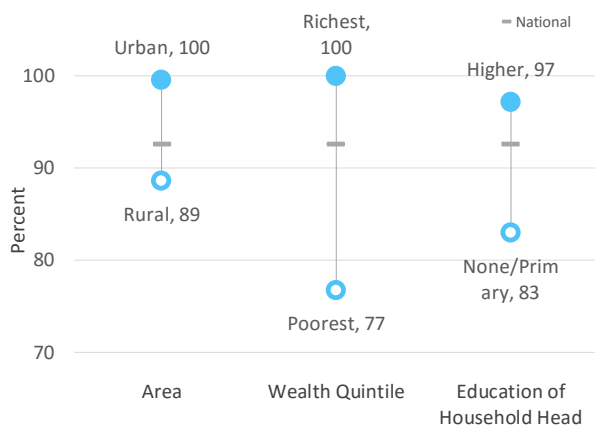
**Drinking water ladder:** **At least basic** drinking water services (SDG 1.4.1) refer to an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water. **Limited** refers to an improved source more than 30 minutes roundtrip. **Unimproved** sources include unprotected dug wells and unprotected springs. **No service** refers to the direct collection of water from surface waters such as rivers, lakes or irrigation channels.

**Sanitation ladder:** **At least basic** sanitation services (SDG 1.4.1) refer to the use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs. **Limited** sanitation service refers to an improved facility shared with other households. **Unimproved** sanitation facilities include flush/pour flush to an open drain, pit latrines without a slab, hanging latrines and bucket latrines. **No service** refers to the practice of open defecation.

**Hygiene ladder:** A **basic** hygiene service (SDG 1.4.1 & SDG 6.2.1) refers to the availability of a handwashing facility on premises with soap and water. Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents. **Limited** hygiene service refers to a facility lacking water and/or soap. **No facility** means there is no handwashing facility on the household's premises.

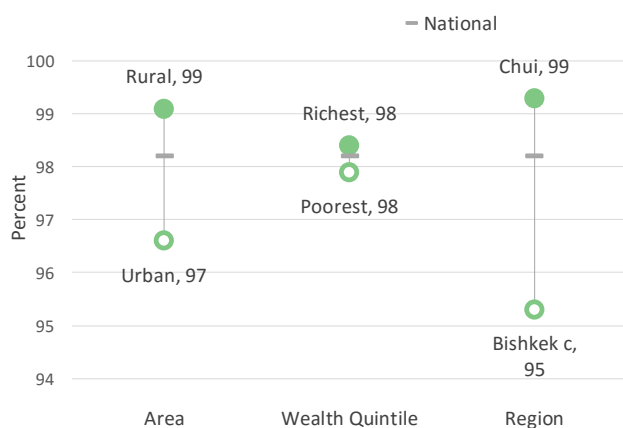
## WASH: Inequalities in Basic Services

### Basic Drinking Water



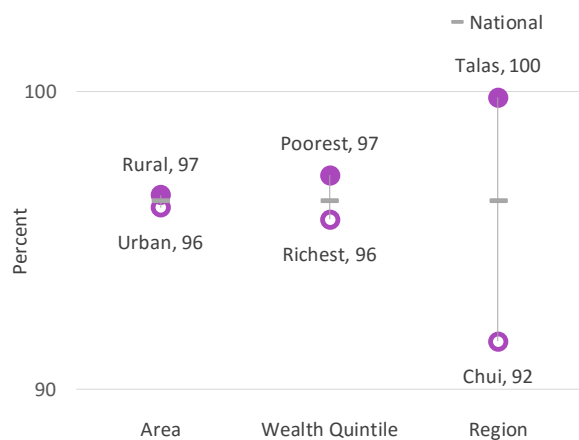
Percent of population using basic drinking water services by background characteristics

### Basic Sanitation



Percent of population using basic sanitation services by background characteristics

### Basic Hygiene



Percent of population using basic hygiene services by background characteristics

### Regional Data on Basic Services

Region	Basic Drinking Water	Basic Sanitation	Basic Hygiene
<b>National</b>	<b>93</b>	<b>98</b>	<b>96</b>
Batken	72	99	100
Jalal-Abad	86	99	93
Issyk-Kul	98	99	99
Naryn	97	98	99
Osh	88	98	99
Talas	98	99	100
Chui	99	99	92
Bishkek c.	100	95	96
Osh c.	99	98	97

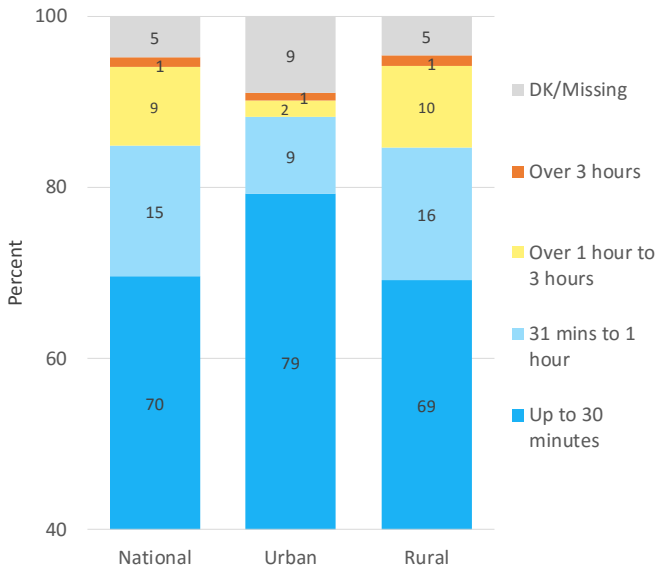
Percent of population using basic drinking water, sanitation and hygiene services by region

### Key Messages

- 93% of population have access to basic drinking water services, 98% - to basic sanitation and 96% - to basic hygiene.
- There is a gap in access to basic drinking water between urban and rural areas (100% vs 89%). The rate is highest in the cities of Bishkek and Osh (100% and 98.8% accordingly) and the lowest in Batken oblast (72.2%).
- 10.8% of rural population spend over an hour for water collection every day.
- In 2/3 of cases women and girls are responsible for water collection.
- 98.2% of population have individual sanitation-hygienic facilities.
- Access to centralized sewerage system is much higher in urban areas as compared to rural, whereas the share of population with improved sanitation-hygienic facilities is 99.9%.
- 90% of women have access to the appropriate materials and private place to wash and change while at home. This share is higher among urban population and in the richest quintile.
- Women age 15-19 most frequently did not participate in social activities, schools or work due to their menstruation.

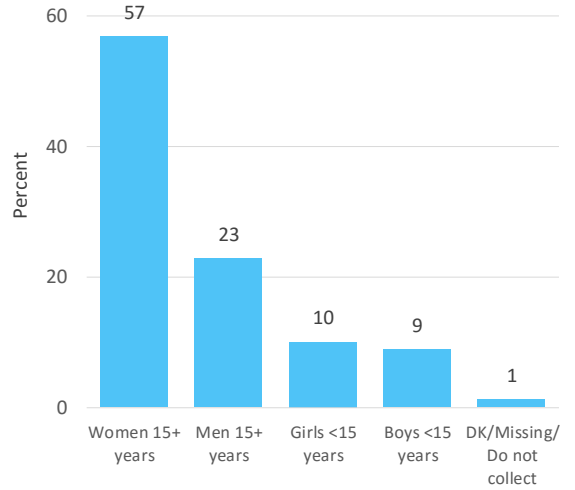
## Accessibility of Water & Sanitation Facilities

### Time Spent Each Day Collecting Water



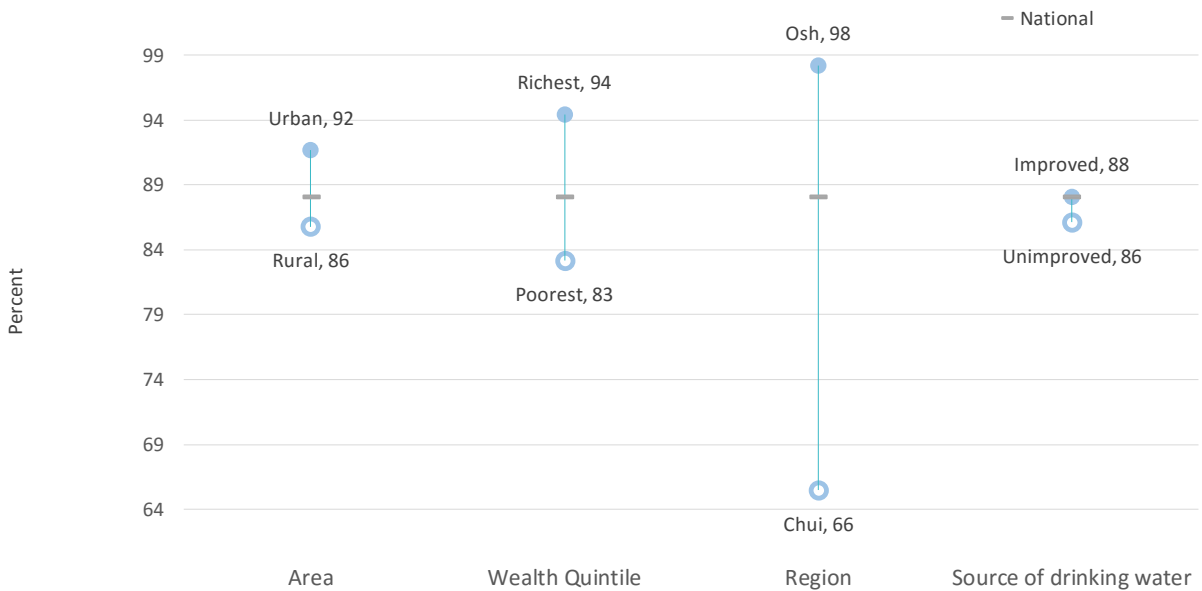
Percent of population by mean time person primarily responsible for water collection spends collecting water each day in households without water on premises

### Who Primarily Collects Water for the Household



Percent of population by gender and age of person primarily responsible for collecting drinking water in households without water on premises

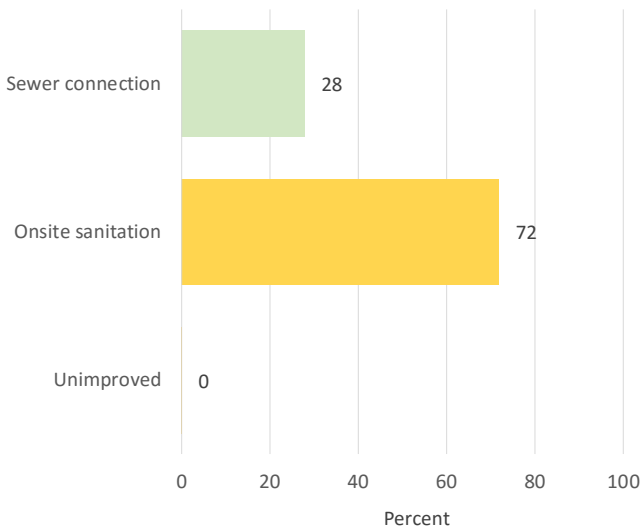
### Availability of Drinking Water



Percent of population using drinking water sources with sufficient drinking water in the last month

## Safely Managed Sanitation Services: SDG 6.2.1

### Types of Sanitation Facility



Percent of population by type of sanitation facility, grouped by type of disposal

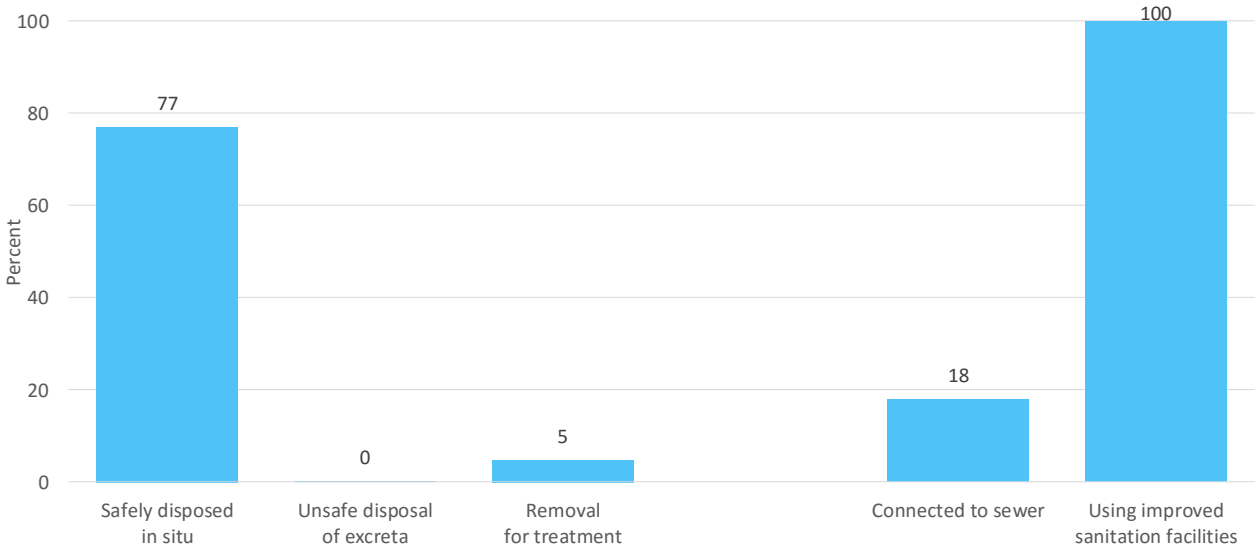
### Types of Sanitation Facility by Region

Region	Sewer connection	Onsite sanitation
<b>National</b>	<b>28</b>	<b>72</b>
Batken	57	43
Jalal-Abad	9	91
Issyk-Kul	14	86
Naryn	6	94
Osh	1	99
Talas	24	76
Chui	31	69
Bishkek c	70	30
Osh c	39	61

Percent of population using sewer connections and onsite sanitation, by region

## Management of Sanitation Services

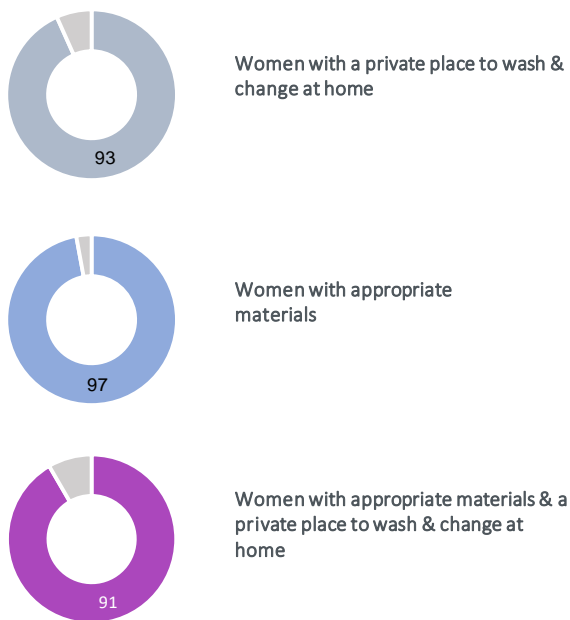
### Disposal of excreta



Percent of population using onsite improved sanitation facilities, by final disposal of excreta

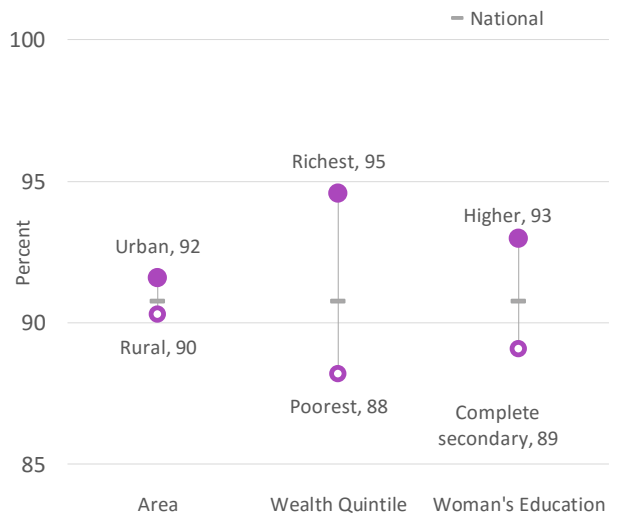
**Safely managed sanitation services** represents an ambitious new level of service during the SDGs and is the indicator for target 6.2. Safely managed sanitation services are improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite. The MICS survey collected information on the management of excreta from onsite facilities. For households where excreta are transported offsite (sewer connection, removal for treatment), further information is needed on the transport and treatment of excreta to calculate the proportion that are safely managed.

## Menstrual Hygiene Management



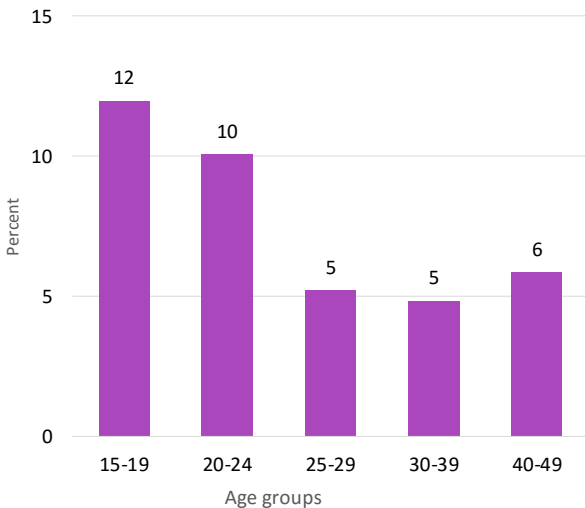
Denominator for all 3 indicators: women age 15-49 who reported menstruating in the last 12 months

### Inequities in Access to Appropriate Materials & Private Place to Wash & Change at Home



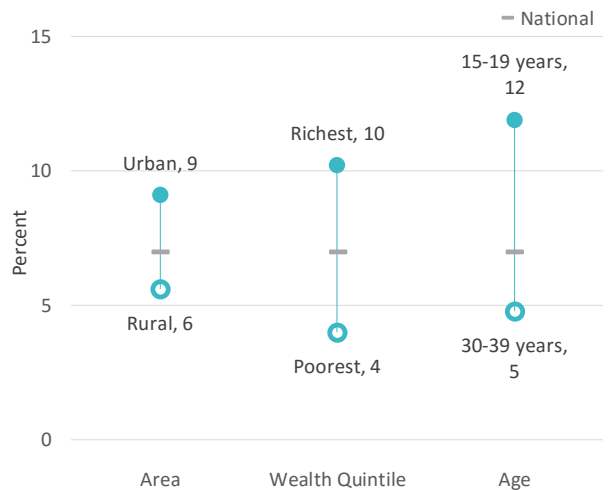
Percent of women age 15-49 using appropriate menstrual hygiene materials with a private place to wash and change while at home, among women reporting menstruating in the last 12 months

### Exclusion from Activities during Menstruation



Percent of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by age, among women reporting menstruating in the last 12 months

### Exclusion from Activities during Menstruation by Various Characteristics



Percent of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by residence, wealth quintile, education and region, among women reporting menstruating in the last 12 months

The Kyrgyzstan Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Statistics Committee as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF), UNICEF, USAID and United Nations

Population Fund provided financial support.

The objective of this snapshot is to disseminate selected findings from the Kyrgyzstan MICS 2018 related to Drinking Water, Sanitation & Hygiene - WASH. Data from this snapshot can be found in tables

WS1.1 to WS4.2.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).



# Kyrgyzstan 2018

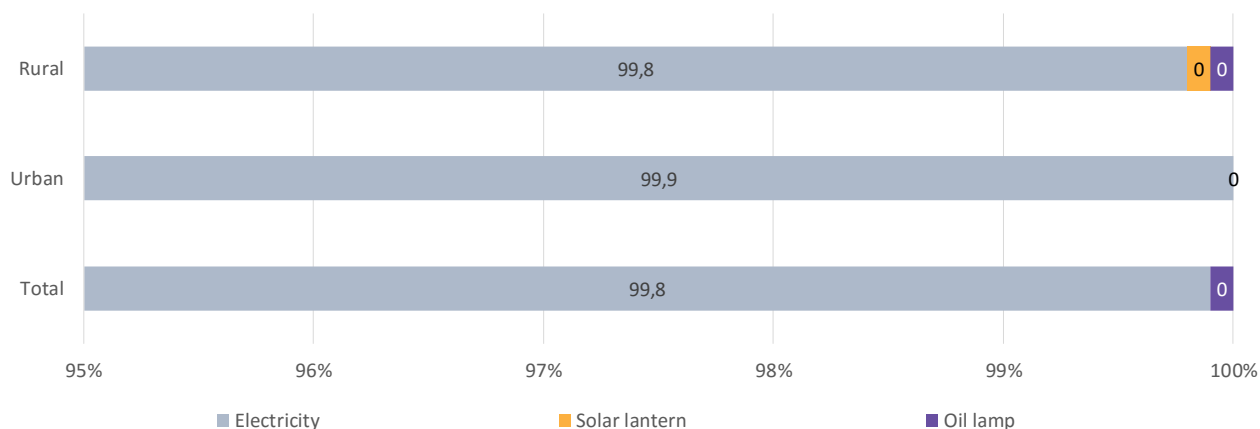


## Household Energy Use

Multiple Indicator  
Cluster Surveys

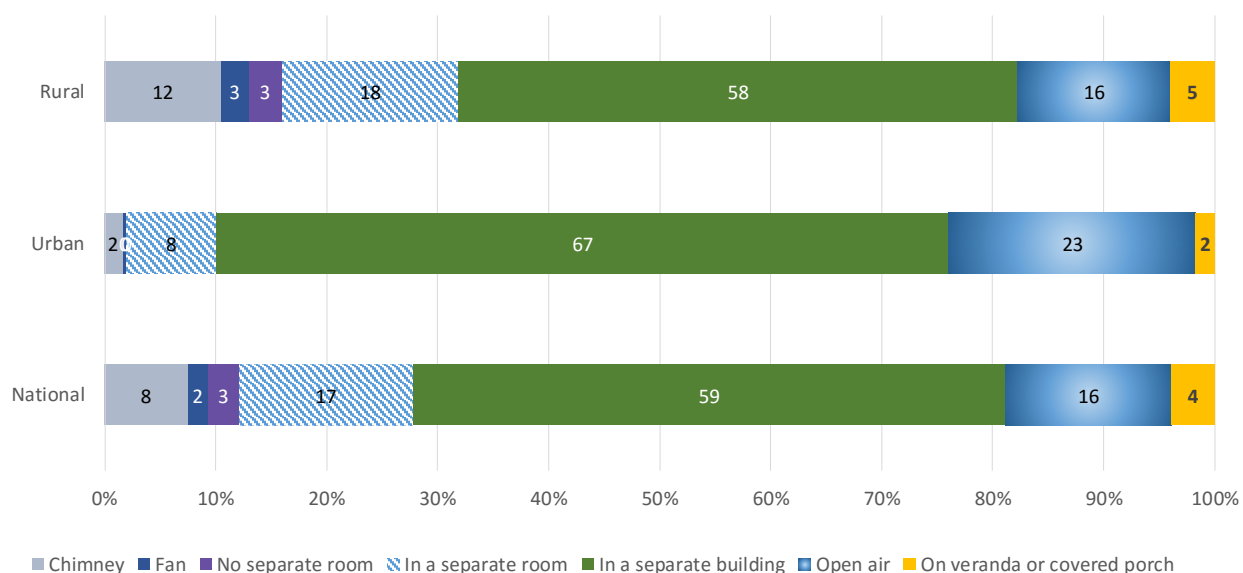


### Type of lighting fuel mainly used for lighting



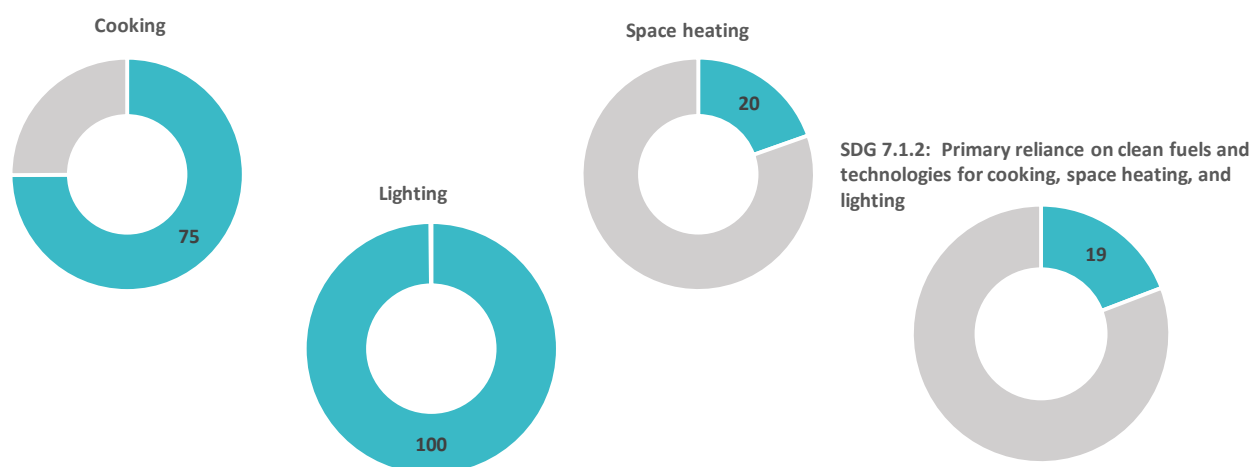
Percent distribution of household members according to type of lighting fuel mainly used for lighting

### Polluting fuels and technologies for cooking by type and characteristics of cookstove and place of cooking



Percentage of household members living in households with primary reliance on polluting fuels and technology for cooking and percent distribution of household members living in households using polluted fuels for cooking by type and characteristics of cookstove and by place of cooking

## Primary reliance on clean fuels and technologies for



Percentage of household members living in households using clean fuels and technologies for cooking, space heating, and lighting

### Regional Data

Region	Primary reliance on clean fuels and technologies for			SDG 7.1.2: Primary reliance on clean fuels and technologies for cooking, space heating, and lighting
	Coking	Space heating	lighting	
National	75	20	100	19
Batken	23	5	100	3
Jalal-Abad	63	17	100	16
Issyk-Kul	96	14	100	14
Naryn	83	7	100	7
Osh	50	1	100	1
Talas	91	9	100	9
Chui	93	11	100	11
Bishkek c	100	60	100	60
Osh c	92	32	100	32

### Key Messages

- 75% of the population use clean fuels and technologies for cooking, while 20% use clean fuels and technologies for heating and 100% for lighting.
- More than 50% of the population cook on electric stoves.
- About 60% of the population prepares food in a separate building using "dirty" fuels.
- Just 12% of the population is connected to central heating systems. More than 67% of the population heats their homes with homemade stoves with a chimney.

The Kyrgyzstan Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Statistics Committee as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, USAID and United Nations Population

Fund provided financial support. The objective of this snapshot is to disseminate selected findings from the Kyrgyzstan MICS 2018 related to primary reliance on clean fuels and technologies for cooking, space heating, and lighting.

Data from this snapshot can be found in tables TC 4.1-TC 4.7

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

# Kyrgyzstan 2018

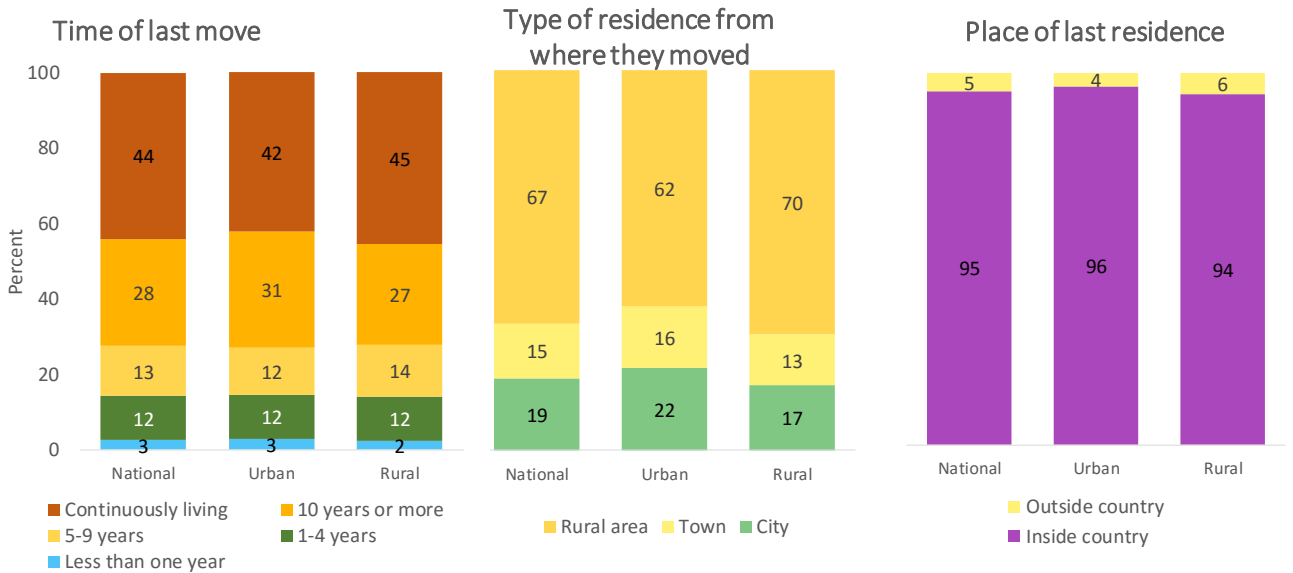


## Migration and children's living arrangements

Multiple Indicator  
Cluster Surveys

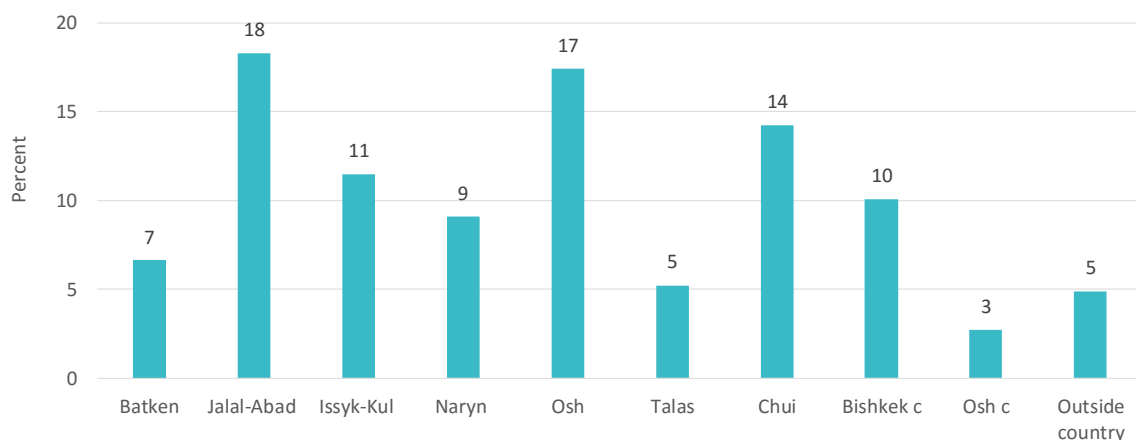


### Migratory status of women



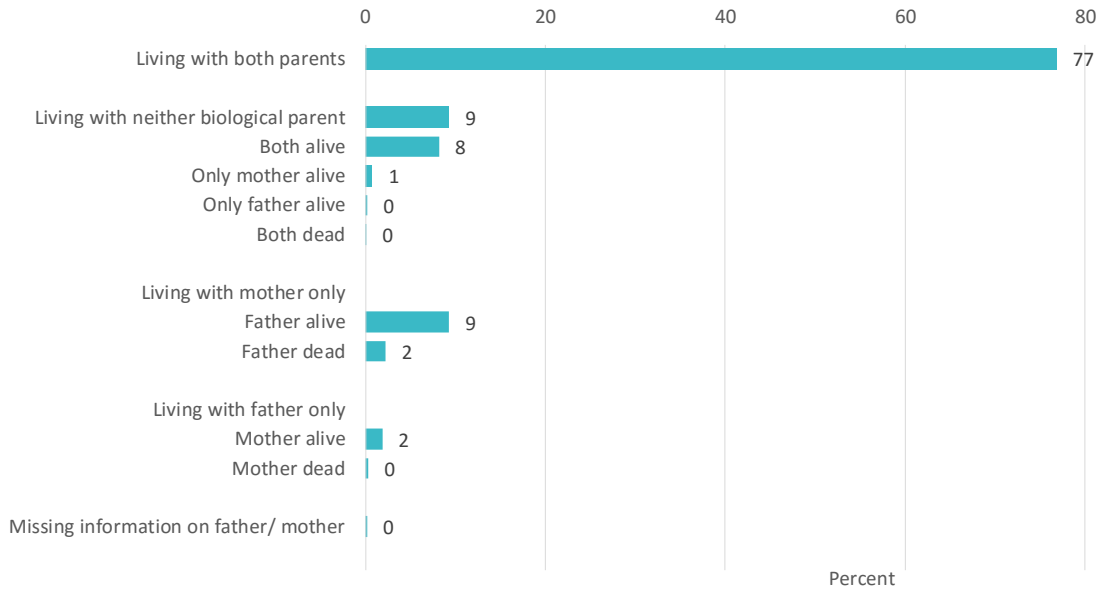
Percent distribution of women age 15-49 years by migratory status and years since last move, and percent distribution of women who migrated, by type and place of last residence

### Percentage of women whose last migration was from:



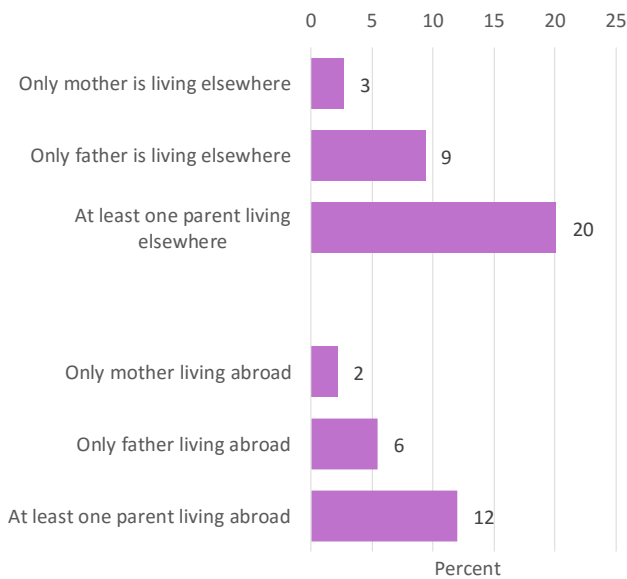
Percent distribution of women age 15-49 years by place of last residence

## Children's living arrangements and orphanhood



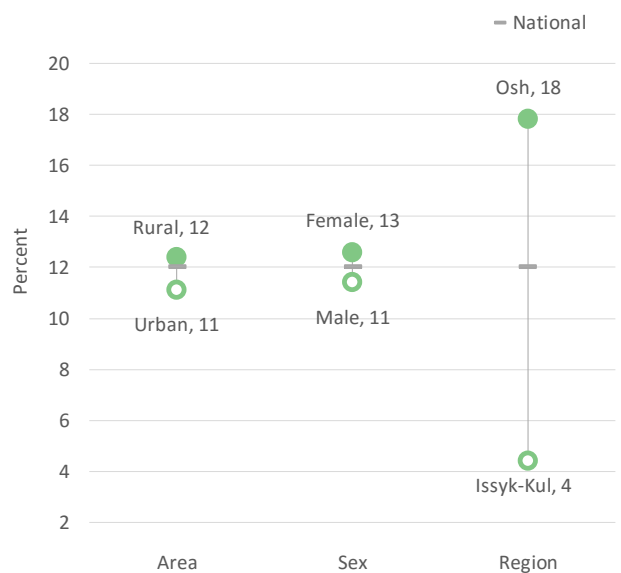
Percent distribution of children age 0-17 years according to living arrangements, percentage of children age 0-17 years not living with a biological parent and percentage of children who have one or both parents dead

## Children by co-residence of parents



Percentage of children age 0-17 years by co-residence of parents

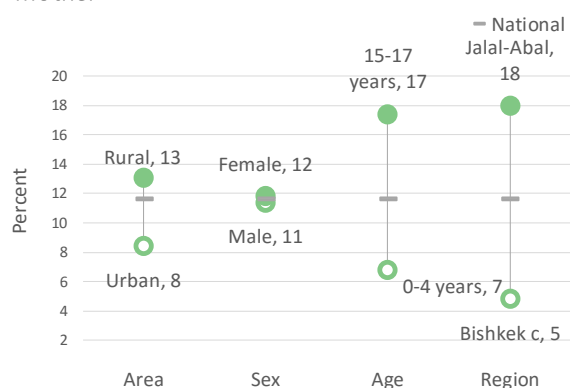
## Distribution of children with at least one parent living abroad



Percentage of children age 0-17 years with at least one parent living abroad

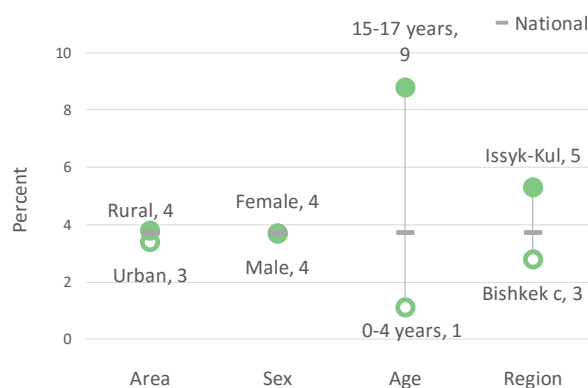
## Children's living arrangements and orphanhood

Distribution of children not living with biological mother



Percentage of children age 0-17 years not living with biological mother

Distribution of children who have one or both parents dead



Percentage of children age 0-17 years who have one or both parents dead

### Regional Data

Region	Percent of children		
	Living with neither biological parent	One or both parents dead	At least one parent living abroad
<b>National</b>	<b>9</b>	<b>4</b>	<b>12</b>
Batken	7	3	14
Jalal-Abad	14	4	18
Issyk-Kul	10	5	4
Naryn	11	5	3
Osh	10	3	18
Talas	7	4	5
Chui	10	4	8
Bishkek c	4	3	8
Osh c	9	4	16

## Key Messages

- 44% of women reside in the same place permanently;
- 14% of women moved less than 5 years ago
- 33% of women moved to towns and cities and 67% to rural areas
- In all regions except Bishkek, interregional migration is about 20%, to Bishkek it is more than 70%
- The peak of migration comes at the age of 35-39 years and those who are in the 3rd and 4th quintile
- 77% of children live with both parents
- 8% of children are social orphans
- In 4% of children, both the mother and father are abroad. At 12% abroad live at least one of the parents
- The largest percentage of children whose parents live abroad was formed in Batken, Jalal-Abad, Osh regions and Osh c.
- 87% of children are grandchildren in relation to the head of household

The Kyrgyzstan Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Statistics Committee as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, USAID and United Nations Population

Fund provided financial support. The objective of this snapshot is to disseminate selected findings from the Kyrgyzstan MICS 2018 related to migratory status of women and children's living arrangements and orphanhood Data from this snapshot

can be found in table SR.7.1, SR 11.1, SR 11.2, SR 11.3.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

# Kyrgyzstan 2018

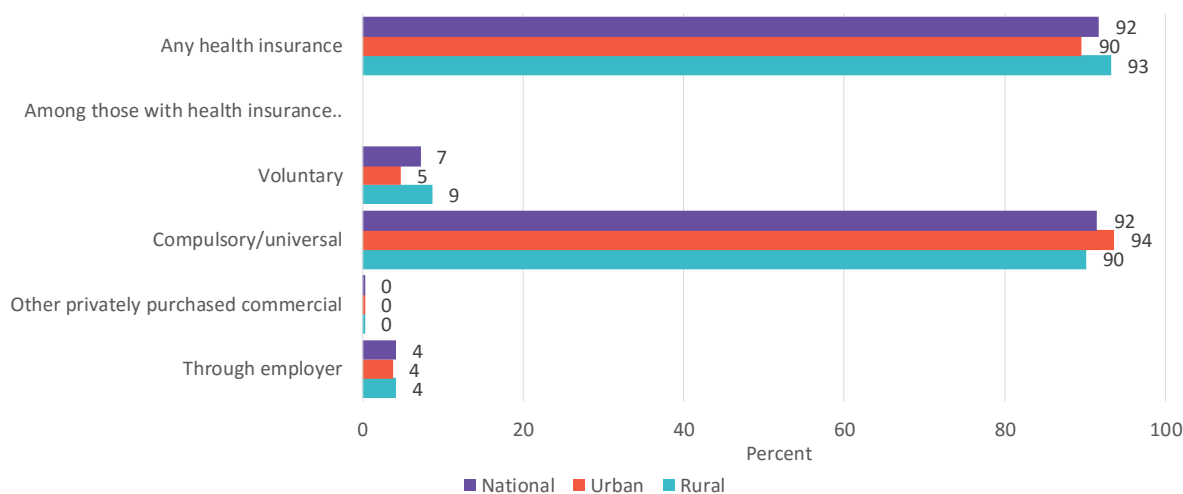


## Social transfers

Multiple Indicator  
Cluster Surveys

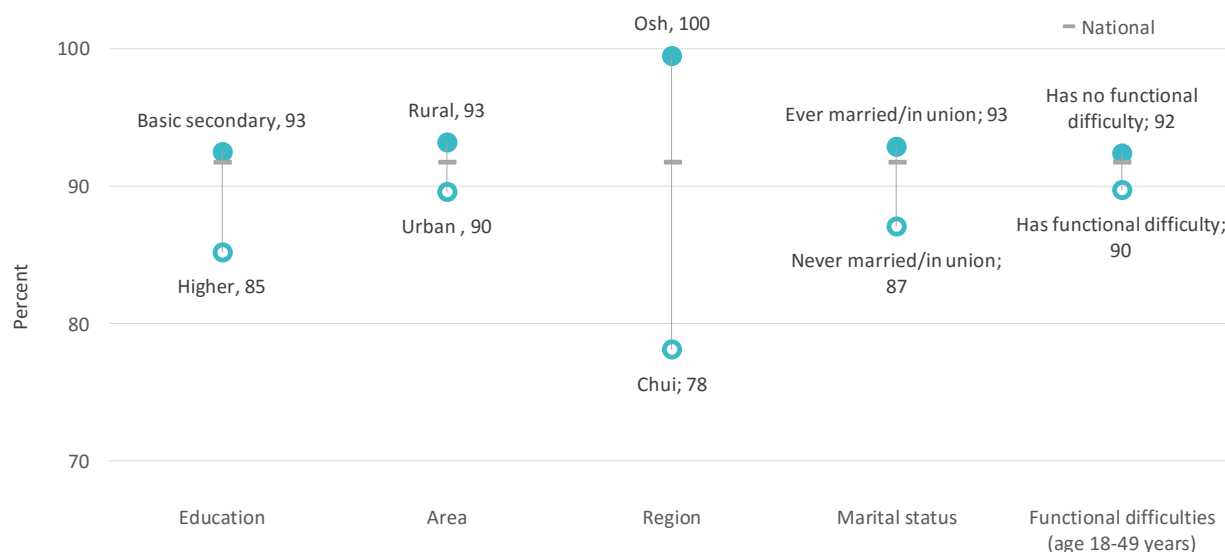


### Health insurance coverage of women



Percentage of women age 15-49 years with health insurance, and, among those with health insurance, percentage covered by various health insurance plans by area

### Disparities in covered by any health insurance



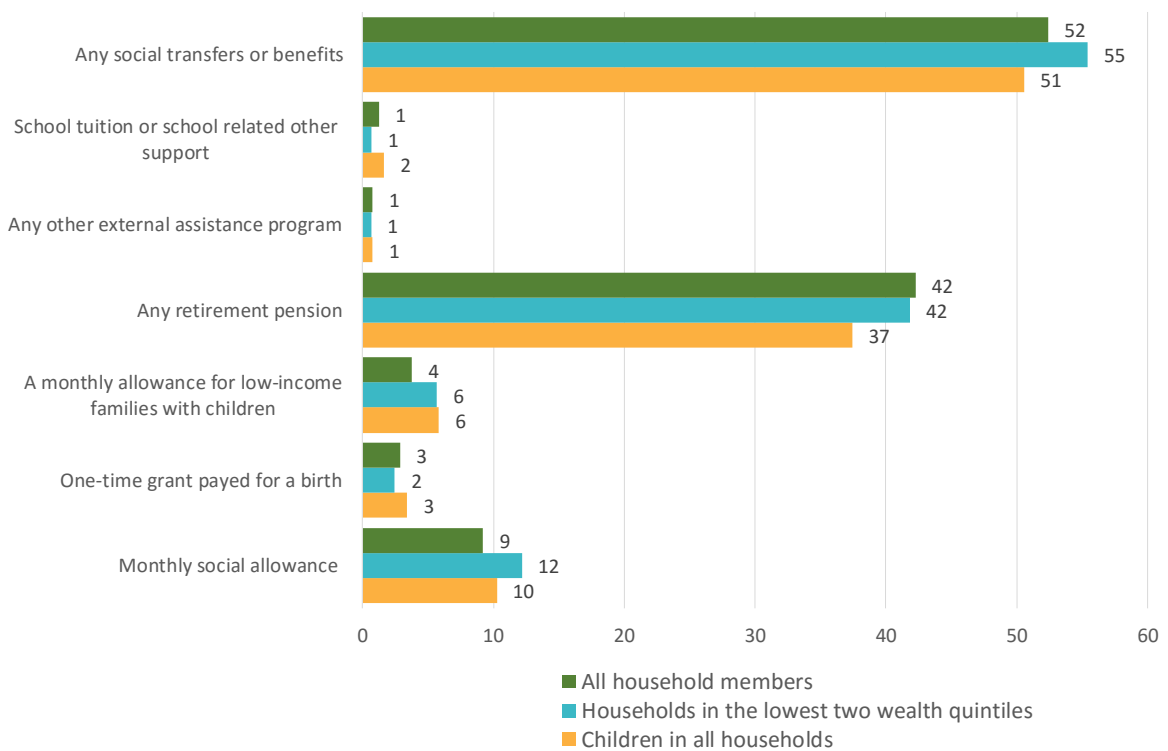
Percentage of women age 15-49 years with health insurance, and, among those with health insurance, percentage covered by various health insurance plans by background characteristics

## Awareness and ever use of external economic support



Percentage of households who are aware and have received external economic support

## Coverage of social transfers and benefits



Percentage of household members living in households that received social transfers or benefits in the last 3 months, by type of transfers and benefits

## Regional Data

Region	Health insurance coverage	Coverage of social transfers and benefits		
		All household members	Households in the lowest two wealth quintiles	Children in all households
<b>National</b>	<b>92</b>	<b>52</b>	<b>55</b>	<b>51</b>
Batken	96	57	54	55
Jalal-Abad	94	63	62	63
Issyk-Kul	95	47	44	42
Naryn	97	74	61	72
Osh	100	63	59	63
Talas	96	59	62	58
Chui	78	47	41	42
Bishkek c	88	29	(*)	18
Osh c	93	49	54	46

(\*) – Figures that are based on fewer than 25 unweighted cases

## Key Messages

- 92% of women aged 15-49 years covered by any health insurance
- In 99% of households whose members know about economic support programs and in 52% have ever received this support
- 52% of all households, 55% of households in the two poorest wealth quintiles and 51% of children in all households are covered by any social benefits or benefits.
- 1.2% of children aged 5-24 years received financial assistance for educational purposes.

The Kyrgyzstan Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Statistics Committee as part of the global MICS programme.

Technical support was provided by the United Nations Children's Fund (UNICEF), USAID and United

Nations Population Fund provided financial support.

The objective of this snapshot is to disseminate selected findings from the Kyrgyzstan MICS 2018 related to health insurance coverage of women and Coverage of social transfers and benefits. Data from this snapshot can

be found in tables EQ 2.1- EQ 2.8

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).



# Kyrgyzstan 2018



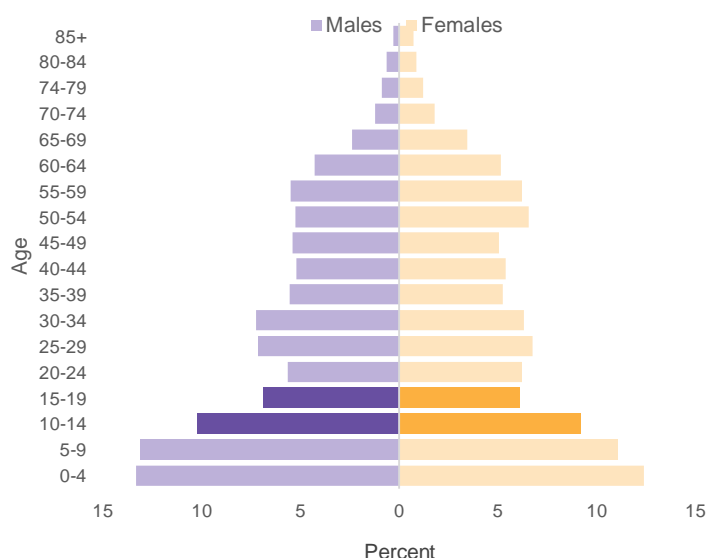
## Adolescents

Multiple Indicator  
Cluster Surveys

The Adolescent Population: Age 10-19



### Age & Sex Distribution of Household Population



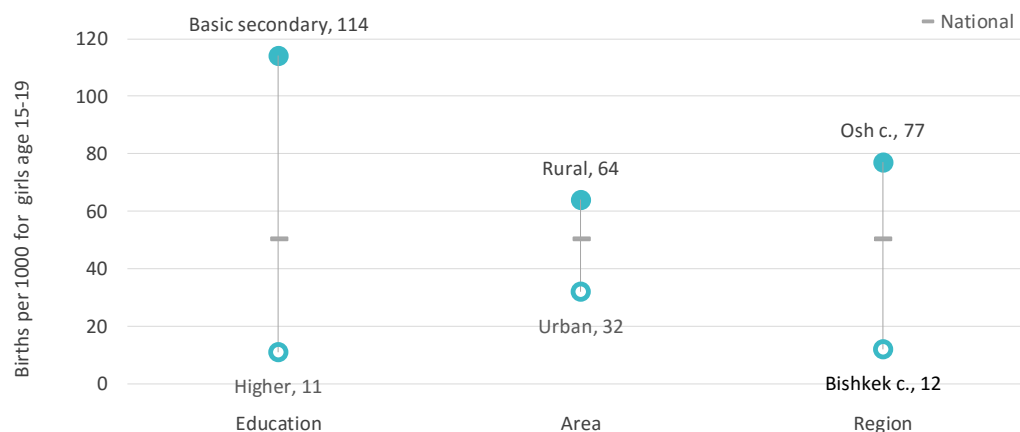
This snapshot of adolescent well-being is organized around key priority areas for adolescents:

- Every adolescent survives and thrives
- Every adolescent learns
- Every adolescent is protected from violence and exploitation
- Every adolescent lives in a safe and clean environment
- Every adolescent has an equitable chance in life

### Every Adolescent Survives & Thrives

Adolescence is by some measures the healthiest period in the life-course, yet it can also mark the first manifestations of issues which can have lifelong effects on health and wellbeing, such as unsafe sexual behavior, early childbearing and substance misuse. Nevertheless, health interventions during this period are shown to have long-lasting effects. Access to appropriate contraceptive methods is critical to prevent adolescent pregnancy and its related consequences, allowing adolescents to transition into adulthood with the ability to plan their pregnancies and live healthy and productive lives.

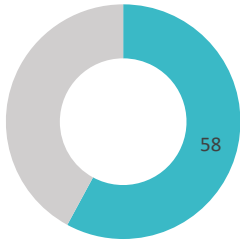
### Adolescent Birth Rate: SDG 3.7.2



Age-specific fertility rate for girls age 15-19 years: the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

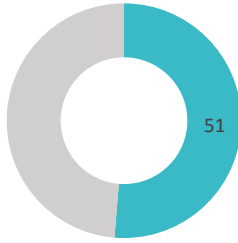
## Every Adolescent Learns

### Foundational Reading Skills SDG 4.1.1.(a) (i: reading)



Percentage of children age 7-14 who can 1) read 90% of words in a story correctly, 2) Answer three literal comprehension questions, 3) Answer two inferential comprehension questions

### Foundational Numeracy Skills SDG 4.1.1.(a) (ii: numeracy)

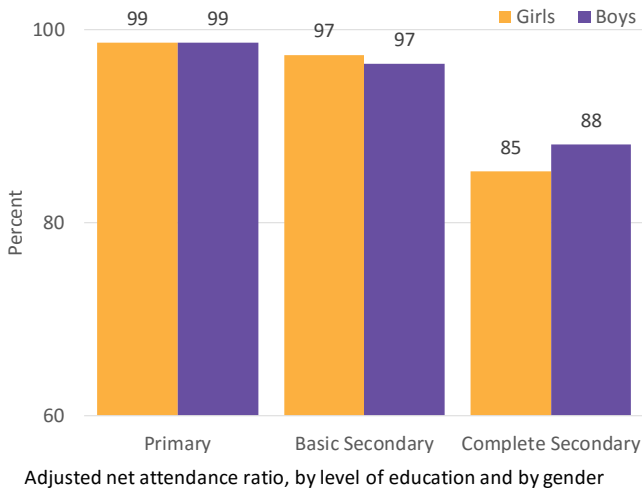


Percentage of children age 7-14 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

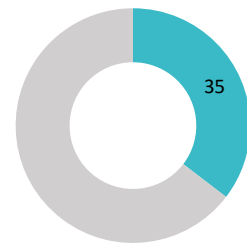
Quality education and experiences at school positively affect physical and mental health, safety, civic engagement and social development. Adolescents, however, can also face the risk of school drop-out, early marriage or pregnancy, or being pulled into the workforce prematurely.

Data on reading and numeracy skills are collected in MICS through a direct assessment method. The Foundational Learning module captures information on children's early learning in reading and mathematics at the level of Grade 2 in primary education.

### School Attendance Ratios



### Information & Communications Technology (ICT) Skills\*

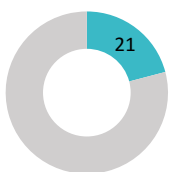


Percentage of girls age 15-19 who can perform at least one of the nine listed computer related activities  
\*Age disaggregate of SDG 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills

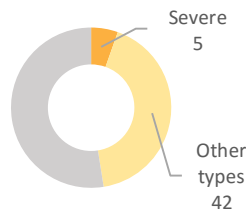
## Every Adolescent is Protected from Violence & Exploitation

### Child Discipline

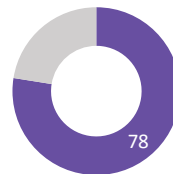
#### Only non-violent



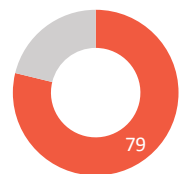
#### Physical punishment



#### Psychological aggression



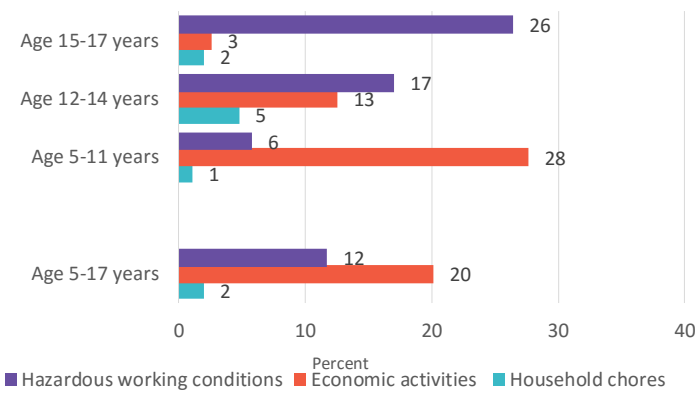
#### Any violent discipline\*



Percentage of children age 10 to 14 years who experienced any discipline in the past month, by type  
\*Age disaggregate of SDG 16.2.1

## Every Adolescent is Protected from Violence & Exploitation

### Child Labour: SDG 8.7.1 \*



Percentage of children age 5-17 years engaged in child labour, by type of activity and by age

\*Estimates from MICS of child labour are different from those in the SDG database for SDG 8.7.1, as the database excludes hazardous work & applies a threshold of 21 hours for household chores for children age 5-14 and no threshold for household chores for children age 15-17

### Definition of Child Labour

Age 5-11 years: At least 1 hour of economic work, 28 hours of unpaid household services per week or hazardous working conditions.

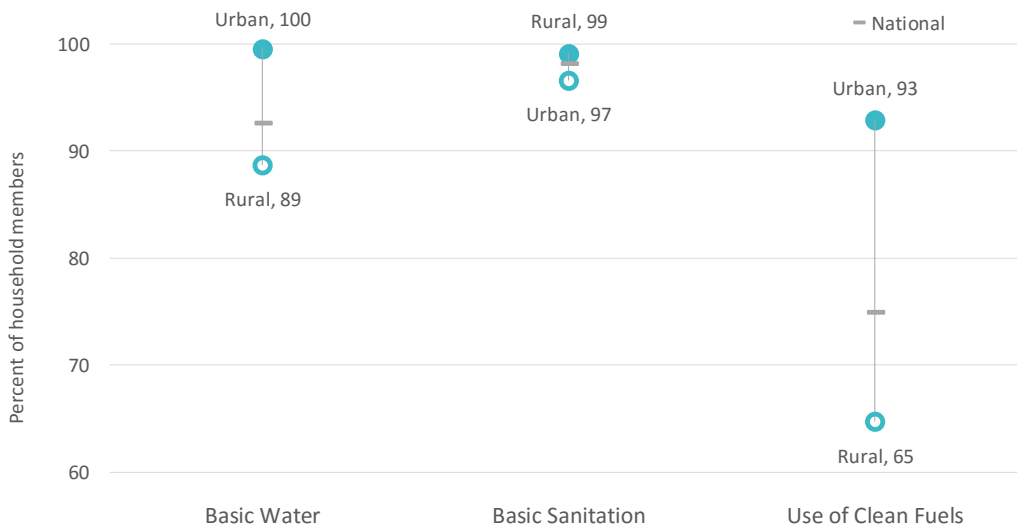
Age 12-14 years: At least 14 hours of economic work, 28 hours of unpaid household services per week or hazardous working conditions.

Age 15-17 years: At least 43 hours of economic or unpaid household services per week or hazardous working conditions.

Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children, as well as collecting firewood or fetching water.

## Every Adolescent Lives in a Safe & Clean Environment

### Water, Sanitation & Clean Fuel Use



The data presented here are at the household level. Evidence suggests that adolescent access to these services are comparable to household-level data.

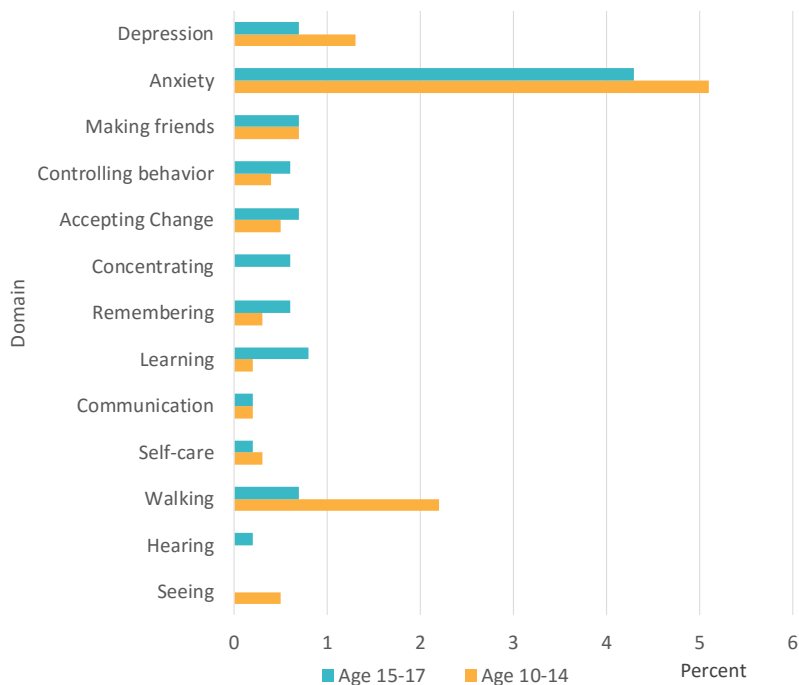
**Basic Drinking Water SDG 1.4:** Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water

**Basic Sanitation Services SDG 1.4.1/6.2.1 :** Use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs

**Clean Fuels SDG 7.2.1:** Primary reliance on clean fuels and technologies for cooking, space heating and lighting

## Every Adolescent has an Equitable Chance in Life

### Functioning Difficulties in Adolescents

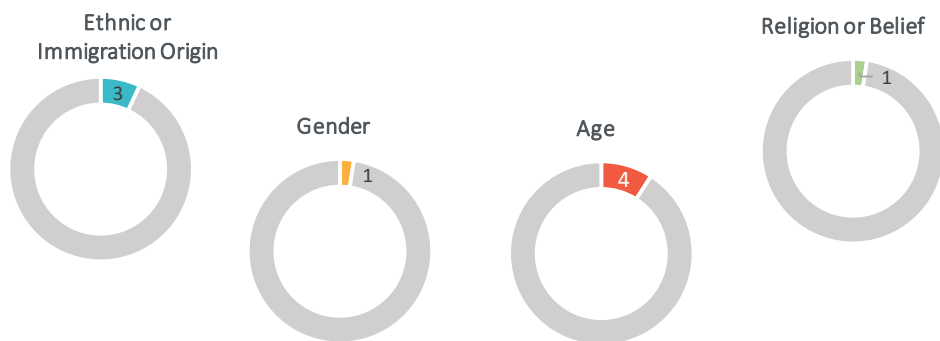


Percentage of adolescents who have a functioning difficulty, by domain and age

Achieving sustainable progress and results with regard to equity demands a human rights-based approach. At the core of international human rights legal framework is the principle of non-discrimination, with instruments to combat specific forms of discrimination, including against women, indigenous peoples, migrants, minorities, people with disabilities, and discrimination based on race and religion, or sexual orientation and gender identity. As adolescents begin to form more of an individual identity, discrimination can often become more pronounced, taking form in harassment, bullying, or exclusion from certain activities. At the same time, research has shown that discrimination during adolescence has a particularly strong effect on stress hormones, potentially leading to life-long mental or physical health side effects.

Children and adolescents with disabilities are one of the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, lack of adequate policies and legislation, adolescents with disabilities are effectively barred from realizing their rights to health, education, and even survival.

### Discrimination & Harassment



Percentage of adolescent girls age 15-19 years who in the last 12 months have felt discriminated against or harassed on the basis of different grounds

The Kyrgyzstan Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Statistics Committee as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF), USAID and United Nations Population Fund provided financial

support.

The objective of this snapshot is to disseminate selected findings from the Kyrgyzstan MICS 2018 related to Adolescents. Data from this snapshot can be found in table SR4.1, SR9.4W, SR10.1, TM2.1, TM3.1, TM3.4, LN1.2, LN4.1, LN4.2,

PR2.1, PR3.3, PR4.1W, PR5.1W, PR5.2W, WS3.6, TC4.1, EQ1.2 and EQ3.1W.

Further statistical snapshots and the Summary Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

#### Gender Equality

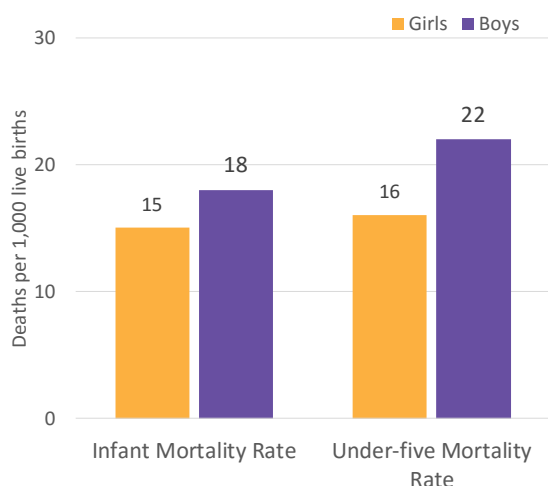


Gender equality means that girls and boys, women and men, enjoy the same rights, resources, opportunities and protections. Investments in gender equality contribute to lifelong positive outcomes for children and their communities and have considerable inter-generational payoffs because children’s rights and well-being often depend on women’s rights and well-being. This snapshot shows key dimensions of gender equality during the lifecycle. It is organized around: 1) the first decade of life (0-9 years of age) when gender disparities are often small, particularly in early childhood; 2) the second decade of childhood (10-19 years of age) when gender disparities become more pronounced with the onset of puberty and the consolidation of gender norms; and 3) adulthood, when gender disparities impacts both the wellbeing of women and girls and boys.

#### Every Girl & Boy Survives & Thrives: The First Decade of Life

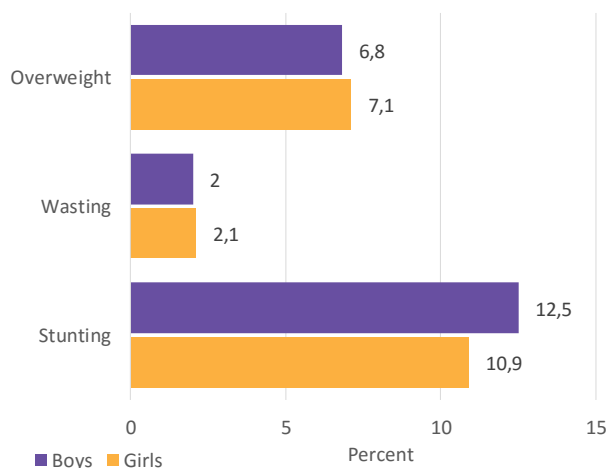
Nutrition and a supportive environment in early childhood are among the key determinants of the health and survival of children and their physical and cognitive development. Generally, girls tend to have better biological endowments than boys for survival to age five, and thus higher survival chances under natural circumstances. However, gender discrimination against girls can affect survival, resulting in higher than expected female mortality. Similarly, stunting rates are typically lower among girls than boys, potentially due to the higher risk for preterm birth among boys, which is inextricably linked with lower birth weight. However, children with mothers who gave birth at a young age or who have no education may be more likely to be malnourished. Children with restricted cognitive development during early life are at risk for later neuropsychological problems, poor school achievement, early school drop-out, low-skilled employment, and poor care of their own children. Stimulation and interaction with parents and caregivers can jumpstart brain development and promote well-being in early childhood. This is also the period of development when gender socialization, or the process of learning cultural roles according to one’s sex, manifests. Caregivers, particularly fathers, may respond to, and interact with, sons and daughters differently.

Mortality Rates among Children Under-5, SDG 3.2.1 Sex Disaggregate



Infant mortality: probability of dying between birth and the first birthday  
 Under-five mortality: the probability of dying between birth and the fifth birthday

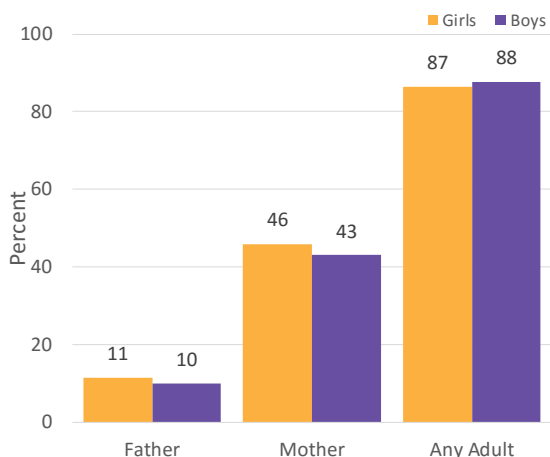
Malnutrition: Stunting, Wasting, Overweight



Stunting refers to a child who is too short for his or her age  
 Wasting refers to a child who is too thin for his or her height  
 Overweight refers to a child who is too heavy for his or her height

## Every Girl & Boy Survives & Thrives: The First Decade of Life

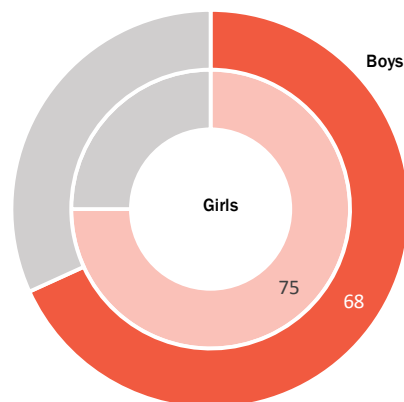
### Early Stimulation & Responsive Care by Adults



Percentage of children age 2-4 years with whom adult household members engaged in activities that promote learning and school readiness during the last three days, by person interacting with child and sex of child.

Note: Activities include: reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child

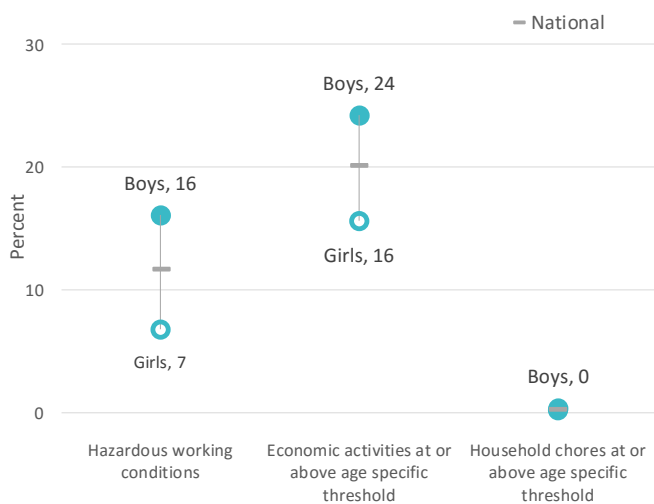
### Early Childhood Development Index, SDG 4.2.1



Percentage of children age 3-4 years who are developmentally on track in at least 3 of the following 4 domains: literacy-numeracy, physical, social-emotional, and learning domains, by sex

## Every Girl & Boy Is Protected From Violence & Exploitation

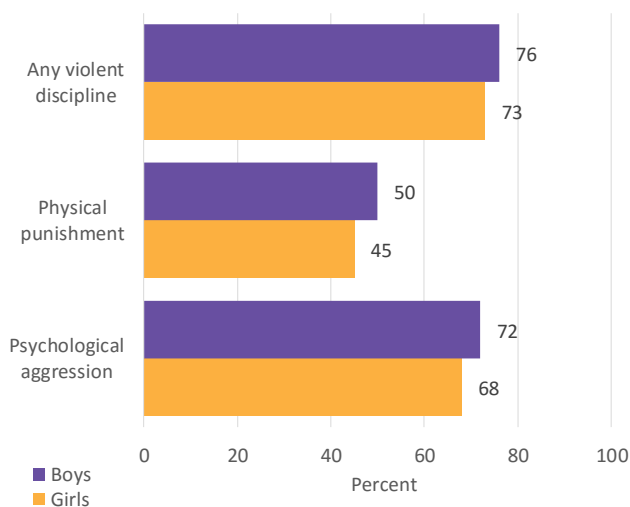
### Child Labour, SDG 8.7.1



Percentage of children age 5 to 17 years engaged in child labour, by sex, age group and type of activity

\* Note: Indicator includes children in the first & second decade of life  
 \*\*Estimates from MICS of child labour are different from those in the SDG database for indicator 8.7.1, as the database excludes the hazardous work component and applies a threshold of 21 hours for household chores for children aged 5-14 and no threshold for household chores for children aged 15-17

### Violent Discipline, SDG 16.2.1 Sex Disaggregate



Percentage of children age 1-14 years who experienced violent discipline in the past month, by sex

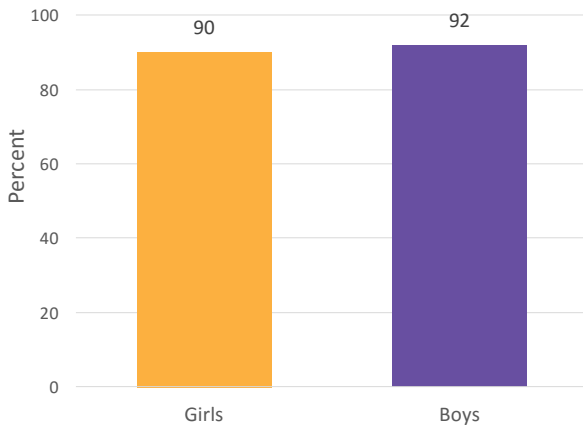
Note: The age group 1-14 spans the first and second decades of life.

## Every Girl & Boy Learns: The First Decade of Life

Investment in good quality early childhood education services prior to entering school improves learning outcomes for children. It also enhances the efficiency of the school system by reducing repetition and drop-out and improving achievement, especially among girls and marginalized groups. Primary education provides the foundation for a lifetime of learning. Considerable progress has been made in achieving universal education and closing the gender gap but gender disparities to the disadvantage of girls still exist in some countries. Further, girls still comprise the majority of the world's out-of-school population.

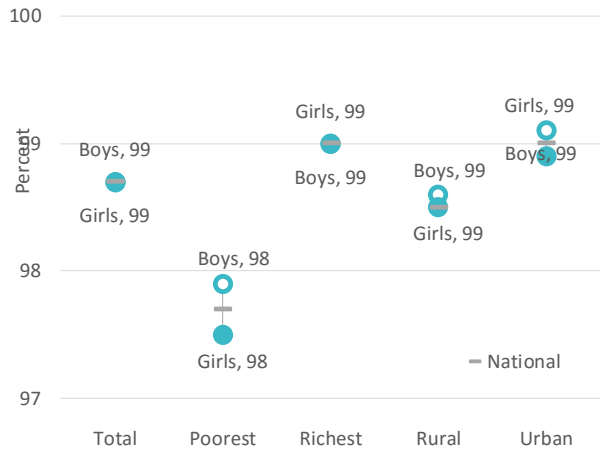
**Note:** Because children of primary school age range from 7-11 years, these indicators include some children in their second decade of life.

### Participation Rate in Organized Learning, SDG 4.2.2



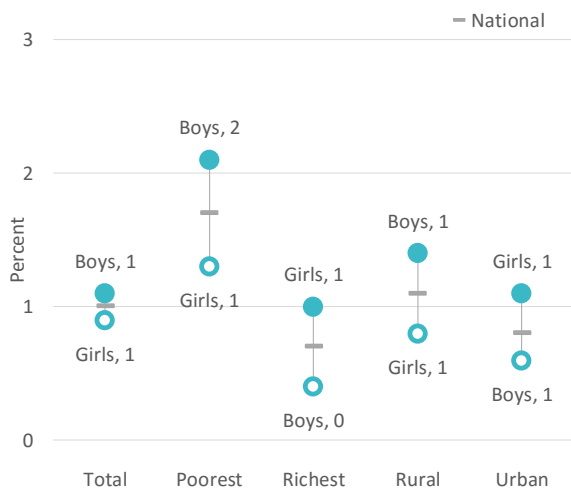
Percent distribution of children age one year younger than the official primary school entry age at the beginning of the school year, by attendance to education, and attendance to an early childhood education programme or primary education (adjusted net attendance ratio), by sex

### Primary School Attendance



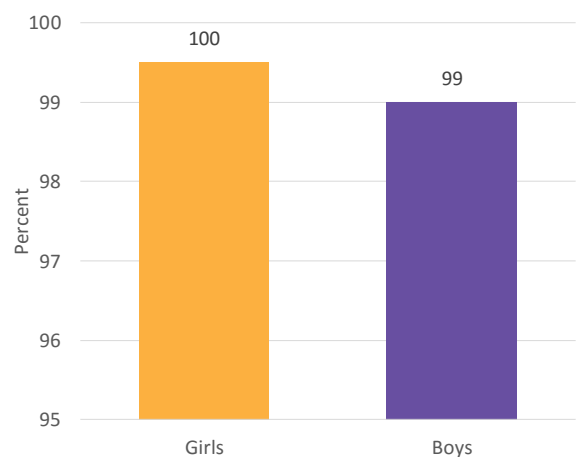
Percentage of children of primary school age attending primary or secondary school (adjusted net attendance ratio), by wealth quintile and urban/rural residence

### Children of Primary School Age Out of School



Percentage of children of primary school age not attending either primary or secondary school, by wealth quintile and area

### Primary Completion

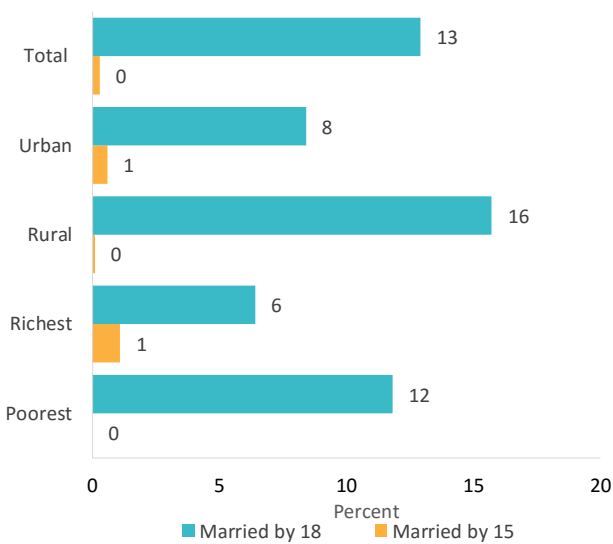


Percentage of children who age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education, by sex

# Every Adolescent Girl & Boy is Protected from Violence & Exploitation: The Second Decade of Life

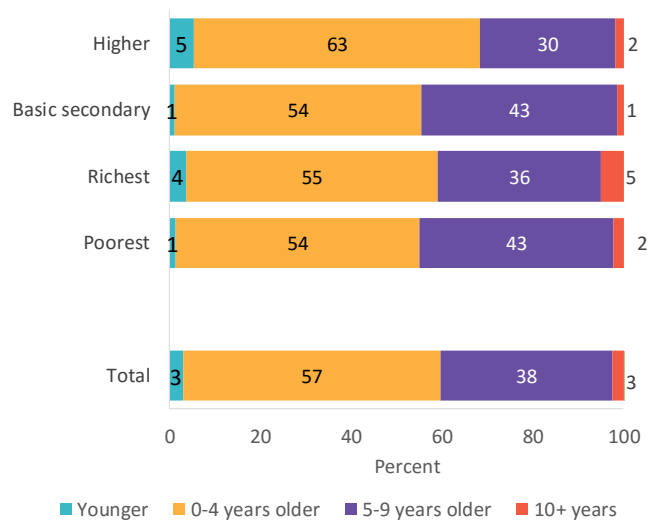
Adolescence presents unique vulnerabilities to violence and exploitation for girls. In many countries, marriage before the age of 18 is a reality for girls due to the interaction of several factors that place a girl at risk, including poverty, social norms, customary or religious laws that condone the practice, an inadequate legislative framework and the state of a country's civil registration system. Child marriage often compromises a girl's development by resulting in early pregnancy and social isolation, interrupting her schooling, and limiting her opportunities for career and vocational advancement. It also often involves a substantial age difference between the girl and her partner, thus further disempowering her and putting her at greater risk of partner violence, sexually transmitted diseases and lack of agency. Attitudes about wife beating serve as a marker for the social acceptability of intimate partner violence. Acceptance of wife beating among adolescent girls and boys suggests that it can be difficult for married girls who experience violence to seek assistance and for unmarried girls to identify and negotiate healthy and equitable relationships. Female genital mutilation is a human rights issue that also affects girls and women. Adolescence, in particular, is a vulnerable period for girls who have undergone FGM because they may experience heightened consequences of the procedure as they become sexually active and begin childbearing. Gender-based discrimination may be one of the most ubiquitous forms of discrimination adolescent girls face, and it has long-lasting and far-reaching effects on their personal trajectories as well as on all aspects of social and economic development. While in most regions, girls and boys are equally likely to be involved in child labour, gender is a determinant of the types of activities boys and girls engage in, with girls more likely to be involved in domestic work.

Child Marriage, SDG 5.3.1



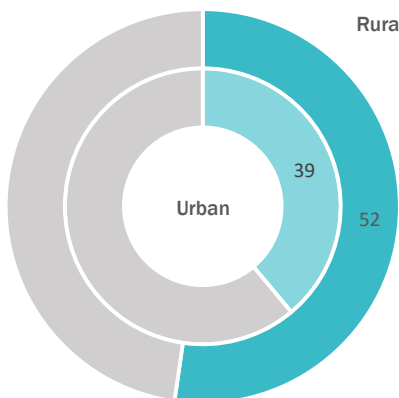
Percentage of women aged 20-24 years who were first married or in union before age 15 and before age 18\*, by residence and wealth quintiles

Spousal Age Difference



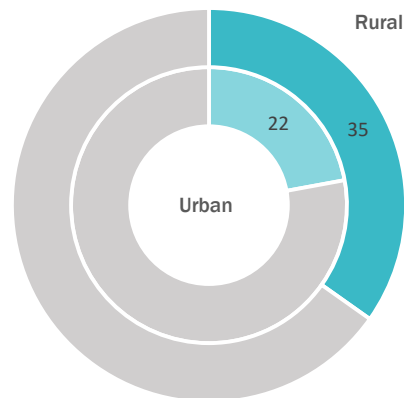
Percent distribution of adolescent girls age 15-19 currently married or in union by age difference with their partner, education level and wealth quintile

Feelings of Safety, SDG 16.1.4 Age & Area Disaggregate



Percentage of women age 15-49 who feel safe walking alone in their neighbourhood after dark, by area

Attitudes toward Domestic Violence



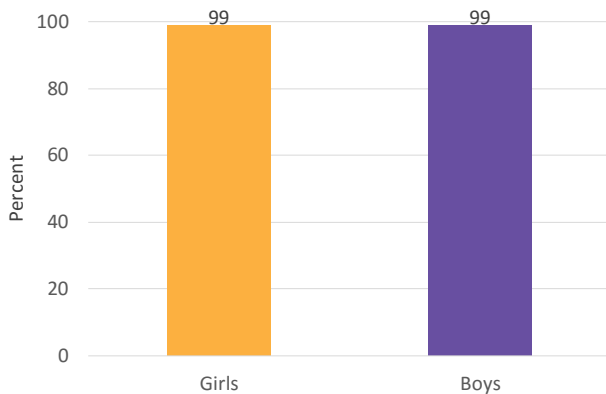
Percentage of adolescent girls age 15-19 years who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by area.



## Every Adolescent Girl & Boy Learns: The Second Decade of Life

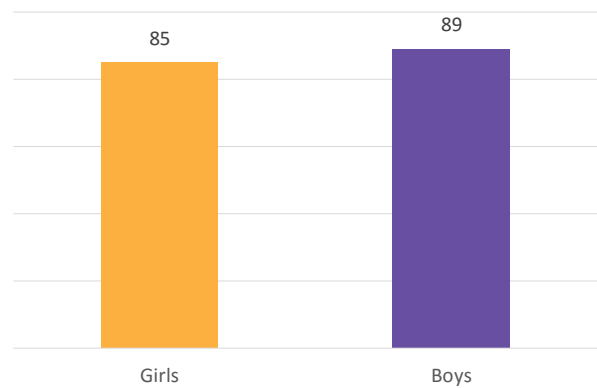
While participation in secondary education is expanding, progress lags behind primary education. Gender disparities disadvantaging girls are also wider and occur in more countries at the secondary level than at the primary level. Yet, advancing girls' secondary education is one of the most transformative development strategies countries can invest in. Completion of secondary education brings significant positive benefits to girls and societies – from increased lifetime earnings and national growth rates, to reductions in child marriage, stunting, and child and maternal mortality.

### Lower Secondary Completion



Percentage of children who age 3 to 5 years above the intended age for the last grade of lower secondary school who have completed lower secondary education, by sex

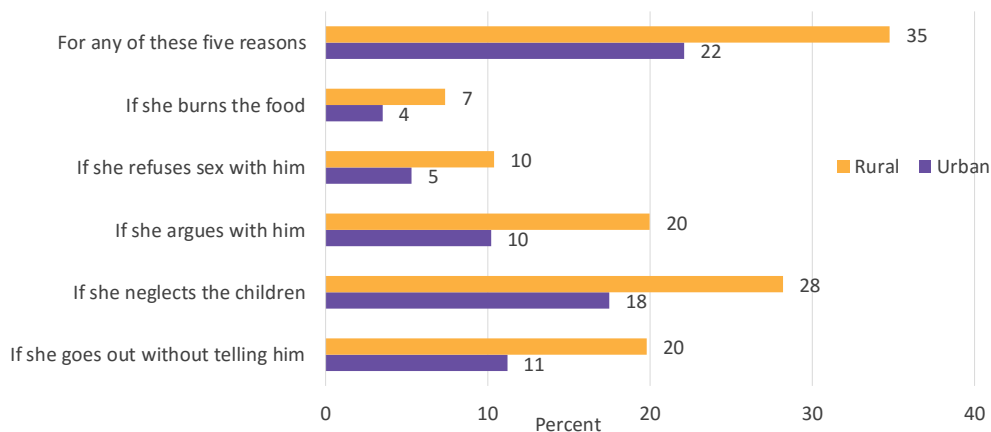
### Upper Secondary Completion



Percentage of children or youth who age 3 to 5 years above the intended age for the last grade of upper secondary school who have completed upper secondary education, by sex

## Gender Equality in Adulthood

### Attitudes toward domestic violence

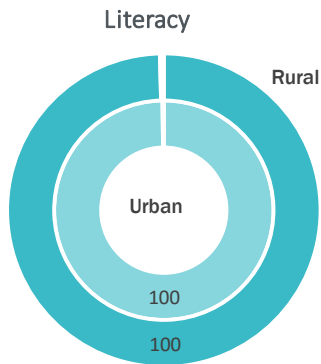


Percentage of women age 15-49 who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex, wealth quintile and area

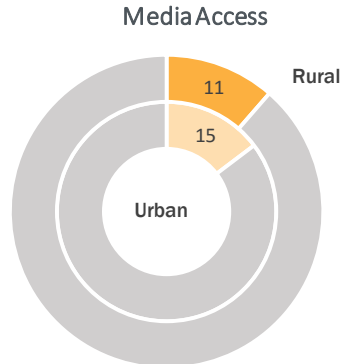
To survive and thrive, all children require care and support from women and men. Care and support can be substantively improved by fostering gender equality, an important goal in its own right, and by reducing the gender-related barriers. Gender-related barriers include women's and girls' disproportionate lack of information, knowledge and technology, resources, and safety and mobility, as well as the gender division of labour and gender norms. For example, a mother's lack of mobility, due to prohibitive norms or lack of transportation, may impede birth registration, nutrition, and other child outcomes. The internalization of gender norms around masculine and feminine expectations and behaviours may influence women's and men's attitudes toward intimate partner violence and physical punishment of children as well as self-perceptions of well-being, including life satisfaction and expectations for the future.

## Gender Equality in Adulthood

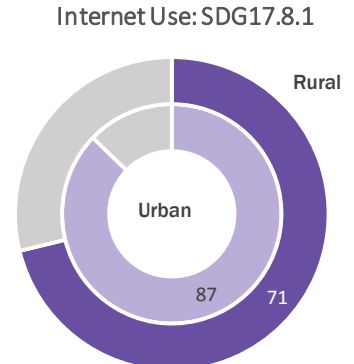
### Access to Knowledge, Information & Technology



Percentage of women age 15-49 who are literate, by residence



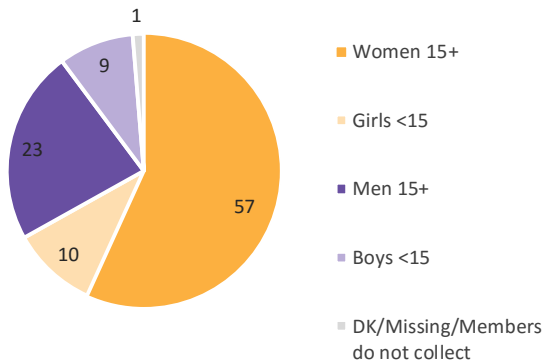
Percentage of women age 15-49 who read a newspaper, listen to the radio, or watch television at least once a week, by residence+



Percentage of women age 15-49 using the internet at least once in the past 3 months, by residence

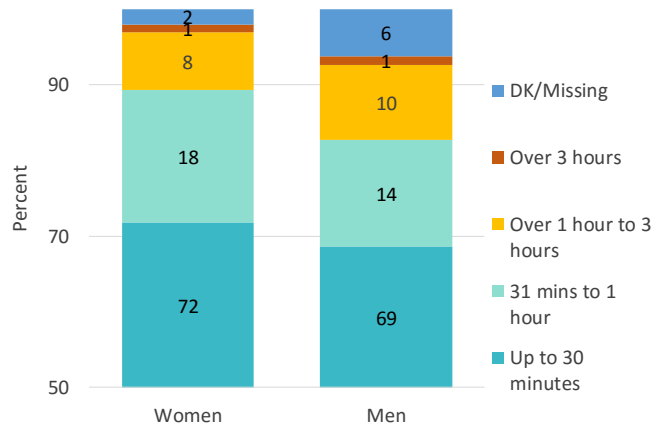
### Time on Household Chores: Water Collection

#### Who collects water?



Percent distribution of household members without drinking water on premises by person usually collecting drinking water used in the household

#### Time spent on water collection



Percent distribution of average amount of time spent collecting water per day by sex of person primarily responsible for water collection in households without drinking water on premises

The Country Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, USAID and United Nations Population Fund provided financial support.

The objective of this snapshot is to disseminate selected findings from

the Country MICS 2018 related to Gender Equality. Data from this snapshot can be found in table CS.3, TC.8.1, TC.10.1, TC.11.1, PR.1.1,, PR.2.1,, LN.1.2, LN.2.3, LN.2.4, LN.2.6, LN.2.7, TM.3.1, TM.3.2, TM.3.3, TM3.4, TM.2.3W, TM.11.1W, TM.11.1M, SR.10.1W, SR.10.1M, SR4.1W, SR.4.3, SR.6.1W, SR.6.1M, PR.8.1W, PR.8.1M, 5.1W, PR.2.2, PR.5.1, PR.5.3, EQ.3.1W, EQ.3.1M, PR.7.1W, PR.7.1M,

EQ.5.1W, EQ.5.1M, SR.9.3.W, SR.9.3M, EQ.2.1W, EQ.2.1M, WS.4.1, WS.4.2, WS 1.3 and WS 1.4..

Further statistical snapshots and the Summary Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).



**Kyrgyzstan**  
**Multiple Indicator Cluster Survey**  
**2018**