In pregnancy, infections are a key cause of anemia and can be prevented by sleeping under a bednet and taking intermittent preventive treatment (IPTp) for malaria* and deworming pills.

In pregnancy, anemia can be prevented by taking iron folic acid (IFA) supplements.

In 2012, 2.3% of pregnant women in the Kyrgyz Republic consumed 90 or more IFA tablets.

In 2012, only 7.8% of women received deworming medication during their last pregnancy.

56% of infants in the Kyrgyz Republic are exclusively breastfed during the first six months after birth (2012).

In 2012, 61% of children 6-23 months of age consumed foods rich in iron*.

Nearly one out of five (18%) married adolescent girls expressed an unmet need for family planning (2012).

Anemia can be prevented across the lifespan.

For infants, young children, and mothers, delayed cord clamping, sleeping under a bednet*, exclusive breastfeeding, and birth spacing reduce the risk of becoming anemic.

For young children, continued breastfeeding and adequate complementary feeding (including micronutrients), preventing and treating malaria*, and taking deworming pills can prevent anemia and promote healthy growth.

In adolescence, IFA supplements and deworming pills help prevent anemia. Family planning delays the age at first birth.

Includes meat (including organ meat), fish, poultry, and eggs.

*Kyrgyzstan has been in the malaria elimination phase since 2008.

A multisectoral approach to prevent anemia will save lives and improve the well-being of mothers, infants, and children.
Anemia has substantial negative effects on the health and economic wellbeing of nations and communities. Children with anemia experience irrevocable cognitive and developmental delays and exhibit decreased worker productivity as adults.\(^1\) Globally, maternal anemia increases the risk of pre-term delivery and low birth weight, and iron-deficiency anemia underlies 115,000 maternal deaths and 591,000 perinatal deaths each year.\(^2\)

Prevalence of anemia among children 6-59 months and women 15-49 years, by region

Source: Kyrgyz Republic DHS, 2012

<table>
<thead>
<tr>
<th>Region</th>
<th>1997</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issyk-Kul</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Talas</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Chui</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Naryn</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

National Prevalence

- Women
- Children

Trends in the prevalence of anemia in the Kyrgyz Republic

### Children 6-59 months of age

<table>
<thead>
<tr>
<th>Year</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>24.8</td>
<td>25.8</td>
<td>52.2%</td>
</tr>
<tr>
<td>2012</td>
<td>22.3</td>
<td>18.9</td>
<td>42.6%</td>
</tr>
</tbody>
</table>

The DHS hemoglobin levels used to diagnose anemia in children 6-59 months in grams/dL are: Mild 10.0-10.9; Moderate 7.0-9.9; Severe <7.0; Any <11.0.

### Women 15-49 years of age

<table>
<thead>
<tr>
<th>Year</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>27.7</td>
<td>9.0</td>
<td>38.1%</td>
</tr>
<tr>
<td>2012</td>
<td>26.0</td>
<td>8.4</td>
<td>35.2%</td>
</tr>
</tbody>
</table>

The DHS hemoglobin levels used to diagnose anemia in non-pregnant women 15-49 years of age in grams/dL are: Mild 10.0-11.9; Moderate 7.0-9.9; Severe <7.0; Any <12.0.

### Status of Policies or Strategies to Support Reductions in Anemia*

- IFA for pregnant women
- IFA for women of reproductive age
- IFA for adolescent girls
- Iron and/or folic acid fortification legislation
- Delayed cord clamping
- Dietary diversity for complementary feeding
- Micronutrient powders for children
- Long-lasting insecticidal nets (LLINs) for household use
- Indoor residual spraying
- National policy on sanitation
- IPTp for pregnant women
- Malaria diagnosis and treatment
- Deworming for children
- Deworming for pregnant women
- Breastfeeding

*Information from the Global database on the Implementation of Nutrition Action (GINA) (https://extranet.who.int/nutrition/gina/en) or country documentation. The status of policies and strategies have been identified to the best of our knowledge. Revisions and updates are welcome.

Evidence-informed WHO guidance can be found here: http://www.who.int/elena/en/

---

Anemia is a Preventable Condition—Simple Interventions Can Have a Huge Impact

Increase iron uptake and stores

Few women took 90 or more IFA supplements during pregnancy in 2012

<table>
<thead>
<tr>
<th>Received any IFA during pregnancy</th>
<th>Took &lt;60</th>
<th>Took 60-89</th>
<th>Took 90+</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10%</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>40%</td>
<td>50%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Contraception use declined among married women from 1997 to 2012

<table>
<thead>
<tr>
<th>Breast milk, milk, or milk products¹</th>
<th>0%</th>
<th>15%</th>
<th>30%</th>
<th>45%</th>
<th>60%</th>
<th>75%</th>
<th>90%</th>
</tr>
</thead>
<tbody>
<tr>
<td>All 3 IYCF practices</td>
<td>0%</td>
<td>15%</td>
<td>30%</td>
<td>45%</td>
<td>60%</td>
<td>75%</td>
<td>90%</td>
</tr>
</tbody>
</table>

Few children 6-23 months old were fed according to 3 key Infant and Young Child Feeding (IYCF) practices in 2012

<table>
<thead>
<tr>
<th>Exclusive breastfeeding, or feeding of milk/milk products to non-breastfed children (³)</th>
<th>0%</th>
<th>2%</th>
<th>4%</th>
<th>6%</th>
<th>8%</th>
<th>10%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum meal frequency³</td>
<td>100%</td>
<td>80%</td>
<td>60%</td>
<td>40%</td>
<td>20%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Reduce iron losses and infection

Not enough children and women received deworming medication in 2012*¹

<table>
<thead>
<tr>
<th>Pregnant women 15-49 years</th>
<th>0%</th>
<th>2%</th>
<th>4%</th>
<th>6%</th>
<th>8%</th>
<th>10%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 6-59 months</td>
<td>0%</td>
<td>2%</td>
<td>4%</td>
<td>6%</td>
<td>8%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Exclusive breastfeeding of children <6 months doubled between 1997 and 2012

<table>
<thead>
<tr>
<th>1997</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td>60%</td>
</tr>
</tbody>
</table>

The percentage of households with an improved latrine/toilet increased dramatically from 1997 to 2012, to nearly universal coverage*²

<table>
<thead>
<tr>
<th>1997</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

All data is from Kyrgyz Republic Demographic and Health Surveys unless otherwise noted

¹ Continued breastfeeding, or feeding of milk/milk products to non-breastfed children
² Feeding children solid foods, semi-solid foods, and milk products from the minimum number of food groups
³ Feeding children solid foods, semi-solid foods, and milk products the minimum number of times

*Deworming medication given in past 6 months for children and during last pregnancy for women

*Definition of ‘improved drinking water source’ has changed slightly across years. See Demographic and Health Surveys

*Definition of ‘improved latrine/toilet’ has changed slightly across years. See Demographic and Health Surveys
Multiple Sectors Play a Role in Anemia Prevention and Treatment

Stunting and anemia share similar risk factors and are responsive to many of the same interventions

Agriculture
- Increase income and reduce poverty
- Production of biofortified and iron-rich crops
- Small livestock/poultry
- Dietary diversity

Health
- Iron supplementation
- Deworming
- Breastfeeding and complementary feeding
- Family planning
- Malaria prevention and treatment
- Delayed cord clamping

Education
- Female literacy
- Health education
- Hygiene education
- Family planning education
- Nutrition education

Water and Sanitation
- Improved latrines
- Handwashing
- Access to clean water
- Livestock management
- Infectious disease prevention

Data Sources:
Profile prepared September 2015.
This profile is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement AID-OAA-A-11-00031 (SPRING), managed by JSI Research & Training Institute, Inc. (JSI) with partners Helen Keller International; the Manoff Group; Save the Children; and the International Food Policy Research Institute. The contents are the responsibility of JSI, and do not necessarily reflect the views of USAID or the United States Government.

www.spring-nutrition.org