Impoverishing impacts of reproductive health needs in Kyrgyzstan

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"Poor reproductive health outcomes can undermine a household's chance as well as a country's chance of reducing poverty."[i]

The Kyrgyz Republic is one of the smallest and least developed of the newly created independent states of the Former Soviet Union. With a GDP per capita of $1,935 PPP1 in 2004, Kyrgyzstan is the second poorest country in Central Asia, ranked 110th out of 177 countries on the UNDP Human Development Index (UNDP, 2006). At the start of the new century, almost nine in ten people (88 percent) were thought to be living on less than $4 PPP a day. The fragile financial position of families is often exacerbated by health-related loss of earnings and repeated health care costs. This paper aims to investigate the role of reproductive health – especially care in pregnancy and childbirth, in creating poverty.

Given that poverty has been a major cause of fertility decline in Kyrgyzstan, it seems unlikely that unwanted births or higher fertility have an impoverishing effect. However - although the impact of economic hardship has been felt by everybody – the ability of poor families to limit their fertility in the face of adversity may have been constrained as compared with rich families. Many respondents to a recent DHS survey across the wealth divide in both urban and rural areas found paying for contraception a problem. This is particularly true in rural areas and among the urban poor and may be a part explanation for the higher fertility among rural dwellers, apart from their aspiration for more children. Whether children are form of old age security in Kyrgyzstan is a related question. Although the fertility transition has already occurred, it is possible that the newly constrained service environment both for kindergartens and older people has dramatically changed intergenerational wealth flows.

Maternal health also, even for those who have few children, has links with poverty as Kyrgyzstan has struggled to maintain universal coverage of maternal health services for childbearing women through the economically troubled times of the 1990s and beyond. Evidence on maternal death from the published Maternal Mortality Ratio over this time clearly does show deterioration, and associated morbidity may be hard to measure, but could be substantial. Since the late 1990s, the direction for the MMR has been consistently upwards – and this is a continuing concern as public health expenditure as a proportion of GDP continues to drop off.

If a sufficient proportion of GDP is not made available for expanding the availability of reproductive, maternal and newborn services then this situation may be set to degenerate. Current health sector reforms, sector wide approaches (SWAps) and other financing mechanisms such as poverty reduction strategies need to make sure that reproductive, maternal and newborn health is not forgotten and is specifically addressed – and the corresponding expenditures and allocations should be tracked. Shortfalls in central funding are passed on to

[1] PPP – purchasing power parity, where GDP has been adjusted to take into account differences in the costs of living between countries.

women and their families, for whom out-of-pocket payments in cash or in kind are often necessary at the point of service. In Kyrgyzstan insurance systems are available, but the coverage of these schemes need to be as wide as possible. Out-of-pocket payments tend to contribute to distributional inequities, since they impose a disproportionate burden on socially weak and financially less solvent groups[2]. More seriously, the costs deter poorer people from accessing services – as evidenced by the small but growing proportions of births that take place among the poor with no professional birth attendant.

This paper uses the recent rounds of the Kyrgyzstan Integrated Health Survey to examine the extent to which reproductive health care costs affect household levels of poverty. This survey has the unusual advantage of containing enough family budget information to assess household poverty levels, along with some information on health care costs and health problems suffered. Expenditures on childbirth-related care are included in the data too. From previous analyses we know that out-of-pocket expenses for health in general can be catastrophic for some households in Kyrgyzstan. This paper goes further to examine the role of reproductive health care costs within total spending for health.

[i] from Greene, M.E. and Merrick, T. (2005) **Poverty reduction: Does reproductive health matter?** HNP Discussion Paper, The World Bank, Washington, US

[2] World Health Organization (2002) *The European health report 2002* WHO Regional Office for Europe, Copenhagen Online at http://www.euro.who.int/europeanhealthreport cited 14/07/06