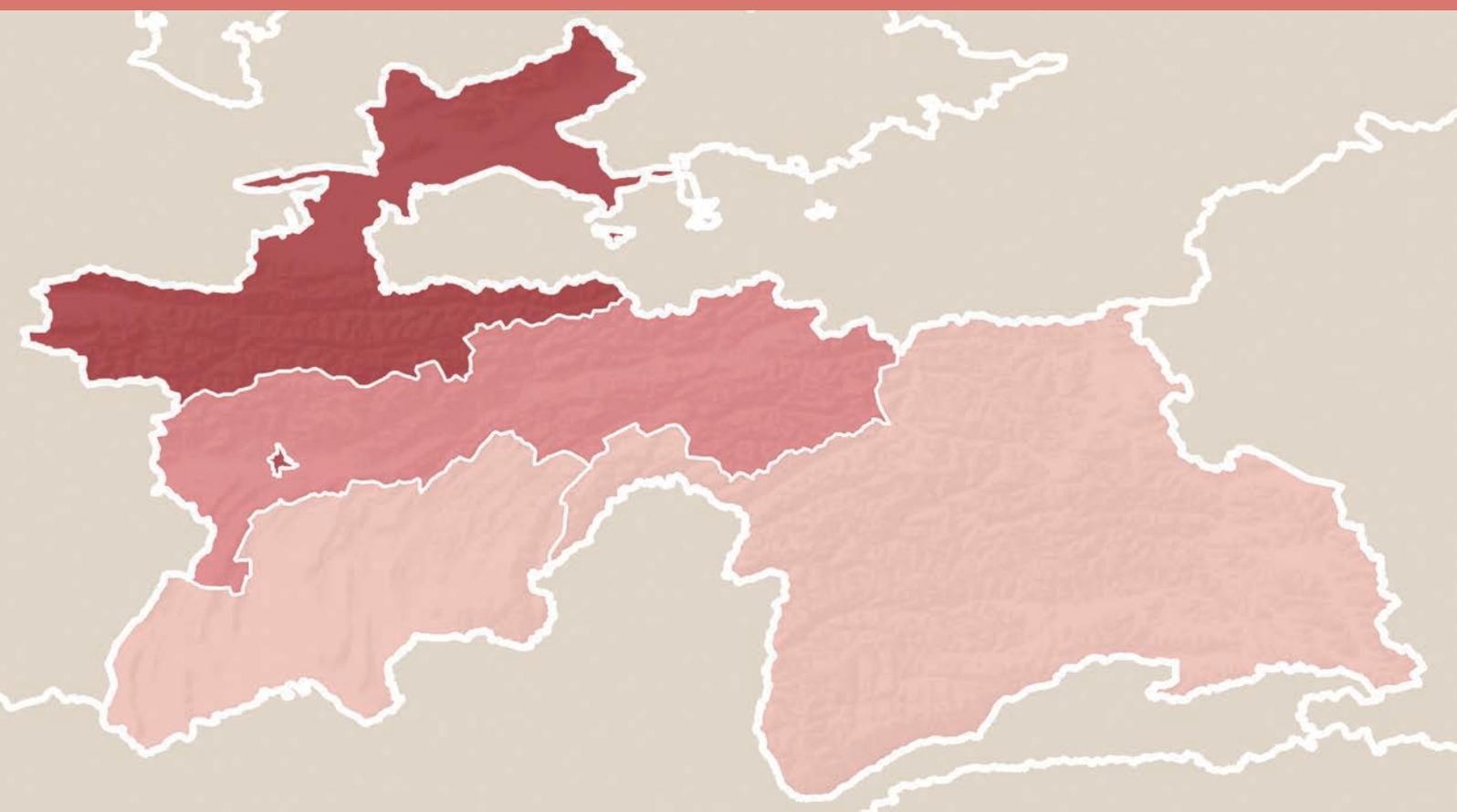




Tajikistan

2012 Demographic and Health Survey

Atlas of Key Indicators



This report summarises the findings of the 2012 Tajikistan Demographic and Health Survey (TjDHS) conducted by the Statistical Agency under the President of the Republic of Tajikistan (SA) and the Ministry of Health (MOH) of the Republic of Tajikistan from July 2012 through September 2012. ICF International provided technical assistance for the survey through the USAID-funded MEASURE DHS program, which is designed to assist developing countries to collect data on fertility, family planning, and maternal and child health. Funding for the TjDHS was received from USAID/Tajikistan and the United Nations Population Fund (UNFPA)/Tajikistan. The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the donor organizations.

Additional information about the survey can be obtained from the Statistical Agency under the President of the Republic of Tajikistan: 17 Bokhtar Street, Dushanbe, Tajikistan; Telephone: 992-372-23-02-45, Fax: 992-372-21-43-75, email: stat@tojikiston.com

Additional information about the DHS program may be obtained from MEASURE DHS, ICF International, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, U.S.A. (Telephone: 1.301.572.0200; Fax: 1.301.572.0999; e-mail: info@measuredhs.com).

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ABOUT THE 2012 TJDHS

The 2012 Tajikistan Demographic and Health Survey (TjDHS) is designed to provide data for monitoring the population and health situation in Tajikistan. The 2012 TjDHS is the first Demographic and Health Survey conducted in Tajikistan. The objective of the survey was to provide up-to-date information on fertility and contraceptive use, maternal and child health, childhood mortality, domestic violence against women, and knowledge and behavior regarding tuberculosis, HIV infection, and other sexually-transmitted infections.

Who participated in the survey?

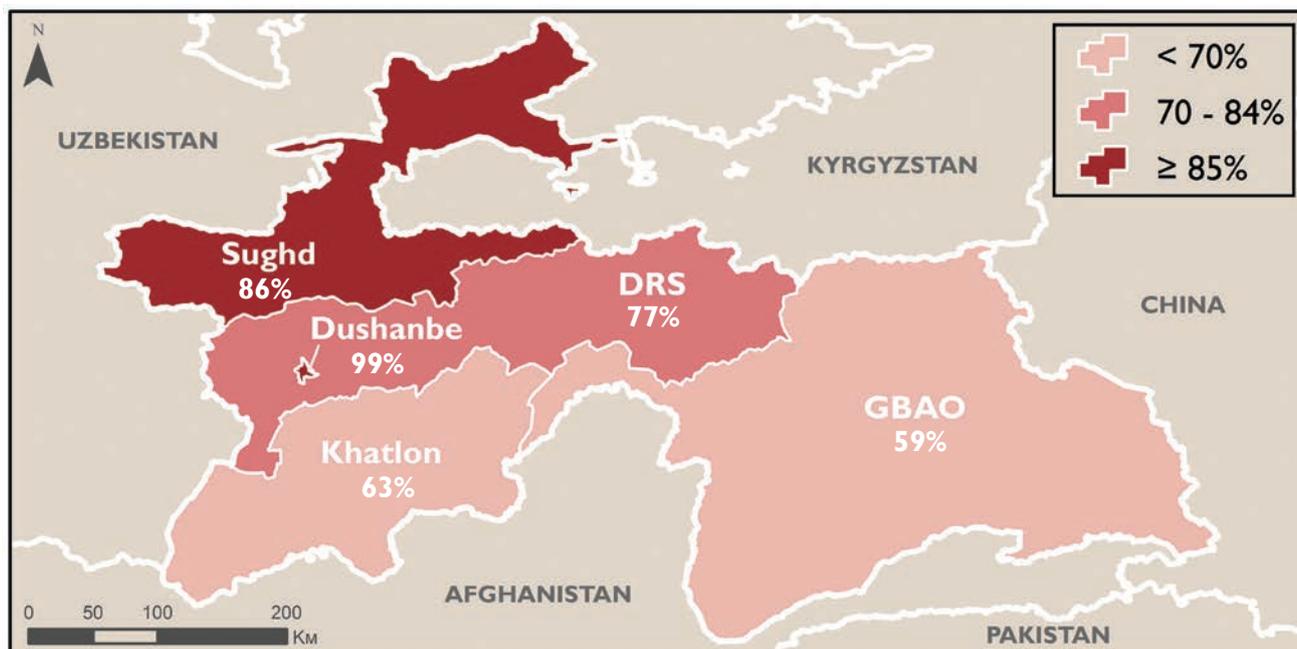
A nationally representative sample of 9,656 women age 15–49 in all selected households were interviewed in the 2012 TjDHS. This represents a response rate of 99%. This sample provides estimates for Tajikistan as a whole, for urban and rural areas, and, for most indicators, an estimate for each of the five regions.

2012 TjDHS Atlas

Maps allow for a visual interpretation of population and health indicators across regions. The health of Tajik women and children is not consistent across all regions. Maps help to show where the patterns exist, which regions are making good progress towards better health and which regions require additional interventions.

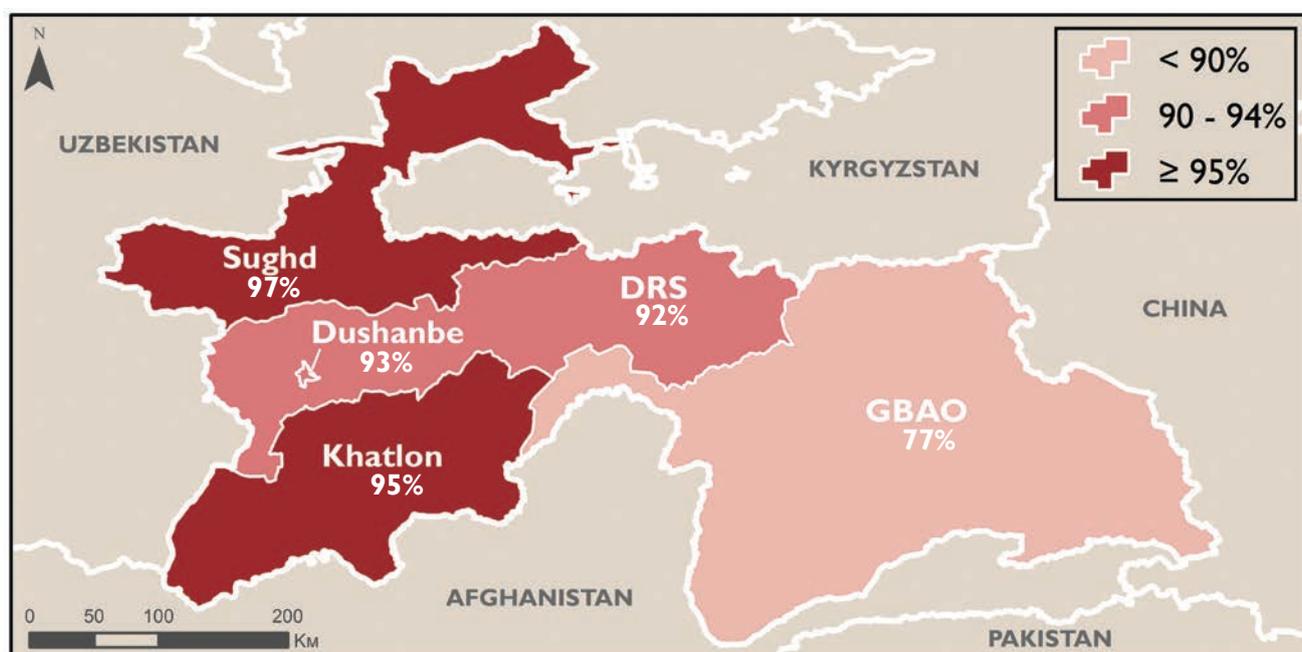


WATER AND SANITATION



Access to an Improved Water Source:

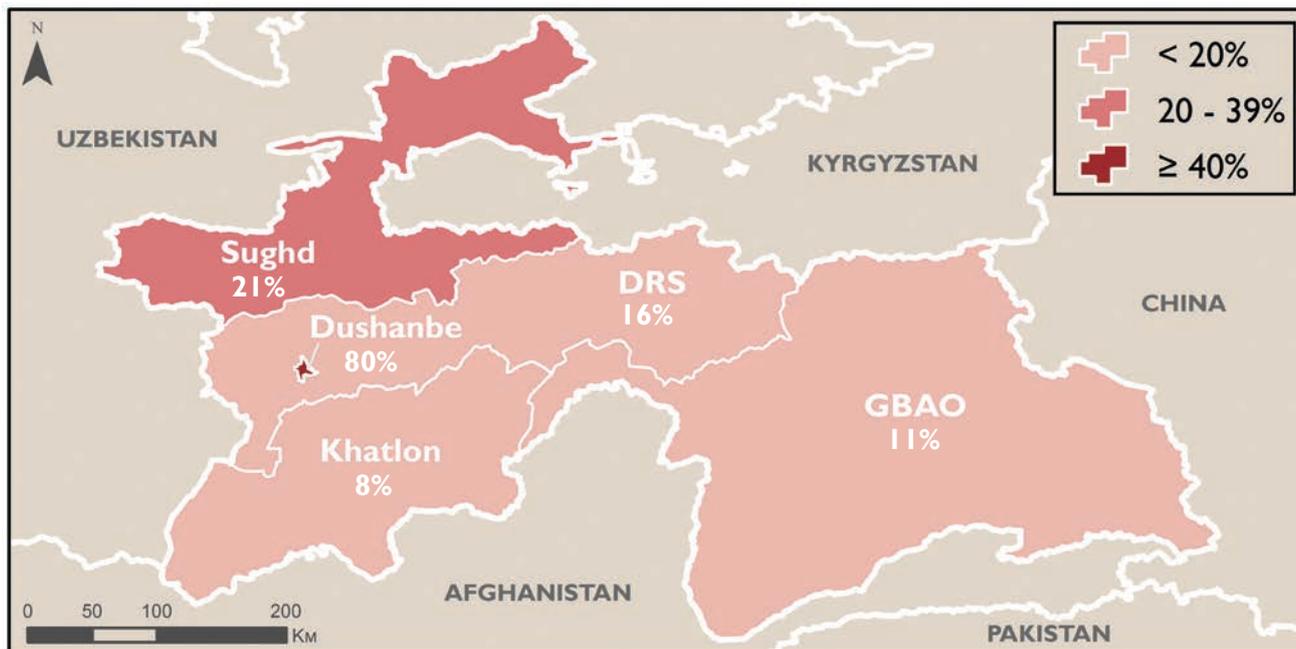
Overall, more than three-quarters of Tajiks have access to an improved water source, such as piped water in to the dwelling/yard or a public tap. Access to improved water varies by region, from 59% and 63% in GBAO and Khatlon, respectively, to 99% in Dushanbe.



Sanitation Facilities

Almost all Tajiks (94%) have an improved, and not shared, toilet facility, such as a flush/pour system to the sewers, a VIP latrine, or a pit latrine to a slab. More than 90% of people in Sughd, Khatlon, Dushanbe, and DRS have an improved toilet, compared to only 77% in GBAO.

DISTRIBUTION OF WEALTH



Household Wealth

Wealth is not distributed evenly throughout Tajikistan. Eighty percent of Dushanbe's population is in the highest wealth quintile*. GBAO and Khatlon are the poorest regions, with 11% and 8% of their populations in the highest wealth quintile.

** The Demographic and Health Surveys use a wealth index to compare relative wealth across households. Wealth is determined by scoring households based on a set of characteristics, including access to electricity and ownership of various consumer goods.*

Households are then ranked, from lowest score to highest score. This list is then separated into 5 equal pieces (or quintiles) each representing 20% of the population.

Therefore, those in the highest quintile may not be "rich" but they are of higher socioeconomic status than 80% of the country.

Frequently, a larger proportion of the wealthiest households are located in urban centers, while a larger proportion of the poorest households are located in rural areas.



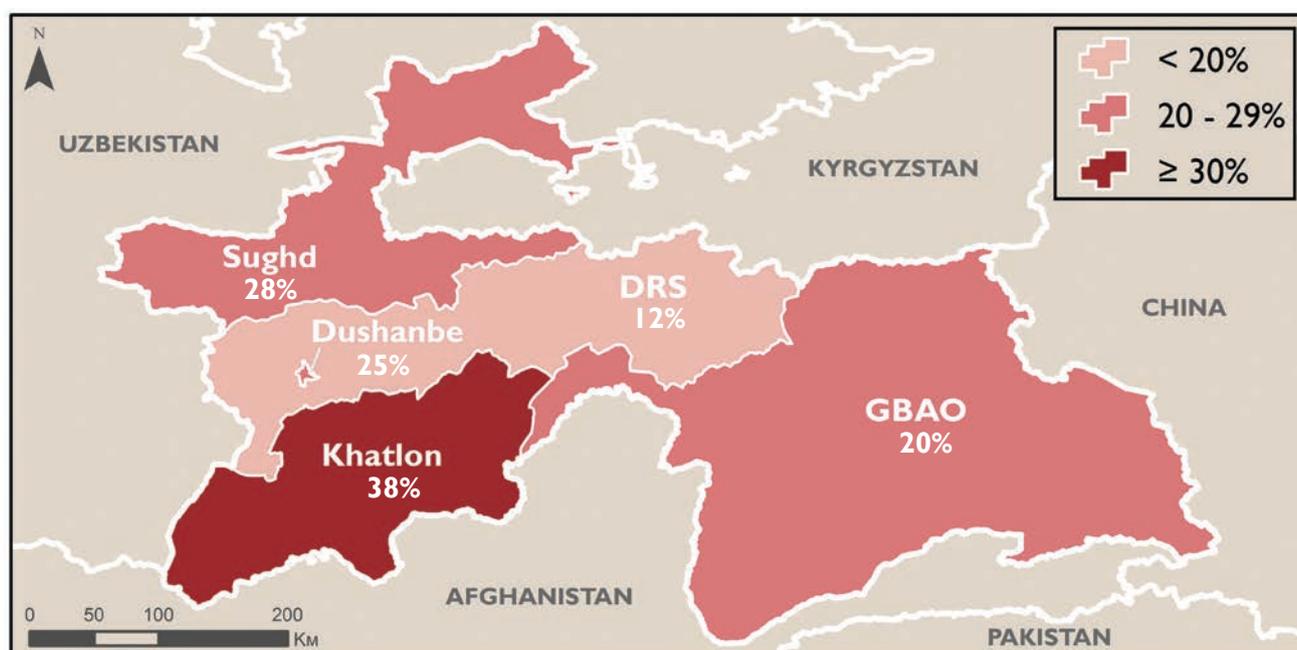
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WOMEN'S EDUCATION AND EMPLOYMENT



Women's Higher Education

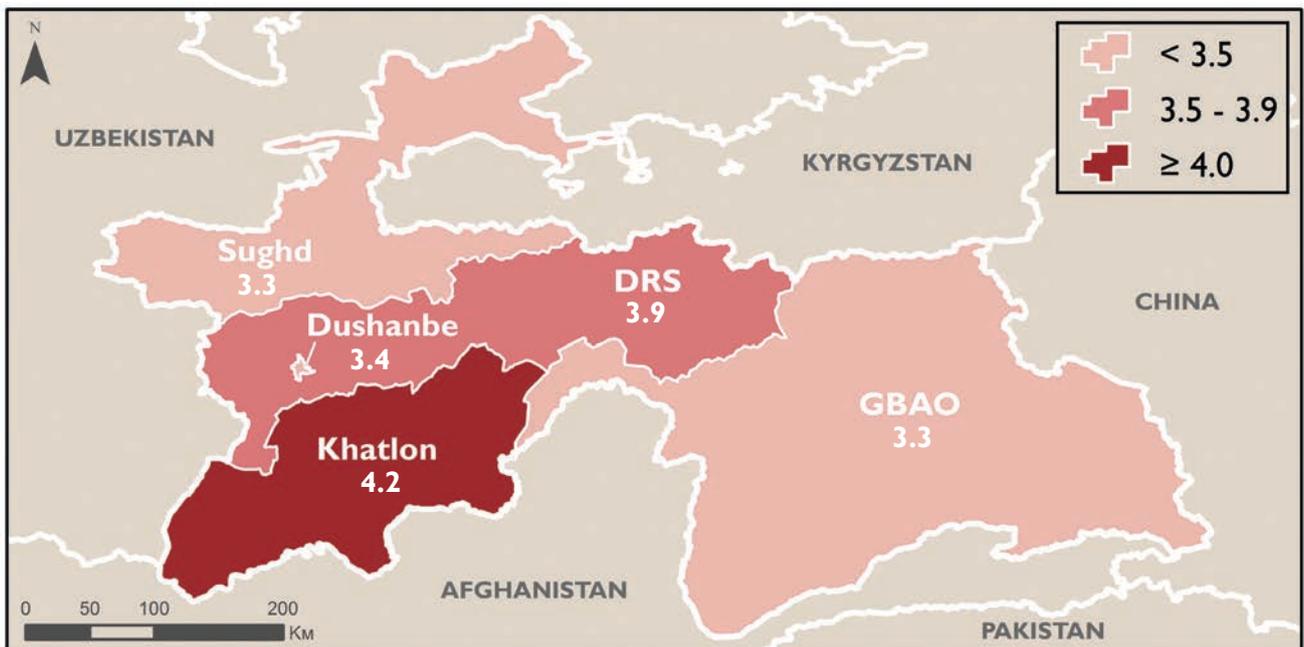
Nationally, women have completed about nine years of education. More than 90% of women have attended at least some secondary school. But only 6% nationally have attended higher education. Women in Dushanbe and GBAO are most likely to have gone to higher education (21% each) compared to only 3% of women in Khatlon.



Women's Employment

Just over one-quarter of Tajik women were employed at the time of the 2012 TjDHS, meaning that they had worked in the past seven days. Women's employment is highest in Khatlon (38%) and lowest in DRS (12%).

FERTILITY



Total Fertility Rate

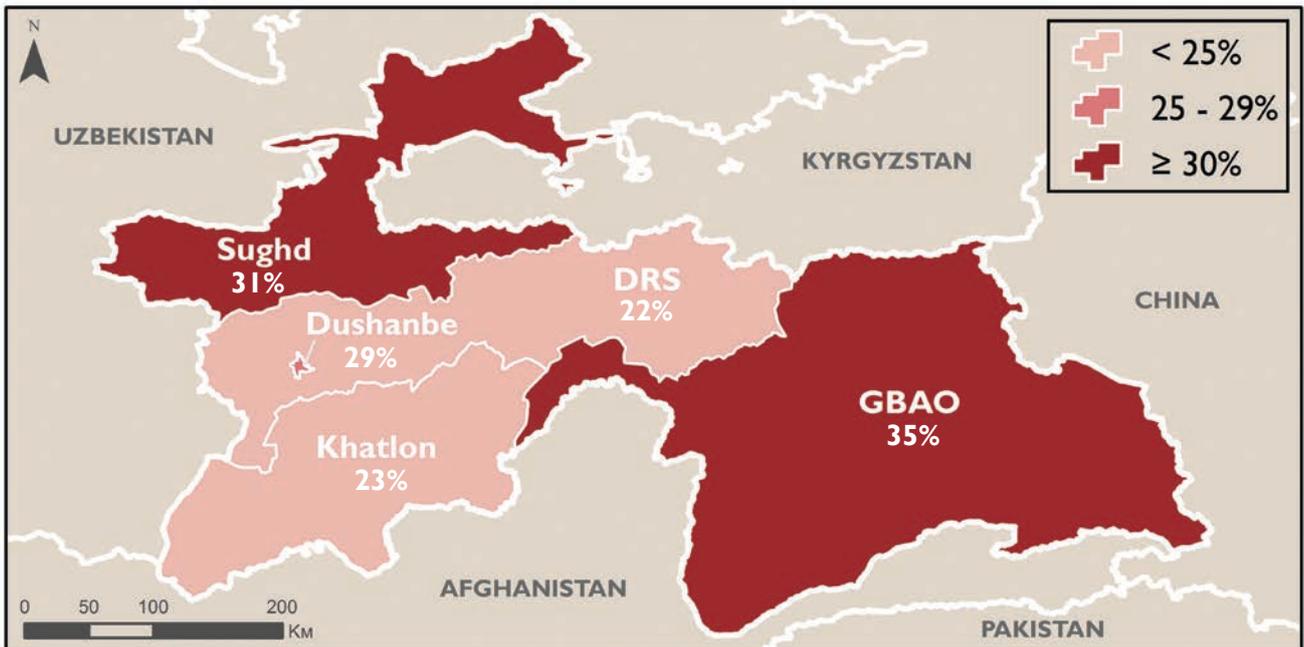
Women in Tajikistan have an average of 3.8 children. Women in GBAO and Sughd have the fewest children, on average (3.3), while women in Khatlon have the most children (4.2).



Teenage Childbearing

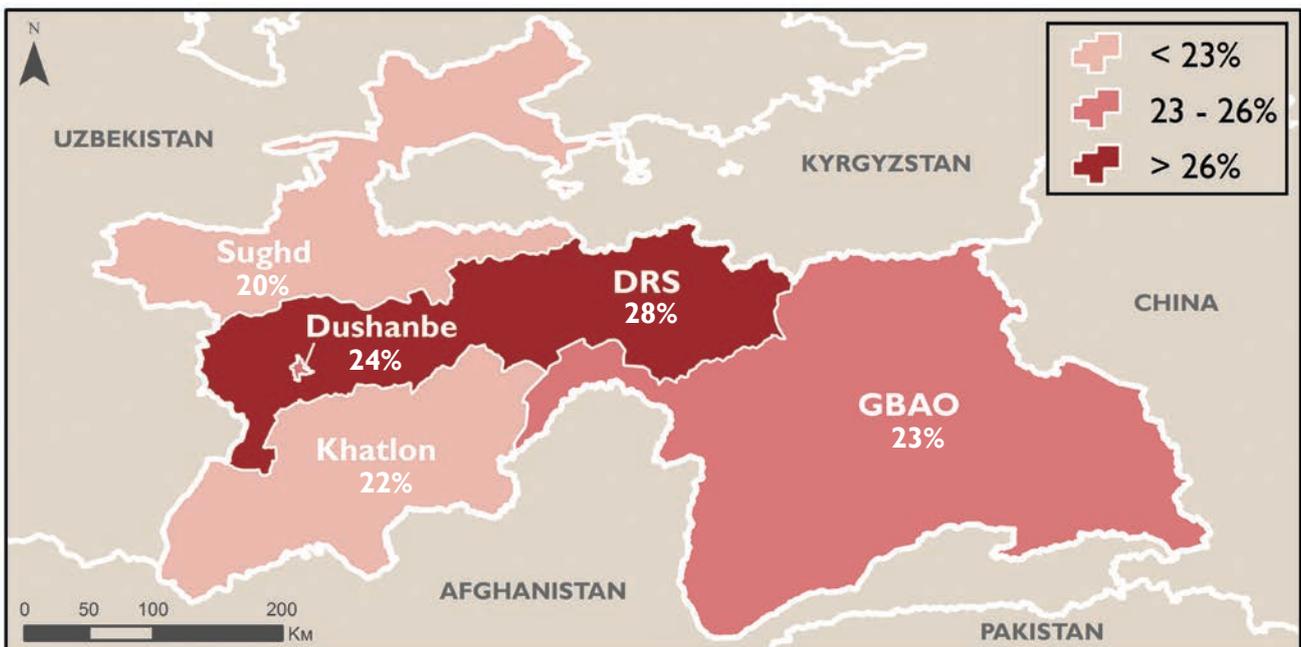
Nationally, 7% of young women age 15-19 were already mothers or were pregnant at the time of the 2012 TjDHS. Teenage childbearing is most common in DRS (9%) and least common in GBAO (3%).

FAMILY PLANNING



Use of Modern Methods

In Tajikistan, 26% of married women are using a modern method of family planning such as the IUD, pill, injectable, or male condom. Use of modern methods is highest in GBAO (35%) and lowest in DRS (22%).



Unmet Need for Family Planning

Women who want no more children or want to wait at least 2 years before their next birth but who are not using family planning are said to have an unmet need for family planning. Nationally, 23% of married women have an unmet need for family planning. Unmet need is highest in DRS (28%) and lowest in Sughd (20%).

ABORTION



Lifetime Experience with Abortion

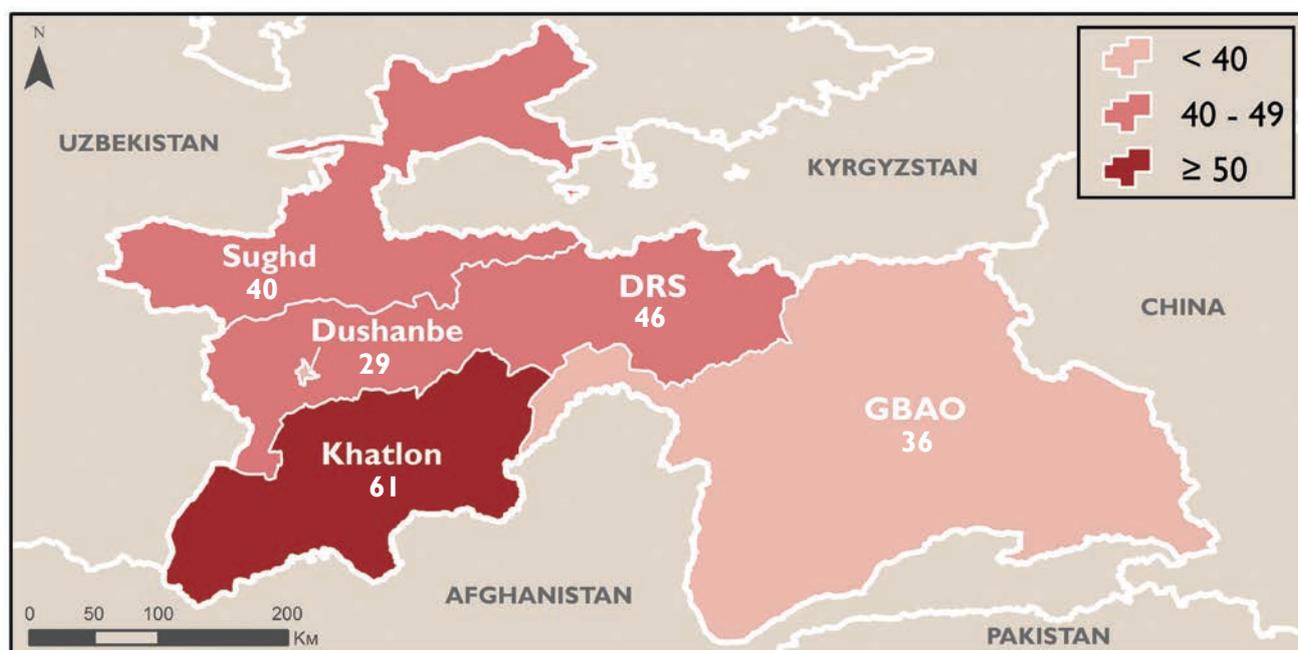
Ten percent of Tajik women age 15-49 have had an induced abortion. This varies slightly by region, from 8% of women in DRS to 12% of women in Dushanbe and Sughd.

CHILDHOOD MORTALITY



Infant Mortality

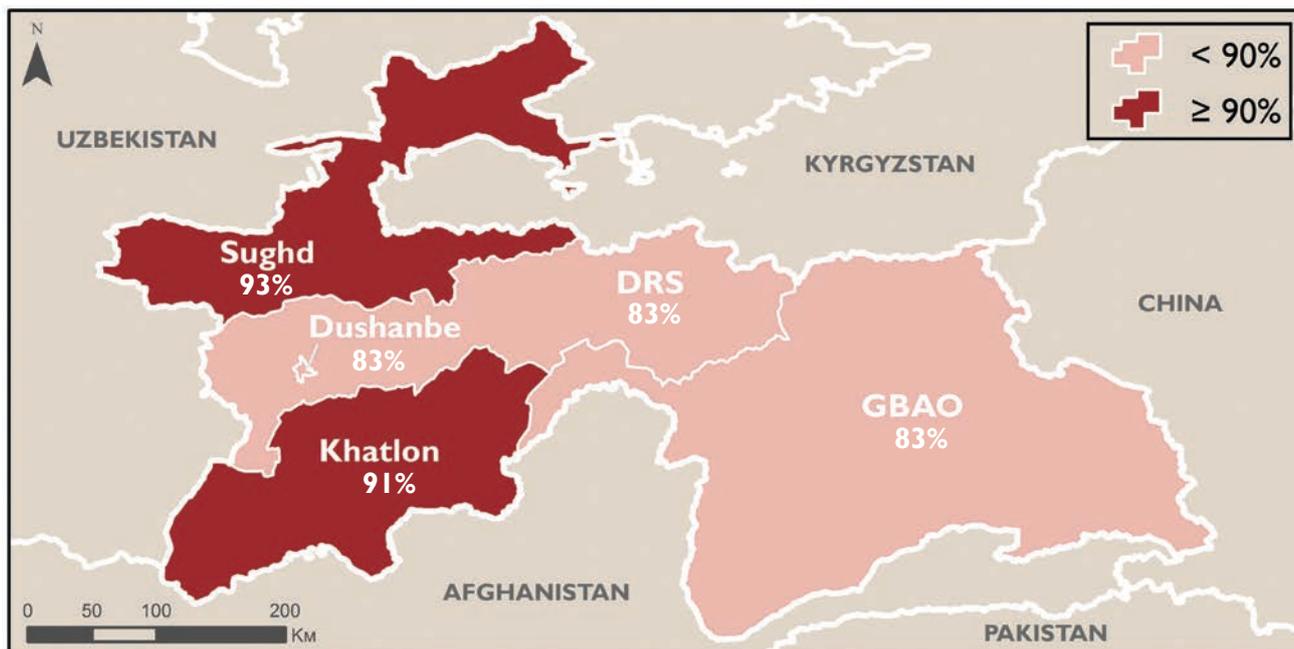
Infant mortality, or the probability of dying between birth and age one, varies among the Tajik regions. Infant mortality is lowest in Dushanbe where there are 22 deaths per 1,000 live births; it is highest in Khatlon where there are 48 deaths per 1,000 live births. This means that 1 in 20 children in Khatlon die before reaching their first birthday.



Under-five Mortality

Under-five mortality, or the probability of dying between birth and age 5, also varies by region. It is lowest in Dushanbe, at 29 deaths per 1,000 live births, and highest in Khatlon, at 61 deaths per 1,000 live births. This means that about 1 in 15 children dies before their fifth birthday in Khatlon.

CHILD HEALTH



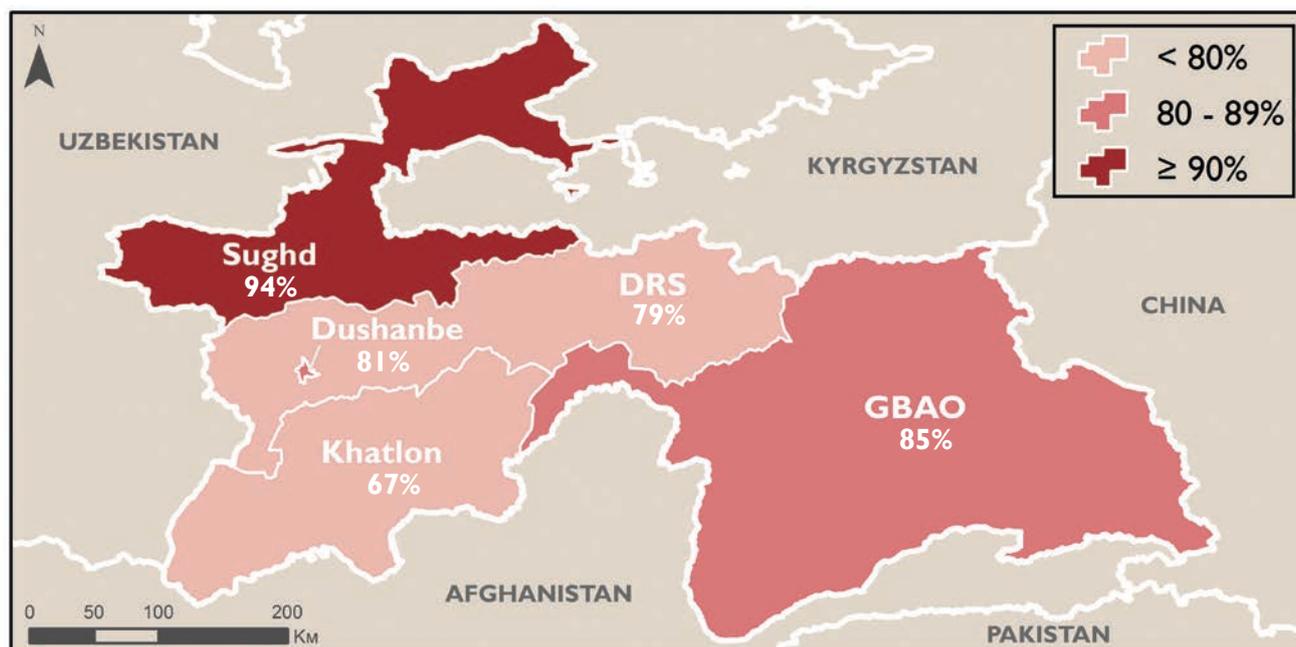
Vaccination Coverage

Nationally, 89% of Tajik children age 18-29 months have received all basic vaccinations (BCG/Pentavalent, measles or MR, and 3 doses each of DPT and polio vaccine). Vaccination coverage is over 90% in Sughd and Khatlon, and under 85% in Dushanbe, GBAO, and DRS.



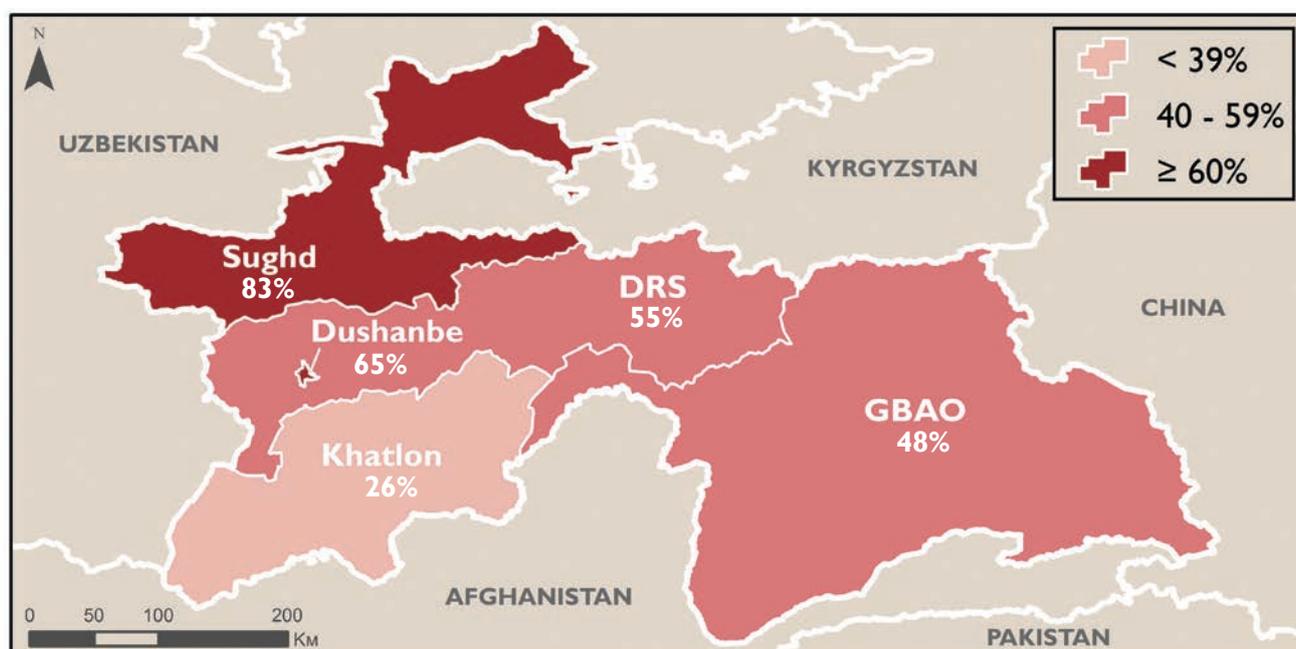
© USAID, photo by Bryn Sakagawa

MATERNAL HEALTH



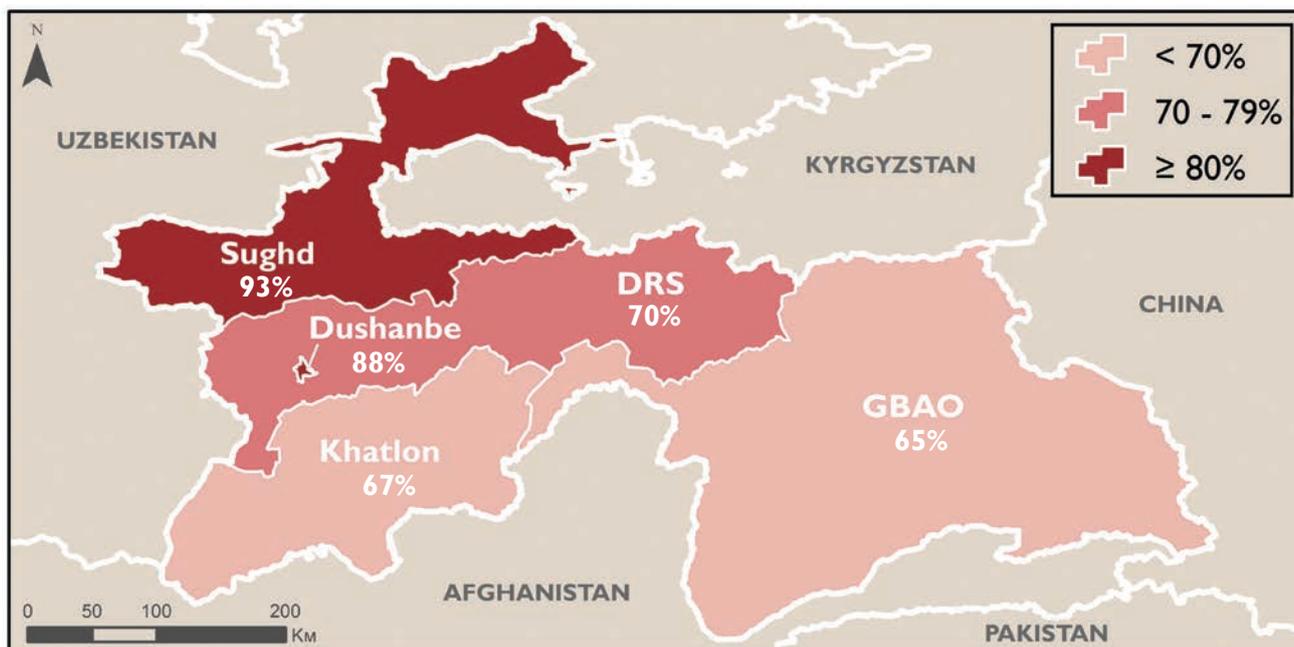
Antenatal Care by a skilled provider

Almost 80% of Tajik women receive antenatal care from a skilled provider (doctor, nurse, midwife, or feldsher), but this proportion varies substantially by region. Only 67% of women in Khatlon received antenatal care from a skilled provider, compared to 94% in Sughd.



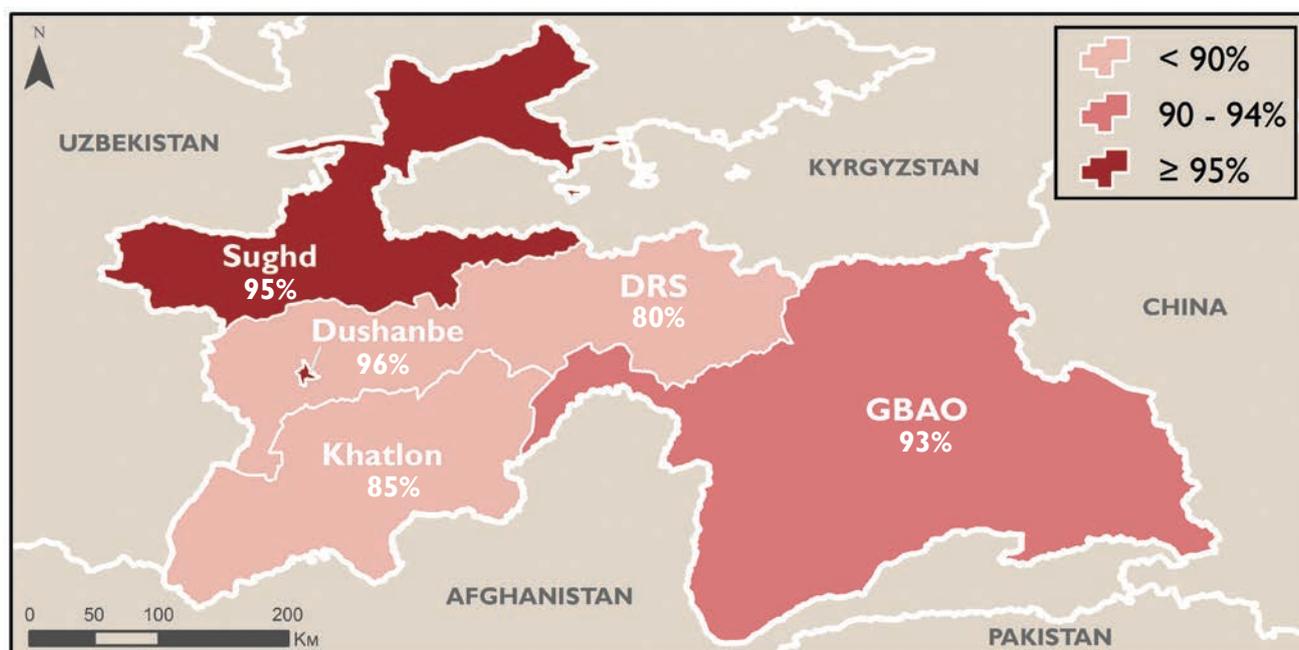
Antenatal Care: 4+ visits

Just over half (53%) of Tajik women receive at least 4 antenatal care (ANC) visits during their pregnancy, as recommended. Women in Khatlon are least likely to receive 4 or more visits (26%) compared to more than four in five women in Sughd (83%).



Delivery in Health Facilities

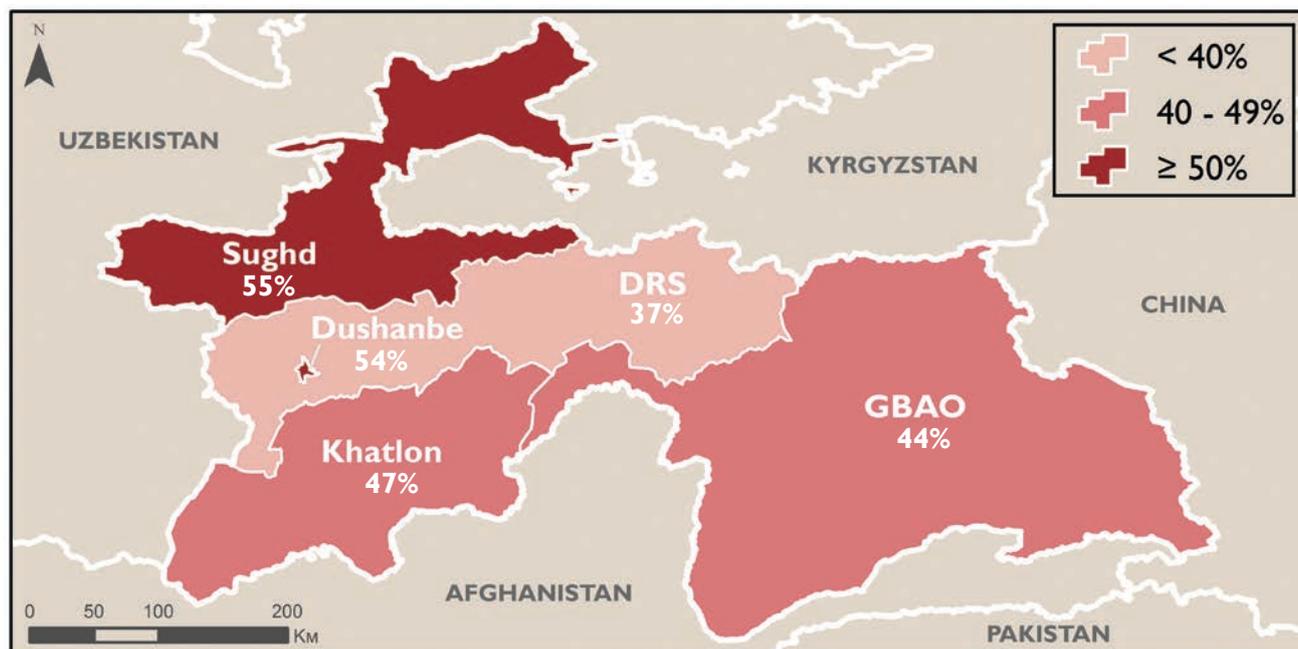
Overall, just over three-quarters of births occur in health facilities and about one-quarter of births in Tajikistan occur at home. Facility-based births are most common in Sughd (93%) and Dushanbe (88%), and are least common in Khatlon (67%) and GBAO (65%).



Delivery Assistance

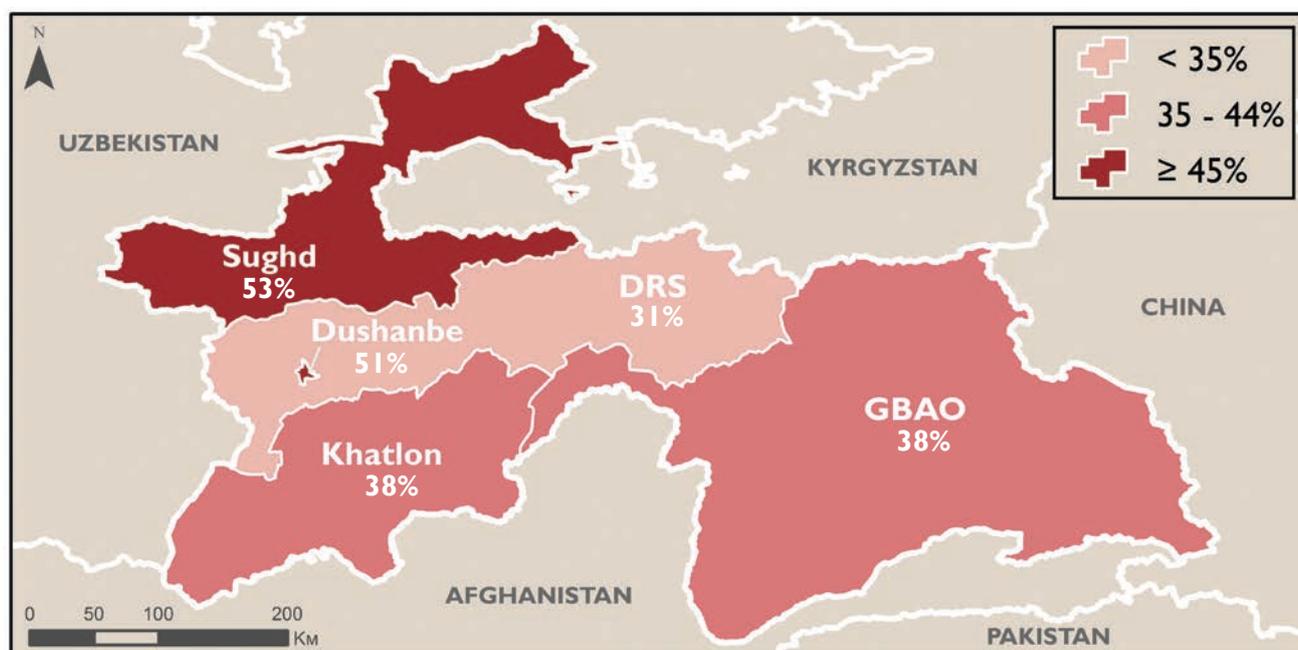
Nationally, 87% of births are assisted by a skilled provider. However, only 80% of births in DRS and 85% of births in Khatlon were assisted by a skilled provider compared to about 95% of births in Dushanbe and Sughd.

MATERNAL HEALTH: CANCER AWARENESS



Breast Cancer Awareness

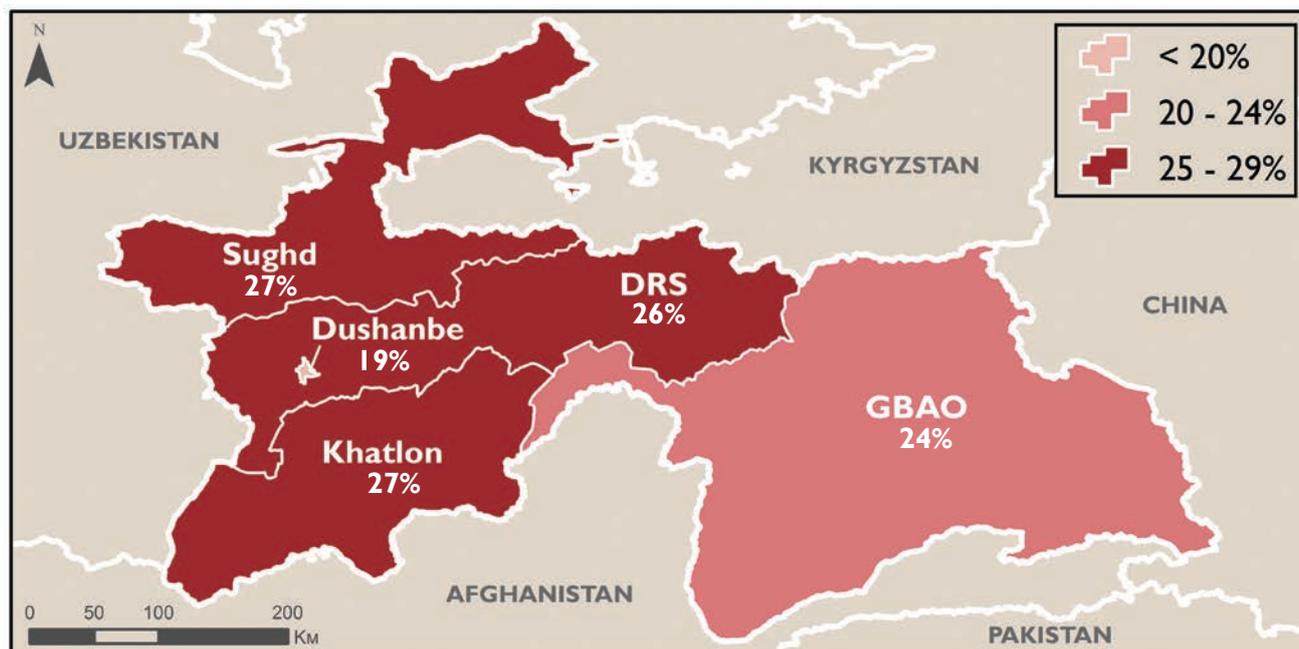
Only 48% of women age 15-49 in Tajikistan have heard of breast cancer. Breast cancer awareness is highest in Dushanbe (54%) and Sughd (55%), and lowest in DRS (37%).



Cervical Cancer Awareness

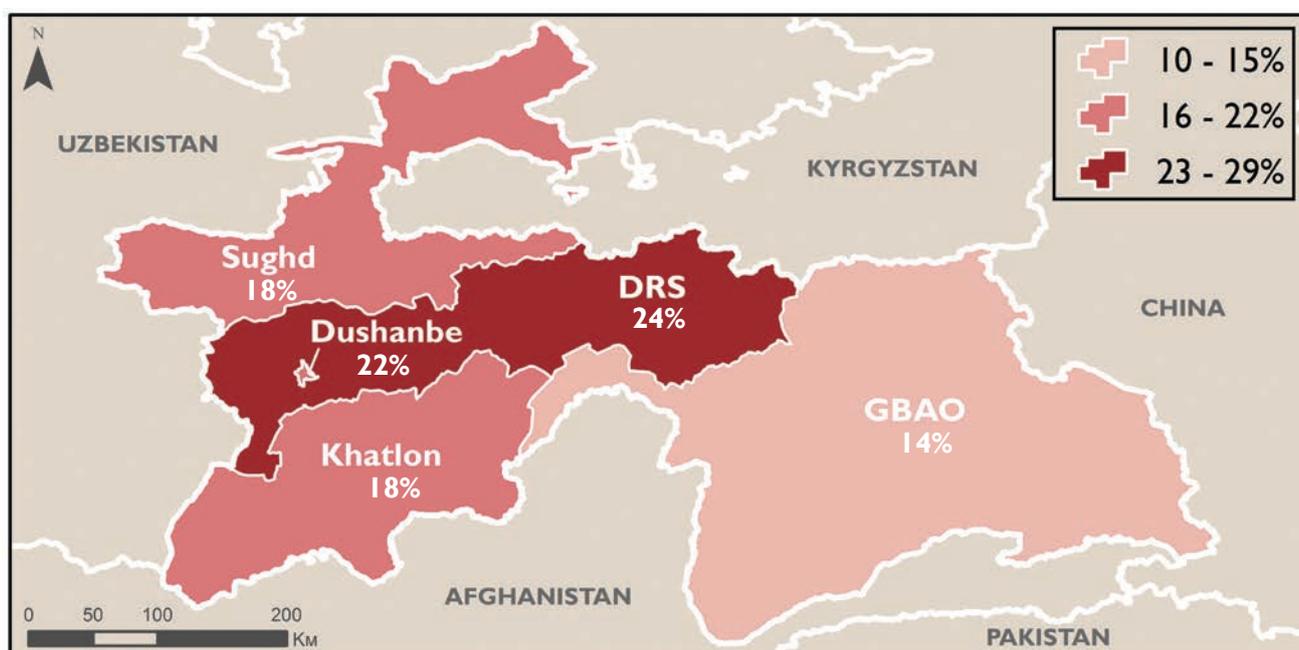
Cervical cancer awareness is even lower in Tajikistan—only 42% of women have ever heard of cervical cancer. Regional patterns are similar to breast cancer awareness, with highest awareness of cervical cancer in Dushanbe (51%) and Sughd (53%) and lowest in DRS (31%).

CHILDREN'S NUTRITION



Children's Stunting

Overall, more than one-quarter of Tajik children under age five are stunted, or too short for their age. This is a sign of chronic malnutrition. Stunting ranges from 19% of children in Dushanbe to 27% of children in Sughd and Khatlon.



Infant and Young Children Feeding (IYCF) Practices

The World Health Organization recommends that children age 6-23 months be fed breastmilk or milk products, 4+ food groups, and a minimum number of times per day based on their age and breastfeeding status. In Tajikistan, only 20% of children age 6-23 months are fed with all 3 IYCF practices. IYCF practices are least common in GBAO (14%) and most common in DRS (24%).

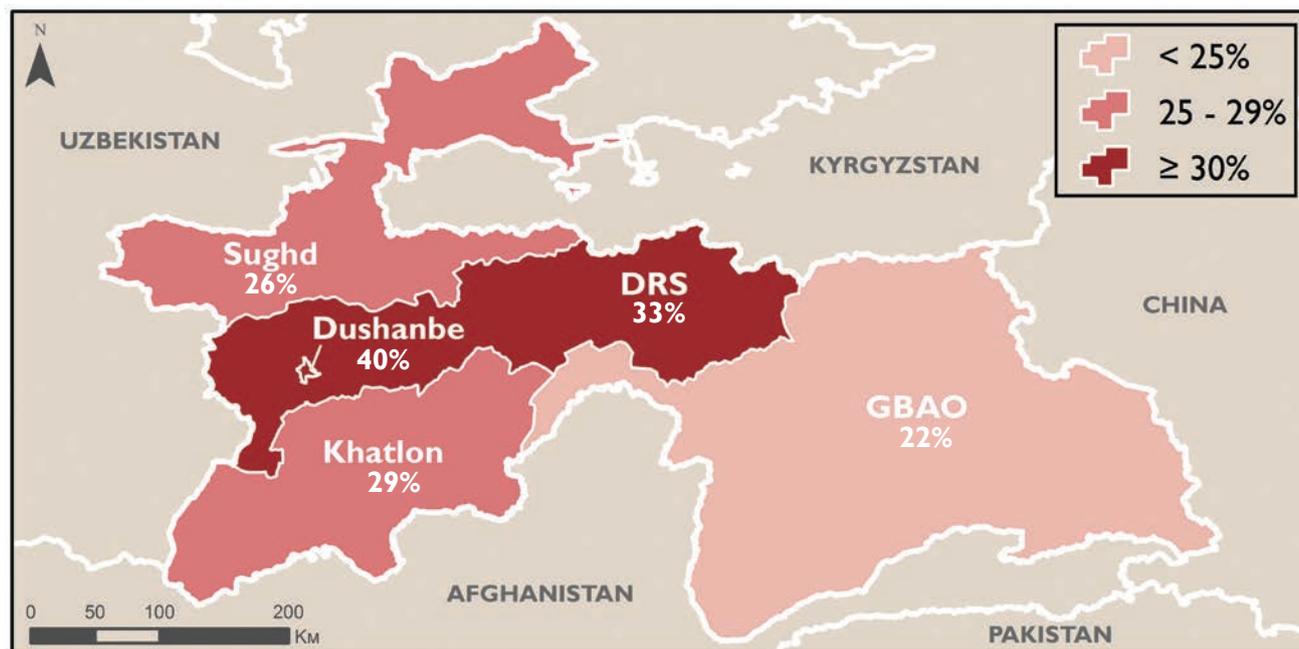
VITAMIN A SUPPLEMENTATION



Vitamin A supplementation: Children

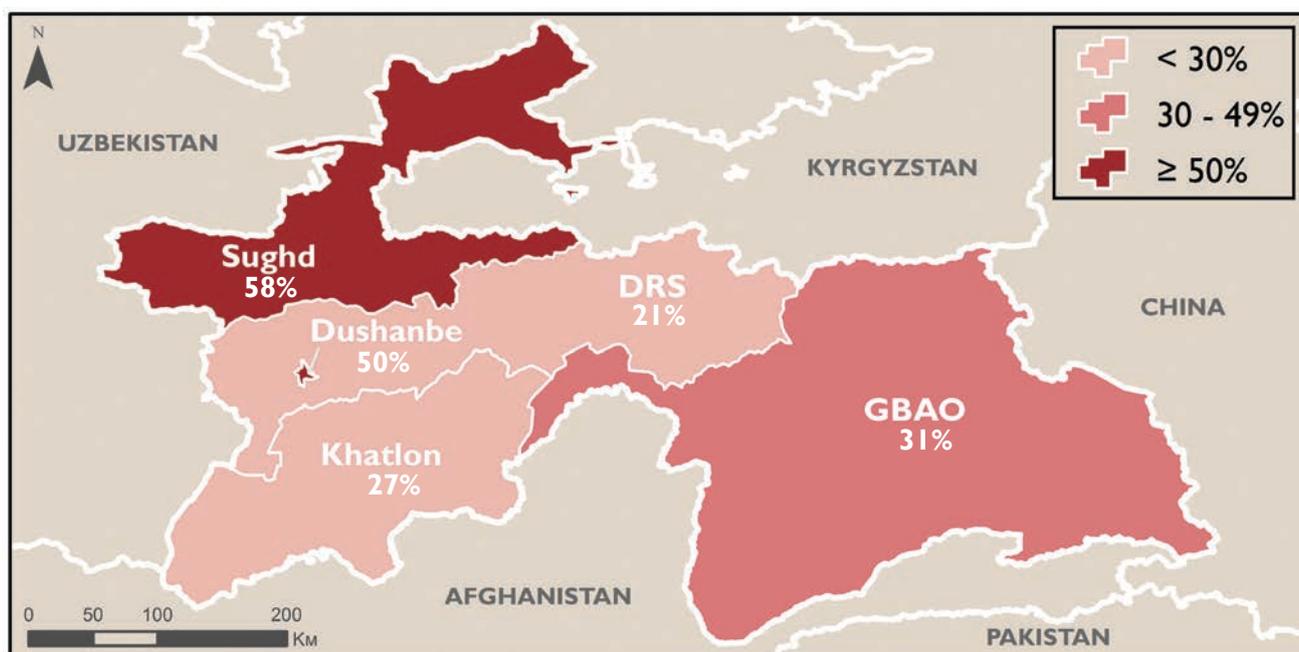
Nationally, 77% of children age 6-59 months received a vitamin A supplement in the six months before the survey. Vitamin A supplementation ranges from only 63% of children in Dushanbe to 81% of children in Khatlon.

WOMEN'S NUTRITION AND SALT IODIZATION



Women's Nutritional Status: Overweight and Obesity

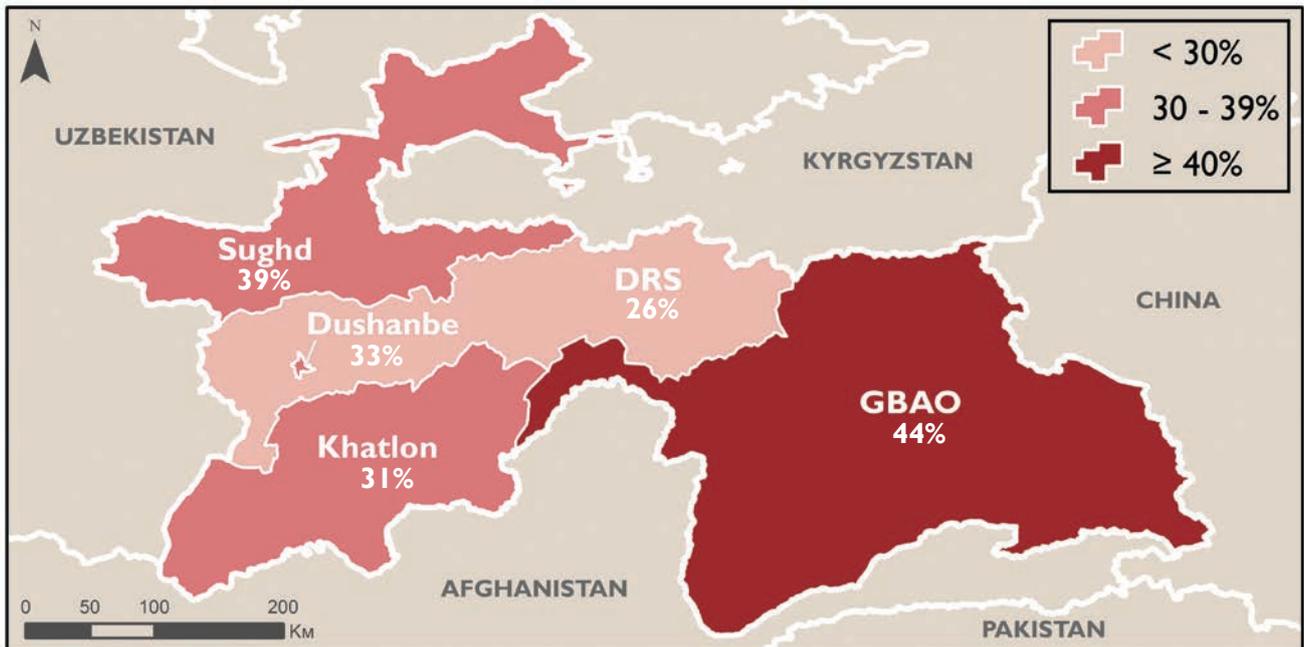
Three in ten women age 15-49 in Tajikistan are overweight or obese (BMI ≥ 25.0). Overweight/obesity is highest in Dushanbe, where 40% of women are overweight or obese. Overweight is less of a problem in GBAO (22%) and Sughd (26%).



Household Salt Iodization

Iodized salt helps to prevent iodine deficiency disorders, and Tajik law stipulates that salt should be adequately iodized. Nationally, only 39% of households have adequately iodized salt. More than half (58%) of households in Sughd have adequately iodized salt, compared to 21% of households in DRS.

HIV KNOWLEDGE AND TESTING



Women's Knowledge of HIV Prevention

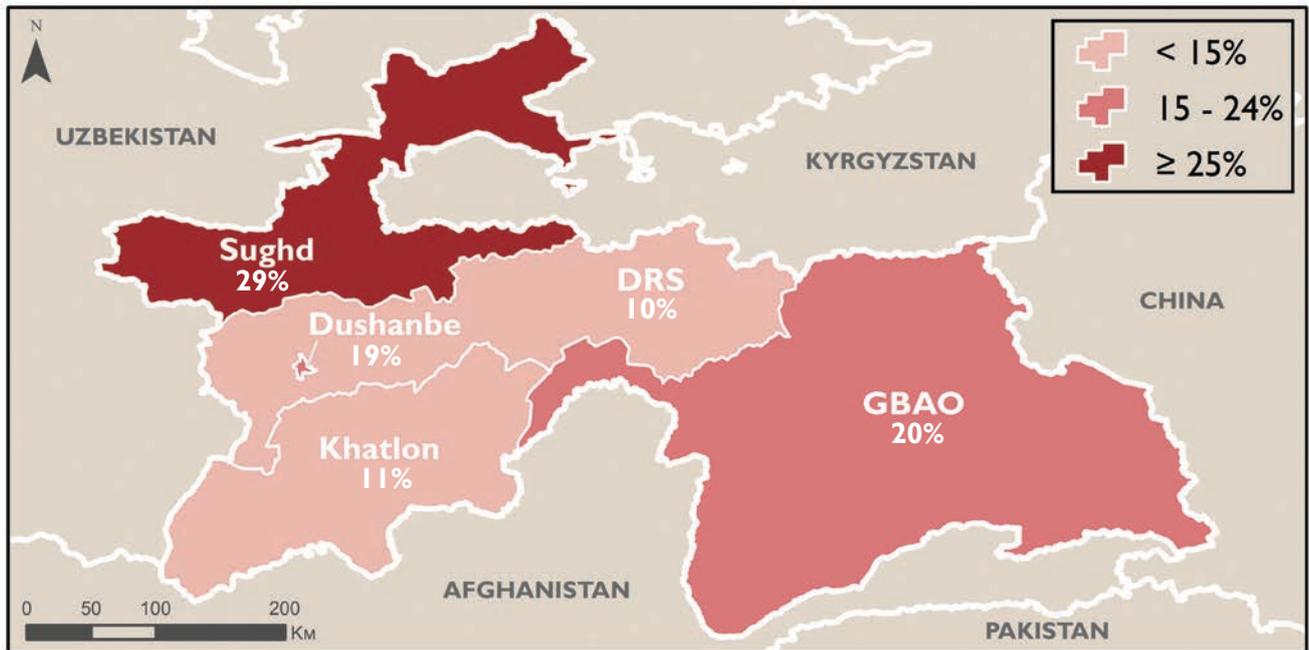
One-third of Tajik women age 15-49 know that using condoms and limiting sex to one, uninfected partner reduces the risk of getting HIV. This HIV prevention knowledge among women is highest in GBAO (44%) and lowest in DRS (26%).



Recent HIV Testing

Only 5% of Tajik women age 15-49 were tested for HIV in the year before the 2012 TjDHS and received the results of the test. HIV testing is most common among women in Dushanbe (8%) and least common among women in DRS and Khatlon (3% each).

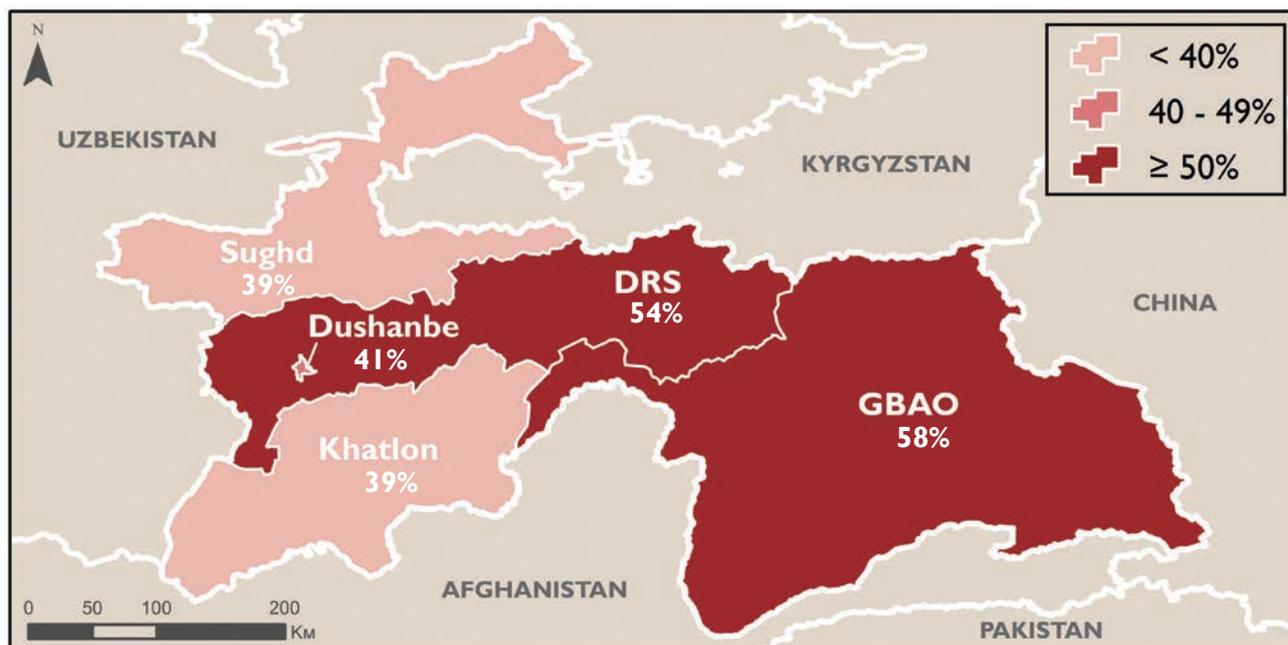
HIV TESTING DURING ANTENATAL CARE



HIV Testing During Antenatal Care

Among women who gave birth in the two years before the survey, 16% received counselling on HIV and an HIV test during antenatal care (ANC) and received the results. HIV testing during ANC is highest in Sughd (29%) and lowest in DRS (10%).

WOMEN'S DECISIONMAKING



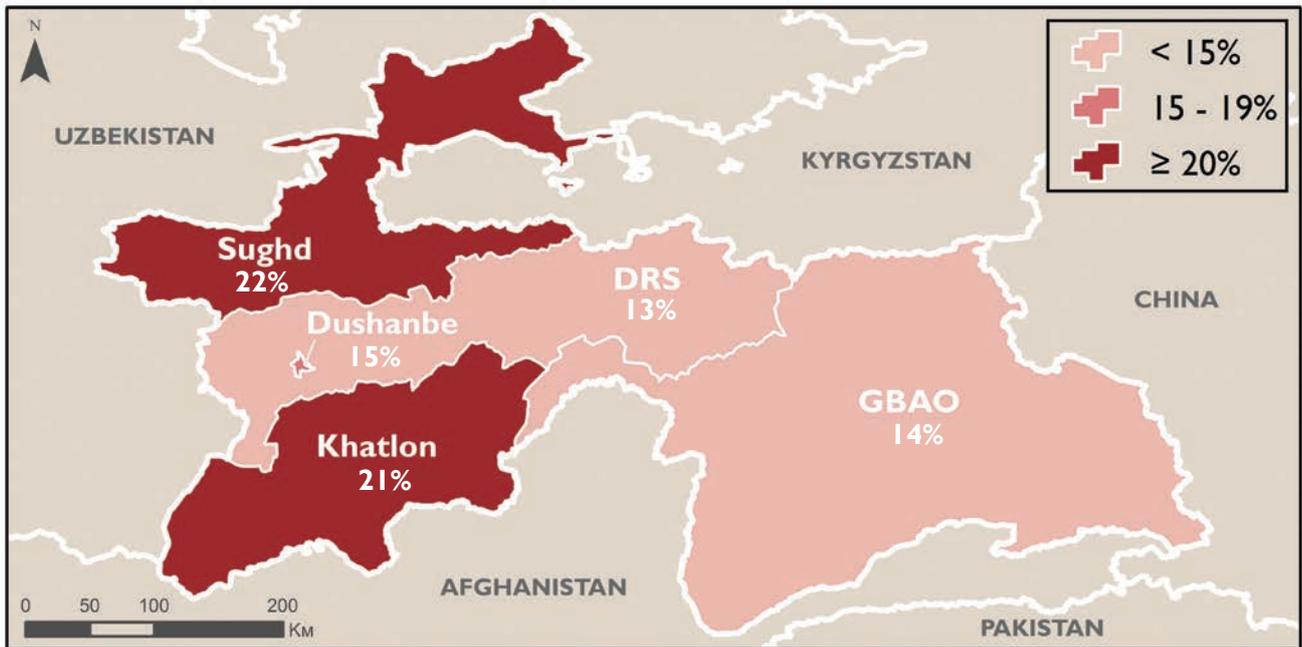
Women's Decisionmaking

Household decisionmaking is a measure of women's empowerment. In Tajikistan, 43% of married women age 15-49 report that they participate in all three of the following decisions: her own health care, making major household purchases, and visits to her family or relatives. Only 39% of married women in Sughd and Khatlon participate in all 3 of these decisions, compared to more than half of women in GBAO and DRS.



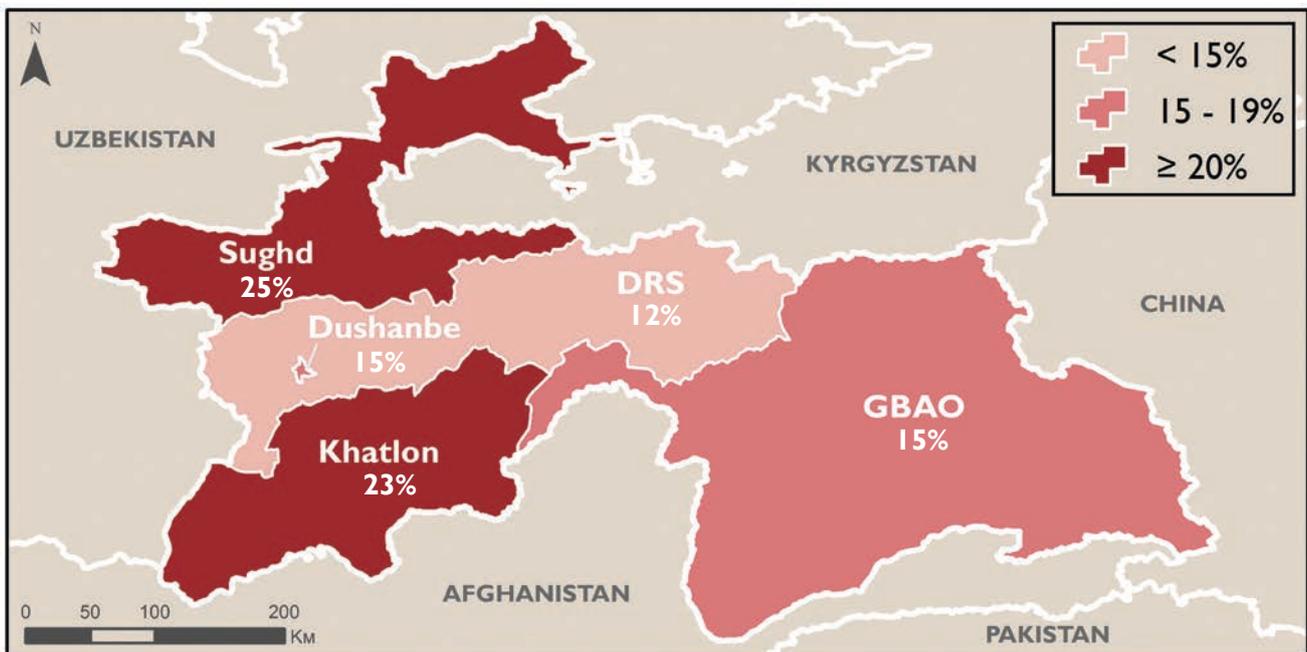
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DOMESTIC VIOLENCE



Physical Violence since age 15

Nationally, 19% of women age 15-49 report that they have ever experienced physical violence since age 15. Women's experience of physical violence is most common in Sughd (22%) and least common in DRS (13%).



Spousal Violence (Physical/Sexual)

One in five ever-married Tajik women report that they have experienced physical or sexual violence committed by their husband or partner. Spousal violence is most commonly reported in Sughd (25%) and Khatlon (23%) and least commonly reported in DRS (12%).

