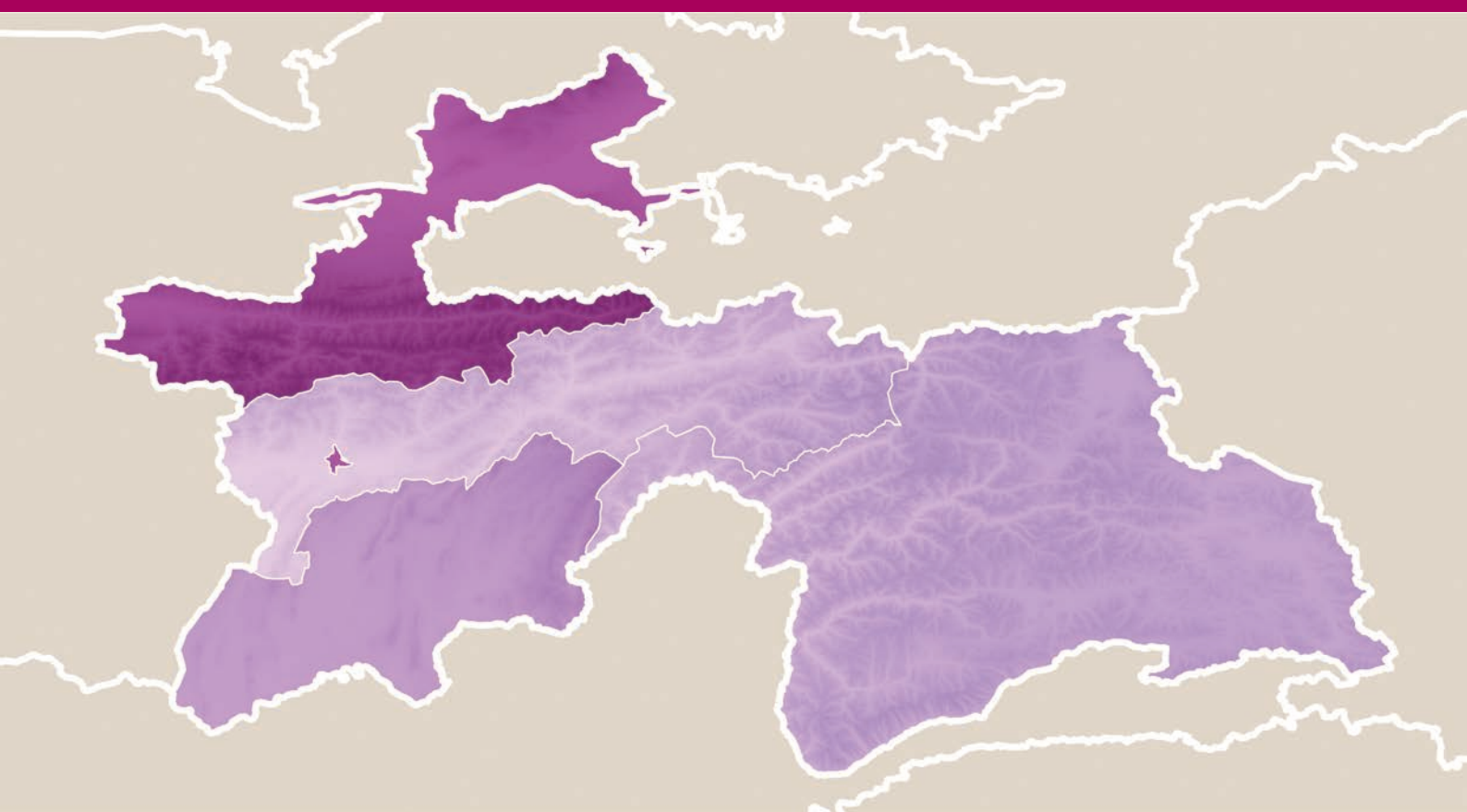




Tajikistan

2017 Demographic and Health Survey

Atlas of Key Indicators





This report summarises the regional findings of the 2017 Tajikistan Demographic and Health Survey (TjDHS) conducted by the Statistical Agency under the President of the Republic of Tajikistan from August 8 to November 11, 2017. The funding for the 2017 TjDHS was provided by the United States Agency for International Development (USAID). Additional funding for the survey was provided by the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA). ICF provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide.

Additional information about the 2017 TjDHS may be obtained from the Statistical Agency under the President of the Republic of Tajikistan: 17 Bokhtar Street, Dushanbe, Republic of Tajikistan; Telephone: 992-372-23-02-45; Fax: 992-372-21-43-75; E-mail: stat@tojikiston.com

Additional information about The DHS program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, U.S.A. (Telephone: 1.301.572.0200; Fax: 1.301.572.0999; e-mail: info@dhsprogram.com, www.dhsprogram.com).

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ABOUT THE 2017 TjDHS

The 2017 Tajikistan Demographic and Health Survey (TjDHS) is designed to provide data for monitoring the population and health situation in Tajikistan. The 2017 TjDHS is the second 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, adult health issues and knowledge and behavior regarding HIV infection and other sexually-transmitted infections.

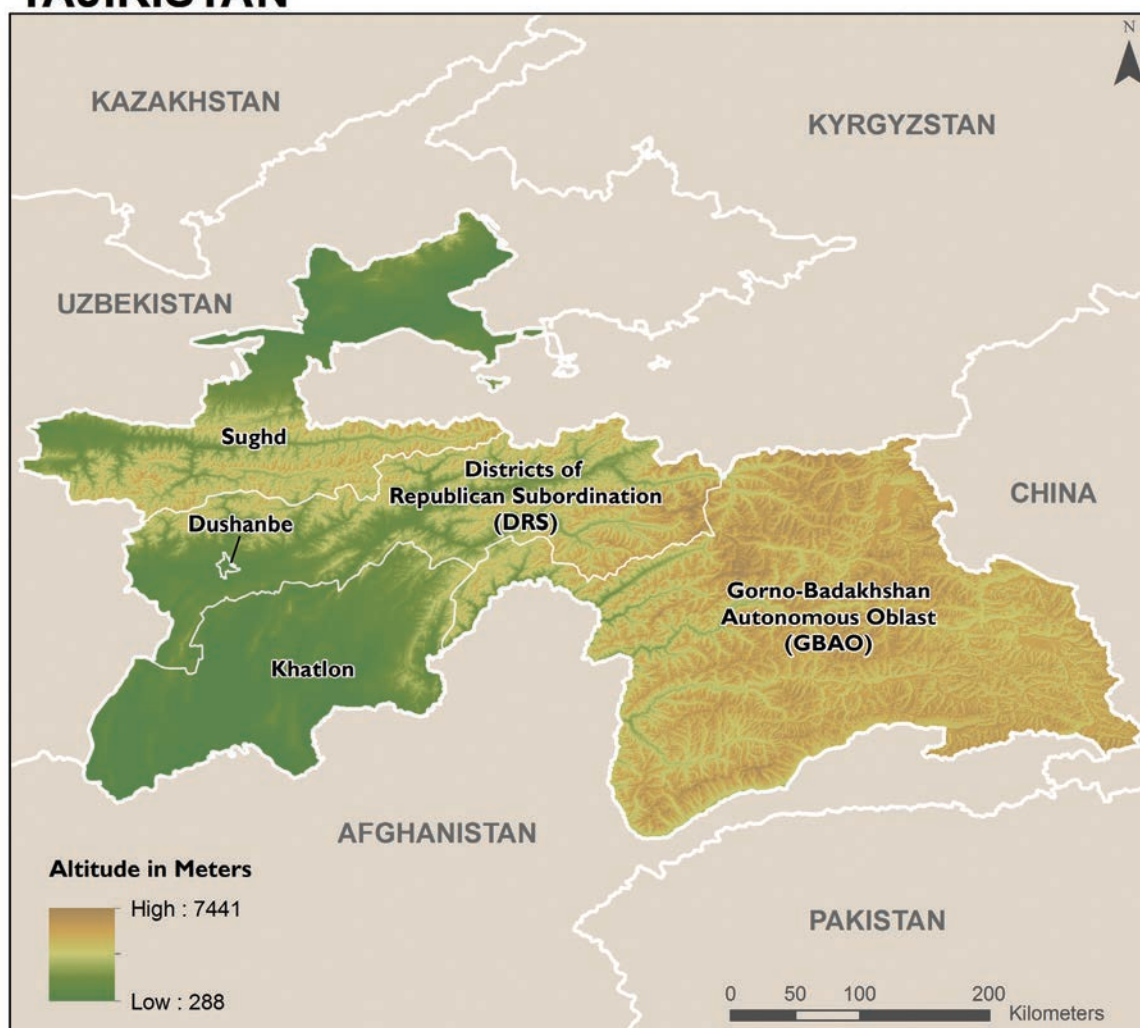
Who participated in the survey?

A nationally representative sample of 10,718 women age 15–49 in all selected households were interviewed in the 2017 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.

2017 TjDHS Atlas

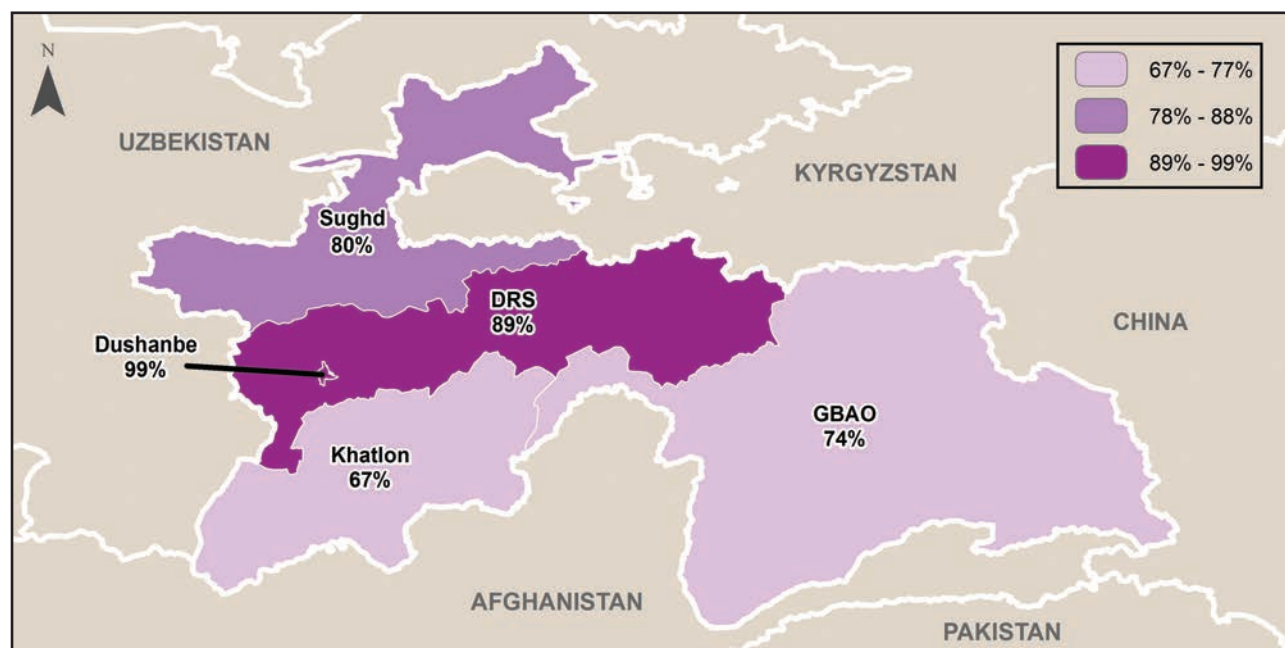
Maps allow for a visual interpretation of population and health indicators across regions. The health of Tajik women and children is not consistent across all regions. Maps help to show where the patterns exist, which regions are making good progress towards better health and which regions require additional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

TAJIKISTAN



WATER

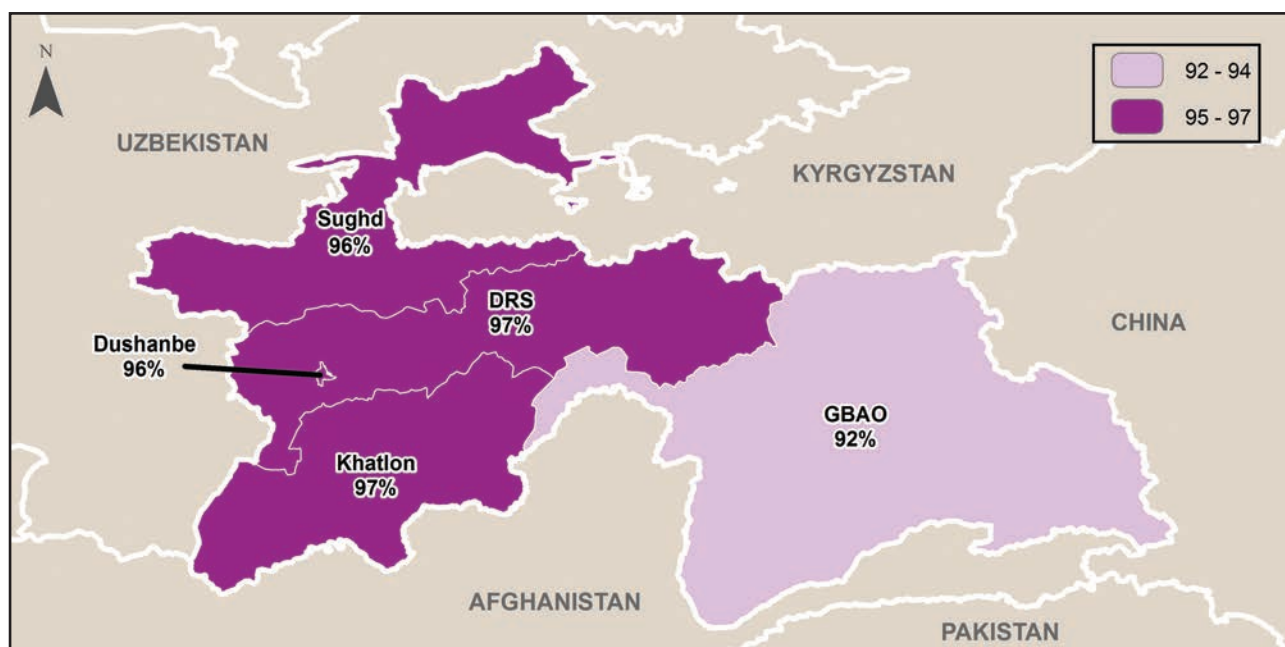
Access to an Improved Water Source



Percent of households with access to an improved source of drinking water

Overall, 80% of households in Tajikistan 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 67% Khatlon to 99% in Dushanbe.

Access to an Improved Toilet Facility



Percent of households with access to an improve, not shared, toilet facility

Overall, 97% of households in Tajikistan have access to an improved and not shared toilet facility. Access to improved toilet facilities is lowest in GBAO (92%) and 96% or above in all other regions.

DISTRIBUTION OF WEALTH

Wealthiest Households



Percent of households in the highest wealth quintile

Wealth is not distributed evenly throughout Tajikistan. Almost all (95%) of Dushanbe's households are in the highest wealth quintile*. DRS and Khatlon are the poorest regions, each with 10% 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.

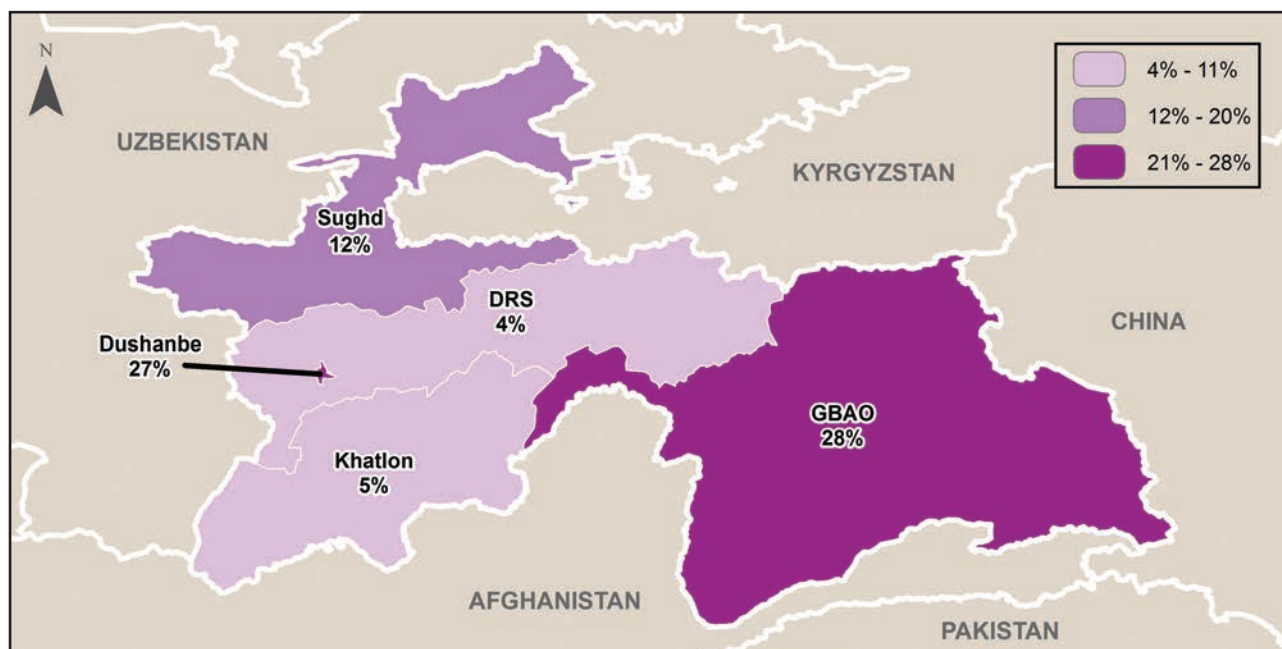
Frequently, a larger proportion of the wealthiest households are located in urban centers, while a larger proportion of the poorest households are located in rural areas.



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WOMEN'S EDUCATION AND EMPLOYMENT

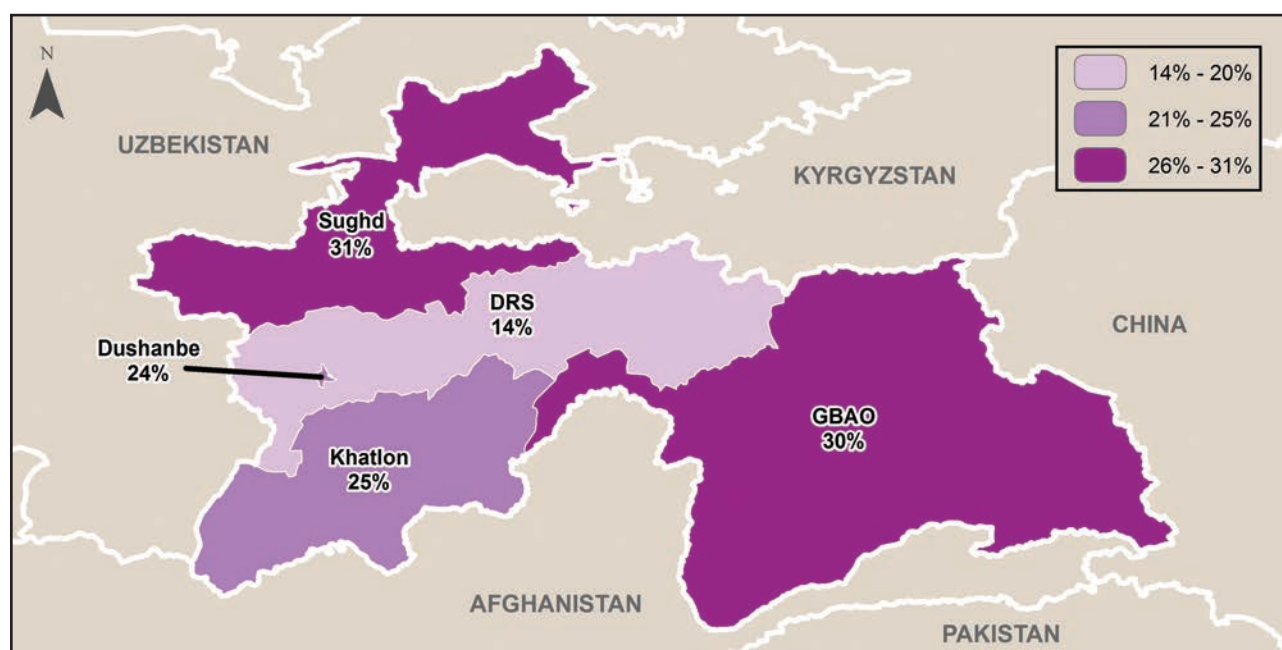
Women's Education



Percent of women age 15-49 with higher education

Nationally, 9% of women age 15-49 have attended higher education. Women in GBAO and Dushanbe are most likely to have gone to higher education (28% and 27%, respectively) while only 4% of women in DRS and 5% of women in Khatlon have attended higher education.

Women's Employment

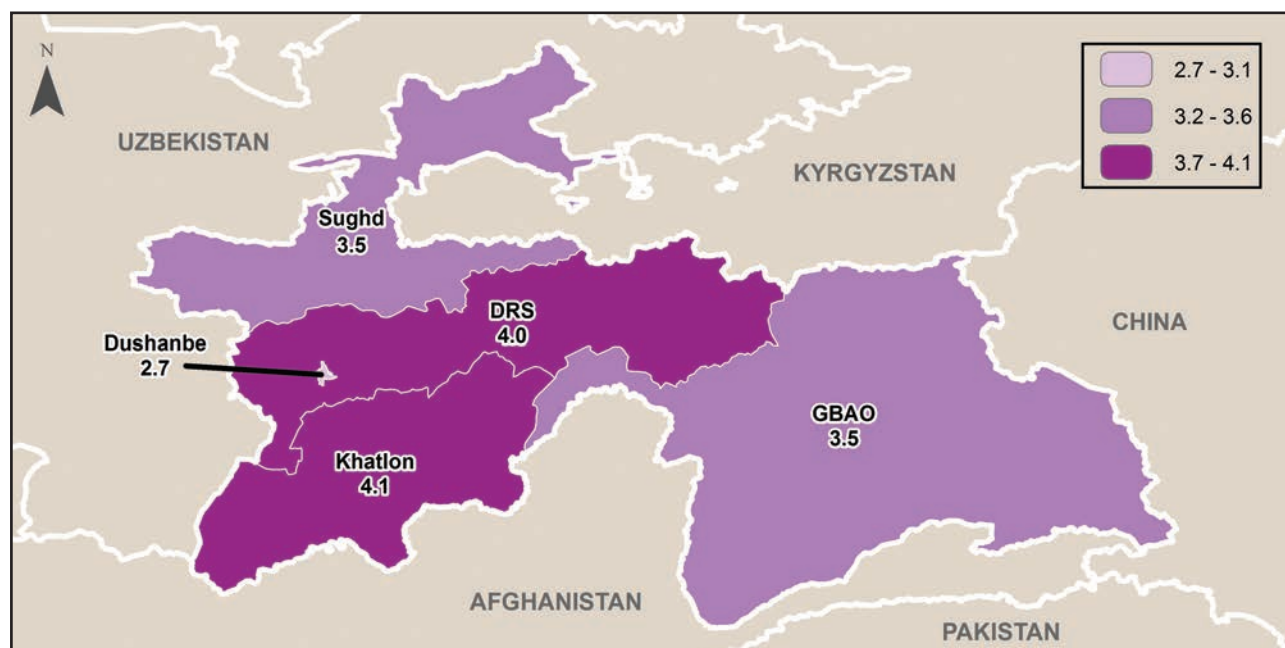


Percent of women age 15-49 currently employed

One-quarter of Tajik women were employed at the time of the 2017 TjDHS, meaning that they had worked in the past seven days. Women's employment is highest in Sughd (31%) and lowest in DRS (14%).

FERTILITY

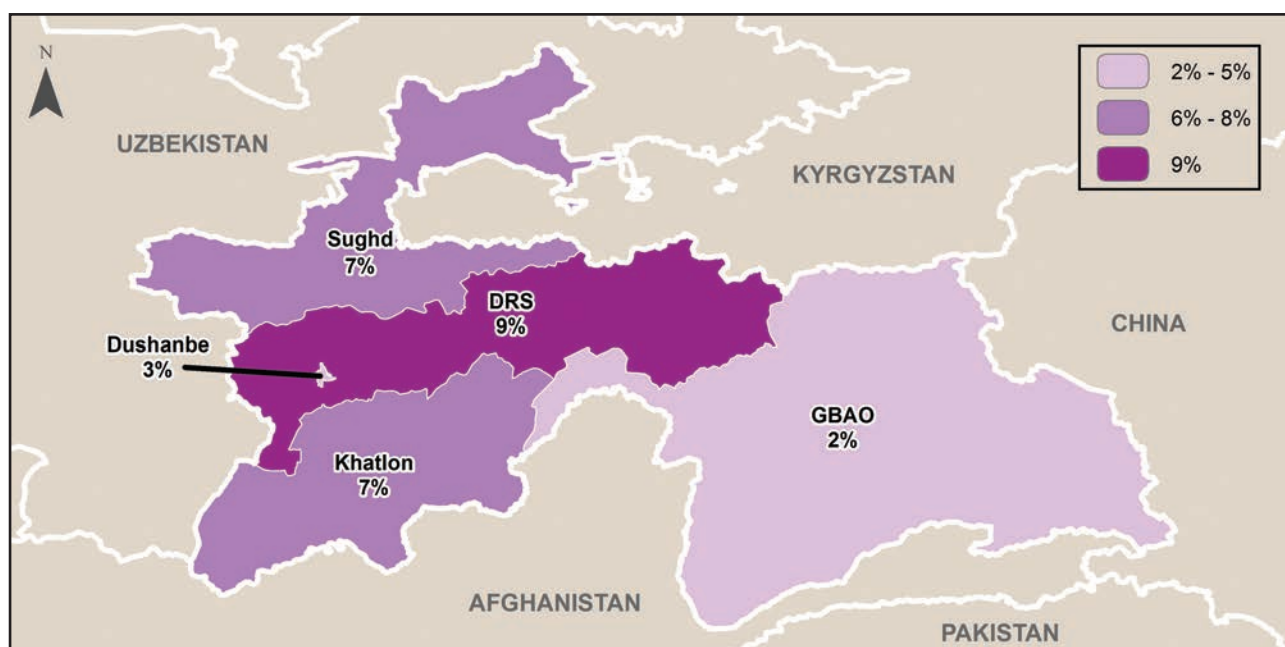
Total Fertility Rate



Number of births per woman for the 3 year period before the survey

Women in Tajikistan have an average of 3.8 children. Fertility ranges from a low of 2.7 children per woman in Dushanbe to a high of 4.1 in Khatlon.

Teenage Childbearing

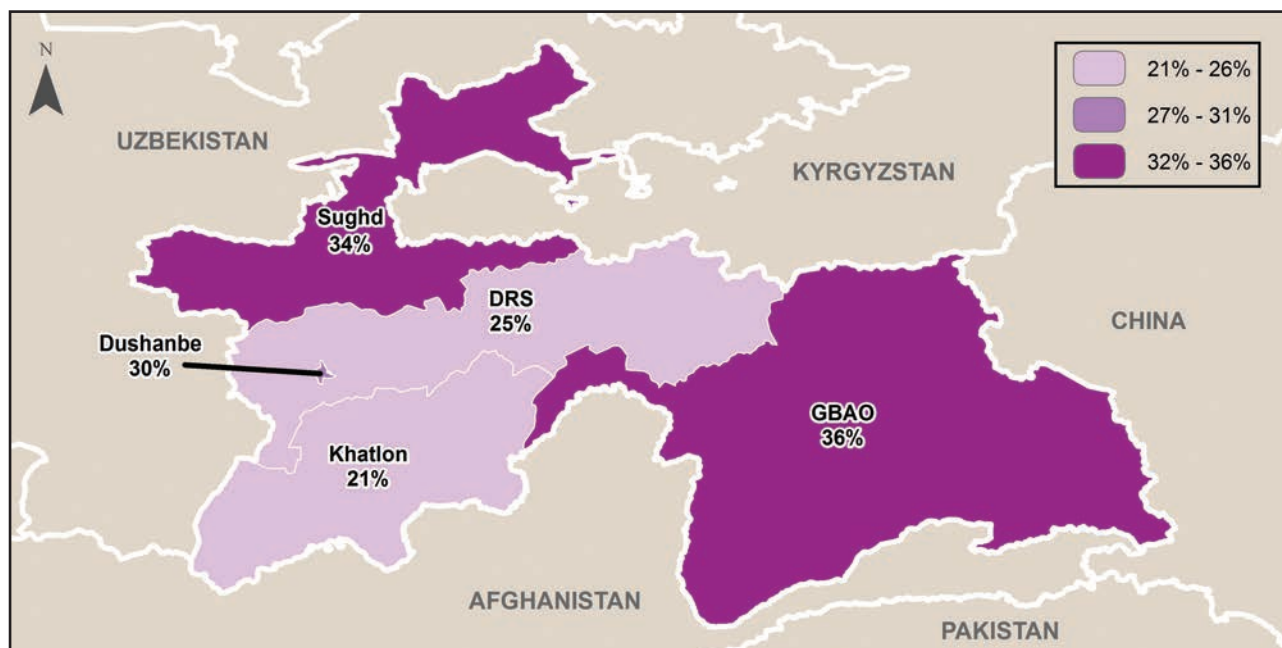


Percent of women age 15-19 who have begun childbearing

Nationally, 7% of young women age 15-19 were already mothers or were pregnant at the time of the 2017 TjDHS. Teenage childbearing is most common in DRS (9%) and least common in GBAO (2%).

FAMILY PLANNING

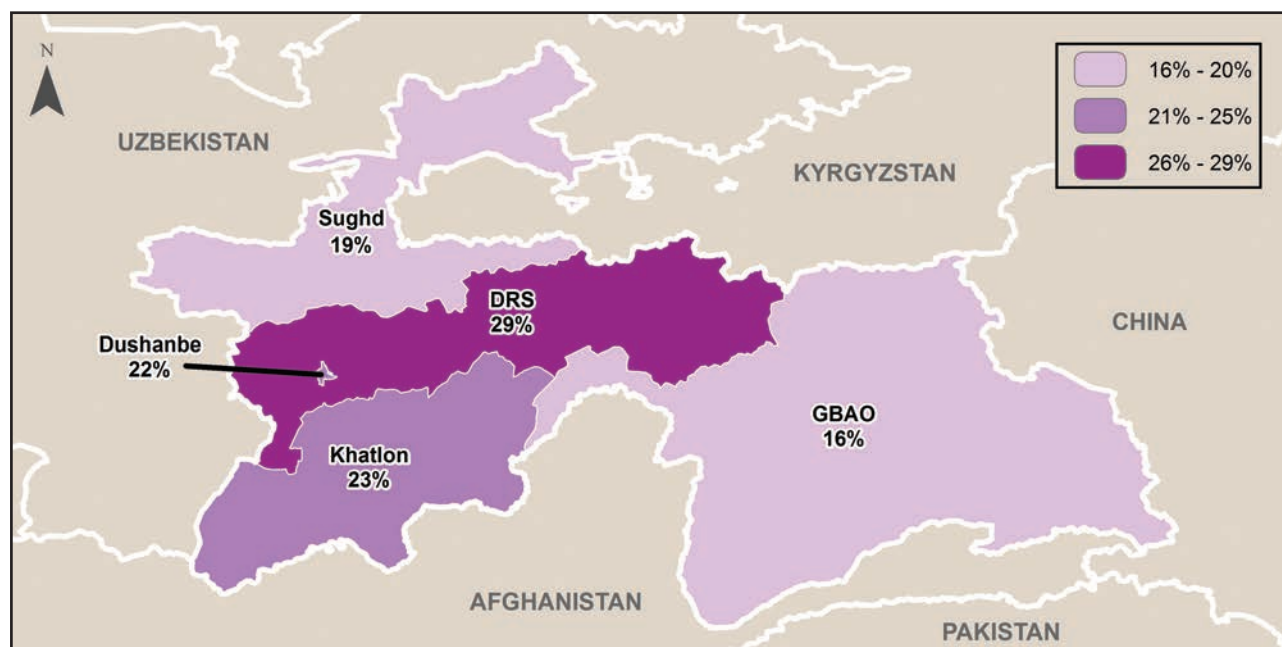
Current Use of Modern Methods



Percent of married women age 15-49 currently using a modern method of family planning

In Tajikistan, 27% of married women are using a modern method of contraception such as the IUD, pill, injectable, or male condom. Use of modern methods is highest in GBAO (36%) and lowest in Khatlon (21%).

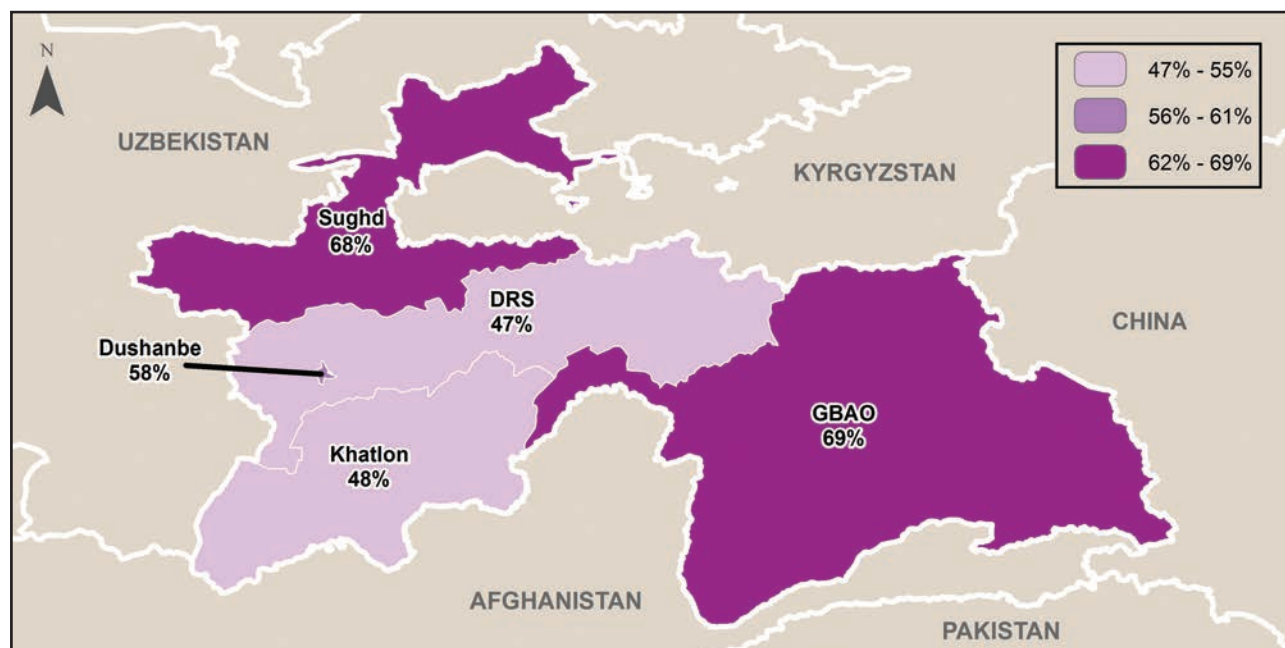
Unmet Need for Family Planning



Percent of married women age 15-49 with an 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 (29%) and lowest in GBAO (16%).

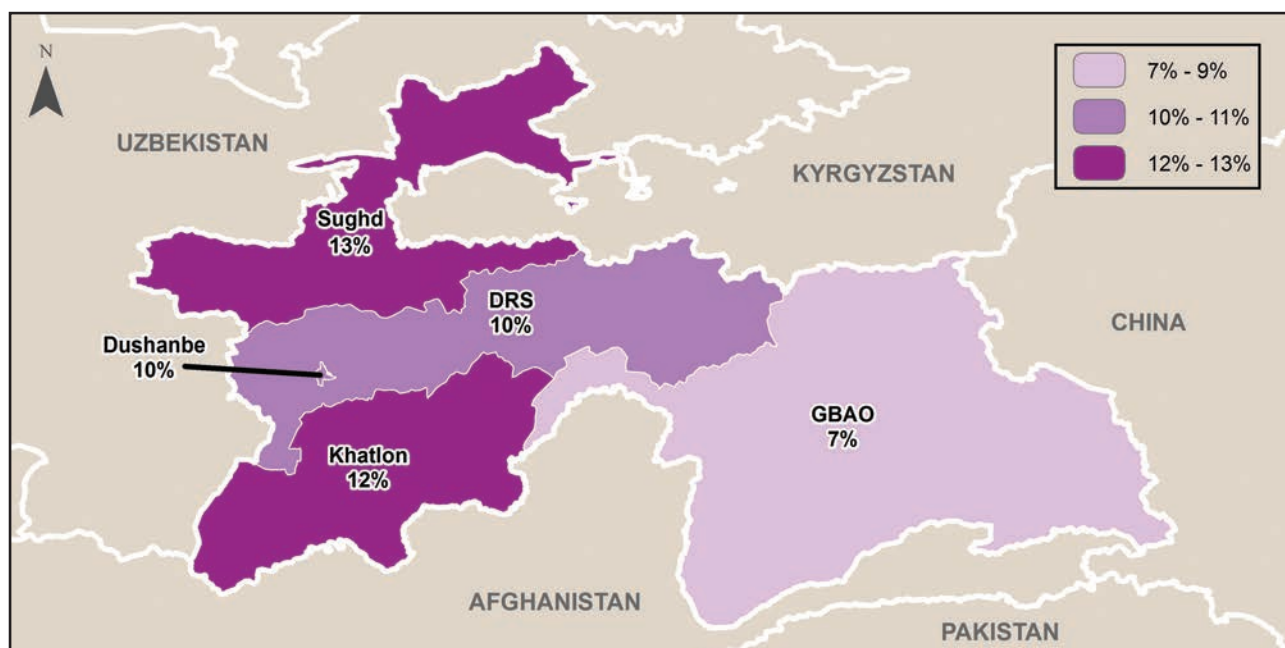
Demand Satisfied for Family Planning



Percent of married women age 15-49 whose demand for family planning is satisfied

Just over half (56%) of women with a need for family planning are currently using a method of family planning; that is, their demand for family planning is met. Demand satisfied is lowest in DRS (47%) and Khatlon (48%) and highest in GBAO (69%).

ABORTION

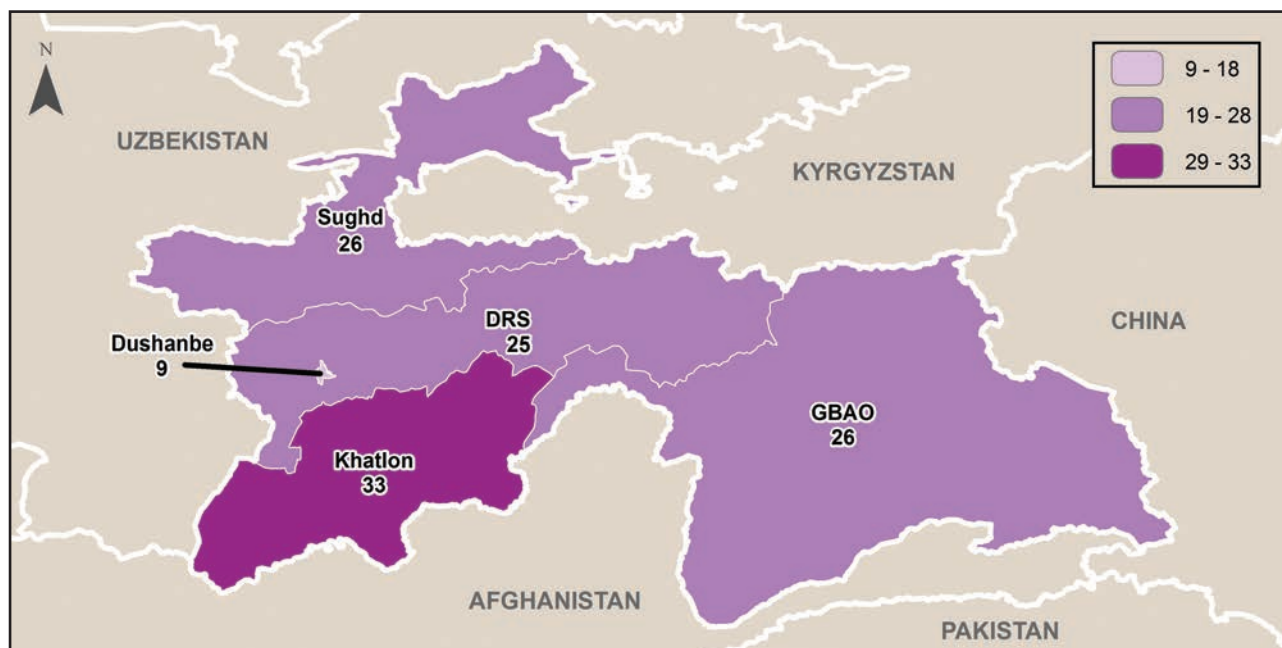


Percent of women age 15-49 who have ever had an induced abortion

Eleven percent of Tajik women age 15-49 have had an induced abortion. This varies slightly by region, from 7% of women in GBAO to 13% of women in Sughd.

CHILDHOOD MORTALITY

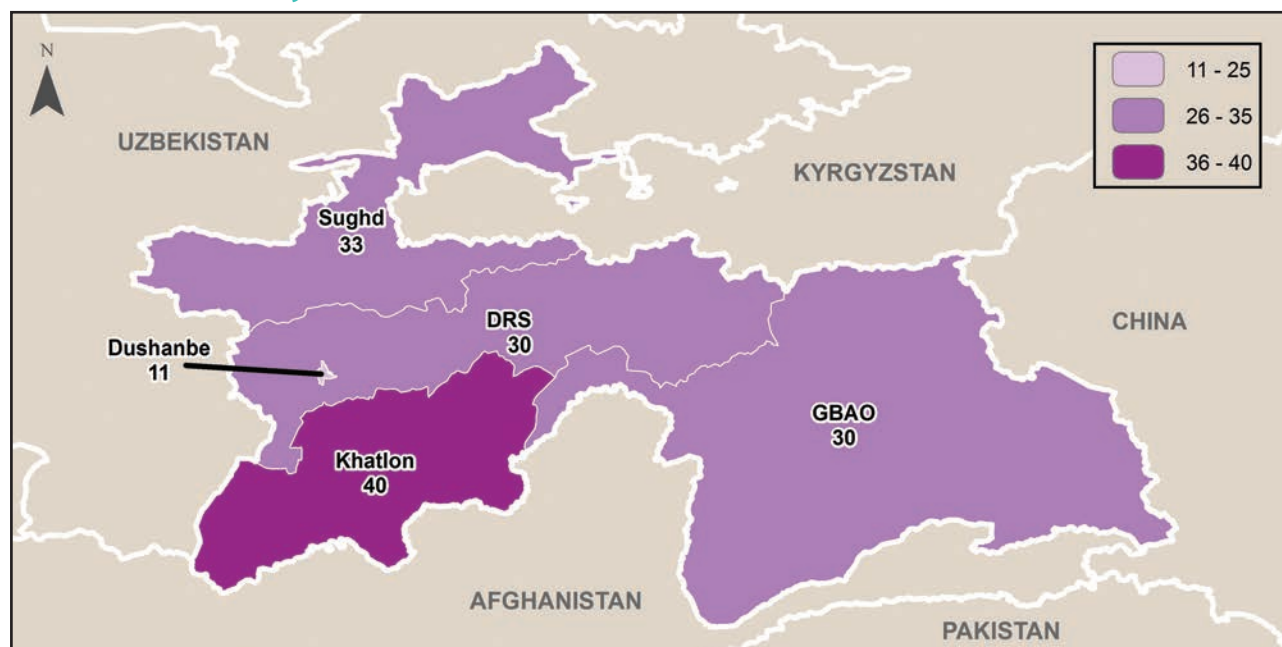
Infant Mortality



Infant deaths per 1,000 live births for the 10 year period before the survey

Infant mortality, or the probability of dying between birth and age one, varies by region. Infant mortality is lowest in Dushanbe where there are 9 deaths per 1,000 live births; it is highest in Khatlon where there are 33 deaths per 1,000 live births. This means that 1 in 30 children in Khatlon dies before reaching their first birthday.

Under-5 Mortality

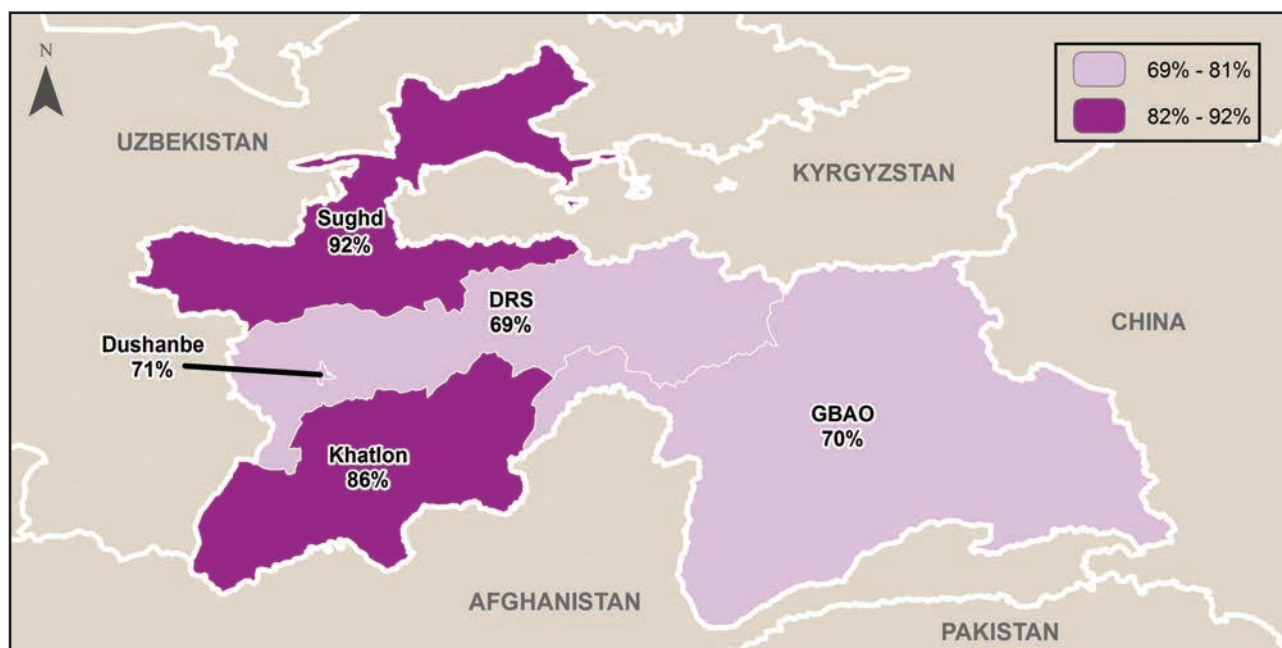


Under-5 deaths per 1,000 live births for the 10 year period before the survey

Under-5 mortality, or the probability of dying between birth and age 5, also varies by region. It is lowest in Dushanbe, at 11 deaths per 1,000 live births, and highest in Khatlon, at 40 deaths per 1,000 live births. This means that about 1 in 25 children dies before their fifth birthday in Khatlon.

CHILD HEALTH AND DISCIPLINE

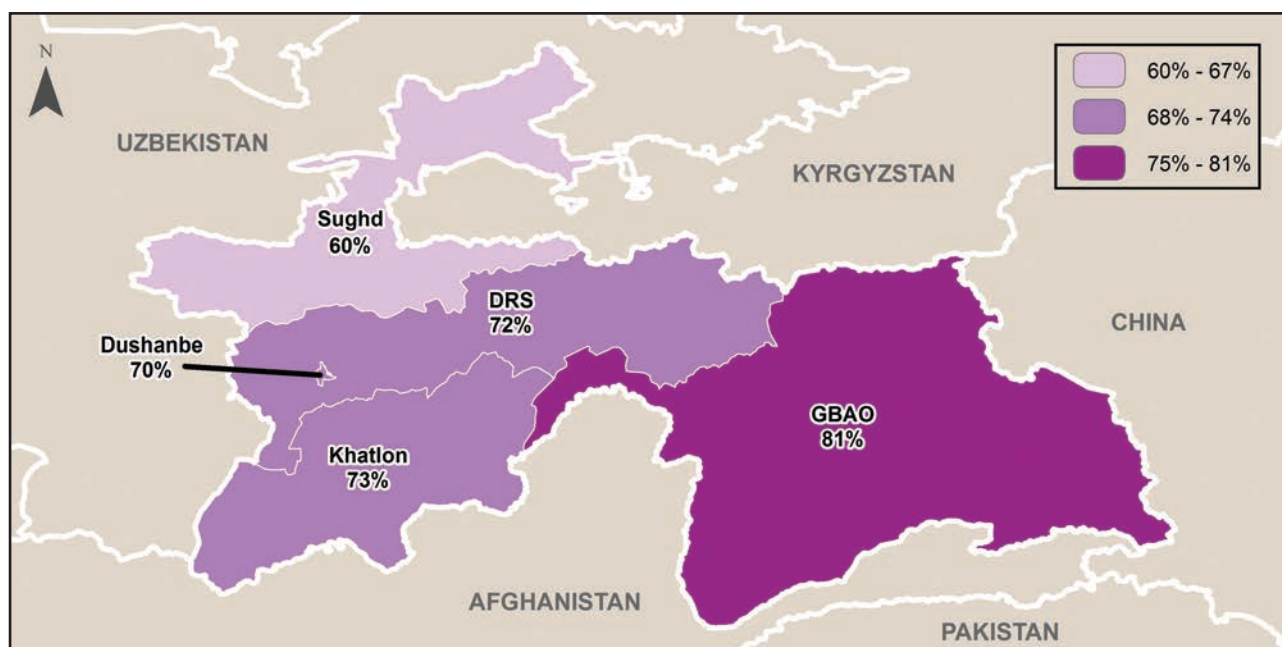
Basic Vaccination Coverage



Percent of children age 24-35 months with all basic vaccines

Nationally, 82% of Tajik children age 24-35 months have received all basic vaccinations [BCG, three doses of DPT-HepB-Hib, three doses of oral polio vaccine (excluding polio vaccine given at birth), and one dose of measles and rubella (MR) vaccine]. Basic vaccination coverage is over 90% in Sughd, and under 75% in GBAO, Dushanbe, and DRS.

Child Discipline

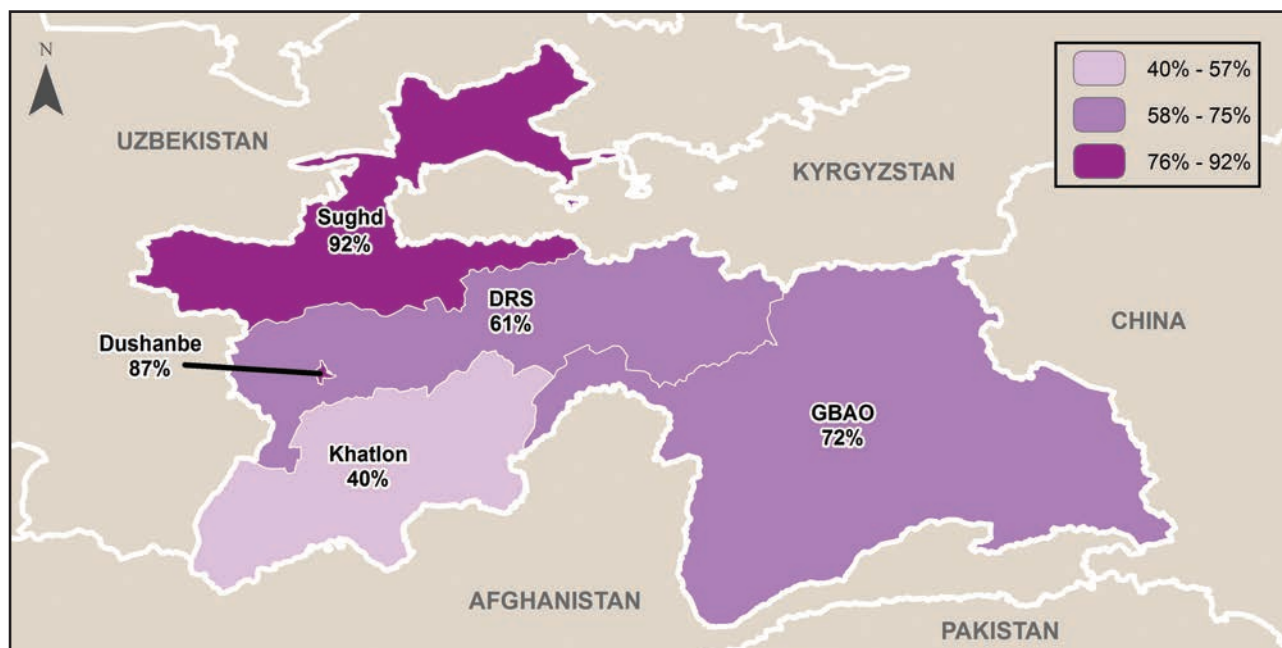


Percent of children age 1-14 who experienced any type of violent discipline in the month before the survey

Seven in ten (69%) Tajik children age 1-14 experience violent discipline. Children in Sughd were least likely to experience violent forms of discipline (60%), while children in GBAO were most likely to experience violent discipline in the month before the survey (81%).

MATERNAL HEALTH

Antenatal Care: 4+ visits



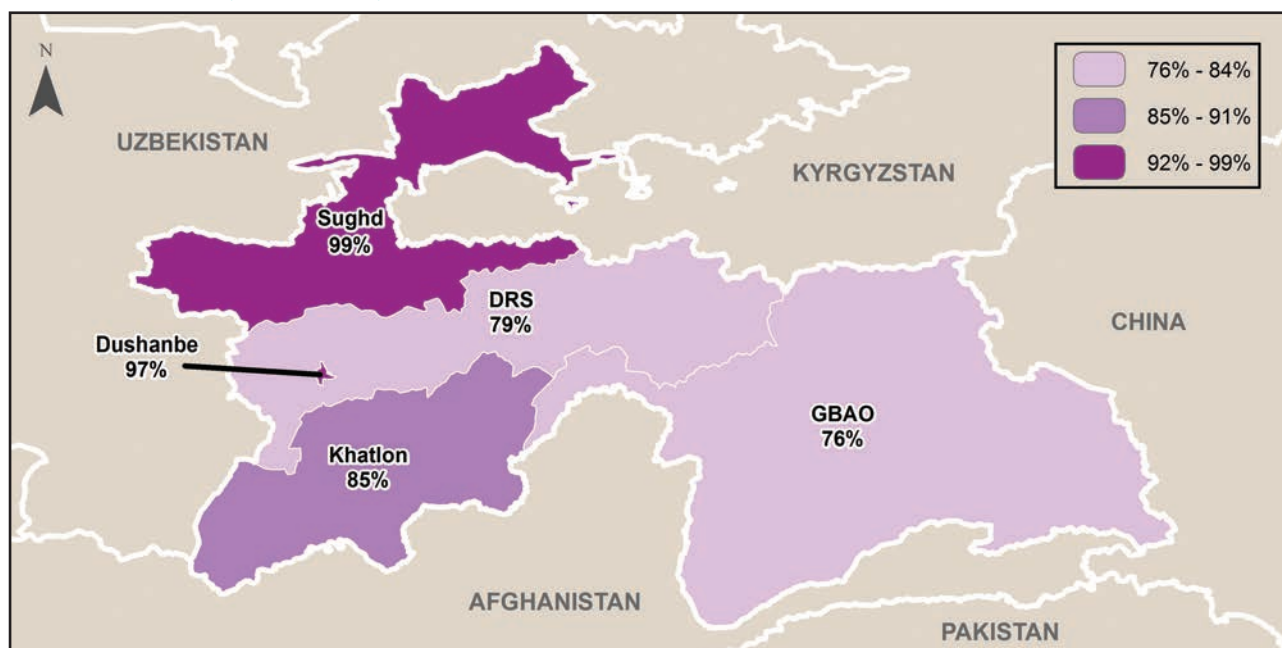
Percent of women age 15-49 with a live birth in the 5 years before the survey

Almost two-thirds (64%) of Tajik women receive at least 4 antenatal care (ANC) visits during their most recent pregnancy that led to a live birth. Women in Khatlon are least likely to receive 4 or more visits (40%) compared to more than 9 out of 10 women in Sughd (92%).



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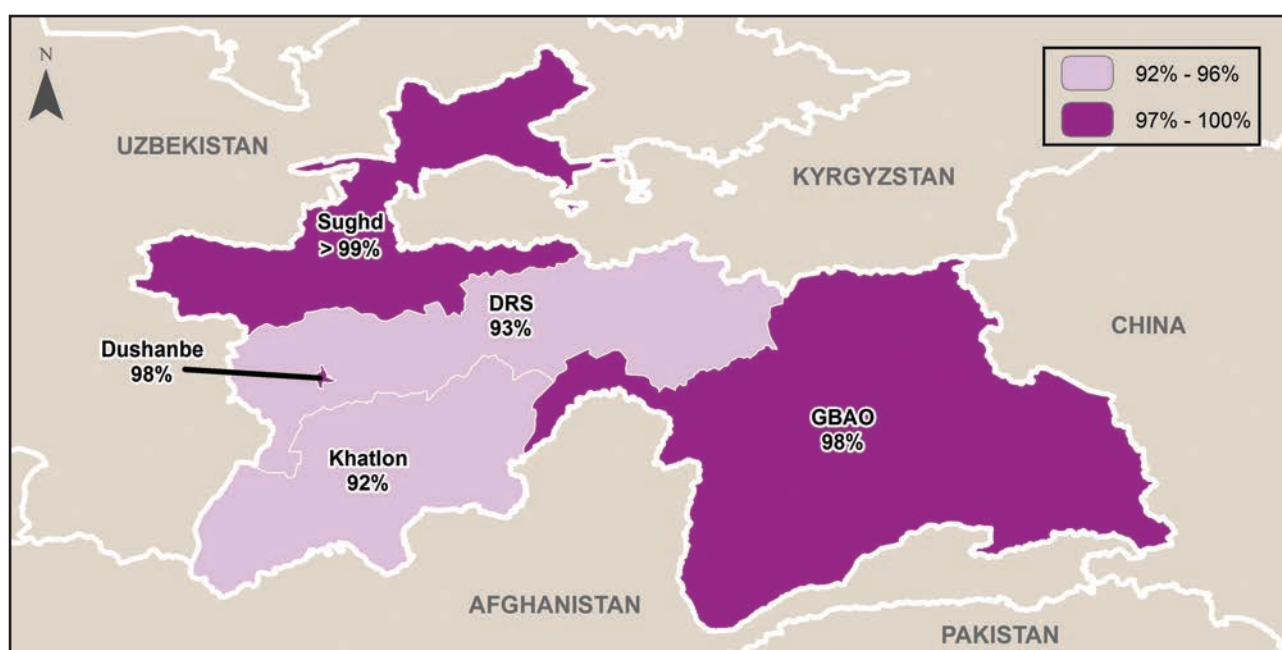
Health Facility Delivery



Percent of live births delivered in a health facility in the 5 years before the survey

Overall, 88% of births in Tajikistan occur in health facilities and 12% of births occur at home. Facility-based births are most common in Sughd (99%) and Dushanbe (97%) and are least common in GBAO (76%).

Assistance at Delivery



Percent of live births delivered by a skilled provider in the 5 years before the survey

Nationally, 95% of births are assisted by a skilled provider (doctor, nurse, or midwife). Assistance at delivery is above 90% in all regions, ranging from 92% in Khatlon to almost 100% in Sughd.

CHILDREN'S NUTRITION

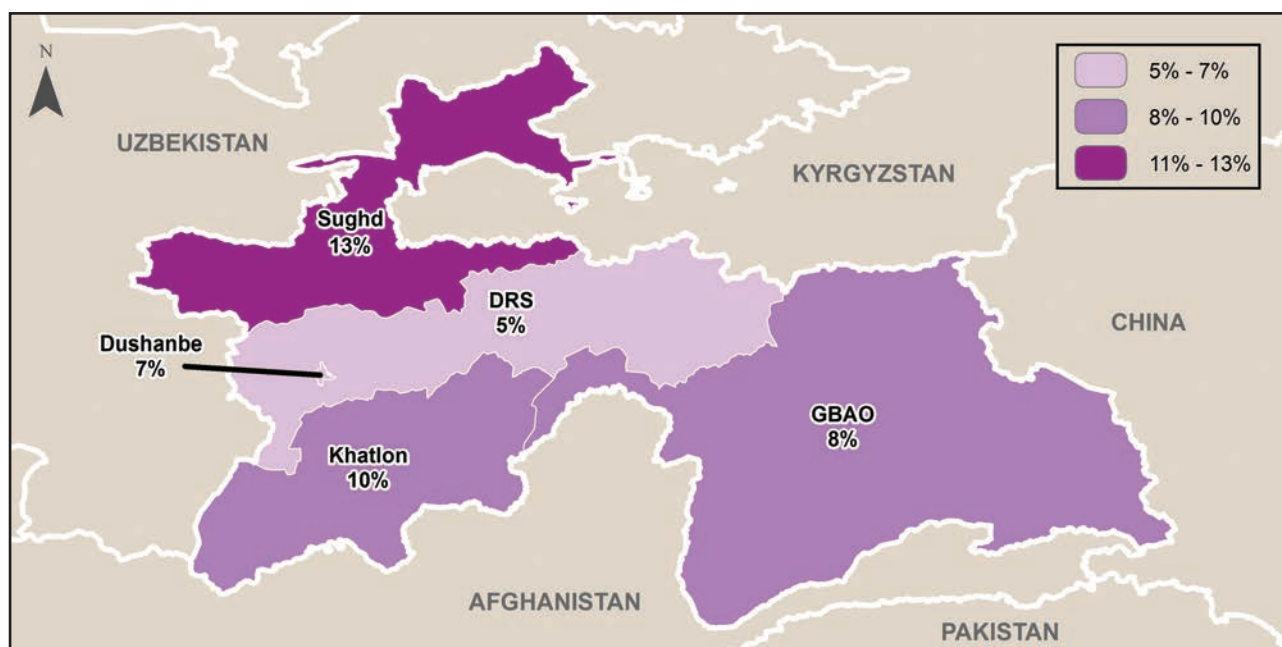
Stunting



Percent of children under age 5 who are stunted

Overall, 18% of Tajik children under age 5 are stunted, or too short for their age. This is a sign of chronic malnutrition. Stunting is particularly high in GBAO (32%).

Infant and Young Children Feeding (IYCF) Practices

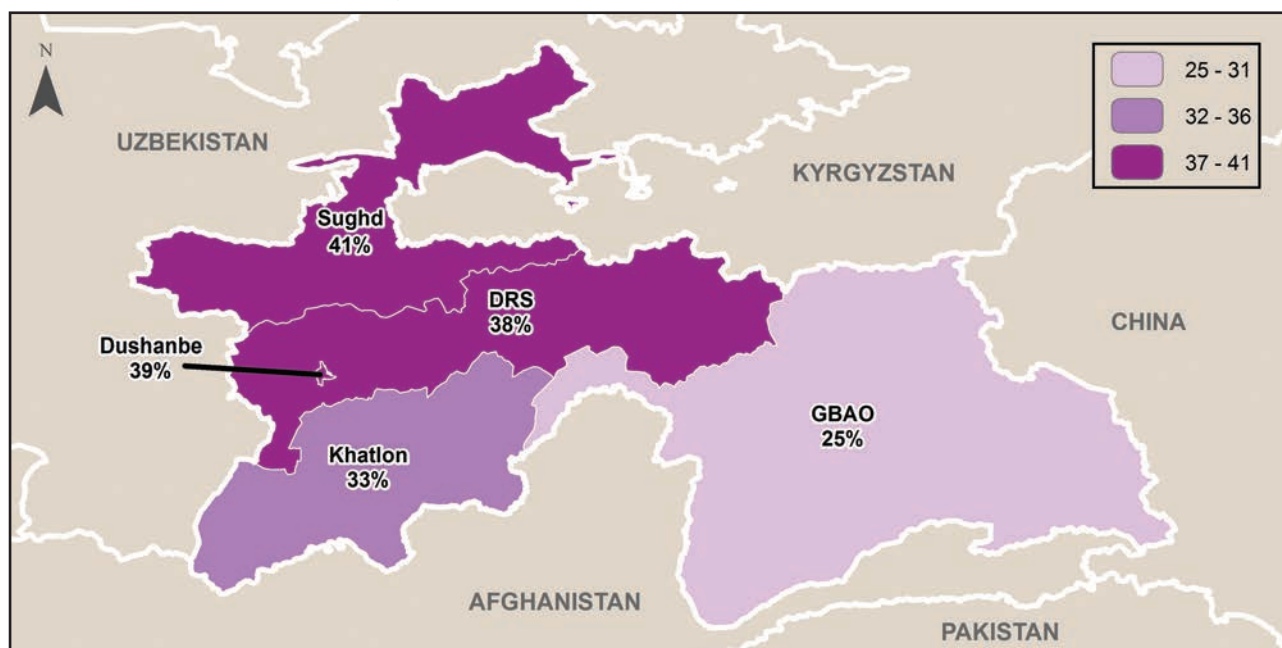


Percent of children 6-23 months who are fed in accordance to all 3 IYCF practices

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 9% of children age 6-23 months are fed with all 3 IYCF practices. Fewer than 15% of children in all regions are being fed according to the IYCF practices.

WOMEN'S NUTRITION

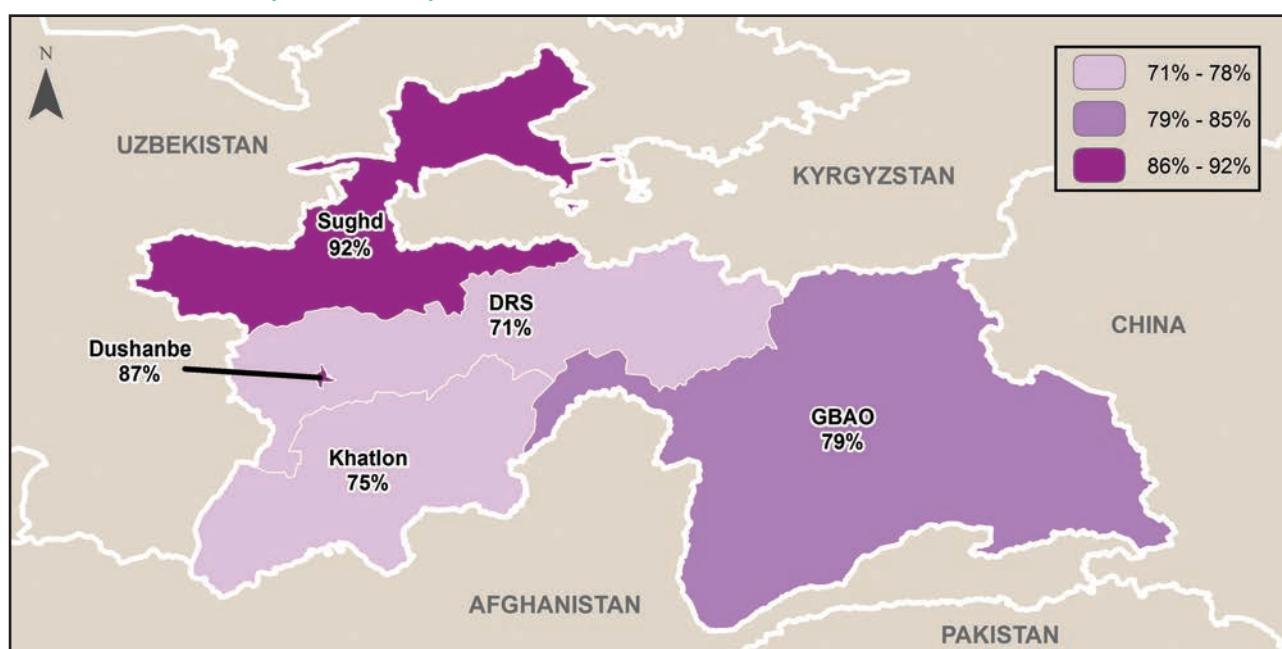
Overweight and Obesity



Percent of women age 15-49 who are overweight or obese

More than one-third (37%) of women age 15-49 in Tajikistan are overweight or obese (BMI \geq 25.0). Overweight/obesity is common throughout Tajikistan, ranging from 25% in GBAO to 41% in Sughd.

Women's Dietary Diversity

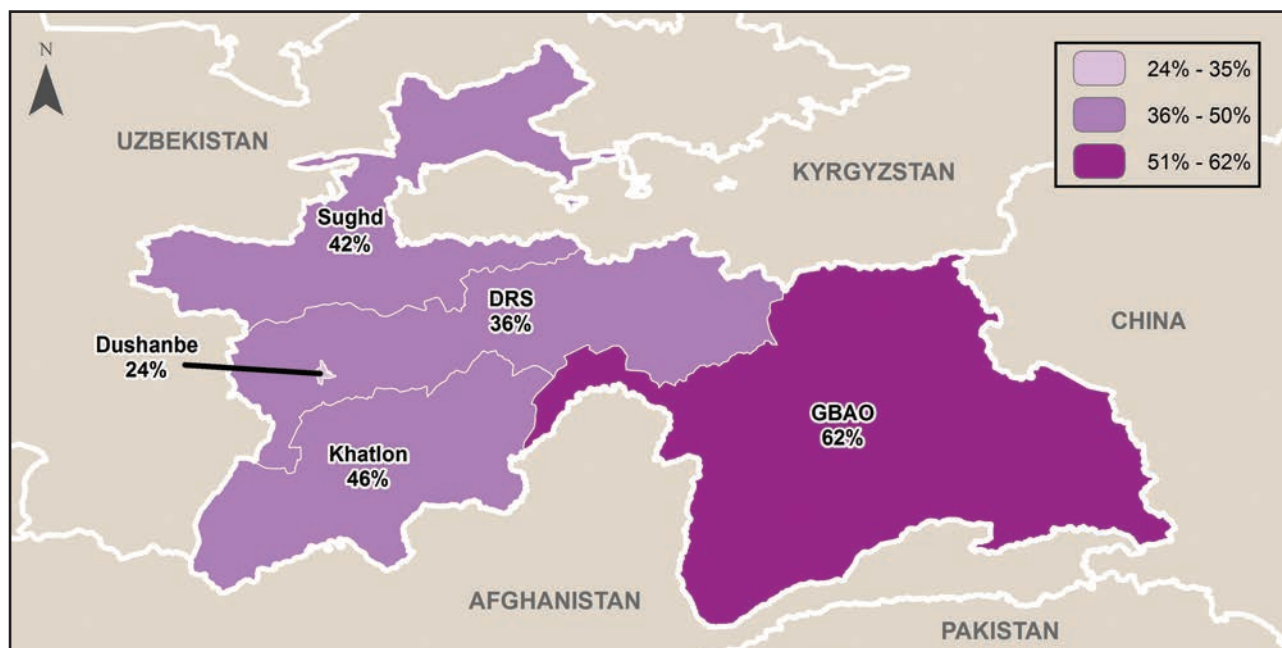


Percent of women age 15-49 eating foods from 5+ food groups

Adequate micronutrient intake is especially important for women of reproductive age. Nationally, 80% of women age 15-49 are eating foods from 5 or more out of 10 food groups as recommended. Minimum dietary diversity requirements are met for 92% of women in Sughd but only 71% of women in DRS.

ANEMIA

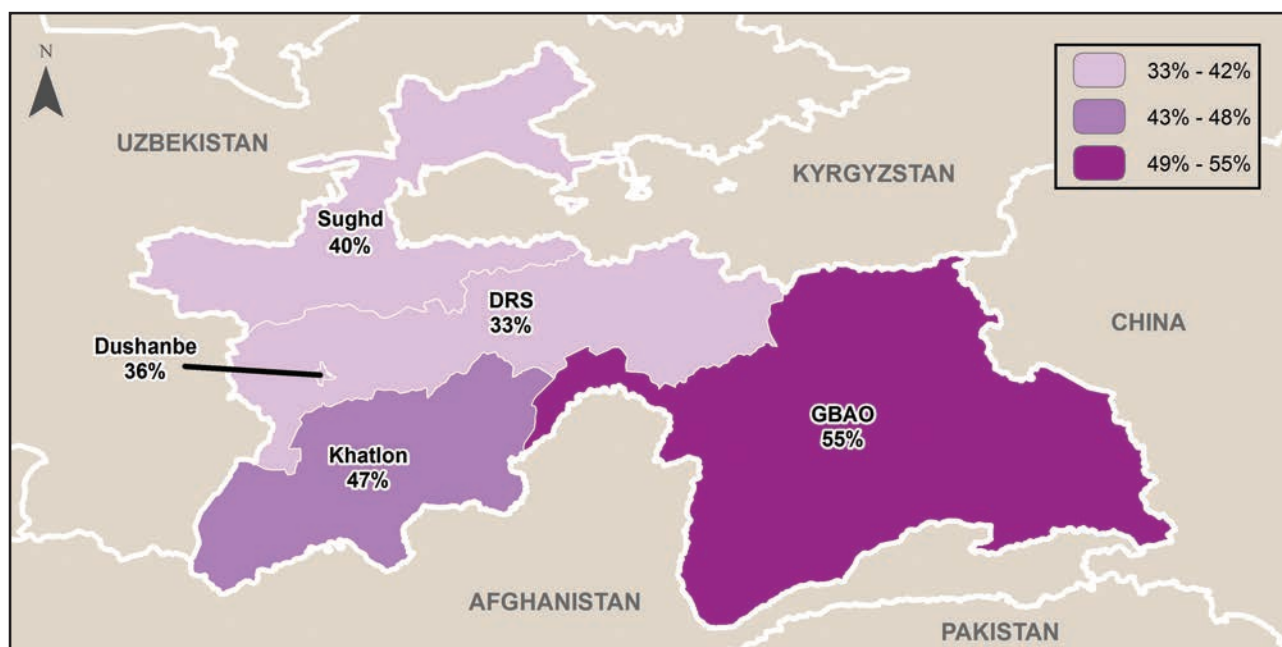
Anemia in Children



Percent of children age 6-59 months with anemia

Nationally, 42% of children age 6-59 months are anemic. Anemia prevalence in children varies by region, from 24% in Dushanbe to 62% in GBAO.

Anemia in Women



Percent of women age 15-49 with anemia

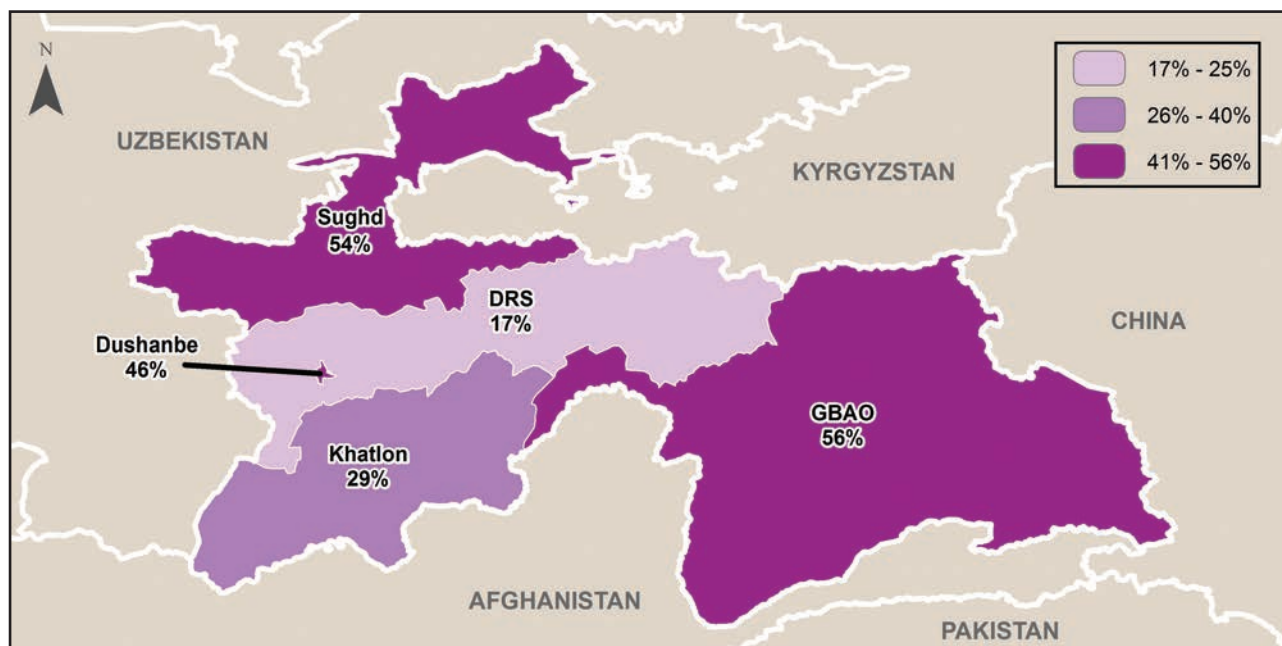
Anemia is also a health concern for women. In Tajikistan, 41% of women are anemic. Anemia prevalence in women ranges from 33% in DRS to 55% in GBAO.



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HIV KNOWLEDGE AND TESTING

Women's Knowledge of HIV Prevention



Percent of women age 15-49 who know that using condoms and limiting sex to one uninfected partner reduces the risk of getting HIV

Just over one-third (36%) of Tajik women age 15-49 know the two main HIV prevention methods: using condoms and limiting sex to one, uninfected partner. This HIV prevention knowledge among women is highest in GBAO (56%) and lowest in DRS (17%).

Recent HIV Testing

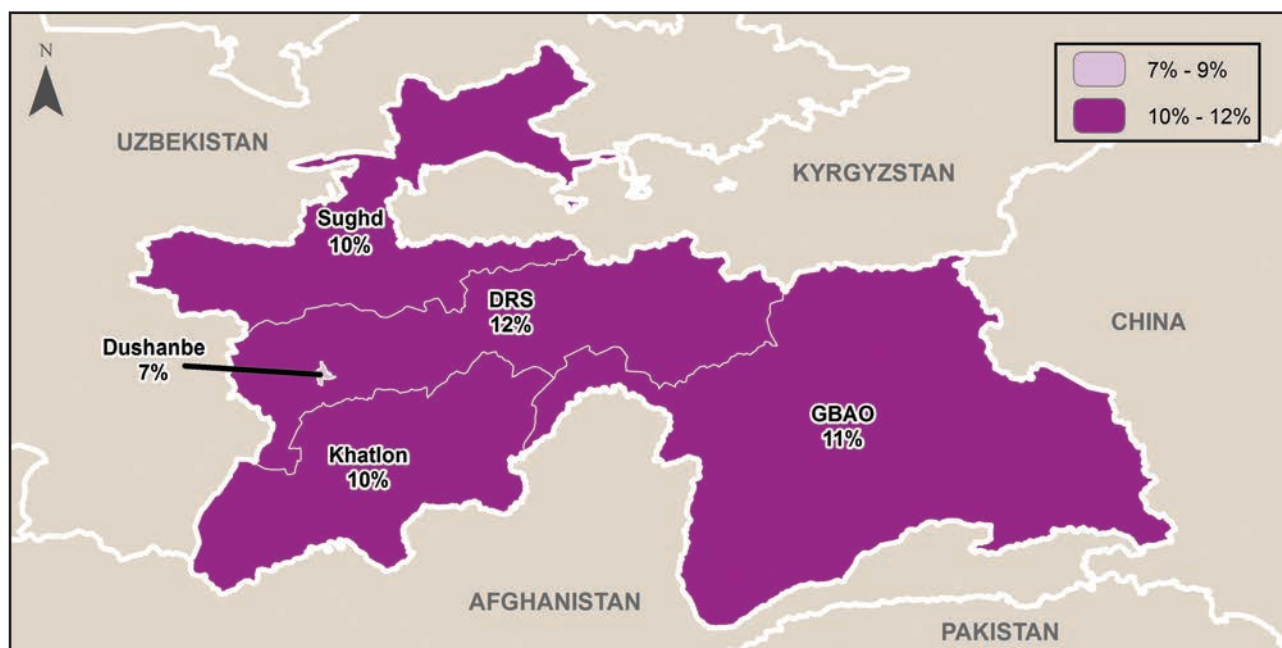


Percent of women age 15-49 who were tested for HIV in the year before the survey and received the results of the test

Only 9% of Tajik women age 15-49 were tested for HIV in the year before the 2017 TJDHS and received the results of the last test. Recent HIV testing is most common among women in GBAO (21%) and least common among women in DRS and Khatlon (6% each).

HYPERTENSION

Hypertension in Women



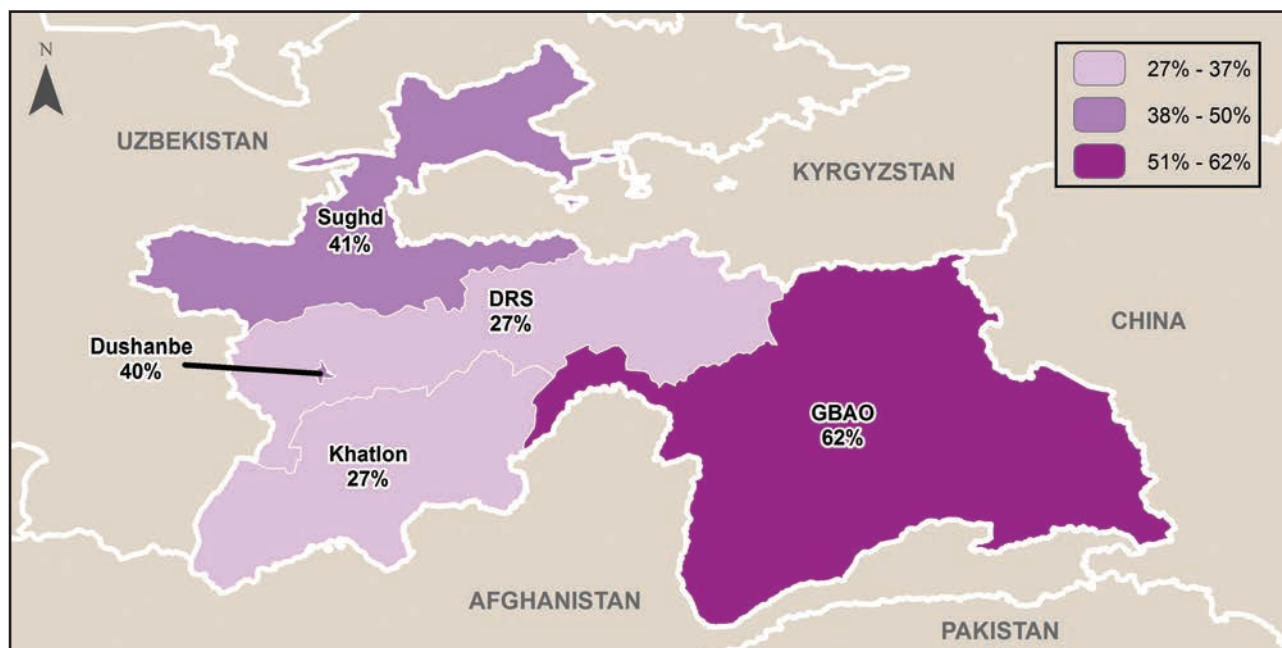
Percent of women age 15-49 with high blood pressure or taking antihypertensive medication to control high blood pressure*

Nationally, 1 in 10 Tajik women age 15-49 are hypertensive. Hypertension ranges from 7% of women in Dushanbe to 12% of women in DRS.

**A woman was classified as having hypertension if she had a systolic blood pressure level of 140 mmHg or above or a diastolic blood pressure level of 90 mmHg or above at the time of the survey or was currently taking antihypertensive medication to control her blood pressure*

WOMEN'S STATUS

Women's Decisionmaking



Percent of married women age 15-49 who participate in 3 decisions

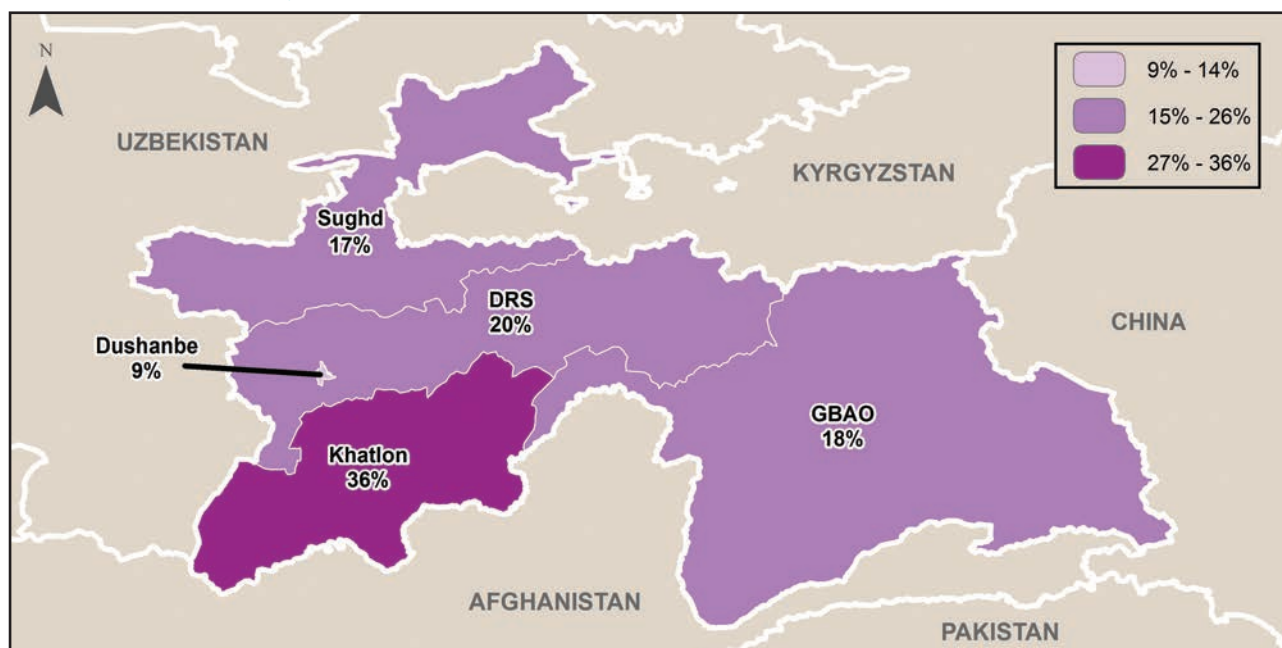
Household decisionmaking is a measure of women's empowerment. In Tajikistan, 33% of married women age 15-49 report that they participate in all three of the following decisions: her own health care, making major household purchases, and visits to her family or relatives. Only 27% of married women in DRS and Khatlon participate in all 3 of these decisions, compared with 62% of women in GBAO.



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DOMESTIC VIOLENCE

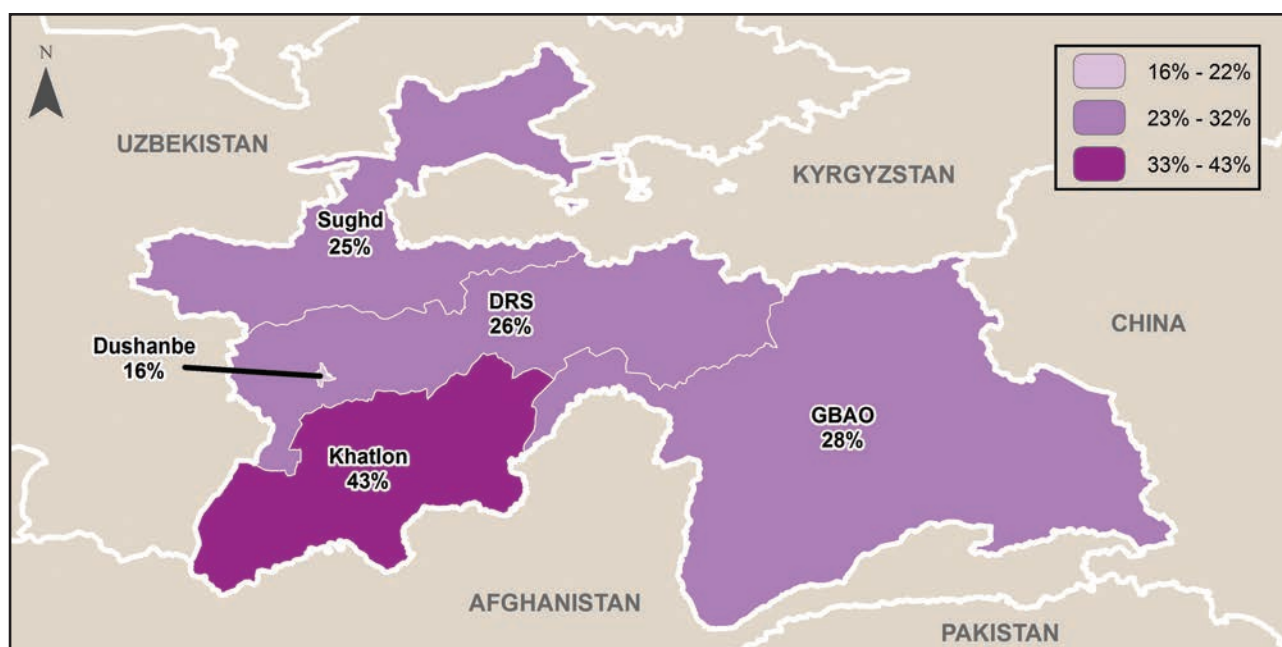
Experience of Physical Violence since Age 15



Percent of women age 15-49 who have ever experienced physical violence since age 15

Nationally, 24% 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 Khatlon (36%) and least common in Dushanbe (9%).

Spousal Violence



Percent of ever-married women age 15-49 who have experienced violence committed by their husband or partner

One in three (31%) ever-married Tajik women report that they have experienced physical, sexual, or emotional violence committed by their current or most recent husband or partner. Spousal violence is most commonly reported in Khatlon (43%) and least commonly reported in Dushanbe (16%).

