



Tajikistan

2017 Demographic and Health Survey

Key Findings





This report summarizes the 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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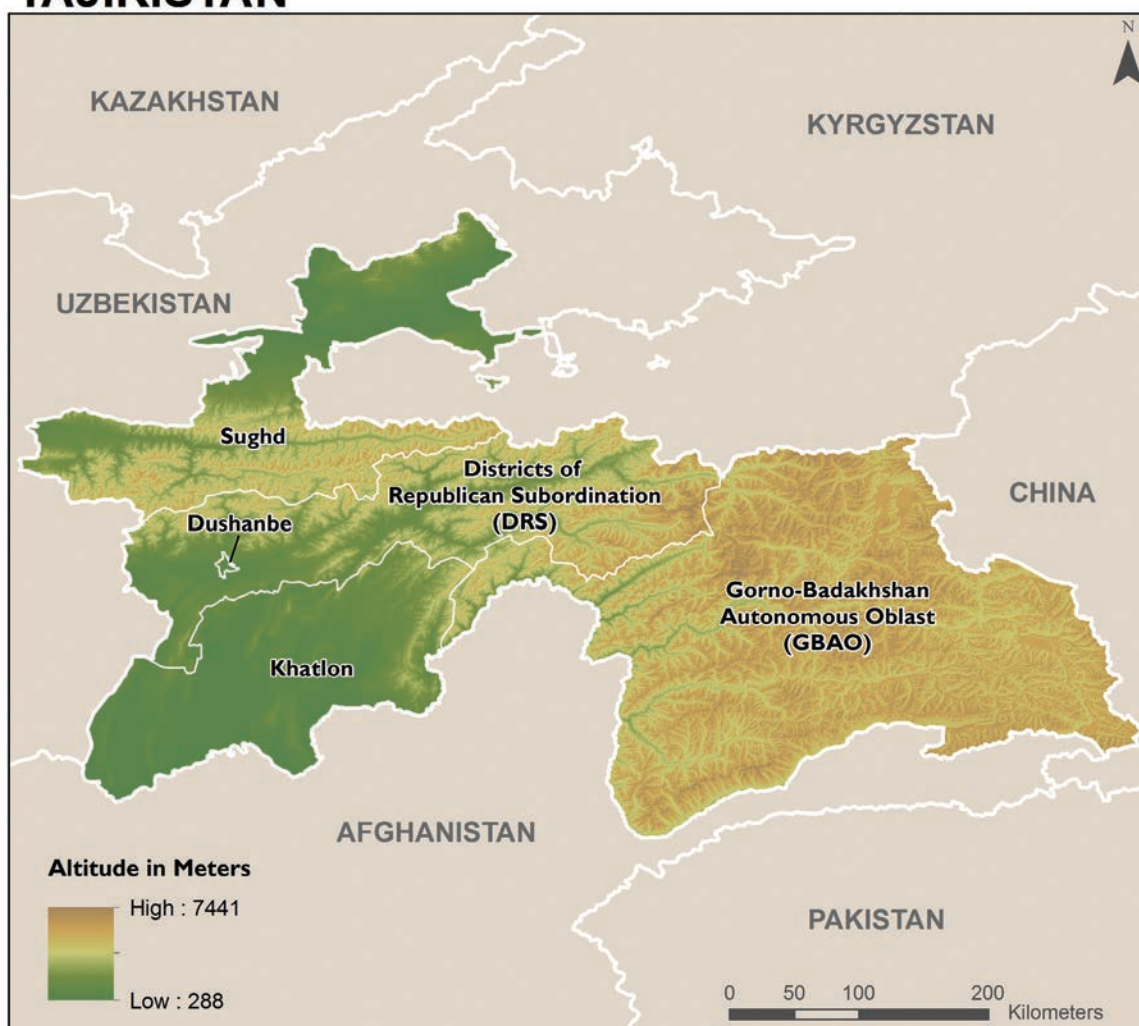
ABOUT THE 2017 TJDHS

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, nutrition, childhood mortality, domestic violence, child discipline, knowledge and behavior regarding HIV infection and other sexually-transmitted infections, and other health-related issues such as smoking and high blood pressure.

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.

TAJIKISTAN



CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Household Composition

Tajik households have an average of 6 members. One in five households (21%) is headed by a woman. Thirty-eight percent of Tajikistan's household population is under age 15.

Electricity, Water, and Sanitation

Almost all households (>99%) in Tajikistan have electricity.

Eighty percent of households have access to an improved source of drinking water. Almost all households in urban areas (97%) have improved drinking water compared with 72% in rural areas.

Almost all households (97%) have an improved toilet. Three percent have a toilet facility that would be considered improved if it were not shared. Only 1% have an unimproved toilet facility (figures do not add to 100% due to rounding).

Ownership of Goods

Almost all households own a television and a mobile phone. One-fifth of households (21%) own a computer, and 27% have internet. Cars/trucks are owned by 40% of households, while 37% have a bicycle and 28% have an animal drawn cart. Almost half of households have agricultural land, and more than half (53%) have farm animals.

Education

Women age 15-49 in Tajikistan have completed a median of about 10 years of education. More than half of women have attended at least some secondary school. Only 6% have had no education or have attended only primary school.

Women in Dushanbe and GBAO are the most educated—27% and 28%, respectively, have attended higher education.

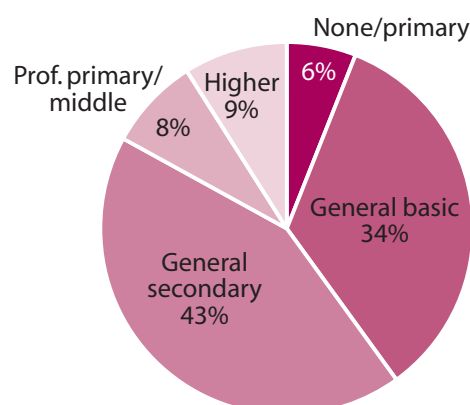
Almost all (95%) women age 15-49 are literate. Literacy is lowest in Khatlon, where 91% of women can read.



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Education

Percent distribution of women age 15-49 by highest level of education attended



FERTILITY AND ITS DETERMINANTS

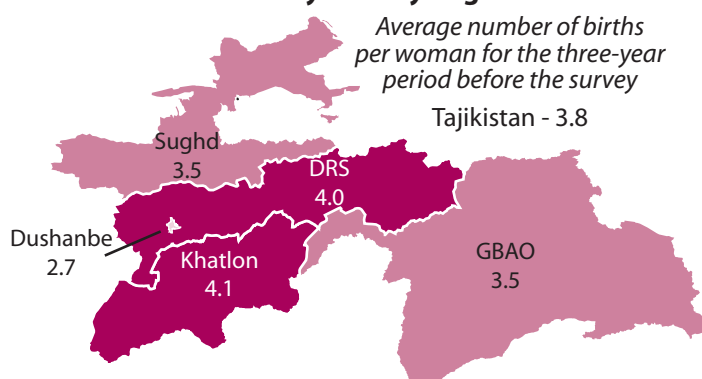
Total Fertility Rate

Currently, women in Tajikistan have an average of 3.8 children. This is the same fertility rate reported in 2012.

Fertility varies by residence and region. Women in rural areas have one child more, on average, than women in urban areas (4.0 versus 3.0). Fertility ranges from a low of 2.7 children per woman in Dushanbe to 4.1 in Khatlon.

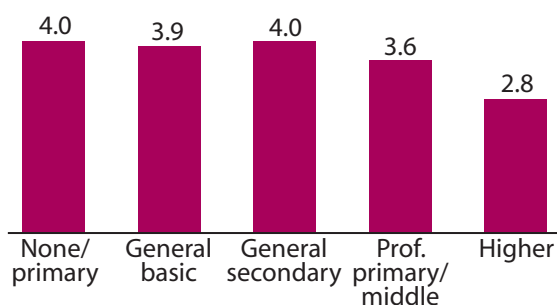
Fertility decreases with both women's education and household wealth*. For example, women with primary or no education have an average of 4.0 children, while women with higher education have 2.8 children. Women in the poorest households have one more child, on average, than women in the wealthiest households (4.0 versus 3.0).

Total Fertility Rate by Region



Total Fertility Rate by Education

Births per woman for the three-year period before the survey



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* Wealth of households is calculated through household assets collected from DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on their relative standing on the household wealth index.

Age at First Marriage, Sexual Intercourse, and Birth

Almost three-quarters of women age 15-49 are married. Thirteen percent of women age 25-49 were married by age 18 and 47% were married by age 20. Women marry at a median age of 20.2.

Age at marriage is relatively stable across residence, education, and wealth groups. There is some variation by region: women in Sughd, DRS, and Khatlon marry at a median age of about 20, while women in GBAO marry three years later, at a median age of 23.1.

Women's median age at first sexual intercourse corresponds with first marriage: age 20.2. Only 11% of women had sexual intercourse by age 18; 48% had sex by age 20.

Women have their first birth at a median age of 21.9 (for women 25-49). Median age at first birth is youngest in Sughd (21.6) and oldest in GBAO (24.6).

Teenage fertility

Seven percent of adolescent women age 15-19 have begun childbearing; that is, they are already mothers or are pregnant with their first child. Teenage childbearing is most common in DRS (9%) and least common in GBAO (2%). Young women with no education/primary only education are most likely to have begun childbearing (13%).

Polygyny

Three percent of women report that their husband has other wives. Polygyny is most common in Khatlon (5%) and among women from the poorest households (4%).

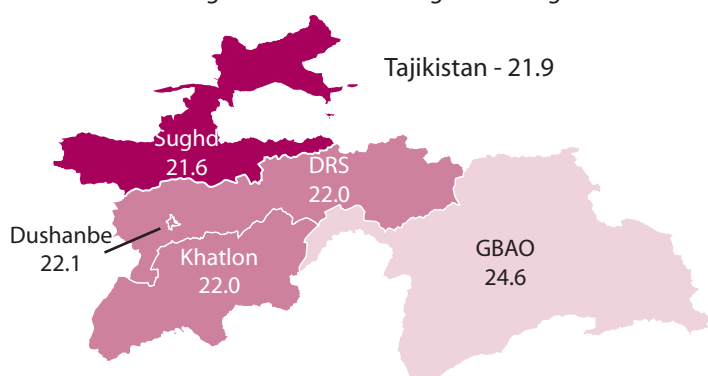
Abortion

Eleven percent of women age 15-49 in Tajikistan have had an abortion. This is essentially the same rate as was reported in the 2012 TjDHS.

Women who have three or more children are most likely to have ever had an abortion (25%). By the time women are age 35-49, 21% have had at least one abortion.

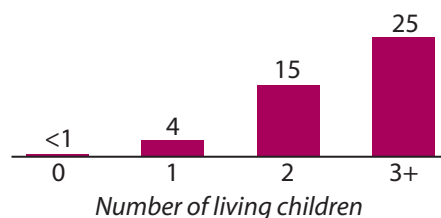
Age at First Birth

Median age at first birth among women age 25-49



Induced Abortion by Number of Children

Percent of women 15-49 with at least one induced abortion



Among women who have had an abortion, 31% have had 2 or more abortions. Among the induced abortions that occurred in the three years before the survey, the health of the mother was the most common reason for the abortion (37%) followed by the fact that the child was unwanted (36%).

In 95% of pregnancies that resulted in abortion, contraception was not used preceding the pregnancy; in 4% of cases a modern method was used.

FAMILY PLANNING

Knowledge of Family Planning

Almost 9 in 10 (88%) women age 15-49 know a modern method of family planning and 56% know a traditional method. IUD, pill, and male condom are the most commonly known methods. Knowledge is higher among married women—98% know a modern method of family planning and 68% know a traditional method.

Current Use of Family Planning

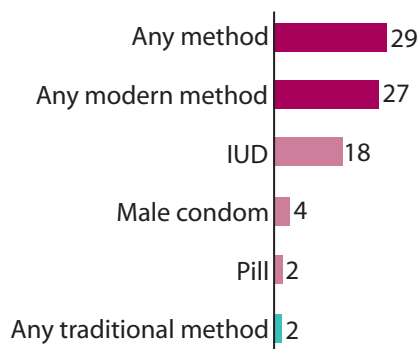
Just over one-quarter (27%) of married women age 15-49 are currently using a modern method of family planning; 2% are using a traditional method. IUDs are the most popular method, used by 18% of married women, followed by male condoms (4%).

Use of modern methods ranges from 21% in Khatlon to 36% in GBAO. About one-third of married women with higher education are currently using a modern method compared with only 20% of those with no education or only primary education.

Use of family planning has remained unchanged since 2012 when 26% of married women were using a modern method of family planning and 2% were using a traditional method.

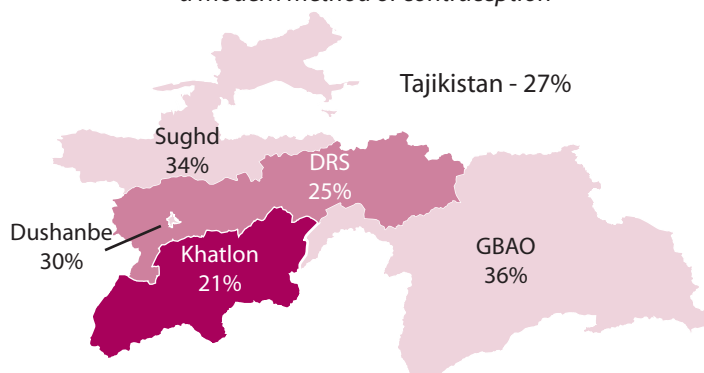
Contraceptive Use

Percent of married women age 15-49 currently using a contraceptive method



Use of Modern Methods

Percent of married women currently using a modern method of contraception



Demand for Family Planning

More than 2 in 5 (43%) married women age 15-49 do not want any more children; 5% want to wait at least two years before their next birth. Women who want to delay or stop childbearing are said to have a demand for family planning.

Demand for Family Planning Satisfied by Modern Methods

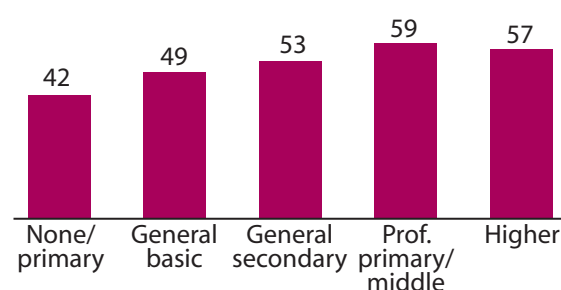
The total demand for family planning includes both met need and unmet need. Met need is the percent of married women who are currently using family planning. Twenty-nine percent of married women are currently using any method – 27% are using modern methods and 2% are using traditional methods. Unmet need for family planning is defined as the proportion of married women who want delay or stop childbearing but are not using family planning. Twenty-three percent of married women age 15-49 have an unmet need for family planning, 11% for spacing and 11% for limiting (figures do not sum to 23% due to rounding).

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. Just over half (52%) of demand for family planning is being satisfied by modern methods. Demand satisfied by modern methods is highest in GBAO (68%) and lowest in DRS (46%).

Demand satisfied by modern methods among currently married women increases steadily with a woman's education from 42% among those with no education or only primary education to 57% among those with higher education.

Demand for Family Planning Satisfied by Education

Percent of demand for family planning satisfied by modern methods among currently married women



Exposure to Family Planning Messages

About half of women age 15-49 have heard or seen a message about family planning in the media in the months before the survey. Television is the most common source, seen by 45% of women.

Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods.

About 8 in 10 current users are informed – 84% are informed about side effects; 79% know what to do if they experience side effects, and 82% were informed of other family planning methods available.

CHILDHOOD MORTALITY

Rates and Trends

The infant mortality rate (deaths to children before the first birthday) in Tajikistan is 27 deaths per 1,000 live births for the 5-year period before the survey. The under-5 mortality rate is 33 deaths per 1,000 live births for the 5-year period before the survey. This means that about 1 in every 30 children dies before his or her 5th birthday.

Under-5 mortality has declined in recent years, from 43 under-5 deaths for every 1,000 live births in 2012 to 33 in 2017. Infant mortality has also dropped, from 34 to 27 deaths.

Mortality Rates by Background Characteristics

Under-5 mortality is higher in rural areas (37) than urban areas (20). Under-5 mortality also differs by region, ranging from 11 deaths per 1,000 live births in Dushanbe to 40 deaths per 1,000 live births in Khatlon (for the 10-year period before the survey).

Under-five mortality decreases with household wealth and mother's education.

Birth Intervals

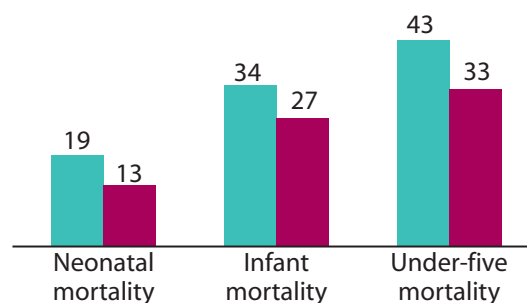
Spacing children at least 36 months apart reduces the risk of infant death. The median birth interval in Tajikistan is 29 months. Infants born less than two years after a previous birth have high under-5 mortality rates.

The infant mortality rate for children born less than two years after a sibling is 40 deaths per 1,000 live births, compared with only 24 for children born 3 years after a sibling. More than one-third (36%) of all children are born less than two years after their siblings.

Trends in Childhood Mortality

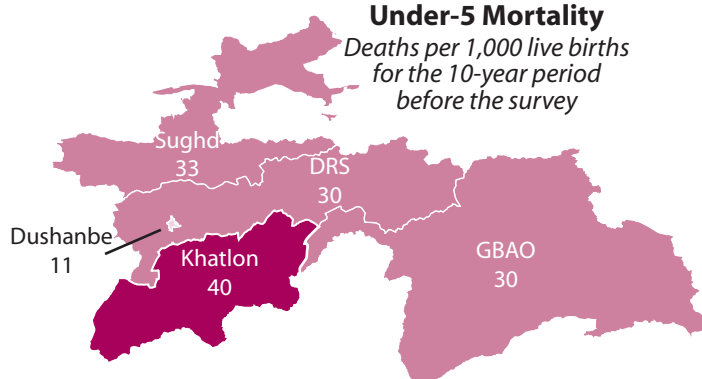
Deaths per 1,000 live births for the 5-year period before the survey

■ 2012 TjDHS ■ 2017 TjDHS



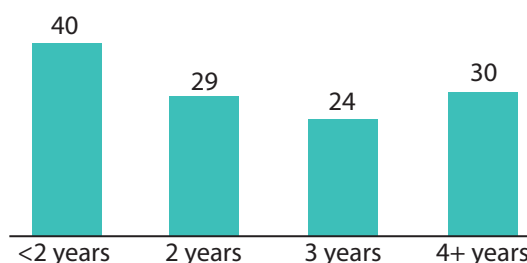
Under-5 Mortality

Deaths per 1,000 live births for the 10-year period before the survey



Under-5 Mortality by Previous Birth Interval

Deaths per 1,000 live births for the 10-year period before the survey



MATERNAL HEALTH CARE

Antenatal Care

More than 9 in 10 (92%) women age 15-49 received at least one antenatal care (ANC) visit from a skilled provider (doctor, nurse, or midwife). More than half of women received ANC from an obstetrician-gynecologist.

The timing and quality of prenatal care are also important. About two-thirds (64%) of women age 15-49 made 4+ ANC visits and 14% had 8+ visits. Two-thirds of women had their first ANC visit in the first trimester of pregnancy.



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Delivery and Postnatal Care

Almost 9 in 10 (88%) births in Tajikistan are delivered in a health facility. Health facility births are most common in Sughd (99%) and Dushanbe (97%), while only 76% of births in GBAO are delivered in a health facility.

Women with higher levels of education and those from the wealthiest households are most likely to deliver in a health facility.

Almost all births (95%) were delivered with the assistance of a skilled provider. Assistance at delivery is over 90% in all regions. Five percent of births are delivered by caesarean-section (c-section).

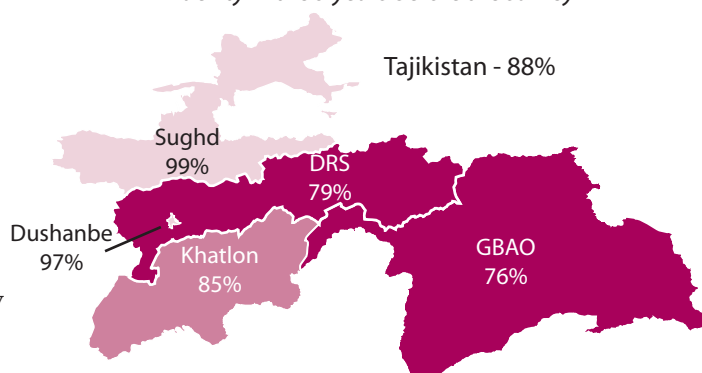
Postnatal care helps prevent complications after childbirth. Ninety-two percent of women age 15-49 received a postnatal checkup within two days of delivery; 6% received no postnatal check. Ninety percent of newborns received a postnatal checkup within two days of birth; 7% received no postnatal check.

Trends in Maternal Health Care

Maternal health care indicators have improved since 2012. More women are receiving 4+ ANC visits (64%, up from 53% in 2012), and more women are delivering with assistance from a skilled provider. Health facility deliveries have increased from 77% in 2012 to 88% in 2017.

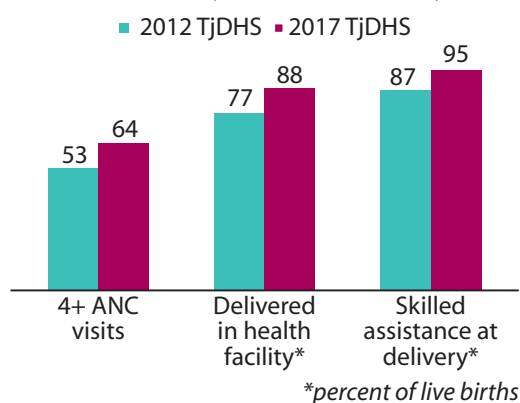
Health Facility Delivery by Region

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



Trends in Maternal Health Care

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



CHILD HEALTH

Basic Vaccination Coverage

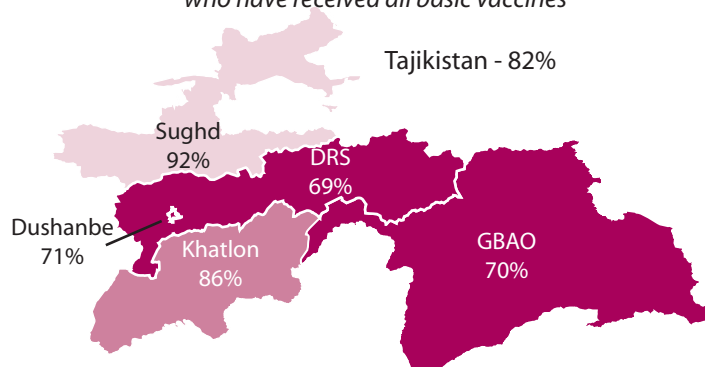
Four in five (82%) children age 24-35 months have received all basic vaccinations — one dose each of BCG and measles and rubella vaccine, three doses each of DPT-HepB-Hib and oral polio (excluding polio given at birth). Three percent of children have received no vaccinations.

Basic vaccination coverage ranges from about 70% in DRS, GBAO, and Dushanbe to 92% in Sughd.

According to the 2017 TjDHS, 79% of children age 12-23 months and 70% of children age 24-35 months have received all of the vaccinations appropriate for their age group.

Basic Vaccination Coverage by Region

Percent of children age 24-35 months who have received all basic vaccines



Childhood Illnesses

One percent of children under age five had symptoms of acute respiratory infection (ARI) in the two weeks before the survey.

Nine percent of children under age five had a fever in the two weeks before the survey. Treatment or advice was sought for 44% of the children with fever; 62% took antibiotics.

Thirteen percent of children under age five had diarrhea in the two weeks before the survey. Diarrhea is most common among children 6-11 months (23%). Treatment or advice was sought for 49% of the children with diarrhea.

Children with diarrhea should drink more fluids, particularly through oral rehydration therapy (ORT). About three-quarters (73%) of children under age five with diarrhea received ORT or increased fluids, but 7% received no treatment.



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Child Discipline

Seven in ten children age 1-14 experienced some type of violent discipline in the month before the survey. Children were most likely to experience psychological aggression (65%) such as yelling, screaming, or name-calling. Physical punishment was administered to almost half (48%) of children. Only 24% experienced only nonviolent discipline.

CHILDREN'S NUTRITION

Breastfeeding and the Introduction of Complementary Foods

Almost all children in Tajikistan are breastfed, but only 62% were breastfed in first hour of life. Eleven percent of children received a prelacteal feed, though this is not recommended.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Only 36% of children under six months are exclusively breastfed in Tajikistan.

Children born in the 3 years before the survey were breastfed for an average of almost 19 months, but exclusively breastfed for an average of less than 4 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. Only 57% of children age 6-8 months are receiving complementary foods.

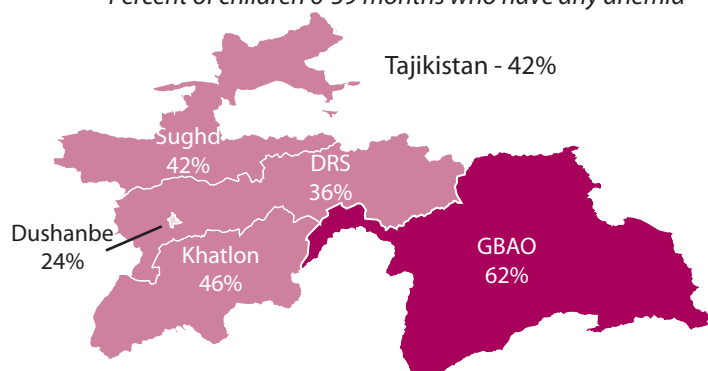
Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. Less than half (46%) of children age 6-23 months ate foods rich in vitamin A the day before the survey and 76% of children age 6-59 months received vitamin A supplement in last six months.

Iron prevents anemia and promotes development. Thirty-eight percent of children age 6-23 months ate foods rich in iron the day before the survey. Only 26% of children age 6-59 months received iron supplement in the week before the survey.

Anemia in Children by Region

Percent of children 6-59 months who have any anemia



Children's Nutritional Status

The 2017 TjDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard.

Eighteen percent of children under 5 are stunted, or too short for their age. Stunting is an indication of chronic undernutrition. Stunting is below 20% in all regions except for GBAO, where almost one-third of children are stunted (32%).

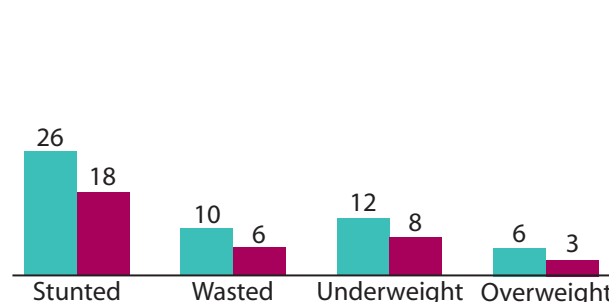
Six percent of children under 5 are wasted, or too thin for their height. Wasting is an indication of acute undernutrition. Eight percent of children are underweight (low weight for their age) and 3% are overweight.

Children's nutritional status has improved since 2012 when more than one-quarter of children under age 5 (26%) were stunted, 10% were wasted, and 6% were overweight.

Trends in Children's Nutritional Status

Percent of children under 5

■ 2012 TjDHS ■ 2017 TjDHS



Anemia

More than 4 in 10 children are anemic—24% have mild anemia and 17% have moderate anemia. Anemia in children is more common in rural than in urban areas (44% versus 33%) and among children in the poorest households.

Anemia in children varies by region, from a low of 24% in Dushanbe to 62% in GBAO.

WOMEN'S NUTRITION

Women's Nutritional Status

The 2017 TjDHS also took weight and height measurements of women age 15-49. More than half of women are within the normal range for body mass index (BMI). Seven percent of women age 15-49 are thin, while 37% are overweight or obese.

Overweight/obesity increases with age; two-thirds of women age 40-49 are overweight or obese compared with 10% of women 15-19. Overweight/obesity is most common among women in Sughd (41%) and least common among women in GBAO (25%).

Overweight/obesity has increased from 30% in 2012 to 37% in 2017. Meanwhile, thinness has decreased from 11% in 2012 to 7% in 2017.

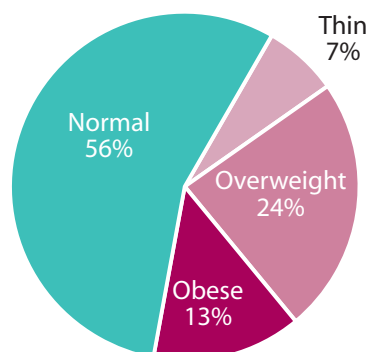
Anemia

Anemia is also common in women—41% of women age 15-49 are anemic. Anemia is common among women across all educational and wealth categories. As in children, anemia in women is highest in GBAO (55%).

Iron Supplementation

Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anemia and other complications. More than half of women (55%) received no iron; only 2% received iron supplements for at least 90 days during their last pregnancy.

Women's Nutritional Status
Percent distribution of women age 15-49



Use of Iodized Salt

More than 9 in 10 (92%) households have iodized salt. Iodized salt is most common in households in Dushanbe and Sughd (97% each) and in the wealthiest households (97%) while only 85% of the poorest households have iodized salt.



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HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOR

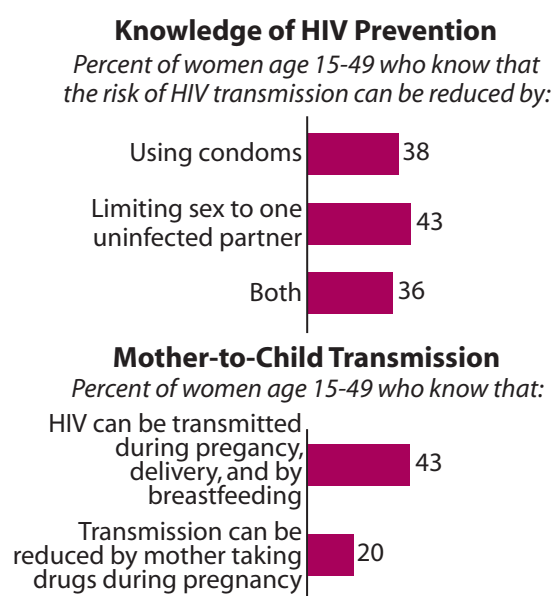
Knowledge of HIV Prevention Methods

Just over half (53%) of women age 15-49 have heard of AIDS. This is a decrease from 62% in 2012.

Thirty-six percent of women age 15-49 know using condoms and limiting sex to one uninfected partner can reduce the risk of HIV. This prevention knowledge is most common in GBAO (56%) and least common in DRS (17%). Knowledge of HIV prevention increases with education: 66% of women with higher education know the two prevention methods compared with only 17% of women with no education or only primary education.

Knowledge of Prevention of Mother-to-Child Transmission (PMTCT)

Just over 40% of women know that HIV can be transmitted from mother to child during pregnancy, delivery, and by breastfeeding. Twenty percent know that the risk of HIV transmission from mother to child can be reduced by the mother taking drugs during pregnancy.



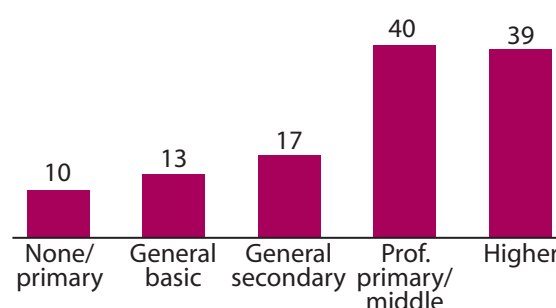
HIV Testing

About 3 in 10 (29%) women age 15-49 know where to get an HIV test. Nineteen percent of women have ever been tested for HIV and received the results. Nine percent were tested in the year before the survey and received the results.

HIV testing is most common among more educated women (about 40%). Women living in GBAO are most likely to have ever been tested for HIV (41%) while only 10% of women in DRS have ever been tested.

HIV Testing by Education

Percent of women age 15-49 who have ever been tested for HIV and received their results



HIV testing among women has increased in recent years. In 2012 only 5% of women had been tested for HIV and received the result in the year before the survey compared with 9% in 2017.

Counseling and testing of pregnant women is uncommon in Tajikistan—only 11% of pregnant women age 15-49 received counseling on HIV, an HIV test, and the result during antenatal care.

WOMEN'S EMPOWERMENT

Employment

One-quarter of married women age 15-49 were employed in the year before the survey. Among those who were employed, 74% were paid with cash only and 13% were not paid at all.

Among the employed women who earn cash, 71% report that they decide alone or jointly with their husband how to spend their earnings; 18% report that mainly their husband decides.

The majority of employed women (71%) also report that they earn less than their husband.

Ownership of Assets

Just over one-third (36%) of women age 15-49 own a home (alone or jointly). Over half (54%) own a mobile phone. Only 1% of women use a bank account.

Problems in Accessing Health Care

Forty-two percent of women age 15-49 report experiencing at least one problem in accessing health care. Getting money for treatment is the most commonly cited problem (35% of women).



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Participation in Household Decisions

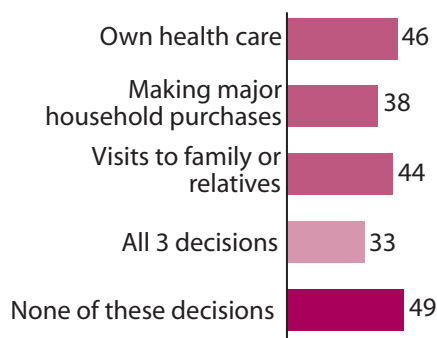
The 2017 TjDHS asked currently married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to family or relatives.

Less than half of married women age 15-49 have sole or joint decisionmaking power in their own health care, major household purchases, or visits to her family or relatives. One-third of married women participate in all three of those decisions, while almost half of married women participate in none of those decisions.

Older women, women living in GBAO, and those with higher education are most likely to participate in all three decisions. Women in DRS and Khatlon are least likely to participate in these decisions.

Participation in Decisionmaking

Percent of married women age 15-49 who make decisions alone or jointly with their spouse



DOMESTIC VIOLENCE

Attitudes toward Wife Beating

More than 60% of women age 15-49 believe a husband is justified in beating his wife for at least one of the reasons specified in the survey. The most commonly justified reasons for wife beating are arguing with their husband or going out without telling the husband.

Experience of Physical Violence

About 1 in 4 women (24%) age 15-49 have ever experienced physical violence since age 15. Seventeen percent have experienced physical violence recently (in the year before the survey).

Recent experience with physical violence varies by region, from 7% in Dushanbe to 28% in Khatlon. Experience with physical violence is most common among women with lower levels of education and among those from the poorest households.

Among ever-married women, current and former husbands are the most common perpetrators of physical violence. Among never married women, mothers/step mothers and siblings are the most common perpetrators.

Experience of Sexual Violence

Two percent of women age 15-49 have ever experienced sexual violence. Experience of sexual violence is most common among women who are divorced/separated, or widowed (4%).

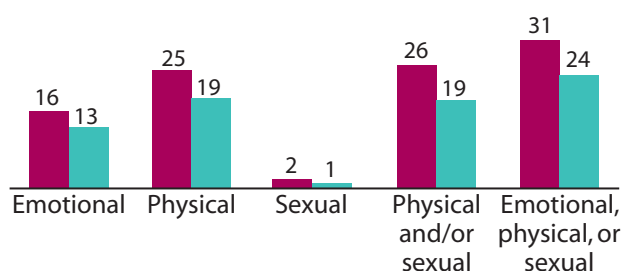
Spousal Violence

Three in ten (31%) ever-married women age 15-49 have ever experienced spousal violence (physical, sexual, or emotional); 24% experienced this violence in the 12 months before the survey.

Spousal Violence

Percent of ever-married women who have experienced the following types of spousal violence

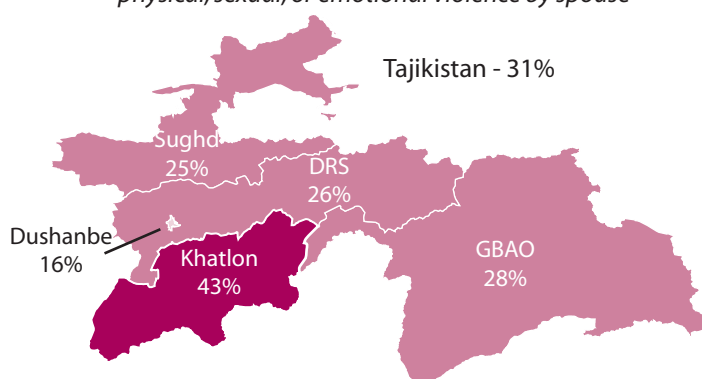
■ Ever ■ Past 12 months



Women in Khatlon are most likely to report ever having experienced spousal violence (43%). Spousal violence is the most common among women whose husbands are often drunk (73%).

Experience with Spousal Violence by Region

Percent of ever-married women who have ever experienced physical, sexual, or emotional violence by spouse



Help-seeking Behavior

Among ever-married women age 15-49 who have experienced spousal violence, the majority (75%) have never told anyone nor have they sought help. Ten percent have sought help to stop the violence; an additional 15% have told someone but never sought help.

ADULT HEALTH ISSUES

Hypertension

Six in ten (62%) women age 15-49 report that they have had their blood pressure measured by a health care provider, and 6% have been told by a health worker that they have high blood pressure. Among those who were told they have high blood pressure, 73% were prescribed medication to control their blood pressure, and 51% were taking medication to control their blood pressure at the time of the 2017 TjDHS.

The 2017 TjDHS also included blood pressure measurement. The survey found that 10% of women were hypertensive – that is, they had high blood pressure or had blood pressure that was controlled by medication.

Hypertension increases steadily with age, rising to 28% among women age 45-49. Hypertension is also associated with nutritional status: 28% of obese women are hypertensive compared with only 2% of thin women. Hypertension is relatively consistent across regions, ranging from 7% in Dushanbe to 12% in DRS.

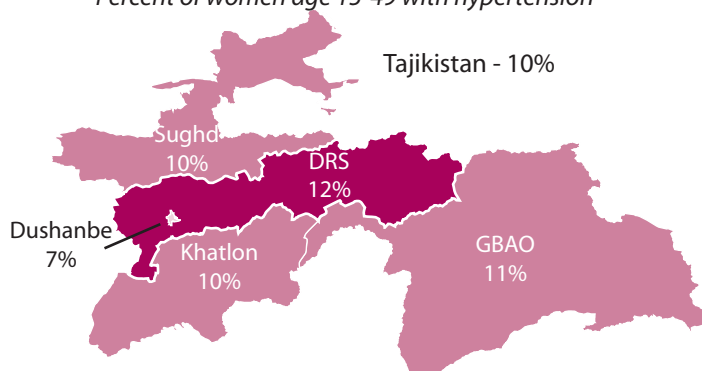
Sixty percent of the women who were found to be hypertensive in the 2017 TjDHS were unaware of their blood pressure status. Only 17% of those found to be hypertensive were aware, had received treatment, and had their blood pressure under control.

Diabetes

Seventeen percent of women age 15-49 have had their blood sugar measured by a health care provider. Two percent report that they have been told that they have high blood sugar or diabetes. Older women are more likely to report having had their blood sugar tested and to have been told that they have diabetes.

Hypertension by Region

Percent of women age 15-49 with hypertension



Hypertension by Body Mass Index

Percent of women age 15-49 with hypertension

