



Tajikistan

2023 Demographic and Health Survey

Atlas



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Additional information about the 2023 TjDHS may be obtained from the Agency on Statistics under the President of the Republic of Tajikistan, 17 Bohktar Street, Dushanbe, Tajikistan; telephone: +992-37-241-14-45; email: stat@tojikiston.com; internet: <https://www.stat.tj>

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About the 2023 TjDHS

The 2023 Tajikistan Demographic and Health Survey (TjDHS) is designed to provide data for monitoring the population and health situation in Tajikistan. The 2023 TjDHS is the 3rd Demographic and Health Survey conducted in Tajikistan since 2012. The objective of the survey is to provide reliable estimates of fertility levels and preferences, family planning use, antenatal and delivery care, maternal and child health, childhood mortality, childhood immunization, breastfeeding and young child feeding practices, women's dietary diversity, violence against women, gender, nutritional status of adults and children, awareness regarding HIV/AIDS and other sexually transmitted infections, tobacco use, hemoglobin levels of women and children, and other indicators relevant for the Sustainable Development Goals. This information is intended for use by program managers and policymakers to evaluate and improve existing programs.

Who participated in the survey?

A nationally representative sample of 9,879 women age 15–49 in 8,035 selected households were interviewed between August and November 2023. This represents a response rate of >99% of women. The sample design for the 2023 TjDHS provides estimates at the national level, for urban and rural areas, and for the Tajikistan's 5 administrative regions.

TAJIKISTAN



Water and Sanitation

Population with Basic Drinking Water Service

*Percent of household population with at least basic drinking water service**



Overall, 93% of the household population in Tajikistan has access to at least basic drinking water service. Basic drinking water service varies by region, from 87% in Khatlon to >99% in Dushanbe.

**At least basic drinking water service is defined as drinking water from an improved source, provided either water is on the premises or roundtrip collection time is 30 minutes or less. Includes safely managed drinking water, which is not shown separately.*

Population with Basic Sanitation Service

*Percent of household population with at least basic sanitation service**



Overall, 97% of the household population in Tajikistan has access to at least basic sanitation service. Basic sanitation service varies by region, from 93% in GBAO to 98% in Khatlon.

**At least basic sanitation service is defined as use of improved facilities that are not shared with other households. Includes safely managed sanitation service, which is not shown separately.*

Distribution of Wealth

Wealthiest Households

Percent of households in the highest wealth quintile



Wealth is not distributed evenly throughout Tajikistan. Nine in ten households in Dushanbe are in the highest wealth quintile.* Khatlon is the poorest region, with only 7% of its population 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 five equal pieces (or quintiles), each representing 20% of the population. Those in the highest quintile may not be “rich”, but they are better off than 80% of the country. Often, a larger proportion of the wealthiest households are located in urban areas, while a larger proportion of the poorest households are found in rural areas.*

Women's Education and Employment

Women's Education

Percent of women age 15–49 with higher education



Overall, 12% of women age 15–49 in Tajikistan have higher or graduate education. Higher education varies by region, from 7% in DRS to 31% in GBAO.

Women's Employment

Percent of women age 15–49 who are currently employed*



Overall, 22% of women age 15–49 were employed at the time of the 2023 TjDHS. Women's employment is highest in GBAO, at 37%, and lowest in DRS, at 13%.

* "Currently employed" is defined as having done work in the past 7 days, including persons who did not work in the past 7 days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

Fertility

Total Fertility Rate

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



Women in Tajikistan have an average of 3.5 children. Fertility varies by region from a low of 3.2 children per woman in Dushanbe to a high of 3.6 children in Khatlon.

Teenage Pregnancy

Percent of women age 15–19 who have ever been pregnant



Overall, 7% of adolescent women age 15–19 have ever had a live birth, ever had a pregnancy loss, whether a stillbirth, miscarriage, or abortion, or were pregnant at the time of the 2023 TjDHS. Only 3% of adolescent women in Dushanbe have ever been pregnant, compared to 10% of adolescents in Sughd.

Family Planning

Use of Modern Methods

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



Nearly one in four married women in Tajikistan use any modern method of family planning. Intrauterine devices (IUDs) are the most commonly used method. Modern method use varies by region, from 22% in DRS to 38% in Dushanbe.

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, 21% of married women in Tajikistan have an unmet need for family planning. Unmet need is highest in DRS (26%) and lowest in GBAO (16%).

Demand Satisfied for Family Planning

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



Nearly six in ten married women in Tajikistan with a need for family planning are currently using any method of family planning. Their demand for family planning is met. Demand satisfied is highest in Sughd (71%) and lowest in DRS (48%).

Abortion

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



Overall, 5% of Tajik women have ever had an induced abortion. Abortion varies slightly by region, from 4% in GBAO and Sughd to 7% in Dushanbe.

Maternal and Newborn Health Care

4+ Antenatal Care (ANC) Visits

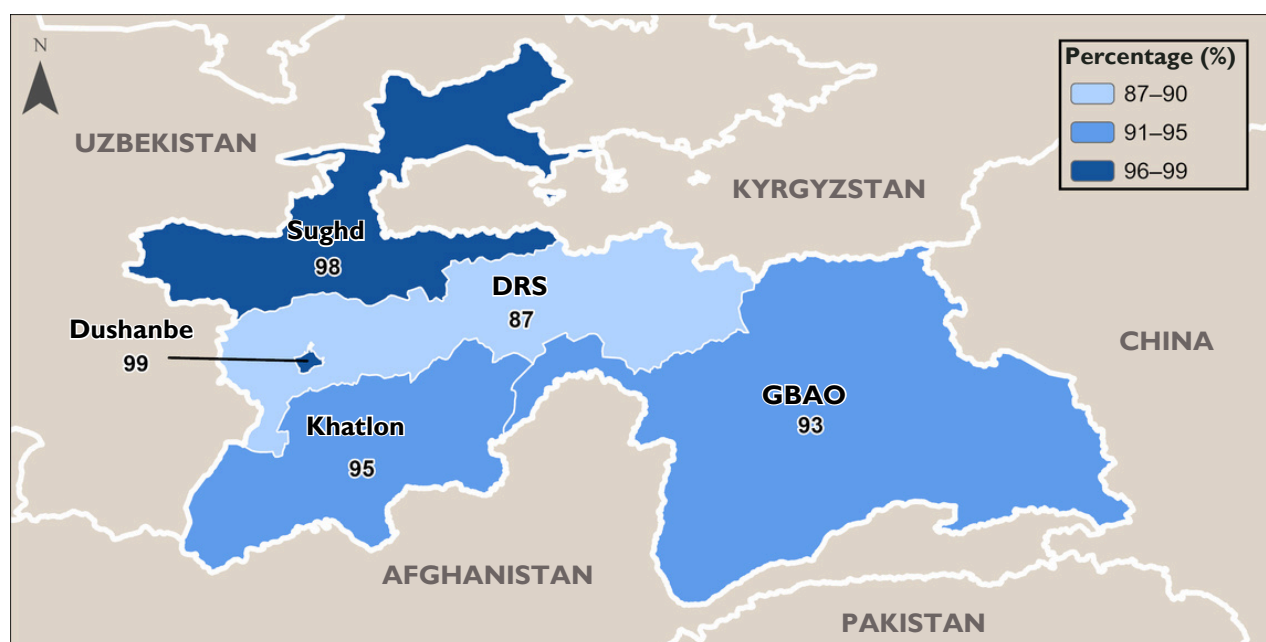
Percent of women age 15–49 with a live birth in the 2 years before the survey with 4+ ANC visits



Overall, 62% of women age 15–49 with a live birth in the 2 years before the survey attended four or more ANC visits. 4+ ANC visits varies by region, from 43% in Khatlon to 84% in Sughd.

Health Facility Delivery

Percent of live births delivered in a health facility in the 2 years before the survey



The vast majority (95%) of births in the 2 years before the survey were delivered in a health facility. Facility delivery varies by region, from a low of 87% in DRS to a high of 99% in Dushanbe.

Skilled Assistance at Delivery

Percent of live births delivered by a skilled provider in the 2 years before the survey*



Nearly all, 98%, of births in the 2 years before the survey were delivered by a skilled provider. This ranges from 93% in DRS to >99% in GBAO.

* Skilled provider includes a family doctor, obstetrician/gynecologist, other doctor, nurse, male nurse, and midwife.

Women's Nutritional Status

Overweight and Obesity: Women age 20–49

Percent of women age 20–49 who are overweight or obese by body mass index (BMI)



Nationally, half of women age 20–49 are overweight or obese (a BMI score of ≥ 25.0). Overweight/obesity ranges from 39% in GBAO to 55% in DRS.

Overweight and Obesity: Women age 15–19

Percent of women age 15–19 who are overweight or obese by BMI-for-age



Among adolescent women age 15–19, 12% are overweight or obese (according to BMI-for-age). Overweight/obesity among adolescent women varies by region, from 9% in GBAO to 14% in Sughd.

Minimum Dietary Diversity*

Percent of women age 15–49 who consumed foods from at least 5 of 10 food groups the day before the survey



Overall, 87% of Tajik women age 15–49 achieved minimum dietary diversity in the day before the survey. Minimum dietary diversity among women is highest in Sughd (95%) and lowest in Khatlon (82%).

* Minimum dietary diversity for women is defined as consuming foods from five or more of the following 10 food groups: a. grains, roots, and tubers; b. pulses (beans, peas, lentils); c. nuts and seeds; d. dairy products (milk, cheese, yogurt); e. flesh foods (meat, fish, poultry, organ meats); f. eggs; g. dark green leafy vegetables; h. vitamin A-rich fruits and vegetables; i. other vegetables; j. other fruits.

Children's Nutritional Status

Stunting

Percent of children under age 5 who are stunted



Overall, 14% of Tajik children under age 5 are stunted, or too short for their age. This is a sign of chronic malnutrition. Stunting is lowest in Dushanbe (9%) and highest in GBAO and Khatlon (15% respectively).

Minimum Acceptable Diet

Percent of children age 6–23 months living with their mother who were fed a minimum acceptable diet the day before the survey



Minimum acceptable diet includes children age 6–23 months who were fed with a minimum dietary diversity* and a minimum meal frequency** during the day before the survey. Overall, 9% of Tajik children were fed a minimum acceptable diet the day before the survey. This is highest in Sughd (16%) and lowest in Khatlon (4%).

* Minimum dietary diversity includes children who were fed 5 of 8 food groups: breast milk; grains, roots, and tubers; legumes and nuts; dairy products; flesh foods; eggs; vitamin A-rich fruits and vegetables; other fruits and vegetables.

** Children fed a minimum meal frequency includes those who were fed solid, semisolid, or soft foods the minimum number of times the day before the survey. Nonbreastfed children must be fed at least two milk feeds.



© USAID Healthy Mother, Healthy Baby Activity. Amirshoev Ramazan is a grandfather to eight grandchildren. Despite his busy schedule, he always finds time to spend with his grandchildren and contribute to their upbringing. USAID Healthy Mother, Healthy Baby Activity supports Tajik families to improve the health and nutrition of their children, especially during the first golden 1,000 days.

Child Health and Discipline

Vaccination Coverage: Basic Antigens

Percent of children age 24–35 months fully vaccinated against all basic antigens



Nationally, 71% of Tajik children age 24–35 months are fully vaccinated against all basic antigens (1 dose of BCG, 3 doses of polio vaccine, 3 doses of DPT-containing vaccine, 1 dose of measles-containing vaccine). By region, basic antigen coverage varies from a low of 51% in DRS to a high of 85% in GBAO.

Child Discipline

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



Over half (56%) of Tajik children age 1–14 experienced any violent discipline in the month before the survey, including any psychological aggression, any physical punishment, and any severe physical punishment. Violent discipline is lowest in Sughd (43%) and highest in DRS (63%).

HIV Knowledge and Testing

Knowledge about HIV Prevention among Young People

Percent of women age 15–24 with knowledge about HIV prevention*



Nationally, 1 in 10 young women age 15–24 have knowledge about HIV prevention. HIV knowledge among young women is highest in GBAO (17%) and lowest in DRS (5%).

* Knowledge about HIV prevention means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting two major misconceptions about HIV transmission: HIV can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has HIV.

Recent HIV Testing

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



Nearly 1 in 5 Tajik women age 15–49 were tested for HIV in the year before the survey and received the results. This varies by region, from 15% in DRS to 37% in GBAO.

Women's Empowerment

Women's Participation in Decision Making

Percent of married women age 15–49 who usually make specific decisions either alone or jointly with their husband or partner



Household decision making is a measure of women's empowerment. In Tajikistan, 36% of married women age 15–49 participate in all three of the following decisions: her own health care, making major household purchases, and visits to her family or relatives. Only 21% of married women in Sughd participate in all three decisions, compared to 58% of married women in Dushanbe.

Women's Participation in Decision Making regarding Sexual and Reproductive Health

Percent of married women age 15–49 who make their own informed decisions regarding sexual relations, family planning use, and reproductive health care



One-third of married Tajik women can say no to their husband if they do not want to have sexual intercourse, make decisions about family planning use alone or jointly with their husband or partner, and make decisions about their own health care alone or jointly. This varies by region, from 23% in Khatlon to 58% in GBAO.

Domestic Violence

Experience of Physical Violence

Percent of women age 15–49 who have ever experienced physical violence by any perpetrator since age 15



Overall, 12% of women age 15–49 have ever experienced physical violence by any perpetrator since age 15. This varies by region, from 7% in Dushanbe to 18% in Khatlon.

Recent Violence by Any Husband or Intimate Partner

Percent of women age 15–49 who have ever had a husband or intimate partner who have experienced violence by any husband or intimate partner in the year before the survey



Among women age 15–49 who have ever had a husband or intimate partner, 14% have experienced violence by any husband or intimate partner in the year before the survey, whether physical, sexual, or emotional violence. Recent violence by any husband or intimate partner varies by region, from 8% in DRS to 22% in Khatlon.

