Tajikistan

2023 Demographic and Health Survey

Summary Report

The 2023 Tajikistan Demographic and Health Survey (2023 TjDHS) was implemented by the Agency on Statistics under the President of the Republic of Tajikistan in coordination with the Ministry of Health and Social Protection of the Population. The funding for the 2023 TjDHS was provided by the Government of Tajikistan, and the United States Agency for International Development (USAID). UNICEF and UNFPA provided additional support. 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 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

Information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; telephone: +1-301-407-6500; fax: +1-301-407-6501; email: info@DHSprogram.com; internet: www.DHSprogram.com.

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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 Tajikistan's 5 administrative regions.

Characteristics of Households and Respondents

Household Composition

Households in Tajikistan have an average of 5.6 members. Women head 20% of Tajik households. Thirty-nine percent of the household population in Tajikistan is under age 15.

Cooking and Lighting

Access to electricity is nearly universal among the household population in Tajikistan and nearly all of the household population uses clean fuels or technologies for lighting, such as electricity, solar lanterns, and rechargeable or battery-operated flashlights/torches/lanterns.

The majority (86%) of the household population uses clean fuels and technologies for cooking, including stoves/cookers using electricity, and liquefied petroleum gas (LPG)/natural gas/biogas. The use of clean fuels and technologies for cooking is higher in urban areas than in rural areas (97% versus 82%).

Just 20% of the household population uses clean fuels and technologies for space heating, including central heating, thermo-electro-central, air conditioner winter-summer, electricity, and LGP/natural gas/biogas (63% in urban areas and 5% in rural areas).

Overall, 20% of the household population uses clean fuels and technologies for cooking, heating, and lighting.

Household Durable Goods

Four in ten households in Tajikistan own a car or truck and 44% own a bicycle. Ownership of car, trucks, and bicycles is higher in rural areas than in urban areas. Similarly, use of agricultural land and ownership of farm animals is higher in rural areas than in urban areas.

Information Communication Technology (ICT) and Internet Use

In Tajikistan, 98% of households own a television, 96% own a mobile phone, 17% own a computer, and 9% own a radio. ICT ownership is higher in urban areas compared to rural areas.

Two-thirds of women age 15-49 say they watch television at least once a week, compared to 19% who read a newspaper and 9% who listen to the radio. Three in ten women do not access any of these three media at least once a week.

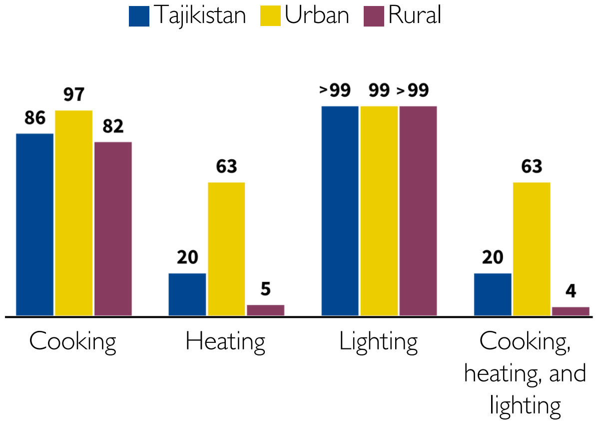
More than 4 in 10 women used the internet in the 12 months before the survey. Recent internet use is lowest in Khatlon (34%) and highest in GBAO (66%).

Education and Literacy

One-third of women age 15-49 have general basic education, 43% have general secondary, 8% have professional primary or middle, and 12% have higher education. Just 1% of women have no formal education. Nearly all women (96%) are literate.

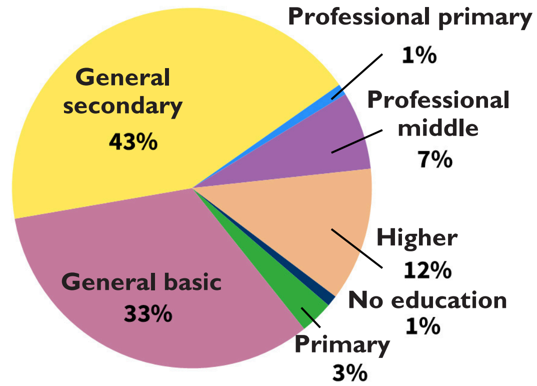
Primary Reliance on Clean Fuels and Technologies by Residence

Percent of household population relying on clean fuels and technologies for:



Education

Percent distribution of women by education level



Figures ≠ 100% due to rounding.

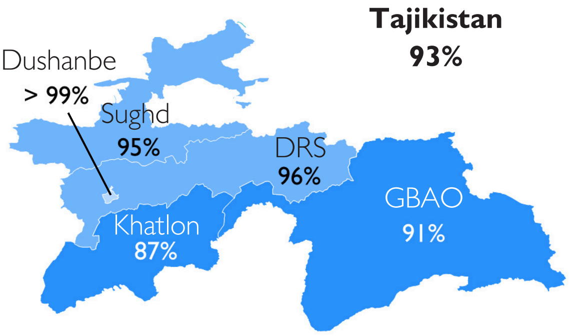
Household Water and Sanitation

Drinking Water

The majority (93%) of the household population in Tajikistan has access to at least basic drinking water service. At least basic drinking water service includes drinking water from an improved source, either on the premises or with a round-trip collection time of less than 30 minutes. Access to at least basic drinking water service is lowest in Khatlon (87%) and highest in Dushanbe (>99%).

Basic Drinking Water Service by Region

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



Twelve percent of the household population does not have drinking water on the premises. Among those without water on the premises, the vast majorty travel 30 minutes or less to obtain drinking water. Just over half (52%) of the household population has sufficient quantities of drinking water when needed.

Menstrual Hygiene

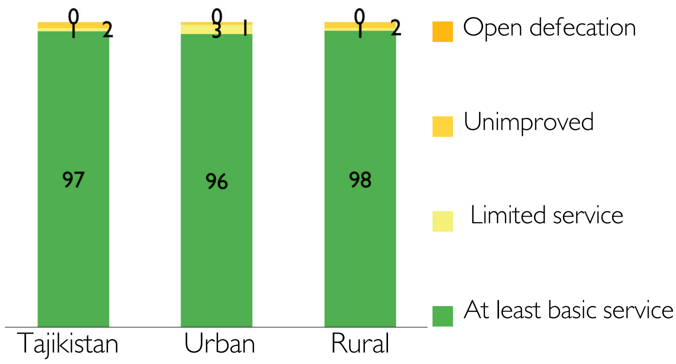
Of women age 15–49 with a menstrual period in the year before the survey, 76% reported using cloth to absorb blood during their last menstrual period, 24% used disposable sanitary pads, and 8% used reusable sanitary pads. Among women with a menstrual period in the year before the survey who were at home during their last menstrual period, 98% used appropriate materials during their last menstruation and were able to wash and change in privacy.

Sanitation

Nearly all (97%) of the household population in Tajikistan has access to at least basic sanitation service, meaning they use improved facilities that are not shared with other households or have safely managed sanitation service where excreta are disposed of in situ or transported and treated off-site. Two percent of the population uses unimproved sanitation facilities, 1% has limited sanitation service, and the survey did not find anyone who practices open defecation. Access to basic sanitation services varies little by urban-rural residence or by region.

Sanitation Service Ladder by Residence

Percent distribution of household population by type of sanitation service



Handwashing

Overall 79% of the household population in Tajikistan has a basic handwashing facility on the premises with soap and water. Access to a basic handwashing facility varies from 71% of the population in Sughd to 97% in Dushanbe.

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Fertility and Its Determinants

Total Fertility Rate

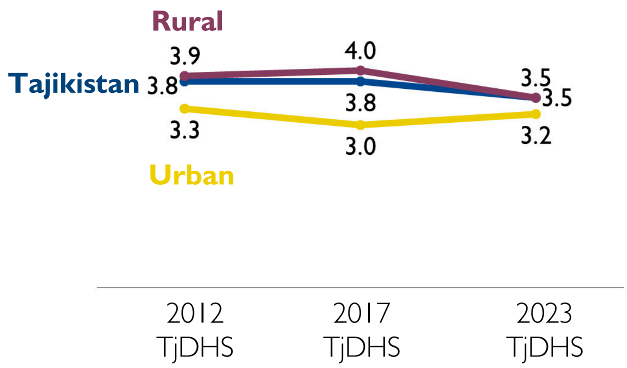
Currently, women in Tajikistan have an average of 3.5 children. Fertility in Tajikistan has declined from 3.8 children per woman in 2012 and 2017 to 3.5 children per woman in 2023. Rural women have slightly more children than urban women (3.5 children versus 3.2 children).

Women with higher education have fewer children than women with lower levels of education. Fertility generally declines with increasing household wealth*. Women in the poorest households have an average of 3.7 children, compared to 3.2 children among women in the richest households.

Fertility varies less by region, ranging from 3.2 children per woman in Dushanbe to 3.6 children per woman in Khatlon.

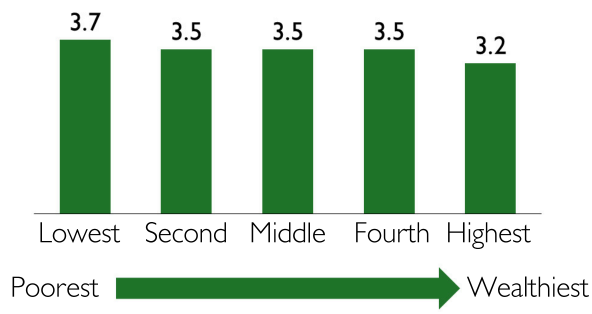
Trends in Fertility by Residence

Average number of births per woman for the 3-year period before the survey



Total Fertility Rate by Wealth

Average number of births per woman for the 3-year period before the survey



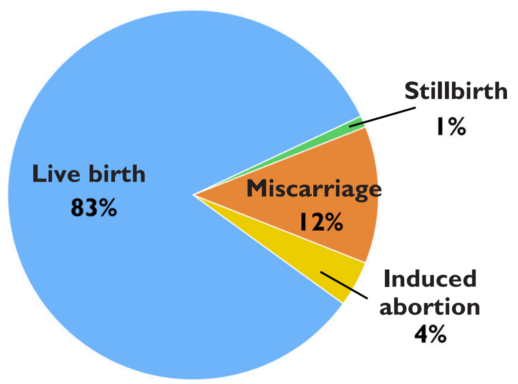
Pregnancy Outcomes and Induced Abortion

Of all pregnancies ending in the three years before the survey, 83% resulted in live births and 17% resulted in pregnancy losses. Among pregnancy losses, 12% were miscarriages, 4% were induced abortions, and 1% were stillbirths. Pregnancy loss is higher among women age 35 and older.

Five percent of women age 15-49 have ever had an induced abortion. Lifetime experience with abortion increases with age and the number of living children. Lifetime experience with abortion varies little by urban-rural residence, region, education, or household wealth.

Pregnancy Outcomes

Percent distribution of pregnancies ending in the 3 years preceding the survey by outcome



Figures ≠ 100% due to rounding.

* Wealth of families 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 Menstruation, First Sexual Intercourse, Marriage, and Birth

The average age of first menstruation among women age 15–49 is 14.4 years.

The median age at first sexual intercourse is 19.8 years among women age 25–49. Six percent of women age 20–24 had sex by age 18 and <1% of women had sex by age 15.

Three in four women age 15–49 are married or living together with a partner. Nearly all (95%) women who are married or living in union say their current marriage or union is registered and have documentation or a marriage certificate that recognizes their marriage or union.

Nearly 1 in 10 women age 20-24 were married by age 18. Half of Tajikistan women age 25–49 are married by age 20.1 years, the median age at first marriage. Women in Sughd marry at a younger age than women in GBAO (19.8 years compared to 23.4 years).

In Tajikistan, the median age at first birth for women age 25–49 is 21.8 years. This means that half of women age 25–49 give birth for the first time before this age. On average, women in GBAO give birth for the first time more than three years later than women in DRS (24.8 years compared to 21.4 years).

Polygyny

Two percent of married women age 15–49 have one or more co-wives. Polygynous unions are most common in Dushanbe.

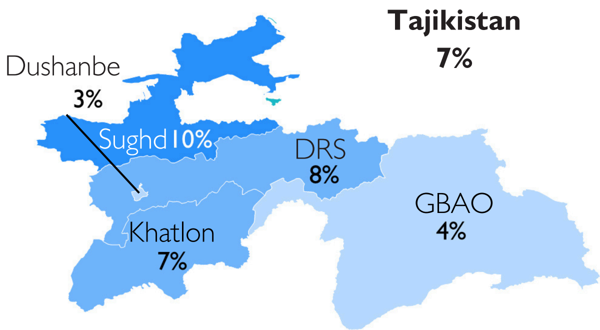
Teenage Pregnancy

Seven percent of adolescent women age 15–19 have ever been pregnant: 3% have given birth, 5% were pregnant at the time of the survey, and <1% have ever had a pregnancy loss.

Teenage pregnancy is higher in rural areas than in urban areas (8% versus 5%). Teenage pregnancy ranges from a low of 3% of young women in Dushanbe to a high of 10% in Sughd. There is no clear pattern in teenage pregnancy by education or wealth.

Teenage Pregnancy by Region

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



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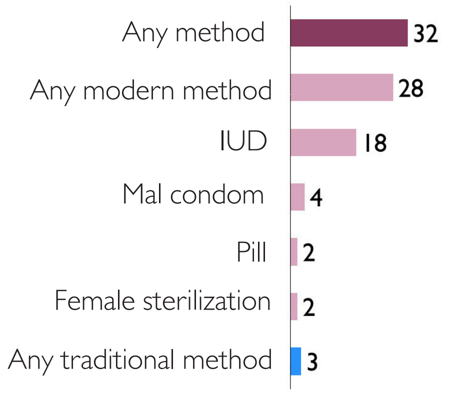
Family Planning

Current Use of Family Planning

In Tajikistan, 32% of married women age 15-49 use any method of family planning—28% use a modern method and 3% use a traditional method. The most popular family planning methods among married women are the IUD (18%), the male condom (4%), female sterilization (2%), and the pill (2%).

Use of Family Planning

Percent of married women age 15-49 using:



The use of modern family planning methods is slightly higher among married women in urban areas (33%) than among women in rural areas (27%). Modern method use ranges from 22% of married women in DRS to 38% in Dushanbe. There is no clear pattern in modern method use by level of education. Modern method use generally increases as household wealth increases.

Trends in Family Planning Use

Modern method use has stayed relatively stable over the last decade; 26% of married women in 2012 used a modern method, compared to 28% of married women in 2023. Similarly, traditional method use is essentially unchanged, from 2% in 2012 to 3% in 2023.

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 informed about other available family planning methods.

Nine in ten women using modern methods were informed about side effects, 92% were informed what to do if they experience side effects, and 89% were informed about other family planning methods that were available. Overall, 85% of women using modern methods received all three types of information. While 88% of women who use IUDs received all three types of information, only 64% of women who were sterilized received all three types of information.

Source of Modern Family Planning

The vast majority of women who use IUDs, injectables, or were sterilized obtained their family planning method from the public sector, such as health centers (urban/rayon/rural), maternity homes, or government hospitals.

Half of women who use pills obtain them from pharmacies and 47% obtain them from health centers. The most common source of male condoms is pharmacies (79%) followed by health centers.

Demand for Family Planning

Among married women in Tajikistan, 28% do not want any more children and 24% want to delay childbearing (delay their first birth or space out births) for at least two years. Women who want to stop or delay childbearing are said to have a demand for family planning. In Tajikistan, 52% of married women have a demand for family planning

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. In Tajikistan, 32% of married women using any family planning method—28% using modern methods and 3% using traditional methods.

Unmet need for family planning is defined as the proportion of women who want to stop or delay childbearing but are not using family planning. In Tajikistan, 21% of married women have an unmet need for family planning, including 8% who do not want any more children and 13% who want to delay childbearing.

Exposure to Family Planning Messages

Television is the most common source of family planning messages for women in Tajikistan, followed by newspapers and magazines, and posters, leaflets, and brochures. Over half (52%) of women did not hear or see a family planning message in the 12 months before the survey. Exposure to family planning messages is higher among women in urban areas than in rural areas and increases with level of education and household wealth. Exposure to family planning messages varies dramatically by region. Sixty-nine percent of women in DRS did not hear or see a family planning message in the last 12 months, compared to 18% in GBAO.

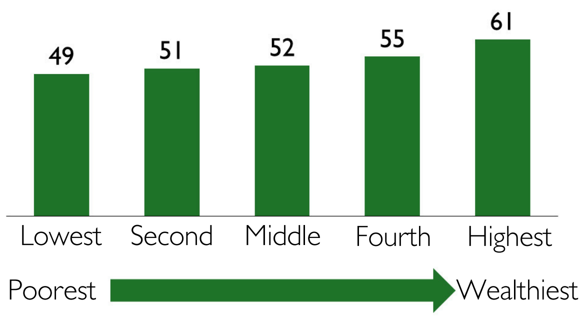
Demand for Family Planning Satisfied by Modern Methods

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. Over half (54%) of married women's demand for family planning is satisfied by modern methods.

Demand for family planning satisfied by modern methods increases as household wealth increases, from 49% in the poorest households to 61% in the wealthiest households. Demand for family planning satisfied by modern methods varies by region, from 45% in DRS to 67% in GBAO.

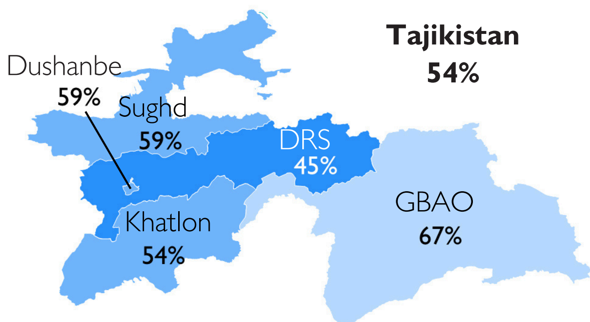
Demand for Family Planning Satisfied by Modern Methods by Wealth

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



Demand for Family Planning Satisfied by Modern Methods by Region

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



Childhood Mortality

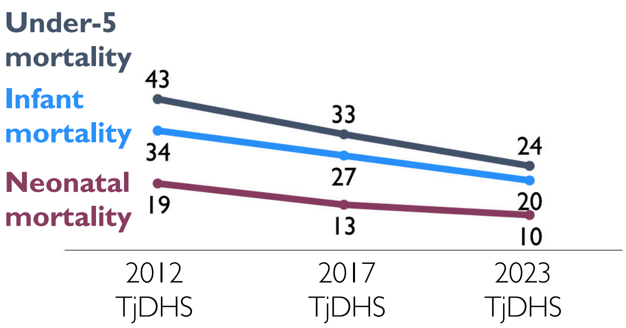
Rates and Trends

For every 1,000 live births in the 5 years before the 2023 TjDHS, 20 children died before their first birthday (infant mortality), including half who died in the first month of life (neonatal mortality). The under-5 mortality rate is 24 deaths per 1,000 live births, which means that 1 in every 42 children in Tajikistan does not survive until their fifth birthday.

Childhood mortality has declined substantially over the last decade. Neonatal mortality decreased from 19 deaths per 1,000 live births in 2012 to 10 in 2023. Under-5 mortality declined from 43 to 24 deaths per 1,000 live births over the same period.

Trends in Childhood Mortality

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



Mortality Rates by Background Characteristics

Mortality rates differ by background for the 10-year period before the survey. Under-5 mortality is higher among children whose mothers were younger than age 20 when they gave birth than among children whose mothers were older at the time of birth.

Spacing children at least 36 months apart reduces the risk of infant death. In Tajikistan, the median birth interval is 32.6 months. Infants born less than two years after a previous birth have higher under-5 mortality rates. In Tajikistan, 31% of non-first births happen within two years of the previous birth. The under-5 mortality rate for infants born less than two years after the previous birth is 25 deaths per 1,000 live births for the 10-year period before the survey.

Children's Status

Birth Registration

In Tajikistan, birth registration is nearly universal, with 97% of the births of children under age 5 registered with the civil authorities. The majority of children whose births have been registered have a birth certificate.

School attendance

Twenty-three percent of children who were age 5 at the beginning of the school year participated in organized learning—4% attended an early childhood education program and 18% attended primary school.

The net attendance ratio is the percentage of school-age children who are in school. Overall, 88% of primary school-age children attend primary school and 88% of secondary school-age children attend secondary school.

Primary school attendance is equal between girls and boys, while fewer girls than boys attend secondary school. For every 100 boys in Tajikistan who attend secondary school, 96 girls are attending secondary school.

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Child Discipline

Over half (56%) of children age 1-14 in Tajikistan experienced violent discipline in the past month, including 54% who experienced psychological aggression and 34% who experienced any physical punishment. Thirty-eight percent of children experienced only nonviolent discipline. Experience of any violent discipline method varies by region, ranging from 43% of children in Sughd to 63% of children in DRS.

Child Health

Vaccination Coverage: Basic Antigens

In Tajikistan, 71% of children age 24–35 months are fully vaccinated against all basic antigens— one dose each of Bacille Calmette-Guérin (BCG) and measles, mumps, and rubella vaccine (MMR) or measles and rubella vaccine (MR), and three doses each of polio vaccine (excluding polio vaccine given at birth) and a vaccine containing diphtheria, hepatitis B, and Haemophilus influenzae type b (DPT-HepB-Hib) vaccine. Vaccination coverage for basic antigens ranges from a low of 51% in DRS to a high of 85% in GBAO.

Childhood Illnesses

In Tajikistan, 2% of children under age 5 had symptoms of acute respiratory infection (ARI) in the two weeks before the survey, and advice or treatment was sought for 82% of children with symptoms of ARI.

Overall, 11% of children under age 5 had fever in the two weeks before the survey. Advice or treatment was sought for 52% of those children with fever. Public sector health centers (urban/rayon/rural) were the most common source of advice or treatment for children with fever.

Sixteen percent of children under age 5 had diarrhea in the two weeks before the survey. Among them, advice or treatment was sought for 64%. Children with diarrhea should drink more fluids, particularly through oral rehydration therapy (ORT). Nearly 8 in 10 children with diarrhea received ORT, however, 2% of children with diarrhea received no treatment.

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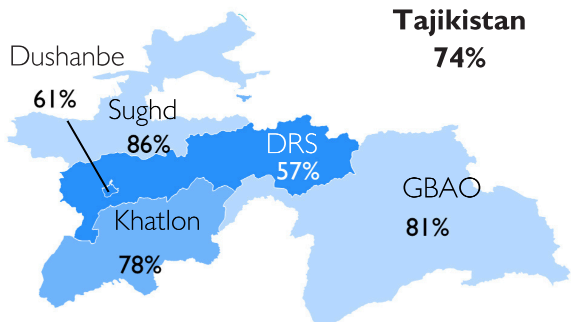
Vaccination Coverage: National Schedule

For children age 12–23 months, there are 12 recommended vaccinations: one dose of BCG, the birth dose of the Hepatitis B vaccine, four doses of oral polio vaccine (birth dose and doses 1-3), one dose of inactivated polio vaccine (IPV), three doses of DPT-HepB-Hib, and two doses of rotavirus vaccine. In Tajikistan, 74% of children age 12–23 months received 12 recommended vaccinations according to the national schedule. The second dose of IPV and both doses of the pneumococcal vaccine are not included in the calculation because they were recently introduced and not all children received them. Overall, 94% of children age 12-23 months received any vaccination according to the national calendar of immunizations.

Vaccination coverage varies dramatically by region, from 57% of children age 12-23 months in DRS who received 12 recommended vaccinations according to the national scheduled to 86% in Sughd. Vaccination coverage is higher in rural areas (76%) than in urban areas (67%).

Vaccination Coverage by Region

Percent of children age 12-23 months who received 12 recommended vaccinations according to the national schedule at any time before the survey



Children age 24–35 months should also receive all age appropriate vaccinations. These include all 12 vaccines in the national schedule recommended for children age 12–23 months plus one dose of MMR or MR, a fifth dose of oral polio vaccine, a fourth dose of DPT, and two doses of rotavirus vaccine. In Tajikistan, 80% of children age 24–35 months have received MR or MMR, 72% received a fifth dose of oral polio vaccine and 71% received a fourth dose of DPT.

Maternal and Newborn Health Care

Antenatal Care

In Tajikistan, 81% of women age 15–49 with a live birth in the 2 years before the survey received antenatal care (ANC) from a skilled provider. A skilled provider includes family doctor, obstetrician/gynecologist, other doctor, nurse, male nurse, and midwife.

Two in ten women with a live birth in the last 2 years received no ANC. More than one-third of women in the poorest households did not receive any ANC.

The timing and quality of antenatal care are also important. Overall, 62% of women made 4 or more ANC visits and the same percentage had their first ANC visit in the first trimester.

Among women who received ANC, nearly all had their blood pressure measured, a urine sample was taken, a blood sample taken, and the baby's heartbeat checked. Ninety-five percent were counseled about maternal diet, 89% were counseled about breastfeeding, and 89% were asked about vaginal bleeding.

More than 2 in 3 women with a live birth in the last 2 years took folic acid tablets before their pregnancy and 3 in 4 women took folic acid tablets during their pregnancy. Three in four women took any iron supplements during their pregnancy.

Six percent of women reported becoming ill with COVID-19 during pregnancy. COVID-19 during pregnancy varied dramatically by region, from 3% of women in GBAO to 13% in Dushanbe.

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Delivery Care

The vast majority (95%) of births are delivered in a public sector health facility. Health facility births have increased substantially over the last decade, from 78% in 2012 to 89% in 2017 to 95% in 2023.

Still, 5% of births are delivered at home. Home births are most common among women with no education or primary education (14%), women in the poorest households (13%), and women in DRS (13%).

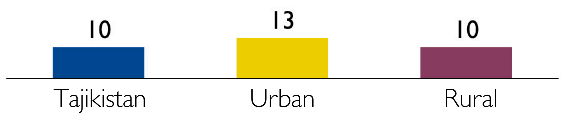
Nearly all (98%) births are assisted by a skilled provider, most commonly an obstetrician/gynecologist. Nearly 7 in 10 (68%) newborns were given skin-to-skin contact immediately after birth and ranges from 59% of newborns in DRS to 80% in GBAO.

Caesarean Section

One in ten live births in the 2 years preceding the survey were delivered via Caesarean section (C-section). C-section deliveries are more common among women age 35+ than among younger women and are more common in urban than in rural areas.

Cesarean Section by Residence

Percent of live births in the 2 years preceding the survey delivered by Cesarean section



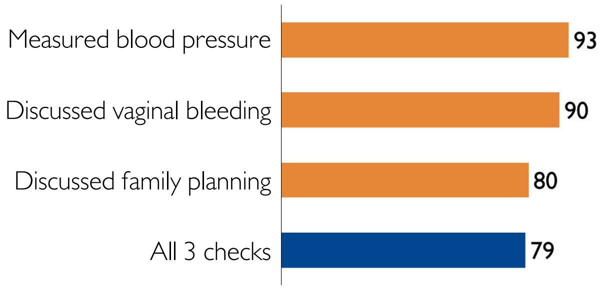
Postnatal Care for Mothers

Postnatal care helps prevent complications after childbirth. Overall, 89% of women age 15–49 received a postnatal checkup within two days of delivery, with 75% of mothers receiving a postnatal check within four hours of giving birth. Still, 6% of mothers received no postnatal check within 41 days of delivery.

Among women who received a postnatal check for their most recent live birth by a healthcare provider, 93% had their blood pressure measured, 90% discussed vaginal bleeding with a healthcare provider and 80% discussed family planning. Nearly 8 in 10 mothers received all three checks within the first two days after birth.

Components of Postnatal Care for the Mother

Among women age 15-49 with a live birth in the 2 years before the survey, percent for whom during the first 2 days after the most recent birth any healthcare provider:



Breast and Cervical Cancer Examinations

In Tajikistan, 9% of women age 15–49 have ever been tested for cervical cancer. Cervical cancer testing is most common in GBAO (16%) and Dushanbe (15%). Fewer (6%) women have ever been examined by a doctor or health care worker for breast cancer.

Problems Accessing Health Care

Seventeen percent of women age 15–49 have at least one problem accessing health care when they are sick. The most common issues are getting money for treatment (12%) and not wanting to go alone (7%). Problems accessing health care are most common in Dusbanbe (30%) and among women with no education or primary education (28%).

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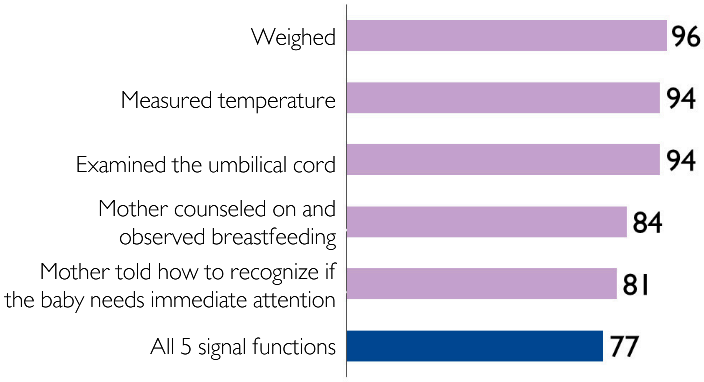
Postnatal Care for Newborns

Among newborns, 85% received the first postnatal checkup within two days of birth, and 72% had the checkup within three hours after delivery. However, 9% of newborns received no postnatal check within the first week of life.

Overall, 96% of newborns were weighed during the postnatal assessment, 94% had their umbilical cord examined, 94% had their temperature measured, 84% of newborns' mothers were counseled on and observed breastfeeding and 81% were told of signs indicating the baby needs immediate attention. More than 3 in 4 newborns received all five components of postnatal care.

Components of Postnatal Care for the Newborn

Among most recent live births in the 2 years before the survey, percent for whom selected functions were performed during the first 2 days after the most recent birth



Nutritional of Children and Women

Children's Nutritional Status

The 2023 TjDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. Stunting is an indication of chronic undernutrition. Overall, 14% of children under age 5 in Tajikistan are stunted. Stunting is lowest in Dushanbe (9%) and highest in Khatlon (15%). Stunting has steadily decreased since 2012.

Overall, 6% of children under age 5 are wasted. Wasting is an indication of acute malnutrition. Wasting declined between 2012 and 2017, but has remained unchanged since 2017. Five percent of children under age 5 are underweight and 5% are overweight.

Women's Nutritional Status

The 2023 TjDHS also took weight and height measurements of women age 15–49. Among adolescent women age 15–19, 11% are thin according to the body mass index for age (BMI-for-age) and 12% are overweight or obese. Among women age 20–49, 3% are thin according to the BMI and 50% are overweight or obese.

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. Nearly 3 in 4 children age 6–59 months were given vitamin A supplements in the last six months.

Iron is important for maintaining healthy blood. In Tajikistan, 56% of children age 6–59 months were given iron-containing supplements in the 12 months before the survey.

Population Iodine Status

The overall coverage of households with iodized cooking salt was 84% of the >99% of households with salt tested.

Breastfeeding and the Introduction of Complementary Foods

In Tajikistan, 97% of children under age 2 were ever breastfed, 41% were breastfed in the first hour of life and 78% of children were exclusively breastfed for the first two days after birth.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first 6 months of life. Four in ten children under age 6 months living with their mother are exclusively breastfed, while nearly 1 in 10 are not breastfed.

Complementary foods should be introduced when a child is 6 months old to reduce the risk of malnutrition. In Tajikistan, 56% of children age 6–8 months were fed solid, semi-solid, or soft foods the day before the survey.

Minimum Acceptable Diet

Children age 6–23 months have a minimum acceptable diet when they are fed from at least five of eight defined food groups the minimum number of times or more during the day before the survey. Nonbreastfed children must also receive at least two milk feeds for a minimum acceptable diet. In Tajikistan, 9% of youngest children age 6–23 months were fed a minimum acceptable diet the day before the survey, 28% of children received the minimum number of food groups during the previous day or night, and 30% were fed the minimum number of times. Among nonbreastfed children, 77% received the minimum number of milk feeds.

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Knowledge, Attitudes, & Behaviour Related to HIV and AIDS

Knowledge of HIV and HIV Prevention Methods

In Tajikistan, 78% of women age 15-49 have ever heard of HIV or AIDS. Just 62% of women in DRS have heard of HIV or AIDS.

Young people are an at-risk group for HIV and remain a target group in HIV programming. Forty-seven percent of young women age 15-24 know that a person cannot get HIV by sharing food with a person who has HIV, 46% know HIV cannot be transmitted by mosquito bites, 37% know that a healthy-looking person can have HIV, 37% know that having just one uninfected faithful partner can also reduce the chances of HIV infection, and 34% know that using condoms during sexual intercourse can reduce the chances of getting HIV. Among young women age 15–24, just 10% about know all these key facts about HIV prevention.

HIV Testing

Nearly half of women age 15-49 have ever been tested for HIV and received the results, while 51% have never been tested for HIV. HIV testing is more common in GBAO and Dushanbe than in other regions. HIV testing has more than tripled since 2012 when just 13% of women had ever been tested for HIV.

Nearly 1 in 5 women have been tested for HIV and received the results in the last 12 months. Recent HIV testing is most common in GBAO (37%) and among women with professional primary or professional middle education (35%).

Six in ten pregnant women were tested for HIV during antenatal care and received the result.

Adult Health

Tobacco Use

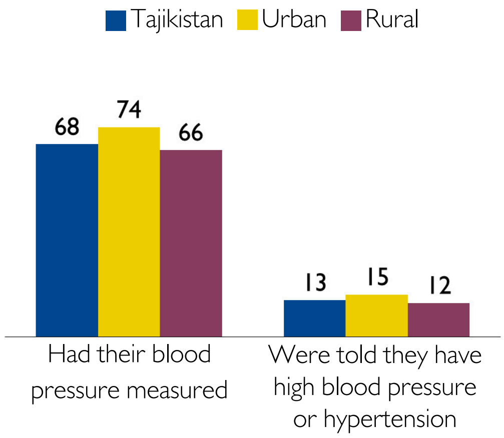
In Tajikistan, 2% of women age 15-49 are currently using any type of tobacco. Most women who use tobacco smoke cigarettes, while using smokeless tobacco is uncommon. Tobacco use is most common among women in Dushanbe and DRS (3% each).

History of Hypertension

More than two-thirds (68%) of women age 15-49 have ever had their blood pressure measured by a doctor or other health care worker and 13% were ever told that they have high blood pressure or hypertension. Blood pressure measurement is more common among women in urban areas than those in rural areas.

Blood Pressure Measurement and Diagnosis by Residence

Percent of women age 15-49 who ever:



History of Diabetes

More than 1 in 4 women age 15-49 have ever had their blood sugar measured by a doctor or other health care worker and 2% were ever told that they have high blood sugar or diabetes. Blood sugar measurement is more common among women in urban areas than those in rural areas.

Women's Empowerment

Employment

Just 23% of married women age 15-49 were employed in the last 12 months. Among employed married women, 80% are paid in cash and 13% are not paid for their work.

Among married women who were employed in the last 12 months and earned cash, 77% participate in decisions on how to spend their earnings—31% decide alone and 46% decide together with their husband. Eight in ten women say they earn less than their husband.

Ownership of Assets

In Tajikistan, 63% of women age 15-49 own a home alone or jointly with someone else. Half of women who own a home have a title or deed for the home with their name on it.

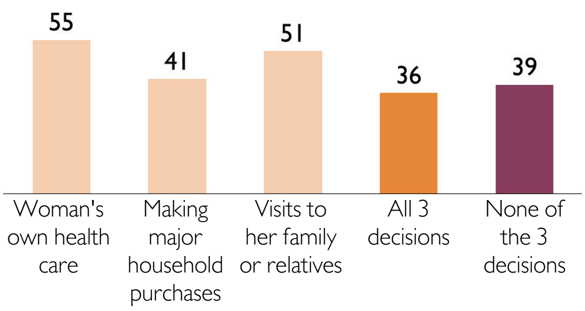
Nearly two-thirds of women own a mobile phone, including 52% who own a smartphone. Fourteen percent have used their phone for financial transactions in the last 12 months. Just 2% of women have and use a bank account. Overall, 15% of women have and used a bank account or mobile phone for financial transactions in the last 12 months.

Participation in Household Decisions

The 2023 TjDHS asked married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to her family or relatives. In Tajikistan, 55% of married women have sole or joint decision making power in their own health care, 41% make decisions about major household purchases, and 51% make decisions about visits to their family or relatives. Overall, 36% of married women participate in all three above decisions, while 39% of married women participate in none of the three decisions.

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/partner



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

Fifty-five percent of women age 15–49 believe a woman is justified in refusing to have sexual intercourse with her husband if she knows he has sex with other women and 49% believe a woman is justified in asking that they use a condom if she knows that her husband has a sexually transmitted infection.

Sixty-two percent of married women can say no to their husband if they do not want to have sexual intercourse and 53% can ask their husband to use a condom.

One-third of married women make their own decisions related to sexual relations, family planning use, and reproductive care. Participation in decisions related to sexual relations, family planning use, and reproductive care increases with age, education level, and wealth and is most common in GBAO (58%).

Attitudes toward Wife Beating

In the 2023 TjDHS, women age 15-49 were asked if they believe that a husband is justified in hitting or beating his wife/partner for at least one of the following reasons: if she neglects the children, goes out without telling him, argues with him, refuses to have sexual intercourse, or burns the food.

Nearly half of women believe a husband is justified in beating his wife for at least one of the specified reasons. Arguing with him or going out without telling him are the most commonly cited reasons that a husband is justified in beating his wife. Attitudes toward wife beating vary dramatically by region, from 29% of women in DRS who believe a husband is justified in beating his wife for at least one of the specified reasons to 64% in Khatlon.

Domestic Violence

Experience of Physical Violence

In Tajikistan, 12% of women age 15-49 have ever experienced physical violence since age 15 and 9% have experienced physical violence in last 12 months. Recent experience of physical violence is highest among women in Khatlon (16%) and GBAO (11%). The most common perpetrators of physical violence against ever-married women are current or former husbands or intimate partners.

Experience of Sexual Violence

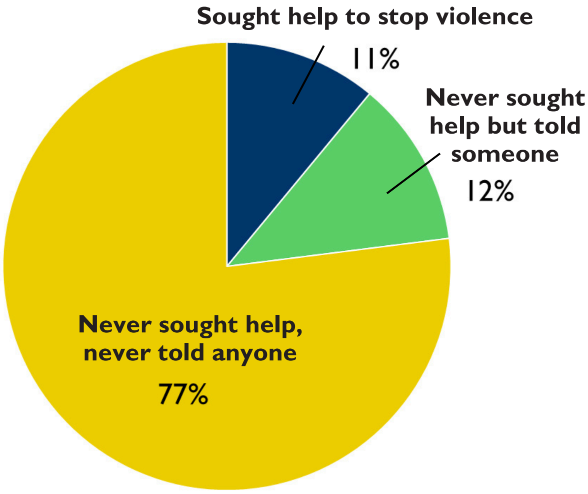
Overall, 2% of women age 15-49 have ever experienced sexual violence and 1% experienced sexual violence in the last 12 months. Sexual violence is most common among divorced, separated, or widowed women.

Help Seeking to Stop Violence

Twelve percent of women age 15-49 ever experienced physical or sexual violence. Among them, 11% sought help to stop the violence, 12% did not seek help but told someone, though 77% did not seek help and never told anyone. Help-seeking is most common among women in Dushanbe and among divorced, separated, or widowed women. The most common source of help is the woman's own family, followed by her husband or intimate partner's family.

Help Seeking to Stop Violence

Percent distribution of women age 15-49 who ever experienced physical or sexual violence by their help-seeking behavior



Intimate Partner Violence

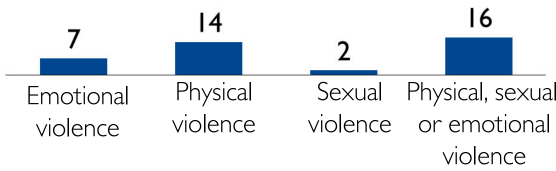
Among women who have ever been married or had an intimate partner, 16% have experienced physical, sexual, or emotional violence committed by their current or most recent husband/intimate partner and 14% have experienced intimate partner violence by a current or most recent husband/intimate partner in the last 12 months.

Physical violence is the most common form of intimate partner violence committed by a current or most recent husband/intimate partner (14%), followed by emotional violence (7%), and sexual violence (2%).

Intimate partner violence committed by a current or most recent partner is most common among divorced, separated, or widowed women (31%).

Intimate Partner Violence by Most Recent Husband/ Intimate Partner

Percent of women age 15-49 who have ever had a husband or intimate partner who have ever experienced violence committed by their current or most recent husband/intimate partner



Indicators

Household Water, Sanitation, and Hygiene	Tajikistan	Residence	
		Urban	Rural
Household population with access to at least basic drinking water service (%)	93	99	91
Household population with access to at least basic sanitation service [1] (%)	97	96	98
Household population with a basic handwashing facility [2] (%)	79	91	75
Fertility			
Total Fertility Rate (number of children per woman)	3.5	3.2	3.5
Median age at first birth for women age 25–49 (years)	21.8	22.3	21.7
Women age 15-19 who have ever been pregnant [3] (%)	7	5	8
Family Planning (among married women age 15–49)			
Current use of any method of family planning (%)	32	37	30
Current use of a modern method of family planning (%)	28	33	27
Demand satisfied by modern methods of family planning (%)	54	57	53
Childhood Mortality (deaths per 1,000 live births [4])			
Infant mortality	20	18	21
Under-five mortality	24	21	25
Child Health			
Children age 12-23 months who received 12 recommended vaccines according to the national calendar [5] (%)	74	67	76
Children age 24-35 months who are fully vaccinated against basic antigens [6] (%)	71	73	70
Maternal and Newborn Health Care			
Pregnant women age 15–49 who had 4+ ANC visits [7] (%)	62	71	59
Births delivered in a health facility (%)	95	98	94
Births delivered by a skilled provider [8] (%)	98	>99	97
Nutrition			
Children under age 5 who are stunted (%)	14	11	15
Children born in the last two years who were ever breastfed (%)	97	96	97
HIV/AIDS			
Women age 15–49 who have ever been tested for HIV and received the results (%)	48	58	45
Adult Health Issues			
Women age 15-49 who are currently using any type of tobacco (%)	2	3	2
Women age 15-49 who were ever told by a health care worker that they have high blood pressure (%)	13	15	12
Women age 15-49 who were ever told by a health care worker that they have high blood sugar (%)	2	2	2
Women's Empowerment			
Women age 15-49 who own a home alone or jointly (%)	63	57	65
Women age 15-49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	15	25	11
Domestic Violence			
Women age 15–49 who have experienced physical violence since age 15 (%)	12	11	12
Women age 15–49 who have ever had a husband or intimate partner and experienced emotional, physical, or sexual violence by their current or most recent husband/intimate partner (%)	16	16	16

Note: [1] At least basic sanitation service: safely managed and basic sanitation services. [2] The availability of a handwashing facility on premises with soap and water. [3] Women age 15–19 who have ever had a live birth, pregnancy loss (stillbirth, miscarriage, abortion), or are currently pregnant. [4] National, urban, and rural mortality rates are for the 5-year period before the survey. Regional mortality rates are not shown due to small numbers of reported deaths. [5] Received 12 recommended vaccines according to the national schedule includes BCG, HepB (birth dose), three doses of DPT-HepB-Hib, four doses of OPV (birth dose and doses 1–3), one dose of IPV, and two doses of rotavirus vaccine. The measles-containing vaccine is excluded from this indicator because in Tajikistan it is given in the second year of life (at 12 months). IPV 2 is excluded from the calculation of the indicator because it was introduced into the routine immunization schedule in July 2022, and therefore not all children for whom vaccination data were collected would have been eligible to receive it. Similarly, the first and second doses of the pneumococcal vaccine are excluded from the calculation because the vaccine was not introduced until November 2022, and not all children were eligible to receive it.. [6] Fully vaccinated against basic antigens includes BCG, three doses of DPT-containing vaccine, three doses polio vaccine (excluding polio vaccine given at birth), and one dose of measles, mumps, rubella or measles-rubella vaccine. [7] Pregnant women age 15–49 with a live birth in the two years preceding the survey. [8] Skilled provider includes family doctor, obstetrician/gynecologist, other doctor, nurse, male nurse, and midwife.

Region				
Dushanbe	GBAO	Sughd	DRS	Khatlon
>99	91	95	96	87
96	93	97	96	98
97	72	71	84	77
3.2	3.3	3.4	3.5	3.6
22.5	24.8	21.4	21.7	22.0
3	4	10	8	7
43	36	40	23	24
38	35	33	22	25
59	67	59	45	54
61	81	86	57	78
74	85	81	51	75
79	78	84	59	43
99	93	98	87	95
99	>99	99	93	99
9	15	14	14	15
97	99	96	98	96
68	69	52	37	47
3	<1	1	3	2
19	17	10	14	12
3	1	2	2	1
56	51	72	66	55
35	22	18	13	8
7	16	9	8	18
12	19	13	10	24