

Multiple Indicator Cluster Survey

Tajikistan



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Foreword and Acknowledgements

The 2000 Multiple Indicator Cluster Survey (MICS) provides an excellent snapshot of the status of child rights in Tajikistan. It is the first national household survey on the situation of children to be conducted in the country. The MICS provides new data on areas such as child labor, knowledge about HIV/AIDS, orphanhood and care and management of childhood illness. In areas such as immunization and antenatal care, it provides a useful cross check with data gathered from routine sources. This report will be used as one of the key sources for the Tajikistan End Decade Report to the Special Session on Children of the United Nations General Assembly to be held in June 2001. The End Decade report will show the progress made on key indicators of the situation of children and women – in survival, health, education, and protection, since 1990.

The 2000 MICS involved over 100 people, months of planning, four weeks of fieldwork, and four weeks of data entry and processing. It could not have happened without the hard work and dedication of trainers, statistical experts, supervisors, interviewers, drivers, data entry clerks, and data processors. Special thanks must be given to Baktia Muhamdieva, Deputy Director of the State Statistical Agency, and Survey Director, who lead this project from beginning to end with determination, great organizational skills and keen analytical ability. Unicef staff from New York, the Geneva Regional Office, the Area Office and the Country Office provided support and training. Branislav Jekic, Assistant Representative, Tajikistan provided support and guidance. Dr Sabir Kurbanov, National Project Officer for Tajikistan coordinated activities, and provided insight and analysis of the findings. Tanya Lary, Assistant Programme Officer, Monitoring and Evaluation, Central Asia and Kazakhstan Office helped analyze the data and write this report. Dr Nicolae Beldescu, Consultant, designed the sample, provided advice on fieldwork and trained the supervisors and interviewers.

Executive Summary

The 2000 Tajikistan Multiple Indicator Cluster Survey (MICS) is a nationally representative survey of households, women, and children. The main objectives of the survey are to provide up-to-date information for assessing the situation of children and women in Tajikistan at the end of the decade and to furnish data needed for monitoring progress toward goals established at the World Summit for Children and as a basis for future action.

Infant and Under Five Mortality

- Distortions in the MICS data on deaths among children preclude obtaining estimates of very recent mortality rates. The data suggest that the infant mortality rate was 89 per 1000 and the under five mortality rate was 126 per 1000 around 1993.

Education

- Eighty two percent of children of primary school age (seven to eleven) in Tajikistan are attending primary school, this figure understates attendance, however, as many seven year olds were not old enough to register in the last school year, and many eleven year olds were in secondary school. Ninety three percent of those between 8 and 10 years old are attending school. At the national level, there is virtually no difference between male and female primary school attendance.
- Ninety four percent of children who enter the first grade of primary school eventually reach grade five.
- The vast majority (95 percent) of the population over age 15 years is literate. The percentage literate declines to 86 percent among those aged 59-64 and to 66 percent among the population aged 65 and older.

Water and Sanitation

- Fifty seven percent of the population has access to safe drinking water – 93 percent in urban areas and 47 percent in rural areas. The situation in GBAO is considerably worse than in other regions; only 28 percent of the population in this region gets its drinking water from a safe source.
- Ninety percent of the population of Tajikistan is living in households with sanitary means of excreta disposal, though the majority of these facilities are simple pit latrines.

Breastfeeding

- Approximately 19 percent of children under four months are exclusively breastfed, a level considerably lower than recommended. At age 6-9 months, 35 percent of children are receiving breast milk and solid or semi-solid foods. By age 20-23 months, 35 percent are continuing to breastfeed.

Salt Iodization

- Only 20 percent of households in Tajikistan have adequately (15+ PPM) iodized salt. The percentage of households with adequately iodized salt ranges from 52 percent in Leninabad to three percent in Dushanbe, and less than one percent in GBAO, RRP and Khatlon.

Low Birth weight

- Approximately 13 percent of infants are estimated to weigh less than 2500 grams at birth.

Immunization Coverage

- Eighty nine percent of children aged 12-23 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 84 percent. The percentage declines for subsequent doses of DPT to 80 percent for the second dose, and 76 percent for the third dose.

- Similarly, 89 percent of children received Polio 1 by age 12 months and this declines to 78 percent by the third dose.
- The coverage for measles vaccine is lower than for the other vaccines, only about 61 percent of children get the vaccine before their first birthday.
- Sixty percent of children had all eight recommended vaccinations in the first 12 months of life.
- Male and female children are vaccinated at roughly the same rate.

Diarrhea

- About one in five children had had diarrhea in the two weeks preceding the survey. Ninety six percent of children with diarrhea received one or more of the recommended home treatments (i.e., were treated with ORS or RHF).
- Only 20 percent of children with diarrhea received increased fluids and continued eating as recommended.

Acute Respiratory Infection

- One percent of under five children had an acute respiratory infection in the two weeks prior to the survey. About half of these children were taken to an appropriate health provider.

IMCI Initiative

- Among under five children who were reported to have had diarrhea or some other illness in the two weeks preceding the MICS, 19 percent received increased fluids and continued eating as recommended under the IMCI programme.
- About nine out of ten mothers know at least two of the signs that a child should be taken immediately to a health facility.

Malaria

- In Khatlon, the area of Tajikistan with the highest level of malaria risk, only seven percent of under five children slept under a bednet the night prior to the survey interview.
- Approximately 62 percent of children with a fever in the two weeks prior to the MICS interview were given Paracetamol to treat the fever and 67 percent were given Chloroquine while 57 percent were given Fansidar. Almost seven in ten children received an appropriate anti-malarial drug.

HIV/AIDS

- Only 20 percent of women have heard of AIDS, and 87 percent are unable to identify any way of preventing HIV transmission – having only one uninfected sex partner, using a condom every time, and abstaining from sex.
- Only 15 percent of women correctly identified one of several common misconception about HIV transmission – that HIV can be transmitted through supernatural means, that it can be transmitted through mosquito bites, and that a healthy looking person cannot be infected.
- Nine percent of women of reproductive age in Tajikistan know a place to get tested for AIDS and about five percent have been tested.

Contraception

- Current use of contraception was reported by about one third percent of married or in union women. The most popular method is the IUD, which is used by one in four married women.

Prenatal Care

- Three in four women in Tajikistan receive some type of prenatal care and 71 percent receive antenatal care from skilled personnel (doctor, nurse, midwife).

Assistance at Delivery

- A doctor, nurse, or midwife assisted at the delivery of about 71 percent of births occurring in the year prior to the MICS survey. This percentage is highest in the Leninabad at 90 percent and lowest in Khatlon and RRP at 63 and 62 percent respectively.

Birth Registration

- The births of 75 percent of children under five years in Tajikistan have been registered. Ninety two percent of births in Leninabad are registered, but only 62 percent of those in Dushanbe and 63 percent in RRP.

Orphanhood and Living Arrangements of Children

- Overall, 92 percent of children aged 0-14 are living with both parents. Children who are not living with a biological parent comprise only one percent and children who have one or both parents dead amount to 5 percent of all children aged 0-14.

Child Labor

- Only one percent of children aged 5-14 years engage in paid work. About twice as many – two percent – participate in unpaid work for someone other than a household member.
- Slightly more than half of children engage in domestic tasks, such as cooking, fetching water, and caring for other children, for less than four hours a days while 16 percent spend more than four hours a day on such tasks.

Summary Indicators

World Summit for Children Indicators		
Under-five mortality rate	Probability of dying before reaching age five	126 per 1000
Infant mortality rate	Probability of dying before reaching age one	89 per 1000
Use of safe drinking water	Proportion of population who use a safe drinking water source	56.9 percent
Use of sanitary means of excreta disposal	Proportion of population who use a sanitary means of excreta disposal	89.9 percent
Children reaching grade five	Proportion of children entering first grade of primary school who eventually reach grade five	94.2 percent
Net primary school attendance rate	Proportion of children of primary school age attending primary school	93 percent (8-10 years)
Literacy rate	Proportion of population aged 15+ years who are able to read a letter or newspaper	95.3 percent
Antenatal care	Proportion of women aged 15-49 attended at least once during pregnancy by skilled personnel	71.1 percent
Contraceptive prevalence	Proportion of married women aged 15-49 who are using a contraceptive method	33.9 percent
Childbirth care	Proportion of births attended by skilled health personnel	71.3 percent
Birth weight below 2.5 kg.	Proportion of live births that weigh below 2500 grams	13.3 percent
Iodized salt consumption	Proportion of households consuming adequately iodized salt	20.2 percent
Mothers receiving Vitamin A supplementation	Proportion of mothers who received a Vitamin A supplement before infant was 8 weeks old	14.8 percent
Exclusive breastfeeding rate	Proportion of infants aged less than 4 months who are exclusively breastfed	19.4 percent
Timely complementary feeding rate	Proportion of infants aged 6-9 months who are receiving breast milk and complementary food	34.5 percent
Continued breastfeeding rate	Proportion of children aged 12-15 months and 20-23 months who are breastfeeding	75.2 percent (12-15) 35 percent (20-23)
DPT immunization coverage	Proportion of children immunized against diphtheria, pertussis and tetanus by age one	75.6 percent
Measles immunization coverage	Proportion of children immunized against measles by age one	61.2 percent
Polio immunization coverage	Proportion of children immunized against polio by age one	78.3 percent
Tuberculosis immunization coverage	Proportion of children immunized against tuberculosis by age one	888.7 percent
ORT use	Proportion of under-five children who had diarrhea in the last 2 weeks who were treated with oral rehydration salts or an appropriate household solution	95.8 percent
Home management of diarrhea	Proportion of under-five children who had diarrhea in the last 2 weeks and received increased fluids and continued feeding during the episode	19.9 percent
Care seeking for acute respiratory infections	Proportion of under-five children who had ARI in the last 2 weeks and were taken to an appropriate health provider	51.0 percent
Preschool development	Proportion of children aged 36-59 months who are attending some form of organized early childhood education program	4.0 percent

Indicators for Monitoring Children's Rights		
Birth registration	Proportion of under-five children whose births are reported registered	74.6 percent
Children's living arrangements	Proportion of children aged 0-14 years in households not living with a biological parent	1.0 percent
Orphans in household	Proportion of children aged 0-14 years who are orphans living in households	0.3 percent (both parents) 4.9 percent (one parent)
Child labor	Proportion of children aged 5-15 years who are currently working	24.9 percent
Indicators for Monitoring IMCI and Malaria		
Home management of illness	Proportion of under-five children reported ill during the last 2 weeks who received increased fluids and continued feeding	19.1 percent
Care seeking knowledge	Proportion of caretakers of under-five children who know at least 2 signs for seeking care immediately	90.9 percent
Bednets	Proportion of under-five children who sleep under an insecticide impregnated bednet	32.2 percent (high risk areas only)
Malaria treatment	Proportion of under five children who were ill with fever in the last 2 weeks who received anti-malarial drugs	68.9 percent
Indicators for Monitoring HIV/AIDS		
Knowledge of preventing HIV/AIDS	Proportion of women who correctly state the 3 main ways of avoiding HIV infection	4.2 percent
Knowledge of misconceptions of HIV/AIDS	Proportion of women who correctly identify 3 misconceptions about HIV/AIDS	3.8 percent
Knowledge of mother to child transmission	Proportion of women who correctly identify means of transmission of HIV from mother to child	8.1 percent
Attitude to people with HIV/AIDS	Proportion of women expressing a discriminatory attitude towards people with HIV/AIDS	96.6 percent
Women who know where to be tested for HIV	Proportion of women who know where to get a HIV test	9.4 percent
Women who have been tested for HIV	Proportion of women who have been tested for HIV	5.3 percent

I. Introduction

Background of the Survey

The World Summit for Children, held in New York in 1990, set a range of goals for the improvement of the health and educational status of children and women, to be met by the year 2000. Toward this end, UNICEF has developed a core set of 75 indicators of specific aspects of the situation of children, in coordination with other international organizations. A series of mechanisms for monitoring progress toward the goals and objectives were established, including the Multiple Indicator Cluster Survey (MICS).

Tajikistan was not represented at the World Summit as it was still a part of the Soviet Union. In 1991, following the dissolution of the Soviet Union, Tajikistan became an independent country. From 1992-94, a civil war took place, and most of the 1990s has seen continued instability and a drastic economic decline. No National Plan of Action for Children was developed.

The routine data collection system in Tajikistan does not reflect many of the key international indicators for monitoring the status of women and children. In addition, data from the routine reporting system were negatively affected by the disruptions of the civil war. Thus it was decided to conduct the 2000 Tajikistan MICS survey in order to gather basic data on the status of women and children and to provide information for the End of Decade reports.

The Tajikistan MICS was conducted by the National State Statistical Agency, supported by the oblast level offices. Funding was provided by UNICEF, with additional support from the government of Tajikistan. This report presents results on the principal topics covered in the survey and on the World Summit indicators.

Tajikistan Background

Tajikistan has experienced a dramatic decline in economic and social status since the dissolution of the Soviet Union. An estimated 60,000 people (out of a total population of six million) were killed during the civil war, and there were massive displacements of people. In addition many people left the country, mainly Russians and other non-Tajik groups including many skilled workers.

By 1996, real GDP had fallen from 40 percent of its 1990 level (IMF, 1998) and government expenditure dropped from 65 percent of GDP in 1992 to 16 percent in 1998. (EBRD, 1999). Unemployment is estimated to be as high as 30 percent (EOHC, 2000) and many state workers, including medical and education workers, are unpaid for months at a time.

Life expectancy has fallen from 72.3 in 1990 to 71.3 in 1998 for women, and for men from 67.1 to 65.6 (WHO, 1999). Tajikistan has one of the highest birth rates in the former Soviet Union with a 1998 figure of 18.4, although this is sharply down from the 1990 figure of 39.3 (WHO, 1999). This decline may reflect in part the increase in unregistered births. The crude death rate was estimated at 6.0 in 1995, and the annual population growth rate in 1998 was 1.4 percent (WHO, 1999).

There is a rising incidence of both tuberculosis, at 34 cases per 100,000 in 1997, compared to a European Union rate of 14 (WHO, 1999), and malaria, at 280 cases per 100,000 in 1998.

Survey Objectives

The 2000 Tajikistan Multiple Indicator Cluster Survey had as its primary objectives:

- To provide up-to-date information for assessing the situation of children and women in Tajikistan at the end of the decade and for planning for the next decade;
- To furnish data needed for monitoring progress toward goals established at the World Summit for Children and a basis for future action;
- To contribute to the improvement of data and monitoring systems in Tajikistan and to strengthen technical expertise in the design, implementation, and analysis of such systems.

II. Survey Methodology

Sample Design

The sample for the Tajikistan Multiple Indicator Cluster Survey (MICS) was designed to provide estimates of health indicators at the national and urban-rural levels. The sample was selected in two stages. At the first stage census enumeration areas were selected with probability proportional to size. The standard segment size was 500, the total number of standard segments was 12430. The sampling interval was 80, and 155 primary sampling units or clusters of 24 households each were selected. Within the selected enumeration areas, a household listing was carried out, and a systematic sample of 3720 households, in 155 clusters of 24 was drawn. The sample was self-weighting.

The data in this report is presented broken down by Dushanbe (the capital), Khatlon, Leninabad, Rayon of Republican Subordination (RRS) and Gorno Badakhshan (GBAO), but it should be noted that due to smaller sample sizes the findings are less statistically reliable for these regions. Full technical details of the sample are included in Appendix A.

When fieldwork began, due to the security situation in the Garm Valley, part of the Rayon of Republican Subordination, two clusters were deemed to be too dangerous for interviewers. Two replacement clusters were selected from the list of clusters, using the rule of selecting directly below those initially selected.

In addition, an outbreak of anthrax in the Kurgan-Tube zone of Khatlon province led to a replacement of another cluster, using the same method.

Although the sample size calculations called for 24 households per cluster, 28 households were selected. Selection was done using the household listing provided by the jamoat and/or the SSA. At least three callback visits were made to each of the first 24 households, before moving to the additional four households selected. Due to the fact that jamoats keep comprehensive and up-to-date household listings, the use of replacement households was not necessary in rural areas, and was rarely necessary in urban areas.

Questionnaires

The questionnaires for the Tajikistan MICS were based on the MICS Model Questionnaire with some modifications and additions. A household questionnaire was administered in each household, which collected various information on household members including sex, age, literacy, marital status, and orphanhood status. The household questionnaire also includes education, child labor, water and sanitation, and salt iodization modules. In addition to a household questionnaire, questionnaires were administered in each household for women age 15-49 and children under age five. For children, the questionnaire was administered to the mother or caretaker of the child. The questionnaire for women contains the following modules:

- Child mortality
- Maternal and newborn health
- Contraceptive use
- HIV/AIDS

The questionnaire for children under age five includes modules on:

- Birth registration and early learning
- Breastfeeding
- Care of illness
- Malaria
- Immunization

Modifications were made to adjust to the Tajikistan context. For education, only children from seven years of age and older were asked about school enrollment and attendance, as primary school begins at this age. As the survey took place in the summer months, the questions on school attendance in the education module were modified accordingly. The child labour module was changed to include children of 15 as Tajikistan law prohibits 15 year-olds from working.

From the MICS model English version, the questionnaires were translated into two languages: Russian and Tajik. The questionnaires were pretested in July 2000 in Dushanbe. Based on the results of the pretest and discussion in the training session for interviewers, modifications were made to the wording and translation of the questionnaires. For the full questionnaires, see Appendix B.

Fieldwork and Processing

The field staff was trained for five days in June 2000, with three days for interviewers and supervisors, and an additional two days for supervisors. Fieldwork was divided by oblast, with the oblast level State Statistical agencies supervising. Thirteen teams collected the data; each was comprised of three interviewers, one driver, and a supervisor. The MICS Coordinator provided overall supervision. The fieldwork began on July 6, 2000 and concluded on August 5, 2000, with a total of three weeks of fieldwork in each oblast.

Data were entered on ten computers using the ISSA software. Once data entry was completed, files were copied onto discs and combined on the supervisor's computer where consistency checks and analysis were completed. In order to ensure quality control, all questionnaires were double entered and internal consistency checks were performed. Procedures and standard programs developed under MICS and adapted to the Tajikistan questionnaire were used throughout. Data processing began in August 2000 and finished in September 2000.

III. Sample Characteristics and Data Quality

Response Rates

Of the 3720 households selected for the Tajikistan MICS sample, 3720 were successfully interviewed for a household response rate of 100 percent (Table 1). This perfect response rate is explained by the fact that for each cluster 28 households were selected, with the first 24 being approached. If any of the first 24 households were not available, a replacement household was taken from the last four of the 28 selected. In rural areas, where local jamoats keep excellent household listings, replacement was not practiced. In urban areas, replacement was still infrequent, but occasionally necessary. In the interviewed households, 6282 eligible women aged 15-49 were identified. Of these, 6206 were successfully interviewed, yielding a response rate of 98.8 percent. In addition, 3560 children under age five were listed in the household questionnaire. Of these, questionnaires were completed for 3535 children for a response rate of 99.3 percent.

The sample was self weighting, and representative at both national and urban-rural levels. Five administrative regions were used, corresponding to the oblasts or provinces of Tajikistan: Dushanbe (the capital), Khatlon, Leninabad, Rayons of Republican Subordination (RRP), and Gorno Badakhshan (GBAO). The sample was proportional to population, so the following distribution was made:

Region	Percent	Number
Dushanbe	8.4	312
Khatlon	35.5	1320
Leninabad	31.0	1152
RRP	21.9	816
GBAO	3.2	120

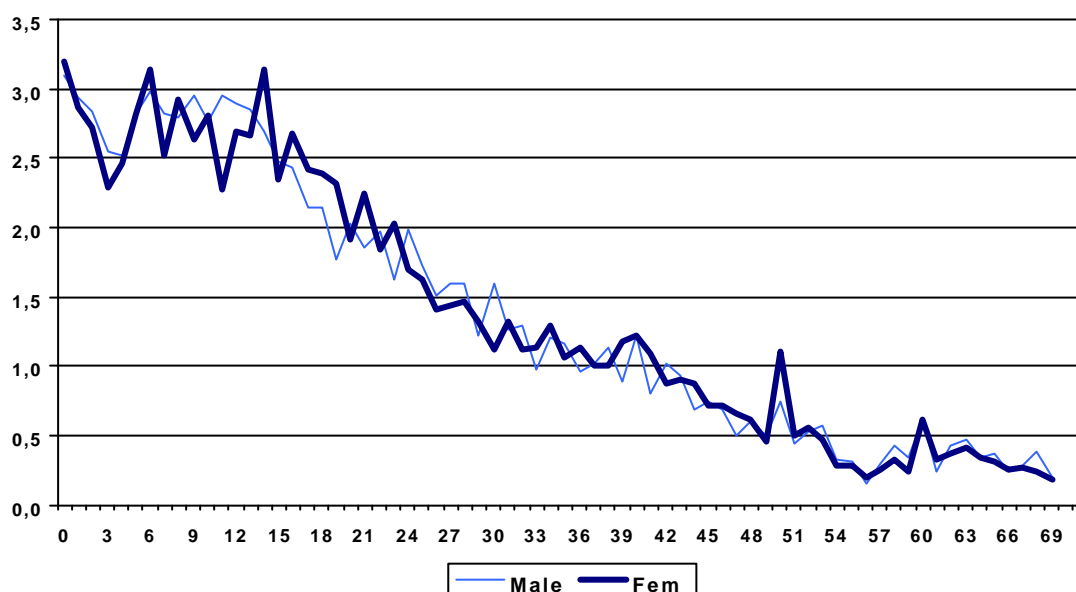
As both GBAO and Dushanbe had very small samples, in general, data is displayed but not analyzed for these areas, as in many cases the number of cases is too small to be statistically valid.

Age Distribution and Missing Data

As shown in Table 2 and Figure 1, the single year age distribution of household members by sex exhibits some heaping on ages 14 and 50 for females, and at age 6 for both sexes. This suggests that some interviewers may have wanted to reduce the number of eligible women and children in order to decrease their workload. For both sexes, some digit preference is evident for ages ending in 0 and 5, particularly among the older population, a pattern typical of populations in which ages are not always known.

As a basic check on the quality of the survey data, the percentage of cases missing information on selected questions is shown in Table 3. No household members have missing information on their

Figure 1: Single year age distribution of the household population by sex, Tajikistan, 2000



level of education but four percent of children between 6 and 15 are missing data on the number of hours worked. Among female respondents, one percent did not report a complete birth date (i.e., month and year). 0.3 percent of women did not report whether they had ever been tested for HIV. These low levels of missing data suggest that there were not significant problems with the questions or the fieldwork.

Characteristics of the Household Population

Information on the characteristics of the household population and the survey respondents is provided to assist in the interpretation of the survey findings and to serve as a basic check on the sample implementation.

Table 4 presents the percent distribution of households in the sample by background characteristics. About 27 percent of the households (984 households) are urban and 73 percent (2736 households) are rural. Khatlon comprises the largest of the five regions with 36 percent of households while Leninabad is next largest with 31 percent, and the RRS has 22 percent. GBAO has only three percent of the households, and Dushanbe eight percent. Thirty one percent of households had 6-7 members, 25 percent had 4-5 members, and 35 percent had more than eight members. Only nine percent had three or less members. Fifty nine percent of the households contain at least one child under age five and 96 percent contain at least one woman age 15-49.

Table 5 shows the characteristics of female respondents aged 15-49. Women age 15-19 comprise the greatest percentage of the sample at 25 percent. This percentage declines steadily across age groups until age 45-49 where it is seven percent. Approximately 70 percent of women in the sample are married and 64 percent have ever had a birth. The majority of women have had at least some secondary education while only two percent have had no education.

Women in Tajikistan are generally very highly educated (Table 5), with only two percent having no education, and one percent having completed only primary school. The majority had all completed secondary or higher education. Ten had completed a non-standard curriculum, and for five the figure was unknown or missing. Data will not be analyzed on the basis of mother's education, except in the few cases where a very clear trend is noticeable.

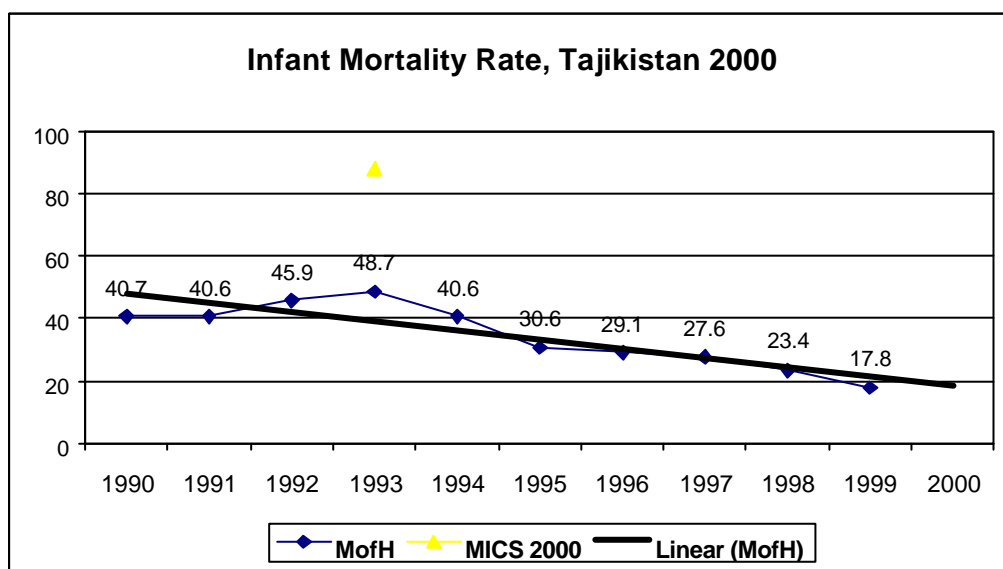
Table 6 shows the characteristics of children under age five. Fifty one percent of the children are male and 49 percent are female.

IV. Results

A. Infant and Under-Five Mortality

The *infant mortality rate* is the probability of dying before the first birthday. The *under five mortality rate* is the probability of dying before the fifth birthday. In MICS, infant and under five mortality rates are calculated based on an indirect estimation technique (the Brass method). The data used in the estimation are: the mean number of children ever born for five year age groups of women from age 15 to 49, and the proportion of these children who are dead, also for five year age groups of women. The technique converts these data into probabilities of dying by taking account of both the mortality risks to which children are exposed and their length of exposure to the risk of dying.

The data used for mortality estimation are shown in Table 7. The mean number of children ever born rises from 0.06 among 15-19 year olds to 6.85 among 45-49 year olds as expected. However, the proportion of children dead has an irregular pattern. In particular, the proportion of children dead among women aged 20-24 is low.



Mortality estimates were obtained using the United Nations QFIVE program. Based on previous estimates of infant and child mortality for Tajikistan, the East model life table was selected as most appropriate. Estimates of infant and under five mortality for several reference years are plotted in Figure 2. The estimate for reference year 1995 based on the reports of women aged 25-29 is clearly too low while the estimates based on the reports of women aged 20-24 and 15-19 for more recent years are clearly too high and, in any case, use of estimates based on the two youngest age groups is not usually recommended. Plausible estimates for the most recent years thus cannot be obtained from these data. The estimates for 1993 (precisely 1992.9) appear to be the most recent figures that can be used with some confidence. (Table 8) Thus, the infant mortality rate estimate which seems most accurate is that of 89 per 1000, with the under five mortality being 126 per 1000. These are the highest rates in the former Soviet Union. The MICS estimate is much higher than that from the Ministry of Health, which was 49 for 1993, and 17 for 1999. This variance may be explained in part by

the fact that the Ministry of Health uses the Soviet definition of infant mortality¹ and also by the low birth registration rate (75 percent).

B. Education

Universal access to basic education and the achievement of primary education by the world's children is one of the most important goals of the World Summit for Children. Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labor and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth.

Early childhood education

Only four percent of children aged 36-59 months are attending an organized early childhood education programme, such as kindergarten (Table 9). Boys were slightly more likely than girls to attend such programmes (4.6 percent and 3.5 percent respectively). Children in urban areas are much more likely to attend than those in rural areas, with 15% attending, as opposed to one percent. In 1990, 15.2 percent attended pre-schools, as the Soviet state provided an extensive system of free kindergartens. This system has almost collapsed with the withdrawal of state funding, as parents are unable to pay for these services.

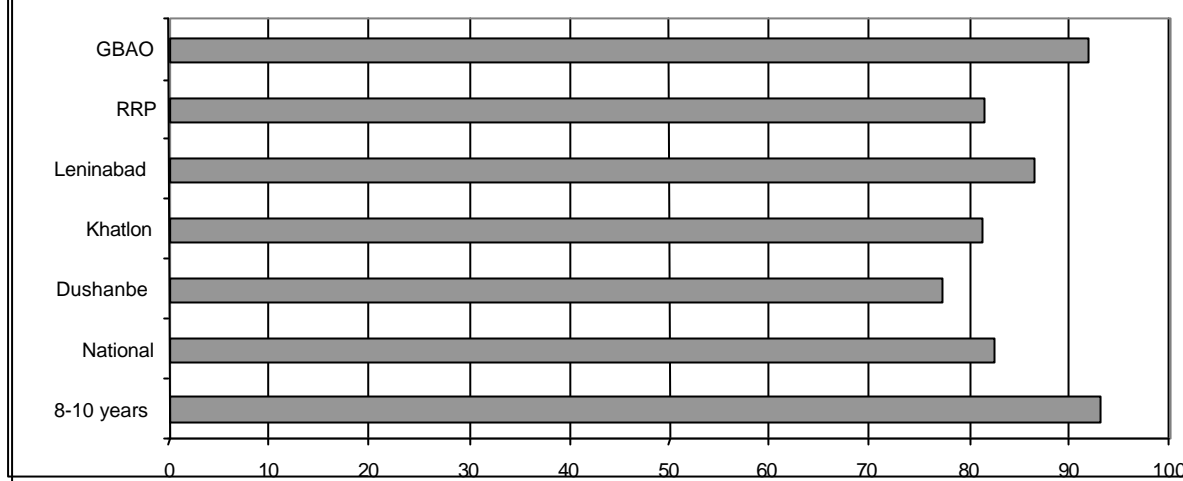
Basic education

In Tajikistan, primary school starts at age seven and runs for four years. Overall, 87 percent of children of primary school age in Tajikistan are attending primary school (Table 11). As the survey was done in July, however, most children who were seven at the time of the survey, would have been only six in September 1999, when school began, and thus would not have been eligible for primary school. Thus, a more accurate measure is to look at the percentage of eight to ten year olds attending primary school. Overall, 93% of eight to ten year olds were attending school. Children in rural areas are slightly more likely to attend school. School attendance in Dushanbe is lower than in the rest of the country at 77 percent. It is likely that this pattern of lower attendance in urban areas is due to the presence of returned refugees and migrants. At the national level, slightly more boys than girls attend school (93.4 versus 92.7 percent), but this is marked by regional variations, with boys more likely to attend school than girls in Dushanbe, RRS, and GBAO, but girls more likely to attend in Khatlon and Leninabad.

Ninety four percent of children who enter the first grade of primary school eventually reach grade five (Table 10). The disparity between urban-rural areas is also shown here; approximately 86 percent of urban children who enter grade one reach grade five compared to 96 percent of children in rural areas. Boys are slightly more likely than girls to reach grade five. Although primary school ends after grade 4, there is no noticeable trend for children to drop out after the end of primary school/grade 4.

¹ Under the Soviet definition, pregnancies of less than 28 weeks resulting in the birth of a baby weighing less than 1000 grams or measuring less than 35 centimetres are considered to be late miscarriages, unless the baby survives for seven days.

Figure 3: Percentage of children of primary school age (7-11) attending primary school



Literacy

Ninety five percent of the population over age 15 years in Tajikistan is literate (Table 12). The *literate* population includes those who are reported to read 'easily or with difficulty'. Overall, females are slightly less likely than males to be literate (93.2 vs. 97.4 percent). The sex differential declines with age, so that the percent literate among the youngest age group is virtually identical for males and females. There is a marked decline in literacy for those 55 and older. All age groups from 15 to 54 all have averages in the high 90s, while those 55-64 are at 86 percent, and those 65 and over at 66.4 percent.

C. Water and Sanitation

Use of drinking water

Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant carrier of diseases such as diarrhea, trachoma, cholera, typhoid, and schistosomiasis. Drinking water can also be tainted with chemical, physical and radiological contaminants with harmful effects on human health. In addition to its association with disease, access to drinking water may be particularly important for women and children, particularly in rural areas, who bear the primary responsibility for carrying water, often for long distances.

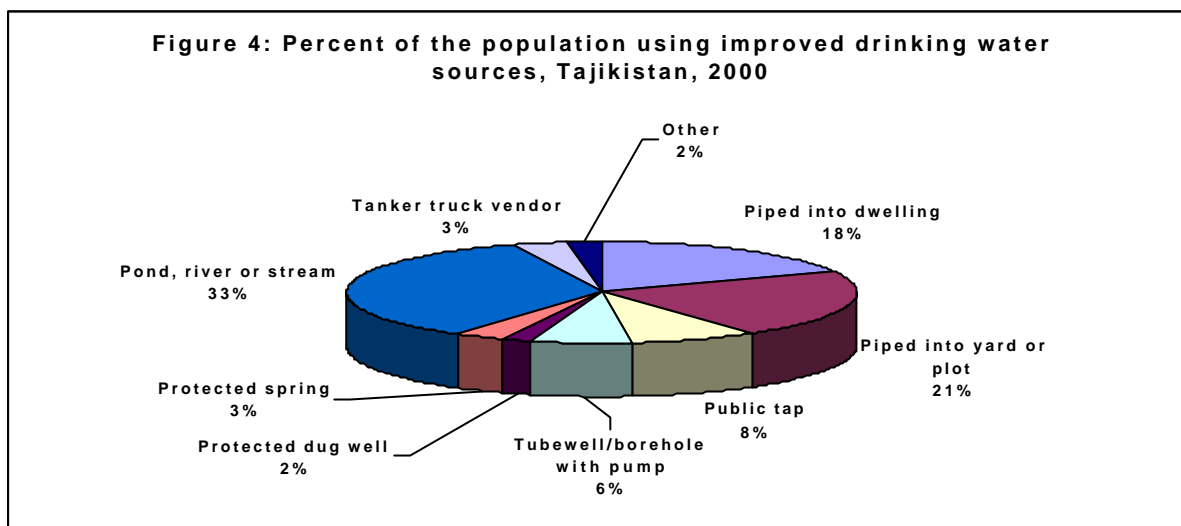
Almost 40 percent of the population uses drinking water that is piped into their dwelling, yard or plot. Public taps and tube well or boreholes with pumps account for another eight percent and six percent respectively. Pond, river or stream water, which are considered to be unsafe sources, are used by 33 percent of the population. The source of drinking water for the population varies strongly by region (Table 13). In GBAO, a mountainous area, 72% of the population relies on pond, river or stream water, while in Dushanbe 73 percent used water piped into their dwelling and another 25 percent use either water piped into their yard or public taps.

The population using *safe drinking water* sources are those who use any of the following types of supply: piped water, public tap, borehole/tubewell, protected well, protected spring or rainwater. Overall, 57 percent of the population has access to safe drinking water – 93 percent in urban areas and 47 percent in rural areas.

Use of sanitation

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrheal diseases and polio. *Sanitary means of excreta disposal* include: flush toilets connected to sewage systems or septic tanks, other flush toilets, improved pit latrines, and traditional

pit latrines. Ninety percent of the population of Tajikistan lives in households with sanitary means of excreta disposal (Table 14).



This percentage is 97 in urban areas and 88 percent in rural areas. Residents of GBAO are much less likely than others to use sanitary means of excreta disposal. Twenty eight percent of this population uses bush, fields, or has no facilities. In contrast, 60 percent of those in Dushanbe use flush toilets with connection to a sewage system or septic tank. For Khatlon, Leninabad and RRP, the traditional pit latrine is used by 83 percent, 76 percent and 81 percent respectively.

D. Child Malnutrition

Breastfeeding

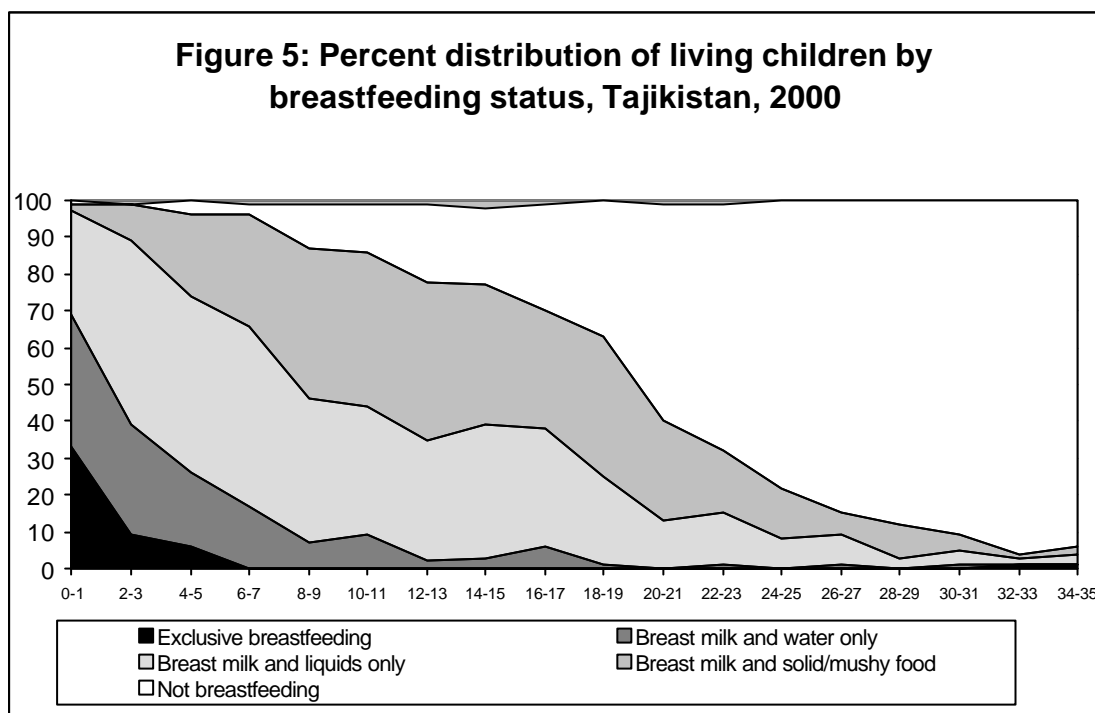
Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers stop breastfeeding too soon, and there are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and is unsafe if clean water is not readily available. The World Summit for Children goal states that children should be exclusively breastfed for four to six months, that breastfeeding should be complemented with appropriate foods from the age of around six months, and that children continue to be breastfed for two or more years.

In Table 16, breastfeeding status is based on women's reports of children's consumption in the 24 hours prior to the interview. *Exclusive breastfeeding* refers to children who receive only breast milk and vitamins, mineral supplements, or medicine. *Complementary feeding* refers to children who receive breast milk and solid or semi-solid food. The last two columns of the table include children who are continuing to be breastfed at one and at two years of age. Percentages according to region and mother's education are not shown due to small sample sizes. For the same reason, the sex and urban-rural residence breakdowns should be interpreted with caution.

Approximately 19 percent of children aged less than four months are exclusively breastfed, a level considerably lower than recommended. At age 6-9 months, approximately one third of children are receiving breast milk and solid or semi-solid foods. By age 12-15 months, 75 percent of children are still being breastfed and by age 20-23 months, 35 percent are still breastfed.

Figure 3 shows the detailed pattern of breastfeeding status by the child's age in months. The overwhelming majority of women in Tajikistan practice breastfeeding –more than 95 percent of babies under 6 months are breastfed. Even at the earliest ages, however, the majority of children are receiving liquids or foods other than breast milk. A majority of women begin complementary feeding when the baby should still be exclusively breastfed – only nine percent of babies between two and three months are exclusively breastfed, while 30 percent get breast milk and water, a further 50 percent get breast milk and liquids, and 10 percent get breast milk and solid or mushy food.

Further, the proportion of children receiving solid or semi-solid food at the recommended age is very low. At one year of age, less than half of children are receiving any solid or mushy food.



Salt iodization

Deficiency of iodine in the diet is the world's single greatest cause of preventable mental retardation and can lower the average intelligence quotient (IQ) of a population by as much as thirteen points. Salt iodization is an effective, low-cost way of preventing iodine deficiency disorders (IDD). *Adequately iodized salt* contains 15 ppm (parts per million) of iodine or more. In MICS, interviewers tested household salt for iodine levels by means of a testing kit.

Approximately 99 percent of households had salt that was tested during the MICS (Table 11). Among households in which salt was tested, only 20 percent had adequately iodized salt. The percentage of households with adequately iodized salt ranges from 52 percent in Leninabad (where the largest salt producer iodizes its salt) to two percent in Khatlon, RRP, and GBAO. Thirty two percent of urban households had adequately iodized salt compared to 16 percent of rural households.

Low birth weight

Infants who weigh less than 2500 grams (2.5 kg.) at birth are categorized as low birth weight babies. Since many infants are not weighed at birth and those who are weighed may be a biased sample of all births, reported birth weight cannot be used to estimate the prevalence of low birthweight among all children. Therefore, the percentage of births weighing below 2500 grams is estimated from two items in the questionnaire: the mother's assessment of the child's **size** at birth (i.e., very small, smaller than average, average, larger than average, very large) and the mother's recall of the child's **weight** or the weight as recorded on a health card if the child was weighed at birth. Only 47 percent of births in the Tajikistan MICS were weighed at birth.

First, the two items are cross-tabulated for those children who were weighed at birth to obtain the proportion of births in each category of **size** who weighed less than 2500 grams. This proportion is then multiplied by the total number of children falling in the size category to obtain the estimated number of children in each size category who were of low birth weight. The numbers for each size category are summed to obtain the total number of low birth weight children. This number is divided by the total number of live births to obtain the percentage with low birth weight.

In Tajikistan, approximately 13 percent of infants are estimated to weigh less than 2500 grams at birth (Table 20). The prevalence of low birth weight births is higher in RRP and Khatlon (15 percent) and

lower in Dushanbe (8 percent). Urban infants are slightly less likely to have low birth weights than rural ones (11 percent versus 14 percent). Tajikistan has a much higher prevalence of low birth weight births than other countries in the former Soviet Union.

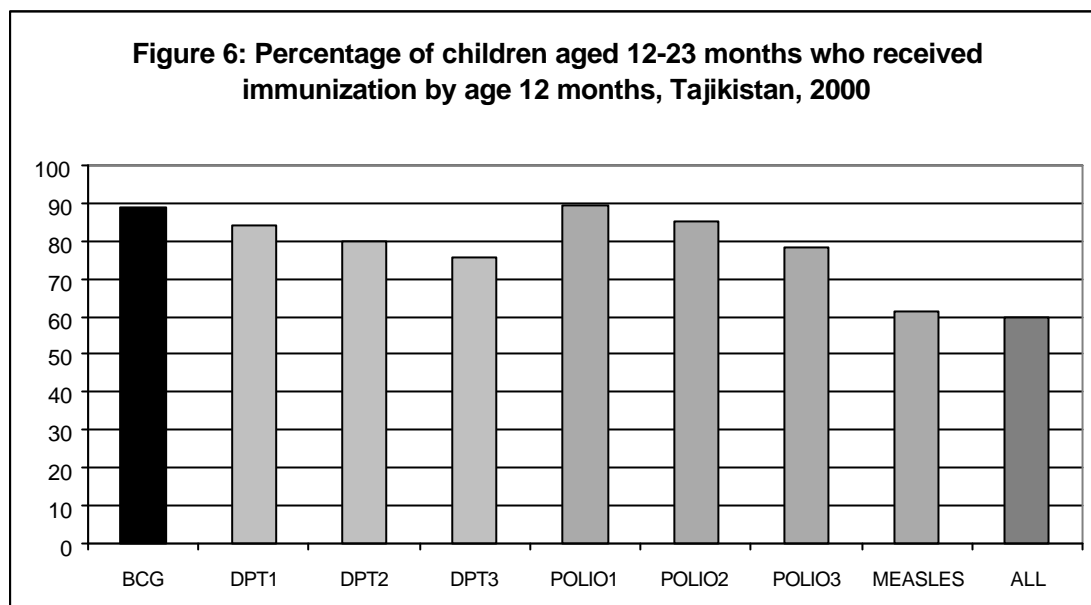
E. Child Health

Immunization coverage

According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination by the age of 12 months. In Tajikistan, mothers don't keep health cards at home; rather they are kept at the local health centre. The MICS interviewers took children's names and then went to the local health centre, where they checked the child's health card. Interviewers copied vaccination information from the cards onto the MICS questionnaire. Mothers were also probed to report any vaccinations the child received that did not appear on the card. Overall, 79 percent of children had health cards at the health centre. If the child did not have a card, the mother was read a short description of each vaccine and asked to recall whether or not the child had received it, and for DPT and Polio, how many times.

Table 21 shows the percentage of children aged 12 to 23 months who received each of the vaccinations. The denominator for the table is comprised of children aged 12-23 months so that only children who are old enough to be fully vaccinated are counted. In the top panel, the numerator includes all children who were vaccinated at any time before the survey according to the vaccination card or the mother's report. In the bottom panel, only those who were vaccinated before their first birthday are included. For children without vaccination cards, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with vaccination cards.

Approximately 89 percent of children aged 12-23 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 84 percent. The percentage declines for subsequent doses of DPT to 80 percent for the second dose, and 76 percent for the third dose (Figure 4). Similarly, 89 percent of children received Polio 1 by age 12 months and this declines to 78 percent by the third dose. The coverage for measles vaccine by 12 months is lower than for the other vaccines at 61 percent. As a result, the percentage of children who had all eight recommended vaccinations by their first birthday is low at only 60 percent.



In Table 22, the percentage of children age 12-23 months currently vaccinated against childhood diseases is shown according to background characteristics. Unlike the previous table, the estimates in this table refer to children who received the vaccinations by the time of the survey, even if they did not occur prior to the age of 12 months. In this calculation, the percentage of children who currently have all recommended vaccinations rises to 75 percent. Six percentage of children have no vaccinations at all.

Male and female children are vaccinated at roughly the same rate. Rural children are more likely to be vaccinated than urban children, this could be explained by migration of population from rural to urban areas, and consequent interruption of regular medical visits. Regional breakdowns are based on small numbers of cases and should be viewed with caution, but it appears that the Leninabad province has the highest coverage rates for most vaccinations and the highest percentage of children who have received all of the recommended vaccinations. The Leninabad province also has the highest percentage of children with health cards at 90 percent. There is a lower percentage of vaccinated children in Dushanbe (58 percent) than in other regions, probably due to internal displaced people and the migration of families from rural to urban.

Diarrhea

Dehydration caused by diarrhea is a major cause of mortality among children in Tajikistan. Home management of diarrhea – either through oral rehydration salts (ORS) or a recommended home fluid (RHF) - can prevent many of these deaths. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhea.

In the MICS questionnaire, mothers (or caretakers) were asked to report whether their child had had diarrhea in the two weeks prior to the survey. If so, the mother was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the child usually ate and drank. Overall, 21 percent of under five children had diarrhea in the two weeks preceding the survey (Table 23). Diarrhea prevalence was significantly higher in Dushanbe and RRP at 28 percent, and in Khatlon at 24 percent, than in Leninabad at 10 percent. The peak of diarrhea prevalence occurs in the weaning period, among children age 6-23 months.

Table 23 also shows the percentage of children receiving various types of recommended liquids during the episode of diarrhea. Since mothers were able to name more than one type of liquid, the percentages do not necessarily add to 100. Almost one in two children received breast milk while they had diarrhea. Children under age 12 months are especially likely to have received breast milk, at over 80 percent, one third got gruel. and 35 percent received ORS. In total, 96 percent of children with diarrhea received one or more of the recommended home treatments (i.e., were treated with ORS or RHF).

Fifty six percent of children with diarrhea drank more than usual while 37 percent drank the same or less and for seven percent, the mothers did not know how much the child drank ((Table 24). About 41 percent ate somewhat less, the same, or more than usual while 58 percent ate much less than usual or none. Overall, only 20 percent of children with diarrhea received increased fluids and continued eating as recommended.

Acute respiratory infection

Acute lower respiratory infections, particularly pneumonia, are one of the leading causes of child deaths in Tajikistan. In the MICS questionnaire, children with acute respiratory infection are defined as those who had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were due to a problem in the chest, or both a problem in the chest and a blocked nose, or whose mother did not know the source of the problem. Only one percent of under five children had an acute respiratory infection in the two weeks prior to the survey according to these criteria (Table 25). Of these, 51 percent were taken to an appropriate health provider (i.e., doctor, specialist, nurse/health assistant, hospital).

IMCI initiative

The Integrated Management of Childhood Illnesses (IMCI) is a programme developed by UNICEF and WHO that combines strategies for control and treatment of five major killers of children – acute lower respiratory tract infections, diarrheal dehydration, measles, malaria, and malnutrition. The programme focuses on the improvement of case management skills by health workers, improvement of the health system, and improvement of family and community practices in the prevention and early management of childhood illnesses. Appropriate home management of illness is one component of IMCI. The approach teaches mothers that appropriate home management of diarrhea or any other illness requires giving more fluids and continuing to feed sick children as they are normally fed.

Table 26 presents information on the drinking and eating behavior of sick children. Slightly more than one quarter of children were reported to have had diarrhea or some other illness in the two weeks preceding the survey. Of these, 55 percent drank more liquids during the illness and 40 percent continued eating (i.e., ate somewhat less, the same, or more). Overall, only 19 percent of ill children received increased fluids and continued eating as recommended under the IMCI programmed.

Promoting knowledge among caretakers about when it is appropriate to seek care for ill children is another important component of the IMCI programme. In the Tajikistan MICS, mothers or caretakers of children were asked to name all of the symptoms that would cause them to take a child to a health facility right away. The most common response, given by 90 percent of mothers, was that they would take their child to a health facility right away if he/she developed a fever (Table 27). Sixty eight percent said that the child becoming sicker would cause them to take the child to a health facility, 68 percent mentioned blood in the stool, 59 percent difficulty in breathing, 50 percent fast breathing, 28 percent that the child could not drink or breastfeed and 15 percent that the child was drinking poorly. Ninety one percent of women knew at least two signs for seeking care immediately.

Among the regions, mothers in RRP are slightly less likely to know the signs for seeking care immediately, and those in Leninabad are more likely.

Malaria

Malaria is a growing health problem in children under age five in Tajikistan. It also contributes to anemia in children and is a common cause of school absenteeism. Preventive measures, especially the use of mosquito nets treated with insecticide, can dramatically reduce malaria mortality rates among children. In areas where malaria is common, international recommendations suggest treating any fever in children as if it were malaria and immediately giving the child a full course of recommended anti-malarial tablets. Children with severe malaria symptoms, such as fever or convulsions, should be taken to a health facility. Also, children recovering from malaria should be given extra liquids and food and should continue breastfeeding.

The MICS questionnaire incorporates questions on the use of bednets among children. In the Tajikistan MICS, these questions were asked in the entire country, although only Khatlon is considered to be an area of high malaria risk. Only six percent of under five children slept under a bed net the night prior to the survey interview (Table 28). This figure was higher in Leninabad (10 percent) than in Khatlon (7 percent), although there is not a significant malaria risk there. There is no real trend noticeable by the age of the child. Nationally, 32 percent of mothers whose children slept under bed nets reported that they were treated with insecticide, however, treated bed sheets are not

distributed in Leninabad and RRP, so this suggests that the question was misunderstood. In Khatlon, treated bednets are distributed, and 55 percent of mothers there reported that the bed nets were treated.

Questions on the prevalence and treatment of fever were asked for all children under age five. Only two percent of children under five were ill with fever in the two weeks prior to the MICS (Table 29). In Khatlon this figure was four percent, but in fact most of the cases occurred in Khatlon –53 out of 61 cases. Mothers were asked to report all of the medicines given to a child during their illness, both any medicine given at home and medicines given or prescribed at a health facility. Approximately 62 percent of children were given Paracetamol and 67 percent were given Chloroquine and 57 percent were given Fansidar. In total, 69 percent received any appropriate anti-malarial drug. Only seven percent of children were given some other medicine.

F. HIV/AIDS

AIDS knowledge

One of the most important strategies for reducing the rate of HIV/AIDS infection is the promotion of accurate knowledge of how AIDS is transmitted and how to prevent transmission. Among women aged 15-49 in Tajikistan, only 20 percent have ever heard of AIDS (Table 30). This percentage is higher in urban areas (41 percent) than in rural areas (13 percent). In Khatlon only six percent had heard of AIDS, while 77 percent of those in Dushanbe had heard of the disease.

Women in the MICS were read several statements about means of HIV/AIDS transmission and asked to state whether they believed the statements were true. Eleven percent believe that having only one uninfected sex partner can prevent HIV transmission. Eight percent believe that using a condom every time one has sex can prevent HIV transmission and seven percent agreed that abstaining from sex prevents HIV transmission. Overall, four percent knew all three ways and 13 percent were aware of at least one of the means of preventing transmission. It should be stressed that these figures are a percentage of all women, including the 80 percent who have never heard of AIDS.

Accurate knowledge of the means of HIV/AIDS transmission is substantially less among women in RRS and Khatlon than among other women. Also, education is a very important factor in AIDS knowledge. The percentage who knew one of the means preventing transmission is more than about four times greater among women with secondary or more education compared to women with no education or primary education. Differences across age groups are not particularly large; the percentage of women who know all three means ranges from two percent among 20-24 year olds to six percent among 35-39 year olds. Younger women are the least well informed, 95 percent of those between 15-19 could not identify even one means of preventing transmission, whereas for women from 25-49, the figure was between 82 and 86 percent.

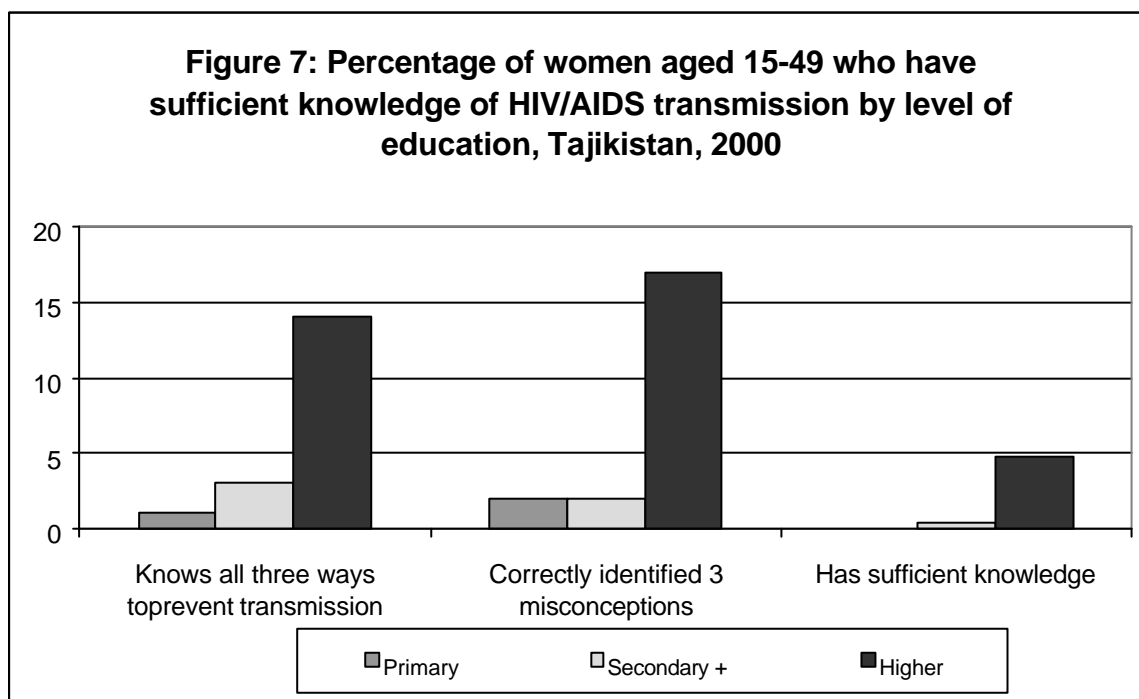
Only ten percent of women correctly stated that AIDS cannot be transmitted by supernatural means and seven percent stated that AIDS cannot be spread by mosquito bites (Table 31). It should be pointed out, however, that as only 20 percent of women have heard of AIDS, in fact 50 percent of those who heard of AIDS stated correctly that AIDS cannot be transmitted by supernatural means. Eleven percent of women correctly believe that a healthy looking person can be infected. Women in Dushanbe are more likely to be correctly informed about AIDS transmission than other women. Seventy one percent of women in Dushanbe recognize at least one misconception. Nationally, only four percent of women could correctly identified all three misconceptions.

Thirteen percent of women in Tajikistan know that AIDS can be transmitted from mother to child (Table 32). When asked specifically about the mechanisms through which mother to child transmission can take place, 12 percent said that transmission during pregnancy was possible, 11 percent said that transmission at delivery was possible, and only nine percent agreed that AIDS can be transmitted through breast milk. Only eight percent knew all three modes of transmission, varying from 42 percent in Dushanbe to two percent in Khatlon.

The MICS survey also attempted to measure discriminatory attitudes towards people living with HIV/AIDS. To this end, respondents were asked whether they agreed with two questions. The first asked whether a teacher who has the AIDS virus but is not sick should be allowed to continue teaching in school. The second question asked whether the respondent would buy food from a shopkeeper or food seller who the respondent knew to be infected with AIDS. The results are presented in Table 33.

Only three percent of the respondents believe that a teacher with HIV/AIDS should not be allowed to work. This was highest in Dushanbe (14 percent) where more people had actually heard of AIDS. Urban women and those with secondary or higher education are more likely to express this discriminatory attitude than rural women and those with no or primary education. Two percent of women would not buy food from a person infected with AIDS. Overall, only three percent of women agree with at least one of the discriminatory statements, but again it should be cautioned that only 20 percent of women had even heard of the disease.

Table 34 summarizes information from two previous tables on AIDS knowledge (Tables 30 and 31). The second column shows the percentage of women who know all three means of preventing HIV transmission – having on faithful uninfected partner, using a condom every time, and abstaining from sex. Only four percent of women know all three ways. The third column of the table shows the percentage of women who correctly identified all three misconceptions about HIV transmission – that HIV can be transmitted through supernatural means, that it can be transmitted through mosquito bites, and that a healthy looking person cannot be infected. Again, only about four percent of women correctly identified these misconceptions. Finally, the fourth column of the table shows the percentage of women who have ‘sufficient knowledge’ of HIV/AIDS transmission. These are women who know all three ways of preventing HIV transmission and correctly identified all three misconceptions. Not even one percent of women aged 15-49 fall into this category.



AIDS testing

Voluntary testing for AIDS, accompanied by counseling, allows those infected to seek health care and to prevent the infection of others. Testing is particularly important for pregnant women who can then take steps to prevent infecting their babies. The indicators shown in Table 35 are designed to monitor whether women are aware of places to get tested for HIV/AIDS, the extent to which they have been tested, and the extent to which those tested have been told the result of the test. In some places, a relatively large proportion of people who are tested do not return to get their results due to fear of having the disease, fear that their privacy will be violated, or other reasons.

Nine percent of women of reproductive age in Tajikistan know a place to get tested for AIDS. Women living in Dushanbe are most likely to know a place, followed by those in Leninabad, and GBAO respectively. Only three percent of women with only primary education know of a place to get tested compared to ten percent of women with secondary or higher education.

About five percent of women have been tested for AIDS, varying from 15 percent in urban areas to two percent in rural areas. This percentage is highest in Dushanbe at 37 percent, and lowest in the GBAO and Khatlon at less than one percent. The vast majority – 90 percent – of women who have

been tested were told the result. Adolescent women (age 15-19) are the least likely of any age group to have been tested. This relatively high percentage, given such low levels of knowledge of AIDS, is probably related to a mandatory testing edict for pregnant women. Despite being a required test, it is not carried out routinely due to lack of test kits. Although there have only been seven official cases of AIDS in Tajikistan to date, such testing could provide an important early warning system if AIDS were to become a more significant public health problem.

G. Reproductive Health

Contraception

Current use of contraception was reported by 34 percent of married or in union women (Table 36). Of these the majority used modern methods, and about one fifth used traditional methods such as withdrawal, periodic abstinence and the Lactational Amenorrhea Method (LAM). The most popular method is the IUD, which is used by one in four married women in Tajikistan. The next most popular methods are withdrawal and abstinence, accounting for between two and three percent each. Less than one percent use injections, condoms, the pill, sterilization or LAM.

Contraceptive prevalence is highest in GBAO at 63 percent and Leninabad at 51 percent. Slightly less than a quarter of married women in Khatlon and RRP use contraception. The use of traditional methods is generally very low, except in Leninabad, where 18 percent of married women report using them. Adolescents are far less likely to use contraception than older women; only about nine percent of married or in union women aged 15-19 currently use a method of contraception compared to 18 percent of 20-24 year olds and 40 percent of older women.

Women's education level is associated with contraceptive prevalence. The percentage of women using any method of contraception rises from 17 percent among those with no education to 22 percent among women with primary education, and to 34 percent among women with secondary or higher education

Prenatal care

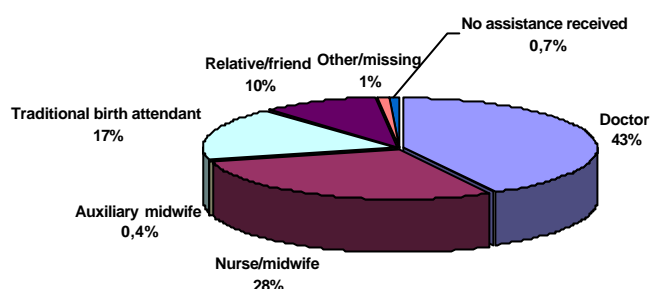
Quality prenatal care can contribute to the prevention of maternal mortality by detecting and managing potential complications and risk factors, including pre-eclampsia, anemia, and sexually transmitted diseases. Antenatal care also provides opportunities for women to learn the danger signs of pregnancy and delivery, to be immunized against tetanus, to learn about infant care, and be treated for existing conditions, such as malaria and anemia.

Fifteen percent of women who had had a birth in the last twelve months had received a high dose of Vitamin A supplement before the infant was eight months old. Urban women were slightly more likely than rural women to have received such a supplement (17 percent and 14 percent respectively).

Female respondents who had had a birth in the year prior to the Tajikistan MICS were asked whether they had received antenatal care for the birth and, if so, what type of person provided the care. If the woman saw more than one type of provider, all were recorded in the questionnaire. In Tajikistan, the main categories of medical providers are doctors, nurses, midwives, although traditional birth attendants are also used, but infrequently. Table 38 presents the percent distribution of women with a birth in the year prior to the MICS by the type of personnel who delivered antenatal care. If more than one provider was mentioned by the respondent, she is categorized as having seen the most skilled person she mentioned.

Of those women who had a birth in the last year, about one quarter received no antenatal care. Most of those who did get antenatal care, received it from skilled personnel. Eighty five percent of women in Dushanbe received some type of antenatal care, compared to only 61 percent in Khatlon. Slightly over half of women with a birth in the year prior to the survey received antenatal care from a doctor, 13 percent from a nurse or midwife (Figure 6). Doctors delivered antenatal care in 80 percent of cases in Dushanbe, but only in about half of cases in RRS and Khatlon.

Figure 8: Percent distribution of women with a birth in the last year by type of personnel delivering antenatal care, Tajikistan, 2000



Assistance at delivery

The provision of delivery assistance by skilled attendants can greatly improve outcomes for mothers and children by the use of technically appropriate procedures, and accurate and speedy diagnosis and treatment of complications. *Skilled assistance at delivery* is defined as assistance provided by a doctor, nurse, or midwife. About 71 percent of births occurring in the year prior to the MICS survey were assisted by skilled personnel (Table 39). This percentage is highest in Leninabad at 90 percent and lowest in RRS and Khatlon at 62 and 63 percent respectively.

More than 40% of the births in the year prior to the MICS survey were delivered with assistance by a doctor. Nurses and midwives assisted with the delivery of 28 percent of births. In Leninabad, doctors assisted with the delivery of 71 percent of births, but in Khatlon at only 24 percent of births. Traditional birth attendants assisted at 17 percent of all births nationwide. This ranged from 29 percent in Khatlon to only four percent in Leninabad. In RRP, relatives and friends assisted at 19 percent of births in the year prior to the survey.

H. Child Rights

Birth registration

The International Convention on the Rights of the Child states that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. The births of only 75 percent of children under five years in Tajikistan have been registered (Table 40). For those babies who were not registered, the main reason for not doing so was the cost of registration. In 1999, the cost of registering a birth was \$5, while the average monthly income was \$6 (EOHCS, 2000). Children living in Dushanbe and RRP are less likely to have their births registered (62 and 63 percent respectively), while those in Leninabad are more likely to be registered (92 percent).

Orphanhood and living arrangements of children

Children who are orphaned or living away from their parents may be at increased risk of impoverishment, discrimination, denial of property rights and rights to inheritance, various forms of abuse, neglect, and exploitation of their labor or sexuality. Monitoring the level of orphanhood and the living arrangements of children assists in identifying those who may be at risk and in tracking changes over time.

In Tajikistan, 92 percent of children aged 0-14 are living with both parents (Table 41). Almost all children live with one or both parents - only one percent are living with neither parent. Children who have one or both parents dead amount to five percent of all children aged 0-14. There is no pattern discernable as to living with parents by age group; older children are almost as likely as younger children to not live with a biological parent. Family separation does not appear to be common, three percent of children are living with mothers only although their biological father is alive, less than one percent are living with the father only although the mother is alive. Three percent of children are living

with their mother only because their father is dead; this rate is four percent in Khatlon and Dushanbe where the civil war was fought, but only one percent in Leninabad. Five percent of children 10-14 years of age have fathers who are dead, while only one percent of children aged 0-4 have fathers who are dead. This also points to the impact of the civil war, which was fought in 1992- 1994.

Child labor

It is important to monitor the extent to which children work and the type of work in which they participate for several reasons. Children who are working are less likely to attend school and more likely to drop out. This pattern can trap children in a cycle of poverty and disadvantage. Working conditions for children are often unregulated with few safeguards against potential abuse. In addition, many types of work are intrinsically hazardous and others present less obvious hazards to children, such as exposure to pesticides in agricultural work, carrying heavy weights and scavenging in garbage dumps.

In Tajikistan, the MICS survey estimates that only about one percent of children aged 5-15 years engage in paid work (Table 42). About twice as many – 2.5 percent – participate in unpaid work for someone other than a household member. This figure rises to five percent in RRS.

'Domestic work' is defined as cooking, shopping, cleaning, washing clothes, fetching water, and caring for children. Slightly more than half of children do these tasks for less than four hours a days (56%) while 16 percent spend more than four hours a day on such tasks. Overall, girls are more likely than boys are (18 vs. 14 percent) to do domestic work for more than four hours a day. In RRS, 30 percent of children do more than four hours of domestic work a day. Older children (aged 10-14) are far more likely than younger children (aged 5-9 years) to do domestic work (27 percent vs. 5 percent). Variations across regions are greatest in the percentage of children who engage in more than four hours of domestic work a day. This percentage ranges from 30 percent in RRS to seven percent in Dushanbe to only one percent in GBAO.

Children who have done any paid or unpaid work for someone who is not a member of the household or who did more than four hours of housekeeping chores in the household or who did other family work are considered to be 'currently working'. Overall, 25 percent of children are classified as currently working. There is virtually no difference between boys and girls. Regionally, the percentage of children working is lowest in GBAO at two percent, and only 12 and 13 percent respectively in Dushanbe and Khatlon. In Leninabad, 24 percent of children 5-15 are currently working, while in RRP, 48 percent of children are working. Rural children are far more likely to work than urban children. (27 versus 16 percent).

Appendix A: Sample Design

The sample for the Tajikistan Multiple Indicator Cluster Survey (MICS) was designed to provide estimates of health indicators at the national and urban-rural levels. The sample was selected in two stages. At the first stage census enumeration areas were selected with probability proportional to size. The standard segment size was 500, the total number of standard segments was 12430. The sampling interval was 80, and 155 primary sampling units or clusters of 24 households each were selected. Within the selected enumeration areas, a household listing was carried out, and a systematic sample of 3720, in 155 clusters of 24 households was drawn. The sample was self-weighting. The basic assumption used in calculation were follows:

- The precision, or margin of error: $\pm 5\%$
- The level of confidence desired: 95%
- The estimated proportion of 1998 birth cohort: 3%
- The anticipated prevalence of DPT3 coverage: 65%
- The sample design effect: 2
- The average household size: 6.9
- Adjustment for potential non-response: $\pm 10\%$
- Number household to be visited: 3715
- Cluster size: 24 HH
- Total number of PSUs or clusters: 155

The sampling frame was developed according with "End Decade Multiply-Indicator Survey Manual" recommendations. The list of Enumeration Areas (EAs) that was provided by State Statistical Agency didn't include the names and population size of the small villages belonging to the Jamoats. In the cluster sampling strategy, the design effect was estimated to be "2" to obtain the necessary precision. Each cluster was selected randomly. If the selected village (cluster) had less than 500 persons, another cluster was chosen to be interviewed. The supervisors assigned to each team completed final list stage of household selection.

The State Statistical Agency produced a sampling list of all Jamoats selected from the sampling frame, including the names of small villages sorted by population size. The sample was done at the national level, and it was assumed that there would be an increased margin of error for breakdown by urban /rural.

Appendix B: List of Personnel Involved in the Tajikistan MICS

1. Mrs Mukhamadieva B. – Technical Director of Survey

Supervisors:

1. Mamadjanova B
2. Rassolko V
3. Rofiev R
4. Varnavskaya E
5. Kulov A
6. Budnikova E
7. Fayzaliev D
8. Murodov A
9. Safarov F
10. Boymatov K
11. Ashurov J
12. Shokirov Sh
13. Kholiknazarov S

Interviewers:

1. Mamadjanov A
2. Karimov F
3. Karimova R
4. Sultonova N
5. Usmanova M
6. Ubaydullaeva Kh
7. Tursunbaeva I
8. Makhmadieva S
9. Khomidova Sh
10. Mukhiddinova S
11. Khuseynova M
12. Gadoeva G
13. Mukhtorova Z
14. Pirnazarova F
15. Eralova Z
16. Karimova R
17. Akhmedova F
18. Stodolya O
19. Sfarova G
20. Kurbanova T
21. Egorova E
22. Atakhanova G
23. Gaybullaeva Z
24. Rakhmonova G
25. Boynazarova M
26. Amrieva B
27. Rakhimova B
28. Bozorova Z
29. Nurova A
30. Sjydullaeva F
31. Nadimova Z
32. Khabibullaeva F
33. Kimsanova G
34. Makhmadalieva G
35. Bokieva G
36. sattieva M
37. Ashurmamadova M
38. Amirbekova R
39. Shamirova M

Editors:

1. Kislitchina E

Appendix C: Questionnaires

TAJIKISTAN
STATE STATISTICAL AGENCY

MULTIPLY INDICATOR CLUSTER SURVEY
July 2000

① HOUSEHOLD QUESTIONNAIRE ①

WE ARE FROM STATE STATISTICAL AGENCY TEAM. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT **50** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.

MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL **	
1. Cluster number: _____	2. Household number: _____
3. Day/Month/Year of interview: ____ / ____ / _____	4. Interviewer number: _____
5. Name of head of household: _____	
6. Area: Urban 1 Rural 2	7. Dushanbe 1 Khatlon 2 Sogd 3 RRS 4 GBAO 5
8. Material of dwelling floor:** Wood/tile 1 Planks/concrete 2 Dirt/straw 3 Other (<i>specify</i>) 4	9. Number of rooms in dwelling: _____
9a. In your HH is available: Yes No A. Electricity 1 2 B. Radio 1 2 C. TV 1 2 D. Refrigerator 1 2	9b. Family has: Yes No A. Bicycle 1 2 B. Motorcycle 1 2 C. Car or truck 1 2
9c. What type of fuel does family use for cooking of food: Electricity 01 Gas 02 Biogas 03 Kerosene 04 Coal 05 Charcoal 06 Firewood 07 Manure 08	10. Result of HH interview: Completed 1 Refused 2 Not at home 3 HH not found/destroyed 4 Other (<i>specify</i>) 5

Other (<i>specify</i>) _____ 09	
11. No. of women eligible for interview: _____	12. No. of women interviews completed: _____
13. No. of children under age 5: _____	14. No. of child interviews completed: _____
15. Data entry clerk: _____	
<p>Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i></p>	

HOUSEHOLD LISTING FORM

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HH.
 (Use survey definition of HH member). List the first name in line 01. List adult HH members first, then list children. Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing. Then, ask and record answers to questions as described in Instructions for Interviewers.
 Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used

Q.31

				Eligible for:			For persons age 15 or over ask Qs. 8 and 9		For children under age 15 years ask Qs. 10-13				
				WOMEN'S MODULES	CHILD LABOUR MODULE	CHILD HEALTH MODULES							
1. Line no.	2. Name	3. Is (name) MALE OR FEMALE ?		4. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? <i>Record in Completed Years 99=DK*</i>	5. Circle Line no. if woman is age 15-49	6. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record Line no. of mother/ caretaker</i>	7. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record Line no. of mother/ caretaker</i>	8. CAN HE/SHE READ A LETTER OR NEWSPAPER EASILY, WITH DIFFICULTY OR NOT AT ALL? 1 EASILY 2 DIFFICULT 3 NOT AT ALL 9 DK	9. WHAT IS THE MARITAL STATUS OF (name)?** 1 CURRENTLY MARRIED/ IN UNION 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	10. IS (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO 9 DK	11. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSE- HOLD? 1 YES 2 NO	12. IS (name's) NATURAL FATHER ALIVE? 1 YES 2 NO 9 DK	13. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSE- HOLD? 1 YES 2 NO
LINE	NAME	M	F	AGE	15-49	MOTHER	MOTHER	E D N DK	M W D S N	Y N DK	Y N	Y N DK	Y N
01		1	2	_____	01	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
02		1	2	_____	02	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
03		1	2	_____	03	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
04		1	2	_____	04	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
05		1	2	_____	05	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
06		1	2	_____	06	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
07		1	2	_____	07	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2

ARE THERE ANY OTHER CHILDREN LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD?
 INCLUDING CHILDREN AT WORK OR AT SCHOOL? If yes, insert child's name and complete form.

* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").

EDUCATION MODULE

If interview takes place between two school years, use alternative wording found in Appendix 1.

For persons age 5 or over ask Qs. 15 and 16

For children age 5 through 17 years, continue on, asking Qs. 17-22

Q.32

14. Line no.	15. HAS (name) EVER ATTENDED SCHOOL?	16. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? LEVEL: 1 PRIMARY 2 SECONDARY 3 HIGHER 4 NON-STANDARD CURRICULUM 9 DK GRADE: 99 DK <i>If less than 1 grade, enter 00.</i>	17. IS (name) CURRENTLY ATTENDING SCHOOL?	18. DURING THE CURRENT SCHOOL YEAR, DID (name) ATTEND SCHOOL AT ANY TIME?	19. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL? <i>Insert number of days in space below.</i>	20. WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? LEVEL: 1 PRESCHOOL 2 PRIMARY 3 SECONDARY 4 NON-STANDARD CURRICULUM 9 DK GRADE: 99 DK	21. DID (name) ATTEND SCHOOL LAST YEAR? 1 YES 2 NO ↘ 9 DK ↘	22. WHICH LEVEL AND GRADE DID (name) ATTEND LAST YEAR? LEVEL: 1 PRESCHOOL 2 PRIMARY 3 SECONDARY 4 NON-STANDARD CURRICULUM 9 DK GRADE: 99 DK
LINE	Y NO	LEVEL GRADE	YES NO	YES NO	DAYS	LEVEL GRADE	Y N DK	LEVEL GRADE
01	1 2 ⇒NEXT LINE	1 2 3 4 9 _____	1 2	1 2	_____	1 2 3 4 9 _____	1 2 9	1 2 3 4 9 _____
02	1 2 ⇒NEXT LINE	1 2 3 4 9 _____	1 2	1 2	_____	1 2 3 4 9 _____	1 2 9	1 2 3 4 9 _____
03	1 2 ⇒NEXT LINE	1 2 3 4 9 _____	1 2	1 2	_____	1 2 3 4 9 _____	1 2 9	1 2 3 4 9 _____
04	1 2 ⇒NEXT LINE	1 2 3 4 9 _____	1 2	1 2	_____	1 2 3 4 9 _____	1 2 9	1 2 3 4 9 _____
05	1 2 ⇒NEXT LINE	1 2 3 4 9 _____	1 2	1 2	_____	1 2 3 4 9 _____	1 2 9	1 2 3 4 9 _____
06	1 2 ⇒NEXT LINE	1 2 3 4 9 _____	1 2	1 2	_____	1 2 3 4 9 _____	1 2 9	1 2 3 4 9 _____
07	1 2 ⇒NEXT LINE	1 2 3 4 9 _____	1 2	1 2	_____	1 2 3 4 9 _____	1 2 9	1 2 3 4 9 _____

*Now for each woman age 15-49 years, write her name and line number at the top of each page in the Women's Questionnaire.
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker at the top of each page in the Children's Questionnaire.
You should now have a separate questionnaire for each eligible woman and child in the household.*

CHILD LABOUR MODULE																		
To be administered to caretaker of each child resident in the household age 5 through 15 years.																		
Copy line number of each eligible child from household listing.																		
Now I would like to ask about any work children in this household may do.																		
1. Line no.	2. Name	3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO Q.5			4. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If more than one job, include all hours at all jobs. Record response then ⇒ Q.6			5. AT ANY TIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO			6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEKEEPING CHORES SUCH AS COOKING, SHOPPING, CLEANING, WASHING CLOTHES, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇒ TO Q.8		7. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?		8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS)? 1 YES 2 NO ⇒ NEXT LINE		9. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?	
LINE NO.	NAME	YES PAID UNPAID NO	YES PAID UNPAID NO	YES PAID UNPAID NO	YES PAID UNPAID NO	YES PAID UNPAID NO	YES PAID UNPAID NO	YES PAID UNPAID NO	YES PAID UNPAID NO	YES PAID UNPAID NO	YES PAID UNPAID NO	YES PAID UNPAID NO	YES PAID UNPAID NO	YES PAID UNPAID NO	YES PAID UNPAID NO	YES PAID UNPAID NO	YES PAID UNPAID NO	
_____		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2	_____	1 2	_____	1 2	_____	1 2	_____	_____	
_____		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2	_____	1 2	_____	1 2	_____	1 2	_____	_____	
_____		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2	_____	1 2	_____	1 2	_____	1 2	_____	_____	
_____		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2	_____	1 2	_____	1 2	_____	1 2	_____	_____	
_____		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2	_____	1 2	_____	1 2	_____	1 2	_____	_____	
_____		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2	_____	1 2	_____	1 2	_____	1 2	_____	_____	
_____		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2	_____	1 2	_____	1 2	_____	1 2	_____	_____	

When all children in the age range have been covered, GO TO WATER AND SANITATION MODULE ⇒

Cluster no. _____ Household no. _____

WATER AND SANITATION MODULE		
<p><i>This module is to be administered once for each household visited. Record only one response for each question. If more than one response is given, record the most usual source or facility.</i></p>		
<p>1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Piped into dwelling01 Piped into yard or plot02 Public tap03 Tubewell/borehole with pump04 Protected dug well05 Protected spring.....06 Rainwater collection07 Bottled water08 Unprotected dug well.....09 Unprotected spring.....10 Pond, river or stream.....11 Tanker-truck, vendor12 Other (<i>specify</i>) _____ 13 No answer or DK99</p>	
<p>2. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</p>	<p>No. of minutes _____ Water on premises 888 DK 999</p>	
<p>3. WHAT KIND OF TOILET FACILITY DOES YOUR HOUSEHOLD USE?</p>	<p>Flush to sewage system or septic tank 1 Pour flush latrine (water seal type) 2 Improved pit latrine (e.g., VIP)..... 3 Traditional pit latrine 4 Open pit 5 Bucket..... 6 Other (<i>specify</i>) _____ 7 No facilities or bush or field 8</p>	<p>8⇒Q.5</p>
<p>4. IS THIS FACILITY LOCATED WITHIN YOUR DWELLING, OR YARD OR COMPOUND? **</p>	<p>Yes, in dwelling/yard/compound 1 No, outside dwelling/yard/compound 2 DK 9</p>	
<p>5. WHAT HAPPENS WITH THE STOOLS OF YOUNG CHILDREN (0-3 YEARS) WHEN THEY DO NOT USE THE LATRINE OR TOILET FACILITY?</p>	<p>Children always use toilet or latrine 1 Thrown into toilet or latrine 2 Thrown outside the yard 3 Buried in the yard..... 4 Not disposed of or left on the ground..... 5 Other (<i>specify</i>) _____ 6 No young children in household 8</p>	

GO TO NEXT MODULE ⇒

Cluster no. ____ Household no. ____

SALT IODIZATION MODULE		
<p>1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?</p> <p><i>Once you have examined the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized 0 PPM (no colour) 1 Less than 15 PPM (weak colour)..... 2 15 PPM or more (strong colour) 3</p> <p>No salt in home..... 8 Salt not tested..... 9</p>	

GO TO WOMEN'S QUESTIONNAIRE ⇒

Q.35

Cluster no. ____ Household no. ____ Woman line no. ____

② QUESTIONNAIRE FOR INDIVIDUAL WOMEN ②

WOMEN'S INFORMATION PANEL		
<i>This module is to be administered to all women age 15 through 49 (see column 5 of HH listing). Fill in one form for each eligible woman.</i>		
1. Woman's line number (from HH listing).	Line number ____	
2. Woman's name.	Name _____	
3A. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month/Year ____ / ____	DK⇒3B
Or:	DK date of birth.....999999	
3B. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years)..... ____	

C.36

GO TO NEXT MODULE ⇒

Cluster no. _____ Household no. _____ Woman line no. _____

CHILD MORTALITY MODULE		
<p><i>This module is to be administered to all women age 15-49. All questions refer only to LIVE births. Follow instructions as provided in training. See Instructions for Interviewers.</i></p>		
<p>1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?</p> <p><i>If "NO" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE — EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i></p>	<p>Yes 1 No..... 2</p>	<p>2⇨ CONTRA CEPTIVE USE MODULE</p>
<p>2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR IS THE CHILD OF A MAN OTHER THAN YOUR CURRENT PARTNER.</p> <p><i>Or:</i> 2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Date of first birth Day/Month/Year ___/___/___</p> <p>DK date of first birth 99999999</p> <p><i>Or:</i> Completed years since first birth..... ___</p>	<p>DK⇨2B</p>
<p>3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes 1 No..... 2</p>	<p>2⇨Q.5</p>
<p>4. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU?</p>	<p>Sons at home ___</p> <p>Daughters at home..... ___</p>	
<p>5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes 1 No..... 2</p>	<p>2⇨Q.7</p>
<p>6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Sons elsewhere ___</p> <p>Daughters elsewhere ___</p>	
<p>7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p>	<p>Yes 1 No..... 2</p>	<p>2⇨Q.9</p>
<p>8. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED?</p>	<p>Boys dead ___</p> <p>Girls dead..... ___</p>	
<p>9. Sum answers to Q. 4, 6, and 8.</p>	<p>Sum..... ___</p>	

Q.37

10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number*) BIRTHS DURING YOUR LIFE IS THIS CORRECT?

Yes ⇒ *Go to Q.11*

No ⇒ *Check responses and make corrections before proceeding to Q.11*

11. OF THESE (<i>total number</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?	Date of last birth Day/Month/Year ___/___/___	
<p><i>Did the woman's last birth occur within the last year, that is, since (insert date)?</i></p> <p><input type="checkbox"/> Yes, <i>live birth in last year.</i> ⇒ GO TO TETANUS TOXOID MODULE</p> <p><input type="checkbox"/> No <i>live birth in last year.</i> ⇒ GO TO CONTRACEPTIVE USE MODULE</p>		

Q.38

GO TO MATERNAL AND NEWBORN HEALTH MODULE ⇒

Cluster no. _____ Household no. _____ Woman line no. _____

Q.39

MATERNAL AND NEWBORN HEALTH MODULE		
<i>This module is to be administered to all women with a live birth in the year preceding date of interview.</i>		
Use Q.7 and Q.8 only in countries where a local term for night blindness exists.		
1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH, DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS? <i>Show 200,000 IU capsule or dispenser.</i>	Yes 1 No..... 2 DK 9	
2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY? <i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i> <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor 1 Nurse/midwife 2 Auxiliary midwife 3 Other person Traditional birth attendant 4 Other (<i>specify</i>) 6 No one 0	
3. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>or name</i>)? ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i>	Health professional: Doctor 1 Nurse/midwife 2 Auxiliary midwife 3 Other person Traditional birth attendant 4 Relative/friend 5 Other (<i>specify</i>) 6 No one 0	
4. WHEN YOUR LAST CHILD (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL? 5. WAS (<i>name</i>) WEIGHED AT BIRTH?	Very large 1 Larger than average 2 Average 3 Smaller than average 4 Very small 5 DK 9 Yes 1 No..... 2 DK 9	2⇒Q.7 9⇒Q.7
6. HOW MUCH DID (<i>name</i>) WEIGH? <i>Record weight from health card, if available.</i>	From card..... 1 (grams) __ , __ __ __ From recall 2 (grams) __ , __ __ __ DK 99999	
7. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU HAVE DIFFICULTY WITH YOUR VISION DURING THE DAYLIGHT?	Yes 1 No..... 2 DK 9	
8. DURING THAT PREGNANCY, DID YOU SUFFER FROM NIGHT BLINDNESS (<i>insert local term</i>)?	Yes 1 No..... 2 DK 9	

GO TO NEXT MODULE ⇒

Q.40

Cluster no. _____ Household no. _____ Woman line no. _____

Q.41

CONTRACEPTIVE USE MODULE		
<p>Ask Q.1 for all women age 15-49 and then follow the skip instruction carefully. Questions on pregnancy and contraception are to be asked only of women who are currently married or in union.</p>		
<p>1. ARE YOU CURRENTLY MARRIED OR LIVING WITH A MAN?</p>	<p>Yes 1</p> <p>No, widowed, divorced, separated..... 2</p> <p>No, never married..... 3</p>	<p>2⇒NEXT MODULE</p> <p>3⇒NEXT MODULE</p>
<p>2. NOW I AM GOING TO CHANGE TOPICS. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH. I KNOW THIS IS A DIFFICULT SUBJECT TO TALK ABOUT, BUT IT IS IMPORTANT THAT WE OBTAIN THIS INFORMATION. OF COURSE, ALL THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. YOU WILL NEVER BE IDENTIFIED WITH THE ANSWERS TO THESE QUESTIONS.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant 1</p> <p>No..... 2</p> <p>Unsure or DK..... 3</p>	<p>1⇒NEXT MODULE</p>
<p>3. SOME COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒NEXT MODULE</p>
<p>4. WHICH METHOD ARE YOU USING?</p> <p><i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization.....01</p> <p>Male sterilization02</p> <p>Pill03</p> <p>IUD.....04</p> <p>Injections05</p> <p>Implants06</p> <p>Condom07</p> <p>Female condom08</p> <p>Diaphragm09</p> <p>Foam/jelly.....10</p> <p>Lactational amenorrhoea method (LAM)11</p> <p>Periodic abstinence.....12</p> <p>Withdrawal13</p> <p>Other (<i>specify</i>) 14</p>	

GO TO NEXT MODULE ⇒

Cluster no. _____ Household no. _____ Woman line no. _____

Q.42

HIV/AIDS MODULE		
<p><i>This module is to be administered to all women age 15-49. See Instructions for Interviewers for further discussion of these questions.</i></p>		
<p>1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT WHAT YOU KNOW ABOUT SERIOUS ILLNESS, IN PARTICULAR, ABOUT HIV AND AIDS.</p> <p>HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒Q.18</p>
<p>2. IS THERE ANYTHING A PERSON CAN DO TO AVOID GETTING HIV, THE VIRUS THAT CAUSES AIDS?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 9</p>	<p>2⇒Q.8</p> <p>9⇒Q.8</p>
<p>3. NOW I WILL READ SOME QUESTIONS ABOUT HOW PEOPLE CAN PROTECT THEMSELVES FROM THE AIDS VIRUS. THESE QUESTIONS INCLUDE ISSUES RELATED TO SEXUALITY WHICH SOME PEOPLE MIGHT FIND DIFFICULT TO ANSWER. HOWEVER, YOUR ANSWERS ARE VERY IMPORTANT TO HELP UNDERSTAND THE NEEDS OF PEOPLE IN (country name). AGAIN, THIS INFORMATION IS ALL COMPLETELY PRIVATE AND ANONYMOUS. PLEASE ANSWER YES OR NO TO EACH QUESTION.</p> <p>CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE UNINFECTED SEX PARTNER WHO ALSO HAS NO OTHER PARTNERS?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 9</p>	
<p>4. DO YOU THINK A PERSON CAN GET INFECTED WITH THE AIDS VIRUS THROUGH SUPERNATURAL MEANS?*</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 9</p>	
<p>5. CAN PEOPLE PROTECT THEMSELVES FROM THE AIDS VIRUS BY USING A CONDOM CORRECTLY EVERY TIME THEY HAVE SEX?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 9</p>	
<p>6. CAN A PERSON GET THE AIDS VIRUS FROM MOSQUITO BITES?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 9</p>	
<p>7. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 9</p>	
<p>8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 9</p>	

9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD?	Yes 1 No..... 2 DK 9	2⇒Q.13 9⇒Q.13
10. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD DURING PREGNANCY?	Yes 1 No..... 2 DK 9	
11. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD AT DELIVERY ?	Yes 1 No..... 2 DK 9	
12. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD THROUGH BREAST MILK?	Yes 1 No..... 2 DK 9	
13. IF A TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD HE OR SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No..... 2 DK 9	
14. IF YOU KNEW THAT A SHOPKEEPER OR FOOD SELLER HAD AIDS OR THE VIRUS THAT CAUSES IT, WOULD YOU BUY FOOD FROM HIM OR HER?	Yes 1 No..... 2 DK 9	
15. I AM NOT GOING TO ASK YOU ABOUT YOUR HIV STATUS (<i>use term understood locally</i>), BUT WE ARE INTERESTED TO KNOW HOW MUCH DEMAND THERE IS IN YOUR COMMUNITY FOR HIV TESTING AND COUNSELLING. SO, I WOULD LIKE TO ASK YOU: I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes 1 No..... 2	2⇒Q.17
16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes 1 No..... 2	
17. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes 1 No..... 2	
18. <i>Is the woman a caretaker of any children under five years of age?</i>		
<input type="checkbox"/> Yes. ⇒ <i>GO TO QUESTIONNAIRE FOR CHILDREN UNDER FIVE and administer one questionnaire for each child under five for whom she is the caretaker.</i>		
<input type="checkbox"/> No. ⇒ <i>CONTINUE WITH Q.19</i>		

19. Does another eligible woman reside in the household?

Yes. ⇒ End the current interview by thanking the woman for her cooperation and GO TO QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the next eligible woman.

No. ⇒ End the interview with this woman by thanking her for her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.

Cluster no. ___ Household no. ___ Caretaker line no. ___ Child line no. ___

3 QUESTIONNAIRE FOR CHILDREN UNDER FIVE 3

This questionnaire is to be administered to all women who care for a child that lives with them and is under the age of 5 years (see Q.4 of the HH listing).

A separate form should be used for each eligible child.

Questions should be administered to the mother or caretaker of the eligible child (see Q.7 of the HH listing).

Fill in the line number of each child, the line number of the child's mother or caretaker, and the household and cluster numbers in the space at the top of each page.

Q.44

BIRTH REGISTRATION AND EARLY LEARNING MODULE		
1. Child's name.	Name _____	
2. Child's age (copy from Q.4 of HH listing).	Age (in completed years)..... ___	
3. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT (name). IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY? <i>If the mother knows the exact birth date, also enter the day; otherwise, enter 99 for day.</i>	Date of birth Day/Month/Year ___ / ___ / _____	
4. DOES (name) HAVE A BIRTH CERTIFICATE? MAY I SEE IT? <i>If certificate is presented, verify reported birth date. If no birth certificate is presented, try to verify date using another document (health card, etc.).</i>	Yes, seen 1 Yes, not seen 2 No..... 3 DK 9	1⇒Q.8

<i>Correct stated age, if necessary.</i>		
5. <i>If no birth certificate is shown, ask:</i> HAS (<i>name's</i>) BIRTH BEEN REGISTERED?	Yes	1
	No.....	2
	DK	9
		1⇒Q.8
		9⇒Q.7
6. WHY IS (<i>name's</i>) BIRTH NOT REGISTERED?	Costs too much**	1
	Must travel too far	2
	Did not know it should be registered.....	3
	Late, and did not want to pay fine.....	4
	Does not know where to register	5
	Other (<i>specify</i>)	6
	DK	9
7. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes	1
	No.....	2
	No answer.....	8
8. <i>Check age. If child is 3 years old or more, ask:</i> DOES (<i>name</i>) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes	1
	No.....	2
	DK	9
		2⇒NEXT MODULE
		9⇒NEXT MODULE
9. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (<i>name</i>) ATTEND?	Number of hours	___

GO TO NEXT MODULE ⇒

Q.46

99.11.12

Cluster no. _____ Household no. _____ Caretaker line no. _____ Child line no. _____

BREASTFEEDING MODULE		
1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes 1 No..... 2 DK 9	2⇒Q.4 9⇒Q.4
2. IS HE/SHE STILL BEING BREASTFED?	Yes 1 No..... 2 DK 9	2⇒Q.4 9⇒Q.4
3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: <i>Read each item aloud and record response before proceeding to the next item.</i>		
		Y N DK
3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	A. Vitamin supplements..... 1 2 9	
3B. PLAIN WATER?	B. Plain water 1 2 9	
3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	C. Sweetened water or juice 1 2 9	
3D. ORAL REHYDRATION SOLUTION (ORS)?	D. ORS 1 2 9	
3E. TINNED, POWDERED OR FRESH MILK OR INFANT FORMULA?	E. Milk..... 1 2 9	
3F. ANY OTHER LIQUIDS?	F. Other liquids (<i>specify</i>)..... 1 2 9	
3G. SOLID OR SEMI-SOLID (MUSHY) FOOD?	G. Mushy food..... 1 2 9	
4. SINCE THIS TIME YESTERDAY, HAS (<i>name</i>) BEEN GIVEN ANYTHING TO DRINK FROM A BOTTLE WITH A NIPPLE OR TEAT?	Yes 1 No..... 2 DK 9	

Q.47

GO TO NEXT MODULE ⇒

Cluster no. _____ Household no. _____ Caretaker line no. _____ Child line no. _____

Q.48

CARE OF ILLNESS MODULE		
<p>1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> <p><i>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</i></p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 9</p>	<p>1⇒Q.3</p>
<p>2. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD ANY OTHER ILLNESS, SUCH AS COUGH OR FEVER, OR ANY OTHER HEALTH PROBLEM?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 9</p>	<p>1⇒Q.4</p> <p>2⇒Q.11</p> <p>9⇒Q.11</p>
<p>3. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>3A. BREAST MILK?</p> <p>3B. CEREAL-BASED GRUEL OR GRUEL MADE FROM ROOTS OR SOUP?</p> <p>3C. YOGURT DRINK</p> <p>3D. ORS PACKET SOLUTION?</p> <p>3E. OTHER MILK OR INFANT FORMULA?</p> <p>3F. WATER WITH FEEDING DURING SOME PART OF THE DAY?</p> <p>3G. WATER ALONE?</p> <p>3H. SUGAR TEA , COAL, LIMONAD</p> <p>3I. NOTHING</p>	<p style="text-align: right;">Y N DK</p> <p>A. Breast milk..... 1 2 9</p> <p>B. Gruel..... 1 2 9</p> <p>C. Other acceptable..... 1 2 9</p> <p>D. ORS packet 1 2 9</p> <p>E. Other milk 1 2 9</p> <p>F. Water with feeding 1 2 9</p> <p>G. Water alone 1 2 9</p> <p>H. Unacceptable fluids..... 1 2 9</p> <p>I. Nothing 1 2 9</p>	<p>1⇒Q.5</p>
<p>4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p>	<p>Much less or none..... 1</p> <p>About the same (or somewhat less) 2</p> <p>More 3</p> <p>DK 9</p>	
<p>5. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p> <p><i>If "less", probe:</i> MUCH LESS OR A LITTLE LESS?</p>	<p>None 1</p> <p>Much less 2</p> <p>Somewhat less 3</p> <p>About the same 4</p> <p>More 5</p> <p>DK 9</p>	
<p>6. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒Q.11</p>

LAST?	DK 9	9⇒Q.11
7. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?	Yes 1 No..... 2 DK 9	2⇒Q.11 9⇒Q.11
8. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?	Blocked nose..... 1 Problem in chest..... 2 Both 3 Other (<i>specify</i>) 4 DK 9	1⇒Q.11 4⇒Q.11
9. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes 1 No..... 2 DK 9	2⇒Q.11 9⇒Q.11
10. FROM WHERE DID YOU SEEK CARE? ANYWHERE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i>	Hospital.....01 Health centre02 Dispensary03 Village health worker04 MCH clinic05 Mobile/outreach clinic.....06 Private physician.....07 Traditional healer08 Pharmacy or drug seller09 Relative or friend.....10 Other (<i>specify</i>) 11	
<i>Ask this question (Q.11) only once for each caretaker.</i> 11. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY? <i>Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, but do NOT prompt with any suggestions.</i>	Child not able to drink or breastfeed.....01 Child becomes sicker02 Child develops a fever.....03 Child has fast breathing.....04 Child has difficult breathing05 Child has blood in stool06 Child is drinking poorly07 Other (<i>specify</i>) 08 Other (<i>specify</i>) 09 Other (<i>specify</i>) 10	

GO TO NEXT MODULE ⇒

Cluster no. _____ Household no. _____ Caretaker line no. _____ Child line no. _____

Q.50

IMMUNIZATION MODULE										
<i>If child has vaccination card copy all data of immunization in tabl. Below in lines 2-5.</i>										
1. IS IMMUNIZATION FORM (0-63) AVAILABLE ?					Yes 1			2⇒Q6		
					No..... 2					
<i>Copy dates of all vaccinations.</i>					<i>Date of Immunization</i>					
					DAY		MONTH		YEAR	
2. BCG		BCG								
3A. OPV0		OPV0								
3B. OPV1		OPV1								
3C. OPV2		OPV2								
3D. OPV3		OPV3								
4A. DPT1		DPT1								
4B. DPT2		DPT2								
4C. DPT3		DPT3								
5. MEASLES		MEASLES								
6. HAS (<i>name</i>) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE LEFT SHOULDER THAT CAUSED A SCAR?					Yes 1					
					No..... 2					
					DK..... 9					
7. HAS (<i>name</i>) EVER BEEN GIVEN ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?					Yes 1			2⇒Q.10		
					No..... 2			9⇒Q.10		
					DK..... 9					
8. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH OR LATER?					Just after birth..... 1					
					Later 2					
9. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?					No. of times ____					
10. HAS (<i>name</i>) EVER BEEN GIVEN “VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA ?					Yes 1			2⇒Q.12		
					No..... 2			9⇒Q.12		
					DK..... 9					

(SOMETIMES GIVEN AT THE SAME TIME AS POLIO)		
---------------------------------------------	--	--

11. HOW MANY TIMES?	No. of times	___
12. HAS (<i>name</i>) EVER BEEN GIVEN "VACCINATION INJECTIONS" – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes	1
	No.....	2
	DK	9
13. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE FOLLOWING NATIONAL IMMUNIZATION DAYS: 28 March-2 April 2000/POLIO NID- A 2-6 May 2000/POLIO NID- B		Y N DK
	Campaign A	1 2 9
	Campaign B	1 2 9

If child has vaccination card go to next module, if no, check availability of vaccination card (F.0-63) in health center and copy all information; data of immunization to table starting qts 1b.

Full child's name:	Address:
The address of the Health Center who keep the form 0.63 concerning the child's immunizations	
.....	

Q.51

1B. IS IMMUNIZATION FORM (0-63) AVAILABLE IN HEALTH CENTER?

Yes1

No2

2⇒NEXT
CHILD

If YES, copy dates of all vaccinations.
Date of Immunization

DAY
MONTH
YEAR

Q.52

2. BCG
BCG

3A. OPV0
OPV0

3B. OPV1
OPV1

99.11.12

3C. OPV2
OPV2

Q.53

99.11.12

Multiple Indicator Cluster Survey

Tajikistan-2000

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N.B. Tables 15, 18 and 37 are omitted as the survey did not include these modules.

Table 1: Number of households and women, and response rates, Tajikistan, 2000

	Urban	Rural	Total
Sampled households	984	2736	3720
Occupied households	984	2736	3720
Interviewed households	984	2736	3720
Household response rate	100.0	100.0	100.0
Eligible women	1484	4798	6282
Interviewed women	1446	4760	6206
Women response rate	97.4	99.2	98.8
Children under 5	748	2812	3560
Interviewed children under 5	738	2797	3535
Child response rate	98.7	99.5	99.3

Table 2: Single year age distribution of household population by sex, Tajikistan, 2000

Age	Male		Female		Age	Male		Female	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
0	402	3.1	412	3.2	37	133	1.0	130	1.0
1	382	2.9	369	2.9	38	147	1.1	129	1.0
2	369	2.8	352	2.7	39	115	0.9	153	1.2
3	332	2.6	296	2.3	40	158	1.2	157	1.2
4	328	2.5	318	2.5	41	104	0.8	141	1.1
5	367	2.8	364	2.8	42	133	1.0	113	0.9
6	387	3.0	405	3.1	43	122	0.9	117	0.9
7	367	2.8	325	2.5	44	90	0.7	113	0.9
8	363	2.8	378	2.9	45	98	0.8	93	0.7
9	383	2.9	341	2.6	46	89	0.7	93	0.7
10	359	2.8	363	2.8	47	65	0.5	60	0.5
11	383	2.9	293	2.3	48	78	0.6	79	0.6
12	376	2.9	348	2.7	49	65	0.5	60	0.5
13	371	2.9	344	2.7	50	98	0.8	143	1.1
14	351	2.7	406	3.1	51	57	0.4	65	0.5
15	322	2.5	302	2.3	52	69	0.5	73	0.6
16	316	2.4	346	2.7	53	74	0.6	61	0.5
17	278	2.1	313	2.4	54	42	0.3	37	0.3
18	278	2.1	39	2.4	55	41	0.3	36	0.3
19	231	1.8	300	2.3	56	20	0.2	26	0.2
20	264	2.0	247	1.9	57	40	0.3	34	0.3
21	242	1.9	290	2.2	58	56	0.4	43	0.3
22	256	2.0	238	1.8	59	45	0.3	31	0.2
23	211	1.6	261	2.0	60	80	0.6	79	0.6
24	258	2.0	220	1.7	61	32	0.2	42	0.3
25	225	1.7	209	1.6	62	56	0.4	48	0.4
46	196	1.5	181	1.4	63	61	0.5	53	0.4
27	207	1.6	185	1.4	64	44	0.3	44	0.3
28	207	1.6	190	1.5	65	49	0.4	40	0.3
29	159	1.2	171	1.3	66	31	0.2	33	0.3
30	208	1.6	145	1.1	67	38	0.3	35	0.3
31	164	1.3	171	1.3	68	50	0.4	31	0.2
32	169	1.3	144	1.1	69	25	0.2	24	0.2
33	128	1.0	146	1.1	70+	331	2.5	339	2.6
34	157	1.2	167	1.3	Missing/DK	6	0.0	1	0.0
35	151	1.2	138	1.1					
36	126	1.0	146	1.1	Total	13015	100.0	12914	100.0

Table 3: Percentage of cases with missing information, Tajikistan, 2000

	Reference population	Percent missing	Number
Level of education	Household members	0.0	19680
Year of education	Household members	0.2	19680
Number of hours worked	Working children age 5-14	4.0	250
Complete birth date	Women 15-49	1.0	6202
Date of last tetanus toxoid injection	Women with a live birth in the last year	-	-
Ever been tested for HIV	Women 15-49	0.3	1222
Complete birth date	Children under 5	0.1	3535
Diarrhoea in last 2 weeks	Children under 5	0.1	3535
Weight	Children under 5	-	-
Height	Children under 5	-	-

Table 4: Percent distribution of households by background characteristics, Tajikistan, 2000

	Area		Total
	Urban	Rural	
Dushanbe	31.7	0.0	8.4
Khatlon	24.4	39.5	35.5
Leninabad	31.7	30.7	31.0
RRS	9.8	26.3	21.9
GBAO	2.4	3.5	3.2
Number of HH members			
1	2.6	0.6	1.1
2-3	13.9	5.4	7.7
4-5	36.2	21.3	25.2
6-7	27.1	32.2	30.9
8-9	12.0	19.6	17.6
10+	8.1	20.6	17.4
Total	100.0	100.0	100.0
At least one child age < 15	83.3	92.7	90.2
At least one child age < 5	51.8	61.8	59.1
At least one woman age 15-49	94.4	96.8	96.2
Number Unweighted	984	2736	3720

Table 5: Percent distribution of women 15-49 by background characteristics, Tajikistan, 2000

	Area		Total
	Urban	Rural	
Dushanbe	25.7	0.0	0.6
Khatlon	29.7	38.4	36.3
Leninabad	31.7	28.6	29.3
RRS	10.2	30.1	25.4
GBAO	2.8	3.0	2.9
Age			
15-19	22.3	25.9	25.0
20-24	18.2	20.6	20.0
25-29	16.7	14.2	14.8
30-34	13.2	12.0	12.3
35-39	11.8	10.8	11.1
40-44	10.2	10.2	10.2
45-49	7.5	6.3	6.6
Marital status			
Currently married	71.0	69.3	69.8
Not currently married	29.0	30.7	30.2
Ever given birth			
Yes	65.1	63.7	64.1
No	34.9	36.3	35.9
Education level			
None	2.4	1.8	1.9
Primary	1.4	1.4	1.4
Secondary +	95.6	96.6	96.4
Total	100.0	100.0	100.0
Number	1446	4760	6206
Unweighted	-	-	-

Table 6: Percent distribution of children under 5 by background characteristics, Tajikistan, 2000

	Area		Total
	Urban	Rural	
Male	51.5	51.1	51.1
Female	48.5	48.9	48.9
Dushanbe	25.1	0	5.2
Khatlon	32.1	39.2	37.7
Leninabad	33.3	27.2	29.0
RRS	8.9	31.2	26.6
GBAO	0.5	1.8	1.5
Age			
< 6 months	9.8	10.8	10.6
6-11 months	11.8	12.4	12.3
12-23 months	19.8	21.4	21.1
24-35 months	21.4	20.1	20.4
36-47 months	18.3	17.5	17.7
48-59 months	19.0	17.8	18.0
Mother's education			
None	1.8	1.2	1.3
Primary	0.7	1.1	1.0
Secondary +	97.0	97.6	97.5
Total	100.0	100.0	100.0
Number	738	2797	3535
Unweighted	--	-	-

Table 7: Mean number of children ever born (CEB) and proportion dead by mother's age, Tajikistan, 2000

	Mean number of CEB	Proportion dead	Number of women
15-19	0.064	0.121	1554
20-24	0.997	0.098	1244
25-29	2.351	0.113	917
30-34	3.852	0.125	764
35-39	4.918	0.123	687
40-44	5.984	0.156	408
45-49	6.848	0.156	408
Total	2.641	0.131	6206

Table 8: infant and under-five mortality rates, Tajikistan, 2000

	Infant mortality rate	Under-five mortality rate
Male	0.094	0.130
Female	0.083	0.126
Dushanbe	0.070	0.97
Khatlon	0.098	0.141
Leninabad	0.060	0.80
RRP	0.102	0.150
GBAO	0.036	0.45
Urban	0.070	0.095
Rural	0.094	0.135
Mother education		
None	0.274	0.402
Primary	0.129	0.192
Secondary	0.093	0.133
Higher	0.028	0.033
Total	0.089	0.126

Reference date is 1993

Table 9: Percentage of children aged 36-59 months who are attending some form of organized early childhood education programme, Tajikistan, 2000

	Attending programme	Number of children
Male	4.6	658
Female	3.5	604
Dushanbe	20.8	72
Khatlon	2.0	453
Leninabad	5.2	402
RRS	1.9	309
GBAO	0	26
Urban	14.9	275
Rural	1.0	987
36-47 months	3.5	624
48-59 months	4.5	638
Mother's education		
None	0.0	18
Primary	0.0	16
Secondary +	4.2	1226
Total	4.0	1262

Table 10: Percentage of children of primary school age attending primary school, Tajikistan, Year

	Male		Female		Total	
	Attending	Number	Attending	Number	Attending	Number
Dushanbe	78.2	110	75.9	87	77.2	197
Khatlon	80.3	742	82.3	639	81.2	1381
Leninabad	84.9	423	87.9	448	86.5	871
RRS	83.0	523	79.5	484	81.3	1007
GBAO	96.5	57	85.7	42	91.9	99
Urban	80.7	405	81.7	360	81.2	765
Rural	83.0	1450	83.1	1340	83.0	2790
Age						
7	35.7	367	41.2	325	38.3	692
8	91.5	363	90.7	378	91.1	741
9	96.3	383	93.8	341	95.2	724
10	92.2	359	93.7	363	92.9	722
11	95.8	383	92.2	293	94.2	676
Total (7-11)*	82.5	1855	82.8	1700	82.9	3555
Total (8-10)**	93.4	1105	92.7	1082	93.0	2187

*Primary school in Tajikistan begins at age seven and runs four years to age eleven.

**The data were collected in the summer when school was not in session, therefore the majority of seven year olds had been six at the start of the previous school year, and thus too young to start school. The attendance of 8-10 year olds is considered to be a more accurate representation of the situation.

Table 11: Percentage of children entering first grade of primary school who eventually reach grade 5, Tajikistan, 2000

	Percent in grade 1 eventually reaching grade 2	Percent in grade 2 eventually reaching grade 3	Percent in grade 3 eventually reaching grade 4	Percent in grade 4 eventually reaching grade 5	Percent who reach grade 5 of those who enter grade 1
Male	98.9	98.9	98.9	98.3	95.0
Female	98.8	99.1	98.7	96.3	93.12
Dushanbe	95.1	97.7	92.6	90.0	77.4
Khatlon	98.8	99.3	99.2	99.2	96.6
Leninabad	99.4	99.4	99.4	98.0	96.3
RRS	99.5	99.0	98.8	96.0	93.5
GBAO	95.2	95.8	96.3	94.7	83.3
Urban	95.7	98.5	97.7	93.8	86.3
Rural	99.8	99.1	99.1	98.3	96.3
Total	98.9	99.0	98.8	97.4	94.2

Table 12: Percentage of the population aged 15 years and older that is literate, Tajikistan, 2000

	Male			Female			Total		
	Literate	Not known	Number	Literate	Not known	Number	Literate	Not known	Number
Dushanbe	98.4	0.2	435	95.4	0.0	502	96.8	0.1	937
Khatlon	97.6	0.1	2611	93.7	0.3	2685	95.7	0.2	5296
Leninabad	97.8	0.1	2218	93.5	0.1	2269	95.6	0.1	4487
RRS	96.6	0.1	2002	91.3	0.4	1919	94.0	0.3	3921
GBAO	97.8	0.0	223	96.4	0.4	224	97.1	0.2	447
Urban	98.0	0.1	1594	94.4	0.1	1785	96.1	0.1	3380
Rural	97.3	0.1	5895	92.9	0.3	5813	95.1	0.2	11708
Age									
15-24	98.8	0.2	2656	98.4	0.3	2826	98.6	0.2	5482
25-34	99.3	0.1	1820	98.3	0.1	1709	98.8	0.1	3529
35-44	98.5	0.1	1279	97.2	0.2	1337	97.8	0.2	2616
45-54	99.0	0.0	735	93.8	0.0	789	96.3	0.0	1524
55-64	95.6	0.2	475	75.2	0.5	436	85.8	0.3	911
65+	80.9	0.2	524	51.2	1.0	502	66.4	0.6	1026
Total	97.4	0.1	7489	93.2	0.3	7599	95.3	0.2	15088

Table 13: Percentage of the population using improved drinking water sources, Tajikistan, 2000

	Main source of water														Total with safe drinking water	No. of per- sons		
	Piped into dwelling	Piped into yard plot	Public tap	Tube- well/ Bore- hole pump	Pro- tected spring	Pro- tected dug well	Rain- water collec- tion	Bottled water	Unpro- tected spring	Unpro- tected dug well	River stream	or truck vendor	Cut official pipe	Other			Don't know	
Dushanbe	72.5	18.1	7.3	1.2	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.4	.0	.0	0	100.0	99.1	1538
Khatlon	8.7	31.7	1.3	9.7	1.3	0.4	0	0	6.2	0.4	35.0	5.3	0	0	0	100.0	53.1	9520
Leninabad	11.7	16.6	18.4	1.2	2.6	3.4	0	0	3.3	1.6	36.2	2.1	0	3.1	0	100.0	53.8	7301
RRS	23.8	11.5	5.8	8.2	7.0	2.4	0	0	1.4	0.7	31.7	2.2	0	5.1	.0	100.0	58.8	6866
GBAO	7.0	15.2	6.1	0.0	0.0	0.0	0	0.0	0.0	0.0	71.7	.0	.0	.0	0	100.0	28.3	704
Urban	49.7	33.2	5.0	3.6	0.9	1.4	0	0.1	0.9	0.6	4.1	0.2	0	1.2	0	100.0	92.9	5639
Rural	8.3	17.7	8.6	6.8	3.7	1.8	0	.1	4.3	0.6	41.5	4.0	0	2.5	.0	100.0	46.9	20290
Total	17.3	20.9	7.8	6.1	3.1	1.7	0	0.0	3.6	0.8	33.4	3.2	0	2.2	0	100.0	56.9	25929

Table 14: Percentage of the population using sanitary means of excreta disposal, Tajikistan, 2000

	Type of toilet facility									Total	Total with sanitary means of excreta disposal	No. of persons
	Flush to sewage system/ septic tank	Pour flush latrine	Improved pit latrine	Traditional pit latrine	River	Open pit	Other	No facilities/ bush/field	Missing			
Dushanbe	59.9	1.7	9.2	26.1	.0	2.5	0.0	0.0	0.6	100.0	96.9	1538
Khatlon	1.2	1.9	7.1	83.3	.0	6.1	.0	0.1	0.4	100.0	93.5	9520
Leninabad	8.5	0.8	0.9	76.0	0	13.7	0	0.1	0.0	100.0	86.2	7301
RRS	4.6	0.6	3.5	80.6	0	10.7	0	0.1	0.1	100.0	89.2	6866
GBAO	4.8	2.1	16.1	47.7	0	0.9	.0	28.4	0.0	100.0	70.7	704
Urban	33.2	4.2	7.6	52.3	.0	2.4	0	0.0	0.3	100.0	97.3	5639
Rural	0.7	0.4	4.0	82.8	0	10.9	0	1.1	0.2	100.0	87.8	20290
Total	7.7	1.2	4.7	76.2	0	9.1	0	0.8	0.2	100.0	89.9	25929

Table 15: Percent of living children by breastfeeding status, Tajikistan, 2000

	Percent of children 0-3 months exclusively breastfed	Number of children	Percent of children 6-9 months receiving breastmilk and solid/semi-solid food	Number of children	Percent of children 12-15 months breastfed	Number of children	Percent of children 20-23 months breastfed	Number of children
Male	19.0	116	32.8	137	76.2	122	31.2	125
Female	19.8	111	36.1	144	74.0	104	38.5	135
Urban	20.9	43	20.4	54	56.8	44	36.4	44
Rural	19.0	184	37.9	227	79.7	182	34.7	216
Total	19.4	227	34.5	281	75.2	226	35.0	260

Table 16: Percentage of households consuming adequately iodized salt, Tajikistan, 2000

	Percent of households with no salt	Percent of households in which salt was tested	Percent of households with salt testing		Number of households interviewed
			< 15 PPM	15+ PPM	
Dushanbe	0.3	99.4	67.7	32.3	312
Khatlon	0.0	99.3	98.2	1.8	1320
Leninabad	0.3	99.0	47.7	52.3	1152
RRS	0.1	99.6	97.2	2.8	816
GBAO	0.0	100.0	97.5	2.5	120
Urban	0.3	99.2	67.7	32.2	984
Rural	0.1	99.4	84.1	15.9	2736
Total	0.1	99.3	79.8	20.2	3720

Note: Adequately iodized salt is salt testing 15 PPM (parts per million) or more.

Table 17: Percentage of women with a birth in the last 12 months by whether they received a high dose Vitamin A supplement before the infant was 8 weeks old, Tajikistan, 2000

	Received Vitamin A supplement	Not sure if received	Number of women
Dushanbe	22.7	11.4	44
Khatlon	15.1	1.6	317
Leninabad	17.1	3.7	217
RRS	9.8	2.0	245
GBAO	75.0	0.0	4
Urban	16.7	6.2	162
Rural	14.3	2.0	665
Mother's education			
None	11.1	0.0	9
Primary	0.0	0.0	4
Secondary +	14.8	2.8	811
Total	14.8	2.8	827

Table 18: Percentage of live births in the last 12 months that weighed below 2500 grams at birth, Tajikistan, 2000

	Percent of live births		Number of live births
	Below 2500 grams	Weighed at birth	
Dushanbe	8.3	29.5	44
Khatlon	14.8	29.7	317
Leninabad	10.3	82.0	217
RRS	15.2	41.6	245
GBAO	5.8	25.0	4
Urban	10.8	55.6	162
Rural	13.9	44.8	665
Mother's education			
None	13.8	22.2	9
Primary	12.5	50.0	4
Secondary +	13.3	47.2	811
Total	13.3	46.9	827

Table 19: Percentage of children age 12-23 months immunized against childhood diseases at any time before the survey and before the first birthday, Tajikistan, 2000

Percentage of children who received:											
	BCG	DPT1	DPT2	DPT3	Polio 1	Polio2	Polio3	Measles	All	None	No. of children
Vaccinated at any time before the survey											
According to:											
Vaccination card	76.2	76.2	75.5	74.5	77.6	76.6	75.2	66.7	64.7	0.0	745
Mother's report	15.6	11.4	8.9	18.1	14.1	12.2	9.1	12.1	9.7	6.3	745
Either	8.2	12.3	15.4	18.1	8.3	11.1	15.7	21.2	25.6	93.7	745
Vaccinated by 12 months of age	88.7	83.8	79.9	75.6	89.3	85.0	78.3	61.2	56.0	0.04	

Table 20: Percentage of children age 12-23 months currently vaccinated against childhood diseases, Tajikistan, 2000

	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	All	None	% with health card	Number of children
Male	91.1	87.1	83.9	80.3	91.6	88.2	83.2	78.7	73.9	6.6	78.2	380
Female	92.6	88.2	85.2	83.6	91.8	89.6	85.5	78.9	74.8	6.0	79.9	365
Dushanbe	100.0	72.7	63.6	60.6	97.0	90.9	84.8	78.8	57.6	0.0	51.5	33
Khatlon	89.1	87.8	86.1	84.4	88.8	86.7	83.7	77.6	75.2	9.5	77.6	294
Leninabad	99.5	96.7	95.3	93.0	99.1	97.7	94.0	90.7	87.9	0.5	90.2	215
RRS	85.4	79.2	72.9	68.2	86.5	81.3	73.4	66.1	59.4	9.4	72.4	192
GBAO	100.0	100.0	100.0	100.0	90.9	100.0	100.0	100.0	100.0	0.0	90.9	11
Urban	96.6	87.0	81.5	76.7	95.2	92.5	82.9	79.5	68.5	2.7	72.6	146
Rural	90.7	87.8	85.3	83.1	90.8	88.0	84.6	78.6	75.8	7.2	80.5	599
Mother's education												
None	70.0	50.0	50.0	40.0	70.0	60.0	50.0	70.0	40.0	30.0	50.0	10
Primary	100.0	92.3	92.3	92.3	100.0	100.0	100.0	69.2	69.2	0.0	84.6	13
Secondary +	92.0	88.1	84.9	82.3	91.8	89.1	84.5	79.1	74.9	6.1	79.2	722
Total	91.8	87.7	84.6	81.9	91.7	88.9	84.3	78.8	74.4	6.3	78.9	745

Table 21: Percentage of under-five children with diarrhea in the last two weeks and treatment with ORS or ORT, Tajikistan, 2000

	Had diarrhea in last two weeks	Number of children under 5	Children with diarrhea who received:					Number of children with diarrhea
			Breast milk	Gruel	ORS packet	Any recommended treatment	No treatment	
Male	22.0	1808	42.5	33.7	36.2	96.0	4.0	398
Female	19.6	1727	43.7	33.6	34.2	95.6	4.4	339
Dushanbe	28.1	185	32.7	53.8	11.5	90.4	9.6	52
Khatlon	23.8	1333	40.1	34.4	42.9	97.5	2.5	317
Leninabad	10.2	1024	44.2	33.7	32.7	97.1	2.9	104
RRS	28.1	939	48.1	28.8	31.8	94.3	5.7	264
GBAO	0.0	54	0	0	0	0	0	0
Urban	18.6	738	34.3	40.1	35.0	92.7	7.3	137
Rural	21.5	2797	45.0	32.2	35.3	96.5	3.5	600
< 6 months	15.2	374	84.2	1.8	33.3	96.5	3.5	57
6-11 months	27.6	434	83.3	23.3	41.7	97.5	2.5	120
12-23 months	32.9	745	58.0	38.8	41.7	99.2	0.8	245
24-35 months	23.1	720	13.9	37.3	36.1	92.8	7.2	166
36-47 months	14.6	624	3.3	47.3	30.8	93.4	6.6	91
48-59 months	9.1	638	1.7	32.8	24.1	89.7	10.3	58
Mother's education								
None	14.9	47	42.9	57.1	42.9	100	0.0	7
Primary	34.3	35	41.7	50.0	33.3	83.3	16.7	12
Secondary +	20.8	3446	43.2	33.2	35.3	96.1	3.9	716
Total	20.8	3535	43.0	33.6	35.3	95.8	4.2	737

Table 22: Percentage of under -five children with diarrhea in the last two weeks who took increased fluids and continued to feed during the episode, Tajikistan, 2000

	Had diarrhea in last two weeks	Number of children under 5	Children with diarrhea who drank:				Children with diarrhea who ate:				Received increased fluids and continued eating	Number of children with diarrhea
			More	Same/Less	Missing/DK	Total	Somewhat less/same more	Much less/none	Missing/DK	Total		
Male	22.0	1808	56.0	35.9	8.0	100.0	40.5	59.0	0.5	100.0	21.4	398
Female	19.6	1727	56.6	37.5	5.9	100.0	41.0	57.2	1.8	100.0	18.3	339
Dushanbe	28.1	185	23.1	42.3	34.6	100.0	19.2	76.9	3.8	100.0	3.8	52
Khatlon	23.8	1333	51.1	47.6	1.3	100.0	36.6	62.8	0.6	100.0	11.0	317
Leninabad	10.2	1024	55.8	36.5	7.7	100.0	53.8	44.2	1.9	100.0	23.1	104
RRS	28.1	939	69.3	22.3	8.3	100.0	44.7	54.5	0.8	100.0	32.6	264
GBAO	0.0	54	0	0	0	0	0	0	0	0	0	0
Urban	18.6	738	43.8	38.7	17.5	100.0	27.7	70.1	2.2	100.0	8.8	137
Rural	21.5	2797	59.2	36.2	4.7	100.0	43.7	55.5	0.8	100.0	22.5	600
< 6 months	15.2	374	35.1	59.6	5.3	100.0	52.6	47.4	0.0	100.0	19.3	57
6-11 months	27.6	434	52.5	40.0	7.5	100.0	40.8	58.3	0.8	100.0	20.0	120
12-23 months	32.9	745	57.6	38.0	4.5	100.0	38.8	60.0	1.2	100.0	18.0	245
24-35 months	23.1	720	64.5	28.9	6.6	100.0	42.8	55.4	1.8	100.0	24.1	166
36-47 months	14.6	624	60.4	29.7	9.9	100.0	37.4	61.5	1.1	100.0	23.1	91
48-59 months	9.1	638	50.0	34.5	15.5	100.0	36.2	63.8	0.0	100.0	12.1	58
Mother's education												
None	14.9	47	85.7	14.3	0.0	100.0	42.0	57.1	0.0	100.0	28.6	7
Primary	34.3	35	58.3	8.3	33.3	100.0	33.3	66.7	0.0	100.0	16.7	12
Secondary +	20.8	3446	56.0	37.3	6.7	100.0	40.9	58.1	1.0	100.0	20.0	716
Total	20.8	3535	56.3	36.6	7.1	100.0	40.7	58.2	1.1	100.0	19.9	737

* Fewer than 25 cases

Table 23: Percentage of under-five children with acute respiratory infection in the last two weeks and treatment by health providers, Tajikistan, 2000

	Had acute respiratory infection	Number of children under 5	Children with ARI who were taken to						Any appropriate provider	Number of children with ARI
			Family/Friend/Neighbor	Doctor	Specialist	Nurse/Health assistant	Hospital	Other		
Male	1.1	1808	0	0.0	0.0	15.0	30.0	10.0	45.0	20
Female	1.8	1727	.0	3.2	19.4	22.6	16.1	13.0	54.8	31
Urban	1.4	738	0.0	10.0	0.0	0.0	40.0	10.0	50.0	10
Rural	1.5	2797	0.0	0.0	0.0	31.4	17.1	12.2	53.7	41
Total	1.4	3535	0.0	2.0	0.0	31.4	21.6	11.8	51.0	51

Table 24: Percentage of children 0-59 months of age reported ill during the last two weeks who received increased fluids and continued feeding, Tajikistan, 2000

	Reported illness in last two weeks	Number of children under 5	Children with illness who drank:			Total	Children with illness who ate:			Total	Received increased fluids and continued eating	Number of sick children
			More	Same/Less	Missing/DK		Somewhat less/same more	Much less/none	Missing/DK			
Male	27.3	1808	55.0	38.1	6.9	100.0	41.2	58.4	0.4	100.0	21.7	493
Female	25.3	1727	55.6	39.4	5.0	100.0	38.0	60.6	1.4	100.0	16.2	437
Dushanbe	35.1	185	30.8	40.0	29.2	100.0	24.6	72.3	3.1	100.0	9.2	65
Khatlon	29.3	1333	48.3	50.6	1.0	100.0	34.3	65.2	0.5	100.0	10.5	391
Leninabad	12.9	1024	53.0	38.6	8.3	100.0	53.0	45.5	1.5	100.0	20.5	132
RRS	36.3	939	68.9	24.6	6.5	100.0	43.7	55.7	0.6	100.0	30.5	341
GBAO	1.9	54	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	1
Urban	24.7	738	46.7	39.6	13.7	100.0	30.8	67.6	1.6	100.0	12.1	182
Rural	26.7	2797	57.4	38.5	4.1	100.0	41.8	57.5	0.7	100.0	20.9	748
< 6 months	19.8	374	33.8	59.5	6.8	100.0	51.4	48.6	0.0	100.0	18.9	74
6-11 months	34.1	434	51.4	41.9	6.8	100.0	37.8	61.5	0.7	100.0	16.9	148
12-23 months	38.0	745	56.2	39.9	3.9	100.0	39.2	59.7	1.1	100.0	18.0	283
24-35 months	29.4	720	62.3	32.5	5.2	100.0	40.6	58.0	1.4	100.0	22.2	212
36-47 months	19.4	624	62.0	29.8	8.3	100.0	38.0	61.2	0.8	100.0	24.0	121
48-59 months	14.4	638	51.1	39.1	9.8	100.0	34.8	65.2	0.0	100.0	13.0	92
Mother's education												
None	23.4	47	63.6	27.3	9.1	100.0	54.5	45.5	0.0	100.0	27.3	11
Primary	37.1	35	53.8	15.4	30.8	100.0	38.5	61.5	0.0	100.0	15.4	13
Secondary +	26.2	3446	55.3	39.1	5.6	100.0	39.6	59.6	0.8	100.0	19.2	903
Total	26.3	3535	55.3	38.7	6.0	100.0	39.7	59.5	0.9	100.0	19.1	930

Table 25: Percentage of caretakers of children 0 -59 months who know at least 2 signs for seeking care immediately, Tajikistan, 2000

	Knows child should be taken to health facility if child:							Number of caretakers	
	Not able to drink /breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficult breathing	Has bloods in stool	drinking poorly		Knows at least two signs
Dushanbe	41.6	61.1	71.9	58.4	63.2	53.0	40.0	91.4	185
Khatlon	33.3	79.1	97.2	61.5	62.4	57.2	22.5	92.7	1333
Leninabad	30.9	71.2	97.4	52.2	64.1	81.7	13.3	97.5	1024
RRS	15.4	49.1	82.6	32.7	50.1	74.1	2.1	86.4	939
GBAO	0.0	87.0	1.9	5.6	5.6	0.0	0.0	0.0	54
Urban	40.4	71.3	88.9	60.0	67.5	70.2	24.8	93.2	738
Rural	24.5	67.1	91.1	47.6	56.5	67.0	12.4	90.3	2797
Mother's education									
None	17.0	61.7	83.0	34.0	48.9	68.1	8.5	76.6	47
Primary	11.4	48.6	94.3	37.1	48.6	62.9	11.4	94.3	35
Secondary +	28.0	68.3	90.7	50.5	59.0	67.7	15.0	91.1	3446
Total	27.8	68.0	90.6	50.2	58.8	67.7	15.0	90.9	3535

Table 26: Percentage of children 0-59 months of age who slept under an insecticide-impregnated bednet during the previous night, Tajikistan, 2000

	Slept under a bednet			Number of children	Bednet treated		Children who slept under a bednet
	Yes	No	DK/missing		Yes	No	
Male	5.6	94.1	0.3	1808	27.5	71.6	102
Female	6.1	93.7	0.1	1727	36.8	62.3	106
Dushanbe	7.0	93.0	0.0	185	0.0	100	102
Khatlon	6.5	93.2	0.3	1333	55.2	43.7	106
Leninabad	10.2	89.8	0.0	1024	17.3	81.7	13
RRS	0.4	99.3	0.3	939	25.0	75.0	87
GBAO	0.0	100.0	0.0	54	0	0	104
< 6 months	6.1	93.6	0.3	374	21.7	78.3	23
6-11 months	4.6	94.9	0.5	434	35.0	65.0	20
12-23 months	8.1	91.8	0.1	745	35.0	61.7	60
24-35 months	5.0	94.7	0.3	720	25.0	75.0	36
36-47 months	5.9	94.1	0.0	624	35.1	64.9	37
48-59 months	5.0	94.8	0.2	638	37.5	62.5	32
Total	5.9	93.9	0.2	3535	32.2	66.8	208

Table 27: Percentage of children 0-59 months of age who were ill with fever in the last two weeks who received anti-malarial drugs, Tajikistan, 2000

	Had a fever in last two weeks	Number of children under 5	Children with a fever who were treated with:					Don't know	Any appropriate anti-malarial drug*	Number of children
			Para-etamol	Chloro-quine	Fansidar	Other				
Male	2.0	1808	58.3	61.1	55.6	5.6	2.8	63.9	36	
Female	1.4	1727	68.0	76.0	60.0	8.0	0.0	76.0	25	
Dushanbe	0.0	185	0	0	0.0	0	0	0	0	
Khatlon	4.0	1333	64.2	77.4	66.0	3.8	0.0	79.2	53	
Leninabad	0.5	1024	80.0	0.0	0.0	0.	00	0.0	5	
RRS	0.2	939	0	0	0	100.0	0	0	2	
GBAO	1.9	54	0	0	0	0	100	0	1	
Urban	0.1	738	100.0	100.0	0	0	0	50.0	1	
Rural	2.1	2797	61.7	66.7	58.3	6.7	1.7	68.3	60	
<6 months	0.5	374	100.0	50.0	50.0	0	0	50.0	2	
6-11 months	0.2	434	100.0	100.0	0	0	0	100.0	1	
12-23 months	0.9	745	28.6	42.9	28.6	14.3	0	42.9	7	
24-35 months	2.4	720	52.9	58.8	52.9	0	5.9	58.8	17	
36-47 months	2.6	624	68.8	81.3	68.8	0	0	81.3	16	
48-59 months	2.8	638	72.2	72.2	66.7	16.7	0	77.8	18	
Mother's education										
None	0	47	0	0	0	0	0	0	0	
Primary	0	35	0	0	0	00	0	0	0	
Secondary +	1.8	3446	62.3	67.2	57.4	6.6	1.6	68.9	61	
Total	1.7	3535	62.3	67.2	57.4	6.6	1.6	68.9	61	

Table 28: Percentage of women aged 15-49 who know the main ways of preventing HIV transmission, Tajikistan, 2000

	Percent who know transmission can be prevented by:							
	Heard of AIDS	Have only one faithful sex partner	Using a condom every time	Abstaining from sex	Knows all three ways	Knows at least one way	Doesn't know any way	Number of women
Dushanbe	76.8	50.4	46.1	38.0	29.6	59.6	40.4	371
Khatlon	6.4	3.1	2.4	2.5	1.2	4.3	95.7	2255
Leninabad	27.9	17.1	11.2	9.6	5.1	20.3	79.7	1818
RRS	16.8	5.1	3.8	3.3	1.7	6.1	93.9	1579
GBAO	10.9	8.7	7.7	3.3	2.7	9.3	90.7	183
Urban	40.8	26.5	21.4	17.2	12.0	30.8	69.2	1446
Rural	13.3	5.9	4.0	3.8	1.9	7.4	92.6	4760
15-19	10.4	4.4	3.9	2.9	2.2	5.3	94.7	1554
20-24	17.3	9.0	6.9	5.5	3.3	10.9	89.1	1244
25-29	26.0	14.6	11.5	10.1	5.7	18.3	81.7	917
30-34	25.9	13.2	10.5	9.3	5.4	16.5	83.5	764
35-39	25.5	16.3	11.9	8.7	5.4	18.5	81.5	687
40-44	22.8	12.8	8.7	9.8	5.4	16.1	83.9	632
45-49	22.1	13.5	7.8	7.6	5.6	14.5	85.5	408
Education								
None	4.2	2.5	0.8	1.7	0.8	3.4	96.6	119
Primary	10.1	1.1	1.1	1.1	0.0	3.4	96.6	89
Secondary +	20.1	10.9	8.3	7.1	4.3	13.2	86.8	5983
Total	19.7	10.7	8.1	6.9	4.2	12.9	87.1	6206

Table 29: Percentage of women aged 15-49 who correctly identify misconceptions about HIV/AIDS, Tajikistan, 2000

	Percent who know that:							Number of women
	AIDS cannot be transmitted by:				Knows all three misconceptions	Knows at least one misconception	Doesn't correctly identify any misconception	
	Heard of AIDS	Supernatural means	Mosquito bites	A healthy looking person can be infected				
Dushanbe	76.8	29.9	22.1	64.4	12.9	70.9	29.1	371
Khatlon	6.4	4.6	4.0	3.6	2.3	5.5	94.5	2255
Leninabad	27.9	17.0	10.9	15.0	5.6	22.3	77.7	1818
RRS	16.8	4.1	2.6	6.6	1.8	7.7	92.3	1579
GBAO	10.9	8.7	3.3	7.7	2.2	9.8	90.2	183
Urban	40.8	20.2	14.2	30.8	8.8	36.0	64.0	1446
Rural	13.3	6.5	4.5	5.6	2.2	8.6	91.4	4760
15-19	10.4	4.5	3.3	6.4	2.4	7.4	92.6	1554
20-24	17.3	7.9	5.1	9.7	2.8	12.2	87.8	1244
25-29	26.0	13.5	9.9	15.9	5.8	20.6	79.4	917
30-34	25.9	12.8	9.3	14.9	5.0	20.0	80.0	764
35-39	25.5	14.1	9.2	13.4	4.8	19.7	80.3	687
40-44	22.8	11.9	7.1	14.1	4.0	18.2	81.8	632
45-49	22.1	10.0	8.1	12.0	3.2	17.4	82.6	408
Education								
None	4.2	1.7	0.0	1.7	0.0	2.5	97.5	119
Primary	10.1	3.4	2.2	3.4	2.2	4.5	95.5	89
Secondary +	20.1	9.9	6.9	11.7	3.8	15.3	84.7	5983
Total	19.7	9.7	6.7	11.4	3.8	15.0	85.0	6206

Table 30: Percentage of women aged 15-49 who correctly identify means of HIV transmission from mother to child, Tajikistan, 2000

	Know AIDS can be transmitted from mother to child	Percent who know AIDS can be transmitted:				Knows all three	Did not know any specific way	Number of women
		During pregnancy	At delivery	Through breastmilk				
Dushanbe	55.3	51.8	51.8	45.0	42.3	45.0	371	
Khatlon	4.5	4.4	3.9	1.8	1.6	95.5	2255	
Leninabad	19.3	17.5	15.2	14.9	12.0	81.4	1818	
RRS	7.9	6.6	6.1	5.9	4.8	92.6	1579	
GBAO	9.3	8.2	9.3	9.3	8.2	90.7	183	
Urban	30.0	27.6	26.6	23.4	20.5	70.4	1446	
Rural	7.7	7.0	6.0	5.3	4.3	92.6	4760	
15-19	5.7	5.3	4.7	4.1	3.4	94.5	1554	
20-24	10.9	10.0	9.4	7.6	6.9	89.4	1244	
25-29	17.9	16.4	15.2	13.7	11.6	82.7	917	
30-34	16.8	15.3	13.9	12.0	9.9	83.5	764	
35-39	17.2	15.9	14.3	13.2	11.4	83.3	687	
40-44	16.8	14.9	13.9	12.5	10.9	83.9	632	
45-49	14.5	13.2	12.0	10.5	8.3	85.8	408	
Education								
None	4.2	2.5	2.5	4.2	2.5	95.8	119	
Primary	5.6	5.6	4.5	1.1	1.1	94.4	89	
Secondary +	13.1	12.0	11.0	9.7	8.3	87.2	5983	
Total	12.9	11.8	10.8	9.5	8.1	87.5	6206	

Table 31: Percentage of women aged 15-49 who express a discriminatory attitude towards people with HIV/AIDS, Tajikistan, 2000

	Percent of women who:				Number of women
	Believe that a teacher with HIV should not be allowed to work	Would not buy food from a person with HIV/AIDS	Agree with at least one discriminatory statement	Agree with neither discriminatory statement	
Dushanbe	13.5	8.6	13.5	86.5	671
Khatlon	2.3	1.5	2.4	97.6	2255
Leninabad	4.3	1.6	4.8	95.2	1818
RRS	1.0	0.3	1.1	98.9	1579
GBAO	1.1	0.0	1.1	98.9	183
Urban	7.2	3.7	7.5	92.5	1446
Rural	2.0	0.9	2.2	97.8	4760
15-19	2.1	1.2	2.2	97.8	1554
20-24	2.3	1.3	2.5	97.5	1244
25-29	4.4	1.3	4.8	95.2	917
30-34	3.9	1.0	4.1	95.9	764
35-39	3.3	1.9	3.6	96.4	687
40-44	4.6	1.1	4.6	95.4	632
45-49	3.7	2.5	4.2	95.8	408
Education					
None	2.5	0.8	2.5	97.5	119
Primary	1.1	1.1	1.1	98.9	89
Secondary +	3.2	1.6	3.4	96.6	5983
Total	3.2	1.6	3.4	96.6	6206

Table 32: Percentage of women aged 15-49 who have sufficient knowledge of HIV/AIDS transmission, Tajikistan, 2000

	Heard of AIDS	Know 3 ways to prevent HIV transmission	Correctly identify 3 misconceptions about HIV transmission	Have sufficient knowledge	Number of women
Dushanbe	76.8	29.6	12.9	2.4	371
Khatlon	6.4	1.2	2.3	0.5	2255
Leninabad	27.9	5.1	5.6	1.4	1818
RRS	16.8	1.7	1.8	0.4	1579
GBAO	10.9	2.7	2.2	1.6	183
Urban	40.8	12.0	8.8	1.9	1446
Rural	13.3	1.9	2.2	0.6	4760
15-19	10.4	2.2	2.4	0.5	1554
20-24	17.3	3.3	2.8	0.7	1244
25-29	26.0	5.7	5.8	1.0	917
30-34	25.9	5.4	5.0	0.9	764
35-39	25.5	5.4	4.8	1.6	687
40-44	22.8	5.4	4.0	1.3	632
45-49	22.1	5.6	3.2	0.7	408
Education					
None	4.2	0.8	0.0	0.	119
Primary	10.1	0.0	2.2	0.0	89
Secondary +	20.1	4.3	3.8	0.9	5983
Total	19.7	4.2	3.8	0.9	6206

Table 33: Percentage of women aged 15-49 who know where to get an AIDS test and who have been tested, Tajikistan, 2000

	Know a place to get tested	Have been tested	If tested, have been told result	Number of women
Dushanbe	44.5	36.9	94.2	371
Khatlon	2.6	0.6	84.6	2255
Leninabad	16.5	8.3	96.7	1818
RRS	2.8	1.8	42.9	1579
GBAO	9.3	0.5	0,0	183
Urban	23.4	15.3	91.4	1446
Rural	5.2	2.3	88.9	4760
15-19	3.7	1.7	88.9	1554
20-24	8.0	4.6	91.2	1244
25-29	13.4	8.3	92.1	917
30-34	12.7	6.7	82.4	764
35-39	12.1	7.6	90.4	687
40-44	12.0	6.3	92.5	632
45-49	12.0	6.4	96.2	408
Education				
None	1.7	0.8	100.0	119
Primary	3.4	0,0	0	89
Secondary +	9.6	5.5	90.2	5983
Total	9.4	5.3	90.3	6206

Table 34: Percentage of married or in union women aged 15-49 who are using (or whose partner is using) a contraceptive method, Tajikistan, 2000

	Percent of married or in-union women who are using:												Total	Any modern method	Any traditional method	Any method	Number of currently married women
	No method	Female sterilization	Male sterilization	Pill	IUD	Injections	Condom	Diaphragm foam/jelly	LAM	Periodic abstinence	Withdrawal	Other					
Dushanbe	70.3	0.0	0.0	1.7	26.6	0.0	0.4	.0	.0	0	0.4	0.4	100.0	28.8	0.9	29.7	229
Khatlon	75.5	0.2	0.1	0.0	21.6	1.7	0.1	.0	.0	0.7	0.1	0.0	100.0	23.7	0.8	24.5	1374
Leninabad	48.9	0.2	0.2	1.1	30.1	0.6	0.8	.0	3.0	6.2	8.8	0.2	100.0	32.9	18.2	51.1	1272
RRS	77.3	0.2	.0	0.5	20.5	0.5	0.2	0	.0	0.2	0.4	0.2	100.0	21.9	0.8	22.7	972
GBAO	36.7	1.0	1.0	0.0	50.0	1.0	2.0	.0	.0	7.1	1.0	0	100.0	55.1	8.2	63.3	98.0
Urban	61.0	0.6	0.1	1.0	31.2	0.3	0.6	.0	1.2	2.2	1.6	0.1	100.0	33.8	5.2	39.0	893
Rural	67.6	0.1	0.1	0.5	23.3	1.1	0.4	0	0.9	2.5	3.5	0.1	100.0	25.4	7.0	32.4	3052
< 20 years	91.1	0.0	.0	0.0	3.9	0	0	.0	2.8	0	2.2	0	100.0	3.9	5.0	8.9	180
20-24 years	81.6	0	0.4	0.1	10.7	0.5	0.3	.0	2.0	1.3	3.0	0.1	100.0	12.0	6.4	18.4	794
25-49 years	60.4	0.3	0.1	0.7	30.2	1.1	0.5	0	0.6	2.9	3.1	0.1	100.0	32.9	6.7	39.6	2971
Education																	
None	82.6	1.6	.0	1.6	10.9	1.6	.0	.0	.0	.0	1.6	.0	100.0	15.6	1.6	17.2	64
Primary	77.8	0	.0	0	20.0	0	2.2	.0	.0	0	0	0	100.0	22.2	0	22.2	45
Secondary +	65.6	0.2	0.1	0.6	25.4	0.9	0.4	0	1.0	2.5	3.1	0.1	100.0	27.6	6.8	34.4	3827
Total	66.1	0.2	0.1	0.6	25.1	0.9	0.4	.0	1.0	2.5	3.0	0.1	100.0	27.3	6.6	33.9	3945

Table 35: Percent distribution of women aged 15-49 with a birth in the last year by type of personnel delivering antenatal care, Tajikistan, 2000

	Person delivering antenatal care						Total	Any skilled personnel	Number of women
	Doctor	Nurse	Midwife	Health assistant	Traditional birth attendant	No antenatal care received			
Dushanbe	79.5	9.1	0.0	6.8	0	4.5	100.0	88.6	44
Khatlon	47.6	12.6	0.3	4.7	0.6	34.1	100.0	60.6	317
Leninabad	77.4	12.9	0	0.9	0	8.8	100.0	90.3	217
RRS	51.8	13.1	0	4.5	0.4	30.2	100.0	64.9	245
GBAO	50.0	50.0	0	0	0	.0	100.0	100.0	4
Urban	78.4	4.9	0	2.5	0.6	13.6	100.0	83.3	162
Rural	53.5	14.7	0.2	4.1	0.3	27.2	100.0	68.4	665
Education									
None	44.4	0	0	11.1	0	44.4	100.0	44.4	9
Primary	25.0	25.0	0	0	0	50.0	100.0	71.8	4
Secondary +	58.7	12.9	0.1	3.7	0.4	24.2	100.0	71.8	811
Total	58.4	12.8	0.1	3.7	0.4	24.5	100.0	71.3	827

Table 36: Percent distribution of women aged 15-49 with a birth in the last year by type of personnel assisting at delivery, Tajikistan, 2000

	Person assisting at delivery						Total	Any skilled personnel	Number of women
	Doctor	Nurse	Midwife	Health assistant	Traditional birth attendant	Other/missing			
Dushanbe	59.1	22.7	0.0	.0	.0	7.4	100.0	92.6	145
Khatlon	29.8	20.4	48.5	.0	.0	1.2	100.0	98.8	75
Leninabad	32.3	9.1	41.6	.0	2.0	15.0	100.0	83.0	45
RRS	29.3	9.8	48.8	.0	2.4	9.8	100.0	87.8	38
GBAO	7.8	3.3	10.0	46.7	26.7	5.6	100.0	21.1	84
Urban	31.7	16.4	45.4	.0	.0	6.6	100.0	93.4	195
Rural	21.3	9.7	29.0	20.3	12.6	7.2	100.0	59.9	192
Education									
None	15.2	2.3	16.9	28.5	28.5	8.5	100.0	34.4	46
Primary	19.8	17.5	28.5	20.3	8.1	5.8	100.0	65.7	114
Secondary +	32.2	13.0	45.7	1.2	.8	7.1	100.0	90.8	228
Total	26.5	13.1	37.2	10.1	6.2	6.9	100.0	76.8	387

Table 37: Percent distribution of children aged 0-59 months by whether birth is registered and reasons for non-registration, Tajikistan, 2000

	Birth is registered	DK if birth registered	Birth is not registered because:						Reason DK or Missing	Total	No. of children
			Costs too much	Must travel far	Didn't know it should be where to register	Doesn't know register	Other				
Male	75.4	2.2	16.5	1.4	0.2	0.3	3.2	0.5	100.0	1808	
Female	73.7	2.5	16.9	1.0	0.1	0.4	4.2	0.8	100.0	1727	
Dushanbe	62.2	5.4	17.8	8.1	0.5	1.1	4.9	0.0	100.0	185	
Khatlon	71.1	1.0	24.1	1.4	0.2	0.5	0.6	0.9	100.0	1333	
Leninabad	92.0	0.5	3.5	0.1	0.0	0.1	2.7	0.5	100.0	1024	
RRS	62.9	5.8	20.0	0.9	0.2	0.3	9.1	0.6	100.0	939	
GBAO	74.1	1.9	24.1	0.0	0.0	0.0	0.0	0.0	100.0	54	
Urban	77.0	1.5	14.0	2.7	0.1	0.7	3.1	0.8	100.0	738	
Rural	73.9	2.6	17.4	0.8	0.2	0.3	3.8	0.6	100.0	2797	
< 6 months	44.9	3.2	25.9	4.3	0.8	1.6	16.6	2.4	100.0	374	
6-11 months	60.6	3.9	25.8	2.1	.0	0.9	5.5	0.9	100.0	434	
12-23 months	74.4	2.4	18.4	1.1	0.3	0.1	2.6	0.4	100.0	745	
24-35 months	78.2	2.1	15.6	0.8	0.0	1.1	1.9	0.8	100.0	720	
36-47 months	84.8	1.9	11.5	0.3	0.2	0.0	1.0	0.2	100.0	624	
48-59 months	87.6	1.4	9.6	0.3	0.0	0.2	0.8	0.0	100.0	638	
Mother's education											
None	59.6	6.4	17.0	4.3	2.1	0.0	8.5	2.1	100.0	47	
Primary	57.1	5.7	31.4	0.0	0.0	0.0	5.7	0.0	100.0	35	
Secondary +	74.9	2.3	16.6	1.2	0.1	0.4	3.6	0.6	100.0	3446	
Total	74.6	2.3	16.7	1.2	0.2	0.4	3.7	0.7	100.0	3535	

Table 38: Percentage of children 0-14 years of age in households not living with a biological parent, Tajikistan, 2000

	Living with both parents	Living with neither parent				Living with mother only		Living with father only		Impossible to determine	Total	Not living with a biological parent	One or both parents dead	Number of children
		Father only live	Mother only alive	Both are alive	Both are dead	Father alive	Father dead	Mother alive	Mother dead					
Male	91.1	0.1	0.4	0.3	0.3	2.7	3.5	0.4	1.1	0.1	100.0	1.1	5.4	5520
Female	92.0	0.1	0.1	0.4	0.3	2.7	3.2	0.4	0.8	0.1	100.0	0.9	4.5	5314
Dushanbe	87.7	0.0	0.2	0.0	0.5	6.5	4.3	0.0	0.5	0.3	100.0	0.7	5.5	601
Khatlon	91.1	0.1	0.2	0.3	0.4	2.5	4.6	0.2	0.6	0.0	100.0	1.0	5.9	4223
Leninabad	95.3	0.0	0.1	0.4	0.2	1.4	1.3	0.3	1.0	0.0	100.0	0.7	2.6	2809
RRS	89.3	0.2	0.6	0.5	0.2	3.4	3.4	0.8	1.5	0.1	100.0	1.5	5.9	2944
GBAO	93.4	0.0	0.4	0.0	0.0	3.5	1.6	1.2	0.0	0.0	100.0	0.4	1.9	257
Urban	87.9	0.2	0.1	0.4	0.6	4.8	5.3	0.2	0.4	0.1	100.0	1.3	6.6	2258
Rural	92.5	0.1	0.3	0.3	0.2	2.1	2.8	0.5	1.0	0.1	100.0	1.0	4.5	8576
0-4 years	95.5	0.0	0.1	0.1	0.2	2.6	1.0	0.1	0.3	0.0	100.0	0.4	1.7	3560
5-9 years	90.2	0.1	0.3	0.5	0.4	3.2	3.8	0.6	0.9	0.1	100.0	1.3	5.5	3680
10-14 years	89.0	0.2	0.4	0.5	0.4	2.3	5.1	0.5	1.6	0.1	100.0	1.4	7.6	3594
Total	91.5	0.1	0.3	0.4	0.3	2.7	3.3	0.4	0.9	0.1	100.0	1.0	4.9	10834

Table 39: Percentage of children 5-14 years of age who are currently working, Tajikistan, 2000

	Paid work	Unpaid work	Domestic work		Currently working	No. of children
			< 4 hours/day	4 or more hours/day		
Male	1.0	2.7	54.2	13.8	25.0	3707
Female	0.8	2.4	58.6	18.1	24.8	3567
5-9 years	0.1	1.4	48.7	5.2	10.3	3680
10-14 years	1.7	3.8	64.2	7.6	39.9	3594
Dushanbe	2.4	0.5	67.6	7.6	12.4	410
Khatlon	1.0	1.1	59.6	8.5	13.2	1889
Leninabad	0.7	3.0	64.5	15.6	24.2	1784
RRS	0.6	4.9	39.0	30.1	47.5	1988
GBAO	1.0	0.0	86.2	1.0	2.0	203
Urban	1.2	2.2	62.3	10.8	16.1	1510
Rural	0.8	2.6	54.8	17.2	27.2	5764
Total	0.9	2.5	56.4	15.9	24.9	7274