

Tajikistan



Monitoring the situation of children and women

Multiple Indicator Cluster Survey 2005



State Committee on Statistics
of the Republic of the Tajikistan



United Nations
Development Programme



United Nations
Population Fund



United States Agency for
International Development



Department for
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Children's Fund

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The survey has been conducted as part of the third round of MICS surveys (MICS3) carried out in more than 50 countries in 2005-2006, following the first two rounds in 1995 and 2000. Survey tools are based on models and standards developed by the Global MICS Project, designed to collect information on the situation of children and women in countries around the world. Additional information on the Global MICS Project may be obtained from www.childinfo.org.

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The 2005 Multiple Indicator Cluster Survey (MICS) provides an excellent picture of the status of children and women in Tajikistan. The MICS was developed in 1995 in response to the World Summit for Children, in order to measure progress toward an internationally agreed-upon set of mid-decade goals. Tajikistan conducted its first MICS in 2000. The current round of MICS aims to ascertain where Tajikistan stands in achieving the selected goals of A World Fit for Children, the Millennium Development Goals (MDGs) and other major international commitments. In contrast to the MICS 2000, the MICS 2005 also provides new data on areas such as child discipline, maternal mortality, marriage/union status of women, domestic violence, tuberculosis, Vitamin A access and nutritional status of children.

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Chairman of the State Committee on Statistics

Shabozov M.Sh.

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SUMMARY TABLE OF FINDINGS

Multiple Indicator Cluster Surveys (MICS) and Millennium Development Goals (MDG) Indicators, Tajikistan, 2005

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
CHILD MORTALITY					
Child mortality	1	13	Under-5 mortality rate	79	per 1,000 live births
	2	14	Infant mortality rate	65	per 1,000 live births
NUTRITION					
Nutritional status	6	4	Underweight prevalence	17.4	per cent
	7		Stunting prevalence	27.0	per cent
	8		Wasting prevalence	7.2	per cent
Breastfeeding	45		Timely initiation of breastfeeding	60.9	per cent
	15		Exclusive breastfeeding rate	25.4	per cent
	16		Continued breastfeeding rate		
			at 12-15 months	74.9	per cent
			at 20-23 months	34.2	per cent
	17		Timely complementary feeding rate	15.3	per cent
	18		Frequency of complementary feeding	7.4	per cent
	19		Adequately fed infants	15.9	per cent
Salt iodization	41		Iodized salt consumption	46.4	per cent
Vitamin A	42		Vitamin A supplementation (under-5)	46.6	per cent
	43		Vitamin A supplementation (postpartum mothers)	41.3	per cent
Low birth weight	9		Low birth weight infants	9.7	per cent
	10		Infants weighed at birth	65.9	per cent
CHILD HEALTH					
Immunization	25		Tuberculosis immunization coverage	94.5	per cent
	26		Polio immunization coverage	78.9	per cent
	27		DPT immunization coverage	81.6	per cent
	28	15	Measles immunization coverage	91.1	per cent
	31		Fully immunized children	70.6	per cent
	29		Hepatitis B immunization coverage	68.9	per cent

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
Care of illness	33		Use of oral rehydration therapy (ORT)	58.4	per cent
	34		Home management of diarrhoea	6.5	per cent
	35		Received ORT or increased fluids, and continued feeding	22.1	per cent
	23		Care seeking for suspected pneumonia	63.9	per cent
	22		Antibiotic treatment of suspected pneumonia	40.6	per cent
Solid fuel use	24	29	Solid fuels	35.0	per cent
Malaria	36		Household availability of insecticide-treated nets (ITNs)	2.0	per cent
	37	22	Under-5s sleeping under insecticide-treated nets	1.3	per cent
	38		Under-5s sleeping under mosquito nets	1.7	per cent
	39	22	Antimalarial treatment (under-5s)	1.2	per cent
Source and cost of supplies	96		Source of supplies (from public sources)		
			Oral rehydration salts	51.8	per cent
	97		Cost of supplies (median costs)		
			Oral rehydration salts public sources	2.3	somoni
		private sources	1.0	somoni	
ENVIRONMENT					
Water and sanitation	11	30	Use of improved drinking water sources	69.5	per cent
	13		Water treatment	80.4	per cent
	12	31	Use of improved sanitation facilities	93.7	per cent
	14		Disposal of child's faeces	28.9	per cent
REPRODUCTIVE HEALTH					
Contraception and unmet need	21	19c	Contraceptive prevalence	37.9	per cent
	98		Unmet need for family planning	23.7	per cent
	99		Demand satisfied for family planning	61.5	per cent

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value
Maternal and newborn health	20		Antenatal care	77.1 per cent
	44		Content of antenatal care	79.1 per cent
			Blood test taken	68.0 per cent
			Blood pressure measured	71.8 per cent
			Urine specimen taken	65.9 per cent
			Weight measured	61.7 per cent
			Blood group determined	65.1 per cent
			Gynaecological exam passed	66.5 per cent
			Pregnancy term assessed	70.6 per cent
			Ultrasound exam passed	57.5 per cent
Iron tablets received / bought	47.9 per cent			
4	17	Skilled attendant at delivery	83.4 per cent	
5		Institutional deliveries	61.7 per cent	
Maternal mortality	3	16	Maternal mortality ratio	97 per 100,000 live births
CHILD DEVELOPMENT				
Child development	46		Support for learning	59.7 per cent
	47		Father's support for learning	20.9 per cent
	48		Support for learning: children's books	17.0 per cent
	49		Support for learning: non-children's books	45.8 per cent
	50		Support for learning: materials for play	15.5 per cent
	51		Non-adult care	12.6 per cent
EDUCATION				
Education	52		Preschool attendance	10.2 per cent
	53		School readiness	25.3 per cent
	54		Net intake rate in primary education	64.8 per cent
	55	6	Net primary school attendance rate	88.7 per cent
	56		Net secondary school attendance rate	82.3 per cent
	57	7	Children reaching grade five	99.3 per cent
	58		Transition rate to secondary school	98.8 per cent
	59	7b	Primary completion rate	85.2 per cent
	61	9	Gender parity index primary school secondary school	0.99 ratio 0.83 ratio
Literacy	60	8	Adult literacy rate	95.0 per cent
CHILD PROTECTION				
Birth registration	62		Birth registration	88.3 per cent

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
Child labour	71		Child labour	10.0	per cent
	72		Labourer students	89.0	per cent
	73		Student labourers	11.8	per cent
Child discipline	74		Child discipline Any psychological/ physical punishment	74.4	per cent
Early marriage	67		Marriage before age 15	0.8	per cent
			Marriage before age 18	14.7	per cent
	68		Young women aged 15-19 currently married/in union	6.4	per cent
	69		Spousal age difference		
Women aged 15-19			5.3	per cent	
		Women aged 20-24	5.2	per cent	
Domestic violence	100		Attitudes towards domestic violence	74.4	per cent
HIV/AIDS					
HIV/AIDS knowledge and attitudes	82	19b	Comprehensive knowledge about HIV prevention among young people	2.3	per cent
	89		Knowledge of mother- to-child transmission of HIV	26.9	per cent
	86		Attitude towards people with HIV/AIDS	4.6	per cent
	87		Women who know where to be tested for HIV	12.7	per cent
	88		Women who have been tested for HIV	4.0	per cent
	90		Counselling coverage for the prevention of mother-to-child transmission of HIV	23.8	per cent
	91		Testing coverage for the prevention of mother-to-child transmission of HIV	9.8	per cent
ORPHANED CHILDREN					
Orphaned children	78		Children's living arrangements	1.8	per cent
	75		Prevalence of orphans	5.4	per cent
KNOWLEDGE OF TUBERCULOSIS TRANSMISSION					
Knowledge of tuberculosis transmission	*		Lack of knowledge about tuberculosis transmission	4.1	per cent
	*		Lack of knowledge about symptoms of tuberculosis	8.1	per cent

* Country specific indicator

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LIST OF ABBREVIATIONS

ACTED	L'Agence d'Aide à la Coopération Technique et au Développement
AIDS	Acquired Immune Deficiency Syndrome
BCG	Bacillus-Cereus-Geuerin (Tuberculosis)
CDC	United States Centres for Disease Control
CIS	Commonwealth of Independent States
CSPro	Census and Survey Processing System
DFID	Department for International Development, United Kingdom
DRD	Direct Rule District
DPT	Diphtheria Pertussis Tetanus
EPI	Expanded Programme on Immunization
GAM	Global Acute Malnutrition
GAVI	Global Alliance for Vaccines and Immunization
GBAO	Gorno Badakhshan
GPI	Gender Parity Index
HIV	Human Immunodeficiency Virus
IDD	Iodine Deficiency Disorders
ITN	Insecticide Treated Net
IUD	Intrauterine Device
LAM	Lactational Amenorrhoea Method
LSMS	Living Standard Measurement Survey
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MoH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
NAR	Net Attendance Rate
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Treatment
ppm	Parts Per Million
RHF	Recommended Home Fluids
SCS	State Committee on Statistics of the Republic of Tajikistan
SP	Sulfadoxine-Pyrimethamine
SPSS	Statistical Package for Social Sciences
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WFFC	World Fit For Children
WHO	World Health Organization



EXECUTIVE SUMMARY

The Tajikistan Multiple Indicator Cluster Survey 2005 is a nationally representative sample of households, women and children. Results pertain to September–October 2005, when fieldwork was conducted.

Child Mortality

- The infant mortality rate in Tajikistan is estimated at 65 per 1,000 live births, while the probability of dying before age of 5 is around 79 per 1,000 live births.
- Boys and girls face significant differences in the probability of dying, with boys far more disadvantaged. The infant mortality rate among boys is 75, and among girls, 54; similarly, under-5 mortality rate among boys is 92, as compared to 66 among girls.

Nutritional Status

- 1 in 6 children (17 per cent) under age 5 are moderately or severely underweight, with 4 per cent classified as severely underweight. About 1 in 4 (27 per cent) are stunted, or too short for their age, while 7 per cent are wasted, or too thin for their height.
- Children in Khatlon and GBAO are more likely to be underweight and stunted, while the lowest figures are found in Dushanbe.
- For each measure (underweight, wasting stunting), figures for children from the poorest households significantly exceed the national average.
- A child's nutritional status is strongly correlated with mother's education. Children whose mothers attended higher education are least likely to be undernourished.
- Around 4 per cent of children are overweight.
- The prevalence of Global Acute Malnutrition among children aged 12–59 months is 11 per cent. Children in Khatlon and the poorest households are more likely to be exposed to GAM (about 14 per cent).

Breastfeeding

- Only 61 per cent of women start breastfeeding their baby within one hour of birth. A significantly higher percentage (87 per cent) begin breastfeeding within one day of birth.
- Although it is recommended that all children under age 4 months are exclusively breastfed, in Tajikistan the breastfeeding rate among children at this age is slightly above 1 in 3 (36 per cent)
- The share of children aged under 6 months who are exclusively breastfed is even lower, at about 1 in 4. Exclusive breastfeeding is highest among children in Sogd and GBAO, at 45 and 51 per cent respectively.
- At age 6-9 months, 15 per cent of children are receiving breastmilk and solid or semi-solid foods.
- By age 12-15 months, three-quarters of children are still being breastfed, while about one-third remain breastfed at age 20-23 months. Boys, children in GBAO and those in the poorest households are most likely to continue breastfeeding.
- Only 7 per cent of children aged 6-11 months are being adequately fed. Among all infants aged 0-11 months, adequate feeding rises to a still-low 16 per cent, mainly because of the higher percentage of breastfed children.

Salt Iodization

- Fewer than half (46 per cent) of overall households in Tajikistan use adequately iodized salt (15 ppm or more); wide variations are found by region, ranging from 26 per cent in DRD and 27 per cent in Khatlon to 76 per cent in Sogd.
- Use of iodized salt is almost twice as high in the richest households (62 per cent) compared to the poorest (33 per cent).

Vitamin A

- Within the six months before the MICS, 47 per cent of children aged 6-59 months received a high-dose Vitamin A supplement. Another 5 per cent had received a supplement earlier. In addition, 1 of 10 children had received a Vitamin A supplement at some time, but their mother/caretaker was unable to specify when. Nearly one-third never received a Vitamin A supplement.
- Girls, children living in DRD and GBAO, and children whose mother has a secondary special education are somewhat more likely to receive Vitamin A supplementation.
- About 4 in 10 mothers with a birth in the two years before the MICS received a Vitamin A supplement within eight weeks of the birth.

Low Birth Weight

- Overall, 66 per cent of infants were weighed at birth; about 10 per cent of infants are estimated to weigh less than 2500 grams. Children in rural areas and the poorest households are most likely to be low birth weight.

Immunization

- About 83 per cent of children aged 18 to 29 months had health cards, either at home or at health facilities. Only 9 per cent had a vaccination card at home.
- Nearly all (95 per cent) children aged 18-29 months received a BCG vaccination by age 12 months. All three doses of DPT and polio were given to 82 per cent and 79 per cent respectively. A total of 91 per cent of children of the same age group received a measles vaccine by age 18 months.
- Fewer than 3 in 4 children (71 per cent) had all eight recommended vaccinations (BCG, three doses of DPT, three doses of polio and measles), according to the National Immunization Programme. The percentage of children vaccinated at any time before the MICS survey was 77 per cent, indicating slight delays in vaccinations.
- About 85 per cent of children aged 18-29 months received the first dose of hepatitis B vaccine by age 12 months. The prevalence of subsequent doses of hepatitis B vaccine drops to 77 per cent for the second dose and 69 per cent for the third dose.
- Significant regional differences in immunization coverage exist: the highest percentage of children who are fully immunized is in Sogd, at 87 per cent, while the lowest is in GBAO and DRD, at 69 and 70 per cent respectively. Urban children (82 per cent) are more likely to be fully immunized than rural children (76 per cent).

Oral Rehydration Treatment

- Overall, 13 per cent of under-5 children had diarrhoea in the two weeks preceding the survey, corresponding to 3.4 episodes per child annually. Diarrhoea prevalence was highest in DRD, at 15 per cent, and lowest in Dushanbe, at 10 per cent.
- Fewer than 3 in 5 (58 per cent) of children with diarrhoea received one or more recommended home treatments, while 42 per cent received no treatment.

- Home management of diarrhoea is very low, at only 6 per cent, with significant regional differences (3 per cent in Khatlon, 19 per cent in Dushanbe) and urban-rural differences (9 and 6 per cent respectively).
- 22 per cent of children with diarrhoea received ORT or increased fluids and continued feeding, with similar variations by background characteristics as for home management of diarrhoea.

Care Seeking and Antibiotic Treatment of Pneumonia

- 2 per cent of children aged 0-59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey. Of these, nearly 2 in 3 (64 per cent) were taken to an appropriate provider.
- About 41 per cent of under-5 children with suspected pneumonia had received an antibiotic during the two weeks before the survey.
- Only 3 per cent of women know the two danger signs of pneumonia – fast and difficult breathing – identified by 14 per cent and 13 per cent of mothers respectively as warranting taking a child to a health care provider. By far the most commonly identified symptom for seeking health care for a child was fever (88 per cent).

Solid Fuel Use

- Overall, more than one-third (35 per cent) of households in Tajikistan use solid fuels for cooking. Such use is significantly lower in urban areas (8 per cent), Dushanbe (1 per cent) and among the richest households (2 per cent).
- More than half (53 per cent) of households that use solid fuels for cooking have an open stove or fire with a chimney. About 44 per cent use an open stove or fire with no chimney or hood, while the proportion of closed stoves with chimney is below 1 per cent.

Malaria

- Only 5 per cent of households in Tajikistan have at least one mosquito net. The availability of insecticide treated net is even lower, at 2 per cent. The proportion of households with at least one bed net is highest in Khatlon (8 per cent) and Sogd (6 per cent), while in other regions the result is below 1 per cent.
- Only 2 per cent of children under the age 5 slept under any mosquito net the night before the survey, and 1 per cent slept under an insecticide treated net.
- About 7 per cent of under-5 children were ill with fever in the two weeks before the survey. Fever prevalence declined with age and peaked at 12-23 months (10 per cent). Only 2 per cent of children with fever in the previous two weeks were treated with an appropriate anti-malarial drug.

Sources and Cost of Supplies

- For more than half of children with diarrhoea (52 per cent), ORS was obtained from public sources; of these, 78 per cent were free. The median price of ORS not obtained for free was 2.3 somoni. A total of 12 per cent of ORS were obtained from private sources, of which only 9 per cent were free. For others, the median cost was 1 somoni.

Water and Sanitation

- Overall, 7 in 10 people in Tajikistan (70 per cent) use an improved source of drinking water, but the variation between urban and rural areas is wide (93 and 61 per cent respectively). The situation in GBAO and Khatlon is considerably worse than in other regions, at only 51 and 55 per cent respectively. Only 48 per cent of poorest population, compared to 95 per cent of the richest, has access to an improved water source.
- 80 per cent of the population use an appropriate water treatment method, most commonly boiling to make water safer for drinking.
- For one-quarter of all households, it takes less than 15 minutes to get to a water source and bring water, while 16 per cent of household need to spend more than 30 minutes for this purpose. Excluding those households with water on the premises, the average time to the source of drinking water is 26 minutes. In most households, women usually collect the water.
- Nearly the entire population (94 per cent) live in households using improved sanitation facilities. The proportion stands at 97 per cent in urban areas, 92 per cent in rural areas. Residents of GBAO are less likely than others to use improved facilities. The most common type of sanitation is pit latrine with slab (79 per cent), while only 13 per cent of the population has sanitation connected to a sewage system.

Contraception

- Current use of contraception was reported by 38 per cent of women currently married or in union. Modern contraceptive methods are more used than traditional, at 33 compared to 5 per cent. By far the most popular method is IUD, used by 1 in 4 married women; the next most popular is lactational amenorrhoea method (LAM), at 3 per cent.
- Contraceptive prevalence is highest in Sogd, at 46 per cent, and lowest in DRD, at only 29 per cent.
- Fewer than 1 in 10 (9 per cent) of married or in-union women aged 15-19 use a method to prevent pregnancy, compared to 1 in 4 20- to 24-year-olds and half of women aged 35 to 39.

Unmet Need

- Nearly 1 in 4 women (24 per cent) have an unmet need for contraception, which mainly manifests as unmet need for limiting (15 per cent). Unmet need for spacing (9 per cent) is mainly found among women aged 15 to 24.

Antenatal Care

- Nearly 4 in 5 pregnant women (79 per cent) received antenatal care one or more times during pregnancy. Antenatal care coverage is lower among older, less educated and poor women.
- More than 3 in 4 pregnant women (77 per cent) received antenatal care from skilled personnel.
- Medical doctors provided antenatal care to 68 per cent of women, while nurses/midwives looked after 9 per cent.

Assistance at Delivery

- More than 4 in 5 births in the year before the MICS survey (83 per cent) were delivered by skilled personnel. Less educated, poorer and older women are behind the national average, with proportions ranging from 53 to 70 per cent.
- About 62 per cent of births in the two years before the survey were delivered in health facilities. A lower share of institutional deliveries is recorded in Khatlon and GBAO, at 42 and 45 per cent respectively.

Maternal Mortality

- The estimated maternal mortality level in Tajikistan stands at 97 per 100,000 live births.

Child Development

- For almost two-thirds (60 per cent) of under-5 children, an adult engaged in four or more activities that promote learning and school readiness during the three days preceding the survey; the average number of activities was 3.7. Fathers' involvement with one or more activities was significantly lower, at only 21 per cent.
- Children from DRD, rural areas and poor households, as well as children whose parents are less educated, are less likely to be involved in learning-promotion activities.
- About 46 per cent of children aged 0-59 months live in households where at least three non-children's books are present. However, only 17 per cent live in households that have children's books.
- 13 per cent of children were left with inadequate care during the week before the survey. Inadequate care is more prevalent among children in Khatlon and Sogd, those from poor households and children whose mothers had secondary special education.

Preschool Attendance and School Readiness

- Only 10 per cent of children aged 36-59 months attend preschool, with attendance highest in Dushanbe (33 per cent) and lowest in DRD (4 per cent). Higher wealth status is positively correlated with children attending preschool.
- One-quarter of 7-year-olds attending the first grade of primary school were enrolled in preschool the previous year. Attendance was almost four times higher in urban than rural areas.

Primary and Secondary School Participation

- Among children of primary school entry age (7 years), two-thirds (65 per cent) are attending the first grade of primary school. Children from urban areas, Dushanbe and the richest households most often start primary education on time.
- Most children of primary school age are attending school (89 per cent of children aged 7 to 10 years).
- About 82 per cent of children aged 11-17 are attending secondary school or higher. Geographical variations show that a higher proportion of boys and children from GBAO, Dushanbe and urban areas attend.
- Nearly all children starting grade one will eventually reach grade five (99 per cent).
- The Gender Parity Index (GPI) for primary school is 0.99, indicating virtually no difference in girls' and boys' attendance. However, the indicator drops to 0.83 for secondary education.
- Girls' disadvantage is slightly less pronounced in Sogd and GBAO, as well as among urban and richer children.

Adult Literacy

- The literacy rate among young women (15-24 years) is 95 per cent, although younger women (aged 15-19) are less literate than women aged 20-24. Unsurprisingly, the literacy level is much lower among women with none or primary education, at 12 and 32 per cent respectively. Women in the richest households are the most literate.

Birth Registration

- The births of a large majority of children under-5 (88 per cent) have been registered. A surprising finding is that birth registration is higher among rural than urban children, at 90 compared to 85 per cent. The indicator rises from 82 per cent among children aged 0-11 months to 92 per cent among children aged 48-59 months, which indicates delayed registration.
- Cost appears to be the main reason for non-registration (42 per cent).

Child Labour

- 10 per cent of children aged 5-14 years are involved in child labour, mainly unpaid and domestic work. The proportion is highest in GBAO, at nearly one-quarter of children. The poorest children, children whose mothers have no education and those aged 12-14 years are most exploited regarding child labour.
- Out of the 75 per cent of children aged 5-14 years attending preschool or school, 12 per cent are involved in child labour. On the other hand, out of the 10 per cent of the children classified as child labourers, the vast majority also attend school (89 per cent).

Child Discipline

- Nearly 3 in 4 children in Tajikistan aged 2-14 years (74 per cent) have been subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members. A total of 16 per cent of children were subjected to severe physical punishment and 55 per cent to minor physical punishment, while 70 per cent were disciplined through psychological punishment.
- Every fifth child in Tajikistan has been disciplined through non-violent methods, while 7 per cent have never been punished nor disciplined.

Early Marriage

- Less than 1 per cent of women aged 15-49 in Tajikistan are married before age 15, but almost 15 per cent of all women aged 20 to 49 married before age 18. The highest rate of marriage before age 18 is among women aged 25-29 years (23 per cent). This practice also is more prevalent among poor and Tajik women, among whom about 1 in 6 women married before age 18. A total of 6 per cent of women aged 15-19 are married or in union.
- About 5 per cent of married/in-union women aged 15-19 are married to a partner 10 or more years older; the percentage is the same among women aged 20-24 years. This indicator is strongly correlated with the woman's educational level.

Domestic Violence

- 3 out of 4 married/in-union women in Tajikistan feel that their husband/partner has a right to hit or beat them for at least one of a variety of scenarios. A vast majority (86 per cent) believe that their partner has a right to hit or beat them if they argue with him. More acceptance is found among rural, less educated and poorer women.
- Surprisingly, acceptance is highest among young married women; 85 per cent of women aged 15-29 said their partner is justified in hitting them, although the proportion falls to 69 per cent among women aged 45-49.
- Only 1 in 3 married/in-union woman participates in decision making regarding household purchases, her health and her social life. On the other hand, 39 per cent of women make none of these decisions. A woman's right to participate is strongly correlated with her education level and household wealth.

HIV/AIDS

- 42 per cent of women in Tajikistan had heard of AIDS. Significantly, however, the percentage who know all three main ways of preventing HIV transmission is very low, at 11 per cent.
- Only 6 per cent of women reject the two most common misconceptions regarding HIV (that it cannot be transmitted by sharing food or being bitten by a mosquito) and know that a healthy-looking person can be infected. This percentage is somewhat higher among more educated and Russian-speaking women.
- An alarming finding is that only 4 per cent of women have comprehensive knowledge about HIV transmission (identifying 2 prevention methods and 3 misconceptions). Among women aged 15-24, the proportion with comprehensive knowledge is even lower, at 2 per cent.
- Overall, 37 per cent of women know that HIV can be transmitted from mother to child. Only 10 per cent know all three ways of mother-to-child transmission, however, while 4 per cent know no specific way.
- An overwhelming 95 per cent of women in Tajikistan who have heard of AIDS agree with at least one discriminatory statement. The most common discriminatory attitude is refusal to buy fresh vegetables from a person with HIV/AIDS.
- Only 13 per cent of women know where to be tested, while 4 per cent have actually been tested. Of these, a large proportion have been told the result (87 per cent).
- Although 77 per cent of women who gave birth in two years preceding the survey received antenatal care, less than one-quarter of women were informed about HIV prevention. Only 11 per cent of women were tested for HIV during antenatal care visit.

Orphans

- 88 per cent of children younger than age 17 live with both parents. About 2 per cent of children of this age do not live with a biological parent, while one or both parents of 5 per cent of children have died.

Knowledge of Tuberculosis Transmission

- 1 in 2 women aged 15-49 has heard of tuberculosis; of these, about two-thirds (67 per cent) know it can be cured.
- A high percentage of women (88 per cent) would take care of a family member who had TB and completed hospital treatment. Even so, one-third of women would like to keep it a secret if a family member contracted tuberculosis.
- A large majority of women (88 per cent) think TB should be treated in a hospital.

I. INTRODUCTION

Background

This report is based on the Tajikistan Multiple Indicator Cluster Survey, conducted in 2005 by the State Committee on Statistics of the Republic of Tajikistan (SCS), supported by its regional-level offices as well as the Ministry of Health, Ministry of Education, Ministry of Labour and Social Protection, and the Youth Committee. The survey provides valuable information on the situation of children and women in Tajikistan and was based, in large part, on the need to monitor progress toward goals and targets emanating from recent international agreements: the Millennium Declaration, adopted by all 191 United Nations Member States in September 2000, and the Plan of Action of the World Fit For Children, adopted by 189 Member States at the United Nations Special Session on Children in May 2002. Both of these commitments are built upon promises made by the international community at the 1990 World Summit for Children.

In signing these international agreements, governments committed themselves to improving conditions for their children and to monitoring progress toward that end. UNICEF was assigned a supporting role in this task (see box below).

A Commitment to Action: National and International Reporting Responsibilities

The governments that signed the Millennium Declaration and the World Fit for Children Declaration and Plan of Action also committed themselves to monitoring progress toward the goals and objectives they contained:

“We will monitor regularly at the national level and, where appropriate, at the regional level and assess progress toward the goals and targets of the present Plan of Action at the national, regional and global levels. Accordingly, we will strengthen our national statistical capacity to collect, analyze and disaggregate data, including by sex, age and other relevant factors that may lead to disparities, and support a wide range of child-focused research. We will enhance international cooperation to support statistical capacity building efforts and build community capacity for monitoring, assessment and planning.” (A World Fit for Children, para. 60)

“... We will conduct periodic reviews at the national and sub-national levels of progress in order to address obstacles more effectively and accelerate actions...” (A World Fit for Children, para. 61)

The Plan of Action (para. 61) also calls for the specific involvement of UNICEF in the preparation of periodic progress reports:

“... As the world’s lead agency for children, the United Nations Children’s Fund is requested to continue to prepare and disseminate, in close collaboration with governments, relevant funds, programmes and the specialized agencies of the United Nations System, and all other relevant actors, as appropriate, information on the progress made in the implementation of the Declaration and the Plan of Action.”

Similarly, the Millennium Declaration (para. 31) calls for periodic reporting on progress:

“... We request the General Assembly to review on a regular basis the progress made in implementing the provisions of this Declaration, and ask the Secretary-General to issue periodic reports for consideration by the General Assembly and as a basis for further action.”

In recent years, the Government of Tajikistan has increased its political commitment and capacity in undertaking social reforms in line with realization of the Millennium Development Goals (MDGs) and the rights of children and women. In 2005 the Government made major progress toward the MDGs by completing an MDG Needs Assessment and draft National Development Strategy. However, much still remains to be done, especially in the areas of access to quality health, education and child protection services. Indeed, Tajikistan continues to be in great need of additional international support in order to meet the MDG targets, as well as to fulfil its commitment to the realization of children's and women's rights. Completion of the 2005 MICS will complement this strategically related work by providing updated baseline data for future planning and implementation by all stakeholders and duty bearers. It is expected that MICS 2005 findings will further enhance evidence-based policy planning and analysis of the Government, thus contributing to more systematic policy development and implementation toward the MDGs and a World Fit for Children (WFFC).

This final report presents the results of the indicators and topics covered in the survey.

Survey Objectives

The MICS 2005 has as its primary objectives:

- ✓ To provide up-to-date information for assessing the situation of children and women in Tajikistan
- ✓ To furnish data needed for monitoring progress toward goals established in the Millennium Declaration and WFFC as well as other internationally agreed-upon goals, using this as 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. SAMPLE AND SURVEY METHODOLOGY

Sample Design

The sample for the Tajikistan MICS was designed to provide estimates on a large number of indicators on the situation of children and women at the national level, for urban and rural areas, and for five regions: Dushanbe (the capital), Direct Rule Districts (DRD), Sogd, Khatlon and Gorno Badakhshan (GBAO). Regions were identified as the main sampling domains, and the sample was selected in two stages. Across all regions, 290 census enumeration areas were selected with probability proportional to size. Because the sample frame (Tajikistan population census of 2000) was not up to date, household lists in each enumeration area were updated before the selection of households. After a household listing and mapping was carried out in each enumeration area, a systematic sample of 6,968 households was drawn. All enumeration areas were successfully visited during the fieldwork. Because the distribution of clusters between sampling domains was not proportional to the census distribution of population, and consequently neither was the final household distribution, the sample is not self-weighting. For reporting national-level results, sample weights are used. A more detailed description of the sample design can be found in Appendix A.

Questionnaires

Three sets of questionnaires were used in the survey: 1) a household questionnaire to collect information on all de jure household members, the household and the dwelling; 2) a women's questionnaire administered in each household to all women aged 15-49; and 3) an under-5 questionnaire, administered to mothers or caretakers of all children under 5 in the household.

The Household Questionnaire included:

- Household listing
- Education
- Water and sanitation
- Household characteristics
- Insecticide treated net (ITN)
- Child labour
- Child discipline
- Maternal mortality
- Salt iodization

The Questionnaire for Individual Women included:

- Child mortality
- Maternal and newborn health
- Marriage and union
- Contraception

- Attitudes toward domestic violence
- HIV knowledge
- Tuberculosis

The Questionnaire for Children Under 5 normally was administered to mothers of under-5 children;¹ when the mother was not listed in the household roster, a primary caretaker for the child was identified and interviewed. The questionnaire included:

- Birth registration and early learning
- Child development
- Vitamin A
- Breastfeeding
- Care of Illness
- Malaria
- Immunization
- Anthropometry

The questionnaires are based on the MICS3 model questionnaire.² To select the most important topics to be covered by the survey, parents were consulted in Dushanbe. Following these consultations, model MICS3 questionnaires were adjusted to reflect the country-specific situation. The Tajikistan MICS questionnaires encompassed a number of important additions to obtain data that are missing, and valuable for learning about the country's population in general and women's and children's health in particular. For example, the salt iodization module was expanded with a number of questions concerning salt acquisition and consumption patterns. The Questionnaire for Individual Women incorporated additional questions on pregnancy outcomes, antenatal health services, knowledge of contraceptives and participation of women in household decision making, as well as a module on tuberculosis.

From the MICS3 model English version, the questionnaires were translated into Tajik and Russian. After adaptation, they were pre-tested during July 2005 in both urban and rural areas in districts close to Dushanbe. Based on these results, modifications were made to the wording and translation of the questionnaires. The final questionnaires used in the survey were approved by the Coordinating Committee; copies are provided in Appendix F.

In addition to administration of questionnaires, fieldwork teams tested salt used for cooking in the households for iodine content, and measured the weights and heights of under-5 children. Details of these measurements are provided in respective sections of the report.

Training and Fieldwork

Training for the fieldwork was conducted over nine days in August 2005; this included lectures on interviewing techniques and the contents of the questionnaires, as well as mock interviews between trainees for practice in asking questions. Training also included practicing anthropometry measurements and iodine tests. Resource people from UNFPA, Action Against Hunger, ACTED and UNICEF made presentations on family planning, anthropometry, insecticide treated nets, maternal and child

1 The terms "children under 5," "children aged 0-4 years" and "children aged 0-59 months" are used interchangeably in this report.

2 The model MICS3 questionnaire can be found at www.childinfo.org, or in UNICEF, 2006.

health, HIV/AIDS and salt iodization. In addition to in-class training, participants further practiced their interviewing skills during a two-day fieldwork exercise. A final session was held to address any lasting concerns or issues to be faced in the field.

Participants selected as field supervisors and editors were given an additional day of training on how to supervise fieldwork and edit questionnaires. These participants also practiced interviewing in urban and rural areas in a district close to Dushanbe.

Data were collected by 14 teams, each comprised of three female interviewers, one driver, one female editor/measurer and one supervisor. Senior staff from SCS and two national fieldwork coordinators supervised the fieldwork activities. Fieldwork began in early September and was concluded in mid-October.

Data Processing

Twelve data entry operators entered data into 12 microcomputers using CSPro software. To ensure quality control, all questionnaires were double-entered and faced internal consistency checks. Procedures and standard programmes developed under the Global MICS3 Project and adapted to the Tajikistan questionnaire were used throughout. Data processing began simultaneously with data collection in September 2005 and was completed by the end of October 2005. Data were then analyzed using the Statistical Package for Social Sciences (SPSS) software programme, Version 14, and the model syntax and tabulation plans developed by UNICEF for this survey.

III.SAMPLE COVERAGE AND THE CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Sample Coverage

Of the 6,968 households selected for the sample, 6,961 were found to be occupied. Of these, 6,684 were successfully interviewed, for a household response rate of 96 per cent. In the interviewed households, 10,626 women (aged 15-49) were identified. Of these, 10,243 were successfully interviewed, also yielding a response rate of 96 per cent. In addition, 4,370 children under age 5 were listed. Questionnaires were completed for 4,273 of these children, corresponding to a response rate of 98 per cent. Overall response rates of 93 and 94 per cent are calculated for the women's and under-5s' interviews respectively (Table HH.1).

Household response rates are slightly higher in rural than in urban areas, 97 compared to 94 per cent. Response rates in Dushanbe are a little lower than in others regions, perhaps because of the busy lifestyle of respondents in the capital. The lowest women's response rate is noted in GBAO, at 88 per cent, which was somewhat surprising given that the region is known for its hospitality. Differences between the number of sampled and occupied households are almost nonexistent because of the updated household listings.

Characteristics of Households

The age and sex distribution of the survey population is provided in Table HH.2. The distribution also is used to produce the population pyramid in Figure HH.1. In the 6,684 households successfully interviewed in the survey, 41,695 household members were listed. Of these, 20,919 were males and 20,776 were females. These figures also indicate that the survey estimated the average household size at 6.2 persons.

The age and sex distribution of the surveyed population accords with the 2000 census data. The proportion of population in the 5-19 age group is highest and decreases with each subsequent five-year interval. Tajikistan's population is relatively young, in that the median age is 20 years (meaning that half the population is younger than 20). The population aging index³ according to the survey results is 0.1, the same as in the census data. The single-year age distribution (Table DQ.1 and Figure DQ.1 in Appendix D) shows a constant decline in population size in each year after age 20. A slight decrease in

3 Proportion of population from the age of 60 and above and population aged 0-19.

the share of the population aged 0-4 exists compared to the previous 15 years. The male-female ratio shows small variations in each observed age band.

The overall dependency ratio⁴ is 73 per cent. Survey results indicate that the 0-14 age group makes up about 38 per cent of total population, while the population aged 65 years and older comprises 4 per cent. The economically active population (aged 15-64) thus make up 58 per cent of Tajikistan's total population.

As the basic check of the quality of age reporting, the percentage of missing data is shown in Table DQ.6 in Appendix D. The age of almost all the survey population was collected. For all interviewed women the year of birth was collected, and fewer than 0.5 per cent of women did not report the exact month and year of birth. By contrast, the complete date of birth (both month and year) was collected for almost every child under 5.

Figure HH.1. Age and Sex Distribution of Household Population, Tajikistan, 2005

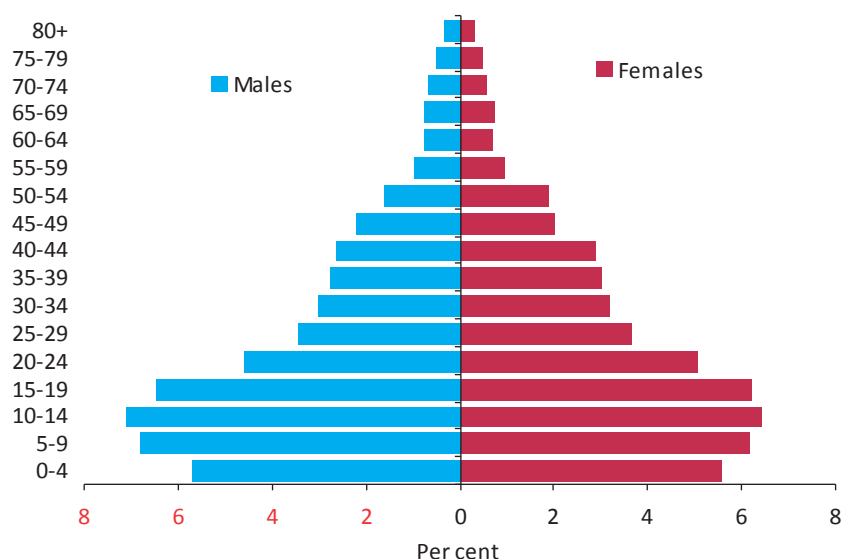


Table HH.3 provides basic background information on the households. Within households, the sex of household head, region, urban/rural status and number of household members are shown in the table. These background characteristics also are used in subsequent tables in the report; the figures in the table likewise are intended to show the numbers of observations by major categories of analysis.

The totals of weighted and unweighted numbers of households are equal, since sample weights were normalized (see Appendix A). Table HH.3 also shows the proportions of households where at least one child under 18, one child under 5, and one eligible woman aged 15-49 were found.

⁴ Age dependency ratio is the ratio of persons in the “dependent” ages (under 15 years and over 64 years) to those in the “economically productive” ages (15-64 years).

Since approximately equal allocation of the total sample size among the five regions was targeted, weighted and unweighted numbers of households in each region differ significantly. This way, results were gained for all observed regions; later, by using sample weights, the model was adjusted to the census data.

About 67 per cent of households live in rural areas, while the rest are urban. Regional distribution of households is in accordance with the census data. Sogd and Khatlon are regions with the largest number of households, about two-thirds of the total. Some 11 per cent of households are in the capital, while the lowest number, 3 per cent, are from GBAO. In most households the household head is male.

Household distribution by size shows that almost two-thirds of households have between four and seven members. One-member households in Tajikistan are very rare; only 3 per cent of households fit this category. At least one woman aged 15 to 49 lives in 93 per cent of households, and in 46 per cent lives at least one child under 5. In 9 out of 10 households lives at least one child under age 18.

Characteristics of Respondents

Tables HH.4 and HH.5 provide information on the background characteristics of female respondents aged 15-49 and of children under age 5. In both tables, the total numbers of weighted and unweighted observations are equal, since sample weights have been normalized (standardized). In addition to providing useful information on background characteristics of women and children, the tables also show the numbers of observations in each category. These categories are used in subsequent tabulations.

Like the description of a household's background characteristics, the numbers of weighted and unweighted women and children under 5 across regions are different because of the equal sample allocation to the five regions. By using sample weights, the model was adjusted to the census data.

Table HH.4 provides background characteristics of female respondents aged 15-49. The table includes information on the distribution of women according to region, urban-rural areas, age, marital status, motherhood status, education⁵ and wealth index quintiles⁶.

Most women aged 15 to 49 live in Khatlon and Sogd, 34 and 32 per cent respectively. A total of 23 per cent live in the DRD region, 9 per cent in Dushanbe and only 3 per cent in GBAO. Urban-rural patterns follows the distribution of households: 72 per cent of women live in rural areas and 28 per cent in urban settlements. These data were expected, being in accordance with the census data.

5 Throughout this report, "education" as a background variable, unless otherwise stated, refers to the educational level attended by the respondent. In addition, in the case of secondary education (incomplete/complete) it refers to the finished educational level.

6 Principal component analysis was performed by using information on the ownership of household goods and amenities (assets) to assign weights to each household asset, and to obtain wealth scores for each household. Assets used in these calculations were: number of rooms for sleeping per member; floor, roof and wall material of dwelling; type of water sources and sanitation; type of fuel for cooking; electricity, radio, television, mobile, phone, refrigerator, electric water heater, table, chair, mirror, washing machine, vacuum cleaner, video player, cupboard, suite of furniture, watch, bike, motorcycle/scooter, animal-drawn cart, car/truck, computer and tractor/combine. Each household was then weighted by the number of household members, and the household population was divided into five groups of equal size, from the poorest quintile to the richest quintile, based on the wealth scores of households. The wealth index is assumed to indicate the underlying long-term wealth through information on household assets and is intended to produce the ranking of households according to wealth, from poorest to the richest. However, the wealth index does not provide information on absolute poverty, current income or expenditure levels, and wealth scores are applicable only to the particular data set on which they are based. Further information on the construction of the wealth index can be found in Rutstein and Johnson, 2004, and Filmer and Pritchett, 2001.

The largest proportion of women are aged 15 to 19 (24 per cent); in each subsequent age category the proportion of women progressively decreases. The share of women aged 40-44 and 45-49 is significantly lower, at 11 and 8 per cent respectively.

Nearly two-thirds of all women in this sample are currently married or in a union, while 34 per cent have never been married. Distribution by motherhood status is similar: 61 per cent of women have given birth, compared to 39 per cent who have never given birth. More than half of women completed secondary school and 31 per cent attended secondary school but never completed it, while the proportion of women with higher education is low, at only 6 per cent. Additional analysis, presented in the table below, indicates a strong correlation between women's educational level and the household wealth status. Only 1 per cent of women in the poorest households attended higher education, compared to nearly 20 per cent among women in the richest households. Similarly, women who live in urban areas tend to be more educated, with a share in higher education six times that in rural areas.

Table 1. Women's educational level according to household wealth and area of residence

Women's education	Wealth index quintiles					Area	
	Poorest	Second	Middle	Fourth	Richest	Urban	Rural
None	3,1	2,0	1,4	0,9	0,6	1,4	1,6
Primary	3,7	3,6	2,5	2,3	1,2	2,3	2,7
Incomplete secondary	34,8	35,6	32,9	29,7	21,5	25,0	32,9
Complete secondary	56,0	53,8	55,2	52,0	44,1	44,6	55,0
Secondary special	1,4	3,9	6,2	9,4	12,6	11,4	5,1
Higher education	1,0	1,1	1,8	5,8	19,9	15,2	2,6
Total	100,0	100,0	100,0	100,0	100,0	100,0	100,0

NOTE: Figures for non-standard curriculum, missing and don't know are not shown because of the low number of cases.

Education levels are categorized into the following groups: none; non-standard curriculum; primary (grades 1-4); incomplete secondary (completed grade 9 or less); complete secondary (completed grade 9 or 10 – upper secondary); secondary special (specialized, vocational or technical schools with 2- to 3-year programmes); and higher. Because of the low number of cases, non-standard curriculum, missing and don't know are not presented separately in many analysis tables.

In wealth index quintiles, the share of women increases from 18 per cent of those in the poorest households to 21 per cent in the richest. The largest group of women live in households where the mother tongue of household head is Tajik; nearly one-quarter are in households where the household head's mother tongue is Uzbek, while other language groups comprise less than 2 per cent.

Background characteristics of children under 5 are presented in Table HH.5, including distribution of children according to several attributes: sex; region and area of residence; age; mother's or caretaker's education; and wealth.

The share of male and female children in the under-5 sample is about the same. The largest number of children live in Khatlon (40 per cent) and in rural areas (74 per cent).

The smallest groups in the sample are children aged 0-5 and 6-11 months, at 9 and 10 per cent respectively. The proportion of older children is significantly higher and well-balanced, at about 20 per cent in each subsequent age group. Distribution of children under 5 according to mothers' education level follows the education pattern from the women's sample. The share of mothers who attended secondary school is highest: 57 per cent of mothers have completed secondary school, while 28 per cent had not. Only 5 per cent of children aged 0-59 months have mothers who attended higher education. The education level of the caretaker was considered in those cases where mothers did not live in the households.

For children, the distribution regarding the mother tongue of household head is about the same as in the household and women's samples; most children live in a household where the mother tongue is Tajik (72 per cent).

IV. CHILD MORTALITY

An overarching objective of the MDGs and WFFC is to reduce infant and under-5 mortality. Specifically, the MDGs call for the reduction in under-5 mortality by two-thirds between 1990 and 2015. Monitoring progress toward this objective is important but difficult. Attempts using direct questions, such as “Did anyone in this household die last year?” give inaccurate results. Using direct measures of child mortality from birth histories is time-consuming, more expensive and requires greater attention to training and supervision of interviewers. Alternatively, indirect methods developed to measure child mortality produce robust estimates comparable with those obtained from other sources. Indirect methods also minimize the pitfalls of memory lapses, inexact or misinterpreted definitions, and poor interviewing techniques.

The infant mortality rate is the probability of dying before the first birthday. The under-5 mortality rate is the probability of dying before the fifth birthday. In the MICS surveys, infant and under-5 mortality rates are calculated using an indirect estimation technique known as the Brass method (the United Nations, 1983; 1990a; 1990b). Data used in the estimation are the mean number of children ever born to women aged 15 to 49 (divided into five-year age groups), and the proportion of these children who are dead. The technique converts these data into probabilities of dying by taking into account both the mortality risks to which children are exposed and their length of exposure to the risk of dying, assuming a particular model age pattern of mortality. Based on previous information on mortality in Tajikistan, the East model life table was selected as most appropriate.

Table CM.1 provides estimates of child mortality by various background characteristics, while Table CM.2 provides basic data used to calculate mortality rates for the national total. The infant mortality rate is estimated at 65 per 1,000 live births, while the under-5 mortality rate (U5MR) is around 79 per 1,000 live births. These estimates have been calculated by averaging out mortality estimates obtained from women aged 20-24 and 25-29, and refer to mid-2003.

For both indicators, boys have a far greater probability of dying than girls. The infant mortality rate among boys stands at 75; among girls, 54. Similarly, under-5 mortality among boys is 92, compared to 66 among girls.

Regional distribution shows that infant and under-5 mortality rates are lowest in Dushanbe, while figures for Khatlon are significantly higher than the national average.

Large differences in mortality rates also are found in terms of mothers' education level and household wealth. With each increment in mothers' education, the probability of dying among children progressively decreases. Rates are 6 to 7 times higher among children of mothers with no or only primary education than among those with mothers who attended higher education. In particular, the probabilities of dying among children in the richest 40 per cent of households are about one-third lower than the national average. Differentials in under-5 mortality rates by background characteristics are shown in Figure CM.1.

Figure CM.1. Under-5 Mortality Rates by Background Characteristics, Tajikistan, 2005

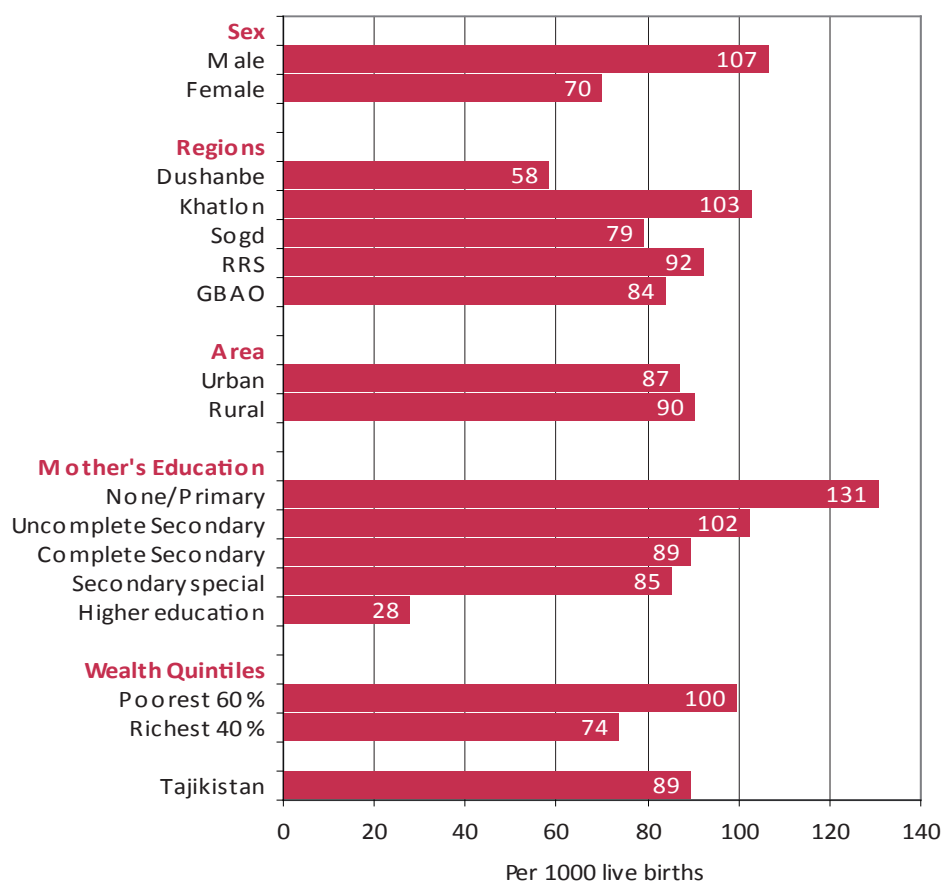
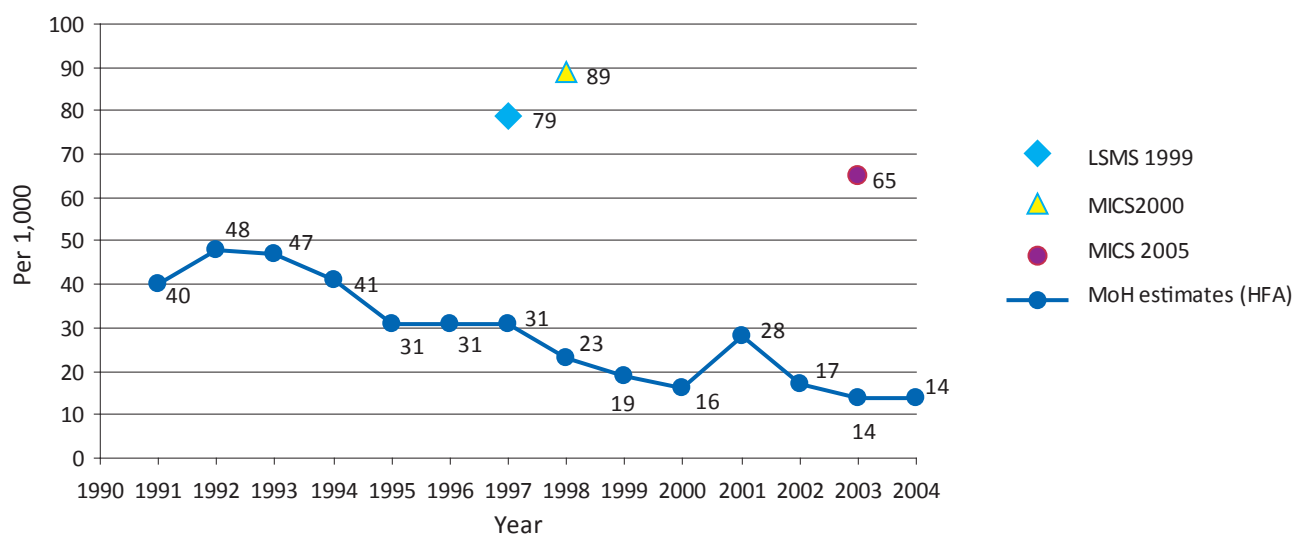


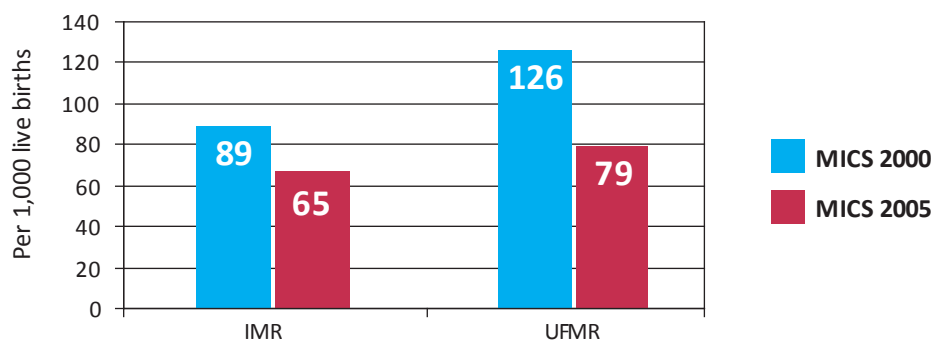
Figure CM.2 shows the review of the infant mortality data on the basis of the 1999 Living Standard Measurement Survey (LSMS), Ministry of Health and the 2000 and 2005 MICS.

Figure CM.2. Trend in Infant Mortality Rates, Tajikistan, 2005



Trends in child mortality show some improvement, with infant and under-5 mortality rates declining from 89 and 126 (MICS 2000) to 65 and 79 per 1,000 live births respectively (Figure CM.2.a).

Figure CM.2.a. Trends in child mortality according MICS, 2000-2005



Nonetheless, these rates remain very high and differ significantly from figures reported by the Ministry of Health. The MICS estimate for infant mortality is much higher than official data, which stood at 27.9 per 1,000 live births in 2001, 17.2 in 2002 and 13.5 in both 2003 and 2004. This variance may be due partly to different methodological approaches; the Ministry of Health uses definitions of infant mortality rates established during the Soviet regime, which do not consider as live births newborns less than 999 grams in weight, those born before 28 weeks of pregnancy and those who do not manifest vital signs other than breath. The variance also may arise from the low birth registration rate, particularly for the first six months of a child's life. (Aleshina & Redmond: 2003).

At the same time, the MICS 2005 infant mortality estimates are in line with findings from the 1999 LSMS, which stood at 79 per 1,000 live births (95 per cent confidence, interval 65-92). Research in 2004 into the main causes of infant death in Tajikistan⁷ suggests infant mortality rates in four regions varied from 58 (Sogd, DRD) to 103 (Dushanbe, Khatlon) during 1998-2002. The UNICEF report 'State of the World's Children 2006' estimates Tajikistan's infant mortality rate to have been 91 in 2004.

Adjusting for potential biases in national data, WHO also estimated the under-5 mortality rate in Tajikistan to be around 86 per 1,000 live births in 2001 and 63 per 1,000 live births in 2002.

Further examination of these apparent declines and differences, as well as their determinants, should be taken up in a separate, more detailed analysis.

⁷ Using an adaptation of the standard verbal autopsy protocols of the WHO

V. NUTRITION

Nutritional Status

Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply, they are not exposed to repeated diseases and are well cared for; then they reach their growth potential and are considered well-nourished.

Malnutrition is associated with more than half of all child deaths worldwide. Undernourished children are more likely to die from common childhood ailments, and those who survive have recurring sicknesses and faltering growth. Three-quarters of the children who die from causes related to malnutrition were only mildly or moderately malnourished – showing no outward sign of their vulnerability. The MDG target is to reduce by half the proportion of people suffering from hunger between 1990 and 2015, while the WFFC goal is to reduce malnutrition among under-5 children by at least one-third between 2000 and 2010, with special attention to children under 2 years. A reduction in the prevalence of malnutrition will assist in the goal to reduce child mortality.

In a well-nourished population, there exists a reference distribution of height and weight for children under 5. Undernourishment in a population can be gauged by comparing children to the reference population. In this report, the reference population used is the WHO/CDC/NCHS reference, recommended by UNICEF and WHO for use. Each of the three nutritional status indicators can be expressed in standard deviation units (*z*-scores) from the median of the reference population.

Weight-for-age is a measure of both acute and chronic malnutrition. Children whose weight-for-age is more than two standard deviations below the median are considered *moderately or severely underweight*, while those whose weight-for-age is more than three standard deviations below the median are classified as *severely underweight*.

Height-for-age is a measure of linear growth. Children whose height-for-age is more than two standard deviations below the median are considered short for their age and are classified as *moderately or severely stunted*. Those whose height-for-age is more than three standard deviations below the median are classified as *severely stunted*. Stunting reflects chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness.

Finally, children whose weight-for-height is more than two standard deviations below the median of the reference population are classified as *moderately or severely wasted*, while those who fall more than three standard deviations below the median are *severely wasted*. Wasting is usually the result of a recent nutritional deficiency. The indicator may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence.

On the other hand, children whose weight-for-height is two or more standard deviations above the median are considered as moderately or severely obese. Obesity is mostly a result of poor nutritional

practices (low intake of proteins, fruit and vegetables; high intake of saturated fats and sugar) and is a risk factor for some chronic diseases, like cardiovascular diseases and diabetes.

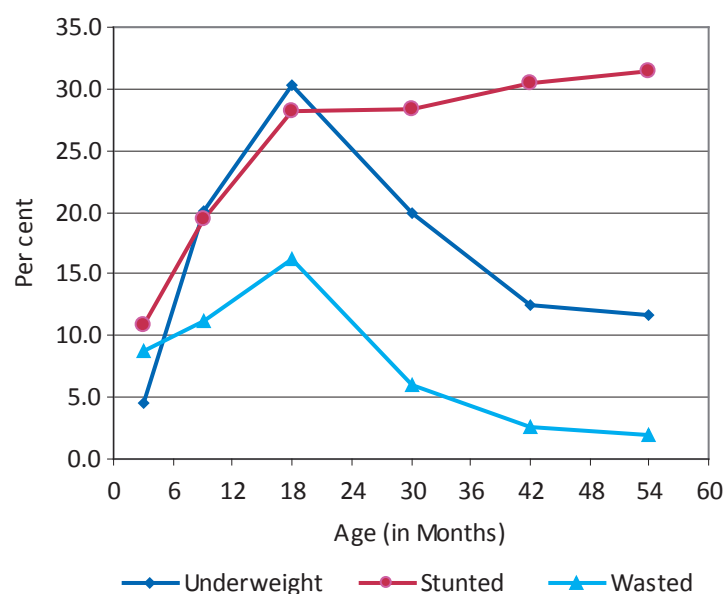
In addition to these standard MICS indicators, two more nutritional status indicators are assessed, the mid-upper arm circumference (MUAC) and the presence of oedema. These indicators were introduced with the aim to assess the presence of the Global Acute Malnutrition among children aged 12 to 59 months (determined by weight-for-height below more than two standard deviations from the median, MUAC below 12.5 cm or oedema).

In Tajikistan, weights and heights of all children under 5 were measured using anthropometric equipment recommended by UNICEF. In addition, in order to measure Global Acute Malnutrition, MUAC measurements were taken. In assessing child nutritional status the following determinants were used: height (in centimetres), weight (in kilos), age (in months), mid-upper arm circumference (in centimetres), and sex.

Table NU.1 shows percentages of children classified into each malnutrition category, based on anthropometric measurements during fieldwork. In addition, the table includes the percentage of overweight children. Children who were not weighed and measured, whose measurements are outside the plausible range and whose birth dates are not known are excluded; thus, about 5 per cent of interviewed children are not included in the analysis.

In total, about 17 per cent of children under 5 in Tajikistan are moderately or severely underweight and 4 per cent are classified as severely underweight. More than 1 in 4 children (27 per cent) are stunted, or too short for their age, and 7 per cent are wasted, or too thin for their height. Around 4 per cent of children in Tajikistan are overweight.

Figure NU.1. Percentage of children under-5 who are undernourished, Tajikistan, 2005



Children in Khatlon and GBAO are more likely to be underweight and stunted than other children, while the lowest figures are found in Dushanbe. A similar pattern is found for wasting prevalence.

No significant differences between boys and girls appear in underweight and wasting figures, whereas boys seem somewhat more likely to be stunted than girls. The age pattern shows that a higher percentage of children aged 12-23 months are undernourished according to all three nutritional status indicators, compared to younger and older children (Figure NU.1). This pattern is expected and is related to the age at which many children cease to be breastfed and are exposed to contamination in water, food and the environment.

Results indicate that the child's nutritional status is strongly correlated with the household material status and mother's education. By each measure -- underweight, wasting and stunting -- figures for children from the poorest households significantly exceed the national average. In addition, children whose mothers have higher education are the least likely to be undernourished.

About 11 per cent of children in Tajikistan aged 12 to 59 months are exposed to Global Acute Malnutrition, or GAM (Table NU.1.a). The highest percentage is found among children who live in Khatlon (14 per cent). Children aged 12-23 months are most likely to be exposed to GAM, which decreases as the child gets older. The prevalence of GAM is higher among children from the poorest households (13 per cent) compared to children from the richest households (10 per cent).

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 they are often pressured to switch to infant formula. This can contribute to the faltering of growth and micronutrient malnutrition; in addition, it is unsafe if clean water is not readily available.

WHO/UNICEF have the following feeding recommendations:

- ✓ Exclusive breastfeeding for the first 6 months
- ✓ Continued breastfeeding for 2 years or more
- ✓ Safe, appropriate and adequate complementary food beginning at 6 months
- ✓ Frequency of complementary feeding: 2 times per day for 6- to 8-month-olds; 3 times per day for 9- to 11-month-olds

It also is recommended that breastfeeding be initiated within 1 hour of birth.

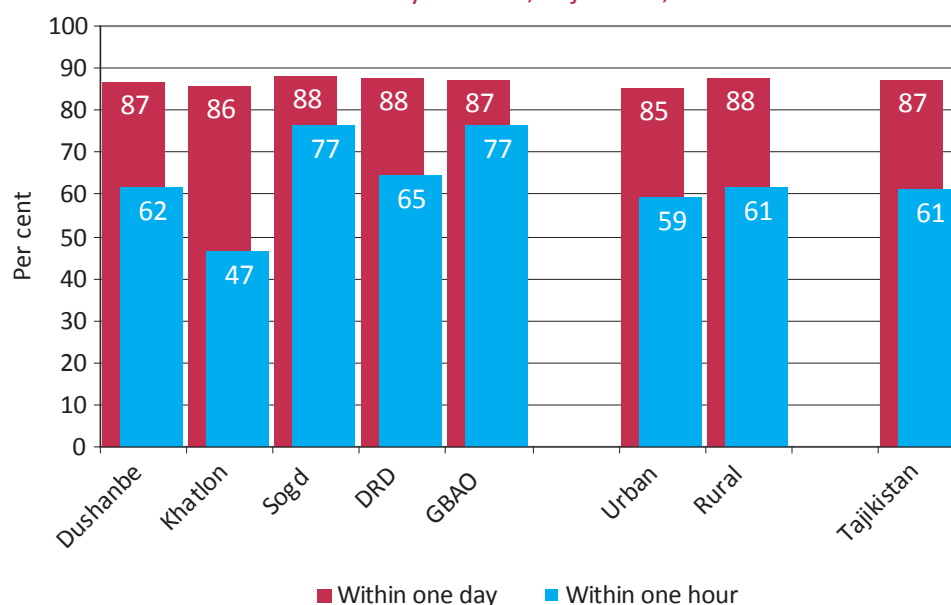
Indicators of recommended child feeding practices are:

- Exclusive breastfeeding rate (< 6 months and < 4 months)
- Timely complementary feeding rate (6-9 months)
- Continued breastfeeding rate (12-15 and 20-23 months)
- Timely initiation of breastfeeding (within 1 hour of birth)
- Frequency of complementary feeding (6-11 months)
- Adequately fed infants (0-11 months)

The early onset of breastfeeding is a very important factor for lactation management and building the emotional connection between mother and baby. Table NU.2 shows the proportion of women who

started breastfeeding their infants within 1 hour of birth and women who started breastfeeding within 1 day of birth (which includes those who started within 1 hour). In Tajikistan, 61 per cent of women who had given birth in the 2 years preceding the survey reported breastfeeding within 1 hour of birth; some 87 per cent of women started breastfeeding within 1 day of birth. This share of breastfeeding within 1 day of birth is similar across regions and urban–rural settlements. On the other hand, breastfeeding within 1 hour of birth shows some regional differences; fewer than 1 in 2 women from Khatlon started breastfeeding within 1 hour of birth, compared to more than 3 in 4 (77 per cent) in Sogd and GBAO.

Figure NU.2. Percentage of mothers who started breastfeeding within one hour and within one day of birth, Tajikistan, 2005



In Table NU.3, breastfeeding status is based on the reports of mothers/caretakers who were aware of food and fluids their children consumed in the 24 hours before the interview. Exclusively breastfed refers to infants who received only breastmilk (and vitamins, mineral supplements or medicine). The table shows exclusive breastfeeding of infants during the first 6 months (separately for 0-3 months and 0-5 months), as well as complementary feeding of children 6-9 months and continued breastfeeding of children at 12-15 and 20-23 months.

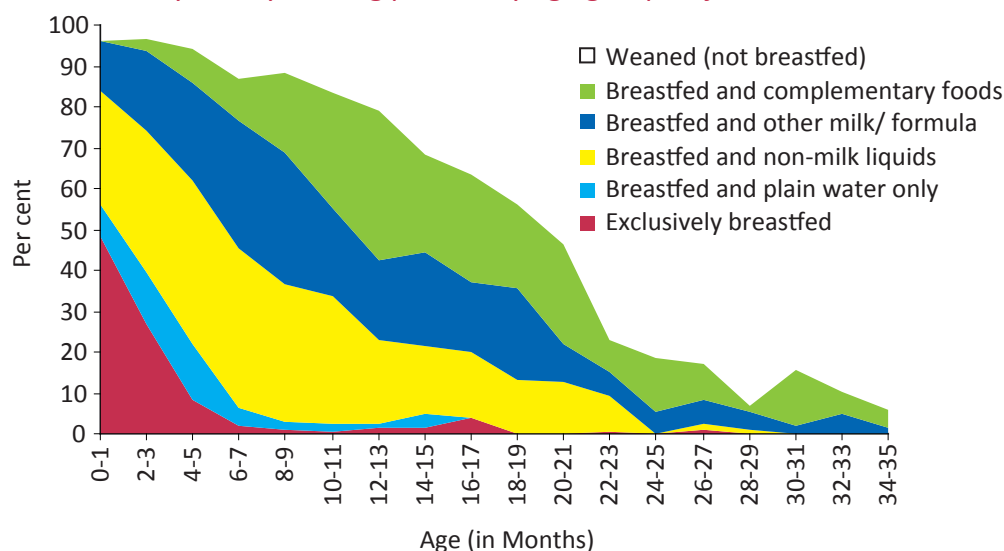
About 1 in 4 children less than 6 months old in Tajikistan are exclusively breastfed, a level considerably lower than recommended. Boys are more frequently exclusively breastfed than girls. The highest rate of exclusively breastfed children is in Sogd (45 per cent) and GBAO (51 per cent).

At age 6-9 months, 15 per cent of children receive breastmilk and solid or semi-solid food. By age 12-15 months, 3 in 4 children are still breastfed and by age 20-23 months, 1 in 3 remain breastfed. Boys, children from GBAO and those in the poorest households are more likely to continue being breastfed.

Figure NU.3 shows the detailed pattern of breastfeeding by the child's age in months. Even at the earliest age, most children receive liquids or foods other than breastmilk. Fewer than half of children aged 0-1 months are exclusively breastfed, and this share of exclusive breastfeeding decreases progressively

thereafter; it falls below 3 per cent by the end of the seventh month. About 13 per cent of children receive breastmilk after age 2 years.

Figure NU.3. Infant feeding patterns by age: Percent distribution of children aged under 3 years by feeding pattern by age group, Tajikistan, 2005



The adequacy of feeding of children under 12 months is provided in Table NU.4. Different criteria of adequate feeding are used depending on the age of the child. For infants aged 0-5 months, exclusive breastfeeding is considered adequate feeding. Infants aged 6-8 months are considered adequately fed if they receive breastmilk and complementary food at least twice a day, while infants aged 9-11 months are considered adequately fed if they receive breastmilk and complementary food at least three times a day.

Only 5 per cent of children aged 6-8 months – a critically low percentage -- received breastmilk and complementary food according to the recommended schedule. A somewhat higher percentage is found among children from Sogd (17 per cent) and those whose mothers attended secondary special schools (39 per cent). The recommendation is more practiced in urban than in rural areas, at 9 compared to 4 per cent. The percentage also is slightly higher among children aged 9-11 months, showing a similar pattern by background variables as described above.

As a result of these feeding patterns, only 7 per cent of children aged 6-11 months in Tajikistan are adequately fed. Adequate feeding among all infants (aged 0-11 months) rises to 16 per cent, mainly owing to the higher percentage of breastfed children in the younger age group.

Boys are better fed than girls. Infants in Sogd and GBAO are better fed than those from Khatlon and DRD, while urban children are likelier to be adequately fed than rural children. Infants in the richest households also are more often adequately fed. On the other hand, children in households in the 4th wealth quintile are least adequately fed. Mother's education and appropriate child nutrition are strongly correlated: The more educated the mother, the better the child's chance of being adequately fed. The percentage of children under 12 months who are adequately fed rises from 17 per cent among children

whose mother has incomplete secondary education up to 24 per cent for those with mothers who have a higher education.

Salt Iodization

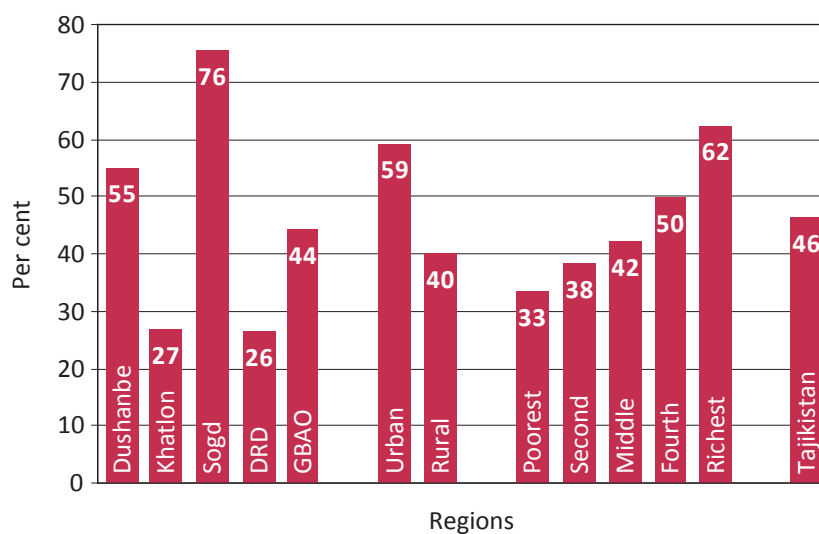
Iodine Deficiency Disorder (IDD) is the world's leading cause of preventable mental retardation and impaired psychomotor development in young children. In its extreme form, iodine deficiency causes cretinism. It also increases the risks of stillbirth and miscarriage in pregnant women. Iodine deficiency is most commonly and visibly associated with goitre. IDD takes its greatest toll in impaired mental growth and development, contributing in turn to poor school performance, reduced intellectual ability and impaired work performance. The international goal has been to achieve sustainable elimination of iodine deficiency by 2005. The indicator is the percentage of households consuming adequately iodized salt (>15 parts per million).

Joint efforts of the Government and donor community to address IDD were formulated in the National Programme for Elimination of IDD, developed in 1997. The programme stipulates that all salt must be iodized to 45 parts per million (ppm). Law № 344 On Salt Iodization, adopted in 2002, regulates the production, distribution and consumption of iodized salt in the country. Development of the national standard for iodized salt and the mobilization of the salt producer community, as well as other concerted actions at the national level, aim to achieve change in iodine intake. The MICS survey is the main tool for progress monitoring.

The reported incidence of endemic goitre, as a main marker of IDD, increased in Tajikistan from 1.14 per 1,000 in 1997 to 2.15 in 2002. Examinations carried out revealed a high percentage of the population affected by goitres: for different regions, 45 to 82 per cent among children and 60 per cent among women of reproductive age (MoH, 2003).

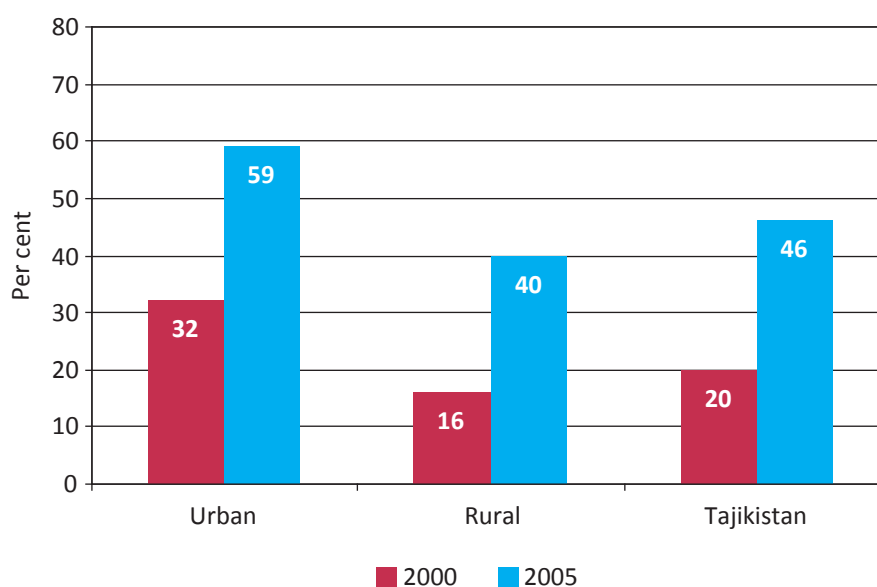
During the MICS, in nearly all households salt used for cooking was tested for iodine content through detection of the presence of potassium iodide (Figure NU.4). In fewer than 1 in 2 households (46 per cent), salt was found to contain 15 parts per million (ppm) or more of iodine. Significantly, while 46 per cent of households are actually using iodized salt, 61 per cent think that they are using it. Use of iodized salt was lowest in DRD and Khatlon, at 26 and 27 per cent respectively. The highest usage of iodized salt is in Sogd (76 per cent). About 60 per cent of urban households were found to be using adequately iodized salt, compared to only 40 per cent in rural areas. Use of iodized salt is strongly correlated with household wealth; the percentage rises from 33 per cent in the poorest households up to 62 per cent in the richest.

Figure NU.4. Percentage of households consuming adequately iodized salt, Tajikistan, 2005



Nevertheless, analysis of the trends in salt iodization shows that strong progress has been made since 2000 (Figure NU.4.a). The use of adequately iodized salt rose from only 20 per cent at that time (MICS 2000) to 46 per cent in 2005 -- more than 2 times higher

Figure NU.4.a. Progress use of iodized salt, Tajikistan, 2000-2005



Knowledge and consumption patterns of iodized salt are presented in Tables NU.5.A and NU.5.B. A high percentage of households in Tajikistan (91 per cent) contain at least one person familiar with iodized salt; such knowledge is higher in Dushanbe, urban areas, those living in the richest households, and households where the education of the household head is secondary special or higher. Results show that knowledge about iodized salt and its consumption are correlated; while

95 per cent of households where iodized salt is used know about it, this declines to 86 per cent among households not using it.

While the vast majority (85 per cent) use iodized salt to prevent goitre, a significant 14 per cent of the population do not know any reasons why iodized salt should be used.

Almost all households in Tajikistan buy salt sold in industrial bags (48 per cent) or in bulk/by kilo (46 per cent).

Vitamin A Supplements

Vitamin A is essential for eye health and proper functioning of the immune system. It is found in food such as: milk, liver, eggs, red and orange fruits, red palm oil and green leafy vegetables. However, the amount of Vitamin A readily available to the body from these sources varies widely. In developing areas of the world, where Vitamin A is largely consumed in the form of fruits and vegetables, daily per-capita intake is often insufficient to meet dietary requirements. Inadequate intakes are further compromised by increased requirements for the vitamin as children grow or during periods of illness, as well as increased losses during common childhood infections. As a result, Vitamin A deficiency is quite prevalent in the developing world, and particularly in countries with the highest burden of under-5 deaths.

The 1990 World Summit for Children set the goal of virtual elimination of Vitamin A deficiency and its consequences, including blindness, by 2000. This goal also was endorsed at the Policy Conference on Ending Hidden Hunger in 1991, the 1992 International Conference on Nutrition, and the United Nations General Assembly's Special Session on Children in 2002. The critical role of Vitamin A for a child's health and immune function also makes control of deficiency the primary component of child survival efforts, and therefore critical to achievement of the fourth MDG: a two-thirds reduction in under-5 mortality by 2015.

For countries with Vitamin A deficiency problems, current international recommendations call for high-dose Vitamin A supplementation every four to six months, targeted at all children aged 6 to 59 months who live in affected areas. Providing young children with two high-dose Vitamin A capsules a year is a safe, cost-effective, efficient strategy for eliminating Vitamin A deficiency and improving child survival. Giving Vitamin A to new mothers who breastfeed helps protect their children during the first months of life and helps replenish the mother's stores of Vitamin A, which are depleted during pregnancy and lactation. For countries with Vitamin A supplementation programmes, the definition of the indicator is the per cent of children aged 6-59 months receiving at least one high-dose Vitamin A supplement in the last six months.

Based on UNICEF/WHO guidelines, the Tajikistan Ministry of Health recommends that children aged 6-11 months be given one high-dose Vitamin A capsule, with children aged 12-59 months receiving a Vitamin A capsule every six months. In some parts of the country, Vitamin A capsules are linked to immunization services and are given when a child has contact with these services after age 6 months. It also is recommended that mothers take a Vitamin A supplement within eight weeks of giving birth.

In the six months before the MICS, 47 per cent of children aged 6-59 months received a high dose of Vitamin A supplement (Table NU.6). About 5 per cent had not received the supplement in the last

six months but had received one earlier. One out of 10 children had received a Vitamin A supplement sometime, but their mother/caretaker was unable to specify when. Nearly one-third of children aged 6-59 months had never received a Vitamin A supplement.

Few differences by sex, age, urban/rural and region exist in receiving Vitamin A supplementation. However, a correlation between the mother's level of education and the likelihood of supplementation is noticed. The percentage of those receiving a supplement in the last six months increases from 35 per cent among children whose mothers have primary education to 55 per cent with mothers who attended secondary special schools. Differences according to household wealth also are shown, with a higher supplementation of Vitamin A among children in households of the 4th wealth quintile (56 per cent), while the lowest percentage of children is among children in the poorest households (39 per cent).

About 41 per cent of mothers with a birth in the two years before the MICS received a Vitamin A supplement within eight weeks of birth (Table NU.7). This percentage is highest in GBAO and Sogd, at 65 and 54 per cent respectively, and lowest in the Khatlon (31 per cent).

Low Birth Weight

Weight at birth is a good indicator not only of a mother's health and nutritional status but also of the newborn's chances for survival, growth, long-term health and psychosocial development. Low birth weight (less than 2,500 grams) carries a range of grave health risks for children. Babies who were undernourished in the womb face a greatly increased risk of dying during their early months and years. Those who survive have impaired immune function and increased risk for diseases; they are likely to remain undernourished, with reduced muscle strength, throughout their lives, and suffer a higher incidence of diabetes and heart disease in later life. Children born underweight also tend to have a lower IQ and cognitive disabilities, affecting their performance in school and their job opportunities as adults.

In the developing world, low birth weight stems primarily from the mother's poor health and nutrition. Three factors have the greatest impact: the mother's poor nutritional status before conception, short stature (due mostly to undernutrition and infections during her childhood) and poor nutrition during the pregnancy. Inadequate weight gain during the pregnancy is particularly important because it accounts for a large proportion of foetal growth retardation. Moreover, diseases such as diarrhoea and malaria, which are common in many developing countries, can significantly impair foetal growth if the mother becomes infected during the pregnancy.

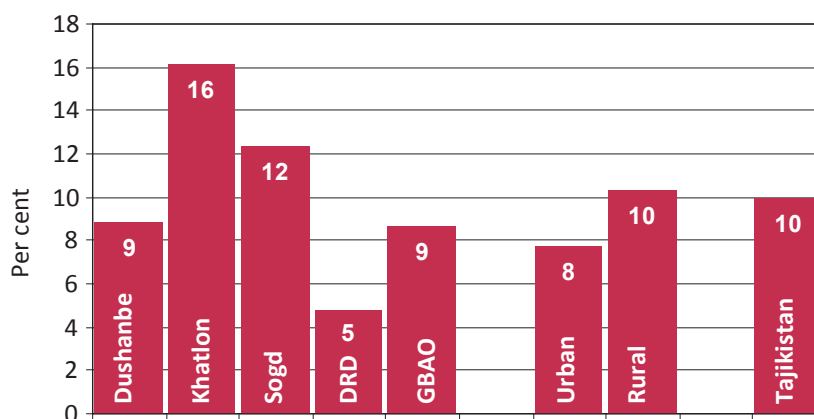
In the industrialized world, cigarette smoking during pregnancy is the leading cause of low birth weight. In developed and developing countries alike, teenagers who give birth when their own bodies have yet to finish growing run the risk of bearing underweight babies.

A major challenge in measuring the incidence of low birth weight is the fact that more than half of infants in the developing world are not weighed. In the past, most estimates of low birth weight for developing countries were based on data compiled from health facilities. However, these estimates are biased for most developing countries because the majority of newborns are not delivered in facilities, and those who are represent only a selected sample of all births.

Because many infants are not weighed at birth and those who are weighed may be a biased sample of all births, reported birth weights usually cannot be used to estimate the prevalence of low birth weight among all children. Therefore, the percentage of births below 2500 grams is estimated according to 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 the health card if the child was weighed at birth.⁸

Overall, 66 per cent of births in Tajikistan were weighed at birth and about 10 per cent of infants were estimated to weigh less than 2500 grams (Table NU.8). Large variations exist by region, for both the percentage of infants weighed at birth and infants with low birth weight (Figure NU.5). While the highest percentage of infants weighed at birth is in Sogd (92 per cent) and Dushanbe (83 per cent), these regions also have the lowest proportion of infants weighing less than 2500 grams. Children in rural areas and the poorest households are more likely to weigh less than 2500 grams at birth. The indicator improves with the level of mother's education.

Figure NU.5. Percentage of Infants Weighing Less Than 2500 Grams at Birth, Tajikistan, 2005



8 For a detailed description of the methodology, see Boerma, Weinstein, Rutstein and Sommerfelt, 1996.

VI. CHILD HEALTH

Immunization

MDG4 is to reduce child mortality by two-thirds between 1990 and 2015, and immunization plays a key part in this goal. Immunization has saved the lives of millions of children in the three decades since the launch of the Expanded Programme on Immunization (EPI) in 1974. Worldwide, 27 million children are still overlooked by routine immunization; as a result, vaccine-preventable diseases cause more than 2 million deaths every year. A WFFC goal is to ensure full immunization of children less than 1 year old at 90 per cent nationally, with at least 80 per cent coverage in every district or equivalent administrative unit.

According to UNICEF and WHO guidelines, by age 12 months 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 measles vaccination. The vaccination schedule followed by the National Immunization Programme of Tajikistan slightly differs, with an additional three doses of vaccine against Hepatitis B by age 12 months and measles vaccine soon after age 12 months.

Information on immunization coverage was provided for all children under age 5. In Tajikistan as well as many other countries from the Commonwealth of Independent States (CIS), the practice of keeping an immunization card with a child's parent or guardian has started recently, with support from the Global Alliance for Vaccines and Immunization (GAVI); a child's health card is still mainly kept in local health facilities. Information thus was collected from both these sources as well as from the mother.

Mothers were asked to provide vaccination cards for children under age 5. If the card was available, interviewers copied vaccination information onto the MICS3 questionnaire, then asked the mother if the child had received BCG, polio, DPT, hepatitis B and measles vaccines, as well as how many doses. Information about the local health facility where the child's immunization record was kept also was collected, and interviewers or supervisors visited the facility to obtain further information about vaccinations received.

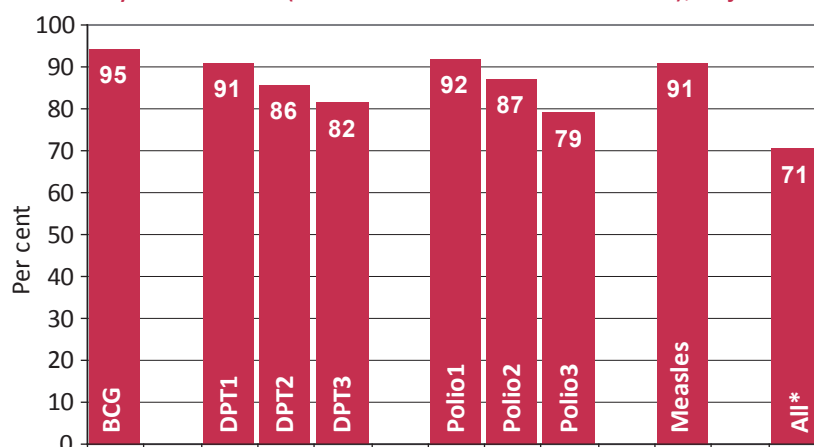
Overall, 83 per cent of children aged 18 to 29 months had health cards, either at home or health facilities (Table CH.2). Additional analysis not presented in the table shows that only 9 per cent of children had a vaccination card at home. The percentage of children aged 18 to 29 months who received BCG, DPT, polio and measles vaccinations is shown in Table CH.1; the denominator for the table is comprised of children aged 18-29 months, so that only children who are old enough to be fully vaccinated are counted. The numerator includes all children vaccinated at any time before the survey, according to the vaccination card or the mother's report. In the bottom row, only those vaccinated for BCG, DPT and polio before their first birthday are included. For measles vaccine, in the bottom row, the numerator includes only those children vaccinated before age 18 months. For children without vaccination

cards, the proportion of vaccinations given before the first birthday (18 months in the case of measles) is assumed to be the same as for children with vaccination cards.

About 95 per cent of children aged 18-29 months received a BCG vaccination by age 12 months, while the first dose of DPT was given to 91 per cent of children. The percentage declines for subsequent doses of DPT: 86 per cent for the second dose, 82 per cent for the third dose (Figure CH.1). Similarly, 92 per cent of children received polio 1 by age 12 months declining to 79 per cent by the third dose. To achieve lower dropout rates and timely immunization coverage of more than 90 per cent, it is necessary to ensure continuity of immunization services at the health delivery level. Coverage for measles vaccine by 18 months is similar to that for other vaccines, at 91 per cent.

The percentage of children who had all eight recommended vaccinations (three doses of DPT, three doses of polio excluding polio 0, BCG, and measles) by the specified age is much lower, at 71 per cent. Changing the nominator and including all children vaccinated at any time before the survey still reveals that 77 per cent of children aged 18 to 29 months received all the recommended vaccinations. This indicates slight delays in vaccinations, where some children receive vaccines after the defined time.

Figure CH.1. Percentage of children aged 18-29 months who received the recommended vaccinations by 12 months (18 months in case of measles), Tajikistan, 2005



* All = BCG, three doses of DPT, three doses of polio (excluding polio0) and measles

In Tajikistan, as noted above, vaccine against hepatitis B also is recommended as part of the immunization schedule. According to the National Immunization Programme, a child should receive three doses of hepatitis B vaccine by age 12 months. Coverage with hepatitis B vaccine is analyzed separately, taking into consideration its recent introduction (covering all districts only since 2003). Results on hepatitis B vaccination are presented in Table CH.1c.

About 85 per cent of children aged 18-29 months received the first dose of hepatitis B vaccine by age 12 months. As in the case of polio and DPT coverage, the prevalence of subsequent doses of hepatitis B vaccine drops to 77 per cent for the second dose and 69 per cent for the third dose.

Tables CH.2 and CH.2c show rates of vaccination coverage among children 18-29 months by background characteristics. The figures comprise children receiving vaccinations at any time up to the survey and are based on information from both vaccination cards and mothers'/caretakers' reports.

Regional distribution shows that the lowest share of fully immunized children is in GBAO and DRD (69 and 70 per cent respectively); the highest percentage is in Sogd, at 87 per cent. Urban children (82 per cent) are more likely to be fully immunized than rural children (76 per cent). The more educated the mother, the better is the chance that the child will be fully vaccinated: Children with all vaccinations rises from 77 per cent for those whose mothers have incomplete secondary school up to 83 per cent for those whose mothers attended higher education. A similar pattern is found regarding household wealth. No significant differences exist between overall immunization coverage of boys and girls, although boys are more likely to receive all three doses of hepatitis B vaccine than girls, at 85 compared to 81 per cent. Children from Sogd and urban settlements also are more likely to receive all three doses of hepatitis B.

Oral Rehydration Treatment

Diarrhoea is the second leading cause of death among children under-5 worldwide. Most diarrhoea-related deaths in children are due to dehydration from loss of large quantities of water and electrolytes from the body in liquid stools. Management of diarrhoea – 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 also are important strategies for managing diarrhoea.

The goals are to: 1) reduce by one-half death due to diarrhoea among children under-5 by 2010 compared to 2000 (WFFC); and 2) reduce by two-thirds the mortality rate among children under-5 by 2015 compared to 1990 (MDGs). In addition, WFFC calls for a reduction in the incidence of diarrhoea by 25 per cent. The indicators are:

- Prevalence of diarrhoea
- Oral rehydration therapy (ORT)
- Home management of diarrhoea
- ORT or increased fluids *AND* continued feeding

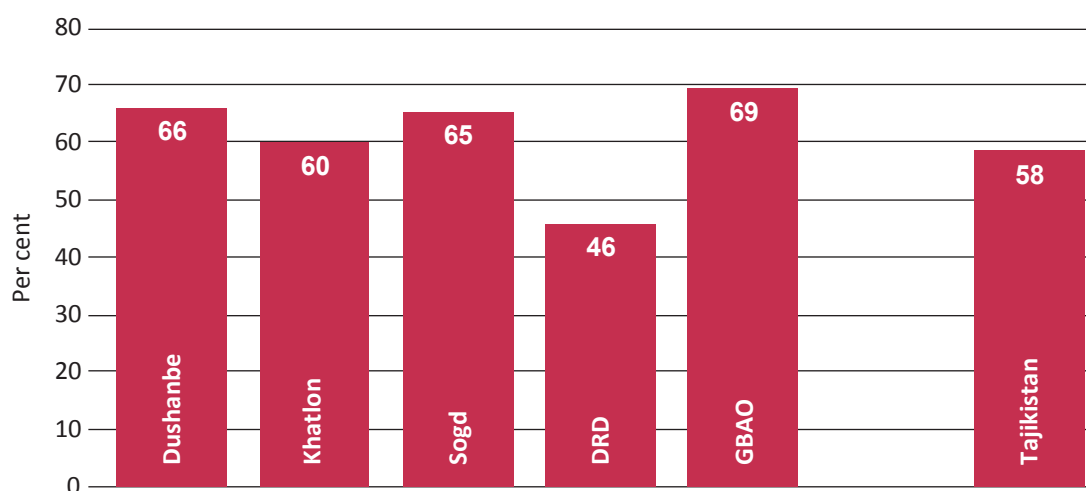
In the MICS questionnaire, mothers or caretakers were asked to report whether their child had had diarrhoea in the two weeks before the survey. If so, the mother was asked a series of questions about what the child had to drink and eat during the episode and whether this was, more or less, what the child usually ate and drank.

Overall, 13 per cent of under-5 children had diarrhoea in the two weeks preceding the survey (Table CH.3. Diarrhoea prevalence was highest in DRD, at 15 per cent, and lowest in Dushanbe (10 per cent). The peak of diarrhoea prevalence occurs in the weaning period, among children aged 6-23 months; diarrhoea also is higher among children in the poorest households, at 18 per cent.

Table CH.3 also shows the percentage of children receiving various types of recommended liquids during the episode of diarrhoea. Because mothers were able to name more than one type of liquid, the percentages do not necessarily total 100. About 48 per cent of children received fluids from ORS packets, and 25 per cent received recommended homemade fluids. A total of 58 per cent of children with diarrhoea received one or more recommended home treatments (i.e., were treated with ORS or RHF), while 42 per cent received no treatment.

Regional variations regarding ORT use are shown in the Figure CH.2 and Table CH.3; in all, ORT use is similar across regions and areas, with the only significant difference in DRD, which is much lower.

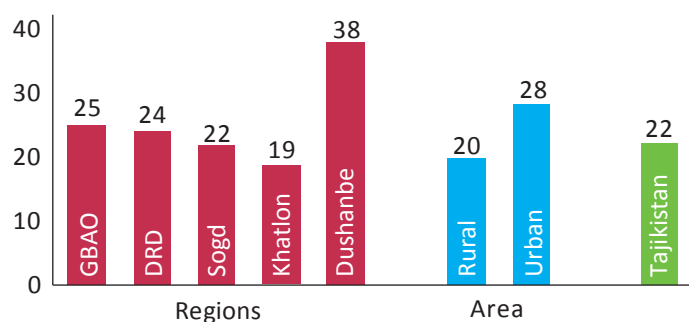
Figure CH.2. Percentage of children aged 0-59 months with diarrhoea who received oral rehydration treatment, Tajikistan, 2005



Fewer than 1 in 4 (22 per cent) of under-5 children with diarrhoea in the 2 weeks before the survey drank more than usual, while 72 per cent drank the same or less (Table CH.4). A total of 36 per cent continued feeding, but 62 per cent ate much less or almost nothing. Given these figures, only 6 per cent of children received increased fluids and continued feeding. Combining the information in Table CH.4 with that in Table CH.3, it is observed that only 22 per cent of children either received ORT or increased fluid intake AND continued feeding, as recommended.

Significant differences exist in the home management of diarrhoea, by background characteristics. In Khatlon, only 3 per cent of children with diarrhoea received increased fluids and continued feeding, while the figure was 19 per cent in Dushanbe. Urban-rural differences also were notable. Similar regional and urban-rural differences are shown for children with diarrhoea who received ORT or increased fluids and continued feeding (Figure CH.3).

Figure CH.3. Percentage of children aged 0-59 with diarrhoea who received ORT or increased fluids, AND continued feeding, Tajikistan, 2005



Care Seeking and Antibiotic Treatment of Pneumonia

Pneumonia is the leading cause of death in children, and the use of antibiotics in under-5s with suspected pneumonia is a key intervention. A WFFC goal is to reduce by one-third the deaths due to acute respiratory infections.

Children with suspected pneumonia are those who had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were NOT due to a problem in the chest and a blocked nose. The indicators are:

- Prevalence of suspected pneumonia
- Care seeking for suspected pneumonia
- Antibiotic treatment for suspected pneumonia
- Knowledge of the danger signs of pneumonia

According to the reports of the Ministry of Health and SCS data, respiratory diseases account for 30 to 40 per cent of infant mortality in Tajikistan.

Table CH.5 presents the prevalence of suspected pneumonia and, if care was sought outside the home, the site of care. Two per cent of children aged 0-59 months were reported to have had symptoms of pneumonia during the two weeks before the survey. Of these, nearly 2 in 3 (64 per cent) were taken to an appropriate provider. A total of 41 per cent of under-5 children with suspected pneumonia had received an antibiotic during the two weeks before the survey⁹.

Issues related to knowledge of danger signs of pneumonia are presented in Table CH.6. Clearly, mothers' knowledge of the danger signs is an important determinant of care-seeking behaviour. However, only 3 per cent of women in Tajikistan know the two danger signs of pneumonia – fast and difficult breathing. This percentage is even lower among mothers from GBAO (0.1 per cent), while mothers in Katlon are slightly more knowledgeable (5 per cent). The most commonly identified symptom for taking a child to a health facility, noted by 88 per cent of mothers, was fever. In contrast, only 14 per cent of mothers identified fast breathing and 13 per cent identified difficult breathing as symptoms for taking children immediately for health care.

Solid Fuel Use

More than 3 billion people around the world rely on solid fuels (biomass and coal) for their basic energy needs, including cooking and heating. Cooking and heating with solid fuels leads to high levels of indoor smoke, a complex mix of health-damaging pollutants. The main problems with the use of solid fuels are products of incomplete combustion, including carbon monoxide, polycyclic aromatic hydrocarbons, SO₂ and other toxic elements. Use of solid fuels increases the risks of acute respiratory illness, pneumonia, chronic obstructive lung disease, cancer and possibly tuberculosis, as well as low birth weight, cataracts and asthma. The main indicator is the proportion of the population using solid fuels as the primary source of domestic energy for cooking.

⁹ Findings about the use of antibiotics for the treatment of suspected pneumonia, by background characteristics, are not shown in a separate table because the number of observed cases is too small.

Overall, more than a third (35 per cent) of all households in Tajikistan use solid fuels, particularly wood, for cooking. Use of solid fuels is very low in urban areas (8 per cent) but high in rural areas (48 per cent). Differences with respect to household wealth and the education level of household head also are marked. While more than two-thirds of the poorest households use solid fuels for cooking, this plummets to only 2 per cent in the richest households. Differences according to the mother tongue of household head also are very large; while only 0.1 per cent of households where the mother tongue is Russian use solid fuels, this rises to 29 per cent for households where the mother tongue is Tajik, and soars to 54 and 74 per cent among Uzbek- and Kirgiz-mother tongue households respectively.

Cooking with electricity is highest in Dushanbe, used by 72 per cent of interviewed households, and lowest in Sogd, at 14 per cent overall, where natural gas is most common (34 per cent). Regarding household wealth, 51 per cent of the richest households, as opposed to 24 per cent of the poorest, cook with electricity; 33 per cent of the richest, compared to 1 per cent of the poorest, cook with natural gas.

The use of solid fuel alone is a poor proxy for indoor air pollution, since the concentration of the pollutants is different when the same fuel is burnt in different stoves or fires. The use of closed stoves with chimneys minimizes indoor pollution, while an open stove or fire with no chimney or hood offers no protection from solid fuels' harmful effects. The type of stove used with solid fuel is depicted in Table CH.8.

About 53 per cent of households that use solid fuels for cooking have an open stove or fire with a chimney, but another high percentage of households (44 per cent) use an open stove or fire with no chimney or hood. The proportion of closed stoves with a chimney is below 1 per cent.

Malaria

Malaria is the leading cause of death of children under-5 in endemic areas. It also contributes to anaemia in children and is a common cause of school absenteeism. Preventive measures, especially the use of mosquito nets treated with insecticide (ITNs), 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. In addition, children recovering from malaria should be given extra liquids and food, while younger children should continue breastfeeding.

Malaria re-emerged in Tajikistan in 1992 as a result of the socioeconomic deterioration linked to armed conflict; mass population movement across zones of intensive transmission (particularly Afghanistan, where malaria is endemic); and disruption of public health care services as well as vector control activities. Marked changes in agricultural practices, particularly the increased cultivation of rice, have led to an increase in vector breeding grounds. These activities also have led to the formation of standing-water reservoirs and establishment of endemic transmission of the disease, particularly in southern Tajikistan.

The number of malaria cases reported in the country peaked in 1997, with nearly 30,000 cases. Despite a 92 per cent reduction since this time, Tajikistan's malaria situation remains serious. The resumption of *P. falciparum* cases, and the expansion of the territory in which this type of malaria is spread, is a matter of particular concern. During the last five years more than three-quarters of reported cases

occurred in Khatlon, with 14 per cent in DRD and only 2 to 4 per cent in remaining regions (source: MoH Malaria Centre).

Indeed, the residents of the Khatlon region, an area bordering Afghanistan that is home to 2.2 million people, bear the highest burden of malaria in the whole of the WHO European Region. A 2001 survey in Khatlon indicated that more than 10 per cent of the population were asymptomatic parasite carriers of *P. vivax* and *P. falciparum*. Within Khatlon, the number of malaria cases was estimated to be as high as 150,000 to 250,000. The total number of cases in the country, both symptomatic and asymptomatic, was estimated at 300,000 to 400,000.

Based on information provided by the MoH Malaria Centre, selected endemic districts of the Khatlon and Sogd have been supplied with almost 115,000 bednets over the last eight years, with support from ACTED and Merlin.

The MICS questionnaire incorporates questions on the availability and use of bed nets, both at household level and among children under-5, as well as anti-malarial treatment and intermittent preventive therapy for malaria. In Tajikistan, survey results indicate that only 5 per cent of households have at least one mosquito net, and only 2 per cent have an insecticide treated net (Table CH.9). The proportion of households with at least one bed net is highest in Khatlon (8 per cent) and Sogd (6 per cent), while in other regions the result is below 1 per cent.

Results also indicate that only 2 per cent of children under age 5 slept under a mosquito net the night before the survey, and 1 per cent slept under an insecticide treated net (Table CH.10). ITN use among children under-5 is recorded only in households from Khatlon (3 per cent). Boys are slightly more likely than girls to sleep under a net (mosquito net or insecticide treated net).

All mothers and caretakers of children under-5 were questioned on the prevalence and treatment of fever. About 7 per cent of under-5 children had been ill with fever in the two weeks before the survey (Table CH.11). Fever prevalence peaked at 12-23 months (10 per cent). Fever is less common among children in the richest households. Some regional differences were noted, ranging from 5 per cent in Dushanbe and Sogd to 11 per cent in Khatlon. No significant variation was found by gender, urban/rural area or level of mother's education.

Mothers were asked to report all medicines given to a child to treat the fever, including both medicines given at home and medicines given/prescribed at a health facility. Only 2 per cent of children with fever were treated with an appropriate anti-malarial drug; 1 per cent received anti-malarial drugs within 24 hours of the onset of symptoms.¹⁰

No significant variation of appropriate anti-malaria treatment of children with fever was found by region, urban/rural area, mother's education or household wealth. Little difference was noticed between boys and girls receiving appropriate anti-malarial drugs.

10 Appropriate anti-malarial drugs include chloroquine, sulfadoxine-pyrimethamine (SP), artemisinin combination drugs and so forth. In Tajikistan, no children with fever were given chloroquine, quinine or Armodiaquine, and less than 1 per cent were given SP/Fansidar and artemisinin combination therapy. A large percentage of children were given other types of medicines that are not antimalarials, including antipyretics such as paracetamol (73 per cent), aspirin (16 per cent), ibuprofen (0.1 per cent) or other (11 per cent).

Source and Costs of Supplies

In Tajikistan, questions were included to collect information on the sources and costs of four types of supplies: insecticide treated nets, antimalarials, antibiotics and oral rehydration salts. Such information is very important for programme managers in that it provides a population-based assessment of the reach of programmes and the extent to which particular target groups are covered. Such information also is useful for monitoring the provision of free or subsidized supplies and for assessing costs of supplies, since prices can be a barrier to use.

In this report, only the findings regarding sources and cost of oral rehydration salts are shown in Table CH.12. The results on sources and costs of insecticide treated nets, antimalarials and antibiotics are not presented because they were obtained in only a small number of cases. The table provides information on the sources and median cost of supplies. For more than half of children with suspected pneumonia, ORS was obtained from public sources (52 per cent); 78 per cent of this was free. The median price of ORS not obtained for free was 2.3 somoni. On the other hand, of the 12 per cent obtained from private sources, only 9 per cent was free; the median cost was 1 somoni.

VII. ENVIRONMENT

Water and Sanitation

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

The MDG goal is to reduce by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. The WFFC goal calls for the reduction in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least one-third. The list of indicators used in the MICS are:

Water

- Use of improved drinking water sources
- Use of adequate water treatment method
- Time needed to reach the source of drinking water
- Person collecting drinking water

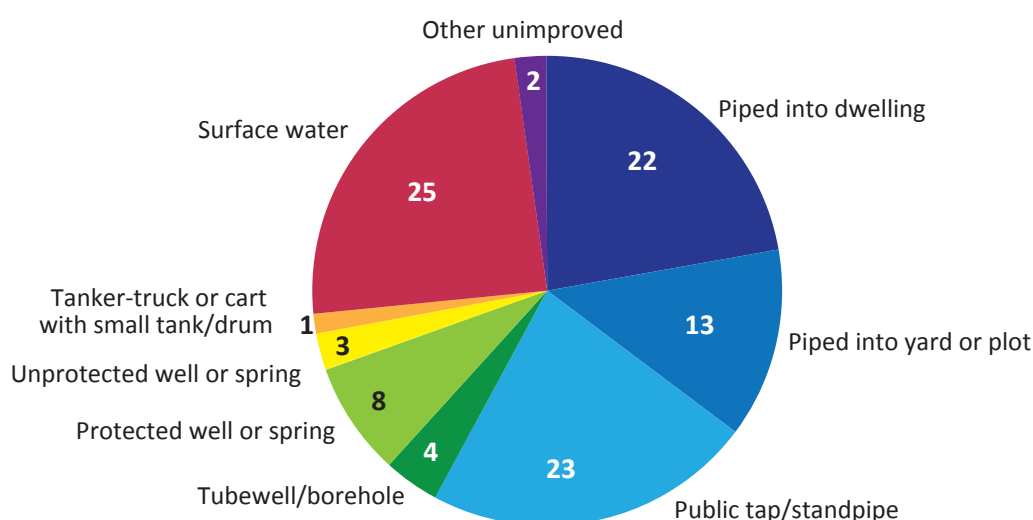
Sanitation

- Use of improved sanitation facilities
- Sanitary disposal of child's faeces

Distribution of the population by source of drinking water is shown in Table EN.1 and Figure EN.1. The population using improved sources of drinking water are those using piped water into dwelling, piped water into yard or plot, public tap/standpipe, tube well/borehole, protected well, protected spring or rainwater collection. Bottled water is considered an improved water source only if the household uses it for other purposes, such as hand washing and cooking.

Overall, 70 per cent of the population uses an improved source of drinking water – 93 per cent in urban areas and 61 per cent in rural areas. The situation in GBAO and Khatlon is considerably worse than elsewhere: only 51 and 55 per cent of the population in these regions respectively get their drinking water from an improved source. Significant variations also exist in access to an improved water source in terms of household wealth; only 48 per cent of the poorest population, compared to 95 per cent of the richest, has such access.

Figure EN.1. Percentage distribution of household members by source of drinking water, Tajikistan, 2005



The source of drinking water for the population varies strongly by region (Table EN.1). In Dushanbe, 93 per cent use drinking water piped into the dwelling or yard/plot. This finding is lower than the data obtained from the National Report for 2005 conducted by the Dushanbe Sanitary Epidemiological Station, which showed that 99 per cent of the population used piped water. However, it is worth mentioning that supplied pipe water, particularly in Dushanbe, comes from surface sources without being exposed to routine cleaning procedures. In DRD, 39 per cent use piped water. In contrast, only about 27 and 28 per cent of those in Sogd and Khatlon respectively, and around 15 per cent of those in GBAO, have piped water. In Sogd, the most common source of drinking water is tap/standpipe, while in Khatlon and GBAO about 2 in 5 use surface water, an unimproved source.

Comparing these results with those from the MICS 2000, however, it is found that improvement has been significant: The share of population using an improved source of drinking water has increased from only 57 per cent to 70 per cent.

Use of in-house water treatment is presented in Table EN.2. Households were asked of ways they may be treating water at home to make it safer to drink; boiling, adding bleach or chlorine, using a water filter, and using solar disinfection were considered proper treatment. In Tajikistan 80 per cent of the population use an appropriate water treatment method. The most common method is boiling, employed by 79 per cent of households. Almost no difference is found in appropriate water treatment between households with access to improved and unimproved sources of water. Use of appropriate water treatment method also is similar across regions, with the exception of GBAO, where a significantly lower percentage (8 per cent) treats water to make it safer. At the same time, household wealth and education level of household head greatly influence water treatment. The population from wealthier households, and those with a highly educated head of household, are more likely to apply appropriate water treatment methods.

The amount of time it takes to obtain water is presented in Table EN.3, while the person who usually collects the water is given in Table EN.4. Note that these results refer to one round-trip from home to

the drinking water source and back again. Information on the number of trips made in one day was not collected.

Table EN.3 shows that for 45 per cent of households, the drinking water source is on the premises. For one-quarter of all households, it takes less than 15 minutes to get to the water source and bring water, while 13 per cent of households spend from 15 minutes to a half-hour for this purpose. Sixteen per cent of households need to spend more than 30 minutes to go to the water source and bring water. Excluding those households with water on the premises, the average time to the source of drinking water is 26 minutes. The time spent in rural areas in collecting water is slightly higher than in urban areas. Regional distribution shows that the highest average time spent in collecting water is in Khatlon (35 minutes). An interesting finding is that no differences exist by education level of household head or household wealth in average time spent in collecting water.

Table EN.4 shows that for most households, an adult female usually collects water when the source is not on the premises. Adult men collect water in only 10 per cent of cases, while for the rest, female or male children younger than age 15 do such chores (11 per cent).

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases, including diarrhoeal diseases and polio. Improved sanitation facilities for excreta disposal include: flush or pour-flush to a piped sewer system, septic tank or latrine; ventilated improved pit latrine; and pit latrine with slab.

Ninety-four per cent of the population live in households using improved sanitation facilities (Table EN.5); this proportion is 97 per cent in urban areas, 92 per cent in rural areas. Residents of GBAO are less likely to use improved facilities than other regions. A deeper analysis is provided by breaking down the sanitary means according to type. The most common type of sanitation facility in Tajikistan is a pit latrine with slab, in 79 per cent of households. Only 13 per cent of the population has access to a sanitation facility connected to a sewage system.

The table indicates that use of improved sanitation facilities is strongly correlated with wealth and differs markedly between urban and rural areas. In rural areas, the population mostly uses pit latrines with slabs, while the most common urban facility is flush toilets with connection to the sewage system.

Safe disposal of a child's faeces is disposing of the stool by the child using a toilet or by rinsing the stool into a toilet or latrine. Disposal of faeces of children aged 0-2 years is presented in Table EN.6.

In almost one-third of households with children aged 0 to 2 years, the child's faeces is safely disposed of. In 9 per cent of households children use a toilet, while in 20 per cent of cases, faeces were put into the toilet of a latrine. Findings show that the most frequently used method of disposal of child faeces in Tajikistan is rinsing it into a drain or ditch (37 per cent of households).

Regional distribution shows that the highest proportion of mothers and caretakers disposing of faeces safely is in Dushanbe, at 74 per cent. This practice is far less common in Khatlon, Sogd and DRD, at about 20-28 per cent. Urban-rural differences also are significant; 51 per cent of urban households dispose of child faeces safely, compared to only 20 per cent of rural households.

An overview of the percentage of household members using improved sources of drinking water and sanitary means of excreta disposal is presented in Table EN.7. Overall, 69 per cent of the population

in Tajikistan has access to improved water sources and sanitation. Residents of Dushanbe, urban areas and the richest households are most likely to have both improved water sources and sanitation facilities, ranging from 90 to 95 per cent.

Household Durable Goods and Agricultural Assets

Ownership of household goods and assets is a direct indicator of household living standards. The percentage of households with different household items is presented in Tables EN.8.A-EN.8.C. Almost all households in Tajikistan have electricity (99 per cent), although this is somewhat lower in GBAO, at 90 per cent. A slightly lower percentage of households own TV (89 per cent), while possession of other household goods is drastically lower. Only one-third own a refrigerator, and only 1 in 5 own a fixed telephone. An electric water heater is present in 18 per cent of households, a washing machine in only 13 per cent.

Urban-rural and regional differences are noticeable; many more urban households possess more expensive items like refrigerators, washing machines or televisions.

About 68 per cent of households in Tajikistan own agricultural land; the share with land is high in every region except Dushanbe, the capital. Ownership of agricultural land correlates with household wealth; the overwhelming majority of the poorest households (91 per cent) have land, while only 1 in 5 of the richest own it. On average, a household in Tajikistan possesses 0.4 hectares of agricultural land.

Nearly every second household in Tajikistan owns cows and/or bulls. Every third household owns chickens, while the ownership of other animals is less than 1 in 6. Similar to agricultural land ownership, most households that own animals are in GBAO or rural areas. The richest households own farm animals in much smaller percentages than the average.

VIII. REPRODUCTIVE HEALTH

Contraception

Appropriate family planning is important for the health of women and children for several reasons: 1) preventing pregnancies that are too early or too late; 2) extending the period between births; and 3) limiting the number of children. A WFFC goal is to provide access to all couples with information and services for preventing pregnancies that are too early, too closely spaced, too late or too many.

Current use of contraception was reported by 38 per cent of women married or in union (Table RH.1). Women in Tajikistan are more likely to use modern contraceptive methods (33 per cent) than traditional methods. By far the most popular contraceptive method is the IUD, used by 1 in 4 married women. The next most popular is the lactation amenorrhoea method (LAM), at 3 per cent. Around 2 per cent of women reported use of injections or pills; use of condom and withdrawal was reported by 1 per cent. Less than 1 per cent reported the use of some other method for preventing pregnancy.

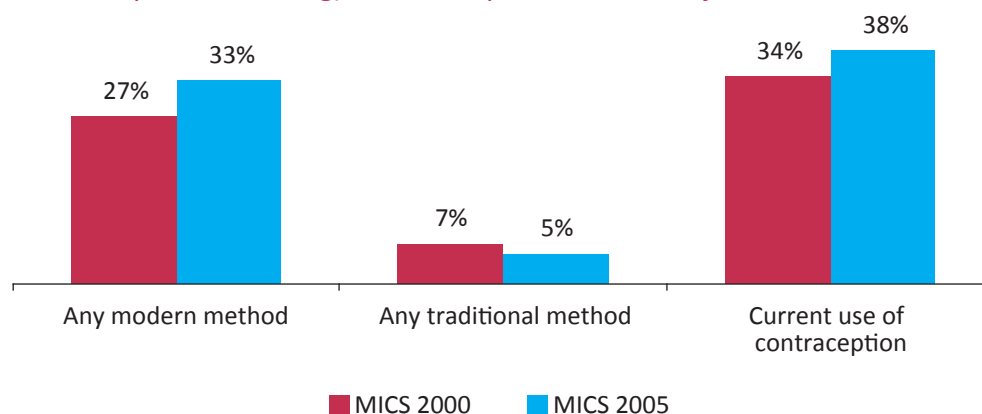
Contraceptive prevalence is highest in Sogd, at 46 per cent; elsewhere, it ranges from 35 per cent in Khatlon to 38 per cent in Dushanbe and 39 per cent in GBAO. The lowest use of contraception is reported in DRD, at 29 per cent. Urban-rural differences also are notable; 42 per cent of urban married women, compared to 36 per cent in rural areas, reported using contraception.

Adolescents are far less likely to use contraception than older women. Only 9 per cent of women aged 15-19 use a method to prevent pregnancy, compared to 25 per cent of 20- to 24-year-olds and 50 per cent of women aged 35 to 49. Use of contraception also varies significantly by the number of living children, from less than 1 per cent, among those with no children, to 48 per cent among women with three living children.

Women's education level likewise is strongly associated with contraceptive prevalence. The percentage of women using any method of contraception rises from 14 per cent among those with no education to 25 per cent among women with primary education, and much further, to 51 per cent, among women with higher education. In addition to differences in prevalence, the method mix varies by education. As the educational level increases, the proportion using modern methods, particularly condoms, increases. A similar pattern is noticed concerning wealth, with women from the richest households using modern contraceptive methods more than average.

Comparing results with the MICS 2000 data (Figure RH.1) shows that the indicator is improving. Contraceptive prevalence in Tajikistan has increased by 4 percentage points since that date. Usage of modern method had increased in the last five years, even as traditional methods have slightly declined.

Figure RH.1. Percentage of women aged 15-49 years married or in union who are using (or whose partner is using) a contraceptive method, Tajikistan, 2000 - 2005



Results for women's knowledge of contraceptive methods are presented in table RH.1.A. Most married/in-union women in Tajikistan know about the IUD (87 per cent). Pills as a contraceptive method are familiar to 49 per cent of women; every third woman knows about injection; and 19 per cent of women know about condoms, while knowledge of other contraceptive methods is very low, at less than 5 per cent.

About 1 in 10 married or in-union women knows no method for preventing pregnancy. The share is highest among young women aged 15-19, at 1 in 3. As with usage, knowledge about contraception and women's education are highly correlated, rising with additional education. Women in the richest households and households where the mother tongue of household head is Russian also have better knowledge in this regard.

Unmet Need

Unmet need¹¹ for contraception refers to fecund women who are not using any method of contraception, but who wish to postpone the next birth or who wish to stop childbearing altogether. Unmet need is identified in the MICS by using a set of questions eliciting current behaviours and preferences pertaining to contraceptive use, fecundity and fertility preferences.

Women in unmet need for spacing includes women who are currently married (or in union), fecund (are currently pregnant or think that they are physically able to become pregnant), currently not using contraception, and want to space their births. Pregnant women are considered to want to space their births when they do not want the child at the time they get pregnant. Women who are not pregnant are classified in this category if they want to have a (another) child, but want to have the child at least two years later, or after marriage.

Women in unmet need for limiting are those women who are currently married (or in union), fecund (currently pregnant or think that they are physically able to become pregnant), currently not using contraception, and want to limit their births. The latter group includes women who are pregnant but did not want

¹¹ Unmet need measurement in the MICS is somewhat different from that used in other household surveys, such as the national Demographic and Health Surveys (DHS). In the DHS, more detailed information is collected on additional variables, such as postpartum amenorrhoea, and sexual activity. Results from the two types of surveys are not strictly comparable.

the pregnancy at all, and women who are not pregnant but do not want to have a (another) child. Total unmet need for contraception is simply the sum of unmet need for spacing and unmet need for limiting.

Using information on contraception and unmet need, the percentage of demand for contraception satisfied also is estimated from the MICS data. Percentage of demand for contraception satisfied is defined as the proportion of women currently married or in union currently using contraception, compared to total demand for contraception. This total demand includes women who currently have an unmet need (for spacing or limiting), plus those currently using contraception. Table RH.2 shows the results of the survey on contraception, unmet need and the demand for contraception satisfied.

Nearly 1 in 4 (24 per cent) of married women or women in union have an unmet need for contraception. Because there exists a close link to contraception use, the findings according to background characteristics are very similar to those of contraceptive prevalence. Needs for contraception are not satisfied among a large proportion of women from the poorest households.

Looking at regional distribution, unmet need for contraception is lowest in Sogd and highest in DRD. The unmet need for contraception mainly manifests as unmet need for limiting (15 per cent), with the exception of women aged 15 to 24, whose needs are mainly for spacing.

Antenatal Care

The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. Better understanding of foetal growth and development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care as an intervention to improve both maternal and newborn health, for example, if the antenatal period is used to inform women and families about danger signs and symptoms and about the risks of labour and delivery. It may provide the route for ensuring that pregnant women do deliver with the assistance of a skilled health care provider. The antenatal period also provides an opportunity to supply information on birth spacing, recognised as an important factor in improving infant survival.

Tetanus immunization during pregnancy can be lifesaving for both mother and infant. The prevention and treatment of malaria among pregnant women, management of anaemia during pregnancy and treatment of STIs can significantly improve foetal outcomes and improve maternal health. Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women's nutritional status and prevent infections (e.g., malaria and STIs) during pregnancy. More recently, the potential of the antenatal period as an entry point for HIV prevention and care, in particular for the prevention of HIV transmission from mother to child, has led to renewed interest in access to and use of antenatal services.

WHO recommends a minimum of four antenatal visits based on a review of the effectiveness of different models of antenatal care. WHO guidelines are specific on the content on antenatal care visits, which include:

- Blood pressure measurement
- Urine testing for bacteraemia and proteinuria
- Blood testing for detecting syphilis and severe anaemia
- Weight/height measurement (optional)

Coverage of antenatal care (by a doctor, nurse or midwife) is relatively high in Tajikistan, with 77 per cent of women receiving antenatal care at least once during the pregnancy. The lowest level of antenatal care is found in Khatlon, at 66 per cent, while the highest is in Sogd (92 per cent). Antenatal care coverage is some 10 percentage points higher in urban areas compared to rural areas. Lower antenatal care coverage is noticed among the oldest and less educated women, as well as women from the poorest households. In addition, women in households where the mother tongue of household head is Tajik are less likely to receive antenatal care.

The type of personnel providing antenatal care to women aged 15-49 who gave birth in the two preceding years is presented in Table RH.3. In 68 per cent of cases a medical doctor provided care, while nurses/midwives provided 9 per cent.

The types of services pregnant women receive are shown in Table RH.4. Regarding the content of antenatal care received, 66 per cent of women in Tajikistan have their urine taken, and 68 per cent a blood sample, while 72 per cent have blood pressure measured. However, a high percentage (38 per cent) of women are not weighed. A blood group and gynaecological exam are provided to about two-thirds of women; ultrasound is performed for 57 per cent of women, mostly in Dushanbe. Lastly, the pregnancy term is assessed for 71 per cent of women. These interventions are more frequently reported by more educated and wealthier women.

Less than one-half of pregnant women bought or received the iron pills as part of their antenatal care. The median number of days of taking iron pills during pregnancy is 10.

Assistance at Delivery

Three-quarters of all maternal deaths occur during delivery and the immediate postpartum period. The single most critical intervention for safe motherhood is to ensure a competent health worker with midwifery skills to be present at every birth. In addition, transport should be available to a referral facility for obstetric care in case of emergency. A WFFC goal is to ensure that women have ready and affordable access to skilled attendance at delivery. The indicators are the proportion of births with a skilled attendant and proportion of institutional deliveries. The skilled attendant at delivery indicator also is used to track progress toward the MDG of reducing the maternal mortality ratio by three-quarters between 1990 and 2015.

The MICS included a number of questions to assess the proportion of births attended by a skilled attendant. A skilled attendant includes a doctor, nurse, midwife or auxiliary midwife.

Skilled personnel (Table RH.5) delivered about 83 per cent of births in the two years before the MICS survey, highest in Sogd and Dushanbe, at 95 and 87 per cent, and lowest in Khatlon, at 75 per cent. Skilled attendance during delivery is higher in urban areas (89 per cent) than in rural areas (81 per cent). Examining trends in assistance at delivery, important progress has been made since the MICS 2000, when delivery by skilled personnel stood at only 71 per cent; nonetheless, room exists for further improvement.

The more educated and wealthier a woman is, the more likely she is to have a delivery with the assistance of a skilled attendant. Differences are found regarding women's age. While 87 per cent of women aged 20-24 are delivered by skilled personnel, this decreases to 78 per cent for women aged 35-39.

In GBAO, Khatlon and DRD, doctors assisted in only about 3 in 5 births and nurses assisted 1 in 5. Traditional birth attendants delivered about 9 per cent of births in these areas. In the other regions, between 75 and 86 per cent are delivered by a doctor, while 8 to 12 per cent have a midwife in attendance.

A total of 62 per cent of births in the previous two years were delivered in health facilities. A far lower share of institutional deliveries is recorded in Khatlon and GBAO, at 42 and 46 per cent respectively. Similar to the pattern of many other indicators, less educated and poorer women are less likely to have their children delivered in a health facility, at 42 per cent.

The Tajikistan MICS 2005 included additional questions regarding women's reproductive health and pregnancy outcomes. Results of this analysis are presented in Table RH.5.A. Live birth was the outcome of 85 per cent of all pregnancies, while 8 per cent ended with induced abortion and 6 per cent were miscarriages. About 1 per cent ended with a stillborn child.

Maternal Mortality

The complications of pregnancy and childbirth are the leading cause of death and disability among women of reproductive age in developing countries. It is estimated worldwide that around 529,000 women die each year from maternal causes. Moreover, for every woman who dies, about 20 more suffer injuries, infection and disabilities in pregnancy or childbirth. This means that at least 10 million women a year incur this type of damage.

The most common fatal complication is the postpartum haemorrhage. Sepsis, complications of unsafe abortion, prolonged or obstructed labour and the hypertensive disorders of pregnancy, especially eclampsia, claim further lives. These complications, which can occur at any time during pregnancy and childbirth without warning, require prompt access to quality obstetric services equipped to provide lifesaving drugs, antibiotics and transfusions, and to perform the Caesarean sections and other surgical interventions that prevent deaths from obstructed labour, eclampsia and intractable haemorrhage. One of the MDG targets is to reduce the maternal mortality ratio by three-quarters between 1990 and 2015.

Maternal mortality is defined as the death of a woman from pregnancy-related causes, when pregnant or within 42 days of termination of pregnancy. The maternal mortality ratio is the number of maternal deaths per 100,000 live births. In the MICS, the maternal mortality ratio is estimated by using the indirect sisterhood method, which produces estimates centred on about 12 years before the survey was carried out. To collect the information needed for the use of this estimation method, adult household members aged 15-49 were questioned regarding the survival of their sisters and the timing of death relative to pregnancy, childbirth and the postpartum period for these deceased sisters. The information collected was then converted to lifetime risks of maternal death and maternal mortality ratios.¹²

The Tajikistan MICS results for maternal mortality are shown in Table RH.6. Results are presented only for the national total, because maternal mortality ratios generally have very large sampling errors.

Estimated maternal mortality in Tajikistan is 97 per 100,000 live births (alternatively, about 1 death per 1,000 births).

¹² For more information on the indirect sisterhood method, see WHO and UNICEF, 1997.

IX. CHILD DEVELOPMENT

It is well recognized that a period of rapid brain development occurs in the first 3-4 years of life, and that the quality of home care is the major determinant of the child's development during this period. In this context adult activities with children, presence of books at home for the child, and conditions of care are important indicators of quality of home care. A WFFC goal is that "children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn."

Information on a number of activities that support early learning was collected in the survey. These included the involvement of adults with children in the following activities: reading books or looking at picture books; telling stories; singing songs; taking children outside the home, compound or yard; playing with children; and spending time with children naming, counting, or drawing things.

For almost two-thirds (60 per cent) of under-5 children, an adult was engaged in four or more activities that promote learning and school readiness during the three days preceding the survey (Table CD.1). The average number of activities that adults engaged with children was 3.7. However, the table also indicates that the father's involvement in such activities was somewhat limited, at only 21 per cent.

Larger proportions of adults are engaged in learning and school readiness activities with children in urban areas (56 per cent) than in rural areas (39 per cent). Strong differences by region and socioeconomic status also are observed: adult engagement in activities with children was greatest in GBAO (77 per cent) and lowest in DRD (56 per cent); the proportion was 73 per cent for children in the richest households, as opposed to 44 per cent in the poorest. Fathers' involvement showed a similar pattern in terms of adults' engagement in such activities. Mothers and fathers with higher education engage more in such activities with children than those with lower education.

Exposure to books in his or her early years not only offers the child greater understanding of the nature of print, but may also give the child opportunities to see others read, such as older siblings doing schoolwork. The presence of books is important for later school performance and IQ scores.

In Tajikistan, 46 per cent of children live in households where at least three non-children's books are present (Table CD.2). However, only 17 per cent of children aged 0-59 months are in households with three or more children's books. The median numbers of non-children's books and children's books in households are both extremely low (1 and none). While no gender differences are observed, urban children appear to have better access to both types of books. A total of 55 per cent of under-5 children in urban areas live in households with more than three non-children's books, compared to 43 per cent in rural households. The proportion of under-5 children who have three or more children's books is 27 per cent in urban areas, more than twice as high as the 13 per cent in rural areas. The presence of both non-children's and children's books is positively correlated with the older a child is.

Table CD.2 also shows that 16 per cent of children aged 0-59 months have three or more playthings in their homes, while 11 per cent have none (Table CD.2). Playthings in the MICS included household objects, homemade toys, toys from a store, and objects and materials found outside the home. It

is interesting to note that 73 per cent of children play with toys from a store; however, other types of toys are below 30 per cent. The proportion of children who have three or more playthings is 14 per cent among boys and 17 per cent among girls. No urban-rural differences are observed in this respect, and only small differences in terms of socioeconomic status. On the other hand, regional differences are quite large: for instance, in Dushanbe only 8 per cent of children have three or more playthings, compared to 26 per cent of children in DRD and 36 per cent in GBAO. One background variable that appears to have a strong correlation with the number of playthings for children is the age of the child.

Leaving children alone or in the presence of other young children is known to increase the risk of accidents. In the MICS, two questions were asked to find out whether children aged 0-59 months were left alone during the week preceding the interview, and whether children were left in the care of other children younger than age 10.

Table CD.3 shows that 12 per cent of children aged 0-59 months were left in the care of other children, while 3 per cent were left alone during the week preceding the interview. Combining these two care indicators, it is calculated that 13 per cent of children – or more than 1 in 8 -- were left with inadequate care during the week preceding the survey. No differences were observed by the sex of the child or between urban and rural areas. Children who live in Khatlon and Sogd are more often left with inadequate care, while this proportion is lowest among children from Dushanbe (4 per cent). On the other hand, inadequate care was more prevalent among children whose mothers have secondary special education (17 per cent), as opposed to those whose mothers have higher education (8 per cent). Children aged 24-59 months were left with inadequate care more often (16 per cent) than those aged 0-23 months (7 per cent). With the increase of household wealth, the chances that a child would be left alone with inadequate care decreases slightly.

X. EDUCATION

Preschool Attendance and School Readiness

Attendance to preschool education in an organised learning or child education programme is important to make children ready for school. One WFFC goal is to promote early childhood education.

Only 10 per cent of children in Tajikistan aged 36-59 months attend preschool (Table ED.1). Urban-rural and regional differences are significant – the figure is as high as 25 per cent in urban areas, compared to 5 per cent in rural areas. Attendance is most prevalent in Dushanbe (33 per cent) and lowest in DRD (4 per cent). No gender difference exists, but differences by socioeconomic status are significant; 29 per cent of children in the richest households attend preschool, while the figure drops to 1 per cent in the poorest households. The proportion of children attending preschool at ages 36-47 months and 48-59 months are almost identical (10 per cent).

Table ED.1 also shows the proportion of children in the first grade of primary school who attended preschool the previous year, an important indicator of school readiness. Overall, 25 per cent of 7-year-olds who attend the first grade of primary school also attended preschool the previous year. The proportion among boys is slightly higher (27 per cent) than girls (24 per cent), while almost two-thirds of urban children (59 per cent) attended preschool the previous year compared to 16 per cent among rural children. Regional differences also are very significant; first graders in Dushanbe attended preschool far more often (75 per cent) than their counterparts in Khatlon (7 per cent). Socioeconomic status of the household appears to positively correlate with school readiness. The indicator is only 11 per cent among children from the poorest households, but increases to 58 per cent among the richest households.

Primary and Secondary School Participation

Universal access to basic education and the achievement of primary education of children worldwide is one of the most important goals of the MDGs and WFFC. Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth.

The indicators for primary and secondary school attendance include:

- Net intake rate in primary education
- Net primary school attendance rate
- Net secondary school attendance rate
- Net primary school attendance rate of children of secondary school age
- Female-to-male education ratio (or gender parity index - GPI)

The indicators of school progression include:

- Survival rate to grade five
- Transition rate to secondary school
- Net primary completion rate

Of children who are of primary school entry age (age 7) in Tajikistan, 65 per cent attend the first grade of primary school (ED.2). Girls are slightly more likely to start primary education on time than boys, 66 compared to 63 per cent. Regional and urban-rural differences are significant. In Dushanbe and Khatlon, for instance, the indicator reaches 84-85 per cent, while it is only 42 per cent in DRD. Children's participation in primary schools is timelier in urban areas (67 per cent) than in rural areas (64 per cent). A positive correlation with mother's education and socioeconomic status is observed: for 7-year-olds whose mothers have higher education, 88 per cent attended the first grade. In the richest households, the proportion stands at around 73 per cent, while it is 64 per cent in the poorest households.

Table ED.3 shows the percentage of children of primary school age attending primary or secondary school. Most children of primary school age attend school (89 per cent of children aged 7 to 10 years), But this means that more than 1 in 10 children (11 per cent) are out of school. Variations by background characteristics are similar to the primary intake findings described above. Differences between primary education entry age and primary school attendance rate indicate certain children start their education later than expected.

The secondary school net attendance ratio is presented in Table ED.4. Most dramatic is the fact that nearly 1 in 5 children of secondary school age does not attend secondary school, having either left school or still studying in primary school (see below). This finding is very similar to the official figure for the school year 2004/2005, which indicated that the net secondary school enrolment was 80 per cent.

Geographical variations are significant; children from the GBAO region and Dushanbe are more likely to attend secondary school (93 and 84 per cent) than children from other regions. In addition, urban children more often attend than rural children, as do boys compared with girls (89 compared to 74 per cent). Mother's educational level and household wealth significantly influence secondary school attendance.

The primary school net attendance ratio of children of secondary school age is presented in Table ED.4W. Only 3 per cent of children of secondary school age attend primary school; the remaining 15 per cent do not attend school at all.

The percentage of children entering the first grade who eventually reach grade 5 is presented in Table ED.5. Nearly all children who started grade one will eventually reach grade five (99 per cent). This number includes children who repeat grades.

The net primary school completion rate and transition rate to secondary education are presented in Table ED.6. At the time of the survey, 85 per cent of children of primary completion age (10 years) were attending the last grade of primary education. A significantly lower percentage of children in the poorest households and the second wealth quintile attended (around 80 per cent). This value should be distinguished from the gross primary completion ratio, which includes children of any age attending the last grade of primary school. Most children who successfully completed the last grade of primary school were found to be attending the first grade of secondary school (99 per cent).

The ratio of girls to boys attending primary and secondary education is provided in Table ED.7. These ratios are better known as the Gender Parity Index (GPI). Ratios included here are obtained from net attendance ratios rather than gross attendance ratios, the latter of which erroneously describe the GPI because in most cases the majority of over-aged children are boys. The table shows that gender parity for primary school is close to 1.00, indicating no difference in girls' and boys' attendance. However, the indicator drops to 0.83 for secondary education, suggesting that for every 10 boys there are 8 girls attending secondary school. The disadvantage of girls is slightly less pronounced in Sogd and GBAO, as well as among children in the richest households and urban areas. Girls' disadvantage in school attendance is noticed among all language groups except Russian.

Adult Literacy

One of the WFFC goals is to assure adult literacy. Adult literacy also is an MDG indicator, relating to both men and women. In the MICS, since only a women's questionnaire was administered, the results are based only on females aged 15-24. Literacy was assessed on the ability of women to read a short simple statement in Tajik or Russian or on school attendance (women who attended any level of secondary school were assumed to be literate). The per cent of literacy is presented in Table ED.8.

The literacy rate among young women in Tajikistan is 95 per cent. As expected, the literacy level is low among women with none or primary education, at 12 and 32 per cent respectively. Younger women aged 15-19 are slightly less literate than women aged 20-24, at 94 compared to 96 per cent. Looking at regional differences, findings show that young women from Khatlon and DRD are less literate than women in other regions. Women in the richest households are the most literate; 98 per cent of women aged 15-24 in the richest households are literate, compared to 90 per cent in the poorest households.

XI. CHILD PROTECTION

Birth Registration

The 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. WFFC states a goal to develop systems to ensure the registration of every child at or shortly after birth, and to fulfil his or her right to acquire a name and a nationality, in accordance with national laws and relevant international instruments. The indicator is the percentage of children under-5 whose birth is registered.

The births of 88 per cent of children under-5 in Tajikistan have been registered (Table CP.1), with the prevalence somewhat more likely for children in Sogd, Khatlon and GBAO. A surprising finding is that birth registration is higher among rural than urban children, 90 compared to 85 per cent. The older the child is, the better is the chance that the birth will be registered: the indicator rises from 82 per cent among children aged 0-11 months to 92 per cent among children aged 48-59 months, which indicates delayed registration. Birth registration is highly correlated with mother's educational status. The percentage of registered births is highest among children whose mothers have secondary special or higher education (92 per cent).

Among those whose births are not registered, cost appears to be the main reason (42 per cent). Lack of time, missing of other documentation and distance from the place of birth also are mentioned, but because of the low number of observed cases, these results should be considered with caution.

Child Labour

Article 32 of the Convention on the Rights of the Child states: "States Parties recognise the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development..." WFFC mentions nine strategies to combat child labour, and the MDGs call for the protection of children against exploitation. In the MICS questionnaire, a number of questions addressed the issue of child labour, that is, children aged 5-14 involved in labour activities. A child is considered to be involved in child labour activities if during the week preceding the survey:

- Ages 5-11: he/she had at least one hour of economic work or 28 hours of domestic work per week
- Ages 12-14: he/she had at least 14 hours of economic work or 28 hours of domestic work per week.

This definition allows differentiation between child labour and child work to identify the type of work that should be eliminated. As such, the estimate provided here is a minimum of the prevalence of child labour, since some children may be involved in hazardous labour activities for a number of hours that

could be less than the numbers specified above. Table CP.2 presents the results of child labour by the type of work. Percentages do not add up to total child labour because children may be involved in more than one type of work.

Ten per cent of children in Tajikistan aged 5 to 14 years are involved in child labour, mainly unpaid and domestic work.

Regional distribution indicates that the proportion of children involved in child labour is highest in GBAO, encompassing nearly one-quarter of children aged 5 to 14. The pattern is the same as that at the national level, in that they are mainly involved in unpaid and domestic work. On the other hand, children from Dushanbe are the least involved in child labour (2 per cent), mainly working for the family business. Urban children are less likely to be involved in labour (8 per cent) than rural children (11 per cent).

The poorest children, children whose mothers have no education, and those aged 12-14 are the most exploited groups with regard to child labour. A total of 14 per cent of children from the poorest households and 16 per cent of children whose mothers have never attended school are involved.

Table CP.3 presents the percentage of children classified as student labourers or as labourer students. Student labourers are children who attended school and were involved in child labour activities at the time of the survey. More specifically, out of 75 per cent of the children aged 5-14 attending preschool or school, 12 per cent also were involved in child labour. The proportion of student labourers is the highest among children from GBAO, rural areas and the poorest households.

On the other hand, out of children classified as child labourers, the vast majority also attended school (89 per cent). This is slightly lower among children in households where the mother tongue of household head is Tajik.

Child Discipline

As stated in the WFFC declaration, “children must be protected against any acts of violence ...,” while the Millennium Declaration calls for the protection of children against abuse, exploitation and violence. In the Tajikistan MICS survey, mothers/caretakers of children aged 2-14 were asked a series of questions about the discipline methods they used when their children misbehaved. For the child discipline module, one child aged 2-14 per household was selected randomly during fieldwork. The two indicators used to describe aspects of child discipline are: 1) the number of children aged 2-14 who experience psychological aggression as punishment or minor physical punishment or severe physical punishment; and 2) the number of parents/caretakers of children aged 2-14 who believe that in order to raise their children properly, they need to physically punish them.

In Tajikistan, nearly 3 in 4 children aged 2-14 (74 per cent) received at least one form of psychological or physical punishment from their mothers/caretakers or other household members. More importantly, about 1 in 7 children (16 per cent) were subjected to severe physical punishment and more than 1 in 2 (55 per cent) to minor physical punishment. On the other hand, only 15 per cent of mothers/caretakers believed that children should be physically punished, a sharp contrast to the actual prevalence of physical discipline.

Every fifth child in Tajikistan has been disciplined through non-violent methods, while fewer than 1 in 10 (7 per cent) have never been punished or disciplined.

Boys were subjected more to both minor and severe physical discipline (58 and 18 per cent) than girls (51 and 14 per cent). Violent disciplines are more practiced in Khatlon, DRD and Dushanbe. Use of violent child discipline methods decreases as wealth rises. Some 18 per cent of caretakers from the poorest households use severe physical punishment, decreasing to 15 per cent among caretakers in the richest households.

Early Marriage

Marriage before age 18 is a reality for many young girls. According to UNICEF's worldwide estimates, more than 60 million women aged 20-24 were married/in union before age 18. Factors that influence child marriage rates include the state of a country's civil registration system, which provides proof of age for children; existence of an adequate legislative framework with an accompanying enforcement mechanism to address cases of child marriage; and existence of customary or religious laws that condone the practice.

In many parts of the world, parents encourage their daughters to marry while they are still children, hoping that the marriage will benefit them both financially and socially and relieve the financial burden of the family. In fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training, reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognised in the Universal Declaration of Human Rights -- with the recognition that consent cannot be 'free and full' when one party involved is not sufficiently mature to make an informed decision about a life partner. The Convention on the Elimination of all Forms of Discrimination Against Women mentions the right to protection from child marriage in Article 16, which states: "The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage..." While marriage is not considered directly in the Convention on the Rights of the Child, child marriage is linked to other rights -- such as the right to express views freely, the right for protection from all forms of abuse, and the right to be protected from harmful traditional practices -- and is frequently addressed by the Committee on the Rights of the Child. Other international agreements related to child marriage are the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages.

Young married girls are a unique, though often invisible, group. Required to perform heavy amounts of domestic work, under pressure to demonstrate fertility, and responsible for raising children while still children themselves, married girls and child mothers face constrained decision making and reduced life choices. Boys also are affected by child marriage; still, the issue affects girls in far larger numbers and with more intensity. Cohabitation, when a couple lives together as if married, raises the same concerns regarding human rights as marriage. When a girl lives with a man and takes on the role of caregiver to him, the assumption is often that she has become an adult woman, even if she has not yet reached age 18. Additional concerns due to the informality of the relationship (for example, inheritance, citizenship and social recognition) might make girls in informal unions even more vulnerable in different ways than those in formally recognised marriages.

Research suggests that many factors interact to place a child at risk of marriage. Poverty, protection of girls, family honour and the provision of stability during unstable social periods are considered significant factors in determining a girl's risk of marrying while still a child. Women who get married younger are more likely to believe that it is sometimes acceptable for a husband to beat his wife, and they are more likely to experience domestic violence themselves. The age gap between partners is thought to contribute to these abusive power dynamics and to increase the risk of untimely widowhood.

Closely related to the issue of child marriage is the age at which girls become sexually active. Women who are married before age 18 tend to have more children than those who marry later in life. Pregnancy-related deaths are known to be the leading cause of mortality for both married and unmarried girls aged 15-19, particularly among the youngest of this cohort. Evidence suggests that girls who marry young are more likely to marry older men, which puts them at increased risk of HIV infection. Parents seek to marry off their girls to protect their honour, and men often seek younger women to avoid choosing a wife who might already be infected. The demand for these young wives for reproduction, and the power imbalance resulting from the age gap, lead to very low condom use among such couples.

Two indicators are the percentage of women married before age 15 and the percentage married before age 18. The percentage of women married at various ages is provided in Table CP.5.

Less than 1 per cent of women in Tajikistan aged 15-49 reported marriage before age 15. A slightly higher proportion of marriage before age 15 is recorded among women aged 25-29 years (2 per cent). Marriage at an early age is more common among women with primary and incomplete secondary school.

However, almost 15 per cent – more than 1 in 7 -- of all women aged 20-49 married before age 18. This practice is less prominent in GBAO, where only 8 per cent of women marry before age 18. A strong correlation between education level of women and early marriage is evident. While 28 per cent of women aged 20-49 who attended primary school married before age 18, only 5 per cent of women who attended higher school married at such an early age. A similar pattern as in the case of marriage before age 15 is noticed when the age of women is analysed; the highest prevalence of marriage before age 18 is among women aged 25-29 (23 per cent). This practice also is more prevalent among the poorest and Tajik women, where about 1 in 6 are married before age 18. Table CP.5 also shows that 6 per cent of women aged 15-19 are currently married or in union.

Table CP.6 presents the results of the age difference between husbands and wives, an important indicator as well. Among married women aged 15-19, 5 per cent are married to a partner 10 or more years older. The percentage is the same among married women aged 20-24.

Domestic Violence

Women aged 15-49 who are currently married or in union were questioned to assess their attitudes about whether husbands are justified to hit or beat their wives/partners for a variety of scenarios. These questions were asked to indicate cultural beliefs that tend to be associated with the prevalence of violence against women by their husbands/partners. The main assumption here is that women who agree with statements indicating that husbands/partners are justified in beating their wives/partners tend to be abused themselves. Responses can be found in Table CP.7.

About 3 in 4 married/in-union women in Tajikistan feel that their husband/partner has a right to hit or beat them, mostly in cases when they argue with their husband (68 per cent); if they demonstrate their autonomy, e.g., go out without telling their husband (62 per cent); and if they neglect the children (61 per cent). Around one-half of women believe that their partner has a right to hit or beat them if they refuse to have sex with him or if they burn the food.

Regional distribution indicates that domestic violence is less acceptable in Dushanbe, where fewer than 1 in 2 women feels that their partner's violence is justified. At the same time, an overwhelming 83 per cent of women from Khatlon believe domestic violence is justified. Acceptance is higher among rural women, the less educated and the poorest.

A surprising finding is that acceptance is highest among young married women; 85 per cent of women aged 15-29 believe that their partner is justified in hitting them. This declines to 69 per cent among women aged 45-49.

Women's Participation in Decision Making in the Home

The MICS Survey in Tajikistan includes additional analysis regarding women's acceptance of domestic violence and their attitudes and behaviour in marriage. The following questions were addressed to married/in-union women in order to evaluate women's participation in decision making: "Who usually makes decisions about women's health care, about major household purchases, about making purchases for daily household needs, and about visits to women's family relatives?"

One-third of married/in-union women participate in each of the described decisions (Table CP.7.A). On the other hand, an equal number (34 per cent) make no decisions regarding household purchases, their own health and their social life. Women from Dushanbe and urban areas participate more in the decisions described above. In addition, the older the woman is, the more involved she is in making decisions; only 18 per cent of women aged 15-19 participate in decision making, while the proportion stands more than two times higher among women aged 45-49. A woman's right to participate likewise is strongly correlated with her education level and the household wealth.

Tables CP.7.B – CP.7.E present results about people in the household who have a final say regarding women's health care, household purchases and visits to women's family relatives. Only 13 per cent of women make their own decisions about their own health care. In 36 per cent of cases, the chief decision maker is the husband, while 39 per cent of women make decisions together with their husbands. A similar pattern is found in other decision-making situations; 14 per cent of women make their own decisions about daily purchases, falling to only 6 per cent when large purchases are involved. Only 8 per cent decide on their own about visits to other family members.

XII. HIV/AIDS

Knowledge of HIV Transmission

One of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge of how HIV is transmitted and strategies for preventing transmission. Correct information is the first step toward raising awareness and giving young people the tools to protect themselves from infection. Misconceptions about HIV are common and can confuse young people and hinder prevention efforts. Different regions are likely to have variations in misconceptions, although some appear to be universal (for example, that sharing food or being bitten by a mosquito can transmit HIV). The UN General Assembly Special Session on HIV/AIDS (UNGASS) called on governments to improve the knowledge and skills of young people to protect themselves from HIV. The indicators to measure this goal as well as the MDG of reducing HIV infections by half include improving the level of knowledge about HIV and its prevention, and changing behaviour to prevent further spread of the disease. The HIV module was administered to women aged 15-49.

One indicator for both the MDGs and UNGASS is the percentage of young women who have comprehensive, correct knowledge of HIV prevention and transmission. Women were asked whether they knew of the three main ways of HIV transmission – having only one faithful uninfected partner, using a condom every time, and abstaining from sex. The results are presented in Table HA.1.

In Tajikistan, 42 per cent of interviewed women have heard of AIDS. However, the percentage of women who know all three main ways of preventing HIV transmission stands at only 11 per cent. One-quarter of women know of having one faithful uninfected sex partner; 21 per cent know of using a condom every time; and 19 per cent know of abstaining from sex as main ways of preventing transmission. While 32 per cent of women know at least one way, more than 2 in 3 women (68 per cent) do not know any of the three ways.

Correct knowledge of HIV prevention is more frequent among urban women, women who are wealthier, those who have secondary special or higher education. On the other hand, women who have only primary education or belong to the poorest households are less aware of AIDS, and their correct knowledge about HIV transmission is below average. An alarming fact is that young women are rarely familiar with HIV prevention. Only 23 per cent of women aged 15-19 have even heard of AIDS, while an extremely low 5 per cent is aware of all three ways of transmission.

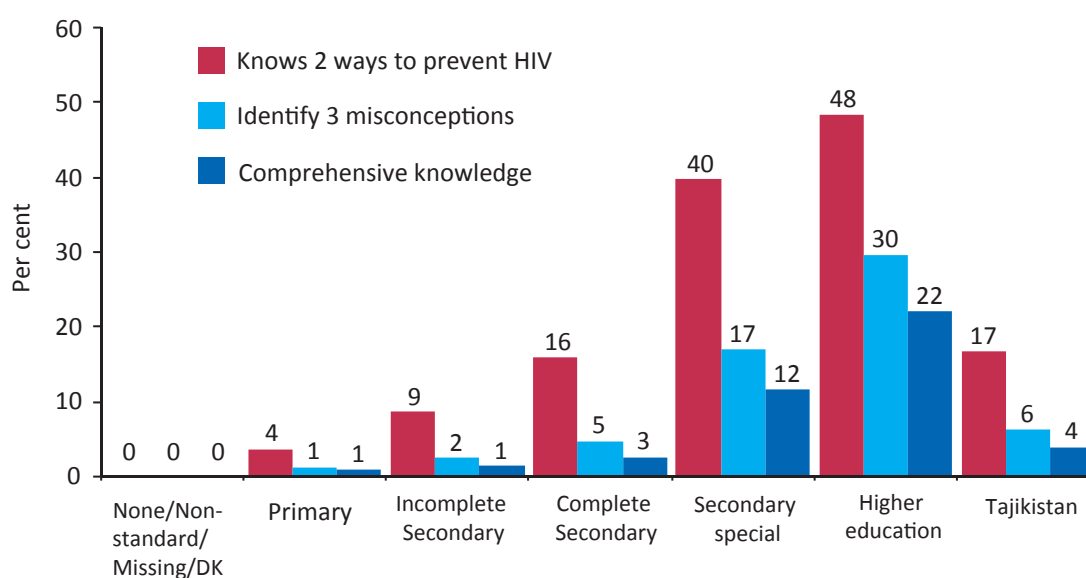
Table HA.2 presents the percentage of women who can correctly identify misconceptions concerning HIV. The indicator is based on the two most common and relevant misconceptions in Tajikistan: that HIV can be transmitted by sharing food, or by being bitten by a mosquito. The table also provides information on whether women know that HIV cannot be transmitted by supernatural means, and that HIV can be transmitted by sharing needles. Of the interviewed women, only 6 per cent reject the two most common misconceptions and know that a healthy-looking person can be infected. Fewer than 1 in 5 (18 per cent) of women know that HIV cannot be transmitted by sharing food, and about 1 in 5

(21 per cent) know that HIV cannot be transmitted by mosquito bites, while 1 in 6 (17 per cent) know that a healthy-looking person can be infected.

Misconceptions are higher among poorer and less educated women. Looking at regional variations, it appears that the most informed are women from GBAO and Dushanbe.

Table HA.3 summarises information from Tables HA.1 and HA.2 and presents the percentage of women who know two ways of preventing HIV transmission and reject three common misconceptions. Comprehensive knowledge of HIV prevention methods and transmission is still quite low, although differences exist by area of residence, age group, education and wealth. Overall, only 4 per cent of women were found to have comprehensive knowledge, which was slightly higher in urban areas (8 per cent) than rural areas (2 per cent). A higher level of knowledge is registered among women from GBAO and Dushanbe, but it still stands at below 15 per cent. Only 2 per cent of women aged 15-24 have comprehensive knowledge about HIV transmission. As expected, the percentage of women with comprehensive knowledge increases with education level (Figure HA.1).

Figure HA.1. Percent of women who have comprehensive knowledge of HIV/AIDS transmission, Tajikistan, 2005



Knowledge of mother-to-child transmission of HIV also is an important first step for women to seek HIV testing when they are pregnant to avoid infecting the baby. Women should know that HIV can be transmitted during pregnancy, delivery and breastfeeding. The level of knowledge among women aged 15-49 concerning mother-to-child transmission is presented in Table HA.4. Overall, 37 per cent of women know that HIV can be transmitted from mother to child. The percentage of women who know all three ways of mother-to-child transmission is 27 per cent, while 4 per cent of women did not know any specific way. The pattern of mother-to-child HIV transmission knowledge among background variables is similar to that for comprehensive knowledge.

Indicators on attitudes toward people living with HIV measure stigma and discrimination in the community. Stigma and discrimination are low if respondents report an accepting attitude on the fol-

lowing four questions: 1) if they would care for family member sick with AIDS; 2) if they would buy fresh vegetables from a vendor who was HIV-positive; 3) if they think that a female teacher who is HIV-positive should be allowed to teach in school; and 4) if they would not want to keep the HIV status of a family member a secret. Table HA.5 presents the attitudes of women toward people who live with HIV/AIDS.

In Tajikistan, 95 per cent of women who have heard of AIDS agree with at least one discriminatory statement. The most common discriminatory attitude is an unwillingness to buy fresh vegetables from a person with HIV/AIDS. An overwhelming 88 per cent of women who have heard of AIDS would not buy fresh vegetables from an infected person. Almost one-third of women who have heard about AIDS would not take care of a family member infected with HIV. Women with none or primary education have more discriminatory attitudes in this case, with up to half of these women agreeing.

Another important indicator is the knowledge of where to be tested for HIV and the use of such services. Questions related to knowledge of a facility for HIV testing and whether respondents have ever been tested is presented in Table HA.6. Only 13 per cent of women know where to be tested, while a very low 4 per cent have actually been tested. Of these, however, a large proportion have been told the result (87 per cent). With an increase of women's education and wealth, knowledge of a place for HIV testing likewise increases.

Among women who gave birth within the two years preceding the survey, the percentage of those who received counselling and HIV testing during antenatal care is presented in Table HA.7. While 77 per cent of these women received antenatal care, less than one-quarter of them were informed about HIV prevention. Only 11 per cent were tested for HIV during antenatal care visits, of which 10 per cent received results. Dushanbe is the only region where more than a quarter of women report receiving information about HIV prevention; in addition, 21 per cent of women in Dushanbe have been tested and received results during antenatal care visits. On the other hand, women from DRD are less likely to receive both antenatal care and HIV testing.

XIII. ORPHANS

More children worldwide are becoming orphaned. Children who are orphans may be at increased risk of neglect or exploitation if the parents are not available to assist them. Monitoring the variations in different outcomes for orphans and comparing them to their peers gives us a measure of how well communities and governments respond to their needs.

To monitor these variations, a measurable definition of orphans needed to be created. The UNAIDS Monitoring and Evaluation Reference Group developed a proxy definition of children who have been affected by adult morbidity and mortality. This definition classifies children as orphans if they have experienced the death of either parent.

The frequency of children who live with neither parent, mother only and father only is presented in Table OTPH.1. In Tajikistan, 89 per cent of children aged 0-17 live with both parents. A total of 2 per cent of children of this age do not live with a biological parent, while one or both parents of 5 per cent of children have died.

XIV. KNOWLEDGE OF TUBERCULOSIS

The Tajikistan MICS3 includes an additional module about knowledge of tuberculosis and ways of transmission. The tuberculosis module was administered to women aged 15-49, who were asked whether they had heard about tuberculosis and the ways it is spread. Results are presented in Tables TB.1 – TB.6.

About 1 in 2 women aged 15-49 years had heard of tuberculosis. Women in DRD and rural areas, and those in the poorest households and who are less educated, have less knowledge about the disease.

Of women who have heard of tuberculosis, most knew at least one symptom (92 per cent). A total of 51 per cent identified coughing as a known symptom; 37 per cent identified coughing with sputum; 31 per cent noted weight loss; and 29 per cent referred to coughing for more than 3 weeks. Other symptoms are mentioned by fewer than 16 per cent of women. The most commonly identified symptom for seeking medical help in this regard is cough, with nearly half (49 per cent) of women who have heard of tuberculosis saying they would immediately seek help.

Two in 3 women (67 per cent) who have heard of tuberculosis know that it can be cured. Six per cent have a family member who has had TB, and 12 per cent know someone who has had it. A high proportion of women (88 per cent) would take care of a family member who had TB and had completed hospital treatment. Nonetheless, discrimination against people who have TB remains widespread; one-third of women would keep it a secret if a family member contracted tuberculosis.

The vast majority of women (88 per cent) think TB should be treated in hospitals, which were mentioned as the main facility for seeking care.

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TABLES

Table HH.1: Results of household and individual interviews.

Number of households, women, and children under 5 by results of the household, women's and under-5s' interviews, and household, women's and under-5s' response rates, Tajikistan, 2005

	Area		Region					Total
	Urban	Rural	Dushanbe	Khatlon	Sogd	DRD	GBAO	
NUMBER OF HOUSEHOLDS								
Sampled	2839	4129	1711	1320	1345	1296	1296	6968
Occupied	2836	4125	1710	1319	1342	1296	1294	6961
Interviewed	2677	4007	1594	1285	1297	1269	1239	6684
Response rate	94.4	97.1	93.2	97.4	96.6	97.9	95.7	96.0
NUMBER OF WOMEN								
Eligible	3750	6876	2074	2297	2087	2200	1968	10626
Interviewed	3593	6650	2031	2244	1999	2165	1804	10243
Response rate	95.8	96.7	97.9	97.7	95.8	98.4	91.7	96.4
Overall response rate	90.4	93.9	91.3	95.2	92.6	96.4	87.8	92.6
NUMBER OF CHILDREN UNDER 5								
Eligible	1477	2893	828	1174	815	924	629	4370
Mother/caretaker interviewed	1437	2836	814	1154	794	910	601	4273
Response rate	97.3	98.0	98.3	98.3	97.4	98.5	95.5	97.8
Overall response rate	91.8	95.2	91.6	95.8	94.2	96.4	91.5	93.9

Table HH.2: Household age distribution by sex.

Per cent distribution of the household population by five-year age groups and dependency age groups, and number of children aged 0-17 years, by sex, Tajikistan, 2005

AGE	Males		Females		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
0-4	2383	11.4	2318	11.2	4701	11.3
5-9	2832	13.5	2567	12.4	5398	12.9
10-14	2965	14.2	2680	12.9	5646	13.5
15-19	2701	12.9	2584	12.4	5285	12.7
20-24	1914	9.1	2100	10.1	4014	9.6
25-29	1426	6.8	1513	7.3	2939	7.0
30-34	1261	6.0	1330	6.4	2590	6.2
35-39	1144	5.5	1261	6.1	2405	5.8
40-44	1098	5.3	1196	5.8	2294	5.5
45-49	910	4.3	838	4.0	1748	4.2
50-54	663	3.2	787	3.8	1451	3.5
55-59	405	1.9	400	1.9	805	1.9
60-64	318	1.5	302	1.5	620	1.5
65-69	307	1.5	319	1.5	627	1.5
70+	589	2.8	579	2.8	1167	2.8
Missing/DK	3	(*)	2	(*)	5	(*)
DEPENDENCY AGE GROUPS						
< 15	8180	39.1	7565	36.4	15745	37.8
15-64	11840	56.6	12311	59.3	24151	57.9
65 +	896	4.3	898	4.3	1794	4.3
Missing/DK	3	(*)	2	(*)	5	(*)
AGE						
Children aged 0-17	9972	47.7	9115	43.9	19086	45.8
Adults 18+/Missing/ DK	10947	52.3	11661	56.1	22609	54.2
TOTAL	20919	100.0	20776	100.0	41695	100.0

Note: (*) – Replaces figures that are based on fewer than 25 unweighted cases.

Table HH.3: Household composition.

Per cent distribution of households by selected characteristics, Tajikistan, 2005

	Number of households		
	Weighted per cent	Weighted	Unweighted
SEX OF HOUSEHOLD HEAD			
Male	81.7	5460	5432
Female	18.3	1224	1252
REGION			
Dushanbe	11.2	749	1594
Khatlon	31.3	2092	1285
Sogd	32.9	2201	1297
DRD	21.5	1440	1269
GBAO	3.0	202	1239
AREA			
Urban	32.9	2198	2677
Rural	67.1	4486	4007
NUMBER OF HOUSEHOLD MEMBERS			
1	3.2	217	252
2-3	10.5	699	796
4-5	27.9	1866	1955
6-7	31.5	2104	2070
8-9	16.0	1070	967
10+	10.9	728	644
Total	100.0	6684	6684
At least one child aged < 18 years	88.6	6684	6684
At least one child aged < 5 years	46.5	6684	6684
At least one woman aged 15-49 years	93.0	6684	6684

Note: (*) – Replaces figures that are based on fewer than 25 unweighted cases.

Table HH.4: Women's background characteristics.
Per cent distribution of women aged 15-49 years by background characteristics, Tajikistan, 2005

REGION	Number of women		
	Weighted per cent	Weighted	Unweighted
REGION			
Dushanbe	8.5	876	2031
Khatlon	34.0	3480	2244
Sogd	31.7	3246	1999
DRD	22.9	2344	2165
GBAO	2.9	297	1804
AREA			
Urban	28.2	2891	3593
Rural	71.8	7352	6650
AGE			
15-19	23.9	2445	2432
20-24	19.3	1981	1942
25-29	13.9	1428	1448
30-34	12.4	1270	1268
35-39	11.6	1192	1188
40-44	11.1	1137	1126
45-49	7.7	790	839
MARITAL/UNION STATUS			
Currently married/in union	61.0	6245	6007
Formerly married/in union	5.3	538	564
Never married/in union	33.8	3460	3672
MOTHERHOOD STATUS			
Ever gave birth	60.8	6224	6058
Never gave birth	39.2	4019	4185
WOMAN'S EDUCATION LEVEL			
None	1.6	159	133
Primary	2.6	267	222
Incomplete secondary	30.7	3145	2966
Complete secondary	52.1	5334	5220
Secondary special	6.9	704	774
Higher education	6.2	631	927
Non-standard/Missing/DK	(*)	2	1
WEALTH INDEX QUINTILES			
Poorest	18.5	1893	1416
Second	19.3	1981	1694
Middle	20.4	2085	1980
Fourth	20.8	2126	2417
Richest	21.1	2158	2736
TOTAL	100.0	10243	10243

Note: (*) – Replaces figures that are based on fewer than 25 unweighted cases.

Table HH.5: Children's background characteristics.

Per cent distribution of children under 5 years of age by background characteristics, Tajikistan, 2005

	Number of under-5 children		
	Weighted per cent	Weighted	Unweighted
SEX			
Male	50.7	2168	2160
Female	49.3	2105	2113
REGION			
Dushanbe	7.9	336	814
Khatlon	40.1	1714	1154
Sogd	28.2	1205	794
DRD	21.7	928	910
GBAO	2.1	90	601
AREA			
Urban	26.4	1129	1437
Rural	73.6	3144	2836
AGE			
< 6 months	9.2	393	388
6-11 months	10.5	447	442
12-23 months	19.6	836	833
24-35 months	20.6	878	890
36-47 months	20.2	865	856
48-59 months	20.0	853	864
MOTHER'S EDUCATION			
None	(1.0)	43	37
Primary	2.2	95	81
Incomplete secondary	27.5	1177	1099
Complete secondary	56.9	2429	2405
Secondary special	7.1	303	334
Higher education	5.2	222	315
Non-standard/Missing/DK	(*)	3	2
WEALTH INDEX QUINTILES			
Poorest	22.4	959	745
Second	19.0	813	720
Middle	18.8	803	760
Fourth	20.0	854	985
Richest	19.8	844	1063
TOTAL	100.0	4273	4273

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) – Replaces figures that are based on fewer than 25 unweighted cases.

Table CM.1: Child mortality.

Infant and under-5 mortality rates by background and demographic characteristics [BASED ON EAST], Tajikistan, 2005

	Infant Mortality Rate*	Under-5 Mortality Rate**
SEX		
Male	75	92
Female	54	66
REGION		
Dushanbe	50	59
Khatlon	81	102
Sogd	61	73
DRD	47	57
GBAO	46	54
AREA		
Urban	58	70
Rural	68	83
MOTHER'S EDUCATION		
None/primary	75	95
Uncomplete secondary	73	91
Complete secondary	63	76
Secondary special	56	67
Higher education	13	14
WEALTH INDEX CATEGORIES		
Poorest 60%	79	100
Richest 40%	46	54
TOTAL	65	79

* MICS indicator 2; MDG indicator 14

** MICS indicator 1; MDG indicator 13

Table NU.1w: Child malnourishment (Working table).

Percentage of under-5 children not measured, measured with missing height or weight, missing month or year of birth, or other flagged cases, and total cases excluded from analysis, Tajikistan, 2005

	Children not measured	Missing height or weight	Missing month or year of birth	Other flagged cases	Total cases excluded from analysis	Number of children
SEX						
Male	,9	-	-	4,3	5,2	2168
Female	1,0	-	,1	4,6	5,7	2105
REGION						
Dushanbe	,7	-	,1	3,5	4,3	336
Khatlon	,5	-	,1	5,1	5,6	1714
Sogd	1,5	-	-	5,1	6,6	1205
RRS	,8	-	-	2,9	3,8	928
GBAO	3,9	,3	,2	3,6	8,1	90
AREA						
Urban	1,5	-	-	4,3	5,8	1129
Rural	,7	-	-	4,5	5,3	3144
AGE						
< 6 months	2,2	-	-	9,0	11,2	393
6-11 months	1,1	-	-	6,9	8,1	447
12-23 months	1,1	-	-	6,5	7,6	836
24-35 months	,9	-	,2	2,5	3,6	878
36-47 months	,5	-	-	2,6	3,0	865
48-59 months	,5	-	-	3,0	3,5	853
MOTHER'S EDUCATION						
None	(14,2)	(-)	(-)	(5,8)	(20,0)	43
Primary	2,6	-	-	4,8	7,3	95
Incomplete secondary	1,0	-	,1	4,5	5,7	1177
Complete secondary	,7	-	-	4,7	5,4	2429
Secondary special	,2	-	-	4,3	4,5	303
Higher education	,8	-	,1	,9	1,9	222
WEALTH INDEX QUINTILES						
Poorest	1,9	-	,2	5,9	8,0	959
Second	,7	-	-	3,6	4,3	813
Middle	,7	-	-	5,5	6,2	803
Fourth	,7	-	-	3,3	4,0	854
Richest	,5	-	,1	3,8	4,3	844
Total	,9	-	-	4,5	5,4	4273

Note: (-) - Figures that are based at 25 to 49 unweighted cases.

For mother's education, 2 unweighted cases of non-standard curriculum, missing/DK are excluded from the table

Table NU.1: Child malnourishment.

Percentage of children aged 0-59 months who are severely or moderately malnourished, Tajikistan, 2005

	Weight for age		Height for age		Weight for height			Number of children aged 0-59 months
	% below	% below	% below	% below	% below	% below	% above	
	- 2 SD	- 3 SD*	- 2 SD	- 3 SD**	- 2 SD	- 3 SD***	+ 2 SD	
SEX								
Male	17.6	4.2	28.2	10.4	7.2	2.0	3.5	2057
Female	17.1	3.0	25.6	7.8	7.2	1.1	3.6	1985
REGION								
Dushanbe	13.3	2.7	20.6	8.9	6.8	1.4	5.6	322
Khatlon	20.2	4.7	29.0	10.0	9.3	2.6	3.0	1619
Sogd	15.3	2.4	28.9	9.7	4.0	.3	5.9	1126
DRD	16.2	3.4	22.9	6.5	7.8	1.4	.8	893
GBAO	20.0	4.5	29.7	11.6	5.2	1.1	3.0	83
AREA								
Urban	17.2	3.2	26.1	9.3	7.4	2.4	4.0	1064
Rural	17.4	3.8	27.3	9.1	7.1	1.3	3.4	2979
AGE								
< 6 months	4.6	1.1	10.8	1.2	8.8	1.6	8.5	349
6-11 months	20.1	3.4	19.4	4.7	11.1	1.6	2.6	411
12-23 months	30.3	7.8	28.2	11.8	16.2	4.0	3.8	772
24-35 months	19.9	4.9	28.3	10.0	6.0	1.2	3.4	846
36-47 months	12.5	1.8	30.5	9.8	2.5	.7	3.2	839
48-59 months	11.7	1.3	31.4	10.5	2.0	.5	2.2	824
MOTHER'S EDUCATION								
None	(29,5)	(-)	(30,5)	(13,3)	(8,4)	(-)	(3,5)	34
Primary	12.9	4.3	30.0	6.4	3.5	1.8	6.1	88
Incomplete secondary	16.8	3.3	25.6	7.8	7.0	.7	3.0	1111
Complete secondary	18.1	4.3	28.8	10.0	7.7	2.0	3.8	2298
Secondary special	17.6	1.4	22.6	9.7	6.6	2.9	4.4	289
Higher education	12.4	1.0	19.4	6.3	4.4	.5	2.4	218
WEALTH INDEX QUINTILES								
Poorest	23.5	5.0	31.8	11.5	8.8	1.5	3.2	882
Second	18.9	4.1	29.0	9.7	6.3	1.7	3.9	777
Middle	18.6	4.0	30.1	9.8	9.7	2.4	3.4	754
Fourth	14.1	2.9	24.0	7.9	7.0	1.4	3.2	821
Richest	11.5	2.1	19.8	6.6	4.1	.9	4.2	808
TOTAL	17.4	3.6	27.0	9.1	7.2	1.6	3.6	4042

* MICS indicator 6; MDG indicator 4

** MICS indicator 7

*** MICS indicator 8

Note: (-) - Figures that are based at 25 to 49 unweighted cases.

For mother's education, 2 unweighted cases of non-standard curriculum, missing/DK are excluded from the table.

Table NU.1.A: Child acute malnutrition.
Percentage of children 12 to 59 months of age exposed to acute severe or moderate malnutrition, Tajikistan, 2005

	MUAC <110 mm	MUAC 110-119 mm	MUAC 120-124 mm	MUAC 125-134 mm	MUAC >=135 mm	% Children with edema	Weight for height: % below -2SD	Weight for height: % below -3SD	Weight for height: % above +2SD	Global Acute Malnutrition: % (WHZ < -2SD or MUAC <125mm)	Global Acute Malnutrition: % (WHZ < -2SD or MUAC <125mm or edema)	Severe Global Acute Malnutrition: % (WHZ < -3SD or MUAC <110mm)	Severe Global Acute Malnutrition: % (WHZ < -3SD or MUAC <110mm or edema)	Number of children
SEX														
Male	.6	1.6	2.1	9.3	86.4	1.5	6.9	2.3	3.2	9.5	10.7	2.8	4.2	1692
Female	1.0	1.4	2.5	10.0	85.2	2.8	6.1	.9	3.1	9.2	11.5	1.7	4.5	1590
REGION														
Dushanbe	-	-	1.9	5.2	92.8	2.8	6.4	1.3	5.2	8.1	10.7	1.3	4.1	261
Khatlon	1.4	2.1	3.1	11.1	82.3	1.9	8.4	2.8	2.5	12.4	13.9	3.9	5.7	1295
Sogd	.7	1.5	1.7	10.7	85.4	2.8	4.2	.3	5.4	6.9	9.4	1.0	3.7	922
DRD	.2	.9	1.7	6.9	90.3	1.4	6.3	1.2	.9	7.6	8.9	1.4	2.8	736
GBAO	.6	.7	1.3	13.8	83.6	1.6	4.7	1.2	2.5	6.7	7.9	1.9	3.4	68
AREA														
Urban	1.5	1.3	2.0	7.7	87.5	2.1	7.3	2.5	3.6	10.9	12.6	4.0	5.9	900
Rural	.5	1.6	2.4	10.4	85.2	2.1	6.2	1.2	3.0	8.7	10.6	1.7	3.7	2381
AGE														
12-23 months	2.5	4.8	5.5	22.5	64.8	3.3	16.2	4.0	3.8	22.8	25.6	6.1	9.4	772
24-35 months	.6	1.3	2.7	10.6	84.8	1.9	6.0	1.2	3.4	9.6	11.0	1.8	3.6	846
36-47 months	-	-	1.0	5.0	93.9	1.8	2.5	.7	3.2	3.6	5.1	.7	2.6	839
48-59 months	.2	.1	-	1.3	98.3	1.5	2.0	.5	2.2	2.2	3.7	.7	2.2	824
HEIGHT														
< 75 cm	4.1	9.7	9.9	30.8	45.5	3.6	19.9	3.1	8.0	32.4	35.2	6.5	10.2	300

	MUAC <110 mm	MUAC 110-119 mm	MUAC 120-124 mm	MUAC 125-134 mm	MUAC >=135 mm	% Children with edema	Weight for height: % below -2SD	Weight for height: % below -3SD	Weight for height: % above +2SD	Global Acute Malnutrition: % (WHZ < -2SD or MUAC <125mm)	Global Acute Malnutrition: % (WHZ < -2SD or MUAC <125mm or edema)	Severe Global Acute Malnutrition: % (WHZ < -3SD or MUAC <110mm)	Severe Global Acute Malnutrition: % (WHZ < -3SD or MUAC <110mm or edema)	Number of children
>=75 cm	.5	.7	1.5	7.5	89.9	1.9	5.2	1.4	2.7	7.0	8.7	1.9	3.7	2982
MOTHER'S EDUCATION														
None	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	23
Primary	-	2.3	4.1	7.9	85.6	1.2	4.6	2.4	5.9	8.8	9.9	2.4	3.5	66
Incomplete secondary	.3	1.8	1.6	10.2	86.0	2.8	5.9	.6	2.7	8.1	10.3	1.0	3.6	869
Complete secondary	.8	1.5	2.6	9.7	85.4	2.1	7.1	1.9	3.5	9.8	11.6	2.6	4.7	1897
Secondary special	3.0	.6	1.9	6.7	87.7	1.4	6.2	3.0	2.7	11.3	12.7	6.0	7.4	238
Higher education	.1	1.1	1.6	8.5	88.6	.6	4.9	.6	2.5	7.2	7.7	.7	1.3	179
WEALTH INDEX QUINTILES														
Poorest	.3	1.8	2.9	13.9	81.1	2.9	8.4	1.4	3.0	11.3	13.7	1.6	4.5	712
Second	.0	1.8	3.1	11.0	84.1	2.0	5.1	1.6	4.3	7.8	9.3	1.7	3.7	635
Middle	1.8	2.3	1.8	10.0	84.2	1.5	8.5	2.4	2.3	11.5	12.7	4.2	5.4	584
Fourth	1.2	1.4	2.2	8.8	86.4	1.9	7.1	1.7	2.3	10.0	11.6	2.6	4.4	665
Richest	.8	.3	1.3	4.5	93.1	2.1	3.7	.9	3.8	6.1	8.2	1.7	3.8	686
TOTAL	.8	1.5	2.3	9.6	85.8	2.1	6.5	1.6	3.2	9.3	11.1	2.3	4.3	3282

* Country-specific indicators

Note: () - Figures that are based at 25 to 49 unweighted cases.

For mother's education, 2 unweighted cases of non-standard curriculum, missing/DK, and 23 unweighted cases of None are excluded from the table.

Table NU.2: Initial breastfeeding.

Percentage of women aged 15-49 years with a birth in the two years preceding the survey who breastfed their baby within one hour of birth and within one day of birth, Tajikistan, 2005

	Percentage who started breastfeeding within one hour of birth*	Percentage who started breastfeeding within one day of birth**	Number of women with a live birth in the two years preceding the survey
REGION			
Dushanbe	61.5	86.7	133
Khatlon	46.6	85.9	682
Sogd	76.5	88.0	501
DRD	64.6	87.9	361
GBAO	76.5	87.0	34
AREA			
Urban	59.4	85.2	427
Rural	61.4	87.6	1284
MONTHS SINCE BIRTH			
< 6 months	59.7	86.4	423
6-11 months	60.2	85.0	482
12-23 months	62.0	88.5	806
MOTHER'S EDUCATION			
Primary	(60.0)	(93.3)	38
Incomplete secondary	57.7	85.3	529
Complete secondary	62.3	87.7	928
Secondary special	63.6	89.3	116
Higher education	67.7	87.0	83
WEALTH INDEX QUINTILES			
Poorest	57.2	87.7	374
Second	58.3	88.0	343
Middle	65.0	86.5	352
Fourth	61.2	89.0	334
Richest	63.4	83.6	309
Total	60.9	87.0	1711

* MICS indicator 45

Note: () - Figures that are based at 25 to 49 unweighted cases.

For mother's education, 1 unweighted case of non-standard curriculum, missing/DK, and 23 unweighted cases of None are excluded from the table.

Table NU.3: Breastfeeding.
Percentage of living children according to breastfeeding status at each age group, Tajikistan, 2005

SEX	Children 0-3 months		Children 0-5 months		Children 6-9 months		Children 12-15 months		Children 20-23 months	
	Per cent exclusively breastfed	Number of children	Per cent exclusively breastfed*	Number of children	% receiving breastmilk & solid/ mushy food**	Number of children	Per cent breastfed***	Number of children	Per cent breastfed***	Number of children
Male	43.2	119	27.9	192	17.8	161	79.0	159	40.5	137
Female	28.9	126	23.0	201	12.6	147	70.6	149	26.7	116
Region										
Dushanbe	(23.8)	19	17.0	33	17.6	21	58.8	23	(36.4)	19
Khatlon	33.5	89	19.8	170	4.4	146	78.8	100	35.2	110
Sogd	49.5	84	44.5	107	(42.3)	69	78.5	109	(29.0)	71
DRD	19.6	49	12.6	77	10.2	68	67.8	69	(38.0)	49
GBAO	(61.0)	4	(51.1)	7	(24.2)	5	(89.1)	7	(39.2)	4
AREA										
Urban	33.3	56	23.8	84	23.5	66	72.7	80	35.3	63
Rural	36.6	189	25.9	310	13.1	243	75.7	228	33.8	190
MOTHER'S EDUCATION										
Primary/none	(*)	7	(*)	18	(*)	13	(*)	12	(*)	3
Incomplete secondary	36.9	94	26.7	135	9.9	89	73.3	93	26.5	79
Complete secondary	39.5	110	28.2	192	14.8	171	80.3	173	37.9	146
Secondary special and higher education	(28.0)	34	19.7	49	(31.5)	36	(55.3)	31	(34.5)	26
WEALTH INDEX QUINTILES										
Poorest	(33.7)	52	24.3	92	(13.6)	65	78.7	73	(45.3)	56
Second	(24.3)	45	23.5	72	(14.4)	51	76.9	71	(30.2)	47
Middle	50.4	63	33.2	96	13.1	76	81.1	51	(31.8)	53
Fourth	28.7	47	19.2	73	15.6	68	69.6	59	30.0	47
Richest	37.4	38	24.8	61	21.7	49	67.0	53	31.8	49
TOTAL	35.9	245	25.4	393	15.3	309	74.9	308	34.2	253

* MICS indicator 15

** MICS indicator 17

*** MICS indicator 16

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) - Replaces figures that are based on fewer than 25 unweighted cases.

Table NU.4: Adequately fed infants.

Percentage of infants under 6 months of age exclusively breastfed, percentage of infants 6-11 months who are breastfed and who ate solid/semi-solid food at least the minimum recommended number of times yesterday and percentage of infants adequately fed, Tajikistan, 2005

	Per cent of infants					Number of infants aged 0-11 months
	0-5 months exclusively breastfed	6-8 months who received breastmilk and complementary food at least 2 times in prior 24 hours	9-11 months who received breastmilk and complementary food at least 3 times in prior 24 hours	6-11 months who received breastmilk and complementary food at least the minimum recommended number of times per day*	0-11 months who were appropriately fed**	
SEX						
Male	27.9	5.6	11.1	7.9	17.4	407
Female	23.0	5.3	8.6	7.0	14.4	434
REGION						
Dushanbe	17.0	7.9	13.1	10.8	13.9	65
Khatlon	19.8	.0	.0	.0	9.3	361
Sogd	44.5	17.2	23.9	21.0	32.1	227
DRD	12.6	4.7	2.9	4.0	7.8	171
GBAO	51.1	9.0	9.4	9.2	27.9	16
AREA						
Urban	23.8	9.4	13.5	11.5	17.0	187
Rural	25.9	4.4	8.4	6.2	15.5	654
MOTHER'S EDUCATION						
None	(-)	(-)	(-)	(-)	(-)	10
Primary	(*)	(*)	(*)	(*)	(*)	23
Incomplete secondary	26.7	6.9	5.2	6.1	16.6	265
Complete secondary	28.2	2.3	9.2	5.6	15.3	447
Secondary special	13.6	39.4	12.8	25.5	18.8	56
Higher education	30.7	1.3	37.1	19.5	24.3	40
WEALTH INDEX QUINTILES						
Poorest	24.3	3.3	7.3	5.1	14.5	189
Second	23.5	7.5	13.2	10.2	16.5	153
Middle	33.2	5.6	3.0	4.6	18.4	199
Fourth	19.2	6.5	3.9	5.2	11.3	167
Richest	24.8	4.5	23.4	14.4	19.2	133
TOTAL	25.4	5.4	9.7	7.4	15.9	841

* MICS indicator 18

** MICS indicator 19

Note: (-) - Figures that are based at 25 to 49 unweighted cases.

(*) – Replaces figures that are based on fewer than 25 unweighted cases.

Table NU.5: Iodized salt consumption.

Percentage of households consuming adequately iodized salt, Tajikistan, 2005

	Per cent of households in which salt was tested	Number of households interviewed	Per cent of households with				Total	Number of households in which salt was tested or with no salt
			No salt	Salt test result				
				0 PPM	< 15 PPM	15+ PPM*		
REGION								
Dushanbe	98.8	749	.9	15.4	28.6	55.1	100.0	747
Khatlon	99.3	2092	.5	40.3	32.5	26.7	100.0	2088
Sogd	99.3	2201	.2	11.2	13.0	75.6	100.0	2190
DRD	99.7	1440	-	57.3	16.3	26.4	100.0	1435
GBAO	98.0	202	1.2	22.6	32.0	44.2	100.0	201
AREA								
Urban	99.2	2198	.5	18.6	21.6	59.3	100.0	2192
Rural	99.3	4486	.3	37.2	22.4	40.1	100.0	4469
EDUCATION OF THE HOUSEHOLD'S HEAD								
None	100.0	250	-	38.5	18.2	43.3	100.0	250
Primary	99.4	337	.2	37.0	24.2	38.6	100.0	336
Incomplete secondary	98.7	832	1.0	37.7	20.6	40.6	100.0	830
Complete secondary	99.2	2708	.3	30.4	21.5	47.8	100.0	2694
Secondary special	99.5	1155	.2	32.8	24.9	42.1	100.0	1152
Higher education	99.4	1381	.4	24.3	22.3	53.0	100.0	1378
WEALTH INDEX QUINTILES								
Poorest	99.1	1207	.3	44.9	21.4	33.4	100.0	1199
Second	99.4	1254	.3	37.8	23.8	38.2	100.0	1251
Middle	99.3	1238	.3	34.6	23.1	42.1	100.0	1234
Fourth	99.4	1267	.2	29.5	20.6	49.7	100.0	1263
Richest	99.2	1718	.6	15.1	22.0	62.3	100.0	1714
TOTAL	99.3	6684	.4	31.1	22.2	46.4	100.0	6661

* MICS indicator 41

Table NU.5.A: Knowledge and consumption patterns of iodised salt, Tajikistan, 2005

	Per cent of respondents who did hear about iodised salt	Main reasons respondents think consumption of iodised salt is necessary					What kind of salt being used			Number of interviewed households		
		Prevents from goitre	Prevents development disorders of the foetus	Prevents from brain damage /intellect decrement	Other	Don't know	Total	Iodised salt			Don't know	
								Iodised salt	Not iodised salt			
Region												
Dushanbe	98.3	96.0	.2	-	.1	3.6	100.0	82.0	6.2	11.8	100.0	749
Khatlon	88.7	82.9	.1	.1	.5	16.4	100.0	53.4	9.4	37.2	100.0	2092
Sogd	94.7	87.1	-	.1	.9	11.9	100.0	72.4	2.9	24.6	100.0	2201
DRD	86.6	79.9	-	.1	.1	19.9	100.0	39.1	11.2	49.7	100.0	1440
GBAO	94.8	79.9	-	1.8	1.4	16.9	100.0	87.3	2.6	10.1	100.0	202
Urban	95.1	90.6	.1	.1	1.0	8.3	100.0	74.0	5.1	20.8	100.0	2198
Rural	89.7	82.3	-	.1	.4	17.2	100.0	54.3	8.1	37.6	100.0	4486
Results of household salt testing												
Not tested	(92.3)	(80.4)	(-)	(-)	(-)	(19.6)	(100.0)	(52.3)	(11.8)	(35.8)	100.0	22
0 PPM	86.2	79.6	-	.2	.4	19.8	100.0	33.0	17.1	49.9	100.0	2068
< 15 PPM	91.9	85.9	.2	-	.3	13.7	100.0	62.7	3.8	33.5	100.0	1476
15+ PPM*	94.8	88.3	-	.1	.8	10.7	100.0	78.6	2.0	19.4	100.0	3092
Education of household head												
None	86.6	77.1	-	-	-	22.9	100.0	45.5	7.5	47.0	100.0	250
Primary	84.1	77.0	.1	-	.8	22.1	100.0	52.5	7.5	40.0	100.0	337
Incomplete secondary	87.8	80.5	.1	-	.3	19.1	100.0	51.8	9.2	39.0	100.0	832
Complete secondary	90.3	82.3	.1	.1	.7	16.7	100.0	58.9	6.0	35.1	100.0	2708
Secondary special	93.9	89.0	-	.4	.3	10.3	100.0	62.7	9.1	28.3	100.0	1155
Higher education	96.8	93.2	-	.0	.6	6.1	100.0	72.9	6.4	20.7	100.0	1381
Wealth index quintiles												
Poorest	84.1	76.6	.1	.1	.2	22.9	100.0	40.0	7.3	52.8	100.0	1207
Second	87.3	78.1	-	.1	.2	21.6	100.0	51.1	8.9	40.0	100.0	1254
Middle	92.8	85.9	-	.1	.3	13.7	100.0	58.2	8.6	33.2	100.0	1238
Fourth	93.6	88.3	-	.2	.8	10.7	100.0	66.5	7.3	26.1	100.0	1267
Richest	97.2	92.8	.1	.1	1.1	5.8	100.0	80.2	4.4	15.4	100.0	1718
TOTAL	91.5	85.0	.1	.1	.6	14.2	100.0	60.8	7.1	32.1	100.0	6684

*Country specific indicators

Note: (-) - Figures that are based at 25 to 49 unweighted cases.

Table NU.5.B: Acquisition and consumption patterns of iodised salt.
Percentage of households buying salt by specific type of package and quantity, Tajikistan, 2005

	Type of package of salt bought the last time				Quantity of salt bought the last time				Number of interviewed households					
	Package	Industrial bag	Pre-packed sacks by seller	By kilograms	Other	Missing	Total	Less than 1 kg			Total			
								2 kg		4-5 kg		10-25 kg	More than 25 kg	
Region	Dushanbe	77.8	4.1	13.3	.3	.1	100.0	40.8	36.2	14.7	7.0	1.3	100.0	749
	Khatlon	26.1	4.6	67.6	.8		100.0	7.6	14.3	23.1	37.9	17.0	100.0	2092
	Sogd	76.9	2.5	19.7	.2		100.0	15.6	37.3	30.8	12.1	4.2	100.0	2201
	DRD	15.3	5.8	77.3	.1	.1	100.0	5.0	12.0	24.5	31.3	27.2	100.0	1440
	GBAO	82.3	1.8	12.0	1.8		100.0	17.3	32.8	25.6	19.7	4.6	100.0	202
Area	Urban	71.6	3.8	21.5	.4	-	100.0	28.3	33.9	20.8	12.6	4.5	100.0	2198
	Rural	36.4	4.1	58.2	.4	-	100.0	6.6	19.7	27.2	29.6	16.9	100.0	4486
Results of household salt testing	Salt not tested	(-)	(52.0)	(18.1)	(22.8)	(7.1)	(-)	(14.5)	(17.1)	(32.8)	(23.9)	(11.7)	100.0	22
	0 PPM	.7	15.1	5.4	77.8	1.0	-	100.0	5.2	12.4	24.8	34.2	100.0	2068
	< 15 PPM	2.0	41.5	4.7	51.7	-	.1	100.0	11.3	24.2	24.4	27.2	100.0	1476
	15+ PPM*	1.6	73.0	2.6	22.6	.2	-	100.0	20.2	32.7	25.5	15.8	100.0	3092
Education of household head	None	1.3	40.5	3.0	54.4	.9	-	100.0	11.4	24.2	24.6	23.9	100.0	250
	Primary	.2	34.0	6.1	59.6	.1	-	100.0	10.3	16.7	22.4	31.5	100.0	337
	Incomplete secondary	.5	40.8	4.1	54.0	.4	.1	100.0	12.6	20.9	27.3	22.6	100.0	832
	Complete secondary	1.9	47.9	3.9	45.8	.5	-	100.0	12.0	25.5	28.1	22.8	100.0	2708
	Secondary special	1.4	42.9	3.9	51.5	.4	-	100.0	11.6	23.2	23.8	28.3	100.0	1155
	Higher education	1.4	61.2	3.9	33.2	.3	-	100.0	20.7	26.9	19.5	22.0	100.0	1381
Wealth index quintiles	Poorest	.7	28.7	3.7	66.0	1.0	-	100.0	5.8	18.3	30.6	30.4	100.0	1207
	Second	.4	34.2	4.9	60.2	.2	-	100.0	6.6	19.8	26.4	29.4	100.0	1254
	Middle	.8	37.5	4.4	57.1	.3	-	100.0	7.4	17.3	28.6	27.7	100.0	1238
	Fourth	1.5	50.9	4.0	43.3	.2	.1	100.0	11.1	24.4	23.5	29.3	100.0	1267
	Richest	3.0	77.0	3.4	16.2	.4	-	100.0	30.9	37.1	18.9	9.0	100.0	1718
TOTAL	1.4	48.0	4.0	46.1	.4	.0	100.0	13.7	24.4	25.1	24.0	12.8	100.0	6684

*Country specific indicators

Note: (-) - Figures that are based at 25 to 49 unweighted cases.

Table NU.6: Children's Vitamin A supplementation

Per cent distribution of children aged 6-59 months by whether they have received a high-dose Vitamin A supplement in the last 6 months, Tajikistan, 2005

	Per cent of children who received Vitamin A:			Not sure if received Vitamin A	Never received Vitamin A	Total	Number of children aged 6-59 months
	Within last 6 months*	Prior to last 6 months	Not sure when				
SEX							
Male	45.9	5.0	10.9	7.1	31.1	100.0	1976
Female	47.4	5.6	9.3	6.3	31.4	100.0	1904
REGION							
Dushanbe	43.6	5.3	15.7	4.9	30.5	100.0	303
Khatlon	44.6	5.1	9.9	5.8	34.7	100.0	1545
Sogd	46.5	7.0	11.0	7.4	28.1	100.0	1098
DRD	50.6	3.2	6.7	8.7	30.8	100.0	852
GBAO	55.9	9.2	16.1	2.6	16.2	100.0	83
AREA							
Urban	46.9	4.9	13.2	6.0	29.1	100.0	1045
Rural	46.5	5.5	9.0	7.0	32.0	100.0	2834
AGE							
6-11 months	44.9	2.6	7.1	8.4	37.1	100.0	447
12-23 months	47.8	3.7	8.3	6.7	33.5	100.0	836
24-35 months	47.4	6.0	10.3	6.6	29.8	100.0	878
36-47 months	45.5	6.8	12.3	5.7	29.7	100.0	865
48-59 months	46.7	6.1	11.1	7.1	28.9	100.0	853
MOTHER'S EDUCATION							
None	(39.3)	(3.1)	-	(21.3)	(36.3)	100.0	38
Primary	35.0	1.8	15.0	18.5	29.7	100.0	83
Incomplete secondary	42.6	5.2	9.8	6.4	36.0	100.0	1042
Complete secondary	47.9	5.7	10.2	6.1	30.2	100.0	2237
Secondary special	54.9	4.7	9.0	4.5	26.9	100.0	271
Higher education	47.2	4.5	12.7	11.1	24.6	100.0	205
WEALTH INDEX QUINTILES							
Poorest	34.0	6.2	9.3	9.7	40.7	100.0	867
Second	46.1	4.4	8.1	8.0	33.4	100.0	741
Middle	54.2	5.4	9.1	6.0	25.3	100.0	707
Fourth	55.9	4.3	13.4	3.9	22.4	100.0	781
Richest	45.0	6.1	10.4	5.8	32.8	100.0	783
TOTAL	46.6	5.3	10.1	6.7	31.2	100.0	3880

* MICS indicator 42

Note: () - Figures that are based at 25 to 49 unweighted cases.

For mother's education, 2 unweighted cases of non-standard curriculum, missing/DK are excluded from the table.

Table NU.7: Postpartum mothers' Vitamin A supplementation
Percentage of women aged 15-49 years with a live birth in the 2 years preceding the survey by whether they received a high-dose Vitamin A supplement before the infant was 8 weeks old, Tajikistan, 2005

	Received Vitamin A supplement*	Not sure if received Vitamin A	Number of women aged 15-49 years with live births in the 2 years preceding the survey
REGION			
Dushanbe	44.5	2.0	133
Khatlon	31.2	5.0	682
Sogd	53.7	7.4	501
DRD	39.8	4.9	361
GBAO	65.5	3.9	34
AREA			
Urban	42.7	7.1	427
Rural	40.9	4.8	1284
EDUCATION			
None	(*)	(*)	16
Primary	(21.4)	(8.3)	38
Incomplete secondary	37.2	6.2	529
Complete secondary	44.1	4.0	928
Secondary special	39.8	7.2	116
Higher education	50.1	12.3	83
WEALTH INDEX QUINTILES			
Poorest	34.6	6.3	374
Second	41.0	6.7	343
Middle	42.9	4.0	352
Fourth	47.3	5.4	334
Richest	41.5	4.5	309
TOTAL	41.3	5.4	1711

*MICS indicator 43

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) – Replaces figures that are based on fewer than 25 unweighted cases.

For mother's education, 2 unweighted cases of non-standard curriculum, missing/DK are excluded from the table.

Table NU.8: Low birth weight infants

Percentage of live births in the 2 years preceding the survey that weighed below 2500 grams at birth, Tajikistan, 2005

REGION	Per cent of live births:		Number of live births
	Below 2500 grams*	Weighed at birth**	
Dushanbe	7.3	83.3	133
Khatlon	11.4	46.0	682
Sogd	8.0	92.2	501
DRD	9.3	61.2	361
GBAO	12.8	59.7	34
AREA			
Urban	7.8	79.4	427
Rural	10.3	61.4	1284
MOTHER'S EDUCATION			
None	(*)	(*)	16
Primary	(9.3)	(42.0)	38
Incomplete secondary	11.1	57.0	529
Complete secondary	9.4	67.8	928
Secondary special	8.0	78.5	116
Higher education	6.7	95.4	83
WEALTH INDEX QUINTILES			
Poorest	12.7	47.5	374
Second	9.0	58.9	343
Middle	10.1	66.8	352
Fourth	8.4	73.8	334
Richest	7.7	86.3	309
TOTAL	9.7	65.9	1711

* MICS indicator 9

** MICS indicator 10

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) – Replaces figures that are based on fewer than 25 unweighted cases.

For mother's education, 2 unweighted cases of non-standard curriculum, missing/DK are excluded from the table.

Table CH.1: Vaccinations in first year of life
 Percentage of children age 18-29 months immunized against childhood diseases at any time before the survey
 and before the first birthday, Tajikistan, 2005

	Percentage of children who received:										Number of children	
	BCG*	DPT1	DPT2	DPT3**	Polio0	Polio1	Polio2	Polio3***	Measles****	All *****		None
VACCINATED AT ANY TIME BEFORE THE SURVEY												
According to:												
Vaccination card	81.0	81.6	81.2	80.2	80.1	81.2	80.6	79.0	77.8	76.1	-	826
Mother's report	13.9	11.3	8.2	6.1	9.4	11.9	8.6	3.2	14.3	1.2	4.1	826
Either	94.9	93.0	89.4	86.3	89.5	93.1	89.2	82.1	92.0	77.3	4.1	826
Vaccinated by 12 months of age	94.5	91.0	85.6	81.6	86.1	91.9	87.3	78.9	91.1	70.6	4.1	826

* MICS indicator 25

** MICS indicator 27

*** MICS indicator 26

**** MICS indicator 28; MDG indicator 15

***** MICS indicator 31

Table CH.1c: Vaccinations in first year of life (continued)
 Percentage of children aged 18-29 months immunized against childhood diseases at any time before
 the survey and before the first birthday, Tajikistan, 2005

VACCINATED AT ANY TIME BEFORE THE SURVEY ACCORDING TO:	Percentage of children who received:			Number of children aged 12-23 months
	HepB1	HepB2	HepB3*	
Vaccination card	70.3	68.9	67.0	826
Mother's report	14.9	9.7	6.0	826
Either	85.2	78.5	72.9	826
Vaccinated by 12 months of age	84.5	76.5	68.9	826

* MICS indicator 29

Table CH.2: Vaccinations by background characteristics

Percentage of children aged 18-29 months currently vaccinated against childhood diseases, Tajikistan, 2005

	Percentage of children who received:											Per cent with health card	Number of children aged 18-29 months
	BCG	DPT1	DPT2	DPT3	Polio0	Polio1	Polio2	Polio3	Measles	All	None		
SEX													
Male	95.1	93.0	89.5	87.2	89.4	93.5	89.9	82.2	91.1	77.0	4.1	85.1	437
Female	94.6	92.9	89.3	85.3	89.6	92.7	88.4	82.0	93.1	77.7	4.0	81.0	389
REGION													
Dushanbe	98.9	95.4	91.1	87.5	86.4	97.2	94.1	77.0	97.1	70.7	1.1	75.1	72
Khatlon	94.5	93.6	89.5	85.9	88.7	94.2	90.0	83.6	90.8	76.3	3.6	81.1	332
Sogd	96.2	93.9	91.5	91.5	94.9	94.6	92.0	88.9	95.2	86.9	3.3	92.3	229
DRD	92.4	89.6	86.0	80.2	85.9	87.6	82.3	72.8	88.2	69.8	7.1	79.3	176
GBAO	92.6	91.6	86.9	82.2	81.7	91.5	85.8	76.7	87.5	69.4	6.6	74.2	16
AREA													
Urban	98.2	94.1	91.8	89.3	92.9	96.1	93.9	86.0	96.1	81.6	1.3	85.2	240
Rural	93.5	92.5	88.4	85.1	88.1	91.9	87.3	80.5	90.3	75.6	5.2	82.3	586
MOTHER'S EDUCATION													
None	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	8
Primary	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	13
Incomplete secondary	95.1	93.4	88.4	85.3	90.3	92.2	87.8	79.9	91.1	76.5	4.3	84.0	238
Complete secondary	94.5	93.4	90.3	87.5	88.5	93.4	90.2	83.2	92.4	78.5	4.0	83.9	462
Secondary special	96.1	92.4	89.7	87.5	93.3	95.8	89.8	85.6	94.0	80.7	3.9	82.6	60
Higher education	99.6	99.6	95.2	89.9	95.4	99.6	91.6	85.1	99.6	83.2	.4	80.5	42
WEALTH INDEX QUINTILES													
Poorest	90.3	89.7	84.3	82.0	85.5	88.6	85.1	77.7	88.8	75.4	7.3	81.3	185
Second	90.9	89.9	86.7	82.3	85.9	89.2	83.6	81.7	87.9	76.0	8.1	85.7	152
Middle	98.6	95.5	91.2	88.6	91.6	95.5	90.2	80.3	93.7	75.1	1.4	81.2	157
Fourth	97.2	95.7	94.0	91.0	89.8	95.6	92.2	86.3	93.1	79.5	1.8	84.3	155
Richest	97.7	94.4	91.5	88.2	94.7	97.0	94.8	84.9	96.4	80.4	1.6	83.7	178
VACCINATION CARD AVAILABLE													
Yes	99.3	98.1	97.5	96.4	98.0	97.9	97.2	94.9	96.3	91.6	-	100.0	687
No	72.4	66.1	47.0	33.3	45.1	67.9	47.1	14.5	66.8	7.3	24.8	-	139
TOTAL	94.9	93.0	89.4	86.3	89.5	93.1	89.2	82.1	92.0	77.3	4.1	83.2	826

Note: (*) – Replaces figures that are based on fewer than 25 unweighted cases.

For mother's education, 2 unweighted cases of non-standard curriculum, missing/DK are excluded from the table.

Table CH.2c: Vaccinations by background characteristics (continued)
 Percentage of children aged 18-29 months currently vaccinated against childhood diseases, Tajikistan, 2005

	Percentage of children who received:			Per cent with health card	Number of children aged 12-23 months
	HepB1	HepB2	HepB3		
SEX					
Male	84.0	77.7	70.6	85.1	437
Female	86.6	79.5	75.6	81.0	389
REGION					
Dushanbe	90.8	85.2	76.7	75.1	72
Khatlon	82.5	74.2	68.0	81.1	332
Sogd	95.0	91.0	89.8	92.3	229
DRD	75.1	68.2	59.3	79.3	176
GBO	80.3	66.1	55.2	74.2	16
AREA					
Urban	88.9	82.9	76.3	85.2	240
Rural	83.7	76.7	71.5	82.3	586
MOTHER'S EDUCATION					
None	(*)	(*)	(*)	(*)	8
Primary	(*)	(*)	(*)	(*)	13
Incomplete secondary	83.6	75.5	69.4	84.0	238
Complete secondary	84.9	78.6	73.6	83.9	462
Secondary special	92.2	89.0	80.5	82.6	60
Higher education	96.9	92.7	83.9	80.5	42
WEALTH INDEX QUINTILES					
Poorest	80.2	73.0	70.9	81.3	185
Second	82.1	75.6	70.2	85.7	152
Middle	84.3	78.3	70.1	81.2	157
Fourth	91.5	83.8	76.8	84.3	155
Richest	88.4	82.5	76.4	83.7	178
VACCINATION CARD AVAILABLE					
Yes	90.6	85.6	81.5	100.0	687
No	53.2	36.5	22.1	.0	139
TOTAL	85.2	78.5	72.9	83.2	826

Note: (*) – Replaces figures that are based on fewer than 25 unweighted cases.

For mother's education 2 unweighted cases of non-standard curriculum, missing/DK are excluded from the table.

Table CH.3: Oral rehydration treatment

Percentage of children aged 0-59 months with diarrhoea in the last two weeks and treatment with oral rehydration solution (ORS) or other oral rehydration treatment (ORT), Tajikistan, 2005

	Had diarrhoea in last two weeks	Number of children aged 0-59 months	Children with diarrhoea who received:				Number of children aged 0-59 months with diarrhoea
			Fluid from ORS packet	Recommended homemade fluid	No treatment	ORT Use Rate *	
SEX							
Male	13.9	2168	45.8	25.9	43.5	56.5	301
Female	12.6	2105	51.4	24.4	39.4	60.6	265
REGION							
Dushanbe	10.4	336	51.9	36.1	34.0	66.0	35
Khatlon	13.7	1714	49.7	25.3	40.0	60.0	234
Sogd	12.1	1205	47.3	31.7	34.7	65.3	146
DRD	15.1	928	45.4	16.7	54.2	45.8	140
GBAO	11.9	90	64.4	10.0	30.6	69.4	11
AREA							
Urban	13.5	1129	42.9	32.0	41.5	58.5	153
Rural	13.2	3144	50.4	22.7	41.6	58.4	413
AGE							
< 6 months	7.4	393	(61.8)	(12.8)	(33.5)	(66.5)	29
6-11 months	19.2	447	56.5	19.8	40.7	59.3	86
12-23 months	20.5	836	51.8	28.8	38.0	62.0	171
24-35 months	17.1	878	43.9	29.1	42.4	57.6	150
36-47 months	8.1	865	43.4	25.2	45.0	55.0	70
48-59 months	7.0	853	37.9	18.9	51.3	48.7	60
MOTHER'S EDUCATION							
None	(13.5)	43	(*)	(*)	(*)	(*)	6
Primary	12.4	95	(*)	(*)	(*)	(*)	12
Incomplete secondary	14.0	1177	55.9	25.3	38.4	61.6	165
Complete secondary	13.4	2429	47.5	25.5	41.1	58.9	325
Secondary special	11.4	303	(49.7)	(20.1)	(43.7)	(56.3)	34
Higher education	10.0	222	(23.0)	(49.7)	(42.9)	(57.1)	22
WEALTH INDEX QUINTILES							
Poorest	18.0	959	51.5	16.3	42.3	57.7	172
Second	11.4	813	55.2	27.9	36.6	63.4	93
Middle	13.6	803	41.2	27.6	46.9	53.1	109
Fourth	11.0	854	43.0	24.6	41.3	58.7	94
Richest	11.6	844	49.9	36.2	39.4	60.6	98
TOTAL	13.2	4273	48.4	25.2	41.6	58.4	566

* MICS indicator 33

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) – Replaces figures that are based on fewer than 25 unweighted cases.

For mother's education, 2 unweighted cases of non-standard curriculum, missing/DK are excluded from the table.

Table CH.4: Home management of diarrhoea

Percentage of children aged 0-59 months with diarrhoea in the last two weeks who took increased fluids and continued to feed during the episode, Tajikistan, 2005

	Had diarrhoea in last two weeks	Number of children aged 0-59 months	Children with diarrhoea who:				Home management of diarrhoea*	Received ORT or increased fluids AND continued feeding**	Number of children aged 0-59 months with diarrhoea
			Drank more	Drank the same or less	Ate somewhat less, same or more	Ate much less or none			
SEX									
Male	13.9	2168	20.1	75.4	37.6	60.0	6.8	22.9	301
Female	12.6	2105	25.1	68.0	33.4	64.9	6.1	21.1	265
REGION									
Dushanbe	10.4	336	49.6	47.4	40.9	58.3	18.6	37.9	35
Khatlon	13.7	1714	12.8	82.1	30.4	68.6	3.3	18.6	234
Sogd	12.1	1205	33.6	58.9	28.9	66.1	7.5	21.8	146
DRD	15.1	928	18.9	75.8	49.6	49.1	7.3	23.9	140
GBAO	11.9	90	40.2	56.3	40.8	59.2	12.4	24.9	11
AREA									
Urban	13.5	1129	28.5	68.7	43.0	56.8	9.0	28.2	153
Rural	13.2	3144	20.2	73.1	32.9	64.3	5.5	19.8	413
AGE									
0-11 months	13.7	841	12.8	84.3	32.5	66.4	3.1	18.9	115
12-23 months	20.5	836	19.4	71.7	35.3	63.2	5.5	22.2	171
24-35 months	17.1	878	24.8	68.9	40.6	57.4	7.7	24.2	150
36-47 months	8.1	865	28.1	68.4	36.0	59.1	9.2	21.9	70
48-59 months	7.0	853	37.0	60.6	29.7	67.9	9.6	22.8	60
MOTHER'S EDUCATION									
None	(13.5)	43	(*)	(*)	(*)	(*)	(*)	(*)	6
Primary	12.4	95	(*)	(*)	(*)	(*)	(*)	(*)	12
Incomplete secondary	14.0	1177	21.8	72.9	34.6	62.4	6.7	22.0	165
Complete secondary	13.4	2429	20.1	73.6	37.3	61.0	5.9	23.5	325
Secondary special	11.4	303	37.8	58.9	38.6	61.4	15.0	21.9	34
Higher education	10.0	222	20.9	77.3	21.2	78.8	4.8	21.2	22
WEALTH INDEX QUINTILES									
Poorest	18.0	959	21.5	74.8	36.7	60.6	5.0	20.4	172
Second	11.4	813	24.8	64.9	32.5	63.8	6.7	18.6	93
Middle	13.6	803	14.1	80.3	29.2	68.6	1.4	13.4	109
Fourth	11.0	854	17.2	79.4	47.4	51.8	10.6	34.8	94
Richest	11.6	844	36.1	56.9	32.7	67.0	10.6	25.9	98
TOTAL	13.2	4273	22.4	71.9	35.6	62.3	6.5	22.1	566

* MICS indicator 34

** MICS indicator 35

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) – Replaces figures that are based on fewer than 25 unweighted cases.

For mother's education, 2 unweighted cases of non-standard curriculum, missing/DK are excluded from the table.

Table CH.6: Knowledge of the two danger signs of pneumonia
 Percentage of mothers/caretakers of children aged 0-59 months by knowledge of types of symptoms for taking a child immediately to a health facility, and percentage of mothers/caretakers who recognize fast and difficult breathing as signs for seeking care immediately, Tajikistan, 2005

REGION	Percentage of mothers/caretakers of children aged 0-59 months who think that a child should be taken immediately to a health facility if the child:							Mothers/caretakers who recognize the two danger signs of pneumonia*	Number of mothers/caretakers of children aged 0-59 months	
	Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficult breathing	Has blood in stool	Is drinking poorly			Has other symptoms
Dushanbe	9.0	36.4	85.4	14.4	10.6	6.5	12.4	14.0	1.8	336
Khatlon	21.9	46.2	87.4	19.4	14.8	7.7	7.1	5.1	5.2	1714
Sogd	17.4	59.3	86.7	9.8	12.6	10.0	8.8	8.8	1.7	1205
DRD	11.3	42.2	91.3	7.7	11.7	7.9	6.4	9.0	1.2	928
GBAO	18.2	25.8	79.8	7.3	7.2	1.8	14.9	3.6	.1	90
AREA										
Urban	15.1	47.2	87.5	11.9	12.8	8.9	10.6	11.4	2.2	1129
Rural	18.0	48.0	87.8	14.1	13.1	7.9	7.1	6.3	3.2	3144
MOTHER'S EDUCATION										
None	(12.7)	(33.9)	(71.0)	(15.7)	(10.7)	(19.4)	(.8)	(2.8)	-	43
Primary	15.1	42.2	89.4	14.3	6.3	2.5	11.6	3.7	-	95
Incomplete secondary	16.3	47.6	84.5	12.1	11.6	7.0	7.8	6.1	3.1	1177
Complete secondary	18.3	48.5	89.4	13.4	13.1	8.6	8.2	7.6	2.8	2429
Secondary special	17.2	50.7	88.1	15.9	24.5	10.0	7.1	14.1	6.1	303
Higher education	12.0	43.4	88.9	17.7	6.2	7.5	7.6	10.6	1.7	222
WEALTH INDEX QUINTILES										
Poorest	20.5	52.9	85.7	10.7	10.7	10.1	5.5	5.0	2.2	959
Second	18.2	49.6	89.1	13.1	12.4	6.7	8.8	6.4	2.9	813
Middle	20.8	49.8	87.0	15.8	13.5	8.4	6.3	7.9	2.8	803
Fourth	13.8	41.4	89.4	13.3	14.2	7.4	8.6	7.3	4.2	854
Richest	12.6	44.9	87.9	15.2	14.8	7.9	11.1	12.1	2.9	844
TOTAL	17.2	47.8	87.8	13.5	13.0	8.2	8.0	7.7	3.0	4273

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) - Replaces figures that are based on fewer than 25 unweighted cases.

For mother's education, 2 unweighted cases of non-standard curriculum, missing/DK are excluded from the table.

Table CH.7: Solid fuel use
Per cent distribution of households according to type of cooking fuel, and percentage of households using solid fuels for cooking, Tajikistan, 2005

REGION	Percentage of households using:											Number of households	
	Electricity	Liquefied Petroleum Gas (LPG)	Natural Gas	Kerosene	Coal, lignite	Wood	Straw, shrubs, grass	Animal dung	Agri-cultural crop residue	Other source	Total		Solid fuels for cooking*
Dushanbe	71.7	17.2	10.1	-	-	.9	-	-	-	-	100.0	.9	749
Khatlon	66.2	3.5	2.4	-	.7	7.2	6.0	6.0	8.0	.1	100.0	27.9	2092
Sogd	13.9	.7	33.7	-	1.4	49.3	-	.8	.1	.1	100.0	51.6	2201
DRD	56.0	5.9	4.0	-	.2	30.0	.2	3.5	-	-	100.0	34.0	1440
GBAO	38.4	.3	.0	1.1	.3	46.4	6.7	6.6	-	.2	100.0	60.0	202
AREA													
Urban	52.0	10.5	29.8	-	.4	6.5	.1	.5	-	.1	100.0	7.5	2198
Rural	43.9	1.6	6.0	-	.9	36.2	3.1	4.4	3.8	-	100.0	48.4	4486
EDUCATION OF HOUSEHOLD HEAD													
None	42.2	3.3	13.0	-	-	32.6	.7	1.9	6.4	-	100.0	41.6	250
Primary	46.2	.6	10.7	.1	.8	29.2	3.1	5.1	4.2	-	100.0	42.4	337
Incomplete secondary	41.4	3.2	11.2	.2	.7	32.8	2.9	5.3	2.3	-	100.0	44.0	832
Complete secondary	41.8	4.0	14.0	-	.9	31.9	1.7	2.8	2.8	.1	100.0	40.1	2708
Secondary special	57.1	5.1	12.0	-	.1	16.5	3.0	3.4	2.6	.1	100.0	25.6	1155
Higher education	51.3	7.1	17.3	-	1.2	18.5	1.8	1.9	1.0	-	100.0	24.3	1381
WEALTH INDEX QUINTILES													
Poorest	23.7	.1	.9	-	.8	52.4	5.7	8.8	7.6	-	100.0	75.3	1207
Second	49.8	.7	3.1	-	1.5	36.0	2.5	3.9	2.5	.1	100.0	46.3	1254
Middle	52.9	.8	8.1	-	.7	30.7	2.0	2.3	2.3	.1	100.0	37.9	1238
Fourth	52.6	4.5	16.0	.2	.9	21.2	1.3	1.8	1.5	-	100.0	26.7	1267
Richest	51.3	13.1	33.2	-	.1	2.1	-	.1	-	-	100.0	2.3	1718
TOTAL	46.6	4.5	13.8	.0	.8	26.5	2.1	3.1	2.5	.0	100.0	35.0	6684

* MICS indicator 24; MIDG Indicator 29

Note: () - Figures that are based at 25 to 49 unweighted cases.

For education of household head, 16 unweighted cases of non-standard curriculum and missing/DK are excluded from the table

Table CH.8: Solid fuel use by type of stove or fire

Percentage of households using solid fuels for cooking by type of stove or fire, Tajikistan, 2005

	Percentage of households using solid fuels for cooking:					Number of households using solid fuels for cooking
	Closed stove with chimney	Open stove or fire with chimney or hood	Open stove or fire with no chimney or hood	Other stove	Total	
REGION						
Dushanbe	(*)	(*)	(*)	(*)	100.0	7
Khatlon	.2	64.7	35.1	-	100.0	584
Sogd	.5	46.3	52.9	.2	100.0	1136
DRD	.3	57.7	42.0	-	100.0	490
GBAO	4.7	31.4	10.1	53.9	100.0	121
AREA						
Urban	.2	65.7	33.7	.4	100.0	166
Rural	.7	51.5	44.7	3.1	100.0	2172
EDUCATION OF HOUSEHOLD HEAD						
None	.2	54.6	44.6	.5	100.0	104
Primary	.1	53.4	45.8	.7	100.0	143
Incomplete secondary	.2	49.8	48.0	2.0	100.0	366
Complete secondary	.7	49.5	46.6	3.1	100.0	1087
Secondary special	.9	61.5	32.6	5.0	100.0	296
Higher education	.9	55.6	40.3	3.1	100.0	336
WEALTH INDEX QUINTILES						
Poorest	.7	41.1	57.1	1.1	100.0	908
Second	.5	55.9	41.4	2.3	100.0	581
Middle	.6	63.5	32.1	3.8	100.0	470
Fourth	.4	61.9	30.7	7.0	100.0	338
Richest	4.9	54.9	32.7	7.5	100.0	40
TOTAL	.6	52.5	43.9	2.9	100.0	2338

Note: (*) – Replaces figures that are based on fewer than 25 unweighted cases.

For education of household head, 5 unweighted cases of non-standard curriculum and missing/DK are excluded from the table;

Table CH.9: Availability of insecticide treated nets
Percentage of households with at least one insecticide treated net (ITN), Tajikistan, 2005

	Percentage of households with at least one mosquito net	Percentage of households with at least one insecticide treated net (ITN)*	Number of households
REGION			
Dushanbe	.1	.1	749
Khatlon	8.3	5.6	2092
Sogd	5.5	.6	2201
DRD	.7	.1	1440
GBAO	-	-	202
AREA			
Urban	1.7	.1	2198
Rural	6.0	2.9	4486
EDUCATION OF HOUSEHOLD HEAD			
None	4.9	1.6	250
Primary	5.6	3.3	337
Incomplete secondary	5.3	2.4	832
Complete secondary	4.7	1.9	2708
Secondary special	4.7	2.1	1155
Higher education	3.7	1.4	1381
WEALTH INDEX QUINTILES			
Poorest	5.6	3.8	1207
Second	5.0	2.4	1254
Middle	5.7	1.9	1238
Fourth	5.9	2.0	1267
Richest	1.9	.4	1718
TOTAL	4.6	2.0	6684

*MICS indicator 36

Note: () - Figures that are based at 25 to 49 unweighted cases.

For education of household head, 16 unweighted cases of non-standard curriculum and missing/DK are excluded from the table;

Table CH.10: Children sleeping under bednets
Percentage of children aged 0-59 months who slept under an insecticide treated net during the previous night, Tajikistan, 2005

	Percentage of children who:					Number of children aged 0-59 months
	Slept under a bed net*	Slept under an insecticide treated net**	Slept under an untreated net	Don't know if slept under a net	Did not sleep under a bed net	
SEX						
Male	2.1	1.6	.5	.1	97.8	2168
Female	1.3	1.0	.2	.3	98.4	2105
REGION						
Dushanbe	.1	-	.1	.1	99.8	336
Khatlon	3.4	3.2	.2	.3	96.3	1714
Sogd	.8	-	.8	.2	99.0	1205
DRD	.3	.1	.2	.1	99.5	928
GBAO	-	-	-	-	100.0	90
AREA						
Urban	.7	.1	.6	.4	98.9	1129
Rural	2.0	1.8	.3	.2	97.8	3144
AGE						
0-11 months	1.8	1.4	.4	.2	98.0	841
12-23 months	.9	.9	-	.2	98.9	836
24-35 months	1.7	1.7	-	.3	98.0	878
36-47 months	1.0	.6	.4	.4	98.6	865
48-59 months	2.9	2.0	.9	-	97.1	853
WEALTH INDEX QUINTILES						
Poorest	2.8	2.7	.2	.5	96.7	959
Second	1.1	.8	.3	-	98.9	813
Middle	.9	.3	.7	.3	98.7	803
Fourth	1.8	1.4	.4	-	98.2	854
Richest	1.4	1.2	.2	.3	98.4	844
TOTAL	1.7	1.3	.3	.2	98.1	4273

* MICS indicator 38

** MICS indicator 37; MDG indicator 22

Note: (-) - Figures that are based at 25 to 49 unweighted cases.

Table CH.11: Treatment of children with anti-malarial drugs
Percentage of children aged 0-59 months who were ill with fever in the last two weeks who received anti-malarial drugs, Tajikistan, 2005

	Had a fever in last two weeks	Number of children aged 0-59 months	Children with a fever in the last two weeks who were treated with:							Any appropriate anti-malarial drug within 24 hours of onset of symptoms*	Number of children with fever in last two weeks		
			Anti-malarials:			Other medications:							
			SP/Fansidar	Artemisinin-based combinations	Other anti-malarial	Any appropriate anti-malarial drug	Paracetamol/Panadol/Acetaminophen	Aspirin	Ibuprofen			Other	Don't know
SEX													
Male	7.9	2168	.5	-	-	.5	73.1	18.0	-	7.9	2.6	.5	172
Female	6.9	2105	.1	.4	3.1	3.5	72.2	12.8	.1	14.5	4.2	2.0	145
REGION													
Dushanbe	4.8	336	(1.0)	(3.5)	(1.5)	(5.0)	(75.8)	(11.9)	-	(9.9)	-	(1.0)	16
Khatlon	10.6	1714	-	-	2.3	2.3	69.7	16.8	-	6.7	3.8	1.5	182
Sogd	4.5	1205	(1.7)	(-)	(-)	(1.7)	(93.4)	(10.8)	(-)	(12.6)	(2.9)	(1.7)	54
DRD	6.2	928	-	-	-	-	62.8	16.9	-	23.8	3.1	(-)	58
GBAO	8.0	90	(-)	(-)	(-)	(-)	(66.8)	(16.9)	(2.4)	(1.9)	(4.0)	(-)	7
AREA													
Urban	6.7	1129	.2	.8	.3	1.1	80.5	10.1	-	10.7	1.5	.2	76
Rural	7.7	3144	.4	-	1.8	2.1	70.3	17.3	.1	10.9	3.9	1.5	241
AGE IN MONTHS													
0-11 months	9.2	841	.2	.2	-	.2	76.9	9.2	.2	11.5	5.1	.2	77
12-23 months	9.7	836	-	-	1.8	1.8	79.2	7.4	-	14.7	4.4	1.5	81
24-35 months	8.1	878	1.3	.6	2.1	4.0	62.5	20.9	-	13.5	.0	3.4	71
36-47 months	5.9	865	-	-	-	-	(66.4)	(22.0)	-	(2.9)	(2.9)	-	51
48-59 months	4.3	853	-	-	(4.1)	(4.1)	(78.4)	(27.9)	-	(7.2)	(4.1)	-	37
MOTHER'S EDUCATION													
Incomplete secondary	7.4	1177	-	-	3.4	3.4	69.0	14.8	-	17.2	1.5	1.4	87
Complete secondary	7.9	2429	.5	-	.8	1.2	70.6	17.4	.1	8.5	4.8	1.2	193
Secondary special and higher education	5.7	525	(.5)	(1.9)	(.0)	(1.9)	(96.9)	(4.3)	(-)	(10.7)	(-)	(.5)	30

	Had a fever in last two weeks	Number of children aged 0-59 months	Children with a fever in the last two weeks who were treated with:										Any appropriate anti-malarial drug within 24 hours of onset of symptoms*	Number of children with fever in last two weeks
			Anti-malarials:			Other medications:				Don't know				
			SP/Fansidar	Artemis-inin-based combinations	Other anti-malarial	Any appropriate anti-malarial drug	Paracetamol/Panadol/Acetaminophen	Aspirin	Ibuprofen	Other	Don't know			
WEALTH INDEX QUINTILES														
Poorest	10.2	959	-	-	2.8	2.8	2.8	80.7	11.9	-	6.7	1.0	2.8	98
Second	7.4	813	-	-	2.5	2.5	54.7	22.6	-	14.7	7.3	.0	60	
Middle	7.0	803	-	-	-	-	72.0	12.7	.3	13.8	4.5	.0	56	
Fourth	6.4	854	1.6	.4	2.1	2.1	64.8	15.4	-	12.3	5.0	1.6	55	
Richest	5.7	844	.3	1.2	-	1.2	88.6	17.8	-	9.7	-	.3	48	
TOTAL	7.4	4273	.3	.2	1.4	1.9	72.7	15.6	.1	10.9	3.3	1.2	317	

* MICS indicator 39; MDG indicator 22

Note: () - Figures that are based at 25 to 49 unweighted cases. (*) - Replaces figures that are based on fewer than 25 unweighted cases. For mother's education, 8 unweighted cases of None, Primary, Non-Standard curriculum and Missing/DK are excluded from the table

Table CH.12: Source and cost of supplies for oral rehydration salts

Per cent distribution of children aged 0-59 months with diarrhoea during the two weeks preceding the survey by source of oral rehydration salts for treatment of diarrhoea, percentage of children aged 0-59 months with diarrhoea during the two weeks preceding the survey for whom oral rehydration salts were obtained for free, and median cost of oral rehydration salts for those paying for the oral rehydration salts, by type of source of oral rehydration salts, Tajikistan, 2005

	Source of oral rehydration salts				Number of children with diarrhoea in prior 2 weeks who received oral rehydration salts	Percentage free		Median cost for those not free	
	Public*	Private	Other	Total		Public	Private	Public**	Private**
SEX									
Male	53,2	12,5	34,3	100,0	138	72,4	17,0	4,9	1,0
Female	50,5	12,0	37,5	100,0	136	83,6	-	1,0	2,6
REGION									
Dushanbe	(15,6)	(29,6)	(54,8)	100,0	18	(91,0)	(-)	(1,0)	(4,6)
Khatlon	43,9	13,7	42,4	100,0	116	72,3	18,3	3,0	1,0
Sogd	62,1	12,9	25,0	100,0	69	91,1	-	1,0	3,2
DRD	63,8	5,2	30,9	100,0	64	73,0	-	2,1	1,0
GBAO	68,8	-	31,2	100,0	7	50,4	.	29,4	.
AREA									
Urban	33,2	16,8	49,9	100,0	66	82,9	-	1,0	1,0
Rural	57,7	10,8	31,5	100,0	209	76,9	13,0	3,0	1,1
MOTHER'S EDUCATION									
None	(*)	(*)	(*)	100,0	2	(*)	.	.	.
Primary	(*)	(*)	(*)	100,0	3	(*)	(*)	.	(*)
Incomplete secondary	49,0	10,2	40,9	100,0	92	72,5	-	4,0	1,9
Complete secondary	55,8	12,9	31,3	100,0	155	81,9	14,7	2,1	1,0
Secondary special	(*)	(*)	(*)	100,0	17	(*)	(*)	.	(*)
Higher education	(*)	(*)	(*)	100,0	5	(*)	(*)	(*)	(*)
WEALTH INDEX QUINTILES									
Poorest	63,9	13,0	23,1	100,0	89	84,5	25,4	3,0	1,0
Second	61,4	13,5	25,1	100,0	51	76,4	-	2,9	4,5
Middle	48,2	8,5	43,3	100,0	45	67,2	-	3,0	1,0
Fourth	43,0	10,4	46,7	100,0	40	70,6	-	1,0	12,3
Richest	30,6	14,6	54,8	100,0	49	79,5	-	1,0	5,0
TOTAL	51,8	12,3	35,9	100,0	274	77,8	8,7	2,3	1,0

* MICS indicator 96

** MICS indicator 97

Note: (-) - Figures that are based at 25 to 49 unweighted cases.

(*) – Replaces figures that are based on fewer than 25 unweighted cases.

Table EN.1: Use of improved water sources.
Per cent distribution of household population according to main source of drinking water and percentage of household members using improved drinking water sources, Tajikistan, 2005

REGION	Main source of drinking water											Improved source of drinking water *	Total	Number of household members		
	Improved sources					Unimproved sources										
	Piped into dwelling	Piped into yard or plot	Public tap/stand-pipe	Tube-well/bore-hole	Protected well	Protected spring	Rain-water collection	Unprotected well	Unprotected spring	Tanker truck	Cart with small tank/drum				Surface water	Other
Dushanbe	79.7	13.6	1.3	.1	.5	.6	-	-	.7	-	.1	2.4	1.0	100.0	95.7	3416
Khatlon	11.8	16.3	16.7	5.8	2.9	1.0	.1	1.9	1.5	1.2	.3	38.9	1.5	100.0	54.7	14689
Sogd	18.3	8.5	42.8	3.5	2.6	2.3	-	.4	1.9	1.2	.1	15.5	2.8	100.0	78.1	12818
DRD	24.8	14.6	11.4	3.3	3.1	16.3	-	.4	1.3	1.5	-	20.5	2.7	100.0	73.6	9626
GBAO	2.9	12.2	24.6	.0	3.5	8.3	-	.3	5.2	-	-	43.1	.0	100.0	51.4	1146
Area																
Urban	54.8	21.0	14.0	1.1	1.7	.4	-	-	.2	1.5	.1	4.4	.7	100.0	93.1	11303
Rural	10.0	10.2	25.6	4.9	3.1	6.9	-	1.2	2.2	1.0	.2	32.1	2.6	100.0	60.7	30392
EDUCATION OF HOUSEHOLD HEAD																
None	16.0	11.4	22.7	6.7	6.0	3.8	-	.5	2.2	-	-	25.4	5.2	100.0	66.7	1699
Primary	11.6	15.5	24.6	2.6	1.4	7.2	-	-	2.2	.7	.3	29.5	4.4	100.0	62.9	2333
Incomplete secondary	18.2	11.5	25.2	4.4	2.3	5.3	-	1.0	3.3	1.1	.1	25.8	2.0	100.0	66.8	5578
Complete secondary	20.3	11.9	24.9	3.5	2.7	5.9	.1	.6	1.7	1.2	-	25.2	2.0	100.0	69.2	16555
Secondary special	21.0	15.8	20.6	4.0	2.6	3.8	.1	.9	1.2	1.5	.5	26.2	1.8	100.0	67.9	7296
Higher education	34.1	14.4	16.8	4.0	2.3	4.5	-	1.8	.5	1.0	.2	19.3	1.1	100.0	76.1	8076
WEALTH INDEX QUINTILES																
Poorest	.1	6.5	31.7	2.1	1.5	5.9	.1	1.3	4.3	1.8	-	43.5	1.3	100.0	47.9	8327
Second	6.5	12.6	26.7	4.3	2.8	8.6	-	.9	1.7	.9	.4	32.9	2.0	100.0	61.4	8345
Middle	9.0	12.4	26.3	6.2	3.3	8.0	-	1.5	.8	1.4	.2	27.2	3.8	100.0	65.1	8345
Fourth	24.4	19.7	21.9	5.1	4.5	2.3	-	.9	1.2	1.2	.1	16.0	2.7	100.0	77.9	8334
Richest	70.7	14.6	5.9	1.9	1.4	.7	.1	-	.3	.4	.1	3.4	.5	100.0	95.3	8344
TOTAL	22.1	13.2	22.5	3.9	2.7	5.1	-	.9	1.6	1.1	.2	24.6	2.1	100.0	69.5	41695

* MICS indicator 11; MDG indicator 30

Note: For education of household head, 16 unweighted cases of non-standard curriculum and missing/DK are excluded from the table;

Table EN.2: Household water treatment

Percentage distribution of household population according to drinking water treatment method used in the household and percentage of household members that applied an appropriate water treatment method, Tajikistan, 2005

REGION	Water treatment method used in the household							All drinking water sources: Appropriate water treatment method *			Improved drinking water sources: Appropriate water treatment method	Number of household members	Unimproved drinking water sources: Appropriate water treatment method	Number of household members	
	None	Boil	Add bleach / chlorine	Strain through a cloth	Use water filter	Solar disinfection	Let it stand and settle	Other	Don't know	Appropriate water treatment method *					Number of household members
Dushanbe	6.0	88.3	.3	1.0	1.0	-	19.7	-	.1	89.4	3416	91.2	3271	47.8	145
Khatlon	15.0	84.5	1.0	.3	-	1.9	15.9	-	.1	84.8	14689	86.3	8028	83.0	6661
Sogd	9.6	89.9	.1	.1	.2	-	12.9	-	.1	89.9	12818	88.9	10008	93.6	2809
DRD	33.0	63.2	.1	-	-	4.0	9.7	-	-	66.5	9626	61.9	7085	79.1	2541
GBAO	90.7	8.1	.1	-	-	-	1.6	-	.1	8.2	1146	7.5	589	8.9	556
AREA															
Urban	13.4	83.9	1.5	.7	.5	1.0	13.8	-	-	84.9	11303	85.2	10520	81.7	783
Rural	20.9	77.8	.0	-	-	1.8	13.3	-	.1	78.7	30392	77.3	18462	80.9	11930
EDUCATION OF HOUSEHOLD HEAD															
None	29.8	70.1	.5	-	-	-	8.9	-	-	70.1	1699	67.7	1133	74.8	566
Primary	23.7	74.4	-	1.1	-	1.9	8.7	-	-	76.0	2333	77.8	1467	73.0	867
Incomplete secondary	19.4	78.4	-	-	.1	1.8	13.6	-	-	79.6	5578	80.4	3728	78.2	1850
Complete secondary	20.8	77.4	.2	-	-	1.2	11.3	-	-	78.4	16555	77.4	11461	80.7	5095
Secondary special	15.6	83.7	.7	.1	-	1.8	18.8	-	-	83.8	7296	82.2	4952	87.3	2345
Higher education	13.6	84.0	1.0	.6	.5	2.3	15.4	-	.2	85.5	8076	86.8	6143	81.3	1932
WEALTH INDEX QUINTILES															
Poorest	21.4	77.0	.1	.3	.0	1.8	11.3	-	-	78.4	8327	76.3	3985	80.3	4342

	Water treatment method used in the household										All drinking water sources: Appropriate water treatment method *	Number of household members	Improved drinking water sources: Appropriate water treatment method	Number of household members	Unimproved drinking water sources: Appropriate water treatment method	Number of household members
	Water treatment method used in the household								Don't know	Other						
	None	Boil	Add bleach / chlorine	Strain through a cloth	Use water filter	Solar disinfection	Let it stand and settle									
Second	23.0	75.1	.2	-	-	2.2	15.6	-	-	-	76.5	8345	72.6	5124	82.7	3221
Middle	21.0	77.9	.5	-	-	2.3	14.3	-	.1	.1	78.3	8345	77.0	5435	80.7	2910
Fourth	19.2	79.4	.4	-	-	1.2	11.9	-	.2	.2	80.0	8334	80.6	6488	77.8	1845
Richest	9.6	87.8	.9	.6	.7	.5	14.2	-	-	-	88.9	8344	88.8	7949	90.0	395
TOTAL	18.9	79.4	.4	.2	.1	1.6	13.5	.0	.1	.1	80.4	41695	80.2	28982	80.9	12713

* MICS indicator 13

Note: (*) – Replaces figures that are based on fewer than 25 unweighted cases.

For education of household head, 16 unweighted cases of non-standard curriculum and missing/DK are excluded from the table;

Table EN.3: Time to source of water

Per cent distribution of households according to time to go to source of drinking water, get water and return, and mean time to source of drinking water, Tajikistan, 2005

REGION	Time to source of drinking water							Total	Mean time to source of drinking water (excluding those on premises)	Number of households
	Water on premises	Less than 15 minutes	15 minutes to less than 30 minutes	30 minutes to less than 1 hour	1 hour or more	DK	Missing			
Dushanbe	96.1	1.2	1.7	.6	.2	.2	-	100.0	19.5	749
Khatlon	35.3	25.6	13.3	9.0	16.7	.1	.1	100.0	34.8	2092
Sogd	33.2	32.1	17.7	10.3	6.0	.8	-	100.0	21.7	2201
DRD	55.1	19.8	10.6	8.3	4.4	1.8	-	100.0	21.5	1440
GBAO	16.1	59.1	14.8	6.8	3.1	.2	-	100.0	13.2	202
AREA										
Urban	80.7	8.7	5.2	2.1	2.6	.5	-	100.0	23.7	2198
Rural	27.6	32.6	16.7	11.3	11.0	.8	-	100.0	26.5	4486
EDUCATION OF HOUSEHOLD HEAD										
None	39.9	30.5	12.2	8.4	8.2	.8	-	100.0	23.5	250
Primary	36.7	25.2	14.5	12.6	10.6	.3	-	100.0	28.0	337
Incomplete secondary	39.0	27.1	15.3	9.3	8.6	.8	-	100.0	27.7	832
Complete secondary	41.2	28.0	13.6	8.9	7.4	.9	.1	100.0	24.2	2708
Secondary special	44.4	23.1	13.3	7.0	12.1	.1	-	100.0	29.8	1155
Higher education	60.2	16.7	9.6	6.5	6.0	.8	.1	100.0	26.2	1381
WEALTH INDEX QUINTILES										
Poorest	11.0	33.2	24.7	16.1	14.3	.6	-	100.0	29.8	1207
Second	26.2	32.6	15.0	11.5	13.3	1.4	-	100.0	28.9	1254
Middle	32.1	32.3	15.7	9.1	9.8	1.1	-	100.0	23.5	1238
Fourth	49.1	27.6	12.0	6.3	4.4	.6	.1	100.0	19.2	1267
Richest	89.2	5.6	1.8	1.1	2.1	.1	-	100.0	27.7	1718
TOTAL	45.1	24.8	12.9	8.2	8.3	.7	-	100.0	26.1	6684

Note: For education of household head, 16 unweighted cases of non/standard curriculum and missing/DK are excluded from the table,;

Table EN.4: Person collecting water

Per cent distribution of households according to the person collecting water used in the household, Tajikistan, 2005

	Person collecting drinking water						Total	Number of households
	Adult woman	Adult man	Female child (under 15)	Male child (under 15)	DK	Missing		
REGION								
Dushanbe	76.9	3.3	16.3	3.5	-	-	100.0	29
Khatlon	80.5	9.6	6.1	3.6	.1	.1	100.0	1354
Sogd	76.8	8.2	8.9	5.7	.3	.1	100.0	1471
DRD	80.3	12.4	3.9	3.2	.1	-	100.0	647
GBAO	83.2	10.3	5.1	1.3	.1	-	100.0	170
AREA								
Urban	81.6	8.8	5.2	4.4	-	-	100.0	423
Rural	78.8	9.6	7.1	4.2	.2	.1	100.0	3247
EDUCATION OF HOUSEHOLD HEAD								
None	79.2	9.4	8.3	3.1	-	-	100.0	150
Primary	76.2	11.2	3.8	7.3	1.4	-	100.0	213
Incomplete secondary	79.1	9.9	5.6	5.1	.3	-	100.0	507
Complete secondary	79.8	9.0	6.9	4.0	-	.2	100.0	1593
Secondary special	78.9	10.1	6.6	4.2	.2	-	100.0	642
Higher education	77.9	9.4	9.0	3.7	-	-	100.0	549
WEALTH INDEX QUINTILES								
Poorest	80.9	7.4	6.8	4.6	.4	-	100.0	1074
Second	79.2	9.1	7.5	4.2	-	-	100.0	926
Middle	78.0	10.3	8.0	3.2	.3	.2	100.0	840
Fourth	76.1	13.2	5.4	5.1	-	.2	100.0	645
Richest	83.3	7.6	4.4	4.7	-	-	100.0	185
TOTAL	79.1	9.5	6.9	4.3	.2	.1	100.0	3671

Note: For education of household head, 10 unweighted cases of non-standard curriculum and missing/DK are excluded from the table;

Table EN.5: Use of sanitary means of excreta disposal
Per cent distribution of household population according to type of toilet used by the household and the percentage of household members using sanitary means of excreta disposal, Tajikistan, 2005

REGION	Type of toilet facility used by household										Percentage of population using sanitary means of excreta disposal *	Number of households members		
	Improved sanitation facility					Unimproved sanitation facility								
	Flush to piped sewer system	Flush to septic tank	Flush to pit (latrine)	Ventilated Improved Pit latrine (VIP)	Pit latrine with slab	Flush to some-where else	Flush to unknown place/ not sure/DK where	Pit latrine without slab/ open pit	Bucket	No facilities or bush or field			Other	Total
Dushanbe	73.0	.2	1.5	.2	24.3	-	.1	.4	-	-	.3	100.0	99.2	3416
Khatlon	6.9	.1	-	-	83.7	-	.2	8.8	-	.4	-	100.0	90.7	14689
Sogd	11.3	.4	.1	-	83.0	-	-	5.2	-	-	-	100.0	94.8	12818
DRD	5.6	-	3.4	.4	86.4	-	.3	3.7	-	.3	-	100.0	95.8	9626
GBAO	5.4	15.1	2.7	.7	62.4	.4	.2	4.0	-	7.8	1.4	100.0	86.3	1146
AREA														
Urban	45.8	.7	1.1	.3	49.6	-	.5	1.8	-	.1	.2	100.0	97.4	11303
Rural	1.2	.5	1.0	.1	89.5	-	-	7.1	-	.5	-	100.0	92.3	30392
EDUCATION OF HOUSEHOLD HEAD														
None	4.5	-	.7	-	87.3	-	-	7.2	-	.1	.2	100.0	92.5	1699
Primary	2.8	.1	1.6	-	89.3	.3	-	5.7	-	.1	.1	100.0	93.8	2333
Incomplete secondary	7.2	.4	1.2	-	85.0	-	-	5.8	-	.2	-	100.0	94.0	5578
Complete secondary	11.2	.3	1.1	.1	79.1	-	.1	7.5	-	.5	-	100.0	91.9	16555
Secondary special	14.2	1.2	.8	.2	76.9	-	.4	5.5	-	.6	.1	100.0	93.4	7296
Higher education	25.9	.9	.8	.3	69.8	-	-	1.9	-	.3	.2	100.0	97.6	8076
WEALTH INDEX QUINTILES														
Poorest	-	-	.2	-	89.6	-	-	9.4	-	.8	-	100.0	89.8	8327
Second	-	.2	1.5	-	88.4	.1	-	9.4	-	.4	-	100.0	90.1	8345
Middle	-	.6	1.3	-	92.0	-	-	5.7	-	.4	-	100.0	93.9	8345
Fourth	3.1	1.3	1.4	.3	89.8	-	.3	3.3	-	.3	.1	100.0	95.9	8334
Richest	63.3	.8	.8	.4	33.5	-	.3	.6	-	.1	.2	100.0	98.8	8344
Total	13.3	.6	1.0	.1	78.7	.0	.1	5.7	.0	.4	.1	100.0	93.7	41695

* MICS Indicator 12; MDG Indicator 31

Note: For education of household head, 16 unweighted cases of non-standard curriculum and missing/DK are excluded from the table;

Table EN.6: Disposal of child's faeces

Per cent distribution of children aged 0-2 years according to place of disposal of child's faeces, and the percentage of children aged 0-2 years whose stools are disposed of safely, Tajikistan, 2005

	What was done to dispose of stools									Total	Proportion of children whose stools are disposed of safely *	Number of children aged 0-2 years
	Child used toilet / latrine	Put/ rinsed into toilet or latrine	Put/ rinsed into drain or ditch	Thrown into garbage (solid waste)	Buried	Left in the open	Other	DK	Miss-ing			
REGION												
Dushanbe	8.0	65.9	11.5	6.6	-	.4	2.9	4.3	.3	100.0	73.9	199
Khatlon	6.1	21.6	36.4	12.8	15.3	3.2	.9	3.7	-	100.0	27.8	1032
Sogd	10.7	9.1	45.4	13.0	11.6	.0	5.6	4.6	-	100.0	19.8	726
DRD	8.6	16.8	38.5	11.9	14.4	1.9	5.9	2.1	-	100.0	25.4	568
GBAO	26.4	15.1	17.3	25.7	3.0	6.2	3.6	2.7	-	100.0	41.6	55
AREA												
Urban	10.9	40.2	25.4	7.8	5.8	.4	4.4	4.9	.1	100.0	51.1	652
Rural	7.7	13.6	41.0	14.0	14.9	2.4	3.2	3.1	-	100.0	21.3	1928
MOTHER'S EDUCATION												
Primary	10.7	12.5	40.9	15.1	12.7	4.3	-	3.9	-	100.0	23.2	62
Incomplete secondary	7.2	18.1	37.4	13.2	15.5	1.6	3.9	3.2	-	100.0	25.2	765
Complete secondary	8.2	19.2	39.2	12.2	12.5	2.2	3.4	3.1	-	100.0	27.4	1414
Secondary special	13.7	30.0	25.1	11.0	6.2	.1	4.5	9.3	-	100.0	43.7	176
Higher education	13.8	39.4	24.5	9.8	5.4	.8	4.6	1.7	-	100.0	53.1	133
WEALTH INDEX QUINTILES												
Poorest	4.5	5.5	55.4	11.1	14.6	3.6	1.9	3.5	-	100.0	10.0	587
Second	6.6	12.5	41.9	13.7	16.6	3.1	2.1	3.4	-	100.0	19.1	479
Middle	6.6	16.7	36.8	13.9	15.5	1.0	5.4	4.2	-	100.0	23.3	519
Fourth	12.4	16.9	33.5	14.9	13.7	.9	4.2	3.5	-	100.0	29.4	517
Richest	13.4	53.8	14.1	8.5	2.0	.6	4.2	3.4	.1	100.0	67.1	479
Total	8.5	20.3	37.1	12.4	12.6	1.9	3.5	3.6	.0	100.0	28.9	2579

* MICS indicator 14

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) – Replaces figures that are based on fewer than 25 unweighted cases.

For mother's education, 25 unweighted cases of None, non-standard curriculum and missing/DK are excluded from the table;

Table EN.7: Use of improved water sources and improved sanitation

Percentage of household population using both improved drinking water sources and sanitary means of excreta disposal, Tajikistan, 2005

	Percentage of household population using improved sources of drinking water *	Percentage of household population using sanitary means of excreta disposal **	Percentage of household population using improved sources of drinking water and using sanitary means of excreta disposal	Number of household members
REGION				
Dushanbe	95.7	99.2	94.9	3416
Khatlon	54.7	90.7	51.8	14689
Sogd	78.1	94.8	75.4	12818
DRD	73.6	95.8	70.9	9626
GBAO	51.4	86.3	45.0	1146
AREA				
Urban	93.1	97.4	90.8	11303
Rural	60.7	92.3	57.9	30392
EDUCATION OF HOUSEHOLD HEAD				
None	66.7	92.5	62.4	1699
Primary	62.9	93.8	59.2	2333
Incomplete secondary	66.8	94.0	63.9	5578
Complete secondary	69.2	91.9	66.0	16555
Secondary special	67.9	93.4	65.7	7296
Higher education	76.1	97.6	74.6	8076
WEALTH INDEX QUINTILES				
Poorest	47.9	89.8	45.4	8327
Second	61.4	90.1	57.3	8345
Middle	65.1	93.9	62.3	8345
Fourth	77.9	95.9	74.9	8334
Richest	95.3	98.8	94.1	8344
Total	69.5	93.7	66.8	41695

* MICS indicator 11; MDG indicator 30

** MICS indicator 12; MDG indicator 31

Note: For education of household head, 16 unweighted cases of non-standard curriculum and missing/DK are excluded from the table;

Table EN.8.A: Household durable goods
Percentage of households possessing various durable consumer goods, Tajikistan, 2005

	Electricity	Radio	Television	Mobile telephone	Fixed telephone	Refrigerator	Electric water heater	Table	Chair	Mirror	Washing machine	Vacuum cleaner	VCR	Cupboard	Furniture	Number of households
Region																
Dushanbe	99.7	69.5	95.7	36.5	67.1	74.2	44.2	68.8	69.0	93.1	34.2	31.9	49.2	83.6	37.5	749
Khatlon	99.7	51.2	86.8	5.6	12.1	17.7	5.9	27.6	29.4	69.4	7.0	1.5	17.6	61.5	8.1	2092
Sogd	99.6	50.9	88.6	10.4	18.0	36.3	23.6	48.4	46.3	92.8	14.7	8.0	22.5	63.0	12.9	2201
DRD	99.3	63.6	90.9	8.4	8.0	23.6	10.8	38.0	45.8	86.3	9.4	4.6	30.1	67.6	8.6	1440
GBAO	89.6	19.8	71.3	3.4	26.4	39.0	46.8	81.4	73.8	94.7	14.4	4.1	33.4	79.1	10.1	202
Area																
Urban	99.7	54.2	93.9	23.3	50.7	57.1	30.6	62.6	63.7	90.2	25.4	19.5	40.6	78.0	27.4	2198
Rural	99.1	55.2	86.3	5.3	4.6	19.8	12.3	33.3	34.8	81.2	7.4	2.1	18.7	60.6	6.1	4486
Education																
None	99.5	48.5	83.1	2.7	11.5	25.6	15.2	31.1	30.4	73.3	7.2	3.1	16.9	59.6	5.9	250
Primary	99.7	52.5	81.8	2.5	7.4	24.4	9.1	27.9	33.9	80.0	7.0	2.6	15.9	61.2	6.3	337
Incomplete																
secondary	99.0	53.4	85.5	6.0	12.7	23.7	11.7	31.0	34.2	84.1	9.2	3.8	17.7	59.0	7.2	832
Complete																
secondary	99.0	52.0	88.1	7.3	13.2	25.9	14.9	36.7	37.8	83.2	8.4	4.4	22.9	61.8	8.2	2708
Secondary																
special	99.6	55.7	90.0	11.6	22.4	33.0	19.6	44.9	46.7	83.0	16.3	7.6	25.3	71.8	14.9	1155
Higher																
education	99.4	62.9	94.1	25.4	39.3	51.3	31.1	66.6	66.5	90.2	25.9	19.2	41.5	77.4	27.8	1381
Wealth																
index	98.8	42.7	71.5	.1	.1	1.2	.8	2.1	4.1	63.6	.6	-	3.4	26.8	.4	1207
quintiles																
Second	99.1	52.0	84.2	.9	.7	5.7	6.2	15.7	19.9	80.6	1.5	-	7.6	51.7	1.6	1254
Middle	99.3	56.7	93.7	1.1	4.2	17.2	12.9	38.1	40.6	86.3	5.6	.4	17.4	72.0	5.4	1238
Fourth	99.1	60.6	95.6	9.3	15.7	46.3	21.6	67.9	67.5	92.4	13.6	2.0	37.4	86.4	11.5	1267
Richest																
	99.8	60.0	95.8	35.2	61.8	73.3	41.1	76.6	75.9	93.6	36.4	28.6	52.7	85.9	37.2	1718
Total	99.3	54.9	88.8	11.2	19.8	32.1	18.3	42.9	44.3	84.2	13.4	7.8	25.9	66.3	13.1	6684

* Country specific indicators

Note: () - Figures that are based at 25 to 49 unweighted cases.

For education of household head, 16 unweighted cases of non-standard curriculum and missing/DK are excluded from the table;

Table EN8.B: Household durable goods
Percentage of households possessing various durable consumer goods, Tajikistan, 2005

	Watch	Bicycle	Motorcycle/ scooter	Animal- drawn cart	Car / truck	Computer	Tractor/ combine	Number of households
Region								
Dushanbe	98.7	10.9	.3	1.1	19.5	6.2	-	749
Khatlon	86.1	29.2	3.0	11.4	14.4	.2	3.1	2092
Sogd	97.6	25.7	4.6	7.7	17.1	1.1	1.7	2201
DRD	96.0	22.4	2.2	7.5	20.8	.8	1.2	1440
GBAO	97.4	9.7	3.8	7.0	16.0	1.8	.5	202
Area								
Urban	95.2	17.8	1.1	3.3	18.8	3.4	.7	2198
Rural	93.1	26.9	4.0	10.4	16.6	.3	2.3	4486
Education of household head								
None	92.0	27.7	2.4	5.6	10.1	.5	.7	250
Primary	94.5	23.0	3.2	10.7	15.8	.1	1.3	337
Incomplete secondary	91.0	19.6	4.3	10.7	16.2	.7	1.3	832
Complete secondary	94.5	23.4	3.1	7.1	14.3	.4	1.6	2708
Secondary special	92.4	26.5	2.5	8.8	17.2	.8	2.3	1155
Wealth index quintiles								
Higher education	95.4	24.8	2.9	7.5	25.5	4.4	2.3	1381
Poorest	82.0	17.0	3.6	14.5	4.6	-	1.1	1207
Second	93.7	21.8	2.7	11.9	8.7	-	2.6	1254
Middle	96.5	27.7	4.4	7.8	16.4	.1	2.9	1238
Fourth	96.9	33.2	4.2	6.5	27.1	.2	2.2	1267
Richest	97.8	20.8	1.1	2.2	25.9	4.9	.5	1718
Total	93.8	23.9	3.1	8.1	17.3	1.3	1.8	6684

* Country-specific indicators

Note: () - Figures that are based at 25 to 49 unweighted cases.

For education of household head, 16 unweighted cases of non-standard curriculum and missing/DK are excluded from the table;

Table EN8.C: Household agricultural assets
Percentage of households possessing land, livestock, herds of farm animals, Tajikistan, 2005

	Percent- age of HH owning LAND	Hectares per HH		Percent- age of HH owning CATTLE	Percent- age of HH owning COWS or BULLS	Percent- age of HH owning HORSES or DONKEYS, MULES	Percent- age of HH owning GOATS	Percent- age of HH owning SHEEP	Percent- age of HH owning CHICKENS	Percent- age of HH owning HARES	Number of house- holds
		Me- dian	Mean								
Region											
Dushanbe	6.5	.05	.23	.4	3.2	.3	.7	.5	2.3	.2	749
Khatlon	82.7	.12	.65	10.2	62.1	29.1	22.3	17.4	51.0	1.6	2092
Sogd	68.6	.06	.16	3.2	42.2	16.4	8.0	20.8	25.1	.5	2201
DRD	76.5	.08	.20	6.2	55.8	12.9	13.1	12.2	32.7	1.1	1440
GBAO	80.9	.13	.49	22.0	67.2	14.9	61.5	55.5	43.0	1.3	202
Urban	26.9	.06	.65	2.1	13.2	3.7	3.7	4.6	10.3	.8	2198
Rural	88.3	.10	.33	8.4	64.6	24.6	19.6	22.6	43.9	1.0	4486
None	76.0	.10	.23	5.8	51.4	16.4	13.3	15.1	30.2	2.6	250
Primary	76.3	.10	.15	4.5	59.6	18.6	17.5	18.6	35.8	-	337
Incomplete											
secondary	73.0	.10	.27	6.8	53.5	21.8	17.9	21.4	32.2	1.7	832
Complete											
secondary	71.0	.08	.27	5.6	47.7	17.1	13.1	16.2	32.9	.8	2708
Secondary special	69.8	.10	.51	10.2	47.3	20.2	17.3	17.0	38.4	1.0	1155
Higher education	54.4	.10	.69	4.8	41.0	14.9	12.1	14.4	28.4	.7	1381
Poorest	90.8	.10	.32	4.9	62.4	37.1	23.5	20.7	44.6	.6	1207
Second	89.7	.10	.27	7.3	64.0	28.0	20.3	20.9	43.5	.8	1254
Middle	86.3	.10	.39	10.6	60.7	19.2	17.0	20.3	42.4	.6	1238
Fourth	72.7	.08	.29	8.6	52.7	10.4	14.1	20.9	35.6	1.7	1267
Richest	19.8	.06	1.10	1.7	12.5	1.1	2.0	4.9	8.0	1.1	1718
Total	68.1	.09	.37	6.3	47.7	17.8	14.4	16.7	32.8	1.0	6684

*Country-specific indicators

Note: () - Figures that are based at 25 to 49 unweighted cases.

For education of household head, 16 unweighted cases of non-standard curriculum and missing/DK are excluded from the table;

Table RH.1: Use of contraception
Percentage of women aged 15-49 years married or in union who are using (or whose partner is using) a contraceptive method, Tajikistan, 2005

	Per cent of women (currently married or in union) who are using:											Any modern method	Any traditional method	Any method *	Number of women currently married or in union				
	Not using any method	Female sterilization	Male sterilization	Pill	IUD	Injections	Implants	Condom	Female condom	Dia-phragm/foam/jelly	LAM					Periodic abstinence	Withdrawal	Other	Total
REGION																			
Dushanbe	62.3	.4	-	3.5	29.4	.6	-	1.9	-	-	1.0	.5	.2	.2	100.0	35.8	1.9	37.7	512
Khatlon	64.9	.3	-	1.9	24.3	3.8	.1	.6	-	-	3.8	-	.3	-	100.0	31.0	4.1	35.1	2048
Sogd	53.7	.7	1.0	2.4	28.2	2.0	-	2.7	-	-	4.9	.5	3.7	.2	100.0	36.9	9.4	46.3	2166
DRD	71.1	-	-	1.1	24.8	1.6	-	.6	.1	.2	.3	.3	-	-	100.0	28.3	.5	28.9	1365
GBAO	60.8	-	-	3.4	31.1	3.7	-	.8	-	.3	-	-	-	-	100.0	39.2	-	39.2	154
AREA																			
Urban	57.6	.6	-	2.7	29.8	2.0	.1	2.7	-	-	1.7	.7	1.7	.3	100.0	38.0	4.4	42.4	1727
Rural	63.7	.3	.5	1.8	25.0	2.6	-	.9	-	.1	3.6	.1	1.3	-	100.0	31.2	5.1	36.3	4518
AGE																			
15-19	91.4	-	-	1.0	2.9	-	-	-	-	-	4.1	-	.6	-	100.0	3.9	4.7	8.6	155
20-24	75.4	.3	.3	.5	13.3	.6	-	1.1	-	-	6.8	.3	1.2	.2	100.0	16.1	8.5	24.6	1052
25-29	61.4	.2	.1	2.6	24.1	2.0	-	2.5	-	.1	5.3	.3	1.4	-	100.0	31.6	7.0	38.6	1146
30-34	52.8	.1	.4	2.8	33.4	3.6	-	1.9	-	.1	3.2	.3	1.4	-	100.0	42.2	4.9	47.2	1128
35-39	50.2	.8	.6	3.3	35.3	4.1	-	1.8	-	-	1.5	.5	1.9	-	100.0	45.9	3.9	49.8	1073
40-44	62.3	.2	.2	2.1	30.2	2.7	-	.4	.1	-	.3	.1	1.5	-	100.0	35.9	1.9	37.7	1010
45-49	69.3	1.0	.7	.7	24.2	1.6	.3	.5	-	-	-	.2	1.2	.3	100.0	28.9	1.8	30.7	680
NUMBER OF LIVING CHILDREN																			
0	99.1	-	-	-	.6	-	-	.3	-	-	-	-	-	-	100.0	.9	-	.9	544
1	79.2	.3	.3	1.1	8.2	.1	-	1.1	-	-	7.9	.3	1.1	.3	100.0	11.2	9.6	20.8	693
2	57.1	.5	.4	2.7	27.8	1.4	-	3.0	-	-	4.4	.4	2.2	.2	100.0	35.8	7.2	42.9	1087
3	52.4	.1	.2	2.9	32.7	3.0	-	2.2	-	-	3.9	.6	2.1	-	100.0	41.0	6.6	47.6	1302

	Per cent of women (currently married or in union) who are using:													Any modern method	Any traditional method	Any method *	Number of women currently married or in union			
	Not using any method	Female sterilization	Male sterilization	Pill	IUD	Injections	Implants	Condom	Female condom	Dia-phragm/foam/jelly	LAM	Periodic abstinence	Withdrawal					Other	Total	
4+	56.7	.5	.5	2.1	32.7	3.7	.1	.7	-	.1	1.5	.2	1.2	-	100.0	40.5	2.9	43.3	2617	
WOMAN'S EDUCATION LEVEL																				
None	86.1	-	-	2.0	4.9	0.5	-	-	-	-	6.4	-	-	-	100.0	7.5	6.4	13.9	64	
Primary	75.3	-	-	-	13.2	2.6	-	-	-	-	7.1	-	1.8	-	100.0	15.8	8.9	24.7	103	
Incomplete secondary	70.1	.5	.1	1.7	20.7	1.5	-	1.0	-	.1	3.3	.2	.6	.2	100.0	25.6	4.3	29.9	1313	
Complete secondary	61.0	.3	.5	1.8	27.6	2.7	-	1.2	-	-	2.9	.3	1.6	-	100.0	34.2	4.8	39.0	3886	
Secondary special	53.0	.8	-	2.8	32.8	3.1	-	1.0	-	-	3.6	.4	2.6	-	100.0	40.4	6.6	47.0	490	
Higher education	49.3	.6	-	5.2	31.8	1.9	.5	6.0	.3	-	1.5	1.1	1.3	.6	100.0	46.3	4.4	50.7	387	
WEALTH INDEX QUINTILES																				
Poorest	68.2	.1	.3	1.8	20.7	2.7	-	.1	-	.1	5.3	.0	.7	.0	100.0	25.9	5.9	31.8	1180	
Second	63.0	.4	.3	2.0	26.0	2.8	-	1.0	-	-	2.4	.6	1.6	.0	100.0	32.4	4.6	37.0	1174	
Middle	62.6	.6	.6	2.5	25.4	2.0	-	.4	-	-	4.6	.1	1.1	.0	100.0	31.6	5.8	37.4	1274	
Fourth	60.9	.5	.4	1.2	28.6	3.0	-	1.6	.1	.1	1.8	.3	1.5	.0	100.0	35.5	3.6	39.1	1299	
Richest	56.3	.2	.1	2.8	30.4	1.7	.2	3.7	-	-	1.6	.5	2.1	.4	100.0	39.0	4.6	43.7	1318	
Total	62.1	.4	.4	2.1	26.3	2.4	-	1.4	-	-	3.1	.3	1.4	.1	100.0	33.1	4.9	37.9	6245	

* MICS indicator 21; MDG indicator 19C

Note: () - Figures that are based at 25 to 49 unweighted cases.

For woman's education, 1 unweighted case of missing/DK is excluded from the table;

Table RH.1.A: Knowledge of contraceptive methods
 Percentage of women aged 15-49, married or in union, who know any contraceptive method, by specific method, Tajikistan, 2005

	Do not know any method	Female sterilization	Male sterilization	Pill	IUD	Injection	Implants	Condom	Female condom	Dia-phragm/foam/jelly	LAM	Periodic abstinence	Withdrawal	Other	Any modern method	Any traditional method	Any method	Number of women currently married or in union
Dushanbe	6.7	1.7	1.5	54.9	89.0	25.6	1.3	25.8	.9	2.3	.7	1.9	.6	.2	92.6	3.0	93.2	512
Khatlon	10.7	.7	.7	57.6	87.6	45.5	1.5	13.9	2.1	2.7	3.8	.2	2.2	.2	88.8	6.0	89.0	2048
Sogd	8.5	.9	1.0	52.0	85.4	32.9	1.0	29.0	1.1	.6	4.6	1.2	4.4	.2	89.4	9.8	91.4	2166
DRD	13.1	.3	.4	26.4	84.9	19.0	.3	6.3	.2	.3	.7	.1	.3	.1	86.3	1.0	86.6	1365
GBAO	4.3	.7	.3	55.5	92.0	41.7	4.7	25.7	1.6	2.4	.6	-	.8	-	95.7	1.2	95.7	154
Urban	8.9	1.5	1.4	49.9	87.4	32.2	1.1	25.8	1.7	2.9	2.2	1.4	3.3	.2	89.9	6.2	91.1	1727
Rural	10.4	.5	.6	48.0	86.1	34.1	1.1	16.0	1.0	.8	3.4	.4	2.0	.1	88.6	5.7	89.4	4518
15-19	33.9	-	-	27.3	60.4	19.4	.8	5.6	.9	-	2.0	1.0	.9	-	63.3	3.8	65.3	155
20-24	16.5	.6	.6	44.0	80.0	29.1	.5	18.4	.9	.3	5.7	.1	1.8	.1	82.7	7.7	83.4	1052
25-29	9.3	.4	.3	50.9	87.3	32.8	.8	19.5	1.1	1.1	3.9	.9	2.8	-	89.6	6.9	90.6	1146
30-34	6.9	1.0	1.2	56.7	88.0	36.0	1.3	23.8	1.4	2.6	4.0	.9	2.7	-	91.9	7.0	92.8	1128
35-39	5.6	1.4	1.1	49.6	91.2	39.7	1.5	18.9	1.8	1.3	1.8	1.2	3.5	.2	93.3	6.0	94.4	1073
40-44	7.2	.6	1.2	48.0	89.5	34.9	1.1	16.2	1.1	1.9	1.4	.4	1.4	.4	91.5	3.4	92.5	1010
45-49	12.1	.8	.4	42.3	86.6	29.6	1.8	16.2	1.1	1.3	.8	.2	2.0	.2	87.9	3.1	87.9	680
Number of living children	0	(11.9)	-	(54.0)	(82.9)	(28.3)	-	(10.5)	-	(.4)	-	-	-	-	(88.1)	-	(88.1)	33
1	13.8	.2	2.8	46.4	81.5	18.3	-	18.8	.8	1.1	2.5	-	1.8	-	84.4	4.3	86.2	87
2	8.7	.1	.1	54.4	90.0	43.6	.2	20.0	1.0	.6	.4	.7	.9	-	91.3	2.0	91.3	170
3	6.9	2.0	1.9	49.8	88.6	32.6	1.1	22.8	1.1	1.7	4.0	.2	3.5	-	92.1	6.9	93.1	324
4+	9.8	.4	.5	51.3	87.7	41.0	1.1	11.1	1.1	2.1	2.3	.3	1.2	-	89.7	3.6	90.0	906

	Do not know any method	Female sterilization	Male sterilization	Pill	IUD	Injection	Implants	Condom	Female condom	Dia-phragm/foam/jelly	LAM	Periodic abstinence	Withdrawal	Other	Any modern method	Any traditional method	Any method	Number of women currently married or in union
None	33.8	-	-	35.2	61.8	15.1	-	13.4	-	1.5	11.7	-	-	-	62.3	11.7	64.3	64
Primary	20.1	.8	-	34.8	75.3	25.7	1.6	2.6	-	-	5.1	-	1.1	-	78.4	5.1	79.9	103
Incomplete secondary	15.4	.3	.3	41.4	82.2	25.7	.8	11.9	1.4	.9	2.9	.2	1.0	.1	83.9	4.1	84.3	1313
Complete secondary	8.9	.5	.6	48.1	87.8	34.6	.7	16.5	.7	1.1	2.6	.4	2.4	.2	90.1	5.5	91.0	3886
Secondary special	4.9	3.1	2.6	60.4	89.5	42.8	3.2	34.4	3.4	3.5	4.1	2.6	6.7	-	92.9	10.8	95.1	490
Higher education	2.9	2.5	2.3	69.1	90.5	43.8	3.7	49.4	3.4	4.4	4.5	2.1	2.2	.7	96.5	8.3	97.1	387
Wealth index quintiles																		
Poorest	12.4	.3	.5	49.5	82.5	30.6	.7	12.7	1.1	1.0	5.1	.6	1.8	.0	85.5	7.1	87.3	1180
Second	10.2	.5	.4	47.3	87.0	35.2	1.0	15.7	.8	.6	2.4	.1	2.3	.3	89.5	5.0	89.8	1174
Middle	11.2	.6	.5	47.2	86.7	37.4	.9	13.7	1.1	1.2	3.7	.0	2.3	.0	88.1	5.9	88.5	1274
Fourth	10.0	.6	.9	46.9	86.9	34.3	1.3	20.5	1.0	1.3	2.6	1.0	2.2	.2	89.3	5.5	89.9	1299
Richest	6.5	1.8	1.5	51.9	88.9	30.4	1.7	29.9	2.0	2.7	1.7	1.5	3.3	.2	92.0	5.7	93.4	1318
Total	10.0	.8	.8	48.6	86.5	33.6	1.1	18.7	1.2	1.4	3.1	.7	2.4	.1	89.0	5.8	89.8	6245

*Country specific indicator

Note: () - Figures that are based at 25 to 49 unweighted cases.

For woman's education, 1 unweighted case of missing/DK is excluded from the table;

Table RH.2: Unmet need for contraception
 Percentage of women aged 15-49 years currently married or in union with an unmet need for family planning, and percentage of demand for contraception satisfied, Tajikistan, 2005

	Current use of contraception*	Unmet need for contraception - For spacing**	Unmet need for contraception - For limiting***	Unmet need for contraception - Total ****	Number of women currently married or in union	Percentage of demand for contraception satisfied *****	Number of women currently married or in union with need for contraception
REGION							
Dushanbe	37.7	6.3	14.9	21.2	512	64.0	301
Khatlon	35.1	11.8	13.4	25.2	2048	58.2	1236
Sogd	46.3	5.4	12.6	18.0	2166	72.0	1392
DRD	28.9	12.1	19.5	31.6	1365	47.8	825
GBAO	39.2	7.1	16.3	23.3	154	62.7	96
AREA							
Urban	42.4	7.9	12.8	20.8	1727	67.1	1090
Rural	36.3	9.5	15.4	24.8	4518	59.3	2761
AGE							
15-19	8.6	16.8	1.1	17.9	155	(32.5)	41
20-24	24.6	23.2	2.8	26.0	1052	48.6	532
25-29	38.6	14.3	10.5	24.9	1146	60.8	727
30-34	47.2	7.7	17.6	25.3	1128	65.1	817
35-39	49.8	3.2	22.1	25.4	1073	66.2	806
40-44	37.7	.8	21.9	22.7	1010	62.4	611
45-49	30.7	.2	15.7	15.9	680	65.9	317
WOMAN'S EDUCATION LEVEL							
None	13.9	11.6	9.4	21.0	64	(*)	22
Primary	24.7	8.7	10.3	19.1	103	(56.5)	45
Incomplete secondary	29.9	15.2	13.1	28.3	1313	51.4	765
Complete secondary	39.0	7.6	15.9	23.5	3886	62.4	2430
Secondary special	47.0	5.7	12.2	18.0	490	72.3	318
Higher education	50.7	5.8	12.7	18.5	387	73.3	268
WEALTH INDEX QUINTILES							
Poorest	31.8	9.2	17.2	26.4	1180	54.7	687
Second	37.0	10.1	16.1	26.2	1174	58.5	742
Middle	37.4	9.8	14.1	23.9	1274	61.0	781
Fourth	39.1	8.3	13.7	22.0	1299	64.0	794
Richest	43.7	8.0	12.5	20.6	1318	68.0	847
Total	37.9	9.1	14.7	23.7	6245	61.5	3851

* MICS indicator 21; MDG indicator 19C

**** MICS indicator 98

***** MICS indicator 99

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) – Replaces figures that are based on fewer than 25 unweighted cases.

For woman's education, 1 unweighted case of missing/DK is excluded from the table;

Table RH.3: Antenatal care provider

Per cent distribution of women aged 15-49 who gave birth in the two years preceding the survey, by type of personnel providing antenatal care, Tajikistan, 2005

	Person providing antenatal care								Total	Any skilled personnel *	Number of women who gave birth in the preceding two years
	Medical doctor	Nurse/mid-wife	Auxiliary mid-wife	Traditional birth attendant	Community health worker	Relative / friend	Other /missing	No antenatal care received			
REGION											
Dushanbe	82.3	5.2	.3	-	.5	.4	.7	10.7	100.0	87.8	133
Khatlon	50.5	13.6	1.7	1.5	1.0	-	-	31.8	100.0	65.8	682
Sogd	86.8	4.9	-	1.2	-	.3	.2	6.7	100.0	91.7	501
DRD	69.8	4.5	-	.8	.6	.3	-	24.0	100.0	74.3	361
GBAO	63.0	15.2	-	1.9	.3	-	-	19.5	100.0	78.3	34
AREA											
Urban	76.6	8.1	.7	-	.4	.1	.2	13.9	100.0	85.4	427
Rural	65.0	8.7	.7	1.5	.6	.2	.1	23.3	100.0	74.4	1284
AGE											
15-19	(64.9)	(12.1)	-	-	(2.4)	-	-	(20.5)	100.0	(77.1)	57
20-24	73.6	5.3	.7	.9	.1	-	.1	19.4	100.0	79.6	605
25-29	67.2	11.6	.2	.9	.5	.3	.3	19.0	100.0	79.0	499
30-34	65.6	9.4	1.2	2.1	.8	.3	-	20.6	100.0	76.1	334
35-39	58.6	9.3	.7	1.5	.1	.3	-	29.6	100.0	68.6	170
40-44	(59.7)	(1.0)	(3.2)	(.4)	(5.6)	-	-	(30.1)	100.0	(63.9)	39
45-49	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	6
WOMAN'S EDUCATION LEVEL											
Primary	(49.0)	(3.3)	-	(.3)	-	-	(.6)	(46.7)	100.0	(52.3)	38
Incomplete secondary	63.7	7.1	.2	1.4	.7	.1	.1	26.7	100.0	71.0	529
Complete secondary	68.2	10.1	1.1	1.3	.4	.3	-	18.6	100.0	79.4	928
Secondary special	75.2	7.5	-	-	1.1	-	.8	15.5	100.0	82.7	116
Higher education	95.8	1.7	-	-	.4	-	-	2.1	100.0	97.5	83
WEALTH INDEX QUINTILES											
Poorest	50.3	11.1	.3	2.9	.9	-	-	34.5	100.0	61.7	374
Second	63.5	9.1	.4	1.0	.4	.4	-	25.2	100.0	73.0	343
Middle	69.4	10.5	1.2	1.3	.7	-	-	16.8	100.0	81.1	352
Fourth	74.0	7.2	1.4	.3	.4	.3	.4	15.9	100.0	82.7	334
Richest	85.8	4.0	-	-	.2	.2	.1	9.7	100.0	89.8	309
Total	67.9	8.5	.7	1.1	.5	.2	.1	20.9	100.0	77.1	1711

* MICS indicator 20

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) – Replaces figures that are based on fewer than 25 unweighted cases.

For woman's education, 18 unweighted case of None, non-standard curriculum and missing/DK are excluded from the table;

Table RH.4: Antenatal care content
 Percentage of pregnant women receiving antenatal care among women aged 15-49 years who gave birth in two years preceding the survey and percentage of pregnant women receiving specific care as part of the antenatal care received, Tajikistan, 2005

REGION	Per cent of pregnant women receiving ANC one or more times during pregnancy*	Per cent of pregnant women who had:										Median number of days iron pills were taken during the pregnancy	Number of women who gave birth in two years preceding survey
		Blood sample taken	Blood pressure measured	Urine specimens taken	Weight measured	Blood group determined	Gynaecological exam passed	Pregnancy assessed	Ultra-sound exam passed	Iron tablets received / bought			
Dushanbe	89.3	87.0	87.4	86.4	84.6	86.8	85.7	84.8	87.1	51.1	10	133	
Khatlon	68.2	49.2	56.6	44.0	36.1	44.5	46.3	54.8	39.4	32.6	10	682	
Sogd	93.3	89.4	91.0	89.4	88.9	88.8	88.8	90.8	70.6	70.7	10	501	
DRD	76.0	67.4	68.3	67.4	64.7	64.0	66.6	67.6	64.6	42.6	8	361	
GBAO	80.5	62.1	72.2	60.1	54.0	55.5	67.5	66.4	35.1	63.1	10	34	
AREA													
Urban	86.1	81.7	82.4	79.3	73.9	79.2	77.9	79.6	74.0	54.8	10	427	
Rural	76.7	63.4	68.3	61.4	57.7	60.4	62.8	67.6	51.9	45.6	10	1284	
AGE													
15-19	(79.5)	(64.5)	(73.4)	(62.0)	(66.9)	(66.5)	(66.0)	(69.8)	(64.8)	(38.0)	(7)	57	
20-24	80.6	72.9	75.3	71.0	66.6	69.4	69.0	74.6	61.1	49.5	10	605	
25-29	81.0	66.1	71.9	63.6	61.1	62.9	65.8	70.0	56.4	48.1	10	499	
30-34	79.4	69.8	72.6	67.0	60.2	65.7	68.9	70.9	58.5	49.0	10	334	
35-39	70.4	59.7	61.6	58.3	51.1	59.5	59.1	61.9	46.8	43.1	10	170	
40-44	(69.9)	(45.2)	(55.4)	(45.6)	(47.3)	(45.2)	(54.2)	(56.2)	(46.6)	(46.5)	(10)	39	
45-49	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	6	
WOMAN'S EDUCATION LEVEL													
Primary	(53.3)	(45.7)	(48.5)	(46.4)	(35.8)	(52.6)	(47.1)	(47.1)	(46.5)	(31.6)	(12)	38	

	Per cent of pregnant women re-ceiving ANC one or more times during pregnancy*	Per cent of pregnant women who had:										Median number of days iron pills were taken during the pregnancy	Number of women who gave birth in two years preceding survey
		Blood sample taken	Blood pressure measured	Urine specimen taken	Weight measured	Blood group determined	Gynaecological exam passed	Pregnancy term assessed	Ultra-sound exam passed	Iron tablets received / bought			
Incomplete secondary	73.3	57.7	64.2	56.1	54.2	54.9	56.6	61.3	51.3	38.0	10	529	
Complete secondary	81.4	71.2	74.2	68.7	63.1	67.6	69.4	73.8	57.4	51.0	10	928	
Secondary special	84.5	79.8	78.8	76.2	72.3	76.3	76.5	79.5	68.6	57.2	10	116	
Higher education	97.9	97.1	97.4	97.2	95.3	97.1	97.3	96.7	91.5	73.5	10	83	
WEALTH INDEX QUINTILES													
Poorest	65.5	51.5	56.3	48.4	44.5	48.4	50.4	55.3	38.3	39.6	10	374	
Second	74.8	61.4	66.8	60.0	56.4	58.8	60.0	66.1	46.3	41.3	10	343	
Middle	83.2	69.3	72.6	67.3	60.6	66.0	66.2	70.6	56.1	50.6	10	352	
Fourth	84.1	74.6	79.1	70.8	67.7	70.6	73.5	78.8	67.2	53.9	10	334	
Richest	90.3	86.6	87.5	86.6	83.2	85.3	86.2	85.1	84.0	55.8	10	309	
Total	79.1	68.0	71.8	65.9	61.7	65.1	66.5	70.6	57.5	47.9	10	1711	

* MICS indicator 44

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) - Replaces figures that are based on fewer than 25 unweighted cases.

For woman's education, 18 unweighted case of None, non-standard curriculum and missing/DK are excluded from the table;

Table RH.4.w: Antenatal care content
 Percentage of pregnant women receiving specific care as part of the antenatal care provided among women aged 15-49 years who gave birth in two years preceding the survey and received antenatal care, Tajikistan, 2005

REGION	Per cent of pregnant women who had:										Median number of days iron pills were taken during the pregnancy	Number of women who gave birth in two years preceding survey and received antenatal care
	Blood sample taken	Blood pressure measured	Urine specimen taken	Weight measured	Blood group determined	Gynaecological exam passed	Pregnancy term assessed	Ultra-sound exam passed	Iron tablets received / bought			
Dushanbe	97.4	97.9	96.8	94.8	97.2	96.0	94.9	97.6	57.2	10	119	
Khatlon	72.2	83.0	64.6	52.9	65.2	68.0	80.3	57.8	47.8	10	465	
Sogd	95.8	97.5	95.8	95.2	95.2	95.2	97.3	75.6	75.7	10	467	
DRD	88.7	89.9	88.8	85.2	84.3	87.7	89.0	85.1	56.1	8	274	
GBAO	77.1	89.7	74.6	67.0	68.9	83.8	82.4	43.6	78.4	10	28	
AREA												
Urban	94.9	95.7	92.0	85.8	91.9	90.4	92.4	86.0	63.6	10	368	
Rural	82.7	89.0	80.0	75.1	78.7	81.8	88.1	67.7	59.5	10	985	
AGE												
15-19	(81.2)	(92.4)	(78.1)	(84.2)	(83.8)	(83.1)	(87.9)	(81.5)	(47.9)	(7)	45	
20-24	90.4	93.4	88.1	82.6	86.1	85.6	92.5	75.8	61.4	10	488	
25-29	81.7	88.8	78.6	75.5	77.7	81.2	86.4	69.6	59.4	10	404	
30-34	87.9	91.5	84.4	75.8	82.8	86.8	89.3	73.7	61.7	10	266	
35-39	84.9	87.6	82.9	72.6	84.6	84.0	87.9	66.5	61.2	10	120	
40-44	(64.7)	(79.3)	(65.2)	(67.7)	(64.7)	(77.5)	(80.4)	(66.7)	(66.5)	(10)	27	
45-49	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	3	
WOMAN'S EDUCATION LEVEL												
Incomplete secondary	78.7	87.5	76.5	73.9	75.0	77.2	83.6	70.0	51.9	10	387	

	Per cent of pregnant women who had:										Median number of days iron pills were taken during the pregnancy	Number of women who gave birth in two years preceding survey and received antenatal care
	Blood sample taken	Blood pressure measured	Urine specimen taken	Weight measured	Blood group determined	Gynaecological exam passed	Pregnancy term assessed	Ultra-sound exam passed	Iron tablets received / bought			
Complete secondary	87.5	91.1	84.4	77.5	83.0	85.3	90.7	70.5	62.7	10	756	
Secondary special	94.4	93.2	90.2	85.5	90.2	90.5	94.0	81.1	67.7	10	98	
Higher education	99.2	99.5	99.3	97.4	99.2	99.5	98.8	93.4	75.1	10	81	
WEALTH INDEX QUINTILES												
Poorest	78.7	86.0	73.9	68.0	73.9	77.0	84.5	58.5	60.5	10	245	
Second	82.1	89.4	80.3	75.4	78.7	80.3	88.5	61.9	55.2	10	256	
Middle	83.4	87.3	80.9	72.9	79.3	79.7	84.9	67.5	60.9	10	292	
Fourth	88.8	94.1	84.2	80.6	84.0	87.4	93.7	80.0	64.1	10	281	
Richest	95.9	96.8	95.8	92.1	94.4	95.4	94.2	93.0	61.8	10	279	
Total	86.0	90.8	83.3	78.0	82.3	84.2	89.3	72.7	60.6	10	1353	

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) - Replaces figures that are based on fewer than 25 unweighted cases.

For woman's education, 14 unweighted case of None, non-standard curriculum and missing/DK are excluded from the table;

Table RH.5: Assistance during delivery
Per cent distribution of women aged 15-49 with a birth in two years preceding the survey, by type of personnel assisting at delivery, Tajikistan, 2005

REGION	Person assisting at delivery								Total	Any skilled personnel *	Delivered in health facility **	Number of women who gave birth in preceding two years
	Medical doctor	Nurse /mid-wife	Auxiliary mid-wife	Traditional birth attendant	Community health worker	Relative/friend	Other / missing	No attendant				
Dushanbe	75.0	12.1	.3	6.4	.2	4.8	.6	100.0	87.4	68.9	133	
Khatlon	44.4	28.9	2.0	11.6	.6	11.3	.5	100.0	75.2	42.3	682	
Sogd	86.3	8.4	-	3.4	.4	.8	.6	100.0	94.7	88.5	501	
DRD	55.1	26.8	.2	10.3	-	6.4	.8	100.0	82.1	60.3	361	
GBAO	51.8	23.5	1.9	16.6	.5	.7	3.6	100.0	77.2	45.8	34	
AREA												
Urban	72.9	15.7	.8	4.4	.4	5.1	.5	100.0	89.4	72.1	427	
Rural	57.6	22.8	.9	10.0	.4	6.9	.8	100.0	81.3	58.3	1284	
AGE												
15-19	(68.8)	(20.5)	(4.6)	(5.7)	-	(.5)	-	100.0	(93.8)	(86.6)	57	
20-24	68.6	17.0	1.0	7.0	.3	5.4	.4	100.0	86.6	68.4	605	
25-29	59.5	22.8	.3	9.2	.6	6.5	1.0	100.0	82.7	58.3	499	
30-34	55.8	24.4	.7	9.1	.4	8.6	.8	100.0	80.9	58.6	334	
35-39	55.5	20.9	1.5	11.7	-	7.5	1.2	100.0	77.9	50.1	170	
40-44	(47.2)	(27.7)	-	(14.8)	-	(5.2)	(.6)	100.0	(74.9)	(49.4)	39	
45-49	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	6	
WOMAN'S EDUCATION LEVEL												
Primary	(43,8)	(22,2)	(-)	(18,8)	(-)	(15,2)	(-)	100,0	(66,0)	(38,1)	38	
Incomplete secondary	57.1	22.0	.9	12.3	.4	6.3	.7	100.0	80.0	56.6	529	

	Person assisting at delivery										Delivered in health facility **	Number of women who gave birth in preceding two years
	Medical doctor	Nurse /mid-wife	Auxiliary mid-wife	Traditional birth attendant	Community health worker	Relative/ friend	Other / missing	No attend-ant	Total	Any skilled personnel *		
Complete secondary	60.6	22.2	.9	7.4	.5	6.9	.9	.7	100.0	83.6	61.8	928
Secondary special	73.3	19.5	-	3.2	-	4.0	-	-	100.0	92.8	75.2	116
Higher education	91.4	8.4	-	.2	-	-	-	-	100.0	99.8	88.8	83
WEALTH INDEX QUINTILES												
Poorest	47.1	22.3	.6	11.9	.7	15.4	1.5	.6	100.0	70.0	42.4	374
Second	59.3	20.3	1.5	11.1	.5	6.2	.5	.5	100.0	81.1	56.6	343
Middle	56.5	28.7	1.2	9.2	.6	1.8	1.1	.8	100.0	86.5	62.3	352
Fourth	67.3	22.1	.5	4.5	.1	5.2	.2	.2	100.0	89.9	71.2	334
Richest	80.4	10.4	.6	5.7	.1	2.6	-	.2	100.0	91.4	80.1	309
Total	61.4	21.0	.9	8.6	.4	6.5	.7	.5	100.0	83.4	61.7	1711

* MICS indicator 4; MDG indicator 17

** MICS indicator 5

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) – Replaces figures that are based on fewer than 25 unweighted cases.

For woman's education, 18 unweighted case of None, non-standard curriculum and missing/DK are excluded from the table;

Table RH.5.A: Pregnancy outcome by background characteristics
Per cent distribution of pregnancies by pregnancy outcome preceding the survey by background characteristics, Tajikistan, 2005

		Live birth	Induced abortion	Miscarriage	Stillbirth	Total	Number of pregnancies
Area	Urban	78.6	13.4	6.8	1.2	100.0	8013
	Rural	87.5	6.2	5.2	1.1	100.0	20293
Region	Dushanbe	75.9	16.6	6.6	.8	100.0	2406
	Khatlon	87.1	5.8	6.0	1.2	100.0	10268
	Sogd	83.2	9.7	5.8	1.3	100.0	8365
	DRD	87.0	7.4	4.7	1.0	100.0	6588
	GBAO	89.0	5.4	4.3	1.3	100.0	679
	None	93.4	1.9	4.3	.5	100.0	265
Woman's education level	Primary	89.9	3.7	5.4	1.0	100.0	421
	Incomplete secondary	86.9	6.0	5.9	1.1	100.0	4777
	Complete secondary	85.9	7.6	5.4	1.1	100.0	18981
	Secondary special	77.5	14.0	6.8	1.7	100.0	2315
	Higher education	76.4	16.2	6.3	1.1	100.0	1541
Age	15-19	95.5	.0	4.5	.0	100.0	68
	20-24	87.0	5.8	6.7	.5	100.0	1544
	25-29	85.8	6.0	7.2	.9	100.0	3551
	30-34	84.6	9.0	5.6	.8	100.0	5134
	35-39	82.9	9.6	6.2	1.3	100.0	6077
	40-44	84.9	8.7	5.3	1.0	100.0	6826
	45-49	86.7	7.5	4.1	1.7	100.0	5106
Wealth index quintiles	Poorest	89.0	4.0	6.0	1.0	100.0	5616
	Second	88.5	5.4	5.3	.9	100.0	5389
	Middle	86.2	7.0	5.2	1.6	100.0	5743
	Fourth	85.9	8.1	5.1	1.0	100.0	5513
	Richest	76.4	15.9	6.6	1.2	100.0	6046
Total		85.0	8.2	5.6	1.1	100.0	28306

*Country-specific indicator

Table RH.6: Maternal mortality ratio
Lifetime risk of maternal death and proportion of dead sisters dying of maternal causes, Tajikistan, 2005

	Number of adult household respondents	Sisters who reached age 15	Sisters who reached age 15 (adjusted)	Sisters who reached age 15 and who died	Maternal deaths	Adjustment factor	Sister units of risk exposure	Lifetime risk of maternal death	Per cent of dead sisters dying of maternal causes	Total fertility rate 10-14 years ago	Maternal mortality ratio /100,000*
RESPONDENT AGE											
15-19	910	1603	4682	12	4	.107	501	.009	36.0	.	.
20-24	4014	8431	24618	69	8	.206	5071	.002	11.2	.	.
25-29	2939	7833	22873	73	24	.343	7845	.003	33.1	.	.
30-34	2589	7900	7900	138	33	.503	3974	.008	23.9	.	.
35-39	2403	7542	7542	156	19	.664	5008	.004	12.4	.	.
40-44	2294	7107	7107	200	34	.802	5700	.006	17.2	.	.
45-49	1746	4765	4765	162	16	.900	4289	.004	10.2	.	.
50-54	1448	3770	3770	214	19	.958	3612	.005	8.7	.	.
55-59	804	1866	1866	162	10	.986	1840	.005	5.9	.	.
TOTAL	19148	50818	85123	1187	168	.	37839	.004	14.1	4.59	97

* MICS Indicator 3; MDG Indicator 16

Table CD.1: Family support for learning
Percentage of children aged 0-59 months for whom household members are engaged in activities that promote learning and school readiness, Tajikistan, 2005

	Percentage of children aged 0-59 months					Number of children aged 0-59 months
	For whom household members engaged in four or more activities that promote learning and school readiness *	Mean number of activities household members engage in with the child	For whom the father engaged in one or more activities that promote learning and school readiness **	Mean number of activities the father engages in with the child	Living in a household without their natural father	
SEX						
Male	59.3	3.7	22.1	.3	7.0	2168
Female	60.1	3.7	19.7	.3	6.7	2105
REGION						
Dushanbe	69.2	4.1	25.4	.5	11.1	336
Khatlon	57.7	3.7	30.0	.5	5.2	1714
Sogd	61.1	3.8	13.7	.2	5.2	1205
DRD	56.4	3.5	10.8	.2	10.1	928
GBAO	76.8	4.4	33.1	.5	11.9	90
AREA						
Urban	68.8	4.1	26.6	.5	11.6	1129
Rural	56.4	3.6	18.9	.3	5.2	3144
AGE						
0-23 months	39.0	3.0	18.7	.3	6.1	1676
24-59 months	73.0	4.2	22.4	.4	7.4	2597
MOTHER'S EDUCATION						
None	(56.1)	(3.7)	(7.0)	(.1)	(11.2)	43
Primary	50.1	3.1	23.3	.4	18.3	95
Incomplete secondary	52.6	3.4	17.9	.3	7.6	1177
Complete secondary	60.4	3.8	21.8	.3	4.8	2429
Secondary special	71.7	4.3	21.5	.4	14.6	303
Higher education	77.3	4.5	29.0	.6	10.1	222
FATHER'S EDUCATION						
Primary	(28.4)	(2.5)	(24.7)	(.4)	(-)	38
Incomplete secondary	53.1	3.6	12.6	.2	-	368
Complete secondary	57.4	3.6	18.0	.3	-	2057
Secondary special	62.3	3.9	22.5	.4	31.6	932
Higher education	66.5	4.0	30.3	.5	-	846
WEALTH INDEX QUINTILES						
Poorest	44.1	3.2	16.2	.2	3.1	959
Second	56.9	3.6	19.2	.3	3.7	813
Middle	60.1	3.7	21.8	.3	7.5	803
Fourth	66.4	4.0	21.9	.3	9.6	854
Richest	72.8	4.3	26.1	.5	11.0	844
TOTAL	59.7	3.7	20.9	.3	6.9	4273

* MICS indicator 46

** MICS indicator 47

Note: (-) - Figures that are based at 25 to 49 unweighted cases.

For mother's education, 2 unweighted cases of non-standard curriculum and missing/DK are excluded from the table; for the father's education, 8 unweighted cases of non-standard curriculum and missing/DK are excluded.

Table CD.2: Learning materials

Percentage of children aged 0-59 months living in households containing learning materials, Tajikistan, 2005

	3 or more non-children's books *	Median number of non-children's books	3 or more children's books **	Median number of children's books	Child plays with:					3 or more types of play-things ***	Number of children aged 0-59 months
					Household objects	Objects and materials found outside the home	Home-made toys	Toys that came from a store	No play-things mentioned		
SEX											
Male	46.4	1.0	17.8	-	24.9	33.1	21.9	72.7	11.0	13.7	2168
Female	45.2	-	16.3	-	29.0	28.2	23.9	73.3	11.5	17.2	2105
REGION											
Dushanbe	60.2	7.2	32.9	-	15.7	23.7	11.2	87.6	3.7	7.6	336
Khatlon	48.6	2.0	12.6	-	25.5	34.5	27.6	59.4	15.8	14.0	1714
Sogd	37.4	-	18.5	-	22.9	20.1	15.0	81.7	8.1	10.1	1205
DRD	44.1	-	16.0	-	37.6	38.8	25.7	81.5	10.0	26.0	928
GBAO	68.8	10.0	33.0	-	39.8	42.5	52.5	72.3	8.0	36.5	90
AREA											
Urban	54.5	4.0	27.4	-	22.7	26.1	19.6	84.8	6.6	15.2	1129
Rural	42.6	-	13.3	-	28.5	32.3	24.1	68.7	12.9	15.6	3144
AGE											
0-23 months	39.1	-	14.7	-	18.1	13.4	11.5	66.2	24.6	7.1	1676
24-59 months	50.1	3.0	18.5	-	32.6	41.8	30.3	77.3	2.6	20.8	2597
MOTHER'S EDUCATION											
None	(27.6)	-	(.8)	-	(46.9)	(49.2)	(23.7)	(57.0)	(19.1)	(33.3)	43
Primary	26.3	-	10.2	-	33.0	32.5	29.4	56.6	15.7	13.1	95
Incomplete secondary	35.8	-	10.0	-	26.8	30.1	19.2	70.6	14.3	14.7	1177
Complete secondary	46.9	2.0	16.0	-	27.3	31.3	24.7	71.8	10.7	15.7	2429
Secondary special	57.8	5.0	32.7	-	22.2	29.8	23.4	87.5	5.3	14.9	303
Higher education	80.7	10.0	50.5	3.0	22.0	22.8	17.7	87.9	6.3	14.9	222
WEALTH INDEX QUINTILES											
Poorest	28.2	-	4.3	-	30.0	34.9	22.6	54.3	15.7	12.7	959
Second	38.7	-	7.6	-	27.2	32.7	28.0	66.0	13.6	14.4	813
Middle	51.0	3.0	17.3	-	27.2	32.7	23.9	70.3	13.4	16.0	803
Fourth	51.6	3.0	24.3	-	23.3	26.8	22.1	85.1	8.9	16.6	854
Richest	61.8	6.0	32.9	-	26.6	25.9	18.2	91.1	4.2	18.1	844
TOTAL	45.8	1.0	17.0	-	26.9	30.7	22.9	73.0	11.2	15.5	4273

* MICS indicator 49

** MICS indicator 48

*** MICS indicator 50

Note: () - Figures that are based at 25 to 49 unweighted cases.

For mother's education, 2 unweighted case of non-standard curriculum and missing/DK are excluded from the table.

Table CD.3: Children left alone or with other children
 Percentage of children age 0-59 months left in the care of other children under the age of 10 years or left alone in the past week, Tajikistan, 2005

	Left in the care children under the age of 10 years in past week	Left alone in the past week	Left with inadequate care in past week *	Number of children aged 0-59 months
SEX				
Male	12.3	3.7	12.8	2168
Female	12.2	2.0	12.4	2105
REGION				
Dushanbe	3.5	2.0	3.7	336
Khatlon	15.8	5.0	16.3	1714
Sogd	14.2	1.1	14.4	1205
DRD	6.6	1.4	6.9	928
GBAO	10.9	1.7	11.0	90
AREA				
Urban	11.5	2.6	12.1	1129
Rural	12.5	2.9	12.8	3144
AGE				
0-23 months	6.7	1.6	7.1	1676
24-59 months	15.8	3.6	16.1	2597
MOTHER'S EDUCATION				
None	(8.5)	(2.8)	(8.5)	43
Primary	13.5	5.6	13.5	95
Incomplete secondary	8.5	2.6	8.9	1177
Complete secondary	14.1	2.7	14.3	2429
Secondary special	16.7	3.5	16.8	303
Higher education	6.7	3.3	7.7	222
WEALTH INDEX QUINTILES				
Poorest	14.3	3.1	14.6	959
Second	13.1	3.5	13.2	813
Middle	11.5	2.5	11.5	803
Fourth	11.8	3.0	12.0	854
Richest	10.5	1.9	11.3	844
TOTAL	12.3	2.8	12.6	4273

* MICS indicator 51

Note: () - Figures that are based at 25 to 49 unweighted cases.

For mother's education, 2 unweighted cases of non-standard curriculum and missing/DK are excluded from the table.

Table ED.1: Early childhood education

Percentage of children aged 36-59 months who are attending some form of organized Early Childhood Education programme and percentage of first graders who attended preschool, Tajikistan, 2005

		Percentage of children aged 36-59 months currently attending Early Childhood Education*	Number of children aged 36-59 months	Percentage of children attending first grade who attended preschool programme in previous year**	Number of children attending first grade
Sex	Male	10,6	849	27,1	252
	Female	9,8	869	23,6	260
Region	Dushanbe	33,5	138	75,3	46
	Khatlon	6,4	694	7,2	286
	Sogd	13,9	479	40,5	96
	DRD	4,1	372	38,3	74
	GBAO	9,2	36	74,4	11
Area	Urban	24,6	484	58,9	115
	Rural	4,6	1235	15,6	397
Age of child	36-47 months	10,0	865	.	0
	48-59 months	10,4	853	.	0
	7 years	.	0	25,3	512
Mother's education	None	(*)	15	(*)	6
	Primary	(6,1)	35	(*)	5
	Incomplete secondary	7,7	419	27,0	78
	Complete secondary	7,4	1028	19,9	367
	Secondary special	19,3	129	62,1	23
	Higher education	44,2	90	60,6	34
Wealth index quintiles	Poorest	1,2	378	10,7	123
	Second	4,3	339	12,0	133
	Middle	4,4	287	14,5	79
	Fourth	10,2	341	42,5	84
	Richest	29,3	373	57,6	93
TOTAL		10,2	1719	25,3	512

* MICS Indicator 52

** MICS Indicator 53

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) – Replaces figures that are based on fewer than 25 unweighted cases.

For mother's education, 2 unweighted case of non-standard curriculum and missing/DK are excluded from the table.

Table ED.2: Primary school entry

Percentage of children of primary school entry age attending grade 1, Tajikistan, 2005

	Percentage of children of primary school entry age currently attending grade 1 *	Number of children of primary school entry age
SEX		
Male	63.3	541
Female	66.2	553
REGION		
Dushanbe	84.7	83
Khatlon	83.6	424
Sogd	51.9	306
DRD	42.2	257
GBAO	69.4	24
AREA		
Urban	66.9	297
Rural	64.0	797
AGE		
7	64.8	1094
MOTHER'S EDUCATION		
None/primary	(34.1)	34
Incomplete secondary	60.0	183
Complete secondary	65.9	742
Secondary special	59.4	72
Higher education	88.1	63
WEALTH INDEX QUINTILES		
Poorest	64.3	239
Second	68.5	251
Middle	55.9	181
Fourth	59.8	212
Richest	73.3	212
TOTAL	64.8	1094

* MICS Indicator 54

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) – Replaces figures that are based on fewer than 25 unweighted cases.

For mother's education, 2 unweighted cases of non-standard curriculum and missing/DK are excluded from the table.

Table ED.3: Primary school net attendance ratio
Percentage of children of primary school age attending primary school or secondary school (NAR),
Tajikistan, 2005

	Male		Female		Total	
	Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio*	Number of children
REGION						
Dushanbe	95.9	177	93.8	170	94.9	347
Khatlon	95.1	842	92.9	763	94.1	1605
Sogd	86.5	620	84.9	621	85.7	1241
DRD	80.4	551	82.3	461	81.2	1012
GBAO	93.9	54	90.7	49	92.4	103
AREA						
Urban	87.9	543	90.5	560	89.2	1104
Rural	89.5	1702	87.3	1503	88.5	3205
AGE						
7	63.3	541	66.2	553	64.8	1094
8	93.9	586	93.1	528	93.5	1114
9	99.9	509	98.3	415	99.2	924
10	98.5	609	97.6	568	98.0	1177
MOTHER'S EDUCATION						
None/primary	80.3	61	(70.6)	56	75.6	117
Incomplete secondary	88.4	380	85.8	305	87.2	685
Complete secondary	88.9	1502	88.7	1417	88.8	2919
Secondary special	91.2	181	88.6	175	89.9	356
Higher education	95.6	121	96.5	111	96.0	232
WEALTH INDEX QUINTILES						
Poorest	90.2	492	85.8	462	88.1	954
Second	89.1	519	87.3	415	88.3	934
Middle	87.3	416	87.8	405	87.5	822
Fourth	87.8	400	87.3	391	87.6	790
Richest	91.0	419	93.1	391	92.0	810
TOTAL	89.1	2245	88.2	2064	88.7	4309

* MICS indicator 55; MDG indicator 6

Note: () - Figures that are based at 25 to 49 unweighted cases.

Table ED.4: Secondary school net attendance ratio
Percentage of children of secondary school age attending secondary or higher school (NAR), Tajikistan, 2005

	Male		Female		Total	
	Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio*	Number of children
REGION						
Dushanbe	93.1	304	74.9	272	84.5	576
Khatlon	91.5	1545	70.5	1295	82.0	2839
Sogd	86.3	1175	81.5	1068	84.0	2243
DRD	87.6	1017	69.4	926	78.9	1943
GBAO	94.1	107	92.3	102	93.2	208
AREA						
Urban	90.7	1108	77.9	952	84.8	2060
Rural	88.7	3040	73.1	2710	81.4	5750
AGE						
11	78.9	588	80.4	516	79.6	1104
12	98.4	551	92.1	455	95.6	1006
13	97.0	613	89.3	530	93.4	1143
14	96.3	603	87.0	612	91.6	1215
15	93.3	623	72.8	505	84.1	1128
16	84.0	588	53.9	504	70.1	1093
17	76.7	581	45.4	541	61.6	1122
MOTHER'S EDUCATION						
None	(74.3)	41	(52.2)	47	62.6	88
Primary	79.4	84	(45.1)	42	68.0	127
Incomplete secondary	87.2	531	65.5	514	76.5	1045
Complete secondary	89.1	2839	75.8	2524	82.9	5363
Secondary special	92.5	432	74.3	371	84.1	803
Higher education	96.3	220	93.3	164	95.0	384
WEALTH INDEX QUINTILES						
Poorest	87.6	898	70.2	767	79.6	1665
Second	88.9	868	67.8	798	78.8	1666
Middle	88.2	850	73.7	730	81.5	1580
Fourth	88.1	769	78.2	695	83.4	1463
Richest	94.1	763	83.6	673	89.2	1436
TOTAL	89.3	4148	74.4	3662	82.3	7810

* MICS indicator 56

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) – Replaces figures that are based on fewer than 25 unweighted cases.

For mother's education, 3 unweighted case of non-standard curriculum and missing/DK are excluded from the table.

Table ED.4W: Secondary school-age children attending primary school
Percentage of children of secondary school age attending primary school, Tajikistan, 2005

	Male		Female		Total	
	Per cent attending primary school	Number of children	Per cent attending primary school	Number of children	Per cent attending primary school	Number of children
REGION						
Dushanbe	1.8	304	1.0	272	1.4	576
Khatlon	2.1	1545	4.2	1295	3.0	2839
Sogd	2.4	1175	1.6	1068	2.0	2243
DRD	5.0	1017	1.5	926	3.3	1943
GBAO	.7	107	.5	102	.6	208
AREA						
Urban	2.2	1108	1.0	952	1.7	2060
Rural	3.1	3040	2.9	2710	3.0	5750
AGE						
11	19.7	588	16.8	516	18.3	1104
12	.3	551	.4	455	.3	1006
13	-	613	-	530	-	1143
14	-	603	-	612	-	1215
15	-	623	-	505	-	1128
16	-	588	-	504	-	1093
17	-	581	-	541	-	1122
MOTHER'S EDUCATION						
None	(2.4)	41	-	47	1.1	88
Primary	5.5	84	-	42	3.7	127
Incomplete secondary	3.7	531	3.2	514	3.5	1045
Complete secondary	3.2	2839	2.5	2524	2.8	5363
Secondary special	.1	432	2.0	371	1.0	803
Higher education	.8	220	1.0	164	.9	384
WEALTH INDEX QUINTILES						
Poorest	5.1	841	2.6	748	3.9	1590
Second	2.5	860	4.3	794	3.4	1655
Middle	2.5	880	2.1	739	2.3	1620
Fourth	3.2	808	2.0	711	2.7	1519
Richest	.7	758	.7	669	.7	1428
TOTAL	2.8	4148	2.4	3662	2.6	7810

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) – Replaces figures that are based on fewer than 25 unweighted cases.

For mother's education, 3 unweighted case of non-standard curriculum and missing/DK are excluded from the table.

Table ED.5: Children reaching grade 5
Percentage of children entering first grade of primary school who eventually reach grade 5, Tajikistan, 2005

	Per cent attending 2nd grade who were in 1st grade last year	Per cent attending 3rd grade who were in 2nd grade last year	Per cent attending 4th grade who were in 3rd grade last year	Per cent attending 5th grade who were in 4th grade last year	Per cent who reach grade 5 of those who enter 1st grade *
SEX					
Male	100.0	99.7	100.0	100.0	99.7
Female	100.0	100.0	99.7	99.1	98.9
REGION					
Dushanbe	100.0	100.0	99.7	100.0	99.7
Khatlon	100.0	99.5	100.0	99.2	98.7
Sogd	100.0	100.0	99.6	100.0	99.6
DRD	100.0	100.0	100.0	99.7	99.7
GBAO	100.0	100.0	100.0	99.3	99.3
AREA					
Urban	100.0	100.0	99.9	99.7	99.6
Rural	100.0	99.8	99.8	99.6	99.2
MOTHER'S EDUCATION					
None	100.0	100.0	100.0	100.0	100.0
Primary	100.0	100.0	100.0	100.0	100.0
Incomplete secondary	100.0	100.0	100.0	99.3	99.3
Complete secondary	100.0	99.8	99.8	99.6	99.1
Secondary special	100.0	100.0	100.0	100.0	100.0
Higher education	100.0	100.0	100.0	100.0	100.0
WEALTH INDEX QUINTILES					
Poorest	100.0	100.0	99.5	98.5	98.0
Second	100.0	100.0	100.0	99.7	99.7
Middle	100.0	100.0	100.0	99.9	99.9
Fourth	100.0	99.0	99.9	100.0	98.9
Richest	100.0	100.0	100.0	100.0	100.0
TOTAL	100.0	99.8	99.9	99.6	99.3

* MICS Indicator 57; MDG Indicator 7

Table ED.6: Primary school completion and transition to secondary education
 Primary school completion rate and transition rate to secondary education, Tajikistan, 2005

	Net primary school completion rate *	Number of children of primary school completion age	Transition rate to secondary education **	Number of children who were in the last grade of primary school the previous year
SEX				
Male	86.9	609	99.6	594
Female	83.4	568	98.0	497
REGION				
Dushanbe	90.2	93	100.0	77
Khatlon	86.1	430	98.3	422
Sogd	85.2	349	100.0	297
DRD	81.7	276	98.1	270
GBAO	90.7	29	99.3	26
AREA				
Urban	88.0	307	99.7	246
Rural	84.3	870	98.6	845
MOTHER'S EDUCATION				
None/primary	(72.3)	36	(*)	25
Incomplete secondary	84.4	159	98.7	133
Complete secondary	84.5	813	98.8	780
Secondary special	94.7	107	98.7	99
Higher education	88.0	62	100.0	54
WEALTH INDEX QUINTILES				
Poorest	80.4	255	97.6	227
Second	79.2	239	99.2	249
Middle	86.3	223	99.4	237
Fourth	88.2	225	98.0	178
Richest	92.8	235	100.0	200
TOTAL	85.2	1177	98.8	1091

* MICS Indicator 59; MDG Indicator 7b

** MICS Indicator 58

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) – Replaces figures that are based on fewer than 25 unweighted cases.

Table ED.7: Education gender parity

Ratio of girls to boys attending primary education and ratio of girls to boys attending secondary education, Tajikistan, 2005

	Primary school net attendance ratio (NAR), girls	Primary school net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school NAR*	Secondary school net attendance ratio (NAR), girls	Secondary school net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school NAR*
REGION						
Dushanbe	94,1	95,9	0,98	74,9	93,1	0,80
Khatlon	92,9	95,1	0,98	70,5	91,5	0,77
Sogd	84,9	86,5	0,98	81,5	86,3	0,94
DRD	82,3	80,4	1,02	69,4	87,6	0,79
GBAO	91,0	93,9	0,97	92,3	94,1	0,98
AREA						
Urban	90,6	87,9	1,03	77,9	90,7	0,86
Rural	87,3	89,5	0,98	73,1	88,7	0,82
MOTHER'S EDUCATION						
None	52,0	81,7	0,64	52,2	74,3	0,70
Primary	81,6	79,2	1,03	45,1	79,4	0,57
Incomplete secondary	85,9	88,4	0,97	65,5	87,2	0,75
Complete secondary	88,7	88,9	1,00	75,8	89,1	0,85
Secondary special	88,6	91,2	0,97	74,3	92,5	0,80
Higher education	96,5	95,6	1,01	93,3	96,3	0,97
WEALTH INDEX QUINTILES						
Poorest	85,8	90,2	0,95	69,7	84,6	0,82
Second	87,3	89,1	0,98	66,9	90,2	0,74
Middle	87,8	87,3	1,01	74,8	90,1	0,83
Fourth	87,3	87,8	0,99	77,4	87,7	0,88
Richest	93,3	91,0	1,03	84,8	94,1	0,90
TOTAL	88,2	89,1	0,99	74,4	89,3	0,83

* MICS Indicator 61; MDG Indicator 9

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) – Replaces figures that are based on fewer than 25 unweighted cases.

Table ED.8: Adult literacy

Percentage of women aged 15-24 years who are literate, Tajikistan, 2005

	Percentage literate *	Number of women aged 15-24 years
REGION		
Dushanbe	96.6	320
Khatlon	92.5	1550
Sogd	97.8	1361
DRD	94.1	1077
GBAO	99.0	118
AREA		
Urban	96.1	1131
Rural	94.6	3296
WOMAN'S EDUCATION LEVEL		
None	11.6	98
Primary	32.4	200
Incomplete secondary	100.0	2170
Complete secondary	100.0	1591
Secondary special	100.0	168
Higher education	100.0	197
AGE		
15-19	93.8	2445
20-24	96.4	1981
WEALTH INDEX QUINTILES		
Poorest	90.4	813
Second	93.9	883
Middle	95.5	945
Fourth	96.5	974
Richest	98.3	811
TOTAL	95.0	4426

* MICS Indicator 60; MDG Indicator 8

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) – Replaces figures that are based on fewer than 25 unweighted cases.

Table CP.1: Birth registration
 Per cent distribution of children aged 0-59 months by whether birth is registered and reasons for non-registration, Tajikistan, 2005

	Birth is registered *	Don't know if birth is registered	Number of children aged 0-59 months	Birth is not registered because:								Total	Number of children aged 0-59 months without birth registration	
				Costs too much	Must travel too far	Didn't know child should be registered	Late, didn't want to pay fine	Didn't know where to register	Lack of time	Missing other documents	Other			Don't know
SEX														
Male	87.6	2.3	2168	41.8	3.7	4.0	.3	4.8	18.9	8.7	2.9	15.0	100.0	217
Female	88.9	2.0	2105	41.4	9.0	2.6	1.4	3.0	13.5	8.5	1.5	19.0	100.0	192
REGION														
Dushanbe	82.7	1.2	336	24.1	1.2	2.4	1.4	5.0	24.1	4.4	5.4	31.8	100.0	54
Khatlon	89.5	3.0	1714	59.3	4.8	6.2	-	3.3	9.7	6.6	-	10.1	100.0	128
Sogd	93.6	1.3	1205	(18.3)	(21.0)	(3.4)	(2.0)	(.0)	(28.7)	(19.1)	(1.4)	(6.1)	100.0	62
DRD	80.9	2.2	928	42.4	2.9	1.2	.6	5.9	15.0	7.9	3.1	21.1	100.0	157
GBAO	90.8	.9	90	(41.0)	(14.4)	(4.0)	(4.6)	-	(2.0)	(2.4)	(5.2)	(26.4)	100.0	7
AREA														
Urban	84.9	1.7	1129	40.5	.4	2.4	.5	4.1	20.8	5.7	2.5	23.1	100.0	151
Rural	89.5	2.3	3144	42.2	9.6	3.8	1.0	3.9	13.8	10.4	2.1	13.2	100.0	258
AGE														
0-11 months	82.1	2.9	841	25.3	4.9	4.5	.0	4.7	32.2	7.8	3.4	17.3	100.0	126
12-23 months	86.8	2.0	836	47.7	5.1	3.2	1.0	3.6	6.4	11.6	3.6	17.8	100.0	94
24-35 months	90.0	1.5	878	40.7	7.7	4.8	1.9	5.1	13.9	7.0	.3	18.6	100.0	74
36-47 months	90.5	2.3	865	58.6	9.3	.4	1.3	-	13.0	8.4	-	9.0	100.0	62
48-59 months	91.8	2.1	853	51.0	5.4	2.1	.3	5.9	3.9	8.0	2.4	20.9	100.0	53
MOTHER'S EDUCATION														
None/primary	79.2	6.6	138	57.9	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	19.7

	Birth is registered *	Don't know if birth is registered	Number of children aged 0-59 months	Birth is not registered because:										Number of children aged 0-59 months without birth registration
				Costs too much	Must travel too far	Didn't know child should be registered	Late, didn't want to pay fine	Didn't know where to register	Lack of time	Missing other documents	Other	Don't know	Total	
Incomplete secondary	83.7	3.7	1177	41.3	6.5	2.5	1.2	5.1	12.2	10.4	2.8	18.1	100.0	148
Complete secondary	90.1	1.6	2429	41.6	7.5	3.6	.8	2.7	18.6	6.6	2.3	16.5	100.0	202
Secondary special & higher education	92.4	.2	525	34.3	1.7	3.1	-	3.2	25.0	11.8	.4	20.4	100.0	39
WEALTH INDEX QUINTILES														
Poorest	86.0	3.4	959	55.0	14.7	-	-	1.9	9.9	8.0	-	10.5	100.0	102
Second	88.7	2.6	813	47.1	7.2	3.0	-	-	16.4	13.5	.4	12.4	100.0	71
Middle	89.4	2.4	803	46.5	2.4	8.4	3.8	-	14.2	4.7	3.8	16.1	100.0	66
Fourth	90.1	.7	854	33.0	4.0	6.0	1.0	12.1	13.5	7.7	3.9	18.8	100.0	78
Richest	87.5	1.5	844	26.5	.7	1.3	-	5.2	27.5	9.2	3.6	26.1	100.0	93
TOTAL	88.3	2.2	4273	41.6	6.2	3.3	.8	4.0	16.4	8.6	2.2	16.9	100.0	409

* MICS Indicator 62

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) - Replaces figures that are based on fewer than 25 unweighted cases.

Table CP.2: Child labour

Percentage of children aged 5-14 years who are involved in child labour activities, by type of work, Tajikistan, 2005

	Working outside household		Household chores for 28+ hours/week	Working for family business	Total child labour *	Number of children aged 5-14 years
	Paid work	Unpaid work				
SEX						
Male	1.4	2.2	4.6	1.6	9.4	5797
Female	1.4	2.1	6.0	1.4	10.6	5247
REGION						
Dushanbe	.1	.2	.4	1.8	2.5	863
Khatlon	2.6	3.2	4.5	1.6	11.5	4119
Sogd	1.3	1.5	6.3	2.5	11.1	3126
DRD	.2	1.0	6.0	.2	7.4	2666
GBAO	.8	12.1	13.3	.8	23.4	270
AREA						
Urban	1.7	1.8	2.4	2.6	8.1	2862
Rural	1.3	2.3	6.2	1.1	10.6	8182
AGE						
5-11 years	1.0	2.3	2.2	1.2	6.4	7679
12-14 years	2.3	1.8	12.1	2.3	18.1	3364
SCHOOL PARTICIPATION						
Yes	1.7	2.5	6.5	1.6	11.8	8316
No	.5	1.1	1.5	1.4	4.4	2728
MOTHER'S EDUCATION						
None	1.1	-	2.3	13.8	16.1	115
Primary	3.3	.9	3.0	1.8	9.1	165
Incomplete secondary	1.2	1.1	5.1	.7	8.0	1789
Complete secondary	1.5	2.3	5.6	1.6	10.6	7512
Secondary special	.3	2.9	5.2	1.3	9.4	889
Higher education	1.8	2.7	2.2	.8	7.6	574
WEALTH INDEX QUINTILES						
Poorest	1.9	1.5	8.3	2.5	13.6	2410
Second	2.2	2.8	6.1	1.2	12.2	2400
Middle	.8	2.7	5.2	.6	9.0	2155
Fourth	.8	2.1	4.2	1.5	8.0	2009
Richest	1.2	1.8	1.7	1.7	6.0	2071
TOTAL	1.4	2.2	5.2	1.5	10.0	11044

* MICS Indicator 71

Table CP.3: Labourer students and student labourers
Percentage of children aged 5-14 years who are labourer students and student labourers, Tajikistan, 2005

	Percentage of children in child labour	Percentage of children attending school or preschool	Number of children aged 5-14	Percentage of child labourers who are also attending school or preschool*	Number of child labourers aged 5-14	Percentage of students who are also involved in child labour**	Number of students aged 5-14
SEX							
Male	9.4	76.7	5797	90.8	544	11.1	4445
Female	10.6	73.8	5247	87.3	558	12.6	3871
REGION							
Dushanbe	2.5	81.1	863	85.7	21	2.6	700
Khatlon	11.5	76.0	4119	89.7	473	13.6	3132
Sogd	11.1	76.4	3126	87.3	348	12.7	2389
DRD	7.4	70.5	2666	89.9	196	9.4	1880
GBAO	23.4	79.7	270	91.8	63	27.0	215
AREA							
Urban	8.1	77.9	2862	74.3	232	7.7	2230
Rural	10.6	74.4	8182	93.0	870	13.3	6086
AGE							
5-11 years	6.4	67.2	7679	89.8	494	8.6	5163
12-14 years	18.1	93.7	3364	88.4	608	17.1	3153
MOTHER'S EDUCATION							
None	(*)	(*)	(*)	(*)	(*)	8.2	69
Primary	(*)	(*)	(*)	(*)	(*)	9.4	119
Incomplete secondary	8.0	66.5	1789	79.7	143	9.6	1189
Complete secondary	10.6	76.3	7512	91.5	798	12.7	5731
Secondary special	9.4	79.6	889	92.5	84	10.9	708
Higher education	7.6	87.1	574	96.8	44	8.5	500
WEALTH INDEX QUINTILES							
Poorest	13.6	71.8	2410	86.1	327	16.3	1731
Second	12.2	73.8	2400	89.0	294	14.8	1772
Middle	9.0	75.2	2155	88.7	195	10.7	1621
Fourth	8.0	76.0	2009	94.9	161	10.0	1526
Richest	6.0	80.4	2071	89.8	125	6.8	1665
TOTAL	10.0	75.3	11044	89.0	1102	11.8	8316

* MICS Indicator 72

** MICS Indicator 73

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) – Replaces figures that are based on fewer than 25 unweighted cases.

Table CP.4: Child discipline

Percentage of children aged 2-14 years according to method of disciplining the child, Tajikistan, 2005

	Percentage of children 2-14 years of age who experience:						Mother/care-taker believes that the child needs to be physically punished	Number of children aged 2-14 years**
	Only non-violent discipline	Psychological punishment	Minor physical punishment	Severe physical punishment	Any psychological or physical punishment *	No discipline or punishment		
SEX								
Male	16.1	71.5	57.6	18.0	76.7	7.2	16.7	2826
Female	21.2	67.1	51.1	14.2	71.8	7.0	12.8	2544
REGION								
Dushanbe	18.0	69.4	52.3	15.1	74.5	7.5	6.1	486
Khatlon	11.5	79.3	65.5	20.7	82.6	6.0	17.6	1835
Sogd	18.8	66.6	49.0	10.9	73.2	8.0	14.7	1700
DRD	28.9	59.1	46.3	17.9	64.0	7.1	15.7	1202
GBAO	19.6	63.2	55.8	10.5	69.2	11.2	4.7	148
AREA								
Urban	17.5	69.6	52.3	16.9	74.2	8.3	11.9	1581
Rural	18.9	69.4	55.4	15.8	74.4	6.6	16.1	3789
AGE								
2-4 years	19.8	59.3	53.1	15.4	66.0	14.2	12.4	1164
5-9 years	16.5	73.4	58.2	18.3	78.3	5.2	15.5	1929
10-14 years	19.5	71.3	52.2	14.8	75.3	5.1	15.6	2277
MOTHER'S EDUCATION								
None	(15.3)	(74.1)	(48.4)	(9.5)	(75.2)	(9.6)	(16.7)	56
Primary	21.5	69.8	60.3	11.8	72.5	6.0	19.5	94
Incomplete secondary	18.2	69.6	56.6	20.7	74.1	7.7	17.3	966
Complete secondary	18.3	70.0	54.9	16.3	75.0	6.7	15.1	3439
Secondary special	16.8	69.1	54.2	12.2	74.5	8.8	11.7	457
Higher education	23.9	63.9	45.6	9.8	69.5	6.6	8.7	356
WEALTH INDEX QUINTILES								
Poorest	18.6	70.6	59.1	18.2	75.7	5.7	21.2	1044
Second	19.0	68.1	54.7	16.8	73.4	7.7	15.7	1056
Middle	18.4	70.9	56.1	16.5	75.2	6.3	15.4	1023
Fourth	18.9	67.8	52.0	14.8	72.9	8.2	11.3	1044
Richest	17.7	69.7	51.2	14.8	74.7	7.6	11.3	1202
TOTAL	18.5	69.4	54.5	16.2	74.4	7.1	14.9	5370

* MICS Indicator 74

** Table is based on children aged 2-14 years randomly selected during fieldwork (one child selected per household, if any children in the age range) for whom the questions on child discipline were administered

Note: () - Figures that are based at 25 to 49 unweighted cases.

For mother's' education, 1 unweighted case of missing/DK is excluded from the table;

Table CP.5: Early marriage

Percentage of women aged 15-49 in marriage or union before their 15th birthday, percentage of women aged 20-49 in marriage or union before their 18th birthday, and the percentage of women aged 15-19 currently married or in union, Tajikistan, 2005

	Percentage married before age 15 *	Number of women aged 15-49 years	Percentage married before age 18 *	Number of women aged 20-49 years	Percentage of women 15-19 years married/in union **	Number of women aged 15-19 years
REGION						
Dushanbe	.6	876	14.8	692	4.7	183
Khatlon	.7	3480	15.9	2622	5.5	857
Sogd	.9	3246	12.8	2543	7.6	703
DRD	.9	2344	16.8	1709	7.1	635
GBAO	.5	297	7.8	231	1.0	66
AREA						
Urban	.8	2891	13.6	2252	6.7	639
Rural	.8	7352	15.2	5546	6.2	1806
AGE						
15-19	-	2445	.	-	6.4	2445
20-24	1.0	1981	12.7	1981	.	0
25-29	2.1	1428	23.4	1428	.	0
30-34	.7	1270	16.4	1270	.	0
35-39	.8	1192	10.6	1192	.	0
40-44	.7	1137	12.2	1137	.	0
45-49	.6	790	11.5	790	.	0
WOMAN'S EDUCATION LEVEL						
None	-	159	14.2	85	9.5	75
Primary	2.7	267	27.7	140	11.1	127
Incomplete secondary	1.2	3145	21.7	1762	5.2	1383
Complete secondary	.6	5334	14.3	4587	7.5	747
Secondary special	.2	704	5.1	659	(8.6)	45
Higher education	-	631	4.5	563	2.9	68
WEALTH INDEX QUINTILES						
Poorest	.7	1893	17.2	1408	4.4	485
Second	1.0	1981	14.2	1497	5.5	484
Middle	.8	2085	13.5	1599	6.2	486
Fourth	1.1	2126	14.9	1589	9.2	537
Richest	.4	2158	14.2	1705	6.3	453
TOTAL	.8	10243	14.7	7798	6.4	2445

* MICS Indicator 67

** MICS Indicator 68

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) – Replaces figures that are based on fewer than 25 unweighted cases.

For women's education, 1 unweighted case of missing/DK is excluded from the table

Table CP.6: Spousal age difference
Per cent distribution of currently married/in-union women aged 15-19 and 20-24 according to the age difference with their husband or partner, Tajikistan, 2005

REGION	Percentage of currently married/in-union women aged 15-19 whose husband or partner is:					Number of women aged 15-19 years currently married/in union	Percentage of currently married/in-union women aged 20-24 whose husband or partner is:					Number of women aged 20-24 years currently married/in union		
	Younger	0-4 years older	5-9 years older	10+ years older*	Husband/partner's age unknown		Total	Younger	0-4 years older	5-9 years older	10+ years older*		Husband/partner's age unknown	Total
Dushanbe	(*)	(*)	(*)	(*)	(*)	9	.6	38.4	50.3	10.3	.5	100.0	61	
Khatlon	-	(40.5)	(56.3)	(3.2)	-	47	1.3	51.4	40.0	5.9	1.4	100.0	364	
Sogd	(2.4)	(73.5)	(19.0)	(5.1)	-	53	2.7	66.8	26.5	3.6	.3	100.0	393	
DRD	(.0)	(34.7)	(52.8)	(7.8)	(4.7)	45	.6	51.8	42.5	5.2	-	100.0	223	
GBAO	(*)	(*)	(*)	(*)	(*)	1	1.4	48.5	42.0	8.1	.0	100.0	12	
AREA														
Urban	(3.0)	(41.5)	(49.4)	(1.2)	(5.0)	43	.9	49.7	39.1	10.3	.1	100.0	260	
Rural	-	52.1	41.0	6.9	-	113	1.8	58.7	35.2	3.5	.8	100.0	793	
Woman's education level														
None/Primary	(*)	(*)	(*)	(*)	(*)	21	-	(43.8)	(46.0)	(10.2)	-	100.0	48	
Incomplete secondary	-	43.9	49.1	4.1	2.9	73	1.8	53.4	38.9	5.2	.8	100.0	415	
Complete secondary	-	(55.2)	(41.6)	(3.2)	-	56	1.5	58.8	33.3	5.7	.7	100.0	487	
Complete secondary & higher education	(*)	(*)	(*)	(*)	(*)	6	2.2	63.1	34.3	.2	.3	100.0	101	
WEALTH INDEX QUINTILES														
Poorest	(*)	(*)	(*)	(*)	(*)	21	2.4	63.9	29.2	3.6	1.0	100.0	188	
Second	(*)	(*)	(*)	(*)	(*)	26	1.0	56.1	35.3	5.0	2.6	100.0	172	
Middle	(*)	(*)	(*)	(*)	(*)	30	1.5	54.8	40.3	3.4	.0	100.0	244	
Fourth	(.0)	(43.5)	(52.2)	(.0)	(4.3)	49	1.9	61.0	33.4	3.7	.0	100.0	254	
Richest	(.0)	(39.6)	(58.6)	(1.7)	(.0)	29	1.1	45.8	42.0	11.0	.1	100.0	194	
TOTAL	.8	49.2	43.3	5.3	1.4	155	1.6	56.5	36.1	5.2	.6	100.0	1052	

* MICS Indicator 69

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) - Replaces figures that are based on fewer than 25 unweighted cases. For women's education, 2 unweighted cases for women aged 20-24 of missing/DK are excluded from the table.

Table CP.7: Attitudes toward domestic violence

Percentage of women aged 15-49 years who believe a husband is justified in beating his wife/partner in various circumstances, Tajikistan, 2005

	Women believe a husband is justified in beating his wife						Number of women aged 15-49 years currently married or in union
	When she goes out without telling him	When she neglects the children	When she argues with him	When she refuses sex with him	When she burns the food	For any of these reasons*	
REGION							
Dushanbe	39.7	29.4	40.6	28.5	28.6	47.7	512
Khatlon	66.1	65.2	76.8	57.6	47.7	82.8	2048
Sogd	66.4	62.5	69.6	43.2	44.0	76.2	2166
DRD	60.2	62.2	64.0	49.1	42.7	69.8	1365
GBAO	52.4	56.9	56.0	38.4	45.8	69.4	154
AREA							
Urban	53.0	50.8	60.1	38.9	36.7	67.3	1727
Rural	66.0	64.2	71.1	51.3	46.4	77.2	4518
AGE							
15-19	76.1	68.4	80.5	52.1	51.0	84.9	155
20-24	67.4	64.2	73.3	52.6	46.9	78.2	1052
25-29	64.8	61.4	68.3	49.5	43.8	76.0	1146
30-34	61.9	60.9	67.6	46.5	42.5	74.4	1128
35-39	61.3	59.5	66.5	46.8	43.5	73.5	1073
40-44	57.4	56.9	65.5	46.7	42.6	72.0	1010
45-49	57.9	57.8	63.6	42.3	40.9	69.2	680
WOMAN'S EDUCATION LEVEL							
None	71.8	70.5	78.4	49.0	43.4	84.1	64
Primary	74.9	70.9	82.9	62.6	58.0	86.4	103
Incomplete secondary	66.3	64.3	72.0	53.8	46.3	77.3	1313
Complete secondary	65.0	63.5	70.1	49.4	46.0	76.6	3886
Secondary special	54.3	47.7	59.8	37.7	34.6	68.4	490
Higher education	28.9	28.6	38.0	21.1	19.8	46.0	387
WEALTH INDEX QUINTILES							
Poorest	68.7	67.4	72.4	50.5	47.2	78.1	1180
Second	67.6	65.3	73.5	53.1	45.2	80.3	1174
Middle	68.3	67.0	74.2	54.7	50.7	79.6	1274
Fourth	62.4	61.1	67.5	48.8	44.5	74.8	1299
Richest	46.6	43.2	53.7	33.3	31.7	60.7	1318
TOTAL	62.4	60.5	68.0	47.9	43.7	74.4	6245

* MICS Indicator 100

Note: () - Figures that are based at 25 to 49 unweighted cases.

For women's education, 1 unweighted case of missing/DK is excluded from the table;

Table CP7.A.1: Women's participation in decision making by background characteristics
 Per cent distribution of currently married women aged 15-49 who say that they alone or jointly have the final say in specific decisions, by background characteristics, Tajikistan, 2005

		Own health care	Making large purchases	Making daily purchases	Visits to family or relatives	All specified decisions	None of the specified decisions	Number of women aged 15-49 currently married or in union
Region	Dushanbe	68.1	48.3	56.0	58.9	38.2	22.3	512
	Khatlon	51.9	46.7	39.7	60.8	31.4	32.4	2048
	Sogd	49.1	33.9	39.9	50.4	24.9	34.8	2166
	DRD	49.7	45.5	44.6	54.1	39.1	40.0	1365
	GBAO	59.0	46.7	52.9	51.3	32.2	27.3	154
Area	Urban	58.8	47.2	52.0	57.8	35.4	27.0	1727
	Rural	49.3	40.2	38.9	54.4	29.9	36.6	4518
Age	15-19	35.8	24.0	20.7	34.2	18.3	58.1	155
	20-24	32.2	26.2	25.3	35.3	18.6	54.2	1052
	25-29	43.0	31.3	32.2	45.2	21.3	41.0	1146
	30-34	55.1	43.9	44.6	57.4	33.0	30.8	1128
	35-39	63.5	51.7	55.2	65.2	39.5	23.6	1073
	40-44	61.3	52.4	52.5	68.4	39.7	22.7	1010
	45-49	63.8	56.3	53.5	69.9	43.7	23.1	680
Woman's education level	None	39.5	28.9	32.5	41.6	25.3	53.7	64
	Primary	39.3	31.3	28.1	44.5	23.8	45.7	103
	Incomplete secondary	39.6	33.0	32.5	44.9	23.7	45.7	1313
	Complete secondary	53.4	43.6	43.5	57.6	32.6	32.1	3886
	Secondary special	62.1	49.2	56.0	60.3	37.3	24.9	490
	Higher education	71.7	55.4	55.6	67.4	41.3	17.0	387
Wealth index quintiles	Poorest	44.7	32.7	31.3	53.8	22.7	38.9	1180
	Second	48.4	40.2	36.9	55.6	27.9	35.8	1174
	Middle	50.1	43.3	42.1	53.0	33.0	37.0	1274
	Fourth	51.9	44.9	45.1	54.0	34.4	34.7	1299
	Richest	63.4	48.6	55.4	60.1	37.9	24.1	1318
TOTAL		51.9	42.2	42.5	55.3	31.4	33.9	6245

*Country-specific indicators

Note: () - Figures that are based at 25 to 49 unweighted cases.

For women's education, 1 unweighted case of missing/DK is excluded from the table;

Table CP7.B: Women's participation in decision making by background characteristics
Per cent distribution of currently married women aged 15-49 by person who has the final say in own health care, by background characteristics, Tajikistan, 2005

		Has the final say in own health care					Total	Number of women aged 15-49 currently married or in union
		Self only	Husband only	Jointly with husband	Someone else only	Other		
Region	Dushanbe	36.1	27.7	32.0	3.8	.5	100.0	512
	Khatlon	8.7	35.1	43.2	12.3	.7	100.0	2048
	Sogd	12.1	38.1	37.0	9.8	3.0	100.0	2166
	DRD	11.2	36.0	38.5	14.1	.2	100.0	1365
	GBAO	16.7	32.2	42.3	8.7	-	100.0	154
Area	Urban	22.6	33.0	36.2	6.9	1.3	100.0	1727
	Rural	9.1	36.7	40.1	12.6	1.4	100.0	4518
Age	15-19	4.3	24.2	31.5	35.1	4.9	100.0	155
	20-24	5.0	35.2	27.2	29.3	3.3	100.0	1052
	25-29	9.7	37.2	33.2	17.5	2.3	100.0	1146
	30-34	14.0	36.8	41.1	6.9	1.2	100.0	1128
	35-39	17.9	34.5	45.6	1.9	.2	100.0	1073
	40-44	16.6	36.3	44.7	2.4	-	100.0	1010
	45-49	16.9	35.4	46.9	.9	-	100.0	680
Woman's education level	None	10.5	47.5	29.0	10.4	2.6	100.0	64
	Primary	12.7	34.3	26.6	26.5	-	100.0	103
	Incomplete secondary	8.2	40.1	31.3	18.1	2.2	100.0	1313
	Complete secondary	11.4	36.0	42.0	9.4	1.2	100.0	3886
	Secondary special	24.1	29.8	38.1	6.6	1.5	100.0	490
	Higher education	29.3	22.2	42.4	5.5	.6	100.0	387
Wealth index quintiles	Poorest	9.0	43.1	35.7	11.6	.7	100.0	1180
	Second	8.5	39.5	39.8	10.5	1.7	100.0	1174
	Middle	8.3	33.7	41.8	14.9	1.2	100.0	1274
	Fourth	12.3	34.0	39.7	11.9	2.2	100.0	1299
	Richest	25.2	29.1	38.2	6.6	.9	100.0	1318
TOTAL		12.9	35.7	39.1	11.1	1.4	100.0	6245

*Country-specific indicators

Note: () - Figures that are based at 25 to 49 unweighted cases.

For women's education, 1 unweighted case of missing/DK is excluded from the table;

Table CP7.C: Women's participation in decision making by background characteristics
Per cent distribution of currently married women aged 15-49 by person who has the final say in making large purchases, by background characteristics, Tajikistan, 2005

		Has the final say in making large purchases					Total	Number of women aged 15-49 currently married or in union
		Self only	Husband only	Jointly with husband	Someone else only	Other		
Region	Dushanbe	10.9	45.1	37.3	5.4	1.2	100.0	512
	Khatlon	5.2	40.1	41.5	12.6	.6	100.0	2048
	Sogd	6.3	52.7	27.6	10.0	3.4	100.0	2166
	DRD	6.5	37.3	39.0	16.9	.3	100.0	1365
	GBAO	10.7	41.9	36.1	11.3	-	100.0	154
Area	Urban	10.2	43.4	37.0	7.9	1.5	100.0	1727
	Rural	5.1	44.7	35.2	13.6	1.5	100.0	4518
Age	15-19	2.5	32.4	21.5	39.6	4.0	100.0	155
	20-24	1.6	38.4	24.5	31.9	3.5	100.0	1052
	25-29	3.9	46.4	27.4	19.4	3.0	100.0	1146
	30-34	6.4	46.6	37.5	8.0	1.5	100.0	1128
	35-39	10.4	46.8	41.2	1.4	.1	100.0	1073
	40-44	9.4	46.0	43.0	1.6	-	100.0	1010
	45-49	8.9	42.4	47.4	1.3	-	100.0	680
	None	4.6	55.7	24.3	12.8	2.6	100.0	64
Woman's education level	Primary	9.5	44.5	21.7	24.2	-	100.0	103
	Incomplete secondary	4.0	45.5	29.0	19.5	2.1	100.0	1313
	Complete secondary	6.3	45.0	37.3	10.0	1.4	100.0	3886
	Secondary special	10.8	39.5	38.4	9.8	1.6	100.0	490
	Higher education	11.4	37.3	44.1	6.5	.7	100.0	387
Wealth index quintiles	Poorest	4.9	55.8	27.8	10.7	.8	100.0	1180
	Second	5.1	46.7	35.1	11.2	1.9	100.0	1174
	Middle	5.2	39.7	38.1	15.7	1.3	100.0	1274
	Fourth	7.2	39.0	37.7	13.5	2.5	100.0	1299
	Richest	9.7	41.6	38.9	8.8	1.0	100.0	1318
TOTAL		6.5	44.3	35.7	12.0	1.5	100.0	6245

*Country-specific indicators

Note: () - Figures that are based at 25 to 49 unweighted cases.

For women's education, 1 unweighted case of missing/DK is excluded from the table;

Table CP7.D: Women's participation in decision making by background characteristics
Per cent distribution of currently married women aged 15-49 by person who has the final say in making daily purchases, by background characteristics, Tajikistan, 2005

		Has the final say in making daily purchases					Total	Number of women aged 15-49 currently married or in union
		Self only	Husband only	Jointly with husband	Someone else only	Other		
Region	Dushanbe	27.7	37.4	28.4	5.5	1.1	100.0	512
	Khatlon	10.6	44.7	29.1	14.5	1.0	100.0	2048
	Sogd	15.0	47.0	24.9	9.7	3.4	100.0	2166
	DRD	8.6	38.9	36.0	16.4	.1	100.0	1365
	GBAO	31.6	35.5	21.3	11.6	-	100.0	154
Area	Urban	22.4	38.2	29.7	8.3	1.5	100.0	1727
	Rural	10.3	45.4	28.6	14.0	1.7	100.0	4518
Age	15-19	3.0	31.8	17.6	43.3	4.2	100.0	155
	20-24	3.8	39.9	21.5	31.2	3.7	100.0	1052
	25-29	10.4	47.5	21.8	17.0	3.4	100.0	1146
	30-34	14.6	45.5	30.0	8.8	1.1	100.0	1128
	35-39	19.2	41.8	36.0	2.9	.1	100.0	1073
	40-44	19.9	43.7	32.6	3.4	.3	100.0	1010
	45-49	17.1	43.3	36.4	3.2	-	100.0	680
Woman's education level	None	10.1	54.5	22.3	10.4	2.6	100.0	64
	Primary	11.2	46.2	16.9	25.7	-	100.0	103
	Incomplete secondary	8.3	45.6	24.2	19.8	2.1	100.0	1313
	Complete secondary	13.6	44.4	29.9	10.6	1.5	100.0	3886
	Secondary special	22.4	33.1	33.6	9.7	1.3	100.0	490
	Higher education	22.3	36.1	33.3	6.8	1.5	100.0	387
Wealth index quintiles	Poorest	11.0	56.4	20.3	11.8	.5	100.0	1180
	Second	10.5	49.1	26.4	11.8	2.2	100.0	1174
	Middle	11.2	41.4	30.9	14.9	1.6	100.0	1274
	Fourth	12.5	37.2	32.6	14.9	2.7	100.0	1299
	Richest	22.1	34.7	33.3	8.9	1.0	100.0	1318
TOTAL		13.6	43.4	28.9	12.5	1.6	100.0	6245

*Country-specific indicators

Note: () - Figures that are based at 25 to 49 unweighted cases.

For women's education, 1 unweighted case of missing/DK is excluded from the table;

CP.7.E: Women's participation in decision making by background characteristics

Per cent distribution of currently married women aged 15-49 by person who has the final say in visits to family or relatives, by background characteristics, Tajikistan, 2005

		Has the final say in visits to family or relatives					Total	Number of women aged 15-49 currently married or in union
		Self only	Husband only	Jointly with husband	Someone else only	Other		
Region	Dushanbe	19.7	35.5	39.2	5.3	.3	100.0	512
	Khatlon	4.8	23.3	56.0	15.2	.7	100.0	2048
	Sogd	8.0	29.4	42.4	16.0	4.2	100.0	2166
	DRD	7.6	31.1	46.5	14.7	.1	100.0	1365
	GBAO	7.3	37.2	44.0	11.5	-	100.0	154
Area	Urban	13.4	31.9	44.4	9.0	1.3	100.0	1727
	Rural	5.6	27.1	48.7	16.5	2.0	100.0	4518
Age	15-19	3.4	15.7	30.7	45.4	4.7	100.0	155
	20-24	2.7	26.1	32.6	35.1	3.6	100.0	1052
	25-29	4.1	29.4	41.1	22.0	3.4	100.0	1146
	30-34	7.6	29.4	49.8	11.5	1.7	100.0	1128
	35-39	13.6	29.5	51.6	4.9	.3	100.0	1073
	40-44	10.3	29.3	58.1	2.0	.3	100.0	1010
	45-49	10.3	29.0	59.5	1.1	-	100.0	680
Woman's education level	None	3.3	44.2	38.4	11.5	2.6	100.0	64
	Primary	12.5	26.9	31.9	28.6	-	100.0	103
	Incomplete secondary	5.2	31.2	39.6	21.3	2.6	100.0	1313
	Complete secondary	7.1	28.3	50.5	12.5	1.7	100.0	3886
	Secondary special	15.2	25.8	45.1	12.7	1.3	100.0	490
	Higher education	13.8	21.7	53.6	9.9	1.0	100.0	387
Wealth index quintiles	Poorest	6.4	30.4	47.4	14.7	1.1	100.0	1180
	Second	5.8	27.7	49.7	14.2	2.5	100.0	1174
	Middle	5.6	27.4	47.4	18.3	1.3	100.0	1274
	Fourth	7.3	27.1	46.7	16.5	2.5	100.0	1299
	Richest	13.5	29.7	46.6	8.8	1.4	100.0	1318
TOTAL		7.8	28.4	47.5	14.5	1.8	100.0	6245

*Country-specific indicators

Note: () - Figures that are based at 25 to 49 unweighted cases.

For women's education, 1 unweighted case of missing/DK is excluded from the table;

Table HA.1: Knowledge of preventing HIV transmission

Percentage of women aged 15-49 years who know the main ways of preventing HIV transmission, Tajikistan, 2005

	Heard of AIDS	Percentage who know transmission can be prevented by:			Knows all three ways	Knows at least one way	Doesn't know any way	Number of women
		Having only one faithful uninfected sex partner	Using a condom every time	Abstaining from sex				
REGION								
Dushanbe	57.1	42.1	37.7	34.7	24.4	51.0	49.0	876
Khatlon	28.5	21.9	18.6	16.6	11.9	25.0	75.0	3480
Sogd	58.4	29.9	22.6	21.5	9.1	40.6	59.4	3246
DRD	29.0	17.2	14.1	13.1	8.0	21.7	78.3	2344
GBAO	65.9	31.5	28.1	26.0	17.6	40.6	59.4	297
AREA								
Urban	55.6	37.3	32.9	27.7	18.9	45.3	54.7	2891
Rural	36.1	20.7	15.9	15.8	8.4	26.6	73.4	7352
AGE								
15-19	23.5	12.0	9.3	9.1	4.9	15.9	84.1	2445
20-24	38.9	21.4	18.2	16.3	9.5	27.7	72.3	1981
25-29	48.3	31.9	27.5	24.0	14.7	40.0	60.0	1428
30-34	54.1	34.4	27.9	25.7	15.7	41.9	58.1	1270
35-39	51.5	32.9	26.1	24.3	15.2	40.1	59.9	1192
40-44	49.1	30.8	25.4	23.8	13.6	39.2	60.8	1137
45-49	46.9	31.2	24.0	24.2	13.9	38.1	61.9	790
WOMAN'S EDUCATION LEVEL								
None	5.6	-	1.7	.2	-	1.7	98.3	159
Primary	9.4	6.1	4.4	2.0	1.5	6.9	93.1	267
Incomplete secondary	26.5	14.1	10.9	10.7	5.3	18.1	81.9	3145
Complete secondary	43.8	25.9	20.1	19.5	10.6	33.3	66.7	5334
Secondary special	75.1	53.0	47.8	37.8	28.3	62.2	37.8	704
Higher education	83.9	61.0	57.2	49.9	36.6	73.1	26.9	631
WEALTH INDEX QUINTILES								
Poorest	34.6	18.3	12.9	16.2	6.0	25.6	74.4	1893
Second	31.6	18.2	13.3	13.9	6.5	23.4	76.6	1981
Middle	36.4	22.0	18.3	15.7	10.2	27.0	73.0	2085
Fourth	45.4	27.8	22.8	19.0	12.1	34.4	65.6	2126
Richest	58.4	39.0	34.7	30.3	21.1	47.4	52.6	2158
Total	41.6	25.4	20.7	19.2	11.4	31.9	68.1	10243

For women's education, 1 unweighted case of missing/DK is excluded from the table;

Table HA.2: Identifying misconceptions about HIV/AIDS
 Percentage of women aged 15-49 years who correctly identify misconceptions about HIV/AIDS, Tajikistan, 2005

	Per cent who know that:			Reject two most common misconceptions and know a healthy-looking person can be infected	HIV cannot be transmitted by supernatural means	HIV can be transmitted by sharing needles	Number of women
	HIV cannot be transmitted by sharing food	HIV cannot be transmitted by mosquito bites	A healthy-looking person can be infected				
REGION							
Dushanbe	35.8	36.5	32.6	16.1	45.6	51.2	876
Khatlon	11.2	14.8	13.3	3.9	23.2	24.0	3480
Sogd	23.4	26.3	17.3	5.6	39.3	50.8	3246
DRD	10.5	12.8	13.4	5.1	16.3	23.1	2344
GBAO	33.8	41.9	41.4	19.0	56.3	62.0	297
Area							
Urban	28.1	29.3	27.7	11.3	43.3	48.5	2891
Rural	13.5	17.2	12.9	4.2	24.2	30.7	7352
AGE							
15-19	9.1	10.4	9.7	3.2	15.6	20.0	2445
20-24	16.4	19.4	14.4	5.2	27.4	32.5	1981
25-29	20.2	24.5	20.1	7.4	35.5	42.6	1428
30-34	23.2	29.3	21.9	8.1	39.9	47.1	1270
35-39	22.0	25.2	22.6	9.0	37.7	45.3	1192
40-44	20.7	22.4	20.6	6.8	34.2	40.8	1137
45-49	22.8	24.9	19.6	7.4	32.7	39.6	790
WOMAN'S EDUCATION LEVEL							
None	.8	.6	.6	-	1.7	3.2	159
Primary	3.0	5.8	3.7	1.2	6.2	7.0	267
Incomplete secondary	8.7	10.5	9.6	2.3	16.6	21.8	3145
Complete =sSecondary	16.2	20.0	15.7	4.7	29.8	36.9	5334
Secondary special	42.1	44.8	40.8	17.0	61.3	67.5	704
Higher education	57.9	60.9	49.2	29.7	74.4	80.0	631
WEALTH INDEX QUINTILES							
Poorest	9.8	12.2	11.0	2.0	19.7	28.7	1893
Second	10.4	13.6	8.9	2.2	21.5	27.6	1981
Middle	13.5	17.2	14.2	4.3	24.8	29.7	2085
Fourth	19.8	23.8	19.5	6.8	32.8	39.0	2126
Richest	33.1	34.6	30.1	14.6	47.3	51.9	2158
TOTAL	17.6	20.6	17.0	6.2	29.6	35.7	10243

For women's education, 1 unweighted case of missing/DK is excluded from the table;

Table HA.3: Comprehensive knowledge of HIV/AIDS transmission
Percentage of women aged 15-49 years who have comprehensive knowledge of HIV/AIDS transmission, Tajikistan, 2005

	Knows 2 ways to prevent HIV transmission	Correctly identify 3 misconceptions about HIV transmission	Have comprehensive knowledge(identify 2 prevention methods and 3 misconceptions) *	Number of women
REGION				
Dushanbe	30.2	16.1	11.4	876
Khatlon	16.2	3.9	2.1	3480
Sogd	16.8	5.6	3.7	3246
DRD	11.5	5.1	3.1	2344
GBAO	22.8	19.0	10.5	297
AREA				
Urban	26.8	11.3	7.8	2891
Rural	12.7	4.2	2.3	7352
AGE				
15-19	7.3	3.2	1.9	2445
20-24	14.5	5.2	2.8	1981
15-24	10.5	4.1	2.3	4426
25-29	21.5	7.4	5.3	1428
30-34	23.1	8.1	4.9	1270
35-39	21.2	9.0	5.9	1192
40-44	20.7	6.8	3.8	1137
45-49	19.6	7.4	5.6	790
WOMAN'S EDUCATION LEVEL				
None	-	-	-	161
Primary	3.6	1.2	.8	267
Incomplete secondary	8.5	2.3	1.2	3145
Complete secondary	15.8	4.7	2.6	5334
Secondary special	39.8	17.0	11.5	704
Higher education	48.5	29.7	22.0	631
WEALTH INDEX QUINTILES				
Poorest	9.6	2.0	.9	1893
Second	10.6	2.2	1.0	1981
Middle	14.9	4.3	2.7	2085
Fourth	18.4	6.8	4.2	2126
Richest	28.5	14.6	9.9	2158
TOTAL	16.7	6.2	3.9	10243

* MICS Indicator 82; MDG Indicator 19b

For women's education, 1 unweighted case of missing/DK is excluded from the table;

Table HA.4: Knowledge of mother-to-child HIV transmission
 Percentage of women aged 15-49 who correctly identify means of HIV transmission from mother to child, Tajikistan, 2005

	Know HIV can be transmitted from mother to child	Per cent who know HIV can be transmitted:				Did not know any specific way	Number of women
		During pregnancy	At delivery	Through breastmilk	All three ways *		
REGION							
Dushanbe	51.5	47.9	44.8	39.9	34.2	5.6	876
Khatlon	24.5	23.3	21.2	19.4	17.3	4.0	3480
Sogd	53.3	50.0	43.9	42.4	37.2	5.1	3246
DRD	25.4	24.8	23.5	23.5	22.2	3.6	2344
GBAO	63.5	60.7	49.0	52.5	43.2	2.5	297
AREA							
Urban	49.5	46.5	42.3	38.1	33.3	6.0	2891
Rural	32.5	30.9	27.6	27.3	24.4	3.7	7352
AGE							
15-19	19.6	18.3	16.2	15.7	13.5	3.9	2445
20-24	34.2	31.8	27.9	28.5	24.4	4.7	1981
25-29	44.0	41.5	38.4	35.3	31.6	4.4	1428
30-34	50.8	48.6	44.4	40.1	36.5	3.2	1270
35-39	46.8	44.2	38.8	36.8	32.3	4.7	1192
40-44	43.2	41.4	38.4	36.8	33.9	6.0	1137
45-49	43.0	41.3	36.9	36.1	32.8	3.9	790
WOMAN'S EDUCATION LEVEL							
None	4.7	4.7	3.2	4.7	3.2	.9	159
Primary	8.6	8.0	7.5	7.0	6.0	.8	267
Incomplete secondary	22.6	21.3	18.7	18.6	16.3	3.9	3145
Complete secondary	39.1	37.1	33.3	32.9	29.2	4.7	5334
Secondary special	71.1	67.6	61.9	54.8	49.8	4.0	704
Higher education	77.9	73.3	67.7	56.0	49.8	6.0	631
WEALTH INDEX QUINTILES							
Poorest	31.3	30.2	28.0	27.1	25.3	3.2	1893
Second	29.5	28.2	25.8	24.9	23.0	2.1	1981
Middle	31.7	29.7	26.3	26.5	23.0	4.7	2085
Fourth	40.3	38.2	33.9	33.1	29.1	5.1	2126
Richest	52.1	48.6	43.7	39.1	33.6	6.3	2158
TOTAL	37.3	35.3	31.8	30.3	26.9	4.3	10243

* MICS Indicator 89

For women's education, 1 unweighted case of missing/DK is excluded from the table;

Table HA.5: Attitudes toward people living with HIV/AIDS
Percentage of women aged 15-49 years who have heard of AIDS who express a discriminatory attitude toward people living with HIV/AIDS, Tajikistan, 2005

	Per cent of women who:						Number of women who have heard of AIDS
	Would not care for a family member who was sick with AIDS	If a family member had HIV would want to keep it a secret	Believe that a female teacher with HIV should not be allowed to work	Would not buy fresh vegetables from a person with HIV/AIDS	Agree with at least one discriminatory statement	Agree with none of the discriminatory statements*	
REGION							
Dushanbe	20.1	54.4	61.5	81.5	92.8	7.2	500
Khatlon	51.6	20.7	80.1	89.4	97.5	2.5	992
Sogd	12.4	46.7	77.4	88.6	95.2	4.8	1895
DRD	44.9	42.8	82.7	90.6	95.2	4.8	680
GBAO	54.5	33.1	67.0	81.0	93.1	6.9	196
AREA							
Urban	26.6	42.7	68.0	82.2	92.8	7.2	1607
Rural	31.3	38.9	81.7	91.4	96.9	3.1	2656
AGE							
15-19	25.0	48.3	71.0	85.5	93.3	6.7	574
20-24	29.1	42.7	75.1	87.1	95.5	4.5	771
25-29	30.5	38.8	78.7	90.0	95.9	4.1	690
30-34	30.2	36.5	79.3	89.5	96.1	3.9	687
35-39	29.0	38.0	77.3	88.4	96.0	4.0	613
40-44	28.8	41.2	79.5	88.4	95.5	4.5	559
45-49	36.5	35.4	73.3	85.4	94.4	5.6	370
WOMAN'S EDUCATION LEVEL							
None/primary	(49.1)	(38.4)	(72.2)	(87.0)	(91.1)	(8.9)	34
Incomplete secondary	32.2	45.7	78.9	89.0	95.1	4.9	834
Complete secondary	28.9	37.9	81.9	90.3	96.2	3.8	2337
Secondary special	32.2	38.3	71.2	85.7	95.8	4.2	529
Higher education	24.5	44.9	54.7	77.9	91.9	8.1	530
WEALTH INDEX QUINTILES							
Poorest	20.5	41.5	85.0	92.9	97.7	2.3	654
Second	34.0	44.2	84.6	92.1	98.1	1.9	625
Middle	37.5	32.6	81.0	90.4	95.8	4.2	758
Fourth	33.1	38.0	78.9	89.3	96.3	3.7	965
Richest	24.5	44.3	63.6	80.9	91.8	8.2	1261
TOTAL	29.6	40.3	76.5	87.9	95.4	4.6	4263

* MICS Indicator 86

Note: () - Figures that are based at 25 to 49 unweighted cases.

Table HA.6: Knowledge of a facility for HIV testing

Percentage of women aged 15-49 years who know where to get an HIV test, percentage of women who have been tested and, of those tested, percentage who have been told the result, Tajikistan, 2005

	Know a place to get tested *	Have been tested **	Number of women	If tested, have been told result	Number of women who have been tested for HIV
REGION					
Dushanbe	18.4	9.2	876	88.6	80
Khatlon	11.3	4.3	3480	91.2	150
Sogd	16.7	4.1	3246	82.0	133
DRD	4.6	1.9	2344	(83.0)	44
GBAO	34.3	1.3	297	(*)	4
AREA					
Urban	22.0	7.6	2891	87.1	219
Rural	9.1	2.6	7352	86.8	192
AGE					
15-19	4.8	.6	2445	(*)	14
20-24	11.5	4.1	1981	89.6	81
25-29	15.9	6.8	1428	86.7	97
30-34	19.9	6.8	1270	87.7	86
35-39	17.2	6.6	1192	85.8	79
40-44	14.1	3.1	1137	(89.1)	35
45-49	14.5	2.5	790	(90.1)	20
WOMAN'S EDUCATION LEVEL					
None	.5	.5	159	(*)	1
Primary	2.9	.6	267	(*)	2
Incomplete secondary	5.3	1.8	3145	78.5	56
Complete secondary	11.2	3.3	5334	87.4	175
Secondary special	36.2	11.9	704	91.1	84
Higher education	43.8	14.4	631	88.9	91
WEALTH INDEX QUINTILES					
Poorest	6.7	1.3	1893	(*)	25
Second	7.5	2.4	1981	(85.4)	48
Middle	9.9	2.4	2085	(92.5)	50
Fourth	15.4	5.1	2126	89.2	108
Richest	22.8	8.3	2158	86.2	180
TOTAL	12.7	4.0	10243	86.9	411

* MICS Indicator 87

** MICS Indicator 88

Note: () - Figures that are based at 25 to 49 unweighted cases.

(*) – Replaces figures that are based on fewer than 25 unweighted cases.

For women's education, 1 unweighted case of missing/DK is excluded from the table;

Table HA.7: HIV testing and counseling coverage during antenatal care
Percentage of women aged 15-49 years who gave birth in the two years preceding the survey who were offered HIV testing and counseling with their antenatal care, Tajikistan, 2005

	Per cent of women who:				Number of women who gave birth in two years preceding the survey
	Received antenatal care from a health professional for last pregnancy	Were provided information about HIV prevention during ANC visit *	Were tested for HIV at ANC visit	Received results of HIV test at ANC visit **	
REGION					
Dushanbe	87.8	27.7	22.3	21.4	133
Khatlon	65.8	12.1	9.3	8.8	682
Sogd	91.7	42.0	13.8	11.9	501
DRD	74.3	18.5	6.1	5.5	361
GBAO	78.3	33.8	2.0	2.0	34
AREA					
Urban	85.4	33.7	18.8	16.5	427
Rural	74.4	20.5	8.1	7.6	1284
AGE					
15-19	(77.1)	(12.8)	(6.1)	(6.1)	57
20-24	79.6	23.8	9.4	8.5	605
25-29	79.0	23.7	11.4	10.4	499
30-34	76.1	27.9	14.0	12.3	334
35-49	67.3	20.9	9.5	9.5	215
WOMAN'S EDUCATION LEVEL					
None/Primary	(53.2)	(5.4)	(1.9)	(1.9)	54
Incomplete secondary	71.0	15.3	4.7	4.3	529
Complete secondary	79.4	25.4	11.8	11.2	928
Secondary special	82.7	40.1	13.2	12.3	116
Higher education	97.5	50.3	38.3	32.1	83
WEALTH INDEX QUINTILES					
Poorest	61.7	17.8	4.1	3.9	374
Second	73.0	22.2	7.8	7.3	343
Middle	81.1	18.3	6.4	6.4	352
Fourth	82.7	28.7	15.4	14.4	334
Richest	89.8	34.0	22.1	18.9	309
TOTAL	77.1	23.8	10.8	9.8	1711

* MICS Indicator 90

** MICS Indicator 91

Note: () - Figures that are based at 25 to 49 unweighted cases.

For women's education, 1 unweighted case of missing/DK is excluded from the table.

Table ORPH.1: Children's living arrangements and orphanhood
 Per cent distribution of children aged 0-17 years according to living arrangements, percentage of children aged 0-17 years in households not living with a biological parent and percentage of children who are orphans, Tajikistan, 2005

SEX	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	
		Only father alive	Only mother alive	Both are alive	Both are dead	Father alive	Father dead	Mother alive						Mother dead
Male	88.9	.2	.1	1.0	.4	4.7	3.1	.4	.9	.1	100.0	1.7	4.8	9972
Female	88.0	.2	.1	.9	.7	4.6	3.8	.4	1.1	.2	100.0	1.9	5.9	9115
REGION														
Dushanbe	83.7	.2	.1	.9	.3	8.8	4.6	.4	.8	.2	100.0	1.4	6.0	1478
Khatlon	90.2	.2	.1	.9	.6	2.4	4.2	.3	.9	.3	100.0	1.7	6.0	7199
Sogd	90.8	.1	.2	1.2	.7	3.9	1.4	.6	1.1	.1	100.0	2.2	3.4	5398
DRD	84.7	.4	.1	.6	.5	7.9	4.2	.3	1.2	.1	100.0	1.6	6.4	4549
GBAO	86.5	.1	.4	3.1	.6	4.3	2.9	1.1	.9	.1	100.0	4.2	4.9	462
AREA														
Urban	83.7	.1	.2	1.3	.4	7.6	4.7	.3	1.2	.5	100.0	2.0	6.7	4986
Rural	90.2	.2	.1	.8	.6	3.6	3.0	.5	.9	-	100.0	1.8	4.9	14100
AGE														
0-4 years	92.7	.1	-	.3	.2	5.1	1.1	.1	.2	.1	100.0	.6	1.6	4701
5-9 years	89.9	.1	.2	.9	.3	5.1	2.4	.4	.5	.2	100.0	1.5	3.6	5398
10-14 years	86.5	.3	.1	1.4	.3	4.5	4.7	.5	1.4	.2	100.0	2.1	6.9	5646
15-17 years	83.4	.4	.2	1.2	2.0	3.7	6.2	.7	2.1	.1	100.0	3.8	10.9	3342
WEALTH INDEX QUINTILES														
Poorest	89.8	.2	-	1.0	.9	2.8	3.7	.3	1.3	.1	100.0	2.1	6.1	4103
Second	90.5	.2	-	.7	.5	2.8	3.1	.9	1.1	-	100.0	1.5	5.0	3985
Middle	88.5	.2	.1	.7	.6	4.5	3.8	.2	1.1	.1	100.0	1.7	5.9	3742
Fourth	88.2	.2	.4	1.2	.4	5.8	2.7	.2	.7	.1	100.0	2.1	4.4	3657
Richest	85.0	.2	.2	1.2	.3	7.8	3.9	.4	.7	.4	100.0	1.8	5.4	3600
TOTAL	88.5	.2	.1	.9	.6	4.7	3.4	.4	1.0	.2	100.0	1.8	5.4	19086

* MICS Indicator 78

** MICS Indicator 75

Table TB.1: Knowledge of tuberculosis and mode of transmission
Percentage of women aged 15-49 years who had heard of tuberculosis (TB) and the per cent distribution by knowledge of the way tuberculosis is spread, according to background characteristics, Tajikistan, 2005

		Knowledge of ways TB spreads					Total	Number of women
		Heard of TB	Never heard of TB	Through the air when coughing	Reported other ways that TB spreads	Does not know how TB spreads*		
Region	Dushanbe	68.8	31.2	53.6	9.7	5.6	100.0	876
	Khatlon	45.0	55.0	35.7	6.1	3.3	100.0	3480
	Sogd	61.7	38.3	49.9	7.7	4.0	100.0	3246
	DRD	36.5	63.5	24.9	6.9	4.7	100.0	2344
	GBAO	61.4	38.6	41.5	14.9	5.1	100.0	297
Area	Urban	63.0	37.0	49.3	8.0	5.6	100.0	2891
	Rural	46.1	53.9	35.5	7.1	3.5	100.0	7352
Age	15-19	28.6	71.4	20.6	4.5	3.5	100.0	2445
	20-24	44.7	55.3	34.6	5.2	4.9	100.0	1981
	25-29	56.3	43.7	45.4	6.4	4.5	100.0	1428
	30-34	63.2	36.8	49.7	8.8	4.7	100.0	1270
	35-39	65.5	34.5	49.8	10.9	4.8	100.0	1192
	40-44	64.1	35.9	50.6	10.4	3.1	100.0	1137
	45-49	64.5	35.5	50.7	11.1	2.7	100.0	790
Woman's education level	None/primary	17.2	82.8	12.0	2.9	2.2	100.0	426
	Incomplete secondary	35.4	64.6	26.1	5.2	4.1	100.0	3145
	Complete secondary	54.7	45.3	42.0	8.6	4.1	100.0	5334
	Secondary special	80.6	19.4	67.4	7.8	5.4	100.0	704
	Higher education	84.7	15.3	71.2	9.8	3.6	100.0	631
Wealth index quintiles	Poorest	47.4	52.6	36.3	7.5	3.7	100.0	1893
	Second	44.4	55.6	35.1	6.3	3.0	100.0	1981
	Middle	45.5	54.5	34.0	6.7	4.7	100.0	2085
	Fourth	52.0	48.0	40.6	7.5	3.9	100.0	2126
	Richest	63.8	36.2	50.1	8.6	5.1	100.0	2158
Total		50.9	49.1	39.4	7.3	4.1	100.0	10243

* Country-specific indicators

For women's education, 1 unweighted case of missing/DK is excluded from the table;

Table TB.2: Knowledge of symptoms of tuberculosis
Among women aged 15-49 years who have heard of tuberculosis, the percentage who reported knowledge of specific symptoms of tuberculosis, by background characteristics, Tajikistan, 2005

	Coughing	Coughing with sputum	Coughing more than 3 weeks	Fever	Blood in sputum	Loss of appetite	Night sweating	Pain in chest	Tiredness/fatigue	Weight loss	Lethargy	Other	No symptom mentioned*	Number of women who have heard of tuberculosis	
Region	Dushanbe	67.7	44.0	19.2	13.6	12.5	15.0	7.9	10.8	18.3	42.4	12.8	1.3	8.4	603
	Khatlon	45.4	46.6	43.3	16.4	13.1	19.6	10.3	27.1	24.2	35.8	23.6	2.1	6.6	1567
	Sogd	43.1	27.3	30.0	18.4	9.0	9.6	2.4	9.0	10.0	27.1	8.3	2.3	8.4	2002
	DRD	63.8	41.8	14.1	8.3	9.2	7.5	2.7	13.6	14.1	23.0	4.0	1.6	10.3	856
	GBAO	66.3	28.8	6.6	21.5	9.0	18.2	12.9	15.1	11.5	20.6	7.2	.6	7.1	183
Area	Urban	58.3	38.5	24.4	17.3	11.0	13.6	7.5	13.3	18.2	35.4	13.3	2.9	8.2	1820
	Rural	46.9	36.9	31.9	14.8	10.5	13.0	5.0	16.9	14.8	28.0	12.4	1.5	8.1	3390
Age	15-19	47.5	35.1	30.3	13.2	7.0	10.3	6.2	10.9	15.8	28.0	11.7	1.8	10.6	699
	20-24	48.7	34.7	26.6	15.8	9.8	9.2	6.1	14.8	15.1	26.0	12.8	1.0	11.7	886
	25-29	49.9	37.3	30.6	15.3	13.0	16.7	5.7	16.0	15.2	32.0	11.8	1.5	9.0	804
	30-34	52.4	33.5	32.4	16.0	10.7	14.5	5.7	18.3	17.5	32.6	11.8	1.7	7.5	802
	35-39	53.7	40.4	28.4	16.4	8.9	12.7	4.6	17.9	14.3	33.1	15.0	2.5	6.7	781
	40-44	53.5	39.1	29.2	15.8	12.7	15.1	5.8	15.1	18.1	30.3	12.1	3.3	6.1	729
	45-49	50.0	45.1	27.5	17.7	12.9	14.7	7.6	16.2	16.1	33.2	14.2	2.0	3.3	509
Woman's education level	None/primary	44.5	38.7	26.4	12.1	4.1	15.8	4.6	22.8	9.5	26.3	14.2	.7	15.0	73
	Incomplete secondary	46.6	35.3	32.3	13.6	10.4	10.3	6.0	14.2	17.8	27.6	12.6	1.3	9.9	1114
	Complete secondary	49.1	36.7	28.9	15.0	10.0	13.4	4.5	15.7	13.7	28.4	12.1	1.9	8.3	2919
	Secondary special	56.1	41.7	29.8	19.6	14.4	12.4	7.4	17.8	19.7	34.6	14.6	3.6	7.3	567
	Higher education	64.5	41.5	25.3	20.3	11.7	18.5	11.8	14.8	21.7	45.2	14.0	2.1	3.6	535

	Coughing	Coughing with sputum	Coughing more than 3 weeks	Fever	Blood in sputum	Loss of appetite	Night sweating	Pain in chest	Tiredness/fatigue	Weight loss	Lethargy	Other	No sign/symptom was mentioned*	Number of women who have heard of tuberculosis
Wealth index quintiles														
Poorest	39.4	33.3	40.8	13.8	11.8	11.4	4.4	15.8	12.1	23.7	11.6	1.5	7.3	898
Second	46.6	38.2	30.7	13.7	10.4	13.7	6.2	17.3	14.8	26.0	12.7	2.8	8.4	880
Middle	49.0	41.3	31.3	17.4	9.3	12.9	5.5	16.3	16.5	30.1	15.3	1.1	8.5	949
Fourth	50.8	37.3	25.8	15.9	10.7	15.2	6.3	19.0	16.3	30.4	13.2	2.2	8.4	1105
Richest	62.3	37.2	22.4	16.8	11.0	12.6	6.5	11.3	18.7	38.5	11.2	2.1	8.0	1378
TOTAL	50.8	37.5	29.3	15.7	10.7	13.2	5.9	15.6	16.0	30.6	12.7	1.9	8.1	5211

*Country-specific indicators

For women's education, 1 unweighted case of missing/DK is excluded from the table.

Table TB.3: Symptoms of tuberculosis that would convince respondents to seek medical assistance
Among women aged 15-49 years who know one or more symptoms of tuberculosis, the percentage who cited specific symptoms that would convince them to seek medical care, by background characteristics, Tajikistan, 2005

	Coughing	Coughing with sputum	Coughing more than 3 weeks	Fever	Blood in sputum	Loss of appetite	Night sweating	Pain in chest	Tiredness/fatigue	Weight loss	Lethargy	Other	No sign/symptom was mentioned	Number	
Region	Dushanbe	72.0	44.7	23.4	13.8	10.4	15.5	8.7	11.0	19.2	42.6	11.9	1.1	.2	552
	Khatlon	40.0	39.3	45.9	13.8	16.4	15.4	6.1	24.0	21.3	30.1	20.1	1.1	.5	1464
	Sogd	40.7	29.5	36.4	19.9	10.1	7.0	2.0	8.0	10.8	24.6	7.5	2.4	.5	1834
	DRD	66.3	44.1	19.6	9.5	10.4	7.5	3.1	15.5	16.0	24.3	4.0	1.0	.9	767
	GBAO	72.4	29.3	7.3	22.5	8.9	19.1	13.2	15.6	12.6	22.0	6.9	.2	-	170
Area	Urban	58.5	36.8	28.3	17.3	11.0	12.3	7.2	12.8	17.8	32.7	11.4	2.8	.7	1672
	Rural	44.4	36.4	37.1	14.9	12.7	10.4	3.2	15.8	14.9	25.8	11.2	.9	.4	3115
Age	15-19	47.2	31.5	36.7	14.4	8.9	8.3	4.1	9.3	14.4	25.8	8.3	2.1	-	625
	20-24	49.4	33.7	33.8	16.8	12.1	8.5	3.9	14.6	13.8	27.4	12.6	.8	.4	783
	25-29	49.0	38.7	34.7	16.4	13.0	12.7	4.7	15.6	16.7	31.4	12.1	.4	.6	732
	30-34	48.4	34.2	36.8	14.4	12.5	12.4	3.7	16.5	15.4	27.7	11.0	1.4	.4	742
	35-39	51.5	38.7	33.9	16.1	10.4	11.2	4.7	16.6	18.0	28.2	13.8	1.9	1.3	729
	40-44	51.3	37.1	32.0	14.8	14.4	11.1	5.2	14.2	16.0	28.6	8.8	3.2	.3	684
	45-49	47.9	43.6	29.2	17.6	13.2	13.9	6.4	15.8	17.3	28.1	11.5	1.2	.3	493
Woman's education level	None/primary	40.6	47.5	33.1	14.0	10.7	5.5	5.3	23.4	11.5	23.6	14.7	.4	.4	62
	Incomplete secondary	45.0	33.0	37.6	14.8	12.9	8.9	2.9	14.1	17.5	26.5	11.0	.8	.5	1004
	Complete secondary	48.0	36.3	33.3	14.7	11.5	11.1	3.7	14.4	13.6	25.7	10.6	1.4	.5	2677
	Secondary special	55.0	40.3	36.5	18.5	14.4	11.7	6.1	16.4	20.2	30.7	13.4	3.1	.2	526
	Higher education	59.8	39.5	29.0	20.6	11.6	15.2	11.1	15.0	21.0	42.4	12.7	2.4	.8	516

	Coughing	Coughing with sputum	Coughing more than 3 weeks	Fever	Blood in sputum	Loss of appetite	Night sweating	Pain in chest	Tiredness/fatigue	Weight loss	Lethargy	Other	No sign/symptom was mentioned	Number
Wealth index quintiles														
Poorest	38.1	30.5	45.9	12.8	13.6	7.7	3.3	14.5	11.6	20.9	9.1	1.0	.4	832
Second	44.5	36.8	36.0	14.0	11.7	9.5	2.2	15.7	12.6	23.5	12.8	2.4	.4	807
Middle	45.9	38.9	36.3	17.6	12.0	11.6	3.8	16.1	17.6	26.5	13.0	.8	.2	869
Fourth	50.3	38.1	29.8	16.4	12.0	13.8	5.3	17.2	17.0	28.6	11.0	1.5	.7	1012
Richest	61.3	37.5	26.9	17.0	11.4	11.7	6.9	11.3	18.7	36.9	10.7	1.9	.7	1267
TOTAL	49.3	36.5	34.1	15.7	12.1	11.1	4.6	14.7	15.9	28.2	11.3	1.6	.5	4787

*Country-specific indicators

For women's education, 1 unweighted case of missing/DK is excluded from the table

Table TB.4: Knowledge that tuberculosis can be cured, and the stigma attached to the disease
 Among women who have heard of tuberculosis (TB), the percentage reporting that tuberculosis can be completely cured and who had a close person ill of tuberculosis, and percentage expressing stigma attached to the disease, Tajikistan, 2005

	Among women who have heard of TB, per cent of those who:					Number of women who heard of TB
	Know TB can be cured	Had a family member having TB	Had a neighbour, colleague or friend having TB	Would be willing to care in the household for a family member who completed the hospital treatment for TB	Would want to remain a secret if a family member got TB	
Region						
Dushanbe	76,2	7,2	12,1	89,3	37,9	603
Khatlon	69,6	7,8	18,3	61,6	21,8	1567
Sogd	65,5	5,5	8,8	96,3	39,0	2002
RRS	60,4	5,1	11,4	82,8	14,9	856
GBAO	77,6	6,5	11,8	94,8	10,8	183
Urban	69,6	6,0	12,8	82,5	30,8	1820
Rural	66,5	6,5	12,4	82,9	27,6	3390
Age						
15-19	62,5	4,4	13,0	79,1	32,2	699
20-24	63,7	5,1	13,4	81,7	31,2	886
25-29	68,5	6,4	11,2	83,9	26,5	804
30-34	68,6	6,4	11,8	83,7	27,7	802
35-39	66,0	6,8	14,5	82,2	28,8	781
40-44	73,4	7,8	13,0	84,4	30,9	729
45-49	72,3	8,4	10,4	85,1	21,7	509
Woman's education level						
None/primary	67,2	4,7	16,8	66,0	27,3	73
Incomplete secondary	63,0	7,5	12,8	79,1	27,0	1114
Complete secondary	66,4	6,0	11,8	83,8	28,8	2919
Secondary special	75,4	7,8	14,3	83,0	28,2	567
Higher education	75,0	4,4	13,8	87,5	32,9	535
Non-standard/Missing/DK	100,0	,0	,0	,0	100,0	2

	Among women who have heard of TB, per cent of those who:						Number of women who heard of TB
	Know TB can be cured	Had a family member having TB	Had a neighbour, colleague or friend having TB	Would be willing to care in the household for a family member who completed the hospital treatment for TB	Would want to remain a secret if a family member got TB		
Wealth index	62,8	8,1	13,5	85,3	29,2		898
Poorest							
Second	67,9	8,2	13,3	82,4	29,5		880
Middle	68,5	5,3	12,5	73,3	24,8		949
Fourth	65,0	4,9	11,6	83,8	26,0		1105
Richest	71,9	5,9	12,3	87,1	32,8		1378
TOTAL	67,6	6,4	12,6	82,8	28,7		5211

*Country-specific indicators

For women's education, 1 unweighted case of missing/DK is excluded from the table.

Table TB.5: Perception of the initial treatment of tuberculosis
Distribution of women aged 15-49 years who had heard of tuberculosis (TB) by perception on how it should be treated initially when a person first discovers s/he has tuberculosis, according to background characteristics, Tajikistan, 2005

	How should a person be treated initially					Total	Number of women who heard of TB
	Don't know / Missing	Hospitalized	Treated at home	Initially hospitalized, followed by home treatment	Other		
Region							
Dushanbe	.7	95.9	.5	2.9	-	100.0	603
Khatlon	.8	88.7	.4	10.1	-	100.0	1567
Sogd	1.8	82.6	3.2	12.4	-	100.0	2002
DRD	.7	93.8	.3	5.0	.1	100.0	856
GBAO	.5	93.6	.0	6.0	-	100.0	183
Urban	1.2	91.3	.9	6.6	.1	100.0	1820
Rural	1.1	86.6	1.7	10.6	-	100.0	3390
Age							
15-19	1.5	89.6	1.8	7.2	-	100.0	699
20-24	1.9	86.1	2.2	9.7	.1	100.0	886
25-29	1.0	87.5	.8	10.6	-	100.0	804
30-34	.6	88.9	1.6	8.9	-	100.0	802
35-39	1.2	89.5	1.1	8.2	-	100.0	781
40-44	.9	86.9	1.3	10.9	-	100.0	729
45-49	.7	90.1	.9	8.4	-	100.0	509
Woman's education level							
None/primary	2.8	88.7	-	8.5	-	100.0	73
Incomplete secondary	.3	88.4	2.0	9.4	-	100.0	1114
Complete secondary	1.4	87.2	1.6	9.8	-	100.0	2919
Secondary special	1.4	90.3	.2	8.0	-	100.0	567
Higher education	.8	91.5	.5	6.9	.2	100.0	535
Wealth index quintiles							
Poorest	1.4	79.8	4.1	14.6	-	100.0	898
Second	.6	87.7	1.8	9.9	-	100.0	880
Middle	1.5	88.3	.3	9.9	-	100.0	949
Fourth	.6	90.0	.8	8.7	-	100.0	1105
Richest	1.5	92.6	.7	5.1	.1	100.0	1378
TOTAL	1.1	88.2	1.4	9.2	.0	100.0	5211

*Country-specific indicators

For women's education, 1 unweighted case of missing/DK is excluded from the table.

Table TB.6: The place for seeking help in case the respondent or her child has tuberculosis
Percentage of women aged 15-49 years who have heard of tuberculosis, by specific places they would go for help in case the respondent thinks she or her child has tuberculosis, by background characteristics, Tajikistan, 2005

		Hospital	Poly-clinic	FGP	TB Dispensary	Other public / private / traditional	Don't know / not sure	Number of women who have heard of tuberculosis
Region	Dushanbe	43.4	20.1	.6	55.7	.8	1.0	603
	Khatlon	79.1	9.2	1.1	31.6	2.2	1.1	1567
	Sogd	59.0	15.3	.7	35.7	.4	1.7	2002
	DRD	68.5	4.6	1.9	33.3	2.2	.4	856
	GBAO	95.6	15.6	.7	13.5	.3	.1	183
Area	Urban	55.3	15.1	1.0	45.6	.9	1.4	1820
	Rural	71.9	10.8	1.1	30.2	1.5	1.1	3390
Age	15-19	70.3	12.7	.7	29.5	2.8	1.7	699
	20-24	69.3	14.4	1.0	31.0	.9	1.7	886
	25-29	66.2	12.8	1.2	35.7	1.1	1.5	804
	30-34	64.7	10.7	1.1	38.0	.8	1.1	802
	35-39	63.5	11.6	1.4	38.4	.9	.7	781
	40-44	63.4	11.2	1.0	39.2	1.4	.9	729
	45-49	64.5	12.4	.6	38.6	1.3	.3	509
Woman's education level	None/primary	62.2	7.1	2.8	38.6	.0	5.4	73
	Incomplete secondary	72.9	13.6	1.0	27.1	3.0	.7	1114
	Complete secondary	70.1	11.7	.8	31.6	1.0	1.1	2919
	Secondary special	52.1	9.1	2.0	52.5	.1	2.3	567
	Higher education	45.7	17.1	1.0	56.6	.4	.6	535
Wealth index quintiles	Poorest	79.5	8.0	.4	23.5	2.4	1.1	898
	Second	73.9	9.1	1.1	32.7	1.4	.5	880
	Middle	69.5	13.4	1.1	30.5	1.1	1.7	949
	Fourth	65.2	12.7	1.4	36.4	1.4	.5	1105
	Richest	50.7	16.0	1.0	48.1	.5	1.8	1378
TOTAL		66.1	12.3	1.0	35.6	1.3	1.2	5211

* Country-specific indicators

For women's education, 1 unweighted case of missing/DK is excluded from the table.

APPENDIX A. SAMPLE DESIGN

The major features of sample design are described in this Appendix. Sample design features include target sample size, sample allocation, sample frame and listing, choice of domains, sampling stages, stratification, and the calculation of sample weights.

The primary objective of the sample design for the Tajikistan Multiple Indicator Cluster Survey was to produce statistically reliable estimates of most indicators, at the national level, for urban and rural areas, and for the five regions (Dushanbe, DRD, Sogd, Khatlon and GBAO). Urban and rural areas in each of the five regions were defined as the sampling domains.

A two-stage, stratified cluster sampling approach was used for the selection of the survey sample.

Sample Size and Sample Allocation

The target sample size for the Tajikistan MICS was calculated as 6,913 households. For the calculation of the sample size, the key indicator was the measles vaccination coverage among children aged 0-1 years. The following formula was used to estimate the required sample size for these indicators:

$$n = \frac{[4(r)(1-r)(f)(1.1)]}{[(0.13r)^2(p)(nh)]}$$

where

n is the required sample size, expressed as number of households

4 is a factor to achieve the 95 per cent level of confidence

r is the predicted or anticipated prevalence (coverage rate) of the indicator

1.1 is the factor necessary to raise the sample size by 10 per cent for non-response

f is the shortened symbol for *deff* (design effect)

$0.13r$ is the margin of error to be tolerated at the 95 per cent level of confidence, defined as 12 per cent of r (relative sampling error of r)

p is the proportion of the total population upon which the indicator r is based

nh is the average household size

For the calculation, r (measles vaccination coverage) was assumed to be 65 per cent. The value of *deff* (design effect) was taken as 1.5 based on estimates from previous surveys, p (percentage of children aged 0-1 year in the total population) was taken as 2.6 per cent, and nh (average household size) was taken as 5.85.

The resulting number of households from this exercise was 1,383 households needed in each region, thus yielding about 6,900 in total. The average cluster size in the Tajikistan MICS was determined as 24 households, based on a number of considerations, including the budget available and the time

needed per team to complete one cluster. Dividing the total number of households by the number of households per cluster, it was calculated that 290 clusters would be needed in all 5 regions.

In order to obtain reliable estimates for each region, the allocation targeted with the probability proportional to the region's size needed to be adjusted. In each region, the clusters (primary sampling units) were distributed to urban and rural domains proportional to the size of urban and rural populations in that region. The table below shows the allocation of clusters to the sampling domains.

Table SD.1: Allocation of Sample Clusters (Primary Sampling Units) to Sampling Domains

Region	Population (Census 2000)			Number of Clusters		
	Total	Urban	Rural	Total	Urban	Rural
Dushanbe	139239	139239	-	71	71	-
DRD	204390	32407	171983	54	9	45
Sogd	365136	117955	247181	56	18	38
Khatlon	307322	65576	241746	55	12	43
GBAO	30933	4630	26303	54	8	46
TOTAL	1047020	359807	687213	290	118	172

Sampling Frame and Selection of Clusters

The 2000 Census framework was used for the selection of clusters. Census enumeration sectors (about 378 persons in urban areas and 342 in rural areas) were defined as primary sampling units (PSUs) and were selected from each of the sampling domains by using systematic pps (probability proportional to size) sampling procedures. The first stage of sampling was thus completed by selecting the required number of enumeration areas from each region by urban and rural areas separately.

Listing Activities

Because the sample frame (the 2000 Census) was not up to date, household lists and maps in all selected enumeration areas were updated before selection of households. For this purpose, listing teams visited each enumeration area and listed the occupied households. Listing activities also included taking geo-reference points with GPS units. The updating was carried out by 13 enumeration teams for five weeks, with each enumeration team composed of two trained enumerators. The process was overseen by 2 supervisors. SCS organized a three-day training for all enumeration fieldwork within a week before the listing activities.

Selection of Households

Lists of households were prepared by the listing teams in the field for each enumeration selection. The households were then sequentially numbered from 1 to n (the total number of households in each enumeration area) at SCS, where 24 households in each enumeration selection were chosen systematically.

Calculation of Sample Weights

Because the distribution of clusters between sampling domains was not proportional to the Census distribution of population, and consequently, neither was the final household distribution, the Tajikistan MICS sample is not self-weighting. For this reason, sample weights were calculated and used in subsequent analyses of the survey data.

The major component of the weight is the reciprocal of the sampling fraction employed in selecting the number of sample households in a particular sampling domain:

$$Wh = 1 / fh$$

The term fh , the sampling fraction at the h -th stratum, is the product of probabilities of selection at every stage in each sampling domain:

$$fh = P1h * P2h$$

where Pih is the probability of selection of the sampling unit in the i -th stage for the h -th sampling domain.

Because estimated numbers differed between households per enumeration area before first-stage selection (selection of primary sampling units) and updated households per enumeration area, individual sampling fractions for households in each enumeration area (cluster) were calculated. The sampling fractions for households in each enumeration area (cluster) therefore included the probability of selection of the enumeration area in that sampling domain and the probability of selection of a household in the sample enumeration area (cluster).

A second component that has to be taken into account in the calculation of sample weights is the level of non-response for the household and individual interviews. The adjustment for household non-response is equal to the inverse value of:

RR = Number of interviewed households / Number of occupied households listed

After the completion of fieldwork, response rates were calculated for each sampling domain. These were used to adjust the sample weights calculated for each cluster. Response rates in the Tajikistan MICS are shown in Table HH.1 in this report.

Similarly, the adjustment for non-response at the individual level (women and under-5 children) is equal to the inverse value of:

RR = Completed women's (or under-5s') questionnaires / Eligible women (or under-5s)

Numbers of eligible women and under-5 children were obtained from the household listing in the Household Questionnaire in households where interviews were completed.

The unadjusted weights for the households were calculated by multiplying the above factors for each enumeration area. These weights were then standardized (or normalized), one purpose of which is to make the sum of the interviewed sample units equal to the total sample size at the national level. Normalization is performed by multiplying the aforementioned unadjusted weights by the ratio of the number of completed households to the total unadjusted weighted number of households. A similar standardization procedure was followed in obtaining standardized weights for the women's and under-5s' questionnaires. Adjusted (normalized) weights varied between 0.088 and 3.256 in the 290 enumeration areas (clusters).

Sample weights were appended to all data sets, and analyses were performed by weighting each household, woman or under-5 with these sample weights.

APPENDIX B. LIST OF PERSONNEL INVOLVED IN THE SURVEY

Overall supervision and management

Shabozov Mirgand, Chairman of the State Committee on Statistics of the Republic of Tajikistan (SCS)

Technical director of the project

Bakhtiy Makhmadiyev, First Deputy Chairman of SCS

Coordination team

Farhod Khamidov
Kislitsyna Elena
Naoko Hosaka
Nukva Sinavbarova

Sampling

Oleg Benes

Steering committee

State Committee on Statistics:

Shabozov M.Sh. – SCS Chairman
Mukhamadiyeva B.Z. - SCS Deputy Chairman
Kislitsyna Ye.A. – Chief of SCS Department
Ministry of Health of Tajikistan:
Sharopova Nigina - Deputy Minister
Aminov Kh.J.
Sayfiddinov S.R. – Chief Administrator of Statistics and Information of MoH

Ministry of Labour and Social Protection:

Rustamova Kimat

USAID:

Khamidova Aziza

UNFPA:

Akhmedova Zukhra

Aga Khan Foundation:

Faramuzva Katayen

UNDP:

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Stodolya Olga
Vorisov Abdumavlon
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Report writing

Ivana Bjelic
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APPENDIX C. ESTIMATES OF SAMPLING ERRORS

The sample of respondents selected in the Tajikistan MICS is only one of the samples that available from the same population, using the same design and size. Each sample would yield results that differ somewhat from the results of the sample selected. Sampling errors are a measure of the variability between all possible samples. The extent of variability is not known exactly, but can be estimated statistically from the survey results.

The following sampling error measures are presented in this Appendix for each of the selected indicators:

- Standard error (se): Sampling errors are usually measured in terms of standard errors for particular indicators (means, proportions, etc). Standard error is the square root of the variance. The Taylor linearization method is used for the estimation of standard errors.
- Coefficient of variation (se/r) is the ratio of the standard error to the value of the indicator
- Design effect (deff) is the ratio of the actual variance of an indicator, under the sampling method used in the survey, to the variance calculated under the assumption of random sampling. The square root of the design effect (deft) is used to show the efficiency of the sample design. A deft value of 1.0 indicates that the sample design is as efficient as a random sample, while a deft value above 1.0 indicates the increase in the standard error because of the use of a more complex sample design.
- Confidence limits are calculated to show the interval within which the true value for the population can be reasonably assumed to fall. For any given statistic calculated from the survey, the value of that statistics will fall within a range of plus or minus 2 times the standard error ($p + 2.se$ or $p - 2.se$) of the statistic in 95 per cent of all possible samples of identical size and design.

For the calculation of sampling errors from MICS data, SPSS Version 14 Complex Samples module has been used. Results are shown in the tables that follow. In addition to the sampling error measures described above, the tables also include weighted and unweighted counts of denominators for each indicator.

Sampling errors are calculated for indicators of primary interest, for the national total, for the regions, and for urban and rural areas. Three of the selected indicators are based on households, 7 are based on household members, 9 are based on women, and 14 are based on children under 5. All indicators presented here are in the form of proportions. Table SE.1 shows the list of indicators for which sampling errors are calculated, including the base population (denominator) for each indicator. Tables SE.2 to SE.9 show the calculated sampling errors.

Table SE.1: Indicators selected for sampling error calculations

List of indicators selected for sampling error calculations, and base populations (denominators) for each indicator, Tajikistan, 2005

	MICS Indicator	Base Population
HOUSEHOLDS		
30	Household availability of insecticide treated nets	All households
41	Iodized salt consumption	All households
74	Child discipline	Children aged 2-14 years selected
HOUSEHOLD MEMBERS		
11	Use of improved drinking water sources	All household members
12	Use of improved sanitation facilities	All household members
55	Net primary school attendance rate	Children of primary school age
56	Net secondary school attendance rate	Children of secondary school age
59	Primary completion rate	Children of primary school completion age
71	Child labour	Children aged 5-14 years
75	Prevalence of orphans	Children aged under 18
WOMEN		
4	Skilled attendant at delivery	Women aged 15-49 years with a live birth in the last 2 years
20	Antenatal care	Women aged 15-49 years with a live birth in the last 2 years
21	Contraceptive prevalence	Women aged 15-49 currently married/in union
60	Adult literacy	Women aged 15-24 years
67	Marriage before age 18	Women aged 20-49 years
82	Comprehensive knowledge about HIV prevention among young people	Women aged 15-24 years
86	Attitude toward people with HIV/AIDS	Women aged 15-49 years
88	Women who have been tested for HIV	Women aged 15-49 years
89	Knowledge of mother-to-child transmission of HIV	Women aged 15-49 years
UNDER-5S		
6	Underweight prevalence	Children under age 5
25	Tuberculosis immunization coverage	Children aged 18-29 months
26	Polio immunization coverage	Children aged 18-29 months
27	Immunization coverage for DPT	Children aged 18-29 months
28	Measles immunization coverage	Children aged 18-29 months
31	Fully immunized children	Children aged 18-29 months
-	Acute respiratory infection in last two weeks	Children under age 5
-	Diarrhoea in last two weeks	Children under age 5
35	Received ORT or increased fluids and continued feeding	Children under age 5 with diarrhoea in the last 2 weeks
37	Under-5s sleeping under insecticide treated nets	Children under age 5
-	Fever in last two weeks	Children under age 5
39	Antimalarial treatment	Children under age 5 with fever in the last 2 weeks
46	Support for learning	Children under age 5
62	Birth registration	Children under age 5

Table SE.2: Sampling errors: Total sample Standard errors, coefficients of variation, design effects (deff), square root of design effects (deff) and confidence intervals for selected indicators, Tajikistan, 2005

Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deff)	Weighted count	Unweighted count	Confidence limits		
								r - 2se	r + 2se	
HOUSEHOLDS										
Household availability of ITNs	CH.9	0.0197	0.0033	0.1683	3.8009	1.9496	6684	6684	0.013	0.026
Iodized salt consumption	NU.5	0.4643	0.0119	0.0256	3.7763	1.9433	6661	6657	0.440	0.488
Child discipline	CP.4	0.7436	0.0085	0.0114	1.9619	1.4007	5370	5178	0.727	0.761
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.6951	0.0252	0.0362	19,9821	4,4701	41695	6684	0.645	0.745
Use of improved sanitation facilities	EN.5	0.9369	0.0054	0.0058	3,3540	1,8314	41695	6684	0.926	0.948
Net primary school attendance rate	ED.3	0.8867	0.0077	0.0087	2.4182	1.5551	4309	4049	0.871	0.902
Net secondary school attendance rate	ED.4	0.8228	0.0077	0.0093	2,9914	1,7296	7810	7810	0.807	0.838
Primary completion rate	ED.6	0.8523	0.0166	0.0194	2.4482	1.5647	1177	1124	0.819	0.885
Child labour	CP.2	0.0998	0.0047	0.0475	2.5940	1.6106	11044	10363	0.090	0.109
Prevalence of orphans	ORPH.1	0.0536	0.0031	0.0571	3.3136	1.8203	19086	17965	0.047	0.060
WOMEN										
Skilled attendant at delivery	RH.5	0.8336	0.0169	0.0202	3.3222	1.8227	1711	1622	0.800	0.867
Antenatal care	RH.3	0.7712	0.0142	0.0185	1.8619	1.3645	1711	1622	0.743	0.800
Contraceptive prevalence	RH.1	0.3795	0.0092	0.0243	2.1765	1.4753	6245	6007	0.361	0.398
Adult literacy	ED.8	0.9498	0.0065	0.0068	3.8385	1.9592	4426	4374	0.937	0.963
Marriage before age 18	CP.5	0.1475	0.0069	0.0468	2.9579	1.7198	7798	7811	0.134	0.161
Comprehensive knowledge about HIV prevention among young people	HA.3	0.0231	0.0029	0.1243	1.5981	1.2642	4426	4374	0.017	0.029
Attitude toward people with HIV/AIDS	HA.5	0.0465	0.0049	0.1045	2.4897	1.5779	4263	4677	0.037	0.056
Women who have been tested for HIV	HA.6	0.0401	0.0029	0.0731	2.2857	1.5118	10243	10243	0.034	0.046
Knowledge of mother-to-child transmission of HIV	HA.4	0.2693	0.0081	0.0301	3.4155	1.8481	10243	10243	0.253	0.286

Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits		
								r - 2se	r + 2se	
UNDER-5S										
Underweight prevalence	NU.1	0.1737	0.0087	0.0500	2.1253	1.4578	4042	4039	0.156	0.191
Tuberculosis immunization coverage	CH.2	0.9488	0.0117	0.0123	2.3172	1.5222	821	826	0.925	0.972
Polio immunization coverage	CH.2	0.8211	0.0177	0.0216	1.7492	1.3226	817	821	0.786	0.856
Immunization coverage for DPT	CH.2	0.8632	0.0149	0.0172	1.5318	1.2377	818	820	0.833	0.893
Measles immunization coverage	CH.2	0.9202	0.0142	0.0154	2.2120	1.4873	802	810	0.892	0.949
Fully immunized children	CH.2	0.7731	0.0206	0.0266	1.8549	1.3619	770	771	0.732	0.814
Acute respiratory infection in last two weeks	CH.5	0.0159	0.0027	0.1721	2.0499	1.4317	4273	4273	0.010	0.021
Diarrhoea in last two weeks	CH.3	0.1325	0.0082	0.0620	2.5062	1.5831	4273	4273	0.116	0.149
Received ORT or increased fluids and continued feeding	CH.4	0.2208	0.0233	0.1053	1.7136	1.3090	566	546	0.174	0.267
Under-5s sleeping under insecticide treated nets	CH.10	0.0132	0.0026	0.1990	2.2563	1.5021	4273	4273	0.008	0.018
Fever in last two weeks	CH.11	0.0742	0.0056	0.0750	1.9273	1.3883	4273	4273	0.063	0.085
Antimalarial treatment	CH.11	0.0120	0.0064	0.5383	1.0415	1.0206	317	298	0.000	0.025
Support for learning	CD.1	0.5967	0.0115	0.0193	2.3534	1.5341	4273	4273	0.574	0.620
Birth registration	CP.1	0.8826	0.0092	0.0104	3.5037	1.8718	4273	4273	0.864	0.901

Table SE.3: Sampling errors: Urban areas
Standard errors, coefficients of variation, design effects (deff), square root of design effects (deff) and confidence intervals for selected indicators, Tajikistan, 2005

Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deff)	Weighted count	Unweighted count	Confidence limits	
								r - 2se	r + 2se
HOUSEHOLDS									
Household availability of ITNs	CH.9	0.0007	0.6813	0.8984	0.9478	2198	2677	0.000	0.002
Iodized salt consumption	NU.5	0.5928	0.0330	4.2193	2.0541	2192	2668	0.554	0.632
Child discipline	CP.4	0.7416	0.0213	2.4507	1.5655	1581	1876	0.710	0.773
HOUSEHOLD MEMBERS									
Use of improved drinking water sources	EN.1	0.9307	0.0267	25,5780	5,0575	11303	2677	0.881	0.980
Use of improved sanitation facilities	EN.5	0.9744	0.0046	2,2981	1,5159	11303	2677	0.965	0.984
Net primary school attendance rate	ED.3	0.8921	0.0215	5.0777	2.2534	1104	1325	0.854	0.931
Net secondary school attendance rate	ED.4	0.8478	0.0179	4.2994	2,0735	2060	2400	0.817	0.878
Primary completion rate	ED.6	0.8802	0.0332	2.9456	1.7163	307	364	0.822	0.939
Child labour	CP.2	0.0811	0.0108	5.3193	2.3064	2862	3377	0.059	0.103
Prevalence of orphans	ORPH.1	0.0671	0.0046	2.0141	1.4192	4986	5893	0.058	0.076
WOMEN									
Skilled attendant at delivery	RH.5	0.8942	0.0171	1.6405	1.2808	427	532	0.860	0.928
Antenatal care	RH.3	0.8536	0.0169	1.2107	1.1003	427	532	0.820	0.887
Contraceptive prevalence	RH.1	0.4236	0.0171	2.4582	1.5679	1727	2063	0.389	0.458
Adult literacy	ED.8	0.9608	0.0107	4.3841	2.0938	1131	1431	0.939	0.982
Marriage before age 18	CP.5	0.1358	0.0097	2.2571	1.5024	2252	2791	0.116	0.155
Comprehensive knowledge about HIV prevention among young people									
Attitude toward people with HIV/AIDS	HA.3	0.0460	0.0073	1.7458	1.3213	1131	1431	0.031	0.061
Women who have been tested for HIV	HA.5	0.0717	0.0106	3.4135	1.8476	1607	2043	0.051	0.093
Knowledge of mother-to-child transmission of HIV	HA.6	0.0758	0.0065	2.1922	1.4806	2891	3593	0.063	0.089
Knowledge of mother-to-child transmission of HIV	HA.4	0.3335	0.0170	4.6822	2.1638	2891	3593	0.299	0.368

Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits		
								r - 2se	r + 2se	
UNDER-5S										
Underweight prevalence	NU.1	0.1721	0.0108	0.0630	1.1142	1.0556	1064	1353	0.150	0.194
Tuberculosis immunization coverage	CH.2	0.9819	0.0097	0.0098	1.5905	1.2612	240	304	0.963	1.000
Polio immunization coverage	CH.2	0.8602	0.0242	0.0281	1.4617	1.2090	240	302	0.812	0.908
Immunization coverage for DPT	CH.2	0.8930	0.0172	0.0193	0.9309	0.9648	239	301	0.859	0.927
Measles immunization coverage	CH.2	0.9607	0.0097	0.0101	0.7475	0.8646	238	301	0.941	0.980
Fully immunized children	CH.2	0.8162	0.0217	0.0265	0.8699	0.9327	221	279	0.773	0.860
Acute respiratory infection in last two weeks	CH.5	0.0194	0.0060	0.3086	2.7102	1.6463	1129	1437	0.007	0.031
Diarrhoea in last two weeks	CH.3	0.1352	0.0142	0.1052	2.4853	1.5765	1129	1437	0.107	0.164
Received ORT or increased fluids and continued feeding	CH.4	0.2821	0.0457	0.1619	1.8015	1.3422	153	176	0.191	0.373
Under-5s sleeping under insecticide treated nets	CH.10	0.0008	0.0008	1.0076	1.1956	1.0934	1129	1437	0.000	0.002
Fever in last two weeks	CH.11	0.0672	0.0103	0.1538	2.4446	1.5635	1129	1437	0.047	0.088
Antimalarial treatment	CH.11	0.0022	0.0022	1.0126	0.1800	0.4242	76	82	0.000	0.007
Support for learning	CD.1	0.6884	0.0206	0.0300	2.8464	1.6871	1129	1437	0.647	0.730
Birth registration	CP.1	0.8488	0.0175	0.0206	3.4293	1.8518	1129	1437	0.814	0.884

Note: () - Figures that are based at 25 to 49 unweighted cases.

Table SE.4: Sampling errors: Rural areas
Standard errors, coefficients of variation, design effects (deff), square root of design effects (deff) and confidence intervals for selected indicators, Tajikistan, 2005

Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deff)	Weighted count	Unweighted count	Confidence limits r - 2se	Confidence limits r + 2se	
HOUSEHOLDS										
Household availability of ITNs	CH.9	0.0290	0.0049	0.1686	3.3959	1.8428	4486	4007	0.019	0.039
Iodized salt consumption	NU.5	0.4012	0.0137	0.0342	3.1244	1.7676	4469	3989	0.374	0.429
Child discipline	CP.4	0.7445	0.0101	0.0135	1.7611	1.3271	3789	3302	0.724	0.765
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.6075	0.0331	0.0545	18.3913	4.2885	30392	4007	0.541	0.674
Use of improved sanitation facilities	EN.5	0.9230	0.0073	0.0079	2.9947	1.7305	30392	4007	0.908	0.938
Net primary school attendance rate	ED.3	0.8848	0.0081	0.0091	1.7391	1.3187	3205	2724	0.869	0.901
Net secondary school attendance rate	ED.4	0.8138	0.0089	0.0109	2.6045	1.6138	5750	5025	0.796	0.832
Primary completion rate	ED.6	0.8425	0.0199	0.0237	2.2727	1.5075	870	760	0.803	0.882
Child labour	CP.2	0.1063	0.0052	0.0485	1.9542	1.3979	8182	6986	0.096	0.117
Prevalence of orphans	ORPH.1	0.0488	0.0038	0.0772	3.6855	1.9198	14100	12072	0.041	0.056
WOMEN										
Skilled attendant at delivery	RH.5	0.8134	0.0218	0.0267	3.3954	1.8427	1284	1090	0.770	0.857
Antenatal care	RH.3	0.7438	0.0182	0.0245	1.8901	1.3748	1284	1090	0.707	0.780
Contraceptive prevalence	RH.1	0.3627	0.0108	0.0298	1.9952	1.4125	4518	3944	0.341	0.384
Adult literacy	ED.8	0.9460	0.0078	0.0083	3.5409	1.8817	3296	2943	0.930	0.962
Marriage before age 18	CP.5	0.1522	0.0088	0.0579	3.0219	1.7384	5546	5020	0.135	0.170
Comprehensive knowledge about HIV prevention among young people	HA.3	0.0152	0.0030	0.2000	1.8212	1.3495	3296	2943	0.009	0.021
Attitude toward people with HIV/AIDS	HA.5	0.0312	0.0043	0.1381	1.6160	1.2712	2656	2634	0.023	0.040
Women who have been tested for HIV	HA.6	0.0261	0.0032	0.1228	2.6848	1.6385	7352	6650	0.020	0.032
Knowledge of mother-to-child transmission of HIV	HA.4	0.2441	0.0090	0.0368	2.9123	1.7065	7352	6650	0.226	0.262

Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
								r - 2se	r + 2se
UNDER-5S									
Underweight prevalence	NU.1 0.1743	0.0111	0.0639	2.3156	1.5217	2979	2686	0.152	0.197
Tuberculosis immunization coverage	CH.2 0.9351	0.0161	0.0172	2.2238	1.4912	581	522	0.903	0.967
Polio immunization coverage	CH.2 0.8048	0.0232	0.0288	1.7751	1.3323	577	519	0.758	0.851
Immunization coverage for DPT	CH.2 0.8509	0.0199	0.0234	1.6230	1.2740	579	519	0.811	0.891
Measles immunization coverage	CH.2 0.9031	0.0198	0.0219	2.2771	1.5090	564	509	0.864	0.943
Fully immunized children	CH.2 0.7557	0.0276	0.0366	2.0300	1.4248	549	492	0.700	0.811
Acute respiratory infection in last two weeks	CH.5 0.0147	0.0031	0.2082	1.8304	1.3529	3144	2836	0.009	0.021
Diarrhoea in last two weeks	CH.3 0.1315	0.0099	0.0755	2.4456	1.5638	3144	2836	0.112	0.151
Received ORT or increased fluids and continued feeding	CH.4 0.1982	0.0261	0.1316	1.5788	1.2565	413	370	0.146	0.250
Under-5 sleeping under insecticide treated nets	CH.10 0.0176	0.0035	0.2013	2.0566	1.4341	3144	2836	0.011	0.025
Fever in last two weeks	CH.11 0.0767	0.0066	0.0861	1.7459	1.3213	3144	2836	0.063	0.090
Antimalarial treatment	CH.11 0.0150	0.0085	0.5676	1.0573	1.0282	241	216	0.000	0.032
Support for learning	CD.1 0.5638	0.0136	0.0241	2.1206	1.4562	3144	2836	0.537	0.591
Birth registration	CP.1 0.8948	0.0107	0.0119	3.4303	1.8521	3144	2836	0.873	0.916

Note: () - Figures that are based at 25 to 49 unweighted cases.

Table SE.5: Sampling errors: Dushanbe Standard errors, coefficients of variation, design effects (deff), square root of design effects (deff) and confidence intervals for selected indicators, Tajikistan, 2005

Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deff)	Weighted count	Unweighted count	Confidence limits		
								r - 2se	r + 2se	
HOUSEHOLDS										
Household availability of ITNs	CH.9	0.0008	0.0006	0.7273	0.6844	0.8273	749	1594	0.000	0.002
Iodized salt consumption	NU.5	0.5508	0.0146	0.0266	1.3753	1.1727	747	1590	0.522	0.580
Child discipline	CP.4	0.7446	0.0163	0.0220	1.4972	1.2236	486	1066	0.712	0.777
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.9575	0.0209	0.0219	17,1512	4,1414	3416	1594	0.916	0.999
Use of improved sanitation facilities	EN.5	0.9919	0.0035	0.0036	2,4944	1,5794	3416	1594	0.985	0.999
Net primary school attendance rate	ED.3	0.9486	0.0097	0.0102	1.5025	1.2258	347	781	0.929	0.968
Net secondary school attendance rate	ED.4	0.8448	0.0147	0.0174	2,1616	1,4702	576	1313	0.815	0.874
Primary completion rate	ED.6	0.9016	0.0188	0.0209	0.8326	0.9125	93	209	0.864	0.939
Child labour	CP.2	0.0247	0.0073	0.2955	4.2823	2.0694	863	1935	0.010	0.039
Prevalence of orphans	ORPH.1	0.0603	0.0047	0.0777	1.2892	1.1354	1478	3330	0.051	0.070
WOMEN										
Skilled attendant at delivery	RH.5	0.8737	0.0209	0.0239	1.2078	1.0990	133	306	0.832	0.916
Antenatal care	RH.3	0.8779	0.0219	0.0250	1.3681	1.1697	133	306	0.834	0.922
Contraceptive prevalence	RH.1	0.3770	0.0159	0.0423	1.2726	1.1281	512	1178	0.345	0.409
Adult literacy	ED.8	0.9657	0.0104	0.0107	2.5144	1.5857	320	776	0.945	0.986
Marriage before age 18	CP.5	0.1477	0.0103	0.0699	1.3449	1.1597	692	1587	0.127	0.168
Comprehensive knowledge about HIV prevention among young people	HA.3	0.0731	0.0127	0.1740	1.8502	1.3602	320	776	0.048	0.099
Attitude toward people with HIV/AIDS	HA.5	0.0719	0.0093	0.1293	1.4653	1.2105	500	1132	0.053	0.091
Women who have been tested for HIV	HA.6	0.0916	0.0084	0.0922	1.7392	1.3188	876	2031	0.075	0.108
Knowledge of mother-to-child transmission of HIV	HA.4	0.3425	0.0173	0.0505	2.6943	1.6414	876	2031	0.308	0.377

Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
								r - 2se	r + 2se
UNDER-5S									
Underweight prevalence	NU.1	0.1331	0.0148	0.1110	1.4726	322	779	0.104	0.163
Tuberculosis immunization coverage	CH.2	0.9893	0.0080	0.0080	1.0275	72	173	0.973	1.000
Polio immunization coverage	CH.2	0.7699	0.0410	0.0533	1.6334	72	173	0.688	0.852
Immunization coverage for DPT	CH.2	0.8754	0.0359	0.0410	2.0045	71	171	0.804	0.947
Measles immunization coverage	CH.2	0.9708	0.0163	0.0168	1.6112	72	172	0.938	1.000
Fully immunized children	CH.2	0.7070	0.0512	0.0724	2.0223	68	161	0.605	0.809
Acute respiratory infection in last two weeks	CH.5	0.0116	0.0038	0.3227	0.9960	336	814	0.004	0.019
Diarrhoea in last two weeks	CH.3	0.1044	0.0116	0.1113	1.1738	336	814	0.081	0.128
Received ORT or increased fluids and continued feeding	CH.4	0.3795	0.0506	0.1332	0.8902	35	83	0.278	0.481
Under-5s sleeping under insecticide treated nets	CH.10	-	-	.	.	336	814	-	-
Fever in last two weeks	CH.11	0.0485	0.0081	0.1666	1.1497	336	814	0.032	0.065
Antimalarial treatment	CH.11	(0.0101)	0.0105	1.0436	0.4098	16	38	0.000	0.031
Support for learning	CD.1	0.6919	0.0262	0.0378	2.6136	336	814	0.640	0.744
Birth registration	CP.1	0.8272	0.0193	0.0233	2.1160	336	814	0.789	0.866

Note: () - Figures that are based at 25 to 49 unweighted cases.

Table SE.6: Sampling errors: Khatlon
Standard errors, coefficients of variation, design effects (deff), square root of design effects (deff) and confidence intervals for selected indicators, Tajikistan, 2005

Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deff)	Weighted count	Unweighted count	Confidence limits		
								r - 2se	r + 2se	
HOUSEHOLDS										
Household availability of ITNs	CH.9	0.0563	0.0092	0.1639	2.0576	1.4344	2092	1285	0.038	0.075
Iodized salt consumption	NU.5	0.2672	0.0190	0.0713	2.3732	1.5405	2088	1282	0.229	0.305
Child discipline	CP.4	0.8258	0.0119	0.0144	1.0979	1.0478	1835	1121	0.802	0.850
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.5465	0.0475	0.0869	11,6892	3,4190	14689	1285	0.452	0.642
Use of improved sanitation facilities	EN.5	0.9067	0.0120	0.0132	2,1796	1,4763	14689	1285	0.883	0.931
Net primary school attendance rate	ED.3	0.9406	0.0077	0.0082	1.0530	1.0262	1605	990	0.925	0.956
Net secondary school attendance rate	ED.4	0.8196	0.0125	0.0153	1,8577	1,3630	2839	1758	0.795	0.845
Primary completion rate	ED.6	0.8606	0.0259	0.0301	1.5200	1.2329	430	272	0.809	0.912
Child labour	CP.2	0.1149	0.0074	0.0646	1.3678	1.1695	4119	2528	0.100	0.130
Prevalence of orphans	ORPH.1	0.0602	0.0046	0.0765	1.6698	1.2922	7199	4454	0.051	0.069
WOMEN										
Skilled attendant at delivery	RH.5	0.7518	0.0360	0.0479	3.0669	1.7513	682	443	0.680	0.824
Antenatal care	RH.3	0.6576	0.0234	0.0356	1.0752	1.0369	682	443	0.611	0.704
Contraceptive prevalence	RH.1	0.3515	0.0189	0.0539	2.0529	1.4328	2048	1305	0.314	0.389
Adult literacy	ED.8	0.9252	0.0131	0.0142	2.5223	1.5882	1550	1013	0.899	0.951
Marriage before age 18	CP.5	0.1589	0.0142	0.0895	2.5463	1.5957	2622	1683	0.130	0.187
Comprehensive knowledge about HIV prevention among young people	HA.3	0.0139	0.0048	0.3421	1.6706	1.2925	1550	1013	0.004	0.023
Attitude toward people with HIV/AIDS	HA.5	0.0252	0.0110	0.4370	3.1392	1.7718	992	637	0.003	0.047
Women who have been tested for HIV	HA.6	0.0431	0.0055	0.1279	1.6528	1.2856	3480	2244	0.032	0.054
Knowledge of mother-to-child transmission of HIV	HA.4	0.1733	0.0135	0.0781	2.8719	1.6947	3480	2244	0.146	0.200

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
UNDER-5S										
Underweight prevalence	NU.1	0.2016	0.0154	0.0764	1.6135	1.2702	1619	1095	0.171	0.232
Tuberculosis immunization coverage	CH.2	0.9450	0.0172	0.0182	1.2547	1.1201	328	222	0.911	0.979
Polio immunization coverage	CH.2	0.8362	0.0276	0.0330	1.2286	1.1084	328	222	0.781	0.891
Immunization coverage for DPT	CH.2	0.8588	0.0230	0.0267	0.9618	0.9807	328	222	0.813	0.905
Measles immunization coverage	CH.2	0.9085	0.0246	0.0271	1.5586	1.2484	317	215	0.859	0.958
Fully immunized children	CH.2	0.7631	0.0348	0.0456	1.3624	1.1672	301	204	0.693	0.833
Acute respiratory infection in last two weeks	CH.5	0.0246	0.0060	0.2431	1.7145	1.3094	1714	1154	0.013	0.036
Diarrhoea in last two weeks	CH.3	0.1365	0.0137	0.1003	1.8345	1.3544	1714	1154	0.109	0.164
Received ORT or increased fluids and continued feeding	CH.4	0.1864	0.0383	0.2054	1.4978	1.2239	234	156	0.110	0.263
Under-5s sleeping under insecticide treated nets	CH.10	0.0323	0.0065	0.2011	1.5553	1.2471	1714	1154	0.019	0.045
Fever in last two weeks	CH.11	0.1061	0.0106	0.1003	1.3761	1.1731	1714	1154	0.085	0.127
Antimalarial treatment	CH.11	0.0150	0.0113	0.7526	1.0793	1.0389	182	126	0.000	0.038
Support for learning	CD.1	0.5769	0.0199	0.0346	1.8783	1.3705	1714	1154	0.537	0.617
Birth registration	CP.1	0.8950	0.0154	0.0173	2.9285	1.7113	1714	1154	0.864	0.926

Table SE.7: Sampling errors: Sogd
Standard errors, coefficients of variation, design effects (deff), square root of design effects (deff) and confidence intervals for selected indicators, Tajikistan, 2005

Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deff)	Weighted count	Unweighted count	Confidence limits		
								r - 2se	r + 2se	
HOUSEHOLDS										
Household availability of ITNs	CH.9	0.0055	0.0050	0.8973	5.8104	2.4105	2201	1297	0.000	0.015
Iodized salt consumption	NU.5	0.7560	0.0175	0.0231	2.1396	1.4627	2190	1291	0.721	0.791
Child discipline	CP.4	0.7322	0.0182	0.0248	1.6982	1.3032	1700	1011	0.696	0.769
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.7808	0.0482	0.0618	17.6264	4.1984	12818	1297	0.684	0.877
Use of improved sanitation facilities	EN.5	0.9480	0.0091	0.0096	2.1664	1.4719	12818	1297	0.930	0.966
Net primary school attendance rate	ED.3	0.8572	0.0145	0.0170	1.2731	1.1283	1241	738	0.828	0.886
Net secondary school attendance rate	ED.4	0.8400	0.0155	0.0184	2.3902	1.5460	2243	1339	0.809	0.871
Primary completion rate	ED.6	0.8521	0.0381	0.0447	2.3766	1.5416	349	207	0.776	0.928
Child labour	CP.2	0.1114	0.0118	0.1055	2.5782	1.6057	3126	1849	0.088	0.135
Prevalence of orphans	ORPH.1	0.0342	0.0054	0.1565	2.8100	1.6763	5398	3241	0.024	0.045
WOMEN										
Skilled attendant at delivery	RH.5	0.9475	0.0248	0.0262	3.8531	1.9629	501	312	0.898	0.997
Antenatal care	RH.3	0.9170	0.0253	0.0276	2.6185	1.6182	501	312	0.866	0.968
Contraceptive prevalence	RH.1	0.4630	0.0145	0.0313	1.1159	1.0564	2166	1325	0.434	0.492
Adult literacy	ED.8	0.9778	0.0111	0.0113	4.8508	2.2025	1361	858	0.956	1.000
Marriage before age 18	CP.5	0.1283	0.0123	0.0962	2.1122	1.4533	2543	1553	0.104	0.153
Comprehensive knowledge about HIV prevention among young people	HA.3	0.0210	0.0055	0.2628	1.2691	1.1265	1361	858	0.010	0.032
Attitude toward people with HIV/AIDS	HA.5	0.0479	0.0082	0.1710	1.7009	1.3042	1895	1157	0.032	0.064
Women who have been tested for HIV	HA.6	0.0410	0.0061	0.1481	1.8737	1.3688	3246	1999	0.029	0.053
Knowledge of mother-to-child transmission of HIV	HA.4	0.3720	0.0175	0.0469	2.6047	1.6139	3246	1999	0.337	0.407

Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deff)	Weighted count	Unweighted count	Confidence limits		
								r - 2se	r + 2se	
UNDER-5S										
Underweight prevalence	NU.1	0.1525	0.0157	0.1028	1.3987	1.1827	1126	736	0.121	0.184
Tuberculosis immunization coverage	CH.2	0.9619	0.0235	0.0245	2.3103	1.5200	229	154	0.915	1.000
Polio immunization coverage	CH.2	0.8890	0.0315	0.0354	1.5335	1.2383	229	154	0.826	0.952
Immunization coverage for DPT	CH.2	0.9149	0.0257	0.0281	1.2990	1.1398	229	154	0.863	0.966
Measles immunization coverage	CH.2	0.9519	0.0247	0.0259	2.0255	1.4232	228	153	0.903	1.000
Fully immunized children	CH.2	0.8688	0.0319	0.0367	1.3110	1.1450	221	148	0.805	0.933
Acute respiratory infection in last two weeks	CH.5	0.0061	0.0033	0.5470	1.4468	1.2028	1205	794	0.000	0.013
Diarrhoea in last two weeks	CH.3	0.1214	0.0165	0.1358	2.0216	1.4218	1205	794	0.088	0.154
Received ORT or increased fluids and continued feeding	CH.4	0.2179	0.0510	0.2339	1.5238	1.2344	146	101	0.116	0.320
Under-5s sleeping under insecticide treated nets	CH.10	-	-	-	-	-	1205	794	-	-
Fever in last two weeks	CH.11	0.0445	0.0097	0.2173	1.7459	1.3213	1205	794	0.025	0.064
Antimalarial treatment	CH.11 (0.0166)		0.0005	0.0288	0.0004	0.0209	54	32	0.016	0.018
Support for learning	CD.1	0.6112	0.0211	0.0345	1.4866	1.2193	1205	794	0.569	0.653
Birth registration	CP.1	0.9356	0.0185	0.0198	4.5130	2.1244	1205	794	0.899	0.973

Note: () - Figures that are based at 25 to 49 unweighted cases.

Table SE.8: Sampling errors: DRD
Standard errors, coefficients of variation, design effects (deff), square root of design effects (deff) and confidence intervals for selected indicators, Tajikistan, 2005

Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deff)	Weighted count	Unweighted count	Confidence limits	
								r - 2se	r + 2se
HOUSEHOLDS									
Household availability of ITNs	CH.9	0.0007	0.0007	1.0073	0.8766	1440	1269	0.000	0.002
Iodized salt consumption	NU.5	0.2636	0.0216	0.0819	3.0341	1435	1265	0.220	0.307
Child discipline	CP.4	0.6403	0.0186	0.0291	1.6027	1202	1065	0.603	0.678
HOUSEHOLD MEMBERS									
Use of improved drinking water sources	EN.1	0.7360	0.0493	0.0669	15,8486	9626	1269	0.637	0.835
Use of improved sanitation facilities	EN.5	0.9576	0.0075	0.0078	1,7407	9626	1269	0.943	0.972
Net primary school attendance rate	ED.3	0.8124	0.0195	0.0240	2.2045	1012	884	0.773	0.851
Net secondary school attendance rate	ED.4	0.7894	0.0162	0.0205	2,6925	1943	1712	0.757	0.822
Primary completion rate	ED.6	0.8175	0.0315	0.0386	1.6457	276	248	0.754	0.881
Child labour	CP.2	0.0736	0.0089	0.1213	2.7407	2666	2346	0.056	0.091
Prevalence of orphans	ORPH.1	0.0643	0.0082	0.1271	4.4651	4549	4022	0.048	0.081
WOMEN									
Skilled attendant at delivery	RH.5	0.8212	0.0280	0.0341	1.8570	361	349	0.765	0.877
Antenatal care	RH.3	0.7431	0.0318	0.0428	1.8405	361	349	0.680	0.807
Contraceptive prevalence	RH.1	0.2886	0.0164	0.0570	1.6642	1365	1264	0.256	0.322
Adult literacy	ED.8	0.9405	0.0109	0.0116	2.1301	1077	1002	0.919	0.962
Marriage before age 18	CP.5	0.1678	0.0119	0.0710	1.6138	1709	1588	0.144	0.192
Comprehensive knowledge about HIV prevention among young people	HA.3	0.0169	0.0049	0.2886	1.4348	1077	1002	0.007	0.027
Attitude toward people with HIV/AIDS	HA.5	0.0482	0.0096	0.1987	1.1975	680	600	0.029	0.067
Women who have been tested for HIV	HA.6	0.0186	0.0036	0.1926	1.5210	2344	2165	0.011	0.026
Knowledge of mother-to-child transmission of HIV	HA.4	0.2217	0.0165	0.0743	3.4047	2344	2165	0.189	0.255

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deff)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
UNDER-5S										
Underweight prevalence	NU.1	0.1623	0.0184	0.1133	2.1757	1.4750	893	876	0.126	0.199
Tuberculosis immunization coverage	CH.2	0.9243	0.0316	0.0341	2.3780	1.5421	176	168	0.861	0.987
Polio immunization coverage	CH.2	0.7280	0.0468	0.0642	1.8109	1.3457	172	165	0.634	0.822
Immunization coverage for DPT	CH.2	0.8018	0.0394	0.0492	1.6141	1.2705	173	166	0.723	0.881
Measles immunization coverage	CH.2	0.8822	0.0348	0.0395	1.8912	1.3752	169	163	0.813	0.952
Fully immunized children	CH.2	0.6980	0.0517	0.0740	2.0145	1.4193	167	160	0.595	0.801
Acute respiratory infection in last two weeks	CH.5	0.0138	0.0042	0.3004	1.1511	1.0729	928	910	0.006	0.022
Diarrhoea in last two weeks	CH.3	0.1510	0.0172	0.1141	2.1033	1.4503	928	910	0.117	0.185
Received ORT or increased fluids and continued feeding	CH.4	0.2395	0.0397	0.1657	1.1500	1.0724	140	134	0.160	0.319
Under-5s sleeping under insecticide treated nets	CH.10	0.0010	0.0010	1.0094	0.9240	0.9612	928	910	0.000	0.003
Fever in last two weeks	CH.11	0.0623	0.0104	0.1665	1.6744	1.2940	928	910	0.042	0.083
Antimalarial treatment	CH.11	(-)	0.0000	.	.	.	58	55	0.000	0.000
Support for learning	CD.1	0.5636	0.0249	0.0441	2.2843	1.5114	928	910	0.514	0.613
Birth registration	CP.1	0.8087	0.0203	0.0252	2.4309	1.5591	928	910	0.768	0.849

Note: (-) - Figures that are based at 25 to 49 unweighted cases.

Table SE.9: Sampling errors: GBAO
Standard errors, coefficients of variation, design effects (deff), square root of design effects (deff) and confidence intervals for selected indicators, Tajikistan, 2005

Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deff)	Weighted count	Unweighted count	Confidence limits	
								r - 2se	r + 2se
HOUSEHOLDS									
Household availability of ITNs	CH.9	-	-	.	.	202	1239	-	-
Iodized salt consumption	NU.5	0.4418	0.0248	0.0561	3.0606	201	1229	0.392	0.491
Child discipline	CP.4	0.6925	0.0200	0.0289	1.7137	148	915	0.652	0.732
HOUSEHOLD MEMBERS									
Use of improved drinking water sources	EN.1	0.5144	0.0490	0.0953	11.9197	1146	1239	0.416	0.612
Use of improved sanitation facilities	EN.5	0.8629	0.0126	0.0146	1.6510	1146	1239	0.838	0.888
Net primary school attendance rate	ED.3	0.9236	0.0097	0.0105	0.8744	103	656	0.904	0.943
Net secondary school attendance rate	ED.4	0.9322	0.0090	0.0096	1.6529	208	1303	0.914	0.950
Primary completion rate	ED.6	0.9068	0.0212	0.0234	0.9977	29	188	0.864	0.949
Child labour	CP.2	0.2343	0.0128	0.0547	1.5606	270	1705	0.209	0.260
Prevalence of orphans	ORPH.1	0.0486	0.0046	0.0943	1.3255	462	2918	0.039	0.058
WOMEN									
Skilled attendant at delivery	RH.5	0.7718	0.0329	0.0427	1.2997	34	212	0.706	0.838
Antenatal care	RH.3	0.7827	0.0296	0.0378	1.0842	34	212	0.724	0.842
Contraceptive prevalence	RH.1	0.3920	0.0196	0.0500	1.5065	154	935	0.353	0.431
Adult literacy	ED.8	0.9903	0.0017	0.0017	0.2239	118	725	0.987	0.994
Marriage before age 18	CP.5	0.0780	0.0074	0.0945	1.0574	231	1400	0.063	0.093
Comprehensive knowledge about HIV prevention among young people	HA.3	0.0886	0.0238	0.2692	5.0991	118	725	0.041	0.136
Attitude toward people with HIV/AIDS	HA.5	0.0689	0.0075	0.1092	1.0152	196	1151	0.054	0.084
Women who have been tested for HIV	HA.6	0.0135	0.0026	0.1952	0.9372	297	1804	0.008	0.019
Knowledge of mother-to-child transmission of HIV	HA.4	0.4321	0.0202	0.0468	3.0017	297	1804	0.392	0.473

Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
								r - 2se	r + 2se
UNDER-5S									
Underweight prevalence	NU.1	0.1998	0.0124	0.0623	0.5343	83	553	0.175	0.225
Tuberculosis immunization coverage	CH.2	0.9256	0.0394	0.0426	2.4344	16	109	0.847	1.000
Polio immunization coverage	CH.2	0.7669	0.0639	0.0833	2.4209	16	107	0.639	0.895
Immunization coverage for DPT	CH.2	0.8219	0.0569	0.0693	2.3486	16	107	0.708	0.936
Measles immunization coverage	CH.2	0.8753	0.0512	0.0585	2.5447	16	107	0.773	0.978
Fully immunized children	CH.2	0.6944	0.0649	0.0934	1.9231	14	98	0.565	0.824
Acute respiratory infection in last two weeks	CH.5	0.0217	0.0049	0.2269	0.6862	90	601	0.012	0.032
Diarrhoea in last two weeks	CH.3	0.1186	0.0209	0.1763	2.5104	90	601	0.077	0.160
Received ORT or increased fluids and continued feeding	CH.4	0.2495	0.0463	0.1857	0.8136	11	72	0.157	0.342
Under-5s sleeping under insecticide treated nets	CH.10	-	-	.	.	90	601	0.000	0.000
Fever in last two weeks	CH.11	0.0796	0.0116	0.1463	1.1105	90	601	0.056	0.103
Antimalarial treatment	CH.11	(-)	0.0000	.	.	7	47	0.000	0.000
Support for learning	CD.1	0.7685	0.0160	0.0208	0.8608	90	601	0.736	0.800
Birth registration	CP.1	0.9083	0.0151	0.0166	1.6339	90	601	0.878	0.938

Note: (-) - Figures that are based at 25 to 49 unweighted cases.

APPENDIX D. DATA QUALITY TABLES

Table DQ.1: Age distribution of household population

Single-year age distribution of household population by sex (weighted), Tajikistan, 2005

	Males		Females			Males		Females	
	Number	Per cent	Number	Per cent		Number	Per cent	Number	Per cent
0	469	2.2	493	2.4	41	198	0.9	256	1.2
1	486	2.3	434	2.1	42	201	1.0	205	1.0
2	512	2.4	452	2.2	43	228	1.1	257	1.2
3	457	2.2	483	2.3	44	232	1.1	243	1.2
4	459	2.2	455	2.2	45	266	1.3	235	1.1
5	625	3.0	566	2.7	46	191	0.9	181	0.9
6	571	2.7	505	2.4	47	161	0.8	190	0.9
7	541	2.6	553	2.7	48	146	0.7	146	0.7
8	586	2.8	528	2.5	49	145	0.7	87	0.4
9	509	2.4	415	2.0	50	172	0.8	245	1.2
10	609	2.9	568	2.7	51	105	0.5	124	0.6
11	588	2.8	516	2.5	52	132	0.6	153	0.7
12	551	2.6	455	2.2	53	140	0.7	139	0.7
13	613	2.9	530	2.6	54	116	0.6	126	0.6
14	603	2.9	612	2.9	55	121	0.6	124	0.6
15	623	3.0	505	2.4	56	80	0.4	74	0.4
16	588	2.8	504	2.4	57	66	0.3	78	0.4
17	581	2.8	541	2.6	58	92	0.4	73	0.4
18	482	2.3	550	2.6	59	45	0.2	51	0.2
19	427	2.0	484	2.3	60	91	0.4	80	0.4
20	468	2.2	493	2.4	61	29	0.1	28	0.1
21	373	1.8	458	2.2	62	36	0.2	47	0.2
22	416	2.0	414	2.0	63	93	0.4	65	0.3
23	337	1.6	398	1.9	64	68	0.3	82	0.4
24	319	1.5	338	1.6	65	106	0.5	98	0.5
25	309	1.5	336	1.6	66	50	0.2	56	0.3
26	292	1.4	314	1.5	67	60	0.3	58	0.3
27	287	1.4	294	1.4	68	59	0.3	61	0.3
28	273	1.3	281	1.4	69	32	0.2	46	0.2
29	266	1.3	288	1.4	70	76	0.4	59	0.3
30	296	1.4	312	1.5	71	50	0.2	47	0.2
31	250	1.2	242	1.2	72	51	0.2	58	0.3
32	252	1.2	253	1.2	73	58	0.3	39	0.2
33	230	1.1	253	1.2	74	33	0.2	46	0.2
34	233	1.1	269	1.3	75	59	0.3	75	0.4
35	226	1.1	272	1.3	76	38	0.2	32	0.2
36	230	1.1	228	1.1	77	43	0.2	38	0.2
37	250	1.2	284	1.4	78	40	0.2	32	0.2
38	225	1.1	245	1.2	79	19	0.1	22	0.1
39	213	1.0	231	1.1	80+	122	0.6	132	0.6
40	239	1.1	235	1.1	DK/Missing 3	0.0	2	0.0	
TOTAL	20919	100.0	20776	100.0					

Table DQ.2: Age distribution of eligible and interviewed women
Household population of women age 10-54, interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted), by five-year age group, Tajikistan, 2005

AGE	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
	Number	Number	Per cent	
10-14	2680	na	na	na
15-19	2584	2511	23.9	97.2
20-24	2100	2033	19.3	96.8
25-29	1513	1465	13.9	96.9
30-34	1330	1302	12.4	97.9
35-39	1261	1220	11.6	96.8
40-44	1196	1166	11.1	97.5
45-49	838	810	7.7	96.6
50-54	787	na	na	na
15-49	10822	10508	100.0	97.1

na: not applicable

Note: Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule.

Table DQ.3: Age distribution of eligible and interviewed under-5s
Household population of children age 0-4, children whose mothers/caretakers were interviewed, and percentage of under-5 children whose mothers/caretakers were interviewed (weighted), by five-year age group, Tajikistan, 2005

AGE	Household population of children age 0-7	Interviewed children age 0-4		Percentage of eligible children interviewed
	Number	Number	Per cent	
0	963	941	20.4	97.8
1	920	903	19.6	98.1
2	964	941	20.4	97.6
3	940	925	20.0	98.4
4	914	902	19.6	98.7
5	1191	na	na	na
6	1075	na	na	na
7	1094	na	na	na
0-4	4701	4613	100.0	98.1

na: not applicable

Note: Weights for both household population of children and interviewed children are household weights. Age is based on the household schedule.

Table DQ.4: Age distribution of under-5 children

Age distribution of under-5 children by 3-month groups (weighted), Tajikistan, 2005

	Males		Females		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
AGE IN MONTHS						
0-2	86	4.0	85	4.0	171	4.0
3-5	106	4.9	116	5.5	223	5.2
6-8	123	5.7	116	5.5	239	5.6
9-11	91	4.2	117	5.6	208	4.9
12-14	135	6.2	124	5.9	259	6.1
15-17	97	4.5	91	4.3	188	4.4
18-20	122	5.6	93	4.4	215	5.0
21-23	86	4.0	88	4.2	174	4.1
24-26	109	5.0	103	4.9	212	5.0
27-29	120	5.5	107	5.1	227	5.3
30-32	122	5.6	90	4.3	212	5.0
33-35	121	5.6	107	5.1	227	5.3
36-38	120	5.5	117	5.6	237	5.6
39-41	113	5.2	119	5.6	231	5.4
42-44	125	5.8	123	5.8	247	5.8
45-47	65	3.0	83	4.0	149	3.5
48-50	101	4.6	120	5.7	221	5.2
51-53	113	5.2	96	4.6	209	4.9
54-56	108	5.0	107	5.1	215	5.0
57-59	104	4.8	104	4.9	208	4.9
TOTAL	2168	100.0	2105	100.0	4273	100.0

Table DQ.5: Heaping on ages and periods

Age and period ratios at boundaries of eligibility by type of information collected (weighted), Tajikistan, 2005

	Age and period ratios*			Eligibility boundary (lower-upper)	Module or questionnaire
	Males	Females	Total		
AGE IN HOUSEHOLD QUESTIONNAIRE					
1	0.99	0.94	0.97		
2	1.06	0.99	1.02	Lower	Child discipline
3	0.96	1.04	1.00		
4	0.89	0.91	0.90	Upper	Under-5 questionnaire
5	1.13	1.11	1.12	Lower	Child labour and education
6	0.99	0.93	0.96		
8	1.08	1.06	1.07		
9	0.90	0.82	0.86	Upper	Child disability
10	1.07	1.14	1.10		
13	1.04	1.00	1.02		
14	0.98	1.12	1.05	Upper	Child labour and child discipline
15	1.03	0.93	0.98	Lower	Women's questionnaire
16	0.98	0.98	0.98		
17	1.06	1.02	1.04	Upper	Orphaned children
18	1.17	1.03	1.10		
23	0.94	1.04	0.99		
24	0.99	0.95	0.97	Upper	Education
25	1.01	1.02	1.01		
48	0.97	1.03	1.00		
49	0.94	0.55	0.74	Upper	Women's questionnaire
50	1.22	1.61	1.43		
AGE IN WOMEN'S QUESTIONNAIRE					
23	na	1.05	na		
24	na	.94	na		
25	na	1.03	na		
MONTHS SINCE LAST BIRTH IN WOMEN'S QUESTIONNAIRE					
6-11	na	1.07	na		
12-17	na	1.04	na		
18-23	na	.91	na	Upper	Maternal and child health
24-29	na	1.01	na		
30-35	na	1.05	na		

* Age or period ratios are calculated as $x / ((x_{n-1} + x_n + x_{n+1}) / 3)$, where x is age or period.

na: not applicable

Table DQ.6: Completeness of reporting
Percentage of observations missing information for selected questions and indicators (weighted),
Tajikistan, 2005

Questionnaire and Subject	Reference group	Per cent with missing information*	Number of cases
HOUSEHOLD			
Salt testing	All households surveyed	0.0	6684
Women			
Date of birth	All women age 15-49		
Month only		0.3	10243
Month and year missing		0.0	10243
Date of first birth	All women age 15-49 with at least one live birth		
Month only		0.7	6224
Month and year missing		0.2	6224
Completed years since first birth	All women age 15-49 with at least one live birth	0.0	15
Date of last birth	All women age 15-49 with at least one live birth		
Month only		0.1	6224
Month and year missing		0.1	6224
Date of first marriage/union	All ever-married women age 15-49		
Month only		1.3	6783
Month and year missing		3.1	6783
Age at first marriage/union	All ever-married women age 15-49	0.3	6783
Under-5			
Date of Birth	All under-5 children surveyed		
Month only		0.0	4273
Month and year missing		0.0	4273
Anthropometry	All under-5 children surveyed		
Height		0.8	4273
Weight		0.9	4273
Height or weight		0.9	4273

* Includes Don't Know responses

Table DQ.7: Presence of mother in the household and the person interviewed for the under-5 questionnaire.

Distribution of children under 5 by whether the mother lives in the same household, and the person interviewed for the under-5 questionnaire (weighted), Tajikistan, 2005

	Mother in the household	Mother not in the household		Total	Number of children aged 0-4 years
	Mother interviewed	Father interviewed	Other adult female interviewed		
AGE					
0	99.5	0.0	0.5	100.0	963
1	99.2	0.0	0.8	100.0	920
2	99.1	0.0	0.9	100.0	964
3	98.8	0.1	1.2	100.0	940
4	98.4	0.0	1.5	100.0	914
TOTAL	99.0	0.0	1.0	100.0	4701

Table DQ.8: School attendance by single age
Distribution of household population age 5-24 by educational level and grade attended in the current year (weighted), Tajikistan, 2005

AGE	Pre-school	Primary school										Secondary school						Special secondary	Higher	Non-standard curriculum	Don't know	Not attending school	Total	Number							
		Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11														
5	6.0	0.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	93.5	100.0	1191			
6	3.5	12.8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	83.7	100.0	1075		
7	0.8	46.8	18.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	34.4	100.0	1094		
8	-	3.6	67.1	22.7	0.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6.5	100.0	1114		
9	-	-	8.8	61.0	27.2	2.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.8	100.0	924		
10	-	-	-	12.4	59.3	23.8	2.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2.0	100.0	1177		
11	-	-	-	0.2	18.2	57.8	20.9	0.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2.1	100.0	1104		
12	-	-	-	-	0.3	16.0	57.3	20.1	2.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.8	100.0	1006		
13	-	-	-	-	-	0.2	16.0	55.1	20.6	1.6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.1	6.5	100.0	1143	
14	-	-	-	-	-	-	1.4	15.8	51.0	22.2	1.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.2	8.2	100.0	1215	
15	-	-	-	-	-	-	0.5	1.8	11.9	55.1	13.6	1.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15.9	100.0	1128	
16	-	-	-	-	-	-	-	0.2	1.5	8.4	41.7	16.3	1.9	1.9	0.1	-	-	-	-	-	-	-	-	-	-	-	-	29.9	100.0	1093	
17	-	-	-	-	-	-	-	-	0.1	1.4	6.5	34.6	2.7	6.5	0.2	-	-	-	-	-	-	-	-	-	-	-	-	48.1	100.0	1122	
18	-	-	-	-	-	-	-	-	-	0.4	1.0	4.3	4.8	17.6	-	-	-	-	-	-	-	-	-	-	-	-	-	71.6	100.0	1033	
19	-	-	-	-	-	-	-	-	-	-	0.2	0.7	3.8	18.8	0.3	-	-	-	-	-	-	-	-	-	-	-	-	76.2	100.0	910	
20	-	-	-	-	-	-	-	-	-	-	0.1	0.2	1.3	15.4	-	-	-	-	-	-	-	-	-	-	-	-	-	0.1	83.0	100.0	961
21	-	-	-	-	-	-	-	-	-	-	-	0.2	1.1	15.6	-	-	-	-	-	-	-	-	-	-	-	-	-	83.2	100.0	831	
22	-	-	-	-	0.1	-	-	-	-	-	-	0.4	0.6	8.5	0.3	-	-	-	-	-	-	-	-	-	-	-	-	90.0	100.0	830	
23	-	-	-	-	-	-	-	-	-	-	-	0.3	0.5	4.1	-	-	-	-	-	-	-	-	-	-	-	-	-	95.1	100.0	735	
24	-	-	-	-	-	-	-	-	-	-	-	-	-	4.7	0.2	-	-	-	-	-	-	-	-	-	-	-	-	94.9	100.0	657	

Table DQ.9: Sex ratio at birth among children ever born and living
Sex ratio at birth among children ever born, children living, and deceased children, by age of women (weighted), Tajikistan, 2005

	Children Ever Born			Children Living			Children deceased			Number of women
	Number of sons ever born	Number of daughters ever born	Sex ratio	Number of sons living	Number of daughters living	Sex ratio	Number of deceased sons	Number of deceased daughters	Sex ratio	
AGE										
15-19	33	33	1.00	33	32	1.01	-	-	0.00	2445
20-24	713	630	1.13	672	596	1.13	41	34	1.20	1981
25-29	1573	1475	1.07	1412	1389	1.02	161	86	1.87	1428
30-34	2348	1996	1.18	2120	1853	1.14	228	143	1.59	1270
35-39	2692	2346	1.15	2382	2093	1.14	311	253	1.23	1192
40-44	2993	2803	1.07	2621	2515	1.04	372	288	1.29	1137
45-49	2296	2132	1.08	1958	1882	1.04	338	250	1.35	790
TOTAL	12649	11416	1.11	11197	10361	1.08	1452	1055	1.38	10243

Note: Sex ratios are calculated as number of males/ number of females

Table DQ.10: Distribution of women by time since last birth
Distribution of women aged 15-49 with at least one live birth, by months since last birth (weighted), Tajikistan, 2005

	Months since last birth				
	Number	Per cent		Number	Per cent
0	22	0.9	18	56	2.4
1	85	3.6	19	71	3.0
2	72	3.0	20	74	3.1
3	79	3.3	21	40	1.7
4	92	3.9	22	54	2.3
5	74	3.1	23	50	2.1
6	68	2.9	24	61	2.6
7	78	3.3	25	57	2.4
8	109	4.6	26	43	1.8
9	78	3.3	27	87	3.7
10	72	3.0	28	55	2.3
11	78	3.3	29	46	1.9
12	90	3.8	30	55	2.3
13	104	4.4	31	50	2.1
14	71	3.0	32	76	3.2
15	53	2.2	33	56	2.4
16	59	2.5	34	53	2.2
17	65	2.7	35	48	2.0
			TOTAL	377	100.0

Figure 1. Scatterplot of weight (Y-axis) by height (X-axis) (unweighted), Tajikistan 2005

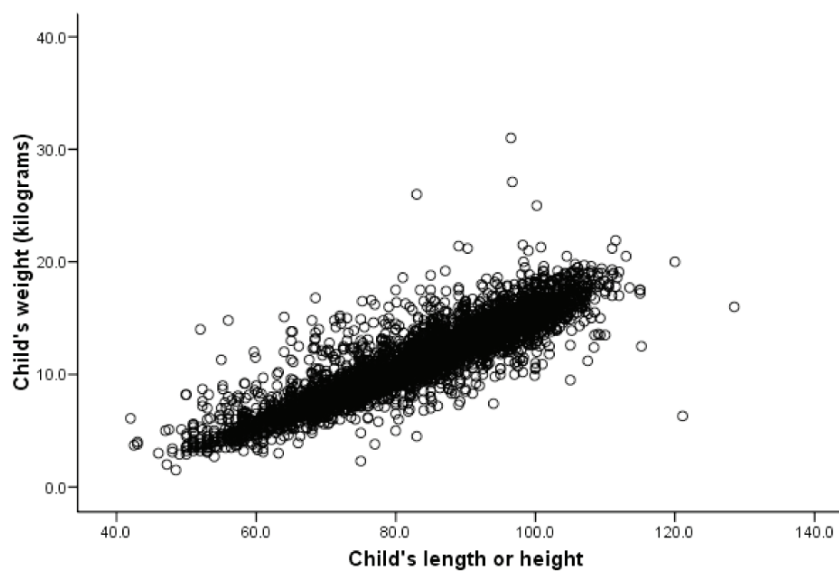


Figure 2. Scatterplot of weights of children by age in months (unweighted), Tajikistan 2005

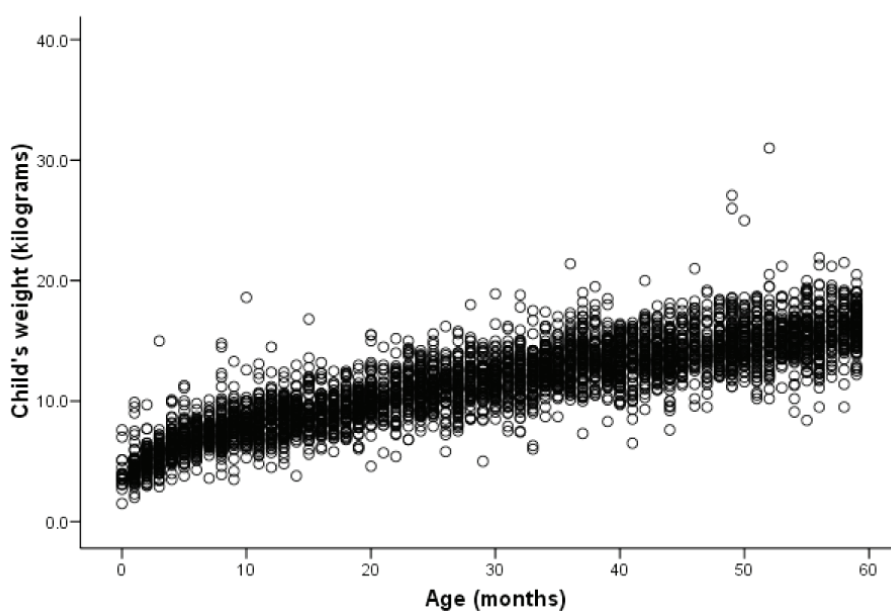


Figure 3. Scatterplot of heights of children by age in months (unweighted), Tajikistan 2005

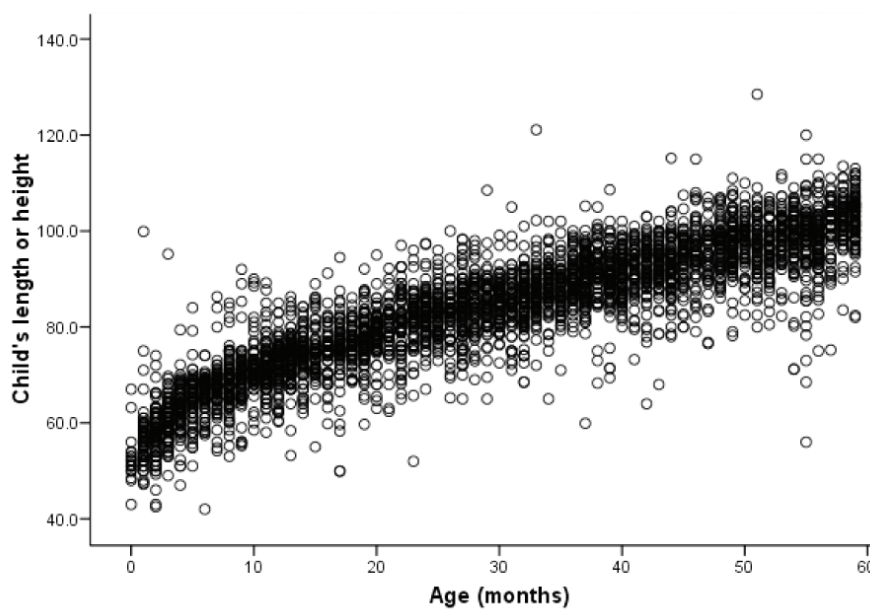


Figure 4. Number of male household (Y-axis) by single ages (Y-axis) (unweighted), Tajikistan 2005

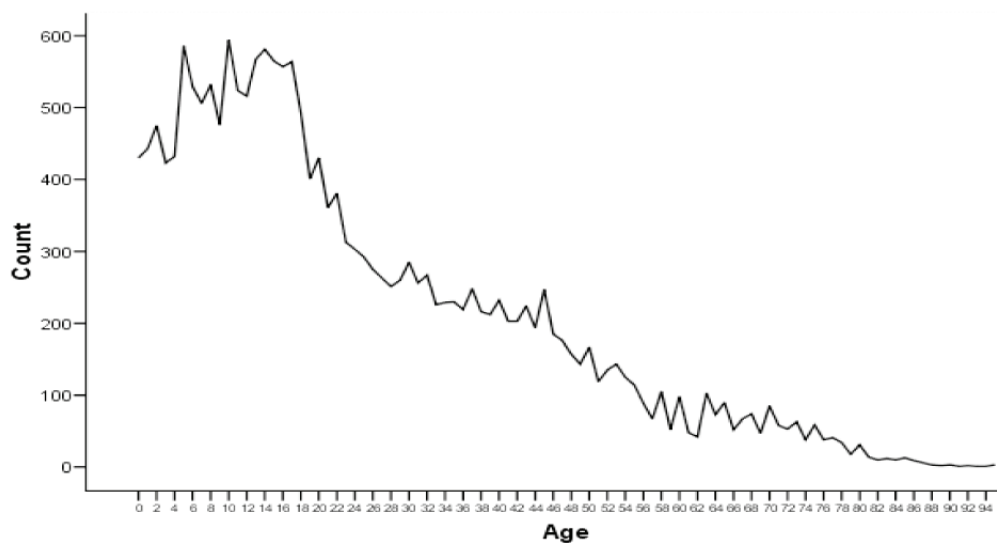


Figure 5. Number of female household (Y-axis) by single ages (Y-axis) (unweighted), Tajikistan 2005

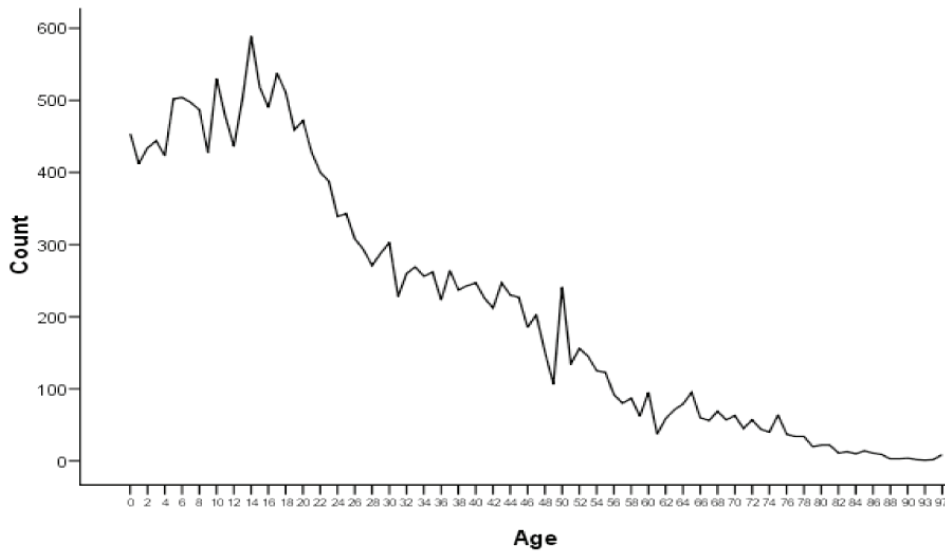
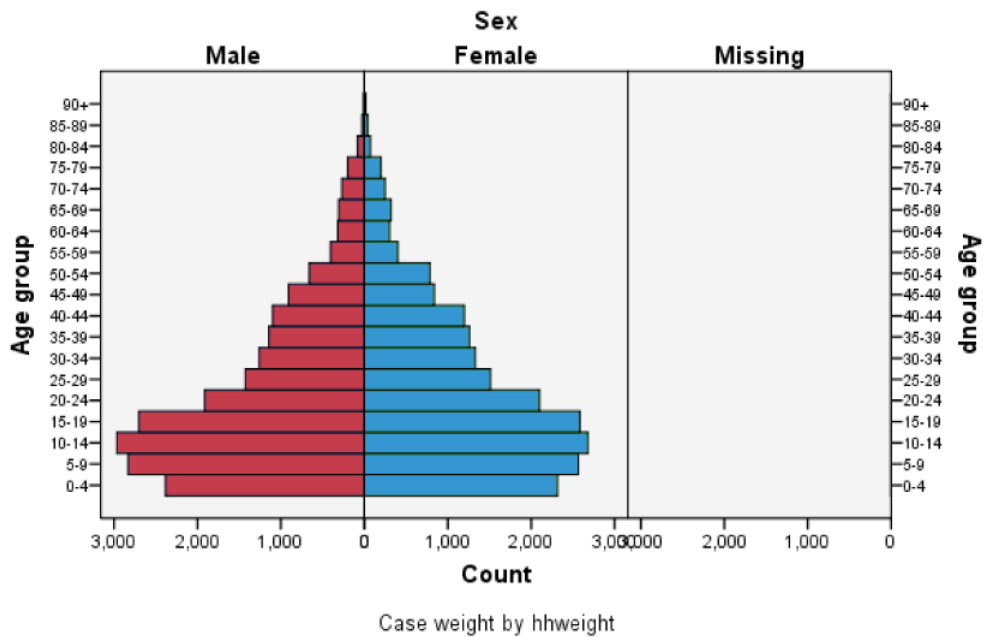


Figure 6. Population pyramid, Tajikistan 2005



APPENDIX E. MICS INDICATORS: NUMERATORS AND DENOMINATORS

INDICATOR	NUMERATOR	DENOMINATOR
1 Under-5 mortality rate	Probability of dying by exact age 5 years	
2 Infant mortality rate	Probability of dying by exact age 1 year	
3 Maternal mortality ratio	Number of deaths of women from pregnancy-related causes in a given year	Number of live births in the year (expressed per 100,000 births)
4 Skilled attendant at delivery	Number of women aged 15-49 years with a birth in the 2 years preceding the survey who were attended during childbirth by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
5 Institutional deliveries	Number of women aged 15-49 years with a birth in the 2 years preceding the survey who delivered in a health facility	Total number of women surveyed aged 15-49 years with a birth in 2 years preceding the survey
6 Underweight prevalence	Number of children under age 5 who fall below -2 standard deviations from the median weight for age of the NCHS/WHO standard (moderate and severe); number who fall below -3 standard deviations (severe)	Total number of children under age 5 weighed
7 Stunting prevalence	Number of children under age 5 who fall below -2 standard deviations from the median height for age of the NCHS/WHO standard (moderate and severe); number who fall below -3 standard deviations (severe)	Total number of children under age 5 measured
8 Wasting prevalence	Number of children under age 5 who fall below -2 standard deviations from the median weight for height of the NCHS/WHO standard (moderate and severe); number who fall below -3 standard deviations (severe)	Total number of children under age 5 weighed and measured
9 Low birth weight infants	Number of last live births in the 2 years preceding the survey weighing below 2,500 grams	Total number of last live births in the 2 years preceding the survey
10 Infants weighed at birth	Number of last live births in the 2 years preceding the survey who were weighed at birth	Total number of last live births in the 2 years preceding the survey
11 Use of improved drinking water sources	Number of household members living in households using improved sources of drinking water	Total number of household members in households surveyed

12	Use of improved sanitation facilities	Number of household members using improved sanitation facilities	Total number of household members in households surveyed
13	Water treatment	Number of household members using water that has been treated	Total number of household members in households surveyed
14	Disposal of child's faeces	Number of children under age 3 whose (last) stools were disposed of safely	Total number of children under age 3 surveyed
15	Exclusive breastfeeding rate	Number of infants aged 0-5 months who are exclusively breastfed	Total number of infants aged 0-5 months surveyed
16	Continued breastfeeding rate	Number of infants aged 12-15 months, and 20-23 months, who are currently breastfeeding	Total number of children aged 12-15 months and 20-23 months surveyed
17	Timely complementary feeding rate	Number of infants aged 6-9 months who are receiving breastmilk and complementary foods	Total number of infants aged 6-9 months surveyed
18	Frequency of complementary feeding	Number of infants aged 6-11 months who receive breastmilk and complementary food at least the minimum recommended number of times per day (two times per day for infants aged 6-8 months, three times per day for infants aged 9-11 months)	Total number of infants aged 6-11 months surveyed
19	Adequately fed infants	Number of infants aged 0-11 months who are appropriately fed: infants aged 0-5 months who are exclusively breastfed and infants aged 6-11 months who are breastfed and ate solid or semi-solid foods the appropriate number of times (see above) yesterday	Total number of infants aged 0-11 months surveyed
20	Antenatal care	Number of women aged 15-49 years who were attended at least once during pregnancy in the 2 years preceding the survey by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
21	Contraceptive prevalence	Number of women currently married or in union aged 15-49 years who are using (or whose partner is using) a contraceptive method (either modern or traditional)	Total number of women aged 15-49 years currently married or in union
22	Antibiotic treatment of suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks receiving antibiotics	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
23	Care seeking for suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks who are taken to an appropriate health provider	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
24	Solid fuels	Number of residents in households that use solid fuels (wood, charcoal, crop residues and dung) as the primary source of domestic energy to cook	Total number of residents in households surveyed

25	Tuberculosis immunization coverage	Number of children aged 18-29 months receiving BCG vaccine before their first birthday	Total number of children aged 12-23 months surveyed
26	Polio immunization coverage	Number of children aged 18-29 months receiving OPV3 vaccine before their first birthday	Total number of children aged 12-23 months surveyed
27	Immunization coverage for diphtheria, pertussis and tetanus (DPT)	Number of children aged 18-29 months receiving DPT3 vaccine before their first birthday	Total number of children aged 12-23 months surveyed
28	Measles immunization coverage	Number of children aged 18-29 months receiving measles vaccine before their first birthday	Total number of children aged 12-23 months surveyed
29	Hepatitis B immunization coverage	Number of children aged 18-29 months immunized against hepatitis before their first birthday	Total number of children aged 12-23 months surveyed
31	Fully immunized children	Number of children aged 18-29 months receiving DPT1-3, OPV-1-3, BCG and measles vaccines before their first birthday	Total number of children aged 12-23 months surveyed
33	Use of oral rehydration therapy (ORT)	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks who received oral rehydration salts and/or an appropriate household solution	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
34	Home management of diarrhoea	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks who received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
35	Received ORT or increased fluids and continued feeding	Number of children aged 0-59 months with diarrhoea who received ORT (oral rehydration salts or an appropriate household solution) or received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
36	Household availability of insecticide treated nets (ITNs)	Number of households with at least one mosquito net, either permanently treated or treated within the previous year	Total number of households surveyed
37	Under-5s sleeping under insecticide treated nets	Number of children aged 0-59 months who slept under an insecticidetreated mosquito net the previous night	Total number of children aged 0-59 months surveyed
38	Under-5s sleeping under mosquito nets	Number of children aged 0-59 months who slept under a mosquito net the previous night	Total number of children aged 0-59 months surveyed
39	Antimalarial treatment (under- 5s)	Number of children aged 0-59 months reported to have had fever in the previous 2 weeks who were treated with an appropriate antimalarial within 24 hours of onset	Total number of children aged 0-59 months reported to have had fever in the previous 2 weeks
41	Iodized salt consumption	Number of households with salt testing 15 parts per million or more of iodine/iodate	Total number of households surveyed
42	Vitamin A supplementation (under- 5s)	Number of children aged 6-59 months receiving at least one high-dose Vitamin A supplement in the previous 6 months	Total number of children aged 6-59 months surveyed

43	Vitamin A supplementation (postpartum mothers)	Number of women with a live birth in the 2 years preceding the survey who received a high-dose Vitamin A supplement within 8 weeks after birth	Total number of women who had a live birth in the 2 years preceding the survey
44	Content of antenatal care	Number of women with a live birth in the 2 years preceding the survey who received antenatal care during the last pregnancy	Total number of women with a live birth in the 2 years preceding the survey
45	Timely initiation of breastfeeding	Number of women with a live birth in the 2 years preceding the survey who put the newborn infant to the breast within 1 hour of birth	Total number of women with a live birth in the 2 years preceding the survey
46	Support for learning	Number of children aged 0-59 months living in households in which an adult has engaged in four or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months surveyed
47	Father's support for learning	Number of children aged 0-59 months whose father has engaged in one or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months
48	Support for learning: children's books	Number of households with three or more children's books	Total number of households surveyed
49	Support for learning: non-children's books	Number of households with three or more non-children's books	Total number of households surveyed
50	Support for learning: materials for play	Number of households with three or more materials intended for play	Total number of households surveyed
51	Non-adult care	Number of children aged 0-59 months left alone or in the care of another child younger than 10 years of age in the past week	Total number of children aged 0-59 months surveyed
52	Pre-school attendance	Number of children aged 36-59 months who attend some form of early childhood education programme	Total number of children aged 36-59 months surveyed
53	School readiness	Number of children in first grade who attended some form of pre-school the previous year	Total number of children in the first grade surveyed
54	Net intake rate in primary education	Number of children of school entry age who are currently attending first grade	Total number of children of primary school entry age surveyed
55	Net primary school attendance rate	Number of children of primary school age currently attending primary or secondary school	Total number of children of primary school age surveyed
56	Net secondary school attendance rate	Number of children of secondary school age currently attending secondary school or higher	Total number of children of secondary school age surveyed
57	Children reaching grade five	Proportion of children entering the first grade of primary school who eventually reach grade five	

58	Transition rate to secondary school	Number of children who were in the last grade of primary school during the previous school year that attend secondary school	Total number of children who were in the last grade of primary school during the previous school year surveyed
59	Primary completion rate	Number of children (of any age) attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age appropriate to final grade of primary school) surveyed
60	Adult literacy rate	Number of women aged 15-24 years that are able to read a short, simple statement about everyday life	Total number of women aged 15-24 years surveyed
61	Gender parity index	Proportion of girls in primary and secondary education	Proportion of boys in primary and secondary education
62	Birth registration	Number of children aged 0-59 months whose births are reported registered	Total number of children aged 0-59 months surveyed
67	Marriage before age 15 and age 18	Number of women who were first married or in union by the exact age of 15 and the exact age of 18, by age groups	Total number of women aged 15-49 years and 20-49 years surveyed, by age groups
68	Young women aged 15-19 years currently married or in union	Number of women aged 15-19 years currently married or in union	Total number of women aged 15-19 years surveyed
69	Spousal age difference	Number of women married/in union aged 15-19 years and 20-24 years with a difference in age of 10 or more years between them and their current spouse	Total number of women aged 15-19 and 20-24 years surveyed who are currently married or in union
71	Child labour	Number of children aged 5-14 years who are involved in child labour	Total number of children aged 5-14 years surveyed
72	Labourer students	Number of children aged 5-14 years involved in child labour activities who attend school	Total number of children aged 5-14 years involved in child labour activities
73	Student labourers	Number of children aged 5-14 years attending school who are involved in child labour activities	Total number of children aged 5-14 years attending school
74	Child discipline	Number of children aged 2-14 years who (1) experience only non-violent aggression, (2) experience psychological aggression as punishment, (3) experience minor physical punishment, (4) experience severe physical punishment	Total number of children aged 2-14 years selected and surveyed
75	Prevalence of orphans	Number of children under age 18 with at least one dead parent	Total number of children under age 18 surveyed
78	Children's living arrangements	Number of children aged 0-17 years not living with a biological parent	Total number of children aged 0-17 years surveyed

82	Comprehensive knowledge about HIV prevention among young people	Number of women aged 15-24 years who correctly identify two ways of avoiding HIV infection and reject three common misconceptions about HIV transmission	Total number of women aged 15-24 years surveyed
86	Attitude toward people with HIV/AIDS	Number of women expressing acceptance on all four questions about people with HIV or AIDS	Total number of women surveyed
87	Women who know where to be tested for HIV	Number of women who state knowledge of a place to be tested	Total number of women surveyed
88	Women who have been tested for HIV	Number of women who report being tested for HIV	Total number of women surveyed
89	Knowledge of mother-to-child transmission of HIV	Number of women who correctly identify all three means of vertical transmission	Total number of women surveyed
90	Counseling coverage for the prevention of mother-to-child transmission of HIV	Number of women who gave birth in the previous 24 months and received antenatal care reporting that they received counselling on HIV/AIDS during this care	Total number of women who gave birth in the previous 24 months surveyed
91	Testing coverage for the prevention of mother-to-child transmission of HIV	Number of women who gave birth in the previous 24 months and received antenatal care reporting that they received the results of an HIV test during this care	Total number of women who gave birth in the previous 24 months surveyed
96	Source of supplies	Number of children (or households) for whom supplies were obtained from public providers, presented separately for each type of supply: insecticide treated mosquito nets, oral rehydration salts, antibiotics and antimalarials	Total number of children (or households) for whom supplies were obtained
97	Cost of supplies	Median cost of supplies obtained, presented separately for each type of supply and whether sourced from public or private providers: insecticide treated mosquito nets, oral rehydration salts, antibiotics and antimalarials.	Total number of children (or households) for whom supplies were obtained
98	Unmet need for family planning	Number of women who are currently married or in union that are fecund and want to space their births or limit the number of children they have and who are not currently using contraception	Total number of women interviewed who are currently married or in union
99	Demand satisfied for family planning	Number of women currently married or in union who are currently using contraception	Number of women currently married or in union who have an unmet need for contraception or who are currently using contraception
100	Attitudes towards domestic violence	Number of women who consider a husband/partner justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	Total number of women surveyed



APPENDIX F. QUESTIONNAIRES

STATE COMMITTEE ON
STATISTICS OF REPUBLIC
OF TAJIKISTAN



UNICEF OFFICE
IN THE REPUBLIC OF
TAJKISTAN

① household questionnaire ①

WE ARE FROM THE STATE COMMITTEE ON STATISTICS AND CONDUCTING SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. 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		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Day/Month/Year of interview: _____ / _____ / _____		
HH6. Area: Urban..... 1 Rural..... 2	HH7. Region: Dushanbe..... 1 Khatlon..... 2 Sugd..... 3 DRD..... 4 GBAO..... 5	
HH 8. Name of head of household: _____		
<i>After all questionnaires for the household have been completed, fill in the following information:</i>		
HH9. Result of HH interview: Completed..... 1 Not at home..... 2 Refused..... 3 HH not found/destroyed..... 4 Other (<i>specify</i>)..... 6	HH10. Respondent to HH questionnaire: Name: _____ Line No: _____	
	HH11. Total number of household members: _____	
HH12. No. of women eligible for interview: _____	HH13. No. of women questionnaires completed: _____	
HH14. No. of children under age 5: _____	HH15. No. of under-5 questionnaires completed: _____	
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>		
HH16A. Name and line of editor: Name _____	Editing date and signature: _____	
HH16. Data entry clerk: _____		

HOUSEHOLD LISTING FORM										HL	
FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4). 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 questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick here if continuation sheet used <input type="checkbox"/>										For children age 0-17 years ask HL9-HL12	
Eligible for:											
WOMEN'S INTERVIEW			CHILD LABOUR MODULE			UNDER-5 INTERVIEW					
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. Is (name) MALE OR FEMALE?	HL5. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record in completed years	HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/caretaker	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/caretaker	HL9. Is (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO → HL11 8 DK → HL11	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record Line no. of mother or 00 for 'no'	HL11. Is (name's) NATURAL FATHER ALIVE? 1 YES 2 NO → NEXT LINE 8 DK → NEXT LINE	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record Line no. of father or 00 for 'no'
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER
01		0 1	1 2	— —	01	— —	— —	1 2 8	— —	1 2 8	— —
02		— —	1 2	— —	02	— —	— —	1 2 8	— —	1 2 8	— —
03		— —	1 2	— —	03	— —	— —	1 2 8	— —	1 2 8	— —
04		— —	1 2	— —	04	— —	— —	1 2 8	— —	1 2 8	— —
05		— —	1 2	— —	05	— —	— —	1 2 8	— —	1 2 8	— —
06		— —	1 2	— —	06	— —	— —	1 2 8	— —	1 2 8	— —
07		— —	1 2	— —	07	— —	— —	1 2 8	— —	1 2 8	— —
08		— —	1 2	— —	08	— —	— —	1 2 8	— —	1 2 8	— —
09		— —	1 2	— —	09	— —	— —	1 2 8	— —	1 2 8	— —
10		— —	1 2	— —	10	— —	— —	1 2 8	— —	1 2 8	— —
11		— —	1 2	— —	11	— —	— —	1 2 8	— —	1 2 8	— —

HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8	HL9	HL10	HL11	HL12
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER
12			1 2		12			1 2 8		1 2 8	
13			1 2		13			1 2 8		1 2 8	
14			1 2		14			1 2 8		1 2 8	
15			1 2		15			1 2 8		1 2 8	
16			1 2		16			1 2 8		1 2 8	
17			1 2		17			1 2 8		1 2 8	
18			1 2		18			1 2 8		1 2 8	
19			1 2		19			1 2 8		1 2 8	
20			1 2		20			1 2 8		1 2 8	
21			1 2		21			1 2 8		1 2 8	
22			1 2		22			1 2 8		1 2 8	
23			1 2		23			1 2 8		1 2 8	
24			1 2		24			1 2 8		1 2 8	
ARE THERE ANY OTHER PERSONS 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.											
Then, complete the totals below.											
					Women 15-49	Children 5-14	Under-5s				
Totals											

* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").
 Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of 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 in the information panel of the Questionnaire for Children Under 5.
 You should now have a separate questionnaire for each eligible woman and each child under 5 in the household.

- * Codes for HL3: Relationship to head of household:
- 01 = Head
 - 02 = Wife or Husband
 - 03 = Son or Daughter
 - 04 = Son or Daughter-In-Law
 - 05 = Grandchild
 - 06 = Parent
 - 07 = Parent-In-Law
 - 08 = Brother or Sister
 - 09 = Brother or Sister-In-Law
 - 10 = Uncle/Aunt
 - 11 = Niece/Nephew by Blood
 - 12 = Niece/Nephew by Marriage
 - 13 = Other Relative
 - 14 = Adopted/Foster/Stepchild
 - 15 = Not Related
 - 98 = Don't Know

EDUCATION MODULE		ED									
		For household members age 5 and above					For household members age 5-24 years				
ED1. Line no.	ED1A. Name	ED1B Age	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	ED4. DURING THE (2005-2006) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?	ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2004-2005)?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?	LEVEL:	GRADE/COURSE
			1 YES ⇔ ED3 2 NO ⇓ NEXT LINE	LEVEL: 0 PRE-SCHOOL/KINDERGARTEN 1 PRIMARY(GRADE 1-4) 2 SECONDARY(GRADE 5-11) 3 SECONDARY SPECIAL 4 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK <i>If less than 1 grade, enter 00.</i>	1 YES 2 NO ⇓ ED7	Insert number of days. If not all week was school days, write "9"	LEVEL: 0 PRESCHOOL 1 PRIMARY 2 SECONDARY 3 SECONDARY SPECIAL 4 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK	1 YES 2 NO ⇓ NEXT LINE 8 DK ⇓ NEXT LINE	LEVEL: 0 PRE-SCHOOL/KINDERGARTEN 1 PRIMARY(GRADE 1-4) 2 SECONDARY(GRADE 5-11) 3 SECONDARY SPECIAL 4 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK		
LINE		AGE	YES NO	LEVEL	YES NO	DAYS	LEVEL	Y N DK	LEVEL		GRADE/COURSE
01			1 2⇔NEXT LINE	0 1 2 3 4 6 8	1 2		0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8		
02			1 2⇔NEXT LINE	0 1 2 3 4 6 8	1 2		0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8		
03			1 2⇔NEXT LINE	0 1 2 3 4 6 8	1 2		0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8		
04			1 2⇔NEXT LINE	0 1 2 3 4 6 8	1 2		0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8		
05			1 2⇔NEXT LINE	0 1 2 3 4 6 8	1 2		0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8		
06			1 2⇔NEXT LINE	0 1 2 3 4 6 8	1 2		0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8		
07			1 2⇔NEXT LINE	0 1 2 3 4 6 8	1 2		0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8		
08			1 2⇔NEXT LINE	0 1 2 3 4 6 8	1 2		0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8		
09			1 2⇔NEXT LINE	0 1 2 3 4 6 8	1 2		0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8		
10			1 2⇔NEXT LINE	0 1 2 3 4 6 8	1 2		0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8		
11			1 2⇔NEXT LINE	0 1 2 3 4 6 8	1 2		0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8		

For household members age 5 and above		For household members age 5-24 years														
ED1A. Name	ED1B Age	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? LEVEL: 0 PRE-SCHOOL/KINDERGARTEN 1 PRIMARY(GRADE 1-4) 2 SECONDARY(GRADE 5-11) 3 SECONDARY SPECIAL 4 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK IF LESS THAN 1 GRADE, ENTER 00.	ED4. DURING THE (2005-2006) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 YES 2 NO ⇨ ED7	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL? INSERT NUMBER OF DAYS .IF NOT ALL WEEK WAS SCHOOL DAYS, WRITE "9"	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? LEVEL: 0 PRESCHOOL 1 PRIMARY 2 SECONDARY 3 SECONDARY SPECIAL 4 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK	ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2004-2005)? 1 YES 2 NO ⇨ NEXT LINE 8 DK ⇨ NEXT LINE	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? LEVEL: 0 PRESCHOOL/KINDERGARTEN 1 PRIMARY(GRADE 1-4) 2 SECONDARY(GRADE 5-11) 3 SECONDARY SPECIAL 4 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK	LEVEL	GRADE	Y	N	DK	LEVEL	GRADE		
LINE	AGE	YES	NO	DAYS	LEVEL	GRADE	Y	N	DK	LEVEL	GRADE	Y	N	DK	LEVEL	GRADE
ED1. Line NO		1	2⇨NEXT LINE		0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2		0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8	0 1 2 3 4 6 8
12		1	2⇨NEXT LINE		0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2		0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8	0 1 2 3 4 6 8
13		1	2⇨NEXT LINE		0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2		0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8	0 1 2 3 4 6 8
14		1	2⇨NEXT LINE		0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2		0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8	0 1 2 3 4 6 8
15		1	2⇨NEXT LINE		0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2		0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8	0 1 2 3 4 6 8
16		1	2⇨NEXT LINE		0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2		0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8	0 1 2 3 4 6 8
17		1	2⇨NEXT LINE		0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2		0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8	0 1 2 3 4 6 8
18		1	2⇨NEXT LINE		0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2		0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8	0 1 2 3 4 6 8
19		1	2⇨NEXT LINE		0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2		0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8	0 1 2 3 4 6 8
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WATER AND SANITATION MODULE		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water	
	Piped into dwelling	11 11⇒WS5
	Piped into yard or plot	12 12⇒WS5
	Public tap/standpipe.....	13
	Tubewell/borehole.....	21
	Dug well	
	Protected well.....	31
	Unprotected well	32
	Water from spring	
	Protected spring	41
	Unprotected spring.....	42 ⇒WS3
	Rainwater collection.....	51
	Tanker truck	61
Cart with small tank/drum	71	
Surface water (river, stream, dam, lake, pond, canal, irrigation channel).....	81	
Bottled water	91	
Other (<i>specify</i>)	96 96⇒WS3	
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water	
	Piped into dwelling	11 11⇒WS5
	Piped into yard or plot	12 12⇒WS5
	Public tap/standpipe.....	13
	Tubewell/borehole.....	21
	Dug well	
	Protected well.....	31
	Unprotected well	32
	Water from spring	
	Protected spring	41
	Unprotected spring.....	42
	Rainwater collection.....	51
	Tanker truck	61
Cart with small tank/drum	71	
Surface water (river, stream, dam, lake, pond, canal, irrigation channel).....	81	
Other (<i>specify</i>)	96	
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes	___ __
	Water on premises	995 995⇒WS5
	DK	998
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? <i>Circle code that best describes this person.</i>	Adult woman	1
	Adult man	2
	Female child (under 15).....	3
	Male child (under 15)	4
	DK	8
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes	1
	No.....	2 2⇒WS7
	DK	8 8⇒WS7

<p>WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?</p> <p>ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil A</p> <p>Add bleach/chlorine B</p> <p>Strain it through a cloth C</p> <p>Use water filter (ceramic, sand, composite, etc.) D</p> <p>Solar disinfection E</p> <p>Let it stand and settle F</p> <p>Other (<i>specify</i>) _____ X</p> <p>DK Z</p>	
<p>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe: WHERE DOES IT FLUSH TO?</i></p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / pour flush</p> <p>Flush to piped sewer system 11</p> <p>Flush to septic tank 12</p> <p>Flush to pit (latrine) 13</p> <p>Flush to somewhere else 14</p> <p>Flush to unknown place/not sure/DK where 15</p> <p>Ventilated Improved Pit latrine (VIP) 21</p> <p>Pit latrine with slab 22</p> <p>Pit latrine without slab / open pit 23</p> <p>Bucket 41</p> <p>No facilities or bush or field 95</p> <p>Other (<i>specify</i>) 96</p>	<p>95⇒ NEXT MODULE</p>
<p>WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒ NEXT MODULE</p>
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10) 0 ____</p> <p>Ten or more households 10</p> <p>DK 98</p>	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Tajik..... 1 Uzbek 2 Russian 3 Kirgiz 4 Other language (<i>specify</i>) 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms _ _	
HC3. Main material of the dwelling floor: Record observation.	Natural floor Earth/sand 11 Rudimentary floor Wood planks 21 Finished floor Parquet or polished wood 31 Linoleum/ vinyl tiles..... 32 Ceramic tiles 33 Cement/concrete..... 34 Carpet 35 Other (<i>specify</i>) 96	
HC4. Main material of the roof. <i>Record observation.</i>	Natural roofing Straw/reed..... 12 Dirt..... 14 Rudimentary roofing Rustic mat 21 Wood planks 23 Finished roofing Metal 31 Wood..... 32 Calamine 33 Cement/concrete..... 35 Other (<i>specify</i>) 96	
HC5. Main material of the walls. <i>Record observation.</i>	Natural walls Dirt..... 13 Rudimentary walls Stone with mud 22 Uncovered adobe..... 23 Plywood..... 24 Reused wood 26 Finished walls Cement..... 31 Stone with lime/cement..... 32 Bricks 33 Cement blocks 34 Covered adobe..... 35 Wood planks/shingles 36 Other (<i>specify</i>) 96	

HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity..... 01 Liquid Propane Gas (LPG)..... 02 Natural gas..... 03 Kerosene..... 05 Coal 06 Wood..... 08 Straw/shrubs/grass 09 Animal dung 10 Agricultural crop residue 11 Other (<i>specify</i>) 96	01⇒HC8 02⇒HC8 03⇒HC8																																																
HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE? <i>Probe for type.</i>	Open fire 1 Open stove..... 2 Closed stove 3 Other (<i>specify</i>) 6																																																	
HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?	Yes 1 No..... 2																																																	
HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?	In the house 1 In a separate building..... 2 Outdoors 3 Other (<i>specify</i>) 6																																																	
HC9. DOES YOUR HOUSEHOLD HAVE: ELECTRICITY? A RADIO? A TELEVISION? A MOBILE TELEPHONE? A NON-MOBILE TELEPHONE? A REFRIGERATOR? AN ELECTRIC WATER HEATER? TABLE? CHAIR? MIRROR? WASHING MACHINE? VACUUM CLEANER? VCR? CUPBOARD? FURNITURE?	<table style="width:100%; border:none;"> <thead> <tr> <th></th> <th style="text-align:center;">Yes</th> <th style="text-align:center;">No</th> </tr> </thead> <tbody> <tr><td>Electricity.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Radio.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Television.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Mobile telephone.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Non-mobile telephone.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Refrigerator.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Electric water heater.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Table.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Chair.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Mirror.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Washing machine.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Vacuum cleaner.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>VCR.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Cupboard.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Furniture.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	Television.....	1	2	Mobile telephone.....	1	2	Non-mobile telephone.....	1	2	Refrigerator.....	1	2	Electric water heater.....	1	2	Table.....	1	2	Chair.....	1	2	Mirror.....	1	2	Washing machine.....	1	2	Vacuum cleaner.....	1	2	VCR.....	1	2	Cupboard.....	1	2	Furniture.....	1	2	
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HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: A WATCH? A BICYCLE? A MOTORCYCLE OR SCOOTER? AN ANIMAL-DRAWN CART? A CAR OR TRUCK? COMPUTER? TRACTOR/COMBINE	<table style="width:100%; border:none;"> <thead> <tr> <th></th> <th style="text-align:center;">Yes</th> <th style="text-align:center;">No</th> </tr> </thead> <tbody> <tr><td>Watch.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Bicycle.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Motorcycle/scooter.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Animal-drawn cart.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Car/truck.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Computer.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Tractor/combine.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> </tbody> </table>		Yes	No	Watch.....	1	2	Bicycle.....	1	2	Motorcycle/scooter.....	1	2	Animal-drawn cart.....	1	2	Car/truck.....	1	2	Computer.....	1	2	Tractor/combine.....	1	2																									
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ADDITIONAL HOUSEHOLD CHARACTERISTICS

<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes 1 No 2</p>	<p>2⇒HC13</p>
<p>HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD HAVE?</p> <p>IF 1 OR MORE HECTARES, CYCLE "1" AND RECORD HECTARES</p> <p>IF LESS 1 HECTARES, CYCLE "2" AND RECORD NUMBER OF SOTS</p> <p><i>If more than 97, record '97'.</i> <i>If unknown, cycle '98'.</i></p>	<p>If >= 1 hectares 1. ___ ___</p> <p>If < 1 hectares, sots 2. ___ ___</p> <p>Unknown 998</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OR FARM ANIMALS?</p>	<p>Yes 1 No 2</p>	<p>2⇒NEXT MODULE</p>
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>CATTLE?</p> <p>MILK COWS OR BULLS?</p> <p>HORSES, DONKEYS, OR MULES?</p> <p>GOATS?</p> <p>SHEEP?</p> <p>CHICKENS?</p> <p>RABBITS?</p> <p>PIGS?</p> <p><i>If none, record '00'.</i> <i>If more than 97, record '97'.</i> <i>If unknown, record '98'.</i></p>	<p>Cattle ___ ___</p> <p>Milk cows or bulls ___ ___</p> <p>Horses, donkeys, or mules ___ ___</p> <p>Goats ___ ___</p> <p>Sheep ___ ___</p> <p>Chickens ___ ___</p> <p>Rabbits ___ ___</p> <p>Pigs ___ ___</p>	

ITN MODULE		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes 1 No 2	2 → NEXT MODULE
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE? <i>If 7 or more nets, record '7'.</i>	Number of nets ____	
TN3. IS THE NET (ARE ANY OF THE NETS) ANY OF THE FOLLOWING BRANDS: <i>If possible, observe the net to verify brand.</i>		
PRE-TREATED NETS TN3P1. NETS BRAND RECEIVED FROM ACTED?	PRE-TREATED NET NETS FROM ACTED 1 2 8	Y N DK
OTHER NETS: TN3O3. OTHER NETS BRAND?	Other nets Other nets (specify) 1 2	
TN3O4. UNKNOWN NETS BRAND	Unknown brand 1 2	
TN3A. WHERE DID YOU GET THE (NAME OF NET HIGHEST IN THE LIST OF NETS AVAILABLE IN THE HOUSEHOLD, IN TN3) MOSQUITO NET? <i>Ask question in relation to the most effective mosquito net available in the household (Check TN3). If there is more than one net in the same category, ask question referring to the most recently obtained net.</i>	Public sector Govt. hospital 11 Govt. health centre 12 Govt. health post 13 Village health worker 14 Mobile/outreach clinic 15 Other public (specify) 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private medical (specify) 26 Other source Relative or friend 31 Shop 32 Traditional practitioner 33 Humanitarian aid 34 Other (specify) 96 DK 98	

<p>TN3B. HOW MUCH DID YOU PAY FOR THE (NAME OF NET HIGHEST IN THE LIST OF NETS AVAILABLE IN THE HOUSEHOLD, IN TN3) MOSQUITO NET?</p> <p><i>Ask question in relation to the most effective mosquito net available in the household (Check TN3). If there is more than one net in the same category, ask question referring to the most recently obtained net.</i></p>	<p>Somoni..... _____</p> <p>Free..... 9996</p> <p>DK..... 9998</p>	
<p>TN4. Check TN3 for brand of net(s). Go through the above list in order until one box is checked and follow instructions:</p> <p>1. <input type="checkbox"/> Pre-treated net received from ACTED mentioned? ⇒ Go to TN6</p> <p>2. <input type="checkbox"/> Other net (brand E, brand F or any other net, or an unknown brand) mentioned? ⇒ Continue with TN5</p>		
<p>TN5. WHEN YOU GOT THE (MOST RECENT) NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK/not sure..... 8</p>	
<p>TN6. HOW MANY MONTHS AGO WAS THE (MOST RECENT) NET OBTAINED?</p> <p><i>If less than 1 month ago, record '00'. If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.</i></p>	<p>Months ago..... _____</p> <p>More than 24 months ago..... 95</p> <p>Not sure..... 98</p>	
<p>TN7. SINCE YOU GOT THE NET(S) HAS IT (HAVE ANY OF THESE NETS) EVER BEEN SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>2⇒NEXT MODULE</p> <p>8⇒NEXT MODULE</p>
<p>TN8. HOW LONG AGO WAS THE MOST RECENT SOAKING/DIPPING DONE?</p> <p><i>If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i></p>	<p>Months ago..... _____</p> <p>More than 24 months ago..... 95</p> <p>Not sure..... 98</p>	

CHILD LABOUR MODULE										CL
<p>To be administered to mother/caretaker of each child in the household age 5 through 14 years. Check household information panel HL7. Copy line numbers each eligible for interview children from household information panel. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.</p>										
CL1. Line no.	CL2. Name	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO CL5	CL4. <i>If yes:</i> 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? <i>If more than one job, include all hours at all jobs.</i> Record response then ⇒ CL.6	CL5. AT ANY TIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	CL6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇒ TO CL8	CL7. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	CL8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?) 1 YES 2 NO ⇒ NEXT LINE	CL9. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?		
LINE NO.	NAME	YES PAID UNPAID NO	NO. HOURS	YES PAID UNPAID NO	YES YES NO	NO. HOURS	YES YES NO	NO. HOURS		
01		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —		
02		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —		
03		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —		
04		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —		
05		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —		
06		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —		
07		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —		
08		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —		
09		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —		
10		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —		
11		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —		

CL1. Line no.	CL2. Name	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇨ TO CL5			CL4. <i>If yes:</i> 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? <i>If more than one job, include all hours at all jobs.</i> <i>Record response then ⇨ CL.6</i>			CL5. AT ANY TIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO			CL6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇨ TO CL8			CL7. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?			CL8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?) 1 YES 2 NO ⇨ NEXT LINE			CL9. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?		
		PAID	UNPAID	NO	NO. HOURS	PAID	UNPAID	NO	YES	NO	NO. HOURS	YES	NO	NO. HOURS	YES	NO	NO. HOURS					
12		1	2	3	—	—	—	1	2	3	1	2	—	1	2	—	—	—				
13		1	2	3	—	—	—	1	2	3	1	2	—	1	2	—	—	—				
14		1	2	3	—	—	—	1	2	3	1	2	—	1	2	—	—	—				
15		1	2	3	—	—	—	1	2	3	1	2	—	1	2	—	—	—				
16		1	2	3	—	—	—	1	2	3	1	2	—	1	2	—	—	—				
17		1	2	3	—	—	—	1	2	3	1	2	—	1	2	—	—	—				
18		1	2	3	—	—	—	1	2	3	1	2	—	1	2	—	—	—				
19		1	2	3	—	—	—	1	2	3	1	2	—	1	2	—	—	—				
20		1	2	3	—	—	—	1	2	3	1	2	—	1	2	—	—	—				
21		1	2	3	—	—	—	1	2	3	1	2	—	1	2	—	—	—				
22		1	2	3	—	—	—	1	2	3	1	2	—	1	2	—	—	—				
23		1	2	3	—	—	—	1	2	3	1	2	—	1	2	—	—	—				
24		1	2	3	—	—	—	1	2	3	1	2	—	1	2	—	—	—				

CHILD DISCIPLINE MODULE

TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE for Child Discipline questions

Review the household listing and list each of the children aged 2-14 years below in order according to their line number (HL1). Do not include other household members outside of the age range 2-14 years. Record the line number, name, sex, age, and the line number of the mother or caretaker for each child. Then record the total number of children aged 2-14 in the box provided (CD7).

CD1. Rank no.	CD2. Line no. from HL1.	CD3. Name from HL2.	CD4. Sex from HL4.		CD5. Age from HL5.	CD6. Line no. of mother/ caretaker from HL7 or HL8.	
LINE	LINE	NAME	M	F	AGE	MOTHER	
01	___		1	2	___	___	
02	___		1	2	___	___	
03	___		1	2	___	___	
04	___		1	2	___	___	
05	___		1	2	___	___	
06	___		1	2	___	___	
07	___		1	2	___	___	
08	___		1	2	___	___	
CD7.	TOTAL CHILDREN AGED 2-14 YEARS					___	___

CD7A. Check CD7:

- No children age 2-14 yrs in this HH
⇒ Go to Maternal Mortality Module
- Only one child age 2-14 yrs in this HH
⇒ Go to CD11
- Two and more children age 2-14 yrs in this HH
⇒ Go to table 2

TABLE 2: Selection of random child for Child Discipline questions

Use this table to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household. Look for the last digit of the household number from the cover page. This is the number of the row you should go to in the table below. Check the total number of eligible children (2-14) in CD7 above. This is the number of the column you should go to. Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child about whom the questions will be asked. Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD11 on the next page. Then, find the mother or primary caretaker of that child, and ask the questions, beginning with CD12.

CD8. Last digit of the household number	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD9. Record the rank number of the selected child
from table 2 above

Rank number of child ___

CHILD DISCIPLINE MODULE		CD
Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions. Ask to interview the mother or primary caretaker of the selected child (identified by the line number in CD6).		
CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.	Name _____ Line number	
CD12. ALL ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH.		
CD12A. TOOK AWAY PRIVILEGES FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).	Yes 1 No 2	
CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.	Yes 1 No 2	
CD12C. SHOOK HIM/HER.	Yes 1 No 2	
CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes 1 No 2	
CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes 1 No 2	
CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes 1 No 2	
CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes 1 No 2	
CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes 1 No 2	
CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes 1 No 2	
CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes 1 No 2	
CD12K. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).	Yes 1 No 2	
CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) (name) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?	Yes 1 No 2 Don't know/no opinion 8	

MATERNAL MORTALITY MODULE**MM**

Administer to each adult household member age 19 – 59 yrs. Copy name and line number of each adult (age 15-59) in the household. If one of these adults is not at home, another adult may respond for him/her. Indicate this by placing a '1' in MM3, and insert line number of proxy respondent in MM4. For household members below age 15, and more than 60 yrs leave rows blank...

MM1. Line no.	MM2. Name	MM3. IS THIS A PROXY REPORT? 1 YES ⇒MM4 2 NO ⇒MM5	MM4. Line no. of proxy respondent (from household listing HLI)	MM5. HOW MANY SISTERS (BORN TO THE SAME MOTHER) HAVE YOU EVER HAD?	MM6. HOW MANY OF THESE SISTERS EVER REACHED AGE 15?	MM7. HOW MANY OF THESE SISTERS (WHO ARE AT LEAST 15 YEARS OLD) ARE ALIVE NOW?	MM8. HOW MANY OF THESE SISTERS WHO REACHED AGE 15 OR MORE HAVE DIED?	MM9. HOW MANY OF THESE DEAD SISTERS DIED WHILE PREGNANT, OR DURING CHILDBIRTH, OR DURING THE SIX WEEKS AFTER THE END OF PREGNANCY?
LINE	NAME	Y N	LINE	98= DON'T KNOW	98= DON'T KNOW	98= DON'T KNOW	98= DON'T KNOW	98= DON'T KNOW
01		1 2	---	---	---	---	---	---
02		1 2	---	---	---	---	---	---
03		1 2	---	---	---	---	---	---
04		1 2	---	---	---	---	---	---
05		1 2	---	---	---	---	---	---
06		1 2	---	---	---	---	---	---
07		1 2	---	---	---	---	---	---
08		1 2	---	---	---	---	---	---
09		1 2	---	---	---	---	---	---
10		1 2	---	---	---	---	---	---
11		1 2	---	---	---	---	---	---

MM1. Line no.	MM2. Name	MM3. IS THIS A PROXY REPORT? 1 YES ⇒MM4 2 NO ⇒MM5	MM4. Line no. of proxy respondent (from household listing HLL)	MM5. HOW MANY SISTERS (BORN TO THE SAME MOTHER) HAVE YOU EVER HAD?	MM6. HOW MANY OF THESE SISTERS EVER REACHED AGE 15?	MM7. HOW MANY OF THESE SISTERS (WHO ARE AT LEAST 15 YEARS OLD) ARE ALIVE NOW?	MM8. HOW MANY OF THESE SISTERS WHO REACHED AGE 15 OR MORE HAVE DIED?	MM9. HOW MANY OF THESE DEAD SISTERS DIED WHILE PREGNANT, OR DURING CHILD BIRTH, OR DURING THE SIX WEEKS AFTER THE END OF PREGNANCY?
Line	Name	Y N	Line	98= DON'T KNOW	98= DON'T KNOW	98= DON'T KNOW	98= DON'T KNOW	98= DON'T KNOW
12		1 2	--	--	--	--	--	--
13		1 2	--	--	--	--	--	--
14		1 2	--	--	--	--	--	--
15		1 2	--	--	--	--	--	--
16		1 2	--	--	--	--	--	--
17		1 2	--	--	--	--	--	--
18		1 2	--	--	--	--	--	--
19		1 2	--	--	--	--	--	--
20		1 2	--	--	--	--	--	--
21		1 2	--	--	--	--	--	--
22		1 2	--	--	--	--	--	--
23		1 2	--	--	--	--	--	--
24		1 2	--	--	--	--	--	--

SALT IODIZATION MODULE		SI
SI1A. DID YOU EVER HEARD ABOUT IODIZATION OF COOKING SOLT?	Yes 1 No..... 2 Don't know 8	
SI1B. WHY DO YOU THINK IT IS NECESSARY TO USE IODAZIED SALT?	Prevents from goitre.....A Prevents disorders in the development of foetus during pregnancy B Prevents from brain damage/intellect decrement C Other(specify).....X Don't know Z	
SI1C. WHAT KIND OF SALT DO YOU USUALLY USE FOR DAILY PREPARATION OF FOOD?	Iodized..... 1 Not iodized 2 Don't know 8	
SI1D. THE LAST TIME YOU BOUGHT SALT, WHAT KIND OF PACKAGE WAS IT IN, A BOX, A BAG OR BY THE KILO (NO PACKAGE)? <i>If bag, ask:</i> WAS IT IN AN INDUSTRIAL BAG WITH A LABEL, OR RE-PACKAGED IN A BAG WITH NO LABEL?	A box 1 Industrial bag with the label 2 Re-packaged in a bag with no label..... 3 by the kilo (no package)..... 4 Other(specify)..... 6	
SI1E. THE LAST TIME YOU BOUGHT SALT, IN WHAT QUANTITY DID YOU BUY IT IN?	< 1 kg 1 2 kg 2 4 - 5 kg 3 10 - 25 kg 4 > 50 kg 5	
SI1. 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?	Not iodized 0 PPM 1 Less than 15 PPM..... 2 15 PPM or more 3 No salt in home 6 Salt not tested 7	
<i>Once you have examined the salt, Circle number that corresponds to test outcome.</i>		

SI2. Does any eligible woman age 15-49 reside in the household?

Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.

Yes. ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN
To administer the questionnaire to the first eligible woman.

No. ⇒ Continue.

SI3. Does any child under the age of 5 reside in the household?

Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE
To administer the questionnaire to caretaker of the first eligible child.

No. ⇒ End the interview by thanking the respondent for his/her cooperation.

Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.

STATE COMMITTEE ON
STATISTICS OF REPUBLIC
OF TAJIKISTAN



UNICEF OFFICE
IN THE REPUBLIC OF
TAJIKISTAN

2 QUESTIONNAIRE FOR INDIVIDUAL WOMEN 2

WOMEN'S INFORMATION PANEL		WM
<p><i>This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing). Fill in one form for each eligible woman Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.</i></p>		
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's Name: _____	WM4. Woman's Line Number: _____	
WM5. Interviewer name and number: _____	WM6. Day/Month/Year of interview: ____/____/_____	
WM7. Result of women's interview	Completed 1 Not at home 2 Refused 3 Partly completed 4 Incapacitated 5 Other (<i>specify</i>) 6	
WM7A. Name and line of editor: Name _____	Editing date and signature: _____	

Repeat greeting if not already read to this woman:

WE NOW WOULD LIKE TO TALK TO EACH WOMEN AGE 15-49 YEARS. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit.

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month DK month 98 Year DK year 9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years).....	

<p>CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH?</p> <p>I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER.</p> <p><i>Skip to CM3 only if year of first birth is given. Otherwise, continue with CM2B.</i></p>	<p>Date of first birth Day __ __ DK day 98</p> <p>Month __ __ DK month 98</p> <p>Year __ __ __ __ DK year 9998</p>	<p>⇒CM3 ⇩CM2B</p>
<p>CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Completed years since first birth __ __</p>	
<p>CM3. 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⇒CM5</p>
<p>CM4. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p>	<p>Sons at home __ __ Daughters at home __ __</p>	
<p>CM5. 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⇒CM7</p>
<p>CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Sons elsewhere __ __ Daughters elsewhere __ __</p>	
<p>CM7. 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⇒CM9</p>
<p>CM8. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p>	<p>Boys dead __ __ Girls dead __ __</p>	
<p>CM9. Sum answers to CM4, CM6, and CM8.</p>	<p>Sum __ __</p>	

CM10. 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 CM11

No. ⇒ Check responses and make corrections before proceeding to CM11

<p>CM11. OF THESE (<i>total number</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p><i>If day is not known, enter '98' in space for day.</i></p>	<p>Date of last birth</p> <p>Day/Month/Year ___/___/_____</p>	
<p>CM11A. WOMEN SOMETIMES HAVE PREGNANCIES WHICH DO NOT END IN A LIVE BORN CHILD. THAT IS, A PREGNANCY CAN BE ENDED EARLY BY AN ABORTION, A MISCARRIAGE, OR A STILLBIRTH.</p> <p>IN TOTAL, HOW MANY ABORTIONS HAVE YOU HAD?</p> <p><i>If none, record '00'</i></p>	<p>Total abortions ___</p>	
<p>CM11B. HOW MANY MISCARRIAGES?</p> <p><i>If none, record '00'</i></p>	<p>Total miscarriages ___</p>	
<p>CM11C. HOW MANY STILLBIRTHS?</p> <p><i>If none, record '00'</i></p>	<p>Total stillbirths ___</p>	
<p>CM12. Check CM11: Did the woman's last birth occur within the last 2 years, that is, since (<i>day and month of interview in 2003</i>)?</p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to MARRIAGE/UNION module.</p> <p><input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Continue with CM13</p> <p style="text-align: center;"><i>Name of child</i></p>		
<p>CM13. AT THE TIME YOU BECAME PREGNANT WITH (<i>name</i>), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU WANT NO (MORE) CHILDREN AT ALL?</p>	<p>Then 1</p> <p>Later 2</p> <p>No more 3</p>	

MATERNAL AND NEWBORN HEALTH MODULE		MN																											
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM12 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>																													
<p>MN1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH [THE BIRTH OF name], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</p> <p><i>Show 200,000 IU capsule or dispenser.</i></p>	<p>Yes 1 No 2 DK..... 8</p>																												
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?</p> <p><i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i></p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional: Doctor A Nurse/midwife B Auxiliary midwife C Other person Traditional birth attendant F Community health worker G Relative/friend H Other (specify) X No one Y</p>	Y⇒MN7																											
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>MN3A. WERE YOU WEIGHED? MN3B. WAS YOUR BLOOD PRESSURE MEASURED? MN3C. DID YOU GIVE A URINE SAMPLE? MN3D. DID YOU GIVE A BLOOD SAMPLE? MN3E. WAS YOUR BLOOD GROUP DETERMINED? MN3F. DID YOU HAVE A GYNAECOLOGICAL EXAM? MN3G. WAS YOUR PREGNANCY TERM ASSESSED? MN3H. DID YOU HAVE AN ULTRASOUND EXAM?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Weight</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood pressure</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood group determined</td> <td>1</td> <td>2</td> </tr> <tr> <td>Gynaecological exam</td> <td>1</td> <td>2</td> </tr> <tr> <td>Pregnancy term</td> <td>1</td> <td>2</td> </tr> <tr> <td>Ultrasound exam</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Weight	1	2	Blood pressure	1	2	Urine sample	1	2	Blood sample.....	1	2	Blood group determined	1	2	Gynaecological exam	1	2	Pregnancy term	1	2	Ultrasound exam	1	2	
	Yes	No																											
Weight	1	2																											
Blood pressure	1	2																											
Urine sample	1	2																											
Blood sample.....	1	2																											
Blood group determined	1	2																											
Gynaecological exam	1	2																											
Pregnancy term	1	2																											
Ultrasound exam	1	2																											
<p>MN4A. DURING THIS PREGNANCY, WERE YOU GIVEN OR DID YOU BUY ANY IRON TABLETS?</p>	<p>Yes, were given 1 Yes, did buy..... 2 No 3 DK..... 8</p>	3⇒MN4 8⇒MN4																											
<p>MN4B. DURING THE WHOLE PREGNANCY, FOR HOW MANY DAYS DID YOU TAKE THE IRON TABLETS?</p> <p><i>If answer is not numeric, probe for approximate number of days.</i></p>	<p>No. of days _ _ _</p>																												
<p>MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?</p>	<p>Yes 1 No 2 DK..... 8</p>																												

<p>MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes1 No2 DK.....8</p>	<p>2⇒MN7 8⇒MN7</p>
<p>MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes1 No2 DK.....8</p>	
<p>MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (NAME)?</p> <p>ANYONE ELSE?</p> <p>PROBE FOR THE TYPE OF PERSON ASSISTING AND CIRCLE ALL ANSWERS GIVEN.</p>	<p>Health professional: Doctor A Nurse/midwife B Auxiliary midwife C Other person Traditional birth attendant F Community health worker G Relative/friend H Other (specify) X No one Y</p>	
<p>MN8. WHERE DID YOU GIVE BIRTH TO (NAME)?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE BELOW. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>(NAME OF PLACE)</p>	<p>Home Your home11 Other home12</p> <p>Public sector Govt. hospital21 Govt. clinic/health center22 Other public (specify)26</p> <p>Private Medical Sector Private hospital31 Private clinic32 Private maternity home33 Other private medical (specify)</p> <p>Other (specify)96</p>	
<p>MN9. WHEN YOUR LAST CHILD (NAME) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large1 Larger than average2 Average3 Smaller than average4 Very small5 DK.....8</p>	
<p>MN10. WAS (NAME) WEIGHED AT BIRTH?</p>	<p>Yes1 No2 DK.....8</p>	<p>2⇒MN12 8⇒MN12</p>
<p>MN11. HOW MUCH DID (NAME) WEIGH?</p> <p>RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.</p>	<p>From card 1 (kilograms) __ . ____</p> <p>From recall 2 (kilograms) __ . ____</p> <p>DK.....99998</p>	
<p>MN12. DID YOU EVER BREASTFEED (NAME)?</p>	<p>Yes1 No2</p>	<p>2⇒ NEXT MODULE</p>

MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (NAME) TO THE BREAST? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	Immediately000	
	Hours 1 __ __	
	or Days 2 __ __	
	Don't know/don't remember998	

MARRIAGE/UNION MODULE		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married 1 Yes, living with a man 2 No, not in union 3	3⇒MA3
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years __ __ DK 98	⇒MA5 98⇒MA5
MA3. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN?	Yes, formerly married..... 1 Yes, formerly lived with a man 2 No..... 3	3⇒NEXT MODULE
MA4. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced 2 Separated 3	
MA5. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once 2	
MA6. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Month __ __ DK month 98 Year..... __ __ __ __ DK year 9998	
MA7. Check MA6: <input type="checkbox"/> Both month and year of marriage/union known? ⇒ Go to Next Module <input type="checkbox"/> Either month or year of marriage/union not known? ⇒ Continue with MA8		
MA8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years __ __	

CONTRACEPTION MODULE		CP
I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH.		
CP0A. PEOPLE CAN USE THE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. WHICH WAYS OR METHODS HAVE YOU HEARD ABOUT? <i>Do not prompt. If more than one method is mentioned, circle each one</i>	Female sterilization A Male sterilization B Pill C IUD D Injections E Implants F Condom G Female condom H Diaphragm I Foam/jelly J Lactational amenorrhoea method (LAM) K Periodic abstinence L Withdrawal M Other (<i>specify</i>) X No any method was mentioned Y	
CP1. ARE YOU PREGNANT NOW?	Yes, currently pregnant 1 No 2 Unsure or DK 8	2⇒CP2 8⇒CP2
CP1A. AT THE TIME YOU BECAME PREGNANT DID YOU WANT TO BECOME PREGNANT <u>THEN</u> , DID YOU WANT TO WAIT UNTIL <u>LATER</u> , OR DID YOU <u>NOT WANT</u> TO HAVE ANY MORE CHILDREN?	Then 1 Later 2 Not want more children 3	1⇒CP4B 2⇒CP4B 3⇒CP4B
CP2. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes 1 No 2	2⇒CP4A
CP3. WHICH METHOD ARE YOU USING? <i>Do not prompt. If more than one method is mentioned, circle each one.</i>	Female sterilization A Male sterilization B Pill C IUD D Injections E Implants F Condom G Female condom H Diaphragm I Foam/jelly J Lactational amenorrhoea method (LAM) K Periodic abstinence L Withdrawal M Other (<i>specify</i>) X	

<p>CP4A. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</p> <p>CP4B. <i>If currently pregnant:</i> NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</p>	<p>Have (a/another) child..... 1</p> <p>No more/none 2</p> <p>Says she cannot get pregnant 3</p> <p>Undecided/don't know..... 8</p>	<p>2⇒CP4D</p> <p>3⇒NEXT MODULE</p> <p>8⇒CP4D</p>
<p>CP4C. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</p>	<p>Months 1 __ __</p> <p>Years..... 2 __ __</p> <p>Soon/now 993</p> <p>Says she cannot get pregnant 994</p> <p>After marriage 995</p> <p>Other 996</p> <p>Don't know 998</p>	
<p>CP4D. <i>Check CP1:</i></p> <p><input type="checkbox"/> <i>Currently pregnant? ⇒ Go to Next Module</i></p> <p><input type="checkbox"/> <i>Not currently pregnant or unsure? ⇒ Continue with CP4E</i></p>		
<p>CP4E. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	

ATTITUDES TOWARD DOMESTIC VIOLENCE		DV			
<p>DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:</p> <p>DV1A. IF SHE GOES OUT WITH OUT TELLING HIM?</p> <p>DV1B. IF SHE NEGLECTS THE CHILDREN?</p> <p>DV1C. IF SHE ARGUES WITH HIM?</p> <p>DV1D. IF SHE REFUSES SEX WITH HIM?</p> <p>DV1E. IF SHE BURNS THE FOOD?</p>	<p>DK</p> <p>Goes out without telling..... 1 2 8</p> <p>Neglects children 1 2 8</p> <p>Argues..... 1 2 8</p> <p>Refuses sex 1 2 8</p> <p>Burns food..... 1 2 8</p>	<p>Yes</p>	<p>No</p>		
<p>DV2 Check in Marriage/Union module question MA1, if women was married/in union.</p> <p><input type="checkbox"/> Yes. ⇒ Go to DV2A</p> <p><input type="checkbox"/> No ⇒ Go to next module</p>					
<p>DV2A. WHO USUALLY MAKES DECISIONS ABOUT HEALTH CARE FOR YOURSELF: MAINLY YOU, MAINLY YOUR HUSBAND/PARTNER, YOU AND YOUR HUSBAND/PARTNER JOINTLY, OR SOMEONE ELSE?</p> <p>DV2B. WHO USUALLY MAKES DECISIONS ABOUT MAKING MAJOR HOUSEHOLD PURCHASES?</p> <p>DV2C. WHO USUALLY MAKES DECISIONS ABOUT MAKING PURCHASES FOR DAILY HOUSEHOLD NEEDS?</p> <p>DV2D. WHO USUALLY MAKES DECISIONS ABOUT VISITS TO YOUR FAMILY OR RELATIVES?</p>	<p>About health care</p> <p>About major purchases</p> <p>About daily purchases</p> <p>About visits to your family or relatives</p>	<p>Respondent</p> <p>Husband / partner</p> <p>Respondent & husband/partner jointly</p> <p>Someone else</p> <p>Other</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>6</p>	<p>2</p> <p>3</p> <p>4</p> <p>6</p>	<p>3</p> <p>4</p> <p>6</p>

HIV/AIDS MODULE		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	Yes 1 No..... 2	2⇨ NEXT MODULE
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?	Yes 1 No..... 2 DK..... 8	
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No..... 2 DK..... 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No..... 2 DK..... 8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No..... 2 DK..... 8	
HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes 1 No..... 2 DK..... 8	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes 1 No..... 2 DK..... 8	
HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?	Yes 1 No..... 2 DK..... 8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No..... 2 DK..... 8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?		
HA9A. DURING PREGNANCY?	Yes No DK During pregnancy..... 1 2 8	
HA9B. DURING DELIVERY?	During delivery 1 2 8	
HA9C. BY BREASTFEEDING?	By breastfeeding 1 2 8	
HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No..... 2 DK/not sure/depends 8	
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes 1 No..... 2 DK/not sure/depends 8	

HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes..... 1 No..... 2 DK/not sure/depends 8	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes..... 1 No..... 2 DK/not sure/depends 8	
<p>HA14. <i>Check MN5: Tested for HIV during antenatal care?</i></p> <p><input type="checkbox"/> Yes. ⇒ Go to HA18A</p> <p><input type="checkbox"/> No. ⇒ No or no response to this question Continue with HA15</p>		
HA15. 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⇒HA18
HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE TEST RESULTS?	Yes..... 1 No..... 2	
HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?	Asked for the test..... 1 Offered and accepted 2 Required..... 3	1⇒NEXT MODULE 2⇒NEXT MODULE 3⇒NEXT MODULE
<p>HA18. 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?</p> <p>HA18A. If tested for HIV during antenatal care: OTHER THAN AT THE ANTENATAL CLINIC, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?</p>	Yes..... 1 No..... 2	

TUBERCULOSIS MODULE		TB
<p>TB1. HAVE YOU HEARD OF ILLNESS CALLED TB?</p>	<p>Yes 1</p> <p>No 2</p>	2 → NEXT MODULE
<p>TB2. CAN TUBERCULOSIS BE CURED?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>TB3. HAVE YOU OR HAS ANYONE IN YOURS FAMILY EVER HAD TUBERCULOSIS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>TB4. OTHER THAN YOUR FAMILY, IS THERE ANYONE WITH WHOM YOU HAVE FREQUENT CONTACT (NEIGHBORS, COLLEAGUES, OR CLOSE FRIENDS) WHO HAS EVER HAD TUBERCULOSIS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>TB5. WHAT SIGNS OR SYMPTOMS WOULD LEAD YOU TO THINK THAT A PERSON HAS TUBERCULOSIS?</p> <p><i>Probe: ANY OTHER WAYS?</i> <i>Record all mentioned</i></p>	<p>Coughing A</p> <p>Coughing with sputum B</p> <p>Coughing more than 3 weeks C</p> <p>Fever D</p> <p>Blood in sputum E</p> <p>Loss of appetite F</p> <p>Night sweating G</p> <p>Pain in chest H</p> <p>Tiredness/fatigue I</p> <p>Weight loss J</p> <p>Lethargy K</p> <p>Other (specify) X</p> <p>No any sign/symptom was mentioned Y</p>	
<p>TB6. WHAT ARE SYMPTOMS OF TUBERCULOSIS WHICH WOULD CONVINCEN YOU TO SEEK MEDICAL ASSISTANCE?</p> <p>OTHER?</p> <p><i>Record all mentioned</i></p>	<p>Coughing A</p> <p>Coughing with sputum B</p> <p>Coughing more than 3 weeks C</p> <p>Fever D</p> <p>Blood in sputum E</p> <p>Loss of appetite F</p> <p>Night sweating G</p> <p>Pain in chest H</p> <p>Tiredness/fatigue I</p> <p>Weight loss J</p> <p>Lethargy K</p> <p>Other (specify) X</p> <p>No any sign/symptom was mentioned Y</p>	
<p>TB7. WHEN A PERSON FIRST DISCOVERS THAT HE/SHE HAS TUBERCULOSIS, HOW SHOULD PERSON BE TREATED INITIALLY: HOSPITALIZED, TREATED AT HOME OR BOTH?</p>	<p>Hospitalized 1</p> <p>Treated at home 2</p> <p>Initially hospitalized followed by home treatment 3</p> <p>Other (specify) 6</p> <p>Don't know 8</p>	

<p>TB 8. HOW DOES TUBERCULOSIS SPREAD FROM ONE PERSON TO ANOTHER?</p> <p><i>Probe: ANY OTHER WAYS?</i></p> <p><i>Record all mentioned</i></p>	<p>Through the air when coughingA Through sharing utensils.....B Through touching a person with TB.....C Through food.....D Through sexual contact.....E Through mosquito bitesF Hereditary G</p> <p>Other (specify)_____X Don't know.....Z</p>	
<p>TB9. WHERE WOULD YOU GO FOR HELP IF YOU THOUGHT YOU OR YOURS CHILD HAD TUBERCULOSIS?</p> <p>OTHER?</p> <p><i>Record all mentioned</i></p>	<p><i>Public sector</i> HospitalA PolyclinicB FGPC TB dispensaryD Other public _____E (specify)</p> <p><i>Private sector</i> Private hospital/clinicF Private doctorG Other private _____H (specify)</p> <p>Traditional practitioner I Mullah/priest..... J</p> <p>Other private _____X (specify)</p> <p>DKZ</p>	
<p>TB10. AFTER A FAMILY MEMBER HAS COMPLETED THE HOSPITAL TREATMENT FOR TUBERCULOSIS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?</p>	<p>Yes 1 No..... 2</p>	
<p>TB10A. IF A MEMBER OF YOUR FAMILY GOT TUBERCULOSIS, WOULD YOU WANT IT TO REMAIN A SECRET OR NOT??</p>	<p>Yes, remain a secret 1 No..... 2</p> <p>DK/not sure/ depends 8</p>	

Follow instructions in your Interviewer's Manual.

STATE COMMITTEE ON
STATISTICS OF REPUBLIC OF
TAJIKISTAN



UNICEF OFFICE
IN THE REPUBLIC OF
TAJIKISTAN

3 QUESTIONNAIRE FOR CHILDREN UNDER 5 3

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5). A separate questionnaire should be used for each eligible child. Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.</i></p>		
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's Name: _____	UF4. Child's Line Number: _____	
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: _____	
UF7. Interviewer name and number: _____	UF8. Day/Month/Year of interview: ____/____/____	
UF9. Result of interview for children under 5 <i>(Codes refer to mother/caretaker.)</i>	Completed..... 1 Not at home 2 Refused..... 3 Partly completed 4 Incapacitated..... 5 Other (specify) _____ 6	
UF9A. Name and line of editor: Name _____	Editing date and signature: _____	

Repeat greeting if not already read to this respondent:

WE ARE FROM THE STATE COMMITTEE ON STATISTICS. 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 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview. Discuss this result with your supervisor for a future revisit.

UF10. 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 <i>(name)</i> . IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN? <i>Probe: WHAT IS HIS/HER BIRTHDAY?</i> <i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i>	Date of birth: Day 98 DK day 98 Month 98 DK month 98 Year 9998 DK year 9998	
UF11. HOW OLD WAS <i>(name)</i> AT HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i>	Age in completed years ____	

BIRTH REGISTRATION AND EARLY LEARNING MODULE		BR
BR1. DOES (<i>name</i>) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen 1 Yes, not seen 2 No 3 DK 8	1⇒BR5
BR2. HAS (<i>name's</i>) BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes 1 No 2 DK 8	1⇒BR5 8⇒BR4
BR3. 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 Did not want to pay fine 4 Does not know where to register 5 Other (<i>specify</i>) 6 DK 8	
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes 1 No 2	
BR5. Check age of child in UF11: Child is 3 or 4 years old? <input type="checkbox"/> Yes. ⇒ Continue with BR6 <input type="checkbox"/> No. ⇒ Go to BR8		
BR6. 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 8	2⇒BR8 8⇒BR8
BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (<i>name</i>) ATTEND?	No. of hours _ _	
BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (<i>name</i>): <i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)?</i> <i>Circle all that apply.</i>		
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH (<i>name</i>)?	Books	Mother Father Other No one A B X Y
BR8B. TELL STORIES TO (<i>name</i>)?	Stories	A B X Y
BR8C. SING SONGS WITH (<i>name</i>)?	Songs	A B X Y
BR8D. TAKE (<i>name</i>) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	A B X Y
BR8E. PLAY WITH (<i>name</i>)?	Play with	A B X Y
BR8F. SPEND TIME WITH (<i>name</i>) NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with	A B X Y

CHILD DEVELOPMENT		CE
<i>Question CE1 is to be administered only once to each caretaker</i>		
<p>CE1. HOW MANY BOOKS ARE THERE IN THE HOUSEHOLD? PLEASE INCLUDE SCHOOLBOOKS, BUT NOT OTHER BOOKS MEANT FOR CHILDREN, SUCH AS PICTURE BOOKS</p> <p><i>If 'none' enter 00</i></p>	<p>Number of non-children's books 0 __</p> <p>Ten or more non-children's books 10</p>	
<p>CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?</p> <p><i>If 'none' enter 00</i></p>	<p>Number of children's books 0 __</p> <p>Ten or more books 10</p>	
<p>CE3. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>WHAT DOES (name) PLAY WITH?</p> <p>DOES HE/SHE PLAY WITH</p> <p>HOUSEHOLD OBJECTS, SUCH AS BOWLS, PLATES, CUPS OR POTS?</p> <p>OBJECTS AND MATERIALS FOUND OUTSIDE THE LIVING QUARTERS, SUCH AS STICKS, ROCKS, ANIMALS, SHELLS, OR LEAVES?</p> <p>HOMEMADE TOYS, SUCH AS DOLLS, CARS AND OTHER TOYS MADE AT HOME?</p> <p>TOYS THAT CAME FROM A STORE?</p> <p><i>If the respondent says "YES" to any of the prompted categories, then probe to learn specifically what the child plays with to ascertain the response</i></p> <p><i>Code Y if child does not play with any of the items mentioned.</i></p>	<p>Household objects (bowls, plates, cups, pots)A</p> <p>Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves)B</p> <p>Homemade toys (dolls, cars and other toys made at home) C</p> <p>Toys that came from a storeD</p> <p>No playthings mentionedY</p>	
<p>CE4. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN</p>	<p>Number of times..... __ __</p>	

<p>WITH OTHERS. SINCE LAST (<i>day of the week</i>) HOW MANY TIMES WAS (<i>name</i>) LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD)?</p> <p><i>If 'none' enter 00</i></p>		
<p>CE5. IN THE PAST WEEK, HOW MANY TIMES WAS (<i>name</i>) LEFT ALONE?</p> <p><i>If 'none' enter 00</i></p>	<p>Number of times..... _ _</p>	

VITAMIN A MODULE		VA
<p>VA1. HAS (<i>name</i>) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE?</p> <p><i>Show capsule or dispenser for different doses – 100,000 IU for those 6-11 months old, 200,000 IU for those 12-59 months old.</i></p>	<p>Yes 1 No..... 2 DK 8</p>	<p>2⇒NEXT MODULE 8⇒NEXT MODULE</p>
<p>VA2. HOW MANY MONTHS AGO DID (<i>name</i>) TAKE THE LAST DOSE?</p> <p><i>If less one month record 00</i></p>	<p>Months ago _ _ DK 98</p>	
<p>VA3. WHERE DID (<i>name</i>) GET THIS LAST DOSE?</p>	<p>On routine visit to health facility 1 Sick child visit to health facility 2 National Immunization Day campaign 3 Other (<i>specify</i>) 6 DK 8</p>	

BREASTFEEDING MODULE		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes 1 No 2 DK 8	2⇒BF3 8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes 1 No 2 DK 8	
BF3. 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
BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	A. Vitamin supplements 1 2 8	
BF3B. PLAIN WATER?	B. Plain water 1 2 8	
BF3I. TEA WITHOUT SUGAR?	I. Tea without sugar 1 2 8	
BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	C. Sweetened water or juice 1 2 8	
BF3D. ORAL REHYDRATION SOLUTION (ORS)?	D. ORS 1 2 8	
BF3E. INFANT FORMULA?	E. Infant formula 1 2 8	
BF3F. TINNED, POWDERED OR FRESH MILK?	F. Milk 1 2 8	
BF3G. ANY OTHER LIQUIDS?	G. Other liquids 1 2 8	
BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	H. Solid or semi-solid food 1 2 8	
BF4. Check BF3H: Child received solid or semi-solid (mushy) food?		
<input type="checkbox"/> Yes. ⇒ Continue with BF5		
<input type="checkbox"/> No or DK. ⇒ Go to Next Module		
BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (<i>name</i>) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS?	No. of times ____ Don't know 8	
<i>If 7 or more times, record '7'.</i>		

CARE OF ILLNESS MODULE		CA
<p>CA1. HAS (name) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (day of the week) 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>	Yes 1 No 2 DK 8	2⇒CA5 8⇒CA5
<p>CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (name) DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p>		
<p>CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED “REHIDRON”?</p>	A. Fluid from ORS packet 1 2 8	
<p>CA2B. MINISTRY OF HEALTH-RECOMMENDED HOMEMADE FLUID?</p>	B. Recommended homemade fluid .. 1 2 8	
<p>CA3. DURING (name’s) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p>	Much less or none 1 About the same (or somewhat less) 2 More 3 DK 8	
<p>CA4. DURING (name’s) 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>	None 1 Much less 2 Somewhat less 3 About the same 4 More 5 DK 8	
<p>CA4A. Check CA2A: ORS packet used?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA4B</p> <p><input type="checkbox"/> No. ⇒ Go to CA5</p>		
<p>CA4B. WHERE DID YOU GET THE (local name for ORS packet from CA2A)?</p>	Public sector Pharmacy 10 Govt. hospital 11 Govt. health centre 12 Govt. health post 13 Village health worker 14 Mobile/outreach clinic 15 Other public (<i>specify</i>) 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private medical (<i>specify</i>) 26 Other source Relative or friend 31 Shop 32 Traditional practitioner 33 Other (<i>specify</i>) 96 DK 98	
<p>CA4C. HOW MUCH DID YOU PAY FOR THE</p>		

(local name for ORS packet from CA2A)?	Somoni..... _ _ _	
IF LESS 1 SOMONI? RECORD 001	Free..... 996 DK..... 998	
CA5. HAS (name) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (day of the week) OF THE WEEK BEFORE LAST?	Yes..... 1 No..... 2 DK..... 8	2⇒CA12 8⇒CA12
CA6. WHEN (name) 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..... 8	2⇒CA12 8⇒CA12
CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?	Problem in chest 1 Blocked nose 2 Both..... 3 Other (specify)..... 6 DK..... 8	2⇒CA12 6⇒CA12
CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes..... 1 No..... 2 DK..... 8	2⇒CA10 8⇒CA10
CA9. FROM WHERE DID YOU SEEK CARE? ANYWHERE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>If source is hospital, health centre, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i> _____ (Name of place)	Public sector Govt. hospital A Govt. health centre..... B Govt. health post..... C Village health worker..... D Mobile/outreach clinic E Pharmacy..... F Other public (specify)..... H Private medical sector Private hospital/clinic I Private physician J Private pharmacy K Mobile clinic L Other private medical (specify)..... O Other source Relative or friend P Shop Q Traditional practitioner R Mullah/priest..... S Other (specify)..... X	
CA10. WAS (name) GIVEN MEDICINE TO TREAT THIS ILLNESS?	Yes..... 1 No..... 2 DK..... 8	2⇒CA12 8⇒CA12
CA11. WHAT MEDICINE WAS (name) GIVEN? <i>Circle all medicines given.</i>	Antibiotic..... A Paracetamol/Panadol/Acetaminophen P Aspirin Q Ibuprofen R Other (specify)..... X DK..... Z	
CA11A. Check CA11: Antibiotic given? <input type="checkbox"/> Yes. ⇒ Continue with CA11B <input type="checkbox"/> No. ⇒ Go to CA12		

<p>CA11B. WHERE DID YOU GET THE ANTIBIOTIC?</p>	<p>Public sector Pharmacy..... 10 Govt. hospital 11 Govt. health centre..... 12 Govt. health post..... 13 Village health worker..... 14 Mobile/outreach clinic 15 Other public (<i>specify</i>) 16</p> <p>Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private medical (<i>specify</i>) 26</p> <p>Other source Relative or friend 31 Shop 32 Traditional practitioner 33</p> <p>Other (<i>specify</i>) 96 DK 98</p>	
<p>CA11C. HOW MUCH DID YOU PAY FOR THE ANTIBIOTIC?</p>	<p>Somoni..... _ _ _</p> <p>Free..... 996 DK 998</p>	
<p>CA12. Check UF11: Child aged under 3? <input type="checkbox"/> Yes. ⇒ Continue with CA13 <input type="checkbox"/> No. ⇒ Go to CA14</p>		
<p>CA13. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet/latrine..... 01 Put/rinsed into toilet or latrine 02 Put/rinsed into drain or ditch 03 Thrown into garbage (solid waste)..... 04 Buried..... 05 Left in the open 06</p> <p>Other (<i>specify</i>) 96 DK 98</p>	
<p>Ask the following question (CA14) only once for each caretaker. If respondent already replied to this question for other child, cycle «N»</p> <p>CA14. 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?</p> <p>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.</p>	<p>Respondent already replied to this question for other childN</p> <p>Child not able to drink or breastfeed.....A Child becomes sicker.....B Child develops a feverC Child has fast breathingD Child has difficult breathing.....E Child has blood in stool.....F Child is drinking poorly.....G</p> <p>Other (<i>specify</i>) X</p> <p>Other (<i>specify</i>) Y</p> <p>Other (<i>specify</i>) Z</p>	

MALARIA MODULE FOR UNDER-5S		ML
ML1. IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST, HAS (<i>name</i>) BEEN ILL WITH A FEVER?	Yes 1 No 2 DK 8	2⇒ML10 8⇒ML10
ML2. WAS (<i>name</i>) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes 1 No 2 DK 8	2⇒ML6 8⇒ML6
ML3. DID (<i>name</i>) TAKE A MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?	Yes 1 No 2 DK 8	2⇒ML5 8⇒ML5
ML4. WHAT MEDICINE DID (<i>name</i>) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY? <i>Circle all medicines mentioned.</i>	Anti-malarials: SP/Fansidar A Chloroquine B Amodiaquine C Quinine D Artemisinin-based combinations E Other anti-malarial (<i>specify</i>) H Other medications: Paracetamol/Panadol/Acetaminophen ... P Aspirin Q Ibuprofen R Other (<i>specify</i>) X DK Z	
ML5. WAS (<i>name</i>) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes 1 No 2 DK 8	1⇒ML7 2⇒ML8 8⇒ML8
ML6. WAS (<i>name</i>) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes 1 No 2 DK 8	2⇒ML8 8⇒ML8
ML7. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Circle all medicines given. Ask to see the medication if type is not known. If type of medication is still not determined, show typical anti-malarials to respondent.</i>	Anti-malarials: SP/Fansidar A Chloroquine B Amodiaquine C Quinine D Artemisinin-based combinations E Other anti-malarial (<i>specify</i>) H Other medications: Paracetamol/Panadol/Acetaminophen ... P Aspirin Q Ibuprofen R Other (<i>specify</i>) X DK Z	
ML8. Check ML4 and ML7: Anti-malarial mentioned (codes A - H)?		
<input type="checkbox"/> Yes. ⇒ Continue with ML9		
<input type="checkbox"/> No. ⇒ Go to ML10		

<p>ML9. HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from ML4 or ML7)?</p> <p><i>If multiple anti-malaria's mentioned in ML4 or ML7, name all anti-malarial medicines mentioned.</i></p> <p><i>Record the code for the day on which the first anti-malarial was given.</i></p>	<p>Same day 0 Next day 1 2 days after the fever 2 3 days after the fever 3 4 or more days after the fever 4 DK 8</p>	
<p>ML9A. WHERE DID YOU GET THE (NAME OF ANTI-MALARIAL FROM ML4 OR ML7)?</p> <p><i>IF MORE THAN ONE ANTI-MALARIAL IS MENTIONED IN ML4 OR ML7, REFER TO THE FIRST ANTI-MALARIAL GIVEN FOR THE FEVER (THE ANTI-MALARIAL GIVEN ON THE DAY RECORDED IN ML9).</i></p>	<p>Public sector Pharmacy 10 Govt. hospital 11 Govt. health centre 12 Govt. health post 13 Village health worker 14 Mobile/outreach clinic 15 Other public (specify) 16</p> <p>Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private medical (specify) 26</p> <p>Other source Relative or friend 31 Shop 32 Traditional practitioner 33</p> <p>Other (specify) 96 DK 98</p>	
<p>ML9B. HOW MUCH DID YOU PAY FOR THE (NAME OF ANTI-MALARIAL FROM ML4 OR ML7)?</p> <p>IF LESS 1 SOMONI, RECORD 001</p> <p>REFER TO THE SAME ANTI-MALARIAL AS IN ML9A ABOVE</p>	<p>Somoni..... _ _ _</p> <p>Free 996 DK 998</p>	
<p>ML10. DID (name) SLEEP UNDER A MOSQUITO NET LAST NIGHT?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2 ⇒ NEXT MODULE 8 ⇒ NEXT MODULE</p>
<p>ML11. HOW LONG AGO DID YOUR HOUSEHOLD OBTAIN THE MOSQUITO NET?</p> <p><i>If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i></p>	<p>Months ago _ _ More than 24 months ago 95 Not sure 98</p>	

<p>ML12. WHAT BRAND IS THIS NET?</p> <p><i>If the respondent does not know the brand of the net, show pictorials, or if possible, observe the net.</i></p> <p>PRE-TREATED NETS: NETS RECEIVED FROM ACTED?</p> <p>OTHER NETS:</p> <p><i>Other nets brand</i></p>	<p>Pre-treated net: Nets received from ACTED.....21</p> <p>Other net: Other net (<i>specify brand</i>) _____ 36</p> <p>DK brand 98</p>	<p>21⇒ML14</p>
<p>ML13. WHEN YOU GOT THAT NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?</p>	<p>Yes 1 No..... 2 DK/not sure 8</p>	
<p>ML14. SINCE YOU GOT THE MOSQUITO NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES OR BUGS?</p>	<p>Yes 1 No..... 2 DK 8</p>	<p>2⇒ NEXT MODULE 8⇒ NEXT MODULE</p>
<p>ML15. HOW LONG AGO THE NET WAS LAST SOAKED OR DIPPED?</p> <p><i>If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i></p>	<p>Months ago — —</p> <p>More than 24 months ago 95 DK 98</p>	

IMMUNIZATION MODULE		IM							
If an immunization card or vaccination passport is available, copy the dates in IM2-IM6 for each type of immunization dose recorded on the card. Then ask questions IM 10- IM19 to mother/caretaker's...									
IM1. IS THERE A VACCINATION CARD FOR (name)?		Yes, seen 1						2⇒IM10	
		Yes, not seen 2							
		No..... 3						3⇒IM10	
(a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization							
		DAY		MONTH		YEAR			
IM2. BCG	BCG								
IM3A. POLIO AT BIRTH	OPV0								
IM3B. POLIO 1	OPV1								
IM3C. POLIO 2	OPV2								
IM3D. POLIO 3	OPV3								
IM3E. POLIO 4	OPV4								
IM4A. DPT1	DPT1								
IM4B. DPT2	DPT2								
IM4C. DPT3	DPT3								
IM4D. DPT4	DPT4								
IM5A. HEPB1	HEPB1								
IM5B. HEPB2	HEPB2								
IM5C. HEPB3	HEPB3								
IM6. MEASLES	MEASLES								
IM6A. MEASLES CAMPAIGN	MEACAM								
IM10. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?		Yes..... 1						2⇒IM19	
		No..... 2							
		DK 8						8⇒IM19	
IM11. HAS (name) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER AFTER BIRTH THAT CAUSED A SCAR?		Yes..... 1							
		No..... 2							
		DK 8							
IM12. HAS (name) EVER BEEN GIVEN ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?		Yes..... 1						2⇒IM15	
		No..... 2							
		DK 8						8⇒IM15	

IM13. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH (WITHIN TWO WEEKS) OR LATER?	Just after birth (within two weeks)..... 1 Later 2							
IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times _ _							
IM15. HAS (<i>name</i>) EVER BEEN GIVEN “DPT VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, AND DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes 1 No 2 DK 8	2⇒IM16A 8⇒IM16A						
IM16. HOW MANY TIMES?	No. of times _ _							
IM16A. HAS (<i>name</i>) EVER BEEN GIVEN “HEPB VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO AND DTP VACCINES)	Yes 1 No 2 DK 8	2⇒IM17 8⇒IM17						
IM16B. HOW MANY TIMES?	No. of times _ _							
IM17. HAS (<i>name</i>) EVER BEEN GIVEN “MEASLES VACCINATION INJECTIONS” – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes 1 No 2 DK 8							
IM19. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS: IM19A. MEASLES CAMPAIGN: 27 SEPTEMBER-10 OCTOBER 2004 IM19B. VITAMIN A CAMPAIGN: 1-10 JUNE 2005	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;">Y N DK</td> </tr> <tr> <td>Campaign A</td> <td style="text-align: right;">1 2 8</td> </tr> <tr> <td>Campaign B</td> <td style="text-align: right;">1 2 8</td> </tr> </table>		Y N DK	Campaign A	1 2 8	Campaign B	1 2 8	
	Y N DK							
Campaign A	1 2 8							
Campaign B	1 2 8							
<p>IM20A. Ask all information, needed for identification child’s card in health facility. After completing the interview visit health facility and record immunization module from the an immunization card.</p> <p>Full name of the child..... Address.....</p> <p>Address of the health facility keeping immunization records of the child.....</p>								

IM20. Does another eligible child reside in the household for whom this respondent is mother/caretaker?
Check household listing, column HL8.

Yes. ⇒ End the current questionnaire and then

Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.

No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation.

If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE.

ANTHROPOMETRY MODULE		AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.</p>		
AN1. Child's weight.	Kilograms (kg)..... _ _ . _	
AN2. Child's length or height.		
<p>Check age of child in UF11:</p> <p><input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down).</p> <p><input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).</p>		
	Length (cm) Lying down 1 _ _ . _	
	Height (cm) Standing up 2 _ _ . _	
AN2A. MUAC	MUAC(sm)..... _ _ . _	
AN2B. EDEMA	Yes..... 1 No..... 2 DN..... 8	
AN3. Measurer's identification code.	Measurer code _ _	
AN4. Result of measurement.	Measured 1 Not present 2 Refused 3 Other (specify) 6	

AN5. Is there another child in the household who is eligible for measurement?

Yes. ⇒ Record measurements for next child.

No. ⇒ End the interview with this household by thanking all participants for their cooperation.

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.

IMMUNIZATION MODULE FOR DATA FROM THE HEALTH FACILITY		IMF						
IMF1A. CHECK IM20A. IS THERE COLLECTED INFORMATION ABOUT THE HEALTH FACILITY WHERE (<i>name's</i>) IMMUNIZATION RECORDS ARE KEPT?	Yes..... 1 No..... 2	2⇒IMF7						
IMF1B. WAS THE HEALTH FACILITY VISITED?	Yes..... 1 No..... 2	2⇒IMF7						
IMF1C. ARE THERE AVAILABLE IMMUNIZATION RECORDS FOR (<i>name</i>) AT THE HEALTH FACILITY?	Yes..... 1 No..... 2	2⇒IMF7						
(c) Copy dates for each vaccination from the card. (d) Write '44' in day column if card shows that vaccination was given but no date recorded.	Date of Immunization							
	DAY	MONTH		YEAR				
IMF2. BCG	BCG							
IMF3A. POLIO AT BIRTH	OPV0							
IMF3B. POLIO 1	OPV1							
IMF3C. POLIO 2	OPV2							
IMF3D. POLIO 3	OPV3							
IMF3E. POLIO 4	OPV4							
IMF4A. DPT1	DPT1							
IMF4B. DPT2	DPT2							
IMF4C. DPT3	DPT3							
IMF4D. DPT4	DPT4							
IMF5A. HEPB1	HEPB1							
IMF5B. HEPB2	HEPB2							
IMF5C. HEPB3	HEPB3							
IMF6. MEASLES	MEASLES							
IMF6A. MEASLES CAMPAIGN	MEACAM							

IMF7.END

