Access to RH services

The essential place of reproductive health for achievement of most MDGs was endorsed at the World Summit in September 2005, when governments, including Tajikistan, re-committed themselves to achieve universal access to reproductive health by 2015[1].

Critical to achievement of improvements in RH and specifically MDG 5 (improving maternal health and reducing maternal mortality by three-quarters by 2015) depends crucially on an accessible and effective health system. However there are substantial constraints regarding the adequacy and coverage of the health system in Tajikistan.

In frame of MDG a number of strategic documents on Reproductive Health and Safe motherhood were approved by the Government, however they were not cost estimated and fund allocated. Over the past decade both the quality of and accessibility to health care has worsened considerably as a result of the economic transition and this was accentuated by the civil war[2].

Health financing is mainly carried out by the Government, and also there is a partial support of national, branch and joint programs of international organizations. For the last 15 years, quota of expenditure on health services in the GDP had constantly reduced from 4,5% (1991) up to 1,3% (2006), but in 2009 it had a positive effect and made 1,9%, however the resources available to support the health sector is rather low. Increasingly informal personal payments to health staff or privately have become the main funding of health care[3]. Even after including personal payments, the per capita expenditure on health care at about US$ 12 is extremely low and insufficient to provide even the most essential of health care[4,5].

There are severe problems with low quality of health care including the relevant evidence-based skills of health workers, adequate infrastructure, essential equipment, supplies and drugs. Worsening access to health care has particularly severely affected women and their access to all components of RH care[6].

The country is known for high level of population growth which makes 23,5 per 1000 population (2008). General birth rate per 1000 population makes 27,9. Fertility level is still high enough - 3,2 and is a contributing factor to the poverty growth. Under such tendencies, if the current parameters of natality and fertility will remain at former level the population of the country will be doubled each 20 years.

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[1] See, United Nations General Assembly. World Summit. Draft Outcome Document 13 September 2005. New York: UN, 2005.
[2] UN and Government of Tajikistan. Investing in Sustainable Development: Millennium Development Goals needs assessment. Full Report. Dushanbe: 2005.
[3] Ensor T. Informal payments for health care in transition economies. Social Science and Medicine 2004; 58: 237-246.
[4] World Bank. Health Sector note, Tajikistan. Washington: June 2004.
[5] World Bank. Tajikistan Living Standards Survey, 2003. Dushanbe: 2004.
[6] See: Falkingham J. Inequality and changes in Women's use of maternal health-care services in Tajikistan. Studies in Family Planning 2003; 34: 32-43; Falkingham J. Poverty, out-of-pocket payments and access to health care: evidence from Tajikistan. Social Science and Medicine 2004; 58: 247-258.

Pregnancy, delivery and the postpartum period remain hazardous for most Tajik women. The true magnitude of maternal mortality is not reflected in official figures due to their inadequate coverage and unreliability. While the Republican Center of Medical Statistics reported a maternal mortality ratio for 2006 of 43.4 per 100,000 live births and the Ministry of Health for 2007 of 33.9, limited other available data suggest far higher levels ranging from 123 to over 1,000 maternal deaths per 100,000 live births[7]. The MDG Needs Assessment team and the Government Working Group on health have decided that the most likely baseline maternal mortality figure is 120 per 100,000 live births and the target for 2015 is 30[8]. The Government recognizes that official indicators are unreliable due to outdated definitions and methods of collection, underreporting and incomplete registration of vital statistics.
Thus the Ministry of Health has established a system to review the factors leading to maternal deaths which are notified to them, but there are issues of confidentiality and attribution of blame which severely limit the usefulness of this process.

Access to a range of modern contraceptive methods has been available for just over a decade but availability and coverage remain very inadequate. The Republican Center on Medical Statistics collects figures on contraceptive use which indicate around only a quarter of women are using modern contraceptives.

Abortion has been legal in Tajikistan since 1955 and the legislation was updated in 1997. Over the past 10 or so years the abortion rate has decreased considerably from 223[9] per 1,000 live births to 94 in 2006. This partly is a reflection of the increasing but still limited availability of modern contraceptives. Over a half (56%) of abortions are carried out among women aged 30 to 39 years and most (56%) are for 'economic and social' reasons. The number and proportion of abortions among adolescents has increased over the last few years from 4% in 1998 to 20% in 2002[10]. Abortion is almost entirely only available through government health facilities. Due to inadequate supplies of equipment for vacuum aspiration most including even early stage abortions are carried out by D&C. Considering the situation the Ministry of Health is approved Strategic Plan on Safe Abortion of RoT (2008), however it was not cost estimated and funds for its implementation were not allocated.

Adolescents and young people make up almost a third (29.9%) of the population of Tajikistan. They are an extremely important group as they will largely determine the character of the country in the next decades and this applies particularly to reproductive health. Many (15%) young people are married by the age of 18 and this is most common among the poorer and less well educated.

As mentioned in earlier sections sexually active adolescents are far less likely to use modern contraception than older women and their abortion rate has increased in recent years.

A survey carried out in 2006 of a national sample of 9,714 schoolchildren in grades 7-9 found that few school children (3%) reported having had their first sexual intercourse before the age of 13[11].

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[7] See: UN and Government of Tajikistan. Investing in Sustainable Development: Millennium Development Goals needs assessment. Full Report. Dushanbe: 2005; and Ministry of Health. Tajikistan National Reproductive Health Strategic Plan, 2005-2014. Tajikistan: April, 2005.
[8] See: UN and Government of Tajikistan. Investing in Sustainable Development: Millennium Development Goals needs assessment. Full Report. Dushanbe: 2005; and Ministry of Health. Tajikistan National Reproductive Health Strategic Plan, 2005-2014. Tajikistan: April, 2005; page 89.
[9] Comendant R. Mission report on situational assessment of the current practices related to the management of post-abortion complications in Tajikistan. Dushanbe: UNFPA, August 2006.
[10] Comendant R. Mission report on situational assessment of the current practices related to the management of post-abortion complications in Tajikistan. Dushanbe: UNFPA, August 2006.
[11] See: Government of Tajikistan. Global School-based Student Health Survey (GSHS), Tajikistan. Dushanbe: GoT, CDC, UNICEF and WHO, 2006 and Tajikistan GSHS factsheet http://www.who.int/chp/gshs/2006%20Tajikistan%20Fact%20Sheet.pdf accessed 25th May 2008.

Male students were significantly more likely than female students to have had first-sex at a far younger age and to have had more partners. Just over a half (56%) reported using a condom in their most recent sexual relation. Knowledge of reproductive health issues was poor with very limited correct understanding of how sexually transmitted infections (STIs) are spread and can be prevented.

Assessments of adolescent sexual reproductive health have identified the need for the development of strong youth friendly health services[12].

[12] WHO. Developing Youth Friendly Health Services (YFHS) in the Republic of Tajikistan: Part I Legal aspects; Part II. Assessment of existing services. Dushanbe: 2007.