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Early Childhood Development in Tajikistan
Findings and Implications of the 2004 National Survey



Each and every child deserves the best start in life: a good start not only offers current benefits but good longer-term outcomes. A strong beginning is, therefore, the natural wish of parents and, as spelled out in the 1989 Convention on the Rights of the Child, of societies worldwide. In Tajikistan, a National Survey on Early Childhood Development was conducted in 2004 to see how well these dreams and responsibilities were being realized in the country. The results have helped draw a picture of current conditions, identify gaps in areas such as childrearing, parenting practices and health care services, and point the way towards improvements in policy and programme approaches. The survey results show that it is important to enhance parental wisdom with the best and latest knowledge, and to ensure access for children and women to reliable and effective health care and learning opportunities.

MAIN FINDINGS

1 Many of the problems faced by young children are directly related to their situations at home. The survey asked parents about the family home and their approaches to childrearing. The goal was to explore links between the home environment, access to medical services, parental practices and children's health. The finding was that there are strong correlations between a child's environment and her or his overall health. Important household factors include: multiple family members living in the same home; limited heating in the winter; and lack of hygienic practices related to drinking water and toilet facilities. It was found that when these conditions were present the child's overall health was poorer.

2 Another compelling finding was the assessment that mothers made of the overall health of their children. Half of the mothers said their children had experienced some form of sickness during the past six months. Importantly, the survey found that mothers lacked knowledge about how to assess their child's sickness, resulting in hesitation about when to take the child to hospital and how to address the illness. This finding points directly to the need for an improved Better Parenting programme.

3 At the same time, there is a lack of kindergarten facilities in Tajikistan. Organized pre-school takes advan-

tage of the fact that even very young children have a substantial capacity for formal learning. This early exposure means, for example, that children are read to at an early age and begin to interact with other children of their own age. Until, and even when, children have early access to health and education programmes, it is imperative that parents have the opportunity to learn about and incorporate early learning and healthy development strategies into their own parenting practices.

METHODOLOGY

Door-to-door interviews were conducted in order to access personal perspectives on early childhood development and parenting practices. Expert assistance was used in the selection of these interviewers as well as in the development of the questionnaire. The questionnaire was first tested by the interviewers and adjustments were made accordingly. In total, eight teams covered a sample size of 900 households over three districts; 86.5% of the survey was conducted in rural areas and the rest in urban areas.

HOME ENVIRONMENT

The interviewers were instructed to interview the primary caregiver in the household which in 95% of the cases was the child’s mother. The same share of families also had a father in the household, but in many families the men had left home to find work, including many who had gone to Russia as migrant workers.

The education levels of parents were consistent across the areas studied. The majority of mothers had completed secondary education and 2.1% had completed a university degree. Most fathers had also completed secondary education but 12.0% had completed a university degree. (See Figures 1a and 1b.) It is also worth noting that almost 20% of mothers have incomplete secondary education compared to just 5% of fathers. This raises questions about how to keep these teenage girls from leaving school early.

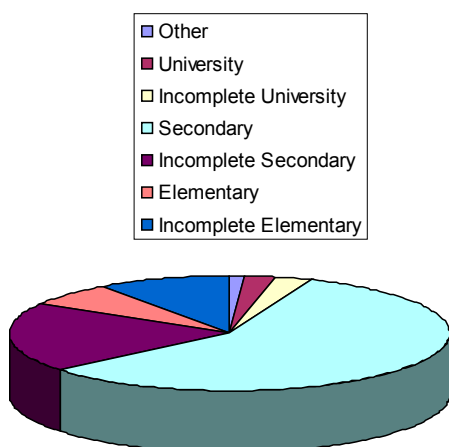


Figure 1a
Education level of mothers

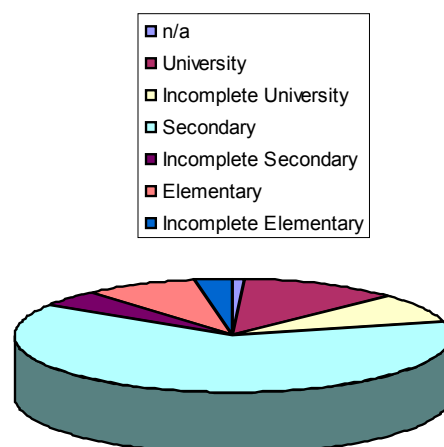
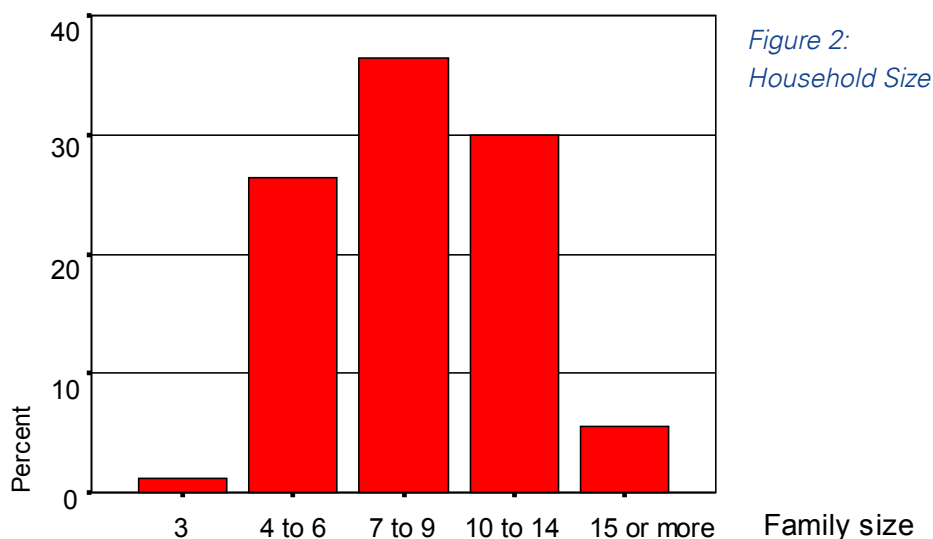


Figure 1b
Education level of fathers

The living conditions of the families were also examined in order to further understand the dynamics related to early child development. One common practice in Tajikistan, part of its strong communitarian traditions, is that more than one family lives in a single household. It was found that 35% of homes had 7 to 9 persons and another 30% had 10 to 14 members. (See Figure 2.)



Traditionally a Tajik house consists of four rooms (on average) built around an internal courtyard. In winter, it is difficult to heat all the rooms because of this layout and the limited availability of central heating. The survey found that most houses only had the capacity to heat 20% to 40% of the rooms. Lack of adequate heating is compounded by unreliable electricity supply. Virtually all of the houses surveyed had electricity (98.1%) but on average homes received only nine hours of power per day.

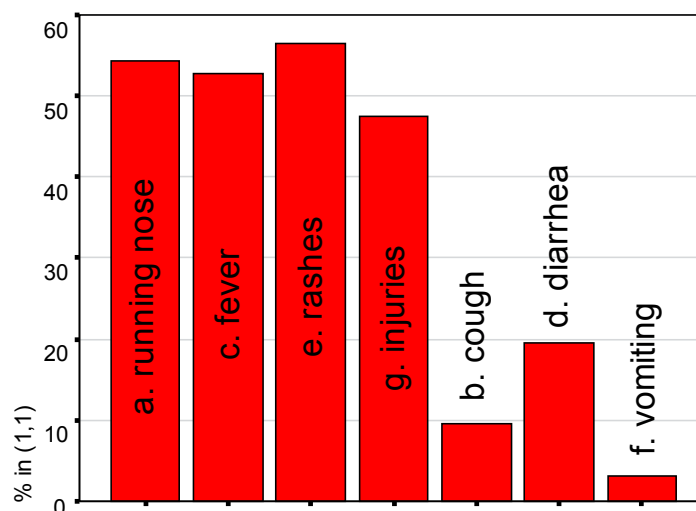
Many homes lack adequate sanitary facilities, living conditions that also have adverse impacts on children's quality of life and healthy development. In 95% of the households surveyed, only pit latrines; only 0.4% of homes had toilets that flush into a main sewer system. Many homes lack safe drinking water. Only 10.5% of homes had piped-in water while the vast majority of families get their drinking water from ponds, rivers or streams. Interviews also revealed that not all households ensured that drinking water had been boiled.

CHILD HEALTH

The survey found that, as reported, the nutritional status of most children was relatively good; 77% of mothers said that they were able to provide their children with proper nutrition. However, breastfeeding—with its attendant benefits—was not the exclusive nutrition source for most babies. Many mothers said that they breastfed for a long period of time, but 27% actually introduced supplementary food (e.g., biscuits, soup, porridge, mashed potatoes) by the 15th day of their newborn's life and 43% by the 30th day. The survey also showed that most households are aware of the need for good-hygiene



practices, but most were not actually following the most effective practices. For example, most families said that they washed their hands before handling foods but the method used was not the best. Since running water is available in only 20% of homes, 52% of the households interviewed used a basin of water for hand washing. It was determined that hand-washing practices were linked to children's overall health. In particular, findings showed that the use of still water (such as in a basin) contributed to a lower health score for children.



*Figure 3
Illness among
children in past six
months*

Indeed, the survey found that illness was prevalent among children; half of mothers reported that over the past six months their children had experienced at least one case of a runny nose, cough, fever and almost half reported cases of diarrhea. (See Figure 3.) What was most compelling about the incidence of sickness among children was the positive correlation between a child’s health and her or his living conditions. For example, children had more illnesses in houses where fewer rooms are heated in winter. Similarly, as the number of inhabitants in the house increased so did the incidence of illness among the children.

PARENTING PRACTICES

Formal birth registration of children is a critical problem in Tajikistan. Not only does registration confirm the existence—and, thus, the rights and protection—of a child, but it is the child’s official ticket to public services such as health, education and social welfare. Out of the households interviewed, only 55% reported that their children were registered; and only 73% of those were able to produce the registration certificate. The cost of child registration was the main reason given for the lack of registration, followed by the bother of registration. Among respondents, 51% of births took place at home and it was found that when home deliveries take place, child registration rates are lower because it is inconvenient: rather than the automatic registration that goes with a hospital birth, parents must physically take the child to a hospital and supply the names of attendants who were responsible for the birth process, e.g. doctor, nurse, midwife.

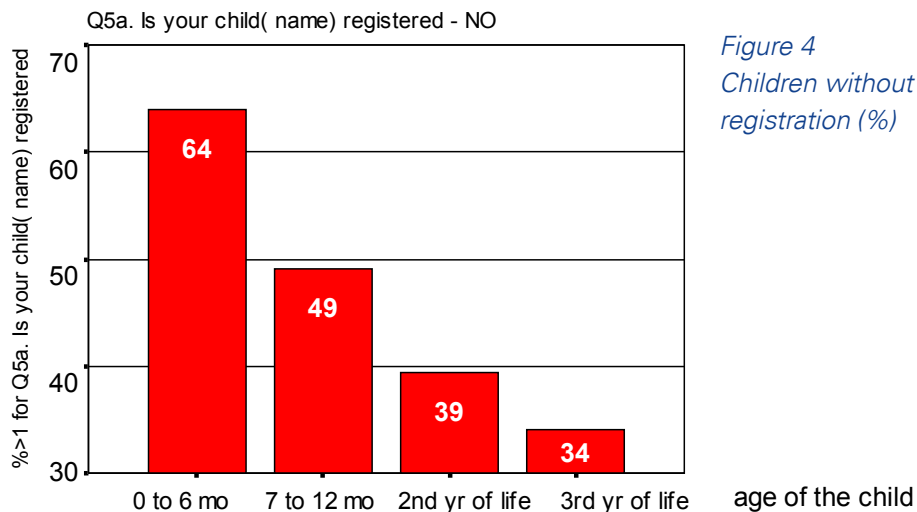


Figure 4
Children without birth registration (%)

One interesting aspect of early childhood development relates to the different actors who play a major role in the child’s life. Though the mother is overwhelmingly the primary caregiver, grandmothers and siblings are major players in a child’s upbringing. The survey found that children spend 73% of their time in the primary care of their mothers and the rest divided between grandmothers and siblings.

The survey also looked at how parents interacted with their children from birth onwards. The findings were very revealing and provide significant insights into child-rearing prac-

tices in Tajikistan. It was found that, as primary caregivers, most mothers do not regularly tell stories or read books to their children. However, 20% of mothers said singing was a common activity.

Mothers, again as primary caregivers, also said that they do not spend a substantial amount of time playing with their children. When asked, more than half (56%) said they had not played with their children the previous day. Indeed, 68% of mothers said they did not play with their children in the first six months of life, a circumstance that, in fact, extended through the second year of the child's life. It is, however, important to note that, without a definition or common understanding of what constitutes 'play', mothers may actually be playing with their children regularly but do not consider it as such.

HEALTH CARE SERVICES

Lack of access to medical services was a major issue for many households. Only 30% of those interviewed said that they could reach medical services in less than 30 minutes; another 30% said it would take them more than 90 minutes to reach medical care.

The fact that medical services are not readily accessible makes it easier to understand why there are so many home births. The survey found that there was an equal distribution of home deliveries and hospital deliveries. Not surprisingly, 72% of mothers who were located 15 minutes from a hospital delivered at a medical facility. Only 36% of mothers who lived more than an hour away delivered at hospital.

A second drawback was the apparent lack of effective health services. When interviewed, 54% of respondents said that they did not feel they had access to adequate services. Families named two major issues: their inability to afford the services; and the shortage of health workers. It was found that the level of satisfaction with health services varied substantially from region to region, pointing to inconsistency of health services across the country.



POLICY AND PROGRAMME IMPLICATIONS

One of the goals of the National Survey was to use its findings to develop programmes and practices related to early childhood development that custom fit circumstances in Tajikistan. A number of programming issues were identified.

1 Birth registration is one of the most crucial issues. It is important to increase awareness among parents and service providers that birth registration is a fundamental child right—and duty-bearers like families and governments are obligated to enable their children to claim that right. Registration rates could, no doubt, increase if the process was made easier for parents, physically, administratively and financially. For example, reducing fees or providing incentives could induce more parents to come forth.

2 Better Parenting programmes typically target mothers, and sometimes fathers, but the survey found that grandmothers and siblings are also significant actors in children's early years. Thus, it is important to inform and educate both parents and other family members about the importance and benefits of early childhood development—and how to participate in and promote this development, e.g., distributing reading materials to families, promoting reading and playing.

3 Even slight improvements to a child's environment can lead to substantial improvements in his or her health. For example, introducing pour-flush latrines, in place of simple pit latrines, can create more hygienic environments. There is also a dire need to encourage parents to ensure that their children use clean water; in particular that they boil water to make sure it is safe for drinking.



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