

## Helping Tajik Youth to Achieve Sexual and Reproductive Good Health

Adolescence is a time of tremendous opportunity and change. It also is a time of heightened vulnerabilities, reflected partly in the rapidly increasing number of pregnancies and abortions in girls under 18. Adolescents often do not seek reproductive health services, due largely to cultural norms that condemn pre-marital sex, coupled with poor interpersonal communication skills among health facility staff.

In Tajikistan 24.7% of the population are between 15 – 24 years. 12.9% of births are to women under 20. Use of contraceptives is very low, and abortion rates are increasing in adolescent girls. Adolescents have inadequate knowledge to protect themselves against sexually transmitted infections; **86.1% of reported cases of HIV are in young people 15-29**. The primary mode of HIV transmission is reported to be through needle sharing among injecting drug users – many of whom are young men under 29. Sexual intercourse is the second mode of transmission. Furthermore, Tajikistan has the highest rate of Mother-to-child transmission (MTCT) of HIV in all of Central Asia. National Plans have identified youths as the primary target group for reproductive health and HIV prevention education, but activities have reached only a small proportion of the young people.



### Why we chose to work among the youth of Penjikent?

During the project period, the financial situation of the Ministry of Education in Tajikistan, one of the 20 poorest countries in the world, has degraded, resulting in the selection of only a minimum number of students able to continue their studies after

ninth grade. This situation may have further contributed to two local tendencies: early marriage (on the increase) and forced migration among young people who physically and mentally are not ready yet for either of these mature responsibilities. Young, single men migrate predominantly to Russia, where they try to assimilate socially, often by taking another wife or girlfriend. Hiring the services of a commercial sex worker is frequent and contributes to the risk associated with sexually transmitted diseases as mentioned in the previous paragraph.

There are other factors that have contributed to the realization of this project, including:

- young men are often fathers by the time they are 20 years old
- abortion rates are generally decreasing in women of reproductive age, but an increase has been registered in adolescent women

- a recent UNICEF survey noted that in the target area of Sughd Oblast (Penjikent district included), only 3.7% of females between the ages of 15-49 years have sufficient knowledge about HIV transmission and how to prevent it
- trends for HIV show that over 80% of incidences (new cases) are in the 15-29 age group
- injecting drug use (IDU) and sexual intercourse are the two primary transmission modes although Tajikistan has the highest rate of mother-to-child transmission of HIV and AIDS in all of Central Asia
- informal inquiries in the target area revealed that boys are experimenting sexually with other boys.



## The objectives for our Activities

We focused on implementing three objectives in the rural villages of Shingak, Zidde, Ravoj and Roj, all part of the Penjikent district, already participating in a water and sanitation programme of FPH partner, Mission East :

- 1) Improve the capacity of local partners from the Ministry of Health (MoH) and the Ministry of Education (MoE) to understand adolescent reproductive health (RH) needs, attitudes, and current practices, including the adolescents' preferred sources of RH information and care
- 2) Enhance the ability of local government providers (MoH and MoE) to provide quality and youth-friendly reproductive health and life skills counselling services
- 3) Raise awareness and correct misinformation among local social networks (parents, clubs, and key influential leaders) about youth concerns on RH, HIV/AIDS, sexually transmitted infections (STI) and general life skills.

## Results of our Activities

- ❖ Monthly meetings with the MoE, MoH, NGOs, mass media and communities
- ❖ 35 information discussion sessions on reproductive health were conducted for 214 migrants at community level, through round table discussions between youth and adults 96 youth friendly discussion sessions were organised by health providers and teachers for around 180 women and 160 men
- ❖ Monitoring of health facilities for youth-friendly services in each village
- ❖ 32 health providers and teachers were trained by trainers from Khodjent and Dushanbe
- ❖ 238 male and 217 female students took part in regular meetings with the trained health providers and teachers to talk about bodily changes, the most interesting topic for the youth

- ❖ 8 Y-Peer educators conducted 54 sessions for 237 boys and 213 girls on family planning and contraceptives technologies
- ❖ We organized 15 sports and cultural events, all public for boys and girls geared toward these youth
- ❖ Religious leaders become involved as the project partners The Global Fund and UNFPA supplied our activities with additional items such as:
  - 8,500 brochures free of charge
  - 200 posters
  - 25 training modules
  - 150,000 condoms
  - 25 training manuals
  - 1 educational video
  - 2 CDs

## Programme Partners

**Mission East**, a Danish NGO with more than 12 years of development programming in Tajikistan, is implementing the project with technical guidance from FPH, in one of its target areas. The Ministry of Education, Ministry of Health, communities, and religious leaders are involved in activity development and implementation. The United Nations Family Planning Association (UNFPA) is a supporting partner as well as other local NGOs.

For more information.

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