Swaziland

2006-07 Demographic and Health Survey

Key Findings
This report summarizes the findings of the 2006-07 Swaziland Demographic and Health Survey (SDHS), carried out by the Central Statistical Office (CSO) at the request of the Ministry of Health and Social Welfare. Macro International Inc. provided technical assistance in the design, implementation, and analysis of the survey as part of the Demographic and Health Surveys project (MEASURE DHS). The Human Sciences Research Council (HSRC) of South Africa assisted in the design of the survey and the Global Clinical and Viral Laboratory (GCVL) of South Africa assisted with the training and laboratory processing for the HIV testing. Funding for the survey was provided by the Government of the Kingdom of Swaziland, the United States Agency for International Development (USAID), the CDC-Global AIDS Programme under the United States President’s Emergency Plan for AIDS Relief (PEPFAR), the National Emergency Response Council on HIV/AIDS (NERCHA), HIV/AIDS Prevention and Care (HAPAC), UNAIDS, UNFPA, UNICEF, WHO, Italian Cooperation, and Population Services International (PSI).

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Additional information about the 2006-07 SDHS may be obtained from the Central Statistical Office (CSO), Ministry of Economic Planning and Development, P.O. Box 456, Mbanane Swaziland H100; Telephone: 268-404-2151, Fax: 268-404-3300.

Additional information about the DHS project may be obtained from Macro International, 11785 Beltsville Drive, Calverton, MD 20705, USA; Telephone: 301-572-0200, Fax: 301-572-0999, Internet: www.measuredhs.com.

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ABOUT THE 2006-07 SDHS

The 2006-07 Swaziland Demographic and Health Survey (SDHS) was designed to provide data for monitoring the population and health situation in Swaziland. The 2006-07 SDHS is the first Demographic and Health Survey conducted in Swaziland. The objective of the survey was to provide up-to-date information on fertility, family planning, childhood mortality, infant and child feeding practices, maternal and child health, maternal mortality, and HIV/AIDS-related knowledge and behavior. The survey also included testing for anemia and HIV.

Who participated in the survey?
A nationally representative sample of 4,987 women age 15-49 and 4,156 men age 15-49 were interviewed. This represents a response rate of 94 percent for women and 89 percent for men. Unlike most Demographic and Health Surveys, the SDHS also included interviews with younger teens and older adults. Over 900 young women and men age 12-14 were interviewed, as well as women and men age 50 and over. HIV testing was carried out for all household members age 2 and over. This sample provides estimates for Swaziland as a whole, for urban and rural areas, and, for most indicators, an estimate for each of the four regions.
Currently three-quarters of Swazi households own a radio and one-third own a television. Sixty percent of households own a mobile phone, and one-third have a refrigerator.

About one-quarter of urban households own a car or truck, compared to 16 percent of rural households. Rural households, however, are far more likely to own agricultural land or farm animals. More than half of all households include a household member who has a bank account.

Household Characteristics

Household Composition
Swazi households consist of an average of 4.6 persons. Almost half of households in Swaziland are headed by a woman.

Housing Conditions
Housing conditions vary greatly based on residence. Almost two in three urban households have electricity, compared with only two in five households in rural areas. More than two-thirds of households have access to an improved water source, and three in four households are within 15 minutes of their drinking water supply. Most urban households have water piped into their dwelling or yard (73 percent), while only 23 percent of rural households have directly piped water. Rural households also rely on public taps (19 percent), surface water (22 percent), and unprotected dug wells (12 percent) for their drinking water. Half of households nationwide have an improved (and not shared) toilet facility.

Education of Survey Respondents
The majority of Swazis have received some education, and more than half have attended secondary school or higher. Only about 8 percent of men and women age 15-49 have had no education at all. Urban residents and those living in Hhohho and Manzini are more educated than those living in rural areas or Shiselweni and Lubombo.

<table>
<thead>
<tr>
<th>Women</th>
<th>8</th>
<th>7</th>
<th>25</th>
<th>34</th>
<th>18</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>No education</td>
<td>Lower primary</td>
<td>Higher primary</td>
<td>Secondary</td>
<td>High school</td>
<td>Tertiary</td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>8</td>
<td>11</td>
<td>24</td>
<td>29</td>
<td>21</td>
<td>8</td>
</tr>
<tr>
<td>Education</td>
<td>Percent distribution of women and men age 15-49 by highest level of education</td>
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FERTILITY AND ITS DETERMINANTS

Total Fertility Rate (TFR)

Fertility in Swaziland has decreased dramatically since 1986 according to past surveys and censuses. Currently, women in Swaziland have an average of 3.8 children, down from 4.5 in 1997 and 5.6 in 1991.

Fertility varies by residence and by region. Women in urban areas have 3.0 children on average, compared with 4.2 children per woman in rural areas. Fertility is highest in Shiselweni, where women have an average of 4.3 children, and lowest in Hhohho, where women have an average of 3.6 children.

Fertility also varies with mother’s education and economic status. Women who have tertiary education have an average of 2.4 children, while women with no education have twice as many children. Fertility increases as the wealth of the respondent’s household* decreases. The poorest women, in general, have more than twice as many children as women who live in the wealthiest households (5.5 versus 2.6 children per woman).

*Trends in Fertility

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Fertility Rate</th>
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<tbody>
<tr>
<td>1986 PHC</td>
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</tr>
<tr>
<td>1991 Demographic and Housing Survey</td>
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</tr>
<tr>
<td>1997 PHC</td>
<td>4.5</td>
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<tr>
<td>2006-07 Demographic and Health Survey</td>
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Fertility by Education and Wealth

<table>
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<tr>
<th>Education Level</th>
<th>Total Fertility Rate</th>
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<tbody>
<tr>
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<tr>
<td>Lower primary</td>
<td>5.1</td>
</tr>
<tr>
<td>Higher primary</td>
<td>4.4</td>
</tr>
<tr>
<td>Secondary</td>
<td>3.9</td>
</tr>
<tr>
<td>High School</td>
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</tr>
<tr>
<td>Tertiary</td>
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</table>

Wealth Quintile

<table>
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<tr>
<th>Quintile</th>
<th>Total Fertility Rate</th>
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<tbody>
<tr>
<td>Lowest Poorest</td>
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<tr>
<td>Second</td>
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</tr>
<tr>
<td>Middle</td>
<td>3.9</td>
</tr>
<tr>
<td>Fourth</td>
<td>3.3</td>
</tr>
<tr>
<td>Richest</td>
<td>2.6</td>
</tr>
</tbody>
</table>

* Wealth of families is calculated through household assets collected from DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on individuals’ relative standing on the household index
**Desired Family Size**
Swazi women report a mean ideal family size of 2.5 children. Ideal family size is slightly higher among women in rural areas than urban areas (2.6 versus 2.3). Women with tertiary education want one less child than women with no education (2.3 versus 3.3).

**Age at First Marriage**
Women get married at a relatively late age in Swaziland. Only one-quarter of women (26 percent) are married by their twentieth birthday. The median age at first marriage is 24.3 for women age 30-49, while men get married even later, at a median age of 27.7. Women in urban areas tend to marry later (median age of 27.9) than their counterparts in rural areas (median age of 22.8). Age at marriage also greatly increases with education; women with tertiary education get married more than 5 years later than those with no education (26.8 years versus 21.6 for women age 30-49).

**Age at First Sexual Intercourse**
Half of women and three in ten men (age 25-49) were sexually active by the age of 18. Eleven percent of women and 3 percent of men had had sex by the age of 15. Women age 25-49 had their first sexual intercourse at a median age of 18, while men had their first sex later, at a median age of 19.5. Women living in rural areas have their first sex almost a year earlier than those living in urban areas. Women with higher levels of education are more likely to wait to initiate sexual activity than those with no education (median age at first sex of 21.0 versus 16.6).

**Age at First Birth**
On average, young women are waiting longer than their mothers to begin childbearing. Only 28 percent of 20 to 24 year-old women surveyed had given birth by the age of 18. In contrast, 40 percent of women age 45–49 had given birth by age 18. The median age at first birth for all women age 25-49 is 19.2. Women in urban areas have their first births more than one year later than women in rural areas. Age at first birth also increases with education and wealth. Women with no education have their first birth at a median age of 17.8 compared to 23.1 among women with tertiary education.

**Teenage Fertility**
Almost one quarter of young women age 15-19 have already begun childbearing; 19 percent are mothers and an additional 4 percent are pregnant with their first child. Young motherhood is more common in rural areas than in urban areas, and young women with lower primary education are more than twice as likely to have started childbearing by age 19 than those who have attended high school (36 versus 15 percent).
**FAMILY PLANNING**

**Knowledge of Family Planning**
Knowledge of family planning methods in Swaziland is universal; practically all women age 15-49 know at least one modern method of family planning. The most commonly known methods are the male condom (99 percent), injectable (96 percent), pill (95 percent), and female condom (91 percent).

**Current Use of Family Planning**
Almost half of married women (48 percent) currently use a modern method of family planning. Another 3 percent are using a traditional method. Injectables (17 percent) and male condoms (12 percent) are the most commonly used. Unmarried, sexually active women are most likely to use family planning—almost two-thirds (63 percent) are using a modern method, with 34 percent using male condoms and 17 percent using injectables.

Use of modern family planning varies by residence and region. Modern methods are used by 56 percent of married women in urban areas, compared with 45 percent in rural areas. Modern contraceptive use ranges from a low of 42 percent of married women in Shiselweni to a high of 51 percent in Hhohho.

Modern contraceptive use increases dramatically with women’s education. Almost three-quarters of married women with tertiary education use modern methods, compared with only 27 percent of women with no education.

**Source of Family Planning Methods**
Public sources such as government hospitals, health centres, and clinics currently provide contraceptives to about 45 percent of current users, while private hospitals and clinics provide methods to only 14 percent of users and NGOs provide methods to 24 percent of users. Pills and injectables are most frequently obtained from public sources, while most male condoms are obtained from sources such as shops and friends or relatives.

![Photo by Henry Ginindza](image)
NEED FOR FAMILY PLANNING

Intention to Use Family Planning
Six in ten (62 percent) currently married non-users intend to use family planning in the future. Half of them report that they would want to use injectables.

Desire to Delay or Stop Childbearing
Two-thirds of Swazi women want no more children. Another 15 percent want to wait at least two years before their next birth. These women are potential users of family planning. In addition, 6 percent of Swazi women are already sterilised.

Unmet Need for Family Planning
Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception. The 2006-07 SDHS reveals that 24 percent of married women have an unmet need for family planning—7 percent for spacing and 17 percent for limiting. Unmet need is highest in rural areas and among the least educated and poorest women.

Unmet Need for Family Planning by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>For spacing</th>
<th>For limiting</th>
<th>Total unmet need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swaziland total</td>
<td>17</td>
<td>20</td>
<td>24</td>
</tr>
<tr>
<td>Hhohho</td>
<td>8</td>
<td>13</td>
<td>20</td>
</tr>
<tr>
<td>Manzini</td>
<td>5</td>
<td>18</td>
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</tr>
<tr>
<td>Shiselweni</td>
<td>7</td>
<td>20</td>
<td>26</td>
</tr>
<tr>
<td>Lubombo</td>
<td>10</td>
<td>18</td>
<td>28</td>
</tr>
</tbody>
</table>

Missed Opportunities
Many young people are not hearing family planning messages in the media. Almost 40 percent of women age 15-19 and 46 percent of men age 15-19 had not heard about family planning on the radio, television, or in newspapers.

Among all women who are not currently using family planning, only 7 percent were visited by a field worker who discussed family planning, and only 12 percent of women who visited a health facility discussed family planning with a health worker. Overall, more than 4 in 5 non-users did not discuss family planning with any health worker.

Informed Choice
Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other methods that could be used. Unfortunately, about one-third of Swazi women did not get this information the last time they began using a new method of contraception. Only 58 percent were informed about possible side effects of their method, and 67 percent were informed about other methods that could be used.
INFANT AND CHILD MORTALITY

Levels and Trends
Childhood mortality is increasing in Swaziland, most probably due to the HIV/AIDS epidemic. Currently, one in every eight children in Swaziland dies before his or her fifth birthday.

The infant mortality rate for the five years before the survey (2001-2006) is 85 deaths per 1,000 live births and the under-five mortality rate is 120 deaths per 1,000 live births. For the period from 1997-2001, infant mortality was 67 and under-five mortality was 90.

Mortality rates do not differ too dramatically throughout Swaziland. Urban and rural rates are almost identical, and the under-five mortality rate ranges very slightly, from 96 in Hhohho to 115 in Lubombo.

Birth Intervals
Spacing children at least 36 months apart reduces risk of infant death. In Swaziland, the average birth interval is 38 months. Infants born less than 2 years after a previous birth have particularly high infant mortality rates (90 deaths per 1,000 live births compared to only 57 deaths per 1,000 live births for infants born 3 years after the previous birth). One in six infants in Swaziland is born less than 2 years after a previous birth.
**CHILD HEALTH**

**Vaccination Coverage**

According to the 2006-07, 82 percent of Swazi children age 12-23 months had received all recommended vaccines— one dose of BCG, three doses each of DPT and polio, and one dose of measles. Only 3 percent of children had not received any of the recommended vaccines.

Vaccination coverage is slightly higher in rural areas than urban areas (83 versus 78 percent). There is slight variation in vaccination coverage by region, ranging from only 76 percent fully vaccinated in Lubombo to 84 percent in Hhohho and Shiselweni. Coverage is fairly high across educational levels, with 77 percent of children of uneducated mothers fully vaccinated.

**Childhood Illnesses**

In the two weeks before the survey, 8 percent of children under five had symptoms of an acute respiratory infection (ARI), and 28 percent had a fever.

During the two weeks before the survey, 13 percent of Swazi children under five had diarrhoea. The rate was highest (27 percent) among children 6 to 11 months old. Almost three-quarters of children with diarrhoea were taken to a health provider. Children with diarrhoea should drink more fluids, particularly through oral rehydration salts (ORS). Almost all (98 percent) mothers with children born in the last five years know about ORS packets, and in the two weeks before the survey, 86 percent of children with diarrhoea were treated with ORS. One-quarter of children with diarrhoea were offered increased fluids and 6 percent received no treatment (from a medical professional or at home) at all.

**Prevention of Malaria**

Overall, 6 percent of households have at least one mosquito net, and most of these households (4 percent) have an insecticide-treated net (ITN). Ownership of nets ranges from only 2 to 3 percent in Hhohho, Manzini, and Shiselweni, but is 13 percent in Lubombo. Use of nets is quite low—less than 1 percent of children under age 5 slept under a net the night before the survey.

**Management of Malaria in Children**

In the two weeks before the survey, 28 percent of children under age 5 had fever, the primary symptom of malaria. Of these children, less than 1 percent took an antimalarial drug. SP/Fansidar was the most frequently used antimalarial drug. Chloroquine, the first-line drug, was rarely given to children.
FEEDING PRACTICES AND THE NUTRITIONAL STATUS OF WOMEN AND CHILDREN

Breastfeeding is very common in Swaziland, with 87 percent of children breastfed. WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. About one-third of children under 6 months of age are being exclusively breastfed. Infants should not be given water, juices, other milks, or complementary foods until six months of age, yet about half of Swazi children under 6 months receive these. On average, children breastfeed until the age of 17 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Swaziland, 76 percent of children ages 6–8 months are eating complementary foods.

The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children age 6-23 months also be fed three or more other food groups. Three-quarters of breastfed children in Swaziland meet this recommendation. It is also recommended that non-breastfed children be fed milk or milk products, and four or more food groups. Two-thirds of nonbreastfed Swazi children receive milk or milk products, and 60 percent were fed four or more food groups.

Micronutrients are essential vitamins and minerals required for good health.

Vitamin A, which prevents blindness and infection, is particularly important for children and new mothers. In the 24 hours before the survey, 79 percent of children age 6-35 months ate fruits and vegetables rich in vitamin A. Four in five children (81 percent) age 6–59 months received a vitamin A supplement in the 6 months prior to the survey. Only 44 percent of women received a vitamin A supplement postpartum, however.

Pregnant women should take iron tablets or syrup for at least 90 days during pregnancy to prevent anemia and other complications. Only one-third of women took iron tablets or syrup for at least 90 days during their last pregnancy. Adequate iron supplementation during pregnancy was highest in Manzini, where 46 percent of pregnant women took iron tablets for 90+ days.
Children’s Nutritional Status

The SDHS measures children’s nutritional status by comparing height and weight measurements against an international reference standard. According to the 2006-07 SDHS, 29 percent of children under 5 are stunted, or too short for their age. This indicates chronic malnutrition. Stunting is more common in rural areas (30 percent) than urban areas (23 percent). Stunting is least common among children of more educated mothers and those from wealthier families. Wasting (thin for height) and underweight are far less common than stunting. (3 and 5 percent, respectively).

![Stunting by Mother’s Education](image)

Women’s Nutritional Status

Swazi women also face nutritional challenges. Very few women, however, are too thin, but over half (51 percent) are overweight or obese. Overweight increases with age, with education, and with wealth.

Anemia

Two in five (42 percent) children age 6-59 months have some degree of anemia, and 20 percent have moderate or severe cases of anemia. Anemia is more common in urban areas than rural areas (50 percent compared to 40 percent of children 5). The SDHS also included anemia testing of children age 5-14. Results show that 18 percent of 5-14 year-olds are anemic.

Thirty percent of women age 15-49 are anemic, but most (23 percent) have mild anemia. Pregnant women are most likely to be anemic (40 percent). Anemia is less common among older women- only 21 percent of women over 50 are anemic. Anemia among men is even less common- only 13 percent of men age 15-49 are anemic, and most of them have mild cases.
**Maternal Health**

**Antenatal Care**
Almost all (97 percent) Swazi women receive some antenatal care from a medical professional, most commonly from a nurse/midwife (76 percent). Only 26 percent of women, however, had an antenatal care visit by their fourth month of pregnancy, as recommended. Although almost all Swazi women receive some antenatal care, they may not be receiving all the recommended components of care. According to the 2006-07 SDHS, only 54 percent of women were informed of signs of pregnancy complications during antenatal care, and only 78 percent were physically examined. Almost all women who received antenatal care received iron tablets, were weighed, and had their blood pressure measured. Urine and blood samples were taken from over 90 percent of pregnant women receiving antenatal care. Three-quarters of women’s most recent births was protected against neonatal tetanus.

**Antimalarial Drug Use During Pregnancy**
Malaria during pregnancy contributes to low birth weight, infant mortality and other complications. At the time of the survey, it was recommended that pregnant women receive two doses of the antimalarial drug SP/Fansidar as intermittent preventive treatment (IPT). Only 7 percent of pregnant woman took any antimalarial drug during their last pregnancy, and fewer than 1 percent took the two recommended doses of SP during pregnancy. Only about 1 percent of pregnant women slept under a net the night before the survey.

**Delivery and Postnatal Care**
Three-quarters of Swaziland’s births occur in health facilities, 43 percent in the public sector and 27 percent in Mission/private sector facilities. One quarter of births occur at home. Home births are more common in rural areas (29 percent) than urban areas (11 percent). Three-quarters of births are assisted by a skilled provider (doctor, nurse/midwife, or nursing assistant). Another 5 percent are assisted by a traditional birth attendant and 16 percent by untrained relatives or friends.

Postnatal care helps prevent complications after childbirth. The majority (75 percent) of women did not have a postnatal checkup.

**Maternal Mortality**
The SHDS asked women about deaths of their sisters to determine maternal mortality—deaths associated with pregnancy and childbearing. The 2006-07 maternal mortality rate for Swaziland is 482.


## HIV/AIDS Knowledge and Attitudes

### Knowledge

According to the 2006-07 SDHS, almost all Swazi adults have heard of AIDS, but knowledge of HIV prevention measures is lower. Only 87 percent of women and 83 percent of men age 15-49 know that the risk of getting HIV can be reduced by using condoms and limiting sex to one faithful partner. Prevention knowledge is higher in urban areas and among those with higher levels of education. Adults age 50 and over are less likely to know about HIV prevention than those age 15-49. Only about 70 percent of older adults know that HIV can be prevented by using condoms. Most men and women know that HIV can be transmitted by breastfeeding, and about three-quarters know that the risk of mother-to-child transmission can be reduced by taking drugs during pregnancy.

Almost 90 percent of adults age 15-49 know where to get male condoms, but only half of women and one quarter of men know where to get a female condom.

Many Swazis still have misconceptions about HIV/AIDS. Only two-thirds of women and men, for example, know that AIDS cannot be transmitted by mosquito bites.

### Attitudes

There is still a lot of stigma associated with HIV in Swaziland. While most men and women say they are willing to take care of a family member with the AIDS virus, only about 60 percent say that they would not want to keep secret that a family member got infected with the AIDS virus. Three in four say that they would buy fresh vegetables from a shopkeeper who has the AIDS virus. Adults 50 and over are less accepting of those living with AIDS—only half would buy vegetables from a shopkeeper who had the AIDS virus.

HIV prevention education is a fairly controversial subject in Swaziland. Fewer than three-quarters of men and women agree that children age 12-14 should be taught about using a condom to avoid AIDS.

### Negotiating Safer Sex

Most men and women say that women can negotiate with their husbands to have safer sex. Two-thirds of women and three-quarters of men believe that women can refuse sex if the husband has a sexually transmitted infection (STI). More than 90 percent of women and men believe that the woman can propose condom use if the husband has an STI.
HIV/AIDS-RELATED BEHAVIOR

HIV Testing
Most Swazis have never been tested for HIV. Almost all women age 15-49 know where to get an HIV test, compared to only about three in four men. Women are far more likely to have been tested for HIV-36 percent of women have ever been tested and received results compared to only 17 percent of men. In the 12 months before the survey, 22 percent of women and only 9 percent of men had taken an HIV test and received the results. Forty-two percent of women who were pregnant in the two years before the survey were offered and received HIV testing during antenatal care. HIV testing during antenatal care is much more common in urban areas (53 percent) than rural areas (39 percent) and is highest among women with tertiary education (54 percent).

Higher-Risk Sex and Condom Use
In the 2006-07 SDHS, higher-risk sex is defined as sex with a partner who is neither a spouse or lived with the respondent in the 12 months preceding the survey. Overall, 44 percent of women engaged in higher-risk sex in the year before the survey, as did 58 percent of men. About half of these women and two-thirds of these men used a condom at their most recent higher-risk sex.

Condom Use
The majority of men age 15-49 who used a condom in the 12 months before the survey used either Government condoms (37 percent) or Trust brand condom (43 percent). Condoms were most frequently obtained at shops (44 percent) and hospitals/health centres/clinics (16 percent).
HIV Prevalence

HIV Prevalence

The 2006-07 SDHS included HIV testing of over 15,000 men, women, and children. Eighty-seven percent of women aged 15-49 and 78 percent of men 15-49 agreed to be tested for HIV.

More than one in four adults age 15-49 is HIV-positive. Women are much likely to be infected than men, and those living in urban areas are at higher risk of infection than those living in rural areas.

Swaziland is the only DHS survey to test for HIV in children age 2-14 and adults age 50 and over. Four percent of children age 2-14 are infected with HIV. HIV prevalence is highest in young adults; one in two women age 25-29 are HIV-positive. Twelve percent of women age 50 and over are infected compared to 18 percent of men over age 50.

HIV prevalence is high in all four regions of Swaziland, ranging from 23 percent of 15-49 year-olds in Shiselweni to 29 percent in Hhohho.

HIV prevalence is particularly high among widows and those who are divorced or separated—56 percent of widowed women and 68 percent of widowed men are HIV-positive.
**Orphanhood**

Less than one-quarter of children under 18 lives with both of their parents. One-third of children under 18 are not living with either biological parent. One in four children have one or both parents dead, while one in three are considered orphans and/or vulnerable. Almost 30 percent of orphans do not live with all their siblings.

Orphans and vulnerable children (OVC) are less likely than non-OVC to possess the three basic needs—shoes, two sets of clothes, and at least one meal per day. OVC are also more likely to be underweight than their non-OVC peers. Although about one-third of OVCs receive school-related assistance, most households with OVCs (59 percent) received no external support in the year before the survey.

Caregivers of children should plan for succession in case of illness. Only one in four caregivers have made succession arrangements.

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Five year-old Mfan‘fikile Mkanya, who lost both parents to AIDS, sits at the cold hearth of the empty cooking hut at his grandparents’ homestead in Mavukutsu, Swaziland. (c) 2004 Tjekisa James Hall, Courtesy of Photoshare
**Women’s Empowerment**

**Employment**

About half of women age 15-49 interviewed in the SDHS are employed compared to 86 percent of men. Among those who are employed, men are slightly more likely to earn cash, while women are more likely than men to be unpaid. Women who earn cash generally earn less than their husbands.

**Participation in household decisions**

Many Swazi women do not have the power to make household decisions. Women are most likely to have control over daily household purchases, while husbands often have final say over visits to family or relatives and larger household purchases. Ten percent of women do not participate at all in any of the four decisions.

**Attitudes towards wife beating and refusing sex**

More than one-third of women and 40 percent of men agree that a husband is justified in beating his wife for certain reasons. About two-thirds of women and men agree that women are justified in refusing sexual intercourse with her husband for certain reasons.

**Women’s empowerment and health outcomes**

Empowered women often have better health outcomes than women who are less empowered. For example, women who participate in more household decisions and those who find no reasons to justify wife beating are more likely to use contraception. Women who participate in more household decisions are also more likely to receive assistance from health personnel during delivery than those who have no say in decision making. Seventy-seven percent of women who participate in 3 or 4 household decisions received assistance from health personnel during delivery compared to only 67 percent of those who participated in no decisions.
In order to identify factors that put young people at risk for contracting HIV/AIDS, the 2006-07 SDHS included interviews with over 800 children age 12-14.

Caregivers and Supervision
More than half of young people age 12-14 have only one caregiver at home. Mothers and fathers are the most common caregivers; grandmothers were identified as caregivers for over one-quarter of children. Most youth report regular supervision at school, both in and out of the classroom.

Knowledge of sex and HIV/AIDS
About six in ten youth know the meaning of sex. Females and those living in urban areas are more likely to know the meaning of sex. About half of girls and one quarter of boys report that parents talked with them about sex. Girls were also more likely to have talked with their parents about sexual abuse than boys.

Almost all 12-14 year-olds have heard of AIDS. Most also know that it is possible to avoid or reduce the chances of getting AIDS, and that a healthy-looking person can have AIDS. About three in four youth have heard about the male condom, while less than half have heard of the female condom. Only about one-third of youth believe that children their age should be taught to use condoms to avoid AIDS, while more than 60 percent believe that they should be taught to wait until they are married to have sex.

HIV/AIDS information
The radio is the most common source of HIV/AIDS information for young people age 12-14 — 70 percent have heard an HIV message on the radio. About one-third of youth report hearing these messages through television, newspapers, leaflets, posters, and billboards. Exposure to these messages is much more common in urban than rural areas. More than two-thirds of youth have also seen these messages on clothing and red ribbon badges. Eighteen percent know about an HIV/AIDS help line, and about half of youth know a place to be tested for the AIDS virus.

School is the most frequent source of HIV information for 12-14 year olds. Eighty-three percent of these youth received information on HIV from school, 45 percent received information from health facilities, and 37 percent from religious meetings.

Three in five youth who know about sex said that the HIV/AIDS information they received had too much focus on abstinence. Half felt there was too much focus on sex. Very few, however, believed that the information encouraged young people to have sex, or implied that it is OK for children to have sex if it is safe.

About one in three youth have ever discussed HIV/AIDS with parents or caregivers. However, among the youth who discussed HIV/AIDS in the month before the survey, friends were the most frequent discussion partner. Fifty-nine percent of youth talked with a friend about HIV/AIDS in the month before the survey, while 30 percent talked with a teacher, and only 14 percent talked with a parent. One-quarter of youth do report, however, that they would like to talk to their parent about HIV/AIDS.
## Key Indicators

### Fertility

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total fertility rate (number of children per woman)</td>
<td>3.8</td>
</tr>
<tr>
<td>Women age 15–19 who are mothers or now pregnant (%)</td>
<td>23</td>
</tr>
<tr>
<td>Median age at first marriage for women age 30-49 (years)</td>
<td>24.3</td>
</tr>
<tr>
<td>Median age at first intercourse for women age 25-49 (years)</td>
<td>18.0</td>
</tr>
<tr>
<td>Median age at first birth for women age 25-49 (years)</td>
<td>19.2</td>
</tr>
<tr>
<td>Married women (age 15–49) wanting no more children (%)</td>
<td>68</td>
</tr>
</tbody>
</table>

### Family Planning (married women, age 15–49)

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current use</td>
<td></td>
</tr>
<tr>
<td>Any method (%)</td>
<td>51</td>
</tr>
<tr>
<td>Any modern method (%)</td>
<td>48</td>
</tr>
<tr>
<td>Currently married women with an unmet need for family planning1 (%)</td>
<td>24</td>
</tr>
</tbody>
</table>

### Maternal and Child Health

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity care</td>
<td></td>
</tr>
<tr>
<td>Women giving birth who received antenatal care from a health professional (%)</td>
<td>97</td>
</tr>
<tr>
<td>Births assisted by a health professional (%)</td>
<td>74</td>
</tr>
<tr>
<td>Births delivered in a health facility (%)</td>
<td>74</td>
</tr>
<tr>
<td>Child immunisation</td>
<td></td>
</tr>
<tr>
<td>Children 12–23 months fully vaccinated2 (%)</td>
<td>82</td>
</tr>
</tbody>
</table>

### Nutrition in Children

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children under 5 years who are stunted (moderate or severe) (%)</td>
<td>29</td>
</tr>
<tr>
<td>Children under 5 years who are wasted (moderate or severe) (%)</td>
<td>3</td>
</tr>
<tr>
<td>Children under 5 years who are underweight (%)</td>
<td>5</td>
</tr>
<tr>
<td>Median duration of any breastfeeding (months)</td>
<td>17</td>
</tr>
<tr>
<td>Median duration of exclusive breastfeeding (months)</td>
<td>0.7</td>
</tr>
</tbody>
</table>

### Childhood Mortality

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of deaths per 1,000 births: Infant mortality (between birth and first birthday)</td>
<td>85</td>
</tr>
<tr>
<td>Under-five mortality (between birth and fifth birthday)</td>
<td>120</td>
</tr>
</tbody>
</table>

### AIDS-related Knowledge

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knows ways to avoid AIDS:</td>
<td></td>
</tr>
<tr>
<td>- Having one sex partner (women age 15–49/men age 15-49) (%)</td>
<td>93/91</td>
</tr>
<tr>
<td>- Using condoms (women age 15–49/ men age 15-49) (%)</td>
<td>91/87</td>
</tr>
<tr>
<td>Knows HIV can be transmitted by breastfeeding (women age 15–49/ men age 15-49) (%)</td>
<td>85/76</td>
</tr>
<tr>
<td>Knows risk of MTCT can be reduced by mother taking special drugs during pregnancy (women)</td>
<td>85/79</td>
</tr>
</tbody>
</table>

### HIV Prevalence

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV prevalence (women/men age 15-49) (%)</td>
<td>31/20</td>
</tr>
<tr>
<td>HIV prevalence older adults (women/men age 50 and over) (%)</td>
<td>12/18</td>
</tr>
<tr>
<td>HIV prevalence children age 2-14 (girls/boys) (%)</td>
<td>4/4</td>
</tr>
</tbody>
</table>

1 Currently married women who do not want any more children or want to wait at least 2 years before their next birth but are not currently using a method of family planning.  
2 Fully vaccinated includes BCG, measles, and three doses each of DPT and polio
<table>
<thead>
<tr>
<th>Residence</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hhohho</td>
</tr>
<tr>
<td>Urban</td>
<td></td>
</tr>
<tr>
<td>3.0</td>
<td>3.6</td>
</tr>
<tr>
<td>20</td>
<td>26</td>
</tr>
<tr>
<td>27.9</td>
<td>24.3</td>
</tr>
<tr>
<td>18.6</td>
<td>18.2</td>
</tr>
<tr>
<td>20.1</td>
<td>19.5</td>
</tr>
<tr>
<td>68</td>
<td>66</td>
</tr>
<tr>
<td>Rural</td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>54</td>
</tr>
<tr>
<td>56</td>
<td>51</td>
</tr>
<tr>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>98</td>
<td>97</td>
</tr>
<tr>
<td>88</td>
<td>70</td>
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<tr>
<td>89</td>
<td>70</td>
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<tr>
<td>78</td>
<td>83</td>
</tr>
<tr>
<td>23</td>
<td>30</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>0.6</td>
<td>1.0</td>
</tr>
<tr>
<td>74</td>
<td>78</td>
</tr>
<tr>
<td>107</td>
<td>105</td>
</tr>
<tr>
<td>95/91</td>
<td>92/91</td>
</tr>
<tr>
<td>94/89</td>
<td>89/87</td>
</tr>
<tr>
<td>88/74</td>
<td>84/76</td>
</tr>
<tr>
<td>89/84</td>
<td>83/77</td>
</tr>
<tr>
<td>37/26</td>
<td>29/17</td>
</tr>
<tr>
<td>13/19</td>
<td>12/18</td>
</tr>
<tr>
<td>4/4</td>
<td>4/4</td>
</tr>
<tr>
<td>4/4</td>
<td>4/4</td>
</tr>
</tbody>
</table>
Swaziland

Lucwaningo IweTemphilo Iwa 2006-07

Imiphumela Lebalulekile
Lombiko uchaza kafishane imiphumela yeLucwanningo LweTemphilo lolwentsi nga 2006-07, lihhovisi leTekubala iCentral Statistical Office-CSO libambisene neltiko leTemphilo neNhlalakahle. Inhlangano yakaMacro International yadlala indzima lebanti ngekelweni kulomsebenzi kutsi uye yimphumelo. Letinye thinhlangano letasita kulolucwanningo tifaka ekhati iHuman Sciences Research Council (HSRC) yaseNingizimu Afrikha, kanye neGlobal Clinical Viral Laboratory (GCVL) nayo leyaseNingizimu Afrikha.


Lokubhalwa kwalobhukwana kusekelwe yinhlangano yeMamelika iUnited States Agency for International Development (USAID). Noko-ke imivo lecuketfwe ngulubhukwana yebalhali hhayi iUSAID.

Uma ufuna kutfola lolunye lwati ngalolucwanningo tsintsana nelihhovisi leTekubala (Central Statistical Office-CSO) kulo liTiko leTekuhlela Umnottio kanye neNtutfukuko ku P. O. Box 456, Mbabane Swaziland H100; lucingo: 404 2151/4, ifax: 404 3300.


Lesifombe salombiko sitsetfwe baka Lens Pro
Lokumayelana Nalolucwaningo lewTemphiLo Lwa 2006-07


Lwangenelwa bobani lolucwaningo?

Incenye yabomake letinkhulungwane letine nemakhulu layimfica nemashumi lasiphohlongo nesikhombisa (4,987) nencenye yabobabe letinkhulungwane letine nelikhulu lianye linemashumi lasishlanu nesitfupha (4,156) lesukela eminyakeni lelishumi nesishlanu kuya kulelwakalana lambane nemfica (15-49) yabutwa imibuto. Loku kusho kutsi bomake labangemashumi layimfica nabane ekhulwini (94%) bayiphendvula lembuso lolucwaningo, bobabe bona labayiphendvula lembuso baba ngemashumi lasiphohlongo nemfica ekhulwini (89%). Ngalokungaketayeleki kulomsebenti welucwaningo lwetemphiLo mhlaba wonkhana, live lakaNgwane langeta imibuto letsite kubuka tingoni lethathukahulukene kubantfwana labaneminyaka lesukela kulelishumi nakubili kuya eminyakeni lelishumi nakune (12-14), kanye nebantfu lesebakhulile iminyaka yabo lesukela emashumi lasishlanu kuya etulu (50+). Kuhlolwa kweHIV kweniwe kubo bonkhe bantu labane labaneminyaka lesukela kulelishumi kuya etulu kulawo madlala langenela lolucwaningo. Lencenye yalesive lesangenela lolucwaningo yenta kutsi kusho tinkinghomba letimele live lakaNgwane lonkhana, tindzawo letisemadolobheni, emaphandleni kanye netifundza totine takuleli.
Lolucwaningo lutfole kutsi emadladla langemashumi lasikhombisa nesilanu kulalikhulu anayo iwayilese (75%). Emadladla langetulu kwalangemashumi lamatsatfu nakutsatfu nencenye ekhulwini (langetulu kwa 33%) atfolakala kutsi anaye mabonakudze. Emadladla langemashumi lasiwayilese (75%). Emadladla lametsatfu nakutsatfu nencenye ekhulwini (langetulu kwa 33%) atfolakala kutsi anaye mabonakudze. Emadladla langetulu kwa 33%) atfolakala anaye mabonakudze.

Emadladla langemashumi lasiwayilese (75%). Emadladla lametsatfu nakutsatfu nencenye ekhulwini (langetulu kwa 33%) atfolakala anaye mabonakudze.

Emadladla langetulu kwemashumi lasihlanu kulalikhulu (langetulu kwa 33%) atfolakala anaye mabonakudze. Emadladla langetulu kwemashumi lasihlanu kulalikhulu (langetulu kwa 33%) atfolakala anaye mabonakudze.

Emadladla langetulu kwemashumi lasihlanu kulalikhulu (langetulu kwa 33%) atfolakala anaye mabonakudze. Emadladla langetulu kwemashumi lasihlanu kulalikhulu (langetulu kwa 33%) atfolakala anaye mabonakudze. Emadladla langetulu kwemashumi lasihlanu kulalikhulu (langetulu kwa 33%) atfolakala anaye mabonakudze.
**KUTALA NALOKO LOKUKUBHEBHETELAKO**

**Lizinga lekutala**


Lizinga lekutala liyashiyana kuye ngekutsi loyo make uhlala edolobheni, emaphandleni noma kusi phi sifundza. Bomake labahlala emadolobheni batala bantfwanana labalinganiselwa kulabatsatfu (make amunye) kantsi bomake labahlala emaphandleni bona batala bantfwanana labangu 4.2 (make amunye). Lizingalekutalalisetulu esifundzeni saseShiselweni, lapho khona make amunye utala bantfwanana labalinganiselwa ku 4.3 kantsi esifundzeni sakaHhohho lelizinga liphansi kunato tonkhe tifundza ngoba make amunye utala bantfwanana labangu 3.6.

Lizinga lekutala liphindze lishiyane ngekutsi make ufundze kanganani nangesimo sakhe semnotfo. Bomake labafundze befika emakolishi banebantfwanana labalinganiselwa ku 2.4 (make amunye) kantsi lenombolo lena iphindvwe kahili kubomake labangakafundzini sanhlobo (4.9 make amunye). Lizinga lekutala liya ngekwenyuka kuye ngekutsi make umphofu kanganani. Bomake labaphuye kakhulu banebantfwanana labaphindvwe ngalokubili uma sibacatsanisa nabomake labanotsile (Make lophuye kakhulu unebantfwanana labangu 5.5 kantsi make lonotsile yena unebantfwanana labangu 2.6).

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**Lizinga Lekutala Ngekweminyaka Eyahlukahlukene**

- Lubalo lwa 1986: 6.4
- Lucwaningo lwetindlu lwa 1991: 5.6
- Lubalo lwa 1997: 4.5
- Lucwaningo lwetemphilo lwa 2006-07: 3.8

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**Lizinga Lekutala Ngekwemfundvo Nangekunotsa Kwabomake**

- Labangakafundzi: 4.9
- Imfundvo yeprimary lephansi: 5.1
- Imfundvo yeprimary lephakeme: 4.4
- Imfundvo yasesecondary: 3.9
- Imfundvo yeprimary lephakeme: 3.1
- Imfundvo yekolishi: 2.4
- Labaphasi kakhlulu: 5.5
- Besibili: 4.9
- Labasedemkhatsini: 3.9
- Besine: 3.3
- Labanotse kakhlulu: 2.6
Inombolo lencomekako yebantfwana
Bomake balapha eSwatini bancoma bantfwana labangu 2.5 make amunye. Bomake labasetindzaweni tsemaphandleni bona bancoma inombolo lengetulu kunabomake labasetindzaweni tsemadolobheni (2.6 kubomake labasemaphandleni uma sicasanisa na 2.3 kubomake basemadolobheni).

Umnyaka bantfu labatsatsana ngawo kwekucala
Kutfolakale kutsi bomake lapha eSwatini bayephuta kwendza. Bangeshumi lamabili nesitfupha ekuhwini (26%) kuphela bomake labendza bangakahlanganisi emashumi lamabili eminyaka. Kubomake labanemashumi lamatsatfu kuya kulabo labanemashumi lamane nemfica (30-49) kutfolakale kutsi imvamisa yabo bendza sebaneminyaka lengemashumi lamabili nakune nencenyeye (24.3), kantsi bobabe bona bayamise kutsatsa bafati sebahlanganise iminyaka lengemashumi lamabili nesikhombisa nencenyeye (27.7). Bomake labasetindzaweni tasemadolobheni bayephutaphuta kwendza (bendza sebaneminyaka lengemashumi lamabili nesikhombisa nencenyeye (27.9) uma bacakantsanewa nebalingani babo labasetindzaweni letisemaphandleni (bonake bendza baneminyaka lengemashumi lamabili nakubili nencenyeye (22.8). Bomake labanemfundvo lephakeme bayephuta kwendza, kutfolakale kutsi iyaphela iminyaka lesihlwanu make longakafundzi sanhlobo endzile, andzube kwendza make lowafundza wefika ekolishi (Kubomake labanemashumi lamatsatfu kuya emashumini lamane nemfica (30-49) kutfolakale kutsi kulabo labafundzwe befika ekolishi bendza sebahlanganise iminyaka lengemashumi lamabili nesitfupha nencenyeye (26.8) kantsi labo labangakafundzi sanhlobo bona bendza baneminyaka lengemashumi lamabili nakunye nencenyeye.)

Umnyaka bantfu labacala ngawo kuya ecasini (kulalana)
Uma kubukwa bantfu bahaneminyaka lesuka emashumini lamabili nesihlanu kuya eminyakeni lengemashumi lamane nemfica (25-49) kutfolakale kutsi bomake labangefika ehafunzi basuke sebavele bacalile kulala uma bahlanganisa iminyaka lelishumi nesiphohlongo (18), ngakubobabe bayamise sikhomba kutsi bangamashumi lamatsatfu ekhuwini (30%) lesebavele bacale kulala uma bahlanganisa iminyaka lelishumi nesiphohlongo (18). Bomake labalshumi namunye kulabalikhulu (11%), nabobabe labatsatfu kubalalikhulu (3%) basuke sebacalile kulala uma bahlanganisa iminyaka lelishumi nesihlanu. Liningi labomake labaneminyaka lesuka emashumini lamabili anesihlanu kuya emashumini lamane nemfica (25-49) licala kulala lineminyaka lelishumi nesiphohlongo (18), bobabe bona bayephutaphuta, bacala uma sebahaneminyaka lelishumi nemfica nencenyeye (19.5).

Bomake labasetindzaweni letisemaphandleni bashesha ngemnyaka munye kacala (kulala) uma sibacatsanisa nabomake labasemadolobheni. Bomake labanemfundvo lephakeme bayephutha kacala (kulala) uma sibacatsanisa nabomake labangakafundzi (bomake labafundzile bacala kulala sebahlanganise iminyaka lengemashumi lamabili nakunye (21.0) kantsi bomake labangakafundzi bona bacala kulala baneminyaka lelishumi nesitfupha nencenyeye 16.6).

Umnyaka bomake labacala kutala ngawo
Insha yabomake balomuhla seyiyeckhuta kacala kutala uma siyicantsanisa nabomake labayimala. Kulobomake labanganela loulucwango labaneminyaka lesuka kumashumi lamabili kuya eminyakeni lengemashumi lamabili nane (20-24), kutfolakale kutsi baba ngemashumi lamabili nesiphohlongo ekuhwini (28%) lebe sebavele banebantfwana ngalesikhatsi bahlanganisa iminyaka lelishumi nesiphohlongo (18). Kulesicheme sabomake lesineminyaka lesuka emashumini lamane lanesihlanu kuya eminyakeni lengemashumi lamane nemfica (45-49) kutfolakale kutsi labalinganiselwa emashumini lamane ekhuwini (40%) bese bavele banabo bantfwana uma bahlanganisa iminyaka lelishumi nesiphohlongo (18).

Uma kubukwa bomake labaneminyaka lesuka emashumini lamabili nesihlanu kuya emashumini lamane nemfica (25-49), kutfolakale kutsi liningi labo lisuke selinaye umntfwa nekucala uma lihlanganisa iminyaka lelishumi nemfica nencenyeye (19.5). Bomake labasetindzaweni tasemadolobheni bephuta ngemnyaka munye kacala kutfolu

Lesitfombe sitsetfwe baka Lens Pro
bantfwana uma sibacatsanisa nabomake labahlala etindzaweni tasemahandleni. Lolucwaningo luvete kutsi bomake labafundzile nalabo labanotsile bayephuta kucala kutfola bantfwana, lokuphuta kuya ngekutsi loyo make ufunzde noma unotse kanganani. Make lofundzde noma lonotse kakhulu uyephuta kuthu yeyiphutha kutfola umntfwana wekuca la uma acatsaniswa namake lofundzde noma lonotse kancane. Liningi labomake labangakafundzini bacala kutfola bantfwana baneminyaka lelishumi nesikhombisa nencenye (17.8) kantsi bomake labafundzile befika ekolishi bona bacala kutfola bantfwana sebahlanganise emashumi lamabili anakutsatfu nencenye (23.1).

Lizinga lekutala kumantfombatana langakahlanganisi iminyaka lengemashumi lamabili
Kutfolakale kutsi incenye lelinganiselwela emashumi lamabili nesihlanu ekhulwini (25%) kumantfombatana lameminyaka lesuka eshusi nesihlanu kuya emashumi lamane nesikhombisa lamane nemfica (15-49) isuwe seyicalile kutfola bantfwana. Emantfombatana lalelishumi nemfica kulalikhulu (19%) asuwe noma kantsi ematfombatana lamane ekhulwini (4%) wona asuwe asatetfwele (umntfwana wekuca). Bomake labasebancane kakhulu bavame kuba setindzaweni tasemahandleni ngekuhlela kunase madolobheni. Bomake labamensefundo lephakene yaseprimary banemafufa laphindwe kubaluleka kuca kuca kutfola bantfwana bangakahlanganisi iminyaka lelishumi nemfica (19) umambacatsaniswa nabomake labamensefundo lephakene yehigh school (emantfombatana langemashumi lasitfupa nayinye ekhulwini (61%) lamensefundo lephakene yaseprimary asuwe noma uma ahlanganganisa iminyaka lelishumi nemfica (19) kantsi emantfombatana lanensefundo lephakene lasuwe asuwe wona alinganiselwela kulalishumi nesihlanu ekhulwini (15%)).

**KUHLELA UMNDENI**

**Lwati ngekuhlela umndeni**
Lwati ngetindlela tekuhlela umndeni lapha kaNgwane luyafana; bonke bomake labeminyaka lesuka eshumini nesihlanu kuya eminyakeni lengemashumi lamane nemfica (15-49) banalo lwati lokungenani lwayinye indlela yekuhlela umndeni. Tindlela tekuhlela umndeni letatiwa kakhulu tifaka ekhatsi ikhondomu yabobabe (bomake labangemashumi layimfica nemfica kulalikhulu (99%) banalo lwati nge khondomu yabobabe), umjovo, (bomake labangemashumi layimfica nesitfupa kulalikhulu (96%) banalo lwati ngemjovo lovikela kutala), emaphilisi (bomake labangemashumi layimfica nesihlanu kulalikhulu (95%) banalo lwati ngemaphilisi lavikela kutala), kanye nekondomu yobomake (bomake labangemashumi layimfica namunye kulalikhulu (91%) banalo lwati nge ngekhondomu yabomake).

**Lokwentekeko ngekusetjentiswa kwetindlela tekuhlela umndeni**
Bomake labalinganiselwa emashumi lamane nesiphohlengo kulalikhulu (48%) balonkulala basebentisa indlela yesilungu kuyikela kutala. Bomake labatsatfu kulalikhulu (3%) balonkulala basebentisa indlela yesintu. Tindlela tekuhlela umndeni letsetjentiswa kakhalu kwafolakala kutsi ngumjovo kanye nekondomu yabobabe (bomake labafolakala basebentisa umjovo baba lishumi nesikhombisa ekhulwini (17%), labafolakala basebentisa iikhondomu yabobabe baba lishumi nabo baba lishumi nesikhombisa ekhulwini (17%), labangakendzani labalalakalokukusebenza kulahlela umndeni, balinganiselwa emashumi nesitfupa nakusatfu ekhulwini (63%) bomake labangakendzini labahlela umndeni ngendlala yesilungu; kulalini leli labangemashumi labatsatfu nakune ekhulwini (34%) bavikela kutala ngekhondomu yabobabe bese kutsi bomake labalashumi nesikhombisa ekhulwini (17%) bona bavikela kutala ngekusebenza umjovo.

Kusetjentiswa kwekuhlela umndeni kushiyana ngekutsi umuntu fukusiphi sifundza nekutsi uhlalaphi. Bomake labalalako labahlala etindzaweni tasemadolobheni, labasebentisa tindlela yesilungu tekuhlela umndeni,
balinganiselwa kubomake labangemashumi lasihlanu nesifupha ekhulwini (56%) kantsi balingani babo labahlala etindzaweni letisemaphandleni bona bangemashumi lamane nesihlanu ekhulwini (45%). Kusentjetiswa kwetindlela letisilungu tehukhlela umndeni kubomake labendzile kusukela kubomake labalinganiselwa kumashumi lamane nakubili ekhulwini (42%) esifundzeni saseShiselweni kuya kubomake labalinganiselwa emashumini lasihlanu nakunye ekhulwini (51%) esifundzeni sakaHhohho.

Kusentjetiswa kwetindlela letisilungu tehukhlela umndeni kuya ngekutsi make ufundze kanganani. Bomake labendzile nalabanemfundvo lephakeme (imfundvo yasekoshili) labasebentisa tindlela tesilungu kuhlela umndeni balinganiselwa emashumini lasikhombisa nesihlanu ekhulwini (75%). Linani labomake lelendzile, lelingakafundzi lelisebentisa tindlela tesilungu kuhlela umndeni, lona lilinganiselwa emashumini lamabili nesikhombisa ekhulwini (27%).

**Titfolakalaphi tindlela tehukhlela umndeni**
Bomake labalinganiselwa kulabangemashumi lamane nesihlanu ekhulwini (45%) labahlela umndeni, bahlala etindzaweni tesive fana netibhedlela, tibhedlela letincane kanye nemakliniki akaHulumende. Bomake labahlela umndeni etibhedlela nemakliniki langasiwo abhulumende njengetinkapansi netimishini balinganiselwa eshumini nakune ekhulwini (14%). Bomake labahlela umndeni emitfolamphilo lengaphansi kweluphiko lwetinhlwangano letingekho kuHulumende (NGO’s) balinganiselwa emashumini lamabili nakune (24%). Bomake labahlela ngemjovo nomagempahlisini bayavane kukutfola loka kulemitfolamphilo yakahulumende. Bese kutsi emakhondomu abobabe wona avame kutfolakala etitolo, kubangani kanye nasetihlotjeni.

**SIDZINGO SEKUHLELA UMNDENI**

**Inhloso yekuhlela umndeni**
Bantfu labendzile labalinganiselwa kulabangemashumi lasihlanu nesifupha ekhulwini (56%) kantsi balingani babo labahlala etindzaweni letisemaphandleni bona bangemashumi lamane nesihlanu ekhulwini (45%). Kusentjetiswa kwetindlela letisilungu tehukhlela umndeni kubomake labendzile kusukela kubomake labalinganiselwa kumashumi lamane nakubili ekhulwini (42%) esifundzeni saseShiselweni kuya kubomake labalinganiselwa emashumini lasihlanu nakunye ekhulwini (51%) esifundzeni sakaHhohho.

Kusentjetiswa kwetindlela letisilungu tehukhlela umndeni kuya ngekutsi make ufundze kanganani. Bomake labendzile nalabanemfundvo lephakeme (imfundvo yasekoshili) labasebentisa tindlela tesilungu kuhlela umndeni balinganiselwa emashumini lasikhombisa nesihlanu ekhulwini (75%). Linani labomake lelendzile, lelingakafundzi lelisebentisa tindlela tesilungu kuhlela umndeni, lona lilinganiselwa emashumini lamabili nesikhombisa ekhulwini (27%).

**Titfolakalaphi tindlela tehukhlela umndeni**
Bomake labalinganiselwa kulabangemashumi lamane nesihlanu ekhulwini (45%) labahlela umndeni, bahlala etindzaweni tesive fana netibhedlela, tibhedlela letincane kanye nemakliniki akaHulumende. Bomake labahlela umndeni etibhedlela nemakliniki langasiwo abhulumende njengetinkapansi netimishini balinganiselwa eshumini nakune ekhulwini (14%). Bomake labahlela umndeni emitfolamphilo lengaphansi kweluphiko lwetinhlwangano letingekho kuHulumende (NGO’s) balinganiselwa emashumini lamabili nakune (24%). Bomake labahlela ngemjovo nomagempahlisini bayavane kukutfola loka kulemitfolamphilo yakahulumende. Bese kutsi emakhondomu abobabe wona avame kutfolakala etitolo, kubangani kanye nasetihlotjeni.

**Sidzingo lesingakafezeki sekuhlela umndeni**
Sidzingo lesingakafezeki sekuhlela umndeni siphazwa ngekutsi yincenye yabomake labendzile labafuna kwephutha kulamisa nomalabafuna kuyekela kutala kodvwa labangasebentisi lutfi kuvikela kutala. LolucwaningolweTemphilo lwana 2006-07 luvete kutsi bomake labendzile labangemashumi lamabili nakune ekhulwini (24%) banesidzingo lesingakafezeki sekuhlela umndeni, labasikhombisa ekhulwini (7%) banesidzingo sekwephutha kwelamisa bese kutsi labalishumi nesikhombisa ekhulwini (17%) bona banesidzingo sekuyekela kutala. Lesidzingo lesingakafezeki sekuhlela umndeni sikhulu kakhu etindzaweni tasemaphandleni, kubomake labanemfundvo lephansikanye nabomake labamphofu.
Sidzingo Sekuhlela Umndeni Ngetifundza

<table>
<thead>
<tr>
<th>Kwephuta kwelamisa</th>
<th>Kukala inombolo yebantfwana</th>
<th>Bonkhe labanesidzingo sekuhlela umndeni</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
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<td>5</td>
<td>10</td>
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<tr>
<td>13</td>
<td>7</td>
<td>18</td>
</tr>
</tbody>
</table>

Linani ekuhulwini labomake labendzile labanesidzingile sekuhlela umndeni

<table>
<thead>
<tr>
<th>Live lonkhana</th>
<th>Hhohho</th>
<th>Manzini</th>
<th>Shiselweni</th>
<th>Lubombo</th>
</tr>
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<td>7</td>
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<td>5</td>
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<tr>
<td>17</td>
<td>13</td>
<td>20</td>
<td>20</td>
<td>18</td>
</tr>
</tbody>
</table>

Ematfuba lalahlekile

Liningi lebantfu labasha aliyiva imilayeto yekuhlela umndeni ewayilesini, kubomabonakudze nakumapephandzaba. Linani lelilinganiselwa emashumini lamane ekuhulwini (40%) kubomake labaneminyaka lesuka eeshumini nesiihanu kuya eeshumini nemfica (15-19) alikwe lafutho ngekuhlela umndeni, kungaba kuwayilese, kubomabonakudze noma-ke lokubhalwe kumapephandzaba. Bobabe labangemashumi lamane nesitfupha ekuhulwini (46%) labaneminyaka lesuka eeshumini nesiihanu kuya eeshumini nemfica, 15-19 nabo abakeva lutfo ngekuhlela umndeni kungaba kuwayilese, mabonakudze noma emapephandzabeni.

Kubomake bonkhe labangahleli umndeni, basikhombisa kuphela ekuhulwini (7%) labavakashela ngulabo labasebentela emimangweni kutawucocisana nabo ngetindzaba tekuhlela umndeni, balishumi nakubili kuphela ekuhulwini (12%) bomake labatsi bavakashela emotlomaphilo lapho loyo losisebenti seTemphiwo wacocisana nabo ngetindzaba tekuhlela umndeni. Sebabonkhe, bomake labangawuhleli umndeni, bangetulu kwabane kulabashi lanu babangazange bacakosene nesisebenti seTemphiwo ngekuhlela umndeni.

Kukhetsa lokunemfundziso

Kufa Kwetinswane Nebantfwana

Lizinga nyalo, neminyaka leyengcile

Kufa kwebantfwana lapha eSwatini kuya ngekwenyaka lokungahle kube kubangwa iHIV/AIDS. Kwamanje kulinganiselwa kutsi umntfwana munye kulabasipholongo lapha eSwatini ufa angakahlanganisi iminyaka lesihlanu.


Akubonakali kunemehluko lotseni kulelizinga lekufa etindzaweni talapha eSwatini.  Lizinga lekufa etindzaweni letisemadolobheni naleto letisemaphandleni licishe liyafanana. Umehluko lokhona ubonakala kulelizinga lekufa lebantfwana labangephasi kweminyaka lesihlanu lasibona sifundza sakaHhohho sinelizinga lelingemashumi layimfica nesitfupha (96) bese kutsi eLubonjeni khona libre liikhulu nelishumi nesihlanu (115).

Umgamu wekutala

Kwelamisa lokungumgamu weminyaka lemitsatfu kunciphisa emafupha ekufa kwetinswane. Lapha eSwatini kulinganiselwa kutsi umgamu wekutala uba iminyaka lemitsatfu lelekelakheti ngetinyanga letimbili (38). Luswane lolotalwa kungakapheli iminyaka lemibili lumunye umntfwana atelwe lusengotini lenkhulu kutsi lufe lungakacedzi umnyaka (lesibalo silinganiselwa kubantfwana labangemashumi layimfica kubantfwana labayinkhulungwane labatelwe baphila (90/1000) kantsi uma ucatansisa lelizinga lekufa nalelo lebantfwana labelamiswa sekuphele iminyaka lemitsatfu lifofakele lingemashumi lesihlanu nesikhombisa kubantfwana labayinkhulungwane labatelwe baphila (57/1000). Munye etinswaneni letisitfupha lapha kaNgwane welanyiswa ingakapheli iminyaka lemibili lona lamelamako atelwe.
IMPHILO YEBANTFWANA

Lizinga lekujova
Lolucwaningo lweTemphilo Iwa 2006-07, lutfole kutsi lakaNgwane, bantfwana labalinganiselwa emashumini lasipohlongo nakubili (82%) labanetinyanga letisukela kuletilishumini natimbili kuya etinyangeni letingemashumi lamabili nakutsatfu bayijovele yonkhe imijovo lenconywa beTemphilo (umjovo wekuvikela sifo savendle (Polio), umjovo lovikela lukwhehelekhehle, umphimbolomkhulu, namhlatsi ngci (DPT), umjovo lovikela sibinjana (HBV), umjovo wekuvikela sifuba sengati (BCG) kanye nemjovo wekuvikela incubulunjwane). Bantfwana labatsatfu kuphela kulabaliKhulu (3%) labangazange bajove sanhlobo.

Lizinga lekujova kubantfwana liphakeme kakhulu etindzaweni letisemadolobheni kunasemadolobheni (bantfwana labangeshumi lasipohlongo nakutsatfu ekuhlwini (83%) labahlala etindzaweni letisemaphandleni batfolakala bajove ngalokuphelele kantsi kulabo bantfwana labahlala etindzaweni tasemadolobheni lesibalo satfolakala singemashumi lasikhombisa nesipohlongo ekuhlwini (78%). Kunemehluko lomncane kulelizingalekujoyova masikubukankangetifundza, kusukela kubantfwanalabalalinganiselwa emashumini nesifundzeni saseLubonjeni kuya kubantfwana labangemashumi lasipohlongo nakune ekuhlwini (84%) esifundzeni sakafHlohoho naseShiselweni. Lizinga lekujova lebantfwana lisetulu nakubomake labangakafundzi. Balinganiselwa kubantfwana labangemashumi lasikhombisa nesikhombisa ekuhlwini (77%) bantfwana labatalwa bomake labangakafundzi labajove ngalokuphelele.

Kugula lokutfolakala kubantfwana
Bantfwana labasipohlongo ekuhlwini (8%) kubantfwana labangephansi kweminyaka leshiianu batfolakala kutsi babe nato timphawu tekugula ngesifuba uma kubutelwa lamaviki lamabili lendvulela lolucwaningo. Labangemashumi lamabili lanesipohlongo ekuhlwini (28%) batfolakala kutsi bake bashisa (ifever) kulamaviki lamabili lendvulela lolucwaningo.

Kulamaviki lamabili lendvulela lolucwaningo bantfwana labangaphansi kweminyaka leshiianu labalinganiselwa kulabalishumi nabatsatfu ekuhlwini (13%) batfolakala kutsi babe nako kugula kwemshako. Lomsheko wahlasela kakhu bantu bantfwana labangemashumi letisukela kuletilisitfupha kuya kulakusilisa nakanwe (6-11 months), bonake sibalo sabo silingasiselwa emashumini lamabili nesikhombisa ekuhlwini (27%). Bantfwana labaphose babe ngemashumi lasikhombisa nesihlanu ekuhlwini (75%) bamikiswa emtfolamphilo kuyowelashelwa lomsheko. Bantfwana lababhlalawo ngumsheko kumele banatse lokutinatfo ikakhulu lamantu lamaswayi daswayi (ORS).

Bomake labalinganiselwa emashumini layimfica nesipohlongo ekuhlwini (98%) labatfolakala banebantfwana labangephansi kweminyaka leshiianu bakhombisa kuba nalo lwatigama lamantu lamaswayi daswayi (ORS). Kulamaviki lamabili lendvulela lolucwaningo bantfwana labangemashumi lasipohlongo nesitfupha ekuhlwini (86%) labalbaladhlela ngumsheko banikwa lamantu lamaswayi daswayi. Bese kutsi kubonakwamake lababhlalawo ngumsheko, labangemashumi lamabili nesihlanu ekuhlwini (25%) banikwa lokunatfwa.
lokwengetiwe bese kutsi labangazange belashwe (kungaba semfolamphilo noma ekhaya) bona-ke baba sitfupha kuphela ekhulwini (6%).

Kuvikelwa kwamalaleveva
Kulolonkhe laMswati, asitfupha ekhulwini (6%) emadladla lanalanamethi ekuvikela kusutelwa timbuzulwane (lokungenani yinye inethi ngelidladla). Liningi lawo lamadladla (lamane ekhulwini-4%) analenethi lenalomutsi locosha timbuzulwane. Emadladla lanawo lamanethi esukela kulamabili kuya kulamatsatfu ekhulwini (2-3%) esifundenzisa sakhaHhohho, Manzini naseShiselweni bese kutsi eLubonjeni khona abe lishumi nakutsatfu ekhulwini (13%). Kusetjentiswa kwawo lamanethi kwatfolakala kutsi kusezingeni leliphasi kakulu, ungehphansi kwamunye umntfwana kulabalikhulu loneminyaka lengaphasi kwaMhlabuhlangene lowatfolakala asebentise lenethi kulobusuku lobendvulela lolucwancino.

Kulondvoloteka kwamalaleveva kubantfwna
Kulamaviki lamabili lendvulela lolucwancino, bantfwnwa labangemashumi lamabili nesipholhlongo kubantfwna labalikhulu (28%) labangephansi kweminyaka lebebanamkhuhlane fever (kushisa kwekemtimba) lokungulunye yetimphawu. Kulabalikhulu laba, ungehphansi kwamunye ekhulwini umntfwana lowanikwa emaphilisi lalwa namalaleveva. Liphilisi lelisetjentiswa kakulu lelibitwa ngekutsi iSP/Fandsid.

TINDELA TEKUDLA NEKONDELKA KWABOMAKE NEBANTFWANA

Kumunyisa nekucalea kudla lokucinile

Kudla lokwengetiwe lwelibele kufanele umntfwana acaliswe asalahlanganise tinyanga letisitfupha, kuvikela ingoti yeekungondleki. Lapha eSwatini, balinganiselwa emashumi lasikhombisa nesitfupha ekhulwini (76%) bantfwnwa labangetinyanga letisukwa kuletisitfupha kuya kuletisiphohlongo labadla kudla lokungeta kulobusuku lwelibele.

Lenchubo yeTinindela tekudla kubantfwna netinswane incoma kutsi bantfwnwa labangemashumi letisukwa kuletisitfupha kuya kulabanetinyanga letingemashumi lamabili natintsatfu (6-23) labadla lubisi, kufanele badle nalo kudla lokalamanye emaseko lokungaba tinhlolo letintsatfu nome tibe ngetulu. Bantfwnwa labatsatfu kulabane kulele laseSwatini bayisilandzela lesincomo. Kuyanconywa futsi kutsi bantfwnwa labangamumnyi baphiwe lubisi nome kudla lokwakhwiw gelubisi nekudla-ke kwakulalamanye emaseko lokuthabiso letine nome tibe ngetulu. Bantfwnwa lababili kulabatsatfu bemaSwatini, badla lubisi nome kudla lokwakhwiw gelubisi bese kutsi labangemashumi lasitfupha ekhulwini (60%) baphiwe kudla lokuthabiso letine nome ngetulu tekudla lokwehlukene.
**Simo sekondleka kwebantfwana**

Lolucwaningo iweTemphilo lukala kondleka kwebantfwana bakuuleli ngekubacatsanisa nebantfwana lokwawunyelwana ngabo mhlaba wonkhana ngekusebentisa budze kanye nesisindvo sabo. Lolucwaningo iwe Tempihlo Iwa 2006-07, lutfole kutsi bantfwa labangemashumi lamabili nemfica ekhuwini (29%) labangephansi kweminyaka lesihlanu bafisha uma kubukwa leminyaka yabo. Loku kukhomba simo lesibi mayelana nekondleka kwabo labantfwana. Lesimo lesi (kuba mfisha kuneminyaka yakho) sivame kakhulu etindzaweni letisemaphandleni (kwatfolakala kutsi bantfwa labatsatfu kulaBalishumi (30%) bafisha uma kubukwa iminyaka yabo) kunaleto letisemadoboleni (bona kutfolakale kutsi bantfwa labangemashumi lamabili nakutsatfu ekhuwini (23%) bafisha kunaleminyaka yabo). Bantfwa labatalwa bomake labafundzile nalabo labanotsile abakavami kuba nayo lenkinga. Kondza nekungabi nesisindvo lesifanele nebundze lobutsite, nekuba ngaphasi kwesisindvo, akusiyi imvama fana nalesimo sekuba mfisha kuneminyaka yakho.

**Kungakhuli Kahle Kubantfwana Ngekwemfundvo Yamake**

<table>
<thead>
<tr>
<th>Linani ekhuwini lebantfwana labangaphansi kweminyaka lesihlanu labangakhuli kahle ngekwemfundvo yamake</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labanga-kafundzi</td>
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<tr>
<td>38</td>
</tr>
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</table>

**Kwengeta nga vitamin A ne nswayi yengati iayoni**

Tinswayi lesitifofola ekudleni tidzingekile kute umtimba uhlele uphilile. Vitamin A uvikela kungaboni nekutsi singatfeli tifo kalula, kungako nje abaluleke kakhulu kubantfwana nakubomake labasandza kubeleka. Kulama awa langemashumi lamabili nakune (24) lendvulela lolucwaningo, bantfwa labangemashumi lasikhomisa nemfica ekhuwini (79%) labanetinyanga lekusukela kuletisitfupha kuya kuletingemashumi lamatsatfu leminyaka (6-35) badla titse elo letisikela. Baba ngemashumi lamane nane kuphela ekhuwini (44%) bomake labesandza kutala labafundzile vitami A.

Bomake labafundzile kufanele badle emaphilisi e-ayoni noma umutusi lonalenswayi ye-ayoni lokugcina, kubekwazi kubalala ngalo 90 ngalesikhumi layimfica ngalaphilelo lokugcina, kubekwazi kubalala ngalo 90 ngalesikhumi layimfica ngalaphilelo lokugcina. Kunatsa kahle lamaphilisi e-ayoni kwatfolakala kuseziheni leliletu kaManzini, kubomake labafundzile, labangemashumi lamane nesitufupa ekhuwini (46%) bawadla lamaphilisi lengeta i-ayoni emtimbeni lokugcina, kubekwazi kubalala ngalo 90+.
Simo sekondleka kubomake
Bomake beMswati nabo banetinkinga lababhekane nato kulendzaba yokondleka kahle. Kodywa-ke bambahla impela bomake lokufolakele kutsi bondze kakhulu, munye make kulababili (51%) ushaya ngetulu kwesinpho sakhe. Lobukhulu kubomake buya ngekukhulu kweminyaka yakhe make, nangelizina lakhe lekufundza kanye nekunotsa kwakhe.

Kungabi negati leyanle
(Aneamia)
Bantfwana lababili kulabasihlanu (42%) labesukela etinyaneni letisitfupha kuya kulengemashumi lasihlanu nemfica (6-59) abanayo ingati leyanle. Bantfwana lesibahlase lekakhulu lesimyelo babalala kuthembeleni kunaletse lesimaphandleni (munye kulababili bantfwana lohlala endzaweni lesedolobhene longaphasi kweminyaka lasihlanu unaso lesimo, kantsi kubantfwana labahlahla etindzaweni letisimaphandleni lesibolo sikhoweni kuti kubalala lesiwalpwelwe ngalesimo. Lulucwanging lwetemphilo lwaziphathwa izikhantsha ezikhulu ezikhono. Iphilumela ikhomba kuti kubalala labalaphele nesiphohlongo ekhulwini (18%) banayo lenkinga yekungabi negati leyanle emtimbeni. Bomake labangemashumi lamatsatfu ekhulwini (30%) labanemyaka lasihlanu ngenyu lekukhulu kulanekungali ngekhulwini nemfica (15-49) abanayo leyanle yekungabi negati leyanle emtimbeni. Lofhanci, labahashele leyanle yekungabi (22%) landzaweni lembi yekungali ngenyu lekukhulu kulanekungali ngekhulwini nemfica (15-49) abanayo leyanle yekungabi negati leyanle emtimbeni. Lobukhulu lesinga leyanle yekungabi (6%) landzaweni lembi yekungali ngenyu lekukhulu kulanekungali ngekhulwini nemfica (15-49) abanayo leyanle yekungabi negati leyanle emtimbeni. Lulucwanging lwetemphilo lwaziphathwa izikhantsha ezikhulu ezikhono. Iphilumela ikhomba kuti kubalala labalaphele nesiphohlongo ekhulwini (18%) banayo lenkinga yekungabi negati leyanle emtimbeni.

Temphilo Yabomake Letihambelana Nekutalwa Bantfwana
Kunakekeleka kwamake lotetfwele
Cishe bonkhe (labangemashumi layimfica nesikhomibisa ekhulwini (97%)) bomake bemaSwati batfolale lusito uma batefwele kumuntu losisebenzi setemphilo loceceshiwe. Lokuvala kakhulu lusito lolululokala kubonakhe/babalakakwene (emashumi lasikhomibisa nesitfupha ekhulwini (76%)). Bengemashumi lababelo lefutupha ekhulwini (26%) bomake labyla emitholamphilo ngenyanga yabo yesine kuyofolale lusito ngekukhetfwa njengemfundzizo yebeTemphilo. Noma cishe bonkhe bomake bemaSwati batfolale lusito ngekukhetfwa, kungenteka kutsi abatifile tonkhe letingoni lekuhbekeke kutsi batitfole njengoba kunconywa.

Lulucwanging lwetemphilo lwaziphathwa izikhantsha ezikhulu ezikhono. Iphilumela ikhomba kuti kubalala labalaphele nesiphohlongo ekhulwini (54%) bomake labafundziswa ngetinhawu letihambelana tinkinga kulamile.
lotetfwele, kwatsi bomake labapotjolwa ngekwemtimba bona baba ngemashumi lasikhombisa nesiphohlongo ekhulwini (78%). Cishe bonkhe bomake labatfola lusito ngekutetfwa la banikwa emaphilisi e-ayoni, bayakalwa, nengati yabo ihloiswa iBP (high-high). Kuhlolwa kwemchamo nengati kona kwentiwa kubomake labangetulu kwemashumi lasiphohlongo ekhulwini (90%) labeta emaphilamphilo ngetekutetfwa. Lolucwangingo lwatfola kutsi kulokutetfwa kwekugcina lokwendvulela lolucwangingo, bomake labatsatfu kulabane bebajovile kuvikela bantfwana babo kumhlatsi ngci (neonatal tetanus).

**Kusetjentiswa kwemaphilisi ekuvikela malaleveva ngumake lotetfwele**

Malaleveva lohlasela make lotetfwele uyenta kutsi loyo make atale umntfwana lonesisindvo lesilula, kufa kwe-tinswane ngesihle ngakuyVacation. Ngesikhatsi kwasiphohlongo ekhulwini, kwanconywa kutsi bomake labatetfwele kumele baphilele babakahle emaphilisi ungingathile labo ngekutetfwa. Kuhlolwa kwemchamo nengati kona kwentiwa bomake labetsi kwemashumi layimfi (90%) labeta emaphilamphilo ngetekutetfwa. Lolucwangingo lwatfola kutsi kulokutetfwa kwekugcina lokwendvulela lolucwangingo, bomake labatsatfu kalabane bebajovile kuvikela bantfwana babo kumhlatsi ngci (neonatal tetanus).

Bomake labanatsa lamaphilisi ekuvikela malaleveva ngalesikhatsi batetfwele abefiki kumunye ekhulwini. Balanganiselwa lumunye ekhulwini bomake labalala ngaphansi kwenethi yekuvikela kusutelwa timbuzulwane ngalobusuku loendvulela lolucwangingo.

**Kubeleka nekunakekelwa emva kwekukeleka**

Bomake labatsatfu kulabane lapha eSwatini babekeleka emitfolamphilo, labangemashumi lamane nakutsatfu ekhulwini (43 %) babekeleka emitfolamphilo yaHulumende kantsi labangemashumi lamabili nesikhombisa ekhulwini (27 %) bona babekeleka emitfolamphilo yemaMishini nomayetiNkapani. Munye make kulabane ubebaleka ekhaya. Kubelekeka ekhaya kuyiyama etindzaweni tamashandheli (bomake labangemashumi lamabili nemfica ekhulwini (29%) labahala etindzaweni letisemaphandheli babekeleka ekhaya kantsi labo labahlala etindzaweni letisemadolobheni bona balishumi namunye ekhulwini (1%). Bomake labatsatfu kulabane babekeleiswa sisebenti seTemphilo lesiCeshe legetekubeleka (kungaba ngudokotela, nesiyiimbekisa nomalolositane). Bomake labasihlanu ekuhulwini (5%) babekeleiswa bomake labanamphalo lekuhulwini kuleyo ndzawo bese kutsi bomake labalishumi nesitupha ekuhulwini (16%) babekeleiswa thihi nobo nomabangakafundziswa ngezakwakubeka.

Kunakekeleka emva kwekukeleka kuyisita kuvikela tinkinga letiye tivele emva kwekukeleka. Bomake labangemashumi lasikhombisa nesikhombisa ekhulwini (75%) abazange bapetjolwe emva kwekukeleka.

**Kufa kwabomake nababeleka**

Lolucwangingo lweTemphilo lwalubuta bomake ngekuhulwini kwabazadze babo khona kutobonakala kutsi kufa kwabomake nababeleka kunanganini eveni, loku kuphindze kufake ekhatsi kufa lokuhambelana nekutetfwa. Kulomnyaka waloLolucwangingo 2006-07 kutfolokale kutsi bomake labafa ngetizatfu tekubeleka noma ngekutetfwa bangemakhulu lamane nesikhombisa lasiphohlongo nakubili kubomake labatinkhulungwane letilikhu labababekako (482 per 100 000).
Lwati Nekutsi Itsatseka Njani I HIV/AIDS Eveni

Lwati

Lolucwaningo lweTemphilo lwa 2006-07 lutfole kutsi cishe bonkhe bantfu labadzala lapha eveni bevile nge AIDS, kepha lwati ngetindlela tekuvikela i HIV luncane. Bomake labasukela eminyakeni lelishumi nesihlanu kuya kulengemashumi lamane nemfica (15-49) labangemashumi lasipholhlongo nesikhombisa ekhulwini (87%) bayati kutsi ingotsi ye ku vikela kutufola i HIV ingancishiswa ngekusebentisa ikhondo mumekhombela ngekutsi ulalane nemuntfu munye, bobabe bona bangemashumi lasipholhlongo nakutsatfu ekhulwini (83%). Lwati ngeku vikela i HIV lusetulu kakhulu etindzaweni letisemadolobheni nakulabo imfundo yabo lesetulu. Lwati ngetindlela tekuvikela i HIV kubantfu labaneminyaka lengemashumi lasihlanu (50) kuya etulu luncane uma lucatسانiswa nala bocane labaneminyaka lesukela kulashimizi nesihlanu kuya kulengemashumi lamane nemfica (15-49), bangemashumi lasipholhlongo ngekusebentisa ekhulwini (70%) nje kaphela bantfu labadzala labatiko kutsi i HIV ungayivikela ngekusebentisa ikhondo mumekhombela. Liningi labobabe nabomake liyati kutsi i HIV ungayifyela ngeku vikela kuye kulengemashumi lasihlanu lesioni, bese kutsi labatsatfu kulabane bayati kutsi ingotsi ye ku vikela uma atselale umntfwanakhe uma atfwele wokuthetha ngancishiswa ngeku vikela nesiphi lahlakelele emaphilisi latise.

Cishe bonkhe (labangemashumi layimfica ekhulwini, 90%) bantfu labaneminyaka lesukela kulashimizi nesihlanu kuya kulengemashumi lamane nemfica (15-49) bayati kutsi emakholonywa abobabe afolalaka kuphi. Munye make kulababili uyati lapho kutfolakala ikhondo mumekhombela bayati kutsi labobabe nabomake leku vikela kutselela umntfwanakhe uma atfwele wokuthetha ngancishiswa ngeku vikela nesiphi lahlakelele emaphilisi latise.

Itsatseka njani lendzaba ye HIV/AIDS emaSwatini?

Kusekuningi kubandlululwa lokuhambelana ne HIV lapha eSwatini. Noma bobabe nabomake labanengi batsi bangakwemukela kulakekela lomunye we wendeni loneliegciwane le AIDS, bangemashumi lasifupha ekhulwini (60%) nje kuguphela labatsi ingeke bafihlele kutsi lomunye we wendeni une AIDS. Labatsatfu kulabane batsi bangatitsenga tibhidvo kunomuhle leloneliegciwane le AIDS. Bantfu labaneminyaka lengemashumi lasihlanu (50) kuya etulu ababemukelo kakhule labo labaphila ne AIDS, Munye kulababili Mangatsenga tibhidvo kunomuhle le loneliegciwane le AIDS.

Timfundziso ngeku vikela i HIV tishiloko lesinekuba yimpeticabazalaza lapha eSwatini. Bantfu labangaphose balinganisilele kulabatsatfu kulabane (bobabe nabomake) bayavumelana njakazi bantfwa labaneminyaka lesukela kulashimizi nambili kuya kuleshumizwi nambili (12-14) kumene balaphila lesiyaya ngeku vikela latise kuleshumizwi.

Uncenga njani kutsi nilalane ngalokuphphile newakakho?

Liningi labobabe nabomake litsi bomake bangakhona kuncenga emadvodza abo kutsi balalane ngalokuphphile. Bomake lababili kulabatsatfu kanye nabomake abobabe afolalaka kuphi Bomake labangaphose balinganisilele kulabane (bobabe nabomake) bayavumelana njakazi bantfwa labaneminyaka lesukela kulashimizi nambili kuya kuleshumizwi nambili (12-14) kumene balaphila lesiyaya ngeku vikela latise kuleshumizwi.
IHIV/AIDS NEKUTIPHATSA

Kuhlolwa iHIV

Liningi lemaSwati alikaze lihlolwe iHIV. Cishe bonkhe bomake labaneminyaka lesukela kulelishimi nesihlanu kuya kulengemashumi lamane nemfica (15-49) bayati lapho unghahlo lkhona iHIV, kantsi batsatfu nje kugqola kuhlola labalakhe labatiko lapho kuhlowlwa lkhona iHIV.  Esikhatsini lesinengi utfola kutsi ngobo bomake lesebake bahlobowa iHIV-bangemashumi lamatsafu nesitfupha ekhulwini (36%) bomake lebake bahlobowa baphindze batfola nemiphumela, kantsi bomake bona balinganiselwa kulabalulushimi nesihlanu kulelishumi nesihlanu ngenxa ukukhona iHIV. Bomake labangemashumi lamane nakukutshini ekhulwini (42%) lebe batetfwele, lekubaluleka lekhulwini (36%) lebake bahlolwa labalala labangemashumi lamane nakukutshini ekhulwini (42%) lebe batetfwele lekubaluleka lekhulwini (36%) lebake bahlolwa labalala labangemashumi lamane nakukutshini ekhulwini (42%) lebe batetfwele.

Kuhlola iHIV Lokuke Kwenteka

Bomake (15-49)

- Labangazange bahlole iHIV 59%
- Labake bahlobowa nemiphumela bayaftola 36%
- Labake bahlobowa kephe imiphumela bangayitfola 9%

Bobabe 15-49

- Labangazange bahlole iHIV 81%
- Labake bahlobowa nemiphumela bayaftola 17%
- Labake bahlobowa kephe imiphumela bangayitfola 2%

Kulalana lokuyingoti nekusetjentiswa kwekhondomu

Kululucwanco lweTemphilo lwa 2006-07, kulalana lokuyingoti kuchazwa ngekutsi kulalana nemuntfu longakatsatsani naye noma longakahlassi naye naye kulelinani lekhulwini, nesihlanu lesekhe lelenyiwe noma leaphila lakukatset sani naye. Uma kubukwa bomake bonkha, bangemashumi lamane nane ekhulwini (44%) bomake labalala ngekutsi kulalana lokuyingoti kulelinani lelenyiwe noma leaphila lakukatset sani naye. Uma kubukwa bomake bonkha, bangemashumi lamane nane ekhulwini (44%) bomake labalala ngekutsi kulalana lokuyingoti kulelinani lelenyiwe noma leaphila lakukatset sani naye. Uma kubukwa bomake bonkha, bangemashumi lamane nane ekhulwini (44%) bomake labalala ngekutsi kulalana lokuyingoti kulelinani lelenyiwe noma leaphila lakukatset sani naye.

Kusetjentiswa kwekhondomu

Liningi labobabe labaneminyaka lesukela kulelishimi nesihlanu kuya kulengemashumi lamane nemfica (15-49) lasebentisa emakhondomu labawatfola emitfomalaphilo yakaHhulumende baba ngemashumi lamatsafu nesihlanu kulelishumi nesihlanu ekhulwini (37%), bese kutsi labo labasebentisa eluholo lwe Trust baba ngemashumi lamane nakukutshini ekhulwini (43%). Lokuvaluetse kutsi labo labasebentisa eluholo lwe Trust baba ngemashumi lamane nakukutshini ekhulwini (43%). Lokuvaluetse kutsi labo labasebentisa eluholo lwe Trust baba ngemashumi lamane nakukutshini ekhulwini (43%). Lokuvaluetse kutsi labo labasebentisa eluholo lwe Trust baba ngemashumi lamane nakukutshini ekhulwini (43%). Lokuvaluetse kutsi labo labasebentisa eluholo lwe Trust baba ngemashumi lamane nakukutshini ekhulwini (43%). Lokuvaluetse kutsi labo labasebentisa eluholo lwe Trust baba ngemashumi lamane nakukutshini ekhulwini (43%).

Kulalana Lokuyingoti Nekusebentisa Ikhondomu

Linani ekhulwini labomake nabobabe labaneminyaka lesukela kulelishimi nesihlanu kuya kulengemashumi lamane nemfica (15-49) labalala ngekutsi kulalana lokuyingoti kulelinani lelenyiwe noma leaphila lakukatset sani naye noma labangahlassi naye naye kulelinani lelenyiwe noma leaphila lakukatset sani naye.
LIZINGA LE HIV

Lizinga le HIV

Lolucwaningo lweTemphilo lwa 2006-07 lwaphambili labatinkhulungwane letilishumi nesihlanu ku-HIV (15,000) bobabe, bomake nebantfwana. Bomake labangemashumi lasiphothlengongu nesikhombisa ekhulwini (87%) labaneminyaka lesukela kulelishumi nesihlanu ku-HIV kubantfu lamane nemfica (15-49) babuma kuhlolsa iHIV. Bomake labangemashumi lasiphothlengongu nesiphohlongo kulelishumi (78%) labaneminyaka lesukela kulelishumi nesihlanu ku-HIV kubantfu lamane nemfica (15-49) nabo babuma kungenele loluhlolo lwe HIV. Kubantfu labaneminyaka lesukela kulelishumi nesihlanu ku-HIV kubantfu lamane nemfica (15-49) munye kulabane unayo iHIV. Leligiwane libonakala landze kakhulu kubomake kunabobabe, nakulabo labahlala etindzaweni letisemadolobheni kunaleti letisemaphandleni.

Kuyacala ngca ngelive lakaNgwane kutshi lolucwaningo lweTemphilo luhlole iHIV kubantfwana labaneminyaka lesukela kulelishumi nane (2-14) nebantfu labadzala labaneminyaka lesukela kulelishumi lasihlanu kuya etulu (50+). Bantfwana labane kulelishumi nane (2-14) babalakele baneHIV. Kutfolakele kutshi iHIV yandze kakhulu kubantfu labasha.

Munye make kulababili loneminyaka lesukela emashumini lamabili nesihlanu ku-HIV kubantfu lamabili nemfica (25-29) utfolakale aneHIV. Bomake labalishumi nababili kulelishumi (12%), labaneminyaka lesukela kulelishumi lasihlanu kuya etulu (50+), babalakele baneHIV. Bobabe labalishumi nesiphohlongo kulelishumi (18%) labaneminyaka lesukela emashumini lasihlanu kuya etulu (50+) babalakele kutshi bane HIV.

Kuyacala ngca ngelive lakaNgwane kutshi lolucwaningo lweTemphilo luhlole iHIV kubantfwana labaneminyaka lesukela kulelishumi nane (2-14) nebantfu labadzala labaneminyaka lesukela kulelishumi lasihlanu kuya etulu (50+). Bantfwana labane kulelishumi nane (2-14) babalakele baneHIV. Kutfolakele kutshi iHIV yandze kakhulu kubantfu labasha.

Lizinga le HIV lisetulu kuto to tifunda takaNgwane, lisukela emashumini lamabili nakutsatfu ekhulwini (23%) esifundzeni saseShiselweni (Kubobabe nabomake labaneminyaka lesukela kulelishumi nesihlanu ku-HIV kubantfu lamabili nemfica (15-49)), liye emashumini lamabili nemfica ekhulwini (29%) esifundzeni sakaHhohho.

Lizinga le HIV landze kakhulu kubafelokati, nakulabo labalishumi nesiphohlongo ephambili labo bobobe labangemashumi lasiphothlengongu kulelishumi ekhulwini (56%) babalokati labanaloko lelimigwane kantsi bobabe labashonelwe bafati babo bona bangemashumi lasiphothlengongu ekhulwini, 68%).
BUNTSANDZANE


Bantfwana labatintsandzane nalabo labeswele abafani nebantfwana labanebatali noma labo bangakesweli, uma kubukwa tinshwana letimcoka letisidzingo semphilo fana nekuba neticatfulo, kokwembatsa, nekudla lokungenani kanye ngelilanga. Bantfwana labatintsandzane nalabo labeswele banesisindvo lesiphansi uma bacatsaniswa nalabo labanebatali noma labangakesweli. Naloku munye umntfwana kulabatsatfu labatintsandzane nalabeleswele atfola lusito lolucondzene nesikolwa, emadladla langemashumi lasihlanu nemfica ekhulwini (59%) akatfolanga lutfo lokulusito loluchamuka ngaphandle kulomnyaka lowendvulela lolucwango.

Banakekeli balabantfwana labatintsandzane nalabo labeswele kumele bahlele kutsi uma kungenteka bona bagule, ngubani lomunye longachubeka abanakekele labantfwana. Lolucwango lwetempilo lutfole kutsi munye kulabane umnakekeli lohlile kutsi labantfwana bangachubeka banakekelwe ngubani uma kungenteka kutsi yena agule.
TEKUDLONDLOCALISA BOMAKE

Umsebenti
Bomake labangaphose balinganiselwe ehhafini labaneminyaka lesukela kulelishumi nesihlanu kuya kulengemashumi lamane nemfica (15-49) labangenela lolucwaninga lweTemphilo bayasebenta. Bobabe labasebentako bona bangemashumi lasiphothlongo nesifupha ekhulwini (86%). Kulemisebenti yabomake nabobabe, kuvamile kutsi bobabe kube ngabo labaholewa imali, bese kutsi bomake bona bangatfoli lutfo. Labo bomake labahola imali babame kutfola lihloho lelingephasi kunalelo lemadvodza.

Kuba yincenye yekutsatfwa kwetincumo ekhaya

Kutsiwani ngekushaywa kwebafati nabala kulalwa?
Munye make kulabatsatfu, nabobabe labane kulabalishumi bayavuma kutsi babe angamshaya umkakhe ngetizatfu letahlukahlukene. Lababilu kulabatsatfu (bobabe nabomake) bayavuma kutsi make ufanele kwala kulala nendvodziya yakhe ngetizatfu letelhukene.

Tekudlondlobalisa bomake nenzuko kuTemphilo

Kutsatfwa Kwetincumo Bomake

<table>
<thead>
<tr>
<th>Linini ekhulwini labomake labendzile labaneminyaka lesukela kulelishumi nesihlanu kuya kulengemashumi lamane nemfica (15-49) ngemuntfu lovume kutsatsa sincumo</th>
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<td>Kuvakashela</td>
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Lesifombe sitsetfwe baka Sri Poedjastoeti
TALABASHA

Kwenta imitamo yekutsi kutfolakale loko lokufaka bantfu labasha engotini yekutfola iHIV/AIDS, lolucwanningo lweTemphilo lwu 2006-07 lwafaka ekhatsi imibuto leayajjongsene nabo labantfwana. Lenibuto yanabwena labantfwana labangetulu kwemakhulu lasiphohlongo (800) labaneminyaka lesukela kulelishumi nakubili kuya kulelishumi nakune (12-14).

Banakeleli nekubalandzelela

Bantfwana labangetulu kwemashumi lasiphohlongo ekhulwini (50%) labaneminyaka lesukela kulelishumi nakubili kuya kulelishumi nakune (12-14) banamunye nje kufela umnakeleli ekhaya. Umnakeleli uwine kuba ngumake noma babe wakhe loyo mntfwana. Bogogo batfolakala babanakeleli bebantfwana labalinganiselwa kulabangemashumi lamabili nesihlanu ekhulwini (25%). Bantfwana labanengi babika kutsi bayalandzeleleka uma basesikolweni, kungaba ngekhatsi noma ngephandle kwelikililasi.

Lwati ngekulala nangeHIV/AIDS

Bantfwana labasitfupha kulabangemashumi bayati kutsi kulalana kusho kutsini. Bantfwana bemantfombatana nalabo bantfwana labahlala etindzaweni letisemadolobheni bavamile kwati ngenchazelo yekulalana. Intfombatana yinye kulelishumi, nesu kulelishumi nakubili kuya kulelishumi nako, kungaba ngekhatsi noma ngephandle kwelikililasi. Kuvamile kutsi kuti bantfwana bemantfombatana babocosane naye asekhululekile, emaphephana lafechululekile, kungaba ngekhatsi noma ngephandle kwelikililasi. Bantfwana labahlala kulabagekela kutsi bantfwana labalimbilo (25%) labalokukusuka kulelishumi nesiphohlongo ekhulwini (50%) labalokukusuka kulelishumi nesiphohlongo ekhulwini (60%) labalokukusuka kulelishumi nesiphohlongo ekhulwini (60%) babalokusuka kulelishumi nesiphohlongo ekhulwini (60%) babalokusuka kulelishumi nesiphohlongo ekhulwini (60%) babalokusuka kulelishumi nesiphohlongo ekhulwini (60%) babalokusuka kulelishumi nesiphohlongo ekhulwini (60%) babalokusuka kulelishumi nesiphohlongo ekhulwini (60%) babalokusuka kulelishumi nesiphohlongo ekhulwini (60%) babalokusuka kulelishumi nesiphohlongo ekhulwini (60%) babalokusuka

Cishe bonkhe bantfwana labaneminyaka lesukela kulelishumi nakubili kuya kulelishumi nakune (12-14) bevile nge AIDS. Labaningi bayati kutsi ungakhona kuvikela noma kwehlsa emafubu ekutfola iAIDS, nekutsi umntfu lobukeka aphiile angaba nayo iAIDS. Bantfwana labangetu lesiweleleka kulelishumi nakubili kuya kulelishumi nako, kungaba ngekhatsi noma ngephandle kwelikililasi.

Labafola lwati nge HIV/AIDS Ngetindlela Letahlukene

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<th>Bobhukwana labancane</th>
<th>Emaphepha lanamatsiselwe elubondzeni</th>
<th>Emabhodi laba seqelele kwemigwaco</th>
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</table>

iHIV/AIDS netekwatisa

Lolucwanningo lweTemphilo lutfole kutsi bantfu labasha labaneminyaka lesukela kulelishumi nakubili kuya kulelishumi nakune (12-14) beve imilayeto ngeHIV/AIDS ngekulala lewayilesi (labantfwana labafolle lemlibiko ngekulala lewayilesi balinganiselwa easumashumi lasikhombi ekhulwini, 70%). Munye umntfu lemlayeto we va lemlayeto nge HIV/AIDS kumabonakudze, emaphendzabelo, kubobhukwana, kumaphepha lananyekwa etibondzeni, nasemabhodini laba seqelele kwemigwaco (billboards). Labafola kakhulu lemlayeto ngulalo labahlala etindzaweni letisemadolobhene kuxala labahlala etindzaweni letisemaphandleni. Bantfwana labalibili kulebashu baphindze bayitfola lemlayeto etimphahleni tekucogcwe fana netikipa nakumarihboni labovu latimbeje (badges). Bantfwana labasha labalishumi lasiphohlengo ekhulwini (18%) bayati ngenhabamkhosi yelucingo lwe HIV/AIDS (helpline). Cishe hhafo wala bantfwana bayati ngendzawo lapho unghololo khona ledistricts le AIDS.
Lolucwango lutfole kutsi bantu labasha labaneminyaka lesukela kulelishumi nakubili kuya kulelishumi nakune (12-14) bavane kutfola lwati ngeHIV etikolweni. Bantuwanala labangemashumi lasipholongolohle nakutsatfu ekhulwini (83%) bavame kutfola lwati nge HIV etikolweni, labangemashumi lamane nesihlanu ekhulwini (45%) bavame kutfola lwati ngeHIV etikolweni, labangemashumi lamane nesikhombisa (37%) bavame kutfola lwati etindzaweni tasemifolamphilo kantsi emashumi lamatsatfu nesikhombisa (37%) bavame kutfola lwati etindzaweni tasemasonfweni.


Munye umntfwana kulabatsatfu sowuke wacocisana nebatali bakhe noma loyo lomnakekelako nge HIV/AIDS. Uma kubutwa ngalabo insha leyacocisana nabo nge HIV/AIDS kulenyanga leyandvulela lolucwango, kutfo-lakale kutsi liningi lincoma kukhuluma lendzaba nebangani. Insha lengeemashumi lasihlanu nemfica ekhulwini (59%) yacocisana nemngani nge HIV/AIDS kulenyanga leyandvulela lolucwango. Insha lengeemashumi lamatsatfu ekhulwini (30%) yacocisana nathishela. Balishumi nakune nje kuphela ekhulwini (14%) lababika kutsi bona bayacocisana nebatali babo. Munye kulabane umuntfu lomusha uyafisa kukhulumisana nebatali bakhe nge HIV/AIDS.