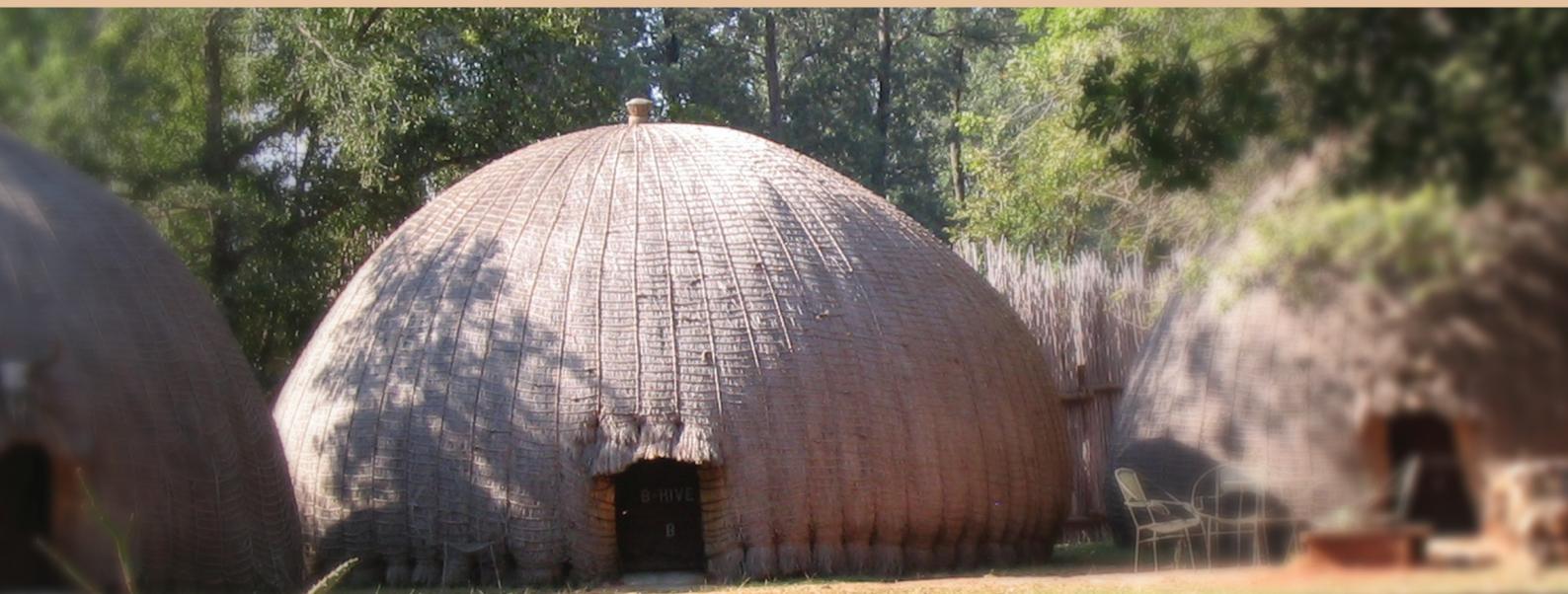


# **Swaziland**



**Demographic and  
Health Survey**

**2006-07**

# Swaziland Demographic and Health Survey 2006-07

Central Statistical Office  
Mbabane, Swaziland

Macro International Inc.  
Calverton, Maryland USA

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Additional information about the survey may be obtained from Central Statistical Office (CSO), Ministry of Economic Planning and Development, P.O. Box 456 Mbabane, Swaziland H100 (Telephone 268-404-2151; Fax 268-404-3300; e-mail: [statistics@africaonline.co.sz](mailto:statistics@africaonline.co.sz)).

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## PREFACE

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This detailed report presents the major findings of the 2006-07 Swaziland Demographic and Health Survey (2006-07 SDHS). The 2006-07 SDHS is the first survey of its kind to be undertaken in Swaziland. It was a nationwide survey aimed at generating estimates at the country level, regional level, and for urban and rural areas. The survey was commissioned by the Ministry of Health and Social Welfare and implemented by the Central Statistical Office. Fieldwork was carried out between July 2006 and March 2007.

The primary objective of the 2006-07 SDHS was to collect up-to-date information for policymakers, planners, researchers, and programme managers that would provide guidance in the planning, implementation, monitoring and evaluation of population and health programmes in Swaziland. Specifically, the 2006-07 SDHS collected information on fertility levels, marriage, sexual activity, fertility preferences, awareness and use of family planning methods, breastfeeding practices, nutritional status of women and young children, childhood and maternal mortality, care and protection of youth, and awareness and behaviour regarding HIV/AIDS and other sexually transmitted infections (STIs). In addition, it collected information on malaria, the use of mosquito nets, and the prevalence of HIV in the population age two years and above.

I would like to acknowledge the efforts of a number of organizations that contributed immensely to the success of the survey. First, I would like to acknowledge the financial assistance from the Government of Swaziland, the United Nations Joint Programme on HIV/AIDS (UNAIDS), the National Emergency Response Council on HIV/AIDS (NERCHA), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the U.S. Centers for Disease Control (CDC) and Prevention, which channeled its support through Population Services International (PSI), the Swaziland National AIDS Programme (SNAP), HIV/AIDS Prevention and Care (HAPAC), the World Health Organisation (WHO), and Italian Co-operation. Secondly, in the area of technical backstopping, I would like to acknowledge Macro International Inc. and the Global Clinical Viral laboratory.

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Isabella Hlophe  
Director of Statistics

## SUMMARY OF FINDINGS

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The 2006-07 Swaziland Demographic and Health Survey (SDHS) is a nationally representative survey of 4,843 households, 4,987 women age 15-49, and 4,156 men age 15-49. The SDHS also included individual interviews with boys and girls age 12-14 and older adults age 50 and over. The survey of persons age 12-14 and age 50 and over was carried out in every other household selected in the SDHS. Interviews were completed for 459 girls and 411 boys age 12-14, and 661 women and 456 men age 50 and over.

The 2006-07 SDHS is the first national survey conducted in Swaziland as part of the Demographic and Health Surveys (DHS) programme. The data are intended to furnish programme managers and policymakers with detailed information on levels and trends in fertility; nuptiality; sexual activity; fertility preferences; awareness and use of family planning methods; breastfeeding practices; nutritional status of mothers and young children; early childhood mortality and maternal mortality; maternal and child health; and awareness and behaviour regarding HIV/AIDS and other sexually transmitted infections. The survey also collected information on malaria prevention and treatment.

The 2006-07 SDHS is the first nationwide survey in Swaziland to provide population-based prevalence estimates for anaemia and HIV. Children age 6 months and older as well as adults were tested for anaemia. Children age 2 years and older as well as adults were tested for HIV.

### FERTILITY

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Fertility in Swaziland has been declining rapidly, with the TFR falling from 6.4 births per woman in 1986 to 3.8 births at the time of the SDHS. As expected, fertility is higher in rural areas (4.2 births per woman) than in urban areas (3.0 births per woman). Fertility differentials by

education and wealth are substantial. Women with no education have on average 4.9 children compared with 2.4 children for women with tertiary education. Fertility varies widely according to household wealth. Women in the highest wealth quintile have 2.9 children fewer than women in the lowest quintile (2.6 and 5.5 births per woman, respectively).

Unplanned pregnancies remain common in Swaziland, despite the falling fertility. Overall, 37 percent of births are unwanted, while 27 percent are mistimed (wanted later). If all unwanted births were prevented, women would have an average of 2.1 children compared with the actual average of 3.8 children.

While marriage and cohabitation are generally considered to be primary indicators of regular exposure to the risk of pregnancy, many women in Swaziland bear children before entering a stable union. Marriage occurs comparatively late in Swaziland. Only 23 percent of women and 7 percent of men marry before age 20. Around one-quarter of women and one-third of men age 30-34 have not yet married.

Initiating sexual activity before marriage is common in Swaziland. Half of women age 20-49 had first sexual intercourse by age 18, and more than 70 percent were sexually active by age 20. While men generally initiate sexual activity at a later age than women, 31 percent of men age 20-49 had first sexual intercourse before age 18, and 57 percent were sexually active by age 20.

The 2006-07 SDHS shows that 18 percent of currently married women are in a polygynous union, i.e., their husband has more than one wife. Older women are more likely to be in a polygynous union than younger women. Polygyny is about twice as prevalent in rural areas as in urban areas. Regional variation is substantial, with Lubombo having the highest proportion of women in polygynous marriages (23 percent) and Manzini having the lowest proportion (15 percent).

## **FAMILY PLANNING**

---

Knowledge of family planning is universal in Swaziland. The most widely known method is the male condom (99 percent for both males and females). Among women, other widely known methods include injectables (96 percent), the pill (95 percent), and the female condom (91 percent). For men, the best known methods besides the male condom are the female condom (94 percent) and the pill and injectables (84 percent each).

More than half (51 percent) of currently married women in Swaziland are using a method of contraception; most of them use a modern method (48 percent). Contraceptive use among sexually active unmarried women (65 percent) is higher than that among married women, primarily because of the greater use of the male condom.

Government-sponsored facilities remain the chief providers of contraceptive methods in Swaziland (45 percent), while 14 percent are supplied through private medical sources, 9 percent through missions, 9 percent through non-government organisations (NGOs), and 18 percent through other private sources (e.g., shops). The most common single source of contraceptive methods in Swaziland is PHU/clinics, which supply about one-quarter of users of modern methods (25 percent). Shops supply 15 percent of users, followed by government hospitals (9 percent).

Unmet need for family planning among currently married women is 24 percent. If all married women with an unmet need for family planning were to use a contraceptive method, the contraceptive prevalence rate in Swaziland would increase from the current level of 51 percent to 75 percent.

## **CHILD HEALTH**

---

Children are considered fully vaccinated when they receive one dose of BCG vaccine, three doses each of DPT and polio vaccines, and one dose of measles vaccine. BCG coverage among children age 12-23 months is nearly uni-

versal (97 percent); coverage is also high for the first doses of DPT (96 percent) and polio (97 percent). The proportion of children receiving subsequent doses of DPT and polio vaccines drops slightly, with 92 percent of children receiving the third dose of DPT and 87 percent receiving the third dose of polio. Ninety-two percent of children had received a measles vaccination by the time of the SDHS. Overall, 82 percent of children age 12-23 months are fully immunised.

In the two weeks prior to SDHS, 8 percent of children under age five experienced symptoms of ARI, and 28 percent had a fever. Diarrhoea was a more prevalent problem among young children than fever; 13 percent of children under age five had diarrhoea in the two weeks preceding the survey. More than 70 percent of children with diarrhoea were taken to a health provider. Nine in ten children with diarrhoea were treated with some type of oral rehydration therapy (ORT), and 26 percent were given increased fluids. Only 6 percent of children with diarrhoea did not receive any treatment at all.

Data from the 2006-07 SDHS indicate that for the most recent five-year period preceding the survey, the under-five mortality rate was 120 deaths per 1,000 live births. This means that one in every seven children born in Swaziland dies before reaching the fifth birthday. The infant mortality rate is 85 per 1,000. One-quarter of all infant deaths take place in the neonatal period, that is, during the first month of life.

## **MATERNAL HEALTH**

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In Swaziland, almost all women who had a live birth in the five years preceding the survey received antenatal care from health professionals (97 percent); 9 percent received care from a doctor, and 88 percent received care from a trained nurse or midwife. Only 3 percent of mothers did not receive any antenatal care.

Tetanus toxoid injections are given during pregnancy to prevent neonatal tetanus. Seventy-five percent of last-born children born during the five years preceding the SDHS were fully protected against neonatal tetanus, either because the mother had had at least two tetanus toxoid injections during that pregnancy or because she had had the number of doses required for lifetime protection.

The majority of births in the five years before the survey were delivered in a health facility (74 percent). The births took place more often in public health facilities (43 percent) than in Mission or other private health facilities. Twelve percent of births were assisted by a doctor, 62 percent by a nurse or nursing assistant, and 5 percent by a traditional birth attendant. Eight percent of births were delivered by caesarean section.

Twenty-five percent of mothers received a postnatal checkup for the most recent birth in the five years preceding the survey, with 22 percent having the checkup within the critical 48 hours after delivery.

### BREASTFEEDING AND NUTRITION

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Overall, 87 percent of children in Swaziland are breastfed for some period of time (ever breastfed). The median duration of any breastfeeding in Swaziland is almost 17 months. However, the median duration of exclusive breastfeeding is much shorter (0.7 months).

Appropriate infant and young child feeding (IYCF) practices include increasing the amount and variety of foods a child consumes as it gets older, while maintaining frequent breastfeeding. Seven in ten children age 6-23 months in Swaziland were fed according to the recommended minimum standards with respect to food diversity. Among breastfed children age 6-23 months, about three-quarters were fed according to the minimum standards (consumed foods from 3 or more food groups), while, among non-breastfed children age 6-23 months, only 60 percent were fed according to the minimum standards (consumed foods from 4 or more food groups).

Overall, 42 percent of children age 6-59 months have some degree of anaemia. About one in five children are mildly anaemic, 19 percent have moderate anaemia and less than 1 percent have severe anaemia. The proportion of children age 5-11 years with some degree of anaemia is 18 percent; less than 1 percent of these children are severely anaemic. The national prevalence of anaemia among children age 12-14 years is virtually identical to that

among children age 5-11 years, and a majority of these children are mildly anaemic (17 percent).

Thirty percent of women age 15-49 have some degree of anaemia, with the majority classified as mildly anaemic (23 percent). Less than 1 percent of these women are considered severely anaemic. Pregnant women are more likely to be anaemic (40 percent) than breastfeeding women (29 percent) or women who are neither pregnant nor breastfeeding (30 percent). This could be a result of the high demand of iron and folate during pregnancy. Men age 15-49 are substantially less likely to be anaemic than women the same age (13 percent and 30 percent, respectively), and less than 1 percent of these men are considered severely anaemic. Women and men age 50 and over show a pattern that is the reverse of that seen for women and men age 15-49, with men age 50 and over substantially more likely to be anaemic than their female counterparts (31 percent and 21 percent, respectively).

At the time of the survey, 29 percent of children under age five were stunted (short for their age), 3 percent were wasted (thin for their height), and 5 percent were underweight (thin for their age). Nationally, only 2 percent of children are overweight for their age. Malnutrition rates are generally highest during the period when children are being weaned. Nearly half of children age 18-23 months are stunted, and 19 percent are severely stunted.

Overall, 46 percent of women and 72 percent of men have a body mass index (BMI) in the normal range. Comparatively few women are malnourished; only 3 percent of women are thin, and 1 percent are severely thin. Malnutrition is higher among men, with 10 percent of men assessed as too thin, and 3 percent considered moderately or severely thin. At the other end of the BMI range, 14 percent of men are assessed as overweight (BMI 25-29.9) and 4 percent are obese (BMI >30).. Among women, 28 percent are classified as overweight, and 23 percent are considered obese.

### MALARIA

---

In interpreting the malaria programme indicators in Swaziland, it is important to recognise that the disease affects an estimated 30 percent of the population where malaria is most prevalent (the Lubombo Plateau, the lowveld, and parts of the middleveld). Ma-

laria is also seasonal, occurring mainly during or after the rainy season (from November to March). A substantial part of the SDHS field-work took place outside of this period.

Overall, 6 percent of households in Swaziland have at least one mosquito net (treated or untreated), and 4 percent have at least one insecticide-treated net. Usage of bednets is relatively low among young children and pregnant women, groups that are considered particularly vulnerable to the effects of the disease. On the night before the survey, less than 1 percent of children under age five and less than 1 percent of pregnant women slept under an ever-treated net.

Prophylactic use of antimalarial drugs is not common in Swaziland. Only 7 percent of women with a live birth in the two years preceding the survey reported taking antimalarial drugs for prevention. Less than 1 percent of children under age five with fever were given an antimalarial drug.

Indoor residual spraying is another component of efforts to control malaria transmission in Swaziland. Twelve percent of households reported that the interior walls of their dwelling had been sprayed, principally as part of a government programme. The prevalence of indoor spraying was highest in Lubombo (46 percent), where malaria is most prevalent.

## **HIV/AIDS-RELATED KNOWLEDGE AND BEHAVIOUR**

---

Knowledge of HIV and AIDS is universal in Swaziland. All women and 99 percent of men age 15-49 have heard of AIDS. Among those age 50 and over, 96 percent of women and 97 percent of men have heard about AIDS.

At the same time, however, only half of women (52 percent) and men (51 percent) have what can be considered comprehensive knowledge about the modes of HIV transmission and prevention. Comprehensive knowledge means knowing that consistent use of condoms and having just one uninfected, faithful partner can reduce the chances of getting HIV, knowing that a healthy-looking person can have HIV, and re-

jecting the two most common local misconceptions about HIV transmission and prevention. Comprehensive knowledge is lower among those age 50 and over (21 percent for women and 25 percent for men).

A high proportion of women and men age 15-49 know that HIV can be transmitted by breastfeeding and that the risk of mother-to-child transmission (MTCT) can be reduced by taking special drugs during pregnancy. Both aspects of MTCT are known to 76 percent of women and over 64 percent of men age 15-49. The level of awareness is somewhat lower among women and men age 50 and over.

Given that most HIV infections in Swaziland are contracted through heterosexual contact, information on the proportion of women and men who have multiple partners or engage in higher-risk sex (i.e., sexual intercourse with a non-marital, non-cohabiting partner) is important for planning prevention programmes. The 2006-07 SDHS results indicate that 2 percent of women and 23 percent of men age 15-49 had two or more partners during the 12 months preceding the survey. For older adults, the proportions are about half (1 percent of women and 10 percent of men). Sexual intercourse with a non-marital non-cohabiting partner is more common than sexual intercourse with multiple partners; 44 percent of women and 58 percent of men age 15-49 who had sex in the 12 months preceding the survey reported having had sex with a non-marital, non-cohabiting partner. Such behaviour is less common among those age 50 and over; 12 percent of women and 10 percent of men in this age group who had sex in the 12 months preceding the survey reported having had sex with a non-marital, non-cohabiting partner. Among respondents age 15-49 who engaged in higher-risk sexual intercourse, 55 percent of women and 68 percent of men reported using a condom at the last higher-risk sexual intercourse.

The 2006-07 SDHS also obtained information on the coverage of HIV testing. Among adults age 15-49, 36 percent of women and 17 percent of men have been tested for HIV at some time, and received the results of the test. Twenty-two percent of women and 9 percent of men received their results within the 12 months preceding the survey.

## **HIV PREVALENCE**

---

Results from the HIV testing component in the 2006-07 SDHS indicate that 26 percent of Swazi adults age 15-49 are infected with HIV. Among women, the HIV rate is 31 percent, compared with 20 percent among men. HIV prevalence peaks at 49 percent for women age 25-29, which is almost five times the rate among women age 15-19 and more than twice the rate observed among women age 45-49. HIV prevalence increases from 2 percent among men in the 15-19 age group to 45 percent in the age group 35-39 and then decreases to 28 percent among men age 45-49. HIV prevalence for women and men age 50 or over is 12 percent and 18 percent, respectively. Among the population age 2-14 years, 4 percent of girls and boys are infected.

HIV prevalence is higher in urban than in rural areas (31 percent and 24 percent, respectively, for women and men age 15-49). By region, Hhohho has the highest prevalence rate (29 percent), followed by Lubombo (26 percent) and Manzini (25 percent), while Shiselweni (23 percent) has the lowest HIV prevalence rate.

More than 700 cohabiting couples were tested for HIV in the 2006-07 SDHS. Results indicated that for 55 percent of these couples, both partners tested negative for HIV; 29 percent of couples, both partners tested positive for HIV; and in 16 percent of couples, the results were discordant, that is, one partner was infected and the other was not. In 8 percent of couples, the male partner was infected and the woman was not, while in another 9 percent of couples, the woman was infected and the man was not.

## **ORPHANS AND VULNERABLE CHILDREN**

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Seventy-eight percent of children under age 18 in the households sampled for the SDHS were not living with both parents, and 34 percent were not living with either parent. Twenty-three percent of children under age 18 were orphaned, that is, one or both parents were dead. The percentage increases rapidly with age, from 7 percent among children under age five to 37 percent among children age 15-17 years. Overall, 12 percent of children under age 18 were consid-

ered vulnerable, i.e., they lived in a household in which at least one adult had been chronically ill during the year preceding the survey or at least one parent living in the household or elsewhere had suffered from a chronic illness. Three in ten children in Swaziland are considered orphaned or vulnerable.

## **YOUTH**

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Interviews with children age 12-14 were designed to obtain information about risk factors associated with HIV infection. Respondents were asked questions about home care and protection, media exposure, knowledge and attitudes about sex, and knowledge of AIDS.

One important topic was identifying the person who cares for the child at home. Grandmothers play an important role in taking care of children, even when both parents are still alive (21 percent). Their role is even greater when the child is orphaned (37 percent).

Children benefit from knowing about the physiology of human reproduction and the ways a person can protect against sexual or reproductive diseases and problems. Six in ten youth (61 percent) said that they know the meaning of having sex. Knowledge is higher among girls and urban residents. Sex and sexual abuse are topics of discussion between some youth and their parents or guardians (37 percent and 43 percent, respectively). Girls are much more likely to have talked about sex with a parent or other caregiver than boys (47 percent compared with 25 percent).

Almost all children age 12-14 have heard of HIV/AIDS (97 percent) and there are no major variations by background characteristics. Overall, 64 percent of children mentioned abstaining from sex as a way of reducing the chances of getting AIDS, 47 percent mentioned the use of condoms, and 19 percent mentioned avoiding blood transfusions. One in six children (15 percent) said that the chances of contracting AIDS can be reduced or avoided by being faithful to one sexual partner. Half of children age 12-14 in the survey know of a place for AIDS testing. Girls and children living in urban areas are more likely than other children to know where to go for the AIDS testing.

# SWAZILAND



# INTRODUCTION

*Henry Ginindza and Rachel Masuku*

## 1.1 HISTORY, GEOGRAPHY, AND ECONOMY

### History

Swaziland became independent of British colonial rule in September 1968. It is one of the few countries in the world operating under monarchy rule. The King is the Head of State and his mother, the Indlovukazi or Queen Mother, is the mother of the nation..

Swaziland's first constitution in over 30 years was ratified by King Mswati III in July 2005 and it became effective in February 2006.

The majority of the population is ethnic Swazi, mixed with a small number of Zulus and non-Africans.

### Geography

The Kingdom of Swaziland is the smallest landlocked country in Southern Africa measuring approximately 17,000 km<sup>2</sup>. The country enjoys a tropical to near-temperate climate along the western highlands, which rises to an altitude of over 1,800 metres above sea level, while the lowveld areas are generally hot. Swaziland lies in a summer rainfall region.

### Economy

Although manufacturing contributes a growing share to Swaziland's GDP, the economy is largely agricultural because most industries process agricultural produce. These include sugar processing, wood pulp production, food canning and so on. Other agriculture products include corn, citrus fruits, livestock, and pineapple, among others.

The performance of the Swazi economy has been stagnant over the last five years, averaging an annual growth rate of around two percent. This has been largely due to fluctuations in the performance of the agricultural sector brought about by changes in climatic conditions as well as changes in prices in the world market. Persistent drought and disease have affected production, resulting in failure to meet export quota requirements

## 1.2 POPULATION

The population census is the major source of historical demographic data. The first detailed population census was conducted in 1966 and since then, censuses have been conducted every ten years, i.e., 1986, 1997, and 2007. Table 1.1 shows that in 1976 the population of Swaziland was about half a million. Two decades later in 1997, the population had almost doubled. The high growth rate of the population is brought about by high fertility and declining mortality levels. According to the 1997 Population and Housing Census, life expectancy at birth is 60 years.

The population per square kilometre almost doubled over the 20-year period, from 29 persons in 1976 to 54 persons in 1997. The proportion of urban residents increased significantly from 15 percent in 1976 to 23 percent in 1997.

### **1.3 POPULATION, FAMILY PLANNING, AND HIV POLICIES AND PROGRAMMES**

The National Population Policy was adopted in 2003 to focus on the implementation of the social development component of the National Development Strategy. The overall objective of the policy is to improve the quality of life by influencing demographic trends and responding to emerging challenges such as HIV/AIDS.

The specific objectives of the population policy are to:

- Improve the health and welfare status of the population
- Curb the further spread of HIV/AIDS
- Reduce the social and economic impact of HIV/AIDS
- Reduce the level of fertility
- Control the influx of illegal immigrants
- Promote gender equality and equity at all levels and spheres of society
- Promote the use of natural resources
- Contribute towards increasing food security at the household and national levels
- Reduce rural-urban migration
- Improve the availability, quality, and timeliness of population-related data and research for use in policy and planning
- Contribute towards reducing the levels of unemployment and poverty
- Contribute towards the improvement of the accessibility, quality, and relevance of high school and tertiary education
- Improve knowledge of the role that cultural beliefs and practices play in population-related issues
- Promote the creation of a legal framework that is responsive to population concerns
- Improve the availability, quality, and accessibility of population-related IEC
- Promote the integration of population concerns in development planning at all levels
- Contribute towards addressing the special needs of children, youth, the elderly, and persons with disabilities
- Integrate population and family life education into the school curricula
- Improve the quality of housing and related services

#### **The National Policy on HIV/AIDS**

As the HIV/AIDS epidemic affects all sectors, its control demands a well coordinated response. It is necessary to have policies that provide a framework, direction, and general principles for the national response, including prevention, care, and support to those infected and affected by the epidemic, and mitigation of its impact.

**Table 1.1 Basic demographic indicators**

Selected demographic indicators for Swaziland, 1976, 1986, and 1997 Population and Housing Censuses

Indicator	1976 PHC	1986 PHC	1997 PHC
Population	494,534	681,059	929,718
Intercensal growth rate (percent)	2.5	3.3	2.9
Density (pop./km <sup>2</sup> )	29	39	54
Percent urban	15.2	22.8	23.1
Crude birth rate	51.6	48.3	36.39
Crude death rate	18.5	13.0	7.6
Total fertility rate	5.2	6.4	4.5
Infant mortality rate	u	99	78
Male	205	u	u
Female	180	u	u
Life expectancy at birth (years)	46	56	60

u = No information

Source: CSO. nd. 1976 Population and Housing Census, Vol. 1; CSO. nd. 1986 Population and Housing Census, Vol. 4; CSO. nd. 1997 Population and Housing Census Vol. 4.

The National Multisectoral HIV and AIDS Policy was adopted in July 2006 with the goal of providing the framework, direction and general principles for interventions. The policy thus strengthens and expands efforts to manage and co-ordinate the response, promotes prevention interventions, provides effective treatment, care and support to people living with HIV/AIDS and mitigates the impact of the epidemic.

The National Emergency Response Council on HIV and AIDS (NERCHA) is guided by the ‘three ones principles’: one coordinating body, one strategic plan, and one monitoring and evaluation framework.

## **1.4 OBJECTIVES**

### **Main Objective**

The principal objective of the 2006-07 Swaziland Demographic and Health Survey (SDHS) was to provide up-to-date information on fertility, childhood mortality, marriage, fertility preferences, awareness, and use of family planning methods, infant feeding practices, maternal and child health, maternal mortality, HIV/AIDS-related knowledge and behaviour and prevalence of HIV and anaemia.

More specifically the 2006-07 SDHS was aimed at achieving the following;

- Determine key demographic rates, particularly fertility, under-five mortality, and adult mortality rates
- Investigate the direct and indirect factors which determine the level and trends of fertility
- Measure the level of contraceptive knowledge and practice of women and men by method
- Determine immunization coverage and prevalence and treatment of diarrhoea and acute respiratory diseases among children under five
- Determine infant and young child feeding practices and assess the nutritional status of children 6–59 months, women age 15–49 years, and men aged 15–49 years
- Estimate prevalence of anaemia
- Assess knowledge and attitudes of women and men regarding sexually transmitted infections and HIV/AIDS, and evaluate patterns of recent behaviour regarding condom use
- Identify behaviours that protect or predispose the population to HIV infection
- Examine social, economic, and cultural determinants of HIV
- Determine the proportion of households with orphans and vulnerable children (OVCs)
- Determine the proportion of households with sick people taken care at household level
- Determine HIV prevalence among males and females age 2 years and older
- Determine the use of iodized salt in households
- Describe care and protection of children age 12–14 years, and their knowledge and attitudes about sex and HIV/AIDS.

This information is intended to provide data to assist policymakers and programme implementers to monitor and evaluate existing programmes and to design new strategies for demographic, social and health policies in Swaziland. The survey also provides data to monitor the country’s achievement towards the Millennium Development Goals.

## **1.5 ORGANISATION OF THE SURVEY**

The 2006-07 Swaziland Demographic and Health Survey (SDHS) is a national-level sample survey designed to provide information on various demographic and maternal and child health issues in Swaziland. The SDHS was implemented by the Central Statistical Office (CSO) at the request of the Ministry of Health and Social Welfare (MOHSW). The majority of the local costs of the survey were provided by the Government of Swaziland. Macro International Inc. (Macro) provided technical assistance

to the SDHS as part of the worldwide USAID-funded MEASURE Demographic and Health Surveys (DHS) programme. The Human Sciences Research Council (HSRC) of South Africa assisted during the design phase of the survey. Through a subcontract with Macro, the Global Clinical and Viral Laboratory (GCVL) of South Africa provided support for the training and laboratory processing for the HIV testing component of the survey. Funds to support Macro's and GCVL's assistance and to defray some local costs were provided by USAID and the Centres for Disease Control and Prevention (CDC)-Global AIDS Programme operating under the President's Emergency Plan for AIDS Relief (PEPFAR). Other organisations supporting SDHS included the National Emergency Response Council on HIV/AIDS (NERCHA), HIV/AIDS Prevention and Care (HAPAC), UNFPA, UNICEF, Italian Cooperation, the World Health Organisation, UNAIDS, and the Population Services International (PSI).

## **1.6 SAMPLE DESIGN**

The 2006-07 SDHS was designed to provide estimates of health and demographic indicators at the national level, for urban-rural areas, and for the four regions of Manzini, Hhohho, Lubombo, and Shiselweni. Standard DHS sampling policy recommends a minimum of 1,000 to 1,200 women per major domain. To meet this criterion, the number of households selected in each of the various domains, particularly urban areas, was not proportional to the actual size of the population in the domain. As a result, the SDHS sample is not self-weighting at the national level, and weights must be applied to the data to obtain the national-level estimates.

The 2006-07 SDHS sample points (clusters) were selected from a list of enumeration areas (EAs) defined in the 1997 Swaziland Population and Housing Census. A total of 275 clusters were drawn from the census sample frame, 111 in the urban areas and 164 in the rural areas.

CSO staff conducted an exhaustive listing of households in each of the SDHS clusters in August and September 2005. From these lists, a systematic sample of households was drawn for a total of 5,500 households. All women and men age 15-49 identified in these households were eligible for individual interview. In addition, a sub-sample of half of these households (2,750 households) was selected randomly in which all boys and girls age 12-14 and persons age 50 and older were eligible for individual interview. In the SDHS households where youth and older adults were interviewed, all individuals age 6 months and older were eligible for anaemia testing and all individuals age 2 and older were eligible for HIV testing. In the SDHS households where only women and men age 15-49 were interviewed, children age 6 months to 5 years were eligible for the anaemia testing and women and men age 15-49 were eligible for anaemia and HIV testing.

During the household listing, field staff used Global Positioning System (GPS) receivers to establish and record the geographic coordinates of each of the SDHS clusters.

## **1.7 QUESTIONNAIRES**

Five types of questionnaires were used for the SDHS: the Household Questionnaire, the Woman's Questionnaire, the Man's Questionnaire, the Youth Questionnaire, and the Older Adult Questionnaire. The contents of the questionnaires were based on questionnaires developed for the MEASURE DHS programme. The Youth Questionnaire was adapted from the 2002 Nelson Mandela/HSRC Study of HIV/AIDS in South Africa. The SDHS questionnaires were developed in collaboration with a wide range of stakeholders. After the SDHS survey instruments were drafted, they were translated into and printed in the local language, Siswati, for pretesting.

The Household Questionnaire was used to list all the usual members and visitors in the selected households. Basic information was collected on the characteristics of each person listed, including age, sex, education, and relationship to the head of the household. The Household Questionnaire was also used

to identify persons eligible for the individual interview. In addition, information was collected about the dwelling, such as the source of water; type of toilet facilities; materials used to construct the house; ownership of various consumer goods; use of bed nets; and care and free external support received by chronically ill household members and orphans and vulnerable children. The results of anthropometric measurement and anaemia testing were recorded in the Household Questionnaire, as was the information on the consent of eligible household members for the HIV testing.

The Woman's Questionnaire was used to collect information from all women age 15-49 and covered the following topics:

- Background characteristics (age, education, religion, etc.)
- Birth history
- Knowledge and use of family planning methods
- Antenatal and delivery care
- Infant feeding practices including patterns of breastfeeding
- Vaccinations
- Childhood illnesses and treatment
- Marriage and sexual activity
- Fertility preferences
- Husband's background and woman's work status
- Adult (maternal) mortality
- HIV/AIDS-related knowledge, attitudes, and behaviour.

The Man's Questionnaire was shorter than the Woman's Questionnaire, but covered many of the same topics, excluding the reproductive history and sections dealing with maternal and child health. The Older Adult Questionnaire obtained limited information on the background characteristics of the population age 50 and over and on HIV/AIDS knowledge, attitudes, and risk behaviour. The Youth Questionnaire included questions on knowledge and attitudes about sex, and factors exposing youth to risk of abuse.

## **1.8 ANAEMIA AND HIV TESTING**

Haemoglobin testing is the primary method of anaemia diagnosis. In the SDHS, haemoglobin measurement was performed in the field by non-medical personnel. Prior to collecting the blood specimen, all participants age 12 and older and were asked to give informed consent to the testing.

Prior to asking the consent of unmarried youth age 12-17, consent was obtained from the parent or other adult responsible for the child at the time of the survey. For children age 6 months-11 years, consent was asked only from the parent or guardian. The consent statement explained the purpose of the test, informed prospective subjects tested and/or their caretakers how the test would be done, advised them that the results would be available as soon as the test was completed, and requested permission for the test to be carried out.

## **1.9 PRETEST, TRAINING, AND FIELDWORK**

### **Pretest**

Two pretests were conducted for the 2006-07 SDHS. The first was aimed at testing the flow of the questions and the translation from English to Siswati. Given the fact that this was the first SDHS to be conducted in the country, this pretest was also viewed as a pilot exercise for the survey organising committee. The first pretest was conducted in August-September 2005. Pretest activities started with a

training of trainers. The trainers were drawn from the CSO, the MOHSW, NERCHA, and the Ministry of Agriculture. Macro staff assisted with the training of trainers and Macro and HSRC staff assisted with the pretest training.

Eight women and 16 men participated in the field staff training. All but five of the participants had worked in the SDHS as household listers. The SDHS trainers and several guest lecturers gave talks to introduce specific topics in the survey, such as sexual and reproductive health, water and sanitation, malaria, nutrition, and HIV/AIDS. The pretest was conducted in both urban and rural areas to help gauge how respondents' reception of the SDHS teams might vary in different localities. On average, the Household Questionnaire took one hour to complete, the Woman's Questionnaire took two hours, the Man's Questionnaire took one hour, the Youth Questionnaire took 20 minutes, and the Older Adult Questionnaire took 30 minutes.

The second pretest was carried out in April-May 2006 after the review of the HIV testing protocol was completed at CDC Atlanta. This pretest combined interviews and collection of blood samples for anaemia and HIV tests.

## **Training**

A total of 83 persons, 38 males and 45 females, were trained to be the 2006-07 SDHS fieldworkers. They were grouped in two classes. Many of the trainees had participated in both the first and second pretest. The training followed the standard DHS training procedures, including instructions on how to conduct interviews and how to fill in all five questionnaires, classroom demonstration and practice in administering the questionnaires, and tests. The participants also had a chance to practice interviewing in actual households and discuss their experience before the fieldwork began.

With respect to the biomarker data collection, the staff responsible for the anaemia and HIV testing received extensive classroom training plus additional field practice. As part of the training, they were given thorough training in informed consent procedures, how to take finger stick blood spot samples, and how to handle and package the dried blood spots. All staff received training in universal precautions and the disposal of hazardous waste. During the training, there were special lectures on the HIV/AIDS epidemic.

## **Fieldwork**

Fieldwork for the 2006-07 SDHS was carried out by 10 mobile interviewing teams, each consisting of one supervisor, one field editor, three to four female interviewers, and one or two male interviewers. Two or three of the interviewers on each team were assigned to take the blood samples for the anaemia and HIV testing. Fieldwork commenced in July 2006 and was completed in February 2007.

### **1.10 HIV TESTING**

The SDHS HIV testing protocol involved the collection of at least three blood spots from a finger prick (generally the same prick used to obtain the blood drop for anaemia testing) on a special filter paper card. The HIV testing in the SDHS was anonymous, i.e., it was conducted in such fashion that the results could not be linked to individual respondents. A unique random identification number (bar-code) was assigned to each eligible respondent consenting to the testing, and labels containing that number were affixed to the filter paper card, the questionnaire, and a field tracking form at the time of the collection of the sample. No other identifiers were linked to the dried blood spot (DBS) samples from SDHS respondents during the HIV testing.

Because of the anonymous nature of the testing approach in the SDHS, it was not possible to provide information on the results from the HIV testing conducted during the SDHS. In lieu of providing the SDHS test results, written and verbal information was provided on counselling and testing (VCT) sites where free confidential counselling and HIV testing were available during the survey. In addition, any person (whether or not they participated in the SDHS) approaching an SDHS team with a request about VCT was provided with information on the sites, in an effort to increase VCT usage in Swaziland.

## 1.11 DATA PROCESSING

All questionnaires for the SDHS were returned to CSO central office for data processing. The processing operation consisted of office editing, coding of open-ended questions, data entry, double-entry verification, and resolving inconsistencies found by computer programmes developed for the SDHS. The SDHS data entry and editing programmes used CSPro, a computer software package specifically designed for processing survey data such as that produced by DHS surveys. Data processing commenced in August 2006 and was completed in April 2007.

The HIV testing was carried out at the NRL between August 2006 and June 2007.

## 1.12 RESPONSE RATES

Table 1.2 shows the response rates for the SDHS 2006-07. The response rates are important because they may affect the reliability of the results. Of a total of 5,500 households selected in the sample, 5,086 were occupied at the time of the fieldwork. This difference between the number of selected households and the number of occupied households is due to structures being vacated or destroyed. Successful interviews were conducted in 4,843 households, yielding a response rate of 95 percent.

In the households interviewed in the survey, a total of 5,301 eligible women age 15-49 were identified. Interviews were completed with 4,987 of these women, yielding a 94 percent response rate. In the same households, a total of 4,675 eligible men age 15-49 were identified and interviews were completed with 4,156 of these men, yielding a male response rate of 89 percent. The response rates are slightly lower in the urban sample than in the rural sample, and lower among men than women. The principal reasons for non-response among both eligible men and women were refusal and the failure to find individuals at home despite repeated visits to the households. Men have lower response rates than women due to higher refusal rates, and more frequent and longer absence from the households, principally due to employment and their lifestyle (see Appendix A).

Table 1.3 shows the results of the household and individual interviews in households selected for youth and older adults. A total of 2,750 households were selected in the sample, of which 2,543 were occupied at the time of the fieldwork. This difference between the number of selected households and the number of occupied households is due to structures being vacated or destroyed. Successful interviews were conducted in 2,410 households, yielding a response rate of 95 percent.

**Table 1.2 Results of the household and individual interviews**

Number of households, number of interviews, and response rates, according to residence (unweighted), Swaziland 2006-07

Result	Residence		
	Urban	Rural	Total
<b>Household interviews</b>			
Households selected	2,220	3,280	5,500
Households occupied	2,028	3,058	5,086
Households interviewed	1,880	2,963	4,843
Household response rate <sup>1</sup>	92.7	96.9	95.2
<b>Interviews with women age 15-49</b>			
Number of eligible women	1,682	3,619	5,301
Number of eligible women interviewed	1,544	3,443	4,987
Eligible women response rate <sup>2</sup>	91.8	95.1	94.1
<b>Interviews with men age 15-49</b>			
Number of eligible men	1,638	3,037	4,675
Number of eligible men interviewed	1,441	2,715	4,156
Eligible men response rate <sup>2</sup>	88.0	89.4	88.9

<sup>1</sup> Households interviewed/households occupied

<sup>2</sup> Respondents interviewed/eligible respondents

In the households selected for the youth and older adult survey, a total of 477 eligible girls and 439 eligible boys age 12-14 were identified. Interviews were completed with 459 girls and 411 boys, yielding response rates of 96 percent and 94 percent, respectively. The response rates for girls are the same for urban and rural areas. For boys, the response rate is slightly lower in urban than in rural areas (89 percent compared with 94 percent).

A total of 693 eligible women age 50 and over were identified. Interviews were completed with 661 of these women, yielding a 95 percent response rate. In the same households, a total of 492 eligible men age 50 and over were identified and interviews were completed with 456 of these men, yielding a male response rate of 93 percent. The response rates are slightly lower in urban than in rural areas, and lower among men than women.

Table 1.3 Results of the household and individual interviews in households selected for youth and older adults survey

Number of households, number of interviews, and response rates for subsample selected for the youth and older adults survey, according to residence (unweighted), Swaziland 2006-07

Result	Residence		
	Urban	Rural	Total
<b>Household interviews</b>			
Households selected	1,110	1,640	2,750
Households occupied	1,020	1,523	2,543
Households interviewed	937	1,473	2,410
Household response rate <sup>1</sup>	91.9	96.7	94.8
<b>Interviews with female youth 12-14</b>			
Number of eligible female youth	78	399	477
Number of eligible female youth interviewed	75	384	459
Eligible female youth response rate <sup>2</sup>	96.2	96.2	96.2
<b>Interviews with male youth 12-14</b>			
Number of eligible male youth	62	377	439
Number of eligible male youth interviewed	55	356	411
Eligible male youth response rate <sup>2</sup>	88.7	94.4	93.6
<b>Interviews with women 50+</b>			
Number of eligible women 50+	114	579	693
Number of eligible women 50+ interviewed	104	557	661
Eligible women 50+ response rate <sup>2</sup>	91.2	96.2	95.4
<b>Interviews with men 50+</b>			
Number of eligible men 50+	111	381	492
Number of eligible men 50+ interviewed	96	360	456
Eligible men 50+ response rate <sup>2</sup>	86.5	94.5	92.7

<sup>1</sup> Households interviewed/households occupied

<sup>2</sup> Respondents interviewed/eligible respondents

# HOUSEHOLD POPULATION AND HOUSING CHARACTERISTICS

## 2

*Petronella Mamba*

This chapter presents a description of the demographic and socioeconomic characteristics of the population in the households sampled in the 2006-07 SDHS. For the purpose of the 2006-07 SDHS, a household was defined as a person or a group of persons, related or unrelated, who live together and share a common source of food. The Household Questionnaire (see Appendix E) included a schedule collecting basic demographic and socioeconomic information (e.g., age, sex, education attainment, and current school attendance) for all usual residents and visitors of the household who spent the night preceding the interview. This method of data collection allows the analysis of the results for either the de jure (usual residents) or de facto (those who are there at the time of the survey) populations. The household questionnaire also obtained information on housing facilities (e.g., sources of water supply and sanitation facilities) and household possessions.

The information presented in this chapter is intended to facilitate interpretation of the key demographic, socioeconomic, and health indices presented later in the report. It is also intended to assist in the assessment of the representativeness of the survey sample.

### 2.1 POPULATION BY AGE AND SEX

Age and sex are important demographic variables and are the primary basis of demographic classification. Needs and services for a given population mostly depend on its age and sex structure. Age and sex structure have a strong bearing on the population's fertility, mortality, and nuptiality patterns. Table 2.1 gives the age and sex distribution of the de facto population by urban and rural residence. Eight in ten of the Swazi population live in the rural areas.

Table 2.1 Household population by age, sex, and residence

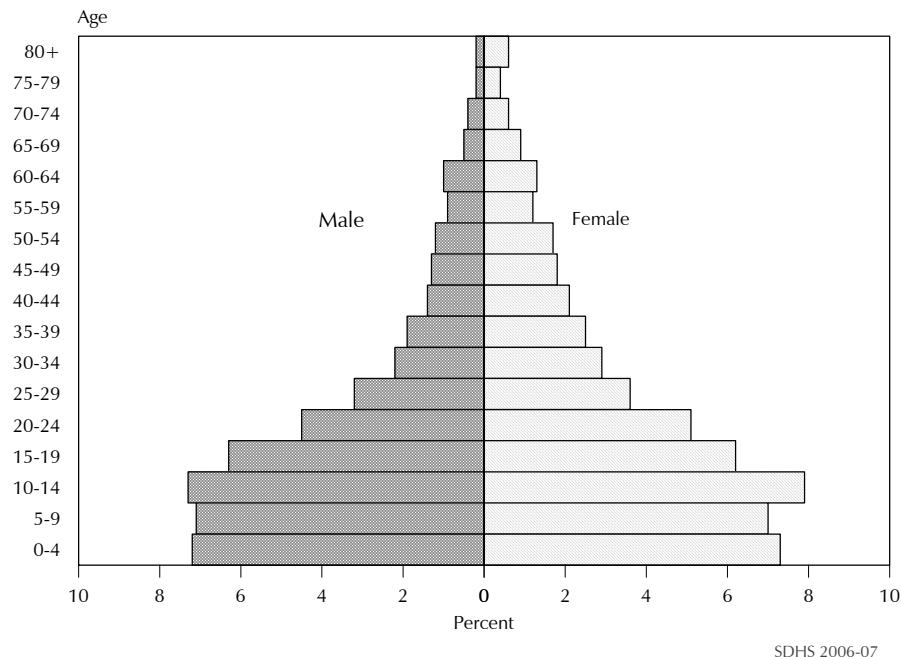
Percent distribution of the de facto household population by five-year age groups, according to sex and residence, Swaziland 2006-07

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	12.0	12.0	12.0	16.2	14.2	15.2	15.3	13.8	14.5
5-9	10.0	10.3	10.2	16.6	14.0	15.2	15.2	13.2	14.1
10-14	10.3	10.1	10.2	17.1	15.8	16.4	15.7	14.6	15.1
15-19	9.8	10.9	10.4	14.4	11.8	13.0	13.5	11.6	12.5
20-24	11.8	12.6	12.2	8.9	8.9	8.9	9.5	9.7	9.6
25-29	11.7	10.8	11.2	5.5	5.8	5.6	6.8	6.8	6.8
30-34	8.6	8.8	8.7	3.6	4.7	4.2	4.7	5.5	5.1
35-39	7.4	6.8	7.1	3.2	4.2	3.7	4.1	4.7	4.4
40-44	5.2	5.2	5.2	2.3	3.7	3.0	2.9	4.0	3.5
45-49	4.3	3.8	4.0	2.3	3.4	2.9	2.7	3.5	3.1
50-54	3.7	3.0	3.3	2.3	3.3	2.8	2.6	3.3	2.9
55-59	2.5	2.3	2.4	1.8	2.2	2.0	2.0	2.2	2.1
60-64	1.7	1.3	1.5	2.3	2.7	2.5	2.2	2.4	2.3
65-69	0.6	0.9	0.8	1.3	1.8	1.6	1.1	1.7	1.4
70-74	0.1	0.5	0.3	1.1	1.3	1.2	0.9	1.1	1.0
75-79	0.1	0.4	0.3	0.6	0.9	0.8	0.5	0.8	0.7
80 +	0.3	0.3	0.3	0.5	1.3	0.9	0.5	1.1	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	2,259	2,488	4,747	8,345	9,520	17,865	10,604	12,008	22,612

There are more women than men in Swaziland (53 percent and 47 percent, respectively). The sex ratio (proportion of men out of 100 women) is 88. This is consistent with findings of the 1986 census (89) and the 1997 census (90). The sex ratio in the rural areas is lower than that in the urban areas (88 percent compared with 91 percent), which may be due to higher rural-urban migration among men than among women.

Swaziland's population is young, with 44 percent of the total population under 15 years of age, and less than 4 percent is 65 years or older. Figure 2.1 illustrates the age structure of the household population in a population pyramid. The two bottom bars of the pyramid that represent population 0-9 years are smaller than the bar for the next older age. This means that although fertility levels are still high, resulting in a wide base, the country has experienced significant fertility declines. The bars between age 20 and 45 for both males and females narrow rapidly with increasing age, reflecting high rates of mortality, probably due to AIDS-related factors. The proportion of women in the older age groups is much higher than the proportion of men. Because there is no evidence of significantly higher emigration among men, one may conclude that men have higher mortality levels.

**Figure 2.1 Population Pyramid**



SDHS 2006-07

## 2.2 HOUSEHOLD COMPOSITION

Information on key aspects of the composition of households, including the sex of the head of the household and the size of the household, is presented in Table 2.2. These characteristics are important because they are associated with the welfare of the household. Female-headed households are, for example, typically poorer than male-headed households. Economic resources are often more limited in larger households. Moreover, where the size of the household is large, crowding also can lead to health problems.

Table 2.2 presents the distribution of households by the sex of heads of household and by household size in urban and rural areas. The average size of households according to residence is also

given. Households in Swaziland are almost as likely to be headed by a woman as by a man (48 percent compared with 52 percent). There has been an increasing trend in the proportion of households headed by a woman, from 40 percent in the 1986 census to 43 percent in the 1997 census. Rural households are more likely than urban households to be headed by a woman; 52 percent of households in rural areas are headed by a woman compared to 39 percent in urban areas. Both rural and urban areas showed an increase in the proportion of households headed by a woman. The 1997 census found that 49 percent of households in the rural areas and 31 percent of households in the urban areas were headed by a woman.

Generally, the size of a household has a negative correlation with socioeconomic status. However, it has also been found that there are significant benefits in having other members in a household. The overall mean size of households in 2006-07 is 4.6 persons; rural households are larger than urban households (5.4 and 3.0 persons per household, respectively). The mean household size is 5.3 persons in 1997, a drop from the 6.0 persons per household reported in the 1986 census. There are marked differences between rural and urban households. In the rural areas, 16 percent of households have nine or more members compared to only 3 percent in the urban areas. As expected, a large proportion (35 percent) of households in the urban areas has only one member. In contrast, one-person households account for only one-fifth of all households in Swaziland.

## **2.3 EDUCATION OF THE HOUSEHOLD POPULATION**

Education is a key determinant of the lifestyle and status an individual enjoys in a society. Studies have consistently shown that educational attainment has a positive effect on health behaviours and attitudes. Results from the 2006-07 SDHS can be used to look at educational attainment among household members and school attendance, repetition, and drop-out rates among youth. In the analysis presented below, the official age for entry into the primary level is age six years. The official primary level of schooling consists of seven years (Grades 1-7) while the number of years assumed for completion of secondary school is five years.

### **2.3.1 Educational Attainment**

The 2006-07 SDHS collected education data on the highest level completed for males and females age six years and over. Table 2.3.1 and 2.3.2 show that, in general, the proportion of males and females with no education has been declining over time and the proportion attaining higher levels has been increasing.

There are slight differentials between sexes in the levels of education attained, with men generally having higher levels. For example, the proportion of women with no education is 13 percent compared with 12 percent of men, and 5 percent of women have had higher than secondary level of education, compared to 6 percent of men.

**Table 2.2 Household composition**

Percent distribution of households by sex of head of household and by household size and by mean size of household according to residence, Swaziland 2006-07

Characteristic	Residence		
	Urban	Rural	Total
<b>Household headship</b>			
Male	61.0	47.9	52.1
Female	39.0	52.1	47.9
Total	100.0	100.0	100.0
<b>Number of usual members</b>			
0	0.2	0.4	0.3
1	35.4	12.5	19.9
2	19.1	9.6	12.6
3	12.5	10.2	11.0
4	12.1	12.7	12.5
5	7.0	12.2	10.5
6	5.3	10.4	8.7
7	3.0	9.1	7.1
8	2.2	6.6	5.1
9+	3.3	16.4	12.2
Total	100.0	100.0	100.0
Mean size of households	3.0	5.4	4.6
Number of households	1,565	3,278	4,843

Note: Table is based on de jure household members, i.e., usual residents.

There are large differentials by residence. For both rural men and women, urban residents consistently have higher levels of education. For instance, the median years completed for urban women is 7.8 years, whereas for women in rural areas it is only 4.7 years. For men, the corresponding proportion is 8.0 and 3.9 years, respectively. Across regions, men and women in Manzini are better educated than those in other regions. On the other hand, men and women in Lubombo are the least educated. As expected, educational attainment is positively related to the wealth status of the household. Women and men in wealthier households are better educated than those in poorer households.

**Table 2.3.1 Educational attainment of the female household population**

Percent distribution of the de facto female household populations age six and over by highest level of schooling attended or completed and median years completed, according to background characteristics, Swaziland 2006-07

Background characteristic	No education	Some primary	Completed primary <sup>1</sup>	Some secondary	Completed secondary <sup>2</sup>	Tertiary	Don't know/missing	Total	Number	Median years completed
<b>Age</b>										
6-9	16.2	82.7	0.2	0.2	0.0	0.0	0.7	100.0	1,274	0.3
10-14	2.3	85.3	6.6	5.4	0.0	0.0	0.4	100.0	1,754	3.7
15-19	2.7	27.4	14.6	50.1	4.3	0.6	0.3	100.0	1,392	7.3
20-24	6.0	16.8	10.4	44.7	16.9	5.0	0.3	100.0	1,161	8.4
25-29	6.9	14.4	9.8	34.4	22.6	11.2	0.7	100.0	821	9.1
30-34	8.2	16.3	12.4	34.2	15.7	12.5	0.8	100.0	663	8.6
35-39	11.1	22.3	11.8	29.3	11.5	12.7	1.2	100.0	569	7.7
40-44	15.5	25.7	8.3	29.2	8.3	11.0	1.9	100.0	483	6.9
45-49	22.4	25.0	11.9	25.1	6.3	8.1	1.2	100.0	415	6.2
50-54	28.4	30.9	13.6	16.7	2.7	6.8	0.9	100.0	392	4.8
55-59	26.8	36.1	11.1	14.5	2.0	7.9	1.6	100.0	262	3.9
60-64	47.7	36.0	5.5	5.0	1.1	3.0	1.9	100.0	293	0.4
65+	59.3	28.8	5.7	3.1	0.2	1.3	1.6	100.0	559	0.0
<b>Residence</b>										
Urban	7.7	27.6	9.0	29.1	13.5	12.5	0.7	100.0	2,134	7.8
Rural	15.0	45.5	8.9	22.1	5.2	2.5	0.8	100.0	7,906	4.7
<b>Region</b>										
Hhohho	14.1	37.3	9.1	25.5	7.0	6.2	0.8	100.0	2,615	5.7
Manzini	9.3	39.9	9.5	25.1	9.5	6.0	0.7	100.0	3,167	6.0
Shiselweni	13.0	45.6	8.8	23.6	5.8	2.7	0.5	100.0	2,313	4.9
Lubombo	19.8	46.0	7.6	18.7	4.1	2.7	1.1	100.0	1,944	4.0
<b>Wealth quintile</b>										
Lowest	26.8	52.1	7.7	10.8	2.0	0.0	0.5	100.0	1,946	2.4
Second	18.3	49.7	9.6	17.9	3.2	0.2	1.1	100.0	1,988	3.8
Middle	10.3	46.5	10.2	26.1	5.4	0.7	0.7	100.0	1,988	5.3
Fourth	8.0	37.2	9.0	33.4	9.0	2.7	0.8	100.0	2,037	6.5
Highest	4.7	24.2	7.9	29.2	14.5	18.8	0.8	100.0	2,081	8.8
Total	13.4	41.7	8.9	23.6	6.9	4.6	0.8	100.0	10,040	5.3

Note: Total includes three females with information missing on age

<sup>1</sup> Completed 7<sup>th</sup> grade at the primary level

<sup>2</sup> Completed 5<sup>th</sup> grade at the secondary level

Table 2.3.2 Educational attainment of the male household population

Percent distribution of the de facto male household populations age six and over by highest level of schooling attended or completed and median years completed, according to background characteristics, Swaziland 2006-07

Background characteristic	No education	Some primary	Completed primary <sup>1</sup>	Some secondary	Completed secondary <sup>2</sup>	Tertiary	Don't know/missing	Total	Number	Median years completed
<b>Age</b>										
6-9	19.9	79.3	0.1	0.0	0.0	0.0	0.7	100.0	1,314	0.1
10-14	3.4	89.7	5.0	1.8	0.1	0.0	0.1	100.0	1,661	3.0
15-19	3.4	39.7	13.8	39.4	3.4	0.1	0.2	100.0	1,427	6.5
20-24	5.1	20.0	9.9	39.0	20.1	5.3	0.7	100.0	1,011	8.6
25-29	7.8	17.4	7.5	30.1	25.7	11.0	0.5	100.0	719	8.9
30-34	9.2	18.9	10.1	21.4	24.7	14.7	0.9	100.0	496	9.3
35-39	11.5	20.5	10.1	23.3	13.9	19.6	1.2	100.0	431	8.4
40-44	19.1	16.3	10.2	22.0	11.7	20.0	0.6	100.0	306	8.3
45-49	20.4	22.9	9.2	21.1	10.6	15.4	0.3	100.0	285	6.7
50-54	24.9	22.7	7.6	21.7	7.6	13.6	1.9	100.0	273	6.2
55-59	23.5	33.7	11.6	17.3	1.7	11.2	1.0	100.0	210	4.6
60-64	35.0	29.8	11.6	10.8	3.2	7.4	2.2	100.0	233	3.5
65+	55.5	24.4	8.6	8.7	0.6	1.3	0.9	100.0	318	0.0
<b>Residence</b>										
Urban	7.7	29.5	7.1	24.3	16.0	14.9	0.5	100.0	1,946	8.0
Rural	13.5	50.9	8.1	18.0	6.1	2.8	0.6	100.0	6,738	3.9
<b>Region</b>										
Hhohho	13.2	41.0	7.9	21.2	9.2	6.8	0.7	100.0	2,285	5.3
Manzini	7.8	43.5	9.0	20.4	11.1	7.5	0.6	100.0	2,669	5.8
Shiselweni	13.1	51.1	7.6	19.5	6.1	2.5	0.1	100.0	1,940	4.0
Lubombo	16.6	50.9	6.6	15.6	5.2	4.0	1.0	100.0	1,790	3.4
<b>Wealth quintile</b>										
Lowest	24.3	58.5	6.2	8.7	1.4	0.0	0.8	100.0	1,646	2.0
Second	13.3	54.1	9.9	17.4	4.5	0.3	0.4	100.0	1,613	3.7
Middle	10.2	52.3	8.2	20.9	6.7	1.1	0.5	100.0	1,759	4.4
Fourth	9.6	42.0	8.3	25.4	10.3	3.8	0.7	100.0	1,782	5.7
Highest	5.0	26.4	7.0	23.4	17.1	20.5	0.5	100.0	1,884	9.0
Total	12.2	46.1	7.9	19.4	8.3	5.5	0.6	100.0	8,684	4.7

Note: Total includes one male with information missing on age

<sup>1</sup> Completed 7<sup>th</sup> grade at the primary level

<sup>2</sup> Completed 5<sup>th</sup> grade at the secondary level

### 2.3.2 School Attendance Rates

Table 2.4 presents primary school and secondary school net and gross attendance ratios (NAR and GAR) for the school year that started in 2005 by household residence and regions. The NAR for primary school is the percentage of the primary-school-age (6-12 years) population that is attending primary school. The NAR for secondary school is the percentage of the secondary-school-age (13-17 years) population that is attending secondary school. By definition, the NAR cannot exceed 100 percent. The GAR for primary school is the total number of primary school students, of any age, expressed as a percentage of the official primary-school-age population. The GAR for secondary school is the total number of secondary school students, of any age, expressed as a percentage of the official secondary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent. Youth are considered to be attending school currently if they attended formal academic school at any point during the given school year.

Table 2.4 School attendance ratios

Net attendance ratios (NAR) and gross attendance ratios (GAR) for the de facto household population by sex and level of schooling; and the gender parity index (GPI), according to background characteristics, Swaziland 2006-07

Background characteristic	Net attendance ratio <sup>1</sup>				Gross attendance ratio <sup>2</sup>			
	Male	Female	Total	Gender Parity Index <sup>3</sup>	Male	Female	Total	Gender Parity Index <sup>3</sup>
PRIMARY SCHOOL								
<b>Residence</b>								
Urban	87.7	84.6	86.1	0.96	113.0	99.7	106.1	0.88
Rural	82.1	85.7	83.9	1.05	125.0	118.6	121.8	0.95
<b>Region</b>								
Hhohho	82.0	89.2	85.6	1.09	123.7	117.5	120.6	0.95
Manzini	89.5	87.6	88.5	0.98	126.5	118.0	122.2	0.93
Shiselweni	75.5	80.5	77.9	1.07	112.7	110.5	111.6	0.98
Lubombo	83.8	84.4	84.1	1.01	131.5	116.2	123.8	0.88
<b>Wealth quintile</b>								
Lowest	73.4	79.8	76.6	1.09	118.3	113.7	116.0	0.96
Second	84.2	84.8	84.5	1.01	126.6	117.4	121.9	0.93
Middle	83.7	88.6	86.1	1.06	126.1	120.7	123.5	0.96
Fourth	85.6	88.4	87.0	1.03	127.5	117.5	122.5	0.92
Highest	91.6	88.0	89.8	0.96	117.2	106.9	112.0	0.91
Total	82.9	85.6	84.2	1.03	123.3	115.7	119.5	0.94
SECONDARY SCHOOL								
<b>Residence</b>								
Urban	52.2	54.2	53.2	1.04	83.1	83.9	83.5	1.01
Rural	27.1	38.1	32.5	1.41	54.1	55.5	54.8	1.03
<b>Region</b>								
Hhohho	32.1	43.5	37.7	1.36	58.5	63.9	61.1	1.09
Manzini	35.7	42.7	39.3	1.20	67.9	61.3	64.5	0.90
Shiselweni	30.3	39.1	34.6	1.29	57.8	58.6	58.2	1.01
Lubombo	22.7	35.1	28.6	1.55	45.1	53.8	49.2	1.19
<b>Wealth quintile</b>								
Lowest	11.7	20.2	15.9	1.73	27.2	29.9	28.5	1.10
Second	25.8	29.8	27.8	1.16	51.8	45.0	48.5	0.87
Middle	26.6	43.4	34.8	1.63	58.0	60.5	59.2	1.04
Fourth	35.7	48.5	42.1	1.36	64.2	76.6	70.4	1.19
Highest	59.5	61.2	60.4	1.03	97.4	87.7	92.3	0.90
Total	30.7	40.5	35.6	1.32	58.2	59.8	59.0	1.03

<sup>1</sup> The NAR for primary school is the percentage of the primary-school-age (6-12 years) population that is attending primary school. The NAR for secondary school is the percentage of the secondary-school-age (13-17 years) population that is attending secondary school. By definition the NAR cannot exceed 100 percent.

<sup>2</sup> The GAR for primary school is the total number of primary school students, expressed as a percentage of the official primary-school-age population. The GAR for secondary school is the total number of secondary school students, expressed as a percentage of the official secondary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.

<sup>3</sup> The GPI for primary school is the ratio of the primary school NAR (GAR) for females to the NAR (GAR) for males. The GPI for secondary school is the ratio of the secondary school NAR (GAR) for females to the NAR (GAR) for males.

The gender parity index (GPI) assesses sex-related differences in school attendance rates and is calculated by dividing the GAR for females by the GAR for males. A GPI of less than one indicates a gender disparity in favour of males, i.e., a higher proportion of males than females attends that level of schooling. A GPI greater than one indicates a gender disparity in favour of females. A GPI of one indicates parity or equality between the rates of participation for males and females.

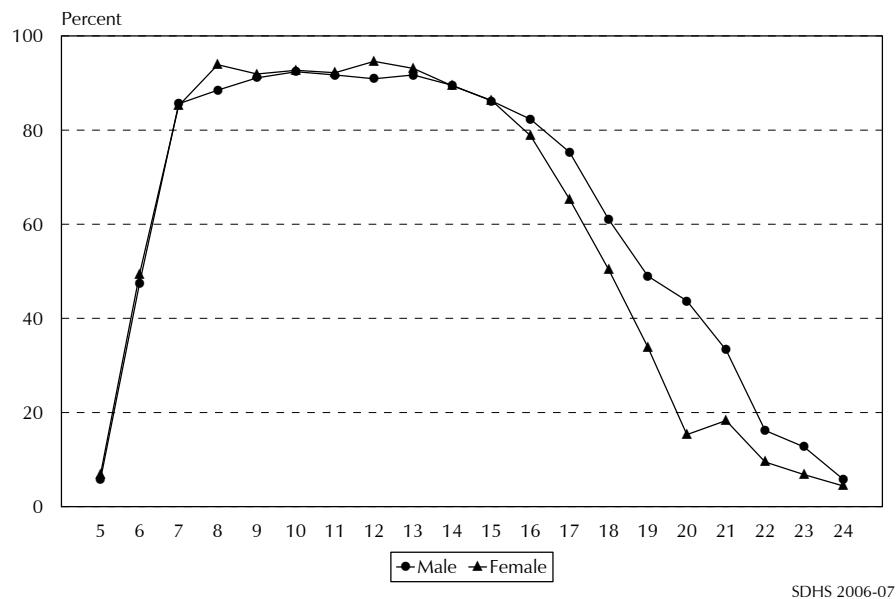
Table 2.4 shows that for both boys and girls at primary school level, the overall net attendance ratio (NAR) is 84 percent; 83 percent for males and 86 percent for females. For males, those living in urban areas are much more likely to attend school than rural residents (88 percent compared with 82 percent). For females, however, attendance in the rural and urban areas is similar (86 percent and 85 percent, respectively).

It is worth noting that the GARs for both boys and girls at primary-school level are much higher than 100, signifying that the number of primary-school students of any age is larger than the official primary-school-age population. Across all subgroups of population, the GAR for boys is higher than for girls. The GPI for the GAR is consistently less than one, implying more boys are outside the primary-school age range.

At secondary level, the NARs are very low (36 percent); 31 percent for boys and 41 percent for girls. The ratio is lowest for boys in the rural areas (27 percent), in Lubombo (23 percent), and in the lowest wealth quintile (12 percent). The GPI for NAR at secondary school is 1.32, implying that girls of secondary-school age are more likely than boys in the same age group to attend secondary school. GAR at secondary level is only 59 percent, which implies that there is a significant number of secondary-school-age boys and girls who are not attending secondary school.

Figure 2.2 illustrates age-specific attendance rates. This includes the percentage of population age 5-24 years who attend school, regardless of the level attended (primary, secondary, or higher).

**Figure 2.2 Age-specific Attendance Rates of the De-Facto Population 5 to 24 Years**



### 2.3.3 Grade Repetition and Dropout Rates

Repetition and dropout rates presented in Table 2.5 describe the flow of pupils through the educational system in Swaziland at the primary level. The repetition rates indicate the percentage of pupils who attended a particular grade during the school year that started in 2004 who again attended that

same class during the following school year. The dropout rates show the percentage of pupils in a grade during the school year that started in 2005 who no longer attended school the following school year.

The repetition rates generally decline from 23 percent in Grade 1 to 9 percent in Grade 7. There are differentials across subgroups of students, with boys, rural students, and students from households in the lowest wealth quintiles consistently having higher repetition rates than other students. For example, the repetition rates for boys range from 26 percent to 12 percent, while for girls the corresponding rates range from 20 percent to 7 percent. Students in Hhohho have the lowest repetition rates, while those in Lubombo have the highest repetition rates.

Table 2.5 Grade repetition and dropout rates

Repetition and dropout rates for the de facto household population age 5-24 who attended primary school in the previous school year by school grade, according to background characteristics, Swaziland 2006-07

Background characteristic	School grade						
	1	2	3	4	5	6	7
REPETITION RATE <sup>1</sup>							
<b>Sex</b>							
Male	26.4	13.4	18.6	14.8	12.5	13.4	11.8
Female	19.7	8.6	13.9	11.3	10.7	10.4	6.7
<b>Residence</b>							
Urban	22.9	9.2	8.6	8.1	5.4	9.2	8.8
Rural	23.2	11.4	17.6	13.8	12.7	12.3	9.4
<b>Region</b>							
Hhohho	25.3	4.8	8.0	7.5	5.6	16.0	10.2
Manzini	19.9	16.3	16.5	14.1	10.7	9.0	7.6
Shiselweni	23.2	11.8	19.3	13.5	16.2	8.7	11.1
Lubombo	25.7	10.3	22.0	17.1	14.7	14.9	9.0
<b>Wealth quintile</b>							
Lowest	25.6	13.6	19.6	17.6	15.1	9.8	11.2
Second	22.7	12.5	15.2	11.5	13.3	14.0	10.8
Middle	23.5	12.7	17.4	11.1	14.8	16.2	6.9
Fourth	19.6	5.6	18.8	13.5	7.2	10.3	12.8
Highest	23.4	9.6	7.2	11.1	5.7	6.9	5.7
Total	23.2	11.2	16.3	13.0	11.6	11.8	9.3
DROPOUT RATE <sup>2</sup>							
<b>Sex</b>							
Male	3.4	5.0	3.1	3.2	3.1	7.7	8.0
Female	2.6	2.1	2.1	6.4	4.3	6.9	9.4
<b>Residence</b>							
Urban	0.7	2.2	0.0	6.6	3.7	9.1	8.9
Rural	3.4	3.8	3.0	4.5	3.7	7.0	8.6
<b>Region</b>							
Hhohho	2.8	0.6	1.0	0.8	3.0	3.9	4.1
Manzini	0.4	1.5	0.7	1.5	2.6	4.6	7.3
Shiselweni	6.7	10.8	6.9	14.3	6.2	15.7	13.9
Lubombo	2.7	1.3	1.4	2.3	3.0	4.8	8.9
<b>Wealth quintile</b>							
Lowest	3.5	5.7	3.7	4.5	3.3	4.9	6.8
Second	4.2	4.6	3.6	7.5	2.4	10.2	9.8
Middle	2.5	2.4	3.1	5.1	4.8	7.0	10.1
Fourth	3.2	2.3	0.4	2.8	5.2	7.8	9.7
Highest	0.2	2.0	0.8	4.0	2.9	5.7	5.8
Total	3.0	3.7	2.6	4.8	3.7	7.3	8.6

<sup>1</sup> The repetition rate is the percentage of students in a given grade in the previous school year who are repeating that grade in the current school year.

<sup>2</sup> The dropout rate is the percentage of students in a given grade in the previous school year who are not attending school in the current school year.

The dropout rates are higher for boys than for girls in the lower grades, but boys' dropout rates are lower than girls' rates. in the higher grades. This may be due to more girls dropping out due to various reasons including a pregnancy. For both boys and girls, the dropout rates increase with grade. Also notable is that children in Shiselweni are more likely to drop out of school than children in other regions. In sum, in Swaziland on average one in three children who started Grade 1 will not complete Grade 7.

## 2.4 HOUSEHOLD ENVIRONMENT

The physical characteristics of the dwelling in which a household lives are important determinants of the health status of household members, especially children. They can also be used as indicators of the socio-economic status of households. The 2006-07 SDHS respondents were asked a number of questions about their household environment, including questions on the source of drinking water: type of sanitation facility; type of flooring; walls; and roof; and number of rooms in the dwelling. The results are presented both in terms of households and of their usual members.

### 2.4.1 Drinking Water

Increasing access to improved drinking water is one of the Millennium Development Goals that Swaziland, along with other nations worldwide. has adopted (United Nations General Assembly, 2001). Table 2.6 includes a number of indicators that are useful in monitoring household access to improved drinking water (WHO and UNICEF, 2005). The source of drinking water is an indicator of whether it is suitable for drinking. Sources which are likely to provide water suitable for drinking are identified as improved sources in Table 2.6. They include a piped source within the dwelling or plot, public tap, tube well or borehole, protected well or spring, and rainwater.<sup>1</sup> Lack of ready access to a water source may limit the quantity of suitable drinking water that is available to a household. Even if the water is obtained from an improved source, water that must be fetched from a source that is not immediately accessible to the household may be contaminated during transport or storage. Another factor in considering the accessibility of water sources is the fact that the burden of going for water often falls disproportionately on female members of the household. Finally, home water treatment can be effective in improving the quality of household drinking water.

Seven in ten households in Swaziland obtain water from improved sources. This proportion represents an improvement from the 1997 Population and Housing Census (56 percent). There is a wide variation between urban and rural households (92 percent and 59 percent, respectively). In the ten years since the 1997 Census, rural areas have shown a greater improvement in access to safe water than urban areas. According to the 1997 Population and Housing Census, the proportion of households with safe drinking water is 89 percent in urban areas and 40 percent in rural areas.

Water is available on the premises for 76 percent of households in the urban areas and 27 percent of households in rural areas. Overall, one in four households take 30 or more minutes to obtain water; 4 percent in the urban areas compared with 34 percent in the rural areas.

Getting water is a chore predominantly done by women. Water is collected by women for more than half of the population; 46 percent by women age 15 or older and 7 percent by female children under age 15. This is particularly true in the rural areas, where for 54 percent of the population's water is collected by women age 15 or older and 8 percent by female children under age 15.

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<sup>1</sup> The categorisation into improved and non-improved follows that proposed by the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (WHO and UNICEF, 2004).

Households were further asked if they treat the water before drinking it. A total of 86 percent of households do not treat the water in any way. The most common form of treatment is the use of bleach or chlorine (8 percent).

Table 2.6 Household drinking water

Percent distribution of households and de jure population by source, time to collect, and person who usually collects drinking water; and percentage of households and the de jure population by treatment of drinking water, according to residence, Swaziland 2006-07

Characteristic	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
<b>Source of drinking water</b>						
Improved source	92.2	59.1	69.8	91.9	56.4	63.9
Piped water into dwelling/yard/plot	72.6	22.5	38.7	72.4	19.8	30.9
Public tap/standpipe	15.2	18.7	17.6	14.1	18.5	17.6
Tube well or borehole	2.5	9.0	6.9	3.0	8.6	7.4
Protected dug well	1.2	5.8	4.3	1.3	6.6	5.5
Protected spring	0.5	2.2	1.7	0.9	2.3	2.0
Rainwater	0.1	0.7	0.5	0.2	0.6	0.5
Non-improved source	7.4	40.6	29.9	7.8	43.3	35.8
Unprotected dug well	2.9	12.3	9.3	2.9	13.5	11.2
Unprotected spring	0.8	4.6	3.4	1.2	5.3	4.4
Tanker truck/cart with small tank	1.5	1.6	1.6	1.3	1.2	1.2
Surface water	2.2	22.0	15.6	2.3	23.3	18.9
Other	0.3	0.3	0.3	0.3	0.2	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Percentage using any improved source of drinking water	92.3	59.1	69.8	91.9	56.4	63.9
<b>Time to obtain drinking water (round trip)</b>						
Water on premises	75.9	27.3	43.0	75.4	24.0	34.8
Less than 30 minutes	19.4	38.0	32.0	20.2	40.0	35.8
30 minutes or longer	4.3	34.2	24.5	3.9	35.5	28.8
Don't know/missing	0.3	0.6	0.5	0.5	0.5	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Person who usually collects drinking water</b>						
Adult female 15+	14.5	48.9	37.8	16.7	54.2	46.3
Adult male 15+	7.0	11.7	10.2	3.9	7.4	6.7
Female child under age 15	0.7	6.3	4.5	1.4	8.1	6.7
Male child under age 15	0.9	3.3	2.5	1.5	3.5	3.1
Any person	0.4	1.6	1.2	0.5	2.0	1.7
Other	0.4	0.8	0.6	0.2	0.9	0.7
Water on premises	75.9	27.3	43.0	75.4	24.0	34.8
Missing	0.3	0.2	0.2	0.3	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Water treatment prior to drinking<sup>1</sup></b>						
Boiled	2.0	3.4	3.0	2.0	2.9	2.7
Bleach/chlorine	7.9	8.3	8.2	8.6	8.1	8.2
Strained through cloth	0.0	0.1	0.1	0.0	0.1	0.1
Ceramic, sand, or other filter	0.5	0.5	0.5	0.4	0.4	0.4
Other	0.0	0.3	0.2	0.1	0.3	0.2
No treatment	84.9	86.6	86.0	84.7	87.5	86.9
Percentage using an appropriate treatment method <sup>2</sup>	10.4	11.7	11.2	10.8	11.0	11.0
Number	1,565	3,278	4,843	4,705	17,598	22,302

<sup>1</sup> Respondents may report multiple treatment methods so the sum of treatment may exceed 100 percent.

<sup>2</sup> Appropriate water treatment methods include boiling, bleaching, straining, filtering, and solar disinfecting.

## 2.4.2 Household Sanitation Facilities

Ensuring adequate sanitation facilities is another of the Millennium Development Goals which Swaziland shares with other countries. A household is classified as having an improved toilet if the toilet is used only by members of one household (i.e., it is not shared) and if the facility used by the household separates the waste from human contact (WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation, 2004).

Proper sanitation facilities lead to improved hygiene practices, and ultimately low infant mortality rates. Normally, one would expect the urban areas to have better sanitation facilities, but according to the 2006-07 SDHS, rural households in Swaziland have better sanitation facilities than urban households; 52 percent of the rural households use improved, not shared facilities compared with 44 percent of urban households (Table 2.7). The proportion of households using a flush toilet has declined from 20 percent in the 1997 Population and Housing Census to 15 percent in the 2006-07 SDHS. The majority of households in the urban areas (53 percent) use shared facilities, compared with 22 percent in the rural areas. The proportion of households who have no toilet facility declined from 24 percent in 1997 to 18 percent in the 2006-07 SDHS.

Table 2.7 Household sanitation facilities

Percent distribution of households and de jure population by type of toilet/latrine facilities, according to residence, Swaziland 2006-07

Type of toilet/ latrine facility	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
<b>Improved, not shared facility</b>	43.5	52.1	49.4	55.6	56.7	56.5
Flush/pour flush	34.2	5.4	14.7	39.2	3.7	11.2
Ordinary pit latrine	7.2	34.0	25.4	13.0	37.7	32.5
Ventilated improved pit (VIP) latrine	2.1	12.7	9.3	3.4	15.3	12.8
<b>Non-improved facility</b>	56.4	47.8	50.7	44.3	43.3	43.6
Any facility shared with other households	53.1	21.9	32.0	42.3	18.3	23.4
No facility/bush/field	2.5	25.6	18.2	1.7	24.7	19.9
Other	0.1	0.1	0.1	0.0	0.1	0.1
Missing	0.7	0.2	0.4	0.3	0.2	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,565	3,278	4,843	4,705	17,598	22,302

## 2.4.3 Housing Characteristics

Table 2.8 presents information on a number of characteristics of the dwelling in which SDHS households live. These characteristics reflect the household's socioeconomic situation. They also may influence environmental conditions—for example, in the case of the use of biomass fuels, exposure to indoor pollution—that have a direct bearing on the health and welfare of household members.

The use of electricity as an energy source usually goes hand in hand with improved housing structures and a better standard of living. There have been a number of initiatives by the Government of Swaziland to bring electricity to rural areas in recent years. Clinics and schools are the first targets of the programme. Thirty-five percent of households reported having electricity. There are marked differences between urban and rural; only 22 percent of rural households reported using electricity compared with 63 percent of urban households.

Table 2.8 Housing characteristics

Percent distribution of households and de jure population by housing characteristics and percentage using solid fuel for cooking; and among those using solid fuels, percent distribution by type of fire/stove, according to residence, Swaziland 2006-07

Housing characteristic	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
<b>Electricity</b>						
Yes	63.4	21.7	35.2	65.2	20.2	29.7
No	36.6	78.3	64.8	34.8	79.8	70.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Flooring material</b>						
Earth, sand	1.2	3.8	3.0	1.4	3.2	2.8
Dung	0.4	12.0	8.2	0.5	12.0	9.6
Wood/planks	0.4	0.0	0.1	0.5	0.0	0.1
Parquet or polished wood	0.3	0.0	0.1	0.4	0.0	0.1
Vinyl or asphalt strips	2.7	0.1	1.0	3.1	0.1	0.7
Ceramic tiles	9.6	2.5	4.8	12.6	2.2	4.4
Cement	80.3	80.4	80.3	75.9	81.4	80.2
Carpet	4.9	1.1	2.3	5.4	1.0	1.9
Other/missing	0.2	0.1	0.1	0.3	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Wall material</b>						
Cane/palm/trunks	0.1	0.2	0.2	0.3	0.2	0.2
Mud	4.7	12.0	9.7	4.6	11.7	10.2
Bamboo with mud	1.1	3.3	2.5	1.1	3.0	2.6
Stone with mud	4.6	11.5	9.3	5.1	11.8	10.3
Plywood	0.4	0.1	0.2	0.3	0.1	0.1
Reused wood	0.4	0.3	0.3	0.7	0.4	0.4
Cement	51.7	29.9	37.0	52.6	30.2	34.9
Stone with lime/ cement	2.2	5.9	4.7	2.3	6.3	5.4
Bricks	3.9	3.2	3.4	3.2	2.7	2.8
Cement blocks	27.5	28.2	28.0	26.9	28.3	28.0
Mud blocks	2.7	4.7	4.0	2.5	4.9	4.4
Wood planks/shingles	0.4	0.2	0.3	0.3	0.1	0.1
Other	0.3	0.4	0.3	0.3	0.2	0.2
Missing	0.1	0.1	0.1	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Roofing material</b>						
Grass	0.4	16.9	11.5	0.5	17.4	13.8
Wood planks	0.2	0.0	0.1	0.2	0.0	0.0
Corrugated iron	81.7	80.6	80.9	82.6	80.5	80.9
Asbestos	10.5	0.3	3.6	8.6	0.1	1.9
Tiles	5.6	1.9	3.1	6.6	1.8	2.8
Slate	0.1	0.0	0.0	0.2	0.0	0.0
Concrete	1.0	0.1	0.4	1.0	0.0	0.2
Other	0.1	0.2	0.2	0.2	0.1	0.1
Missing	0.2	0.1	0.2	0.2	0.1	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Rooms used for sleeping</b>						
One	54.2	25.7	34.9	35.5	14.6	19.0
Two	25.3	32.2	30.0	30.3	29.6	29.8
Three or more	20.3	41.8	34.8	34.1	55.6	51.0
Missing	0.2	0.3	0.3	0.1	0.2	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Place for cooking</b>						
In the house	83.9	30.0	47.4	78.9	24.5	35.9
In a separate building	11.4	57.2	42.4	15.8	63.4	53.3
Outdoors	3.6	12.4	9.5	4.9	12.0	10.5
Other	0.0	0.1	0.1	0.0	0.1	0.0
Missing	1.2	0.4	0.6	0.4	0.1	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0

Continued...

Table 2.8—Continued

Housing characteristic	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
<b>Cooking fuel</b>						
Electricity	41.0	8.1	18.7	40.0	5.2	12.6
Gas	29.8	9.4	16.0	29.3	6.4	11.2
Coal	0.8	0.1	0.3	0.7	0.1	0.2
Charcoal	0.9	0.2	0.4	0.7	0.3	0.4
Wood	11.4	78.3	56.7	17.4	86.2	71.7
Paraffin	14.7	3.5	7.1	11.3	1.6	3.7
No food cooked in household	1.2	0.4	0.6	0.4	0.1	0.2
Other	0.1	0.1	0.1	0.2	0.1	0.1
Missing	0.0	0.1	0.0	0.0	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Percentage using solid fuel for cooking	13.2	78.6	57.4	18.8	86.6	72.3
Number of households	1,565	3,278	4,843	4,705	17,598	22,302

The type of material used for flooring is an indicator of socioeconomic status, and to some extent determines the household's vulnerability to exposure to disease-causing agents. Four in five households have a cement floor. Cow dung is more prevalent in rural than in urban areas (12 percent compared with less than 1 percent), while ceramic tiles are more often in urban than in rural households (10 percent compared with 3 percent).

Good-quality walls ensure that household members are protected from harsh weather conditions, and therefore exposure to hazardous factors. According to the 2006-07 SDHS, cement is the most often used material for outer walls (37 percent), followed by cement blocks (28 percent). Urban houses are much more likely than rural houses to have cement walls (52 percent compared with 30 percent).

The most common form of roofing for both rural and urban areas is corrugated iron (81 percent). Grass is the second most preferred type of roofing material and is almost exclusively used in rural areas (17 percent). Asbestos is used in 4 percent of households, mostly in urban areas. Tiles are also used as roofing material; they are used in 6 percent of households in urban areas and 2 percent of households in rural areas.

Congestion is an undesirable condition that can have adverse health effects. The number of rooms used for sleeping is therefore an indicator of the level of crowding. Most households have either one room (35 percent) or three rooms or more (35 percent) for sleeping. However, in terms of the population, more than half (51 percent) of all the people are living in households where there are three or more rooms for sleeping. One may conclude that overcrowding is not yet a problem in Swaziland.

Describing the cooking place as being indoors or outdoors is helpful in understanding the level of food exposure to harmful elements. Nine in ten households cook indoors, with 47 percent cooking in the house and 42 percent in a separate building. The latter is more common in rural areas (57 percent) compared than in urban areas (11 percent).

The type of fuel used for cooking may have a direct effect on people's health status, and is also an indicator of a household's socioeconomic status. Fifty-seven percent of households, or 72 percent of the population, use wood for cooking. There are marked differentials in cooking fuel between rural and urban households; 78 percent of rural households use wood, while 41 percent of urban households use electricity and 30 percent use gas. A significant proportion of households in urban areas (15 percent) use paraffin for cooking.

Windows are important for health reasons as they provide ventilation and light. The results of the 2006-07 SDHS show that most houses in Swaziland have some type of windows (96 percent); the proportion is lower in rural areas than in urban areas (95 percent compared with 99 percent). Glass and curtains are common in both urban and rural areas (86-96 percent). Wooden windows are more common in rural than in urban areas (15 percent compared with 6 percent).

Table 2.9 Type of windows

Percent distribution of households and de jure population using different types of windows, according to residence and region, Swaziland 2006-07

Type of windows	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Any windows	99.1	94.8	96.2	99.1	95.7	96.4
Windows with glass	96.1	87.5	90.3	96.4	89.5	90.9
Windows with screens	5.6	1.9	3.1	5.7	2.1	2.8
Windows with curtains	94.9	86.0	88.9	95.0	88.2	89.6
Wooden windows	5.7	14.5	11.6	5.9	15.8	13.7
Other windows	3.7	4.0	3.9	4.0	4.2	4.1
Number of households	1,565	3,278	4,843	4,705	17,598	22,302

## 2.5 HOUSEHOLD POSSESSIONS

The availability of durable consumer goods is a good indicator of a household's socioeconomic status. Moreover, each particular item has specific benefits. For instance, having access to a radio or a television exposes household members to innovative ideas; a refrigerator prolongs the wholesomeness of foods; and a means of transport allows greater access to many services away from the local area. Table 2.10 shows the availability of selected consumer goods by residence.

The most popular household effects are a watch/clock and a radio (each 77 percent). These items are available in urban areas and in rural areas. Stoves are also available in the majority of households—62 percent of households have a stove. One in three households has a TV set and a refrigerator. The majority of households in Swaziland have access to communication network, because 60 percent have access to a mobile phone.

The most common means of transportation is a car or truck (19 percent), followed by bicycle (10 percent). The use of a motorcycle/scooter, tractor, and animal-drawn cart is very limited.

Six in ten households in Swaziland own agricultural land. However, as expected, there is a significant variation between rural and urban households; 17 percent of urban households have agricultural land compared with 80 percent of rural households. This differential is also observed on ownership of farm animals; 74 percent of households in rural areas have farm animals compared with 9 percent in urban areas.

More than half (52 percent) of households reported a household member with a bank account. Access to formal monetary services varies by residence; 69 percent in urban areas compared with 43 percent in rural areas.

Table 2.10 Household possessions

Percentage of households and de jure population possessing various household effects, means of transportation, agricultural land and livestock/farm animals by residence, Swaziland 2006-07

Possession	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
<b>Household effects</b>						
Radio	82.1	73.7	76.5	84.0	75.7	77.4
Television	54.4	26.4	35.4	62.1	28.0	35.2
Mobile telephone	75.1	53.3	60.3	78.0	58.1	62.3
Non-mobile telephone	20.1	8.7	12.4	28.0	9.8	13.6
Refrigerator	51.1	26.4	34.4	58.8	28.4	34.8
Stove	87.8	49.7	62.0	88.4	49.8	57.9
Watch/clock	83.8	73.5	76.9	87.9	77.4	79.6
<b>Means of transport</b>						
Bicycle	9.4	9.5	9.5	12.4	10.9	11.2
Motorcycle/scooter	1.6	0.5	0.9	1.7	0.5	0.8
Animal drawn cart	0.3	2.9	2.1	0.2	4.3	3.4
Car/truck	24.5	15.6	18.5	32.2	17.1	20.3
Tractor	0.6	4.9	3.5	0.7	6.7	5.5
<b>Ownership of agricultural land</b>	16.5	79.5	59.1	21.6	86.1	72.5
<b>Ownership of farm animals<sup>1</sup></b>	8.8	74.2	53.1	15.2	84.3	69.7
<b>Household member with bank account</b>	69.3	43.3	51.7	72.4	44.6	50.4
Number	1,565	3,278	4,843	4,705	17,598	22,302

<sup>1</sup> Cattle, cows, bulls, horses, donkeys, mules, goats, sheep, or chickens

## 2.6 WEALTH INDEX

The wealth index is a background characteristic that is used throughout the report as a proxy for long-term standard of living of the household. It is based on the data on the household's ownership of consumer goods; dwelling characteristics; type of drinking water source; toilet facilities; and other characteristics that are related to a household's socioeconomic status. To construct the index, each of these assets was assigned a weight (factor score) generated through principal component analysis, and the resulting asset scores were standardized in relation to a standard normal distribution with a mean of zero and standard deviation of one (Gwatkin et al., 2000). Each household was then assigned a score for each asset, and the scores were summed for each household. Individuals were ranked according to the total score of the household in which they resided. The sample was then divided into quintiles from one (lowest) to five (highest). A single asset index was developed on the basis of data from the entire country sample and this index is used in all the tabulations presented.

Table 2.11 shows the distribution of the de jure household population into five wealth levels (quintiles) based on the wealth index by residence and region. This distribution indicates the degree to which wealth is evenly (or unevenly) distributed by geographic areas. Six in ten of the population residing in urban areas are from the richest quintile. On the other hand, half of rural residents are in the two poorest quintiles. In terms of households, 55 percent of households in the urban areas are in the highest quintile, compared with 13 percent of households in the rural areas.

Table 2.11 Wealth quintiles

Percent distribution of the de jure population and households by wealth quintiles, according to residence and region, Swaziland 2006-07

Residence/ region	Wealth quintile					Total	Number of population		
	Lowest	Second	Middle	Fourth	Highest				
POPULATION									
<b>Residence</b>									
Urban	1.3	3.5	11.1	25.9	58.2	100.0	4,705		
Rural	25.0	24.4	22.4	18.4	9.8	100.0	17,598		
<b>Region</b>									
Hhohho	15.2	18.2	21.2	20.3	25.1	100.0	5,830		
Manzini	10.9	19.1	19.3	24.2	26.6	100.0	6,900		
Shiselweni	26.8	22.8	23.8	19.0	7.6	100.0	5,121		
Lubombo	32.6	20.7	15.2	14.1	17.5	100.0	4,451		
Total	20.0	20.0	20.0	20.0	20.0	100.0	22,302		
HOUSEHOLD									
<b>Residence</b>									
Urban	0.9	2.7	11.5	29.9	55.0	100.0	1,565		
Rural	24.7	23.2	20.9	18.2	12.9	100.0	3,278		
<b>Region</b>									
Hhohho	12.2	14.9	18.9	23.2	30.7	100.0	1,370		
Manzini	9.4	14.6	17.4	26.0	32.5	100.0	1,537		
Shiselweni	26.3	21.9	21.9	19.3	10.7	100.0	931		
Lubombo	26.6	17.1	13.5	16.7	26.2	100.0	1,005		
Total	17.0	16.6	17.9	22.0	26.5	100.0	4,843		

Among the four regions, households in Manzini and Hhohho are more likely to fall in the highest wealth quintile than those living in the other regions. In these regions, the proportion of households or population increases with the wealth quintile. Hhohho has the most even distribution of wealth, which may be explained by the fact that this region houses the Government headquarters, where the income of civil servants and other professionals is relatively evenly distributed. On the other hand, the Shiselweni and Lubombo regions have the highest proportion of the population in the lowest wealth quintile (26-27 percent). In Shiselweni, the proportion of households or population decreases with an increase in the wealth quintile. Lubombo presents the most skewed distribution of wealth, with 53 percent of its population in the two poorest quintiles and 18 percent of the population in the highest quintile. The situation in Lubombo may be explained by the fact that the only significant economic activity in this region is the sugar industry.

## 2.7 BIRTH REGISTRATION

The registration of births is the inscription of the facts of the birth into an official log kept at the registrar's office. A birth certificate is issued at the time of registration or later as proof of the registration of the birth. Birth registration is basic to ensuring a child's legal status and, thus, basic rights and services (UNICEF, 2006; United Nations General Assembly, 2002). The registration of vital events in most developing countries is a function of a number of socioeconomic factors. Registration of births is mandatory in Swaziland. However, for most families this is delayed until such time as it may be needed as a requirement to start schooling. Not all children who are registered may have a birth certificate since some certificates may have been lost or were never issued. However, all children with a certificate have been registered.

Table 2.11 presents the percentage of children under five years of age whose births were officially registered and the percentage who had a birth certificate at the time of the survey. Overall, 30 percent of births in the past five years were registered and 20 percent had a birth certificate. Older children are more likely than younger children to have been registered; 35 percent of children age 2-4 years were registered compared with 22 percent of children under age 2. The SDHS reveals that there is no difference in birth registration according to sex. Children in urban areas are more likely to be registered and have a birth certificate than rural children (38 percent compared with 28 percent). According to administrative regions, Hhohho has the highest proportion of registered births (35 percent), followed by Manzini (31 percent), and Shiselweni (28 percent). Lubombo has the lowest birth registration coverage (24 percent). Coverage of birth registration increases with wealth status; it ranges from 18 percent for children in the lowest wealth quintile to 50 percent for children in the highest wealth quintile.

**Table 2.12 Birth registration of children under age five**

Percentage of de jure children under five years of age whose births are registered with the civil authorities, according to background characteristics, Swaziland 2006-07

Background characteristic	Percentage of children whose births are registered			
	Had a birth certificate	Did not have a birth certificate	Total registered	Number of children
<b>Age</b>				
<2	11.7	10.0	21.6	1,265
2-4	25.4	9.8	35.1	1,953
<b>Sex</b>				
Male	19.9	9.9	29.8	1,600
Female	20.1	9.7	29.8	1,618
<b>Residence</b>				
Urban	29.2	8.9	38.1	555
Rural	18.1	10.0	28.1	2,664
<b>Region</b>				
Hhohho	24.9	10.1	35.0	835
Manzini	22.2	8.3	30.5	966
Shiselweni	16.5	11.5	28.0	779
Lubombo	14.5	9.8	24.3	638
<b>Wealth quintile</b>				
Lowest	8.9	8.9	17.7	745
Second	13.9	10.8	24.7	754
Middle	21.4	10.1	31.5	627
Fourth	22.1	10.8	32.8	601
Highest	41.8	8.4	50.2	491
Total	20.0	9.8	29.8	3,219

# CHARACTERISTICS OF RESPONDENTS

*Henry Ginindza and Petronella Mamba*

This chapter provides a profile of the respondents who were interviewed in the 2006-07 Swaziland DHS, including youth age 12-14, men and women age 15-49, and older adults age 50 and older. First, information is presented on a number of basic characteristics including age at the time of the survey, religion, marital status, residence, education, literacy, and media access. Then, the chapter explores adults' employment status, occupation, and earnings. An analysis of these variables provides the socioeconomic context within which demographic and reproductive health issues are examined in the subsequent chapters.

## 3.1 CHARACTERISTICS OF SURVEY RESPONDENTS

Table 3.1.1 presents the distribution of women and men age 15-49 by age, religion, marital status, urban-rural residence, region, education level, and wealth quintile. For both sexes, the proportion in each age group tends to decrease with increasing age. A high proportion of the respondents are young adults age 15-24 (47 percent of women and 53 percent of men). The majority of respondents are Zionists (37 percent each of women and men). One in four women and 18 percent of men are Protestants. A large proportion of men reported no religion.

Half of women have never been married, compared with 66 percent of men. Thirty-two percent of women and 23 percent of men are currently married. Ten percent of women and 6 percent of men are living together with their partners, 3 percent of women and 4 percent of men are divorced or separated, and 6 percent of women and 1 percent of men are widowed. Women and men are distributed almost equally by urban-rural residence and across regions.

Women are as likely as men to have no education. However, men are slightly more likely than women to have reached higher education levels. For instance, 21 percent of men have attended high school compared with 18 percent of women. Overall, slightly over 50 percent of the population have attained secondary education and above.

Table 3.1.2 shows the background characteristics of the 465 girls and 409 boys age 12-14 interviewed in the survey. The boys and girls are almost evenly distributed by age. About 88 percent of these boys and girls live in rural areas. Between 24-29 percent of boys and girls live in the Hhohho, Manzini, or Shiselweni regions, and only 20-21 percent live in the Lubombo region.

The distribution of the respondents by education is skewed, because of the small numbers of boys and girls age 12-14 who have no education and who have secondary or higher education. While girls age 12-14 are less likely than boys to be in lower primary school (28 percent of girls compared with 43 percent of boys), they are more likely than boys of the same age to attend higher primary school (61 percent of girls compared with 50 percent of boys).

Table 3.1.3 shows the distribution of women and men age 50 and older who were interviewed in the survey. It is interesting to note that 59 percent of women and 56 percent of men are 60 years or older. As in the case of younger populations, 87 percent of women and 82 percent of men live in the rural areas. Also, three in ten each of women and men are in Manzini, between 22-29 percent of women and men are in Hhohho and Shiselweni, and 19 percent or less are in Lubombo. Education among older adults is limited; 41 percent of women and 38 percent of men in this age group have had no education.

Table 3.1.1 Background characteristics of respondents: Women and men 15-49

Percent distribution of women and men age 15-49 by selected background characteristics, Swaziland 2006-07

Background characteristic	Women			Men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
<b>Age</b>						
15-19	25.5	1,274	1,265	31.8	1,323	1,257
20-24	21.0	1,046	1,027	21.3	886	878
25-29	14.6	729	732	15.0	624	639
30-34	12.3	616	630	10.4	431	449
35-39	10.1	503	508	8.8	367	395
40-44	8.8	438	442	6.5	269	284
45-49	7.7	383	383	6.2	256	254
<b>Religion</b>						
Charismatic	17.8	887	898	10.8	448	443
Protestant	24.1	1,203	1,191	17.8	741	752
Roman Catholic	4.7	232	244	5.1	212	205
Pentecostal	3.8	191	195	2.4	99	103
Zionist	36.7	1,832	1,820	37.1	1,542	1,533
Apostolic Sect	7.3	365	356	6.1	252	248
None	4.0	197	203	18.7	775	780
Other	1.5	76	77	2.0	86	90
<b>Marital status</b>						
Never married	49.9	2,487	2,486	65.8	2,734	2,680
Married	31.9	1,589	1,581	23.3	970	1,032
Living together	9.5	473	488	6.0	249	249
Divorced/separated	3.2	161	159	3.5	145	141
Widowed	5.6	277	273	1.4	58	54
<b>Residence</b>						
Urban	26.7	1,330	1,544	28.4	1,181	1,441
Rural	73.3	3,657	3,443	71.6	2,975	2,715
<b>Region</b>						
Hhohho	26.9	1,340	1,263	26.5	1,099	1,019
Manzini	33.0	1,647	1,475	32.5	1,349	1,186
Shiselweni	20.7	1,033	1,083	20.3	843	838
Lubombo	19.4	966	1,166	20.8	865	1,113
<b>Education</b>						
No education	8.1	402	413	7.6	316	332
Lower primary	7.2	360	374	11.3	470	457
Higher primary	25.4	1,268	1,262	23.6	980	971
Secondary	33.9	1,693	1,647	28.6	1,191	1,180
High school	17.9	894	894	20.5	852	838
Tertiary	7.4	370	397	8.3	347	378
<b>Wealth quintile</b>						
Lowest	15.7	785	778	14.5	601	585
Second	17.3	862	857	16.0	665	639
Middle	19.4	968	934	20.6	856	787
Fourth	22.3	1,111	1,059	22.9	953	922
Highest	25.3	1,262	1,359	26.0	1,081	1,223
Total 15-49	100.0	4,987	4,987	100.0	4,156	4,156

Note: Education categories refer to the highest level of education attended, whether or not that level was completed. Total includes three women and two men with information missing on religion.

Table 3.1.2 Background characteristics of respondents: Youth age 12-14

Percent distribution of girls and boys age 12-14 by selected background characteristics, Swaziland 2006-07

Background characteristic	Girls age 12-14			Boys age 12-14		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
<b>Age</b>						
12	31.3	146	152	33.8	138	139
13	33.1	154	146	31.9	130	130
14	35.5	165	161	34.3	140	142
<b>Residence</b>						
Urban	12.2	57	75	11.7	48	55
Rural	87.8	408	384	88.3	361	356
<b>Region</b>						
Hhohho	25.2	117	113	27.1	111	110
Manzini	29.5	137	130	28.7	117	112
Shiselweni	24.8	116	110	23.9	98	95
Lubombo	20.5	95	106	20.2	83	94
<b>Education</b>						
No education	*	7	9	*	13	13
Lower primary	27.7	129	125	42.6	174	176
Higher primary	60.6	282	280	49.5	202	201
Secondary +	(10.2)	47	45	*	20	21
Total 12-14	100.0	465	459	100.0	409	411

Note: Education categories refer to the highest level of education attended, whether or not that level was completed. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases.

Table 3.1.3 Background characteristics of respondents: Older adults age 50+

Percent distribution of women and men age 50 and over by selected background characteristics, Swaziland 2006-07

Background characteristic	Women age 50+			Men age 50+		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
<b>Age</b>						
50-54	24.6	164	164	26.0	116	126
55-59	16.8	112	111	18.0	80	87
60+	58.7	392	386	56.0	249	243
<b>Residence</b>						
Urban	12.9	86	104	17.7	79	96
Rural	87.1	583	557	82.3	365	360
<b>Region</b>						
Hhohho	25.0	167	158	28.6	127	125
Manzini	31.3	209	193	30.6	136	133
Shiselweni	27.8	186	186	22.0	98	100
Lubombo	15.9	107	124	18.9	84	98
<b>Education</b>						
No education	41.4	277	275	38.4	171	175
Lower primary	22.5	151	141	18.1	80	80
Higher primary	22.2	149	147	19.2	85	84
Secondary	9.0	60	60	13.5	60	63
High school +	(1.0)	31	37	3.1	47	53
Total 50+	100.0	669	661	100.0	444	456

Note: Education categories refer to the highest level of education attended, whether or not that level was completed. Figure in parentheses is based on 25-49 unweighted cases.

### 3.2 EDUCATIONAL ATTAINMENT BY BACKGROUND CHARACTERISTICS

Tables 3.2.1 and 3.2.2 present an overview of the relationship between the respondent's level of education and other background characteristics. Table 3.2.1 shows that younger people are better educated than older people; while 19 percent of women age 15-24 have attended high school, the corresponding proportion for women age 45-49 is only 5 percent. Urban women, women in Manzini and Hhohho, and women in the highest wealth quintile are better educated than other women. Among urban women, 24 percent have completed secondary education compared with 16 percent of their rural counterparts. Also, women in urban areas are four times more likely to have attained tertiary education (16 percent) compared with women in rural areas (4 percent). Across regions, women in Lubombo are the least educated.

Table 3.2.1 Educational attainment by background characteristics: Women 15-49

Percent distribution of women age 15-49 by highest level of schooling attended or completed, and median years completed, according to background characteristics, Swaziland 2006-07

Background characteristic	Highest educational level						Median years completed	Number of women
	No education	Lower primary	Higher primary	Secondary	High school	Tertiary		
<b>Age</b>								
15-24	3.7	6.0	27.4	41.9	18.6	2.4	100.0	7.9
15-19	2.1	6.5	33.4	45.2	12.3	0.5	100.0	7.5
20-24	5.6	5.3	20.2	37.9	26.2	4.8	100.0	8.6
25-29	7.1	5.0	19.7	28.0	28.7	11.5	100.0	9.0
30-34	8.5	6.2	23.7	28.8	19.6	13.3	100.0	8.6
35-39	10.9	10.7	24.8	27.1	12.9	13.7	100.0	7.8
40-44	16.5	11.8	25.1	25.3	10.9	10.4	100.0	6.6
45-49	22.4	11.0	28.3	24.2	5.4	8.6	100.0	6.0
<b>Residence</b>								
Urban	5.1	3.9	17.5	32.7	24.4	16.4	100.0	9.3
Rural	9.2	8.4	28.3	34.4	15.6	4.2	100.0	7.4
<b>Region</b>								
Hhohho	8.1	5.7	23.4	35.9	17.4	9.5	100.0	8.3
Manzini	5.1	5.5	24.5	34.1	21.3	9.5	100.0	8.5
Shiselweni	5.9	7.0	28.3	36.2	18.5	4.2	100.0	7.8
Lubombo	15.4	12.5	26.8	28.6	12.4	4.4	100.0	6.5
<b>Wealth quintile</b>								
Lowest	18.9	18.1	33.5	22.5	7.0	0.0	100.0	5.4
Second	13.2	10.2	33.3	32.0	10.8	0.5	100.0	6.5
Middle	5.8	6.8	31.7	38.4	15.9	1.3	100.0	7.5
Fourth	4.6	3.7	21.8	42.4	23.9	3.7	100.0	8.7
Highest	2.6	1.8	13.4	31.5	26.0	24.7	100.0	10.1
Total	8.1	7.2	25.4	33.9	17.9	7.4	100.0	8.0

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.

Table 3.2.2 shows that the pattern for men is similar to that for women. For example, urban men, men in Manzini and Hhohho, and men in the highest wealth quintile are also better educated than other men. The median years of schooling completed for women and men is also similar—8.0 years for women and 7.9 years for men.

Table 3.2.2 Educational attainment by background characteristics: Men 15-49

Percent distribution of women age 15-49 by highest level of schooling attended or completed, and median years completed, according to background characteristics, Swaziland 2006-07

Background characteristic	Highest educational level						Median years completed	Number of men
	No education	Lower primary	Higher primary	Secondary	High school	Tertiary		
<b>Age</b>								
15-24	3.7	12.7	28.5	34.4	18.4	2.4	100.0	7.5
15-19	3.2	14.5	34.8	37.3	10.0	0.2	100.0	6.8
20-24	4.3	9.9	19.1	30.0	30.9	5.7	100.0	8.7
25-29	8.2	6.8	16.9	27.6	29.8	10.7	100.0	9.0
30-34	8.2	12.0	16.8	16.3	32.6	14.1	100.0	9.6
35-39	12.2	11.6	19.3	22.1	14.9	20.0	100.0	8.2
40-44	18.1	8.4	19.5	20.6	12.8	20.7	100.0	8.1
45-49	21.9	11.8	19.4	20.2	12.2	14.4	100.0	6.6
<b>Residence</b>								
Urban	6.2	6.2	15.1	27.1	27.2	18.1	100.0	9.5
Rural	8.2	13.3	27.0	29.3	17.8	4.5	100.0	7.2
<b>Region</b>								
Hhohho	8.5	8.6	20.6	30.9	21.8	9.6	100.0	8.4
Manzini	5.2	8.2	23.0	28.0	24.2	11.4	100.0	8.5
Shiselweni	5.6	14.6	25.9	31.2	19.0	3.6	100.0	7.4
Lubombo	12.2	16.5	25.9	24.3	14.5	6.6	100.0	6.4
<b>Wealth quintile</b>								
Lowest	17.5	25.1	32.7	18.3	6.4	0.0	100.0	4.7
Second	8.7	14.2	31.7	31.1	14.0	0.3	100.0	6.6
Middle	6.0	12.9	29.7	32.9	17.1	1.4	100.0	7.1
Fourth	5.9	8.1	21.4	33.6	25.2	5.7	100.0	8.4
Highest	4.2	3.3	10.7	25.2	30.8	25.7	100.0	11.0
Total 15-49	7.6	11.3	23.6	28.6	20.5	8.3	100.0	7.9

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.

### 3.3 LITERACY

The ability to read and write is an important personal asset, allowing individuals increased opportunities in life. Knowing the distribution of the literate population can facilitate programme managers, especially in health and family planning, in designing messages to reach women and men. The 2006-07 SDHS assessed the ability to read among women and men who had never been to school or who had attended only the primary level by asking respondents to read a simple and short sentence.<sup>2</sup> Tables 3.3.1 and 3.3.2 show the percent distribution of female and male respondents, by level of literacy and percent literate according to background characteristics.

Overall, 91 percent of Swazi women age 15-49 are literate. Six in ten women have attended secondary or higher education and among those who have no education or had attended or are attending primary school, 32 percent can read a whole sentence or part of a sentence. Younger women, women in urban areas, and those who are in the highest wealth quintile are more likely to be literate than other women. The literacy rate is lowest among women in Lubombo.

Table 3.3.2 shows that the pattern for men is similar to that for women. For example, literacy rates are higher for younger men, urban men, and men in the highest wealth quintile than for other men. Across regions, men in Lubombo also have the lowest literacy rate.

<sup>2</sup> The sentence is: “The radio programme on health issues is brought to you by Muhle Dlamini.”

**Table 3.3.1 Literacy: Women 15-49**

Percent distribution of women age 15-49 by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, Swaziland 2006-07

Background characteristic	Secondary school or higher	No schooling or primary school					Percentage literate <sup>1</sup>	Number
		Can read a whole sentence	Can read part of a sentence	Cannot read at all	Blind/visually impaired	Missing		
<b>Age</b>								
15-19	58.0	33.0	4.7	3.4	0.0	0.9	100.0	95.7 1,274
20-24	68.9	20.0	4.3	6.4	0.1	0.4	100.0	93.2 1,046
25-29	68.2	18.2	5.5	7.5	0.2	0.5	100.0	91.9 729
30-34	61.6	24.1	6.6	6.7	0.1	0.9	100.0	92.3 616
35-39	53.7	26.4	9.6	9.8	0.2	0.3	100.0	89.7 503
40-44	46.6	29.3	8.2	15.5	0.2	0.2	100.0	84.1 438
45-49	38.3	30.5	10.5	18.3	1.9	0.4	100.0	79.4 383
<b>Residence</b>								
Urban	73.5	16.2	4.4	4.9	0.0	1.1	100.0	94.0 1,330
Rural	54.1	29.3	6.9	9.0	0.3	0.4	100.0	90.3 3,657
<b>Region</b>								
Hhohho	62.8	23.0	6.8	7.0	0.0	0.4	100.0	92.6 1,340
Manzini	64.9	23.6	5.0	5.3	0.2	1.1	100.0	93.5 1,647
Shiselweni	58.9	28.0	5.9	6.1	0.8	0.2	100.0	92.8 1,033
Lubombo	45.3	31.2	7.8	15.3	0.2	0.2	100.0	84.3 966
<b>Wealth quintile</b>								
Lowest	29.5	36.3	12.8	20.9	0.1	0.3	100.0	78.6 785
Second	43.3	35.8	8.1	11.5	0.9	0.4	100.0	87.2 862
Middle	55.6	31.2	6.3	5.7	0.3	0.8	100.0	93.1 968
Fourth	70.0	21.6	3.7	4.3	0.1	0.3	100.0	95.3 1,111
Highest	82.2	12.0	2.9	2.1	0.0	0.8	100.0	97.1 1,262
Total	59.3	25.8	6.2	7.9	0.3	0.6	100.0	91.3 4,987

<sup>1</sup> Refers to women who attended secondary school or higher and women who can read a whole sentence or part of a sentence

**Table 3.3.2 Literacy: Men 15-49**

Percent distribution of men age 15-49 by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, Swaziland 2006-07

Background characteristic	Secondary school or higher	No schooling or primary school					Percentage literate <sup>1</sup>	Number
		Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language	Blind/visually impaired		
<b>Age</b>								
15-19	47.5	34.5	8.6	8.9	0.1	0.1	0.4	100.0 90.5 1,323
20-24	66.6	17.3	7.3	8.0	0.3	0.0	0.4	100.0 91.3 886
25-29	68.1	17.2	7.0	7.0	0.3	0.1	0.2	100.0 92.3 624
30-34	63.0	19.4	7.9	9.3	0.0	0.2	0.3	100.0 90.2 431
35-39	57.0	22.6	10.0	10.0	0.0	0.0	0.4	100.0 89.6 367
40-44	54.0	19.8	8.7	17.0	0.5	0.0	0.0	100.0 82.5 269
45-49	46.9	21.5	11.1	19.1	0.0	0.8	0.6	100.0 79.5 256
<b>Residence</b>								
Urban	72.5	15.3	5.3	6.6	0.2	0.0	0.1	100.0 93.2 1,181
Rural	51.5	27.3	9.5	10.9	0.2	0.2	0.5	100.0 88.3 2,975
<b>Region</b>								
Hhohho	62.3	21.0	8.3	7.8	0.1	0.2	0.3	100.0 91.6 1,099
Manzini	63.6	20.8	6.3	8.5	0.3	0.2	0.3	100.0 90.7 1,349
Shiselweni	53.8	26.5	10.3	9.0	0.0	0.0	0.3	100.0 90.6 843
Lubombo	45.4	29.7	9.4	14.7	0.2	0.0	0.5	100.0 84.5 865
<b>Wealth quintile</b>								
Lowest	24.7	39.8	12.7	21.6	0.1	0.1	0.8	100.0 77.3 601
Second	45.4	32.3	9.6	11.9	0.2	0.3	0.4	100.0 87.3 665
Middle	51.4	28.0	10.2	9.9	0.2	0.1	0.1	100.0 89.6 856
Fourth	64.6	19.0	8.0	7.5	0.2	0.1	0.7	100.0 91.5 953
Highest	81.7	10.8	3.8	3.5	0.1	0.0	0.0	100.0 96.4 1,081
Total 15-49	57.5	23.9	8.3	9.7	0.2	0.1	0.4	100.0 89.6 4,156

<sup>1</sup> Refers to men who attended secondary school or higher and men who can read a whole sentence or part of a sentence

The 2006-07 SDHS also assessed literacy among youth age 12-14 and older adults age 50 and older. Table 3.3.3 shows the extent of literacy among children age 12-14. Overall, 97 percent of girls age 12-14 and 88 percent of boys of the same age are literate. For both girls and boys, there are virtually no differences in literacy level across age, urban-rural residence, and region.

Table 3.3.3 Literacy: Youth age 12-14

Percent distribution of girls and boys age 12-14 by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, Swaziland 2006-07

Background characteristic	Secondary school or higher	No schooling or primary school					Total	Percentage literate <sup>1</sup>	Number				
		Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language	Missing							
<b>GIRLS AGE 12-14</b>													
<b>Age</b>													
12	0.6	75.0	21.3	3.1	0.0	0.0	100.0	96.9	146				
13	7.8	79.9	8.7	3.0	0.0	0.6	100.0	96.4	154				
14	20.8	68.8	7.2	2.8	0.0	0.5	100.0	96.8	165				
<b>Residence</b>													
Urban	21.2	74.0	2.9	0.6	0.0	1.3	100.0	98.1	57				
Rural	8.6	74.5	13.4	3.3	0.0	0.2	100.0	96.5	408				
<b>Region</b>													
Hhohho	7.8	79.1	9.8	3.4	0.0	0.0	100.0	96.6	117				
Manzini	13.4	71.7	13.4	0.9	0.0	0.5	100.0	98.5	137				
Shiselweni	10.4	69.8	17.6	2.2	0.0	0.0	100.0	97.8	116				
Lubombo	8.1	78.2	6.4	6.3	0.0	1.0	100.0	92.7	95				
Total 12-14	10.2	74.4	12.1	3.0	0.0	0.4	100.0	96.7	465				
<b>BOYS AGE 12-14</b>													
<b>Age</b>													
12	0.0	65.5	16.1	17.8	0.6	0.0	100.0	81.6	138				
13	3.9	74.5	14.5	7.1	0.0	0.0	100.0	92.9	130				
14	10.5	63.7	14.5	10.6	0.0	0.7	100.0	88.7	140				
<b>Residence</b>													
Urban	8.6	66.7	11.8	12.9	0.0	0.0	100.0	87.1	48				
Rural	4.4	67.9	15.5	11.8	0.2	0.3	100.0	87.7	361				
<b>Region</b>													
Hhohho	2.2	67.4	16.1	13.4	0.0	0.8	100.0	85.8	111				
Manzini	3.9	71.9	13.2	11.1	0.0	0.0	100.0	88.9	117				
Shiselweni	8.1	67.4	18.5	5.1	0.9	0.0	100.0	94.0	98				
Lubombo	5.9	62.7	12.1	19.2	0.0	0.0	100.0	80.8	83				
Total 12-14	4.9	67.7	15.0	11.9	0.2	0.2	100.0	87.6	409				

<sup>1</sup> Refers to girls and boys who attended secondary school or higher and those who can read a whole sentence or part of a sentence

Table 3.3.4 shows the extent of literacy among older adults age 50 and older. In this age group, men are more likely than women to be literate (61 percent compared with 51 percent, respectively). As is the case with the population under age 50, among older adults age 50 and older, those who are younger, living in urban areas, and in the highest wealth quintile are more likely to be literate than other respondents. The literacy rate is lowest among women age 50 and older in Lubombo (36 percent) and men age 50 and older in Shiselweni (55 percent).

Table 3.3.4 Literacy: Older adults age 50+

Percent distribution of women and men age 50+ by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, Swaziland 2006-07

Background characteristic	Secondary school or higher	No schooling or primary school						Total	Percentage literate <sup>1</sup>	Number				
		Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language	Blind/visually impaired	Missing							
WOMEN AGE 50+														
<b>Age</b>														
50-54	22.1	30.1	15.6	26.9	0.8	3.9	0.6	100.0	67.9	164				
55-59	26.2	31.6	13.4	24.2	0.0	4.5	0.0	100.0	71.3	112				
60+	6.5	15.4	16.4	49.5	0.0	12.2	0.0	100.0	38.3	392				
<b>Residence</b>														
Urban	34.8	34.7	12.5	14.0	0.0	3.9	0.0	100.0	82.1	86				
Rural	10.5	19.8	16.2	43.5	0.2	9.6	0.2	100.0	46.5	583				
<b>Region</b>														
Hhohho	16.9	26.1	12.5	36.5	0.7	6.7	0.5	100.0	55.5	167				
Manzini	18.3	21.1	21.2	33.0	0.0	6.5	0.0	100.0	60.5	209				
Shiselweni	9.0	21.4	15.1	39.9	0.0	14.7	0.0	100.0	45.5	186				
Lubombo	7.5	16.8	11.2	57.6	0.0	6.9	0.0	100.0	35.5	107				
Total 50+	13.6	21.7	15.7	39.7	0.2	8.9	0.1	100.0	51.1	669				
MEN AGE 50+														
<b>Age</b>														
50-54	43.4	17.1	12.6	20.3	0.9	4.9	0.8	100.0	73.1	116				
55-59	31.1	27.9	17.0	17.3	0.0	6.7	0.0	100.0	76.0	80				
60+	12.8	21.3	16.6	40.6	0.0	8.4	0.3	100.0	50.7	249				
<b>Residence</b>														
Urban	51.9	22.8	13.3	7.9	0.0	4.1	0.0	100.0	88.0	79				
Rural	18.0	21.1	16.1	36.2	0.3	7.9	0.4	100.0	55.2	365				
<b>Region</b>														
Hhohho	25.2	17.6	17.2	34.2	0.0	5.2	0.7	100.0	59.9	127				
Manzini	34.0	18.3	14.0	22.9	0.8	10.1	0.0	100.0	66.2	136				
Shiselweni	14.6	23.3	16.8	36.7	0.0	8.6	0.0	100.0	54.7	98				
Lubombo	17.3	29.9	14.6	33.3	0.0	4.0	0.9	100.0	61.8	84				
Total 50+	24.0	21.4	15.6	31.2	0.2	7.2	0.4	100.0	61.0	444				

<sup>1</sup> Refers to women and men who attended secondary school or higher and those who can read a whole sentence or part of a sentence

### 3.4 ACCESS TO MASS MEDIA

Information access is essential in increasing people's knowledge and awareness of what is taking place around them, which may eventually affect their perceptions and behaviour. It is important to know the types of persons who are more or less likely to be reached by the media for purposes of planning programmes intended to spread information about health and family planning. In the survey, exposure to the media was assessed by asking how often a respondent reads a newspaper, watches television, or listens to a radio. Tables 3.4.1 to 3.4.4 show the percentage of females, males, youth, and older adults who were exposed to different types of media at least once a week by age, urban-rural residence, region, level of education, and wealth quintile.

Table 3.4.1 Exposure to mass media: Women 15-49

Percentage of women age 15-49 who are exposed to specific media on a weekly basis, by background characteristics, Swaziland 2006-07

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media at least once a week	No media at least once a week	Number
<b>Age</b>						
15-19	60.8	37.9	77.1	25.6	10.6	1,274
20-24	51.5	40.0	73.2	22.5	14.7	1,046
25-29	50.9	38.4	74.1	25.6	14.7	729
30-34	51.6	41.1	75.6	24.1	13.1	616
35-39	46.5	36.8	71.8	21.9	17.1	503
40-44	46.0	32.7	74.7	19.9	15.8	438
45-49	36.7	28.1	71.2	15.7	22.2	383
<b>Residence</b>						
Urban	63.9	57.4	75.5	36.0	9.3	1,330
Rural	47.2	30.3	74.1	18.4	16.2	3,657
<b>Region</b>						
Hhohho	57.1	42.2	77.2	27.2	11.6	1,340
Manzini	57.7	41.9	75.0	25.9	12.2	1,647
Shiselweni	42.4	30.4	73.1	18.2	17.3	1,033
Lubombo	43.7	31.0	71.2	18.0	18.8	966
<b>Education</b>						
No education	4.9	12.2	58.8	1.0	38.6	402
Lower primary	20.3	17.1	67.8	5.6	26.1	360
Higher primary	36.3	24.0	70.7	10.2	19.7	1,268
Secondary	59.5	40.2	79.3	26.0	9.8	1,693
High school	75.7	51.6	79.0	36.7	5.5	894
Tertiary	91.9	85.1	78.1	62.4	0.6	370
<b>Wealth quintile</b>						
Lowest	25.1	5.1	55.7	1.5	36.3	785
Second	35.1	9.5	69.8	4.3	21.2	862
Middle	48.4	18.3	75.8	9.7	14.2	968
Fourth	58.9	46.5	83.2	28.2	7.6	1,111
Highest	75.6	83.6	80.7	55.2	2.2	1,262
Total	51.7	37.5	74.5	23.1	14.4	4,987

Tables 3.4.1 and 3.4.2 show that in general, men are more exposed to mass media than women. The most popular mass media is radio broadcast, with 75 percent of women and 83 percent of men listening to the radio at least once a week. The next most accessed media is newspaper, with 52 percent of women and 61 percent of men reading a newspaper at least once a week. Thirty-eight percent of women and 45 percent of men watch television at least once a week. Overall, only 23 percent of women and 31 percent of men have access to all three types of media. Further, 14 percent of women and 7 percent of men have no contact with any media at any time of the week.

Younger women and men, those who live in urban areas, and those who live in Hhohho and Manzini are more likely to be exposed to mass media than other respondents. Access to mass media increases with education and wealth.

**Table 3.4.2 Exposure to mass media: Men 15-49**

Percentage of men age 15-49 who are exposed to specific media on a weekly basis, by background characteristics, Swaziland 2006-07

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media at least once a week	No media at least once a week	Number
<b>Age</b>						
15-19	59.0	42.5	82.5	26.5	6.4	1,323
20-24	63.3	46.6	81.9	30.7	6.7	886
25-29	66.4	46.7	85.6	32.0	5.1	624
30-34	63.5	51.8	86.0	39.0	4.8	431
35-39	58.4	43.1	82.7	30.9	8.9	367
40-44	55.8	44.3	83.0	33.0	10.2	269
45-49	53.2	40.9	78.9	31.9	15.0	256
<b>Residence</b>						
Urban	74.8	60.8	81.7	45.1	4.4	1,181
Rural	55.4	38.8	83.6	25.0	8.2	2,975
<b>Region</b>						
Hhohho	65.4	45.6	83.4	33.2	6.0	1,099
Manzini	67.2	49.6	82.9	35.0	6.5	1,349
Shiselweni	50.9	40.9	85.0	25.5	7.9	843
Lubombo	55.0	41.2	80.9	25.8	8.6	865
<b>Education</b>						
No education	8.0	21.9	74.7	3.1	21.7	316
Lower primary	21.5	25.7	80.3	7.5	15.5	470
Higher primary	47.4	32.9	83.1	17.5	9.1	980
Secondary	72.7	46.4	84.9	34.2	4.3	1,191
High school	86.9	60.1	85.8	49.2	1.3	852
Tertiary	95.9	84.9	80.9	66.9	0.7	347
<b>Wealth quintile</b>						
Lowest	31.9	15.5	77.6	8.2	17.5	601
Second	50.4	24.6	80.4	14.5	9.7	665
Middle	56.0	29.2	86.7	17.3	6.6	856
Fourth	65.5	50.1	84.2	32.6	5.5	953
Highest	83.2	82.2	83.7	62.0	1.5	1,081
Total 15-49	60.9	45.0	83.0	30.7	7.1	4,156

Table 3.4.3 shows the exposure to mass media among girls and boys age 12-14 interviewed in the survey. As in the case for women and men age 15-49, radio is the most popular media (60 percent of girls and 71 percent of boys). Overall, only 14 percent of girls age 12-14 and 15 percent of boys age 12-14 have access to all three types of media. In contrast, 19 percent of girls age 12-14 and 16 percent of boys age 12-14 have no contact with any media at least once a week.

The pattern of exposure to mass media for youth age 12-14 is similar to that of women and men age 15-49. Younger girls and boys, those who live in urban areas, and those who live in Hhohho and Manzini are more likely to be exposed to mass media than other respondents. Access to mass media increases with education.

Table 3.4.3 Exposure to mass media: Youth age 12-14

Percentage of girls and boys age 12-14 who are exposed to specific media on a weekly basis, by background characteristics, Swaziland 2006-07

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media at least once a week	No media at least once a week	Number
<b>GIRLS AGE 12-14</b>						
<b>Age</b>						
12	48.5	30.5	63.5	14.3	15.3	146
13	48.2	29.0	67.4	11.1	18.3	154
14	47.7	36.1	50.5	14.9	22.1	165
<b>Residence</b>						
Urban	43.8	63.4	49.3	19.0	13.5	57
Rural	48.7	27.6	61.7	12.7	19.5	408
<b>Region</b>						
Hhohho	50.2	33.9	63.8	10.6	10.7	117
Manzini	54.0	33.6	55.3	16.5	20.2	137
Shiselweni	48.1	30.3	59.4	13.8	22.0	116
Lubombo	37.1	29.3	63.9	12.2	22.6	95
<b>Education</b>						
No education	*	*	*	*	*	7
Lower primary	39.9	17.4	62.7	8.5	24.0	129
Higher primary	60.9	36.9	70.1	18.3	9.4	282
Secondary +	(0.0)	(46.7)	(0.0)	(0.0)	(53.3)	47
Total 12-14	48.1	32.0	60.2	13.5	18.7	465
<b>BOYS AGE 12-14</b>						
<b>Age</b>						
12	42.5	31.6	76.8	16.8	14.6	138
13	41.6	32.4	67.8	14.5	19.2	130
14	34.0	37.7	67.5	12.4	15.4	140
<b>Residence</b>						
Urban	(55.3)	(71.4)	(79.7)	(41.9)	(8.8)	48
Rural	37.2	29.0	69.6	11.0	17.3	361
<b>Region</b>						
Hhohho	41.0	26.0	75.3	12.8	16.5	111
Manzini	53.7	36.8	69.4	20.9	13.9	117
Shiselweni	25.7	39.6	67.0	13.7	19.3	98
Lubombo	32.4	33.9	71.0	9.1	16.1	83
<b>Education</b>						
No education	*	*	*	*	*	13
Lower primary	35.0	26.1	71.2	8.3	18.7	174
Higher primary	48.8	37.8	78.5	22.3	12.4	202
Secondary +	*	*	*	*	*	20
Total 12-14	39.3	33.9	70.8	14.6	16.3	409

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases.

Table 3.4.4 presents the exposure to mass media among older adults age 50 and older interviewed in the survey. As in the case of younger respondents, radio is the most popular media (60 percent of women and 77 percent of men). Overall, only 9 percent of women and 14 percent of men age 50 and older have access to all three types of media. In addition, 35 percent of women and 20 percent of men age 50 and older have no contact with any media at any time of the week.

The pattern of exposure to mass media for older adults is similar to that of younger women and men, except there is no clear pattern by age. Women and men who live in urban areas and those who live in Hhohho and Manzini are more likely to be exposed to mass media than other respondents. Access to mass media increases with education.

Table 3.4.4 Exposure to mass media: Older adults age 50+

Percentage of women and men age 50+ who are exposed to specific media on a weekly basis, by background characteristics, Swaziland 2006-07

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media at least once a week	No media at least once a week	Number
<b>WOMEN AGE 50+</b>						
<b>Age</b>						
50-54	14.7	14.8	53.4	3.7	40.8	254
55-59	22.2	28.8	63.3	11.9	30.7	233
60+	23.1	19.4	62.6	12.1	31.3	179
<b>Residence</b>						
Urban	40.2	53.6	71.1	22.9	14.7	86
Rural	16.6	16.2	57.8	6.9	37.5	583
<b>Region</b>						
Hhohho	25.1	28.9	64.3	13.9	29.2	167
Manzini	23.0	24.5	64.2	11.0	31.2	209
Shiselweni	12.8	12.5	54.6	3.9	40.0	186
Lubombo	16.7	16.8	51.2	6.0	40.2	107
<b>Education</b>						
No education	3.7	12.0	50.0	1.5	45.8	277
Lower primary	13.7	10.7	52.2	0.8	42.2	151
Higher primary	25.1	23.4	68.1	6.1	24.1	149
Secondary	61.5	47.9	89.9	41.0	5.6	60
High school +	(85.2)	(89.7)	(81.3)	(66.8)	2.0	31
Total 50+	19.7	21.0	59.5	9.0	34.6	669
<b>MEN AGE 50+</b>						
<b>Age</b>						
50-54	25.4	19.5	77.5	11.3	19.0	165
55-59	30.2	33.0	75.8	16.1	18.7	174
60+	30.0	21.0	76.7	13.4	22.4	105
<b>Residence</b>						
Urban	56.8	52.6	88.5	37.6	4.7	79
Rural	22.3	19.3	74.1	8.6	22.9	365
<b>Region</b>						
Hhohho	35.2	26.8	83.5	18.3	11.7	127
Manzini	32.3	32.8	80.0	16.4	16.3	136
Shiselweni	17.0	13.5	70.9	4.8	27.4	98
Lubombo	25.1	24.1	67.3	12.6	28.2	84
<b>Education</b>						
No education	3.0	9.9	67.2	0.6	31.5	171
Lower primary	15.3	9.2	69.8	0.8	25.6	80
Higher primary	36.5	29.2	87.5	15.3	9.7	85
Secondary	57.8	41.5	85.8	21.9	7.8	60
High school +	(91.4)	(80.4)	(90.8)	(70.3)	(0.0)	47
Total 50+	28.4	25.2	76.6	13.7	19.7	444

Note: Figures in parentheses are based on 25-49 unweighted cases.

### **3.5 EMPLOYMENT**

Male and female respondents age 15 and older were asked whether they were employed at the time of the survey and if not, whether they were employed in the 12 months preceding the survey. The measurement of employment, however, is difficult. The difficulty arises largely because some work, especially work on family farms, in family businesses, or in the informal sector, is often not perceived as employment, and hence not reported as such. To avoid underestimating respondents' employment, the 2006-07 SDHS asked respondents several questions to probe for their employment status and to ensure complete coverage of employment in both the formal and informal sectors. Respondents were asked a number of questions to elicit their current employment status and continuity of employment in the 12 months prior to the survey. Employed individuals are those who said that they are currently working (i.e., worked in the past 7 days) and those who worked at any time during the 12 months prior to the survey.

Tables 3.5.1 to 3.5.3 show the percent distribution of 2006-07 SDHS adult respondents according to current and recent employment. Table 3.5.1 and Figure 3.1 show that four in ten women age 15-49 are currently employed, 4 percent are not currently employed but worked in the past 12 months, and 53 percent did not work in the past 12 months. The proportion of women who are currently employed varies by age, ranging from 9 percent for women age 15-19 to 57 percent or higher for women age 30 and older.

Women who have never been married, have no children, and are living in rural areas are less likely than other women to be employed. Women who are divorced or separated are more likely to be employed than women who have never married or are currently married or living together (62 percent for divorced or separated women, 49 percent for women who are married or living together, and 28 percent for never married women). More than half of women who have three or more living children are employed compared with 20 percent of women who have no living children. Women who reside in urban areas are much more likely to be employed than rural women. In three of the four regions, Hhohho, Manzini, and Lubombo, four in ten women are employed. In Shiselweni, only 27 percent of women are currently employed. Employment of women does not vary much by education and wealth status except if they have tertiary education or are in the highest wealth quintile.

The age pattern of employment for men is the same as that for women; older men are more likely than younger men to be employed. However, the pattern of employment for men by marital status is the reverse of that for women; married men, those living with women as spouses, are more likely to be employed than men who are divorced or separated (81 percent compared with 69 percent). The likelihood that a man holds a job increases with the number of living children he has; 33 percent of men who have no living children are currently employed, and at least 74 percent of men who have children are employed. This may be due to the social expectation that mature men provide for their families by working. As in the case of women, men in Hhohho, Manzini, and Lubombo are more likely to be employed than those in Shiselweni (52 percent or higher compared with 38 percent). The relationship between employment and education for men is U-shaped; high among men with the least education, declining with increasing education to reach the lowest for men with secondary education, and increasing to the highest proportion for men with tertiary education. The likelihood of men being employed increases with wealth; 36 percent of men in the lowest wealth quintile are employed compared with 64 percent of men in the highest wealth quintile.

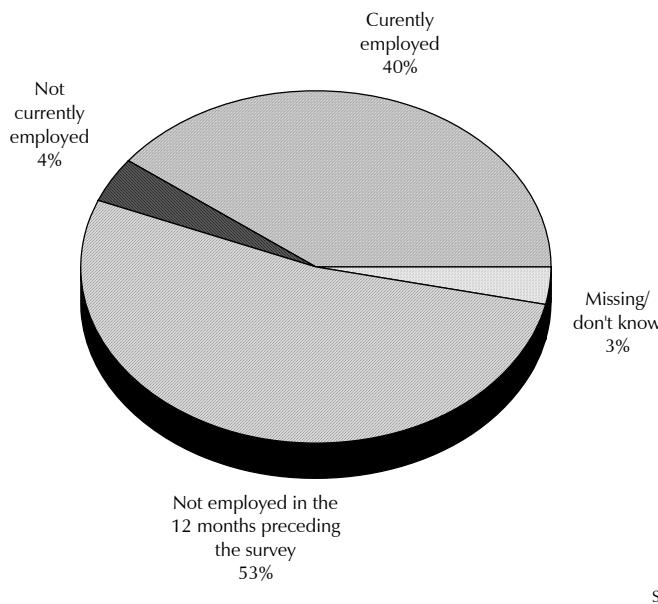
**Table 3.5.1 Employment status: Women 15-49**

Percent distribution of women age 15-49 by employment status, according to background characteristics, Swaziland 2006-07

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Missing/don't know	Total	Number of women
	Currently employed <sup>1</sup>	Not currently employed				
<b>Age</b>						
15-19	9.1	2.4	83.0	5.5	100.0	1,274
20-24	33.9	5.8	57.1	3.2	100.0	1,046
25-29	48.5	4.9	43.9	2.8	100.0	729
30-34	57.2	5.5	35.5	1.9	100.0	616
35-39	61.6	3.3	32.6	2.6	100.0	503
40-44	58.8	3.9	35.1	2.1	100.0	438
45-49	62.4	3.9	32.0	1.6	100.0	383
<b>Marital status</b>						
Never married	28.3	3.9	63.9	3.9	100.0	2,487
Married or living together	48.7	4.3	43.7	3.2	100.0	2,062
Divorced/separated/widowed	62.4	4.8	32.3	0.5	100.0	438
<b>Number of living children</b>						
0	19.6	4.1	71.4	4.9	100.0	1,601
1-2	45.2	4.7	47.7	2.4	100.0	1,754
3-4	54.9	3.2	39.5	2.3	100.0	887
5+	52.3	4.2	40.6	2.9	100.0	745
<b>Residence</b>						
Urban	56.2	2.4	38.9	2.5	100.0	1,330
Rural	33.8	4.8	57.8	3.6	100.0	3,657
<b>Region</b>						
Hhohho	42.6	3.3	50.0	4.1	100.0	1,340
Manzini	43.7	2.8	50.9	2.6	100.0	1,647
Shiselweni	26.7	4.0	65.7	3.6	100.0	1,033
Lubombo	42.9	8.0	46.0	3.0	100.0	966
<b>Education</b>						
No education	43.1	5.6	46.8	4.5	100.0	402
Lower primary	36.7	4.8	55.6	2.9	100.0	360
Higher primary	35.6	4.1	57.1	3.2	100.0	1,268
Secondary	34.7	4.0	57.7	3.7	100.0	1,693
High school	40.5	4.9	51.6	3.1	100.0	894
Tertiary	74.7	1.5	22.4	1.3	100.0	370
<b>Wealth quintile</b>						
Lowest	29.0	5.4	59.8	5.8	100.0	785
Second	28.7	4.6	63.1	3.5	100.0	862
Middle	33.2	4.6	59.9	2.4	100.0	968
Fourth	42.0	4.5	51.0	2.5	100.0	1,111
Highest	57.0	2.5	37.5	3.0	100.0	1,262
Total 15-49	39.8	4.2	52.8	3.3	100.0	4,987

<sup>1</sup> "Currently employed" is defined as having done work in the past seven days. Includes persons who did not work in the past seven days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

**Figure 3.1 Women's Employment Status  
(past 12 months)**



SDHS 2006-07

Comparisons between women and men show that women in general are less likely to be employed in the past 12 months than men (44 percent of men compared with 53 percent). The same is true for current employment; 40 percent for women and 50 percent for men.

Employment information on older adults age 50 and over is presented in Table 3.5.3. As expected, men are more likely to be employed than women (29 percent and 20 percent, respectively). For both women and men, employment decreases with age. While in general urban residents are more likely to be employed than rural residents, the difference for men is much more significant than for women. For men, the proportion working is 72 percent in urban areas and 20 percent in rural areas. For women, these proportions are 38 percent and 18 percent, respectively. For both men and women over 50 years old, the level of employment increases with an improvement in the level of education.

Table 3.5.2 Employment status: Men 15-49

Percent distribution of men age 15-49 by employment status, according to background characteristics, Swaziland 2006-07

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Total	Number of men
	Currently employed <sup>1</sup>	Not currently employed			
<b>Age</b>					
15-19	16.6	3.2	80.2	100.0	1,323
20-24	45.3	8.2	46.5	100.0	886
25-29	72.4	7.0	20.6	100.0	624
30-34	77.2	6.3	16.5	100.0	431
35-39	81.0	3.7	15.3	100.0	367
40-44	79.2	3.9	16.9	100.0	269
45-49	70.5	6.3	23.2	100.0	256
<b>Marital status</b>					
Never married	35.3	5.6	59.1	100.0	2,734
Married or living together	81.1	5.2	13.7	100.0	1,219
Divorced/separated/widowed	69.4	5.3	25.4	100.0	203
<b>Number of living children</b>					
0	32.7	5.3	61.9	100.0	2,500
1-2	77.7	6.0	16.3	100.0	835
3-4	73.8	5.9	20.3	100.0	424
5+	79.7	4.3	15.9	100.0	397
<b>Residence</b>					
Urban	69.6	3.2	27.2	100.0	1,181
Rural	42.8	6.3	50.8	100.0	2,975
<b>Region</b>					
Hhohho	55.3	5.2	39.5	100.0	1,099
Manzini	51.6	4.9	43.5	100.0	1,349
Shiselweni	38.4	4.6	57.0	100.0	843
Lubombo	54.1	7.4	38.4	100.0	865
<b>Education</b>					
No education	64.7	7.0	28.3	100.0	316
Lower primary	51.0	7.4	41.6	100.0	470
Higher primary	43.2	5.9	50.9	100.0	980
Secondary	41.0	4.5	54.6	100.0	1,191
High school	54.2	5.9	40.0	100.0	852
Tertiary	80.5	2.4	17.2	100.0	347
<b>Wealth quintile</b>					
Lowest	36.1	8.7	55.2	100.0	601
Second	39.0	7.0	54.0	100.0	665
Middle	45.0	6.9	48.1	100.0	856
Fourth	57.0	3.9	39.0	100.0	953
Highest	63.9	2.9	33.2	100.0	1,081
Total 15-49	50.4	5.4	44.1	100.0	4,156

<sup>1</sup> "Currently employed" is defined as having done work in the past seven days. Includes persons who did not work in the past seven days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

Table 3.5.3 Employment status: Older adults age 50+

Percent distribution of women and men age 50+ by employment status, according to background characteristics, Swaziland 2006-07

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Missing/don't know	Total	Number				
	Currently employed	Not currently employed								
<b>WOMEN</b>										
<b>Age</b>										
50-54	35.8	11.7	50.5	2.1	100.0	164				
55-59	34.3	14.2	51.5	0.0	100.0	112				
60+	9.9	12.6	76.4	1.1	100.0	392				
<b>Residence</b>										
Urban	37.7	7.9	54.4	0.0	100.0	86				
Rural	17.8	13.4	67.5	1.3	100.0	583				
<b>Region</b>										
Hhohho	25.9	11.6	60.7	1.7	100.0	167				
Manzini	24.4	12.4	62.9	0.3	100.0	209				
Shiselweni	12.6	12.7	74.2	0.5	100.0	186				
Lubombo	17.1	14.7	65.1	3.1	100.0	107				
<b>Education</b>										
No education	11.6	12.7	73.8	1.9	100.0	277				
Lower primary	15.6	11.6	71.8	1.0	100.0	151				
Higher primary	23.6	15.7	60.1	0.6	100.0	149				
Secondary	41.8	9.9	48.3	0.0	100.0	60				
High school +	(64.7)	(8.5)	(26.8)	(0.0)	100.0	31				
Total 50+	20.3	12.7	65.8	1.2	100.0	669				
<b>MEN</b>										
<b>Age</b>										
50-54	53.9	15.6	29.2	1.2	100.0	116				
55-59	38.5	10.8	49.7	1.1	100.0	80				
60+	15.1	15.9	66.9	2.1	100.0	249				
<b>Residence</b>										
Urban	71.8	5.4	21.6	1.3	100.0	79				
Rural	20.3	17.0	61.0	1.8	100.0	365				
<b>Region</b>										
Hhohho	33.1	15.0	49.5	2.5	100.0	127				
Manzini	33.3	14.3	51.1	1.2	100.0	136				
Shiselweni	15.8	16.1	66.2	2.0	100.0	98				
Lubombo	33.3	14.4	51.2	1.0	100.0	84				
<b>Education</b>										
No education	17.9	12.3	67.8	2.1	100.0	171				
Lower primary	18.9	27.1	50.1	4.0	100.0	80				
Higher primary	27.1	16.8	55.0	1.0	100.0	85				
Secondary	46.7	10.9	42.3	0.0	100.0	60				
High school +	(70.2)	(5.3)	(24.5)	(0.0)	100.0	47				
Total 50+	29.4	14.9	54.0	1.7	100.0	444				

Note: Figures in parentheses are based on 25-49 unweighted cases.

<sup>1</sup> "Currently employed" is defined as having done work in the past seven days. Includes persons who did not work in the past seven days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

### 3.6 OCCUPATION

Respondents who were currently employed were asked to state their occupation, and the results are presented in Tables 3.6.1 to 3.6.3. There are six occupational categories under which those currently employed are classified. They are: professional, technical, and managerial; clerical; sales and services; skilled manual; unskilled manual; and agricultural. The vast majority of currently employed women work in sales and services (56 percent). The next most popular occupations for women are skilled manual labour (14 percent); professional, technical, and managerial (12 percent); and agriculture (9 percent). Seven percent of women are employed in clerical jobs.

Background characteristic	Professional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Agriculture	Missing	Total	Number of women
<b>Age</b>									
15-19	1.5	2.0	69.6	10.5	0.7	8.3	7.6	100.0	147
20-24	5.3	7.8	63.7	14.1	1.6	6.7	0.9	100.0	415
25-29	12.9	7.8	53.7	16.6	1.6	6.7	0.7	100.0	389
30-34	14.3	6.7	53.2	15.9	1.0	8.1	0.8	100.0	386
35-39	16.9	9.1	47.2	14.4	1.4	10.8	0.3	100.0	326
40-44	15.5	4.9	58.8	10.6	0.4	9.6	0.3	100.0	274
45-49	14.9	4.0	52.5	15.6	0.5	11.8	0.8	100.0	254
<b>Marital status</b>									
Never married	8.1	8.2	60.4	15.2	1.3	5.2	1.7	100.0	803
Married or living together	15.5	5.9	52.8	13.7	1.3	10.0	0.9	100.0	1,094
Divorced/separated/widowed	10.2	4.9	56.8	14.9	0.2	12.4	0.6	100.0	294
<b>Number of living children</b>									
0	9.4	6.1	59.2	14.5	1.4	6.9	2.6	100.0	379
1-2	15.1	7.8	53.7	14.5	1.1	6.5	1.2	100.0	875
3-4	13.4	9.2	53.1	14.6	0.7	8.7	0.2	100.0	516
5+	6.6	1.3	62.0	13.7	1.3	14.4	0.7	100.0	421
<b>Residence</b>									
Urban	15.5	11.2	50.3	16.8	1.1	4.3	0.9	100.0	780
Rural	10.2	4.1	59.3	13.1	1.1	11.0	1.2	100.0	1,411
<b>Region</b>									
Hhohho	11.8	9.1	61.9	8.7	0.9	6.7	1.0	100.0	615
Manzini	14.5	6.8	50.6	22.2	1.3	3.6	1.0	100.0	766
Shiselweni	12.8	5.5	51.7	16.9	1.8	11.3	0.0	100.0	317
Lubombo	8.2	3.8	60.3	7.7	0.8	17.0	2.2	100.0	492
<b>Education</b>									
No education	0.7	0.0	63.6	9.5	2.1	23.4	0.6	100.0	196
Lower primary	0.5	0.0	64.7	14.5	1.2	18.3	0.7	100.0	149
Higher primary	1.1	2.2	66.2	17.0	0.1	12.0	1.4	100.0	504
Secondary	4.4	3.8	66.1	16.4	2.2	5.9	1.3	100.0	654
High school	12.2	11.2	51.8	18.4	0.9	4.0	1.6	100.0	406
Tertiary	63.3	22.6	11.5	2.6	0.0	0.0	0.0	100.0	282
<b>Wealth quintile</b>									
Lowest	0.5	2.4	60.8	13.4	0.4	21.3	1.2	100.0	270
Second	1.4	2.4	65.4	13.6	0.7	14.9	1.6	100.0	288
Middle	4.2	3.8	60.7	17.4	1.8	9.9	2.2	100.0	366
Fourth	7.4	4.8	56.8	21.0	1.7	6.8	1.4	100.0	517
Highest	27.4	12.3	48.1	9.0	0.8	2.2	0.2	100.0	751
Total	12.1	6.6	56.1	14.4	1.1	8.6	1.1	100.0	2,191

Women's occupations vary with their background characteristics. In general, professional, technical, and managerial jobs attract women with the highest education and in the highest wealth quintile, and work in sales and services attracts younger women and women with lower than tertiary education. Women in Lubombo are more likely than women in other regions to work in agriculture.

While women tend to be concentrated in selected types of occupations, men's choice of work is more varied. Men are almost evenly employed in sales and services and as skilled manual labourers (29 percent and 32 percent, respectively). Seventeen percent of men work in agriculture and 13 percent are employed in professional, technical, and managerial jobs.

Men's occupations also vary with their background characteristics. In general, professional, technical, and managerial jobs attract married men, men in urban areas, men with the highest education, and men in the highest wealth quintile. On the other hand, young men, rural men, men in Lubombo, men with less education, and those in the lower wealth quintiles tend to work in agriculture.

**Table 3.6.2 Occupation: Men 15-49**

Percent distribution of men age 15-49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Swaziland 2006-07

Background characteristic	Professional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Agriculture	Missing	Total	Number of men
<b>Age</b>									
15-19	0.0	1.2	45.4	16.3	8.1	28.3	0.6	100.0	262
20-24	4.6	2.5	32.2	32.3	7.3	20.2	0.8	100.0	474
25-29	11.2	2.5	28.4	37.8	4.4	14.7	1.0	100.0	495
30-34	18.6	4.7	25.1	35.5	4.6	10.7	0.9	100.0	360
35-39	20.5	3.3	23.6	32.2	4.2	16.2	0.0	100.0	311
40-44	24.4	4.5	21.8	31.3	2.7	15.3	0.0	100.0	224
45-49	18.1	5.6	20.4	35.7	5.8	14.4	0.0	100.0	197
<b>Marital status</b>									
Never married	7.1	2.6	33.8	31.6	5.8	18.6	0.6	100.0	1,118
Married or living together	20.1	4.0	22.5	32.5	4.9	15.5	0.5	100.0	1,052
Divorced/separated/widowed	4.8	3.1	33.5	37.1	5.3	15.3	0.8	100.0	152
<b>Number of living children</b>									
0	6.7	2.0	33.6	30.9	5.9	20.2	0.7	100.0	951
1-2	17.9	3.6	25.8	33.5	4.7	13.5	0.9	100.0	700
3-4	19.0	4.6	22.1	31.5	6.9	15.9	0.0	100.0	337
5+	13.4	4.7	26.9	34.8	3.6	16.2	0.3	100.0	334
<b>Residence</b>									
Urban	18.4	4.8	26.1	31.8	4.3	14.2	0.4	100.0	860
Rural	9.6	2.3	30.1	32.6	6.0	18.6	0.7	100.0	1,462
<b>Region</b>									
Hhohho	14.7	4.7	28.1	34.0	5.3	12.9	0.3	100.0	665
Manzini	15.1	2.9	29.4	36.7	5.4	9.8	0.6	100.0	762
Shiselweni	10.0	2.6	28.4	26.5	9.3	22.9	0.4	100.0	363
Lubombo	9.1	2.5	28.4	28.0	2.7	28.4	1.0	100.0	532
<b>Education</b>									
No education	0.5	0.0	34.2	28.8	5.3	30.8	0.4	100.0	227
Lower primary	2.2	0.9	33.5	22.4	7.5	33.6	0.0	100.0	275
Higher primary	2.9	0.9	31.1	37.8	8.0	18.7	0.6	100.0	481
Secondary	5.1	2.6	28.2	39.9	5.8	17.3	1.0	100.0	541
High school	13.0	7.2	31.0	35.2	4.2	8.5	0.9	100.0	511
Tertiary	63.5	6.1	12.1	16.3	0.3	1.7	0.0	100.0	287
<b>Wealth quintile</b>									
Lowest	2.2	0.8	30.6	30.0	5.9	28.3	2.2	100.0	269
Second	2.5	2.3	29.0	34.3	8.7	22.8	0.3	100.0	306
Middle	5.2	1.9	32.3	34.3	7.1	18.8	0.4	100.0	444
Fourth	6.7	2.9	25.7	40.6	5.6	18.1	0.4	100.0	580
Highest	30.8	5.7	27.8	24.5	2.5	8.3	0.4	100.0	722
Total 15-49	12.8	3.2	28.6	32.3	5.4	17.0	0.6	100.0	2,322

Table 3.6.3 shows the percent distribution of 2006-07 SDHS respondents age 50 and over according to current and recent employment. Analysis of the data is limited due to the small number of women and men age 50 years and over who were employed at the time of the survey. The most popular type of work for women age 50 years and over is in sales and services (54 percent), while for men it is working as a skilled manual labourer (33 percent).

Table 3.6.3 Occupation: Older adults age 50+									
Percent distribution of women and men age 50+ employed in the 12 months preceding the survey by occupation, according to background characteristics, Swaziland 2006-07									
Background characteristic	Professional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Agriculture	Missing	Total	Number of men
WOMEN									
<b>Age</b>									
50-54	12.4	7.3	53.1	13.2	0.0	14.0	0.0	100.0	78
55-59	15.9	8.0	54.1	11.8	0.0	10.2	0.0	100.0	54
60+	1.3	1.4	54.4	26.0	0.0	13.6	3.4	100.0	88
<b>Residence</b>									
Urban	(13.9)	(19.7)	(44.4)	(15.0)	(0.0)	(7.0)	(0.0)	100.0	39
Rural	7.7	1.9	55.9	18.7	0.0	14.2	1.7	100.0	181
<b>Region</b>									
Hhohho	14.3	6.0	50.1	16.7	0.0	12.9	0.0	100.0	63
Manzini	6.7	7.7	61.2	16.3	0.0	8.1	0.0	100.0	77
Shiselweni	(3.9)	(3.4)	(52.3)	(26.3)	(0.0)	(14.1)	(0.0)	100.0	47
Lubombo	(10.1)	(0.0)	(46.3)	(12.7)	(0.0)	(22.0)	(8.8)	100.0	34
<b>Education</b>									
No education	0.0	0.0	50.8	26.3	0.0	18.5	4.5	100.0	67
Lower primary	(1.4)	(0.0)	(72.6)	(11.0)	(0.0)	(15.0)	(0.0)	100.0	41
Higher primary	3.1	0.8	61.8	22.1	0.0	12.3	0.0	100.0	58
Secondary	31.6	20.1	34.8	8.6	0.0	4.9	0.0	100.0	54
High school +	*	*	*	*	*	*	*	100.0	23
Total 50+	8.8	5.1	53.9	18.0	0.0	12.9	1.4	100.0	221
MEN									
<b>Age</b>									
50-54	13.7	5.3	27.4	34.7	3.0	15.9	0.0	100.0	80
55-59	(11.8)	(8.6)	(23.2)	(42.6)	(2.9)	(10.9)	(0.0)	100.0	39
60+	10.0	0.0	25.5	27.3	1.8	33.8	1.5	100.0	77
<b>Residence</b>									
Urban	19.2	4.7	21.9	43.6	2.2	8.3	0.0	100.0	61
Rural	8.6	3.5	27.6	28.8	2.7	28.0	0.8	100.0	136
<b>Region</b>									
Hhohho	10.4	4.4	25.9	34.8	4.5	20.0	0.0	100.0	61
Manzini	20.0	1.4	27.3	37.7	0.0	11.8	1.8	100.0	65
Shiselweni	(3.2)	(5.0)	(26.5)	(26.3)	(7.0)	(32.1)	(0.0)	100.0	31
Lubombo	(7.8)	(6.4)	(23.0)	(29.7)	(0.0)	(33.1)	(0.0)	100.0	40
<b>Education</b>									
No education	3.0	0.0	35.4	25.9	4.8	30.9	0.0	100.0	51
Lower primary	(3.2)	(0.0)	(28.3)	(37.1)	(3.1)	(28.3)	(0.0)	100.0	37
Higher primary	(11.3)	(0.0)	(23.7)	(44.9)	(0.0)	(20.1)	(0.0)	100.0	37
Secondary	23.6	11.0	17.7	31.1	1.9	13.1	1.6	100.0	70
High school +	(44.6)	(14.3)	(10.9)	(17.0)	(0.0)	(9.5)	(0.0)	100.0	36
Total 50+	11.9	3.9	25.8	33.4	2.5	21.9	0.6	100.0	197

Note: "Currently employed" includes women and men who indicated they were currently working at the time of the survey. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases.

Younger women are more likely to work in professional, technical, and managerial jobs, while older women tend to work as skilled manual labourers. Urban men are more likely than rural men to work as a professional, technician, or manager, while rural men are more likely than urban men to work in agriculture. Whereas 19 percent of urban men work in professional, technical, and managerial jobs, only 9 percent of men in rural areas have this type of occupation. On the other hand, 28 percent of rural men work in agriculture compared with only 8 percent of men in urban areas.

### 3.7 EARNINGS AND TYPE OF EMPLOYMENT

Table 3.7 presents the percent distribution of employed women and men age 15-49, by type of earnings and employer characteristics, according to type of employment (agricultural or non-agricultural). The majority of men and women, whether in agricultural or non-agricultural employment, receive cash income (91 percent of women and 88 percent of men). Men and women who work in agriculture are less likely than those who work in non-agricultural jobs to receive cash. For example, the proportion of women who earn cash in agricultural employment is 79 percent compared with 93 percent in non-agricultural work. Women working in agriculture are more likely not to be paid at all than to be paid in cash and in-kind. In fact, 10 percent of women and 25 percent of men who work in agriculture do not receive payment for their work.

Table 3.7 Type of employment: Women and men age 15-49

Percent distribution of women and men age 15-49 employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or non-agricultural), Swaziland 2006-07

Employment characteristic	WOMEN			MEN		
	Agricultural work	Non-agricultural work	Total	Agricultural work	Non-agricultural work	Total
<b>Type of earnings</b>						
Cash only	78.7	93.0	91.1	72.6	91.0	87.7
Cash and in-kind	6.0	3.2	3.4	1.9	3.7	3.4
In-kind only	4.8	0.7	1.1	0.4	0.8	0.8
Not paid	10.4	3.1	3.7	24.7	4.4	7.9
Missing	0.0	0.1	0.6	0.3	0.1	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Type of employer</b>						
Employed by family member	6.9	4.1	4.4	18.1	7.5	9.4
Employed by non-family member	55.8	60.1	59.4	64.0	74.0	72.0
Self-employed	37.3	35.4	35.3	17.6	18.3	18.2
Missing	0.0	0.4	0.9	0.3	0.2	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Continuity of employment</b>						
All year	39.3	78.8	74.8	33.9	61.9	56.9
Seasonal	51.2	12.9	16.2	45.3	16.7	21.6
Occasional	9.5	8.1	8.3	20.3	21.3	21.1
Missing	0.0	0.2	0.7	0.4	0.2	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents employed during the past 12 months	188	1,978	2,191	394	1,914	2,322

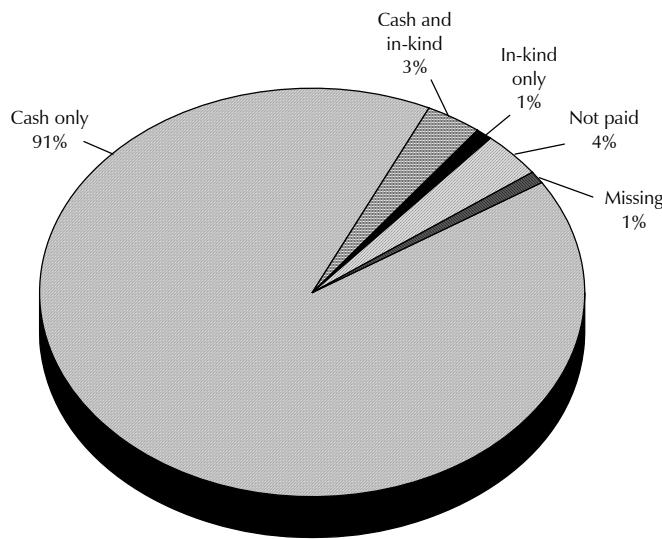
Note: Total includes 24 women and 14 men with information missing on type of employment who are not shown separately.

Six in ten women and 72 percent of men are employed by a non-family member. Men are more likely than women to be employed by a family member (9 percent and 4 percent, respectively). The difference is more striking in agricultural work, with 18 percent of men working for a family member compared with 7 percent of women. Women are twice as likely as men to be self-employed (35 percent compared with 18 percent).

Women are more likely to work throughout the year than men. Three in four women hold a job all year compared with 57 percent of men. The agricultural sector is more likely to provide seasonal employment for both men (45 percent) and women (51 percent). On the other hand, work in the non-agricultural sector is more likely to provide income throughout the year (79 percent of women and 62 percent of men).

Figure 3.2 shows the distribution of women who have worked at any time during the 12 months preceding the survey by the type of earnings women receive (cash, in-kind, or both).

**Figure 3.2 Type of Earnings of Women Employed in the Past 12 Months**



SDHS 2006-07

## FERTILITY LEVELS, TRENDS, AND DIFFERENTIALS

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### 4.1 INTRODUCTION

This chapter looks at a number of fertility indicators, including levels, patterns, and trends in both current and cumulative fertility; the length of birth intervals; and the age at which women initiate childbearing. Information on current and cumulative fertility is essential in monitoring population growth. The data on birth intervals are important since short intervals are strongly associated with childhood mortality. The age at which childbearing begins can also have a major impact on the health and well-being of both the mother and the child.

Data on fertility were collected in several ways. Each woman was asked about all of the births she had had in her lifetime. To ensure completeness of the responses, the duration, the month and year of termination, and the result of the pregnancy were recorded for each pregnancy. In addition, questions were asked separately about sons and daughters who live with the mother, those who live elsewhere, and those who have died. Subsequently, a list of all births was recorded along with name, age if still alive, and age at death if dead. Finally, information was collected on whether women were pregnant at the time of the survey.

### 4.2 CURRENT FERTILITY

The level of current fertility is one of the most important topics in this report because of its direct relevance to population policies and programmes. Current fertility can be measured using the age-specific fertility rate (ASFR), the total fertility rate (TFR), the general fertility rate (GFR), and the crude birth rate (CBR). The ASFR provides the age pattern of fertility, while the TFR refers to the number of live births that a woman would have had if she were subject to the current ASFRs throughout the reproductive ages (15–49 years). The GFR is expressed as the number of live births per 1,000 women of reproductive age, and the CBR is expressed as the number of live births per 1,000 population. The measures of fertility presented in this chapter refer to the period of three years prior to the survey. This generates a sufficient number of births to provide robust and current estimates.

Table 4.1 depicts measures of current fertility for the three years preceding the survey for the country as a whole and by urban and rural residence. These are the total fertility rate (TFR), general fertility rate (GFR), and crude birth rate (CBR). The survey results indicate that the TFR for Swaziland for the three years preceding the 2006–07 SDHS survey is 3.8 births per woman. As expected, fertility is considerably higher in rural areas (4.2 births per woman) than in urban areas (3.0 births per woman). As the ASFRs show, the pattern of higher rural fertility is prevalent in all age groups except age 40–49. The urban-rural difference in fertility is more pronounced

Table 4.1 Current fertility

Age-specific and total fertility rate, the general fertility rate, and the crude birth rate for the three years preceding the survey, by residence, Swaziland 2006–07

Age group	Residence		
	Urban	Rural	Total
15–19	89	118	111
20–24	163	219	202
25–29	124	184	165
30–34	113	182	159
35–39	83	105	99
40–44	31	30	30
45–49	0	5	4
TFR	3.0	4.2	3.8
GFR	110	146	136
CBR	31.9	31.0	31.1

Note: Age-specific fertility rates are per 1,000 women. Rates for age group 45–49 may be slightly biased due to truncation. Rates are for the period 1–36 months prior to interview.

TFR: Total fertility rate expressed per woman

GFR: General fertility rate expressed per 1,000 women

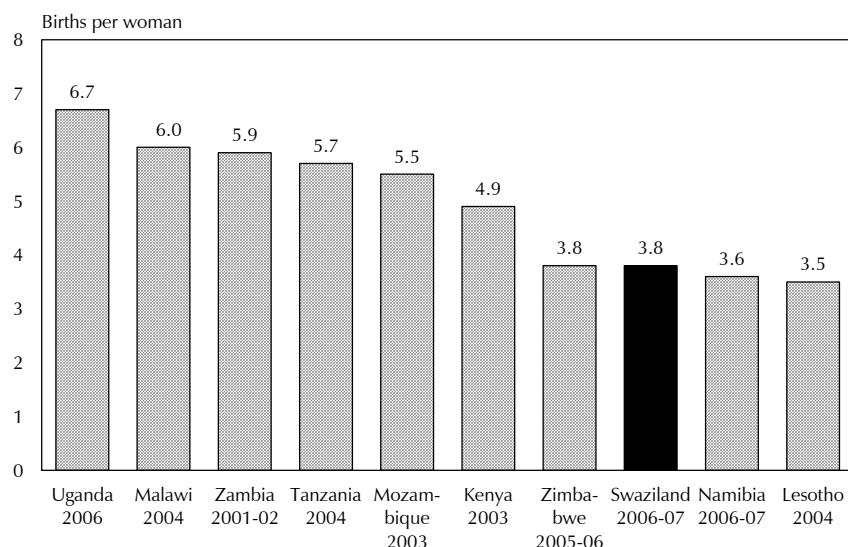
CBR: Crude birth rate expressed per 1,000 population

for women in the age group 30-34 (113 births per 1,000 women in urban areas versus 182 births per 1,000 women in rural areas). The overall age pattern of fertility as reflected in the ASFRs indicates that childbearing begins early. Fertility is low among adolescents and increases to a peak of 202 births per 1,000 among women age 20-24 and declines thereafter.

The CBR in Swaziland is 31.1 births per 1,000 population. The overall GFR is 136 and is higher in the rural areas than in urban areas (146 and 110 births per 1,000 women, respectively).

Compared with other south-east African countries that have participated in the DHS programme, the TFR in Swaziland is the same as that in Zimbabwe and slightly higher than in Namibia and Lesotho.

**Figure 4.1 Total Fertility Rates for Selected Countries in Southeast Africa**



SDHS 2006-07

### 4.3 FERTILITY DIFFERENTIALS

Fertility is known to vary by residence, educational background, and other background characteristics of a woman. Table 4.2 shows several different indicators of fertility, mainly the total fertility rate, mean number of births to women age 40-49, and the percentage currently pregnant. The mean number of births to women age 40-49 is an indicator of cumulative fertility; it reflects the fertility performance of older women who are nearing the end of their reproductive period. If fertility remains stable over time, the two fertility measures, total fertility rate (TFR) and children ever born (CEB), tend to be very similar. The percentage pregnant provides a useful additional measure of current fertility, although it is recognized that it may not capture all pregnancies in an early stage.

Table 4.2 indicates that there are variations in the TFR by residence, region, education, and wealth quintile. Fertility is highest in the Shiselweni region with a TFR of 4.3 births per woman and lowest in Hhohho at 3.6 births per woman. TFR decreases gradually with increasing level of education; better educated women have fewer children than less educated women. Women with no education have on average 4.9 children compared with 2.4 children for women with tertiary education. Fertility varies

widely according to household wealth. Women in the highest wealth quintile have 2.9 children fewer than women in the lowest quintile (2.6 and 5.5 births per woman, respectively).

It has been noted that although the percentage currently pregnant is a useful measure of current fertility, not all women who are pregnant are likely to be captured because they may not be aware that they are pregnant or may be reluctant to disclose a pregnancy in the early stages. Six percent of women reported that they were pregnant at the time of the survey. Women who have lower primary education and those in the lowest wealth quintile are the most likely to be pregnant.

Table 4.2 also presents a crude assessment of trends in the various subgroups by comparing current fertility with a measure of completed fertility: the mean number of children ever born to women age 40-49. The mean number of children ever born to older women who are nearing the end of their reproductive period is an indicator of average completed fertility of women who began childbearing during the three decades preceding the survey. If fertility remained constant over time and the reported data on both children ever born and births during the three years preceding the survey are reasonably accurate, the TFR and the mean number of children ever born for women 40-49 are expected to be similar. When fertility levels have been falling, the TFR

will be substantially lower than the mean number of children ever born among women age 40-49. The comparison suggests that fertility has fallen by 1.5 births during the past few decades, from 5.3 births per woman to 3.8. Fertility has declined in both urban and rural areas, in all regions, at all educational levels, and for all wealth quintiles. The difference between the level of current and completed fertility is highest in rural areas (1.6 births), the Hhohho and Lubombo regions (1.6 births), among women who have no education (1.6 births), and among women in the middle and fourth wealth quintiles (1.7 births).

Table 4.2 Fertility by background characteristics

Total fertility rate for the three years preceding the survey, percentage of women age 15-49 currently pregnant, and mean number of children ever born to women age 40-49 years, by background characteristics, Swaziland 2006-07

Background characteristic	Total fertility rate	Percentage of women age 15-49 currently pregnant	Mean number of children ever born to women age 40-49
<b>Residence</b>			
Urban	3.0	5.6	4.0
Rural	4.2	5.6	5.8
<b>Region</b>			
Hhohho	3.6	5.1	5.2
Manzini	3.7	5.7	5.1
Shiselweni	4.3	5.7	5.5
Lubombo	4.0	5.9	5.6
<b>Education</b>			
No education	4.9	5.5	6.5
Lower primary	5.1	8.9	6.6
Higher primary	4.4	6.1	5.4
Secondary	3.9	4.6	5.0
High school	3.1	5.9	4.0
Tertiary	2.4	4.5	3.2
<b>Wealth quintile</b>			
Lowest	5.5	7.3	6.8
Second	4.9	6.1	6.0
Middle	3.9	5.2	5.6
Fourth	3.3	4.8	5.0
Highest	2.6	5.2	3.8
Total	3.8	5.6	5.3

Note: Total fertility rates are for the period 1-36 months prior to interview.

Table 4.3 Trends in age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey, by mother's age at the time of the birth, Swaziland 2006-07

Mother's age at birth	Number of years preceding survey			
	0-4	5-9	10-14	15-19
15-19	111	126	137	148
20-24	196	203	222	252
25-29	172	207	223	233
30-34	158	170	189	[191]
35-39	104	116	[161]	-
40-44	32	[65]	-	-
45-49	[5]	-	-	-

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates exclude the month of interview.

#### 4.4 FERTILITY TRENDS

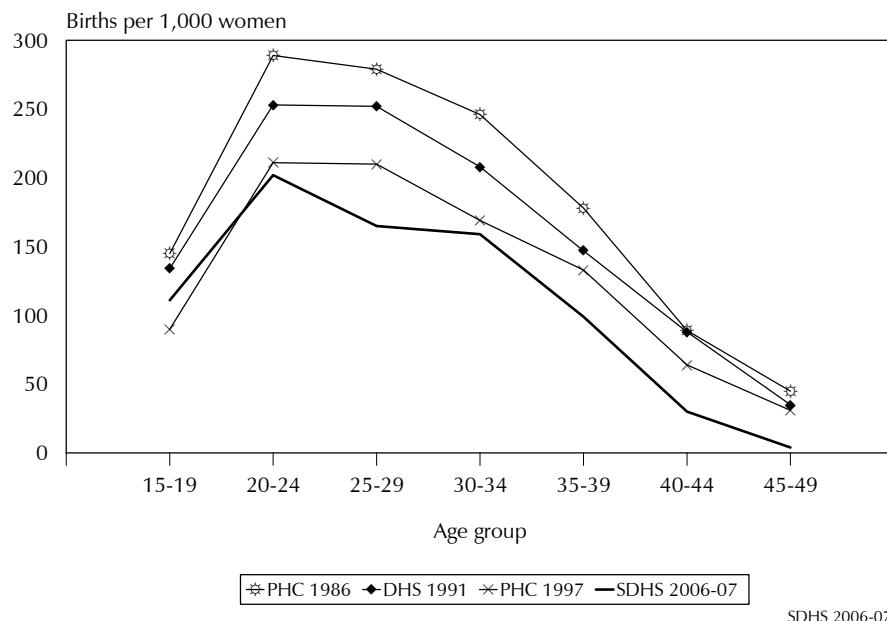
Table 4.3 uses information from the retrospective birth histories obtained from the SDHS respondents to examine trends in age-specific fertility rates for successive five-year periods before the survey. To calculate these rates, births were classified according to the period of time in which the birth occurred and the mother's age at the time of birth. Because birth histories were not collected for women over age 50, the rates for older age groups become progressively more truncated for periods more distant from the survey date. For example, rates cannot be calculated for women age 45-49 for the period 5-9 years or more prior to the survey, because women in that age group would have been 50 years or older at the time of the survey.

Nonetheless, the results in Table 4.3 show that fertility has dropped substantially among all age groups over the past two decades. This decline is most obvious in the 15 years preceding the survey, with the largest decline observed between the two most recent five-year periods. Fertility decline is steepest among the cohort age 30-34, with a 60 percent decline between the period 15-19 years before the survey and the period 0-4 years before the survey.

Another way to examine fertility trends is to compare current estimates with earlier surveys. Table 4.4 and Figure 4.2 show the ASFRs for the 1986 and 1997 Population and Housing Censuses (PHC), 1991 Demographic and Housing Survey (DHS), and 2006-07 SDHS. Estimates prior to the SDHS were calculated using information on total number of children ever born and surviving. The data indicate that fertility has been declining rapidly in Swaziland, with the TFR falling from 6.4 in the 1986 PHC to 4.5 in 1997 PHC, and to 3.8 in the 2006-07 SDHS. This translates to a decrease of 2.6 births since 1986.

A substantial fertility decline has occurred in all age groups. Between 1986 and 1997, the largest decline took place among the younger age groups, but since 1997, larger declines in ASFR are observed among older women (Figure 4.2).

**Figure 4.2 Trends in Fertility**



**Table 4.4 Trends in fertility**

Age-specific fertility rates (per 1,000 women) and total fertility rates for the three years preceding the survey, Swaziland 1986, 1991, 1997, and 2006-07

Age group	1986 PHC	1991 DHS	1997 PHC	2006-07 SDHS
15-19	145	134	90	111
20-24	289	253	211	202
25-29	279	252	210	165
30-34	246	208	169	159
35-39	178	147	133	99
40-44	89	88	64	30
45-49	45	35	31	4
TFR	6.4	5.6	4.5	3.8

DHS = Demographic and Housing Survey

PHC = Population and Housing Census

Sources: CSO, 1976 Population and Housing Census, Vol. 1; CSO, 1986 Population and Housing Census, Vol. 4; CSO, 1997 Population and Housing Census Vol. 4.

## 4.5 CHILDREN EVER BORN AND LIVING

Table 4.5 presents the distribution of all women and currently married women by number of children ever born, according to five-year age groups. The table also shows the mean number of children ever born. Data on the number of children ever born reflect the accumulation of births to women over their entire reproductive years and therefore have limited reference to current fertility levels, particularly when a country has experienced a decline in fertility. Moreover, the data are subject to recall error, which is typically greater for older than younger women. Nevertheless, the information on children ever born (or parity) is useful in looking at a number of issues. The parity data show how average family size varies across age groups. The percentage of women in their forties who have never had children also provides an indicator of the level of primary infertility, or the inability to bear children. Comparison of the differences in the mean number of children ever born and surviving reflects the cumulative effects of mortality levels during the period in which women have been bearing children.

Table 4.5 shows the percent distribution of all women and currently married women by number of children ever born, mean number of children ever born, and mean number of children living. More than four-fifths of women age 15-19 (82 percent) have never given birth. However, this proportion declines to 11 percent for women age 25-29 and to 5 percent or less among women age 30 and above, indicating that childbearing among Swazi women is nearly universal. On average, Swazi women nearing the end of their reproductive years have attained a parity of 4.8 children. This is one child more than the total fertility rate, a difference brought about by the decline in fertility during the 1980s and 1990s.

The same pattern is replicated for currently married women, except that the mean number of children ever born is higher for currently married women (3.6 children) than for all women (2.3 children). The difference in the mean number of children ever born between all women and currently married women is due to a substantial proportion of young and unmarried women in the former category who exhibit lower fertility.

Table 4.5 Children ever born and living

Percent distribution of all women and currently married women age 15-49 by number of children ever born, mean number of children ever born, and mean number of living children, according to age group, Swaziland 2006-07

Age	Number of children ever born											Number of women	Mean number of children ever born	Mean number of living children	
	0	1	2	3	4	5	6	7	8	9	10+				
ALL WOMEN															
15-19	81.5	16.0	2.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,274	0.21	0.19
20-24	29.2	41.0	23.6	4.9	1.3	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,046	1.08	0.97
25-29	10.8	23.7	28.8	21.5	9.1	4.9	0.9	0.3	0.0	0.0	0.0	100.0	729	2.14	1.90
30-34	3.7	11.1	23.8	26.6	13.0	10.7	7.2	2.0	1.5	0.1	0.2	100.0	616	3.17	2.92
35-39	4.8	7.3	11.9	16.2	18.0	14.0	12.4	7.5	4.6	1.9	1.4	100.0	503	4.17	3.86
40-44	3.3	5.1	8.9	11.0	14.1	12.9	13.4	10.5	10.2	4.1	6.4	100.0	438	5.19	4.65
45-49	4.6	6.9	5.7	8.3	13.2	11.5	12.5	11.4	7.9	9.2	8.7	100.0	383	5.50	4.76
Total	30.1	19.3	15.2	10.7	7.3	5.5	4.4	2.8	2.2	1.3	1.4	100.0	4,987	2.28	2.05
CURRENTLY MARRIED WOMEN															
15-19	26.2	58.5	15.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	88	0.89	0.83
20-24	13.6	39.4	35.5	8.6	2.9	0.0	0.0	0.0	0.0	0.0	0.0	100.0	343	1.48	1.31
25-29	6.0	17.4	30.2	24.5	13.1	7.0	1.3	0.5	0.0	0.0	0.0	100.0	388	2.50	2.24
30-34	1.5	7.4	23.3	26.0	14.3	12.3	10.0	2.9	2.1	0.1	0.0	100.0	379	3.49	3.23
35-39	2.9	4.9	9.7	16.0	18.0	14.6	13.9	8.7	6.9	2.7	1.7	100.0	334	4.59	4.25
40-44	2.1	3.8	8.5	9.5	14.3	14.6	12.9	10.5	12.0	5.4	6.5	100.0	291	5.44	4.93
45-49	4.3	4.6	6.0	7.4	13.5	12.7	11.5	8.9	10.7	9.9	10.5	100.0	238	5.79	5.12
Total	6.1	15.6	20.0	15.6	12.1	9.5	7.5	4.5	4.4	2.3	2.4	100.0	2,062	3.58	3.25

## **4.6 BIRTH INTERVALS**

A birth interval is defined as the length of time between two successive live births. The study of birth intervals is important in understanding the health status of young children. Information on birth intervals provides insight into birth spacing patterns, which affect fertility as well as maternal, infant, and childhood mortality. Research has shown that short birth intervals are closely associated with poor health of children, especially during infancy. Children born too close to a previous birth, especially if the interval between the births is less than two years, are at increased risk of health problems and dying at an early age. Longer birth intervals, on the other hand, contribute to the improved health status of both mother and child.

Table 4.6 presents the distribution of second and higher-order births in the five years preceding the survey by the number of months since the previous birth, according to background characteristics. Data in Table 4.6 show that about 5 percent of births are less than 18 months apart and 16 percent have an interval of less than two years. Three in ten births are born 24-35 months after the previous birth, and 31 percent are at least three years apart.

Table 4.6 also presents the median number of months since the preceding birth. The median birth interval in Swaziland is 37.9 months. The median number of months since a preceding birth increases significantly with age, from 26.7 months among mothers age 15-19 to 42.1 months among mothers age 40-49. There are no marked differences in the length of the median birth interval by sex of the preceding birth, urban-rural residence, and region.

Studies have shown that the death of a preceding child leads to a shorter birth interval than when the preceding child survived. Data from the 2006-07 SDHS show that the median birth interval for births whose previous sibling is alive is about 10 months longer than for births whose previous sibling is dead (38.9 months and 29.1 months, respectively).

In general, the median birth interval increases with the mother's education and wealth status.

Table 4.6 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, and median number of months since preceding birth, according to background characteristics, Swaziland 2006-07

Background characteristic	Months since preceding birth							Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48-54	55-59	60+		
<b>Age</b>									
15-19	15.2	16.3	58.5	10.0	0.0	0.0	0.0	100.0	28
20-29	6.0	13.7	32.4	21.2	8.3	3.4	15.0	100.0	921
30-39	3.5	7.9	27.4	19.4	8.3	3.2	30.3	100.0	805
40-49	3.4	7.2	27.0	17.6	6.3	5.1	33.4	100.0	177
<b>Birth order</b>									
2-3	4.7	10.4	29.0	20.3	8.1	3.5	24.1	100.0	1,065
4-6	5.7	10.3	28.2	19.7	7.9	3.8	24.3	100.0	625
7+	3.4	13.5	40.7	19.2	7.7	2.1	13.4	100.0	241
<b>Sex of preceding birth</b>									
Male	4.0	11.6	31.9	19.7	7.9	2.7	22.2	100.0	952
Female	5.8	9.9	28.5	20.2	8.1	4.1	23.5	100.0	979
<b>Survival of preceding birth</b>									
Living	3.5	10.2	30.0	20.5	8.2	3.6	24.0	100.0	1,725
Dead	16.3	15.5	31.8	15.2	6.5	1.9	12.7	100.0	206
<b>Residence</b>									
Urban	5.4	9.1	26.3	20.0	9.1	2.6	27.5	100.0	411
Rural	4.7	11.2	31.3	20.0	7.7	3.6	21.6	100.0	1,520
<b>Region</b>									
Hhohho	4.2	13.7	31.2	19.9	6.8	2.4	21.9	100.0	527
Manzini	5.2	8.5	29.6	20.0	10.3	3.2	23.1	100.0	577
Shiselweni	6.1	10.8	31.3	16.5	6.2	4.0	25.2	100.0	426
Lubombo	4.0	10.1	28.6	23.6	8.2	4.4	21.1	100.0	402
<b>Education</b>									
No education	7.8	11.0	32.1	22.6	8.3	6.0	12.2	100.0	217
Lower primary	4.0	12.8	28.6	19.9	7.2	3.1	24.3	100.0	194
Higher primary	4.9	11.3	34.0	20.3	6.0	3.1	20.4	100.0	525
Secondary	3.6	10.7	31.2	21.0	8.3	3.8	21.5	100.0	618
High school	5.4	9.1	24.1	13.1	12.2	2.4	33.8	100.0	270
Tertiary	6.4	8.2	20.4	24.7	5.9	0.9	33.4	100.0	108
<b>Wealth quintile</b>									
Lowest	5.5	13.3	30.6	21.6	7.6	4.1	17.4	100.0	420
Second	4.1	9.7	35.4	19.5	9.2	2.9	19.1	100.0	439
Middle	5.5	8.5	32.3	19.6	6.0	3.3	24.9	100.0	381
Fourth	4.1	13.0	26.9	16.8	9.0	4.3	25.9	100.0	360
Highest	5.3	9.0	23.8	22.4	8.0	2.4	29.0	100.0	331
Total	4.9	10.7	30.2	20.0	8.0	3.4	22.8	100.0	1,931
									37.9

Note: First-order births are excluded. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth.

## 4.7 AGE AT FIRST BIRTH

The age at which childbearing commences is an important determinant of the overall level of fertility as well as the health and welfare of the mother and the child. In some societies, postponement of first births due to an increase in age at marriage has contributed to overall fertility decline. Table 4.7 shows that women are gradually having children at an older age. The median age at first birth has increased from 18.9 years for women age 45-49 to 19.8 years for women age 20-24.

Overall, 6 percent of women age 25-49 have given birth by age 15 and 59 percent of women have become mothers by age 20. The increase in age at marriage can also be detected from the increase over time in the proportion of women who have given birth at age 15. Whereas 1 percent of women age 15-19 gave birth by age 15, the corresponding proportion for women age 45-49 is 12 percent.

Table 4.7 Age at first birth

Percentage of women age 15-49 who gave birth by specific exact ages, percentage who have never given birth, and median age at first birth, according to current age, Swaziland 2006-07

Current age	Percentage who gave birth by exact age					Percentage who have never given birth	Number of women	Median age at first birth
	15	18	20	22	25			
15-19	1.4	na	na	na	na	81.5	1,274	a
20-24	2.3	28.0	52.0	na	na	29.2	1,046	19.8
25-29	4.3	29.5	55.6	71.1	84.6	10.8	729	19.5
30-34	4.7	31.0	57.2	73.2	87.1	3.7	616	19.4
35-39	4.5	32.3	56.3	75.5	86.5	4.8	503	19.4
40-44	7.4	40.8	65.6	79.2	89.4	3.3	438	18.7
45-49	12.0	40.1	62.1	79.1	88.5	4.6	383	18.9
20-49	5.0	32.1	56.8	na	na	12.5	3,713	19.4
25-49	6.0	33.7	58.7	74.9	86.9	5.9	2,667	19.2

na = Not applicable

a = Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group

Table 4.8 presents trends in the median age at first birth across age cohorts for sub-groups of women. The measures are presented for women age 25-49 to ensure that half of the women have already had a birth. The median age at first birth does not vary significantly by urban-rural residence. For example, the median in rural areas is 18.9 years and in urban areas it is 20.1 years. This is true for all age groups. Regional variations are also small; the median age at first birth in Hhohho, Manzini and Shiselweni is 19.3 years or higher, while in Lubombo the median is 18.6 years.

The median age at first birth increases with the woman's level of education and wealth status. The median for women with tertiary education is 4.3 years higher than for women with no education (23.1 years and 17.8 years, respectively). The median age for women in the highest quintile is 2.2 years higher than for women in the lowest quintile (20.7 years and 18.5 years, respectively).

Table 4.8 Median age at first birth

Median age at first birth among women age 25-49 years, according to background characteristics, Swaziland 2006-07

Background characteristic	Current age					Women age 25-49
	25-29	30-34	35-39	40-44	45-49	
<b>Residence</b>						
Urban	20.4	20.3	20.2	20.0	19.3	20.1
Rural	19.1	19.2	19.1	18.3	18.8	18.9
<b>Region</b>						
Hhohho	19.8	19.6	19.9	18.8	18.6	19.5
Manzini	19.7	19.8	19.8	18.8	18.7	19.4
Shiselweni	19.4	19.3	19.4	18.9	19.9	19.3
Lubombo	18.8	18.8	18.5	18.0	18.7	18.6
<b>Education</b>						
No education	18.0	17.7	18.2	16.8	18.7	17.8
Lower primary	17.2	18.6	18.8	17.7	17.2	18.0
Higher primary	18.4	18.3	18.2	18.5	18.0	18.3
Secondary	18.7	19.3	19.3	19.0	19.4	19.1
High school	21.1	20.4	21.3	20.0	21.6	20.8
Tertiary	24.3	24.0	22.9	23.0	21.6	23.1
<b>Wealth quintile</b>						
Lowest	18.5	18.6	18.8	17.5	18.8	18.5
Second	18.7	18.7	18.7	18.3	18.7	18.6
Middle	18.9	19.3	18.8	18.2	18.6	18.8
Fourth	20.2	19.2	19.9	19.2	18.1	19.5
Highest	21.2	21.2	20.4	20.1	19.9	20.7
Total	19.5	19.4	19.4	18.7	18.9	19.2

## 4.8 TEENAGE PREGNANCY AND MOTHERHOOD

Teenage pregnancy is a major health concern because of its association with higher morbidity and mortality for both the mother and child. Childbearing during the teenage years also frequently has adverse social consequences, particularly on female educational attainment since women who become mothers in their teens are more likely to curtail education.

Table 4.9 shows the percentage of women age 15-19 who have given birth or who are pregnant with their first child. A total of 23 percent of teenagers have started childbearing; 19 percent have had a live birth and 4 percent are pregnant with their first child. While only 4 percent of women age 15 have started childbearing, 45 percent of women are either mothers or are pregnant with their first child by age 19. Rural women are more likely than urban teenagers to have started childbearing. However, the proportion of teenagers who are pregnant with their first child is slightly higher in urban areas than in rural areas (6 percent compared with 4 percent).

There are notable regional differences in the proportion of teenagers who have begun childbearing, ranging from 18 percent in Manzini to 27 percent in Lubombo. There is an inverse relationship between early childbearing and education. Teenagers with less education are more likely to start childbearing early than better educated women; 61 percent of teenagers who had no education had begun childbearing compared to 15 percent of those with high school education. It appears that even minimal education makes a difference in delaying pregnancy among teenagers; the proportion of teenagers who have begun childbearing is 36 percent for those with lower primary education and 29 percent for those with higher primary education. These proportions are significantly lower than for those with no education (61 percent). Teenagers in the lowest wealth quintile are more than twice as likely to start childbearing early than those in the highest wealth quintile (33 percent and 15 percent, respectively).

**Table 4.9 Teenage pregnancy and motherhood**

Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child and percentage who have begun childbearing, by background characteristics, Swaziland 2006-07

Background characteristic	Percentage who:		Percentage who have begun childbearing	Number of women
	Have had a live birth	Are pregnant with first child		
<b>Age</b>				
15	2.5	1.7	4.2	248
16	6.8	4.2	11.0	273
17	16.4	6.0	22.4	268
18	29.3	3.3	32.6	241
19	39.4	5.0	44.5	245
<b>Residence</b>				
Urban	13.9	5.6	19.5	249
Rural	19.6	3.7	23.3	1,025
<b>Region</b>				
Hhohho	20.6	5.5	26.1	303
Manzini	14.9	3.4	18.3	415
Shiselweni	16.8	4.2	21.0	301
Lubombo	24.0	3.2	27.2	254
<b>Education</b>				
No education	(53.9)	(7.4)	(61.3)	27
Lower primary	31.0	4.5	35.5	82
Higher primary	23.9	4.9	28.8	425
Secondary	13.6	3.0	16.6	576
High school	10.0	5.1	15.1	157
Tertiary	*	*	*	6
<b>Wealth quintile</b>				
Lowest	26.6	5.9	32.5	212
Second	19.6	4.5	24.1	227
Middle	19.4	4.4	23.8	263
Fourth	16.7	3.6	20.3	309
Highest	12.3	2.3	14.6	262
Total	18.5	4.1	22.6	1,274

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases.

*Marjorie Mavuso*

This chapter presents the results of the 2006-07 Swaziland Demographic and Health Survey (SDHS) regarding the following: knowledge of specific contraceptive methods, brands of some methods, sources of methods and cost of methods, behaviour regarding contraceptive use, and attitudes towards use of contraception. The results are presented to show the perspectives of males and females in the reproductive age range, by age group. Because this is the first DHS survey in Swaziland and no comparable survey has ever been conducted in Swaziland, it is not possible to compare survey data. The findings are particularly important to Swaziland because they will contribute towards the evaluation of the national efforts in making family planning services available to the entire population of reproductive age. It will also contribute to better policy decisions regarding the unmet need for family planning, which will create further demand for quality family planning services.

## **5.1 KNOWLEDGE OF CONTRACEPTIVE METHODS**

Information about contraception is a major determinant of positive attitudes towards family planning, method acquisition, and sustained contraceptive use. Couples who have adequate knowledge about the benefits of family planning are more likely to have a small family size and hence have better health outcomes compared with those who have less knowledge. In Swaziland, where patriarchy is the dominant form of social organisation, it is very important to ensure that men have adequate knowledge of family planning, because they influence reproductive health outcomes.

In the SDHS, male and female respondents age 15-49 years who were married or sexually active were asked a series of questions about contraceptive knowledge and use. They were first asked to name all of the family planning methods that they knew. For those methods they could not name, the interviewer described the method and further asked if the respondent had ever heard of the method. If the respondent remembered the method then it was added to the list of methods known by the respondent. The range of methods included two categories: traditional and modern methods. Modern methods included female and male sterilisation, the pill, IUD, injectables, implants, male and female condoms, diaphragm, foam/jelly, lactational amenorrhoea (LAM), and emergency contraception. Traditional methods included withdrawal, rhythm/Billings/mucus, and folk method.

Table 5.1 presents the percentage distribution of all married and sexually active women and men who knew any contraceptive method by each specific method. The data are presented by sex, for currently married and for sexually active unmarried respondents. Table 5.2 presents the contraceptive knowledge levels of all the respondents by selected demographic characteristics. There are 12 modern and three traditional methods of contraception listed. The data show that knowledge of at least one contraceptive method among women and men is universal in Swaziland, regardless of marital status. Of the 12 modern methods of contraception listed in the questionnaire, the most widely known method is male condom (99 percent for both males and females). The best known methods for female respondents are male condom (99 percent), injectables (96 percent), the pill (95 percent), and female condom (91 percent). For men, the best-known methods are male condom (99 percent), followed by female condom, the pill, and injectables (84 percent each).

Table 5.1 Knowledge of contraceptive methods

Percentage of all respondents, currently married respondents and sexually active unmarried respondents age 15-49 who know any contraceptive method, by specific method, Swaziland 2006-07

Method	Women			Men		
	All women	Currently married women	Sexually active unmarried woman	All men	Currently married men	Sexually active unmarried men
<b>Any method</b>	99.7	99.9	99.7	99.6	100.0	100.0
<b>Any modern method</b>	99.7	99.9	99.7	99.5	99.9	100.0
Female sterilisation	68.6	77.0	71.3	63.3	76.3	68.5
Male sterilisation	27.9	33.6	33.1	35.0	46.9	38.4
Pill	94.7	98.4	97.7	84.1	93.8	88.3
IUD	74.5	88.1	83.7	49.6	74.3	57.5
Injectables	95.9	98.5	99.2	83.7	96.1	91.4
Implants	3.7	4.6	3.3	4.2	7.1	4.3
Male condom	98.8	98.7	99.3	99.2	99.6	100.0
Female condom	91.3	92.7	93.6	84.1	88.3	90.5
Diaphragm	19.4	22.9	24.3	19.6	23.9	22.1
Foam/jelly	18.6	22.8	21.7	16.8	23.1	21.0
Lactational amenorrhoea (LAM)	58.3	73.2	64.1	33.0	54.2	33.4
Emergency contraception	25.7	24.8	37.6	21.8	27.0	31.2
<b>Any traditional method</b>	77.5	87.0	85.9	78.5	94.1	92.2
Rhythm/Billings/mucus method	38.3	39.9	44.4	46.0	57.8	60.3
Withdrawal	70.3	82.7	81.2	73.5	92.1	87.9
Folk method	9.9	13.7	9.3	4.3	5.8	3.7
Mean number of methods known	8.0	8.7	8.6	7.2	8.7	8.0
Number of respondents	4,987	2,062	573	4,156	1,219	587

<sup>1</sup> Had last sexual intercourse within 30 days preceding the survey

Table 5.1 also shows that the least known methods (25 percent or less for all groups) include diaphragm, foam/jelly, and implants. Of note is that emergency contraception is more likely to be known by sexually active unmarried men and women (31 percent and 38 percent, respectively) than by married respondents.

Knowledge of traditional methods is relatively high (78 percent of all women and 79 percent of all men). Currently married respondents are only slightly more aware of traditional family planning methods than unmarried respondents. For example, knowledge of at least one traditional contraceptive method among married men is 94 percent compared with 92 percent of unmarried sexually active men. Knowledge of the withdrawal method is high among women and men (70 percent or higher). It is interesting to note that men are more likely to have heard of the rhythm/Billings/mucus method than women; 60 percent and 44 percent, respectively. Folk methods were mentioned by 10 percent or less of respondents, except among currently married women (14 percent).

Knowledge of contraceptives is also universal across all subgroups of population (see Table 5.2).

**Table 5.2 Knowledge of contraceptive methods by background characteristics**

Percentage of currently married women and currently married men age 15-49 who have heard of at least one contraceptive method and who have heard of at least one modern method by background characteristics, Swaziland 2006-07

Background characteristic	Women			Men		
	Heard of any method	Heard of any modern method <sup>1</sup>	Number	Heard of any method	Heard of any modern method <sup>1</sup>	Number
<b>Age</b>						
15-19	99.1	99.1	88	*	*	2
20-24	100.0	100.0	343	100.0	100.0	66
25-29	99.9	99.9	388	100.0	100.0	224
30-34	100.0	100.0	379	100.0	100.0	255
35-39	100.0	100.0	334	100.0	100.0	253
40-44	100.0	100.0	291	100.0	100.0	211
45-49	100.0	99.5	238	100.0	99.6	208
<b>Residence</b>						
Urban	99.9	99.9	542	100.0	100.0	490
Rural	99.9	99.9	1,520	100.0	99.9	729
<b>Region</b>						
Hhohho	99.9	99.9	600	100.0	99.8	389
Manzini	99.9	99.8	650	100.0	100.0	368
Shiselweni	100.0	100.0	363	100.0	100.0	175
Lubombo	100.0	100.0	449	100.0	100.0	287
<b>Education</b>						
No education	100.0	100.0	247	100.0	99.5	156
Lower primary	99.5	98.9	176	100.0	100.0	131
Higher primary	100.0	100.0	538	100.0	100.0	227
Secondary	100.0	100.0	600	100.0	100.0	257
High school	100.0	100.0	304	100.0	100.0	241
Tertiary	99.8	99.8	197	100.0	100.0	206
<b>Wealth quintile</b>						
Lowest	99.8	99.5	353	100.0	99.5	158
Second	100.0	100.0	369	100.0	100.0	163
Middle	100.0	100.0	379	100.0	100.0	189
Fourth	100.0	100.0	424	100.0	100.0	268
Highest	99.9	99.9	537	100.0	100.0	440
Total 15-49	99.9	99.9	2,062	100.0	99.9	1,219

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases.

<sup>1</sup> Female sterilisation, male sterilisation, pill, IUD, injectables, implants, male condom, female condom, lactational amenorrhea method (LAM), emergency contraception, and other modern methods

## 5.2 EVER USE OF CONTRACEPTION

All respondents who said they knew a method of contraception (traditional or modern), were asked if they had ever used the method listed. The data are presented in Tables 5.3.1 and 5.3.2. Table 5.3.1 shows that 71 percent of women have used any method and almost all of them (70 percent) used a modern method. Sexually active unmarried women are more likely to have used a family planning method than their married counterparts (92 percent and 89 percent, respectively). The method used most often is male condom (45 percent), followed by injectables (43 percent), and the pill (31 percent). Other methods that were regularly ever used by women are LAM (17 percent) and traditional methods (18 percent). The male condom was the most popular method ever used by sexually active unmarried women (73 percent), while injectables are most popular among currently married women (61 percent) (Figure 5.1).

Table 5.3.1 Ever use of contraception: Women

Percentage of all women, currently married women, and sexually active unmarried women age 15-49 who have ever used any contraceptive method by method, according to age, Swaziland 2006-07

Age	Any method	Any modern method	Modern method										Traditional method				Number of women		
			Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	Female condom	Diaphragm	Foam/jelly	LAM	Emergency contraception	Any traditional method	Rhythm/Billings/mucus method	Withdrawal		
ALL WOMEN																			
15-19	27.6	26.9	0.0	0.0	4.5	0.1	7.6	0.0	22.3	1.0	0.1	0.1	2.5	0.3	4.5	1.4	2.9	0.6	1,274
20-24	78.4	76.5	0.2	0.3	19.8	0.4	39.6	0.1	56.5	3.1	0.1	0.4	13.6	3.2	16.6	5.3	11.0	2.0	1,046
25-29	90.0	89.6	0.7	0.2	38.1	3.1	63.1	0.4	65.0	5.0	0.6	1.9	17.8	5.3	22.5	7.7	16.3	1.5	729
30-34	94.1	93.0	3.0	0.8	49.2	6.7	69.0	0.2	63.9	4.5	0.5	3.0	24.9	4.5	26.6	8.4	20.3	2.2	616
35-39	90.2	89.1	5.4	0.5	57.1	10.2	65.9	0.5	53.0	5.5	0.9	4.0	28.9	3.2	26.8	8.0	21.6	3.0	503
40-44	84.5	83.6	9.8	0.7	51.3	17.7	56.3	0.0	35.0	3.7	0.5	6.4	32.8	2.4	24.7	7.7	19.0	4.0	438
45-49	80.3	78.5	13.0	0.7	46.9	17.1	41.8	0.0	25.2	2.4	0.7	3.2	27.4	0.7	20.4	5.5	16.2	1.8	383
Total	71.0	69.8	2.9	0.4	30.8	5.3	42.8	0.1	45.3	3.3	0.4	2.0	17.1	2.6	17.6	5.6	13.0	1.8	4,987
CURRENTLY MARRIED WOMEN																			
15-19	70.9	68.3	0.0	0.0	20.9	0.0	34.6	0.0	45.5	1.1	0.0	1.0	7.6	0.0	14.4	2.8	11.6	0.0	88
20-24	89.2	86.6	0.6	0.2	24.4	0.7	50.9	0.0	53.7	4.9	0.3	0.3	17.4	2.7	21.8	5.7	15.7	2.6	343
25-29	91.8	91.1	0.9	0.4	43.2	3.1	70.7	0.7	58.8	5.8	0.8	2.6	21.7	4.1	26.6	7.5	20.2	1.6	388
30-34	95.6	94.6	3.6	0.5	52.7	7.7	72.5	0.2	59.0	4.6	0.4	3.7	26.6	4.1	30.7	9.6	23.6	2.7	379
35-39	92.8	91.6	7.3	0.8	59.8	10.0	69.4	0.5	50.8	5.2	0.5	5.2	30.9	3.0	30.2	8.0	24.3	3.5	334
40-44	84.3	82.9	11.8	1.1	53.6	18.8	57.9	0.0	33.1	2.5	0.7	6.2	33.0	2.9	25.4	8.6	19.6	3.8	291
45-49	82.6	79.9	16.9	0.5	49.4	15.6	43.7	0.0	24.2	1.8	0.6	3.2	28.5	0.7	18.9	3.4	16.1	1.9	238
Total	89.2	87.7	5.8	0.5	45.8	8.2	61.0	0.2	48.5	4.2	0.5	3.3	25.2	2.9	25.6	7.2	19.8	2.5	2,062
SEXUALLY ACTIVE UNMARRIED WOMEN <sup>1</sup>																			
15-19	80.1	80.1	0.0	0.0	12.7	0.0	23.2	0.0	69.1	2.7	1.0	0.0	3.9	1.6	11.6	4.6	9.4	0.8	98
20-24	93.1	91.3	0.0	1.2	26.6	1.1	49.2	0.0	74.1	5.4	0.0	0.7	16.7	5.2	23.4	10.1	15.9	1.1	193
25-29	98.5	98.5	0.0	0.0	41.5	4.9	70.6	0.0	85.8	5.5	0.0	2.9	14.4	11.3	30.2	11.8	23.4	2.0	112
30-34	96.7	96.7	4.3	1.2	50.2	4.9	66.2	0.1	77.3	6.4	1.2	1.7	24.3	5.6	18.7	8.1	14.7	1.1	77
35-39	(88.5)	(88.5)	(6.0)	(0.0)	(48.7)	(13.6)	(64.2)	(0.0)	(65.2)	(7.0)	(5.9)	(5.9)	(17.0)	(8.1)	(20.1)	(6.2)	(20.1)	(0.0)	45
40-44	(89.0)	(89.0)	(10.6)	(0.0)	(56.6)	(16.9)	(50.8)	(0.0)	(51.2)	(10.9)	(0.0)	(7.6)	(31.6)	(6.2)	(21.5)	(3.4)	(18.1)	(0.0)	31
45-49	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	16
Total	91.6	91.0	1.9	0.6	34.5	5.2	52.1	0.0	73.1	5.5	0.8	1.9	15.8	6.0	21.5	8.5	16.4	1.0	573

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases.

LAM = Lactational amenorrhea method

<sup>1</sup> Women who had sexual intercourse within 30 days preceding the survey

Ever use of contraception varies by age. Ever use of a modern contraceptive method is 28 percent for women age 15-19, rises sharply to reach a peak of 94 percent among women age 30-34, and then drops to 80 percent at age 45-49. The use of selected methods (e.g., female sterilisation, male sterilisation, and IUD) increases with age. Injectables are popular among women age 25-39 and male condoms are favoured by women age 25-34, especially those who are sexually active and unmarried.

**Figure 5.1 Ever Use of Contraception among Women**

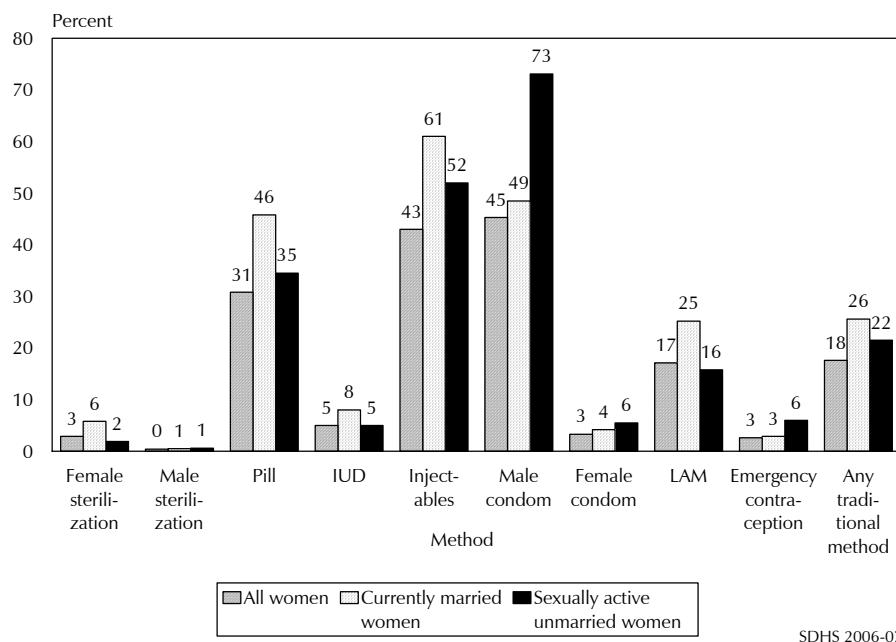


Table 5.3.2 shows that 59 percent of men had ever used a method of contraception and 55 percent had used a modern method. As in the case of women, the level of ever use is higher among sexually active unmarried men than for currently married men. The most popular ever used method is the male condom. In both groups younger men reported less use of contraception. Ever use of contraception also varies by the man's age. Current use of any contraceptive method is 17 percent for men age 15-19, rises sharply to reach a peak of 88 percent among men age 30-34, and then declines to 78 percent at age 45-49. Male condoms are favoured by men age 25-34, especially those who are sexually active and unmarried. The use of traditional methods increases with age.

Table 5.3.2 Ever use of contraception: Men

Percentage of all men, currently married men, and sexually active unmarried men age 15-49 who have ever used any contraceptive method by method, according to age, Swaziland 2006-07

Age	Any method	Any modern method	Modern method			Traditional method		Number of men
			Male sterilization	Male condom	Any traditional method	Rhythm/Billings/mucus method	Withdrawal	
ALL MEN								
15-19	16.6	15.5	0.4	15.1	3.3	1.8	1.9	1,323
20-24	67.1	64.6	1.0	64.0	21.3	12.1	11.9	886
25-29	85.3	81.3	0.6	81.0	36.3	19.4	25.5	624
30-34	87.5	82.5	0.0	82.5	49.4	24.1	39.3	431
35-39	83.4	75.5	1.1	74.7	51.5	22.7	43.4	367
40-44	88.0	80.6	0.3	80.6	51.8	22.6	42.1	269
45-49	78.1	66.6	2.4	65.1	53.4	21.7	44.0	256
Total 15-49	59.3	55.4	0.7	55.0	27.4	13.4	20.3	4,156
CURRENTLY MARRIED MEN								
15-19	*	*	*	*	*	*	*	2
20-24	81.3	72.3	1.4	72.3	39.2	23.6	26.0	66
25-29	91.2	83.4	1.0	82.9	47.1	27.0	31.1	224
30-34	89.6	81.3	0.0	81.3	55.8	27.2	46.8	255
35-39	85.4	76.6	1.6	75.4	56.8	24.9	47.9	253
40-44	88.9	82.7	0.4	82.7	52.9	23.5	44.0	211
45-49	80.3	68.5	2.4	66.6	55.9	22.3	45.2	208
Total 15-49	86.9	78.3	1.1	77.6	53.0	25.0	42.2	1,219
SEXUALLY ACTIVE UNMARRIED MEN <sup>1</sup>								
15-19	80.9	72.2	2.0	70.3	26.3	18.0	11.1	55
20-24	92.2	91.0	0.0	91.0	37.3	22.7	19.7	202
25-29	95.9	94.7	0.5	94.7	40.4	16.5	33.0	175
30-34	97.6	96.6	0.0	96.6	55.8	32.4	36.0	83
35-39	(94.1)	(94.1)	(0.0)	(94.1)	(40.1)	(11.2)	(35.8)	43
40-44	*	*	*	*	*	*	*	18
45-49	*	*	*	*	*	*	*	11
Total 15-49	93.0	90.8	0.5	90.6	40.4	21.3	26.8	587

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases.

<sup>1</sup> Men who had sexual intercourse within 30 days preceding the survey

## 5.3 CURRENT USE OF CONTRACEPTIVE METHODS

To measure the national contraceptive prevalence rate (CPR), women age 15-49 were asked to indicate whether they were currently using any method of contraception and to identify the method they were currently using. As shown in Table 5.4, the contraceptive prevalence for currently married women in Swaziland is 51 percent. Most current users use a modern method (48 percent). The group with the highest contraceptive prevalence is sexually active unmarried women (65 percent), which is due to their greater use of the male condom.

Injectables, male condom, and the pill are the most popular methods of contraception among currently married women (17 percent, 12 percent, and 10 percent, respectively). The use of contraceptives increases with age. For currently married women, the percentage who use a modern contraceptive method is 43 percent for women age 15-19, rises to 65 percent among women age 30-34, and then declines to 34 percent at age 45-49. The increase in use by age is notable for permanent or long-term methods, such as female sterilisation and IUD. Injectables and condoms are popular among women age 25-34.

Table 5.4 Current use of contraception by age

Percent distribution of all women, currently married women, and sexually active unmarried women age 15-49 by contraceptive method currently used, according to age, Swaziland 2006-07

Age	Any method	Any modern method	Modern method							Any traditional method	Traditional method				Total	Number of women
			Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom		Rhythm/Billings/mucus method	Withdrawal	Folk method	Not currently using		
ALL WOMEN																
15-19	15.3	15.3	0.0	0.0	2.0	0.1	4.6	0.0	8.2	0.2	0.3	0.0	0.0	0.0	84.7	100.0
20-24	42.9	42.0	0.2	0.0	6.0	0.2	16.1	0.0	18.0	0.1	1.3	0.9	0.1	0.7	0.1	57.1
25-29	52.5	50.9	0.7	0.2	9.0	0.6	19.4	0.2	20.1	0.0	0.7	1.6	0.2	1.1	0.3	47.5
30-34	57.3	54.6	3.0	0.3	10.4	1.4	18.4	0.1	19.4	0.3	1.3	2.7	0.1	2.4	0.2	42.7
35-39	47.7	44.0	5.4	0.0	8.4	1.3	14.2	0.3	12.8	0.4	1.1	3.7	0.8	2.2	0.7	52.3
40-44	38.2	35.2	9.8	0.2	5.9	2.4	8.9	0.0	7.4	0.0	0.6	3.0	0.2	1.4	1.4	61.8
45-49	26.8	24.6	13.0	0.0	1.9	2.5	1.6	0.0	5.7	0.0	0.0	2.2	0.0	2.2	0.0	73.2
Total	37.9	36.3	2.9	0.1	5.9	0.9	12.0	0.1	13.6	0.1	0.8	1.6	0.2	1.1	0.3	62.1
CURRENTLY MARRIED WOMEN																
15-19	42.8	42.8	0.0	0.0	11.2	0.0	20.9	0.0	10.6	0.0	0.0	0.0	0.0	0.0	57.2	100.0
20-24	46.7	44.6	0.6	0.0	8.1	0.0	20.8	0.0	12.9	0.0	2.1	2.1	0.3	1.4	0.4	53.3
25-29	53.7	51.7	0.9	0.3	11.7	0.7	24.4	0.4	12.6	0.0	0.8	2.0	0.2	1.5	0.3	46.3
30-34	64.9	61.5	3.6	0.5	15.2	2.0	21.1	0.2	17.3	0.5	1.1	3.4	0.2	3.1	0.0	35.1
35-39	56.0	52.2	7.3	0.0	11.0	1.3	17.5	0.2	13.8	0.3	0.9	3.8	0.6	2.6	0.6	44.0
40-44	42.3	38.2	11.8	0.3	6.8	2.6	9.0	0.0	7.4	0.0	0.3	4.1	0.3	2.1	1.7	57.7
45-49	34.4	30.9	16.9	0.0	2.6	3.0	2.1	0.0	6.2	0.0	0.0	3.6	0.0	3.6	0.0	65.6
Total	50.6	47.7	5.8	0.2	9.9	1.4	17.2	0.1	12.2	0.1	0.9	2.9	0.3	2.2	0.4	49.4
SEXUALLY ACTIVE UNMARRIED WOMEN <sup>1</sup>																
15-19	55.7	55.7	0.0	0.0	6.4	0.0	12.8	0.0	35.3	1.2	0.0	0.0	0.0	0.0	44.3	100.0
20-24	61.6	60.4	0.0	0.0	6.4	1.1	18.1	0.0	33.6	0.4	0.7	1.2	0.0	1.2	0.0	38.4
25-29	78.1	75.4	0.0	0.0	10.6	0.9	20.4	0.0	42.3	0.0	1.2	2.6	0.0	1.9	0.7	21.9
30-34	73.4	72.2	4.3	0.0	2.9	0.0	22.4	0.0	39.1	0.0	3.6	1.2	0.0	1.2	0.0	26.6
35-39	(57.7)	(51.0)	(6.0)	(0.0)	(7.4)	(4.4)	(13.7)	(0.0)	(19.4)	(0.0)	(0.0)	(6.7)	(1.8)	(4.9)	(0.0)	(42.3)
40-44	(59.0)	(59.0)	(10.6)	(0.0)	(19.0)	(0.0)	(13.6)	(0.0)	(15.8)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(41.0)	100.0
45-49	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	16
Total	64.5	62.9	1.9	0.0	7.5	0.9	17.3	0.0	33.9	0.4	1.0	1.6	0.1	1.3	0.1	35.5

Note: If more than one method is used, only the most effective method is considered in this tabulation. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases.

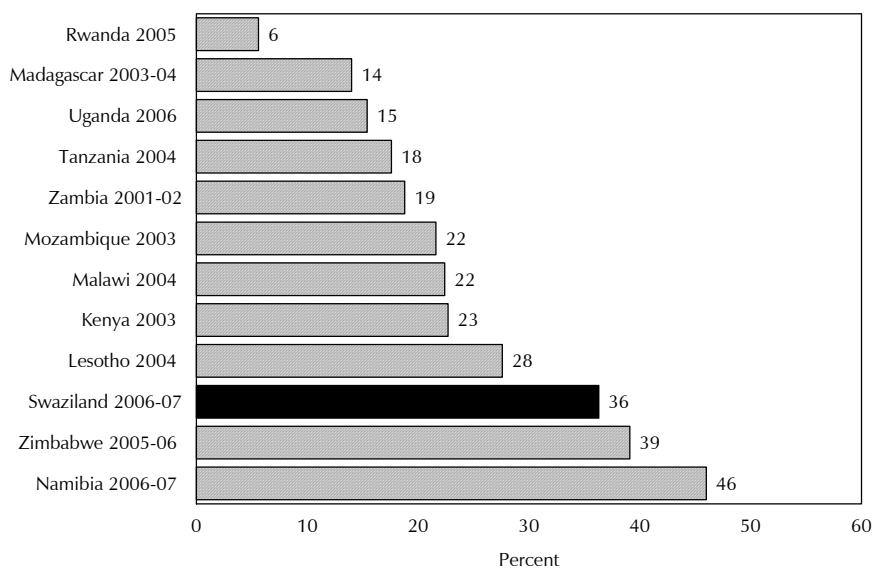
LAM = Lactational amenorrhea method

<sup>1</sup> Women who have had sexual intercourse within 30 days preceding the survey

Figure 5.2 compares the modern contraceptive prevalence of all women in Swaziland with the prevalence in other countries in south-east Africa for which data are available. It is clear that contraceptive use in Swaziland is among the highest in the region, lower only than that in Namibia and Zimbabwe.

Table 5.5 and Figure 5.3 present the distribution of currently married women by level of contraceptive use, according to selected background characteristics. Contraceptive use among urban women (53 percent) is higher than among rural women (48 percent). The most popular methods for urban women are male condom (20 percent), injectables (14 percent), and the pill (11 percent). In the rural areas, women are more likely to use injectables (18 percent), followed by the pill (10 percent) and male condom (9 percent). The contraceptive prevalence rate is highest in Manzini and Hhohho regions (54 percent and 53 percent, respectively). The CPR is 48 percent in Lubombo and 46 percent in Shiselweni.

**Figure 5.2 Contraceptive Prevalence of Modern Methods Among All Women for Selected Countries in Southeast Africa**



Use of contraception is clearly related to a woman's education. Women with the least education are the least likely to use contraception (29 percent) and those with the highest education are the most likely to use some form of family planning (74 percent). When comparing CPR by parity, Table 5.5 shows that CPR for women with no children is lower than for those with 1-2 and 3-4 children (28 percent compared with 50 percent and 61 percent, respectively). Women with five or more children have a lower CPR (48 percent) than those with fewer children. The data also show that contraceptive use increases with increasing wealth status.

Table 5.5 Current use of contraception by background characteristics

Percent distribution of currently married women age 15-49 by contraceptive method currently used, according to background characteristics, Swaziland 2006-07

Background characteristic	Any method	Modern method							Any traditional method	Traditional method				Number of women				
		Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants		Male condom	Female condom	LAM	Rhythm/Billings/mucus method	Withdrawal	Folk method			
<b>Residence</b>																		
Urban	58.1	55.8	8.2	0.5	10.6	1.9	13.7	0.6	19.8	0.0	0.4	2.4	0.7	1.7	0.0	41.9	100.0	542
Rural	48.0	44.8	4.9	0.1	9.6	1.2	18.4	0.0	9.4	0.2	1.1	3.1	0.1	2.4	0.6	52.0	100.0	1,520
<b>Region</b>																		
Hhohho	53.7	50.6	5.2	0.6	10.9	1.4	17.7	0.1	13.0	0.5	1.1	3.1	0.2	2.4	0.5	46.3	100.0	600
Manzini	52.5	49.3	5.2	0.0	10.4	1.9	15.1	0.4	15.7	0.0	0.6	3.3	0.3	2.9	0.1	47.5	100.0	650
Shiselweni	45.6	42.1	5.5	0.0	7.2	0.9	18.0	0.0	9.4	0.0	1.1	3.5	0.6	2.2	0.7	54.4	100.0	363
Lubombo	48.0	46.1	7.5	0.0	9.8	1.1	18.8	0.0	8.0	0.0	1.0	1.8	0.2	1.0	0.7	52.0	100.0	449
<b>Highest educational level</b>																		
No education	28.9	26.5	5.8	0.0	6.1	0.6	7.6	0.0	4.7	0.4	1.3	2.4	0.0	1.5	0.9	71.1	100.0	247
Lower primary	36.3	32.1	6.1	0.0	6.5	0.0	13.9	0.0	4.4	0.0	1.1	4.2	0.0	4.2	0.0	63.7	100.0	176
Higher primary	45.6	43.6	4.0	0.0	7.9	1.0	18.9	0.0	11.3	0.0	0.5	1.9	0.2	1.4	0.3	54.4	100.0	538
Secondary	56.1	52.8	4.3	0.0	11.5	1.2	21.1	0.0	12.9	0.2	1.6	3.3	0.3	2.5	0.5	43.9	100.0	600
High School	60.0	55.7	6.7	0.7	11.4	2.0	17.8	0.0	16.8	0.3	0.0	4.3	1.0	3.0	0.3	40.0	100.0	304
Tertiary	73.7	71.6	13.0	0.9	15.7	4.2	14.4	1.5	21.3	0.0	0.5	2.1	0.0	1.4	0.7	26.3	100.0	197
<b>Number of living children</b>																		
0	27.6	26.1	1.9	0.0	2.0	0.0	4.0	0.0	18.1	0.0	0.0	1.5	0.0	0.7	0.8	72.4	100.0	166
1-2	49.8	48.3	1.0	0.3	11.1	1.3	20.4	0.3	13.2	0.1	0.7	1.5	0.1	1.4	0.0	50.2	100.0	772
3-4	60.7	56.4	7.8	0.3	11.0	1.7	20.5	0.1	13.7	0.2	1.1	4.3	0.8	3.2	0.3	39.3	100.0	570
5+	48.3	44.3	11.4	0.0	9.4	1.7	13.2	0.0	7.2	0.2	1.3	4.0	0.0	2.9	1.1	51.7	100.0	554
<b>Wealth quintile</b>																		
Lowest	37.2	35.7	2.3	0.0	5.5	0.0	20.8	0.0	4.4	0.0	2.8	1.5	0.0	0.9	0.5	62.8	100.0	353
Second	42.9	40.7	4.1	0.0	9.0	1.1	16.5	0.0	8.4	0.3	1.2	2.2	0.2	2.0	0.0	57.1	100.0	369
Middle	54.2	50.3	7.1	0.0	12.1	0.4	19.9	0.0	9.7	0.2	0.8	3.9	0.4	2.9	0.6	45.8	100.0	379
Fourth	50.7	47.2	4.5	0.0	10.1	1.9	16.1	0.0	14.4	0.2	0.0	3.5	0.2	2.7	0.5	49.3	100.0	424
Highest	62.2	59.0	9.2	0.7	11.6	2.8	14.2	0.6	19.7	0.0	0.2	3.2	0.4	2.3	0.6	37.8	100.0	537
Total	50.6	47.7	5.8	0.2	9.9	1.4	17.2	0.1	12.2	0.1	0.9	2.9	0.3	2.2	0.4	49.4	100.0	2,062

Note: If more than one method is used, only the most effective method is considered in this tabulation.

LAM = Lactational amenorrhea method

**Figure 5.3 Contraceptive Prevalence Rates Among Currently Married Women Age 15-49**

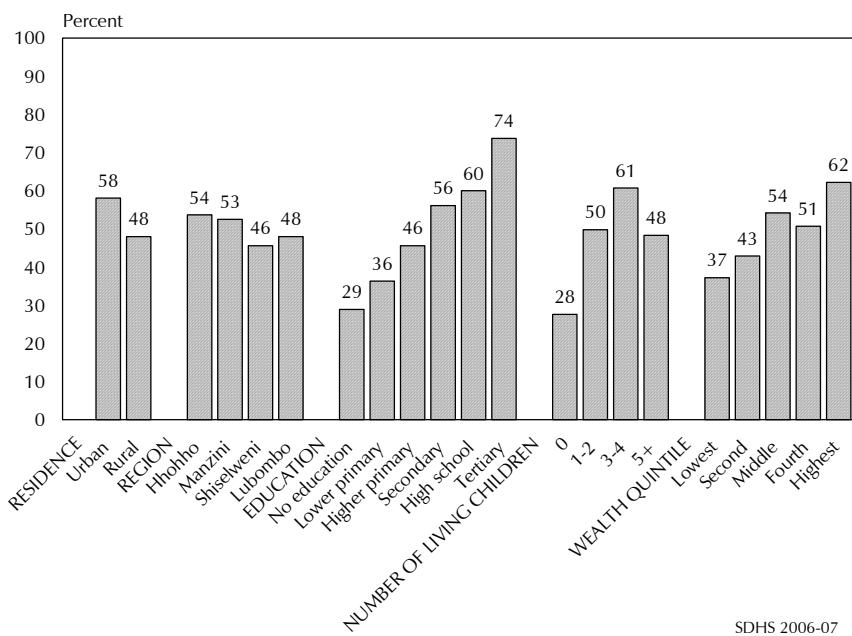


Table 5.6 and Figure 5.4 show that contraceptive use has declined slightly from 40 percent in 2002 to 38 percent in 2007. While male condom and injectables remain the most popular methods, decline in the use of these methods has contributed to the overall decline in contraceptive prevalence in the country.

**Table 5.6 Trends in current use of contraception**

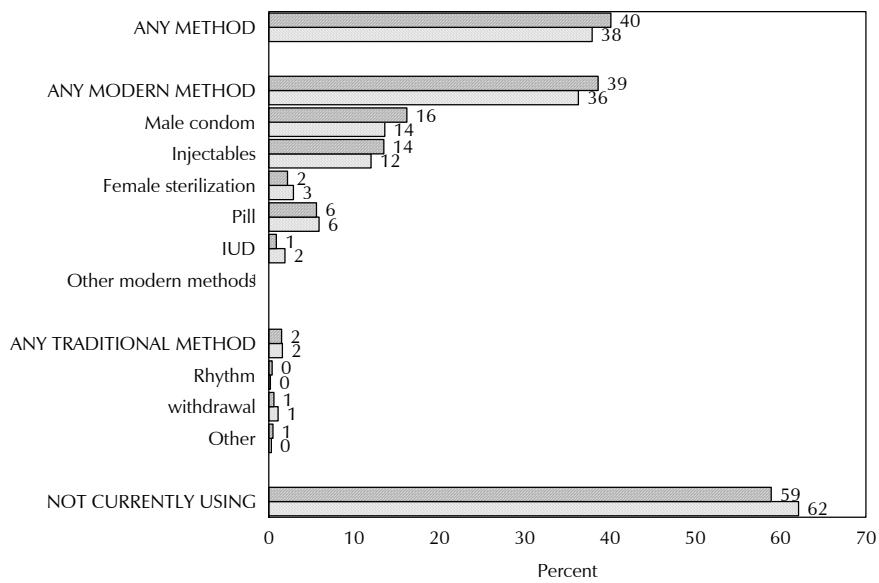
Percent distribution of women age 15-49 by contraceptive method currently used, according to several surveys

Method	2002 SCHS	2006-07 SDHS
<b>Any method</b>	40.1	37.9
<b>Any modern method</b>	38.6	36.3
Male condom	16.2	13.6
Injectables	13.5	12.0
Female sterilisation	2.2	2.9
Pill	5.6	5.9
IUD	0.9	1.9
Other modern methods <sup>1</sup>		
<b>Any traditional method</b>	1.5	1.6
Rhythm	0.4	0.2
Withdrawal	0.6	1.1
Other	0.5	0.3
<b>Not currently using</b>	58.9	62.1
Total	100.0	100.0
Number of women	3,386	4,987

<sup>1</sup> Male sterilisation, implants, female condom, lactational amenorrhea method (LAM), emergency contraception, and other modern methods

SCHS = Swaziland Community Health Survey

**Figure 5.4 Trends in Current Contraceptive Use Among Currently Married Women**



<sup>1</sup> Male sterilization, implants, female condom, lactational amenorrhea method (LAM), emergency contraception, and other modern methods

SDHS 2006-07

#### 5.4 NUMBER OF CHILDREN AT FIRST USE OF CONTRACEPTION

Couples use family planning methods to either limit family size or delay the next birth. Couples using family planning as a means to control family size (i.e., to stop having children) adopt contraception when they have already had the number of children they want. When contraception is used to space births, couples may start to use family planning earlier with the intention of delaying a possible pregnancy. This may be done before a couple has had their desired number of children. In a culture where smaller family size is becoming the norm, young women adopt family planning at an earlier age than their older counterparts.

Women interviewed in the 2006-07 SDHS were asked how many children they had at the time they first used a method of family planning. Table 5.7 shows the percent distribution of women by number of living children at the time of first use of contraception, according to current age. Overall, 29 percent of women never used contraception, 14 percent started using a family planning method before they had a child, and the majority (34 percent) started after having one child.

Women start using contraception at a younger age; while 26 percent of women age 20-24 started using contraception before they had any children, the corresponding number for women age 30-34 is 7 percent, and for women 45-49 is 3 percent.

Table 5.7 Number of children at first use of contraception

Percent distribution of women age 15-49 by number of living children at the time of first use of contraception, according to current age, Swaziland 2006-07

Age	Never used	Number of living children at time of first use of contraception						Number of women	
		0	1	2	3	4+	Missing		
15-19	72.4	17.2	9.6	0.6	0.0	0.0	0.2	100.0	1,274
20-24	21.6	25.8	43.1	8.0	1.2	0.1	0.3	100.0	1,046
25-29	10.0	13.4	54.7	15.9	3.6	2.3	0.1	100.0	729
30-34	5.9	6.8	51.4	22.8	8.9	4.0	0.2	100.0	616
35-39	9.8	7.8	36.6	20.2	12.9	12.1	0.5	100.0	503
40-44	15.5	5.5	27.0	18.8	10.7	21.7	0.8	100.0	438
45-49	19.7	3.1	23.1	14.1	9.8	29.0	1.2	100.0	383
Total	29.0	14.1	33.7	11.7	4.9	6.2	0.4	100.0	4,987

## 5.5 USE OF SOCIAL MARKETING BRANDS

The Swaziland family planning programme provides a variety of contraceptive pills, which includes the mini pills, the low dose combined, and the standard dose pills. Those women who reported being on the pill were asked to indicate which type of pill they were using. Table 5.8.1 shows that of the 292 women who are using the pill, 42 percent use Lo-femenal (a low dose combined pill), and 20 percent each use Ovral (standard dose combined pill) and other types of pill.

More than half of male respondents who reported using condoms as a method of contraception use Trust brand (53 percent), followed by the government-distributed condoms (21 percent). The other identifiable condom brand is Lovers, used by 5 percent of men (Table 5.8.2). The Trust and Lovers condoms are distributed by PSI through social marketing programmes and the government condom is distributed through a variety of distribution points including health facilities.

Table 5.8.1 Brand of pills used

Percent distribution of pill users by brand of pill used, Swaziland 2006-07

Brand name	Percent
Lo-femenal	42.1
Ovral	20.1
Other	19.7
Don't know	13.7
Missing	4.5
Total	100.0
Number of women	292

Table 5.8.2 Brand of condoms used

Percent distribution of users of male/female condoms by brand of condom used, Swaziland 2006-07

Brand name	Percent
Trust	53.1
Government	21.4
Lovers	5.0
Other	9.8
Don't know	9.1
Missing	1.6
Total	100.0
Number of women	685

## 5.6 DISPOSAL OF CONDOMS

Women who reported condom use were further asked how they disposed of the used condoms. Table 5.9 shows that 68 percent of women disposed of the condoms in a pit latrine, followed by flushing them in the toilet (13 percent). A smaller percentage (8 percent) burned the used condoms and 4 percent or less threw them away or buried them.

## 5.7 KNOWLEDGE OF THE FERTILE PERIOD

An elementary knowledge of reproductive physiology provides a useful background for successful practice of coitus-associated methods such as withdrawal and condoms. Such knowledge is particularly critical in the use of the rhythm method. The 2006-07 SDHS included a question designed to obtain information on the respondent's understanding of when a woman is most likely to become pregnant during the menstrual cycle. Respondents were asked, "*From one menstrual period to the next, are there certain days when a woman is more likely to get pregnant if she has sexual relations?*" If the answer was "yes," they were further asked whether that time was just before her period begins, during her period, right after her period has ended, or halfway between two periods. Table 5.10 provides the results for women and men regardless of whether they are currently using the rhythm method or not.

It is important to note that a large proportion of women and men in Swaziland have no knowledge of the fertile period. One in four women (26 percent) and 29 percent of men do not know about the monthly fertile period. In addition, 28 percent of women and 20 percent of men can give no specific time, and 24 percent of women and 28 percent of men gave the wrong response, that a woman's fertile period is right after her menstrual period has ended. Only 9 percent of women and 7 percent of men correctly stated that the fertile period is halfway between two menstrual periods.

## 5.8 TIMING OF STERILISATION

Women who reported that they use female sterilisation as a contraceptive method were asked additional questions about how old they were when the procedure was performed. Overall, most women had a sterilisation operation when they were in their thirties, 33 percent at age 30-34, and 30 percent at age 35-39 (data not shown).

## 5.9 SOURCE OF CONTRACEPTION

Information on where women obtain their contraceptives is useful for family planning programme managers and implementers for logistic planning. In the SDHS, women who reported using a modern contraceptive method at the time of the survey were asked where they obtained the method the last time they acquired it. Since some women may not know in which category the source they use falls (e.g., government or private, health centre or clinic), interviewers were instructed to note the full name of the source or facility. Supervisors and field editors were told to verify that the name and source type were

Table 5.9 Mode of disposal of condoms

Percent distribution of users of male/female condoms by mode of disposal for used condoms, Swaziland 2006-07

Mode of disposal	Percent
Burn	8.4
Flush in toilet	13.0
Bury in hole	3.4
Throw away	3.6
Pit latrine	67.9
Other	2.5
Missing	1.3
Total	100.0
Number of women	685

Table 5.10 Knowledge of fertile period

Percent distribution of women age 15-49 by knowledge of the fertile period during the ovulatory cycle, Swaziland 2006-07

Perceived fertile period	Women	Men
Just before her menstrual period begins	11.0	13.6
During her menstrual period	1.6	2.4
Right after her menstrual period has ended	23.9	27.8
Halfway between two menstrual periods	9.1	7.0
Other	0.0	0.3
No specific time	27.9	19.7
Don't know	26.3	29.1
Missing	0.2	0.2
Total	100.0	100.0
Number	4,987	4,156

consistent, asking informants in the clusters for the names of local family planning outlets, if necessary. This practice was designed to improve the accuracy of source reporting.

Table 5.11 shows that public (government) facilities provide contraceptives to 45 percent of users, while 14 percent are supplied through private medical sources, 9 percent through Missions, 9 percent through Non-Government Organisations (NGOs), and 22 percent through other private sources (e.g., shops). The most common single source of contraceptives in Swaziland is PHU/clinic, which supply about one-quarter of all users of modern methods (25 percent). Shops supply 15 percent of users, followed by government hospitals (9 percent).

As expected, government sources supply a larger proportion of users of long-term methods, such as female sterilisation, followed closely by Mission hospital/clinic (38 percent). PHU/clinic supplies most of the pills (42 percent) and injectables (44 percent). More than half of all condom users get their supplies from private, non-medical sources, such as shops (38 percent).

## 5.10 COST OF CONTRACEPTIVES

One of the indicators of desire to use contraception is self-reliance, which is measured by the proportion of users who pay for the methods and services they are using. The cost of contraceptives can be a deterrent to the use of contraception. In the 2006-07 SDHS, current users were asked where they obtained the current method the last time and how much they paid for the method and for services. Table 5.12 shows that overall, 38 percent of contraceptive users obtained their method free of charge. The proportion does not vary much across methods (31 percent to 38 percent), except female sterilisation (16 percent) which is the only contraceptive method that is supposed to be provided free of charge in public sector health facilities in Swaziland.

While government sources are supposed to provide the methods free of charge, only 48 percent of women who obtained the method from a public source obtained the method for free. Nineteen percent of women who obtained their methods from a private facility did not pay for the methods and services. Data in the table also show that 20 percent of women who were sterilised in a government facility did not pay for the operation and other services. More than half of pill users (53 percent), 40 percent of users of injectables, and 79 percent of condom users obtained their methods from a public-sector facility free of charge.

Table 5.11 Source of modern contraception methods

Percent distribution of users of modern contraceptive methods age 15-49 by most recent source of method, according to method, Swaziland 2006-07

Source	Female sterilization	Pill	Injectables	Male condom	Total
<b>Public</b>	40.2	60.4	68.1	19.5	44.6
Government hospital	36.6	4.5	9.6	4.1	8.9
Government health centre	3.6	11.1	11.9	3.1	7.5
PHU/clinic	0.0	41.9	44.4	8.4	25.4
Mobile clinic	0.0	2.3	2.2	0.4	1.3
RHM/CBD	0.0	0.6	0.0	2.6	1.1
Other public	0.0	0.0	0.0	1.0	0.4
<b>Private medical</b>	18.1	19.6	11.2	11.8	13.7
Private hospital	16.9	10.5	8.5	2.3	7.4
Pharmacy	0.0	4.9	0.7	9.0	4.5
Private doctor	0.7	3.7	2.0	0.2	1.5
Mobile clinic	0.0	0.2	0.0	0.0	0.0
CBD	0.0	0.4	0.0	0.3	0.2
Other private	0.6	0.1	0.0	0.0	0.1
<b>Mission</b>	37.5	8.1	10.9	2.5	9.1
Mission hospital/clinic	37.5	2.5	2.4	1.9	5.1
Mission clinic	0.0	5.6	8.4	0.6	4.0
<b>NGO's</b>	1.6	10.4	8.2	4.2	8.8
FLAS	1.6	8.7	7.0	3.1	6.7
Other NGO's	0.0	1.7	1.1	1.1	1.1
<b>Other</b>	0.0	0.2	1.8	57.2	22.0
Shop	0.0	0.0	0.2	38.1	14.7
Friend/relative	0.0	0.0	0.0	3.3	1.3
Don't know	1.0	0.0	0.0	15.0	5.8
Missing	1.6	1.3	1.6	0.8	1.2
Total	100.0	100.0	100.0	100.0	100.0
Number of women	145	292	598	678	1,771

<sup>1</sup> Total includes other modern methods but excludes lactational amenorrhea method (LAM).

PHU = Public Health Unit

RHM/CBD = Rural Health Motivators/ Community-based distributors

NGO = Non-governmental organisation

FLAS = Family Life Association of Swaziland

Analysis of the cost of contraceptives is hampered by the large proportion of women who can not report the cost for specific methods. Female sterilisation was reported to cost on average (emalangeni) E67 in the public sector and E391 in the private sector. The pill costs E5 per package and injectables cost E2 in the private sector.

Table 5.12 Cost of modern contraceptive methods

Percentage of current users of modern contraception age 15-49 who did not pay for the method and who do not know the cost of the method and the median cost of the method by current method, according to source of current method, Swaziland 2006-07

Source of method/cost	Female sterilization	Pill	Injectables	Male condom	Total <sup>1</sup>
<b>Public sector</b>					
Percentage free	20.0	53.4	39.9	79.4	48.3
Do not know cost	22.4	0.4	0.6	6.5	3.3
Median cost (in Emalangeni) <sup>1</sup>	66.6	-	-	-	-
Number of women	58	177	407	132	791
<b>Private medical sector/other</b>					
Percentage free	13.6	13.9	22.3	19.4	18.6
Do not know cost	29.4	6.2	4.3	26.9	19.6
Median cost (in Emalangeni) <sup>1</sup>	390.9	5.0	1.7	-	-
Number of women	87	116	191	546	980
<b>Total</b>					
Percentage free	16.2	37.7	34.3	31.1	31.8
Do not know cost	26.6	2.7	1.8	22.9	12.3
Median cost (in Emalangeni) <sup>1</sup>	120	-	-	-	-
Number of women	145	292	598	678	1,771

Note: Table excludes other modern methods but excludes lactational amenorrhoea method (LAM). Costs are based on the last time current users obtained method. Costs include consultation costs, if any. For condom, costs are per package; for pills, per cycle. For sterilisation, data are based on women who received the operation in the 5 years before the survey.

<sup>1</sup> Median cost is based only on those women who reported a cost (excludes those who received the method free of charge)

## 5.11 INFORMED CHOICE

Current users of modern methods who are well informed about the side effects and problems associated with methods and know of a range of method options are better able to make an informed choice about the method they would like to use. Current users of various modern contraceptive methods were asked whether, at the time they adopted the particular method, they were informed about potential side effects or problems with the method. Table 5.13 shows the percentage of current users of modern methods who were informed about side effects or problems of the method used, informed about what to do if they experienced side effect, informed of other methods they could use, and informed that sterilisation is a permanent method. These are broken down by method type and source of the method.

Table 5.13 Informed choice

Among current users of modern methods age 15-49 who started the last episode of use within the five years preceding the survey, percentage who were informed about possible side effects or problems of that method, the percentage who were informed about what to do if they experienced side effects, and the percentage who were informed about other methods that could use, by method and source; and among sterilised women, the percentage who were informed that the method is permanent, by initial source of method, Swaziland 2006-07

Method/source	Among women who started last episode of modern contraceptive method within five years preceding the survey:			
	Percentage who were informed about side effects or problems of method used	Percentage who were informed about what to do if experienced side effects	Percentage who were informed by a health or family planning worker of other methods that could be used	Number of women
<b>Method</b>				
Female sterilisation	43.2	44.6	52.2	62
Pill	53.2	46.6	68.3	260
Injectables	61.5	59.4	69.7	529
Other modern methods	na	na	(41.6)	47
<b>Initial source of method<sup>1</sup></b>				
Public	59.1	54.5	70.5	561
Government hospital	61.6	60.8	76.7	91
Government health centre	61.7	56.4	66.2	96
PHU/clinic	57.9	52.7	70.0	354
Other <sup>2</sup>	*	*	*	19
Private medical	60.5	59.3	68.3	123
Private hospital	58.3	56.9	69.4	85
Private doctor	*	*	*	19
Other <sup>3</sup>	*	*	*	18
Mission	47.3	48.7	55.5	97
Mission hospital/clinic	49.2	51.3	51.6	38
Mission clinic	46.1	47.0	58.1	59
NGO's	68.7	62.5	74.7	82
FLAS	66.2	60.9	74.9	72
Other <sup>4</sup>	*	*	*	26
Total	58.0	54.5	66.5	878

Note: Table excludes users who obtained their method from friends/relatives. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

na = Not applicable

PHU = Public Health Unit

NGO = Non-governmental organisation

FLAS = Family Life Association of Swaziland

<sup>1</sup> Source at start of current episode of use

<sup>2</sup> Includes mobile clinic, rural health motivators/community-based distributors (RHM/CBD), and other public sources

<sup>3</sup> Includes pharmacy, private mobile clinic, CBD and other private sources

<sup>4</sup> Includes other NGOs, shop, friends/relatives, don't know and missing

The data indicate that 58 percent of women who started using a method in the five years preceding the survey were informed about side effects of the method, 55 percent were told about what action to take in case of problems, and 67 percent were informed of other available methods of contraception.

Users of injectables are more likely than women who were sterilised and users of the pill to be given the necessary information. On the other hand, women who were sterilised are the least likely to be informed of the side effects of the operation, what action to take in case of problems, and other choices of contraception. Comparison between the initial sources of the method shows that health providers in the public sector are more likely to provide information on the methods than in the private sector.

## 5.12 FUTURE USE OF CONTRACEPTION

An important indicator of the changing demand for family planning is the extent to which nonusers of contraception plan to use family planning in the future. Women who were not currently using a method of contraception were asked about their intention to use family planning in the future. A total of 62 percent of women indicate that they intend to use contraception in the future, 5 percent were not sure, and 32 percent do not plan to use contraception. The intention to use contraception in future is highest among women with one or two children (77 percent and 72 percent, respectively). The corresponding proportion among women with no children is 62 percent.

Table 5.14 Future use of contraception

Percent distribution of currently married women age 15-49 who are not using a contraceptive method by intention to use in the future, according to number of living children, Swaziland 2006-07

Intention	Number of living children					Total
	0	1	2	3	4+	
Intends to use	61.8	76.6	72.1	58.1	51.4	62.0
Unsure	7.9	3.4	3.6	8.9	4.5	5.0
Does not intend to use	30.2	19.3	23.9	33.0	43.0	32.4
Missing	0.0	0.7	0.5	0.0	1.1	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	85	196	192	139	405	1,018

<sup>1</sup> Includes current pregnancy

## 5.13 REASONS FOR NON-USE OF CONTRACEPTION

An understanding of the reasons why people do not use family planning methods is critical to design programmes that are effective in reaching women with unmet need and to improve the quality of family planning services. Table 5.15 shows currently married nonusers who do not intend to use a contraceptive method in the future by the main reasons for not intending to use family planning. Around 59 percent cited fertility-related reasons for not intending to use contraception. In particular, 40 percent said that the main reason for not intending to use was because they believe that they are either menopausal or they have had a hysterectomy (23 percent), or they had low fertility or could not get pregnant (17 percent). In addition, 11 percent of married women not using a contraceptive method cited infrequent sex and 11 percent cited health concerns as their main reason for having no intention to use a method.

Table 5.15 Reason for not intending to use contraception in the future

Percent distribution of currently married women age 15-49 who are not using contraception and who do not intend to use in the future by main reason for not intending to use, Swaziland 2006-07

Reason	Percent distribution
<b>Fertility-related reasons</b>	59.1
Infrequent sex/no sex	10.9
Menopausal/had hysterectomy	23.0
Subfecund/infecund	17.3
Wants as many children as possible	7.9
<b>Opposition to use</b>	11.7
Respondent opposed	2.1
Husband/partner opposed	8.3
Others opposed	0.1
Religious prohibition	1.2
<b>Method-related reasons</b>	23.2
Health concerns	10.9
Fear of side effects	8.3
Cost too much	0.4
Inconvenient to use	0.9
Interfere with body's normal process	2.7
<b>Other</b>	5.9
Other	3.9
Don't know	1.5
Missing	0.5
Total	100.0
Number of women	330

## **5.14 PREFERRED METHOD OF CONTRACEPTION FOR FUTURE USE**

Demand for specific methods can be assessed by asking nonusers which methods they intend to use in the future. Table 5.16 presents information on method preference among currently married women who are not using a contraceptive method but say they intend to use in the future. Almost half (47 percent) of married women who intend to use a contraceptive but were not using one at the time of the survey say the method they intend to use is injectables. Fourteen percent of women intend to use the pill, and 14 percent intend to use condoms. Nine percent of women are unsure which method they intend to use.

## **5.15 EXPOSURE TO FAMILY PLANNING MESSAGES**

The media can be a major source of family planning messages. Information about public exposure to messages on a particular type of media allows policymakers to use the most effective means of communication for various target groups in the population. To assess the effectiveness of electronic and print sources on the dissemination of family planning information, respondents in the 2006-07 SDHS were asked if they had heard or seen family planning messages on the radio, or television, or read a family planning message in a newspaper or magazine in the six months leading up to the survey. They were also asked if they had seen messages on family planning in billboards, pamphlets, T-shirts, or other sources. The results for women are shown in Table 5.17.1. SDHS respondents were widely exposed to information about family planning. For example, 86 percent of women were exposed to any type of media. One-quarter of women were not exposed to a family planning message on any of these types of media in the months preceding the survey. Media messages about family planning information are largely accessed through radio with lesser access through the print media. For example, 69 percent of women had recently heard about family planning on the radio and only 33 percent of women got such information from newspapers or magazines.

Exposure to media messages varies by the woman's background characteristics. For instance, younger women are less likely to have been exposed to any information than older women. Women age 15-19 are least likely of all age groups to be exposed to any media. Rural women and women who live in Shiselweni are less likely than other women to have access to media messages on family planning. The woman's education and wealth status has a positive relationship to the three media. Women in the lowest wealth quintile are the least likely to be exposed to any information on family planning, while women in the highest quintile are the most likely to be exposed to any messages on family planning.

Table 5.16 Preferred method of contraception for future use

Percent distribution of currently married women age 15-49 who are not using a contraceptive method but who intend to use in the future by preferred method, Swaziland 2006-07

Method	Percent distribution
Female sterilisation	8.8
Pill	14.1
IUD	3.0
Injectables	47.4
Implants	0.2
Condom	13.5
Female condom	0.6
Diaphragm	0.5
Withdrawal	2.0
Other	1.5
Unsure	8.6
Total	100.0
Number of women	631

Table 5.17.1 Exposure to family planning messages: Women 15-49

Percentage of women age 15-49 who heard or saw a family planning message on various media in the past six months, according to background characteristics, Swaziland 2006-07

Background characteristic	Radio, television or newspaper/magazine				Other sources of family planning messages					Percentage exposed to any information source	Number of women		
	Radio	Tele-vision	News-paper/maga-zine	None of these three media sources									
					Billboards	Posters	Pamphlets	T-shirts	Other				
<b>Age</b>													
15-19	55.5	21.6	26.0	38.5	35.3	42.2	36.1	49.6	13.3	32.0	79.1	1,274	
20-24	73.4	31.2	34.3	22.4	48.6	52.7	50.3	59.7	17.2	22.2	89.6	1,046	
25-29	76.6	34.4	40.1	18.9	51.8	57.6	55.3	63.9	17.9	19.6	90.4	729	
30-34	73.1	32.6	36.7	22.1	47.0	53.3	50.4	54.8	16.8	25.0	87.5	616	
35-39	71.4	27.6	34.7	24.0	45.3	51.3	49.2	55.3	14.2	26.1	86.7	503	
40-44	74.1	30.1	35.7	22.4	43.8	51.6	45.3	55.4	17.2	28.5	87.2	438	
45-49	71.0	24.1	26.3	24.1	40.8	44.0	40.3	48.9	13.7	34.9	83.8	383	
<b>Residence</b>													
Urban	73.2	46.3	49.2	18.4	58.4	64.2	60.1	68.1	21.8	16.4	91.7	1,330	
Rural	67.3	21.9	26.9	29.1	39.0	44.7	41.0	50.8	13.5	30.3	83.7	3,657	
<b>Region</b>													
Hhohho	69.9	29.0	34.1	23.6	48.6	53.8	48.3	58.2	13.2	22.1	88.4	1,340	
Manzini	75.9	38.5	43.0	19.8	53.4	59.4	55.9	60.7	21.1	19.9	89.9	1,647	
Shiselweni	61.0	18.2	22.1	35.9	35.0	40.1	37.4	47.3	12.3	35.6	79.6	1,033	
Lubombo	64.2	21.1	25.5	30.7	31.9	38.8	35.6	51.4	13.5	34.5	82.0	966	
<b>Education</b>													
No education	60.1	9.0	5.8	39.1	14.6	18.1	18.8	20.7	3.9	64.1	69.9	402	
Lower primary	56.2	11.3	9.5	41.9	20.8	25.3	20.7	27.4	6.2	55.4	67.5	360	
Higher primary	61.9	15.9	17.5	35.0	30.7	36.2	31.2	45.4	10.6	35.7	80.4	1,268	
Secondary	73.4	30.6	36.5	22.1	49.5	54.5	51.3	62.7	16.9	18.1	90.1	1,693	
High School	76.7	42.4	53.5	16.0	61.6	70.4	65.3	72.8	23.3	9.2	95.5	894	
Tertiary	75.7	65.1	71.2	10.7	78.3	84.4	81.3	80.1	31.2	7.1	96.6	370	
<b>Wealth quintile</b>													
Lowest	53.1	6.0	11.7	45.3	23.9	28.3	24.3	33.6	6.7	47.5	71.1	785	
Second	64.7	8.2	18.7	33.4	29.3	36.0	36.3	46.7	12.0	36.7	80.9	862	
Middle	70.6	16.7	26.6	25.5	40.3	44.2	41.6	50.6	12.7	28.0	87.5	968	
Fourth	76.8	36.1	38.8	19.4	51.1	57.6	52.1	63.8	17.5	20.0	89.8	1,111	
Highest	73.4	58.2	55.4	16.2	63.7	70.3	64.5	71.4	24.5	11.4	93.6	1,262	
Total 15-49	68.9	28.4	32.9	26.3	44.1	49.9	46.1	55.5	15.7	26.6	85.8	4,987	

Table 5.17.2 shows the same information for men. In general, women have better exposure to family planning messages in the mass media than men. Table 5.17.2 also shows that differences in access to media among men are similar to that of women. For instance, younger men, men who live in rural areas, those with less education and men in the lower wealth quintiles are less likely to be exposed to media messages on family planning than other men.

Table 5.17.2 Exposure to family planning messages: Men 15-49

Percentage men age 15-49 who heard or saw a family planning message on various media and percentage who discussed the practice of family planning with a health worker or professional during the past six months, according to background characteristics, Swaziland 2006-07

Background characteristic	Radio	Television	Newspaper/ magazine	None of these three media sources	Percent who discussed the practice of FP with a health professional	Number of men
<b>Age</b>						
15-19	45.2	17.3	23.9	45.8	2.3	1,323
20-24	56.8	24.9	35.3	32.2	4.7	886
25-29	68.4	30.4	46.5	23.8	11.1	624
30-34	67.9	34.7	41.1	25.6	12.3	431
35-39	65.8	28.0	39.6	24.6	13.9	367
40-44	70.8	31.9	38.7	23.4	14.8	269
45-49	72.3	31.3	37.5	24.6	10.0	256
<b>Residence</b>						
Urban	62.0	38.3	47.6	25.6	11.3	1,181
Rural	57.4	20.3	29.6	35.8	6.0	2,975
<b>Region</b>						
Hhohho	58.5	26.9	37.6	32.2	7.8	1,099
Manzini	62.5	31.9	42.6	27.0	7.3	1,349
Shiselweni	54.3	17.0	24.4	39.7	6.2	843
Lubombo	57.1	21.7	28.8	36.2	8.8	865
<b>Education</b>						
No education	51.7	9.8	6.0	46.5	6.8	316
Lower primary	52.3	9.4	8.3	45.4	4.1	470
Higher primary	51.0	14.0	22.3	42.7	5.1	980
Secondary	60.1	25.0	37.3	29.6	6.6	1,191
High School	68.6	40.8	55.7	19.9	9.5	852
Tertiary	65.9	57.6	71.2	18.7	17.4	347
<b>Wealth quintile</b>						
Lowest	49.6	4.5	14.0	46.2	4.8	601
Second	54.0	11.2	26.0	40.3	3.2	665
Middle	59.9	15.9	29.8	33.9	5.4	856
Fourth	61.7	29.3	36.1	29.9	8.9	953
Highest	62.9	49.9	54.2	22.8	12.1	1,081
Total 15-49	58.7	25.4	34.7	32.9	7.5	4,156

## 5.16 CONTACT OF NONUSERS WITH FAMILY PLANNING PROVIDERS

Given the importance of family planning services to the improvement of mothers' and children's health, it is important to optimize every opportunity to meet a woman's family planning needs. In reality, however, health care providers often miss these opportunities. Information on missed opportunities was gathered by asking women if they had visited a health facility in the 12 months preceding the survey. Those who visited a health facility were asked whether anyone at the facility had discussed family planning with them during any of their visits. Women were also asked whether they had been visited by a RHM/CBD who talked with them about family planning in the 12 months preceding the survey.

The results of these questions for nonusers of contraception at the time of the survey are presented in Table 5.18. Only 7 percent of nonusers reported being visited by fieldworkers who discussed family planning issues. While 41 percent of nonusers visited a health facility during the 12 months preceding the survey, the majority of these women (30 percent) did not discuss family planning with any health care provider. In total, 84 percent of the women discussed family planning with neither a RHM/CBD nor a health professional at a health facility.

**Table 5.18 Contact of nonusers with family planning providers**

Among women age 15-49 who are not using contraception, the percentage who during the last 12 months were visited by a fieldworker who discussed family planning, the percentage who visited a health facility and discussed family planning, the percentage who visited a health facility but did not discuss family planning, and the percentage who neither discussed family planning with a fieldworker nor at a health facility, by background characteristics, Swaziland 2006-07

Background characteristic	Percentage of women who were visited by fieldworker who discussed family planning	Percentage of women who visited a health facility in the past 12 months and who:		Percentage of women who neither discussed family planning with fieldworker nor at a health facility	Number of women
		Discussed family planning	Did not discuss family planning		
<b>Age</b>					
15-19	3.1	3.7	25.1	94.0	1,078
20-24	7.6	16.5	30.3	78.3	598
25-29	8.1	19.2	38.5	76.5	346
30-34	10.6	20.4	33.8	73.4	263
35-39	9.2	19.3	32.8	75.2	263
40-44	8.1	12.6	24.0	80.8	270
45-49	10.5	5.1	33.1	87.0	280
<b>Residence</b>					
Urban	8.2	11.3	25.3	83.3	727
Rural	6.3	11.6	30.9	84.1	2,371
<b>Region</b>					
Hhohho	6.9	11.4	27.1	83.6	813
Manzini	8.2	9.9	21.4	84.2	1,000
Shiselweni	7.0	13.6	35.8	82.1	682
Lubombo	4.1	12.2	39.6	85.9	603
<b>Education</b>					
No education	5.2	10.6	33.1	86.3	292
Lower primary	7.8	13.1	33.1	82.9	253
Higher primary	7.0	12.4	29.6	83.2	840
Secondary	7.0	10.1	28.0	84.7	1,073
High school	5.7	12.8	28.4	83.4	488
Tertiary	8.9	12.1	32.7	81.0	152
<b>Wealth quintile</b>					
Lowest	5.9	10.9	36.8	85.5	574
Second	5.4	12.4	27.3	84.2	580
Middle	6.9	12.4	31.4	82.3	572
Fourth	8.0	12.1	28.5	83.1	685
Highest	7.3	10.1	25.2	84.6	688
Total	6.8	11.5	29.6	83.9	3,098

## 5.17 HUSBAND'S KNOWLEDGE OF HIS WIFE'S USE OF CONTRACEPTION

Concealing contraceptive use is an indication of absence of communication or disagreement on use of family planning. To shed light on the extent of communication on the use of contraception among married couples, married women who were using contraception at the time of the survey were asked whether their husband knew of their use. The majority of users (88 percent) reported that their husband or partner knows about their use of contraception (Table 5.19). There are small variations in the husband's awareness of contraceptive use by his spouse by background characteristics.

Women in urban areas and Manzini are more likely than other women to say that their husband is aware of their family planning status. The husband's knowledge of his wife's contraceptive use is directly related to the woman's education and somewhat to the woman's wealth status. For example, 84 percent of women with no education say that their husband/partner is aware that they use a contraceptive method compared with 94 percent of women with tertiary education.

**Table 5.19 Husband/partner's knowledge of women's use of contraception**

Among currently married women age 15-49 who are using a method, percent distribution by whether they report that their husbands/partners know about their use, according to background characteristics, Swaziland 2006-07

Background characteristic	Husband/partner's knowledge of respondent's use of contraception			Total	Number of women
	Knows <sup>1</sup>	Does not know	Unsure whether knows/missing		
<b>Age</b>					
15-19	(87.3)	(10.3)	(2.5)	100.0	38
20-24	91.9	6.2	1.9	100.0	160
25-29	87.5	7.5	5.0	100.0	208
30-34	88.7	8.8	2.4	100.0	246
35-39	87.1	8.5	4.4	100.0	187
40-44	82.0	14.1	4.0	100.0	123
45-49	87.3	9.3	3.3	100.0	82
<b>Residence</b>					
Urban	91.5	5.7	2.8	100.0	315
Rural	86.1	10.1	3.7	100.0	729
<b>Region</b>					
Hhohho	85.5	9.3	5.1	100.0	322
Manzini	91.0	6.9	2.1	100.0	341
Shiselweni	86.3	10.5	3.3	100.0	165
Lubombo	87.0	9.8	3.2	100.0	215
<b>Education</b>					
No education	83.7	12.7	3.6	100.0	71
Lower primary	85.2	12.0	2.7	100.0	64
Higher primary	84.7	10.6	4.6	100.0	245
Secondary	86.7	9.5	3.8	100.0	336
High school	91.2	7.1	1.7	100.0	182
Tertiary	94.1	2.8	3.1	100.0	145
<b>Wealth quintile</b>					
Lowest	83.6	13.3	3.1	100.0	131
Second	83.3	14.4	2.4	100.0	158
Middle	80.5	11.4	8.1	100.0	205
Fourth	91.2	6.9	1.9	100.0	215
Highest	93.7	4.0	2.3	100.0	334
Total	87.7	8.8	3.5	100.0	1,044

Note: Figures in parentheses are based on 25-49 unweighted cases.

<sup>1</sup> Includes women who report use of male sterilisation, male condoms or withdrawal

## 5.18 MALE ATTITUDES ABOUT CONTRACEPTIVE USE

The 2006-07 SDHS assessed men's attitudes toward contraception by asking male respondents whether they agreed or disagreed with three statements about family planning use: 1) contraception is women's business and a man should not have to worry about it; 2) women who use contraception may become promiscuous; and 3) a woman is the one who gets pregnant so she should be the one to get sterilized. Results are shown in Table 5.20.

Overall, 12 percent of men say that contraception is a woman's issue. There are small variations to this statement according to the man's age and marital status. However, across regions, men in Lubombo are the most likely to agree with this statement (18 percent compared with 11 percent or less). The likelihood of men agreeing with this statement is inversely related to their education and wealth

status. For instance, 24 percent of men with no education believe that contraception is a woman's business compared with 3 percent of men with tertiary education.

More than six in ten men believe that a woman who uses contraception may become promiscuous. This sentiment varies across subgroups of men. Urban men and men who live in Lubombo are less likely to share this viewpoint. The relationship between men's education and wealth status and their likelihood of agreeing that a woman who uses contraception may become promiscuous is unclear. However, men with the highest education and men in the highest wealth quintile are least likely to disagree with this statement (47 percent and 57 percent, respectively).

**Table 5.20 Male attitudes about the use of contraception**

Among men age 15-49, percentage who believe that contraception is a woman's business and percentage who believe that a woman using contraception may become promiscuous according to background characteristics, Swaziland 2006-07

Background characteristic	Believe contraception is a woman's business	Believe a woman using contraception may become promiscuous	Number of men
<b>Age</b>			
15-19	14.3	64.4	1,323
20-24	11.0	67.3	886
25-29	9.8	66.3	624
30-34	11.5	63.6	431
35-39	10.7	54.1	367
40-44	13.5	54.8	269
45-49	14.3	53.6	256
<b>Marital status</b>			
Never married	11.9	65.6	2,734
Married or living together	12.1	56.9	1,219
Divorced/separated/widowed	16.9	65.6	203
<b>Residence</b>			
Urban	8.8	58.1	1,181
Rural	13.6	65.0	2,975
<b>Region</b>			
Hhohho	10.6	64.0	1,099
Manzini	11.1	63.8	1,349
Shiselweni	10.0	62.7	843
Lubombo	18.4	60.9	865
<b>Education</b>			
No education	23.8	63.0	316
Lower primary	22.9	59.7	470
Higher primary	16.6	65.7	980
Secondary	9.2	66.4	1,191
High School	5.2	63.7	852
Tertiary	2.6	46.7	347
<b>Wealth quintile</b>			
Lowest	22.2	62.1	601
Second	14.2	64.0	665
Middle	10.8	65.3	856
Fourth	11.0	67.9	953
Highest	7.8	56.9	1,081
Total	12.2	63.0	4,156

# OTHER PROXIMATE DETERMINANTS OF FERTILITY

# 6

*Sri Poedjastoeti*

This chapter addresses the principal factors, other than contraception, which affect a woman's risk of becoming pregnant. These factors include marriage, polygyny, sexual activity, postpartum amenorrhoea, abstinence from sexual activity, and onset of menopause. Direct measures of the beginning of exposure to pregnancy and the level of exposure are also measured in this chapter.

## 6.1 CURRENT MARITAL STATUS

Marriage is a primary indication of the regular exposure of women to the risk of pregnancy and therefore is important for the understanding of fertility. Populations in which age at first marriage is low tend to have early childbearing and high fertility.

Table 6.1.1 presents the percent distribution of women by marital status, according to age. The term "married" refers to legal or formal marriage, while "living together" designates an informal union in which a man and a woman live together, even if a formal civil, religious, or traditional ceremony has not occurred. In later tables that do not list "living together" as a separate category, these women are included in the "currently married" group. Respondents who are currently married, widowed, divorced, or separated are referred to as "ever married."

Table 6.1.1 Current marital status: Women and men 15-49

Percent distribution of women and men age 15-49 by current marital status, according to age, Swaziland 2006-07

Age	Marital status					Total	Percentage of respondents currently in union	Number of respondents
	Never married	Married	Living together	Divorced	Separated			
WOMEN								
15-19	92.7	3.5	3.4	0.0	0.3	0.0	100.0	6.9
20-24	65.6	19.7	13.1	0.0	1.3	0.3	100.0	32.8
25-29	40.8	40.4	12.9	0.0	3.7	2.2	100.0	53.3
30-34	26.4	49.6	11.9	0.7	4.0	7.4	100.0	61.5
35-39	14.3	57.1	9.4	1.1	5.1	13.0	100.0	66.5
40-44	12.5	56.3	10.2	1.3	4.7	14.9	100.0	66.6
45-49	8.7	53.6	8.6	1.5	6.2	21.4	100.0	62.2
Total 15-49	49.9	31.9	9.5	0.4	2.8	5.6	100.0	41.3
MEN								
15-19	99.8	0.0	0.1	0.0	0.1	0.0	100.0	0.1
20-24	91.1	4.1	3.4	0.3	1.1	0.0	100.0	7.5
25-29	58.9	22.6	13.2	1.0	3.5	0.7	100.0	35.9
30-34	32.8	47.6	11.5	0.6	6.2	1.3	100.0	59.1
35-39	19.4	58.9	10.1	1.4	5.0	5.3	100.0	69.0
40-44	6.7	68.9	9.6	2.7	6.0	6.0	100.0	78.5
45-49	3.1	72.4	8.9	2.1	8.4	5.1	100.0	81.3
Total 15-49	65.8	23.3	6.0	0.7	2.8	1.4	100.0	29.3

Half of women of childbearing age have never been married; 41 percent are either married or living together with a man; and the remaining 9 percent are either divorced, separated, or widowed. Nine percent of women age 45-49 have never been married, indicating that marriage is not as universal in Swaziland as in most African countries. Two in three men age 15-49 have never been married; three in ten men are currently married or living with a partner; and only 5 percent are

separated, divorced, or widowed. Compared with women, a greater proportion of men have never been married (16 percentage points more), while a smaller proportion are formerly married.

Table 6.1.2 presents the percent distribution of women and men age 50 and older by marital status, according to age. Six percent of women age 50 and older and 1 percent of men age 50 and older have never been married. In this age group, men are much more likely than women to be in a union. While four in ten women are either married or living together, the corresponding proportion for men is as many as eight in ten. On the other hand, women are much more likely than men to be widowed (49 percent compared with 13 percent).

Table 6.1.2 Current marital status: Women and men age 50+

Percent distribution of women and men age 50+ by current marital status, according to age, Swaziland 2006-07

Age	Marital status						Total	Percentage of respondents currently in union	Number of respondents
	Never married	Married	Living together	Divorced	Separated	Widowed			
WOMEN AGE 50+									
50-54	8.7	52.2	6.4	2.0	3.4	27.3	100.0	58.6	164
55-59	7.9	47.3	3.8	0.0	3.3	37.7	100.0	51.1	112
60+	4.3	25.6	3.2	1.1	3.9	62.0	100.0	28.8	392
Total 50+	5.9	35.8	4.1	1.1	3.7	49.4	100.0	39.9	669
MEN AGE 50+									
50-54	1.9	77.3	9.1	0.0	5.2	6.6	100.0	86.3	116
55-59	1.6	76.8	5.5	0.4	5.7	10.1	100.0	82.3	80
60+	0.9	72.7	3.1	0.8	5.7	16.9	100.0	75.8	249
Total 50+	1.3	74.6	5.1	0.5	5.5	13.0	100.0	79.7	444

## 6.2 POLYGYNY

Polygyny (having more than one wife) is common in Africa and has implications for frequency of sexual activity and fertility. Polygyny was measured by asking all currently married women whether their husbands or partners had other wives, and if so, how many. The extent of polygyny was measured by asking married women the question, “*Besides yourself, does your husband/partner have any other wives or does he live with other women as if married?*” For currently married men, the question was, “*Do you have more than one wife or do you have more than one woman with whom you are living as if married?*” If more than one, he was asked, “*In total, how many wives do you have or other partners do you live with now as if married?*” Table 6.2 shows the distribution of the women by the number of co-wives and the distribution of the men by the number of wives, according to background characteristics.

Two in three women reported having no co-wife, 18 percent of currently married women live in polygynous unions (having one or more co-wives), and 16 percent of women gave no response on polygyny status. The large proportion of women with information missing on whether they have co-wives hinders the analysis somewhat. Older women are more likely to be in polygynous unions. Polygyny is more prevalent in rural than in urban areas. Analysis of regional distribution shows substantial variation, with Lubombo having the highest proportion of women in polygynous marriages (23 percent) and Manzini the lowest (15 percent). Women with no or low education and those who are in the lower wealth quintiles are more likely to live in polygynous marriages.

Data for currently married men show that 5 percent of men report having more than one wife. The pattern for men remains the same as that of women, reflecting similar regional and socio-economic status differences.

Table 6.2 Polygyny: Women and men age 15-49

Percent distribution of currently married women age 15-49 by number of co-wives, and percent distribution of currently married men age 15-49 by number of wives, according to background characteristics, Swaziland 2006-07

Background characteristic	Women						Men					
	Number of co-wives				Number of women	Number of wives			Total	Number of men		
	0	1	2+	Missing		1	2+	Missing				
<b>Age</b>												
15-19	72.1	8.8	3.2	15.9	100.0	88	*	*	*	100.0	2	
20-24	73.2	7.5	2.4	16.8	100.0	343	95.5	3.0	1.5	100.0	66	
25-29	66.9	10.2	2.9	20.0	100.0	388	98.1	1.9	0.0	100.0	224	
30-34	68.1	10.8	4.8	16.2	100.0	379	95.6	4.0	0.5	100.0	255	
35-39	59.7	15.8	6.0	18.5	100.0	334	92.3	6.9	0.8	100.0	253	
40-44	63.2	19.2	6.3	11.4	100.0	291	92.5	6.1	1.4	100.0	211	
45-49	60.8	22.8	9.2	7.2	100.0	238	91.6	8.4	0.0	100.0	208	
<b>Residence</b>												
Urban	71.2	7.7	2.8	18.2	100.0	542	95.9	3.3	0.8	100.0	490	
Rural	64.1	15.5	5.6	14.8	100.0	1,520	93.0	6.6	0.4	100.0	729	
<b>Region</b>												
Hhohho	68.4	13.6	4.7	13.3	100.0	600	93.0	6.4	0.6	100.0	389	
Manzini	69.4	11.7	3.5	15.4	100.0	650	96.4	2.9	0.8	100.0	368	
Shiselweni	70.9	13.1	5.6	10.4	100.0	363	95.8	3.3	0.9	100.0	175	
Lubombo	53.9	16.0	6.6	23.6	100.0	449	91.9	8.0	0.1	100.0	287	
<b>Education</b>												
No education	62.1	16.8	5.0	16.1	100.0	247	90.2	9.8	0.0	100.0	156	
Lower primary	61.1	13.4	6.8	18.7	100.0	176	92.5	7.2	0.3	100.0	131	
Higher primary	62.8	19.0	4.7	13.5	100.0	538	92.1	7.5	0.4	100.0	227	
Secondary	63.8	11.8	6.8	17.6	100.0	600	93.1	6.3	0.6	100.0	257	
High school	72.6	9.8	1.7	15.9	100.0	304	96.9	1.7	1.3	100.0	241	
Tertiary	80.7	4.5	2.8	12.0	100.0	197	98.5	1.0	0.5	100.0	206	
<b>Wealth quintile</b>												
Lowest	61.8	18.1	3.2	16.9	100.0	353	91.1	8.4	0.6	100.0	158	
Second	60.0	15.5	6.0	18.5	100.0	369	92.4	6.9	0.7	100.0	163	
Middle	66.1	11.7	8.8	13.5	100.0	379	91.2	8.2	0.6	100.0	189	
Fourth	64.9	14.9	5.2	15.0	100.0	424	96.6	3.4	0.0	100.0	268	
Highest	73.7	9.0	2.3	15.0	100.0	537	95.7	3.4	0.9	100.0	440	
Total	66.0	13.4	4.9	15.7	100.0	2,062	94.1	5.3	0.6	100.0	1,219	

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases.

Data for currently married women age 50 and over and men age 50 and over are shown in Tables 6.3. Data in this table show that older women are more likely than younger women to be in a polygynous union (36 percent among women age 50 and over compared with 18 percent for women age 15-49). The corresponding figures for men are 19 percent and 5 percent, respectively. The differentials across subgroups remain the same as that of women and men 15-49, reflecting similar regional and educational differences.

**Table 6.3 Number of co-wives: Women and men age 50+**

Percent distribution of currently married women age 50+ by number of co-wives and percent distribution of currently married men age 50+ by number of wives, according to background characteristics, Swaziland 2006-07

Background characteristic	Women					Number of women 50+	Men					
	Number of co-wives				Total		Number of wives	Number of men				
	0	1	2+	Missing				1	2+	Missing	Total	
<b>Age</b>												
50-54	51.8	28.0	12.4	7.8	100.0	96	83.5	15.5	0.9	100.0	100	
55-59	64.4	16.0	9.4	10.2	100.0	57	79.3	19.1	1.6	100.0	66	
60+	56.6	22.3	15.8	5.4	100.0	113	78.2	20.3	1.6	100.0	188	
<b>Residence</b>												
Urban	61.4	9.0	8.8	20.8	100.0	22	83.7	15.8	0.4	100.0	57	
Rural	55.4	25.7	12.9	6.1	100.0	212	78.1	20.1	1.8	100.0	257	
<b>Region</b>												
Hhohho	59.2	14.4	20.5	5.9	100.0	62	78.1	21.9	0.0	100.0	91	
Manzini	58.2	25.4	8.0	8.4	100.0	72	81.0	16.8	2.2	100.0	88	
Shiselweni	53.6	35.4	4.0	7.0	100.0	61	77.7	19.5	2.8	100.0	72	
Lubombo	50.2	19.6	21.4	8.9	100.0	38	79.7	18.7	1.6	100.0	62	
<b>Education level</b>												
No education	(58.3)	(19.3)	(20.8)	(1.6)	100.0	37	81.5	18.0	0.5	100.0	51	
Lower primary	*	*	*	*	100.0	18	(74.8)	(25.2)	(0.0)	100.0	27	
Higher primary	55.8	29.4	13.0	1.8	100.0	70	75.6	23.3	1.1	100.0	89	
Secondary	57.1	21.1	11.2	10.5	100.0	83	79.6	19.7	0.8	100.0	120	
High school	58.0	23.0	10.8	8.3	100.0	52	89.2	7.1	3.7	100.0	52	
Tertiary	*	*	*	*	100.0	7	*	*	*	100.0	14	
Total 50+	56.5	23.0	13.2	7.3	100.0	267	79.9	18.7	1.4	100.0	354	

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases.

### 6.3 AGE AT FIRST MARRIAGE

Marriage is generally associated with fertility because it is correlated with exposure to risk of conception. The duration of exposure to the risk of pregnancy depends primarily on the age at which women first marry. Women who marry earlier, on average, have their first child earlier and give birth to more children, contributing to higher fertility rates.

Marriage occurs remarkably late in Swaziland. Only 15 percent of women age 25-49 marry before age 18 and 26 percent have married by age 20 (Table 6.4). The proportion of women marrying by each age appears to have declined over time. Among women age 45-49, 31 percent were married by age 20 compared with only 13 percent of women age 20-24. The median age at marriage among women increases from 23.3 years among women age 45-49 to 25.6 years among women age 30-34.

The lower panel of Table 6.4 shows the distribution among men. Only 7 percent of men age 25-49 were married before their 20<sup>th</sup> birthday, and 32 percent were married before age 25. The median age at marriage among men age 45-49 is 26.2 years, more than two years earlier than men age 30-34.

Table 6.4 Age at first marriage: Women and men age 15-49

Percentage of women and men age 15-49 who were first married by specific exact ages and median age at first marriage, according to current age, Swaziland 2006-07

Current age	Percentage first married by exact age:					Percentage never married	Number	Median age at first marriage
	15	18	20	22	25			
<b>WOMEN</b>								
15-19	0.4	na	na	na	na	92.7	1,274	a
20-24	0.7	5.0	13.0	na	na	65.6	1,046	a
25-29	1.3	8.4	16.7	25.8	38.4	40.8	729	a
30-34	3.1	13.9	25.4	34.5	47.9	26.4	616	25.6
35-39	2.6	18.5	30.7	40.9	53.2	14.3	503	24.3
40-44	4.8	19.5	34.4	43.1	56.3	12.5	438	23.7
45-49	4.7	19.2	31.0	44.9	56.8	8.7	383	23.3
20-49	2.4	12.1	22.5	na	na	35.2	3,713	a
25-49	3.0	14.9	26.3	36.2	48.9	23.2	2,667	a
<b>MEN</b>								
15-19	0.0	na	na	na	na	99.8	1,323	a
20-24	0.1	0.9	2.6	na	na	91.1	886	a
25-29	0.1	1.1	5.0	10.9	26.2	58.9	624	a
30-34	0.4	1.2	3.3	10.8	28.4	32.8	431	28.8
35-39	0.8	3.0	10.1	18.6	32.8	19.4	367	28.2
40-44	0.0	5.5	11.0	23.1	42.3	6.7	269	26.7
45-49	0.9	3.8	7.9	20.8	42.2	3.1	256	26.2
20-49	0.3	2.0	5.5	na	na	49.9	2,833	a
25-49	0.4	2.5	6.8	15.3	32.3	31.1	1,947	a

Note: The age at first marriage is defined as the age at which the respondent began living with her/his first spouse/partner.

na = Not applicable due to censoring

a = Omitted because less than 50 percent of the women married for the first time before reaching the beginning of the age group

Table 6.5 shows the age at first marriage for women and men age 50 and older. The increase in age at marriage is again reflected in this table. Older adults marry at an earlier age than their younger counterparts. For example, 65 percent of women age 50 and over were married before age 25, compared with 49 percent of women age 25-49.

Table 6.5 Age at first marriage: Women and men age 50+

Percentage of women and men age 50+ who were first married by specific exact ages and median age at first marriage, according to current age, Swaziland 2006-07

Age	Percentage first married by exact age:					Percentage never married	Number	Median age at first marriage
	15	18	20	22	25			
<b>WOMEN</b>								
50-54	8.6	21.3	33.2	44.7	60.8	8.7	164	22.6
55-59	1.8	13.8	22.5	35.8	61.3	7.9	112	23.7
60+	6.3	24.5	37.5	52.6	68.4	4.3	392	21.6
Total 50+	6.1	21.9	33.9	47.8	65.4	5.9	669	22.3
<b>MEN</b>								
50-54	0.0	1.1	4.3	13.5	37.4	1.9	116	28.0
55-59	1.4	1.4	6.4	11.2	30.7	1.6	80	27.1
60+	0.4	3.1	6.4	13.9	29.5	0.9	249	28.8
Total 50+	0.5	2.3	5.8	13.3	31.8	1.3	444	28.3

Table 6.6 further examines the median age at first marriage for women and men age 30-49, by background characteristics. Urban women marry more than five years later than their rural counterparts. The variation by region is not large; women in Lubombo enter into marriage earlier than women in other regions. Large variations exist in the median age at first marriage by the woman's education and wealth index. Women who attended high school marry more than four years later than women with primary or less education, and women in the highest wealth quintile marry more than four years later than women in the lowest quintile.

In general, men age 30-49 marry 3.4 years later than women of the same age group. The 2006-07 SDHS shows little difference in the median age between men in the rural and urban areas (less than two years). As in the case of women, men in Lubombo marry earlier than men in other regions (26.3 years compared with 27.4 years or older). Men who are relatively poor or have little education marry earlier than other men. For instance, men with tertiary education marry almost five years later than men with no education.

Table 6.6 Median age at first marriage						
Background characteristic	Age				Women age 30-49	Men age 30-49
	30-34	35-39	40-44	45-49		
<b>Residence</b>						
Urban	a	27.8	27.7	26.0	27.9	28.8
Rural	24.2	22.5	22.2	22.3	22.8	27.0
<b>Region</b>						
Hhohho	25.3	24.7	24.0	21.5	24.3	27.4
Manzini	25.5	25.0	25.2	23.6	24.7	28.7
Shiselweni	27.4	24.6	21.7	25.1	24.8	28.0
Lubombo	24.6	22.2	22.3	22.9	22.9	26.3
<b>Education</b>						
No education	22.8	22.7	20.0	20.9	21.6	25.4
Lower primary	a	21.9	22.7	20.6	22.0	27.6
Higher primary	21.9	21.7	20.6	23.6	21.9	25.7
Secondary	25.4	24.3	23.4	23.8	24.4	26.6
High school	28.2	26.1	26.0	25.0	26.2	29.1
Tertiary	26.4	27.3	29.2	25.8	26.8	30.0
<b>Wealth quintile</b>						
Lowest	25.0	22.1	20.0	23.1	22.1	26.1
Second	22.9	22.2	22.4	23.0	22.6	25.3
Middle	24.5	21.7	21.1	21.5	22.2	26.7
Fourth	a	24.8	24.6	22.3	24.9	28.4
Highest	25.5	27.5	25.9	25.9	26.2	28.8
Total	25.6	24.3	23.7	23.3	24.3	27.7

Note: The age at first marriage is defined as the age at which the respondent began living with her/his first spouse/partner.  
a = Omitted because less than 50 percent of the women married for the first time before reaching the beginning of the age group

#### 6.4 AGE AT FIRST SEXUAL INTERCOURSE

Although age at marriage is often used as a proxy measure for the beginning of exposure to the risk of pregnancy, some women and men engage in sexual activity before marriage. The 2006-07 SDHS collected information on the timing of the first sexual intercourse for both men and women. The percentage of women and men who had had sexual intercourse by exact ages is given in Table 6.7.

Eleven percent of women age 25-49 had sex before age 15, while half had their first sex by their 18<sup>th</sup> birthday. Older women are more likely than younger women to have had their first sexual encounter at an earlier age. This is reflected in the median age at first sex, which is more than 18 years for those under age 35 and less than 18 years for women age 35 and above.

The data for the men show a later age at first sex at all age groups, compared with women. Thirty-one percent of men age 20-49 had sex before age 18, and 85 percent of men have had sex by age 25.

Table 6.7 Age at first sexual intercourse: Women and men age 15-49

Percentage of women and men age 15-49 who had first sexual intercourse by specific exact ages, percentage who never had intercourse, and median age at first intercourse, according to current age, Swaziland 2006-07

Age	Percentage who had first sexual intercourse by exact age:					Percentage who never had intercourse	Median age at first intercourse
	15	18	20	22	25		
<b>WOMEN</b>							
15-19	7.4	na	na	na	na	58.6	1,274
20-24	6.4	46.3	73.1	na	na	10.0	1,046
25-29	7.5	47.8	71.1	81.6	86.9	2.4	729
30-34	8.1	47.4	69.9	80.7	85.8	1.0	616
35-39	10.7	52.2	75.1	83.5	88.8	0.2	503
40-44	12.7	51.3	69.9	78.2	81.5	0.3	438
45-49	17.5	54.4	72.0	80.7	86.0	0.6	383
20-49	9.3	49.0	72.0	81.6	85.5	3.6	3,713
25-49	10.5	50.1	71.5	na	na	1.1	2,667
15-24	6.9	na	na	na	na	36.7	2,320
<b>MEN</b>							
15-19	4.9	na	na	na	na	78.4	1,323
20-24	4.7	36.7	64.2	na	na	21.3	886
25-29	3.2	31.0	59.2	79.4	90.0	5.6	624
30-34	3.7	31.1	53.8	70.7	87.0	2.4	431
35-39	2.6	29.2	54.8	78.5	89.7	1.1	367
40-44	2.5	26.1	50.3	72.5	86.1	0.0	269
45-49	4.2	22.9	51.7	71.6	84.3	0.3	256
20-49	3.7	31.4	57.9	75.3	85.0	8.4	2,833
25-49	3.2	28.9	55.0	na	na	2.6	1,947
15-24	4.8	na	na	na	na	55.5	2,209

na = Not applicable due to censoring

a = Omitted because less than 50 percent of the respondents had intercourse for the first time before reaching the beginning of the age group

Eight percent of women age 50 and over had sex before age 15 and almost half had their first sex by their 18<sup>th</sup> birthday (Table 6.8). Among women age 50 and over, older women tend to have had their first sexual encounter at a later age than younger women. The median age at first sex for women age 60 and over is one year later than for women age 50-54. The same pattern is observed among men; men age 60 and over had their first sex almost two years later than men age 50-54.

Table 6.8 Age at first sexual intercourse: Women and men age 50+

Percentage of women and men age 50+ who had first sexual intercourse by specific exact ages, percentage who never had intercourse, and median age at first intercourse, according to current age, Swaziland 2006-07

Age	Percentage who had first sexual intercourse by exact age:					Percentage who never had intercourse	Median age at first intercourse	
	15	18	20	22	25			
<b>WOMEN</b>								
50-54	10.4	55.7	73.5	87.8	94.2	0.0	164	17.6
55-59	4.9	40.8	69.7	84.4	93.3	0.0	112	18.5
60+	8.6	43.4	59.7	80.4	88.2	0.6	392	18.6
Total 50+	8.4	46.0	64.8	82.9	90.5	0.4	669	18.3
<b>MEN</b>								
50-54	1.4	22.4	42.9	68.7	83.0	0.0	116	20.4
55-59	1.2	9.4	34.9	53.8	73.2	0.0	80	21.3
60+	0.5	12.0	28.5	49.7	67.6	0.0	249	22.1
Total 50+	0.9	14.2	33.4	55.4	72.6	0.0	444	21.2

Table 6.9 shows the median age at first sex by background characteristics for women and men age 25-49 years. Women in the rural areas start sexual activity about one year earlier than their urban counterparts. There are no significant regional differences in the age at initiation of sexual intercourse, ranging from 17.6 years in Lubombo to 18.2 years in Hhohho and Manzini. Age at first sex increases with education and wealth status; women with high school education begin sexual activity at least two years later than those with no education and women in the lowest wealth quintiles start sexual activity at least one year earlier than those who are wealthy.

Table 6.9 Median age at first intercourse

Median age at first sexual intercourse among women and men age 25-49 by five-year age groups and age 25-49, according to background characteristics, Swaziland 2006-07

Background characteristic	Age						Women age 25-49	Men age 25-49
	20-24	25-29	30-34	35-39	40-44	45-49		
<b>Residence</b>								
Urban	18.5	18.6	18.4	18.8	18.5	18.8	18.6	19.4
Rural	18.1	17.9	18.0	17.5	17.6	17.2	17.7	19.5
<b>Region</b>								
Hhohho	18.1	18.3	17.7	18.5	18.4	17.5	18.2	19.5
Manzini	18.6	18.4	18.5	17.8	18.2	17.5	18.2	19.4
Shiselweni	18.2	17.9	18.2	17.6	17.5	17.6	17.8	19.2
Lubombo	17.6	17.8	18.0	17.4	16.9	17.6	17.6	19.6
<b>Education</b>								
No education	15.7	17.1	16.8	15.9	15.8	16.9	16.6	19.1
Lower primary	16.7	15.9	16.5	16.7	16.7	16.2	16.4	18.9
Higher primary	17.4	17.1	17.1	17.0	17.4	16.9	17.1	19.4
Secondary	18.1	17.9	18.0	17.7	18.4	18.1	18.0	19.2
High school	19.5	18.8	19.0	18.4	19.0	19.9	18.9	19.6
Tertiary	a	21.1	21.6	20.8	20.0	20.6	21.0	20.1
<b>Wealth quintile</b>								
Lowest	17.5	17.3	17.5	17.2	16.9	17.1	17.2	18.9
Second	17.5	17.7	17.2	17.6	16.9	17.4	17.5	19.1
Middle	18.3	17.7	17.9	17.3	17.5	17.2	17.7	19.6
Fourth	18.5	18.4	18.1	17.4	18.5	16.7	18.0	19.6
Highest	18.7	18.8	18.9	19.0	18.7	18.9	18.9	19.7
Total	18.2	18.1	18.2	17.8	17.9	17.6	18.0	19.5

a = Omitted because less than 50 percent of the women had intercourse for the first time before reaching the beginning of the age group

The data for men show a different pattern than that for women, with almost no differences in the timing of first sexual activity between those in rural and urban areas and across regions. Like women, the median age at first sex among men increases with the level of education and wealth status.

## 6.5 RECENT SEXUAL ACTIVITY

In the absence of contraception, the chance of becoming pregnant is related to the frequency of sexual intercourse. Thus, the information on sexual activity can be used to refine measures of exposure to pregnancy. Women and men were asked how long ago their last sexual activity occurred. The responses to this question allow for an assessment of recent sexual activity (in the four weeks preceding the survey).

Tables 6.10.1 and 6.10.2 show the distribution of women and men, respectively, according to the timing of last sexual activity, by background characteristics. Eighteen percent of women age 15-49 and 31 percent of men age 15-49 have never had sexual intercourse. About four in ten of the female and male respondents had a recent (within the last four weeks) sexual encounter, and 13 percent of women and 9 percent of men report that their last sexual encounter occurred more than one year before the survey.

As expected, recent sexual activity is less common among the youngest age group (15-19); 13 percent of women and 4 percent of men in this age group did not have sex. Recent sexual activity is more common among the currently married, with 74 percent of women and 83 percent of men having had sex in the four weeks before the survey. Male-female differences are greatest for those formerly married: the proportion of men who report a recent sexual encounter is about twice that of women (38 percent and 20 percent, respectively). Urban women and men are more likely than those in rural areas to have recent sexual activity.

Table 6.10.3 presents recent sexual activity among older adults. Male-female differences are reflected in all subgroups of population; men are much more likely than women to report having recent sexual intercourse. Among older adults, recent sexual activity is less common among the oldest age group (60 and over). However, this group shows the largest male-female differences. While 7 percent of women age 60 and over had sex in the last four weeks, the corresponding proportion among men is 47 percent.

Table 6.10.1 Recent sexual activity: Women age 15-49

Percent distribution of women age 15-49 by timing of last sexual intercourse, according to background characteristics, Swaziland 2006-07

Background characteristic	Timing of last sexual intercourse				Never had sexual intercourse	Total	Number of women
	Within the past 4 weeks	Within 1 year <sup>1</sup>	One or more years	Missing			
<b>Age</b>							
15-19	12.5	22.9	6.0	0.0	58.6	100.0	1,274
20-24	43.9	35.6	10.1	0.4	10.0	100.0	1,046
25-29	56.8	29.6	10.9	0.2	2.4	100.0	729
30-34	59.7	27.2	11.9	0.3	1.0	100.0	616
35-39	57.4	23.9	18.4	0.0	0.2	100.0	503
40-44	52.9	24.0	22.6	0.3	0.3	100.0	438
45-49	45.0	19.8	33.9	0.6	0.6	100.0	383
<b>Marital status</b>							
Never married	19.6	31.2	13.6	0.3	35.4	100.0	2,487
Married or living together	73.7	22.3	3.8	0.2	0.0	100.0	2,062
Divorced/separated/widowed	19.7	25.6	54.7	0.0	0.0	100.0	438
<b>Marital duration<sup>2</sup></b>							
0-4 years	77.2	22.0	0.6	0.2	0.0	100.0	416
5-9 years	79.1	17.2	3.6	0.2	0.0	100.0	340
10-14 years	71.8	26.4	1.8	0.0	0.0	100.0	251
15-19 years	75.5	20.8	3.4	0.3	0.0	100.0	239
20-24 years	62.8	26.4	10.8	0.0	0.0	100.0	200
25+ years	68.8	20.3	10.3	0.7	0.0	100.0	181
Married more than once	71.6	26.1	2.3	0.0	0.0	100.0	189
<b>Residence</b>							
Urban	46.3	25.7	14.1	0.0	13.9	100.0	1,330
Rural	40.4	27.5	12.8	0.3	19.0	100.0	3,657
<b>Region</b>							
Hhohho	45.2	24.2	13.6	0.1	17.0	100.0	1,340
Manzini	40.0	28.0	14.3	0.2	17.5	100.0	1,647
Shiselweni	38.2	27.6	12.7	0.3	21.3	100.0	1,033
Lubombo	44.8	28.8	11.1	0.4	14.9	100.0	966
<b>Education</b>							
No education	48.3	29.9	19.2	0.3	2.3	100.0	402
Lower primary	43.5	31.5	15.3	0.6	9.1	100.0	360
Higher primary	40.8	27.3	12.6	0.1	19.2	100.0	1,268
Secondary	37.7	26.4	11.5	0.1	24.2	100.0	1,693
High school	41.4	28.4	13.0	0.1	17.2	100.0	894
Tertiary	58.5	18.3	13.9	0.9	8.3	100.0	370
<b>Wealth quintile</b>							
Lowest	38.0	32.4	13.5	0.6	15.6	100.0	785
Second	41.9	28.1	14.4	0.0	15.6	100.0	862
Middle	40.6	28.7	12.8	0.0	17.9	100.0	968
Fourth	40.9	25.2	13.2	0.2	20.5	100.0	1,111
Highest	46.5	23.3	12.3	0.3	17.6	100.0	1,262
Total 15-49	42.0	27.0	13.1	0.2	17.6	100.0	4,987

<sup>1</sup> Excludes women who had sexual intercourse within the last 4 weeks

<sup>2</sup> Excludes women who are not currently married

Table 6.10.2 Recent sexual activity: Men age 15-49

Percent distribution of men age 15-49 by timing of last sexual intercourse, according to background characteristics, Swaziland 2006-07

Background characteristic	Timing of last sexual intercourse				Never had sexual intercourse	Total	Number of men
	Within the past 4 weeks	Within 1 year <sup>1</sup>	One or more years	Missing			
<b>Age</b>							
15-19	4.2	10.6	6.8	0.0	78.4	100.0	1,323
20-24	28.5	34.6	15.5	0.1	21.3	100.0	886
25-29	58.5	25.4	10.1	0.3	5.6	100.0	624
30-34	68.0	23.4	6.0	0.2	2.4	100.0	431
35-39	71.3	18.0	9.2	0.5	1.1	100.0	367
40-44	74.7	17.6	6.8	0.9	0.0	100.0	269
45-49	67.9	21.6	8.0	2.2	0.3	100.0	256
<b>Marital status</b>							
Never married	18.7	22.3	12.3	0.1	46.7	100.0	2,734
Married or living together	83.3	15.4	0.4	0.9	0.0	100.0	1,219
Divorced/separated/widowed	38.0	38.2	23.9	0.0	0.0	100.0	203
<b>Marital duration<sup>2</sup></b>							
0-4 years	80.1	19.9	0.0	0.0	0.0	100.0	328
5-9 years	82.9	16.1	0.0	1.0	0.0	100.0	239
10-14 years	90.2	8.2	0.3	1.3	0.0	100.0	139
15-19 years	82.8	12.4	2.3	2.5	0.0	100.0	98
20-24 years	77.2	17.2	1.4	4.2	0.0	100.0	71
25+ years	(77.0)	(20.2)	(0.0)	(2.9)	(0.0)	100.0	32
Married more than once	86.0	13.2	0.4	0.3	0.0	100.0	312
<b>Residence</b>							
Urban	51.3	22.6	7.5	0.6	18.0	100.0	1,181
Rural	33.5	20.4	10.1	0.2	35.7	100.0	2,975
<b>Region</b>							
Hhohho	43.0	20.6	9.2	0.0	27.2	100.0	1,099
Manzini	37.2	22.5	10.3	0.3	29.7	100.0	1,349
Shiselweni	32.8	18.9	10.5	0.0	37.8	100.0	843
Lubombo	40.6	21.4	7.1	1.1	29.8	100.0	865
<b>Education</b>							
No education	48.6	24.9	12.9	0.4	13.2	100.0	316
Lower primary	33.6	22.6	7.6	0.2	36.1	100.0	470
Higher primary	31.2	18.0	8.0	0.1	42.7	100.0	980
Secondary	32.2	20.8	8.6	0.4	38.1	100.0	1,191
High school	42.4	24.8	13.1	0.2	19.6	100.0	852
Tertiary	69.4	15.7	5.9	1.4	7.6	100.0	347
<b>Wealth quintile</b>							
Lowest	32.6	21.6	9.8	0.2	35.9	100.0	601
Second	30.7	19.9	10.2	0.1	39.1	100.0	665
Middle	31.7	23.1	9.9	0.1	35.1	100.0	856
Fourth	41.6	20.8	9.9	0.5	27.3	100.0	953
Highest	49.5	20.0	7.7	0.6	22.2	100.0	1,081
Total 15-49	38.6	21.0	9.4	0.3	30.7	100.0	4,156

Note: Figures in parentheses are based on 25-49 unweighted cases.

<sup>1</sup> Excludes men who had sexual intercourse within the last 4 weeks

<sup>2</sup> Excludes men who are not currently married

Table 6.10.3 Recent sexual activity: Women and men age 50+

Percent distribution of women and men age 50+ by timing of last sexual intercourse, according to background characteristics, Swaziland 2006-07

Background characteristic	Timing of last sexual intercourse				Never had sexual intercourse	Total	Number of adults 50+
	Within the past 4 weeks	Within 1 year <sup>1</sup>	One or more years	Missing			
<b>WOMEN</b>							
<b>Age</b>							
50-54	35.0	20.0	43.9	1.1	0.0	100.0	164
55-59	19.0	13.8	67.3	0.0	0.0	100.0	112
60+	7.4	4.7	86.6	0.6	0.6	100.0	392
<b>Residence</b>							
Urban	16.4	10.4	72.3	0.9	0.0	100.0	69
Rural	16.4	9.0	73.5	0.7	0.5	100.0	519
<b>Region</b>							
Hhohho	16.2	4.8	78.5	0.5	0.0	100.0	148
Manzini	16.4	11.3	71.3	0.9	0.0	100.0	181
Shiselweni	14.3	8.6	76.4	0.0	0.7	100.0	164
Lubombo	20.3	12.6	63.9	1.9	1.3	100.0	95
<b>Education</b>							
No education	10.6	10.4	78.1	1.0	0.0	100.0	277
Lower primary	10.1	11.6	78.0	0.4	0.0	100.0	151
Higher primary	22.9	6.6	69.0	0.6	0.8	100.0	149
Secondary	34.7	13.4	50.0	0.0	1.9	100.0	60
High school +	(27.3)	(8.6)	(64.2)	(0.0)	(0.0)	100.0	31
Total 50+	16.1	10.0	72.9	0.6	0.4	100.0	669
<b>MEN</b>							
<b>Age</b>							
50-54	65.4	22.0	11.6	1.0	0.0	100.0	116
55-59	55.8	22.0	20.8	1.4	0.0	100.0	80
60+	46.5	18.2	34.9	0.3	0.0	100.0	249
<b>Residence</b>							
Urban	67.1	23.8	9.0	0.0	0.0	100.0	63
Rural	49.7	20.1	29.6	0.6	0.0	100.0	327
<b>Region</b>							
Hhohho	53.7	21.9	23.4	1.0	0.0	100.0	114
Manzini	49.8	18.4	31.8	0.0	0.0	100.0	117
Shiselweni	49.9	24.3	25.8	0.0	0.0	100.0	85
Lubombo	57.9	18.3	22.7	1.2	0.0	100.0	74
<b>Education</b>							
No education	39.8	23.8	35.9	0.5	0.0	100.0	171
Lower primary	57.0	18.8	24.2	0.0	0.0	100.0	80
Higher primary	59.8	17.1	23.2	0.0	0.0	100.0	85
Secondary	63.6	17.2	15.5	3.8	0.0	100.0	60
High school +	(68.5)	(16.6)	(14.8)	(0.0)	(0.0)	100.0	47
Total 50+	53.1	19.9	26.3	0.7	0.0	100.0	444

Note: Figures in parentheses are based on 25-49 unweighted cases.

<sup>1</sup> Excludes women and men who had sexual intercourse within the last 4 weeks

## 6.6 POSTPARTUM AMENORRHOEA, ABSTINENCE, AND INSUSCEPTIBILITY

Postpartum amenorrhoea refers to the interval between childbirth and the return of menstruation. The length and intensity of breastfeeding influence the duration of amenorrhoea, which offers protection from conception. Postpartum abstinence refers to the period between childbirth and the time when a woman resumes sexual activity. Delaying the resumption of sexual relations can also prolong protection. Women are considered to be insusceptible to pregnancy if they are not exposed to the risk of conception either because their menstrual period has not resumed since a birth or because they are abstaining from intercourse after childbirth.

Women who gave birth three years preceding the survey were asked about the duration of their periods of amenorrhoea and sexual abstinence following each birth. The results are presented in Table 6.11. Almost all women are insusceptible to pregnancy within the first two months following childbirth. After the second month, the contribution of abstinence gradually declines. At 10 to 11 months after birth, about half of all women are insusceptible, but only 19 percent are abstaining. The principal determinant of the length of the period of insusceptibility is postpartum amenorrhoea. The median duration of amenorrhoea is 6.9 months; of abstinence is 4.6 months; and of insusceptibility is 10.7 months.

Table 6.11 Postpartum amenorrhoea, abstinence, and insusceptibility

Percentage of births in the three years preceding the survey for which mothers are postpartum amenorrhoeic, abstaining, and insusceptible, by number of months since birth, and median and mean durations, Swaziland 2006-07

Months since birth	Percentage of births for which the mother is:			Number of births
	Amenorrhoeic	Abstaining	Insusceptible <sup>1</sup>	
< 2	65.5	93.7	96.8	67
2-3	61.2	75.7	88.8	97
4-5	57.9	50.9	76.4	113
6-7	47.7	32.3	63.3	129
8-9	48.7	17.9	52.8	84
10-11	38.4	18.8	49.4	113
12-13	37.2	24.8	49.8	110
14-15	30.9	10.0	36.4	107
16-17	25.2	9.3	31.4	86
18-19	32.0	10.6	38.2	85
20-21	17.2	7.3	22.9	73
22-23	23.9	9.6	29.6	110
24-25	18.0	7.5	24.3	88
26-27	14.6	6.1	17.8	101
28-29	22.8	4.0	24.5	95
30-31	10.3	6.3	14.6	87
32-33	14.4	3.7	18.1	87
34-35	19.7	2.1	19.7	92
Total	33.0	21.4	42.4	1,724
Median	6.9	4.6	10.7	na
Mean	12.1	8.1	15.4	na

Note: Estimates are based on status at the time of the survey.

na = Not applicable

<sup>1</sup> Includes births for which mothers are either still amenorrhoeic or still abstaining (or both) following birth

Table 6.12 shows the median durations of postpartum amenorrhoea, abstinence, and insusceptibility by background characteristics of the respondents. Older women (age 30-49) have a longer median period of insusceptibility, mainly because of the longer duration of postpartum amenorrhoea (10.5 months compared with 5.6 months for women age 15-29). Women living in urban areas have a longer median duration of amenorrhoea and a longer period of insusceptibility. The period of insusceptibility varies considerably by region. The median duration in Manzini is almost double that of Lubombo (13.2 months and 7.6 months, respectively). The median duration of amenorrhoea has no clear relationship with the level of education and wealth status.

**Table 6.12 Median duration of amenorrhoea, postpartum abstinence, and postpartum insusceptibility**

Median number of months of postpartum amenorrhoea, postpartum abstinence, and postpartum insusceptibility following births in the three years preceding the survey, by background characteristics, Swaziland 2006-07

Background characteristic	Postpartum amenorrhoea	Postpartum abstinence	Postpartum insusceptibility <sup>1</sup>
<b>Mother's age</b>			
15-29	5.6	4.6	9.9
30-49	10.5	4.6	12.3
<b>Residence</b>			
Urban	8.7	4.1	12.1
Rural	6.6	4.8	10.1
<b>Region</b>			
Hhohho	0.7	4.4	9.9
Manzini	7.4	3.9	13.2
Shiselweni	4.7	6.2	11.4
Lubombo	4.1	4.3	7.6
<b>Education</b>			
No education	3.9	4.5	13.7
Lower primary	7.1	4.4	7.9
Higher primary	0.7	4.4	10.4
Secondary	6.8	5.1	9.6
High school	6.7	4.7	8.8
Tertiary	4.7	1.1	13.4
<b>Wealth quintile</b>			
Lowest	3.9	4.9	11.1
Second	11.6	3.5	13.5
Middle	0.7	6.3	8.6
Fourth	7.1	5.1	9.3
Highest	4.9	3.7	13.2
Total	6.9	4.6	10.7

Note: Medians are based on the status at the time of the survey (current status).

<sup>1</sup> Includes births for which mothers are either still amenorrhoeic or still abstaining (or both) following birth

## 6.7 TERMINATION OF EXPOSURE TO PREGNANCY

While the onset of infecundity is difficult to determine for an individual woman, there are ways of estimating it for a given population. One indicator of infecundity is the onset of menopause. In the context of the available survey data, women are considered menopausal if they are neither pregnant nor postpartum amenorrhoeic, but have not had a menstrual period in the six months preceding the survey. The prevalence of menopause increases with age, typically from around age 30.

Table 6.13 presents the indicator for women age 30-49, which ranges from 4 percent for women age 30-34 to 58 percent for women age 48-49. Overall, 13 percent of women age 30-49 were reported to be menopausal.

**Table 6.13 Menopause**

Percentage of women age 30-49 who are menopausal, by age, Swaziland 2006-07

Age	Percentage menopausal <sup>1</sup>	Number of women
30-34	4.1	616
35-39	4.2	503
40-41	7.3	183
42-43	12.0	175
44-45	21.2	160
46-47	36.0	180
48-49	57.8	122
Total	12.9	1,939

<sup>1</sup> Percentage of all women who are not pregnant and not postpartum amenorrhoeic whose last menstrual period occurred six or more months preceding the survey

## FERTILITY PREFERENCES

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**Dudu Dlamini**

The 2006-07 Swaziland DHS included several questions designed to ascertain women's fertility preferences. Women who were either not pregnant or unsure about their status were asked the question: "*Would you like to have a (another) child or would you prefer not to have any (more) children?*" A different question was posed for women who were pregnant at the time of the survey. Pregnant women were asked: "*After the child you are expecting, would you like to have another child or would you prefer not to have any more children?*" The women who indicated that they wanted another child were asked how long they would like to wait before the birth of the next child. Finally, women were asked the total number of children they would like to have, if they were to start childbearing afresh.

Given that men play a vital role in the realisation of reproductive goals, the 2006-07 SDHS also included questions that elicited information from men on fertility preferences.

The fertility preferences questions in the SDHS are hypothetical and, thus, respondents' answers have to be interpreted with some caution. Nevertheless, the data on fertility preferences have been shown to be a useful indicator of the direction that future fertility may take. In combination with data on contraceptive use, data on fertility preferences also allow estimation of the need for family planning, both for spacing and limiting births.

### 7.1 DESIRE FOR MORE CHILDREN

Data on the desire for more children can indicate the direction of future reproductive behaviour, provided that the required family planning services that assist in the realisation of fertility preferences are available, affordable, and accessible. Table 7.1 presents the distribution of currently married women and men age 15-49 by the desire for more children according to the number of living children. The results indicate that the majority of both women and men in Swaziland want to delay or limit the next birth. Women are more likely than men to prefer to limit births (68 percent and 52 percent, respectively).

Table 7.1 shows that the desire for more children is directly related to the number of living children a woman or man has. Eighty-two percent of married women who have no children want to have a child, with 57 percent desiring to do so soon. In contrast only 14 percent of women who already had four children expressed a desire for more, and this proportion decreases to two percent amongst women with six or more children.

The proportion of men desiring more children is significantly higher at all birth orders as compared with women. For example, among the SDHS respondents with two children, more than half of men want another child compared with 31 percent of women.

**Table 7.1 Fertility preferences by number of living children**

Percent distribution of currently married women and currently married men age 15-49 by desire for children, according to number of living children, Swaziland 2006-07

Desire for children	Number of living children							Total 15-49
	0	1	2	3	4	5	6+	
<b>WOMEN<sup>1</sup></b>								
Have another soon <sup>2</sup>	57.4	23.4	13.2	6.3	3.0	3.8	0.5	12.2
Have another later <sup>3</sup>	21.7	38.3	17.6	9.5	10.6	5.4	1.6	15.1
Have another, undecided when	2.8	2.0	0.6	0.6	0.0	0.0	0.5	0.8
Undecided	0.9	2.4	2.4	1.3	1.5	1.7	0.0	1.5
Want no more	10.8	30.0	63.2	71.8	76.6	77.4	83.3	62.3
Sterilized <sup>4</sup>	2.4	0.5	1.9	9.1	5.9	9.0	12.5	5.9
Declared infecund	3.9	3.3	1.1	1.4	2.4	2.1	1.7	2.1
Missing	0.0	0.1	0.0	0.0	0.0	0.6	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	131	347	426	343	251	201	363	2,062
<b>MEN<sup>5</sup></b>								
Have another soon <sup>2</sup>	60.5	23.0	14.6	10.9	12.2	8.0	5.5	15.3
Have another later <sup>3</sup>	22.0	52.9	34.8	22.7	19.2	13.4	11.3	26.5
Have another, undecided when	5.6	1.9	3.4	2.0	2.3	1.7	0.5	2.2
Undecided	3.9	1.7	3.4	4.8	4.4	1.7	3.2	3.3
Want no more	4.6	18.7	41.6	54.7	60.0	75.2	77.8	50.5
Sterilized <sup>4</sup>	1.3	0.5	1.9	4.2	1.8	0.0	1.0	1.6
Declared infecund	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0
Missing	2.1	1.2	0.2	0.7	0.0	0.0	0.4	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	70	203	249	181	152	96	268	1,219

<sup>1</sup> The number of living children includes current pregnancy for women.

<sup>2</sup> Wants next birth within 2 years

<sup>3</sup> Wants to delay next birth for 2 or more years

<sup>4</sup> Includes both female and male sterilization

<sup>5</sup> The number of living children includes one additional child if respondent's wife is pregnant (or if any wife is pregnant for men with more than one current wife).

## 7.2 DESIRE TO LIMIT CHILDBEARING BY BACKGROUND CHARACTERISTICS

Tables 7.2.1 and 7.2.2 present the percentages of currently married women and men who want no more children or are sterilized, by the number of living children, according to background characteristics. The results indicate that interest in limiting childbearing is widespread among married women and men, regardless of their socio-economic background.

Looking more closely at the differentials among women in Table 7.2.1, overall, the proportion wishing to limit childbearing is nearly identical for urban and rural women. However, urban women tend to express a desire to limit childbearing at lower parities than rural women. For example, among women with 0-2 children, 51 percent would like to limit childbearing in urban areas compared with 41 percent in rural areas. Looking at the regional patterns, the proportion seeking to limit childbearing is somewhat higher in Manzini than in the other regions among both women with 0-2 children and those with 3-4 children. Among lower parity women, the proportion desiring no more children generally increases with both education and wealth. In particular, among women with 3-4 children, the proportion wanting to limit childbearing is markedly higher among those with high school or tertiary education compared with less educated women.

**Table 7.2.1 Desire to limit childbearing: Women**

Percentage of currently married women age 15-49 who want no more children, by number of living children, according to background characteristics, Swaziland 2006

Background characteristic	Number of living children <sup>1</sup>			
	0-2	3-4	5+	Total
<b>Residence</b>				
Urban	51.1	88.8	88.0	67.8
Rural	40.9	78.6	93.0	68.4
<b>Region</b>				
Hhohho	44.6	78.4	92.9	65.5
Manzini	49.4	86.2	91.5	71.4
Shiselweni	41.3	80.3	91.4	69.8
Lubombo	38.3	79.6	94.2	66.0
<b>Highest educational level</b>				
No education	36.3	73.8	90.5	69.5
Lower primary	39.9	(64.8)	87.7	68.4
Higher primary	43.9	80.9	93.9	70.7
Secondary	44.1	79.3	93.5	66.7
High school	48.2	91.4	100.0	(67.6)
Tertiary	46.9	93.5	88.4	*
<b>Wealth quintile</b>				
Lowest	46.5	63.6	88.7	66.7
Second	36.2	79.8	92.2	70.3
Middle	48.8	85.8	97.7	76.0
Fourth	43.5	81.3	91.6	65.1
Highest	44.9	88.9	92.5	64.7
Total 15-49	44.3	81.6	92.4	68.2

Note: Women who have been sterilized are considered to want no more children. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> The number of living children includes the current pregnancy.

**Table 7.2.2 Desire to limit childbearing: Men**

Percentage of currently married men age 15-49 who want no more children, by number of living children, according to background characteristics, Swaziland 2006

Background characteristic	Number of living children <sup>1</sup>			
	0-2	3-4	5+	Total
<b>Residence</b>				
Urban	32.1	70.6	82.4	55.3
Rural	26.6	52.9	75.7	50.0
<b>Region</b>				
Hhohho	29.4	58.8	79.0	53.7
Manzini	33.4	64.2	78.6	51.6
Shiselweni	21.6	60.5	75.1	50.6
Lubombo	25.2	58.2	77.3	51.7
<b>Highest educational level</b>				
No education	(16.4)	48.8	68.8	47.4
Lower primary	20.5	(50.0)	81.3	47.6
Higher primary	33.4	54.2	75.1	54.3
Secondary	20.6	60.7	75.8	50.9
High school	29.1	67.9	(92.6)	50.2
Tertiary	43.9	70.2	(83.7)	60.1
<b>Wealth quintile</b>				
Lowest	20.4	(37.7)	67.3	42.1
Second	31.8	(39.7)	74.6	49.0
Middle	29.5	64.6	81.5	57.7
Fourth	30.0	59.0	73.2	48.4
Highest	29.8	72.6	85.2	56.8
Total 15-49	29.0	60.2	77.9	52.1

Note: Men who have been sterilized or who state in response to the question about desire for children that their wife has been sterilized are considered to want no more children. Figures in parentheses are based on 25-49 unweighted cases.

<sup>1</sup> The number of living children includes one additional child if respondent's wife is pregnant (or if any wife is pregnant for men with more than one current wife).

Considering male preferences, men who reside in urban areas are slightly more likely than rural men to desire limiting childbearing. The largest urban-rural differential in the desire to limit childbearing is found among men with 3-4 children; 71 percent of urban men want no more children compared with 53 percent of rural men. Although not uniform, the desire to limit childbearing among men tends to increase according to level of education and wealth.

Finally, the results in Tables 7.2.1 and 7.2.2 show that the desire to limit childbearing is higher for women than for men irrespective of both socio-economic characteristics and the number of living children. The differentials are especially large among women and men with no education and in the lowest wealth quintiles. For example, among those with no education, 47 percent of men do not want any more children compared with 70 percent of women. Similarly, 42 percent of men and 67 percent of women in the lowest wealth quintile want to limit childbearing.

### 7.3 NEED FOR FAMILY PLANNING SERVICES

SDHS results can be used to assess the extent of need for family planning services. For this purpose, women who want to postpone their next birth for two or more years or who want to stop childbearing altogether but are not using a contraceptive method are said to have an unmet need for family planning. Pregnant women are considered to have an unmet need for spacing or limiting if their pregnancy was mistimed or unwanted. Similarly, amenorrhoeic women are categorised as having unmet need if their last birth was mistimed or unwanted. Women who are currently using a

contraceptive method are said to have a met need for family planning. The total demand for family planning services comprises those in the met need and unmet need categories.

Table 7.3 presents data on the level of unmet need, met need, and the total demand for family planning services for currently married women age 15-49 by background characteristics. Close to a quarter (24 percent) of currently married women in Swaziland have an unmet need for family planning; 17 percent are in need because they want no more children and 7 percent because they would like to delay the next birth for two or more years. The total met need for family planning (i.e., the proportion currently using contraception) is 51 percent; 38 percent of married women are using contraception to limit the number of children and 13 percent for spacing purposes. Taking both the met and unmet need into account, the total demand for family planning among currently married women in Swaziland is 75 percent. About two-thirds of that demand is satisfied. If this demand is satisfied, the contraceptive prevalence in Swaziland among currently married women will be 75 percent instead of 51 percent.

**Table 7.3 Need and demand for family planning among currently married women**

Percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage of satisfied demand for contraception, by background characteristics, Swaziland 2006-07

Background characteristic	Unmet need for family planning <sup>1</sup>			Met need for family planning (currently using) <sup>2</sup>			Total demand for family planning			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
<b>Age</b>											
15-19	16.7	9.0	25.7	24.9	17.9	42.8	41.5	26.9	68.4	62.5	88
20-24	17.3	11.9	29.2	24.0	22.7	46.7	41.3	34.6	75.9	61.5	343
25-29	10.5	14.3	24.7	19.6	34.1	53.7	30.1	48.3	78.4	68.5	388
30-34	5.9	13.4	19.2	13.6	51.3	64.9	19.4	64.7	84.1	77.1	379
35-39	2.9	21.5	24.5	6.6	49.4	56.0	9.5	70.9	80.5	69.6	334
40-44	1.6	26.5	28.1	1.9	40.4	42.3	3.5	66.9	70.3	60.1	291
45-49	0.4	16.5	16.9	1.3	33.1	34.4	1.7	49.7	51.4	67.0	238
<b>Residence</b>											
Urban	5.9	14.0	19.8	15.8	42.3	58.1	21.7	56.2	77.9	74.5	542
Rural	7.9	17.6	25.5	11.6	36.4	48.0	19.5	54.0	73.5	65.3	1,520
<b>Region</b>											
Hhohho	7.8	12.6	20.3	14.4	39.3	53.7	22.2	51.9	74.0	72.5	600
Manzini	5.4	17.9	23.3	13.3	39.2	52.5	18.7	57.1	75.8	69.3	650
Shiselweni	6.9	19.6	26.4	10.8	34.8	45.6	17.6	54.4	72.0	63.3	363
Lubombo	10.2	18.0	28.1	11.3	36.7	48.0	21.4	54.7	76.1	63.1	449
<b>Education</b>											
No education	6.5	24.8	31.4	5.3	23.6	28.9	11.8	48.4	60.2	47.9	247
Lower primary	11.6	20.8	32.4	8.9	27.4	36.3	20.4	48.2	68.6	52.8	176
Higher primary	9.1	19.0	28.1	9.3	36.3	45.6	18.4	55.3	73.7	61.9	538
Secondary	8.0	15.4	23.5	15.1	41.0	56.1	23.1	56.5	79.5	70.5	600
High school	5.1	12.9	17.9	17.0	43.0	60.0	22.0	55.9	77.9	77.0	304
Tertiary	1.7	5.8	7.4	21.1	52.5	73.7	22.8	58.3	81.1	90.9	197
<b>Wealth quintile</b>											
Lowest	11.2	21.5	32.7	10.3	26.9	37.2	21.4	48.4	69.9	53.2	353
Second	7.9	17.7	25.6	9.5	33.4	42.9	17.4	51.1	68.5	62.6	369
Middle	5.9	18.4	24.2	10.4	43.8	54.2	16.2	62.2	78.4	69.1	379
Fourth	7.0	17.2	24.2	13.6	37.2	50.7	20.6	54.3	74.9	67.7	424
Highest	5.9	11.1	17.0	17.6	44.7	62.2	23.5	55.8	79.2	78.5	537
Currently married	7.4	16.7	24.0	12.7	37.9	50.6	20.1	54.6	74.7	67.8	2,062
Unmarried	2.6	3.0	5.5	10.6	18.3	28.9	13.2	21.2	34.4	83.9	2,925
All women	4.6	8.6	13.2	11.5	26.4	37.9	16.1	35.0	51.1	74.2	4,987

<sup>1</sup> Unmet need for spacing includes pregnant women whose pregnancy was mistimed; amenorrhoeic women who are not using family planning and whose last birth was mistimed, or whose last birth was unwanted but now say they want more children; and fecund women who are neither pregnant nor amenorrhoeic, who are not using any method of family planning, and say they want to wait 2 or more years for their next birth. Also included in unmet need for spacing are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted; amenorrhoeic women who are not using family planning, whose last child was unwanted, and who do not want any more children; and fecund women who are neither pregnant nor amenorrhoeic, who are not using any method of family planning, and who want no more children.

<sup>2</sup> Using for spacing is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another. Using for limiting is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.

Overall, unmet need does not vary in a uniform manner with age. However, the need for spacing decreases with age, from a high of 17 percent among married women under age 25 to less than one percent in the 45-49 age group; the need for limiting increases from 9 percent among women age 15-19 to 27 percent of women age 40-44. Unmet need is higher among rural women (26 percent) than among women residing in urban areas (20 percent). Women in the Lubombo region have the highest level of unmet need (28 percent) and women in Hhohho the lowest (20 percent). Unmet need is more than four times higher for women with no education (31 percent) than for those with tertiary education (7 percent). The level of unmet need among women in the lowest wealth quintile (33 percent) is nearly twice that among women in the highest quintile (17 percent).

Table 7.3 shows that total demand for family planning, which includes both unmet and met need (contraceptive use), increases with age, peaking at 84 percent among women age 30-34 years. Seventy-seven percent of the demand among women in this age group is satisfied, which is the highest level of satisfied demand across all of the age groups. The total demand for family planning is both slightly greater and more likely to be satisfied among urban than rural women. Although the pattern is not uniform, the total demand for family planning tends to rise with both the education level and wealth quintile. A higher percentage of the demand is satisfied among those women who are more educated and those living in wealthier households than their more disadvantaged counterparts.

Table 7.3 also presents information on the overall level of need for family planning among unmarried women and all women. Women who are not currently married have lower unmet need than married women; 3 percent of currently unmarried women are in need of family planning for spacing and the same percentage are in need of family planning to limit childbearing. Among unmarried women, total demand for family planning is 34 percent, of which 84 percent is being met.

#### **7.4 IDEAL NUMBER OF CHILDREN**

This section discusses attitudes about the ideal number of children among women and men age 15-49. To obtain this information, respondents who had no children were asked how many children they would like to have if they could choose the number of children to have in their whole life. Those who had living children were asked about the number of children they would choose if they could start their childbearing again.

Table 7.4 shows the distribution of women and men by their ideal number of children, according to number of living children. In considering the results in Table 7.4, it is important to remember that, for several reasons, the ideal number of children may be fairly closely associated with the actual number of children a woman or a man has. First, women who want a large family tend to have more children than those preferring smaller families. Second, women and men may rationalize their ideal family size so that as the actual number of children increases, their preferred family size also increases. Furthermore, women or men with larger families are on average older than those with small families and may prefer a larger ideal family size because of attitudes that they acquired 20 to 30 years ago.

The results in Table 7.4 indicate that, in general, women in Swaziland do not want many children. Forty-one percent consider 2 children to be ideal, 19 percent prefer 3 children, and 15 percent favour 4 children. Only seven percent consider 5 or more children to be ideal. The mean ideal number of children among women ranges between 2.2 and 3.3 children, irrespective of the number of living children.

**Table 7.4 Ideal number of children**

Percent distribution of women and men age 15-49 by ideal number of children, and mean ideal number of children for all respondents and for currently married respondents, according to number of living children, Swaziland 2006-07

	Number of living children							Total	
	0	1	2	3	4	5	6+		
<b>WOMEN<sup>1</sup></b>									
<b>Ideal number of children</b>									
0	5.2	7.2	10.7	9.0	8.4	6.0	9.3	7.5	
1	6.2	13.9	12.4	11.6	9.9	5.4	1.9	9.2	
2	49.5	45.3	40.6	29.0	39.9	38.9	25.6	41.4	
3	23.7	20.5	14.8	22.0	9.6	16.8	15.2	19.2	
4	11.7	10.0	15.6	19.3	21.5	14.0	29.9	15.4	
5	2.2	1.7	3.4	6.4	6.4	8.3	6.7	3.8	
6+	1.3	1.0	1.9	1.9	3.9	6.9	9.6	2.7	
Non-numeric responses	0.2	0.3	0.7	0.8	0.3	3.7	1.8	0.7	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Number	1,498	1,051	761	552	369	279	477	4,987	
<b>Mean ideal number of children for:<sup>2</sup></b>									
All women	2.4	2.2	2.4	2.6	2.7	2.9	3.3	2.5	
Number	1,495	1,047	756	548	368	268	469	4,951	
Currently married women	2.6	2.5	2.5	2.7	2.7	3.0	3.3	2.7	
Number	131	347	423	341	251	193	356	2,041	
<b>MEN<sup>3</sup></b>									
<b>Ideal number of children</b>									
0	2.1	2.4	2.1	1.6	1.2	2.4	2.8	2.1	
1	3.4	4.4	5.7	2.5	4.9	0.9	1.3	3.5	
2	39.2	38.0	32.0	26.4	25.5	25.1	18.9	35.2	
3	27.4	33.6	25.2	23.0	9.5	25.3	15.2	25.9	
4	16.8	14.0	21.6	28.3	34.3	13.3	28.5	19.1	
5	6.9	5.0	8.0	9.6	13.8	16.5	8.5	7.6	
6+	3.7	2.4	5.1	7.8	10.0	11.2	22.9	5.8	
Non-numeric responses	0.5	0.2	0.4	0.9	0.8	5.4	1.8	0.7	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Number	2,469	467	384	241	186	112	296	4,156	
<b>Mean ideal number of children for:<sup>2</sup></b>									
All men	3.0	2.8	3.2	3.5	3.7	3.6	4.6	3.2	
Number	2,457	466	382	239	185	106	291	4,127	
Currently married men	2.7	2.9	3.2	3.4	3.7	3.7	4.8	3.6	
Number	70	202	247	179	151	91	262	1,204	

<sup>1</sup> The number of living children includes current pregnancy for women.

<sup>2</sup> Means are calculated excluding respondents who gave non-numeric responses.

<sup>3</sup> The number of living children includes one additional child if respondent's wife is pregnant (or if any wife is pregnant for men with more than one current wife).

In general, Swazi men desire more children than women. For example, one-third of men consider 4 or more children to be ideal compared with 22 percent of women. The greater desire for larger family size among men is further reflected in the mean ideal number of children, which is 3.2 children among men compared with 2.5 children among women. The results in Table 7.4 also show that the gap between women's and men's childbearing goals widens as the number of living children increases. Women with six or more children want an average of only 3.3 children while men of the same parity would prefer to have 4.6 children.

## 7.5 MEAN IDEAL NUMBER OF CHILDREN BY BACKGROUND CHARACTERISTICS

Table 7.5 shows the mean ideal number of children by age and background characteristics for all women age 15-49. As expected, the mean ideal number of children tends to increase as age increases, ranging from 2.4 children among women in the youngest age group to 3.2 among those in the oldest. The mean ideal number of children among urban women is 2.3 compared with 2.6 among rural women. Looking at regional patterns, women from Manzini have the lowest ideal family size (2.4 children) and women from Lubombo the highest (2.7 children). Desired family size decreases as the level of education increases, from a high of 3.3 children among women with no education to a low of 2.2 for those with high school education. Women in the lowest wealth quintile desire 2.9 children, on average, compared with 2.4 for those in the highest quintile.

## 7.6 FERTILITY PLANNING STATUS

The issue of unplanned and unwanted fertility was further investigated in the 2006-07 SDHS by asking women who had births during the five years before the survey whether the births were wanted at the time (planned), wanted but at a later time (mistimed), or not wanted at all (unwanted). For women who were pregnant at the time of the interview, this question was also asked with reference to the current pregnancy. The procedure required the respondents to recall accurately their wishes at one or more points in the last five years. Care has to be exercised in interpreting the results because an unwanted conception may have become a cherished child, leading to the rationalisation of responses to these questions.

Table 7.6 shows the percent distribution of births in the five years preceding the SDHS by the planning status of the birth. The results indicate that there is a very high level of unplanned childbearing during this period in Swaziland. Overall, only one-third of births in the five years preceding the survey were wanted at the time that they were conceived. Twenty-seven percent of the births were mistimed, i.e., they were wanted later, and 37 percent of births were unwanted. In response to a similar question, Figure 7.1 shows that a nearly identical percentage of births during the five-year period prior to the 1988 Swaziland Family Health Survey (SFHS) were reported by the mother as mistimed (26 percent) but only eight percent were reported as unwanted (Ministry of Health, 1990).

Interestingly, the results in Table 7.6 indicate a comparatively high rate of unplanned conceptions among first-order births and among births to women under age 20 at the time of the birth. One-third of all first-order births and 41 percent of births to women less than age 20 were, in fact, unwanted at the time they were conceived.

The proportion of non-first births which were unplanned at the time of conception increases with the child's birth order. Among fourth or higher-order births, for example, 70 percent were unplanned compared with 55 percent of second-order births. Considering the age patterns, more than half of recent births to women age 20-34 were unplanned, and 75 percent of births to women age 40-44 fell into this category.

**Table 7.5 Mean ideal number of children**

Mean ideal number of children for all women age 15-49 by background characteristics, Swaziland 2006-07

Background characteristic	Mean	Number of women <sup>1</sup>
<b>Age</b>		
15-19	2.4	1,270
20-24	2.3	1,042
25-29	2.3	727
30-34	2.5	611
35-39	2.8	498
40-44	3.1	429
45-49	3.2	374
<b>Residence</b>		
Urban	2.3	1,320
Rural	2.6	3,630
<b>Region</b>		
Hhohho	2.5	1,327
Manzini	2.4	1,639
Shiselweni	2.6	1,026
Lubombo	2.7	959
<b>Education</b>		
No education	3.3	395
Lower primary	3.0	356
Higher primary	2.6	1,258
Secondary	2.4	1,681
High school	2.2	893
Tertiary	2.3	368
<b>Wealth quintile</b>		
Lowest	2.9	780
Second	2.6	856
Middle	2.5	966
Fourth	2.4	1,099
Highest	2.4	1,250
Total	2.5	4,951

<sup>1</sup> Number of women who gave a numeric response

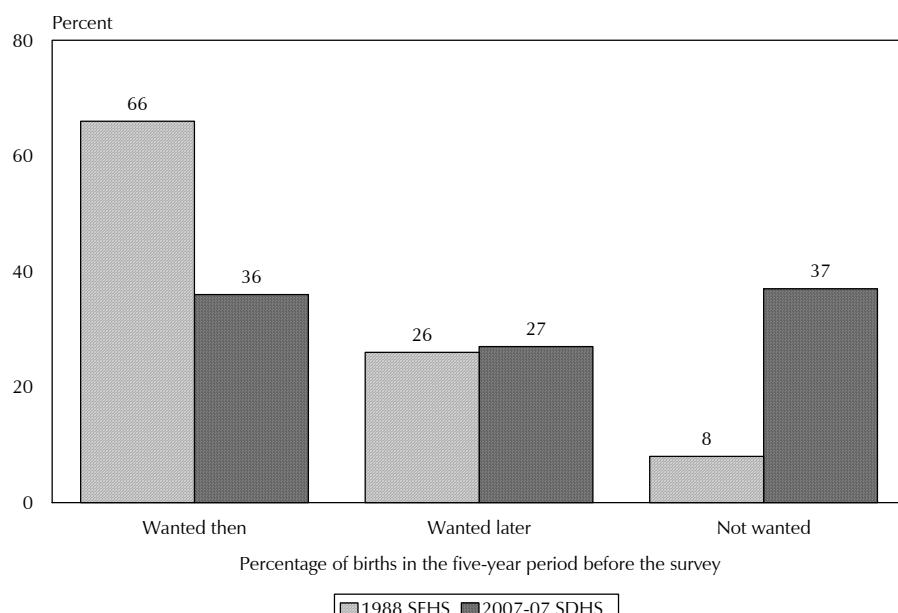
**Table 7.6 Fertility planning status**

Percent distribution of births to women age 15-49 in the five years preceding the survey (including current pregnancies), by planning status of the birth, according to birth order and mother's age at birth, Swaziland 2006-07

Birth order and mother's age at birth	Planning status of birth				Total	Number of births
	Wanted then	Wanted later	Wanted no more	Missing		
<b>Birth order</b>						
1	32.9	33.0	34.0	0.1	100.0	979
2	44.5	27.9	27.4	0.2	100.0	732
3	42.7	25.3	31.9	0.1	100.0	466
4+	30.1	20.1	49.7	0.1	100.0	930
<b>Mother's age at birth</b>						
<20	21.8	37.2	40.8	0.2	100.0	720
20-24	41.1	29.4	29.3	0.2	100.0	958
25-29	45.1	25.9	29.0	0.0	100.0	624
30-34	41.9	18.8	39.3	0.0	100.0	458
35-39	31.5	10.9	57.6	0.0	100.0	272
40-44	24.5	5.6	69.9	0.0	100.0	71
45-49	*	*	*	*	100.0	5
Total	36.3	26.8	36.9	0.1	100.0	3,108

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

**Figure 7.1 Planning Status of Births, 1988 and 2006-07**



## 7.7 WANTED FERTILITY RATES

Using information on whether births occurring in the five years before the survey were wanted or not, a total “wanted” fertility rate can be estimated. The wanted fertility rate is calculated in the same manner as the conventional total fertility rate, except that unwanted births are excluded. A birth is considered wanted if the number of living children at the time of conception was less than the ideal number of children reported by the respondent. The gap between wanted and actual fertility shows how successful women are in achieving their reproductive intentions.

The total wanted fertility rate and total fertility rate for the three years preceding the survey are presented in Table 7.7 by background characteristics. The total wanted fertility rate for all women is 2.1 births. Wanted fertility is highest among women with no education (3.0 births) and women in the lowest wealth quintile (2.8 births), and lowest among urban women (1.8 births) and women in the highest wealth quintile (1.8 births).

Overall, there is a difference of 1.7 births between the wanted fertility rate (2.1 births) and the total fertility rate (3.8 births). The gap between the wanted and actual fertility rates is greatest among rural women and women from the Lubombo region. On the other hand, women with a tertiary education are closest to achieving their fertility goals.

Table 7.7 Wanted fertility rates

Total wanted fertility rate and total fertility rate for the three years preceding the survey, by background characteristics, Swaziland 2006-07

Background characteristic	Total wanted fertility rate	Total fertility rate
<b>Residence</b>		
Urban	1.8	3.0
Rural	2.2	4.2
<b>Region</b>		
Hhohho	2.1	3.6
Manzini	1.9	3.7
Shiselweni	2.4	4.3
Lubombo	2.0	4.0
<b>Education</b>		
No education	3.0	4.9
Lower primary	2.4	5.1
Higher primary	2.2	4.4
Secondary	1.9	3.9
High school	1.9	3.1
Tertiary	1.9	2.4
<b>Wealth quintile</b>		
Lowest	2.8	5.5
Second	2.3	4.9
Middle	2.0	3.9
Fourth	1.9	3.3
Highest	1.8	2.6
Total	2.1	3.8

Note: Rates are calculated based on births to women age 15-49 in the period 1-36 months preceding the survey. The total fertility rates are the same as those presented in Table 4.2.

*Sri Poedjastoeti*

This chapter presents levels, trends, and differentials in neonatal, postneonatal, infant, child, and perinatal mortality. The information is relevant both for understanding population trends—for example, childhood mortality rates are in population projections—and for the planning and evaluation of health policies and programmes. Information on child mortality serves the needs of the health sector by identifying population groups that are at high risk. Because the government of Swaziland through the Ministry of Health and Social Welfare is undertaking a number of interventions aimed at reducing child mortality in the country, the analysis in this report provides an opportunity to evaluate the performance of such programs.

The data for mortality estimation were collected in the birth history section of the Women's Questionnaire. The birth history section began with questions about the respondent's experience with childbearing (i.e., the number of sons and daughters living with the mother, the number who live elsewhere, and the number who have died). These questions were followed by a retrospective birth history in which each respondent was asked to list each of her births, starting with the first birth. For each birth, data were obtained on sex, month and year of birth, survivorship status, and current age or, if the child was dead, age at death. This information is used to directly estimate mortality.

Because the primary cause of mortality changes as children age, the mortality rates presented are age-specific. They are defined as follows:

Neonatal mortality (NN): the probability of dying within the first month of life

Postneonatal mortality (PNN): the difference between infant and neonatal mortality

Infant mortality ( ${}_1q_0$ ): the probability of dying before the first birthday

Child mortality ( ${}_4q_1$ ): the probability of dying between the first and fifth birthday

Under-five mortality ( ${}_5q_0$ ): the probability of dying between birth and the fifth birthday

All rates are expressed per 1,000 live births, except for child mortality, which is expressed per 1,000 children surviving to 12 months of age.

The quality of mortality estimates calculated from retrospective birth histories depends upon the completeness with which births and deaths are reported and recorded. Potentially the most serious data quality problem is the selective omission from the birth histories of births who did not survive, which can lead to underestimation of mortality rates. Other potential problems include displacement of birth dates, which may cause a distortion of mortality trends, and misreporting of the age at death, which may distort the age pattern of mortality. When selective omission of childhood deaths occurs, it is usually most severe for deaths in early infancy. If early neonatal deaths are selectively underreported, the result is an unusually low ratio of deaths occurring within seven days to all neonatal deaths, and an unusually low ratio of neonatal to infant deaths. Underreporting of early infant deaths is most commonly observed for births that occurred long before the survey; hence it is useful to examine the ratios over time.

## **8.1 DATA QUALITY**

Because of the increase in infant and child mortality, a thorough review of the SDHS data was conducted. The accuracy of mortality estimates depends on the sampling and on non-sampling errors of the estimates. Sampling variability and sampling errors are discussed in detail in Appendix B.

Tables C.4-C.6 in Appendix C can be examined for evidence of the possible occurrence of these problems in the mortality data obtained in the 2006-07 SDHS. An unusual pattern in the distribution of births by calendar years is an indication of omission of children or age displacement. In the 2006-07 SDHS, women were asked detailed questions about their births since January 2001. Table C.4 shows that the overall percentage of births for which a month and year of birth was reported is 100 percent for both children who have died and children who are alive. However, there is some age displacement across this boundary for both living and dead children. Transference is proportionately higher for dead children than living children, and this displacement may affect mortality rates.

Underreporting of deaths is usually assumed to be higher for deaths that occur very early in infancy. Omission of deaths or misclassification of deaths as stillbirths is also common among women who have had several children or whose children died a long time ago. In order to assess the impact of omission on measures of child mortality, two indicators are used: 1) the percentage of deaths that occurred under seven days to the number that occurred under one month and 2) the percentage of neonatal to infant deaths. It is hypothesized that omission will be more prevalent among those who died immediately after birth than those who lived longer and that it will be more serious for events that took place in the distant past rather than those in the more recent past. Table C.5 shows data on age at death for early infant deaths. Underreporting of early neonatal deaths would result in an unusually low ratio of deaths within the first seven days of life to all neonatal deaths. Early infant deaths have not been severely underreported in the 2006-07 SDHS survey, as suggested by the high ratio of deaths in the first seven days of life to all neonatal deaths (81 percent in the five years preceding the survey).

Heaping of the age at death on certain digits is another problem that is inherent in most retrospective surveys. Misreporting of age at death will bias age-specific mortality estimates if the net result is the transference of deaths between age segments for which the rates are calculated. For example, child mortality may be overestimated relative to infant mortality if children who died in the first year of life are reported as having died at age one or older. In an effort to minimise misreporting of age at death, interviewers were instructed to record deaths under one month in days and deaths under two years in months. In addition, they were trained to probe deaths reported at exactly 1 year or 12 months to ensure that they had actually occurred at 12 months. The distribution of deaths under 2 years during the 20 years prior to the survey by month of death shows that there is some heaping at 3, 12, and 18 months of age with corresponding deficits in adjacent months (Table C.6). However, heaping is less pronounced for deaths in the five years preceding the survey, for which the most recent mortality rates are calculated.

## 8.2 LEVELS AND TRENDS IN INFANT AND CHILD MORTALITY

Table 8.1 shows the trends in neonatal, postneonatal, infant, child, and under-five mortality rates for three successive five-year periods preceding the survey. For the most recent five-year period preceding the survey, infant mortality is 85 deaths per 1,000 live births, and under-five mortality is 120 deaths per 1,000 live births. This means that one in every seven children born in Swaziland dies before attaining his or her fifth birthday.

Table 8.1 Early childhood mortality rates

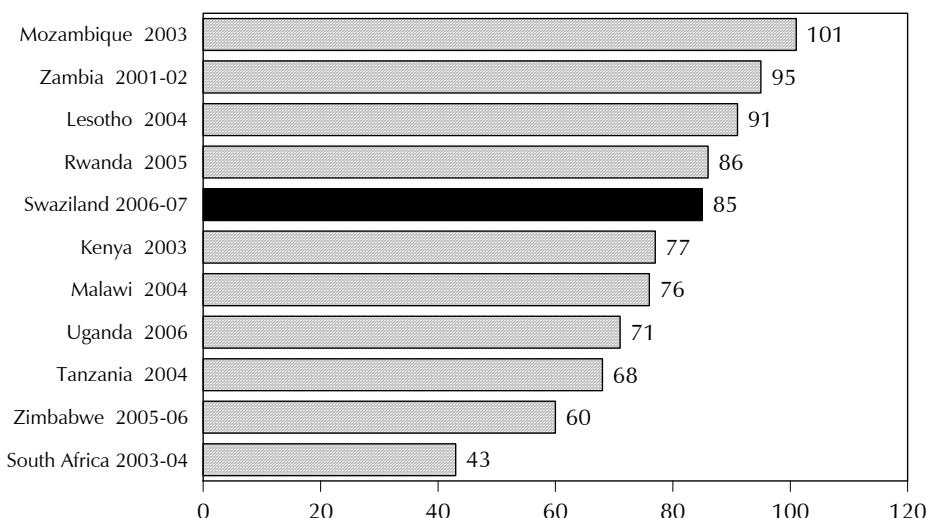
Neonatal, postneonatal, infant, child, and under-five mortality rates for five-year periods preceding the survey, Swaziland 2006-07

Years preceding the survey	Approximate calendar period	Neonatal mortality (NN)	Postneonatal mortality <sup>1</sup> (PNN)	Infant mortality ( ${}_1q_0$ )	Child mortality ( ${}_4q_1$ )	Under-five mortality ( ${}_5q_0$ )
0-4	2002-2006	22	64	85	38	120
5-9	1997-2001	24	43	67	24	90
10-14	1992-1996	21	18	39	22	60

<sup>1</sup> Computed as the difference between the infant and neonatal mortality rates

Figure 8.1 shows that Swaziland is among the countries with the highest infant mortality in south-eastern Africa. The infant mortality in Swaziland is only slightly lower than in Lesotho and Rwanda.

### Figure 8.1 Infant Mortality Rates in Selected Sub-Saharan African Countries for 0-4 Years Preceding the Survey



Note: Rate for South Africa 10-years prior to the survey

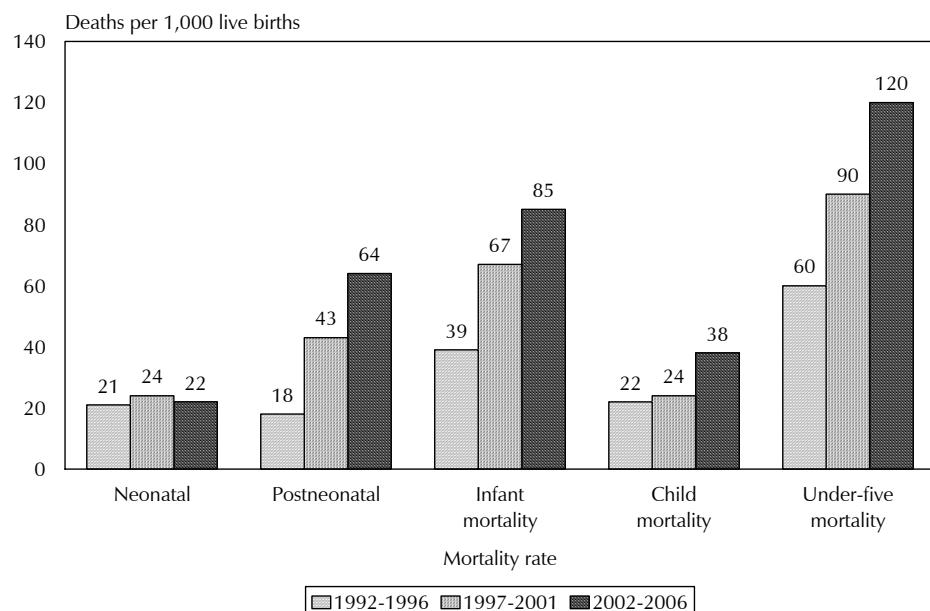
Source: ORC Macro, 2007. MEASURE DHS STATCompiler. <http://www.measuredhs.com>.

Department of Health (DOH) [South Africa] and ORC Macro (Macro). 2004. South Africa Demographic and Health Survey 2003-2004 Preliminary Report. DOH and Macro: Pretoria, South Africa and Calverton, Maryland, U.S.A.

Looking at the age pattern of mortality during the five-year period immediately prior to the survey, 70 percent of the deaths took place during the first year of the child's life. Three-quarters of the deaths during infancy occurred during the postneonatal period, i.e., the child had survived at least one month before dying.

The trend in early childhood mortality since the early 1990s also can be examined by looking at changes in the mortality rates over the three successive five-year periods prior to the survey. From the SDHS results, there is evidence that child mortality may have doubled during that period. For example, as Figure 8.2 shows, the under-five mortality during the most recent period (2002-2006) is twice the level estimated for the period 10-14 years before the survey (1992-1996). Using indirect techniques, the 2000 MICS survey found a similar upward trend (Central Statistical Office, nd).

**Figure 8.2 Neonatal, Postneonatal, Infant, Child, and Under-Five Mortality Rates for Five-Year Periods Preceding the Survey**



Looking at the age pattern of mortality across the three periods shown in Table 8.1, there is also evidence of a shift to a greater concentration of deaths in the postneonatal period. While neonatal rates have remained virtually the same, there has been a substantial increase in mortality for older children, especially in the postneonatal rates, which have more than tripled.

Some caution needs to be used in interpreting the trend in mortality suggested by the SDHS results since, as discussed above, the problem of underreporting of deaths in birth history data tends to be greater for periods further removed from the survey date. However, the size of the increase in mortality and the change over time in the age pattern of mortality are not unexpected in view of the growth of the HIV epidemic over this period and its expected impact on child mortality.

### 8.3 SOCIO-ECONOMIC AND DEMOGRAPHIC DIFFERENTIALS IN INFANT AND CHILD MORTALITY

Differentials in early childhood mortality rates by selected socio-economic and demographic characteristics are presented in Tables 8.2 and 8.3. In order to ensure a sufficient number of births to study mortality differentials across the population subgroups, period-specific rates are presented for the ten-year period preceding the survey (approximately 1998 to 2007) in these tables. Differences in the mortality rates across the subgroups should, nevertheless, be interpreted cautiously because the sampling error remains comparatively large even for the ten-year rates (see Appendix B).

#### Socio-economic Differentials

The results in Table 8.2 indicate that the risk of dying early is virtually identical for urban and rural children. Overall, the under-five mortality rate is 105 deaths per 1,000 live births in rural areas and 107 in urban areas. The differentials in mortality levels are somewhat larger by region, especially during infancy. Neonatal mortality is lowest in Lubombo and Shiselweni, but postneonatal mortality is highest in these regions.

**Table 8.2 Early childhood mortality rates by socio-economic characteristics**

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by background characteristics, Swaziland 2006-07

Background characteristic	Neonatal mortality (NN)	Postneonatal mortality <sup>1</sup> (PNN)	Infant mortality ( <sub>1</sub> q <sub>0</sub> )	Child mortality ( <sub>4</sub> q <sub>1</sub> )	Under-five mortality ( <sub>5</sub> q <sub>0</sub> )
<b>Residence</b>					
Urban	21	53	74	36	107
Rural	23	54	78	30	105
<b>Region</b>					
Hhohho	24	47	71	27	96
Manzini	33	49	82	33	112
Shiselweni	16	60	76	26	100
Lubombo	15	63	78	39	115
<b>Mother's education</b>					
No education	12	84	96	61	151
Lower primary	6	29	35	45	78
Higher primary	29	58	87	31	115
Secondary	27	49	75	29	102
High school	25	59	83	15	97
Tertiary	16	32	48	5	53
<b>Wealth quintile</b>					
Lowest	17	68	84	37	118
Second	35	36	71	30	99
Middle	16	50	65	34	97
Fourth	18	61	79	37	114
Highest	29	55	84	18	101

<sup>1</sup> Computed as the difference between the infant and neonatal mortality rates

As expected, a mother's education is inversely related to a child's risk of dying. Under-five mortality among children born to mothers with no education (151 deaths per 1,000 live births) is almost three times as high as that of children born to mothers with tertiary education (53 deaths per 1,000 live births). The relationship between wealth and mortality is not consistent, although children born to mothers in the highest wealth quintile are at much lower risk of dying between their first and fifth birthday than children born to mothers in the other quintiles.

## Demographic Differentials

The demographic characteristics of both mother and child have been found to play an important role in the survival probability of children. Table 8.3 presents early childhood mortality rates by demographic characteristics (i.e., sex of child, mother's age at birth, birth order, previous birth interval, and birth size). The data show little difference in mortality between male and female children. Typically, the relationship between maternal age at birth and childhood mortality is generally U-shaped, being relatively higher among children born to mothers under age 20 and over age 40 than among mothers in the middle age groups (Table 8.3). This pattern is not present in Swaziland. While mortality rates do not vary much for children born to women under age 40, births to women age 40 and older have much higher mortality risks than births to younger women. The birth order of the child also has little influence on Swazi children's mortality risks.

Studies have found that short birth intervals significantly reduce a child's chance of survival. However, in Swaziland, children born within three years of a preceding birth have lower survival rates than children born with both a shorter or longer interval after the previous birth. A child's birth weight is also an important determinant of its survival chances. In the 2006-07 SDHS survey, mothers were asked whether their child was very large, larger than average, average, smaller than average, or small at birth since this has been found to be a good proxy for a child's weight. As expected, smaller babies have higher mortality rates than babies who are reported to be average or larger than average. For example, neonatal mortality for children regarded as very small or small is twice that of children reported as average or large in size.

**Table 8.3 Early childhood mortality rates by demographic characteristics**

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by demographic characteristics, Swaziland 2006-07

Demographic characteristic	Neonatal mortality (NN)	Postneonatal mortality <sup>1</sup> (PNN)	Infant mortality ( ${}_1q_0$ )	Child mortality ( ${}_4q_1$ )	Under-five mortality ( ${}_5q_0$ )
<b>Child's sex</b>					
Male	23	58	80	30	108
Female	23	50	73	32	103
<b>Mother's age at birth</b>					
<20	18	55	73	36	107
20-29	23	52	75	31	104
30-39	26	50	76	23	98
40-49	33	120	152	103	240
<b>Birth order</b>					
1	22	54	76	34	107
2-3	18	55	73	31	101
4-6	32	50	82	28	107
7+	23	59	82	34	114
<b>Previous birth interval<sup>2</sup></b>					
<2 years	36	54	90	48	134
2 years	26	50	76	34	108
3 years	11	46	57	20	75
4+ years	21	60	82	22	102
<b>Birth size<sup>3</sup></b>					
Small/very small	34	76	110	na	na
Average or larger	17	62	78	na	na

na = Not applicable

<sup>1</sup> Computed as the difference between the infant and neonatal mortality rates

<sup>2</sup> Excludes first-order births

<sup>3</sup> Rates for the five-year period before the survey

## 8.4 PERINATAL MORTALITY

The 2006-07 SDHS asked women to report on any pregnancy loss that occurred in the five years preceding the survey. For each pregnancy that did not end in a live birth, the duration of pregnancy was recorded. Pregnancy losses occurring after seven completed months of gestation (stillbirths) plus deaths to live births within the first seven days of life (early neonatal deaths) constitute perinatal deaths. The distinction between a stillbirth and an early neonatal death may be a fine one, often depending on observing and then remembering sometimes faint signs of life after delivery. The causes of stillbirths and early neonatal deaths are closely linked, and examining just one or the other can underestimate the true level of mortality around delivery. In this report, perinatal deaths include pregnancy losses of at least seven months' gestation (stillbirths) and deaths to live births within the first seven days of life (early neonatal deaths). The perinatal mortality rate is the sum of stillbirths and early neonatal deaths divided by the sum of all stillbirths and live births.

Table 8.4 presents the number of stillbirths and early neonatal deaths, and the perinatal mortality rate for the five-year period preceding the survey. Perinatal mortality increases with mother's age at birth. It is significantly higher among women whose age at birth was 40 years or over. The variations in perinatal mortality by the other characteristics shown in Table 8.4 are generally small or do not exhibit a consistent pattern.

Table 8.4 Perinatal mortality

Number of stillbirths and early neonatal deaths, and the perinatal mortality rate for the five-year period preceding the survey, by background characteristics, Swaziland 2006-07

Background characteristic	Number of stillbirths <sup>1</sup>	Number of early neonatal deaths <sup>2</sup>	Perinatal mortality rate <sup>3</sup>	Number of pregnancies of 7+ months duration
<b>Mother's age at birth</b>				
<20	8	8	23	669
20-29	17	27	31	1,443
30-39	9	12	32	680
40-49	1	1	38	72
<b>Previous pregnancy interval in months<sup>4</sup></b>				
First pregnancy	12	15	30	887
<15	2	0	22	84
15-26	6	16	45	489
27-38	4	9	26	503
39+	12	9	23	901
<b>Residence</b>				
Urban	5	14	30	636
Rural	30	35	29	2,229
<b>Region</b>				
Hhohho	4	15	25	770
Manzini	9	17	29	879
Shiselweni	10	9	31	626
Lubombo	12	8	34	590
<b>Mother's education</b>				
No education	3	1	14	266
Lower primary	8	3	41	252
Higher primary	14	13	35	761
Secondary	7	21	29	958
High School	3	9	26	459
Tertiary	2	2	21	168
<b>Wealth quintile</b>				
Lowest	10	11	36	582
Second	11	11	36	614
Middle	8	10	31	562
Fourth	3	6	16	557
Highest	3	11	26	550
Total	35	49	29	2,864

<sup>1</sup> Stillbirths are foetal deaths in pregnancies lasting seven or more months.

<sup>2</sup> Early neonatal deaths are deaths at age 0-6 days among live-born children.

<sup>3</sup> The sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months' duration, expressed per 1000.

<sup>4</sup> Categories correspond to birth intervals of <24 mos., 24-35 mos., 36-47 mos., and 48+ mos.

## 8.5 HIGH-RISK FERTILITY BEHAVIOUR

Findings from scientific studies have confirmed that there is a strong relationship between children's chances of dying and certain fertility behaviours. Typically, the probability of dying in early childhood is much greater if children are born to mothers who are too young or too old, if they are born after a short preceding birth interval, or if they are high-parity births. Very young mothers may experience difficult pregnancies and deliveries because of their physical immaturity. Older women may also experience age-related problems during pregnancies and delivery. In this analysis, a mother is considered to be "too young" if she is less than 18 years and "too old" if she is above 34 years at the time of delivery. A "short birth interval" is a birth occurring within 24 months of a previous birth.

Table 8.5 shows the distribution of children born in the five years preceding the survey by risk category. First births, which make up 22 percent of births, are considered "unavoidable" and are shown as a separate risk category. Including first births, more than half of births in Swaziland are in a "risk-free" category, while 47 percent are at an elevated risk avoidable death. Thirty-three percent of births are in a single high-risk category, and 15 percent are in a multiple high-risk category. The most

common single high-risk category is births of order 3 and higher (16 percent), while the most common multiple high-risk category is births of order 3 or higher born to mothers older than 34 years (9 percent).

The risk ratios displayed in the second column of Table 8.5 represent the increased risk of mortality among births in various high-risk categories relative to births with no high-risk characteristics. The most vulnerable births are those to women age 18 or younger, and births of order 3 or higher that were born less than 24 months after an older sibling. This group of children is 60 percent more likely to die than children not in any high-risk category. Four percent of births are in this category.

The last column in Table 8.5 looks to the future and addresses the question of how many currently married women have the potential for having a high-risk birth. The results were obtained by simulating the risk category into which a birth to a currently married woman would fall if she were to become pregnant at the time of the survey. The data in the table show that overall more than two-thirds of currently married women have the potential of having a high-risk birth if they were to become pregnant. The risk is elevated for 29 percent of women because they would be both too old (age 34 or older) and have too many children (more than 3 children).

**Table 8.5 High-risk fertility behaviour**

Percent distribution of children born in the five years preceding the survey by category of elevated risk of mortality and the risk ratio, and percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, Swaziland 2006-07

Risk category	Births in the 5 years preceding the survey Percentage of births	Risk ratio	Percentage of currently married women <sup>1</sup>
<b>Not in any high-risk category</b>	30.9	1.00	27.6 <sup>a</sup>
<b>Unavoidable risk category</b>			
First-order births between ages 18 and 34 years	21.9	1.03	4.4
<b>Single high-risk category</b>			
Mother's age <18	10.2	1.37	0.4
Mother's age >34	0.8	*	6.9
Birth interval <24 months	5.3	1.11	7.4
Birth order >3	16.3	1.04	13.6
Subtotal	32.6	1.14	28.3
<b>Multiple high-risk category</b>			
Age <18 and birth interval <24 months <sup>2</sup>	0.3	*	0.2
Age >34 and birth interval <24 months	0.1	*	0.1
Age >34 and birth order >3	9.3	0.88	28.7
Age >34 and birth interval <24 months and birth order >3	1.0	(1.35)	3.7
Birth interval <24 months and birth order >3	4.0	1.61	7.0
Subtotal	14.7	1.11	39.7
<b>In any avoidable high-risk category</b>	47.2	1.13	68.0
Total	100.0	na	100.0
Number of births/women	2,829	na	2,062

Note: Risk ratio is the ratio of the proportion dead among births in a specific high-risk category to the proportion dead among births not in any high-risk category. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

na = Not applicable

<sup>1</sup> Women are assigned to risk categories according to the status they would have at the birth of a child if they were to conceive at the time of the survey: current age less than 17 years and 3 months or older than 34 years and 2 months, latest birth less than 15 months ago, or latest birth being of order 3 or higher.

<sup>2</sup> Includes the category age <18 and birth order >3

<sup>a</sup> Includes sterilised women

*Nhlanhla M. Nhlabatsi*

The health care that a mother receives during pregnancy, at the time of delivery, and soon after delivery is important for the survival and well-being of both the mother and her child. This chapter presents findings on several areas of importance to maternal health: antenatal, delivery, and postnatal care, and problems in accessing health care. These findings are important to policymakers and programme implementers in formulating programmes and policies, and in designing appropriate strategies and interventions to improve maternal and child health care services.

Information on antenatal care (ANC) is of great value both in identifying subgroups of women who do not utilize such services and in planning improvements in the services. The data on ANC from the 2006-07 SDHS provide details on the type of service provider, the number of ANC visits made, the stage of pregnancy at the time of the first and last visits, and the services and information provided during ANC, including whether a tetanus toxoid injection was received.

### **9.1 ANTENATAL CARE**

The major objective of antenatal care is to identify and treat problems during pregnancy such as anaemia and infections. Antenatal care visits include screening for complications and advice on a range of issues such as place of delivery and referral of mothers with complications. In the SDHS, interviewers recorded the source of antenatal care and the person who provided that care for women's most recent births. If a woman received antenatal care from more than one provider, the provider with the highest qualifications was recorded. Table 9.1 shows the background characteristics of women who had live births in the five years preceding the survey according to the type of antenatal care provider.

Table 9.1 presents the distribution of women age 15-49 who had a live birth in the five years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth. The table also presents the percentage of women receiving antenatal care from a skilled provider for the most recent birth. Nearly all women in Swaziland (97 percent) receive antenatal care from a skilled provider such as a doctor, nurse, midwife, or nursing assistant. Nurses and midwives are the most common providers of antenatal care; three out of four women having a live birth in the previous five years received antenatal care from a nurse or midwife. Twelve percent of women received care from a nursing assistant, and only nine percent of women received ANC from a doctor.

Access to antenatal services offered by a skilled provider is nearly universal among 97 percent across all background characteristics. ANC services are accessed by all types of women, but there is a tendency for women of higher education levels and higher wealth quintiles to be more likely than women of lower education levels and lower wealth quintiles to see a doctor for ANC services. Eleven percent of women with a high school education and 31 percent of women with tertiary schooling received ANC from a doctor, while only three percent of women with no education did so.

Three percent of women did not receive any ANC services at all. While the importance of reaching these women is clear, the proportion is too small to draw any significant conclusions regarding the background characteristics of these women.

**Table 9.1 Antenatal care provider**

Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth and the percentage receiving antenatal care from a skilled provider for the most recent birth, according to background characteristics, Swaziland, 2006-07

Background characteristic	Doctor	Nurse/ midwife	Nursing assistant	Other	No one	Missing	Total	Percentage receiving antenatal care from a skilled provider <sup>1</sup>	Number of women
<b>Mother's age at birth</b>									
<20	5.9	80.3	11.5	0.2	2.2	0.0	100.0	97.6	481
20-34	9.5	74.5	13.1	0.2	2.6	0.1	100.0	97.1	1,382
35-49	9.3	77.3	9.5	0.5	3.2	0.3	100.0	96.0	271
<b>Birth order</b>									
1	9.3	76.0	13.1	0.0	1.6	0.0	100.0	98.4	652
2-3	8.2	77.1	12.3	0.3	1.9	0.1	100.0	97.6	835
4-5	8.2	74.4	13.1	0.2	4.1	0.0	100.0	95.6	349
6+	8.9	75.9	9.6	0.4	4.6	0.6	100.0	94.4	298
<b>Residence</b>									
Urban	11.8	74.1	12.3	0.0	1.6	0.2	100.0	98.2	496
Rural	7.7	76.8	12.3	0.3	2.9	0.1	100.0	96.7	1,638
<b>Region</b>									
Hhohho	9.5	76.4	11.3	0.2	2.4	0.2	100.0	97.3	572
Manzini	8.2	85.1	5.0	0.1	1.5	0.1	100.0	98.3	668
Shiselweni	6.4	70.1	19.1	0.0	4.4	0.0	100.0	95.6	460
Lubombo	10.5	68.6	17.5	0.7	2.5	0.2	100.0	96.6	434
<b>Education</b>									
No education	3.0	81.3	12.0	0.0	3.1	0.5	100.0	96.3	178
Lower primary	8.4	75.1	11.0	0.7	4.3	0.5	100.0	94.5	177
Higher primary	5.5	75.7	14.0	0.4	4.4	0.0	100.0	95.2	550
Secondary	7.3	78.3	12.3	0.2	1.7	0.1	100.0	97.9	716
High school	10.5	76.6	12.3	0.0	0.6	0.0	100.0	99.4	374
Tertiary	30.6	60.8	6.6	0.0	2.0	0.0	100.0	98.0	140
<b>Wealth quintile</b>									
Lowest	5.0	75.9	14.2	0.4	4.3	0.2	100.0	95.1	400
Second	5.8	75.8	13.3	0.8	4.2	0.2	100.0	94.8	429
Middle	7.0	76.7	13.8	0.0	2.5	0.0	100.0	97.5	419
Fourth	10.0	78.6	10.0	0.0	1.2	0.2	100.0	98.6	436
Highest	14.9	74.0	10.4	0.0	0.8	0.0	100.0	99.2	449
<b>Total</b>	<b>8.6</b>	<b>76.2</b>	<b>12.3</b>	<b>0.2</b>	<b>2.6</b>	<b>0.1</b>	<b>100.0</b>	<b>97.1</b>	<b>2,134</b>

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation. Other includes women receiving care from a traditional birth attendant or rural health motivator, a traditional healer, or another person.

<sup>1</sup> Skilled provider includes doctor, nurse, midwife, and nursing assistant

## 9.2 NUMBER OF ANC VISITS, TIMING OF FIRST VISIT, AND SOURCE WHERE ANC RECEIVED

Antenatal care is more beneficial in preventing adverse pregnancy outcomes when it is sought early in the pregnancy and is continued through to delivery. Health professionals recommend that the first antenatal visit should occur within the first three months of pregnancy and continue on a monthly basis through the 28<sup>th</sup> week of pregnancy and every two weeks up to the 36<sup>th</sup> week (or until birth). Under normal circumstances, WHO recommends that a woman without complications have at least four ANC visits, the first of which should take place during the first trimester.

Table 9.2 presents information on antenatal care visits, including the number of visits, the timing of the first visit, and the source where ANC was provided. Seventy-nine percent of women whose last birth occurred in the five years before the survey made four or more ANC visits during their pregnancy. However, half of women (48 percent) did not make their first visit until the second trimester, and only

one-quarter of women had their first ANC visit during their first trimester. Thus, the median number of months pregnant among those who go for their first ANC visit is five months. A large proportion of women continue to delay the initiation of antenatal care, thus missing out on potential benefits of early antenatal care services.

The public sector is still the main source of ANC services, serving two-thirds of women (68 percent). While urban and rural women are generally similar in their behaviour with regard to the timing and frequency of receiving ANC services, rural women are more likely than urban women to avail themselves of the public providers. Seventy-two percent of rural women received ANC from the public sector, while 57 percent of urban women did so. Ten percent of women utilize government hospitals, and the government public health units and clinics remain the most common source of ANC services, providing care to 46 percent of women. Fifteen percent of urban women utilize private providers of ANC services, and 6 percent of rural women do so.

### 9.3 COMPONENTS OF ANTEPARTUM CARE

Knowledge of the content of antenatal care is essential for assessing the quality of antenatal care services. Pregnancy complications are a primary source of maternal and child morbidity and mortality. Therefore, ensuring that pregnant women receive information on the signs of complications and testing for complications should be routinely included in all antenatal care visits. To help assess ANC services, respondents were asked whether they had been advised of complications, received certain drugs, or received certain screening tests during at least one of their antenatal visits.

Table 9.3 presents information on the percentage of women who took iron supplements, took intestinal parasite drugs, and received selected services during antenatal care visits during the pregnancy of their most recent birth in the last five years. Nine in ten women (88 percent) who had a live birth in the five years prior to the survey took iron tablets or syrup. While over 80 percent of women of all background characteristics shown in the table are provided iron tablets or syrup, receipt increases from eight in ten women to nine in ten women with increasing education and wealth quintile.

**Table 9.2 Number of antenatal care visits, timing of first visit, and source where ANC received**

Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey by number of antenatal care (ANC) visits for the most recent live birth, and by the timing of the first visit, and percentage of women receiving antenatal care from various sources for most recent birth, according to residence, Swaziland 2006-07

Number and timing of ANC visits	Residence		
	Urban	Rural	Total
<b>Number of ANC visits</b>			
None	1.6	2.9	2.6
1	0.5	1.0	0.9
2-3	11.7	15.1	14.3
4+	84.1	77.8	79.3
Don't know/missing	2.1	3.2	3.0
Total	100.0	100.0	100.0
<b>Number of months pregnant at time of first ANC visit</b>			
No antenatal care	1.6	2.9	2.6
<4	32.1	23.9	25.8
4-5	45.9	48.1	47.6
6-7	18.7	23.3	22.2
8+	1.5	1.2	1.3
Don't know/missing	0.1	0.6	0.5
Total	100.0	100.0	100.0
<b>Place where ANC care received</b>			
Public sector	57.2	71.7	68.3
Government hospital	10.3	10.5	10.4
Government health centre	8.4	14.2	12.8
PHU/clinic/other	39.6	48.5	46.4
Private medical sector	14.9	5.6	7.8
Mission	20.8	18.0	18.7
Hospital	11.8	4.8	6.5
Clinic/other	8.4	12.6	11.6
Other	0.5	0.6	0.6
NGO	6.8	3.0	3.9
Other <sup>1</sup>	0.5	1.1	0.9
Missing	0.0	0.1	0.1
Number of women	496	1,638	2,134
Median months pregnant at first visit (for those with ANC)	4.7	5.1	5.0
Number of women with ANC	487	1,589	2,077

Note: Women may have received ANC care at more than one place, so percentages may not add to 100.

PHU= Public Health Unit

NGO = Non-governmental organisation

<sup>1</sup> Includes respondent's home or other home and other places

Table 9.3 Components of antenatal care

Among women age 15-49 with a live birth in the five years preceding the survey, the percentage who took iron tablets or syrup and drugs for intestinal parasites during the pregnancy of the most recent birth, and among women receiving antenatal care (ANC) for the most recent live birth in the five years preceding the survey, the percentage receiving specific antenatal services, according to background characteristics, Swaziland 2006-07

Background characteristic	Among women with a live birth in the last five years, the percentage who during the pregnancy of their last birth:			Among women who received antenatal care for their most recent birth in the last five years, the percentage with selected services:						Number of women with ANC for their most recent birth
	Took iron tablets or syrup	Took intestinal parasite drugs	Number of women with a live birth in the past five years	Informed of signs of pregnancy complications	Weighted	Blood pressure measured	Urine sample taken	Blood sample taken	Physically examined	
<b>Mother's age at birth</b>										
<20	88.6	10.9	481	45.8	98.6	97.5	86.4	89.5	76.2	471
20-34	88.3	10.5	1,382	54.1	99.1	98.0	92.5	92.6	78.8	1,344
35-49	87.3	9.1	271	65.9	99.5	98.1	95.2	93.2	79.8	262
<b>Birth order</b>										
1	89.3	10.8	652	51.0	98.9	98.2	89.2	91.4	77.1	641
2-3	88.0	9.9	835	52.0	99.0	97.7	91.6	91.9	79.4	818
4-5	88.6	9.9	349	57.1	99.2	97.7	92.2	92.6	78.1	335
6+	86.1	11.6	298	60.7	99.5	98.3	95.3	92.6	78.0	282
<b>Residence</b>										
Urban	88.1	7.5	496	61.3	99.4	99.1	96.8	96.0	85.0	487
Rural	88.3	11.3	1,638	51.3	98.9	97.5	89.8	90.7	76.3	1,589
<b>Region</b>										
Hhohho	90.8	8.0	572	55.7	99.1	97.9	92.1	95.2	78.7	557
Manzini	90.2	8.5	668	54.3	99.6	98.4	95.8	96.5	79.4	657
Shiselweni	87.3	15.7	460	58.0	99.3	98.8	86.5	90.1	84.4	440
Lubombo	82.9	10.9	434	45.5	97.8	96.3	89.1	82.7	69.9	422
<b>Education</b>										
No education	82.5	12.4	178	46.2	97.7	95.7	82.3	85.3	70.8	171
Lower primary	85.3	14.1	177	53.3	98.6	96.3	85.7	86.4	71.2	168
Higher primary	86.9	10.8	550	51.5	98.8	97.1	89.7	90.5	74.7	526
Secondary	89.1	10.1	716	53.2	99.1	98.1	93.8	93.4	80.3	702
High school	89.8	7.6	374	56.0	99.7	99.8	94.5	94.7	82.8	372
Tertiary	95.9	10.7	140	68.1	100.0	100.0	96.7	97.6	88.4	137
<b>Wealth quintile</b>										
Lowest	84.7	13.4	400	43.1	98.9	96.3	81.5	84.3	71.7	382
Second	85.6	12.4	429	52.3	99.1	97.2	90.3	91.1	73.0	410
Middle	88.0	9.4	419	54.4	98.4	97.8	92.3	92.7	81.8	409
Fourth	91.1	9.7	436	55.4	99.4	98.5	95.4	95.1	78.8	430
Highest	91.3	7.4	449	61.6	99.3	99.4	96.5	95.6	85.3	446
Total	88.2	10.4	2,134	53.7	99.0	97.9	91.5	92.0	78.3	2,077

Administration of intestinal parasite drugs is far less common than administration of iron supplementation, having been given to only one in ten women. Administration of drugs to combat intestinal parasites is most common in Shiselweni, where 16 percent of women took such drugs. Use of drugs to combat parasites shows a slight tendency to increase with decreasing wealth quintile, from 7 percent among women in the highest wealth quintile to 13 percent among women in the lowest wealth quintile.

Virtually all women who went for ANC services were weighed and had their blood pressure measured (99 percent and 98 percent, respectively). Blood and urine tests are a nearly universal component of ANC as well, each having been reported by 92 percent of women who received ANC services. However, blood and urine testing are less common among women as their educational level declines, as are physical examinations and being informed of pregnancy complications. While physical examinations are provided to eight in ten women overall, only seven in ten women with no education are given a physical examination. Being informed of the signs of pregnancy complications is the least frequently offered component of ANC, having been explained to only 54 percent of women who gave a birth in the five years prior to the survey. Only 46 percent of women under the age of 20 were informed of the signs of pregnancy complications.

The low proportion of women that are informed of the signs of pregnancy complications needs to be addressed; service providers should ensure that all women seeking ANC services receive comprehensive care. This is especially true as a substantial proportion of pregnant women in Swaziland continue to deliver at home, subjecting themselves to higher risks of mortality.

#### 9.4 TETANUS TOXOID INJECTIONS

Neonatal tetanus is a leading cause of neonatal death in developing countries where a high proportion of deliveries are conducted either at home or in places where hygienic conditions may be poor. Tetanus toxoid (TT) vaccinations are given to pregnant women to prevent neonatal tetanus. If a woman has received no previous TT injections, a pregnant woman needs two doses of TT during pregnancy in order to be fully protected. However, if a woman was immunized before she became pregnant, she may require one or no TT injections during her pregnancy, depending on the number of injections she has received in the past, and the timing of the last injection. A total of five doses is required for a woman to have lifetime protection.

The 2006-07 SDHS collected data on whether or not women received at least two TT injections during pregnancy and whether or not the pregnancy was protected against neonatal tetanus for women's most recent live birth in the five years preceding the survey. Table 9.4 shows that 68 percent of women received two or more tetanus toxoid injections during their last pregnancy. This resulted in three-quarters of women with a live birth in the five years prior to the survey having protected their most recent birth against neonatal tetanus.

Table 9.4 Tetanus toxoid injections

Among mothers age 15-49 with a live birth in the five years preceding the survey, the percentage receiving two or more tetanus toxoid injections (TTI) during the pregnancy for the last live birth and the percentage whose last live birth was protected against neonatal tetanus, according to background characteristics, Swaziland 2006-07

Background characteristic	Percentage receiving two or more injections during last pregnancy	Percentage whose last live birth was protected against neonatal tetanus <sup>1</sup>	Number of mothers
<b>Mother's age at birth</b>			
<20	68.7	71.4	481
20-34	69.0	76.6	1,382
35-49	58.6	72.4	271
<b>Birth order</b>			
1	71.8	73.1	652
2-3	67.8	77.1	835
4-5	65.4	75.7	349
6+	60.4	71.6	298
<b>Residence</b>			
Urban	73.0	80.4	496
Rural	66.0	73.3	1,638
<b>Region</b>			
Hhohho	64.2	73.6	572
Manzini	72.6	77.4	668
Shiselweni	71.1	77.5	460
Lubombo	60.6	70.0	434
<b>Education</b>			
No education	56.7	64.2	178
Lower primary	63.6	72.7	177
Higher primary	63.2	71.3	550
Secondary	70.9	78.7	716
High school	71.1	77.1	374
Tertiary	77.3	80.2	140
<b>Wealth quintile</b>			
Lowest	61.7	69.5	400
Second	63.6	71.7	429
Middle	68.2	75.8	419
Fourth	73.9	80.2	436
Highest	70.0	76.8	449
Total	67.6	74.9	2,134

<sup>1</sup> Includes mothers with two injections during the pregnancy of her last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections prior to the last birth.

While older women of higher parity are less likely than younger women to have received two doses of TT, they are also more likely to have received TT doses during earlier pregnancies, resulting in over 70 percent of women of all ages and parity having protected their babies against neonatal tetanus. However, women with less education are less likely to have TT coverage than women with more education. Approximately six in ten mothers (64 percent) with no education had babies that were protected against neonatal tetanus, while seven in ten mothers (72 percent) with primary education had babies that were protected, and nearly eight in ten mothers (78 percent) with secondary or higher education levels had babies that were protected against neonatal tetanus.

## **9.5 PLACE OF DELIVERY**

Increasing the number of babies delivered in health facilities is an important factor in reducing the health risks to both the mother and the baby. Proper medical attention and hygienic conditions during delivery can reduce the risks of complications and infections that can cause morbidity and mortality to either the mother or the baby. Table 9.5 presents the percent distribution of live births born in the five years preceding the survey by place of delivery, according to background characteristics.

Forty-three percent of births are delivered at a public sector health facility, 27 percent at a mission, and 4 percent at a private sector health facility or at a non-governmental health facility. Thus, seventy-four percent of births in Swaziland are delivered at a health facility, while 25 percent are still delivered at home. The Swaziland Community Health Survey 2002 reported that in 1995, 44 percent of women delivered at home, and in 2002, 26 percent delivered at home (MOHSW, 2004).

Only one in ten urban births is delivered at home, while one in three rural births is delivered at home. The proportion of births delivered at home increases steadily with increasing birth order. While only 14 percent of first births are delivered at home, 25 percent of second and third births are delivered at home, 31 percent of fourth and fifth births are delivered at home, and 44 percent of birth orders six and higher are delivered at home.

The proportion of births born in a health facility rises steadily with increasing education and increasing wealth quintile of the mother. Only half of babies born to mothers in the lowest wealth quintile are born in a health facility, and this proportion rises steadily with increasing wealth quintile, reaching 92 percent among babies born to women in the highest wealth quintile. Similarly by education, only 57 percent of babies born to women with no education are born in a health facility, and this proportion rises steadily with increasing level of education, reaching 91 percent among babies born to women with high school education and 95 percent among babies born to women with tertiary education. Babies that received no ANC are the most likely to be delivered at home (65 percent).

Table 9.5 Place of delivery

Percent distribution of live births in the five years preceding the survey by place of delivery and percentage delivered in a health facility, according to background characteristics, Swaziland 2006-07

Background characteristic	Health facility			Home	Other	Missing	Total	Percentage delivered in a health facility	Number of births						
	Private sector		Public sector												
	Mission	Private medical/ NGO													
<b>Mother's age at birth</b>															
<20	40.3	34.1	2.0	23.3	0.3	0.0	100.0	76.4	661						
20-34	45.6	24.9	4.6	24.2	0.5	0.2	100.0	75.1	1,852						
35-49	35.0	24.2	4.5	35.8	0.3	0.3	100.0	63.7	315						
<b>Birth order</b>															
1	47.1	34.6	3.7	14.0	0.4	0.1	100.0	85.4	890						
2-3	45.0	24.0	5.4	25.0	0.5	0.1	100.0	74.5	1,072						
4-5	41.5	23.5	2.9	31.3	0.3	0.4	100.0	68.0	475						
6+	31.4	21.9	1.8	44.1	0.5	0.2	100.0	55.1	391						
<b>Antenatal care visits<sup>1</sup></b>															
None	23.8	10.0	0.0	64.5	1.7	0.0	100.0	33.8	55						
1-3	39.7	23.6	2.8	33.1	0.7	0.0	100.0	66.1	325						
4+	44.4	29.7	4.6	20.9	0.3	0.0	100.0	78.7	1,691						
Don't know/missing	48.5	25.1	1.7	24.6	0.0	0.0	100.0	75.4	64						
<b>Residence</b>															
Urban	45.1	35.3	8.4	11.0	0.2	0.1	100.0	88.8	630						
Rural	42.7	24.6	2.7	29.4	0.5	0.2	100.0	70.0	2,199						
<b>Region</b>															
Hhohho	63.5	9.3	5.7	21.2	0.1	0.1	100.0	78.6	766						
Manzini	32.7	43.2	4.0	19.8	0.0	0.4	100.0	79.8	870						
Shiselweni	57.2	5.8	2.0	33.8	1.1	0.0	100.0	65.1	615						
Lubombo	17.1	48.6	3.6	29.8	0.8	0.1	100.0	69.3	577						
<b>Highest educational level</b>															
No education	31.4	24.0	1.8	42.1	0.2	0.5	100.0	57.2	263						
Lower primary	30.9	23.9	0.5	43.2	1.2	0.3	100.0	55.3	245						
Higher primary	39.2	22.9	2.5	34.2	1.0	0.2	100.0	64.6	748						
Secondary	46.8	30.6	2.1	20.4	0.2	0.0	100.0	79.5	951						
High school	55.3	30.3	5.3	8.9	0.0	0.2	100.0	90.9	457						
Tertiary	43.9	24.7	26.5	4.9	0.0	0.0	100.0	95.1	166						
<b>Wealth quintile</b>															
Lowest	29.7	18.9	1.4	48.5	1.3	0.2	100.0	50.0	572						
Second	40.1	23.9	1.4	33.9	0.3	0.4	100.0	65.4	603						
Middle	51.8	24.3	2.3	21.3	0.3	0.0	100.0	78.5	554						
Fourth	46.4	35.4	4.4	13.6	0.0	0.2	100.0	86.2	554						
Highest	48.8	33.0	10.6	7.3	0.3	0.1	100.0	92.4	546						
Total	43.2	27.0	4.0	25.3	0.4	0.2	100.0	74.1	2,829						

<sup>1</sup> Includes only the most recent birth in the five years preceding the survey

## 9.6 ASSISTANCE DURING DELIVERY

In addition to place of birth, assistance during childbirth is an important variable that influences the birth outcome and the health of the mother and the infant. The skills and performance of the birth attendant will affect whether or not hygienic practices are observed, and whether or not complications can be managed. Table 9.6 shows the percent distribution of live births in the five years preceding the survey by person providing assistance, according to background characteristics.

Table 9.6 Assistance during delivery

Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, percentage of birth assisted by a skilled provider, and percentage delivered by caesarean section, according to background characteristics, Swaziland 2006-07

Background characteristic	Person providing assistance during delivery							Total	Percentage delivered by a skilled provider <sup>1</sup>	Percentage delivered by C-section	Number of births
	Doctor	Nurse/ midwife	Nursing assistant	Traditional birth attendant/ healer	Relative/ friends/ other	No one	Don't know/ missing				
<b>Mother's age at birth</b>											
<20	11.9	59.3	5.1	5.1	16.7	1.9	0.1	100.0	76.2	8.1	661
20-34	12.2	57.8	5.4	5.5	15.2	3.7	0.2	100.0	75.4	7.5	1,852
35-49	13.6	44.6	5.4	5.0	17.4	13.8	0.3	100.0	63.5	9.9	315
<b>Birth order</b>											
1	15.5	64.8	5.4	3.1	10.2	0.9	0.2	100.0	85.6	10.6	890
2-3	12.1	56.6	6.0	6.7	15.9	2.7	0.1	100.0	74.7	7.4	1,072
4-5	9.2	53.8	4.6	7.0	17.8	7.2	0.4	100.0	67.6	4.8	475
6+	9.2	42.1	4.3	4.7	25.7	13.8	0.2	100.0	55.6	6.7	391
<b>Place of delivery</b>											
Health facility	16.5	76.2	6.9	0.0	0.2	0.2	0.0	100.0	99.5	10.6	2,097
Elsewhere	0.2	0.9	0.9	20.7	60.7	16.5	0.1	100.0	2.1	0.0	727
<b>Residence</b>											
Urban	17.5	63.0	7.6	2.7	6.9	2.1	0.1	100.0	88.1	8.4	630
Rural	10.7	54.9	4.7	6.1	18.3	5.1	0.2	100.0	70.3	7.7	2,199
<b>Region</b>											
Hhohho	13.1	60.0	5.1	4.6	13.6	3.3	0.2	100.0	78.3	8.4	766
Manzini	12.9	64.4	2.6	3.8	12.5	3.4	0.4	100.0	79.9	7.5	870
Shiselweni	9.3	50.3	6.4	8.3	21.3	4.4	0.0	100.0	65.9	7.6	615
Lubombo	13.4	47.6	8.5	5.4	17.7	7.3	0.1	100.0	69.5	8.1	577
<b>Education</b>											
No education	5.5	49.6	2.1	7.0	24.7	10.7	0.5	100.0	57.2	6.0	263
Lower primary	11.9	40.9	2.9	7.6	28.9	7.4	0.5	100.0	55.7	8.5	245
Higher primary	10.6	48.3	6.1	6.8	21.7	6.2	0.2	100.0	65.1	5.9	748
Secondary	11.8	61.8	5.8	5.3	12.2	3.1	0.0	100.0	79.4	8.3	951
High school	12.7	72.0	6.3	1.8	6.4	0.5	0.2	100.0	91.1	8.7	457
Tertiary	32.3	57.7	5.1	2.6	1.8	0.4	0.0	100.0	95.1	14.2	166
<b>Wealth quintile</b>											
Lowest	7.8	37.1	5.7	7.3	31.8	10.0	0.3	100.0	50.6	6.7	572
Second	10.1	52.3	3.6	7.5	20.8	5.3	0.3	100.0	66.0	8.0	603
Middle	11.4	59.8	6.8	5.6	13.6	2.8	0.0	100.0	77.9	7.9	554
Fourth	15.4	66.3	4.8	3.8	6.9	2.7	0.2	100.0	86.4	8.4	554
Highest	16.9	69.3	6.0	2.0	4.7	0.8	0.1	100.0	92.3	8.6	546
Total	12.3	56.7	5.3	5.3	15.8	4.4	0.2	100.0	74.3	7.9	2,829

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation. Total includes five women with information missing on place of delivery.

<sup>1</sup> Skilled provider includes doctor, nurse, midwife, and nursing assistant

Seventy-four percent of births in the previous five years are delivered by a skilled provider (doctor, nurse, midwife, or nursing assistant); 12 percent by a doctor, 57 percent by nurses and midwives, and 5 percent by a nursing assistant. In the absence of a nurse or midwife, relatives or friends are the next most common person to assist a delivery (16 percent). Five percent of births are assisted by traditional birth attendants and 4 percent are assisted by no one.

The likelihood of being assisted by a doctor is higher among births to older women (age 35-49), first order births, births in urban areas, and births delivered in a health facility. Doctors are also more likely to deliver births to better educated women and women in the higher quintiles. For example, 6 percent of births to women of no education are assisted by a doctor compared with 32 percent of births to mothers with tertiary education. Similarly, 8 percent of births to women of the lowest wealth quintile are assisted by a doctor during delivery compared with 17 percent of births in the highest wealth quintile.

Relatives and friends play a key role in assisting delivery among births in all subgroups, but more importantly among higher order births, births in rural areas, to women with low education and in the lowest wealth quintiles. About one in five births in Shiselweni and Lubombo regions are assisted by a relative or friend.

Fourteen percent of births born to women age 35 and older and 14 percent of births of parity 6 and higher are born unassisted. One in ten births to women with no education and one in ten births to women in the lowest wealth quintile are born without the assistance of anyone. Most births delivered outside a health facility are assisted by a friend or relative (61 percent), 21 percent of births are assisted by a traditional birth attendant or healer, and 17 percent are delivered with no assistance.

Table 9.6 also presents data on prevalence of births by caesarean (C-) section. Eight percent of live births in the five years before the survey are delivered by C-section. The percentage may be more a reflection of the limited emergency obstetric care that is available in Swaziland, rather than the total percentage of pregnancies with complications for which C-section was indicated for assuring safe delivery and reducing the risk of maternal mortality.

## 9.7 POSTNATAL CARE

A large proportion of maternal and neonatal deaths occur during the first 48 hours after delivery. Thus, postnatal care is important for both the mother and the child to treat complications arising from the delivery, as well as to provide the mother with important information on how to care for herself and her child. It is recommended that all women receive a check on their health within two days of delivery. To assess the extent of postnatal care utilization, respondents were asked if, for the last birth in the five years preceding the survey, they had received a health check after the delivery, the timing of the first checkup, and the type of health provider performing the postnatal checkup. This information is presented according to background characteristics in Tables 9.7 and 9.8.

Most women in Swaziland (75 percent) do not receive a postnatal check. Only one in five women (22 percent) was examined within two days of delivering a live birth. Few women (2 percent) had a checkup up within 3 to 41 days of delivery. Rural women are more likely than urban women to not have a postnatal checkup (77 percent of rural and 67 percent of urban women receive no postnatal checkup). As with other health services surrounding childbirth, women of lower education levels and lower wealth quintiles are less likely than women of higher education and higher wealth quintiles to receive a postnatal checkup. The provider of postnatal checkups is as likely to be a nurse or midwife as a doctor. Eleven percent of women received a postnatal checkup from a nurse or midwife, and 11 percent received a postnatal checkup from a doctor (Table 9.8).

**Table 9.7 Timing of first postnatal checkup**

Among women age 15-49 giving birth in the five years preceding the survey, the percent distribution of the mother's first postnatal checkup for the last live birth by time after delivery, according to background characteristics, Swaziland 2006-07

Background characteristic	Timing after delivery of mother's first postnatal checkup					No postnatal checkup <sup>1</sup>	Total	Number of women
	Less than 4 hours	4-23 hours	1-2 days	3-41 days	Don't know/missing			
<b>Mother's age at birth</b>								
<20	7.6	4.2	5.8	1.8	0.9	79.7	100.0	481
20-34	11.7	3.8	7.8	1.6	1.1	74.0	100.0	1,382
35-49	11.6	4.6	9.4	3.3	0.9	70.3	100.0	271
<b>Birth order</b>								
1	9.4	4.7	5.7	1.4	1.2	77.7	100.0	652
2-3	11.7	3.3	8.8	2.5	0.8	72.9	100.0	835
4-5	9.4	4.6	8.7	0.6	0.9	75.7	100.0	349
6+	12.4	3.7	6.9	2.5	1.5	73.0	100.0	298
<b>Residence</b>								
Urban	16.3	6.2	9.2	0.6	0.9	66.7	100.0	496
Rural	9.0	3.3	7.1	2.2	1.1	77.3	100.0	1,638
<b>Region</b>								
Hhohho	11.4	3.9	7.4	1.4	1.6	74.4	100.0	572
Manzini	12.5	5.3	6.9	1.9	0.7	72.7	100.0	668
Shiselweni	9.2	2.7	9.9	2.8	1.1	74.3	100.0	460
Lubombo	8.7	3.6	6.3	1.5	0.7	79.2	100.0	434
<b>Education</b>								
No education	5.5	2.9	5.1	2.2	1.1	83.2	100.0	178
Lower primary	8.5	2.2	8.2	2.4	1.5	77.4	100.0	177
Higher primary	8.2	2.4	6.7	1.8	1.2	79.7	100.0	550
Secondary	11.6	4.3	6.1	1.8	1.1	75.0	100.0	716
High school	12.5	6.4	11.0	2.2	0.4	67.6	100.0	374
Tertiary	20.9	5.9	11.9	0.7	0.7	60.0	100.0	140
<b>Wealth quintile</b>								
Lowest	5.8	1.7	6.1	2.4	2.1	81.9	100.0	400
Second	8.0	3.3	6.9	3.3	0.8	77.7	100.0	429
Middle	10.8	2.5	6.8	1.0	1.4	77.5	100.0	419
Fourth	15.4	5.3	8.4	1.5	0.2	69.2	100.0	436
Highest	13.2	6.9	9.4	1.2	0.7	68.6	100.0	449
Total	10.7	4.0	7.6	1.9	1.0	74.8	100.0	2,134

<sup>1</sup> Includes women who received a checkup after 41 days

Table 9.8 Type of provider of first postnatal checkup

Among women age 15-49 giving birth in the five years preceding the survey, the percent distribution by type of provider of the mother's first postnatal health check for the last live birth, according to background characteristics, Swaziland 2006-07

Background characteristic	Type of health provider of mother's first postnatal checkup					Total	Number of women
	Doctor	Nurse/midwife	Nursing assistant	Other	Don't know/missing		
<b>Mother's age at birth</b>							
<20	8.5	9.6	1.7	0.5	0.0	79.7	100.0
20-34	11.4	11.8	2.3	0.3	0.1	74.0	100.0
35-49	13.7	13.1	2.1	0.8	0.0	70.3	100.0
<b>Birth order</b>							
1	10.9	9.4	1.7	0.3	0.0	77.7	100.0
2-3	12.7	11.5	2.6	0.4	0.0	72.9	100.0
4-5	6.5	14.5	2.7	0.3	0.3	75.7	100.0
6+	12.1	12.6	1.3	0.7	0.3	73.0	100.0
<b>Residence</b>							
Urban	16.4	12.4	4.2	0.3	0.0	66.7	100.0
Rural	9.4	11.2	1.5	0.4	0.1	77.3	100.0
<b>Region</b>							
Hhohho	11.8	10.2	3.1	0.5	0.0	74.4	100.0
Manzini	14.2	10.7	2.1	0.2	0.1	72.7	100.0
Shiselweni	10.4	12.5	2.3	0.5	0.0	74.3	100.0
Lubombo	5.9	13.3	0.9	0.4	0.2	79.2	100.0
<b>Education</b>							
No education	7.9	6.6	1.2	1.1	0.0	83.2	100.0
Lower primary	6.2	14.7	0.5	1.2	0.0	77.4	100.0
Higher primary	8.5	8.9	2.4	0.4	0.2	79.7	100.0
Secondary	10.4	12.5	1.9	0.0	0.1	75.0	100.0
High school	13.3	14.9	3.6	0.6	0.0	67.6	100.0
Tertiary	28.6	9.7	1.7	0.0	0.0	60.0	100.0
<b>Wealth quintile</b>							
Lowest	6.2	9.8	1.2	0.9	0.0	81.9	100.0
Second	7.9	11.6	2.3	0.2	0.2	77.7	100.0
Middle	9.8	10.2	2.5	0.0	0.0	77.5	100.0
Fourth	13.8	15.1	1.2	0.5	0.2	69.2	100.0
Highest	17.0	10.6	3.4	0.4	0.0	68.6	100.0
Total	11.1	11.5	2.1	0.4	0.1	74.8	100.0
							2,134

<sup>1</sup> Includes women who received a checkup after 41 days

## 9.8 PROBLEMS IN ACCESSING HEALTH CARE

Many factors can prevent women from getting medical advice or treatment for themselves when they are sick. Information on such factors is particularly important in understanding and addressing the barriers women may face in seeking care during pregnancy and at the time of delivery.

In the 2006-07 SDHS, women were asked whether each of the following factors would be a big problem or not a big problem in seeking medical care: getting permission to go for treatment, getting money for treatment, distance to a health facility, having to take transportation, not wanting to go alone, concern that there may not be a female health care provider available, concern that there may not be any health care provider available, and concern that there may be no drugs available.

Table 9.9 indicates that 78 percent of women had at least one problem accessing health care. The barriers to accessing health services are predominantly those related to service provision. Seven in ten women (69 percent) reported the unavailability of drugs as being a problem in accessing health care. The next most commonly reported perceived problem, cited by four in ten women, is the unavailability of a health care provider; whether or not the provider is female is of concern only to a minority of women (8 percent). About one-quarter of women have problems accessing health care because of the cost of services and the distance to a facility. Eighteen percent of women experience transport problems in

accessing health services. Other limitations of access are mentioned by a minority of women. Eleven percent report not wanting to go alone, and two percent report needing to get permission to go for health services.

Most problems in accessing health care services are more commonly experienced by rural women than by urban women, although the service provision concerns are still considered to be big problems by urban women as well. Distance, money, and transport are all more likely to be cited as problems by women in Shiselweni and Lubombo regions (cited by approximately one-third of women) than by women in Hhohho and Manzini. Women in Shiselweni and Lubombo are also especially likely to report not wanting to go alone as a big problem (14 and 21 percent, respectively). Nearly all the problems in accessing health services are experienced by a declining proportion of women as their education and wealth quintile increase.

**Table 9.9 Problems in accessing health care**

Percentage of women age 15-49 who reported that they have serious problems in accessing health care for themselves when they are sick, by type of problem, according to background characteristics, Swaziland 2006-07

Background characteristic	Problems in accessing health care									Number of women
	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Having to take transport	Not wanting to go alone	Concern no female provider available	Concern no provider available	Concern no drugs available	At least one problem accessing health care	
<b>Age</b>										
15-19	1.5	21.2	24.6	19.0	12.5	10.4	39.8	66.3	76.5	1,274
20-34	1.8	24.6	22.8	17.8	9.7	6.4	39.9	68.7	77.6	2,391
35-49	1.9	30.1	27.5	18.5	11.1	6.7	40.3	70.4	78.1	1,323
<b>Number of living children</b>										
0	1.8	19.7	21.0	16.7	11.9	9.4	39.0	66.8	75.9	1,601
1-2	1.4	22.4	22.7	16.8	9.0	6.1	39.6	67.0	75.5	1,754
3-4	2.3	29.2	25.7	19.1	10.0	6.5	40.3	69.6	77.6	887
5+	2.2	38.5	34.9	24.2	13.6	7.9	42.8	74.5	85.1	745
<b>Marital status</b>										
Never married	1.4	23.2	22.7	17.1	10.4	8.0	40.5	67.6	76.4	2,487
Married or living together	2.3	24.2	25.5	19.2	11.0	7.1	39.1	68.7	77.5	2,062
Divorced/separated/widowed	1.4	41.3	30.1	20.6	11.4	6.3	41.1	73.0	83.1	438
<b>Employed last 12 months</b>										
Not employed	1.8	27.6	26.7	20.2	11.4	8.3	41.9	70.0	79.3	2,796
Employed for cash	1.8	21.3	20.6	15.3	9.0	6.1	36.8	66.0	74.2	2,072
Employed not for cash	2.9	34.1	42.8	24.8	27.4	14.0	53.7	81.2	90.3	106
Missing	5.5	34.9	22.0	26.6	17.3	0.0	22.5	48.3	77.7	13
<b>Residence</b>										
Urban	2.2	15.2	7.1	5.1	5.2	4.6	33.5	58.5	65.1	1,330
Rural	1.6	28.8	30.8	23.1	12.8	8.6	42.3	72.1	81.9	3,657
<b>Region</b>										
Hhohho	0.9	17.5	17.0	12.8	5.6	5.8	42.6	69.4	76.0	1,340
Manzini	2.0	20.9	18.1	13.3	6.6	5.5	31.1	59.7	69.2	1,647
Shiselweni	1.2	34.0	33.8	23.6	14.3	8.4	50.3	78.1	86.5	1,033
Lubombo	3.2	33.6	35.9	28.7	21.3	12.3	40.6	72.1	83.8	966
<b>Education</b>										
No education	1.7	42.7	35.9	28.6	14.6	8.4	41.3	78.6	87.8	402
Lower primary	2.9	42.6	38.5	30.5	19.2	11.2	42.7	71.8	85.3	360
Higher primary	1.7	31.5	30.2	23.1	13.1	10.0	44.6	73.7	84.0	1,268
Secondary	1.9	21.7	21.6	14.6	9.4	6.2	39.2	66.9	75.4	1,693
High school	1.8	16.2	18.8	14.6	8.5	6.2	37.8	65.1	72.7	894
Tertiary	0.6	4.7	6.4	4.5	2.6	3.2	29.4	52.5	56.9	370
<b>Wealth quintile</b>										
Lowest	1.8	45.1	45.6	34.0	21.5	11.2	42.6	75.6	89.3	785
Second	1.9	38.8	33.7	25.7	14.5	9.0	42.7	74.9	87.6	862
Middle	1.9	27.4	28.9	21.2	8.6	8.0	45.2	73.1	80.6	968
Fourth	2.3	16.3	17.4	12.9	8.9	6.0	38.6	67.5	75.0	1,111
Highest	1.2	9.6	7.9	5.9	4.8	5.0	33.7	57.1	62.9	1,262
Total	1.8	25.2	24.5	18.3	10.8	7.5	40.0	68.5	77.5	4,987

Note: Total includes 13 women with information missing on employment in last 12 months.

*Zodwa Dlamini-Mthethwa*

This chapter presents findings on several areas of importance to child health and survival including information on birth weight and size at birth, the vaccination status of young children, and treatment practices among children suffering from the three childhood diseases that are among the most common causes of deaths among young children.

## 10.1 CHILD'S SIZE AT BIRTH

A child's birth weight or size at birth is an important indicator of the child's vulnerability to the risk of childhood illnesses and the chances of survival. Table 10.1 presents information on child's weight and size at birth for all births in the five years prior to the SDHS according to background characteristics. Birth weights were recorded in the SDHS for 84 percent of all births in the five years preceding the survey. These data were based on either a written record if available or the mother's recall. In addition to asking about birth weight, mothers were also asked if they had considered the child to be very small, smaller than average, average, or larger than average at birth. The mother's assessment of the baby's size at birth was obtained for 97 percent of all of the births. Although this size estimate is subjective, it has been shown to be a useful proxy for the birth weight (Blanc and Wardlaw, 2005).

Children whose birth weight is less than 2.5 kilogrammes, or children reported to be "very small" or "smaller than average" are considered to have a higher than average risk of early childhood death. Table 10.1 shows that, of all the children born in the last five years before the survey, 8 percent had a birth weight less than 2.5 kilogrammes. This represents an increase from 5 percent previously estimated through the 2000 Multiple Indicator Cluster Survey (CSO, nd). Low birth weight is most prevalent among babies born to women with no education (12 percent) while women with a tertiary education are least likely to have a baby weighing less than 2.5 kilogrammes (4 percent).

Data from the SDHS on the mothers' assessment of the birth size of their children are also presented in Table 10.1. Two percent of the children born during the five years preceding the survey were reported to be very small while 12 percent were said to be smaller than average. Similar to the pattern observed in the birth weight data, babies born to women with no education are most likely and babies born to women with a tertiary education are least likely to be reported as being very small or smaller than average at birth (18 percent and 8 percent, respectively).

## 10.2 VACCINATION COVERAGE

Universal immunisation of children against the vaccine-preventable diseases is crucial to reducing infant and child mortality. Thus, the SDHS information on vaccination coverage among young children is very helpful for programme planning and targeting resources to areas most in need.

### 10.2.1 Collection of Data

The 2006-07 SDHS collected the data on vaccination coverage for all living children born in the five years preceding the survey. Information on vaccination coverage was collected in two ways in the SDHS: from child health cards shown to the interviewer and from mothers' verbal reports. If the cards were available, the interviewer copied the vaccination dates directly onto the questionnaire. When there was no card for the child or if a vaccine had not been recorded on the card as being given, the respondent was asked to recall the vaccines given to her child.

Table 10.1 Child's weight and size at birth

Percent distribution of all live births in the five years preceding the survey with a reported birth weight by birth weight; percent distribution of all live births in the five years preceding the survey by mother's estimate of baby's size at birth; and percentage of all births with a reported birth weight, according to background characteristics, Swaziland 2006-07

Background characteristic	Percent distribution of births with a reported birth weight <sup>1</sup>			Number of births	Percentage of births with a reported birth weight	Percent distribution of births by size of child at birth				Total	Number of births
	Less than 2.5 kg	2.5 kg or more	Total			Very small	Smaller than average	Average or larger	Don't know/missing		
<b>Mother's age at birth</b>											
<20	10.2	89.8	100.0	559	84.6	3.6	15.2	79.4	1.7	100.0	661
20-34	7.2	92.8	100.0	1,569	84.7	1.3	10.6	84.8	3.3	100.0	1,852
35-49	5.7	94.3	100.0	240	76.0	1.6	12.8	78.5	7.2	100.0	315
<b>Birth order</b>											
1	10.5	89.5	100.0	790	88.8	3.2	15.3	79.6	2.0	100.0	890
2-3	6.4	93.6	100.0	907	84.6	1.2	10.4	86.0	2.4	100.0	1,072
4-5	5.7	94.3	100.0	385	81.1	1.2	9.0	85.1	4.7	100.0	475
6+	7.6	92.4	100.0	285	72.8	1.5	11.9	79.0	7.5	100.0	391
<b>Residence</b>											
Urban	8.9	91.1	100.0	589	93.5	3.0	13.2	81.9	2.0	100.0	630
Rural	7.4	92.6	100.0	1,779	80.9	1.6	11.5	83.2	3.7	100.0	2,199
<b>Region</b>											
Hhohho	9.5	90.5	100.0	672	87.8	2.0	13.6	82.9	1.5	100.0	766
Manzini	7.1	92.9	100.0	784	90.1	2.3	12.9	82.4	2.4	100.0	870
Shiselweni	8.9	91.1	100.0	438	71.2	1.4	11.0	79.0	8.6	100.0	615
Lubombo	5.5	94.5	100.0	474	82.0	1.6	9.1	87.7	1.6	100.0	577
<b>Mother's education</b>											
No education	11.5	88.5	100.0	189	71.8	1.6	16.4	76.1	5.9	100.0	263
Lower primary	6.7	93.3	100.0	180	73.7	1.1	10.5	78.9	9.4	100.0	245
Higher primary	7.4	92.6	100.0	574	76.8	2.6	11.6	82.6	3.2	100.0	748
Secondary	8.1	91.9	100.0	835	87.8	2.2	10.8	84.8	2.3	100.0	951
High school	7.8	92.2	100.0	432	94.5	1.3	14.3	82.7	1.7	100.0	457
Tertiary	4.2	95.8	100.0	158	95.0	0.0	8.2	90.3	1.6	100.0	166
<b>Wealth quintile</b>											
Lowest	6.2	93.8	100.0	384	67.1	1.8	10.0	79.6	8.6	100.0	572
Second	6.2	93.8	100.0	476	78.8	1.0	13.9	81.6	3.4	100.0	603
Middle	7.4	92.6	100.0	485	87.6	2.1	10.0	85.8	2.1	100.0	554
Fourth	9.5	90.5	100.0	514	92.8	1.8	13.0	84.1	1.2	100.0	554
Highest	9.1	90.9	100.0	509	93.1	2.9	12.4	83.5	1.2	100.0	546
Total	7.8	92.2	100.0	2,368	83.7	1.9	11.9	82.9	3.3	100.0	2,829

Note: Total includes two births with information missing on birth size.

<sup>1</sup> Based on either a written record or the mother's recall

## 10.2.2 Level and Trend in Vaccination Coverage

According to the guidelines developed by the World Health Organization, children are considered fully vaccinated when they have received by the age of 12 months a vaccination against tuberculosis (BCG); three doses of the diphtheria, pertussis (whooping cough), and tetanus (DPT) vaccine; three doses of the poliomyelitis (polio) vaccine; and one dose of the measles vaccine. BCG should be given at birth or at first clinical contact, DPT and polio require three vaccinations at approximately 6, 10, and 14 weeks of age, and measles should be given at or soon after reaching 9 months of age. In addition to this basic schedule of vaccinations, it is also recommended that babies in Swaziland be given a polio vaccination at the time of birth and three doses of the hepatitis B vaccine before reaching their first birthday.

Table 10.2 shows the percentage of children who have received the various vaccinations by source of information, that is, from a health card or mother's report. In order to focus on recent coverage levels, the table is restricted to children 12-23 months of age who are the youngest cohort of children to have reached the age by which they should be fully vaccinated.

Table 10.2 Vaccinations by source of information

Percentage of children age 12-23 months who received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by 12 months of age, Swaziland 2006-07

Source of information	BCG	DPT			Polio <sup>1</sup>			Hepatitis B			Measles	All basic vaccinations <sup>2</sup>	No vaccinations	Number of children	
		1	2	3	0	1	2	3	1	2	3				
<b>Vaccinated at any time before survey</b>															
Health card	83.9	83.7	83.7	82.4	83.8	83.9	83.9	82.9	83.1	83.1	82.1	79.4	78.3	0.0	447
Mother's report	13.3	12.2	10.7	9.2	9.2	13.0	11.3	4.4	12.4	11.5	9.0	12.1	3.4	2.5	84
Either source	97.2	96.0	94.5	91.7	93.1	97.0	95.2	87.3	95.5	94.6	91.1	91.5	81.7	2.5	531
<b>Vaccinated by 12 months of age<sup>3</sup></b>															
	97.0	95.4	93.8	90.2	92.8	96.3	94.6	85.9	95.2	94.0	89.6	82.7	73.7	2.9	531

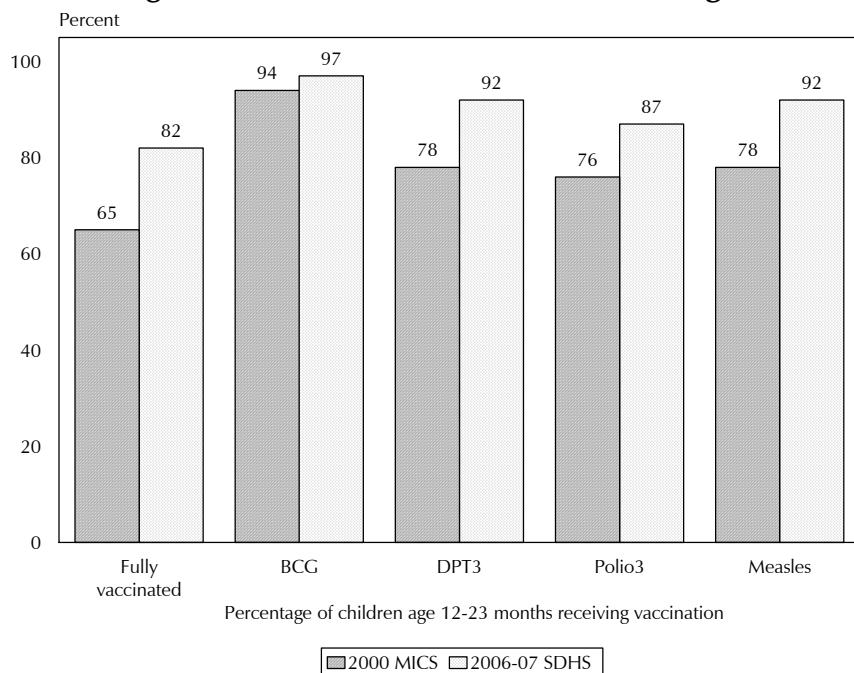
<sup>1</sup> Polio 0 is the polio vaccination given at birth.

<sup>2</sup> BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

<sup>3</sup> For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccination.

Taking into account both the information on the child's health card and the mothers' report, the results in Table 10.2 indicate that 82 percent of children age 12-23 months received all recommended vaccinations, that is, a BCG and measles vaccination and three doses of the DPT and polio vaccines, at some point before the survey interview. Only 3 percent of the children had never been vaccinated against any of these childhood illnesses at the time of the SDHS. As Figure 10.1 shows, the proportion of children age 12-23 months fully immunised at the time of the SDHS was 17 percentage points higher than the rate (65 percent) prevailing at the time of the 2000 MICS survey (CSO, nd).

**Figure 10.1 Trend in Vaccination Coverage**



Looking at specific vaccines, BCG coverage among children age 12-23 months was nearly universal (97 percent) at the time of the SDHS. Coverage levels were also very high for the first DPT (96 percent) and polio doses (97 percent). The proportions of children receiving subsequent doses of the DPT and polio vaccines dropped off slightly, with 92 percent of children receiving the third DPT and 87 percent the third dose of polio. However, these rates were considerably higher than the rates observed in 2000, when only 78 percent of children had received the third DPT dose and 76 percent had received the third dose of polio (Figure 10.1). Ninety-two percent of children had received a measles vaccination at the time of the SDHS compared with 78 percent of children in 2000.

Table 10.2 also shows that 93 percent of children received a polio vaccination at birth. Ninety-six percent of children age 12-23 months have received the first hepatitis B vaccination and 91 percent have been given the third dose.

### 10.2.3 Vaccination Coverage by Background Characteristics

Table 10.3 presents vaccination coverage based on health card information and mothers' reports among children age 12-23 months by selected background characteristics. Caution should be exercised when interpreting these results since the number of children in some subgroups shown in the table is small and the differentials across subgroups are generally not large.

Table 10.3 shows that the proportion of children who are fully immunised increases with the child's birth order. Somewhat surprisingly, urban children are less likely to be fully immunised (78 percent) than rural children (83 percent). Also surprising is the fact that coverage levels are relatively low among children in the highest wealth quintile compared with other children. Considering the regional patterns, full vaccination coverage is lowest in Lubombo (76 percent) and highest in Hhohho (84 percent).

Table 10.3 Vaccinations by background characteristics

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to a health card or the mother's report), and percentage with a vaccination card, by background characteristics, Swaziland 2006-07

	BCG	DPT			Polio <sup>1</sup>				Hepatitis B				All basic vaccinations <sup>2</sup>	No vaccinations	Percent-age with health card seen	Number of children
		1	2	3	0	1	2	3	1	2	3	Measles				
<b>Sex</b>																
Male	97.1	96.7	95.7	93.4	92.9	96.8	95.6	87.7	96.4	95.3	92.0	91.5	81.8	2.4	84.2	272
Female	97.3	95.2	93.2	89.9	93.2	97.1	94.7	86.9	94.6	93.9	90.2	91.5	81.7	2.6	84.0	259
<b>Birth order</b>																
1	96.6	96.1	93.3	91.0	90.4	96.9	94.0	84.6	95.5	94.0	89.6	92.3	79.4	2.6	78.5	185
2-3	96.4	94.1	92.6	89.7	92.3	95.5	93.6	85.2	94.1	93.0	90.0	92.9	82.1	3.4	81.8	189
4-5	98.9	97.8	97.8	92.6	96.2	98.9	98.5	89.9	96.5	96.5	91.5	87.0	79.3	1.1	91.7	96
6+	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.0	98.6	98.6	98.6	92.1	91.5	1.4	96.3	61
<b>Residence</b>																
Urban	96.6	96.4	94.3	90.8	94.6	97.0	94.2	79.3	94.8	94.0	91.5	94.8	77.7	2.7	75.3	103
Rural	97.3	95.9	94.5	91.9	92.7	96.9	95.4	89.2	95.7	94.7	91.0	90.7	82.7	2.4	86.2	428
<b>Region</b>																
Hhohho	97.2	95.9	94.5	93.1	94.5	97.2	96.6	89.3	95.9	95.9	93.1	93.7	84.3	2.8	86.8	149
Manzini	96.6	95.4	95.1	93.3	93.2	97.3	94.4	88.4	95.7	94.6	92.6	90.5	81.9	2.7	84.5	162
Shiselweni	97.2	96.7	96.7	92.6	93.3	97.6	96.6	87.5	95.2	95.2	92.4	91.6	83.7	2.4	83.5	111
Lubombo	97.9	96.2	91.2	86.4	90.7	95.4	93.0	82.8	95.2	92.2	84.8	90.0	76.1	1.8	80.5	110
<b>Mother's education</b>																
No education	(95.2)	(93.1)	(91.4)	(90.5)	(93.0)	(91.4)	(90.5)	(85.2)	(93.1)	(91.4)	(89.5)	(84.4)	(76.5)	(4.8)	(80.8)	44
Lower primary	93.7	95.8	94.3	87.7	90.4	95.8	95.8	89.0	93.7	93.7	87.7	84.5	77.7	4.2	91.4	51
Higher primary	99.1	96.9	94.5	90.5	90.7	98.4	96.8	87.0	95.5	92.9	87.8	92.3	80.8	0.9	81.4	145
Secondary	97.0	95.1	94.5	93.8	94.2	97.2	94.3	89.0	95.5	95.5	93.5	91.9	83.8	2.6	85.9	175
High school	97.7	97.7	95.7	93.3	97.1	97.7	97.6	85.0	97.7	97.7	94.1	95.8	83.1	2.3	85.3	88
Tertiary	(96.4)	(96.4)	(94.8)	(89.0)	(90.7)	(96.4)	(91.0)	(86.1)	(96.4)	(94.5)	(92.9)	(95.2)	(84.8)	(3.6)	(75.7)	29
<b>Wealth quintile</b>																
Lowest	97.2	96.4	93.5	91.7	93.4	97.3	96.3	90.4	94.4	94.4	89.8	89.4	82.3	1.8	89.1	108
Second	96.8	93.1	92.3	89.5	91.9	96.8	94.0	88.2	93.7	93.7	89.6	88.5	80.3	3.2	84.8	115
Middle	98.8	98.8	97.3	93.8	93.0	97.3	96.6	86.8	98.8	95.4	91.0	93.1	82.1	1.2	83.0	123
Fourth	98.0	97.0	97.0	94.4	93.9	98.0	96.9	89.2	95.7	95.4	94.3	94.3	85.6	2.0	85.5	95
Highest	94.7	94.2	91.7	88.8	93.2	95.2	91.7	81.1	94.7	94.0	91.3	92.9	78.5	4.5	77.3	90
Total	97.2	96.0	94.5	91.7	93.1	97.0	95.2	87.3	95.5	94.6	91.1	91.5	81.7	2.5	84.1	531

Note: Figures in parentheses are based on 25-49 unweighted cases.

<sup>1</sup> Polio 0 is the polio vaccination given at birth.

<sup>2</sup> BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

## 10.3 ACUTE RESPIRATORY INFECTION AND FEVER

The 2006-07 SDHS collected information on the prevalence and treatment of acute respiratory infection among young children. Acute respiratory infection (ARI) is one of the leading causes of childhood morbidity and mortality. Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths caused by ARI. In the 2006-07 SDHS, the prevalence of ARI was estimated by asking mothers whether their children under age five had been ill in the two weeks preceding the survey, with a cough accompanied by short, rapid breathing which the mother considered to be chest-related. These symptoms are compatible with ARI.

The SDHS also obtained information on the prevalence and treatment of fever. Fever is a symptom of malaria and other acute infections in children, and it is important that children with fever be evaluated promptly and treated appropriately. This section focuses on presenting basic information from the SDHS on the prevalence and treatment response to fever in young children. Additional information relevant to efforts in Swaziland to address the problem of malaria is discussed in Chapter 12.

Table 10.4 presents the proportions of children under five who were reported by their mother as experiencing fever or symptoms of ARI in the two weeks preceding the SDHS. When considering the information on ARI and fever prevalence, it should be remembered that the data are based on the mother's perception of illness without validation by medical personnel.

Overall, Table 10.4 shows that, in the two weeks prior to SDHS, eight children under age five experienced symptoms of ARI, and 28 percent had a fever. The likelihood that a child was ill either with the symptoms of an acute respiratory infection or fever during the period varies according to the child's age. The prevalence of ARI symptoms was highest among children age 6-35 months (10 percent). The prevalence of fever peaked at 41 percent among children age 6-11 months, and then fell to around half that level among children age 36-59 months. There was only a small difference in the prevalence of ARI symptoms between boys and girls. Boys, however, were much more likely than girls to have a fever (31 percent and 24 percent, respectively).

Rural children were more likely than children in urban areas to have been ill with ARI symptoms or fever during the two weeks prior to the SDHS. Prevalence of both illnesses is substantially higher in Lubombo than in the other regions. Although not uniform, the likelihood that a child had been ill with ARI symptoms or fever also decreased with the mother's education level and the wealth quintile.

Figure 10.2 presents information on actions that were taken to treat ARI symptoms and fever among young children. Among the children that showed ARI symptoms, 73 percent of them received medical attention and 24 percent received antibiotics. Around six in ten children with fever received medical attention. Seventeen percent of children with fever were given antibiotics, and 1 percent were treated with an antimalarial drug.

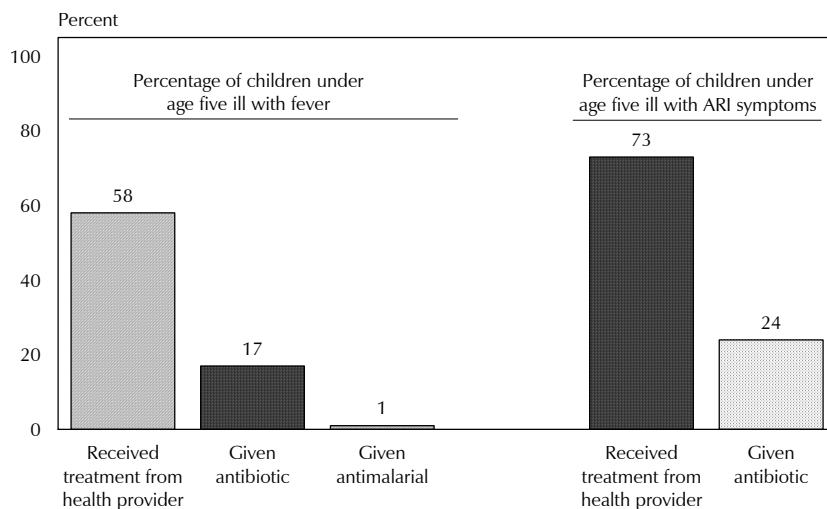
**Table 10.4** Prevalence and treatment of fever and symptoms of ARI

Among children under age five, the percentage who had fever and who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey, according to background characteristics, Swaziland 2006-07

Background characteristic	Percentage with symptoms of ARI <sup>1</sup>	Percentage with fever	Number of children
<b>Age in months</b>			
<6	6.6	28.7	265
6-11	10.2	41.2	301
12-23	9.8	35.0	531
24-35	9.9	24.7	483
36-47	6.2	20.5	492
48-59	7.5	20.2	480
<b>Sex</b>			
Male	9.1	30.7	1,290
Female	7.7	24.3	1,263
<b>Residence</b>			
Urban	5.7	17.6	557
Rural	9.1	30.3	1,996
<b>Region</b>			
Hhohho	6.5	22.4	694
Manzini	7.5	22.0	784
Shiselweni	5.9	24.0	558
Lubombo	15.0	46.6	517
<b>Mother's education</b>			
No education	11.5	33.5	232
Lower primary	7.0	33.3	224
Higher primary	11.3	31.7	668
Secondary	7.0	24.8	865
High school	7.1	26.5	405
Tertiary	4.3	10.9	159
<b>Wealth quintile</b>			
Lowest	10.4	33.6	516
Second	10.8	31.8	556
Middle	5.0	25.6	501
Fourth	7.1	23.7	490
Highest	8.2	22.2	490
Total	8.4	27.5	2,553

<sup>1</sup> Symptoms of ARI (cough accompanied by short, rapid breathing which was chest-related) is considered a proxy for pneumonia.

**Figure 10.2 Treatment Practises for Children Ill with the Symptoms of an Acute Respiratory Infection or a Fever**



SDHS 2006-07

## 10.4 DIARRHOEAL DISEASE

Dehydration caused by severe diarrhoea is a major cause of morbidity and mortality among young children. Exposure to diarrhoea-causing agents is frequently related to the use of contaminated water and to unhygienic practises in food preparation and disposal of excreta.

### 10.4.1 Prevalence of Diarrhoea

Table 10.5 shows the percentage of children under five with diarrhoea and with diarrhoea with blood in the faeces in the two weeks preceding the survey, according to selected background characteristics. Blood in the faeces is a sign of dysentery. In interpreting the findings in Table 10.5, it should be borne in mind that prevalence of diarrhoea varies seasonally; the highest prevalence is observed in September through March during the rainy season. It is also important to recognize that the data are based on the mother's subjective assessment of the child's illness and, thus, may involve reporting error.

Among children under age five, the prevalence of diarrhoea was 13 percent, and 3 percent had diarrhoea with blood. Diarrhoeal illness is more common among children age 6-11 months (27 percent) and children age 12-23 months (22 percent) than among younger or older children. Additionally, diarrhoea prevalence is higher among male children, children living in households with an unimproved drinking water source or non-improved or shared toilet facilities, children from rural areas and from the Lubombo region, children whose mothers have less than a secondary education, and children in the lowest wealth quintile.

**Table 10.5 Prevalence of diarrhoea**

Percentage of children under age five who had diarrhoea in the two weeks preceding the survey, by background characteristics, Swaziland 2006-07

Background characteristic	Diarrhoea in the two weeks preceding the survey		
	All diarrhoea	Diarrhoea with blood	Number of children
<b>Age in months</b>			
<6	10.8	0.7	265
6-11	27.3	4.5	301
12-23	21.9	5.2	531
24-35	13.7	3.6	483
36-47	5.2	1.5	492
48-59	5.0	2.3	480
<b>Sex</b>			
Male	15.5	3.3	1,290
Female	11.3	2.9	1,263
<b>Source of drinking water<sup>1</sup></b>			
Improved	11.4	2.6	1,655
Not improved	17.2	4.0	898
<b>Toilet facility<sup>2</sup></b>			
Improved, not shared	11.4	2.8	1,306
Non-improved or shared	15.6	3.4	1,242
<b>Residence</b>			
Urban	9.3	1.8	557
Rural	14.6	3.5	1,996
<b>Region</b>			
Hhohho	11.0	1.6	694
Manzini	12.3	2.3	784
Shiselweni	14.4	5.1	558
Lubombo	17.4	4.1	517
<b>Education</b>			
No education	16.1	4.0	232
Lower primary	17.1	4.7	224
Higher primary	16.0	3.9	668
Secondary	11.7	2.6	865
High school	13.6	2.8	405
Tertiary	2.8	0.0	159
<b>Wealth quintile</b>			
Lowest	23.0	5.3	516
Second	11.2	3.1	556
Middle	13.6	3.1	501
Fourth	10.3	3.0	490
Highest	8.9	0.9	490
Total	13.4	3.1	2,553

Note: Total includes five births with information missing on toilet facility.

<sup>1</sup> See Table 2.6 for definition of categories.

<sup>2</sup> See Table 2.7 for definition of categories.

#### 10.4.2 Treatment of Diarrhoea

To obtain some insight into whether or not diarrhoeal illnesses are being treated appropriately, mothers of children who had diarrhoea in the two weeks before the SDHS were asked about what was done to treat the illness. Table 10.6 provides information on a number of actions that mothers reported were taken when their child was ill.

The results in Table 10.6 indicate that health care providers are consulted in the majority of cases of diarrhoeal illness among young children. Seventy-two percent of the children who had diarrhoea were taken to a health provider for treatment.

A simple and effective response to dehydration caused by diarrhoea is a prompt increase in the child's fluid intake through some form of oral rehydration therapy (ORT). Table 10.6 shows that 89 percent of children ill with diarrhoea were given a solution prepared from an oral rehydration salts (ORS) packet or a homemade mixture usually prepared from sugar, salt, and water that is recommended to treat the diarrhoea. Ninety-one percent were treated with some form of ORT or increased fluids.

**Table 10.6 Diarrhoea treatment**

Among children under age five who had diarrhoea in the two weeks preceding the survey, the percentage for whom advice or treatment was sought from a health facility or provider, the percentage given oral rehydration therapy (ORT), the percentage given increased fluids, the percentage given ORT or increased fluids, and the percentage who were given other treatments, by background characteristics, Swaziland 2006-07

Background characteristic	Percentage of children with diarrhoea taken to a health facility or provider <sup>1</sup>	Oral rehydration therapy (ORT)					Other treatments						Number of children
		ORS packets	Recommended home fluids (RHF) <sup>2</sup>	Either ORS or RHF	Increased fluids	ORT or increased fluids	Anti-biotic drugs	Anti-motility drugs	Vitamin A	Other/unknown pill, syrup, or injection	Home remedy/other	No treatment	
<b>Age in months</b>													
<6	(53.9)	(78.9)	(4.2)	(82.8)	(18.2)	(82.8)	(7.4)	(0.0)	(0.0)	(20.8)	(7.9)	(16.0)	29
6-11	83.1	88.3	18.3	91.0	22.4	91.6	21.0	1.0	1.1	36.8	7.5	4.5	82
12-23	72.8	85.0	16.9	87.2	25.8	90.0	20.5	2.6	1.2	33.8	9.5	6.1	116
24-35	69.5	86.6	25.0	90.4	32.5	92.0	18.2	0.0	1.8	44.0	2.7	2.8	66
36-47	(61.9)	(78.3)	(29.6)	(86.7)	(33.7)	(91.1)	(15.0)	(0.0)	(0.0)	(17.0)	(3.8)	(8.9)	25
48-59	(68.3)	(90.7)	(31.4)	(94.2)	(25.8)	(94.2)	(14.5)	(0.0)	(4.1)	(33.5)	(12.6)	(5.8)	24
<b>Sex</b>													
Male	69.5	85.9	18.7	87.8	26.6	89.4	16.6	1.0	1.7	32.5	6.2	6.1	201
Female	75.4	85.0	21.1	90.3	25.7	92.1	20.6	1.3	0.8	36.4	9.0	6.2	143
<b>Type of diarrhoea</b>													
Non bloody	70.3	84.4	18.6	88.2	24.7	89.8	17.3	1.5	0.9	35.0	7.5	6.2	259
Bloody	80.4	89.7	24.2	91.9	30.5	94.1	22.3	0.0	2.6	33.2	7.3	4.7	79
<b>Residence</b>													
Urban	66.7	78.5	13.7	81.2	35.7	84.0	25.6	0.0	2.5	32.3	3.5	8.6	52
Rural	72.9	86.7	20.7	90.2	24.5	91.7	16.9	1.3	1.1	34.4	8.0	5.7	292
<b>Region</b>													
Hhohho	66.8	86.5	11.6	87.7	25.1	89.1	8.4	1.4	1.4	27.1	4.7	10.9	77
Manzini	71.4	82.8	22.7	88.3	24.0	90.7	29.3	1.0	0.0	24.7	7.0	4.6	96
Shiselweni	70.8	87.0	29.5	91.7	29.4	93.5	13.1	0.0	0.0	49.7	9.3	3.9	81
Lubombo	77.9	86.2	14.5	87.7	26.6	89.0	19.4	2.0	3.8	36.2	8.4	5.7	90
<b>Mother's education</b>													
No education/lower primary <sup>3</sup>	70.0	88.7	14.7	93.2	33.0	93.6	17.9	0.0	2.5	29.2	9.9	5.1	76
Higher primary	71.3	82.0	23.4	86.6	27.0	88.2	14.1	1.7	1.1	35.7	8.8	6.4	107
Secondary	79.9	85.6	21.4	86.9	19.4	89.6	20.7	0.0	0.4	34.8	7.5	7.7	101
High school/tertiary <sup>3</sup>	62.0	87.4	16.3	90.5	27.9	92.5	22.1	3.4	1.8	36.3	1.4	4.2	59
<b>Wealth quintile</b>													
Lowest	71.6	84.4	18.2	88.5	22.4	89.4	11.8	0.0	1.8	34.6	12.2	8.6	119
Second	75.2	90.0	21.1	95.5	35.7	96.0	20.6	2.9	0.0	33.2	9.7	2.4	62
Middle	77.5	90.8	28.7	91.9	23.3	93.5	22.1	1.6	1.6	42.1	4.9	3.4	68
Fourth	72.8	81.0	18.2	82.8	25.3	87.4	17.7	1.9	0.7	31.1	0.0	7.8	50
Highest	(58.4)	(79.0)	(9.1)	(82.3)	(28.6)	(84.8)	(27.0)	(0.0)	(2.1)	(25.1)	(3.3)	(6.6)	43
Total	71.9	85.5	19.7	88.8	26.2	90.6	18.2	1.1	1.3	34.1	7.4	6.1	343

Note: ORT includes solution prepared from oral rehydration salt (ORS) and recommended home fluids (RHF). Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> Excludes pharmacy, shop, and traditional practitioner

<sup>2</sup> The recommended home fluids are the sugar-salt-solutions (SSS).

<sup>3</sup> Education levels were combined due to the small number of cases.

Antibiotics and other medications are generally not recommended for use in treating diarrhoea among young children. However, Table 10.6 shows that antibiotics were given to 18 percent of the children with diarrhoea, and 34 percent were given other drugs. Seven percent received various home remedies. Only 6 percent of the children with diarrhoea were not taken to a health provider or given any treatment.

Table 10.6 also provides information on differences in consultation and treatment practices when a child had diarrhoea across population subgroups. Consultations with health providers were most frequent when the child was 6-11 months of age (83 percent) and had bloody stools (80 percent). The lowest levels of ORT usage were in urban areas (81 percent) and the fourth and fifth wealth quintiles (83 percent and 81 percent, respectively). The low rate of urban ORT use is offset partially by the fact that urban mothers were more likely than rural mothers to increase the fluids children with diarrhoea were given. The highest level of use of antibiotics was reported in the Manzini region.

#### **10.4.3 Feeding Practices**

Mothers are encouraged to continue feeding children with diarrhoea normally and to increase the amount of fluids. These practises are promoted to reduce dehydration and minimize the adverse consequences of diarrhoea on the child's nutritional status.

To assess changes in feeding practices, if any, mothers of children who had diarrhoea during the two weeks before the SDHS were asked whether they gave the child less, the same amount, or more fluids and food than usual when their child was ill. Table 10.7 shows the percent distribution of children under five who had diarrhoea by feeding practices, according to background characteristics. Twenty-six percent of the children who had diarrhoea in the two weeks preceding the survey were offered increased fluids. In the case of 55 percent of the children, mothers continued to feed the child either the same or more food compared with their normal amount or fed the child only somewhat less than the normal amount. The proportion of children whose mothers reported they both increased fluids given to the child and continued feeding is relatively low (15 percent). However, around nine in ten children either received some form of ORT or were given increased fluids and continued feeding.

Table 10.7 Feeding practices during diarrhoea

Percent distribution of children under age five who had diarrhoea in the two weeks preceding the survey by amount of liquids and food offered compared with normal practice, the percentage of children given increased fluids and continued feeding during the diarrhoea episode, and the percentage of children who continued feeding and were given ORT and/or increased fluids during the episode of diarrhoea, by background characteristics, Swaziland 2006-07

Background characteristic	Amount of liquids offered							Amount of food offered							Percentage given increased fluids and continued feeding <sup>1,2</sup>	Percentage given ORT or increased fluids and continued feeding <sup>3</sup>	Number of children with diarrhoea			
	Same as usual				Don't know/missing	Total	Same as usual				Never gave food	Total								
	More	Somewhat less	Much less	None			More	Somewhat less	Much less	None										
<b>Age in months</b>																				
<6	(18.2)	(42.0)	(25.4)	(10.2)	(4.2)	(0.0)	100.0	(7.2)	(19.4)	(19.0)	(14.9)	(8.0)	(31.4)	100.0	(11.1)	(82.8)	29			
6-11	22.4	27.4	32.7	14.7	2.8	0.0	100.0	3.9	13.4	27.8	20.2	27.2	7.4	100.0	9.8	91.6	82			
12-23	25.8	33.8	27.2	11.4	1.5	0.3	100.0	2.7	21.4	32.6	23.9	16.3	3.0	100.0	15.7	90.0	116			
24-35	32.5	43.0	12.4	9.1	0.0	3.0	100.0	8.1	20.8	33.8	21.4	15.9	0.0	100.0	20.7	92.0	66			
36-47	(33.7)	(38.6)	(17.1)	(7.5)	(0.0)	(3.1)	100.0	(4.3)	(25.2)	(38.7)	(15.3)	(16.5)	(0.0)	100.0	(17.4)	(91.1)	25			
48-59	*	*	*	*	*	*	100.0	*	*	*	*	*	*	100.0	*	*	24			
<b>Sex</b>																				
Male	26.6	36.7	23.1	12.5	0.9	0.2	100.0	5.1	20.6	32.3	20.2	15.6	6.1	100.0	16.9	89.4	201			
Female	25.7	31.2	28.4	8.6	3.5	2.6	100.0	3.3	18.2	29.9	21.7	21.7	5.1	100.0	12.2	92.1	143			
<b>Type of diarrhoea</b>																				
Non bloody	24.7	35.1	24.8	12.1	2.0	1.4	100.0	5.5	20.0	32.4	20.7	14.6	6.8	100.0	15.0	89.8	259			
Bloody	30.5	32.8	28.6	6.0	2.1	0.0	100.0	0.8	19.7	27.5	21.2	28.4	2.4	100.0	14.2	94.1	79			
<b>Residence</b>																				
Urban	35.7	29.3	19.6	13.9	0.7	0.7	100.0	4.0	23.3	24.6	26.7	16.9	4.5	100.0	17.0	84.0	52			
Rural	24.5	35.3	26.3	10.3	2.2	1.3	100.0	4.4	19.0	32.5	19.8	18.3	5.9	100.0	14.6	91.7	292			
<b>Region</b>																				
Hhohho	25.1	33.3	27.1	10.8	1.1	2.6	100.0	7.1	19.9	25.9	22.0	21.3	3.9	100.0	14.9	89.1	77			
Manzini	24.0	41.4	23.5	9.5	1.2	0.4	100.0	5.7	25.5	32.6	21.2	15.0	0.0	100.0	14.7	90.7	96			
Shiselweni	29.4	28.0	31.4	9.2	2.1	0.0	100.0	1.0	17.1	35.7	19.3	15.0	12.0	100.0	20.2	93.5	81			
Lubombo	26.6	33.6	20.3	13.9	3.6	1.9	100.0	3.6	15.4	30.6	20.9	21.7	7.7	100.0	10.5	89.0	90			
<b>Mother's education</b>																				
No education/ Lower primary <sup>4</sup>	33.0	18.6	30.2	14.6	2.6	1.0	100.0	2.4	15.8	32.2	22.1	20.9	6.6	100.0	21.8	93.6	76			
Higher primary	27.0	39.9	23.2	6.4	3.5	0.0	100.0	2.5	18.7	26.8	26.6	20.3	5.1	100.0	13.5	88.2	107			
Secondary	19.4	41.5	22.1	14.5	1.2	1.3	100.0	4.6	20.0	32.9	16.7	18.2	7.5	100.0	11.9	89.6	101			
High school/ tertiary <sup>4</sup>	27.9	32.5	28.3	8.0	0.0	3.4	100.0	9.7	25.7	35.6	16.0	10.6	2.5	100.0	14.0	92.5	59			
<b>Wealth quintile</b>																				
Lowest	22.4	35.4	30.1	10.1	1.4	0.7	100.0	2.3	15.2	30.7	22.4	19.1	10.3	100.0	15.1	89.4	119			
Second	35.7	31.0	19.2	9.1	3.5	1.5	100.0	6.9	21.5	31.3	13.7	23.7	2.9	100.0	21.2	96.0	62			
Middle	23.3	31.0	25.7	16.8	2.7	0.5	100.0	3.7	17.7	37.1	25.7	13.5	2.5	100.0	8.3	93.5	68			
Fourth	25.3	47.3	21.5	4.2	1.7	0.0	100.0	6.6	25.3	32.3	23.9	11.8	0.0	100.0	17.3	87.4	50			
Highest	(28.6)	(27.3)	(24.8)	(14.0)	(0.8)	(4.6)	100.0	(5.0)	(25.7)	(22.8)	(15.5)	(22.0)	(9.0)	100.0	(13.2)	(84.8)	43			
Total	26.2	34.4	25.3	10.9	2.0	1.2	100.0	4.4	19.6	31.3	20.9	18.1	5.7	100.0	14.9	90.6	343			

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> Equivalent to the UNICEF/WHO indicator "Home management of diarrhoea." MICS Indicator 34

<sup>2</sup> Continued feeding practises includes children who were given more, same as usual, or somewhat less food during the diarrhoea episode.

<sup>3</sup> Equivalent to UNICEF MICS Indicator 35

<sup>4</sup> Education levels were combined due to the small number of cases.

## 10.5 KNOWLEDGE OF ORS PACKETS

As discussed above, a solution prepared from ORS packets is very effective in preventing dehydration when a child has diarrhoea. To ascertain how widespread knowledge of ORS is in Swaziland, mothers who gave birth during the five years before the SDHS were asked whether they know about oral rehydration salts (ORS). Table 10.8 shows that nearly all mothers (98 percent) know about ORS packets. This suggests that the health education campaign around issues of diarrhoea has been very successful.

## 10.6 STOOL DISPOSAL

If human faeces are left uncontained, disease may spread by direct contact or by animal contact with the faeces. Hence, the proper disposal of children's stools is extremely important in preventing the spread of disease. Table 10.9 presents information on the disposal of the stools of the youngest living child under age five, by background characteristics. Stools are disposed of appropriately for nearly two-thirds of children. However, stools are left in the open in the case of one-fifth of children, and they were dumped into a ditch or drain or thrown in the garbage in the case of 14 percent of the children.

The older the child the greater is the likelihood that the child's stools will be disposed of safely. As expected, households with non-improved or shared toilet facilities are less likely than those with improved and non-shared facilities to safely dispose of children's stools (53 percent and 76 percent, respectively). Given the fact that urban households have better sanitation facilities than rural areas, it is not surprising that the percentage of children whose stools were safely disposed of is substantially higher in urban areas (80 percent) than in rural areas (62 percent). Safe stool disposal practises are reported least often in the Lubombo region (55 percent) and most often in Manzini (73 percent). The likelihood of safe stool disposal practises increases with the educational status of the mothers and the wealth quintile.

Table 10.8 Knowledge of ORS packets or pre-packaged liquids

Percentage of mothers age 15-49 who gave birth in the five years preceding the survey who know about ORS packets or ORS pre-packaged liquids for treatment of diarrhoea, by background characteristics, Swaziland 2006-07

Background characteristic	Percentage of women who know about ORS packets or ORS pre-packaged liquids	Number of women
<b>Age</b>		
15-19	97.7	232
20-24	99.1	654
25-34	97.9	850
35-49	97.8	398
<b>Residence</b>		
Urban	97.8	496
Rural	98.3	1,638
<b>Region</b>		
Hhohho	97.6	572
Manzini	98.4	668
Shiselweni	98.7	460
Lubombo	98.2	434
<b>Mother's education</b>		
No education	97.0	178
Lower primary	94.9	177
Higher primary	98.5	550
Secondary	99.5	716
High school	98.4	374
Tertiary	95.7	140
<b>Wealth quintile</b>		
Lowest	98.0	400
Second	98.7	429
Middle	97.9	419
Fourth	98.5	436
Highest	97.9	449
Total	98.2	2,134

ORS = Oral rehydration salts

Table 10.9 Disposal of children's stools

Percent distribution of youngest children under age five living with the mother by the manner of disposal of the child's last faecal matter, and percentage of children whose stools are disposed of safely, according to background characteristics, Swaziland 2006-07

Background characteristic	Manner of disposal of children's stools						Total	Percentage of children whose stools are disposed of safely <sup>1</sup>	Number of mothers
	Child used toilet or latrine	Put/rinsed into toilet or latrine	Buried	Put/rinsed into drain or ditch	Thrown into garbage	Left in the open			
<b>Age in months</b>									
<6	5.1	44.5	2.4	18.7	10.3	18.0	0.9	100.0	52.0
6-11	5.7	50.8	3.7	15.5	6.8	17.2	0.3	100.0	60.1
12-23	9.4	49.0	7.9	7.5	7.3	18.0	0.9	100.0	66.3
24-35	17.1	41.9	10.7	3.1	2.9	23.0	1.4	100.0	69.7
36-47	32.8	30.2	6.9	2.1	2.2	23.7	2.0	100.0	69.9
48-59	47.7	23.2	4.7	2.7	1.1	17.7	2.9	100.0	75.6
<b>Toilet facility</b>									
Improved, not shared <sup>2</sup>	22.4	48.6	5.1	6.2	5.2	11.1	1.4	100.0	76.1
Non-improved or shared	10.6	34.5	8.0	10.7	5.9	29.2	1.2	100.0	53.1
<b>Residence</b>									
Urban	27.0	52.7	0.5	7.8	5.7	4.2	2.1	100.0	80.2
Rural	14.4	39.3	7.9	8.4	5.4	23.4	1.1	100.0	61.6
<b>Region</b>									
Hhohho	18.7	40.4	5.5	11.7	5.5	16.5	1.7	100.0	64.6
Manzini	15.6	52.2	5.5	5.2	5.0	15.3	1.2	100.0	73.3
Shiselweni	19.8	37.5	7.6	9.1	5.4	20.3	0.5	100.0	64.8
Lubombo	13.2	33.9	7.8	7.5	6.3	29.5	1.8	100.0	54.8
<b>Mother's education</b>									
No education	9.8	29.0	9.3	5.9	7.1	35.3	3.6	100.0	48.1
Lower primary	13.0	28.2	11.7	10.0	4.6	30.6	2.0	100.0	52.8
Higher primary	14.2	40.2	7.4	8.3	5.3	24.1	0.5	100.0	61.8
Secondary	16.4	47.2	6.0	8.7	4.0	16.3	1.3	100.0	69.7
High school	20.0	47.9	3.7	9.2	6.0	11.8	1.3	100.0	71.7
Tertiary	37.0	42.5	0.9	5.2	11.2	3.0	0.3	100.0	80.3
<b>Wealth quintile</b>									
Lowest	6.4	24.6	11.0	11.0	8.4	37.2	1.3	100.0	42.0
Second	15.0	40.0	7.2	7.2	5.8	24.0	0.7	100.0	62.2
Middle	15.2	45.0	6.1	10.7	3.6	18.0	1.3	100.0	66.3
Fourth	19.6	51.9	6.2	5.6	2.9	13.2	0.6	100.0	77.7
Highest	30.1	50.1	1.0	6.8	6.5	2.9	2.6	100.0	81.2
Total	16.9	42.0	6.4	8.3	5.5	19.6	1.3	100.0	65.3

Note: Total includes three births with information missing on toilet facility.

<sup>1</sup> Includes child using toilet/latrine, put/rinsed stools into toilet or latrine, and buried

<sup>2</sup> Non-shared facilities that are of the types: flush or pour flush toilet and ordinary or ventilated improved privy

# NUTRITION OF CHILDREN AND ADULTS

## *Nelisiwe Sikhosana*

This chapter first considers information from the 2006-07 SDHS relating to children's nutrition. Anthropometric measures of the nutritional status for children under age five are presented first. Breastfeeding and infant and young child feeding practices (IYCF) are then described. Data on anaemia prevalence among children under age 15 are reviewed. The chapter also looks at several summary indicators relating to micronutrient intake and supplementation among children under age five. The chapter next addresses questions relating to the nutritional status of adults including the prevalence of malnutrition and anaemia. The chapter also presents information for mothers of young children on the diversity of foods consumed during the 24-hour period before the survey and on micronutrient intake and supplementation among childbearing women.

### **11.1 NUTRITIONAL STATUS OF CHILDREN**

Anthropometric data on height and weight collected in the 2006-07 SDHS permit the measurement and evaluation of the nutritional status of young children in Swaziland. This evaluation allows identification of subgroups of the child population that are at increased risk of faltered growth, disease, impaired mental development, and death.

#### **11.1.1 Measurement of Nutritional Status among Young Children**

In the 2006-07 SDHS, height and weight data were obtained for all children under age six living in the households selected for the SDHS sample, regardless of whether their mother was interviewed in the survey. Weight measurements were obtained using lightweight, bathroom-type scales with a digital screen designed and manufactured under the guidance of UNICEF. Height measurements were carried out using a measuring board produced by Shorr Productions. Children younger than 24 months were measured lying down (recumbent length) on the board, while standing height was measured for older children.

The height and weight data obtained in the SDHS were used to compute the three separate indices of children's nutritional status shown in Table 11.1: height-for-age, weight-for-height, and weight-for-age. The indices are calculated using new growth standards generated by WHO from data collected in a Multicentre Growth Reference Study (WHO, 2006). The study, whose sample included 8,440 children in six countries, was designed to provide standards for how children grow under optimal conditions. Children who fall more than two standard deviations below (-2 SD) the WHO Child Growth reference population median are considered undernourished, while those who fall more than three standard deviations below (-3 SD) the reference median are considered severely undernourished.

#### **11.1.2 Results of Data Collection**

Although data were collected for all children under age six, the analysis is limited to children under age five. Height and weight measurements were obtained for 94 percent of the 3,301 children under age five who were present in SDHS households at the time of the survey (see Table C.3). Of these children, 11 percent were considered to have implausibly high or low values for the height or weight measures or lacked data on the child's age in months (not shown in table). The following analysis focuses on the children for whom complete and plausible anthropometric and age data were collected.

Table 11.1 Nutritional status of children

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Swaziland 2006-07

Background characteristic	Height-for-age			Weight-for-height			Weight-for-age			Mean Z-score (SD)	Number of children
	Percentage below -3 SD	Percentage below -2 SD <sup>1</sup>	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD <sup>1</sup>	Percentage above +2 SD	Percentage below -3 SD	Percentage below -2 SD <sup>1</sup>	Percentage above +2 SD		
<b>Age in months</b>											
<6	5.1	19.7	-0.3	1.0	2.9	22.3	0.9	0.0	5.3	5.5	0.3 222
6-8	4.7	12.3	-0.1	1.2	4.0	11.0	0.3	1.8	5.2	4.6	0.0 172
9-11	5.9	17.7	-0.5	2.4	7.1	12.3	0.4	1.2	8.4	3.6	-0.0 145
12-17	10.6	28.4	-1.2	1.1	3.8	12.4	0.6	0.8	6.7	5.0	-0.1 305
18-23	19.1	42.9	-1.7	1.2	3.5	11.5	0.7	1.3	7.5	2.3	-0.3 272
24-35	12.8	37.6	-1.6	0.5	0.9	11.3	0.7	0.9	4.6	1.5	-0.3 583
36-47	10.7	29.7	-1.5	0.9	2.2	8.7	0.6	0.5	4.5	1.0	-0.5 587
48-59	8.0	24.8	-1.3	0.5	1.5	7.0	0.5	0.7	5.0	1.1	-0.5 655
<b>Sex</b>											
Male	12.0	32.2	-1.3	1.1	3.1	11.0	0.6	0.8	5.7	2.2	-0.3 1,453
Female	8.6	25.6	-1.1	0.7	1.9	10.6	0.6	0.8	5.1	2.5	-0.2 1,488
<b>Birth interval in months<sup>2</sup></b>											
First birth <sup>3</sup>	10.5	27.4	-1.3	1.0	2.2	10.4	0.6	0.4	5.0	1.5	-0.3 639
<24	12.0	34.2	-1.3	0.4	1.7	9.1	0.6	1.1	7.4	1.8	-0.3 235
24-47	7.9	29.4	-1.3	0.8	2.4	10.9	0.6	0.7	5.1	2.8	-0.3 762
48+	8.6	22.0	-1.0	0.9	3.5	11.6	0.6	0.7	3.8	2.5	-0.2 515
<b>Size at birth<sup>2</sup></b>											
Very small	(13.8)	(39.8)	(-1.7)	(0.0)	(0.0)	(6.5)	(0.4)	(0.0)	(7.0)	(0.0)	(-0.7) 38
Small	18.8	42.8	-1.7	1.4	2.5	8.1	0.4	1.4	10.3	1.0	-0.7 258
Average or larger	7.8	24.9	-1.1	0.7	2.6	11.4	0.6	0.5	4.2	2.6	-0.2 1,786
Missing	10.1	33.0	-1.3	2.8	2.8	6.7	0.3	2.8	4.7	0.0	-0.5 64
<b>Mother's interview status</b>											
Interviewed	9.3	27.6	-1.2	0.8	2.5	10.7	0.6	0.7	5.0	2.2	-0.3 2,152
Not interviewed but in household	5.6	25.9	-0.9	3.7	6.8	12.1	0.6	0.0	3.9	7.9	-0.1 78
Not interviewed, and not in the household <sup>4</sup>	13.8	33.3	-1.4	0.8	1.9	10.9	0.6	1.3	6.8	2.0	0.4 711
<b>Mother's nutritional status<sup>5</sup></b>											
Thin (BMI<18.5)	(22.5)	(44.0)	(-1.6)	(5.1)	(9.7)	(5.5)	(0.0)	(5.1)	(19.8)	(0.0)	(-0.9) 34
Normal (BMI 18.5-24.9)	10.1	28.5	-1.2	1.2	3.3	7.7	0.4	0.7	5.2	1.5	-0.4 949
Overweight/obese (BMI ≥25)	8.1	26.2	-1.2	0.5	1.8	13.4	0.7	0.5	4.4	2.8	-0.2 1,185
Missing	6.3	29.2	-0.8	0.0	3.5	12.3	0.7	0.0	4.5	11.6	0.1 53
<b>Residence</b>											
Urban	6.7	23.1	-0.8	0.8	3.2	14.9	0.7	0.0	4.5	5.1	-0.0 483
Rural	11.0	30.0	-1.3	0.9	2.3	10.0	0.6	1.0	5.6	1.8	-0.3 2,457
<b>Region</b>											
Hhohho	11.2	31.6	-1.3	1.3	3.1	14.1	0.7	0.8	6.7	2.8	-0.3 755
Manzini	10.0	29.5	-1.2	1.1	2.3	9.4	0.6	1.0	5.7	2.0	-0.3 869
Shiselweni	11.1	28.9	-1.3	0.8	2.1	8.5	0.5	0.6	5.2	2.5	-0.4 745
Lubombo	8.4	24.4	-1.2	0.2	2.5	11.6	0.6	0.7	3.7	1.9	-0.2 571
<b>Mother's education<sup>6</sup></b>											
No education	10.3	37.5	-1.5	1.1	2.0	8.1	0.5	0.7	6.7	0.0	-0.6 211
Lower primary	11.4	32.1	-1.5	1.8	5.8	6.3	0.4	2.3	4.6	0.6	-0.5 210
Higher primary	12.8	33.3	-1.3	1.0	2.8	9.1	0.5	0.6	6.1	1.9	-0.4 593
Secondary	6.8	25.8	-1.2	1.0	2.8	10.4	0.5	0.4	4.7	1.7	-0.3 732
High school	8.1	19.0	-0.8	0.0	1.1	15.4	0.8	0.4	4.4	5.0	0.1 352
Tertiary	3.2	10.5	-0.6	0.8	1.8	19.6	1.0	0.0	0.9	9.4	0.3 130

Continued...

Table 11.1—Continued

Background characteristic	Height-for-age			Weight-for-height				Weight-for-age				Mean Z-score (SD)	Number of children
	Percentage below -3 SD	Percentage below -2 SD <sup>1</sup>	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD <sup>1</sup>	Percentage above +2 SD	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD <sup>1</sup>	Percentage above +2 SD	Mean Z-score (SD)		
<b>Wealth quintile</b>													
Lowest	13.6	38.3	-1.5	1.0	2.6	9.2	0.5	1.2	7.5	1.3	-0.5	(0.4)	682
Second	11.8	32.3	-1.4	0.9	2.5	8.9	0.6	0.4	4.4	1.1	(0.4)	693	
Middle	9.3	26.5	-1.3	1.2	3.2	11.5	0.6	0.8	5.3	2.4	(0.3)	580	
Fourth	10.0	25.3	-1.2	0.7	2.0	11.9	0.7	1.1	5.5	2.5	(0.2)	543	
Highest	4.4	16.6	-0.7	0.4	1.9	13.9	0.7	0.3	3.8	5.6	0.1	442	
Total	10.3	28.9	-1.2	0.9	2.5	10.8	0.6	0.8	5.4	2.3	(0.3)	2,940	

Note: Table is based on children who slept in the household the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight. Figures in parentheses are based on 25-49 unweighted number of children.

<sup>1</sup> Includes children who are below -3 standard deviations (SD) from the International Reference Population median

<sup>2</sup> Excludes children whose mothers were not interviewed

<sup>3</sup> First-born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.

<sup>4</sup> Includes children whose mothers are deceased

<sup>5</sup> Excludes children whose mothers were not weighed and measured. Mother's nutritional status in terms of BMI (Body Mass Index) is presented in Table 11.10

<sup>6</sup> For women who were not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers were not listed in the Household Questionnaire.

### 11.1.3 Nutritional Status Indices

#### *Height-for-age*

A child who is below -2 SD from the median of the WHO reference population in terms of height-for-age is considered stunted or short for his/her age. Stunting is an indicator of linear growth retardation. It reflects failure to receive adequate nutrition over a long period of time and is also affected by recurrent and chronic illness. The height-for-age index, therefore, provides a measure of the long-term effects of malnutrition in a population and is not sensitive to recent, short-term changes in dietary intake.

At the national level, 29 percent of children under five are stunted, while the proportion severely stunted is 10 percent. Stunting is highest (43 percent) among children age 18-23 months and lowest (12 percent) among children age 6-8 months (Table 11.1). The proportion stunted among male children (32 percent) is higher than that among female children (26 percent).

The stunting level varies markedly with both the birth interval and the size of the child at birth. Around one-third of children born less than 24 months after an older sibling are stunted compared with just over one-fifth of children born 48 months or more after their older brother or sister. Forty-three percent of children reported by their mothers as small at birth are stunted compared with 25 percent of children reported as being average or large at birth.

Urban children (23 percent) are less likely to be stunted than rural children (30 percent). Looking at regional patterns, Hhohho region (32 percent) has the highest proportion of stunted children, while Lubombo region has the lowest (24 percent). Education and wealth are both inversely related to stunting levels. For example, children of mothers with tertiary education have the lowest level of stunting (11 percent), while children whose mothers have no education have the highest level of stunting (38 percent).

### *Weight-for-height*

The weight-for-height index measures body mass in relation to body height or length and describes current nutritional status. Children whose weight-for-height is below minus two standard deviations (-2 SD) from the WHO Child Growth Standards reference population median are considered to be wasted, i.e., too thin for their height. Wasting represents the failure to receive adequate nutrition in the period immediately preceding the survey and may be the result of inadequate food intake or a recent episode of illness causing loss of weight and the onset of malnutrition.

Nationally, as Table 11.1 shows, 3 percent of children are wasted, and the proportion of severely wasted children is 1 percent. The wasting level peaks at 7 percent among children age 9-11 months. Other differences in the wasting level are generally minor. For example, 3 percent of urban children are wasted compared with 2 percent of rural children.

The weight-for-height index can also be used to assess the extent to which children's weight-for-height exceeds that considered normal. Children whose weight-for-height falls above plus two standard deviations (+2 SD) from the WHO reference population median are considered too heavy for their height.

Nationally, 11 percent of children are too heavy for their height. The proportion of children considered too heavy decreases with age. It is somewhat higher among urban than rural children. Children whose mothers have a tertiary education are more than twice as likely as children whose mothers never attended school to be too heavy (20 percent and 8 percent, respectively).

### *Weight-for-age*

Weight-for-age is a composite index of height-for-age and weight-for-height. It takes into account both acute and chronic malnutrition. Children whose weight-for-age is below minus two standard deviations (-2 SD) from the WHO reference population median are classified as underweight. Children whose weight-for-age is below minus three standard deviations (-3 SD) are considered severely underweight.

The prevalence of underweight children nationally is 5 percent, and the prevalence of severely underweight children is 1 percent (Table 11.1). The proportion underweight increases with age, peaking at 8 percent among children age 9-11 months.

Table 11.1 also shows the proportion of children whose weight-for-age falls above plus two standard deviations (+2 SD) from the WHO reference population median; these children are considered to be overweight. Nationally, only 2 percent of children are overweight for their age.

## **11.2 INITIATION OF BREASTFEEDING**

Early initiation of breastfeeding is encouraged for a number of reasons. Mothers benefit from early suckling because it stimulates breast milk production and facilitates the release of oxytocin, which helps the contraction of the uterus and reduces postpartum blood loss. The first breast milk contains colostrum, which is highly nutritious and has antibodies that protect the newborn from diseases. Early initiation of breastfeeding also fosters bonding between mother and child.

Table 11.2 shows the percentage of all children born in the five years before the survey by breastfeeding status and background characteristics. For last-born children in this period who were ever breastfed, the table also considers the proportions breastfed in the first hour and the first day after birth and the proportion given a prelacteal feed, i.e., the proportion receiving something other than breast milk

during the first three days after birth. The practice of giving prelacteal feeds is discouraged because it limits the frequency of suckling by the infant and exposes the baby to the risk of infection.

Overall, 87 percent of children were breastfed at some point (i.e., ever breastfed). Although most children were breastfed, children whose delivery was assisted by a health professional or who were born in a health facility are more likely to have been breastfed than children whose delivery was assisted by a traditional birth attendant or other person, or children born at home.

Looking at the timing of the first feeding, 67 percent of last-born children were breastfed within one hour of birth, and 85 percent were breastfed within one day after delivery. Differentials in the timing of the initiation of breastfeeding by sex and urban-rural residence are small. However, breastfeeding was initiated somewhat earlier for infants in Hhohho and Manzini than for infants in Shiselweni and Lubombo. The likelihood that breastfeeding was initiated shortly after birth tends to increase with the mother's education and wealth quintile. Breastfeeding was more likely to be initiated early among children delivered with the assistance of a health professional or born in a health facility than among children whose delivery was assisted by a traditional birth attendant or other person, or children born at home.

The proportion of infants who received a prelacteal feed during the first three days of life was 19 percent. Mothers in Lubombo region (27 percent) were more likely to practice prelacteal feeding than mothers in the other regions. Children delivered at home were more than twice as likely as those born in a health facility to receive a prelacteal feed (29 percent and 14 percent, respectively).

**Table 11.2 Initial breastfeeding**

Percentage of children born in the five years preceding the survey who were ever breastfed, and for last-born children in the five years preceding the survey ever breastfed, the percentage who started breastfeeding within one hour and within one day of birth and the percentage who received a prelacteal feed, by background characteristics, Swaziland 2006-07

Background characteristic	Breastfeeding among children born in past five years		Among last-born children ever breastfed			
	Percentage ever breastfed	Number of children born in past five years	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth <sup>1</sup>	Percentage who received a prelacteal feed <sup>2</sup>	Number of last-born children ever breastfed
<b>Sex</b>						
Male	86.7	1,428	64.9	83.7	20.6	1,026
Female	87.1	1,401	68.7	87.3	17.4	958
<b>Residence</b>						
Urban	85.7	630	67.9	88.7	16.5	439
Rural	87.2	2,199	66.4	84.5	19.8	1,545
<b>Region</b>						
Hhohho	88.0	766	70.9	90.7	13.5	534
Manzini	85.2	870	73.5	88.7	16.4	601
Shiselweni	86.7	615	60.9	78.8	21.8	431
Lubombo	88.2	577	57.5	80.8	27.2	418
<b>Mother's education</b>						
No education	85.9	263	65.5	84.4	20.5	172
Lower primary	86.2	245	65.8	82.0	22.2	173
Higher primary	87.5	748	67.3	84.0	19.6	525
Secondary	87.2	951	67.2	86.5	18.9	659
High school	86.7	457	64.1	85.8	16.6	335
Tertiary	85.5	166	71.1	90.9	17.6	121
<b>Assistance at delivery</b>						
Health professional <sup>3</sup>	91.0	2,102	68.7	87.3	15.6	1,488
Traditional birth attendant	74.1	149	56.0	78.3	22.0	106
Other	74.3	448	60.8	78.7	32.4	295
No one	80.2	125	66.1	84.1	29.0	95
<b>Place of delivery</b>						
Health facility	90.7	1,332	70.0	89.0	14.3	929
At home	75.5	715	61.1	79.4	29.4	489
Other	91.3	778	66.1	84.7	18.0	566
<b>Wealth quintile</b>						
Lowest	82.4	572	60.2	79.6	25.6	385
Second	86.5	603	68.7	87.2	18.3	406
Middle	88.1	554	65.4	83.6	16.7	393
Fourth	90.0	554	69.2	85.1	17.0	400
Highest	87.6	546	69.7	91.3	18.0	401
Total	86.9	2,829	66.7	85.4	19.1	1,984

Note: Table is based on births in the past five years whether the children were living or dead at the time of interview. Total includes seven unweighted children with information missing on assistance at delivery and six unweighted children with information missing on place of delivery.

<sup>1</sup> Includes children who started breastfeeding within one hour of birth

<sup>2</sup> Children given something other than breast milk during the first three days of life

<sup>3</sup> Doctor, nurse/midwife, or nursing assistant

### 11.3 BREASTFEEDING STATUS BY AGE

UNICEF and WHO recommend that children be exclusively breastfed during the first 6 months of life and that children be given solid or semi-solid complementary foods in addition to continued breastfeeding from age 6 to 24 months (or more), when the child is fully weaned. Information on complementary feeding was obtained for the youngest child born in the three-year period before the

SDHS by asking mothers about the foods and liquids given to the child the day and night before the survey.

Exclusive breastfeeding is recommended because breast milk is uncontaminated and contains all the nutrients necessary for children in the first few months of life. In addition, the mother's antibodies in breast milk provide immunity to disease. Early supplementation is discouraged for several reasons. First, it exposes infants to pathogens and increases the risk of infection. Second, it decreases infants' intake of breast milk and therefore suckling, which reduces breast milk production. Third, in low-resource settings, supplementary food is often nutritionally inferior.

Table 11.3 presents the percent distribution of youngest children under three years living with the mother by breastfeeding status and the percentage of children under three years using a bottle with a nipple, according to age in months. Overall, the prevalence of exclusive breastfeeding during the first six months is 32 percent. While slightly more than half (53 percent) of infants less than one month are receiving only breast milk, only 17 percent of children age 4-5 months are exclusively breastfed.

Table 11.3 Breastfeeding status by age

Percent distribution of youngest children under three years who are living with their mother by breastfeeding status and the percentage currently breastfeeding; and the percentage of all children under three years using a bottle with a nipple, according to age in months, Swaziland 2006-07

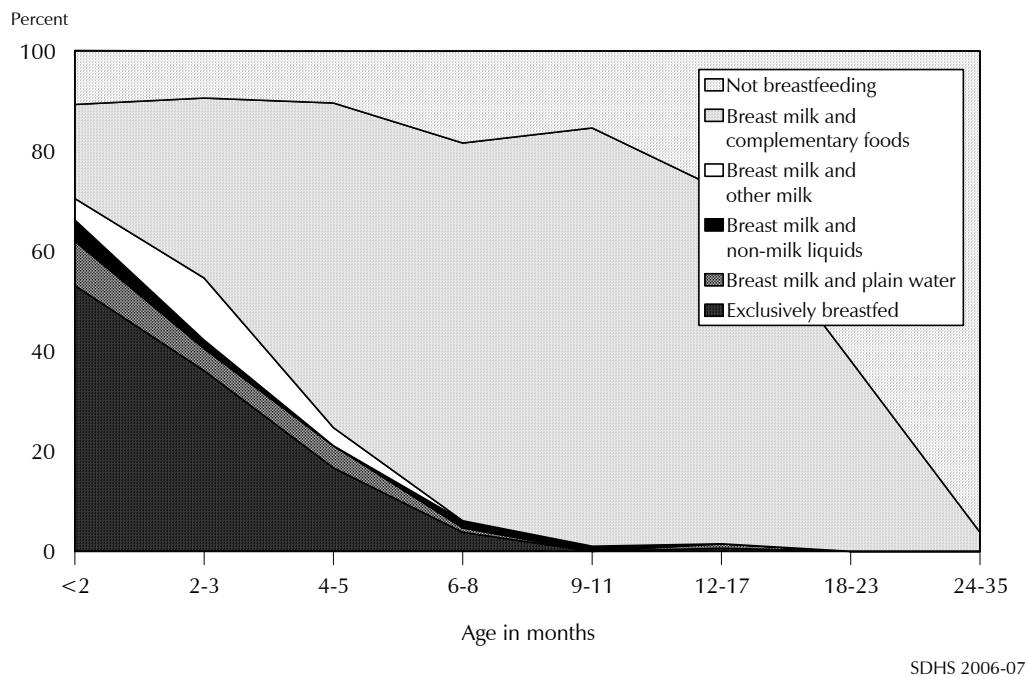
Age in months	Not breast-feeding	Exclusively breastfed	Breastfeeding and consuming:				Percentage currently breast-feeding	Number of youngest children under three years	Percentage using a bottle with a nipple <sup>1</sup>	Number of children	
			Plain water only	Non-milk liquids/juice	Other milk	Complementary foods					
0-1	10.8	53.1	8.9	4.2	4.3	18.8	100.0	89.2	64	26.9	65
2-3	9.4	36.1	4.4	1.7	12.4	36.0	100.0	90.6	90	31.5	93
4-5	10.3	16.7	4.4	0.0	3.6	64.9	100.0	89.7	107	29.1	108
6-8	18.4	3.8	0.9	1.4	0.0	75.5	100.0	81.6	157	34.4	160
9-11	15.4	0.0	0.0	1.0	0.0	83.6	100.0	84.6	135	17.7	141
12-17	27.8	0.6	0.9	0.0	0.0	70.7	100.0	72.2	260	20.7	283
18-23	61.9	0.0	0.0	0.0	0.0	38.1	100.0	38.1	216	10.3	248
24-35	96.2	0.0	0.0	0.0	0.0	3.8	100.0	3.8	324	4.3	483
0-3	9.9	43.2	6.3	2.7	9.0	28.9	100.0	90.1	153	29.6	158
0-5	10.1	32.3	5.5	1.6	6.8	43.7	100.0	89.9	260	29.4	265
6-9	18.5	3.1	0.8	1.1	0.0	76.5	100.0	81.5	192	31.4	199
12-15	21.6	0.8	1.2	0.0	0.0	76.4	100.0	78.4	194	21.3	206
12-23	43.2	0.3	0.5	0.0	0.0	56.0	100.0	56.8	476	15.8	531
20-23	69.3	0.0	0.0	0.0	0.0	30.7	100.0	30.7	144	8.3	167

Note: Breastfeeding status refers to a 24-hour period (yesterday and the past night). Children who are classified as breastfeeding and consuming plain water only consumed no liquid or solid supplements. The categories not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, non-milk liquids/juice, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus children who receive breast milk and non-milk liquids and who do not receive complementary foods are classified in the non-milk liquid category even though they may also get plain water. Any children who get complementary foods are classified in that category as long as they are breastfeeding as well.

<sup>1</sup> Based on all children under three years

Figure 11.1 shows that complementary feeding starts early. Nineteen percent of infants less than one month, 36 percent of infants 2-3 months, and 65 percent of infants 4-5 months are given complementary foods (semi-solids and solids) in addition to breast milk. Although many children receive complementary foods too early, complementary feeding is started for some children too late. All children age 6-9 months should receive complementary foods, but Table 11.3 shows that only 77 percent of children in this age group are actually consuming complementary foods.

**Figure 11.1 Infant Feeding Practices by Age**



Bottle-feeding is still common in Swaziland; 29 percent of infants less than six months are fed with a bottle with a nipple. The use of a bottle with a nipple, regardless of the contents (breast milk, formula, or any other liquid), requires hygienic handling to avoid contamination that may cause infection in the infant.

#### 11.4 DURATION AND FREQUENCY OF BREASTFEEDING

Table 11.4 presents information on the duration of breastfeeding among children born in the last three years, and on the frequency of breastfeeding among children under six months of age. The estimates of the median and mean durations of breastfeeding are based on current status data, that is, the proportion of children born in the three years preceding the survey who were being breastfed at the time of the survey.

The median duration of any breastfeeding in Swaziland is almost 17 months (Table 11.4). Reflecting the tendency to initiate complementary feeds early, the median duration of exclusive breastfeeding is much shorter (0.7 months). The median duration of predominant breastfeeding (exclusive breastfeeding or breastfeeding in combination with plain water, water-based liquids, or juices) is 1.6 months. These durations do not vary much by sex of the child, educational attainment of the mother, household wealth, or urban-rural residence.

It is important for an infant to breastfeed frequently as this improves milk production. Almost all breastfeeding children less than six months of age (97 percent) were breastfed at least six times during the 24 hours preceding the survey, which meets the WHO/UNICEF recommendations for optimal breastfeeding. The mean number of daytime feeds is 8.3, while the mean number of nighttime feeds is 6.9.

Table 11.4 Median duration and frequency of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years preceding the survey, percentage of breastfeeding children under six months living with the mother who were breastfed six or more times in the 24 hours preceding the survey, and mean number of feeds (day/night), by background characteristics, Swaziland 2006-07

Background characteristic	Frequency of breastfeeding among children under six months <sup>2</sup>						
	Median duration (months) of breastfeeding among children born in the past three years <sup>1</sup>			Percentage breastfed 6+ times in past 24 hours	Mean number of day feeds	Mean number of night feeds	
	Any breastfeeding	Exclusive breastfeeding	Predominant breastfeeding <sup>3</sup>				
<b>Sex</b>							
Male	16.9	0.9	1.6	96.1	7.7	6.7	122
Female	16.5	0.7	1.4	97.0	8.9	7.1	107
<b>Residence</b>							
Urban	17.0	0.6	0.7	91.6	7.3	6.7	49
Rural	16.7	1.0	1.8	97.8	8.5	7.0	181
<b>Region</b>							
Hhohho	17.8	1.5	2.1	97.1	8.0	8.0	61
Manzini	16.1	0.5	0.6	93.4	7.9	6.5	63
Shiselweni	15.7	1.5	1.8	98.4	8.0	5.6	54
Lubombo	16.6	1.5	1.8	97.6	9.4	7.6	51
<b>Mother's education</b>							
No education	(18.0)	(2.0)	(2.3)	(100.0)	(9.4)	(7.6)	30
Lower primary	*	*	*	*	*	*	15
Higher primary	16.7	0.9	2.0	97.3	8.4	5.9	57
Secondary	16.6	0.7	1.0	96.4	7.9	7.2	76
High school	(16.0)	(1.3)	(1.9)	(98.1)	(8.2)	(7.1)	44
Tertiary	*	*	*	*	*	*	7
<b>Wealth quintile</b>							
Lowest	17.2	1.9	2.3	98.4	8.3	6.3	54
Second	(17.6)	(1.1)	(2.1)	(100.0)	(9.5)	(7.9)	47
Middle	(16.9)	(0.7)	(0.9)	(100.0)	(8.6)	(7.1)	43
Fourth	(16.3)	(0.6)	(1.1)	(91.7)	(7.5)	(6.9)	52
Highest	(13.9)	(0.6)	(0.6)	(91.3)	(7.3)	(6.2)	33
Total	16.7	0.7	1.6	96.5	8.3	6.9	229
Mean for all children	15.7	2.6	3.1	na	na	na	na

Note: Median and mean durations are based on current status. Includes children living and deceased at the time of the survey. Figures in parentheses are based on 25-49 unweighted children. An asterisk indicates that an estimate is based on fewer than 25 unweighted children and has been suppressed.

na = Not applicable

<sup>1</sup> It is assumed that non-last-born children and last-born children not currently living with the mother are not currently breastfeeding.

<sup>2</sup> Excludes children without a valid answer on the number of times breastfed

<sup>3</sup> Either exclusively breastfed or received breast milk and plain water, and/or non-milk liquids only

## 11.5 DIETARY DIVERSITY AMONG YOUNG CHILDREN

In the 2006-07 SDHS, women who had at least one child under the age of three living with them were asked questions about the types of foods and liquids their youngest child had consumed during a 24-hour period prior to the survey. Mothers were also asked about the number of times the child had eaten solid or semi-solid foods during the period.

The results of these questions are subject to a number of limitations. First, the results do not apply to the full universe of young children. Some children under age three were excluded from consideration because they were not the youngest child under age three or because they were not living with the mother. The dietary data also are subject to recall errors on the mother's part. In addition, the mother may not be able to report fully on the child's intake of food and liquids if the child was fed by other individuals during the period. Despite these problems, the SDHS data on the types of foods and liquids young children are consuming are useful in assessing the diversity of children's diets.

### 11.5.1 Foods and Liquids Consumed by Infants and Young Children

Appropriate nutrition includes feeding children a variety of foods to ensure that nutrient requirements are met. Vitamin A-rich fruits and vegetables should be consumed daily. Although eating a range of fruits and vegetables, especially those rich in vitamin A, is important, studies have shown that plant-based complementary foods by themselves are insufficient to meet the needs for certain micronutrients (WHO/UNICEF, 1998). Therefore, it has been advised that meat, poultry, fish, or eggs should be eaten daily, or as often as possible. Fat is also important in the diets of infants and young children because it provides essential fatty acids, facilitates absorption of fat-soluble vitamins (such as vitamin A), and enhances dietary energy density and palatability. Tea and coffee contain compounds that inhibit iron absorption and are not recommended for children. Sugary drinks and excessive juice consumption should be avoided because, other than energy, they contribute little to the diet and as a result decrease the child's appetite for more nutritious foods (PAHO/WHO, 2003).

Table 11.5 is based on information reported by mothers on the foods and liquids consumed by their youngest child during the 24-hour period prior to the survey. As expected, the proportion of children who consumed foods or liquids included in the various food groups generally increased with the age of the child. Children still being breastfed are less likely to consume the various types of foods than children who are not being breastfed.

Table 11.5 Foods and liquids consumed by children in the day and night preceding the interview

Percentage of youngest children under three years living with the mother who consumed specific foods in the day and night preceding the interview, by breastfeeding status and age, Swaziland 2006-07

	Solid or semi-solid foods													Number of children	
	Liquids			Fortified baby foods	Food made from grains <sup>3</sup>	Fruits and vegetables rich in vitamin A <sup>4</sup>	Other fruits and vege- tables	Food made from roots and tubers	Food made from legumes and nuts	Meat, fish, poultry, and eggs	Cheese, yogurt, other milk product	Any solid or semi- solid food	Food made with oil, fat and butter		
	Infant formula	Other milk <sup>1</sup>	Other liquids <sup>2</sup>												
BREASTFEEDING CHILDREN															
0-1	10.3	8.1	4.7	8.6	12.3	0.0	2.0	0.0	0.0	0.0	1.6	21.0	0.0	1.6	57
2-3	21.6	26.1	6.1	13.0	37.3	2.0	1.4	0.0	2.3	2.3	9.0	39.7	0.9	0.9	81
4-5	24.3	27.2	15.0	30.4	70.9	13.1	3.0	11.6	10.5	14.3	13.7	72.4	13.4	13.5	96
6-8	16.7	26.0	32.9	22.3	91.1	40.2	16.2	23.7	15.0	25.1	31.3	92.5	43.9	27.6	128
9-11	12.4	24.9	58.1	20.5	95.4	61.7	29.0	36.5	22.6	46.7	43.5	97.6	60.4	31.8	114
12-17	11.4	23.1	67.6	8.5	94.7	76.8	35.7	32.9	28.7	51.7	35.1	97.9	70.2	43.9	188
18-23	4.0	19.8	70.0	11.4	98.7	83.3	36.1	32.2	31.6	59.4	26.1	100.0	60.5	49.1	82
24-35	*	*	*	*	*	*	*	*	*	*	*	*	*	*	12
6-23	11.8	23.7	57.2	15.1	94.6	65.4	29.4	31.3	24.4	45.2	34.6	96.8	59.9	37.9	512
Total	14.2	23.9	43.1	16.1	79.4	47.3	21.0	22.8	19.2	33.7	27.4	82.0	43.4	28.6	759
NON-BREASTFEEDING CHILDREN															
12-17	34.2	55.6	68.6	13.9	97.1	69.0	39.5	43.5	22.3	56.3	55.0	97.1	68.1	38.7	72
18-23	12.3	38.0	78.0	6.1	97.9	70.3	33.8	29.4	34.4	53.9	34.5	97.9	70.3	50.9	133
24-35	6.6	30.5	82.9	4.1	98.5	72.0	37.2	31.3	31.9	58.9	39.0	98.7	77.1	56.5	312
6-23	32.4	52.2	70.5	14.5	98.1	66.3	34.3	34.1	27.7	50.0	41.7	98.1	65.1	43.9	255
Total	21.1	42.4	74.7	9.6	95.7	66.8	34.7	31.1	28.7	52.5	38.8	96.4	68.8	48.7	593

Note: Breastfeeding status and food consumed refer to a 24-hour period (yesterday and the past night). An asterisk indicates that an estimate is based on fewer than 25 unweighted children and has been suppressed.

<sup>1</sup> Other milk includes fresh, tinned, and powdered cow or other animal milk.

<sup>2</sup> Doesn't include plain water

<sup>3</sup> Includes fortified baby food, porridge, and gruel

<sup>4</sup> Includes pumpkin, carrots, red sweet potatoes; dark green leafy vegetables such as cassava leaves, spinach, okra, and blackjack and pumpkin leaves; fruits such as mangoes, papayas, oranges, and guavas

The results in Table 11.5 document the early introduction of solid and semi-solid foods into the diets of infants in Swaziland. For example, 40 percent of breastfeeding infants age 2-3 months are receiving solid and semi-solid foods, with 37 percent given food made from grain, 22 percent given infant formula, and 13 percent given fortified baby foods. The table also highlights other issues relating to young children's diets. Of particular concern is the fact that around one-third of children age 6-23 months, whether breastfeeding or not, did not consume any vitamin A-rich food during the 24-hour period before the survey. Consumption of meat, fish, poultry and eggs and cheese, yogurt and other milk products also is important for balanced physical and mental development. However, many children in Swaziland are not consuming these foods on a daily basis. For example, among non-breastfeeding children age 6-23 months, only half ate meat, fish, poultry, or eggs at least once in the 24 hours prior to the survey and only 42 percent consumed cheese, yogurt, or other milk products.

### 11.5.2 Infant and Young Child Feeding (IYCF) Practices

Appropriate infant and young child feeding (IYCF) practices include introduction of solid/semi-solid foods at age 6 months and increasing the amount and variety of foods as the child gets older, while maintaining frequent breastfeeding. Guidelines have been established with respect to these practices for children age 6-23 months (PAHO/WHO, 2003; WHO, 2005).

Table 11.6 presents several summary IYCF indicators. The indicators take into account the percentage of children for whom feeding practices met minimum standards with respect to food diversity (i.e., the number of food groups consumed) and the consumption of breast milk or other milk or milk products. Breastfed children are considered fed according to the minimum standards if they consume foods from at least three food groups.<sup>1</sup> Non-breastfed children are considered fed in accordance with the minimum standards if they consume milk or milk products and four food groups (including milk products).

According to the results presented in Figure 11.2, 70 percent of children age 6-23 months were fed according to minimum standards with respect to food diversity. Among breastfed children age 6-23 months, about three-quarters are fed according to minimum standards (at least three food groups), while among non-breastfed children age 6-23 months, 60 percent are fed according to the minimum standards (at least four food groups).

Table 11.6 shows the variation in the proportion of children fed according to the IYCF diversity standards by background characteristics. The results indicate that boys and girls are equally likely to be fed according to the minimum food diversity standards. Looking at age, the main difference in the proportion fed according to the minimum standards is between children age 6-8 months (50 percent) and children 9 months and older (72-78 percent). Urban children (76 percent) are somewhat more likely than rural children (68 percent) to be fed according to minimum diversity standards. The proportion fed according to the minimum standards is lowest in Shiselweni (62 percent) and highest in Manzini (76 percent). Although not uniform, the proportion fed according to the minimum standards tends to rise with mother's level of education and wealth quintile.

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<sup>1</sup> Food groups used in the assessment of minimum standard of feeding practices include: infant formula, milk other than breast milk, cheese or yogurt or other milk products; foods made from grains, roots, and tubers including porridge and fortified baby food from grains; fruits and vegetables rich in vitamin A; other fruits and vegetables; eggs; meat, poultry, fish, and shellfish (and organ meats); beans, peas, and nuts; and foods made with oil, fat, or butter.

**Table 11.6 Infant and young child feeding (IYCF) practices**

Percentage of youngest children age 6-23 months living with their mother who are fed according to three IYCF feeding practices based on number of food groups consumed and number of times fed during the day and night preceding the survey, by breastfeeding status and background characteristics, Swaziland 2006-07

Background characteristic	Among breastfed children 6-23 months, percentage fed:		Among non-breastfed children 6-23 months, percentage fed:		Among all children 6-23 months, percentage fed:			
	3+ food groups <sup>1</sup>	Number of breastfed children 5-23 months	Milk or milk products <sup>2</sup>	4+ food groups	Number of non-breastfed children 6-23 months	Breast milk or milk products	3+ or 4+ food groups <sup>3</sup>	Number of all children 6-23 months
<b>Age</b>								
6-8	52.6	128	92.9	(40.3)	29	98.7	50.4	157
9-11	77.2	114	80.9	*	21	97.1	72.8	135
12-17	81.7	188	74.8	66.6	72	93.0	77.5	260
18-23	87.2	82	53.8	62.3	133	71.4	71.8	216
<b>Sex</b>								
Male	74.3	267	71.5	60.8	131	90.7	69.9	398
Female	74.4	245	60.9	59.0	125	86.8	69.2	369
<b>Residence</b>								
Urban	81.7	107	79.7	61.8	46	93.9	75.7	153
Rural	72.4	405	63.4	59.5	209	87.5	68.0	615
<b>Region</b>								
Hhohho	72.4	140	55.7	53.5	61	86.6	66.7	201
Manzini	78.3	160	79.7	70.2	83	93.0	75.5	243
Shiselweni	66.1	102	74.0	55.9	60	90.4	62.3	163
Lubombo	78.8	110	47.9	55.3	51	83.6	71.4	160
<b>Mother's education</b>								
No education	(62.3)	46	20.7	*	11	84.5	56.2	57
Lower primary	(70.7)	48	44.2	*	21	83.0	67.3	69
Higher primary	73.0	153	58.5	44.1	63	87.9	64.6	215
Secondary	75.3	173	66.7	61.4	94	88.2	70.4	267
High school	82.9	77	84.4	(73.5)	49	94.0	79.3	125
Tertiary	*	16	97.8	*	17	(98.9)	(84.8)	34
<b>Wealth quintile</b>								
Lowest	67.3	119	62.7	53.9	53	88.5	63.2	171
Second	76.5	121	48.0	(56.3)	48	85.3	70.8	169
Middle	70.9	108	62.4	59.7	61	86.4	66.9	170
Fourth	78.9	90	72.0	(58.6)	45	90.7	72.2	135
Highest	81.5	73	88.2	71.4	49	95.3	77.5	122
Total	74.3	512	66.3	59.9	255	88.8	69.5	767

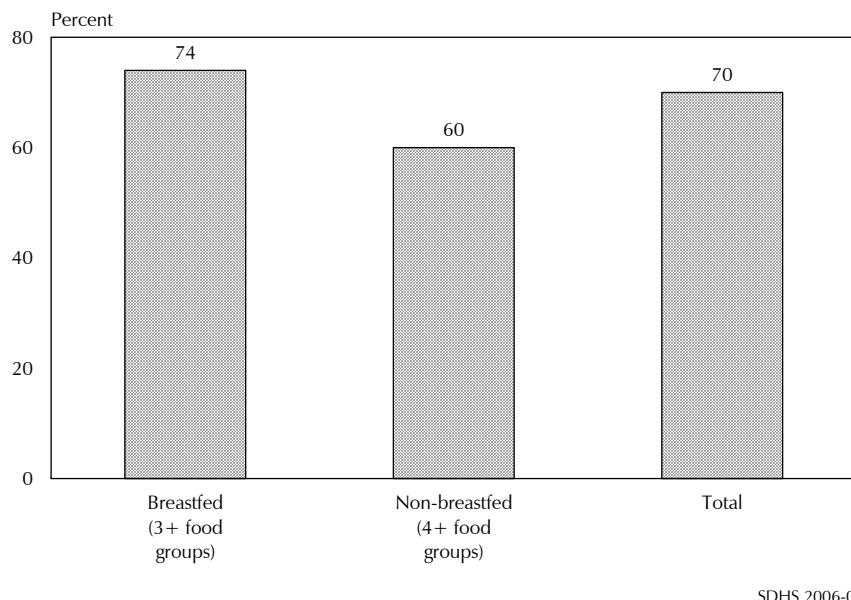
Note: Figures in parentheses are based on 25-49 unweighted children. An asterisk indicates that an estimate is based on fewer than 25 unweighted children and has been suppressed.

<sup>1</sup> Food groups: a) infant formula, milk other than breast milk, cheese or yogurt or other milk products; b) foods made from grains, roots, and tubers, including porridge, fortified baby food from grains; c) vitamin A-rich fruits and vegetables; d) other fruits and vegetables; e) eggs; f) meat, poultry, fish, and shellfish (and organ meats); g) legumes and nuts; h) foods made with oil, fat, butter

<sup>2</sup> Includes commercial infant formula, fresh, tinned and powdered animal milk, and cheese, yogurt, and other milk products

<sup>3</sup> 3+ food groups for breastfed children and 4+ food groups for non-breastfed children

**Figure 11.2 Percentage of Children Age 6-23 Months Who Received Food From the Recommended Minimum Number of Food Groups (Daily)**



## 11.6 USE OF IODIZED SALT

Iodine is an important micronutrient. Dietary deficiency of iodine constitutes a major, global public health concern. A lack of sufficient iodine is known to cause goitre, cretinism (a severe form of neurological defect), spontaneous abortion, premature birth, infertility, stillbirth, and increased child mortality. Iodine deficiency disorder (IDD) is the single most common cause of preventable mental retardation and brain damage in the world.

In the 2006-07 SDHS, a rapid test was used to determine the presence or absence of iodine in the salt used for cooking in the household. The test kit consisted of ampoules of a stabilized starch solution and a weak acid-based solution. A drop of the starch solution was squeezed onto a salt sample from the household. A change in colour indicated the presence of iodine.

Table 11.7 shows that salt was tested in 93 percent of the households sampled in the 2006-07 SDHS. The overall percentage of households using iodized salt is 80 percent. The largest differential in household use of iodized salt is between households in the lowest wealth quintiles and those in the highest wealth quintile (76 percent and 83 percent, respectively).

Table 11.7 Presence of iodized salt in household

Among all households, percentage tested for iodine content and percentage with no salt; and among households with salt tested, percent distribution by level of iodine in salt (parts per million or ppm), according to background characteristics, Swaziland 2006-07

Background characteristic	Among all households, the percentage		Number of households	Among households with salt tested, percent distribution by iodine level in salt			Number of households
	With salt tested	With no salt		None (0 ppm)	Inadequate (<15 ppm)	Adequate (15+ ppm)	
<b>Residence</b>							
Urban	93.1	6.9	1,565	3.0	15.3	81.7	100.0
Rural	93.1	6.9	3,278	2.4	18.5	79.1	100.0
<b>Region</b>							
Hhohho	95.1	4.9	1,370	1.8	14.8	83.4	100.0
Manzini	94.4	5.6	1,537	3.1	19.0	77.9	100.0
Shiselweni	90.1	9.9	931	3.3	16.8	79.9	100.0
Lubombo	91.2	8.8	1,005	2.3	19.5	78.2	100.0
<b>Wealth quintile</b>							
Lowest	89.6	10.4	824	2.9	20.8	76.3	100.0
Second	93.1	6.9	805	2.8	20.2	77.0	100.0
Middle	93.3	6.7	866	2.5	19.8	77.7	100.0
Fourth	93.3	6.7	1,064	2.5	15.0	82.5	100.0
Highest	95.1	4.9	1,284	2.5	14.2	83.3	100.0
Total	93.1	6.9	4,843	2.6	17.5	79.9	100.0
							4,509

## 11.7 PREVALENCE OF ANAEMIA IN CHILDREN

Anaemia, a low level of haemoglobin in the blood, decreases the amount of oxygen reaching the tissues and organs of the body and reduces their capacity to function. It is associated with impaired cognitive and motor development in children. Although there are many causes of anaemia, inadequate intake of iron, folate, vitamin B<sub>12</sub>, or other nutrients usually accounts for the majority of cases in most populations. However, malaria accounts for a significant proportion of anaemia in children under five in malaria-endemic areas. Other causes of anaemia include thalassemia, sickle cell disease, and intestinal worm infestation. Promotion of the use of insecticide-treated bednets and deworming medication every six months for children under age five are some of the important measures to reduce anaemia prevalence among children.

The procedures used in collecting information on anaemia levels among children, women, and men are described in Chapter 1. This section focuses on presenting the results for children from whom samples were obtained for haemoglobin measurement. Given that haemoglobin requirements differ substantially depending on altitude, the anaemia data have been adjusted for altitude using the formulas recommended by the U.S. Centres for Disease Control and Prevention (CDC, 1998).

### 11.7.1 Children Age 6-59 Months

Table 11.8.1 shows the percentage of children age 6-59 months classified as having anaemia, by background characteristics. Overall, 42 percent of children 6-59 months have some degree of anaemia. About one in five of these children are mildly anaemic, 19 percent have moderate anaemia, and less than 1 percent have severe anaemia. There is an association between the age of a child and the prevalence of anaemia. Children less than two years of age are affected more by anaemia, compared with children two

years and above. Severe anaemia, which has a serious effect on the health of an individual, is highest among children age 12-17 months (3 percent).

Boys were found to be anaemic slightly more often than girls (44 percent and 40 percent, respectively). The anaemia rate is higher among children living in urban areas (50 percent) than in rural areas (40 percent). Anaemia prevalence among children varies across regions, ranging from 38 percent in Lubombo to 45 percent in Manzini region. The variation in anaemia rates by mother's education and wealth quintile is not uniform; however, children whose mothers have tertiary education are markedly less likely to be anaemic than other children.

Table 11.8.1 Prevalence of anaemia in children 6-59 months

Percentage of children age 6-59 months classified as having anaemia, by background characteristics, Swaziland 2006-07

Background characteristic	Anaemia status by haemoglobin level				Number of children
	Mild (10.0-10.9 g/dl)	Moderate (7.0-9.9 g/dl)	Severe (below 7.0 g/dl)	Any anaemia	
<b>Age in months</b>					
6-8	31.6	32.1	1.4	65.2	148
9-11	33.2	35.2	0.9	69.3	145
12-17	24.0	36.4	3.1	63.6	318
18-23	24.9	38.7	1.3	64.9	266
24-35	23.9	18.1	0.6	42.6	564
36-47	17.6	7.4	0.2	25.2	590
48-59	16.7	7.9	0.0	24.6	650
<b>Sex</b>					
Male	22.3	20.4	0.7	43.5	1,325
Female	21.3	18.0	0.9	40.1	1,356
<b>Mother's interview status</b>					
Interviewed	22.6	20.8	0.9	44.3	1,883
Not interviewed but in household	27.8	24.4	0.0	52.2	68
Not interviewed, and not in the household <sup>1</sup>	19.2	14.7	0.6	34.5	730
<b>Residence</b>					
Urban	27.1	22.1	0.8	50.0	396
Rural	20.9	18.7	0.8	40.4	2,285
<b>Region</b>					
Hhohho	22.9	19.1	0.8	42.8	697
Manzini	24.1	20.1	0.9	45.1	774
Shiselweni	21.8	18.2	0.2	40.2	680
Lubombo	17.1	19.3	1.3	37.7	529
<b>Mother's education<sup>2</sup></b>					
No education	20.6	18.5	1.2	40.3	179
Lower primary	24.7	23.0	0.5	48.2	191
Higher primary	20.5	22.3	0.7	43.6	539
Secondary	23.5	22.0	1.3	46.8	649
High school	27.5	19.8	0.3	47.6	286
Tertiary	18.1	10.3	0.0	28.5	105
<b>Wealth quintile</b>					
Lowest	21.2	21.1	1.2	43.4	641
Second	21.6	16.5	0.7	38.7	647
Middle	21.0	22.3	0.7	44.0	533
Fourth	24.4	18.3	0.6	43.2	489
Highest	21.1	17.5	0.8	39.4	371
Total	21.8	19.2	0.8	41.8	2,681

Note: Table is based on children who slept in the household the night before the interview. Prevalence of anaemia, based on haemoglobin levels, is adjusted for altitude using CDC formulas (CDC, 1998). Haemoglobin is measured in grams per decilitre (g/dl). Total includes one child with information missing on mother's education.

<sup>1</sup> Includes children whose mothers are dead

<sup>2</sup> For women who were not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire

## 11.7.2 Children Age 5-11 and 12-14 Years

Tables 11.8.2 and 11.8.3 show the prevalence of anaemia in children 5-11 years. The proportion of children with some degree of anaemia is 18 percent, and less than 1 percent of children are severely anaemic. The national prevalence of anaemia among children 12-14 years is virtually identical to that among children age 5-11, and a majority of these children are mildly anaemic (17 percent).

Variations in the prevalence of anaemia by background characteristics among the children in these age groups are generally similar to those observed among children age 6-59 months.

Table 11.8.2 Prevalence of anaemia in children 5-11 years

Percentage of children age 5-11 years classified as having anaemia, by background characteristics, Swaziland 2006-07

Background characteristic	Anaemia status by haemoglobin level			Any anaemia (<12.5 g/dl)	Number of children
	Mild (10.5-11.4 g/dl)	Moderate (7.5-10.4 g/dl)	Severe (below 7.5 g/dl)		
<b>Sex</b>					
Male	12.7	6.0	0.6	19.2	1,018
Female	11.1	5.3	0.3	16.7	1,048
<b>Mother's interview status</b>					
Interviewed	11.7	4.9	0.6	17.3	1,078
Not interviewed but in household	10.8	6.9	0.0	17.6	81
Not interviewed, and not in the household <sup>1</sup>	12.2	6.4	0.2	18.8	907
<b>Residence</b>					
Urban	13.9	6.1	0.8	20.9	256
Rural	11.6	5.6	0.4	17.5	1,811
<b>Region</b>					
Hhohho	10.2	4.9	0.4	15.6	509
Manzini	14.1	5.8	0.4	20.2	551
Shiselweni	12.4	6.7	0.7	19.7	561
Lubombo	10.4	5.0	0.2	15.6	446
<b>Mother's education<sup>1</sup></b>					
No education	11.7	5.8	0.0	17.5	180
Lower primary	18.4	8.8	0.6	27.8	129
Higher primary	9.9	3.7	0.0	13.6	324
Secondary	11.4	3.7	0.4	15.4	286
High school	8.8	7.9	2.2	18.9	168
Tertiary	15.1	1.9	1.7	18.6	70
<b>Living arrangements</b>					
Living with both parents	13.2	5.2	0.2	18.6	397
Living with father/not mother	11.1	3.6	0.7	15.4	130
Living with mother/not father	10.8	5.1	0.8	16.6	756
Not living with either parent <sup>2</sup>	12.3	6.7	0.1	19.1	741

*Continued...*

Table 11.8.2—Continued

Background characteristic	Anaemia status by haemoglobin level (5-11)				Number of children
	Mild (10.5-11.4 g/dl)	Moderate (7.5-10.4 g/dl)	Severe (below 7.5 g/dl)	Any anaemia (<12.5 g/dl)	
<b>Orphanhood status</b>					
Both parents alive	12.3	5.8	0.4	18.5	1,551
Mother dead/ father alive	11.3	7.9	0.0	19.3	106
Father dead/ mother alive	10.3	3.9	0.6	14.9	334
Both parents dead	11.7	6.1	0.0	17.7	75
<b>OVC status</b>					
Orphan <sup>3</sup>	10.7	5.1	0.4	16.2	516
Vulnerable <sup>4</sup>	10.9	4.7	0.0	15.6	256
Orphan and vulnerable <sup>5</sup>	12.4	2.5	0.0	14.9	91
Neither orphan nor vulnerable	12.5	5.8	0.5	18.8	1,386
Total	11.9	5.6	0.4	17.9	2,067

Note: Table is based on children who slept in the household the night before the interview. Prevalence of anaemia is based on haemoglobin levels and is adjusted for altitude using CDC formulas (CDC, 1998). Haemoglobin is measured in grams per decilitre (g/dl). Total includes one child with information missing on mother's interview status, two children with information missing on mother's education and 42 children with information missing on living arrangements

<sup>1</sup> For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire

<sup>2</sup> Includes children whose mothers are dead

<sup>3</sup> Children with one or both parents dead

<sup>4</sup> Children who have a very sick parent, or who live in a household where an adult has been very sick, or has died in the past 12 months

<sup>5</sup> Children who are orphans and/or vulnerable

Table 11.8.3 Prevalence of anaemia in children 12-14 years

Percentage of children age 12-14 years classified as having anaemia, by background characteristics, Swaziland 2006-07

Background characteristic	Anaemia status by haemoglobin level (12-14)				Number of children
	Mild (10.0-11.9 g/dl)	Moderate (7.0-9.9 g/dl)	Severe (below 7.0 g/dl)	Any anaemia (<12.0 g/dl)	
<b>Sex</b>					
Male	15.0	0.9	0.2	16.1	421
Female	17.9	1.1	0.0	19.0	469
<b>Residence</b>					
Urban	16.5	1.3	0.0	17.8	91
Rural	16.5	1.0	0.1	17.6	798
<b>Region</b>					
Hhohho	14.9	1.2	0.0	16.1	228
Manzini	17.3	1.8	0.0	19.1	266
Shiselweni	18.9	0.6	0.0	19.5	227
Lubombo	14.4	0.0	0.5	15.0	169
<b>Mother's education<sup>1</sup></b>					
No education	13.3	0.0	0.0	13.3	80
Lower primary	18.4	1.9	0.0	20.3	67
Higher primary	15.6	1.0	0.0	16.6	136
Secondary	16.4	1.1	0.0	17.5	101
High school	(15.0)	(2.4)	(0.0)	(17.4)	48
Tertiary	(11.5)	(4.4)	(0.0)	(15.9)	26

Continued...

Table 11.8.3—Continued

Background characteristic	Anaemia status by haemoglobin level (12-14)				Number of children
	Mild (10.0-11.9 g/dl)	Moderate (7.0-9.9 g/dl)	Severe (below 7.0 g/dl)	Any anaemia (<12.0 g/dl)	
<b>Living arrangement</b>					
Living with both parents	12.9	1.8	0.0	14.7	151
Living with father/not mother	12.5	1.6	1.3	15.4	72
Living with mother/not father	16.6	0.7	0.0	17.3	309
Not living with either parent <sup>2</sup>	17.8	0.5	0.0	18.3	331
<b>Orphanhood status</b>					
Both parents alive	15.9	1.1	0.2	17.2	557
Mother dead/father alive	20.0	0.0	0.0	20.0	79
Father dead/mother alive	18.1	1.5	0.0	19.6	186
Both parents dead	13.3	0.0	0.0	13.3	68
<b>OVC status</b>					
Orphan <sup>3</sup>	17.6	0.8	0.0	18.4	333
Vulnerable <sup>4</sup>	20.1	0.0	0.0	20.1	110
Orphan and vulnerable <sup>5</sup>	(19.4)	(0.0)	(0.0)	(19.4)	51
Neither orphan nor vulnerable	15.3	1.2	0.2	16.8	499
Total	16.5	1.0	0.1	17.6	890

Note: Table is based on children who slept in the household the night before the interview. Prevalence of anaemia is based on haemoglobin levels and is adjusted for altitude using CDC formulas (CDC, 1998). Haemoglobin is measured in grams per decilitre (g/dl). Total includes six children with information missing on mother's education and 26 children with information missing on living arrangement.

<sup>1</sup> For women who were not interviewed, information is taken from the Household Questionnaire.  
Excludes children whose mothers are not listed in the Household Questionnaire.

<sup>2</sup> Includes children whose mothers are deceased

<sup>3</sup> Children with one or both parents dead

<sup>4</sup> Children who have a very sick parent, or who live in a household where an adult has been very sick, or has died in the past 12 months

<sup>5</sup> Children who are orphans and/or vulnerable

## 11.8 MICRONUTRIENT INTAKE AMONG CHILDREN

A serious contributor to childhood morbidity and mortality is micronutrient deficiency. Children can receive micronutrients from foods, food fortification, and direct supplementation. Table 11.9 looks at measures relating to intake of several key micronutrients among children.

### 11.8.1 Consumption of Vitamin A-rich and Iron-rich Foods

Both vitamin A and iron are important to a child's healthy development. Vitamin A is an essential micronutrient for the immune system and plays an important role in maintaining the epithelial tissue in the body. Severe vitamin A deficiency (VAD) can cause eye damage. VAD can also increase severity of infections such as measles and diarrhoeal diseases in children and slow recovery from illness. Vitamin A is found in breast milk, other milks, liver, eggs, fish, butter, red palm oil, mangoes, papayas, carrots, pumpkins, and dark green leafy vegetables. The liver can store an adequate amount of the vitamin for four to six months. Periodic dosing (usually every six months) of vitamin A supplements is one method of ensuring that children at risk do not develop VAD.

Iron is essential for cognitive development. Low iron intake also contributes to anaemia. Iron requirements are greatest between the ages of 6 and 11 months, when growth is extremely rapid.

Table 11.9 Micronutrient intake among children

Among youngest children age 6-35 months living with their mother, the percentage who consumed vitamin A-rich foods and iron-rich foods in the day and night preceding the survey; and among all children age 6-59 months, percentage given vitamin A supplements in the six months preceding the survey, percentage given iron supplements in the past seven days, percentage given deworming medication in the six months preceding the survey; and among all children age 6-59 months who live in households that were tested for iodized salt, percentage who live in households with adequately iodized salt, by background characteristics, Swaziland 2006-07

Background characteristic	Among youngest children age 6-35 months living with the mother:			Among all children age 6-59 months:			Among children age 6-59 months living in households tested for iodized salt	
	Percentage who consumed foods rich in vitamin A in past 24 hours <sup>1</sup>	Percentage who consumed foods rich in iron in past 24 hours <sup>2</sup>	Number of children	Percentage given vitamin A supplements in past 6 months	Percentage given iron supplements in past 7 days	Percentage given deworming medication in past 6 months <sup>3</sup>	Number of children	Percentage living in households with adequately iodized salt <sup>4</sup>
								Number of children
<b>Age in months</b>								
6-8	49.4	24.4	157	86.2	1.5	10.6	160	79.7
9-11	76.7	46.2	135	87.6	2.3	21.0	141	76.9
12-17	85.0	53.0	260	90.7	2.1	40.9	283	76.7
18-23	85.0	56.0	216	86.5	3.2	49.2	248	77.4
24-35	86.3	59.3	324	85.2	2.3	57.1	483	77.8
36-47	na	na	na	70.8	1.7	52.7	492	77.3
48-59	na	na	na	72.6	1.5	51.6	480	81.5
<b>Sex</b>								
Male	81.7	51.0	567	80.4	2.2	46.8	1,149	77.3
Female	76.5	50.0	524	80.6	1.8	46.5	1,138	79.4
<b>Breastfeeding status</b>								
Breastfeeding	76.2	45.8	525	90.3	2.2	29.4	539	77.8
Not breastfeeding	81.7	55.0	559	78.3	2.1	53.4	1,579	78.5
Missing	*	*	8	69.6	0.7	38.8	170	78.9
<b>Mother's age at birth</b>								
15-19	77.1	46.9	243	80.9	1.9	38.0	539	76.2
20-29	77.9	50.1	559	79.8	1.4	50.4	1,142	80.3
30-39	84.5	54.3	268	81.8	3.1	48.6	553	76.5
40-49	*	*	22	77.2	5.3	34.1	54	77.4
<b>Residence</b>								
Urban	80.5	60.4	209	75.8	1.7	58.5	494	76.3
Rural	78.9	48.2	883	81.8	2.1	43.4	1,793	78.9
<b>Region</b>								
Hhohho	83.7	52.7	278	83.2	2.4	50.8	622	84.3
Manzini	77.2	53.9	350	82.5	2.0	52.2	702	73.1
Shiselweni	77.1	46.6	251	80.1	1.9	40.2	500	77.5
Lubombo	79.2	46.7	213	74.2	1.7	39.7	463	78.8
<b>Mother's education</b>								
No education	78.4	45.9	81	71.2	1.7	29.8	199	78.5
Lower primary	84.1	41.6	98	79.2	0.6	34.4	207	76.1
Higher primary	74.8	44.3	299	82.6	2.4	40.3	606	79.7
Secondary	79.3	52.3	371	81.5	2.3	49.5	775	74.2
High school	81.6	57.1	180	82.5	1.9	57.0	353	83.2
Tertiary	86.2	70.6	63	76.0	1.9	72.8	150	85.8
<b>Wealth quintile</b>								
Lowest	75.1	36.1	245	81.1	1.5	33.3	456	75.6
Second	82.4	46.1	240	79.1	3.7	38.6	502	78.3
Middle	76.5	50.6	224	82.9	1.1	45.0	451	75.6
Fourth	78.3	56.8	198	83.7	2.1	55.0	429	81.9
Highest	85.0	68.7	184	76.0	1.5	62.9	449	80.4
Total	79.2	50.5	1,092	80.5	2.0	46.7	2,288	78.3
								2,161

Note: Information on vitamin A and iron supplements and deworming medication is based on mother's recall. An asterisk indicates that an estimate is based on fewer than 25 unweighted children and has been suppressed.

na = Not applicable

<sup>1</sup> Includes meat (and organ meat), fish, poultry, eggs, pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, dark green leafy vegetables, mango, papaya, and other locally grown fruits and vegetables that are rich in vitamin A

<sup>2</sup> Includes meat, (including organ meat)

<sup>3</sup> Deworming for intestinal parasites is commonly done for helminthes and for schistosomiasis.

<sup>4</sup> Salt containing 15 parts per million of iodine or more. Excludes children in households in which salt was not tested

The 2006-07 SDHS collected information from mothers on the consumption of foods rich in vitamin A and iron by children under three years. The data were collected for the youngest child under three years, with the reference period being the day and night preceding the interview. The results in Table 11.9 indicate that eight in ten children under three years receive foods rich in vitamin A, while half are getting foods rich in iron.

The largest variation in consumption of vitamin A-rich foods is by children's age. The proportion consuming fruits and vegetables rich in vitamin A increases rapidly with age, from 49 percent among children age 6-8 months to 85 percent among children age 12-17 months. Other differences in the consumption of foods rich in vitamin A across subgroups are typically modest, with between 75 and 85 percent of children in all subgroups consuming vitamin A-rich foods.

Differences in the consumption of foods rich in iron across the subgroups are typically larger than differences in the consumption of food rich in vitamin A (Table 11.9). By age, for example, the proportion consuming iron-rich foods ranges from 24 percent among children age 6-8 months to 59 percent among children age 24-35 months. Less than half of rural children consumed foods rich in iron compared with 60 percent of urban children. The proportion consuming iron-rich foods varies from 46 percent among children whose mothers never attended school to 71 percent among children whose mothers achieved a tertiary education. Similarly, the proportion of children consuming iron-rich foods increases markedly by wealth quintile, from 36 percent among children living in households in the lowest quintile to 69 percent among those in the highest quintile.

The 2006-07 SDHS also collected data on vitamin A and iron supplementation. As shown in Table 11.9, eight in ten children age 6-59 months received vitamin A supplements in the six months preceding the survey. The proportion receiving supplements peaks at 91 percent among children age 12-17 months before falling to around 70 percent among children age 36-59 months. Reflecting age differences, breastfeeding children (90 percent) are more likely to have received vitamin A supplements than non-breastfeeding children (78 percent). Rural children (82 percent) are slightly more likely than urban children (76 percent) to have received a supplement. Vitamin A supplementation is highest among children in Hhohho region (83 percent) and lowest among those in the Lubombo region (74 percent).

In contrast to the comparatively high level of vitamin A supplementation, only 2 percent of young children were reported as having received iron supplements in the seven days prior to the survey.

Infection with helminths or intestinal worms has been shown to have an adverse impact on the physical development of children and is associated with high levels of iron deficiency anaemia and other nutritional deficiencies (Awasthi et al., 2003). Regular treatment with deworming medications is a simple, cost-effective measure to address these infections. Table 11.9 shows that 47 percent of children age 6-59 months in Swaziland received deworming medication in the 6 months prior to the survey. The proportion of children who received the medication increases with children's age, from 11 percent among children age 6-8 months to a peak of 57 percent among children age 24-35 months. The proportion receiving medication is higher among urban children (59 percent) than rural children (43 percent). Around half of children in Manzini and Hhohho received deworming medication in the six months before the survey compared with around 40 percent of children in Lubombo and Shiselweni. The likelihood that a child has received deworming medication is directly related to the mother's level of education and the wealth quintile of the household.

Inadequate amounts of iodine in the diet are related to serious health risks for young children. The survey results show that 78 percent of children age 6-59 months live in households with adequately

iodized salt. Manzini had the lowest proportion of children living in households using adequately iodized salt (73 percent).

## 11.9 NUTRITIONAL STATUS OF WOMEN AND MEN

Anthropometric data on height and weight were collected for adults as well as for children in the 2006-07 SDHS. Using these data, two indicators of nutritional status are presented: the percentage of women age 15-49 with very short stature (less than 145 cm) and the body mass index (BMI) for women and men age 15-49. The body mass index (BMI), or the Quetelet index, is used to measure thinness and obesity. BMI is defined as weight in kilogrammes divided by height squared in metres ( $\text{kg}/\text{m}^2$ ). A cutoff point of 18.5 is used to define thinness or acute undernutrition, and a BMI of 25.0 or above usually indicates overweight or obesity.

Tables 11.10.1 and 11.10.2 present the mean values of the two indicators of nutritional status and the proportions of women and men falling into high-risk categories, by background characteristics. Respondents for whom there was no information on height and/or weight and for whom a BMI could not be estimated are excluded from this analysis. The height analysis is based on 4,855 women; the BMI analysis is based on 4,519 women and 3,969 men.

Table 11.10.1 Nutritional status of women

Among women age 15-49, the percentage with height under 145 cm, mean body mass index (BMI), and the percentage with specific BMI levels, by background characteristics, Swaziland 2006-07

Background characteristic	Body Mass Index <sup>1</sup>										
	Height		Mean Body Mass Index (BMI)	Thin			Overweight/obese				Number of women
	Percent-age below 145 cm	Number of women		Normal	18.5-24.9 (total normal)	<18.5 (total thin)	17.0-18.4 (mildly thin)	<17 (moderately and severely thin)	≥25.0 (total overweight or obese)	25.0-29.9 (over-weight)	
<b>Age</b>											
15-19	1.6	1,253	23.1	68.7	7.0	5.4	1.6	24.3	19.0	5.3	1,179
20-29	1.1	1,724	25.3	52.0	2.5	2.3	0.2	45.5	31.3	14.2	1,536
30-39	1.1	1,080	28.7	29.8	1.4	1.2	0.2	68.9	30.7	38.2	1,017
40-49	1.6	797	30.2	22.7	1.1	0.9	0.2	76.1	28.4	47.7	788
<b>Residence</b>											
Urban	0.8	1,269	26.9	41.5	3.0	2.5	0.6	55.5	28.0	27.6	1,183
Rural	1.5	3,585	26.2	47.9	3.2	2.6	0.6	48.8	27.3	21.6	3,336
<b>Region</b>											
Hhohho	1.1	1,299	26.8	46.1	2.0	1.8	0.2	52.0	28.4	23.6	1,209
Manzini	1.6	1,603	26.3	44.6	3.5	2.9	0.7	51.9	28.1	23.8	1,494
Shiselweni	1.0	1,013	26.3	47.0	3.6	3.1	0.5	49.4	26.5	22.9	945
Lubombo	1.3	940	26.1	48.5	3.7	2.7	1.0	47.8	26.1	21.7	870
<b>Education</b>											
No education	3.4	389	27.1	43.9	3.1	2.4	0.6	53.1	25.8	27.2	359
Lower primary	2.3	353	26.2	43.3	4.6	3.2	1.4	52.1	29.8	22.3	319
Higher primary	1.8	1,242	25.9	50.2	3.7	3.0	0.8	46.1	25.8	20.3	1,155
Secondary	0.8	1,649	26.3	47.5	2.8	2.2	0.6	49.7	27.1	22.6	1,544
High school	0.4	864	26.2	45.8	3.4	3.3	0.1	50.8	29.0	21.8	802
Tertiary	0.6	359	28.4	33.4	1.0	1.0	0.0	65.6	30.8	34.8	341
<b>Wealth quintile</b>											
Lowest	1.9	770	24.7	56.3	4.6	3.4	1.2	39.1	25.6	13.4	697
Second	1.4	841	25.6	50.5	3.9	3.1	0.8	45.6	27.5	18.1	778
Middle	1.6	946	26.3	48.7	2.9	2.7	0.2	48.4	26.5	21.8	885
Fourth	1.0	1,085	26.7	43.6	2.8	2.5	0.3	53.6	29.4	24.2	1,017
Highest	0.8	1,212	27.7	37.7	2.3	1.8	0.5	60.0	27.5	32.6	1,141
Total	1.3	4,855	26.4	46.2	3.2	2.6	0.6	50.6	27.5	23.1	4,519

Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilogrammes to the square of height in metres ( $\text{kg}/\text{m}^2$ ).

<sup>1</sup> Excludes pregnant women and women with a birth in the preceding 2 months

Table 11.10.1 shows that at the national level, 1 percent of women fall below the 145 cm cutoff point for height. There are only minor variations in this indicator across subgroups, with the highest level (3 percent) among women with no education.

The BMI results indicate that only a few women are too thin or malnourished (BMI <18.5). Overall, 3 percent of women age 15-49 are in this category, with less than 1 percent classified as moderately or severely thin (BMI <17). Somewhat surprising, the level of malnutrition among men is higher than that among women. Table 11.10.2 shows that 10 percent of men are assessed as too thin, and 3 percent are considered to be moderately or severely thin. Among both women and men, those age 15-19 and those in the lowest wealth quintile are most likely to be undernourished.

Table 11.10.2 Nutritional status of men

Among men age 15-49, mean body mass index (BMI), and the percentage with specific BMI levels, by background characteristics, Swaziland 2006-07

Background characteristic	Mean Body Mass Index (BMI)	Body Mass Index								Number of men	
		Normal		Thin			Overweight/obese				
		18.5-24.9 (total normal)	<18.5 (total thin)	17.0-18.4 (mildly thin)	<17 (moderately and severely thin)	≥25.0 (total overweight or obese)	25.0-29.9 (over-weight)	≥30.0 (obese)			
<b>Age</b>											
15-19	20.2	74.8	22.6	15.8	6.8	2.6	2.0	0.6	1,290		
20-29	22.5	81.7	4.0	3.6	0.5	14.2	12.2	2.1	1,430		
30-39	24.0	60.9	3.8	2.9	0.8	35.3	26.7	8.7	757		
40-49	24.5	56.3	4.5	3.1	1.4	39.2	28.8	10.5	493		
<b>Residence</b>											
Urban	23.4	66.3	6.4	4.8	1.6	27.4	19.5	7.8	1,110		
Rural	21.8	74.7	11.5	8.4	3.2	13.8	11.4	2.4	2,860		
<b>Region</b>											
Hhohho	22.4	70.5	9.5	6.9	2.7	19.9	15.6	4.4	1,056		
Manzini	22.5	73.4	8.3	6.1	2.2	18.4	13.7	4.6	1,275		
Shiselweni	21.7	74.1	12.8	9.6	3.3	13.0	10.8	2.2	814		
Lubombo	22.3	71.4	10.8	7.7	3.1	17.8	14.0	3.8	825		
<b>Education</b>											
No education	22.4	76.6	7.6	5.8	1.8	15.7	12.2	3.5	296		
Lower primary	21.4	73.5	15.1	10.3	4.7	11.5	10.8	0.7	448		
Higher primary	21.4	73.9	14.7	9.7	5.0	11.4	9.0	2.4	959		
Secondary	21.9	76.5	9.9	8.0	1.9	13.6	10.6	2.9	1,136		
High school	23.0	73.2	4.9	4.0	0.9	21.9	17.4	4.5	802		
Tertiary	25.3	46.1	5.2	3.7	1.4	48.7	33.9	14.8	328		
<b>Wealth quintile</b>											
Lowest	21.1	77.9	15.8	11.1	4.7	6.3	5.3	1.0	584		
Second	21.4	76.7	13.7	9.7	3.9	9.6	8.1	1.5	641		
Middle	21.7	76.1	11.1	8.3	2.8	12.8	11.3	1.5	824		
Fourth	22.4	74.8	7.2	5.0	2.2	18.1	15.4	2.7	893		
Highest	23.8	61.3	6.3	5.1	1.3	32.3	22.4	10.0	1,027		
Total 15-49	22.3	72.4	10.1	7.4	2.7	17.6	13.7	3.9	3,969		

Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilogrammes to the square of height in metres ( $\text{kg}/\text{m}^2$ ).

Looking at men and women at the other end of the BMI range, 14 percent of men are considered overweight (BMI 25-29.9), while 4 percent are classified as obese (BMI >30). Among women, 28 percent are overweight, while 23 percent are obese. Among both women and men, the proportion overweight or obese increases with age, peaking at 76 percent among women age 40-49 and 39 percent among men in the same age group. Regardless of gender, urban residents are more likely to be overweight or obese than their rural counterparts. Among both women and men, the likelihood of being overweight or obese is

directly related to household wealth quintile. For example, men in the highest wealth quintile are five times as likely to be overweight or obese as men in the lowest quintile.

## 11.10 FOODS CONSUMED BY MOTHERS

The quality and quantity of foods that mothers consume influences their health and that of their children, especially the health of breastfeeding children. The 2006-07 SDHS included questions on the type of foods consumed by mothers of children under age three during the day and night preceding the interview.

The results in Table 11.11 indicate that most mothers consume foods made from grains (95 percent) on a daily basis, somewhat more than seven in ten consume fruits/vegetables rich in vitamin A (74 percent) and foods made with oil/fat or butter (72 percent), and 57 percent consume meat/fish/shellfish or poultry/eggs. Thirty-seven percent eat fruits and vegetables not classified as rich in vitamin A, 34 percent eat foods made from legumes, 31 percent eat foods from roots/tubers, and 24 percent consume cheese or yogurt. Four in ten women eat some type of sugary food. Tea/coffee (60 percent) are the most commonly consumed beverages. Only 17 percent of women reported drinking milk.

Table 11.11 Foods consumed by mothers in the day and night preceding the interview

Among mothers age 15-49 with a child under three years living with the mother, the percentage who consumed specific types of foods in the day and night preceding the interview, by background characteristics, Swaziland 2006-07

Background characteristic	Solid or semi-solid foods												Number of women	
	Liquids			Foods made from grains	Foods made from roots/tubers	Foods made from legumes	Meat/fish/shellfish/poultry/eggs	Cheese/yogurt	Vitamin A-rich fruits/vegetables	Other fruits/vegetables	Other solid or semi-solid food	Foods made with oil/fat/butter		
	Milk	Tea/coffee	Other liquids											
<b>Age</b>														
15-19	17.7	58.8	44.3	97.0	28.9	35.7	55.7	22.7	75.9	29.2	45.7	75.8	43.1	198
20-29	16.5	61.6	58.1	94.8	33.1	32.8	59.0	24.3	72.2	37.1	50.8	72.3	41.1	733
30-39	18.3	57.6	50.5	94.3	29.1	36.9	55.0	23.9	77.1	39.4	50.9	70.1	38.8	368
40-49	24.0	50.4	62.0	95.8	30.4	35.7	54.1	27.0	76.7	43.7	53.2	63.3	28.0	53
<b>Residence</b>														
Urban	20.4	71.3	69.6	97.1	40.7	31.9	71.2	36.1	71.4	47.4	68.1	73.1	44.2	271
Rural	16.7	56.7	50.3	94.5	28.9	35.1	53.7	21.1	74.9	34.2	45.7	71.6	39.2	1,081
<b>Region</b>														
Hhohho	17.2	69.3	56.2	93.8	31.8	37.4	58.5	24.5	77.7	38.3	58.0	68.8	45.0	348
Manzini	17.6	64.8	52.8	96.0	33.6	31.0	62.3	29.5	73.7	42.9	54.3	79.8	40.2	429
Shiselweni	24.4	55.1	50.5	94.4	28.7	33.5	53.5	23.5	72.3	32.3	40.7	65.5	44.6	308
Lubombo	9.6	44.0	57.8	95.7	29.9	37.2	51.6	15.6	72.9	30.4	44.2	70.6	29.0	267
<b>Education</b>														
No education	7.3	33.6	48.0	93.1	19.9	32.3	51.5	10.0	69.4	29.3	46.7	54.9	29.9	114
Lower primary	14.6	45.8	39.1	91.2	19.2	38.3	42.5	9.5	79.7	21.0	38.2	70.1	26.5	114
Higher primary	14.1	52.6	49.8	94.4	25.2	37.0	52.0	20.4	70.3	34.5	43.6	70.8	40.4	360
Secondary	16.2	66.3	56.2	95.4	33.6	32.0	58.8	24.9	74.6	35.2	52.8	74.3	44.4	460
High school	22.8	70.8	61.4	97.6	39.4	35.1	66.0	30.9	76.9	47.4	56.3	74.5	40.2	232
Tertiary	45.4	79.0	73.2	96.0	57.8	32.8	76.2	60.2	82.0	61.2	70.5	83.4	51.2	72
<b>Wealth quintile</b>														
Lowest	14.1	35.1	48.1	94.6	19.6	33.9	41.4	15.0	73.8	29.6	32.7	69.8	29.1	304
Second	11.5	54.2	48.3	94.8	25.2	36.0	50.3	14.9	76.8	33.2	46.2	75.3	38.5	293
Middle	14.9	64.1	51.4	95.5	33.3	40.2	56.5	23.2	73.3	33.2	50.2	71.1	45.9	273
Fourth	22.6	74.7	55.5	95.8	36.5	32.3	67.0	29.9	70.1	40.6	59.5	68.1	44.5	258
Highest	27.0	77.2	71.8	94.2	46.7	28.6	77.2	42.8	77.4	51.5	68.2	75.7	45.7	224
Total	17.4	59.6	54.1	95.0	31.3	34.4	57.2	24.1	74.2	36.8	50.2	71.9	40.2	1,352

Note: Foods consumed in the past 24-hour period (yesterday and the past night).

<sup>1</sup> Includes pumpkin, carrots, red sweet potatoes; dark green leafy vegetables such as cassava leaves, spinach, okra, and blackjack and pumpkin leaves; fruits such as mangoes, papayas, oranges, and guavas

## 11.11 PREVALENCE OF ANAEMIA IN WOMEN AND MEN

The 2006-07 SDHS collected information on the prevalence of anaemia among women and men age 15 and older. The anaemia results for women and men age 15-49 are presented in Tables 11.12.1 and 11.12.2. Tables 11.12.3 and 11.12.4 present the anaemia results for women and men age 50 and older.

In these tables, women and men are classified into three groups based on the haemoglobin levels measured in the survey: mild anaemia (10.0-10.9 g/dl for pregnant women, 10.0-11.9 g/dl for non-pregnant women, and 12.0-12.9 g/dl for men), moderate anaemia (7.0-9.9 g/dl for women and 9.0-11.9 g/dl for men), and severe anaemia (less than 7.0 g/dl for women and less than 9.0 g/dl for men). Appropriate adjustments in these cutoff points were made for respondents living at altitudes above 1,000 metres and respondents who smoke because both of these groups require more haemoglobin in their blood (Centres for Disease Control and Prevention, 1998).<sup>2</sup>

Table 11.12.1 shows that, overall, 30 percent of women have some degree of anaemia, with the majority of these women classified as mildly anaemic (23 percent). Less than 1 percent were considered severely anaemic. Generally, differences in the levels of anaemia among women by background characteristics are small. However, pregnant women are more likely to be anaemic (40 percent) than women who are breastfeeding (29 percent) and women who are neither pregnant nor breastfeeding (30 percent). This could be as a result of the high demand of iron and folate during pregnancy.

**Table 11.12.1 Prevalence of anaemia in women age 15-49**

Percentage of women age 15-49 with anaemia, by background characteristics, Swaziland 2006-07

Background characteristic	Anaemia status by haemoglobin level			Any anaemia	Number of women
	Mild anaemia	Moderate anaemia	Severe anaemia		
<b>Age</b>					
15-19	21.9	6.1	0.2	28.2	1,207
20-29	23.7	7.8	0.2	31.7	1,622
30-39	23.0	9.0	0.3	32.3	1,014
40-49	20.2	7.8	0.6	28.6	756
<b>Number of children ever born</b>					
0	20.9	7.3	0.3	28.5	1,394
1	23.9	6.9	0.4	31.2	862
2-3	23.1	8.5	0.4	32.1	1,195
4-5	26.0	8.3	0.0	34.3	586
6+	19.3	6.9	0.2	26.3	562
<b>Maternity status</b>					
Pregnant	23.5	16.3	0.4	40.2	252
Breastfeeding	23.0	5.6	0.1	28.7	719
Neither	22.3	7.4	0.3	30.1	3,627
<b>Smoking status</b>					
Smokes cigarettes/tobacco	19.6	10.0	0.0	29.6	102
Does not smoke	22.6	7.6	0.3	30.4	4,496
<b>Residence</b>					
Urban	25.0	10.3	0.6	35.8	1,131
Rural	21.7	6.7	0.2	28.6	3,467
<b>Region</b>					
Hhohho	20.2	8.2	0.1	28.5	1,226
Manzini	24.2	8.7	0.5	33.3	1,505
Shiselweni	24.9	7.1	0.1	32.2	968
Lubombo	20.3	5.5	0.4	26.2	900
<b>Education</b>					
No education	22.8	8.5	0.1	31.3	381
Lower primary	22.4	6.3	0.1	28.8	344
Higher primary	22.0	7.3	0.4	29.7	1,209
Secondary	23.2	7.6	0.3	31.1	1,575
High school	23.8	8.5	0.2	32.4	790
Tertiary	17.3	7.2	0.8	25.2	300
<b>Wealth quintile</b>					
Lowest	21.4	5.1	0.1	26.7	753
Second	19.6	6.7	0.1	26.5	822
Middle	23.7	8.1	0.2	32.0	916
Fourth	24.1	8.7	0.4	33.2	1,025
Highest	23.0	8.5	0.5	32.0	1,082
Total 15-49	22.5	7.6	0.3	30.4	4,598

Note: Prevalence is adjusted for altitude and for smoking status if known using CDC formulas (CDC, 1998). Total includes one woman with information missing on smoking status

<sup>2</sup> Haemoglobin measurements that are not adjusted for the altitude of the enumeration area or the smoking status of the respondent yield a nearly imperceptible difference in the level of anaemia compared with the adjusted estimates (30.3 percent instead of 30.4 percent for women and 13.0 percent instead of 13.2 percent for men).

The results in Table 11.12.2 indicate that men age 15-49 are substantially less likely than women of the same age to be anaemic. At the national level, 13 percent of these men are anaemic, while less than 1 percent are severely anaemic. Variations in anaemia levels by background characteristics are generally small. However, rates tend to be substantially higher among men with less than a primary education compared with men with a high school or tertiary education.

Table 11.12.2 Prevalence of anaemia in men age 15-49

Percentage of men age 15-49 with anaemia, by background characteristics, Swaziland 2006-07

Background characteristic	Anaemia status by haemoglobin level			Any anaemia	Number of men
	Mild anaemia	Moderate anaemia	Severe anaemia		
<b>Age</b>					
15-19	11.1	5.1	0.2	16.3	1,243
20-29	5.1	3.1	0.3	8.4	1,284
30-39	8.3	6.8	0.9	16.0	669
40-49	7.0	5.9	1.2	14.1	445
<b>Smoking status</b>					
Smokes cigarettes/tobacco	7.0	5.2	1.2	13.4	602
Does not smoke	8.1	4.7	0.4	13.2	3,039
<b>Residence</b>					
Urban	6.7	4.3	0.4	11.4	952
Rural	8.4	5.0	0.5	13.8	2,689
<b>Region</b>					
Hhohho	7.3	4.3	0.4	12.0	963
Manzini	8.8	5.2	0.8	14.8	1,162
Shiselweni	7.7	5.0	0.2	12.9	752
Lubombo	7.7	4.5	0.4	12.6	765
<b>Highest educational level</b>					
No education	9.2	7.1	0.1	16.3	277
Lower primary	10.1	5.8	0.0	15.9	418
Higher primary	10.5	5.5	1.0	17.0	894
Secondary	8.0	4.1	0.3	12.5	1,058
High school	4.4	4.4	0.7	9.5	728
Tertiary	4.1	1.9	0.3	6.2	267
<b>Wealth quintile</b>					
Lowest	8.5	5.1	0.2	13.7	564
Second	7.3	5.5	0.7	13.5	600
Middle	10.7	4.7	0.4	15.8	772
Fourth	7.2	5.9	0.7	13.8	815
Highest	6.4	3.1	0.4	9.9	890
Total 15-49	7.9	4.8	0.5	13.2	3,642

Note: Prevalence is adjusted for altitude and for smoking status if known using CDC formulas (CDC, 1998). Total includes one man with information missing on smoking status

Tables 11.12.3 and 11.12.4 show the anaemia rates for women and men age 50 and older. The pattern is the reverse of that observed for women and men age 15-49. Men age 50 and older are more likely (31 percent) to have some degree of anaemia than women the same age (21 percent). Moreover, while none of the women age 50 and older have severe anaemia, 2 percent of men in this age category are severely anaemic. Interestingly, the prevalence of anaemia among older women tends to decline with age, while the level among men increases.

**Table 11.12.3 Prevalence of anaemia in women age 50 and older**

Percentage of women age 50+ with anaemia, by background characteristics, Swaziland 2006-07

Background characteristic	Anaemia status by Haemoglobin level			Number of women
	Mild anaemia	Moderate anaemia	Any anaemia	
<b>Age</b>				
50-54	21.5	3.7	25.1	151
55-59	16.8	0.9	17.7	100
60+	16.5	4.2	20.7	361
<b>Residence</b>				
Urban	17.1	2.8	19.9	75
Rural	17.9	3.6	21.5	537
<b>Region</b>				
Hhohho	14.3	4.8	19.1	149
Manzini	23.3	3.1	26.3	189
Shiselweni	12.9	2.5	15.4	177
Lubombo	21.4	4.3	25.7	96
<b>Education</b>				
No education	18.7	4.5	23.2	254
Lower primary	15.9	3.8	19.7	143
Higher primary	19.5	1.2	20.7	138
Secondary	16.8	4.0	20.9	53
High school	*	*	*	8
Tertiary	*	*	*	15
Total 50+	17.8	3.5	21.3	612

Note: Prevalence is adjusted for altitude and for smoking status if known using CDC formulas (CDC, 1998). An asterisk indicates that an estimate is based on fewer than 25 unweighted women and has been suppressed.

**Table 11.12.4 Prevalence of anaemia in men age 50 and older**

Percentage of men age 50+ with anaemia, by background characteristics, Swaziland 2006-07

Background characteristic	Anaemia status by haemoglobin level (Men 50+)				Number of men
	Mild (12.0-12.9 g/dl)	Moderate (9.0-11.9 g/dl)	Severe (below 9.0 g/dl)	Any anaemia (<13.0 g/dl)	
<b>Age</b>					
50-54	10.3	14.7	1.0	26.1	102
55-59	16.1	7.3	1.7	25.1	68
60+	18.3	14.2	2.0	34.6	223
<b>Residence</b>					
Urban	15.7	12.1	0.0	27.8	66
Rural	15.9	13.3	2.1	31.3	327
<b>Region</b>					
Hhohho	11.8	21.3	1.1	34.2	112
Manzini	19.5	12.5	2.1	34.0	125
Shiselweni	16.4	9.2	2.1	27.7	86
Lubombo	15.3	6.2	1.5	23.0	71
<b>Education</b>					
No education	13.6	14.8	1.4	29.8	156
Lower primary	16.9	15.2	2.6	34.7	73
Higher primary	17.0	13.9	1.5	32.4	77
Secondary	21.9	6.7	3.0	31.6	50
High school	*	*	*	*	11
Tertiary	(10.4)	(6.5)	(0.0)	(16.9)	25
Total 50+	15.9	13.1	1.7	30.7	393

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted men and has been suppressed.

## **11.12 MICRONUTRIENT INTAKE AMONG MOTHERS**

Adequate micronutrient intake by women has important benefits for both women and their children. Breastfeeding children benefit from micronutrient supplementation that mothers receive, especially vitamin A. Iron supplementation of women during pregnancy protects mother and infant against anaemia. It is estimated that one-fifth of perinatal mortality and one-tenth of maternal mortality are attributable to iron deficiency anaemia. Anaemia also results in an increased risk of premature delivery and low birth weight. Finally, iodine deficiency is also related to a number of adverse pregnancy outcomes.

Table 11.13 includes a number of measures that are useful in assessing the extent to which women are receiving adequate intake of vitamin A, iron during pregnancy, and iodine. The first indicators focus on the percentages of women with children under age three who reported that they consumed foods rich in vitamin A and iron during the 24-hour period prior to the interview. The results indicate that, in general, 88 percent of mothers with young children consume vitamin A-rich foods and 57 percent consume iron-rich foods on a daily basis. No major differences are apparent in the consumption of vitamin A-rich foods and iron-rich foods by age. Urban residents are more likely than rural residents to consume foods with these essential micronutrients, with the urban-rural differential being especially notable with respect to the consumption of iron-rich foods. The consumption of vitamin A-rich foods increases from 84 percent among mothers in households in the lowest wealth quintile to 94 percent among mothers in households in the highest wealth quintile. There is a similar pattern in the consumption of iron-rich foods, with the proportion consuming foods rich in iron increasing from 41 percent of mothers in the lowest wealth quintile to 77 percent among those in the highest wealth quintile.

Besides improving food intake, supplementation is an important strategy for addressing micronutrient deficiency. Postpartum supplementation with vitamin A is important to reduce the proportion of women experiencing night blindness. Overall, 44 percent of women who had a birth in five-years prior to the SDHS reported that they had received a vitamin A capsule in the two months following the birth of their last child. Night blindness affects a relatively small proportion of women in Swaziland. Table 11.13 shows that, while 8 percent of mothers reported having some difficulty in seeing at night during their last pregnancy, the majority of these women also had difficulty seeing in the daytime; the adjusted proportion of women suffering from night blindness during pregnancy is 2 percent.

Iron supplementation during pregnancy is important to avoid the problems iron deficiency poses for both the woman and her foetus. The SDHS results in Table 11.13 indicate that the majority of women receive iron supplements during pregnancy; seven in ten mothers of children born in the five-year period prior to the SDHS reported they took iron tablets or syrup during pregnancy. About one-third of the mothers took supplements for at least 90 days during their pregnancy.

Infection with intestinal worms is a common cause of iron deficiency anaemia in pregnant women. Thus, the provision of deworming medications can be important in reducing the risk of anaemia among pregnant women. Table 11.13 shows that only 10 percent of women who had a birth during the five years before the survey took deworming medications during their pregnancy. Younger mothers (15 percent) and mothers in the Shiselweni region (16 percent) were the most likely to have received deworming medication.

Finally, Table 11.13 shows that 78 percent of women with a child born in the five years preceding the SDHS were living in households with adequately iodized salt.

Table 11.13 Micronutrient intake among mothers

Among women age 15-49 with a child under age three years living with them, the percentage who consumed vitamin A-rich foods and iron-rich foods in the 24 hours preceding the survey; among women age 15-49 with a child born in the past five years, the percentage who received a vitamin A dose in the first two months after the birth of the last child; among mothers age 15-49 who during the pregnancy for the last child born in the five years prior to the survey, the percentage who suffered from night blindness, the percentage who took iron tablets or syrup for specific numbers of days, and the percentage who took deworming medication; and among women age 15-49 with a child born in the past five years, who live in households that were tested for iodized salt, the percentage who live in households with adequately iodized salt, by background characteristics, Swaziland 2006-07

Background characteristic	Among women with a child born in the past five years												Among women with a child born in the past five years, who live in households that were tested for iodized salt		
	Among women with a child under three years living with them				Percentage who suffered night blindness during pregnancy for last child								Per-cent-age of women who took deworming medica-tion during preg-nancy for last child		
	Per-cent-age who con-sumed vitamin A-rich foods	Per-cent-age who con-sumed iron-rich foods	Number of women	Per-cent-age who received vitamin A dose post-partum	Night blind-ness reported	Night blind-ness adjusted	None	<60	60-89	90+	Don't know/missing	Number of women	Per-cent-age living in house-holds with ade-quately iodized salt	Number of women	
<b>Age</b>															
15-19	87.7	55.7	198	49.7	7.7	0.8	10.6	25.4	8.5	36.2	19.3	14.6	232	77.7	219
20-29	86.6	59.0	733	43.8	7.6	2.1	9.4	30.6	5.9	34.4	19.7	9.5	1,142	78.6	1,082
30-39	89.3	55.0	368	41.3	9.0	1.3	11.3	31.8	5.7	30.7	20.5	10.8	612	79.2	577
40-49	87.7	54.1	53	40.8	11.7	3.4	7.8	34.4	6.2	34.1	17.5	9.0	149	75.2	143
<b>Residence</b>															
Urban	91.2	71.2	271	42.4	6.1	1.4	8.6	20.8	3.4	37.8	29.4	7.5	496	77.3	475
Rural	86.6	53.7	1,081	43.9	8.9	2.0	10.4	33.6	7.0	32.2	16.8	11.3	1,638	78.7	1,547
<b>Region</b>															
Hhohho	88.9	58.5	348	39.9	9.7	1.7	7.0	25.9	8.4	32.1	26.5	8.0	572	84.2	559
Manzini	87.4	62.3	429	44.7	7.8	1.5	8.5	21.2	6.6	45.9	17.7	8.5	668	73.9	636
Shiselweni	85.8	53.5	308	39.8	3.4	1.0	10.3	41.2	2.9	29.4	16.1	15.7	460	79.4	421
Lubombo	88.1	51.6	267	50.4	12.4	3.4	15.6	40.3	5.7	20.7	17.8	10.9	434	76.4	406
<b>Education</b>															
No education	85.5	51.5	114	48.4	15.6	5.2	14.6	32.3	5.1	26.0	22.0	12.4	178	76.9	170
Lower primary	87.8	42.5	114	48.2	11.3	1.0	14.1	31.0	4.1	35.5	15.2	14.1	177	77.3	166
Higher primary	84.3	52.0	360	42.2	8.2	2.0	12.5	32.1	7.0	30.1	18.4	10.8	550	79.8	522
Secondary	89.4	58.8	460	42.9	7.5	1.0	8.3	31.9	6.9	34.8	18.1	10.1	716	74.9	677
High school	87.2	66.0	232	41.0	5.9	1.8	8.0	29.3	5.6	35.4	21.7	7.6	374	81.5	352
Tertiary	95.7	76.2	72	46.4	6.3	2.1	2.2	19.9	4.2	42.5	31.3	10.7	140	85.7	135
<b>Wealth quintile</b>															
Lowest	83.7	41.4	304	42.6	10.0	3.0	13.5	36.2	5.4	29.8	15.2	13.4	400	76.2	366
Second	86.8	50.3	293	42.7	10.8	3.1	13.4	29.6	7.0	32.9	17.2	12.4	429	76.9	405
Middle	87.8	56.5	273	41.9	9.5	1.3	9.6	31.5	6.4	31.4	21.1	9.4	419	75.5	400
Fourth	87.1	67.0	258	46.2	4.7	0.4	7.5	32.7	6.7	36.8	16.3	9.7	436	81.0	414
Highest	93.9	77.2	224	44.1	6.6	1.4	6.2	23.9	5.3	36.3	28.4	7.4	449	81.8	436
Total	87.5	57.2	1,352	43.5	8.3	1.8	9.9	30.6	6.1	33.5	19.8	10.4	2,134	78.4	2,022

<sup>1</sup> Includes meat (and organ meat), fish, poultry, eggs, pumpkin, squash, carrots, red sweet potatoes, cassava leaves, spinach, okra, blackjack, pumpkin leaves, mangoes, paw paw, oranges, and guavas

<sup>2</sup> Includes meat (and organ meat), fish, poultry, eggs

<sup>3</sup> In the first two months after delivery

<sup>4</sup> Women who reported night blindness but did not report difficulty with vision during the day

<sup>5</sup> Deworming for intestinal parasites is commonly done for helminthes and for schistosomiasis

<sup>6</sup> Salt containing 15 ppm of iodine or more. Excludes women in households where salt was not tested.

*Africa Magongo*

The 2006-07 SDHS collected data to monitor several malaria control programme initiatives, particularly the possession and use of bednets and the coverage of indoor residual house spraying. In addition, the survey obtained information on the prevalence of male circumcision and attitudes concerning it, which has been shown in several recent studies to be related to lower rates of HIV transmission. Finally, the SDHS also included questions on a number of other important health-related issues including the level of awareness and stigma associated with tuberculosis, the prevalence of smoking and alcohol use, and the coverage of health insurance. This chapter considers the information obtained in the SDHS on these topics.

## **12.1 MALARIA**

Thirty percent of the population in Swaziland is estimated to be at risk of malaria and around 10,000 people are infected with malaria annually (Kunene, 2006). The distribution of malaria varies across the regions, with malaria prevalent in all of the Lubombo region, three-quarters of Manzini, and parts of Shiselweni and Hhohho. Malaria also varies seasonally, peaking in March and April during the rainy season.

The Swaziland government is committed to the control and prevention of malaria. Four interventions are outlined in the National Malaria Control Program (NMCP): 1) indoor residual spraying of houses; 2) clinical management of malaria cases; 3) distribution of insecticide-treated nets (ITNs) among pregnant women and children under five in the most affected areas; and 4) distribution of antimalarial drugs among pregnant women. As a means of providing information on these interventions, the 2006-07 SDHS household survey included questions on ownership of bednets, use of bednets by pregnant women and young children, prophylactic use of antimalarial drugs during pregnancy, and prompt treatment of fever among children under age five.

### **12.1.1 Ownership and Use of Mosquito Nets**

Significant advances have been made in the prevention of malaria through the use of insecticide-treated bednets (ITN). Pyrethroids, the chemicals currently used in many countries including Swaziland to treat bednets, mimic the insecticidal compounds of natural pyrethrum. Synthetic pyrethroids have low mammalian toxicity; are repellents, highly toxic to mosquitoes, and odorless; and have low volatility with long persistence. Use of treated bednets has been shown to significantly reduce malaria transmission.

The Government of Swaziland is committed to reaching the Abuja declaration of ensuring that 60 percent of communities have ITNs. To assess progress in achieving the goal, the NMCP had previously conducted periodic surveys to determine net coverage and usage in communities in the sentinel regions targeted through the Roll Back Malaria (RBM) campaign where nets were distributed. The SDHS results presented in Tables 12.1 through 12.3 provide information on ownership of bednets and on the use of the nets by young children and pregnant women for the country as a whole.

Table 12.1 shows the percentages of households owning various types of mosquito nets (treated or untreated) and the average number of nets per household by background characteristics. Overall, 6 percent of households owned some type of mosquito net. Two percent of households owned more than one net. Virtually all of the households with nets had an ever-treated net, i.e., a net that had been pretreated with insecticide or a non-pretreated net that the household had soaked in insecticide at least once. A somewhat smaller proportion of households (4 percent) owned an ITN. A net is considered to be an insecticide-treated net if it was: (1) a factory-treated net that does not require any further treatment; (2) a pretreated net obtained within the past 12 months; or (3) a net that has been soaked with insecticide within the past 12 months.

Table 12.1 Ownership of mosquito nets

Percentage of households with at least one and more than one mosquito net (treated or untreated), ever-treated mosquito net, and insecticide-treated net (ITN), and the average number of nets per household, by background characteristics, Swaziland 2006-07

Background characteristic	Any type of mosquito net			Ever-treated mosquito net <sup>1</sup>			Insecticide-treated mosquito nets (ITNs) <sup>2</sup>			Number of households
	Percent-age with at least one	Percent-age with more than one	Average number of nets per household	Percent-age with at least one	Percent-age with more than one	Average number of ever-treated nets per household	Percent-age with at least one	Percent-age with more than one	Average number of ITNs per household	
<b>Residence</b>										
Urban	4.9	1.5	0.1	4.7	1.3	0.1	3.2	0.9	0.0	1,565
Rural	6.7	1.8	0.1	6.5	1.7	0.1	5.0	1.3	0.1	3,278
<b>Region</b>										
Hhohho	2.4	0.8	0.0	2.4	0.8	0.0	1.6	0.7	0.0	1,370
Manzini	3.0	0.7	0.0	2.9	0.6	0.0	2.2	0.6	0.0	1,537
Shiselweni	3.0	0.7	0.0	3.0	0.7	0.0	2.5	0.7	0.0	931
Lubombo	18.8	5.3	0.2	17.9	5.0	0.2	13.2	3.1	0.2	1,005
<b>Wealth quintile</b>										
Lowest	9.0	2.8	0.1	8.7	2.8	0.1	7.3	2.4	0.1	824
Second	6.3	1.6	0.1	6.3	1.4	0.1	4.2	1.0	0.1	805
Middle	4.1	1.0	0.1	3.8	1.0	0.0	2.4	0.7	0.0	866
Fourth	4.3	1.2	0.1	4.1	1.0	0.1	3.5	0.9	0.0	1,064
Highest	6.9	1.9	0.1	6.7	1.8	0.1	4.7	1.1	0.1	1,284
Total	6.1	1.7	0.1	5.9	1.6	0.1	4.4	1.2	0.1	4,843

<sup>1</sup> An ever-treated net is a pretreated or a non-pretreated net which has subsequently been soaked with insecticide at any time.

<sup>2</sup> An insecticide-treated net (ITN) is 1) a factory-treated net that does not require any further treatment, 2) a pretreated net obtained within the past 12 months, or 3) a net that has been soaked with insecticide within the past 12 months.

Rural households are slightly more likely to own any type of mosquito net than urban households. The Lubombo region has the highest level of ownership of mosquito nets in all categories. Almost one fifth of households in Lubombo own some type of mosquito net; 18 percent have at least one ever-treated mosquito net, and 13 percent have an ITN. It should be noted that Lubombo has the sentinel sites where ITNs are being distributed by the NMCP as part of the RBM campaign.

Tables 12.2 and 12.3 provide information on the percentages of children under five years of age and of all women and pregnant women who slept under a mosquito net (treated or untreated) on the night before the survey, by background characteristics. Overall, net usage is quite low, with less than 1 percent of children and pregnant women sleeping under any type of net on the night before the survey. The Lubombo region has the highest proportions of net usage; however, even in this region, only 2 percent of children under age 5 and 3 percent of pregnant women slept under an ITN on the night before the survey.

Table 12.2 Use of mosquito nets by children

Percentage of children under five years of age who slept under a mosquito net (treated or untreated), an ever-treated mosquito net, and an insecticide-treated net (ITN) the night before the survey, by background characteristics, Swaziland 2006-07

Background characteristic	Percentage who slept under any net last night	Percentage who slept under an ever-treated net last night <sup>1</sup>	Percentage who slept under an ITN last night <sup>2</sup>	Number of children
<b>Age in months</b>				
<1	1.6	1.5	1.2	648
1	0.9	0.9	0.7	629
2	0.7	0.7	0.6	636
3	0.3	0.3	0.3	657
4	0.1	0.1	0.0	699
<b>Sex</b>				
Male	0.8	0.8	0.6	1,619
Female	0.6	0.6	0.5	1,649
<b>Residence</b>				
Urban	1.1	0.9	0.8	567
Rural	0.7	0.7	0.5	2,702
<b>Region</b>				
Hhohho	0.1	0.1	0.0	850
Manzini	0.4	0.3	0.3	972
Shiselweni	0.8	0.8	0.7	796
Lubombo	2.0	2.0	1.5	650
<b>Wealth quintile</b>				
Lowest	1.1	1.1	0.8	746
Second	0.5	0.5	0.3	757
Middle	0.6	0.6	0.4	642
Fourth	0.4	0.4	0.4	611
Highest	1.2	1.0	0.9	512
Total	0.7	0.7	0.6	3,268

<sup>1</sup> An ever-treated net is a pretreated or a non-pretreated net which has subsequently been soaked with insecticide at any time.

<sup>2</sup> An insecticide-treated net (ITN) is 1) a factory-treated net that does not require any further treatment, 2) a pretreated net obtained within the past 12 months, or 3) a net that has been soaked with insecticide within the past 12 months.

**Table 12.3 Use of mosquito nets by pregnant women**

Percentage of all women age 15-49 and pregnant women age 15-49 who slept under a mosquito net (treated or untreated), an ever-treated mosquito net, and an insecticide-treated net (ITN) the night before the survey, by background characteristics, Swaziland 2006-07

Background characteristic	Percentage of all women age 15-49 who				Percentage of pregnant women age 15-49 who			
	Slept under any net last night	Slept under an ever-treated net last night <sup>1</sup>	Slept under an ITN last night <sup>2</sup>	Number of women	Slept under any net last night	Slept under an ever-treated net last night <sup>1</sup>	Slept under an ITN last night <sup>2</sup>	Number of women
<b>Residence</b>								
Urban	0.7	0.6	0.5	1,464	0.8	0.8	0.8	78
Rural	0.3	0.3	0.2	4,040	1.0	1.0	1.0	218
<b>Region</b>								
Hhohho	0.1	0.1	0.0	1,478	0.0	0.0	0.0	74
Manzini	0.2	0.2	0.1	1,816	0.0	0.0	0.0	98
Shiselweni	0.2	0.2	0.2	1,143	1.5	1.5	1.5	63
Lubombo	1.2	1.1	1.0	1,067	3.0	3.0	3.0	61
<b>Education</b>								
No education	0.0	0.0	0.0	412	(0.0)	(0.0)	(0.0)	26
Lower primary	0.9	0.9	0.9	429	(4.4)	(4.4)	(4.4)	27
Higher primary	0.3	0.3	0.3	1,480	1.9	1.9	1.9	85
Secondary	0.3	0.3	0.2	1,841	0.0	0.0	0.0	89
High school	0.5	0.5	0.3	964	(0.0)	(0.0)	(0.0)	44
Tertiary	0.0	0.0	0.0	379	*	*	*	25
<b>Wealth quintile</b>								
Lowest	0.4	0.4	0.4	860	2.0	2.0	2.0	61
Second	0.3	0.3	0.0	948	0.0	0.0	0.0	56
Middle	0.3	0.3	0.3	1,072	0.0	0.0	0.0	53
Fourth	0.4	0.4	0.4	1,213	2.3	2.3	2.3	57
Highest	0.5	0.4	0.3	1,411	0.4	0.4	0.4	69
Total	0.4	0.4	0.3	5,503	0.9	0.9	0.9	296

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> An ever-treated net is a pretreated or a non-pretreated net which has subsequently been soaked with insecticide at any time.

<sup>2</sup> An insecticide-treated net (ITN) is 1) a factory-treated net that does not require any further treatment, 2) a pretreated net obtained within the past 12 months, or 3) a net that has been soaked with insecticide within the past 12 months.

### 12.1.2 Intermittent Preventive Treatment (IPT) by Women during Pregnancy

Malaria during pregnancy is common among women living in countries that are malaria endemic. It is a contributory factor to low birth weight, infant mortality, maternal anaemia, spontaneous abortion, and still birth. The NMCP in Swaziland recommends Intermittent Preventative Treatment (IPT) with chloroquine for pregnant women during antenatal visits as a prophylactic measure during the high malaria transmission period in high malaria areas. The National Malaria Control Program (NMCP) recommends that pregnant women in high malaria areas who come for antenatal care receive prophylactic treatment of an antimalaria drug, usually chloroquine, once at the beginning of the second trimester of pregnancy and once at the beginning of their last trimester.

Table 12.4 provides information on the percentages of women who took any antimalarial drugs for prevention, who took chloroquine, and who received two or more doses of chloroquine for the last live birth in the last two years preceding the survey by background characteristics. Overall, 7 percent of women with a live birth in the two years prior to the survey report that they took antimalarial drugs for prevention. Most women were not able to identify the drug they received. Less than 1 percent of women reported that they received two or more doses of chloroquine during pregnancy and, thus, were classified as receiving Intermittent Preventative Treatment.

Women in the Lubombo region were considerably more likely than women in other regions to have taken an antimalarial drug during pregnancy. Although they were the most likely to have used an antimalarial for prevention, less than 1 percent of women in the Lubombo region reported receiving chloroquine at least twice during pregnancy and were thus considered to have received IPT.

Table 12.4 Prophylactic use of antimalarial drugs and use of Intermittent Preventive Treatment (IPT) by women during pregnancy

Percentages of women who took any antimalarial drugs for prevention, who took chloroquine, and who received Intermittent Preventive Treatment (IPT) during the pregnancy for their last live birth in the two years preceding the survey, by background characteristics, Swaziland 2006-07

Background characteristic	Percentage who took any antimalarial drug	Chloroquine		Number of women with a live birth in the two years preceding the survey
		Percentage who took chloroquine	Percentage who took 2+ doses	
<b>Residence</b>				
Urban	5.2	1.6	1.2	253
Rural	7.5	0.7	0.3	910
<b>Region</b>				
Hhohho	2.6	0.4	0.0	312
Manzini	6.7	1.0	0.6	354
Shiselweni	5.6	0.0	0.0	247
Lubombo	14.5	2.2	1.4	250
<b>Education</b>				
No education	10.6	0.5	0.5	98
Lower primary	10.3	0.9	0.9	93
Higher primary	7.4	0.6	0.0	317
Secondary	6.3	1.1	0.7	400
High school	5.6	1.1	0.5	203
Tertiary	3.2	0.9	0.9	52
<b>Wealth quintile</b>				
Lowest	9.0	0.8	0.3	254
Second	5.2	0.7	0.7	243
Middle	4.1	0.5	0.0	247
Fourth	9.1	1.0	1.0	223
Highest	7.9	1.5	0.5	197
Total	7.0	0.9	0.5	1,163

IPT = Intermittent Preventive Treatment is preventive intermittent treatment with chloroquine during an antenatal care (ANC) visit.

### 12.1.3 Prompt Treatment of Fever in Children

Fever among children in malaria areas is mostly indicative of malaria. It is very important that children with symptoms of fever in such areas be treated promptly and symptomatically for malaria.

Table 12.5 shows the percentage of children under age five with fever in the two weeks preceding the survey, and among children with fever, the percentage who took antimalarial drugs, by background characteristics. More than a quarter (28 percent) of the children had had a fever in the two weeks preceding the survey. Fever was more prevalent among children in the Lubombo region than among children in other population subgroups. Most of these children with fever were not given an antimalarial drug to treat the fever. In interpreting these results, it should be noted that the SDHS fieldwork did not occur during the period of high malaria transmission.

Table 12.5 Prevalence and prompt treatment of fever

Percentage of children under age five with fever in the two weeks preceding the survey, and among children with fever, the percentage who took antimalarial drugs and the percentage who took the drugs the same or next day following the onset of fever, by background characteristics, Swaziland 2006-07

Background characteristic	Among children under age five:		Among children under age five with fever:	
	Percentage with fever in the two weeks preceding the survey	Number of children	Percentage who took antimalarial drugs	Number of children
<b>Age (in months)</b>				
<12	35.3	566	0.4	200
12-23	35.0	531	1.5	186
24-35	24.7	483	0.7	119
36-47	20.5	492	0.0	101
48-59	20.2	480	0.0	97
<b>Sex of preceding birth</b>				
Male	30.7	1,290	0.6	396
Female	24.3	1,263	0.6	307
<b>Residence</b>				
Urban	17.6	557	1.7	98
Rural	30.3	1,996	0.5	605
<b>Region</b>				
Hhohho	22.4	694	1.1	156
Manzini	22.0	784	0.0	173
Shiselweni	24.0	558	0.0	134
Lubombo	46.6	517	1.2	241
<b>Mother's education</b>				
No education	33.5	232	0.0	78
Lower primary	33.3	224	0.0	75
Higher primary	31.7	668	0.6	212
Secondary	24.8	865	1.6	214
High school	26.5	405	0.0	107
Tertiary	10.9	159	*	17
<b>Wealth quintile</b>				
Lowest	33.6	516	0.0	173
Second	31.8	556	0.5	177
Middle	25.6	501	0.0	128
Fourth	23.7	490	1.4	116
Highest	22.2	490	1.9	109
Total	27.5	2,553	0.6	703

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

#### 12.1.4 Indoor Residual Spraying

Indoor residual spraying is another component of efforts to control malaria transmission in Swaziland. To obtain information on the prevalence of indoor residual spraying, all households interviewed in the SDHS were asked if the interior walls of their dwelling had been sprayed against mosquitoes during the year before the survey and, if yes, who had sprayed the dwelling and how many months it had been since the dwelling had been sprayed.

Table 12.6 shows that 12 percent of households reported that the interior walls of their dwelling had been sprayed, principally as part of a government programme. Indoor spraying rates do not vary much by urban-rural residence. The prevalence of indoor spraying varies from just over 1 percent in Manzini and Shiselweni to 46 percent in Lubombo. Households in the lowest wealth quintile are most likely to report that their house had been sprayed within the year prior to the survey.

Table 12.6 Interior wall of dwelling sprayed against mosquitoes

Percentage of households reporting interior walls were sprayed against mosquitoes in the period 0-11 months prior to the survey, by the organisation or individual last spraying the walls, by background characteristics, Swaziland 2006

Background characteristics	Percentage of households reporting interior walls sprayed against mosquitoes	Percentage of households reporting interior walls sprayed by:				Number of households
		Government programme	Private company	Household member/other	Don't know/missing	
<b>Residence</b>						
Urban	10.6	7.5	2.3	0.3	0.5	1,565
Rural	12.4	11.4	0.5	0.2	0.3	3,278
<b>Region</b>						
Hhohho	5.9	5.1	0.5	0.2	0.1	1,370
Manzini	1.1	0.1	0.6	0.4	0.0	1,537
Shiselweni	1.4	1.4	0.0	0.0	0.0	931
Lubombo	45.8	40.6	3.5	0.2	1.5	1,005
<b>Wealth quintile</b>						
Lowest	19.5	18.2	0.8	0.0	0.5	824
Second	14.4	13.8	0.1	0.0	0.5	805
Middle	7.8	7.2	0.1	0.3	0.1	866
Fourth	7.5	6.8	0.3	0.2	0.2	1,064
Highest	11.4	7.5	3.0	0.6	0.4	1,284
Total	11.8	10.2	1.1	0.2	0.3	4,843

## 12.2 MALE CIRCUMCISION

Male circumcision involves the removal of some or all of the foreskin of the penis. Male circumcision is assumed to decrease the risk of HIV infection, in part because of physiological differences that reduce the susceptibility to HIV infection among circumcised men. Several recent studies in sub-Saharan Africa, including clinical trials conducted in South Africa, Kenya, and Uganda (Auvert et al., 2005; and NIAID, 2006), have documented that the protective effect of male circumcision may be significant.

In 2007, the Government of the Kingdom of Swaziland introduced a policy on male circumcision, which goal is to halt the spread of HIV infection to achieve an HIV-free generation in Swaziland. To meet this objective, male circumcision services, as part of the national comprehensive HIV prevention package, will be available to men of all ages. However, to maximize the public health benefit for HIV prevention, the primary targets of the services are men who are HIV-negative, age 15-24, and newborn babies.

The 2006-07 SDHS collected information on the prevalence of male circumcision and on attitudes relating to the practise. Table 12.7 provides information on the percentage of men age 15-49 circumcised according to selected background characteristics. The table also shows the percent distribution of circumcised men by the age when they were circumcised.

**Table 12.7 Male circumcision**

Percentage of men age 15-49 who are circumcised and percent distribution of men who are circumcised by age at circumcision, according to background characteristics, Swaziland 2006-07

Background characteristic	Percentage circumcised	Number of men	Circumcised men: age at circumcision				Total	Number of men circumcised	
			Below age 13	13-19 years old	20 or more years	Missing			
<b>Age</b>									
15-19	4.2	1,323	84.2	8.8	na	7.0	100.0	55	
20-24	6.5	886	74.9	9.1	12.3	3.7	100.0	58	
25-29	7.9	624	72.1	11.7	16.2	0.0	100.0	49	
30-34	9.9	431	(55.3)	(24.1)	(20.6)	(0.0)	100.0	43	
35-39	19.7	367	56.9	16.4	25.6	1.1	100.0	72	
40-44	12.5	269	(50.7)	(20.3)	(29.0)	(0.0)	100.0	34	
45-49	11.9	256	(38.9)	(7.4)	(50.0)	(3.6)	100.0	30	
<b>Residence</b>									
Urban	13.3	1,181	67.5	8.8	23.7	0.0	100.0	157	
Rural	6.2	2,975	61.3	18.1	16.4	4.3	100.0	184	
<b>Region</b>									
Hhohho	9.2	1,099	66.0	13.9	18.4	1.6	100.0	101	
Manzini	9.2	1,349	69.6	7.9	22.6	0.0	100.0	124	
Shiselweni	6.7	843	54.2	27.3	11.1	7.4	100.0	57	
Lubombo	6.9	865	58.9	13.3	24.4	3.4	100.0	59	
<b>Education</b>									
No education	10.0	316	(48.8)	(12.6)	(35.1)	(3.5)	100.0	32	
Lower primary	8.0	470	(61.7)	(19.2)	(14.3)	(4.8)	100.0	38	
Higher primary	6.7	980	65.2	14.7	13.9	6.1	100.0	66	
Secondary +	8.6	2,389	66.6	12.7	20.2	0.5	100.0	206	
<b>Wealth quintile</b>									
Lowest	5.5	601	(42.8)	(29.1)	(16.3)	(11.7)	100.0	33	
Second	6.3	665	(70.6)	(7.8)	(19.3)	(2.2)	100.0	42	
Middle	6.1	856	(69.6)	(16.9)	(11.4)	(2.1)	100.0	52	
Fourth	9.0	953	67.7	14.5	16.5	1.4	100.0	86	
Highest	11.9	1,081	62.8	10.2	26.4	0.6	100.0	128	
Total 15-49	8.2	4,156	64.1	13.8	19.8	2.3	100.0	341	

Note: Figures in parentheses are based on 25-49 unweighted cases.

na = Not applicable

Eight percent of men age 15-49 are circumcised. Older men are markedly more likely than younger men to have been circumcised, with the rate peaking at 20 percent among men age 35-39 years. Urban men (13 percent) are more than twice as likely to be circumcised compared with rural men (6 percent). The circumcision rate among men is slightly higher in the Hhohho and Manzini regions compared with the rate in Shiselweni and Lubombo. Twelve percent of men in the highest wealth quintile are circumcised compared with 6 percent of men in the bottom three wealth quintiles.

Slightly less than two-thirds of men who were circumcised were less than 13 years old when the circumcision was performed, 14 percent were circumcised between the ages of 13 and 19, and 20 percent were circumcised at age 20 or older. Older men typically report being circumcised at older ages than younger men.

Table 12.8 provides information on men age 15-49 who are not circumcised and who want to be circumcised in the future, according to background characteristics. Four in ten men age 15-49 who are not yet circumcised indicate that they are interested in being circumcised in the future. Looking at the variation with a man's age, the percentage interested in circumcision peaks at just over 50 percent among men age 25-34 years. Urban men are somewhat more likely than rural men to say they want to be circumcised (49 percent and 41 percent, respectively). Men from Shiselweni are noticeably less likely than men from the other regions to want to be circumcised. Men with a secondary or higher education and men in the fourth and fifth wealth quintiles are somewhat more likely to be interested in having a circumcision performed than more disadvantaged men.

Table 12.8 Desire to be circumcised

Distribution of men age 15-49 who are not circumcised by desire to be circumcised in the future, according to background characteristics, Swaziland 2006-07

Background characteristic	Desire to be circumcised					Number of uncircumcised men
	Want to be circumcised	Do not want to be	Don't know	Missing	Total	
<b>Age</b>						
15-19	36.1	61.4	2.5	0.0	100.0	1,268
20-24	45.2	51.6	3.2	0.0	100.0	828
25-29	51.7	45.5	2.5	0.2	100.0	574
30-34	51.3	46.1	2.5	0.1	100.0	388
35-39	46.0	49.9	3.6	0.4	100.0	295
40-44	39.8	58.2	2.0	0.0	100.0	235
45-49	37.6	57.1	5.3	0.0	100.0	226
<b>Residence</b>						
Urban	49.1	47.4	3.3	0.2	100.0	1,024
Rural	40.9	56.4	2.7	0.0	100.0	2,791
<b>Region</b>						
Hhohho	44.5	52.2	3.2	0.1	100.0	998
Manzini	46.4	50.1	3.5	0.0	100.0	1,224
Shiselweni	36.2	61.1	2.6	0.1	100.0	787
Lubombo	42.9	55.2	1.9	0.0	100.0	805
<b>Education</b>						
No education	36.5	59.6	3.8	0.0	100.0	285
Lower primary	35.6	60.6	3.8	0.0	100.0	432
Higher primary	37.4	60.0	2.6	0.0	100.0	915
Secondary +	47.8	49.4	2.7	0.1	100.0	2,183
<b>Wealth quintile</b>						
Lowest	35.8	62.2	2.1	0.0	100.0	569
Second	36.9	59.9	3.2	0.0	100.0	623
Middle	43.8	53.5	2.7	0.0	100.0	804
Fourth	46.8	50.0	3.2	0.1	100.0	866
Highest	47.5	49.2	3.1	0.2	100.0	952
Total 15-49	43.1	54.0	2.9	0.1	100.0	3,815

The SDHS also included several questions to ascertain the reasons men have for wanting and not wanting to be circumcised (data not shown in table). The majority of men who already are circumcised cite health/hygiene (74 percent) as the principal reason for the decision to be circumcised. Health/hygiene is also the factor motivating the vast majority of men who had not yet been circumcised but said they would like to have the procedure performed (96 percent). Men who do not want to be circumcised most often mention the pain (52 percent) involved in the procedure as the reason they do not want to be circumcised. Other reasons these men cited included concern about the physical changes involved in the procedure (11 percent), tradition/religion (10 percent), fear (6 percent), and older age (6 percent).

### **12.3 HEALTH INSURANCE COVERAGE**

Health insurance can enhance an individual's access to health care. Tables 12.9.1 and 12.9.2 show that only a small minority of women and men age 15-49 in Swaziland are covered by any type of health insurance. Men are somewhat more likely than women to have coverage (8 percent and 5 percent, respectively). Among men, health insurance coverage increases markedly with age while the pattern is less uniform among women. Among both women and men, coverage is most frequent for urban residents, those with a tertiary education, and those in the highest wealth quintile.

Table 12.9.1 Health insurance coverage: Women

Percentage of women age 15-49 with specific types of health insurance coverage, according to background characteristics, Swaziland 2006

Background characteristic	Employer-based	Self	Employer and self	Other	None	Number
<b>Age</b>						
15-19	0.8	0.9	0.3	1.2	96.8	1,274
20-24	0.9	1.0	0.3	0.5	97.3	1,046
25-29	0.2	1.1	0.5	0.3	97.8	729
30-34	2.2	2.6	2.3	0.6	92.5	616
35-39	2.4	2.5	3.6	0.3	91.2	503
40-44	1.3	2.1	1.6	0.4	94.5	438
45-49	1.4	3.3	1.4	0.1	93.7	383
<b>Residence</b>						
Urban	2.9	4.2	2.7	1.9	88.4	1,330
Rural	0.6	0.7	0.5	0.2	98.1	3,657
<b>Region</b>						
Hhohho	1.0	2.0	1.9	1.0	94.2	1,340
Manzini	1.3	2.6	1.4	0.4	94.3	1,647
Shiselweni	0.4	0.2	0.2	0.1	99.1	1,033
Lubombo	2.1	0.9	0.4	1.1	95.5	966
<b>Education</b>						
No education	0.4	0.4	0.0	0.0	99.2	402
Lower primary	0.8	0.0	0.3	0.1	98.8	360
Higher primary	0.8	0.2	0.3	0.0	98.7	1,268
Secondary	0.9	1.2	0.4	0.5	96.9	1,693
High school	1.6	1.8	1.7	1.5	93.5	894
Tertiary	3.9	10.7	7.3	2.3	75.7	370
<b>Wealth quintile</b>						
Lowest	0.2	0.2	0.1	0.0	99.5	785
Second	0.0	0.3	0.0	0.0	99.7	862
Middle	0.4	0.3	0.1	0.5	98.7	968
Fourth	0.9	0.9	0.5	0.1	97.7	1,111
Highest	3.4	5.0	3.7	2.1	85.9	1,262
Total	1.2	1.6	1.1	0.6	95.5	4,987

**Table 12.9.2 Health insurance coverage: Men**

Percentage of men age 15-49 with specific types of health insurance coverage, according to background characteristics, Swaziland 2006

Background characteristic	Employer-based	Self	Employer and self	Other	None	Number
<b>Age</b>						
15-19	0.4	0.7	0.0	2.6	96.3	1,323
20-24	1.2	0.9	0.4	2.7	94.8	886
25-29	6.1	1.3	1.2	0.9	90.5	624
30-34	5.4	0.8	1.0	1.5	91.3	431
35-39	7.4	2.2	4.1	0.8	85.6	367
40-44	11.2	1.9	3.0	2.8	81.1	269
45-49	8.7	3.6	3.5	1.3	82.9	256
<b>Residence</b>						
Urban	9.1	2.7	2.7	4.4	81.1	1,181
Rural	1.7	0.6	0.5	1.1	96.1	2,975
<b>Region</b>						
Hhohho	4.2	1.3	1.3	1.6	91.7	1,099
Manzini	2.8	1.7	1.2	3.4	90.8	1,349
Shiselweni	1.2	0.5	0.7	0.2	97.4	843
Lubombo	7.4	1.1	1.3	2.1	88.1	865
<b>Education</b>						
No education	5.0	0.9	0.8	0.0	93.3	316
Lower primary	2.6	0.3	0.2	0.4	96.5	470
Higher primary	2.8	0.6	0.4	0.6	95.7	980
Secondary	2.6	0.8	0.3	2.4	93.9	1,191
High school	4.6	1.5	1.2	3.0	89.7	852
Tertiary	9.1	5.5	7.8	6.2	71.3	347
<b>Wealth quintile</b>						
Lowest	0.9	0.5	0.0	0.7	97.9	601
Second	0.9	0.0	0.3	0.3	98.5	665
Middle	1.8	0.4	0.5	0.6	96.7	856
Fourth	4.1	0.8	0.3	1.2	93.6	953
Highest	8.5	3.4	3.5	5.7	78.9	1,081
Total 15-49	3.8	1.2	1.1	2.0	91.8	4,156

## 12.4 KNOWLEDGE AND ATTITUDES TOWARDS TUBERCULOSIS

Tuberculosis (TB) is considered to be among the top public health problems in Swaziland. The SDHS obtained information from respondents about whether they had heard about TB and, if so, how it was transmitted. Respondents who knew about TB were also asked if they believed it could be cured. In addition, to assess attitudes toward the illness, respondents knowing about TB were questioned about whether or not they would want to keep it secret if a family member had TB.

According to the results in Tables 12.10.1 and 12.10.2, virtually all women and men age 15-49 in Swaziland have heard about TB. Around eight in ten women and men who had heard of TB also correctly identify that TB can be spread through the air when an infected individual coughs or sneezes. Among those knowing about TB, 91 percent of women and 87 percent of men believe it can be cured. Regardless of their sex, urban residents are somewhat more knowledgeable than rural residents about the way TB is transmitted and the fact that TB is curable. Knowledge levels tend to rise with education and wealth among both women and men.

The SDHS also found that relatively little stigma is attached to TB, as evidenced by the fact that if a family member had TB, only one in ten women and men say they would prefer to keep it a secret. There was little variation in this percentage by background characteristics.

**Table 12.10.1 Knowledge and attitudes concerning tuberculosis: Women**

Percentage of women age 15-49 who have heard of tuberculosis (TB), and among women who have heard of TB, the percentage who know that TB is spread through the air by coughing, the percentage who believe that TB can be cured, and the percentage who would want to keep secret that a family member has TB, by background characteristics, Swaziland 2006

Background characteristic	Among respondents who have heard of TB					
	Among all respondents		Percentage who report that TB is spread through the air by coughing	Percentage who believe that TB can be cured	Percentage who would want a family member's TB kept secret	Number
	Percentage who have heard of TB	Number				
<b>Age</b>						
15-19	95.9	1,274	80.2	81.1	17.0	1,221
20-24	98.3	1,046	81.9	92.4	9.1	1,028
25-29	98.6	729	84.9	94.2	8.1	719
30-34	98.2	616	86.9	96.3	6.4	605
35-39	98.3	503	83.1	94.2	9.4	494
40-44	98.6	438	82.4	94.3	5.1	432
45-49	97.2	383	77.5	94.5	7.8	372
<b>Residence</b>						
Urban	98.7	1,330	87.2	93.4	8.3	1,312
Rural	97.3	3,657	80.6	89.9	10.9	3,558
<b>Region</b>						
Hhohho	97.7	1,340	83.7	91.2	11.3	1,310
Manzini	97.6	1,647	86.3	91.9	9.1	1,608
Shiselweni	97.8	1,033	79.7	89.8	10.7	1,011
Lubombo	97.5	966	76.8	89.5	9.9	942
<b>Education</b>						
No education	95.2	402	64.2	85.6	11.5	383
Lower primary	92.7	360	69.3	86.2	13.4	333
Higher primary	97.2	1,268	78.3	88.9	14.0	1,233
Secondary	98.4	1,693	85.9	90.5	9.6	1,665
High school	99.6	894	89.3	95.6	6.6	891
Tertiary	98.9	370	94.3	96.6	4.7	366
<b>Wealth quintile</b>						
Lowest	95.5	785	70.8	87.1	13.3	749
Second	96.4	862	78.0	89.7	10.9	831
Middle	98.2	968	83.7	91.4	10.1	951
Fourth	98.3	1,111	85.2	91.2	10.0	1,092
Highest	98.9	1,262	88.8	93.0	8.0	1,248
Total	97.7	4,987	82.4	90.8	10.2	4,871

Table 12.10.2 Knowledge and attitudes concerning tuberculosis: Men

Percentage of men age 15-49 who have heard of tuberculosis (TB), and among men who have heard of TB, the percentage who know that TB is spread through the air by coughing, the percentage who believe that TB can be cured, and the percentage who would want to keep secret that a family member has TB, by background characteristics, Swaziland 2006

Background characteristic	Among respondents who have heard of TB:					
	Among all respondents		Percentage who report that TB is spread through the air by coughing	Percentage who believe that TB can be cured	Percentage who would want a family member's TB kept secret	Number
	Percentage who have heard of TB	Number				
<b>Age</b>						
15-19	96.7	1,323	79.1	75.5	16.2	1,279
20-24	98.0	886	80.4	87.7	9.7	869
25-29	98.9	624	80.6	92.2	7.6	617
30-34	98.4	431	80.2	95.0	5.6	424
35-39	98.3	367	80.3	94.7	4.5	361
40-44	99.3	269	74.7	92.3	7.3	267
45-49	99.7	256	68.7	95.0	6.4	255
<b>Residence</b>						
Urban	98.7	1,181	83.7	90.8	8.1	1,166
Rural	97.7	2,975	76.9	85.0	11.0	2,906
<b>Region</b>						
Hhohho	98.4	1,099	79.6	90.3	8.7	1,082
Manzini	98.5	1,349	80.6	84.1	9.6	1,328
Shiselweni	97.1	843	77.8	85.3	11.0	819
Lubombo	97.5	865	76.2	87.5	12.2	843
<b>Education</b>						
No education	95.2	316	52.7	82.7	10.9	301
Lower primary	95.1	470	61.1	79.5	14.9	447
Higher primary	97.1	980	73.9	80.6	12.8	952
Secondary	99.0	1,191	84.1	87.4	9.4	1,179
High school	99.6	852	89.3	93.3	7.3	848
Tertiary	99.5	347	94.7	98.0	6.0	345
<b>Wealth quintile</b>						
Lowest	96.2	601	66.5	84.9	12.1	578
Second	97.8	665	74.7	82.6	12.0	651
Middle	97.7	856	78.1	84.5	11.5	836
Fourth	97.8	953	80.0	86.7	10.5	932
Highest	99.4	1,081	87.6	91.9	6.6	1,075
Total 15-49	98.0	4,156	78.9	86.7	10.2	4,072

## 12.5 USE OF TOBACCO

The use of tobacco negatively affects a person's health. Moreover, even if an individual does not smoke tobacco but other household members do within the home, all members of the household are exposed to second-hand tobacco smoke or "environmental" tobacco smoke (ETS). ETS contributes to a number of adverse health effects including increased risk of respiratory and cardiovascular illnesses, especially for young children (WHO, 1999).

The 2006-07 SDHS collected information on women's and men's use of tobacco. Table 12.10 presents these findings.

Overall, 2 percent of women age 15-49 smoke cigarettes or use some form of tobacco, compared with 22 percent of men. The small number of women who reported tobacco use were as likely to use some other form of tobacco as to smoke cigarettes. Among men, 14 percent smoke cigarettes and 8 percent use other forms of tobacco. Among men who smoke cigarettes, 24 percent smoked 1-2 cigarettes in the 24 hours preceding the survey, 35 percent smoked 3-5 cigarettes, and 31 percent smoked 6 or more cigarettes (data not shown).

Table 12.11 shows that, among women, tobacco use increases with age, although even among women age 40-49, only 6 percent report tobacco use. Tobacco use also rises with age among men, with the age differential being more pronounced among men than women. Around one-third of men age 35-49 use tobacco compared with 3 percent of men age 15-19. Tobacco use does not vary by urban-rural residence. For both women and men, use is highest among those with no education and those in the lowest wealth quintile.

**Table 12.11 Use of tobacco**

Percentage of women and men age 15-49 who smoke cigarettes or a pipe or use other tobacco products, according to background characteristics and maternity status, Swaziland 2006

Background characteristic	Women				Men				Number of men
	Cigarettes	Pipe	Other tobacco	Does not use tobacco	Number of women	Cigarettes	Pipe	Other tobacco	
<b>Age</b>									
15-19	0.3	0.0	0.2	99.6	1,274	2.2	0.2	1.3	97.3 1,323
20-24	1.2	0.2	0.3	98.6	1,046	12.6	1.1	5.7	85.7 886
25-29	0.9	0.1	0.6	98.4	729	17.1	1.5	8.8	79.3 624
30-34	1.6	0.0	0.9	97.6	616	22.6	2.0	11.8	72.5 431
35-39	2.1	0.0	1.5	96.7	503	26.4	2.3	11.6	68.4 367
40-44	1.8	0.0	3.6	94.4	438	25.5	1.9	12.2	68.2 269
45-49	1.4	0.0	4.4	94.3	383	25.5	5.3	9.6	69.0 256
<b>Maternity status</b>									
Pregnant	1.3	0.0	0.6	98.0	279	na	na	na	na
Breastfeeding (not pregnant)	0.3	0.0	0.3	99.2	766	na	na	na	na
Neither	1.3	0.1	1.3	97.5	3,942	na	na	na	na
<b>Residence</b>									
Urban	2.2	0.1	0.3	97.7	1,330	15.0	0.8	6.4	83.0 1,181
Rural	0.7	0.0	1.4	97.9	3,657	13.4	1.6	6.7	83.5 2,975
<b>Region</b>									
Hhohho	1.7	0.1	0.9	97.5	1,340	15.8	1.1	7.4	81.4 1,099
Manzini	1.2	0.1	0.6	98.3	1,647	14.4	2.1	5.5	83.6 1,349
Shiselweni	0.5	0.0	2.0	97.5	1,033	11.1	1.4	6.0	85.5 843
Lubombo	0.9	0.0	1.4	97.8	966	13.1	0.6	7.8	83.4 865
<b>Education</b>									
No education	1.9	0.0	5.8	92.3	402	24.1	4.0	12.4	69.7 316
Lower primary	1.0	0.0	2.8	96.3	360	14.6	1.7	10.6	79.2 470
Higher primary	0.7	0.1	1.0	98.2	1,268	12.4	2.0	7.7	83.9 980
Secondary	0.8	0.0	0.4	98.9	1,693	12.1	0.6	5.1	86.4 1,191
High school	1.4	0.1	0.2	98.4	894	13.1	0.9	5.1	85.4 852
Tertiary	2.5	0.0	0.0	97.5	370	15.1	0.5	1.4	84.6 347
<b>Wealth quintile</b>									
Lowest	0.7	0.0	2.6	96.7	785	17.2	1.6	12.9	76.7 601
Second	1.0	0.0	1.1	97.7	862	13.2	1.5	7.4	83.5 665
Middle	0.7	0.0	1.3	98.1	968	14.1	1.8	6.9	82.6 856
Fourth	1.1	0.0	0.6	98.5	1,111	13.6	1.4	5.0	84.6 953
Highest	1.9	0.2	0.5	97.7	1,262	12.3	0.7	3.7	86.5 1,081
Total	1.1	0.1	1.1	97.8	4,987	13.8	1.4	6.6	83.4 4,156

na = Not applicable

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## 13.1 INTRODUCTION

Acquired Immune Deficiency Syndrome (AIDS) is caused by a human immunodeficiency virus (HIV) that weakens the immune system, making the body susceptible to and unable to recover from other opportunistic diseases that lead to death. The predominant mode of HIV transmission is through heterosexual contact, followed by perinatal transmission, in which the mother passes the virus to the child during pregnancy, delivery, or breastfeeding. Other modes of transmission are through infected blood, unsafe injections, and various skin-piercing practices.

The future course of Swaziland's AIDS epidemic depends on a number of variables including levels of HIV/AIDS-related knowledge in the general population; social stigmatisation; risk behaviour modification; access to high-quality services for sexually transmitted infections (STI); provision and uptake of HIV testing and counselling; and access to care and antiretroviral therapy (ART), including prevention and treatment of opportunistic infections. The principal objective of this chapter is to establish the prevalence of relevant knowledge, perceptions, and behaviours at the national level and also within geographic and socioeconomic subpopulations. In this way, prevention programmes can target those groups of individuals most in need of information and most at risk of HIV infection.

In this chapter, indicators for HIV/AIDS knowledge, attitudes, and behaviour are presented for the general adult population, including women and men age 15-49 and those age 50 and over. The chapter then focuses on HIV/AIDS knowledge and patterns of sexual activity among young people, as they are the main target of many HIV prevention efforts.

## 13.2 HIV/AIDS KNOWLEDGE, TRANSMISSION, AND PREVENTION

### 13.2.1 Awareness of HIV and AIDS

SDHS respondents were asked whether they had heard of HIV or AIDS. Those who reported having heard of HIV or AIDS were asked a number of questions about whether and how HIV/AIDS could be avoided.

Table 13.1 shows that knowledge of AIDS in Swaziland is universal. Practically all women and men age 15-49 have heard about AIDS. Among older adults age 50 and over, 96 percent women and 97 percent of men have heard about AIDS. The results show that there are almost no differences in knowledge of AIDS by age, marital status, urban-rural residence, region, education level, or wealth index.

**Table 13.1 Knowledge of AIDS**

Percentage of women and men age 15-49 who have heard of AIDS by background characteristics and percentage of women and men age 50 and over who have heard of AIDS, Swaziland 2006-07

Background characteristic	Women		Men	
	Has heard of AIDS	Number of women	Has heard of AIDS	Number of men
<b>Age</b>				
15-24	99.8	2,320	99.0	2,209
15-19	99.8	1,274	98.6	1,323
20-24	99.9	1,046	99.6	886
25-29	99.8	729	99.5	624
30-39	99.6	1,118	99.8	798
40-49	99.6	820	99.8	525
<b>Marital status</b>				
Never married	99.9	2,487	99.1	2,734
Ever had sex	100.0	1,607	99.6	1,458
Never had sex	99.7	880	98.6	1,276
Married/living together	99.6	2,062	99.7	1,219
Divorced/separated/widowed	100.0	438	100.0	203
<b>Residence</b>				
Urban	100.0	1,330	99.6	1,181
Rural	99.7	3,657	99.2	2,975
<b>Region</b>				
Hhohho	99.9	1,340	99.7	1,099
Manzini	99.7	1,647	99.5	1,349
Shiselweni	99.7	1,033	99.2	843
Lubombo	99.8	966	98.8	865
<b>Education</b>				
No education	98.6	402	97.8	316
Lower primary	99.3	360	97.5	470
Higher primary	99.8	1,268	99.3	980
Secondary	99.9	1,693	99.8	1,191
High school	100.0	894	100.0	852
Tertiary	100.0	370	99.9	347
<b>Wealth quintile</b>				
Lowest	99.0	785	98.5	601
Second	99.9	862	99.5	665
Middle	99.9	968	98.8	856
Fourth	99.9	1,111	99.7	953
Highest	100.0	1,262	99.7	1,081
Total 15-49	99.8	4,987	99.3	4,156
Total 50+	96.2	669	97.4	444

### 13.2.2 Knowledge of HIV Prevention

HIV among adults is most commonly transmitted by heterosexual contact between an infected partner and a non-infected partner. Consequently, HIV prevention programmes focus their messages and efforts on three important types of behaviour: use of condoms; limiting the number of sexual partners or staying faithful to one partner; and, for young persons, delaying sexual debut (abstinence). To ascertain whether the programmes have been effective in communicating these messages, SDHS respondents were specifically asked whether it is possible to reduce the chances of getting HIV by using a condom at every sexual encounter, limiting sexual intercourse to one uninfected partner, and abstaining from sex.

Table 13.2 shows levels of knowledge of the various HIV prevention methods by background characteristics. The data indicate that knowledge of HIV prevention methods is generally high among women and men age 15-49—more than 80 percent for each of the stipulated methods—but lower among women and men age 50 and over. The level of knowledge among women age 15-49 is generally higher than that among men age 15-49. However, older women are less knowledgeable than older men.

**Table 13.2 Knowledge of HIV prevention methods**

Percentage of women and men age 15-49 who, in response to prompted questions, say that people can reduce the risk of getting the AIDS virus by using condoms every time they have sexual intercourse, by having one sex partner who is not infected and has no other partners, and by abstaining from sexual intercourse, by background characteristics, and percentage of women and men age 50 and over who know the various HIV prevention methods, Swaziland 2006-07

Background characteristic	Women						Men				
	Using condoms and limiting sexual intercourse to one uninfected partner <sup>1</sup>		Using condoms and limiting sexual intercourse to one uninfected partner <sup>1,2</sup>		Abstaining from sexual intercourse		Using condoms and limiting sexual intercourse to one uninfected partner <sup>1</sup>		Using condoms and limiting sexual intercourse to one uninfected partner <sup>1,2</sup>		Abstaining from sexual intercourse
	Using condoms <sup>1</sup>	uninfected partner <sup>2</sup>	Using condoms <sup>1</sup>	uninfected partner <sup>2</sup>	Number of women	Using condoms <sup>1</sup>	uninfected partner <sup>2</sup>	Using condoms <sup>1</sup>	uninfected partner <sup>2</sup>	Number of men	
<b>Age</b>											
15-24	88.7	92.3	85.1	93.8	2,320	87.1	90.6	83.0	93.2	2,209	
15-19	86.9	90.7	82.7	93.4	1,274	86.4	89.2	81.7	92.8	1,323	
20-24	91.0	94.2	88.0	94.2	1,046	88.3	92.6	84.8	93.9	886	
25-29	94.2	94.3	90.4	94.0	729	87.2	91.3	83.1	93.8	624	
30-39	92.5	93.1	88.4	95.5	1,118	88.2	92.8	85.0	93.7	798	
40-49	90.0	93.0	86.2	94.4	820	85.6	90.0	81.6	91.4	525	
<b>Marital status</b>											
Never married	89.5	92.7	85.7	94.3	2,487	87.3	90.6	83.0	93.5	2,734	
Ever had sex	92.0	93.9	88.4	95.1	1,607	89.0	92.1	85.4	94.5	1,458	
Never had sex	85.0	90.6	80.8	93.0	880	85.3	88.8	80.2	92.4	1,276	
Married/living together	91.7	93.5	88.4	94.2	2,062	86.8	91.8	83.5	92.9	1,219	
Divorced/separated/widowed	91.5	91.0	84.8	94.4	438	87.8	92.7	84.2	89.9	203	
<b>Residence</b>											
Urban	93.6	95.3	90.7	95.7	1,330	88.6	91.4	84.4	93.9	1,181	
Rural	89.4	92.0	85.3	93.8	3,657	86.6	90.9	82.7	92.9	2,975	
<b>Region</b>											
Hhohho	91.6	93.8	88.9	94.4	1,340	88.3	93.7	85.3	94.9	1,099	
Manzini	90.9	92.7	86.8	96.0	1,647	86.9	89.1	81.9	94.2	1,349	
Shiselweni	91.2	93.1	87.2	92.1	1,033	90.1	91.1	86.4	92.5	843	
Lubombo	88.0	91.6	83.4	93.8	966	83.3	90.5	79.5	90.1	865	
<b>Education</b>											
No education	84.8	85.5	77.7	88.8	402	76.2	85.2	71.0	84.6	316	
Lower primary	84.6	85.8	77.7	90.3	360	79.6	82.9	73.7	88.7	470	
Higher primary	89.7	91.4	85.4	93.3	1,268	85.0	90.0	80.2	90.7	980	
Secondary	91.6	94.4	88.4	95.0	1,693	89.4	92.6	86.1	96.1	1,191	
High school	93.6	96.4	91.1	97.4	894	92.4	95.0	89.6	97.0	852	
Tertiary	93.9	97.1	92.3	97.0	370	92.7	95.3	89.8	94.4	347	
<b>Wealth quintile</b>											
Lowest	85.1	88.6	79.6	90.6	785	80.3	86.9	75.5	89.3	601	
Second	90.1	91.3	85.7	93.6	862	85.4	90.1	81.7	93.0	665	
Middle	89.5	92.0	85.1	94.8	968	89.0	92.2	86.4	93.1	856	
Fourth	92.3	94.4	89.1	94.8	1,111	88.9	91.4	84.2	94.5	953	
Highest	93.5	95.9	91.3	96.3	1,262	89.0	92.6	85.1	94.3	1,081	
Total 15-49	90.6	92.9	86.8	94.3	4,987	87.2	91.0	83.2	93.2	4,156	
Total 50+	69.9	76.7	61.5	83.0	669	71.0	83.1	65.6	85.1	444	

<sup>1</sup> Using condoms every time they have sexual intercourse

<sup>2</sup> Partner who has no other partners

There are differentials in knowledge of prevention methods according to level of education and wealth quintile. For example, while 78 percent of women and 71 percent of men with no education know that using condoms and limiting sex to one uninfected partner are ways to avoid HIV transmission, these proportions increase to 92 percent for women and 90 percent for men with tertiary education. A similar growth pattern is seen by wealth quintile. Women and men living in households in the lowest wealth quintile have lower levels of knowledge of HIV prevention methods than those living in households in the highest wealth quintile.

### **13.2.3 Rejection of Misconceptions about HIV/AIDS**

In addition to knowing about effective ways to avoid contracting HIV, it is also useful to be able to identify incorrect beliefs about AIDS to eliminate misconceptions. Common misconceptions about HIV and AIDS include the idea that HIV-infected people always appear ill, and the belief that the virus can be transmitted through mosquito or other insect bites, by sharing food with someone who is infected, or by witchcraft or other supernatural means. Other misconceptions include the belief that the virus cannot be transmitted through anal or oral sex and that a person cannot be infected by being exposed to open wounds or sores. Respondents were asked about these misconceptions and the findings are presented in Tables 13.3.1 and 13.3.2.

The results indicate that a high proportion of the Swazi population age 15-49 lack accurate knowledge about the ways in which HIV can and cannot be transmitted. The percentages who correctly say that a healthy-looking person can have HIV, and reject the two most common local misconceptions about the transmission of HIV, are 58 percent for women and 59 percent for men. The figures are lower for persons age 50 and over, 24 percent for women and 31 percent for men. However, it is worth noting that for the indicator about knowing that a healthy-looking person can have HIV, there is a generally high level of knowledge, above 90 percent for those age 15-49 and 79-86 percent for those age 50 and over. The level of education attained and household wealth status both appear to be strongly related to accurate knowledge about ways in which HIV can and cannot be transmitted. The lower the education level and wealth quintile, the lower the level of accurate knowledge about HIV transmission.

About six in ten women and men are aware that HIV can be transmitted through anal sex or oral sex. Correct knowledge with respect to these types of transmission increases with age, education, and wealth status. Urban respondents are more knowledgeable than rural respondents, but there are no significant differences across regions. Older adults (age 50 and over) are less likely to know that the AIDS virus can be transmitted by having anal sex or oral sex.

Almost all women and men say that a person can be infected with the AIDS virus from open wounds or sores of an infected person (96 percent for both women and men). The proportions are lower for older adults (80 percent for women and 84 percent for men).

About six in ten women and men say that HIV cannot be transmitted through oral and anal sex. Knowledge of these types of transmission increases with age, education and wealth status. Urban respondents are more knowledgeable than rural respondents, but there are no significant differences across regions. Older adults (age 50 or older) are less likely to know that having anal sex or oral sex can transmit HIV.

The data in Tables 13.3.1 and 13.3.2 also provide an assessment of the level of comprehensive knowledge of HIV prevention and transmission. Comprehensive knowledge is defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chances of getting HIV, knowing that a healthy-looking person can have HIV and rejecting the two most common local misconceptions about HIV transmission or prevention: that HIV can be transmitted by mosquito bites and by sharing food with a person who has HIV or AIDS. The results indicate that 52 percent of women and 51 percent of men age 15-49 have comprehensive knowledge of HIV prevention and transmission. Comprehensive knowledge levels are lower for those age 50 and over, 21 percent for women and 25 percent for men. The urban population has a higher level of the comprehensive knowledge of HIV than the rural population, and level of education and wealth quintile are directly related to level of comprehensive knowledge of HIV prevention and transmission.

Table 13.3.1 Comprehensive knowledge about AIDS: Women

Percentage of women age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about AIDS transmission or prevention, and the percentage with a comprehensive knowledge about AIDS by background characteristics, and percentage of women age 50 and over rejecting local misconceptions and having comprehensive knowledge about AIDS, Swaziland 2006-07

Background characteristic	Percentage of respondents who say that:									Percentage with a comprehensive knowledge about AIDS	Number of women
	A healthy-looking person can have the AIDS virus	AIDS cannot be transmitted by mosquito bites	AIDS cannot be transmitted by supernatural means	A person cannot become infected by sharing food with a person who has AIDS	A healthy-looking person can have the AIDS virus and who reject the two most common local misconceptions	A person can become infected by having anal sex	A person can become infected by having oral sex	A person can become infected by being exposed to open wounds/sores			
<b>Age</b>											
15-24	96.0	66.7	93.2	85.6	59.7	51.1	57.6	95.6	52.1	2,320	
15-19	94.6	68.8	92.8	86.7	60.9	46.9	52.3	95.3	52.0	1,274	
20-24	97.7	64.1	93.8	84.2	58.3	56.3	64.0	95.9	52.2	1,046	
25-29	98.3	67.5	92.6	85.2	61.2	62.8	67.4	95.7	57.5	729	
30-39	96.7	65.9	92.6	80.5	56.3	66.0	70.9	96.5	52.2	1,118	
40-49	93.8	61.1	88.7	72.5	49.6	59.4	67.9	95.4	45.9	820	
<b>Marital status</b>											
Never married	95.9	69.6	93.6	87.0	62.6	53.2	60.3	95.6	55.3	2,487	
Ever had sex	96.5	66.8	93.6	85.9	60.2	55.6	64.1	95.6	54.6	1,607	
Never had sex	95.0	74.7	93.6	89.1	67.0	48.9	53.4	95.4	56.6	880	
Married/living together	96.2	62.0	91.1	77.4	52.3	61.6	66.3	95.9	48.6	2,062	
Divorced/separated/widowed	96.8	61.2	89.8	77.7	53.1	63.0	70.7	96.4	47.6	438	
<b>Residence</b>											
Urban	98.5	74.2	94.1	87.0	68.2	68.4	70.5	97.4	62.6	1,330	
Rural	95.3	62.6	91.6	80.5	53.6	53.6	61.2	95.2	48.0	3,657	
<b>Region</b>											
Hhohho	97.2	69.8	93.6	82.9	61.2	58.1	64.8	96.4	55.7	1,340	
Manzini	97.0	69.8	93.5	84.6	62.4	60.8	65.6	95.6	56.1	1,647	
Shiselweni	95.0	57.0	90.3	82.8	49.9	53.4	59.6	95.5	45.8	1,033	
Lubombo	94.4	62.3	90.3	76.6	52.2	55.7	63.2	95.5	45.8	966	
<b>Education</b>											
No education	87.8	40.6	80.7	56.9	29.9	47.8	58.0	89.5	26.3	402	
Lower primary	87.8	51.0	84.2	65.2	35.1	58.1	62.3	93.0	29.6	360	
Higher primary	94.7	54.9	90.9	79.3	45.6	49.5	56.8	96.8	39.8	1,268	
Secondary	98.6	70.3	94.7	87.3	62.9	56.3	62.8	96.0	56.5	1,693	
High school	99.3	80.0	96.7	89.8	74.1	64.4	69.6	97.1	68.9	894	
Tertiary	99.6	89.0	95.4	94.8	85.5	84.0	84.8	97.4	80.5	370	
<b>Wealth quintile</b>											
Lowest	89.4	51.4	85.4	69.5	39.9	46.7	55.5	93.3	34.8	785	
Second	95.3	58.4	91.2	77.8	47.9	50.7	56.9	95.1	42.1	862	
Middle	97.1	64.1	93.7	81.5	55.2	53.8	62.9	96.9	50.0	968	
Fourth	97.3	70.5	93.5	87.3	63.5	59.2	65.3	96.2	56.9	1,111	
Highest	99.1	76.5	95.0	89.2	71.5	70.3	72.7	96.6	66.2	1,262	
Total 15-49	96.1	65.7	92.3	82.2	57.5	57.5	63.7	95.8	51.9	4,987	
Total 50+	78.9	39.7	72.8	44.2	23.7	41.7	48.4	80.3	20.6	669	

<sup>1</sup> Two most common local misconceptions: AIDS can be transmitted by mosquito bites and by sharing food with a person who has AIDS.

<sup>2</sup> Comprehensive knowledge means knowing that consistent use of condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission or prevention.

Table 13.3.2 Comprehensive knowledge about AIDS: Men

Percentage of men age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about AIDS transmission or prevention, and the percentage with a comprehensive knowledge about AIDS by background characteristics, and percentage of men age 50 and over rejecting local misconceptions and having comprehensive knowledge about AIDS, Swaziland 2006-07

Background characteristic	Percentage of respondents who say that:										Number of men
	A healthy-looking person can have the AIDS virus	AIDS cannot be transmitted by mosquito bites	AIDS cannot be transmitted by supernatural means	A person cannot become infected by sharing food with a person who has AIDS	A healthy-looking person can have the AIDS virus and who reject the two most common local misconceptions	A person can become infected by having anal sex	A person can become infected by having oral sex	A person can become infected by being exposed to open wounds/sores	Percentage with a comprehensive knowledge about AIDS		
<b>Age</b>											
15-24	94.9	68.2	92.1	84.0	60.3	57.0	60.4	96.4	52.3	2,209	
15-19	93.5	68.5	90.8	82.6	59.1	54.0	56.1	95.9	50.4	1,323	
20-24	97.0	67.7	94.0	86.0	62.1	61.5	66.9	97.0	55.2	886	
25-29	98.4	64.3	95.1	85.8	59.8	61.4	71.2	95.8	53.5	624	
30-39	96.6	66.3	90.5	80.6	59.1	63.6	71.5	94.8	52.2	798	
40-49	94.2	59.5	87.8	73.7	49.4	57.6	65.5	94.6	43.5	525	
<b>Marital status</b>											
Never married	95.2	67.7	92.2	83.9	60.2	58.2	62.7	96.2	52.3	2,734	
Ever had sex	97.2	66.4	93.0	83.9	60.2	62.2	68.3	97.2	53.8	1,458	
Never had sex	92.9	69.2	91.2	83.8	60.2	53.6	56.4	95.0	50.7	1,276	
Married/living together	96.8	65.5	91.6	81.4	58.0	62.1	69.1	94.9	51.7	1,219	
Divorced/separated/widowed	95.7	49.7	86.1	66.7	40.5	51.4	67.2	94.5	36.4	203	
<b>Residence</b>											
Urban	97.2	73.7	93.0	87.5	67.1	67.9	70.4	96.8	58.7	1,181	
Rural	95.1	63.1	91.2	80.2	55.3	55.5	62.6	95.3	48.5	2,975	
<b>Region</b>											
Hhohho	97.0	69.3	94.2	84.0	61.0	61.9	69.8	95.7	54.3	1,099	
Manzini	96.2	68.0	91.7	84.1	61.3	60.0	67.3	96.5	52.7	1,349	
Shiselweni	94.5	59.5	89.6	81.2	53.5	57.6	59.6	95.4	48.6	843	
Lubombo	94.2	65.6	90.6	78.5	56.4	55.1	59.8	94.9	48.3	865	
<b>Education</b>											
No education	87.7	34.8	82.2	52.9	23.6	46.9	60.6	88.7	18.5	316	
Lower primary	88.1	42.1	82.8	62.9	31.8	45.3	58.2	92.9	27.3	470	
Higher primary	94.3	62.3	91.3	79.7	52.2	50.5	58.8	95.6	43.9	980	
Secondary	98.2	69.9	95.4	89.7	64.6	58.4	62.3	96.7	55.6	1,191	
High school	99.3	81.1	94.9	92.6	75.6	72.2	73.0	98.1	70.0	852	
Tertiary	99.4	88.6	93.1	92.0	82.6	82.5	83.2	97.3	74.8	347	
<b>Wealth quintile</b>											
Lowest	92.4	50.2	87.5	66.1	39.5	48.8	58.2	93.6	32.5	601	
Second	94.9	59.8	91.3	80.9	52.6	53.8	61.8	95.8	45.5	665	
Middle	94.7	61.8	90.4	83.1	55.2	56.5	61.8	95.6	49.6	856	
Fourth	97.2	67.9	93.6	84.2	60.4	58.4	65.8	96.5	53.0	953	
Highest	97.4	80.9	93.7	89.9	74.1	70.3	71.8	96.4	65.4	1,081	
Total 15-49	95.7	66.1	91.7	82.3	58.6	59.0	64.8	95.8	51.4	4,156	
Total 50+	85.8	44.4	75.5	55.7	31.2	40.5	54.9	83.5	24.6	444	

<sup>1</sup> Two most common local misconceptions: AIDS can be transmitted by mosquito bites and by sharing food with a person who has AIDS.

<sup>2</sup> Comprehensive knowledge means knowing that consistent use of condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission or prevention.

### 13.3 KNOWLEDGE OF PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

Increasing the level of knowledge about the transmission of HIV from mother to child, and increasing the knowledge that use of antiretroviral drugs during pregnancy can reduce the risk of transmission, are critical to reducing mother-to-child transmission of HIV (MTCT). To assess MTCT knowledge, respondents were asked if HIV can be transmitted from a mother to a child through breastfeeding, and whether a mother with HIV can reduce the risk of transmission to the baby by taking certain drugs during pregnancy.

Table 13.4 shows that a relatively high proportion of women and men age 15-49 are aware that HIV can be transmitted by breastfeeding and that the risk of mother-to-child transmission can be reduced by taking special drugs during pregnancy. Nevertheless, 24 percent of women and 36 percent of men are not aware of this mode of transmission. The level of awareness is lower among women and men age 50 and over. The fact that the risk of mother-to-child transmission of HIV can be reduced by the mother taking special drugs during pregnancy is more widely known among those with higher education than it is among those with less education, although it is still known to the majority of people.

Table 13.4 Knowledge of prevention of mother-to-child transmission of HIV

Percentage of women and men age 15-49 who know that HIV can be transmitted from mother to child by breastfeeding and that the risk of mother-to-child transmission (MTCT) of HIV can be reduced by mother taking special drugs during pregnancy, by background characteristics, and percentage of women and men age 50 and over who know about prevention of mother-to-child transmission of HIV, Swaziland 2006-07

Background characteristic	Women				Men			
	HIV can be transmitted by breast-feeding	Risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy	Number of women	HIV can be transmitted by breast-feeding	Risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy	Number of men
<b>Age</b>								
15-24	84.5	82.1	73.2	2,320	75.7	75.5	61.1	2,209
15-19	82.5	76.1	67.1	1,274	76.1	74.0	60.5	1,323
20-24	86.8	89.5	80.6	1,046	75.2	77.6	62.0	886
25-29	85.3	90.0	80.3	729	72.0	82.6	64.6	624
30-39	85.6	88.2	78.9	1,118	78.0	83.7	69.8	798
40-49	83.1	83.9	74.8	820	75.3	80.3	63.8	525
<b>Marital status</b>								
Never married	84.4	82.3	73.4	2,487	75.4	76.6	61.9	2,734
Ever had sex	85.0	87.0	77.5	1,607	75.5	79.4	63.9	1,458
Never had sex	83.2	73.8	65.9	880	75.3	73.4	59.5	1,276
Married/living together	84.8	87.7	78.5	2,062	75.5	83.7	67.4	1,219
Divorced/separated/widowed	84.9	86.5	76.5	438	77.6	77.6	64.9	203
<b>Currently pregnant</b>								
Pregnant	86.7	88.4	81.3	279	na	na	na	na
Not pregnant or not sure	84.5	84.7	75.5	4,708	na	na	na	na
<b>Residence</b>								
Urban	87.6	89.3	81.3	1,330	74.4	83.7	66.6	1,181
Rural	83.5	83.3	73.8	3,657	76.0	76.8	62.4	2,975
<b>Region</b>								
Hhohho	85.7	86.7	77.4	1,340	75.0	80.3	64.9	1,099
Manzini	86.2	85.4	78.5	1,647	75.4	79.8	64.3	1,349
Shiselweni	82.9	84.0	73.4	1,033	74.8	78.2	62.4	843
Lubombo	82.2	82.6	71.4	966	77.2	75.5	62.3	865
<b>Education</b>								
No education	81.4	78.5	69.2	402	72.6	69.8	57.4	316
Lower primary	80.6	78.4	69.0	360	75.3	71.4	59.8	470
Higher primary	83.9	80.7	71.3	1,268	78.7	74.4	62.3	980
Secondary	83.3	86.5	76.2	1,693	74.7	81.3	64.6	1,191
High school	89.0	89.6	82.8	894	73.8	82.5	64.5	852
Tertiary	89.4	94.0	86.0	370	76.8	90.8	72.7	347
<b>Wealth quintile</b>								
Lowest	83.2	80.9	70.9	785	77.1	71.0	59.8	601
Second	83.8	83.8	74.2	862	78.4	76.7	63.3	665
Middle	84.7	82.3	74.2	968	76.4	76.0	63.1	856
Fourth	83.1	84.3	75.1	1,111	74.1	80.1	63.2	953
Highest	87.3	90.7	81.7	1,262	73.5	85.2	66.7	1,081
Total 15-49	84.6	84.9	75.8	4,987	75.5	78.7	63.6	4,156
Total 50+	73.8	63.5	57.0	669	69.0	62.3	50.6	444

na = Not applicable

## 13.4 ATTITUDES TOWARDS PEOPLE LIVING WITH AIDS

Widespread stigma and discrimination in a population can adversely affect both people's willingness to be tested for HIV and their adherence to antiretroviral therapy. Reduction of stigma and discrimination in a population is, thus, an important indicator of the success of programmes targeting HIV and AIDS prevention and control.

To assess the level of stigma, survey respondents who had heard of AIDS were asked if they would be willing to care for a relative sick with AIDS in their own household, if they would be willing to buy fresh vegetables from a market vendor who had HIV, if they thought a female teacher who has HIV but is not sick should be allowed to continue teaching, and if they would want to keep a family member's HIV status secret. Tables 13.5.1 and 13.5.2 show the results for women and men.

Table 13.5.1 Accepting attitudes towards those living with HIV/AIDS: Women

Among women age 15-49 who have heard of AIDS, percentage expressing specific accepting attitudes towards people with AIDS, and among women age 50 and over, percentage expressing accepting attitudes towards people with AIDS, by background characteristics, Swaziland 2006-07

Background characteristic	Percentage of respondents who:					Percentage expressing acceptance attitudes on all four indicators	Number of women who have heard of AIDS
	Are willing to care for a family member with the AIDS virus in own household	Would buy fresh vegetables from shopkeeper who has the AIDS virus	Say that a female teacher with the AIDS virus and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with the AIDS virus			
<b>Age</b>							
15-24	89.5	72.4	90.2	63.8	42.5	2,316	
15-19	88.5	68.2	88.2	63.8	40.7	1,271	
20-24	90.7	77.5	92.7	63.7	44.7	1,045	
25-29	93.3	79.2	92.3	60.0	45.3	728	
30-39	94.6	77.4	91.7	58.8	42.9	1,114	
40-49	94.3	70.8	88.7	59.4	40.9	817	
<b>Marital status</b>							
Never married	90.7	74.1	91.0	62.4	43.0	2,484	
Ever had sex	91.9	74.8	91.7	60.3	42.5	1,607	
Never had sex	88.5	72.8	89.7	66.2	43.8	877	
Married/living together	93.0	74.8	90.6	60.9	42.6	2,053	
Divorced/separated/widowed	94.5	72.9	88.4	57.5	41.9	438	
<b>Residence</b>							
Urban	92.6	81.1	94.8	62.8	48.3	1,330	
Rural	91.8	71.8	89.1	60.9	40.7	3,645	
<b>Region</b>							
Hhohho	92.3	77.5	91.7	62.0	45.3	1,339	
Manzini	91.8	77.1	93.9	61.9	44.7	1,642	
Shiselweni	91.5	67.4	87.4	63.2	39.8	1,031	
Lubombo	92.6	72.4	87.0	57.7	39.0	964	
<b>Education</b>							
No education	91.1	64.6	79.9	59.3	36.9	397	
Lower primary	90.8	59.4	77.8	59.7	31.8	357	
Higher primary	91.3	64.3	87.4	58.7	35.8	1,266	
Secondary	92.3	77.8	92.8	65.9	46.6	1,692	
High school	93.5	85.7	98.1	61.9	52.0	894	
Tertiary	91.7	89.3	97.4	52.5	42.8	370	
<b>Wealth quintile</b>							
Lowest	91.6	63.1	80.9	56.9	34.7	777	
Second	91.1	69.2	89.6	61.2	37.7	860	
Middle	93.0	70.9	90.3	62.6	42.5	967	
Fourth	91.4	79.0	92.8	64.3	47.4	1,109	
Highest	92.6	83.1	95.6	60.7	47.2	1,261	
Total 15-49	92.0	74.3	90.6	61.4	42.7	4,975	
Total 50+	90.0	51.3	69.6	60.2	25.8	644	

Table 13.5.2 Accepting attitudes towards those living with HIV/AIDS: Men

Among men age 15-49 who have heard of HIV/AIDS, percentage expressing specific accepting attitudes towards people with HIV/AIDS, and among men age 50 and over, percentage expressing accepting attitudes towards people with AIDS, by background characteristics, Swaziland 2006-07

Background characteristic	Percentage of respondents who:					Number of men who have heard of AIDS
	Are willing to care for a family member with the AIDS virus in own household	Would buy fresh vegetables from shopkeeper who has the AIDS virus	Say that a female teacher with the AIDS virus and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with the AIDS virus	Percentage expressing acceptance attitudes on all four indicators	
<b>Age</b>						
15-24	89.6	77.5	87.4	65.5	46.2	2,187
15-19	88.0	74.7	85.4	64.7	43.3	1,305
20-24	91.9	81.6	90.5	66.7	50.5	883
25-29	92.7	84.8	93.8	64.4	50.5	621
30-39	94.6	78.8	91.9	64.7	47.7	797
40-49	94.3	71.0	87.9	62.0	42.0	524
<b>Marital status</b>						
Never married	90.2	78.2	88.2	65.7	46.8	2,710
Ever had sex	91.3	79.5	89.1	64.6	47.0	1,452
Never had sex	89.0	76.7	87.2	67.0	46.7	1,258
Married/living together	94.8	78.9	92.6	63.2	46.7	1,215
Divorced/separated/widowed	91.6	69.7	83.8	61.4	42.3	203
<b>Residence</b>						
Urban	94.0	83.8	94.1	61.3	46.8	1,177
Rural	90.7	75.7	87.4	66.2	46.5	2,951
<b>Region</b>						
Hhohho	92.6	82.0	91.5	66.1	50.2	1,096
Manzini	93.0	78.9	89.9	64.1	46.7	1,341
Shiselweni	89.9	72.0	88.2	65.3	45.2	837
Lubombo	90.0	77.5	86.5	63.5	43.1	854
<b>Education</b>						
No education	88.4	54.3	73.9	62.6	29.5	310
Lower primary	87.9	57.7	75.0	63.6	32.8	458
Higher primary	91.9	71.8	85.8	66.8	44.6	974
Secondary	91.5	84.7	94.2	66.8	52.0	1,189
High school	94.2	89.7	96.0	64.9	54.7	852
Tertiary	93.2	91.8	98.8	55.2	46.8	346
<b>Wealth quintile</b>						
Lowest	88.6	64.7	78.6	68.5	40.5	592
Second	91.6	75.1	86.5	65.7	45.1	662
Middle	90.2	75.8	88.8	62.6	43.8	845
Fourth	93.2	80.4	91.3	65.8	49.1	950
Highest	93.1	86.8	95.6	62.9	50.8	1,078
Total 15-49	91.6	78.0	89.3	64.8	46.6	4,128
Total 50+	89.7	50.4	70.8	66.9	29.4	433

Willingness to care for a family member with HIV in one's own household is almost universal; over 90 percent of women and men report they are willing to do so. Willingness for a female teacher to continue teaching in spite of being HIV positive is also high. However, when asked whether they would be willing to buy fresh vegetables from a person with HIV, willingness varied substantially by level of education. Only about six in ten women and men with lower levels of education reported that they would buy vegetables from a person with HIV, while nearly nine in ten women and men with higher levels of education would do so. The percentage of the population that would not want to keep the HIV-positive status of a family member secret is generally between 60 and 70 percent across all background characteristics. Looking at all four specified stigma indicators together, the percentage of women and men age 15-49 expressing accepting attitudes is fairly low, 43 percent for women and 47 percent for men. For

women and men age 50 and over, the proportions expressing accepting attitudes for all four indicators are even smaller.

### 13.5 ATTITUDES TOWARDS NEGOTIATING SAFER SEX

The high levels of sexual transmission of HIV make negotiating safer sex indispensable, especially in marital unions where women's status is compromised by societal expectations, thereby increasing their vulnerability to HIV transmission.

Table 13.6 shows that 96 percent of women and 97 percent of men believe that, if a wife knows that her husband has an STI, she is justified in refusing to have sex with him or asking him to wear a condom. While requesting the use of a condom is justifiable to nearly all women and men, refusing to have sex is not considered justifiable to one-third of women and one-quarter of men.

Table 13.6 Attitudes towards negotiating safer sexual relations with husband

Percentage of women and men age 15-49 who believe that, if a husband has a sexually transmitted disease, his wife is justified in refusing to have sexual intercourse with him or asking that they use a condom, by background characteristics, Swaziland 2006-07

Background characteristic	Women				Men			
	Refusing to have sexual intercourse	Asking that they use a condom	Refusing sexual intercourse or asking that they use a condom	Number of women	Refusing to have sexual intercourse	Asking that they use a condom	Refusing sexual intercourse or asking that they use a condom	Number of men
<b>Age</b>								
15-24	65.1	93.3	95.0	2,320	71.3	95.7	97.1	2,209
15-19	63.2	91.9	94.2	1,274	70.1	95.6	97.0	1,323
20-24	67.4	95.1	96.0	1,046	73.1	95.9	97.4	886
25-29	70.7	94.0	96.5	729	78.0	95.9	98.0	624
30-39	68.7	94.6	95.8	1,118	78.9	96.0	97.4	798
40-49	65.5	94.5	95.6	820	76.1	95.4	97.0	525
<b>Marital status</b>								
Never married	66.9	93.9	95.4	2,487	72.5	95.7	97.4	2,734
Ever had sex	68.2	95.2	96.4	1,607	73.6	96.3	98.0	1,458
Never had sex	64.5	91.5	93.6	880	71.2	95.0	96.7	1,276
Married/living together	66.8	93.5	95.3	2,062	78.1	96.2	97.2	1,219
Divorced/separated/widowed	66.2	95.9	97.1	438	77.4	93.8	97.1	203
<b>Residence</b>								
Urban	71.8	96.0	97.7	1,330	77.0	96.6	97.7	1,181
Rural	64.9	93.1	94.7	3,657	73.3	95.4	97.2	2,975
<b>Region</b>								
Hhohho	66.7	93.2	95.0	1,340	74.0	95.7	97.2	1,099
Manzini	67.6	93.6	95.3	1,647	76.1	96.9	98.1	1,349
Shiselweni	65.4	94.2	95.8	1,033	72.0	95.5	97.2	843
Lubombo	67.0	95.0	96.4	966	74.4	94.3	96.2	865
<b>Education</b>								
No education	57.9	90.4	93.7	402	73.1	94.3	95.6	316
Lower primary	56.2	89.4	90.9	360	66.7	93.8	95.1	470
Higher primary	63.5	92.3	93.7	1,268	71.4	96.2	97.6	980
Secondary	66.6	95.1	96.4	1,693	73.2	95.6	97.5	1,191
High school	73.4	95.4	97.4	894	81.7	96.3	98.3	852
Tertiary	82.6	98.4	99.2	370	80.4	97.4	98.1	347
Total 15-49	66.8	93.9	95.5	4,987	74.4	95.8	97.3	4,156

## 13.6 ATTITUDES TOWARDS CONDOM EDUCATION FOR YOUTH

Condom use is one of the main strategies for combating the spread of HIV. However, educating youth about condoms is sometimes controversial, with some saying it promotes early sexual experimentation. To gauge attitudes towards condom education, SDHS respondents were asked if they thought that children age 12-14 should be taught about using a condom to avoid HIV. The results are shown in Table 13.7. Because the question was asked to ascertain adult opinion, results are tabulated for respondents age 18-49. The data show that a high proportion of adults (74 percent of women and 72 percent of men) agree that children age 12-14 years should be taught about using condoms to avoid HIV. This level of approval is fairly consistent across background characteristics.

## 13.7 HIGHER-RISK SEX

Information on sexual behaviour is important in designing and monitoring intervention programmes to control the spread of HIV. The 2006-07 SDHS included questions on respondents' sexual partners during their lifetime and over the 12 months preceding the survey. For male respondents, an additional question was asked on whether they paid for sex during the 12 months preceding the interview. Information on the use of condoms at the last sexual intercourse with each type of partner was collected for women and men. These questions are sensitive, and it is recognized that some respondents may have been reluctant to provide information on recent sexual behaviour.

Table 13.7 Adult support of education about condom use to prevent AIDS

Percentage of women and men age 18-49 who agree that children age 12-14 years should be taught about using a condom to avoid AIDS, by background characteristics, Swaziland 2006-07

Background characteristic	Women		Men	
	Percentage who agree	Number	Percentage who agree	Number
<b>Age</b>				
18-24	76.5	1,531	73.0	1,342
18-19	71.0	485	69.0	456
20-24	79.1	1,046	75.0	886
25-29	77.4	729	75.8	624
30-39	74.0	1,118	71.9	798
40-49	65.3	820	64.1	525
<b>Marital status</b>				
Never married	76.9	1,720	73.3	1,867
Married or living together	71.0	2,040	69.8	1,219
Divorced/separated/widowed	74.5	438	70.5	203
<b>Residence</b>				
Urban	77.8	1,195	74.5	1,048
Rural	72.2	3,003	70.6	2,241
<b>Region</b>				
Hhohho	75.9	1,149	73.2	908
Manzini	73.8	1,389	70.7	1,084
Shiselweni	74.8	853	69.8	622
Lubombo	69.9	809	73.5	675
<b>Education</b>				
No education	64.5	389	62.1	297
Lower primary	63.8	307	70.3	322
Higher primary	73.0	966	67.7	627
Secondary	75.1	1,324	72.8	880
High school	79.0	843	77.6	816
Tertiary	77.5	369	73.2	347
<b>Wealth quintile</b>				
Lowest	68.9	646	68.5	442
Second	70.4	716	69.8	495
Middle	74.2	805	71.5	651
Fourth	73.5	928	71.0	769
Highest	78.8	1,103	75.4	932
Total 18-49	73.8	4,199	71.8	3,289

### 13.7.1 Multiple Partners and Condom Use

Tables 13.8.1 and 13.8.2 show the proportion of women and men age 15-49 and those age 50 and over, who had sexual intercourse with more than one partner in the preceding 12 months, and the proportion who had higher-risk sexual intercourse (sexual intercourse with a non-marital, non-cohabiting partner) by background characteristics.

Table 13.8.1 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: Women

Among women age 15-49 who had sexual intercourse in the past 12 months, the percentage who had intercourse with more than one partner and the percentage who had higher-risk sexual intercourse in the past 12 months; and among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse; and the mean number of sexual partners during her lifetime for women who ever had sexual intercourse, by background characteristics, Swaziland 2006-07

Background characteristic	Among women who had sexual intercourse in the past 12 months:			Among women who had higher risk intercourse in the past 12 months:		Among women who ever had sexual intercourse	
	Percentage who had 2+ partners in the past 12 months	Percentage who had higher-risk intercourse in the past 12 months <sup>1</sup>	Number of women	Percentage who reported using a condom at last higher-risk intercourse <sup>1</sup>	Number of women	Mean number of sexual partners in lifetime	Number of women
<b>Age</b>							
15-24	3.8	68.5	1,285	54.2	880	1.9	1,431
15-19	3.8	82.2	451	51.9	371	1.5	521
20-24	3.8	61.1	834	55.8	510	2.1	911
25-29	2.6	40.9	630	62.7	257	2.5	689
30-39	1.4	27.8	945	53.6	262	2.7	1,069
40-49	0.3	19.4	584	42.4	113	2.7	774
<b>Marital status</b>							
Never married	4.3	98.8	1,265	55.4	1,249	2.3	1,545
Married or living together	0.9	3.9	1,980	44.5	78	2.2	1,997
Divorced/separated/widowed	3.7	93.7	198	53.6	186	3.4	421
<b>Residence</b>							
Urban	4.0	48.6	957	64.2	465	2.7	1,099
Rural	1.7	42.2	2,486	50.4	1,048	2.3	2,864
<b>Region</b>							
Hhohho	1.7	39.4	929	56.4	366	2.6	1,052
Manzini	3.2	45.9	1,121	60.6	515	2.3	1,321
Shiselweni	1.9	50.1	682	52.6	342	2.3	799
Lubombo	2.2	40.9	711	44.2	291	2.2	791
<b>Education</b>							
No education	2.7	30.2	314	37.2	95	2.5	374
Lower primary	1.3	39.8	270	36.0	107	2.5	317
Higher primary	2.6	42.0	865	46.7	363	2.5	992
Secondary	2.1	48.4	1,086	56.7	526	2.2	1,239
High school	2.8	53.3	624	67.0	333	2.2	715
Tertiary	2.0	31.5	284	69.3	89	2.7	325
<b>Wealth quintile</b>							
Lowest	1.6	40.3	553	35.7	223	2.3	635
Second	1.3	41.0	603	48.1	247	2.2	701
Middle	2.0	48.0	671	51.8	322	2.4	774
Fourth	4.3	48.3	734	60.3	355	2.3	848
Highest	2.1	41.6	882	67.5	367	2.6	1,005
Total 15-49	2.3	43.9	3,443	54.6	1,513	2.4	3,963
Total 50 +	1.2	11.8	175	*	21	2.2	652

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> Sexual intercourse with a non-marital, non-cohabiting partner

The 2006-07 SDHS also assessed condom use among women and men with multiple partners or higher-risk sex in the 12 months preceding the survey. While truly effective protection requires condom use at every sexual encounter, the sexual encounters addressed in Tables 13.8.1 and 13.8.2 are those considered to pose the greatest risk of HIV transmission. Respondents who had more than one sex partner or had sex with a non-marital, non-cohabiting partner (higher-risk sexual intercourse) were also asked whether they used a condom at the last such encounter. Respondents were asked to provide the total number of sexual partners they had in their lifetime. From this, the mean number of lifetime sexual partners was calculated for women and men in Tables 13.8.1 and 13.8.2.

Table 13.8.2 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: Men

Among men age 15-49 who had sexual intercourse in the past 12 months, the percentage who had intercourse with more than one partner and the percentage who had higher-risk sexual intercourse in the past 12 months, and among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse, and the mean number of sexual partners during his lifetime for men who ever had sexual intercourse, by background characteristics, and percentage of men age 50 and over reporting higher-risk sexual intercourse and condom use during last higher-risk intercourse and mean number of lifetime sexual partners among older men who ever had sexual intercourse, Swaziland 2006-07

Background characteristic	Among men who had sexual intercourse in the past 12 months:			Among men who had 2+ partners in the past 12 months:		Among men who had higher-risk intercourse in the past 12 months:		Among men who ever had sexual intercourse	
	Percentage who had 2+ partners in the past 12 months	Percentage who had higher-risk intercourse in the past 12 months <sup>1</sup>	Number of men	Percentage who reported using a condom during last sexual intercourse	Number of men	Percentage who reported using a condom at last higher-risk intercourse <sup>1</sup>	Number of men	Mean number of sexual partners in lifetime	Number of men
<b>Age</b>									
15-24	28.5	91.9	755	66.7	215	70.4	694	4.0	948
15-19	25.7	97.5	196	(74.8)	50	68.8	191	2.7	281
20-24	29.5	90.0	559	64.3	165	71.1	503	4.5	667
25-29	26.8	63.9	523	61.2	140	71.0	334	6.3	554
30-39	19.3	40.7	723	50.3	139	65.0	294	8.0	720
40-49	15.1	25.0	477	26.2	72	53.1	120	10.0	460
<b>Marital status</b>									
Never married	29.4	97.8	1,120	70.2	330	69.5	1,096	5.3	1,388
Married or living together	17.9	17.7	1,203	33.7	215	70.2	212	7.8	1,110
Divorced/separated/widowed	14.8	86.6	155	(64.9)	23	52.3	134	9.1	184
<b>Residence</b>									
Urban	21.4	53.1	873	63.9	186	74.2	463	6.8	887
Rural	23.7	61.0	1,605	52.4	381	65.1	979	6.5	1,796
<b>Region</b>									
Hhohho	18.9	51.3	699	54.6	132	73.2	359	6.5	722
Manzini	25.4	63.1	807	63.0	205	69.0	509	6.3	904
Shiselweni	23.9	64.8	436	58.1	104	64.3	283	6.0	500
Lubombo	23.4	54.4	536	45.1	126	63.6	292	7.8	557
<b>Education</b>									
No education	17.1	40.2	233	(32.3)	40	54.9	93	8.0	256
Lower primary	17.6	56.7	264	32.7	46	52.5	150	6.9	280
Higher primary	22.3	60.4	483	49.8	108	57.4	292	6.2	536
Secondary	25.7	66.3	631	62.8	162	70.7	418	6.8	694
High school	27.1	65.2	572	66.1	155	77.7	373	5.4	627
Tertiary	18.9	39.3	295	57.9	56	85.0	116	7.9	290
<b>Wealth quintile</b>									
Lowest	22.8	56.1	326	42.8	74	55.9	183	7.1	369
Second	24.6	60.0	338	49.8	83	57.6	203	7.3	383
Middle	23.0	65.7	469	49.9	108	65.3	309	5.9	525
Fourth	22.3	61.4	594	65.0	133	71.1	364	5.4	642
Highest	22.5	51.1	752	62.2	169	78.6	384	7.5	763
Total 15-49	22.9	58.2	2,478	56.2	567	68.0	1,442	6.6	2,683
Total 50 +	10.1	9.9	324	(19.7)	33	(35.3)	32	9.9	375

Note: Figures in parentheses are based on 25-49 unweighted cases.

<sup>1</sup> Sexual intercourse with a non-marital, non-cohabiting partner

Two percent of women and 23 percent of men age 15-49 who had sex in the 12 months preceding the survey had sex with two or more partners. Figures are half that for those age 50 and over (1 percent of women and 10 percent of men). Just over half of women and men age 15-49 with two or more partners reported using a condom the last time they had sex (55 percent of women and 68 percent of men).

Sexual intercourse with a non-marital, non-cohabiting partner is not uncommon. Forty-four percent of women and 58 percent of men age 15-49 who had sex in the 12 months preceding the survey reported having had sex with a non-marital, non-cohabiting partner. This higher-risk sexual behaviour is less common among adults age 50 and over (12 percent of women and 10 percent of men).

..

While condom use is common with higher-risk partners, it is far from universal. Half of women age 15-49 (55 percent) and two-thirds of men age 15-49 (68 percent) who had sex with a non-marital, non-cohabiting partner in the 12 months preceding the survey used a condom the last time they had sex with such a partner.

Looking at marital status, by definition, all sexual activity among women and men who have never married is higher-risk sex. Among married women and men age 15-49 who had sex in the previous 12 months, 4 percent of women and 18 percent of men engaged in higher-risk sex. Never-married women are somewhat more likely than married women to use condoms during higher-risk sex (55 and 45 percent, respectively). However, never-married men and married men are equally likely to use a condom during higher-risk sex (70 percent). Divorced, separated, and widowed men are the least likely to use a condom during higher-risk sex (52 percent).

There is a general increase in both higher-risk sex and condom use during higher-risk sex with increasing level of education and increasing household wealth quintile. It is worth noting, however, that engagement in higher-risk sex drops among women and men with tertiary education, to 32 percent among women and 39 percent among men.

The mean number of lifetime sexual partners among people age 15-49 is 2.4 for women and 6.6 for men. Among men age 50 and over, the number increases to 10.

Very few men in Swaziland reported paying for sex in the 12 months preceding the survey (data not shown).

### 13.7.2 Condom Use and Knowledge of Source

Condom use among the sexually active population plays an important role in preventing the transmission of HIV and other sexually transmitted infections, as well as unwanted pregnancies. In the 2006-07 SDHS, men age 15-49 who used condoms during their most recent sexual intercourse (within the 12 months prior to interview) were asked to identify the specific brand of condom used, the number of condoms they obtained the last time they obtained condoms, the source where the condoms were obtained, and the usual manner in which the condoms were disposed of.

Results indicate that 80 percent of men who use condoms use either Trust brand condoms (43 percent) or government-issued condoms (37 percent) (Table 13.9). In terms of the number of condoms obtained, 53 percent obtained three to six condoms the last time they obtained condoms, and 36 percent obtained seven or more. Shops are the most common source for condoms (44 percent of men); health facilities are the second most common source (16 percent of men). Two-thirds of men reported disposing of used condoms in pit latrines. Flush toilets were the next most commonly used mode of disposal (13 percent of men).

**Table 13.9 Condom use characteristics among men**

Condom use characteristic	Percentage of men
<b>Brand</b>	
Government condoms	36.8
Trust	42.9
Other brands	9.0
Don't know/missing	11.4
<b>Number of condoms obtained the last time</b>	
1	1.1
2	2.8
3	35.1
4	4.1
5	4.6
6	9.0
7+	36.3
Don't know/missing	7.0
<b>Last source where condom obtained</b>	
Hospital/ health centre/PHU clinic	15.5
RHM/CBD/mobile clinic	7.9
Hospital/clinic/private doctor	2.8
CBD/mobile clinic	0.6
Pharmacy	3.1
Other	1.7
Mission	2.0
NGO	2.4
Shop	43.7
Other	17.7
Don't know/missing	2.6
<b>Usual mode of disposal</b>	
Pit latrine	66.5
Flush in toilet	12.6
Bury	5.9
Burned	5.9
Thrown away	4.6
Other	1.1
Missing	3.4
Total	100.0
Number of men	1,197

Consistent use of condoms requires, among other things, knowing where to get them. Men and women age 15-49 were asked whether they know of a place they can get male condoms and whether they know of a place they can get female condoms. Table 13.10 shows the percent distribution of women and men by knowledge of condoms and a source for condoms.

There is generally a high level awareness of male condoms and where to obtain them among both women and men. Only 11 percent of women and 10 percent of men knowing about condoms but do not know where to get them. However, knowledge of the female condom is low. About half of women and men age 15-49 have heard of the female condom, but do not know where to get them (45 percent of women and 56 percent of men).

Table 13.10 Knowledge of a source for male and female condoms

Percent distribution of women and men age 15-49 by knowledge of male and female condoms and a source for these condoms, Swaziland 2006-07

Knowledge of condom and condom source	Women		Men	
	Male condom	Female condom	Male condom	Female condom
Knows of condom and a condom source	87.8	46.1	88.9	28.1
Knows of condom, does not know condom source	11.0	45.2	10.3	56.0
Does not know about condom	1.2	8.7	0.8	15.9
Total	100.0	100.0	100.0	100.0
Number	4,987	4,987	4,156	4,156

### 13.8 COVERAGE OF HIV TESTING AND COUNSELLING

Knowledge of HIV status enables HIV-negative individuals to make specific decisions that can reduce the risk of contracting HIV. For those who are HIV positive, knowledge of their HIV status allows them to take action to protect their sexual partners, to access treatment, and to plan for the future.

To assess the awareness and coverage of HIV testing services, SDHS respondents were asked whether they had ever been tested for HIV. Respondents who had had an HIV test were asked how long ago their most recent test occurred, whether they had received the results of their most recent test, and where they had been tested. Respondents who had never been tested were asked if they know a place they can go to get tested. Tables 13.11.1 and 13.11.2 present the results of these questions.

Respondents were asked if they know where to get an HIV test. The results indicate a generally high level of knowledge of where an HIV test can be obtained. Nine in ten women (92 percent) and eight in ten men (78 percent) age 15-49 know where to go for an HIV test. Older adults are somewhat less likely to know a place to get an HIV test (seven in ten women and men).

Table 13.11.1 Coverage of prior HIV testing: Women

Percentage of women age 15-49 who know where to get an HIV test, percent distribution of women age 15-49 by testing status and whether they received the results of the last test, the percentage of women ever tested, and the percentage of women age 15-49 who received their test results the last time they were tested for HIV in the past 12 months, and the percentage of women age 50 and over who know source for HIV testing and who have been tested and received results, according to background characteristics, Swaziland 2006-07

Background characteristic	Percentage who know where to get an HIV test	Percent distribution of women by testing status and by whether they received the results of the last test				Percentage ever tested	Percentage who received results from last HIV test taken in the past 12 months	Number of women
		Ever tested and received results	Ever tested did not receive results	Never tested <sup>1</sup>	Total			
<b>Age</b>								
15-24	87.1	27.7	5.1	67.3	100.0	32.7	18.1	2,320
15-19	80.6	15.8	3.1	81.1	100.0	18.9	10.0	1,274
20-24	95.0	42.1	7.4	50.5	100.0	49.5	27.9	1,046
25-29	96.6	47.0	6.1	46.9	100.0	53.1	29.7	729
30-39	97.0	45.9	5.5	48.6	100.0	51.4	25.9	1,118
40-49	93.8	35.3	2.4	62.2	100.0	37.8	20.5	820
<b>Marital status</b>								
Never married	87.9	27.8	4.4	67.8	100.0	32.2	17.0	2,487
Ever had sex	94.0	39.9	6.2	53.9	100.0	46.1	24.7	1,607
Never had sex	76.6	5.8	1.0	93.2	100.0	6.8	2.9	880
Married/living together	95.7	43.1	5.8	51.1	100.0	48.9	26.7	2,062
Divorced/separated/widowed	95.6	47.0	3.6	49.4	100.0	50.6	27.4	438
<b>Residence</b>								
Urban	95.5	42.5	5.2	52.3	100.0	47.7	24.1	1,330
Rural	90.5	33.4	4.8	61.8	100.0	38.2	21.1	3,657
<b>Region</b>								
Hhohho	93.2	34.6	5.1	60.4	100.0	39.6	19.7	1,340
Manzini	91.8	39.4	4.5	56.1	100.0	43.9	24.2	1,647
Shiselweni	88.6	31.6	5.1	63.3	100.0	36.7	21.0	1,033
Lubombo	93.3	36.1	5.1	58.8	100.0	41.2	22.2	966
<b>Education</b>								
No education	89.4	29.4	6.3	64.3	100.0	35.7	19.0	402
Lower primary	86.8	32.5	5.2	62.3	100.0	37.7	16.2	360
Higher primary	88.1	32.1	4.4	63.5	100.0	36.5	21.5	1,268
Secondary	92.0	34.5	4.2	61.3	100.0	38.7	21.0	1,693
High school	97.0	40.1	6.4	53.5	100.0	46.5	26.1	894
Tertiary	98.7	54.7	4.2	41.1	100.0	58.9	26.4	370
<b>Wealth quintile</b>								
Lowest	88.6	30.8	5.5	63.7	100.0	36.3	20.1	785
Second	90.5	33.6	5.1	61.3	100.0	38.7	20.9	862
Middle	89.2	33.5	5.5	61.0	100.0	39.0	22.1	968
Fourth	93.3	36.6	4.9	58.5	100.0	41.5	22.4	1,111
Highest	95.4	41.7	3.8	54.5	100.0	45.5	23.3	1,262
Total 15-49	91.8	35.8	4.9	59.3	100.0	40.7	21.9	4,987
Total 50+	71.1	15.6	2.4	82.0	100.0	18.0	10.2	669

<sup>1</sup> Includes "don't know/missing"

Among the population age 15-49 in Swaziland, 36 percent of women and 17 percent of men reported having ever been tested and receiving test results for HIV at some time. One in five women (22 percent) and one in ten men (9 percent) were tested and received the results in the 12 months preceding the survey. These figures indicate that about half of the population ever tested for HIV were tested in the 12 months before the survey.

**Table 13.11.2 Coverage of prior HIV testing: Men**

Percentage of men age 15-49 who know where to get an HIV test, percent distribution of men age 15-49 by testing status and whether they received the results of the last test, the percentage of men ever tested, and the percentage of men age 15-49 who received their test results the last time they were tested for HIV in the past 12 months, and the percentage of men age 50 and over who know source for HIV testing and who have been tested and received results, according to background characteristics, Swaziland 2006-07

Background characteristic	Percentage who know where to get an HIV test	Percent distribution of men by testing status and by whether they received the results of the last test				Percentage ever tested	Percentage who received results from last HIV test taken in the past 12 months	Number of men
		Ever tested and received results	Ever tested did not receive results	Never tested <sup>1</sup>	Total			
<b>Age</b>								
15-24	69.7	7.1	0.9	92.0	100.0	8.0	3.9	2,209
15-19	61.6	3.0	0.5	96.5	100.0	3.5	1.8	1,323
20-24	81.7	13.2	1.5	85.3	100.0	14.7	6.9	886
25-29	88.0	25.8	2.5	71.6	100.0	28.4	13.1	624
30-39	88.2	29.7	2.3	68.0	100.0	32.0	15.7	798
40-49	86.3	29.5	1.6	68.9	100.0	31.1	15.1	525
<b>Marital status</b>								
Never married	72.7	10.7	1.1	88.1	100.0	11.9	5.4	2,734
Ever had sex	81.9	16.8	1.6	81.6	100.0	18.4	8.4	1,458
Never had sex	62.2	3.8	0.7	95.6	100.0	4.4	2.0	1,276
Married/living together	89.0	29.8	1.9	68.3	100.0	31.7	15.9	1,219
Divorced/separated/widowed	85.5	25.9	4.2	69.9	100.0	30.1	14.5	203
<b>Residence</b>								
Urban	89.9	23.9	1.7	74.3	100.0	25.7	12.8	1,181
Rural	73.4	14.3	1.4	84.2	100.0	15.8	7.4	2,975
<b>Region</b>								
Hhohho	82.0	17.8	1.4	80.9	100.0	19.1	8.6	1,099
Manzini	77.7	18.6	1.5	79.9	100.0	20.1	9.2	1,349
Shiselweni	69.0	11.5	1.4	87.1	100.0	12.9	6.7	843
Lubombo	82.5	19.3	1.9	78.9	100.0	21.1	11.1	865
<b>Education</b>								
No education	68.4	19.1	1.3	79.6	100.0	20.4	11.4	316
Lower primary	63.6	10.4	1.6	87.9	100.0	12.1	5.7	470
Higher primary	67.0	10.3	1.4	88.2	100.0	11.8	6.5	980
Secondary	80.1	12.6	0.9	86.5	100.0	13.5	6.3	1,191
High school	91.5	23.0	2.0	74.9	100.0	25.1	11.1	852
Tertiary	98.0	44.0	2.5	53.5	100.0	46.5	21.7	347
<b>Wealth quintile</b>								
Lowest	66.6	8.5	2.3	89.2	100.0	10.8	5.0	601
Second	69.9	13.5	1.4	85.1	100.0	14.9	7.4	665
Middle	73.1	13.4	1.3	85.3	100.0	14.7	7.2	856
Fourth	80.2	17.6	1.2	81.2	100.0	18.8	9.7	953
Highest	91.6	26.4	1.6	72.0	100.0	28.0	12.8	1,081
Total 15-49	78.1	17.1	1.5	81.4	100.0	18.6	8.9	4,156
Total 50+	67.7	17.2	3.2	79.6	100.0	20.4	9.8	444

<sup>1</sup> Includes "don't know/missing"

Overall, six in ten women age 15-49 and eight in ten men age 15-49 have never been tested for HIV. About eight in ten women and men age 50 and over have never been tested for HIV. Among both women and men, higher testing rates are observed among urban residents. Substantially higher testing rates are seen among those with higher education and those in the highest wealth quintile.

Adults age 15 and older who reported receiving the results of their last HIV test were asked how long it took to receive the results. Table 13.12 shows that the majority of the population tested received the HIV test results on the same day as the test: 75 percent for women and 59 percent for men age 15-49, and 70 percent for women and 66 percent for men age 50 and over. A sizable proportion received their results within one week of the test: 14-17 percent for women and 22-25 percent for men.

**Table 13.12 Time to get HIV test result**

Percent distribution of women and men age 15-49 and age 50+ who received the results of the last HIV test by the time it took to get the results, Swaziland 2006-07

Time taken to get HIV test results	Women		Men	
	15-49	50+	15-49	50+
Same day	74.7	69.5	58.5	65.5
Within a week	14.3	17.2	22.1	25.2
Within a month	8.1	11.2	13.3	4.8
More than one month	2.9	2.1	6.1	4.5
Total	100.0	100.0	100.0	100.0
Number	1,217	104	709	76

Screening for HIV in pregnant women is a tool for reducing the transmission of HIV from mother to child. Table 13.13 shows that among women who gave birth in the two years preceding the survey, 65 percent received HIV counselling during antenatal care for their most recent birth. Half of the women who gave birth during the two-year period (54 percent) voluntarily accepted an offer of an HIV test and received the test results. The proportion of women who were tested and received the test results increases with level of education and household wealth quintile. There is a substantial gap in receipt of HIV screening services by urban-rural residence. Among pregnant women, 39 percent of those in rural areas were counselled, offered an HIV test, accepted the test, and received the test results, compared with 53 percent in urban areas.

Table 13.13 Pregnant women counselled and tested for HIV

Among all women age 15-49 who gave birth in the two years preceding the survey, the percentage who received HIV counselling during antenatal care for their most recent birth, and percentage who accepted an offer of HIV testing by whether they received their test results, according to background characteristics, Swaziland 2006-07

Background characteristic	Percentage who received HIV counselling during antenatal care <sup>1</sup>	Percentage who were offered and accepted an HIV test during antenatal care and who <sup>2</sup> :		Percentage who were counselled, were offered and accepted an HIV test, and who received results <sup>2</sup>	Number of women who gave birth in the past two years <sup>3</sup>
		Received results	Did not receive results		
<b>Age</b>					
15-24	59.9	52.5	6.7	39.8	581
15-19	53.7	51.9	6.1	36.8	202
20-24	63.2	52.8	7.1	41.4	379
25-29	70.8	54.6	5.7	46.7	256
30-39	67.9	55.0	5.8	42.2	269
40-49	(69.5)	(57.7)	(2.3)	(50.7)	41
<b>Residence</b>					
Urban	78.2	62.8	5.8	53.1	246
Rural	60.8	51.3	6.2	39.4	901
<b>Region</b>					
Hhohho	62.5	41.5	4.8	32.0	311
Manzini	75.2	69.8	4.4	57.5	348
Shiselweni	66.0	54.0	8.3	43.6	247
Lubombo	50.4	46.0	7.9	32.4	241
<b>Education</b>					
No education	50.2	43.5	7.4	25.1	97
Lower primary	51.8	35.3	5.6	28.4	91
Higher primary	59.1	50.3	6.6	38.8	315
Secondary	67.7	58.9	4.5	46.5	393
High school	76.3	59.5	7.6	51.2	200
Tertiary	77.8	65.1	7.7	54.4	51
<b>Wealth quintile</b>					
Lowest	52.7	42.9	7.3	30.3	251
Second	61.3	51.9	5.4	41.1	240
Middle	67.6	51.2	6.9	41.1	245
Fourth	70.3	62.8	6.4	48.6	218
Highest	73.5	63.2	4.2	53.7	193
Total 15-49	64.6	53.7	6.1	42.3	1,147

Note: Figures in parentheses are based on 25-49 unweighted cases..

<sup>1</sup> In this context, "counselled" means that someone talked with the respondent about all three of the following topics: 1) babies getting the AIDS virus from their mother, 2) preventing the virus, and 3) getting tested for the virus.

<sup>2</sup> Only women who were offered the test are included here; women who were either required to take the test or asked for the test are excluded from the numerator of this measure..

<sup>3</sup> Denominator for percentages includes women who did not receive antenatal care for their last birth in the past two years.

## 13.9 SELF-REPORTING OF SEXUALLY TRANSMITTED INFECTIONS

In the 2006-07 SDHS, respondents who had ever had sex were asked if they had contracted a disease through sexual contact in the past 12 months, or if they had exhibited either of two symptoms associated with STIs (a bad-smelling, abnormal discharge from the vagina or penis, or a genital sore or ulcer). Table 13.14 shows the self-reported prevalence of STIs and STI symptoms for women and men.

**Table 13.14 Self-reported prevalence of sexually transmitted infections (STIs) and STI symptoms**

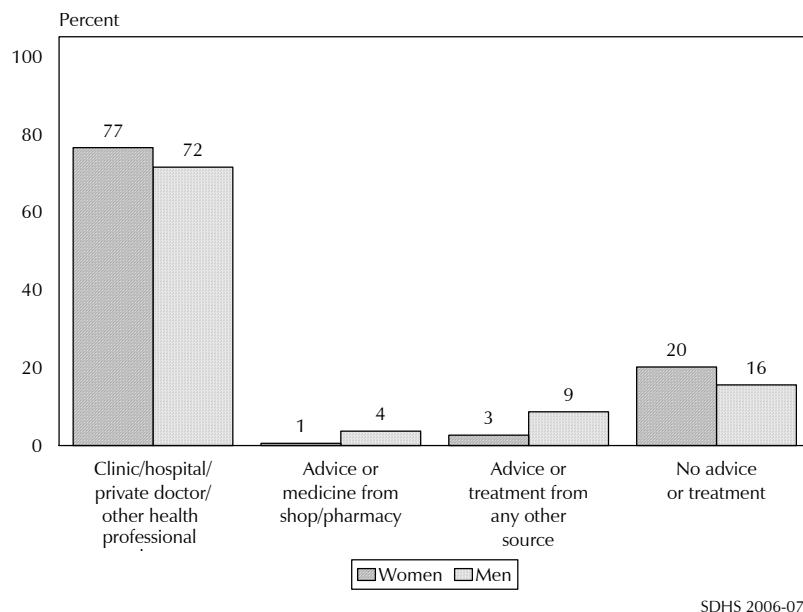
Among women and men age 15-49 who ever had sexual intercourse, the percentage who reported having an STI and/or symptoms of an STI in the past 12 months, and the percentage of women and men age 50 and over ever sexually active reporting an STI and/or symptoms of an STI, by background characteristics, Swaziland 2006-07

Background characteristic	Women				Number of women who ever had sexual intercourse	Men				Number of men who ever had sexual intercourse
	STI	Bad smelling/abnormal genital discharge	Genital sore/ulcer	STI/genital discharge/sore or ulcer		STI	Bad smelling/abnormal genital discharge	Genital sore/ulcer	STI/genital discharge/sore or ulcer	
<b>Age</b>										
15-24	5.7	8.0	7.5	13.0	1,468	7.4	5.8	6.1	10.9	983
15-19	3.2	7.2	5.7	10.8	527	3.5	6.0	4.8	8.9	286
20-24	7.1	8.5	8.5	14.2	941	9.0	5.8	6.7	11.7	697
25-29	9.3	9.2	8.4	14.8	711	12.5	8.1	9.4	16.3	589
30-39	6.2	5.4	7.2	11.6	1,111	7.8	5.5	7.3	10.5	784
40-49	2.9	4.5	4.6	6.4	817	4.0	3.2	4.7	7.1	524
<b>Marital status</b>										
Never married	5.1	6.5	5.8	10.9	1,607	7.9	5.6	6.2	11.2	1,458
Married or living together	7.1	7.8	8.3	13.0	2,062	7.0	5.4	6.5	10.0	1,219
Divorced/separated/widowed	3.5	3.6	5.2	7.5	438	14.0	8.8	14.0	18.2	203
<b>Residence</b>										
Urban	5.5	5.8	5.2	9.7	1,145	7.9	5.3	5.1	9.4	968
Rural	6.1	7.3	7.7	12.4	2,962	7.9	5.9	7.7	12.1	1,912
<b>Region</b>										
Hhohho	5.6	6.4	6.0	10.0	1,113	7.2	4.8	6.8	10.3	800
Manzini	6.3	6.7	5.9	10.8	1,359	8.9	6.2	6.1	10.9	948
Shiselweni	5.4	5.9	7.9	12.0	813	7.8	6.2	7.0	11.9	525
Lubombo	6.1	8.6	9.2	14.7	822	7.5	5.8	8.1	12.2	607
<b>Education</b>										
No education	6.3	8.9	10.1	14.8	393	5.6	4.8	6.3	8.4	275
Lower primary	6.6	9.2	9.9	15.1	327	10.6	8.1	11.3	16.1	300
Higher primary	6.9	8.3	9.3	14.4	1,025	9.0	8.8	6.9	13.6	562
Secondary	6.0	6.6	5.8	11.0	1,282	8.0	5.1	7.8	12.3	737
High school	5.9	5.4	5.6	9.7	741	8.6	4.9	6.1	10.1	685
Tertiary	1.4	1.8	1.5	2.8	339	3.8	2.1	2.5	4.5	320
Total 15-49	5.9	6.9	7.0	11.6	4,107	7.9	5.7	6.9	11.2	2,880
Total 50+	0.5	0.9	1.0	1.6	667	1.4	1.3	1.3	2.6	444

Results show that about 11 percent of both women and men who have ever been sexually active had an STI and/or an STI symptom in the 12 months prior to the survey. Prevalence of an STI or an STI symptom peaks among women (15 percent) and men (16 percent) age 25-29; prevalence is also high among divorced/separated/widowed men (18 percent).

SDHS respondents who reported having an STI or symptoms of an STI in the past 12 months were asked if they sought any advice or treatment for their symptoms and where such advice or treatment was sought. The results in Figure 13.1 indicate that more than 70 percent of both women and men age 15-49 sought advice or treatment from a health facility or health professional. About half of the women and men who did not seek advice or treatment reported that treatment was not necessary (Table 13.15).

**Figure 13.1 Women and Men Seeking Advice or Treatment for STIs**



SDHS 2006-07

**Table 13.15 Reason for not seeking treatment for STIs**

Percent distribution of women and men age 15-49 who did not seek treatment for an STI experienced in the past 12 months by the main reason for not seeking treatment, Swaziland 2006-07

Reason for not seeking treatment	Women	Men
Not necessary	52.2	47.6
Expensive	21.5	10.5
Religious prohibition	1.5	6.2
Other	24.8	20.4
Missing	0.0	15.4
Total	100.0	100.0
Number	101	60

Eight in ten women and seven in ten men informed their partners about their STI or STI symptoms (Table 13.16). While the majority of women and men who had an STI or STI symptom took some action to avoid infecting their partner, many did not. Fifty-seven percent of women and 69 percent of men used medicine and 39 percent of women and 53 percent of men stopped having sex. Only about one-third of respondents resorted to using condoms to avoid infecting their partners (33 percent of women and 38 percent of men).

**Table 13.16 Actions taken when had STI/STI symptoms**

Percentage of women and men 15-49 reporting an STI or symptoms of an STI in the past 12 months who took specific actions, Swaziland 2006-07

Action taken	Women	Men
Informed all partners about problem	79.6	70.7
Informed some but not all partners	0.2	0.5
<b>Took action to avoid infecting partner</b>		
Used medicine	56.7	69.1
Stopped having sex	39.0	53.3
Used condom	32.7	37.6
Number	477	323

### 13.10 PREVALENCE OF MEDICAL INJECTIONS

Non-sterile injections can pose a risk of infection with HIV and other diseases. To measure the potential risk of HIV transmission through medical injections, respondents in the 2006-07 SDHS were asked if they had received an injection in the past 12 months and, if so, the number of injections. The results indicate that more women (37 percent) than men (23 percent) reported receiving a medical injection in the past 12 months. The average number of injections received per person during this period (including people who received no injections at all) is 1.1 injections per woman age 15-49 and 0.7 injections per man age 15-49. There were no substantial differentials by background characteristics.

Table 13.17 Prevalence of medical injections

Percentage of women and men age 15-49 who received at least one medical injection in the past 12 months, the average number of medical injections per person in the past 12 months, and among those who received a medical injection, the percentage of last medical injections for which the syringe and needle were taken from a new, unopened package, by background characteristics, Swaziland 2006-07

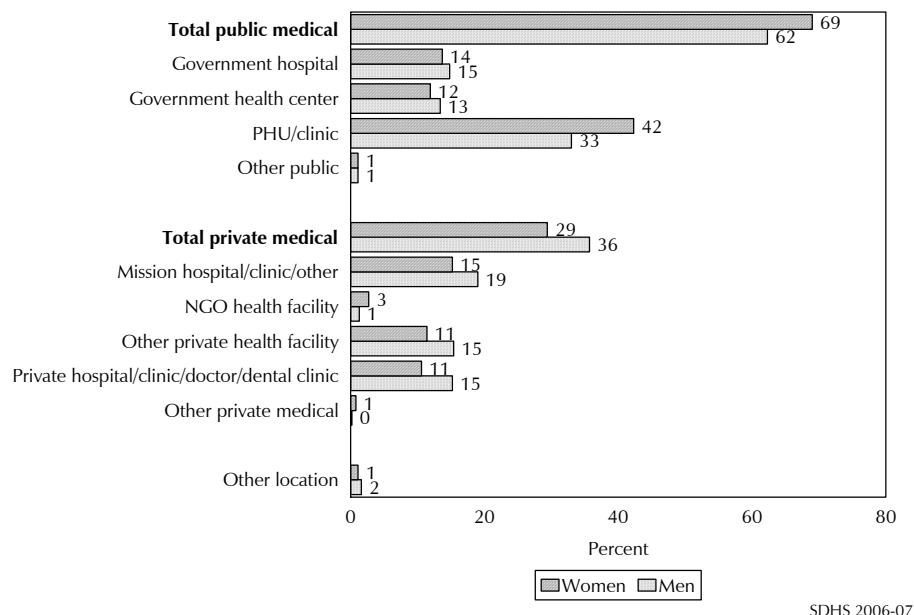
Background characteristic	Women				Men				
	Percentage who received medical injection in past 12 months	Average number of medical injections per person in past 12 months	Number of women	For last injection, syringe and needle were taken from new, unopened package	Number of women who received medical injection in past 12 months	Percentage who received medical injection in past 12 months	Average number of medical injections per person in past 12 months	Number of men	For last injection, syringe and needle were taken from new, unopened package
<b>Age</b>									
15-24	33.4	0.8	2,320	96.3	774	18.2	0.3	2,209	93.9
15-19	27.2	0.6	1,274	95.6	347	16.5	0.3	1,323	95.0
20-24	40.8	1.1	1,046	96.7	427	20.6	0.4	886	92.7
25-29	46.5	1.4	729	97.0	339	29.5	0.7	624	95.5
30-39	41.9	1.4	1,118	97.6	468	27.4	1.6	798	92.1
40-49	33.1	1.3	820	93.9	272	26.1	1.2	525	90.4
<b>Residence</b>									
Urban	38.1	1.3	1,330	95.5	507	24.6	1.0	1,181	95.1
Rural	36.8	1.1	3,657	96.7	1,346	21.9	0.6	2,975	92.5
<b>Region</b>									
Hhohho	37.2	1.0	1,340	96.5	499	23.8	0.8	1,099	94.9
Manzini	34.1	1.1	1,647	96.7	562	21.3	0.6	1,349	96.6
Shiselweni	40.1	1.1	1,033	95.8	414	22.3	0.7	843	88.1
Lubombo	39.1	1.3	966	96.3	378	23.7	0.7	865	91.4
<b>Education</b>									
No education	31.6	1.0	402	93.8	127	22.5	1.3	316	88.2
Lower primary	33.0	0.9	360	97.8	119	18.9	0.5	470	94.7
Higher primary	37.4	1.2	1,268	97.2	475	21.5	0.5	980	93.7
Secondary	37.3	1.1	1,693	96.1	631	24.0	0.6	1,191	92.4
High school	38.9	1.1	894	97.7	348	24.0	1.0	852	96.1
Tertiary	41.5	1.4	370	93.0	153	23.2	1.0	347	91.5
<b>Wealth quintile</b>									
Lowest	34.3	1.1	785	96.7	269	21.2	0.7	601	91.8
Second	35.0	1.0	862	96.1	301	22.0	0.6	665	88.8
Middle	39.0	1.0	968	97.5	378	20.3	0.6	856	94.6
Fourth	38.3	1.1	1,111	96.7	425	23.6	0.7	953	95.2
Highest	37.9	1.3	1,262	95.2	479	24.8	0.9	1,081	94.1
Total 15-49	37.1	1.1	4,987	96.4	1,853	22.7	0.7	4,156	93.3
Note : Medical injections are those given by a doctor, nurse, pharmacist, dentist, or other health worker.									

Respondents who had an injection in the past 12 months were asked where they obtained their last injection. The information is summarized in Figure 13.2. Results indicate that approximately two-thirds of women and men received their medical injections at a public medical facility, and one-third received their injections at a private medical facility. Those who had received injections were further asked if the syringe and needle were taken from a new, previously unopened package. Table 13.17 shows that a majority (over 90 percent) of those who received injections in the previous 12 months were

administered injections with a syringe and needle taken from a new, unopened package. This is observed across all types of health facilities.

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**Figure 13.2 Type of Facility Where Last Medical Injection Was Received**



## 13.11 HIV/AIDS KNOWLEDGE AND SEXUAL BEHAVIOUR AMONG YOUTH

This section addresses HIV and AIDS-related knowledge and sexual behaviour among youth age 15-24. Special attention is paid to this group because it accounts for half of all new HIV infections worldwide (Ross et al., 2006). In addition to knowledge of HIV transmission, data are presented on age at first sex, condom use, age differences between sexual partners, and sex within the context of alcohol use. The section concludes with data on HIV testing among youth.

### 13.11.1 HIV/AIDS-Related Knowledge among Young Adults

Knowledge of how HIV is transmitted is crucial in enabling young people to avoid contracting the virus. Young people are often at greater risk because they may have shorter relationships and with more partners, or engage in other risky behaviours. As discussed earlier, comprehensive knowledge is defined as knowing that: 1) people can reduce their chances of getting HIV by having sex with only one uninfected, faithful partner and by using condoms consistently, 2) a healthy-looking person can have HIV, and 3) HIV cannot be transmitted by mosquito bites or by sharing food with a person who has HIV.

Young respondents were asked the same set of questions on facts and beliefs about HIV transmission as other respondents. Information on the age group's overall level of knowledge of major methods of avoiding HIV and rejection of major misconceptions were discussed previously in Tables

13.3.1 and 13.3.2. Table 13.18 presents the composite indicator, comprehensive knowledge, for young people, by background characteristics.

The results show that the proportion of young women and men with comprehensive knowledge of HIV and AIDS is low, 52 percent for both women and men. Among young women, comprehensive knowledge is higher among young people in urban areas than those in rural areas. Comprehensive knowledge increases with level of education and household wealth quintile among both women and men.

**Table 13.18 Comprehensive knowledge about AIDS and knowledge of a source for condoms among youth**

Percentage of young women and young men age 15-24 with comprehensive knowledge about AIDS and percentage with knowledge of a source for condoms, by background characteristics, Swaziland 2006-07

Background characteristic	Women			Men		
	Percentage with comprehensive knowledge of AIDS <sup>1</sup>	Percentage who know a condom source <sup>2</sup>	Number of women	Percentage with comprehensive knowledge of AIDS <sup>1</sup>	Percentage who know a condom source <sup>2</sup>	Number of men
<b>Age</b>						
15-19	52.0	80.3	1,274	50.4	84.2	1,323
15-17	51.4	76.0	788	46.3	80.9	867
18-19	52.9	87.1	485	58.1	90.6	456
20-24	52.2	91.7	1,046	55.2	93.8	886
20-22	53.7	92.3	668	55.3	94.0	582
23-24	49.5	90.7	379	55.0	93.3	304
<b>Marital status</b>						
Never married	54.7	84.3	1,867	52.6	87.9	2,128
Ever had sex	53.4	90.2	1,016	55.2	94.2	902
Never had sex	56.3	77.2	851	50.6	83.2	1,226
Ever married	41.2	90.1	452	46.4	92.6	81
<b>Residence</b>						
Urban	61.0	88.8	543	58.7	92.1	447
Rural	49.4	84.4	1,776	50.7	87.0	1,762
<b>Region</b>						
Hhohho	54.9	84.8	574	57.2	86.8	509
Manzini	54.6	83.1	780	51.7	89.9	737
Shiselweni	48.2	87.5	520	50.0	88.0	521
Lubombo	48.5	87.8	446	50.5	86.5	443
<b>Education</b>						
No education	21.5	77.7	86	16.8	77.0	81
Lower primary	26.9	73.2	138	19.8	73.7	280
Higher primary	38.6	81.4	636	47.1	85.0	629
Secondary	57.8	87.5	972	59.7	93.0	760
High school	69.9	91.1	431	73.8	95.2	405
Tertiary	77.5	92.9	57	71.0	91.7	53
<b>Wealth quintile</b>						
Lowest	38.8	78.4	378	38.3	83.9	357
Second	48.2	86.1	414	48.1	84.7	406
Middle	50.3	87.8	462	53.4	86.3	518
Fourth	55.5	87.0	537	54.0	90.5	504
Highest	62.8	86.2	528	64.9	94.0	425
Total	52.1	85.4	2,320	52.3	88.1	2,209

<sup>1</sup> Comprehensive knowledge means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chances of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission or prevention. The components of comprehensive knowledge are presented in Tables 13.2, 13.3.1, and 13.3.2.

<sup>2</sup> Friends, family members, and home are not considered a source for condoms.

### 13.11.2 Knowledge of Condom Sources among Young Adults

Condom use among young adults plays an important role in preventing the transmission of HIV and other sexually transmitted infections, as well as preventing unwanted pregnancies. Knowledge of a source for condoms enables young adults to obtain and use condoms. Table 13.18 shows that 85 percent of young women and 88 percent of young men know a source where they can get condoms. The proportion of young people who know where to get condoms increases with level of education and wealth quintile.

### 13.11.3 Age at First Sex

Since HIV transmission in Swaziland occurs predominantly through heterosexual intercourse between an infected and a non-infected person, age at first intercourse marks the point at which most individuals first risk exposure to the virus. Table 13.19 shows the proportion of women and men in the 15-24 age cohort who had sex before age 15 and before age 18. Seven percent of young women and

Table 13.19 Age at first sexual intercourse among youth

Percentage of young women and of young men age 15-24 who had sexual intercourse before age 15 and percentage of young women and of young men age 18-24 who had sexual intercourse before age 18, by background characteristics, Swaziland 2006-07

Background characteristic	Women age 15-24		Women age 18-24		Men age 15-24		Men age 18-24	
	Percentage who had sexual intercourse before age 15	Number of women	Percentage who had sexual intercourse before age 18	Number of women	Percentage who had sexual intercourse before age 15	Number of men	Percentage who had sexual intercourse before age 18	Number of men
<b>Age</b>								
15-19	7.4	1,274	na	na	4.9	1,323	na	na
15-17	7.8	788	na	na	4.9	867	na	na
18-19	6.7	485	51.1	485	4.9	456	29.3	456
20-24	6.4	1,046	46.3	1,046	4.7	886	36.7	886
20-22	7.6	668	46.3	668	5.3	582	37.0	582
23-24	4.2	379	46.4	379	3.5	304	36.2	304
<b>Marital status</b>								
Never married	5.8	1,867	41.7	1,100	4.8	2,128	33.6	1,261
Ever married	11.6	452	63.6	431	5.7	81	42.9	81
<b>Knows condom source<sup>1</sup></b>								
Yes	7.0	1,982	48.2	1,382	4.9	1,945	34.9	1,244
No	6.7	338	44.2	149	4.2	264	25.4	98
<b>Residence</b>								
Urban	4.9	543	44.1	409	5.7	447	37.5	314
Rural	7.5	1,776	49.2	1,123	4.6	1,762	33.2	1,028
<b>Region</b>								
Hhohho	8.1	574	48.2	382	4.7	509	34.7	317
Manzini	5.4	780	44.7	521	4.8	737	35.0	472
Shiselweni	5.8	520	44.9	340	3.6	521	33.1	300
Lubombo	9.5	446	56.6	288	6.3	443	33.4	253
<b>Education</b>								
No education	37.8	86	81.3	72	13.3	81	38.2	61
Lower primary	17.5	138	69.7	86	6.1	280	39.0	133
Higher primary	8.8	636	64.5	334	4.4	629	32.3	276
Secondary	4.1	972	47.2	603	3.6	760	32.5	449
High school	2.0	431	27.5	380	4.4	405	33.5	370
Tertiary	0.0	57	16.5	56	9.5	53	45.9	53
<b>Wealth quintile</b>								
Lowest	11.7	378	55.4	240	5.1	357	33.6	198
Second	9.0	414	55.8	269	4.2	406	28.2	235
Middle	5.2	462	49.6	299	5.1	518	32.9	314
Fourth	5.5	537	44.0	354	4.3	504	39.1	320
Highest	4.9	528	39.4	369	5.3	425	35.5	275
Total	6.9	2,320	47.8	1,531	4.8	2,209	34.2	1,342

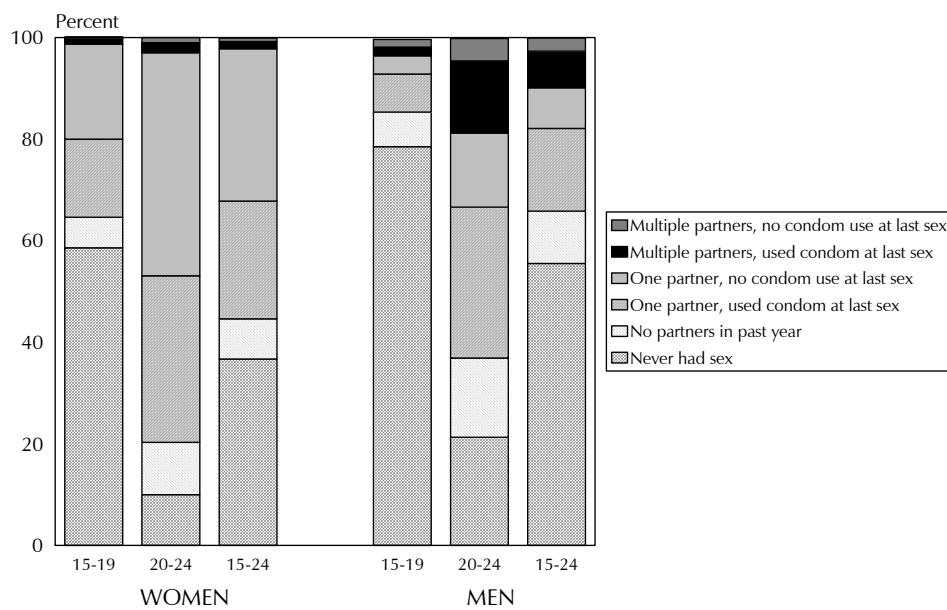
<sup>1</sup> Friends, family members, and home are not considered a source for condoms.

na = Not available

5 percent of young men had sex by age 15 while 48 percent of young women and 34 percent of young men had sex by age 18, which indicates that young women start having sexual intercourse at a younger age than young men. For both women and men, these proportions are higher among ever-married respondents than never-married respondents. The proportion of young people who had sex before the ages of 15 and 18 decreases dramatically with increasing education.

Figure 13.3 shows the distribution of young people by sexual practices, abstinence, being faithful to one partner, and using condoms.

**Figure 13.3 Abstinence, Being Faithful, and Condom Use (ABC) among Young Women and Men**



Note: Data are for the 12 months preceding the survey.

SDHS 2006-07

#### 13.11.4 Condom Use at First Sex

Consistent condom use is promoted by HIV control programmes to reduce the risk of sexual transmission of HIV among sexually active young adults. Young people who use condoms at first sex are more likely to maintain condom use later in life. Condom use at first sex serves as an indicator of reduced risk of exposure to HIV at the beginning of sexual activity.

Table 13.20 shows that, among young people age 15-24 who have ever had sex, 43 percent of women and 49 percent of men used condoms during first sexual intercourse. Never-married young women and men were more likely than ever-married young women and men to report using a condom the first time they had sex. Knowledge of condom source among young men is associated with higher use. Higher educational attainment, higher wealth quintile, and urban residence positively influence the likelihood that young women and men will use condoms the first time they have sexual intercourse.

Table 13.20 Condom use at first sexual intercourse among youth

Among young women and young men age 15-24 who have ever had sexual intercourse, percentage who used a condom the first time they had sexual intercourse, by background characteristics, Swaziland 2006-07

Background characteristic	Women		Men	
	Percentage who used a condom at first sexual intercourse	Number of women who have ever had sexual intercourse	Percentage who used a condom at first sexual intercourse	Number of men who have ever had sexual intercourse
<b>Age</b>				
15-19	52.7	527	52.3	286
15-17	50.3	214	50.1	103
18-19	54.3	313	53.6	183
20-24	37.9	941	48.0	697
20-22	42.0	592	49.1	432
23-24	31.1	349	46.3	266
<b>Marital status</b>				
Never married	47.3	1,016	50.3	902
Ever married	34.1	452	37.3	81
<b>Knows condom source<sup>1</sup></b>				
Yes	43.2	1,324	50.2	925
No	43.1	144	34.6	58
<b>Residence</b>				
Urban	52.4	372	56.7	247
Rural	40.1	1,097	46.7	736
<b>Region</b>				
Hhohho	46.8	359	47.0	221
Manzini	45.7	499	56.7	358
Shiselweni	39.1	306	46.4	209
Lubombo	39.1	304	41.2	196
<b>Education</b>				
No education	27.4	78	37.2	46
Lower primary	32.5	105	40.3	117
Higher primary	35.9	395	39.6	216
Secondary	45.8	563	49.7	315
High school	54.1	286	59.7	251
Tertiary	(60.1)	42	(73.9)	38
<b>Wealth quintile</b>				
Lowest	30.9	257	40.9	147
Second	34.8	282	37.6	154
Middle	45.3	292	46.1	228
Fourth	51.9	318	55.9	255
Highest	50.1	319	59.6	199
Total	43.2	1,468	49.3	983

Note: Figures in parentheses are based on 25-49 unweighted cases.

<sup>1</sup> Friends, family members, and home are not considered a source for condoms.

### 13.11.5 Abstinence and Premarital Sex

Premarital sex and the length of the interval between sexual initiation and marriage (or living together) are among the factors that predispose people to HIV infection. Table 13.21 focuses on never-married young people and shows the percentage who have never had sex, the percentage who had sex in the 12 months preceding the survey, and among those, the percentage who used a condom the last time they had sex. The data show that 46 percent of young women and 58 percent of young men reported that they had never had sex, and the proportion is somewhat higher among young people in rural areas. Among those who reported having sex in the 12 months preceding the survey, more young men (70 percent) than young women (54 percent) reported using a condom during last sexual intercourse. The percentage using condoms increases with increasing level of education and wealth quintile.

**Table 13.21 Premarital sexual intercourse and condom use during premarital sexual intercourse among youth**

Among never-married women and men age 15-24, the percentage who have never had sexual intercourse, the percentage who had sexual intercourse in the past 12 months, and, among those who had premarital sexual intercourse in the past 12 months, the percentage who used a condom at the last sexual intercourse, by background characteristics, Swaziland 2006-07

Background characteristic	Women					Men				
	Percentage who have never had sexual intercourse in past 12 months	Number of never-married women	Percentage who used condom at last sexual intercourse	Number of women	Percentage who have never had sexual intercourse	Percentage who had sexual intercourse in past 12 months	Number of never-married men	Percentage who used condom at last sexual intercourse	Number of men	
<b>Age</b>										
15-19	63.2	30.4	1,181	52.1	359	78.6	14.6	1,320	68.6	193
15-17	74.9	20.5	767	50.2	157	88.1	7.4	867	64.4	65
18-19	41.5	48.8	414	53.5	202	60.3	28.3	453	70.7	128
20-24	15.3	69.6	686	55.6	478	23.4	59.9	807	71.0	484
20-22	16.2	68.2	468	55.6	319	27.2	56.6	554	68.8	313
23-24	13.4	72.7	218	55.5	159	15.1	67.3	254	75.2	171
<b>Knows condom source<sup>1</sup></b>										
Yes	41.8	48.4	1,574	54.5	762	54.6	34.6	1,870	71.3	646
No	66.2	25.5	293	50.2	75	79.8	11.9	258	(49.4)	31
<b>Residence</b>										
Urban	40.9	48.5	420	63.6	204	47.1	41.6	425	80.3	177
Rural	47.0	43.8	1,447	51.0	633	60.3	29.4	1,703	66.8	500
<b>Region</b>										
Hhohho	49.3	42.4	436	57.8	185	59.3	30.1	486	81.6	146
Manzini	44.4	43.0	632	55.5	272	53.2	34.1	712	73.2	243
Shiselweni	46.7	45.3	458	54.4	207	61.2	29.1	510	61.6	148
Lubombo	41.5	50.8	342	47.5	174	58.8	33.2	419	62.8	139
<b>Education</b>										
No education	(16.8)	(73.1)	46	(35.6)	34	48.2	37.7	73	(49.0)	27
Lower primary	32.8	56.7	100	42.0	57	62.5	29.8	261	63.5	78
Higher primary	49.0	41.6	493	48.5	205	67.3	25.9	614	63.7	159
Secondary	50.7	41.1	807	52.0	331	60.7	29.4	733	69.8	215
High school	38.8	49.1	374	67.1	184	39.1	42.8	396	79.3	169
Tertiary	(32.3)	(56.4)	47	(81.6)	27	29.0	54.5	52	(97.4)	28
<b>Wealth quintile</b>										
Lowest	43.8	43.9	277	37.3	122	63.0	28.4	334	60.7	95
Second	39.7	51.8	333	49.5	172	63.9	26.8	395	65.1	106
Middle	45.3	46.4	375	55.7	174	57.3	31.9	506	64.9	161
Fourth	48.9	42.3	449	56.1	190	52.6	35.3	473	76.1	167
Highest	48.1	41.4	433	66.1	180	53.6	35.4	420	79.6	149
Total	45.6	44.8	1,867	54.1	837	57.6	31.8	2,128	70.3	677

Note: Figures in parentheses are based on 25-49 unweighted cases.

<sup>1</sup> Friends, family members, and home are not considered a source for condoms.

### 13.11.6 Higher-Risk Sexual Intercourse and Condom Use among Young People

Tables 13.22.1 and 13.22.2 focus on young women and men age 15-24 who had sexual intercourse in the past 12 months. They show the proportion who engaged in higher-risk sex (i.e., sexual intercourse with a non-marital, non-cohabiting partner) in the past 12 months, and of those, the proportion who used a condom at last higher-risk sex. As noted previously, by definition, sexual intercourse among never-married young people is considered higher-risk sex.

**Table 13.22.1 Higher-risk sexual intercourse among youth and condom use at last higher-risk intercourse in the past 12 months: Women**

Among young women age 15-24 who had sexual intercourse in the past 12 months, the percentage who had higher-risk sexual intercourse in the past 12 months, and among those, the percentage reporting that a condom was used at last higher-risk intercourse, by background characteristics, Swaziland 2006-07

Background characteristic	Women 15-24 who had sexual intercourse in past 12 months		Women 15-24 who had higher-risk intercourse in past 12 months	
	Percentage who had higher-risk intercourse in past 12 months <sup>1</sup>	Number of women	Percentage who reported using a condom at last higher-risk intercourse <sup>1</sup>	Number of women
<b>Age</b>				
15-19	82.2	451	51.9	371
15-17	89.4	179	50.0	160
18-19	77.5	272	53.3	211
20-24	61.1	834	55.8	510
20-22	63.4	517	56.1	328
23-24	57.4	317	55.3	182
<b>Marital status</b>				
Never married	99.3	837	54.1	832
Ever married	10.9	447	(56.1)	49
<b>Knows condom source<sup>2</sup></b>				
Yes	68.8	1,166	54.8	802
No	66.3	119	47.8	79
<b>Residence</b>				
Urban	67.5	324	64.4	219
Rural	68.9	960	50.8	662
<b>Region</b>				
Hhohho	61.4	322	58.9	198
Manzini	69.2	416	56.9	288
Shiselweni	78.3	269	53.5	210
Lubombo	66.3	278	45.5	184
<b>Education</b>				
No education	54.7	73	(44.4)	40
Lower primary	67.4	93	39.4	63
Higher primary	63.8	348	48.9	222
Secondary	68.4	493	52.2	337
High school	79.0	240	67.4	190
Tertiary	76.7	36	(77.7)	28
<b>Wealth quintile</b>				
Lowest	58.7	221	38.5	130
Second	69.3	254	49.1	176
Middle	69.2	261	55.6	181
Fourth	73.8	277	56.5	205
Highest	69.8	271	65.9	189
Total 15-24	68.5	1,285	54.2	880

Note: Figures in parentheses are based on 25-49 unweighted cases.

<sup>1</sup> Sexual intercourse with a non-marital, non-cohabiting partner

<sup>2</sup> Friends, family members, and home are not considered a source for condoms.

**Table 13.22.2 Higher-risk sexual intercourse among youth and condom use at last higher-risk intercourse in the past 12 months: Men**

Among young men age 15-24 who had sexual intercourse in the past 12 months, the percentage who had higher-risk sexual intercourse in the past 12 months, and among those, the percentage reporting that a condom was used at last higher-risk intercourse, by background characteristics, Swaziland 2006-07

Background characteristic	Men 15-24 who had sexual intercourse in past 12 months		Men 15-24 who had higher-risk intercourse in past 12 months	
	Percentage who had higher-risk intercourse in past 12 months <sup>1</sup>	Number of men	Percentage who reported using a condom at last higher-risk intercourse <sup>1</sup>	Number of men
<b>Age</b>				
15-19	97.5	196	68.8	191
15-17	100.0	65	64.4	65
18-19	96.3	131	71.0	126
20-24	90.0	559	71.1	503
20-22	92.9	341	68.5	317
23-24	85.4	218	75.5	187
<b>Marital status</b>				
Never married	98.1	677	70.3	664
Ever married	38.1	78	74.2	30
<b>Knows condom source<sup>2</sup></b>				
Yes	92.3	718	71.5	663
No	(84.7)	37	(48.8)	31
<b>Residence</b>				
Urban	90.6	199	80.0	181
Rural	92.4	556	67.1	513
<b>Region</b>				
Hhohho	89.1	169	82.1	151
Manzini	93.9	268	73.6	252
Shiselweni	96.1	158	60.5	152
Lubombo	87.4	160	63.0	140
<b>Education</b>				
No education	(85.0)	36	(49.7)	30
Lower primary	83.0	95	62.5	79
Higher primary	91.9	173	64.1	159
Secondary	94.3	242	70.9	228
High school	94.1	179	78.6	169
Tertiary	(96.3)	30	(97.4)	29
<b>Wealth quintile</b>				
Lowest	85.9	117	60.7	101
Second	92.4	117	64.2	108
Middle	94.7	171	65.7	162
Fourth	88.7	197	76.7	175
Highest	97.2	153	79.4	149
Total 15-24	91.9	755	70.4	694

Note: Figures in parentheses are based on 25-49 unweighted cases.

<sup>1</sup> Sexual intercourse with a non-marital, non-cohabiting partner

<sup>2</sup> Friends, family members, and home are not considered a source for condoms.

Among sexually active young people age 15-24, 69 percent of women and 92 percent of men reported engaging in higher-risk sexual intercourse in the 12 months preceding the survey. Fifty-four percent of these women and 70 percent of the men used a condom at last higher-risk sexual intercourse. The age pattern in higher-risk sexual behaviour for women and men age 15-24 is a reflection of their age pattern of entry into marriage. The proportion who engage in higher-risk sexual intercourse declines with age, reflecting the increased proportion of men and women who are married or living with a sexual partner. The likelihood of engaging in higher-risk sexual intercourse increases with level of education and

wealth quintile, especially among women. Among young men, the likelihood of engaging in higher-risk sex is high for most background characteristics. Among both young women and young men, use of condoms at last higher-risk sexual intercourse increases with level of education and wealth quintile.

### 13.11.7 Cross-Generational Sexual Partners

To examine age differences between sexual partners, women age 15-19 who had higher-risk sex in the 12 months preceding the survey were asked the age of all their partners. In the event they did not know a partner's exact age, they were asked if the partner was older or younger than they were, and if older, whether the partner was 10 or more years older. The results are shown in Table 13.23. Seven percent of young women who had engaged in higher-risk sex in the past 12 months reported that they had sexual intercourse with a man who was 10 or more years older. In general, this proportion is higher among older girls, girls living in rural areas, and in Hhohho. The likelihood of having higher-risk sexual intercourse with a man ten or more years older seems to decrease with increasing education.

### 13.11.8 Drunkenness during Sexual Intercourse among Young People

Engaging in sexual intercourse while under the influence of alcohol can impair judgment, compromise power relations, and increase risky sexual behaviour. Respondents who had sex in the past 12 months were asked (for each partner) if they or their partner drank alcohol the last time they had sexual intercourse with that partner, and whether they or their partner was drunk. As shown in Table 13.24, the overall prevalence of sexual intercourse when the respondent or the respondent's partner was drunk is low for both women and men (2 percent for women and 3 percent for men).

Table 13.23 Age mixing in sexual relationships among women age 15-19

Percentage of women age 15-19 who had higher-risk sexual intercourse in the past 12 months with a man who was 10 or more years older than themselves, by background characteristics, Swaziland 2006-07

Background characteristic	Percentage of women who had higher-risk intercourse with a man 10+ years older <sup>1</sup>	Number of women who had higher-risk intercourse in the past 12 months <sup>1</sup>
<b>Age</b>		
15-17	5.1	160
18-19	8.7	211
<b>Marital status</b>		
Never married	6.8	358
Ever married	*	13
<b>Knows condom source<sup>2</sup></b>		
Yes	7.6	330
No	(3.5)	40
<b>Residence</b>		
Urban	5.7	84
Rural	7.6	286
<b>Region</b>		
Hhohho	10.6	76
Manzini	7.0	124
Shiselweni	5.6	85
Lubombo	5.8	85
<b>Education</b>		
No education	*	15
Lower primary	13.5	34
Higher primary	8.6	124
Secondary	8.1	139
High school	0.0	56
Tertiary	*	3
<b>Wealth quintile</b>		
Lowest	5.6	63
Second	5.6	76
Middle	2.2	78
Fourth	13.2	90
Highest	8.0	64
Total 15-19	7.1	371

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> Sexual intercourse with a non-marital, non-cohabiting partner

<sup>2</sup> Friends, family members, and home are not considered a source for condoms.

**Table 13.24 Drunkenness during sexual intercourse among youth**

Among all young women and young men age 15-24, the percentage who had sexual intercourse in the past 12 months while being drunk and percentage who had sexual intercourse in the past 12 months when drunk or with a partner who was drunk, by background characteristics, Swaziland 2006-07

Background characteristic	Women			Men		
	Percentage who had sexual intercourse in the past 12 months when drunk	Percentage who had sexual intercourse in the past 12 months when drunk or with a partner who was drunk	Number of women	Percentage who had sexual intercourse in the past 12 months when drunk	Percentage who had sexual intercourse in the past 12 months when drunk or with a partner who was drunk	Number of men
<b>Age</b>						
15-19	0.0	1.0	1,274	0.9	1.0	1,323
15-17	0.0	1.0	788	0.6	0.6	867
18-19	0.0	0.8	485	1.6	1.9	456
20-24	0.6	3.8	1,046	5.9	6.2	886
20-22	0.7	3.3	668	6.1	6.2	582
23-24	0.6	4.5	379	5.6	6.0	304
<b>Marital status</b>						
Never married	0.1	1.7	1,867	2.8	3.0	2,128
Ever married	1.0	4.4	452	5.4	5.4	81
<b>Knows condom source</b>						
Yes	0.3	2.5	1,982	3.3	3.4	1,945
No	0.0	0.7	338	0.2	0.6	264
<b>Residence</b>						
Urban	0.4	2.7	543	4.3	4.6	447
Rural	0.3	2.1	1,776	2.6	2.7	1,762
<b>Region</b>						
Hhohho	0.3	2.5	574	3.9	3.9	509
Manzini	0.1	1.7	780	3.7	3.8	737
Shiselweni	0.4	2.8	520	1.6	1.8	521
Lubombo	0.4	2.1	446	2.2	2.4	443
<b>Education</b>						
No education	2.6	6.9	86	2.9	2.9	81
Lower primary	0.0	3.0	138	0.7	0.7	280
Higher primary	0.1	1.9	636	2.3	2.3	629
Secondary	0.1	1.9	972	4.2	4.6	760
High school	0.6	2.1	431	3.3	3.6	405
Tertiary	0.0	3.0	57	0.0	0.0	53
<b>Wealth quintile</b>						
Lowest	0.6	2.2	378	1.7	1.7	357
Second	0.2	2.9	414	2.8	3.1	406
Middle	0.2	2.5	462	3.6	3.6	518
Fourth	0.3	1.6	537	3.2	3.4	504
Highest	0.1	2.1	528	2.9	3.3	425
Total 15-24	0.3	2.2	2,320	2.9	3.1	2,209

<sup>1</sup> Friends, family members, and home are not considered a source for condoms.

### 13.11.9 HIV Testing and Counselling among Young People

Knowledge of one's own HIV sero-status can motivate a person to practice safe sexual behaviour to avoid transmitting the virus to others. Table 13.25 shows for young women and young men age 15-24 who had sexual intercourse in the past 12 months, the percentage who reported having an HIV test in the past 12 months and received the results of the test. Young women are about four times as likely as young men to have been tested for HIV (28 percent and 7 percent, respectively). While there are no substantial differences in HIV testing levels by most background characteristics, older youth and those who have ever been married are more likely than other youth to have been tested for HIV.

Table 13.25 Recent HIV tests among youth

Among young women and young men age 15-24 who have had sexual intercourse in the past 12 months, the percentage who have had an HIV test in the past 12 months and received the results of the test, by background characteristics, Swaziland 2006-07

Background characteristic	Women		Men	
	Percentage who have been tested for HIV and received results in the past 12 months	Number of women	Percentage who have been tested for HIV and received results in the past 12 months	Number of men
<b>Age</b>				
15-19	22.5	451	4.3	196
15-17	18.3	179	1.9	65
18-19	25.3	272	5.4	131
20-24	30.7	834	7.3	559
20-22	31.7	517	5.0	341
23-24	29.0	317	10.9	218
<b>Marital status</b>				
Never married	26.4	837	5.8	677
Ever married	30.6	447	13.2	78
<b>Knows condom source<sup>1</sup></b>				
Yes	28.1	1,166	6.4	718
No	25.2	119	(8.8)	37
<b>Residence</b>				
Urban	27.6	324	5.4	199
Rural	27.9	960	6.9	556
<b>Region</b>				
Hhohho	23.1	322	3.7	169
Manzini	30.7	416	7.9	268
Shiselweni	32.3	269	6.3	158
Lubombo	24.8	278	7.5	160
<b>Education</b>				
No education	21.3	73	(6.6)	36
Lower primary	16.7	93	8.3	95
Higher primary	28.9	348	5.0	173
Secondary	26.2	493	3.5	242
High school	35.0	240	10.5	179
Tertiary	(33.3)	36	(10.3)	30
<b>Wealth quintile</b>				
Lowest	25.9	221	5.8	117
Second	26.5	254	9.4	117
Middle	29.3	261	6.5	171
Fourth	30.8	277	6.5	197
Highest	26.2	271	5.0	153
Total 15-24	27.8	1,285	6.5	755

Note: Figures in parentheses are based on 25-49 unweighted cases.

<sup>1</sup> Friends, family members, and home are not considered a source for condoms.

## HIV PREVALENCE AND ASSOCIATED FACTORS

*Rachel Masuku*

The 2006-07 SDHS is the first national survey in Swaziland to include HIV testing. A description of the procedures that were followed in collecting the blood samples and conducting the HIV testing is included in Chapter 1. This chapter presents information on the coverage of HIV testing among the eligible population age 2 and older, the prevalence of HIV in the individuals who were tested, and the factors associated with HIV infection in the population.

In Swaziland, as in most of sub-Saharan Africa, national HIV prevalence estimates have been derived primarily from sentinel surveillance of pregnant women. Currently, the national sentinel surveillance system consists of 17 sites in government and mission health facilities selected to represent the different groups, regions, and rural and urban populations in the country.

While the rate of HIV infection in pregnant women has been shown to be a reasonable proxy for the level in the combined male and female adult population in a number of settings (WHO and UNAIDS, 2000), there are several well-recognized limitations in estimating the HIV rate in the general adult population from data derived exclusively from pregnant women attending selected antenatal clinics. First, the ANC data do not capture any information on HIV prevalence in non-pregnant women, nor in women who either do not attend a clinic for pregnancy care or receive antenatal care at facilities not represented in the surveillance system. Pregnant women also are more at risk for HIV infection than women who may be avoiding both HIV and pregnancy through the use of condoms or women who are less sexually active and are therefore less likely to become pregnant or be exposed to HIV infection. In addition, there may be biases in the ANC surveillance data because HIV infection reduces fertility and because knowledge of HIV status may influence fertility choices. Finally, the rates among pregnant women are not a good proxy for male HIV rates.

Thus, the 2006-07 SDHS offers a valuable new resource to complement the ANC surveillance. The HIV prevalence data from the SDHS provide important information to plan the national response, evaluate programme impact, and measure progress on the National HIV/AIDS Strategic Plan 2006-2008. The understanding of the distribution of HIV within the population and the analysis of social, biological, and behavioural factors associated with HIV infection offer new insights about the HIV pandemic in Swaziland that may lead to more precisely targeted messages and interventions.

### 14.1 COVERAGE OF HIV TESTING

All women and men age 15-49 living in the households selected for the 2006/07 SDHS were eligible for the HIV testing component. Children age 2 to 14 years and older adults age 50 years and above in half the households selected for the SDHS sample were also eligible for the HIV testing.

Table 14.1 shows the coverage rates for HIV testing among eligible respondents by reason for not being tested by age and sex. HIV tests were conducted for 85 percent of the 15,144 eligible persons age 2 years and above. Among the reproductive age group (i.e., 15-49) HIV tests were carried out for 87 percent of the 5,301 eligible women and 78 percent of the 4,675 eligible men.

**Table 14.1 Coverage of HIV testing among the population age 2 years and older by age**

Percent distribution of population age 2 years and older eligible for HIV testing by testing status, according to residence and region unweighted), Swaziland 2006-07

Age	Testing status				Total	Number
	DBS tested <sup>1</sup>	Refused to provide blood <sup>2</sup>	Absent at the time of blood collection	Other/missing <sup>3</sup>		
<b>WOMEN</b>						
2-4	86.8	8.2	2.5	2.5	100.0	485
5-9	92.1	4.3	2.2	1.4	100.0	719
10-14	91.7	4.3	1.5	2.6	100.0	817
15-19	90.4	6.6	1.1	1.9	100.0	1,332
20-24	86.7	9.6	1.9	1.8	100.0	1,095
25-29	84.0	12.1	1.8	2.1	100.0	794
30-34	86.1	11.3	1.2	1.4	100.0	662
35-39	86.7	10.2	1.1	2.0	100.0	548
40-44	85.0	11.4	1.7	1.9	100.0	474
45-49	89.9	7.3	1.0	1.8	100.0	396
50-54	88.2	10.0	1.2	0.6	100.0	170
55-59	88.2	10.1	0.0	1.7	100.0	119
60+	86.1	7.9	0.7	5.2	100.0	404
Total 2+	88.1	8.4	1.5	2.1	100.0	8,015
Total 15-49	87.2	9.5	1.4	1.8	100.0	5,301
<b>MEN</b>						
2-4	88.9	7.9	1.8	1.4	100.0	442
5-9	89.7	6.1	1.9	2.3	100.0	789
10-14	89.2	7.3	1.9	1.6	100.0	731
15-19	87.7	8.9	1.8	1.6	100.0	1,354
20-24	74.2	18.8	4.0	3.1	100.0	1,006
25-29	73.2	18.7	4.3	3.8	100.0	739
30-34	72.5	20.7	3.9	2.9	100.0	516
35-39	72.5	21.5	2.4	3.5	100.0	451
40-44	72.3	22.2	2.5	3.1	100.0	325
45-49	77.5	17.6	1.8	3.2	100.0	284
50-54	78.7	13.2	2.2	5.9	100.0	136
55-59	77.9	18.9	0.0	3.2	100.0	95
60+	83.5	11.1	1.1	4.2	100.0	261
Total 2+	81.1	13.7	2.6	2.7	100.0	7,129
Total 15-49	77.6	16.6	3.0	2.8	100.0	4,675
<b>TOTAL</b>						
2-4	87.8	8.1	2.2	1.9	100.0	927
5-9	90.8	5.2	2.1	1.9	100.0	1,508
10-14	90.5	5.7	1.7	2.1	100.0	1,548
15-19	89.0	7.8	1.5	1.7	100.0	2,686
20-24	80.7	14.0	2.9	2.4	100.0	2,101
25-29	78.8	15.3	3.0	2.9	100.0	1,533
30-34	80.1	15.4	2.4	2.0	100.0	1,178
35-39	80.3	15.3	1.7	2.7	100.0	999
40-44	79.8	15.8	2.0	2.4	100.0	799
45-49	84.7	11.6	1.3	2.4	100.0	680
50-54	84.0	11.4	1.6	2.9	100.0	306
55-59	83.6	14.0	0.0	2.3	100.0	214
60+	85.1	9.2	0.9	4.8	100.0	665
Total 2+	84.8	10.9	2.0	2.3	100.0	15,144
Total 15-49	82.7	12.8	2.2	2.3	100.0	9,976

<sup>1</sup> Includes all dried blood samples (DBS) tested at the laboratory and for which there is a result, i.e., positive, negative, or indeterminate. Indeterminate means that the sample went through the entire algorithm, but the final result was inconclusive.

<sup>2</sup> For children age 2-14, "refused" refers to the refusal by the parent to allow the DBS sample to be collected. For never-married youth, either the parent or the youth themselves may have refused.

<sup>3</sup> Includes: 1) other results of blood collection (e.g., technical problem in the field), 2) lost specimens, 3) non-corresponding bar codes, 4) other lab results such as blood not tested for technical reason, not enough blood to complete the algorithm, etc. and 5) persons for whom a final result of the testing is missing

Based on the reason for non-response, respondents who were not tested are divided into three categories:

- Those who refused testing when asked for informed consent by the technician (11 percent for individuals age 2 years and above and 13 percent for those age 15-49). There were more refusals among men (17 percent) than women (10 percent) for the age group 15-49.
- Those who were interviewed in the survey, but who were not at home when the technician arrived for testing and were not found on callbacks (2 percent for both persons age 2 years above and for persons age 15-49).
- Those for whom test results are missing for some other reason, such as they were incapable of giving consent for testing, there was a mismatch between the questionnaire and the blood sample, or there was a technical problem in taking blood (2 percent for both persons age 2 years and above and for persons age 15-49 years).

Looking at age patterns, coverage rates were at or near 90 percent among males age 2-19 years before falling steeply to a level of 74 percent in the 20-24 cohort. Coverage continued to fall gradually to a low of 72 percent among men in the 40-44 age group, before rising to 84 percent among men age 60 and older. Among women, coverage rates exceeded 90 percent for those age 5-19 years and ranged between 85 and 90 percent in the other age groups.

Table 14.2 shows coverage rates for HIV testing by residence, education, and wealth. Rural residents were more likely to be tested than their urban counterparts. For women, the rates in urban and rural areas were 80 percent and 91 percent, respectively. Among men, coverage rates were 72 percent for the urban residents and 85 percent for rural dwellers. Differences in HIV testing coverage by region are comparatively small; the highest rate was 91 percent for Shiselweni and the lowest was 86 percent for Manzini. Considering the relationship with education, those with little or no education are more likely to have been tested while men and women with high school and tertiary education were least likely to be tested. Similarly, those in the highest quintile of the wealth index were least likely to be tested.

Additional tables describing the relationship between participation in the HIV testing and characteristics related to HIV risk are presented in Appendix A (see Tables A.3-A.6). Overall, the results in those tables do not show a systematic relationship between participation in the test and variables associated with higher risk of HIV infection. The results from a multivariate analysis investigating the effect of non-response on HIV prevalence are summarized in Appendix D. This analysis also supports the conclusion that non-response did not introduce significant bias in the HIV prevalence results.

**Table 14.2 Coverage of HIV testing among population age 2 years and older by selected background characteristics**

Percent distribution of population age 2 years and older eligible for HIV testing by testing status, according to selected background characteristics (unweighted), Swaziland 2006-07

Background characteristic	Testing status					Total	Number		
	DBS tested <sup>1</sup>	Refused to provide blood <sup>2</sup>	Absent at the time of blood collection	Other/missing <sup>3</sup>					
<b>WOMEN</b>									
<b>Residence</b>									
Urban	79.7	16.0	1.9	2.4	100.0	2,168			
Rural	91.2	5.5	1.4	1.9	100.0	5,847			
<b>Region</b>									
Hhohho	86.9	9.9	1.6	1.6	100.0	2,013			
Manzini	86.3	9.8	1.7	2.3	100.0	2,317			
Shiselweni	91.3	6.5	1.0	1.1	100.0	1,836			
Lubombo	88.4	6.8	1.7	3.1	100.0	1,849			
<b>Education</b>									
No education	88.1	6.9	1.6	3.3	100.0	1,498			
Lower primary	91.6	4.1	1.7	2.6	100.0	1,437			
Higher primary	91.8	5.7	0.7	1.7	100.0	1,774			
Secondary	89.1	8.0	1.6	1.4	100.0	1,839			
High school	82.4	14.0	1.8	1.7	100.0	980			
Tertiary	71.7	25.4	1.9	1.1	100.0	473			
<b>Wealth quintile</b>									
Lowest	92.1	4.8	0.9	2.2	100.0	1,289			
Second	91.3	5.0	2.0	1.7	100.0	1,297			
Middle	90.0	6.3	1.3	2.4	100.0	1,372			
Fourth	88.7	8.0	1.5	1.8	100.0	1,475			
Highest	77.8	17.8	1.9	2.5	100.0	1,830			
Total	88.1	8.4	1.5	2.1	100.0	8,015			
<b>MEN</b>									
<b>Residence</b>									
Urban	71.7	22.6	2.9	2.8	100.0	2,071			
Rural	85.0	10.0	2.4	2.6	100.0	5,058			
<b>Region</b>									
Hhohho	79.9	15.0	2.3	2.7	100.0	1,759			
Manzini	79.1	15.2	3.3	2.5	100.0	2,023			
Shiselweni	83.5	12.8	2.6	1.1	100.0	1,559			
Lubombo	82.4	11.4	2.0	4.1	100.0	1,788			
<b>Education</b>									
No education	84.9	10.3	1.7	3.2	100.0	1,315			
Lower primary	86.7	8.5	2.1	2.7	100.0	1,552			
Higher primary	83.3	12.1	2.5	2.0	100.0	1,416			
Secondary	80.3	14.8	2.5	2.5	100.0	1,385			
High school	74.6	18.4	4.2	2.8	100.0	967			
Tertiary	63.0	30.9	3.3	2.9	100.0	486			
<b>Wealth quintile</b>									
Lowest	86.5	7.9	2.5	3.1	100.0	1,057			
Second	81.9	11.4	2.8	3.8	100.0	1,024			
Middle	83.1	12.1	2.7	2.1	100.0	1,167			
Fourth	77.8	17.6	2.1	2.5	100.0	1,333			
Highest	71.9	22.3	3.1	2.7	100.0	1,718			
Total	81.1	13.7	2.6	2.7	100.0	7,129			

*Continued...*

Table 14.2—Continued

Background characteristic	DBS tested <sup>1</sup>	Testing status			Total	Number			
		Refused to provide blood <sup>2</sup>	Absent at the time of blood collection	Other/missing <sup>3</sup>					
TOTAL									
<b>Residence</b>									
Urban	75.8	19.2	2.4	2.6	100.0	4,239			
Rural	88.3	7.6	1.9	2.2	100.0	10,905			
<b>Region</b>									
Hhohho	83.6	12.3	1.9	2.1	100.0	3,772			
Manzini	82.9	12.3	2.4	2.4	100.0	4,340			
Shiselweni	87.7	9.4	1.7	1.1	100.0	3,395			
Lubombo	85.5	9.0	1.9	3.6	100.0	3,637			
<b>Education</b>									
No education	86.6	8.5	1.6	3.3	100.0	2,813			
Lower primary	89.1	6.4	1.9	2.6	100.0	2,989			
Higher primary	88.1	8.6	1.5	1.8	100.0	3,190			
Secondary	85.3	10.9	2.0	1.8	100.0	3,224			
High school	78.5	16.2	3.0	2.3	100.0	1,947			
Tertiary	67.3	28.2	2.6	2.0	100.0	959			
<b>Wealth quintile</b>									
Lowest	89.6	6.2	1.6	2.6	100.0	2,346			
Second	87.2	7.8	2.4	2.6	100.0	2,321			
Middle	86.8	8.9	1.9	2.3	100.0	2,539			
Fourth	83.5	12.6	1.8	2.1	100.0	2,808			
Highest	74.9	20.0	2.5	2.6	100.0	3,548			
Total	84.8	10.9	2.0	2.3	100.0	15,144			

Note: Totals include 18 respondents for whom information on education level is missing (12 women and 6 men).

<sup>1</sup> Includes all dried blood samples (DBS) tested at the laboratory and for which there is a result, i.e., positive, negative, or indeterminate. Indeterminate means that the sample went through the entire algorithm, but the final result was inconclusive.

<sup>2</sup> For children (age 2-14), “refused” refers to the refusal by the parent to allow the DBS sample to be collected. For never-married youth, either the parent or the youth themselves may have refused.

<sup>3</sup> Includes: 1) other results of blood collection (e.g., technical problem in the field), 2) lost specimens, 3) non-corresponding bar codes, and 4) other lab results such as blood not tested for technical reason, not enough blood to complete the algorithm, etc. and 5) persons for whom a final result of the testing is missing

## 14.2 HIV PREVALENCE

### 14.2.1 HIV Prevalence by Age

The 2006-07 SDHS found that 19 percent of the population age 2 years and older and 26 percent of the population age 15-49 is living with HIV/AIDS (Table 14.3). HIV prevalence is higher among women than men (22 percent and 15 percent, respectively).

Looking at the age pattern, Table 14.3 shows that HIV prevalence is 5 percent among the population age 2-4 and declines gradually to 3 percent in the 10-14 age group. The prevalence among women age 15-19 is 10 percent compared with 2 percent among men in the same age. Prevalence rises sharply with age among women age 15 years and older, peaking at 49 percent among those in the 25-29 age group before falling to a level of 7 percent among those age 60 years and older. Among men age 15 years and older, the HIV rate rises more gradually with age to a peak at age 35-39 (45 percent), before declining to 13 percent among men age 60 years and older.

**Table 14.3 HIV prevalence among population age 2 years and older by age**

Among the de facto population age 2 years and older who were tested, the percentage HIV-1 positive, by age, Swaziland 2006-07

Age	Women		Men		Total	
	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number
2-4	4.8	427	5.5	393	5.1	820
5-9	3.6	670	4.8	697	4.2	1,367
10-14	3.3	741	1.9	651	2.6	1,392
15-19	10.1	1,151	1.9	1,272	5.8	2,423
20-24	38.4	922	12.4	779	26.5	1,701
25-29	49.2	648	27.8	553	39.3	1,201
30-34	45.2	536	43.7	380	44.6	916
35-39	37.7	441	44.9	321	40.8	762
40-44	27.9	382	40.7	230	32.7	612
45-49	21.4	342	27.9	229	24.0	571
50-54	24.3	144	28.3	106	26.0	250
55-59	9.6	102	17.4	70	12.7	172
60+	7.0	342	13.3	227	9.5	569
Total 2+	22.1	6,850	14.9	5,906	18.8	12,756
Total 15-49	31.1	4,424	19.7	3,763	25.9	8,187
Total 50+	11.7	588	17.9	402	14.2	990

<sup>1</sup> HIV positive refers only to those infected with HIV-1. For population age 12 and older, only individuals who were interviewed and tested are considered in the calculation of the HIV rate.

#### 14.2.2 HIV Prevalence by Residence, Region, and Wealth

Table 14.4 indicates that generally urban residents have a significantly higher risk of HIV infection than rural residents. Much of that greater risk can be attributed to the fact that prevalence among the population of reproductive age is substantially higher in urban areas compared with rural areas. Prevalence among urban women age 15-49 is 37 percent compared with 29 percent for rural women in the same age group, translating to a 1.3 urban-rural risk ratio of HIV infection. For men age 15-49, the risk associated with urban residence is slightly greater than that observed among women. Twenty-six percent of urban men are HIV positive compared with 17 percent of rural men, representing an urban-rural risk ratio of 1.5. Among older adults and children age 2-14, HIV prevalence is not significantly higher in urban than in rural areas.

Table 14.4 HIV prevalence among the population age 2 years and older by residence, region, and wealth quintile

Percentage HIV positive among population age 2 and older who were tested by residence, region, and wealth quintile, according to age and sex, Swaziland 2006-07

Background characteristic	2-14 years <sup>1</sup>		15-49 years <sup>1</sup>		50 years and older <sup>1</sup>		Total	
	Percentage HIV positive <sup>2</sup>	Number						
WOMEN								
<b>Residence</b>								
Urban	4.2	300	36.8	1,171	12.5	80	29.3	1,551
Rural	3.7	1,541	29.1	3,254	11.5	509	20.0	5,303
<b>Region</b>								
Hhohho	4.1	472	33.8	1,193	11.2	148	24.2	1,814
Manzini	5.5	527	30.4	1,459	13.2	182	22.9	2,168
Shiselweni	1.9	463	29.1	917	7.7	164	18.7	1,544
Lubombo	3.1	378	31.0	855	16.2	95	22.0	1,328
<b>Wealth quintile</b>								
Lowest	1.0	267	31.6	711	13.8	153	22.0	1,130
Second	3.1	224	32.1	775	10.6	136	23.8	1,135
Middle	5.1	221	31.5	873	8.8	116	24.5	1,210
Fourth	6.3	214	31.8	991	12.4	116	26.0	1,321
Highest	4.3	192	29.4	1,075	12.5	67	24.9	1,333
Total	3.7	1,841	31.2	4,425	11.7	588	22.1	6,854
MEN								
<b>Residence</b>								
Urban	3.7	234	25.5	1,071	18.5	75	21.4	1,379
Rural	4.0	1,512	17.3	2,699	17.7	329	12.9	4,541
<b>Region</b>								
Hhohho	3.6	443	23.1	1,002	20.7	117	17.4	1,562
Manzini	3.0	493	18.4	1,224	22.2	127	14.5	1,844
Shiselweni	5.4	452	16.0	767	9.5	85	11.9	1,304
Lubombo	3.8	359	20.9	776	15.6	76	15.5	1,211
<b>Wealth quintile</b>								
Lowest	5.0	232	19.8	561	12.3	125	15.0	918
Second	2.7	183	19.8	607	27.2	77	16.9	868
Middle	2.3	204	17.0	787	20.3	62	14.3	1,053
Fourth	3.3	184	21.1	856	22.6	74	18.3	1,114
Highest	3.0	151	20.4	959	9.9	67	17.6	1,177
Total	4.0	1,746	19.7	3,770	17.8	404	14.9	5,921
TOTAL								
<b>Residence</b>								
Urban	4.0	534	31.4	2,242	15.4	155	25.6	2,930
Rural	3.8	3,053	23.8	5,953	14.0	838	16.8	9,844
<b>Region</b>								
Hhohho	3.9	915	28.9	2,195	15.4	265	21.0	3,375
Manzini	4.3	1,020	24.9	2,683	16.9	309	19.1	4,012
Shiselweni	3.6	915	23.1	1,685	8.3	248	15.6	2,848
Lubombo	3.5	737	26.2	1,632	15.9	171	18.9	2,539
<b>Wealth quintile</b>								
Lowest	2.8	499	26.4	1,272	13.1	277	18.9	2,048
Second	2.9	407	26.7	1,382	16.6	214	20.8	2,003
Middle	3.8	425	24.6	1,660	12.8	178	19.7	2,263
Fourth	4.9	398	26.8	1,847	16.3	190	22.4	2,435
Highest	3.7	343	25.1	2,033	11.2	134	21.5	2,510
Total	3.9	3,587	25.9	8,195	14.2	993	18.8	12,774

<sup>1</sup> For the population 12 and older, includes only de facto household members who were interviewed and tested.

<sup>2</sup> HIV positive refers only to those infected with HIV-1.

The HIV epidemic also exhibits some degree of regional heterogeneity, with the prevalence rate in the population age 2 and older ranging from 16 percent in Shiselweni to 21 percent in Hhohho. The regional differential is especially marked in the case of older adults; 8 percent of the population age 50 and older is HIV positive in Shiselweni compared with 15-17 percent in the other three regions.

Table 14.4 also shows that the proportion of HIV positive does not vary in a uniform manner with the wealth quintile.

### 14.2.3 HIV Prevalence by Education and Employment

Table 14.5 examines the relationship between HIV prevalence and education and employment for women and men age 15 years and above. Among women age 15-49, the HIV prevalence rate is lowest among those with a tertiary education (27 percent) and highest among those with a lower primary education (34 percent). Among men, the educational differentials are larger than among women. The HIV infection rate is highest among those with no education (31 percent) while men with higher primary and secondary education have the lowest infection rates (16 percent and 17 percent, respectively).

**Table 14.5 HIV prevalence by education and employment status: Women and men age 15 and older**

Percentage HIV positive among population age 15 and older who were tested by selected education and employment status, according to age and sex, Swaziland 2006-07

Background characteristic	15-49 years		50 years and older		Total	
	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number
<b>WOMEN</b>						
<b>Education</b>						
No education	29.6	1,347	*	0	29.6	1,347
Lower primary	33.8	785	8.5	136	30.1	921
Higher primary	33.3	795	12.4	135	30.2	930
Secondary	30.5	779	8.8	51	29.2	830
High school	30.1	511	*	8	29.6	519
Tertiary	26.8	177	*	15	25.8	192
<b>Employment (past 12 months)</b>						
Not employed	26.2	2,361	10.8	390	24.0	2,752
Employed	38.1	1,919	13.4	190	35.9	2,110
Missing	20.0	143	10.0	7	19.5	151
Total	31.1	4,424	11.7	588	28.9	5,012
<b>MEN</b>						
<b>Education</b>						
No education	30.7	286	*	0	30.7	286
Lower primary	22.5	424	34.2	74	24.3	498
Higher primary	16.1	915	17.2	79	16.2	994
Secondary	17.1	1,097	14.2	51	17.0	1,148
High school	20.6	756	17.5	11	20.6	767
Tertiary	23.5	286	10.7	27	22.4	313
<b>Employment (past 12 months)</b>						
Not employed	9.7	1,708	15.1	211	10.3	1,919
Employed	28.0	2,054	20.5	184	27.4	2,239
Missing	*	1	*	7	*	8
Total	19.7	3,763	17.9	402	19.5	4,165

*Continued...*

Table 14.5—Continued

Background characteristic	15-49 years		50 years and older		Total	
	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number
TOTAL						
<b>Education</b>						
No education	29.8	1,632	*	0	29.8	1,632
Lower primary	29.9	1,209	17.6	211	28.0	1,419
Higher primary	24.1	1,710	14.2	214	23.0	1,924
Secondary	22.7	1,876	11.5	101	22.1	1,977
High school	24.4	1,267	10.2	19	24.2	1,286
Tertiary	24.8	463	11.5	42	23.7	504
<b>Employment (past 12 months)</b>						
Not employed	19.3	4,069	12.3	601	18.4	4,670
Employed	32.9	3,973	16.9	375	31.5	4,348
Missing	19.8	144	23.0	14	20.1	159
Total	25.9	8,187	14.2	990	24.6	9,177

Note: Table is based on de facto household members who were interviewed and tested. Totals include 5 respondents for whom information on education level is missing (4 women and 1 man). An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> HIV positive refers only to those infected with HIV-1.

Among the population age 15-49, women and men who are employed have higher infection rates than their counterparts who are not employed (38 percent compared with 26 percent among women and 28 percent compared with 10 percent for men). Similarly, among older adults, employed women and men have higher infection rates than their unemployed counterparts.

#### 14.2.4 HIV Prevalence by Sociodemographic Characteristics

Tables 14.6.1 through 14.6.3 present the relationship between HIV prevalence and a number of other sociodemographic variables for women, men, and the total population age 15 years and older, respectively. Looking at the patterns for women, marital status is strongly related to HIV prevalence. For example, women age 15-49 who are widowed or who are divorced or separated have significantly higher rates (56 percent and 51 percent, respectively) than those who are married or living together (33 percent). HIV rates are lowest for women in this age group who have never been in a union (26 percent). The patterns among older women are generally similar, with divorced, separated, and widowed women having higher HIV prevalence than other women. A sizeable proportion (5 percent) of women age 15 and older who said that they never had sex were HIV positive; this suggests that some women may have failed to report sexual activity or that there has been some degree of nonsexual transmission of HIV, e.g., through blood transfusion or unsterile injections.

Among currently married women, HIV infection does not vary much by type of union. Women who are in a polygynous union have the same prevalence rate as women who are not in a polygamous union. Somewhat surprisingly, women who are not in any form of union have an equally high prevalence rate. The highest prevalence is found among women who are uncertain if their husband (partner) has another wife (partner).

Table 14.6.1 HIV prevalence by demographic characteristics: Women age 15 and older

Percentage HIV positive among women age 15 and older who were tested, by demographic characteristics, Swaziland 2006-07

Demographic characteristic	15-49 years		50 years and older		Total	
	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number
<b>Marital status</b>						
Never married	25.9	2,213	(8.7)	33	25.6	2,247
Ever had sex	37.1	1,433	(9.1)	32	36.5	1,465
Never had sex	5.2	780	*	1	5.2	781
Married/living together	32.5	1,811	8.1	236	29.7	2,047
Divorced or separated	51.3	146	(22.6)	28	46.7	174
Widowed	55.7	254	13.9	291	33.4	545
<b>Type of union</b>						
In polygynous union	30.9	340	5.1	17	29.7	357
Not in polygynous union	31.1	1,193	15.2	93	29.9	1,286
Not currently in union	30.2	2,613	11.2	473	27.3	3,085
Don't know/missing	40.6	277	*	6	40.1	283
<b>Times slept away from home in past 12 months</b>						
None	29.2	1,231	10.4	208	26.5	1,439
1-2	25.4	713	16.6	93	24.3	806
3-4	31.3	503	14.8	72	29.2	575
5+	34.3	1,962	9.9	210	32.0	2,172
Missing	(27.6)	41	*	9	(27.6)	51
<b>Time away in past 12 months</b>						
Away for more than one month	38.5	628	15.4	91	35.6	718
Away for less than one month	30.3	2,549	11.6	285	28.4	2,834
Not away	29.3	1,236	10.4	208	26.6	1,445
Missing	(17.4)	36	*	6	(17.3)	42
<b>Currently pregnant</b>						
Pregnant	37.7	241	-	-	-	-
Not pregnant or not sure	30.8	4,183	-	-	-	-
<b>ANC for last birth in the past 3 years</b>						
ANC provided by the public sector	38.7	994	-	-	-	-
ANC provided by other than the public sector	34.5	380	-	-	-	-
No ANC/no birth in past 3 years	28.3	3,049	-	-	-	-
Total	31.1	4,424	11.7	588	28.9	5,012

Note: Table is based on de facto household members who were interviewed and tested. Total for women includes 2 respondents for whom information on receipt of ANC for last birth is missing. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> HIV positive refers only to those infected with HIV-1.

In the 2006-07 SDHS respondents were asked whether they spent any time in the past 12 months away from home, and in the same time period, whether they were away from home for more than one month. The survey results show that, in general, women who sleep away from home more frequently have higher prevalence rates than women who stay at home. For example, women age 15-49 who slept away from home five or more times have a prevalence rate of 34 percent compared with 25 percent for women who slept away from home only once or twice. Similarly, women who were away for more than one month have a higher prevalence rate than women who were never away.

HIV prevalence among women who were pregnant at the time of the SDHS interview was 38 percent. The prevalence rate among women who received antenatal care (ANC) at a public sector provider prior to a live birth in the three-year period before the survey was 39 percent. Both these figures

compare fairly well with results from the 2006 Sentinel Surveillance, which obtained a rate of 39 percent among pregnant women attending antenatal care at public facilities.

The relationships between HIV prevalence and the various sociodemographic characteristics among men are generally similar to the patterns observed among women (Table 14.6.2). Men who are widowed or divorced or separated have the highest HIV prevalence levels. Around 2 percent of never-married men who say they never had sex also are infected, which may be a result of misreporting of sexual activity or due to nonsexual transmission of HIV. Considering the type of current union, around one in two men who were in polygynous unions was infected with HIV.

Table 14.6.2 HIV prevalence by demographic characteristics: Men age 15 and older

Percentage HIV positive among men age 15 and older who were tested, by demographic characteristics, Swaziland 2006-07

Demographic characteristic	15-49 years		50 years and older		Total	
	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number
<b>Marital status</b>						
Never married	9.9	2,520	*	6	10.0	2,526
Ever had sex	16.9	1,329	*	6	17.0	1,335
Never had sex	2.1	1,191	*	0	2.1	1,191
Married/living together	36.3	1,059	16.0	318	31.6	1,377
Divorced or separated	54.5	132	(18.6)	27	48.5	159
Widowed	67.5	52	(26.8)	52	47.1	104
<b>Type of union</b>						
In polygynous union	50.0	54	32.4	13	46.6	66
Not in polygynous union	35.6	999	23.5	64	34.8	1,063
Not currently in union	13.2	2,704	16.1	317	13.5	3,021
Don't know/missing	*	7	*	8	*	14
<b>Times slept away from home in past 12 months</b>						
None	15.9	1,351	15.6	136	15.8	1,487
1-2	14.4	477	18.9	60	14.9	537
3-4	18.3	403	14.3	43	17.9	445
5+	25.2	1,505	19.6	158	24.7	1,664
Missing	(17.7)	27	*	5	(22.9)	32
<b>Time away in past 12 months</b>						
Away for more than one month	24.4	585	21.9	70	24.1	655
Away for less than one month	21.0	1,797	17.8	194	20.7	1,991
Not away	15.9	1,356	15.6	136	15.9	1,493
Missing	(18.5)	25	*	2	*	27
<b>Male circumcision</b>						
Circumcised	21.8	306	-	-	-	-
Not circumcised	19.5	3,457	-	-	-	-
Total	19.7	3,763	17.9	402	19.5	4,165

Note: Table is based on de facto household members who were interviewed and tested. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> HIV positive refers only to those infected with HIV-1.

As expected, men who sleep away from home more frequently have higher infection rates; 25 percent of men age 15-49 who slept away from home five or more times in the 12 months preceding the survey were infected compared with 16 percent who did not sleep away from home. Similarly, men who are away from home for comparatively long periods of time (always more than one month) have a somewhat greater risk of HIV infection than those who are never away and those who are away for less than one month at a time.

**Table 14.6.3 HIV prevalence by demographic characteristics: Women and men age 15 and older**

Percentage HIV positive among women and men age 15 and older who were tested, by demographic characteristics, Swaziland 2006-07

Demographic characteristic	15-49 years		50 years and older		Total	
	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number
<b>Marital status</b>						
Never married	17.4	4,733	(13.5)	39	17.3	4,772
Ever had sex	27.4	2,762	(13.9)	38	27.2	2,800
Never had sex	3.3	1,971	*	1	3.3	1,972
Married/living together	33.9	2,870	12.6	554	30.5	3,423
Divorced or separated	52.9	278	20.7	55	47.5	333
Widowed	57.7	306	15.8	343	35.6	648
<b>Type of union</b>						
In polygynous union	33.5	394	(17.0)	30	32.3	423
Not in polygynous union	33.1	2,192	18.6	157	32.2	2,349
Not currently in union	21.5	5,317	13.1	790	20.5	6,107
Don't know/missing	40.7	284	*	14	39.7	298
<b>Times slept away from home in past 12 months</b>						
None	22.2	2,582	12.4	345	21.1	2,927
1-2	21.0	1,190	17.5	153	20.6	1,343
3-4	25.5	906	14.6	115	24.3	1,021
5+	30.4	3,467	14.1	369	28.8	3,836
Missing	(27.6)	41	*	9	(27.6)	51
<b>Time away in past 12 months</b>						
Away for more than one month	31.7	1,213	18.2	161	30.1	1,374
Away for less than one month	26.5	4,346	14.1	479	25.2	4,825
Not away	22.3	2,592	12.4	345	21.1	2,937
Missing	(17.4)	36	*	6	(17.3)	42
Total	25.9	8,187	14.2	990	24.6	9,177

Note: Table is based on de facto household members who were interviewed and tested. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> HIV positive refers only to those infected with HIV-1.

#### 14.2.5 HIV Prevalence by Sexual Behaviour Indicators

Tables 14.7.1 through 14.7.3 examine the variation in prevalence of HIV infection by sexual behaviour indicators among the ever sexually active population age 15 years and older. In reviewing the results, it is important to remember that responses about sexual risk behaviour may be subject to reporting bias. Also, sexual behaviour in the past 12 months preceding the survey may not adequately reflect lifetime sexual risk.

Table 14.7.1 HIV prevalence by sexual behaviour: Women age 15 and older

Percentage HIV positive among ever sexually active women age 15 and older who were tested for HIV, by sexual behaviour characteristics, Swaziland 2006-07

Sexual behaviour characteristic	15-49 years		50 years and older		Total	
	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number
<b>Age at first sexual intercourse</b>						
<16	37.4	907	15.5	137	34.5	1,044
16-17	35.8	1,131	10.3	138	33.0	1,269
18-19	37.6	814	7.5	112	33.9	926
20+	32.2	483	12.7	196	26.6	679
Missing	42.3	305	*	1	42.2	306
<b>Higher-risk intercourse in past 12 months<sup>2</sup></b>						
Had higher-risk intercourse	42.1	1,365	(29.8)	17	42.0	1,383
Had sexual intercourse, not higher risk	31.6	1,696	9.0	141	29.8	1,837
No sexual intercourse in past 12 months	38.8	578	11.9	426	27.4	1,004
<b>Number of sexual partners in past 12 months</b>						
0	38.8	577	11.8	424	27.3	1,001
1	35.8	2,989	11.4	156	34.6	3,145
2	52.3	68	*	1	51.4	69
3+	*	4	*	1	*	5
Missing	*	1	*	2	*	4
<b>Number of higher-risk partners in past 12 months<sup>3</sup></b>						
0	33.4	2,274	11.2	567	29.0	2,842
1	41.8	1,305	29.8	17	41.7	1,322
2	47.6	58	na	na	na	na
3+	64.5	2	na	na	na	na
<b>Condom use</b>						
Ever used a condom	42.7	1,999	na	na	na	na
Never used a condom	29.4	1,632	na	na	na	na
Missing	*	8	na	na	na	na
<b>Condom use at last sexual intercourse in past 12 months</b>						
Used condom	44.4	1,118	(22.4)	25	43.9	1,143
Did not use condom	31.6	1,941	9.1	133	30.2	2,075
No sexual intercourse in past 12 months	38.8	578	11.9	426	27.4	1,004
Missing	*	2	*	0	*	2
<b>Condom use at last higher-risk intercourse in past 12 months<sup>2</sup></b>						
Used condom	44.9	730	*	4	44.8	734
Did not use condom	39.0	635	*	13	38.8	648
No higher-risk intercourse/no intercourse past 12 months	33.4	2,274	11.2	567	29.0	2,842
<b>Number of lifetime partners</b>						
1	22.9	1,249	7.5	234	20.5	1,483
2	38.3	1,062	10.7	195	34.0	1,257
3-4	46.9	938	15.5	104	43.8	1,042
5-9	53.9	236	(30.7)	33	51.0	268
10+	57.9	44	*	8	51.9	52
Missing	44.7	111	*	11	42.8	122
Total	36.7	3,640	11.7	584	33.2	4,224

Note: Table is based on de facto household members who were interviewed and tested. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

na = Not applicable

<sup>1</sup> HIV positive refers only to individuals infected with HIV-1.

<sup>2</sup> Sexual intercourse with a partner who was neither a spouse nor lived with the respondent. For respondents age 15-49, refers to any of three most recent partners in the 12-month period before the survey. For respondents age 15-49, refers to last partner in the 12-month period before the survey.

<sup>3</sup> A partner who was neither a spouse nor lived with the respondent. For respondents age 15-49, refers to any of three most recent partners in the 12-month period before the survey. For respondents age 15-49, refers to last partner in the 12-month period before the survey.

Table 14.7.2 HIV prevalence by sexual behaviour: Men age 15 and older

Percentage HIV positive among ever sexually active men age 15 and older who were tested for HIV, by sexual behaviour characteristics, Swaziland 2006-07

Sexual behaviour characteristic	15-49 years		50 years and older		Total	
	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number
<b>Age at first sexual intercourse</b>						
<16	18.8	380	*	20	18.7	400
16-17	31.7	627	(14.7)	37	30.7	664
18-19	24.4	712	22.9	76	24.2	788
20+	32.2	835	17.0	261	28.6	1,096
Missing	(21.6)	18	*	0	(21.6)	18
<b>Higher-risk intercourse in past 12 months<sup>2</sup></b>						
Had higher-risk intercourse	26.9	1,307	(30.3)	33	26.9	1,340
Had sexual intercourse, not higher risk	34.2	911	14.5	260	29.8	1,172
No sexual intercourse in past 12 months	15.2	353	22.7	101	16.8	453
<b>Number of sexual partners in past 12 months</b>						
0	14.9	345	22.7	101	16.6	446
1	28.0	1,707	14.6	259	26.2	1,966
2	35.9	456	*	23	35.6	479
3+	38.0	50	*	11	36.7	61
Missing	(34.4)	12	*	1	*	13
<b>Number of higher-risk partners in past 12 months<sup>3</sup></b>						
0	28.9	1,264	16.8	361	26.2	1,625
1	26.4	976	(30.3)	33	26.5	1,009
2	27.1	292	na	na	27.1	292
3+	(36.2)	39	na	na	36.2	39
<b>Condom use</b>						
Ever used a condom	30.7	2,020	na	na	na	na
Never used a condom	17.6	550	na	na	na	na
Missing	*	1	na	na	na	na
<b>Condom use at last sexual intercourse in past 12 months</b>						
Used condom	28.3	1,047	(31.9)	44	28.5	1,091
Did not use condom	31.3	1,171	13.5	249	28.1	1,420
No sexual intercourse in past 12 months	15.2	353	22.7	101	16.8	453
<b>Condom use at last higher-risk intercourse in past 12 months<sup>2</sup></b>						
Used condom	25.0	857	*	12	25.2	869
Did not use condom	30.4	450	*	21	30.2	471
No higher-risk intercourse/no intercourse past 12 months	28.9	1,264	16.8	361	26.2	1,625
<b>Number of lifetime partners</b>						
1	6.2	322	*	12	6.2	334
2	14.7	319	(9.6)	35	14.2	354
3-4	28.2	637	25.4	64	28.0	701
5-9	30.7	656	18.3	108	29.0	764
10+	45.9	478	17.9	118	40.3	596
Missing	30.9	159	16.0	57	27.0	215
Total	27.9	2,571	17.9	394	26.5	2,965

Note: Table is based on de facto household members who were interviewed and tested. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

na = Not applicable

<sup>1</sup> HIV positive refers only to individuals infected with HIV-1.

<sup>2</sup> Sexual intercourse with a partner who was neither a spouse nor lived with the respondent. For respondents age 15-49, refers to any of three most recent partners in the 12-month period before the survey. For respondents age 15-49, refers to last partner in the 12-month period before the survey.

<sup>3</sup> A partner who was neither a spouse nor lived with the respondent. For respondents age 15-49, refers to any of three most recent partners in the 12-month period before the survey. For respondents age 15-49, refers to last partner in the 12-month period before the survey.

For women, there is a clear pattern of higher HIV prevalence with earlier sexual debut. Women age 15-49 years who started having sex at an early age (before age 16) have higher HIV prevalence than those with a later sexual debut (37 percent compared with 32 percent). A similar pattern is also noted for women age 50 years and above (16 percent compared with 13 percent). This pattern is not evident among men.

Having a higher-risk sexual partner (non-marital, non-cohabiting partner) in the 12 months preceding the survey increases the risk of infection. Forty-two percent of women age 15-49 years who had higher-risk sex are infected with HIV compared with 32 percent of women who are sexually active but did not have a higher-risk partner. In contrast, men age 15-49 years reporting a higher-risk partner in the past year have a slightly lower HIV prevalence than sexually active men who did not have a higher-risk partner (27 percent and 34 percent, respectively).

Condoms, when used properly, are an effective way of preventing the transmission of HIV and other STIs. Although this would suggest that HIV rates should be lower among condom users, there are a number of factors that may influence the direction of the relationship. For example, condom use rates may be higher among individuals who are infected because they are seeking to protect an uninfected partner. Also, reported condom use cannot be assumed to be “correct condom use.” Thus, it is not surprising that the association between condom use and infection levels is not uniform. Infection rates among men who used condoms at the last sexual encounter and at last higher-risk intercourse in the year before the survey are slightly lower compared with the infection rates for men who were also in the same situation but failed to use condoms. Among women, the opposite pattern is observed: condom use in the past year is associated with markedly higher levels of HIV infection.

The risk of contracting HIV is assumed to increase with the number of lifetime partners that an individual has. The SDHS results support this assumption. The HIV infection rate increases from 23 percent among women age 15-49 who have had only one partner to 58 percent among women who report having had ten or more sexual partners. Similarly, the HIV rate among men age 15-49 rises sharply with the number of partners, from 6 percent among men with one partner to 46 percent among men having ten or more partners.

**Table 14.7.3 HIV prevalence by sexual behaviour: Women and men age 15 and older**

Percentage HIV positive among ever sexually active women and men age 15 and older who were tested for HIV, by sexual behaviour characteristics, Swaziland 2006-07

Sexual behaviour characteristic	15-49 years		50 years and older		Total	
	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number
<b>Age at first sexual intercourse</b>						
<16	31.9	1,287	15.7	157	30.2	1,444
16-17	34.4	1,758	11.2	176	32.3	1,933
18-19	31.4	1,526	13.7	188	29.5	1,713
20+	32.2	1,318	15.1	458	27.8	1,775
Missing	41.2	323	*	1	41.1	324
<b>Higher-risk intercourse in past 12 months<sup>2</sup></b>						
Had higher-risk intercourse	34.7	2,672	(30.1)	50	34.6	2,723
Had sexual intercourse, not higher risk	32.5	2,607	12.6	402	29.8	3,009
No sexual intercourse in past 12 months	29.9	931	14.0	526	24.1	1,458
<b>Number of sexual partners in past 12 months</b>						
0	29.8	922	13.9	525	24.0	1,447
1	33.0	4,696	13.4	415	31.4	5,111
2	38.0	524	*	24	37.6	548
3+	41.4	55	*	11	39.2	66
Missing	(36.6)	13	*	3	*	17
<b>Number of higher-risk partners in past 12 months<sup>3</sup></b>						
0	31.8	3,538	13.4	928	28.0	4,467
1	35.2	2,281	(30.1)	50	35.1	2,331
2	30.5	350	na	na	na	na
3+	37.9	41	na	na	na	na
<b>Condom use</b>						
Ever used a condom	36.7	4,019	na	na	na	na
Never used a condom	26.4	2,182	na	na	na	na
Missing	6.4	10	na	na	na	na
<b>Condom use at last sexual intercourse in past 12 months</b>						
Used condom	36.6	2,165	28.5	69	36.4	2,234
Did not use condom	31.5	3,113	12.0	383	29.4	3,495
No sexual intercourse in past 12 months	29.9	931	14.0	526	24.1	1,458
Missing	*	2	*	0	*	2
<b>Condom use at last higher-risk intercourse in past 12 months<sup>2</sup></b>						
Used condom	34.1	1,587	*	16	34.1	1,603
Did not use condom	35.4	1,086	(28.1)	34	35.2	1,119
No higher-risk intercourse/no intercourse past 12 months	31.8	3,538	13.4	928	28.0	4,467
<b>Number of lifetime partners</b>						
1	19.5	1,571	7.5	246	17.9	1,817
2	32.8	1,382	10.5	229	29.7	1,611
3-4	39.3	1,575	19.3	168	37.4	1,743
5-9	36.8	892	21.2	141	34.7	1,033
10+	46.9	522	18.1	127	41.3	648
Missing	36.6	270	17.1	67	32.7	337
Total	33.0	6,211	14.2	978	30.5	7,189

Note: Table is based on de facto household members who were interviewed and tested. Totals include 2 male respondents for whom information on number of sexual partners in the past 12 months is missing and 4 female respondents for whom information on condom use is missing. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

na = Not applicable

<sup>1</sup> HIV positive refers only to individuals infected with HIV-1.

<sup>2</sup> Sexual intercourse with a partner who was neither a spouse nor lived with the respondent. For respondents age 15-49, refers to any of three most recent partners in the 12-month period before the survey. For respondents age 15-49, refers to last partner in the 12-month period before the survey.

<sup>3</sup> A partner who was neither a spouse nor lived with the respondent. For respondents age 15-49, refers to any of three most recent partners in the 12-month period before the survey. For respondents age 15-49, refers to last partner in the 12-month period before the survey.

### 14.3 HIV PREVALENCE BY OTHER CHARACTERISTICS RELATED TO HIV RISK

Table 14.8 presents the variation in HIV prevalence with a number of other characteristics related to HIV risk among men and women age 15 years and older who ever had sex. As expected, women and men with a history of a sexually transmitted infection (STI) or STI symptoms have higher rates of HIV infection than those with none. For example, among women age 15-49, 54 percent who report having an STI or STI symptoms are HIV positive, compared with 34 percent of women who did not have an STI or STI symptoms.

Table 14.8 HIV prevalence by other characteristics related to HIV risk: Women and men age 15 and older

Percentage HIV positive among ever sexually active women and men age 15 and older who were tested for HIV, by whether had an STI in the past 12 months and by prior testing for HIV, Swaziland 2006-07

Characteristic	15-49 years		50 years and older		Total	
	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number
<b>WOMEN</b>						
<b>Sexually transmitted infection in past 12 months</b>						
Had STI or STI symptoms	53.6	439	*	10	52.8	449
No STI, no symptoms	33.5	2,593	11.3	123	32.5	2,717
Don't know/missing	37.9	608	11.7	451	26.8	1,058
<b>Prior HIV testing</b>						
Ever tested	39.8	1,735	24.1	106	38.9	1,841
Received results	39.4	1,556	20.4	93	38.4	1,649
Did not receive results	42.6	179	*	13	43.1	192
Never tested	33.6	1,884	8.9	458	28.8	2,343
Missing	*	20	*	20	(33.5)	40
Total	36.7	3,640	11.7	584	33.2	4,224
<b>MEN</b>						
<b>Sexually transmitted infection in past 12 months</b>						
Had STI or STI symptoms	48.4	314	*	11	48.5	325
No STI, no symptoms	27.0	1,882	15.6	250	25.7	2,132
Don't know/missing	15.0	375	19.5	133	16.2	509
<b>Prior HIV testing</b>						
Ever tested	38.2	625	33.1	80	37.7	705
Received results	37.0	575	27.1	66	36.0	641
Did not receive results	52.0	50	*	14	54.2	64
Never tested	24.5	1,937	14.2	304	23.1	2,241
Missing	*	9	*	10	*	19
Total	27.9	2,571	17.9	394	26.5	2,965
<b>TOTAL</b>						
<b>Sexually transmitted infection in past 12 months</b>						
Had STI or STI symptoms	51.4	752	*	21	51.0	774
No STI, no symptoms	30.8	4,476	14.2	373	29.5	4,848
Don't know/missing	29.2	983	13.5	584	23.4	1,567
<b>Prior HIV testing</b>						
Ever tested	39.4	2,360	28.0	186	38.5	2,546
Received results	38.8	2,131	23.2	159	37.7	2,290
Did not receive results	44.6	229	(56.8)	26	45.9	256
Never tested	29.0	3,821	11.1	763	26.0	4,584
Missing	(50.0)	29	(10.0)	30	29.8	60
Total	33.0	6,211	14.2	978	30.5	7,189

Note: Table is based on de facto household members who were interviewed and tested. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> HIV positive refers only to those infected with HIV-1.

The uptake of HIV testing in Swaziland remains well below 40 percent in the adult population (see Chapter 13). As might be expected from this finding, women and men who have been tested for HIV have higher rates of HIV infection than those who have never been tested. For example, 38 percent of men who have been tested for HIV are positive, compared with 25 percent of men who have never been tested.

Table 14.9 provides further information on the relationship between prior HIV testing and the HIV status of women and men in Swaziland. The results suggest that the majority (61 percent) of individuals who are HIV positive are not aware of their status. Among those infected with the virus, women are much more likely to have been tested previously than are men (56 percent and 71 percent, respectively).

Table 14.9 Prior HIV testing by current HIV status

Percent distribution of women and men age 15-49 by HIV testing status prior to the survey, according to whether HIV positive or negative, Swaziland 2006

HIV testing prior to the survey	15-49 years		50 years and older		Total	
	HIV positive <sup>1</sup>	HIV negative	HIV positive <sup>1</sup>	HIV negative	HIV positive <sup>1</sup>	HIV negative
<b>WOMEN</b>						
Previously tested, received result of last test	44.0	31.9	27.7	14.2	43.2	29.3
Previously tested, did not receive result of last test	6.6	4.0	9.5	1.3	6.7	3.6
Not previously tested	48.6	63.8	59.8	80.9	49.1	66.3
Missing	0.8	0.3	3.0	3.5	0.9	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,378	3,046	69	520	1,446	3,565
<b>MEN</b>						
Previously tested, received result of last test	28.8	13.2	24.8	14.6	28.5	13.3
Previously tested, did not receive result of last test	3.5	1.1	11.8	1.6	4.2	1.1
Not previously tested	67.2	85.0	62.1	81.1	66.8	84.6
Missing	0.4	0.8	1.3	2.8	0.5	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	741	3,022	72	330	813	3,352
<b>TOTAL</b>						
Previously tested, received result of last test	38.7	22.6	26.2	14.4	37.9	21.6
Previously tested, did not receive result of last test	5.5	2.6	10.7	1.4	5.8	2.4
Not previously tested	55.1	74.3	61.0	81.0	55.5	75.2
Missing	0.7	0.5	2.2	3.2	0.8	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	2,119	6,068	141	850	2,260	6,917

<sup>1</sup> HIV positive refers only to individuals infected with HIV-1.

## 14.4 HIV PREVALENCE AND MALE CIRCUMCISION

As discussed in Chapter 12, male circumcision is considered to have a protective effect for HIV infection, in part because of physiological differences that increase the susceptibility to HIV infection among uncircumcised men. As Table 14.10 shows, the relationship between HIV prevalence and circumcision status is not in the expected direction. Circumcised men have a slightly higher HIV infection rate than men who are not circumcised (22 percent compared with 20 percent). It is worth noting that the relationship between male circumcision and HIV infection may be confounded by the fact that the circumcision may not involve the full removal of the foreskin, which provides partial protection. As is the case with other findings, additional analysis is needed to determine if this lack of a relationship between male circumcision and HIV infection is a result of confounding factors or represents the true situation.

## 14.5 HIV PREVALENCE AMONG YOUTH

Young people living with HIV are more likely to have been more recently infected compared with adults. Consequently, statistics on variation of HIV prevalence among youth are critical in understanding the patterns of recent HIV infections.

Table 14.11 presents HIV prevalence among youth by several demographic and socioeconomic characteristics. Overall, 14 percent of youth are infected with HIV. Prevalence of HIV is nearly four times higher among young women than among young men (23 percent compared with 6 percent).

HIV rates are higher among married or cohabiting youth than among unmarried youth. As expected, young pregnant women have a higher infection rate than young non-pregnant women (35 percent compared with 22 percent). HIV prevalence among youth living in urban areas is slightly higher than that of rural areas (18 percent compared with 13 percent). Youth in the Hhohho region have the highest HIV prevalence compared with those from other regions.

The prevalence of HIV among the small numbers of youth with no education is more than five times higher than that of youth with more than secondary education (32 percent compared with 6 percent). Among young women with no education, one in two is infected, while 13 percent of young men with no education are infected.

Table 14.10 HIV prevalence by male circumcision

Among men age 15-49 who were tested for HIV, the percentage HIV positive by whether circumcised or not, according to background characteristics, Swaziland 2006-07

Background characteristic	Circumcised		Not circumcised	
	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number
<b>Age</b>				
15-19	(0.0)	53	2.0	1,218
20-24	(8.8)	53	12.6	727
25-29	(26.2)	46	27.9	507
30-34	(26.5)	39	45.7	341
35-39	45.3	61	44.8	260
40-44	(22.8)	29	43.2	201
45-49	(22.4)	26	28.5	203
<b>Residence</b>				
Urban	24.5	140	25.7	930
Rural	19.6	165	17.2	2,527
<b>Region</b>				
Hhohho	23.2	92	23.1	909
Manzini	21.7	113	18.1	1,110
Shiselweni	(15.2)	51	16.2	712
Lubombo	(26.3)	50	20.6	726
<b>Education</b>				
No education	(30.9)	29	31.1	256
Primary	18.2	97	18.1	1,240
Secondary	25.4	139	18.1	1,718
More than secondary	(12.3)	41	25.0	243
<b>Wealth quintile</b>				
Lowest	(20.3)	32	19.8	529
Second	(23.1)	39	19.6	568
Middle	(17.0)	47	17.0	738
Fourth	37.4	76	19.6	775
Highest	13.3	112	21.3	847
Total 15-49	21.8	306	19.5	3,457

Note: Table is based on de facto household members who were interviewed and tested. Figures in parentheses are based on 25-49 unweighted cases.

<sup>1</sup> HIV positive refers only to individuals infected with HIV-1.

Table 14.11 HIV prevalence by background characteristics: Young people age 15-24

Percentage HIV positive among women and men age 15-24 who were tested for HIV, by background characteristics, Swaziland 2006-07

Background characteristic	Women		Men		Total	
	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number
<b>Age</b>						
15-19	10.1	1,151	1.9	1,271	5.8	2,422
15-17	6.2	717	1.4	836	3.6	1,553
18-19	16.4	435	2.7	435	9.6	870
20-24	38.4	922	12.3	780	26.5	1,702
20-22	35.6	583	9.1	527	23.0	1,110
23-24	43.3	339	19.1	252	33.0	592
<b>Marital status</b>						
Never married	17.8	1,670	4.9	1,980	10.8	3,650
Ever had sex	28.3	915	8.6	824	19.0	1,739
Never had sex	5.0	756	2.1	1,156	3.3	1,912
Married/living together	42.2	384	29.9	59	40.6	443
Divorced/separated/widowed	*	19	*	12	(56.7)	31
<b>Currently pregnant</b>						
Pregnant	34.8	142	na	na	na	na
Not pregnant or not sure	21.8	1,931	na	na	na	na
<b>Residence</b>						
Urban	27.0	486	7.2	412	17.9	899
Rural	21.3	1,587	5.5	1,638	13.3	3,226
<b>Region</b>						
Hhohho	27.8	516	5.5	483	17.0	998
Manzini	20.7	696	6.2	673	13.5	1,369
Shiselweni	21.9	459	5.3	486	13.4	945
Lubombo	20.5	403	6.3	409	13.4	812
<b>Education</b>						
No education	49.5	80	12.8	76	31.6	156
Primary	26.1	705	5.3	850	14.7	1,555
Secondary	19.4	1,245	6.0	1,086	13.2	2,331
More than secondary	(11.1)	44	(0.0)	39	5.9	83
<b>Wealth quintile</b>						
Lowest	24.7	338	7.5	341	16.1	679
Second	23.0	375	5.9	377	14.4	751
Middle	23.5	416	5.2	486	13.6	902
Fourth	21.8	489	7.3	464	14.7	953
Highest	21.2	455	3.4	384	13.0	839
Total	22.7	2,074	5.9	2,051	14.3	4,124

Note: Table is based on de facto household members who were interviewed and tested. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

na = Not applicable

<sup>1</sup> HIV positive refers only to individuals infected with HIV-1.

Table 14.12 presents HIV prevalence rates by sexual behaviour indicators among youth age 15-24 who ever had sexual intercourse. Young women whose first sex was with a man ten or more years older have a higher prevalence of HIV (40 percent) compared with those whose first partner was less than ten years older (31 percent). Although the numbers are small, especially among women, there is a marked increase in the infection rates among both female and male youth who had two or more partners in the 12 months prior to the survey.

Young women who said that a condom was used during their first sexual encounter have a lower prevalence of HIV (29 percent) than those who did not use a condom (35 percent). The same is true for young men age 15-24: those who used a condom at first sex have a lower prevalence of HIV (8 percent) than those who did not use a condom (12 percent). Use of a condom at last sexual intercourse is associated with a substantially lower infection rate among young men and a somewhat higher infection rate among young women.

Table 14.12 HIV prevalence by sexual behaviour: Young people age 15-24

Percentage HIV positive among ever sexually active women and men age 15-24 who were tested for HIV, by sexual behaviour, Swaziland 2006-07

Sexual behaviour characteristic	Women		Men		Total	
	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number	Percentage HIV positive <sup>1</sup>	Number
<b>Relative age of first sexual partner</b>						
10+ years older	39.9	133	na	na	na	na
<10 years older/same age/ younger/don't know	31.0	1,113	na	na	na	na
Missing	47.3	72	na	na	na	na
<b>Higher-risk intercourse in past 12 months<sup>2</sup></b>						
Had higher-risk intercourse	31.6	794	11.0	631	22.5	1,425
Had sexual intercourse, not higher risk	39.1	359	23.7	57	37.0	416
No sexual intercourse in past 12 months	25.3	166	5.9	207	14.5	373
<b>Number of sexual partners in past 12 months</b>						
0	25.3	166	5.9	207	14.5	373
1	33.4	1,108	9.7	489	26.1	1,596
2	(44.2)	42	16.4	171	21.8	213
3+	*	3	(29.7)	26	(34.5)	29
<b>Number of higher-risk partners in past 12 months<sup>3</sup></b>						
0	34.7	524	9.7	264	26.3	788
1	30.9	753	8.8	447	22.7	1,200
2	(42.6)	38	14.9	159	20.3	197
3+	*	2	(27.0)	25	(29.2)	27
<b>Condom use</b>						
Ever used a condom	37.3	789	11.5	682	25.3	1,471
Never used a condom	26.3	525	8.0	213	21.0	738
Missing	*	4	*	0	*	4
<b>Condom use at first sex</b>						
Used condom	29.0	568	8.3	419	20.2	987
Did not use condom	35.2	733	12.2	467	26.3	1,200
<b>Condom use at last sexual intercourse in past 12 months</b>						
Used condom	35.8	502	9.5	444	23.5	946
Did not use condom	32.5	650	16.7	244	28.2	894
No sexual intercourse in past 12 months	25.3	166	5.9	207	14.5	373
Total	32.8	1,318	10.6	895	23.9	2,213

Note: Table is based on de facto household members who were interviewed and tested. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

na=Not applicable

<sup>1</sup> HIV positive refers only to individuals infected with HIV-1.

<sup>2</sup> Sexual intercourse with a partner who was neither a spouse nor lived with the respondent

<sup>3</sup> A partner who was neither a spouse nor lived with the respondent, among the last three partners in the past 12 months

## 14.6 HIV PREVALENCE AMONG COUPLES

Both partners were tested in a total of 701 cohabiting couples in the SDHS. Results presented in Table 14.13 indicate that, among 55 percent of the cohabiting couples, both partners were HIV negative. Both partners were HIV positive among 29 percent of the couples. In eight percent of the couples, the male partner was infected and the female partner was not, while in nine percent, the female partner was infected and the male partner was not.

**Table 14.13 HIV prevalence among couples**

Percent distribution of couples living in the same household, both of whom were tested for HIV, by HIV status, according to background characteristics, Swaziland 2006-07

Background characteristic	Both HIV positive <sup>1</sup>	Man HIV positive <sup>1</sup> , woman HIV negative	Woman HIV positive <sup>1</sup> , man HIV negative	Both HIV negative	Total	Number
<b>Woman's age</b>						
15-19	22.7	12.2	15.0	50.1	100.0	46
20-29	36.0	6.4	10.2	47.3	100.0	316
30-39	23.8	9.3	7.7	59.1	100.0	242
40-49	20.7	5.4	3.0	70.8	100.0	97
<b>Man's age</b>						
15-19	*	*	*	*	100.0	1
20-29	28.9	5.2	15.5	50.4	100.0	172
30-39	36.8	8.5	6.5	48.2	100.0	286
40-49	19.4	8.5	6.5	65.6	100.0	242
<b>Age difference between partners</b>						
Woman older	*	*	*	*	100.0	22
Same age/man older by 0-4 years	27.5	4.5	10.0	58.0	100.0	271
Man older by 5-9 years	28.4	9.6	6.3	55.7	100.0	277
Man older by 10-14 years	24.0	8.5	11.2	56.3	100.0	102
Man older by 15+ years	51.7	16.9	9.4	21.9	100.0	29
<b>Type of union</b>						
Monogamous	26.6	5.8	9.7	57.9	100.0	525
Polygynous	35.8	11.1	5.6	47.5	100.0	67
Don't know/missing	35.2	14.5	5.8	44.5	100.0	109
<b>Residence</b>						
Urban	33.3	7.1	11.9	47.7	100.0	231
Rural	26.6	7.9	7.1	58.4	100.0	470
<b>Region</b>						
Hhohho	29.9	7.8	8.2	54.2	100.0	217
Manzini	29.0	5.4	8.6	57.0	100.0	230
Shiselweni	26.6	9.4	9.1	55.0	100.0	111
Lubombo	28.6	9.9	9.3	52.2	100.0	143
<b>Woman's education</b>						
No education	23.3	7.4	16.1	53.2	100.0	90
Primary	32.3	8.1	10.0	49.5	100.0	229
Secondary	31.6	9.0	6.5	52.9	100.0	306
More than secondary	13.7	1.2	4.7	80.4	100.0	76
<b>Man's education</b>						
No education	27.0	13.2	9.0	50.8	100.0	91
Primary	28.3	8.6	10.5	52.6	100.0	219
Secondary	34.3	5.8	8.5	51.4	100.0	277
More than secondary	18.1	6.0	5.4	70.6	100.0	115
<b>Wealth quintile</b>						
Lowest	21.7	10.1	10.6	57.6	100.0	120
Second	34.4	11.5	8.5	45.7	100.0	116
Middle	27.2	6.3	7.7	58.8	100.0	108
Fourth	39.9	5.0	8.7	46.4	100.0	134
Highest	23.9	6.6	8.2	61.3	100.0	224
Total	28.8	7.7	8.7	54.8	100.0	701

Note: The table is based on couples for which a valid test result (positive or negative) is available for both partners. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> HIV positive refers only to individuals infected with HIV-1.

## ADULT AND MATERNAL MORTALITY

*Ann A. Way*

Earlier in this report, estimates of mortality during the first years of life were presented and discussed. This chapter examines the data relating to adult mortality collected in the 2006-07 Swaziland SDHS. The chapter specifically considers information obtained in the survey on maternal mortality, that is, the level of adult female mortality related to pregnancy and childbearing.

### 15.1 DATA

To obtain data on adult and maternal mortality, the 2006-07 SDHS questionnaire included a sibling survivorship history, which obtained a detailed account of the survivorship of all of the live-born children of the respondent's mother (i.e., maternal siblings). To obtain the sibling history, each respondent was first asked to give the total number of her mother's live births. The respondent was next asked to provide a list of all of the children born to her mother starting with the first-born. Then the respondent was asked whether each of these siblings was still alive at the survey date. For living siblings, current age was collected; for deceased siblings, age at death and years since death were collected. Interviewers were instructed that when a respondent could not provide precise information on age at death or years since death, approximate but quantitative answers were acceptable. For sisters who died at ages 12 years or above, three questions were used to determine whether the death was maternity-related: “*Was [NAME OF SISTER] pregnant when she died?*” and if negative, “*Did she die during childbirth?*” and if negative, “*Did she die within two months after the end of a pregnancy or childbirth?*” An additional question determined whether the death was due to an accident or other violent act. These data allow direct estimation of overall adult mortality (by age and sex) and maternal mortality.

The estimation of adult and maternal mortality requires reasonably accurate reporting of the number of sisters and brothers the respondent ever had, the number who died, and (for maternal mortality) the number of sisters who have died of maternity-related causes. There is no definitive procedure for establishing the completeness or accuracy of retrospective data on sibling survivorship. Table 15.1 examines several indicators of the quality of the sibling survivorship data from the SDHS, including the completeness of the reporting of sibling survivorship, the current age for surviving siblings, and the age at death and years since death for deceased siblings.

Table 15.1 Completeness of information on siblings

Number of siblings reported by female survey respondents age 15-49 and completeness of reported data on age, age at death (AD), and years since death (YSD), Swaziland 2006-07

	Females		Males		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
<b>All siblings</b>	12,774	100.0	12,820	100.0	25,594	100.0
Surviving	10,871	85.1	10,722	83.6	21,592	84.4
Deceased	1,886	14.8	2,084	16.3	3,970	15.5
Information missing	17	0.1	15	0.1	32	0.1
<b>Surviving siblings</b>	10,871	100.0	10,722	100.0	21,592	100.0
Age reported	10,822	99.6	10,665	99.5	21,487	99.5
Age missing	49	0.4	57	0.5	105	0.5
<b>Deceased siblings</b>	1,886	100.0	2,084	100.0	3,970	100.0
AD and YSD reported	1,818	96.4	1,982	95.1	3,800	95.7
Missing only AD	30	1.6	48	2.3	78	2.0
Missing only YSD	14	0.7	23	1.1	37	0.9
Missing both	25	1.3	31	1.5	55	1.4

Of the 25,594 siblings reported in the sibling histories of SDHS respondents, survival status was not reported for 32 (less than 0.1 percent). Among surviving siblings, current ages (used to estimate exposure to death) were reported for virtually all surviving siblings (99.5 percent). Among deceased siblings, complete reporting of age at death and years since death was also nearly universal. For 96 percent of deceased siblings, both age at death and years since the death (or year of death) were reported. Both age at death and the years since death were missing for only around 1 percent of deceased siblings. Rather than exclude siblings with missing data from further analysis, information on the birth order of siblings in conjunction with other information was used to impute the missing data.<sup>1</sup> The sibling survivorship data, including cases with imputed values, were used in the direct estimation of adult and maternal mortality.

## 15.2 DIRECT ESTIMATES OF ADULT MORTALITY

The direct approach to estimating adult mortality employs information on the age of surviving siblings, the age at death of siblings who died, and the number of years since the sibling died. This approach allows the data to be aggregated to determine the number of person-years of exposure to mortality risk and the number of sibling deaths occurring in defined calendar periods. Adult mortality rates are obtained by dividing female or male adult deaths in the given calendar periods by person-years of exposure to death.

Table 15.2 shows age-specific mortality rates for men and women age 15-49 for the period 0-6 years before the 2006-07 SDHS. These results allow an assessment of the recent level of mortality in the population of reproductive age in Swaziland. Because the number of deaths on which the age-specific rates are based is not very large (between 75 and 340 unweighted deaths per age group for the total population), the estimated age-specific rates are subject to considerable sampling variation.

The results in Table 15.2 indicate that overall mortality is virtually identical among women and men in the reproductive-age population (14.4 deaths per 1,000 years of exposure, respectively). Considering the pattern within age groups, female mortality is substantially higher than male mortality among those under age 30. The pattern is reversed for older men and women, with male mortality levels being higher than female mortality, particularly in the 40-49 age group (Figure 15.1).

Table 15.2 Adult mortality rates

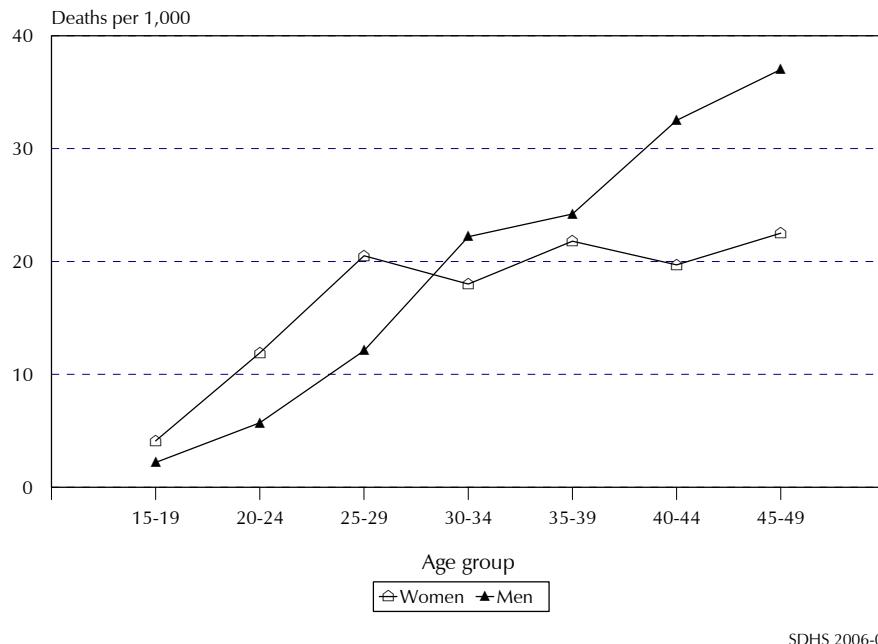
Age-specific mortality rates for women and men age 15-49 based on the survivorship of sisters and brothers of survey respondents for the period 0-6 years preceding the survey, Swaziland 2006-07

Age	Deaths	Exposure	Mortality rates
WOMEN			
15-19	49	11,972	4.1
20-24	146	12,335	11.9
25-29	218	10,651	20.5
30-34	155	8,644	18.0
35-39	139	6,383	21.8
40-44	80	4,074	19.7
45-49	54	2,399	22.5
Total	841	56,458	14.4 <sup>a</sup>
MEN			
15-19	26	11,960	2.2
20-24	72	12,688	5.7
25-29	127	10,481	12.1
30-34	187	8,399	22.2
35-39	151	6,230	24.2
40-44	127	3,889	32.5
45-49	83	2,231	37.0
15-49	771	55,878	14.4 <sup>a</sup>

<sup>a</sup> Rates are age-standardised.

<sup>1</sup> The imputation procedure is based on the assumption that the reported birth ordering of siblings in the history is correct. The first step is to calculate birth dates. For each living sibling with a reported age and each dead sibling with complete information on both age at death and years since death, the birth date was calculated. For a sibling missing these data, a birth date was imputed within the range defined by the birth dates of the bracketing siblings. In the case of living siblings, an age was then calculated from the imputed birth date. In the case of dead siblings, if either the age at death or years since death was reported, that information was combined with the birth date to produce the information missing. If both pieces of information were missing, the distribution of the ages at death for siblings for whom the years since death was unreported, but age at death was reported, was used as a basis for imputing the age at death.

**Figure 15.1 Age-Specific Mortality Rates by Sex**



SDHS 2006-07

### 15.3 DIRECT ESTIMATES OF MATERNAL MORTALITY

Maternal deaths are a subset of all female deaths and are associated with pregnancy and childbearing. Two survey methods are generally used to estimate maternal mortality in developing countries: the indirect sisterhood method (Graham et al., 1989) and a direct variant of the sisterhood method (Rutenberg and Sullivan, 1991). In this report, the direct estimation procedure is applied.

Age-specific estimates of maternal mortality from the reported survivorship of sisters are shown in Table 15.3 for the period 0-6 years before the survey. These rates were calculated by dividing the number of maternal deaths by woman-years of exposure. To remove the effect of truncation bias (the upper boundary for eligibility for women interviewed in the survey is 49 years), the overall rate for women age 15-49 was standardised by the age distribution of survey respondents. Maternal deaths were defined as any death that was reported as occurring during pregnancy, childbirth, or within two months after the birth or termination of a pregnancy.<sup>2</sup> Estimates of maternal mortality are therefore based solely on the timing of the death in relationship to pregnancy.

<sup>2</sup> This time-dependent definition includes all deaths that occurred during pregnancy and two months after pregnancy, even if the death was due to non-maternal causes. However, this definition is unlikely to result in overreporting of maternal deaths because most deaths to women during the two-month period are due to maternal causes, and maternal deaths are more likely to be underreported than overreported.

The results in Table 15.3 indicate that the rate of mortality associated with pregnancy and childbearing is 0.8 maternal deaths per 1,000 woman-years of exposure. The estimated age-specific mortality rates increase with age to a peak in the 35-39 age group. However, the age-specific pattern should be interpreted with caution because of the small number of events—only 48 maternal deaths for women of all ages. Maternal deaths represent 6 percent of all deaths to women age 15-49 during the period 0-6 years preceding the survey (48 maternal deaths/841 female deaths). The low proportion of maternal deaths could be due to an increase in non-maternal deaths (e.g., AIDS-related deaths) or to underreporting of maternal deaths in the survey.

The maternal mortality rate can be converted to a maternal mortality ratio by dividing the rate by the general fertility rate during the period 0-6 years prior to the 2006-07 SDHS. The maternal mortality ratio is expressed per 100,000 live births in order to emphasise the obstetrical risk of pregnancy and childbearing. The estimate of the maternal mortality ratio for the period prior to the survey is 589 deaths per 100,000 live births, i.e., for every 1,000 births in Swaziland, there are just under six maternal deaths.

It should be noted that maternal mortality is a difficult indicator to measure because of the large sample sizes required to calculate an accurate estimate. (The fact that the maternal mortality ratio is expressed per 100,000 live births demonstrates that it is a relatively rare event.) As a result, the maternal mortality estimates are subject to large sampling errors.

Table 15.3 Maternal mortality

Maternal mortality rates for the period 0-6 years preceding the survey, based on the survivorship of sisters of survey respondents, Swaziland 2006-07

Age	Maternal deaths	Exposure (years)	Mortality rates (1,000)
15-19	2	11,972	0.13
20-24	9	12,335	0.75
25-29	9	10,650	0.83
30-34	11	8,644	1.26
35-39	11	6,383	1.77
40-44	6	4,074	1.42
45-49	0	2,399	0.00
Total 15-49	48	56,458	0.8
General fertility rate <sup>1</sup>			0.131
Maternal mortality ratio <sup>2</sup>			589

<sup>1</sup> Expressed per 1,000 woman-years of exposure

<sup>2</sup> Expressed per 100,000 live births; calculated as maternal mortality rate divided by the general fertility rate

<sup>a</sup> Rates are age-standardised.

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In addition to information on women's education, employment status, and control of earnings, the 2006-07 SDHS also obtained information on other measures of women's status and empowerment. In particular, questions were asked about women's participation in specific household decisions, their degree of acceptance of wife beating, and their opinions about when a wife should be able to refuse sex with her husband. The data provide insight into women's control over their lives and environment as well as their attitudes toward traditional gender roles. These are important aspects of women's empowerment and helpful in understanding demographics and health behaviour.

The above questions are used to define three indicators of women's empowerment: women's participation in decisionmaking, women's degree of acceptance of wife beating, and women's degree of acceptance of a wife's right to refuse sex with her husband. The first measure requires little explanation, since the ability to make decisions about one's own life is of obvious importance to practical empowerment. The other two measures derive from the notion that gender equity is essential to empowerment. Responses indicating a view that the beating of wives by husbands is justified reflect a sanction of women's lower status, both absolutely and relative to men. Although such attitudes do not necessarily signify approval of men beating their wives, they do signify women's acceptance of norms that give men the right to discipline women with force. Similarly, beliefs about whether and when a woman can refuse sex with her husband reflect issues of gender equity regarding sexual rights and bodily integrity. Besides providing an important measure of empowerment, the information about women's attitudes toward sexual rights will be useful for improving and monitoring reproductive health programmes that depend on women's willingness and ability to control their own sexual lives.

Employed women who earn cash for their work were asked who the main decisionmaker is with regard to the use of their earnings. This information indicates women's control over their own earnings. In addition, they were asked who the main decisionmaker is regarding the use of their husband's earnings.

This information not only allows an evaluation of the relative importance of women's earnings in the household economy, but has implications for the empowerment of women. It is expected that employment and earnings are more likely to empower women if women perceive their earnings to be important for meeting the needs of their households.

## 16.1 EMPLOYMENT AND FORM OF EARNINGS

Respondents were asked a number of questions to elicit their employment status at the time of the survey and the continuity of their employment in the 12 months prior to the survey. The measurement of women's employment is difficult because some of the activities that women do, especially work on family farms, family businesses, or in the informal sector, are often not perceived by women themselves as employment and hence are not reported as such. To avoid underestimating women's employment, in the 2006-07 SDHS women were asked several questions to ascertain their employment status. First women were asked, "*Aside from your own housework, are you currently working?*" Women who answered "no" to this question were then asked, "*As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business, or work on the family farm or in the family business. Are you currently doing any of these things or any other work?*" Women who answered

“no” to this question were asked, “*Have you done any work in the last 12 months?*” Women are considered currently employed if they answered “yes” to either of the first two questions. Women who answered “yes” to the third question are not currently employed but have worked in the past 12 months. All employed women were asked their occupation; whether they were paid in cash, in kind, or not at all; and for whom they worked.

Table 16.1 shows the percent distribution of women and men age 15-49, by employment status and form of payment, according to age. Half of women (53 percent) and 86 percent of men are currently employed. Employment among women increases with age. The proportion of women who are employed is lowest among those in the age group 15-19 and increases gradually with age. The low percentage employed is expected at young ages because many in that age cohort are still in school. The proportion of men employed peaks in age group 35-39 and declines with increasing age.

Table 16.1 also shows that most women receive cash earnings (93 percent); 89 percent receive cash only and 4 percent receive payment in cash and in kind. For men, the corresponding proportions are 94 percent and 4 percent, respectively. No men reported receiving only in-kind payment, compared with 2 percent of women.

Table 16.1 Employment and cash earnings

Percentage of currently married women and men age 15-49 who were employed at any time in the past 12 months and the percent distribution of currently married women and men employed in the past 12 months by type of earnings, according to age, Swaziland 2006-07

Age	Percent distribution of currently married respondents employed in the past 12 months, by type of earnings							Number of respondents	
	Currently married respondents:	Percentage employed	Number of respondents	Cash only	Cash and in kind	In kind only	Not paid	Missing	
<b>WOMEN</b>									
15-19	15.0	88	*	*	*	*	*	100.0	13
20-24	37.9	343	92.7	2.2	1.8	3.2	0.0	100.0	130
25-29	49.3	388	88.4	4.9	2.1	3.9	0.8	100.0	191
30-34	59.5	379	88.9	3.7	0.4	6.6	0.4	100.0	226
35-39	61.0	334	90.6	3.2	1.7	4.6	0.0	100.0	204
40-44	61.5	291	88.2	4.9	2.2	3.8	1.0	100.0	179
45-49	63.4	238	88.1	5.0	1.1	5.9	0.0	100.0	151
Total 15-49	53.1	2,062	89.3	4.0	1.5	4.9	0.4	100.0	1,094
<b>MEN</b>									
15-19	*	2	*	*	*	*	*	100.0	1
20-24	83.1	66	98.5	0.0	0.0	1.5	0.0	100.0	55
25-29	88.1	224	94.5	2.9	0.0	2.6	0.0	100.0	197
30-34	86.9	255	93.9	4.1	0.0	1.4	0.6	100.0	221
35-39	89.0	253	93.2	3.5	0.0	2.8	0.5	100.0	226
40-44	87.8	211	93.9	4.1	0.0	2.0	0.0	100.0	185
45-49	80.2	208	89.9	5.3	0.0	4.7	0.0	100.0	167
Total 15-49	86.3	1,219	93.5	3.7	0.0	2.6	0.2	100.0	1,052

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

### 16.1.1 Women's Control Over Their Own Earnings and Relative Magnitude of Women's Earnings

Table 16.2.1 shows how women's degree of control over the use of their earnings varies by background characteristics. The data show that two in three (65 percent) of women decide for themselves how their earnings are used, 28 percent make the decisions jointly with their husband, and 4 percent reported that decisions are mainly made by their husband. Respondents' degree of control over the use of their earnings varies by background characteristics.

Table 16.2.1 Control over women's cash earnings and relative magnitude of women's earnings: Women

Percent distribution of currently married women age 15-49 who received cash earnings for employment in the 12 months preceding the survey by person who decides how wife's cash earnings are used and by whether she earned more or less than her husband, according to background characteristics, Swaziland 2006-07

Background characteristic	Person who decides how the wife's cash earnings are used:					Women's cash earnings compared with husband's cash earnings:						Number of women
	Mainly wife	Wife and husband jointly	Mainly husband	Other	Missing	Total	More	Less	About the same	Husband/partner has no earnings	Don't know/missing	
<b>Age</b>												
15-19	*	*	*	*	*	100.0	*	*	*	*	*	100.0
20-24	55.4	37.5	5.6	0.0	1.6	100.0	13.1	72.6	4.1	7.2	3.0	100.0
25-29	64.4	29.1	4.5	0.0	2.0	100.0	11.7	71.4	2.9	10.5	3.5	100.0
30-34	65.8	27.6	3.7	0.0	2.9	100.0	10.9	70.4	5.5	7.4	5.8	100.0
35-39	71.7	23.4	4.2	0.0	0.7	100.0	13.1	69.9	4.1	9.5	3.5	100.0
40-44	67.3	23.1	5.1	0.0	4.4	100.0	9.8	64.7	3.6	15.3	6.5	100.0
45-49	63.0	31.2	3.3	0.8	1.7	100.0	10.9	55.1	3.6	24.7	5.7	100.0
<b>Number of living children</b>												
0	57.4	35.5	5.5	0.0	1.7	100.0	19.2	65.1	6.3	6.6	2.9	100.0
1-2	60.0	33.0	4.9	0.0	2.0	100.0	12.2	70.7	5.4	8.2	3.6	100.0
3-4	68.2	26.0	3.2	0.0	2.6	100.0	12.7	69.3	2.9	10.5	4.6	100.0
5+	70.8	22.2	4.3	0.4	2.2	100.0	7.6	62.2	2.6	20.8	6.8	100.0
<b>Residence</b>												
Urban	60.8	32.1	3.7	0.0	3.4	100.0	11.7	72.4	5.5	4.3	6.0	100.0
Rural	67.4	26.2	4.6	0.2	1.6	100.0	11.6	65.2	3.1	16.2	4.0	100.0
<b>Region</b>												
Hhohho	61.3	31.7	5.5	0.0	1.5	100.0	9.5	68.4	3.0	15.4	3.7	100.0
Manzini	67.3	26.4	3.0	0.0	3.2	100.0	13.6	71.3	3.5	6.3	5.3	100.0
Shiselweni	68.7	25.2	2.3	0.0	3.8	100.0	10.2	60.4	4.4	18.7	6.2	100.0
Lubombo	64.6	28.3	6.0	0.5	0.6	100.0	12.4	65.5	5.8	12.2	4.1	100.0
<b>Education</b>												
No education	69.1	26.7	3.6	0.6	0.0	100.0	13.0	68.6	2.5	12.4	3.4	100.0
Lower primary	71.0	20.2	5.7	0.0	3.1	100.0	8.5	69.1	3.7	12.8	5.9	100.0
Higher primary	71.2	23.8	4.4	0.0	0.6	100.0	9.5	64.6	4.6	18.0	3.4	100.0
Secondary	61.8	31.8	4.2	0.0	2.2	100.0	13.9	67.1	2.9	11.8	4.3	100.0
High school	59.8	32.0	4.5	0.0	3.7	100.0	13.3	68.0	4.2	8.7	5.8	100.0
Tertiary	56.1	34.0	3.9	0.0	6.0	100.0	8.0	72.0	7.9	4.7	7.4	100.0
<b>Wealth quintile</b>												
Lowest	72.0	19.0	7.2	0.0	1.8	100.0	7.5	57.8	2.8	25.7	6.2	100.0
Second	68.9	24.7	5.4	0.0	0.9	100.0	8.2	65.3	2.1	22.2	2.2	100.0
Middle	73.6	19.4	2.6	0.8	3.6	100.0	7.6	69.1	2.8	14.3	6.3	100.0
Fourth	70.0	22.4	4.1	0.0	3.4	100.0	13.5	69.5	2.7	8.0	6.3	100.0
Highest	54.8	40.0	3.8	0.0	1.4	100.0	14.6	70.0	6.3	5.7	3.4	100.0
Total	65.1	28.3	4.3	0.1	2.2	100.0	11.6	67.7	4.0	12.0	4.7	100.0
Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.												

Older women and women with more children are more likely than other women to decide for themselves how their earnings are spent. Rural women are somewhat more independent in making their own decisions than urban women (67 percent and 61 percent, respectively). On the other hand, urban women are somewhat more likely than rural women to report that they make decisions about how the money they earn will be used jointly with their husband or partner. The percentage of women who make independent decisions on their earnings does not vary widely across regions. It ranges from 61 percent in Hhohho to 69 percent in Shiselweni. Women in Hhohho are most likely to decide jointly with their husband or partner on how to spend the money they earn.

It is interesting to note that better educated women and women who live in households in the higher wealth quintiles are more likely to say that decisions on use of their earnings are shared with their husbands. For example, while 34 percent of women with tertiary education decide jointly with their husband or partner how their earnings are used, the proportion among women with no education is 27 percent.

Table 16.2.1 also shows the women's perception of the magnitude of their earnings relative to those of their husband or partner by background characteristics. Sixty-eight percent of women report that their cash earnings are less than their husband's, 12 percent say that their earnings are more than their husband's, and 4 percent say that their earnings match their husband's. In addition, 12 percent of women say that their husband has no cash earnings. The data show that women with more children, those who live in rural areas, women with less education, and women in households in the lowest wealth quintiles are more likely to say that their husband does not earn cash income.

### **16.1.2 Control over Husband's Earnings**

Table 16.2.2 shows women's and men's answers to questions about who decides how men's cash earnings are spent, by background characteristics. Overall, almost half (48 percent) of women say that these decisions are mainly made by their husbands, 38 percent say they make the decisions jointly with their husband, and 11 percent say that they are the main decisionmaker regarding their husband's income.

The background characteristics of the women do not show a clear pattern regarding who makes decisions on the husband's earnings. However, the proportion of women who report joint decisionmaking regarding their husband's earnings decreases with age and number of children. Women in Hhohho are most likely and women in Shiselweni are least likely to decide jointly with their husband or partner how to spend the money the husband earns. Table 16.2.2 also shows that women in households in the lowest wealth quintile are more likely to say that the use of their husband's earnings is decided by the husband and the least likely to say that the decision is made jointly. Women in the highest wealth quintile have the opposite pattern: they are more likely to say that the decision on the use of their husband's earnings is made jointly and the least likely to say that the decision is made mainly by the husband.

Table 16.2.2 also shows the husband's perspective on who makes decisions about the men's earnings. In general, 56 percent of men say that decisions are mainly made jointly with their wives, 37 percent say they make the decisions, and 6 percent say that their wives are the main decisionmaker regarding their income. As in the case of married women, the background characteristics of married men show no clear pattern regarding who makes decisions about their earnings.

**Table 16.2.2 Control over men's cash earnings**

Percent distributions of currently married women age 15-49 whose husbands receive cash earnings and of currently married men age 15-49 who receive cash earnings, by person who decides how men's cash earnings are used, according to background characteristics, Swaziland 2006-07

Background characteristic	Women						Men							
	Mainly wife	Husband and wife jointly	Mainly husband	Other	Missing	Total	Number	Mainly wife	Husband and wife jointly	Mainly husband	Other	Missing	Total	Number
<b>Age</b>														
15-19	*	*	*	*	*	100.0	10	*	*	*	*	*	100.0	1
20-24	10.1	46.3	41.2	0.7	1.7	100.0	110	2.1	53.2	44.7	0.0	0.0	100.0	54
25-29	10.1	45.2	42.4	0.0	2.2	100.0	158	7.0	51.8	40.6	0.0	0.6	100.0	192
30-34	10.1	36.2	50.1	0.4	3.2	100.0	191	6.4	55.8	37.0	0.6	0.2	100.0	217
35-39	14.0	36.7	49.3	0.0	0.0	100.0	171	5.7	58.6	34.4	0.0	1.3	100.0	218
40-44	8.3	30.5	56.0	0.0	5.3	100.0	140	4.8	59.2	36.0	0.0	0.0	100.0	182
45-49	13.9	35.4	47.1	0.0	3.6	100.0	100	4.8	57.2	36.8	0.6	0.6	100.0	159
<b>Number of living children</b>														
0	11.6	47.5	39.0	0.0	1.9	100.0	62	2.5	62.7	33.0	0.0	1.8	100.0	85
1-2	8.6	42.4	46.6	0.2	2.2	100.0	346	8.9	54.3	36.5	0.0	0.3	100.0	380
3-4	12.5	37.6	46.6	0.3	3.0	100.0	271	3.5	61.2	33.9	0.8	0.5	100.0	268
5+	12.4	29.9	54.9	0.0	2.8	100.0	203	4.1	52.7	42.8	0.0	0.4	100.0	290
<b>Residence</b>														
Urban	10.3	39.9	46.2	0.0	3.6	100.0	336	4.1	56.0	39.5	0.0	0.4	100.0	469
Rural	11.2	37.5	49.1	0.3	1.9	100.0	545	6.9	56.7	35.4	0.4	0.6	100.0	554
<b>Region</b>														
Hhohho	7.6	43.5	47.1	0.0	1.8	100.0	262	3.9	53.6	41.8	0.0	0.6	100.0	324
Manzini	12.9	38.0	45.9	0.0	3.2	100.0	322	7.3	57.8	34.4	0.4	0.1	100.0	331
Shiselweni	11.4	32.6	51.3	0.0	4.7	100.0	110	10.2	58.3	31.5	0.0	0.0	100.0	123
Lubombo	11.8	35.5	50.7	0.9	1.3	100.0	188	3.2	57.2	38.0	0.4	1.2	100.0	244
<b>Education</b>														
No education	12.3	42.5	44.0	0.5	0.7	100.0	158	7.0	43.0	49.1	0.0	0.9	100.0	114
Lower primary	13.1	27.0	56.2	0.0	3.7	100.0	90	5.4	64.5	29.6	0.0	0.5	100.0	100
Higher primary	11.8	34.3	52.6	0.5	0.7	100.0	165	5.4	59.4	34.6	0.6	0.0	100.0	177
Secondary	10.1	42.7	45.3	0.0	1.9	100.0	206	5.0	53.8	40.2	0.0	1.0	100.0	220
High school	11.5	40.0	44.4	0.0	4.1	100.0	173	5.4	53.6	40.2	0.6	0.2	100.0	209
Tertiary	5.0	37.5	51.1	0.0	6.4	100.0	89	6.0	62.9	30.6	0.0	0.5	100.0	202
<b>Wealth quintile</b>														
Lowest	11.0	25.8	60.6	0.0	2.5	100.0	86	9.3	53.1	33.9	2.4	1.2	100.0	92
Second	10.9	36.2	50.8	0.8	1.2	100.0	100	3.9	67.6	28.5	0.0	0.0	100.0	114
Middle	10.0	28.5	55.6	0.6	5.2	100.0	126	7.0	55.0	37.2	0.0	0.8	100.0	147
Fourth	13.2	33.3	50.4	0.0	3.2	100.0	221	6.4	48.9	44.3	0.0	0.4	100.0	251
Highest	9.7	49.0	39.7	0.0	1.5	100.0	348	4.3	59.0	36.3	0.0	0.5	100.0	419
Total 15-49	10.9	38.4	48.0	0.2	2.5	100.0	881	5.6	56.4	37.3	0.2	0.5	100.0	1,023

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

na = Not applicable

Table 16.3 shows that the majority of currently married women say that they decide themselves how their earnings are used, regardless of the amount they earn relative to their husband's earnings. For example, 59 percent of women who earn more than their husband or partner decide on their own how to spend their own earnings, 70 percent of women who earn less than their husband or partner decide on their own, and 63 percent of women with husbands who have no income decide themselves. Women who earn the same amount as their husband or partner are more likely to make joint decisions on the use of both their earnings and those of their husband or partner than women who earn either more or less than their husbands.

Husbands or partners are much more likely to make sole decisions on the use of their own earnings when their wife or partner has no cash earnings (68 percent) or when the wife or partner has less income (51 percent). The predominance of men in decisionmaking regarding their own income is shown by the high percentage of women who say that their husband or partner is the main decisionmaker in the use of their income even if the woman's income is more than that of her husband or partner.

**Table 16.3 Women's control over their own earnings and over those of their husbands**

Percent distributions of currently married women age 15-49 with cash earnings in the past 12 months by person who decides how the woman's cash earnings are used and of currently married women age 15-49 whose husbands have cash earnings by person who decides how the husband's cash earnings are used, according to the relation between woman's and husband's cash earnings, Swaziland 2006-07

Woman's earnings relative to husband's earnings	Person who decides how the wife's cash earnings are used:					Number of women	Person who decides how husband's cash earnings are used:							
	Mainly wife and husband jointly	Mainly husband	Other	Missing	Total		Mainly wife	Mainly husband jointly	Mainly husband	Other	Missing			
More than husband	59.0	34.4	6.6	0.0	100.0	119	9.4	47.1	43.5	0.0	0.0	100.0	108	
Less than husband	69.9	25.3	4.8	0.0	100.0	691	11.4	37.1	51.3	0.2	0.0	100.0	687	
Same as husband	(33.5)	(63.8)	(2.8)	(0.0)	100.0	41	(5.1)	(67.8)	(27.0)	(0.0)	(0.0)	100.0	41	
Husband has no cash earnings/did not work	63.2	35.2	1.6	0.0	100.0	123	na	na	na	na	na	na	0	
Woman has no cash earnings	na	na	na	na	na	0	1.4	27.0	67.7	2.5	1.4	100.0	66	
Woman did not work in past 12 months	na	na	na	na	na	0	5.8	38.8	52.1	0.7	2.6	100.0	827	
Don't know/missing	(42.2)	(8.1)	(0.0)	(2.4)	(47.2)	100.0	48	(12.0)	(11.6)	(27.3)	(0.0)	(49.1)	100.0	46
Total <sup>1</sup>	65.1	28.3	4.3	0.1	2.2	100.0	1,021	8.1	38.2	50.6	0.5	2.5	100.0	1,774

Note: Figures in parentheses are based on 25-49 unweighted cases.

na = Not applicable

<sup>1</sup> Excludes cases where a woman or her husband/partner has no earnings and includes cases where a woman does not know whether she earned more or less than her husband/partner

## 16.2 WOMAN'S PARTICIPATION IN DECISIONMAKING

The ability of women to make decisions that affect the circumstances of their own lives is an essential aspect of empowerment. In order to assess women's decisionmaking autonomy, information was collected on women's participation in five different types of decisions: on the respondent's own health care, on making large household purchases, on making household purchases for daily needs, on visits to the woman's family or relatives, and on what food should be cooked each day.

Table 16.4 shows the percent distribution of women according to who in the household usually has the final say on each of these decisions. The data show that for two of the four decisions (respondent's own health care and making household purchases for daily needs), the women themselves are the main decisionmakers. For making large household purchases, 42 percent of women say that the decision is made jointly with their husbands or partners and 35 percent say that the decision is made mainly by their husbands or partners. Decisions to visit the woman's family or relatives are more likely to be made by husbands (45 percent).

**Table 16.4 Women's participation in decisionmaking**

Percent distribution of currently married women by person who usually makes decisions about four kinds of issues, Swaziland 2006-07

Decision	Wife and husband jointly					Other	Missing	Total	Number of women
	Mainly wife	Mainly husband	Someone else	Other	Missing				
Own health care	36.2	31.8	28.5	0.9	0.2	2.3	100.0	100.0	2,062
Major household purchases	18.9	42.2	35.4	0.9	0.2	2.2	100.0	100.0	2,062
Purchases of daily household needs	56.5	23.6	16.4	1.2	0.1	2.2	100.0	100.0	2,062
Visits to her family or relatives	20.3	31.1	44.9	0.8	0.5	2.3	100.0	100.0	2,062

Table 16.5 shows the percentage of women who report that they decide alone or jointly about specific household decisions, according to background characteristics. The results indicate that the majority of currently married women participate in making decisions on purchases for daily household needs (80 percent), their own health care (68 percent), and major household purchases (61 percent). It is in the decisions regarding visits to her family or relatives that women are less likely to have any say (51 percent). Overall, 36 percent of currently married women participate in all of the four specified decisions and only 11 percent say that they do not participate in any of the decisions.

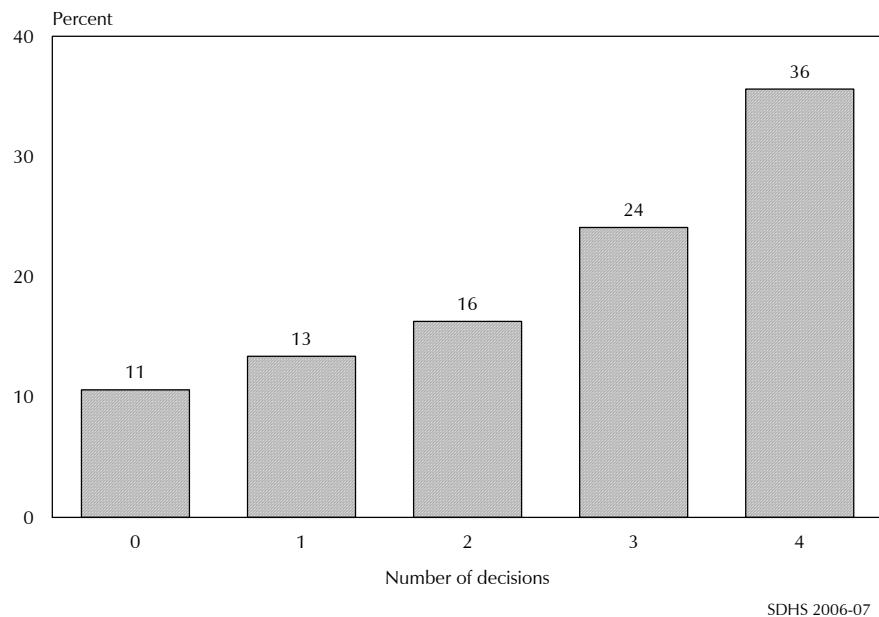
The degree of independence in making household decisions increases with age and number of children. Urban women, women who earn cash, and the most educated women are more likely to have a final say in all given decisions. Across regions, women in Manzini are the most likely to have participated in all household decisions, while women in Lubombo are the least likely to participate in decisionmaking (42 percent compared with 25 percent).

**Table 16.5 Women's participation in decisionmaking by background characteristics**

Percentage of currently married women age 15-49 who usually make specific decisions either by themselves or jointly with their husband, by background characteristics, Swaziland 2006-07

Background characteristic	Own health care	Making major household purchases	Making purchases for daily household needs	Visits to her family or relatives	Percentage who participate in all four decisions	Percentage who participate in none of the four decisions	Number of women
<b>Age</b>							
15-19	60.7	48.8	74.0	30.7	20.2	19.7	88
20-24	67.8	55.1	75.8	51.3	32.7	11.0	343
25-29	66.7	55.9	78.2	49.2	32.5	12.0	388
30-34	65.0	65.3	79.9	48.2	33.9	12.2	379
35-39	69.9	62.8	84.0	56.4	37.4	6.8	334
40-44	68.5	64.0	81.0	53.8	37.8	11.0	291
45-49	74.6	70.4	85.5	57.7	48.2	7.1	238
<b>Employment (past 12 months)</b>							
Not employed	62.7	53.6	75.9	48.7	30.8	14.0	902
Employed for cash	74.3	68.3	84.4	54.7	41.4	7.5	1,021
Employed not for cash	60.0	57.3	76.5	33.7	18.0	10.7	69
Missing	53.1	56.8	75.6	55.0	30.3	13.3	70
<b>Number of living children</b>							
0	64.1	59.8	75.8	48.7	32.2	17.2	166
1-2	68.5	60.1	81.1	50.8	36.1	9.2	772
3-4	70.0	61.5	79.2	52.9	37.4	11.7	570
5+	66.5	62.6	81.0	51.5	34.2	9.5	554
<b>Residence</b>							
Urban	74.9	69.5	78.6	62.2	48.1	12.0	542
Rural	65.6	58.1	80.7	47.5	31.2	10.1	1,520
<b>Region</b>							
Hhohho	69.6	58.8	79.5	53.2	36.9	10.6	600
Manzini	71.7	64.7	81.1	57.0	41.5	10.6	650
Shiselweni	67.4	61.6	79.1	53.8	36.5	12.6	363
Lubombo	61.1	58.6	80.3	38.9	24.7	9.1	449
<b>Education</b>							
No education	66.6	60.7	78.5	47.2	33.7	10.1	385
Lower primary	59.9	52.8	78.2	52.3	28.4	12.1	253
Higher primary	70.1	59.7	81.4	48.6	32.5	9.0	467
Secondary	72.0	62.5	84.4	55.8	39.0	8.5	478
High school	65.0	64.7	77.1	50.6	38.1	14.4	338
Tertiary	73.1	68.7	76.1	57.4	46.8	13.1	142
<b>Wealth quintile</b>							
Lowest	60.1	50.3	75.4	42.3	25.7	12.8	353
Second	65.7	56.3	80.2	43.0	28.1	11.4	369
Middle	67.3	57.7	78.8	50.0	32.2	12.1	379
Fourth	68.2	63.7	79.5	53.9	36.7	10.3	424
Highest	75.3	71.9	84.5	62.1	48.9	7.8	537
Total	68.0	61.1	80.1	51.4	35.6	10.6	2,062

**Figure 16.1 Number of Decisions in Which Married Women Participate**



### 16.3 ATTITUDES TOWARDS WIFE BEATING

To assess women's degree of acceptance of wife beating, the 2006-07 SDHS asked women, “*Sometimes a husband is annoyed or angered by things which his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations?*” The six situations presented to women for their opinion are: if she burns the food, if she argues with him, if she goes out without telling him, if she neglects the children, if she refuses to have sex with him, and if she has sex with other men.

The first six columns in Table 16.6.1 show how acceptance of wife beating varies for each reason. The last column gives the percentages of women who feel that wife beating is justified for at least one of the given reasons. A woman who believes that a husband is justified in hitting or beating his wife for any reason at all may believe herself to be of low status, both absolutely and relative to men. Such a perception could act as a barrier to accessing health care for her and her children, could affect her attitude toward contraceptive use, and could impact her general well being.

Table 16.6.1 shows that approximately four in ten women believe that a husband is justified in beating his wife for at least one of the six specified reasons. As head of household, a man is traditionally an important figure in Swazi family life. Hence, a woman who argues with her husband is considered disrespectful. Traditional customs teach women to be submissive and tolerant of marital problems including wife beating, so it is encouraging to note that the majority of women in Swaziland do not subscribe to that notion. Thirty-three percent of women believe that a husband is justified in beating his wife if she has sex with other men; 17 percent think that a husband is justified in beating his wife if she argues with him.

Table 16.6.1 Attitude toward wife beating: Women

Percentage of all women age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Swaziland 2006-07

Background characteristic	Husband is justified in hitting or beating his wife if she:						Percentage who agree with at least one specified reason	Number
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him	Has sex with other men		
<b>Age</b>								
15-19	4.9	28.0	18.1	22.2	4.0	47.7	54.3	1,274
20-24	2.2	17.7	7.8	10.8	2.3	34.8	40.1	1,046
25-29	1.9	12.0	4.4	6.7	3.2	26.3	29.9	729
30-34	2.9	11.3	4.6	5.9	3.3	25.0	29.0	616
35-39	1.7	9.7	5.8	4.8	1.9	22.8	28.0	503
40-44	1.6	11.0	5.8	5.5	3.7	22.9	26.6	438
45-49	2.8	14.5	8.7	7.1	5.6	26.1	33.3	383
<b>Employment (past 12 months)</b>								
Not employed	3.6	18.7	11.8	13.5	3.6	37.3	43.2	2,632
Employed for cash	1.9	13.9	5.4	7.4	2.9	25.8	30.2	2,072
Employed not for cash	5.4	29.0	9.1	15.4	3.6	44.2	48.7	106
Missing	2.9	23.0	16.0	16.6	4.3	38.5	44.0	177
<b>Marital status</b>								
Never married	3.0	19.1	10.9	14.8	2.5	37.1	42.3	2,487
Married or living together	2.6	15.3	7.8	7.5	3.6	29.1	34.0	2,062
Divorced/separated/widowed	3.2	13.9	6.6	7.3	6.8	24.9	31.5	438
<b>Number of living children</b>								
0	3.6	22.0	13.4	16.7	3.5	40.5	46.6	1,601
1-2	2.9	16.7	8.0	10.1	3.0	30.9	35.2	1,754
3-4	3.1	12.9	6.3	7.4	2.7	25.7	30.9	887
5+	1.2	12.2	6.8	6.0	4.5	28.9	34.2	745
<b>Residence</b>								
Urban	1.8	9.3	4.0	6.1	1.6	20.5	23.4	1,330
Rural	3.3	19.9	11.1	13.0	3.9	37.2	43.2	3,657
<b>Region</b>								
Hhohho	2.0	13.0	6.3	9.1	3.0	27.9	32.1	1,340
Manzini	2.0	13.5	7.7	9.3	2.2	28.7	31.7	1,647
Shiselweni	3.1	17.3	10.8	11.3	3.7	37.9	45.2	1,033
Lubombo	5.5	28.5	14.2	16.8	5.1	40.8	48.9	966
<b>Education</b>								
No education	3.8	17.8	8.4	11.1	3.8	32.7	37.3	884
Lower primary	4.3	26.5	13.9	14.2	5.0	39.3	45.9	525
Higher primary	3.1	18.6	10.8	13.0	4.2	37.1	43.4	1,167
Secondary	2.5	15.3	9.1	10.0	2.7	32.0	36.5	1,220
High school	1.9	14.6	7.4	9.6	2.1	27.8	32.8	803
Tertiary	1.5	8.5	4.5	7.8	1.8	23.4	27.4	387
<b>Wealth quintile</b>								
Lowest	4.7	26.7	13.9	17.8	6.9	42.4	49.9	785
Second	3.0	21.9	11.9	13.4	4.7	40.6	47.4	862
Middle	3.2	16.3	10.7	10.7	2.8	34.8	39.9	968
Fourth	2.8	15.8	8.6	11.2	2.2	32.4	36.9	1,111
Highest	1.4	9.5	4.0	5.6	1.6	20.1	23.5	1,262
Total	2.9	17.1	9.2	11.1	3.3	32.7	37.9	4,987

Table 16.6.1 also shows the attitudes towards wife beating by the respondent's background characteristics. The percentage of women who agree with at least one of the specified reasons justifying wife beating is higher among younger women and women with no children. Women who are employed for cash (30 percent); women who are divorced, separated, or widowed (32 percent); and women who live in urban areas (23 percent) are less likely to agree with at least one of the reasons for wife beating than those who are not employed (43 percent), or employed but not for cash (49 percent), never married (42 percent), or live in rural areas (43 percent).

Differentials by region and wealth status are also notable; women in the Shiselweni (45 percent) and Lubombo (49 percent) regions and women in the lowest and second wealth quintiles (50 percent and 47 percent, respectively) are more likely to agree with at least one of the specified reasons for wife beating than those who live in the Manzini and Hhohho regions (32 percent each) and women in the highest wealth quintile (24 percent).

Men share similar views with women on the subject of wife beating (see Table 16.6.2). Two in five men believe that a husband is justified in beating his wife for at least one of the six specified reasons. As is true among women, three in ten men believe that a husband is justified in beating his wife if she has sex with other men. As with women, younger men and men with no children are more likely to agree with at least one of the specified reasons justifying wife beating than older men and men with any children. Unemployed men are much more likely than men who are employed for cash to agree with any reason to beat a wife (48 percent compared with 34 percent). Forty-five percent of rural men agree with at least one of the specified reasons justifying wife beating compared with 31 percent of urban men.

Table 16.6.2 Attitude toward wife beating: Men

Percentage of all men age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Swaziland 2006-07

Background characteristic	Husband is justified in hitting or beating his wife if she:						Percentage who agree with at least one specified reason	Number
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him	Has sex with other men		
<b>Age</b>								
15-19	8.1	34.5	23.7	25.9	5.4	46.1	58.9	1,323
20-24	3.0	24.5	15.3	14.9	2.9	27.3	41.6	886
25-29	1.1	16.4	9.6	9.6	2.6	20.6	31.5	624
30-34	2.0	14.7	10.5	8.2	2.5	18.9	29.1	431
35-39	1.0	8.7	7.7	6.9	2.2	14.4	21.9	367
40-44	2.4	14.3	6.3	8.3	2.2	13.8	24.8	269
45-49	5.5	13.0	8.0	5.6	5.5	19.4	27.6	256
<b>Employment (past 12 months)</b>								
Not employed	5.7	27.7	18.5	18.9	4.2	36.3	48.2	1,833
Employed for cash	2.5	17.9	11.6	11.3	3.0	22.3	33.5	2,114
Employed not for cash	6.6	26.8	16.7	21.4	5.7	31.6	46.1	201
<b>Marital status</b>								
Never married	5.3	27.2	17.9	19.1	4.1	34.3	46.8	2,734
Married or living together	1.9	13.0	8.7	7.0	2.4	18.6	27.7	1,219
Divorced/separated/widowed	3.0	19.4	10.9	10.9	6.1	18.1	34.4	203
<b>Number of living children</b>								
0	5.7	28.5	19.0	20.3	4.4	36.7	49.3	2,500
1-2	1.4	14.0	8.6	8.3	2.2	17.1	27.3	835
3-4	1.8	14.2	8.0	6.3	2.9	17.9	27.3	424
5+	2.8	13.4	9.5	7.1	3.5	16.4	27.8	397
<b>Residence</b>								
Urban	1.8	14.1	9.5	9.6	2.5	20.8	30.5	1,181
Rural	5.1	26.1	17.0	17.4	4.2	32.1	44.6	2,975
<b>Region</b>								
Hhohho	2.4	17.6	12.0	13.3	3.0	25.8	35.4	1,099
Manzini	4.2	21.7	15.0	15.4	3.1	28.5	39.8	1,349
Shiselweni	4.6	23.6	15.0	14.6	3.6	29.8	41.0	843
Lubombo	6.0	29.7	18.3	17.8	5.6	32.8	48.1	865
<b>Education</b>								
No education	4.1	21.1	11.5	12.2	6.1	24.2	37.8	316
Lower primary	7.5	29.7	22.0	22.7	6.9	36.5	48.7	470
Higher primary	6.5	31.1	20.5	20.2	6.0	36.1	50.7	980
Secondary	3.8	23.8	15.2	15.5	2.4	31.8	43.7	1,191
High school	1.5	14.3	9.8	10.1	1.1	20.6	30.3	852
Tertiary	1.0	7.7	4.1	5.1	1.5	13.0	18.6	347

*Continued...*

Table 16.6.2—Continued

Background characteristic	Husband is justified in hitting or beating his wife if she:						Percentage who agree with at least one specified reason	Number
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him	Has sex with other men		
<b>Wealth quintile</b>								
Lowest	6.0	33.0	20.0	20.5	5.4	36.9	53.1	601
Second	4.9	29.2	20.2	20.7	4.2	35.9	47.7	665
Middle	6.1	25.1	16.0	18.5	4.4	30.4	43.8	856
Fourth	3.9	20.3	13.4	13.2	3.7	27.8	38.1	953
Highest	1.4	13.1	9.2	8.0	1.8	20.0	29.0	1,081
Total 15-49	4.2	22.7	14.9	15.2	3.7	28.9	40.6	4,156

Note: Total includes eight men with information missing on employment.

Poorer men and men with limited education are more likely to accept wife beating than wealthier men and better educated men. Acceptance of wife beating also varies by region. The percentage of men who accept wife beating for any of the specified reasons ranges from 35 percent in Hhohho to 48 percent in Lubombo.

## 16.4 ATTITUDES TOWARDS REFUSING SEX WITH HUSBAND

The extent of control women have over when and with whom they have sex has important implications for demographic and health outcomes. To measure women's agreement with the idea that a woman has the right to refuse to have sex with her husband, the 2006-07 SDHS asked respondents whether a wife is justified in refusing to have sex with her husband under five circumstances: she knows her husband has a sexually transmitted disease, she knows her husband has had sex with other women, she has recently given birth, she is tired or not in the mood, and she is feeling unwell. These five circumstances have been chosen because they are effective in combining issues of women's rights and consequences for women's health.

Table 16.7.1 shows that about two in three women agree to each of the reasons for a woman to refuse to have sexual relations with her husband, 38 percent agree with all of the given reasons, and 5 percent disagree with all of the reasons. The least acceptable reason for a wife to refuse sex with her husband is when she feels tired or not in the mood (65 percent). The most accepted reasons among women for refusing to have sex are if the wife has recently given birth (79 percent) and if the wife is feeling unwell (74 percent). Women age 15-19, women who are not employed, women with no children, women who live in rural areas, women with no education, and women in the poorest quintiles are the most likely to agree with none of the reasons for refusing sex. This indicates that these women are less empowered than other women.

Table 16.7.1 Attitude toward refusing sexual intercourse with husband: Women

Percentage of all women age 15-49 who believe that a wife is justified in refusing to have sexual intercourse with her husband in specific circumstances, by background characteristics, Swaziland 2006-07

Background characteristic	Wife is justified in refusing intercourse with her husband if she:					Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number
	Knows husband has a sexually transmitted disease	Knows husband has intercourse with other women	Has recently given birth	Is tired or not in the mood	Is feeling unwell			
<b>Age</b>								
15-19	63.2	69.2	73.6	66.3	75.0	36.8	6.7	1,274
20-24	67.4	69.1	79.6	67.5	76.5	38.1	4.7	1,046
25-29	70.7	67.5	82.8	68.1	76.9	41.0	4.7	729
30-34	69.3	66.9	79.3	62.3	71.5	39.2	4.6	616
35-39	67.9	65.4	80.1	63.3	73.2	38.2	5.2	503
40-44	64.5	65.2	79.1	57.1	67.8	31.6	5.6	438
45-49	66.7	63.0	81.6	62.7	72.7	34.5	4.4	383
<b>Employment (past 12 months)</b>								
Not employed	65.7	66.5	77.3	64.7	73.1	36.1	5.7	2,632
Employed for cash	67.8	68.5	81.2	65.7	75.1	39.7	5.1	2,072
Employed not for cash	67.6	69.6	67.1	62.9	77.9	29.7	2.1	106
Missing	69.5	67.7	77.0	61.2	77.2	36.6	4.3	177
<b>Marital status</b>								
Never married	66.9	69.5	77.8	68.6	76.5	40.2	5.4	2,487
Married or living together	66.8	65.4	79.2	61.0	72.1	34.8	5.3	2,062
Divorced/separated/widowed	66.2	65.3	80.7	62.8	71.2	34.7	5.0	438
<b>Number of living children</b>								
0	66.5	70.2	74.6	68.0	76.4	39.3	6.1	1,601
1-2	68.0	68.1	81.7	66.6	76.4	38.8	4.2	1,754
3-4	68.7	65.1	79.9	62.2	71.1	36.2	5.5	887
5+	62.4	62.7	78.6	57.7	67.9	31.8	5.8	745
<b>Residence</b>								
Urban	71.8	69.6	81.6	71.7	78.7	42.6	3.0	1,330
Rural	64.9	66.6	77.6	62.5	72.5	35.6	6.1	3,657
<b>Region</b>								
Hhohho	66.7	67.5	76.4	59.9	70.7	36.5	6.6	1,340
Manzini	67.6	67.1	80.5	69.1	76.2	40.0	5.0	1,647
Shiselweni	65.4	68.3	78.5	64.2	72.8	38.4	6.2	1,033
Lubombo	67.0	67.0	78.8	65.6	77.1	33.7	3.0	966
<b>Education</b>								
No education	65.4	65.0	77.7	63.8	73.4	35.2	6.3	884
Lower primary	65.7	69.7	80.5	65.6	77.4	37.2	4.5	525
Higher primary	63.8	65.5	76.1	60.5	71.2	34.1	6.2	1,167
Secondary	67.0	66.3	79.1	66.2	74.3	37.6	5.2	1,220
High school	69.7	69.5	78.2	63.8	72.3	39.8	5.1	803
Tertiary	73.8	74.8	85.7	78.0	84.2	48.5	2.4	387
<b>Wealth quintile</b>								
Lowest	59.6	60.8	75.5	58.7	70.3	30.3	6.3	785
Second	63.1	65.0	77.2	60.0	72.3	33.4	7.1	862
Middle	65.2	66.3	76.8	62.9	70.5	37.5	6.6	968
Fourth	68.9	70.4	78.8	66.4	75.1	39.3	5.3	1,111
Highest	73.1	71.5	82.9	72.5	79.9	43.2	2.4	1,262
Total	66.8	67.4	78.7	64.9	74.2	37.5	5.3	4,987

Table 16.7.2 shows that men tend to differ somewhat from women in their opinions regarding women refusing sex. According to men, the most accepted reasons for a wife to refuse to have sex with her husband are if the wife knows that her husband has a sexually transmitted disease (74 percent) or if the wife feels tired or not in the mood (73 percent). Men are less likely to agree that a wife is justified in refusing to have sex with her husband when the wife knows that her husband has intercourse with other women (63 percent). This is because although polygyny is slowly declining in Swaziland, some Swazi men still believe that it is acceptable for a man to have multiple partners. Eight percent of men do not agree with any of the reasons justifying a wife refusing to have sex with her husband.

**Table 16.7.2 Attitude toward refusing sexual intercourse with husband: Men**

Percentage of all men age 15-49 who believe that a wife is justified in refusing to have sexual intercourse with her husband in specific circumstances, by background characteristics, Swaziland 2006-07

Background characteristic	Wife is justified in refusing intercourse with her husband if she:			Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number
	Knows husband has a sexually transmitted disease	Knows husband has intercourse with other women	Is tired or not in the mood			
<b>Age</b>						
15-19	70.1	65.3	70.2	42.1	8.6	1,323
20-24	73.1	62.2	74.4	44.4	8.3	886
25-29	78.0	63.6	75.5	46.5	5.4	624
30-34	78.5	57.3	71.4	42.9	9.1	431
35-39	79.3	66.6	77.0	50.0	6.0	367
40-44	78.9	54.1	72.6	39.5	9.0	269
45-49	73.2	60.1	75.9	45.3	9.5	256
<b>Employment (past 12 months)</b>						
Not employed	72.5	65.6	72.1	45.0	8.2	1,833
Employed for cash	77.0	60.7	74.4	44.3	7.5	2,114
Employed not for cash	62.9	56.3	69.7	33.6	11.1	201
<b>Marital status</b>						
Never married	72.5	63.7	72.5	43.5	8.4	2,734
Married or living together	78.1	61.2	74.6	45.5	7.0	1,219
Divorced/separated/widowed	77.4	56.8	73.2	42.7	7.5	203
<b>Number of living children</b>						
0	71.6	64.0	71.7	43.2	8.5	2,500
1-2	77.8	61.4	76.2	46.3	7.3	835
3-4	79.7	59.3	75.2	44.7	5.4	424
5+	78.7	60.3	73.2	44.2	8.5	397
<b>Residence</b>						
Urban	77.0	63.2	74.8	45.9	7.1	1,181
Rural	73.3	62.4	72.5	43.3	8.3	2,975
<b>Region</b>						
Hhohho	74.0	63.8	74.1	44.3	7.5	1,099
Manzini	76.1	63.5	73.2	45.7	7.2	1,349
Shiselweni	72.0	64.6	72.8	44.0	9.0	843
Lubombo	74.4	57.9	72.1	41.3	8.8	865
<b>Education</b>						
No education	73.1	58.2	72.6	41.0	9.6	316
Lower primary	66.7	54.6	65.1	33.9	13.3	470
Higher primary	71.4	57.5	67.8	37.7	9.6	980
Secondary	73.2	66.5	74.6	46.0	6.9	1,191
High school	81.7	66.8	79.8	52.3	4.8	852
Tertiary	80.4	68.5	78.1	51.7	6.0	347
<b>Wealth quintile</b>						
Lowest	67.6	59.5	68.8	37.6	9.9	601
Second	75.2	63.8	74.5	45.4	8.0	665
Middle	75.2	59.6	72.8	43.8	8.9	856
Fourth	73.7	62.0	72.8	43.3	7.7	953
Highest	77.5	66.6	75.2	47.8	6.3	1,081
Total 15-49	74.4	62.6	73.1	44.1	8.0	4,156

Note: Total includes eight men with information missing on employment.

There are small differences by background characteristics in the proportion of men who agree with all of the reasons for a wife to refuse sex. However, unemployed men and men who are employed but receive no cash payment, better educated men, and men who are in the wealthiest households are more likely to agree with all of the reasons for refusing sex.

## 16.5 WOMEN'S EMPOWERMENT INDICATORS

The three sets of empowerment indicators, namely women's participation in making household decisions, their attitude toward wife beating, and their attitude toward a wife's right to refuse sexual intercourse with her husband/partner, can be summarized into three separate indices. The first index shows the number of decisions (see Table 16.4 for the list of decisions) in which women participate alone or jointly with their husband/partner. This index ranges in value from 0 to 4 and is positively related to women's empowerment. It reflects the degree of decisionmaking control that women are able to exercise in areas that affect their own lives and environments.

The second index, which ranges in value from 0 to 6, is the total number of reasons (see Table 16.6.1 for the list of reasons) for which the respondent feels that a husband is justified in beating his wife. A lower score on this indicator is interpreted as reflecting a greater sense of entitlement and self-esteem and a higher status of women.

The final index, which ranges in value from 0 to 5, is the number of circumstances (see Table 16.7.1 for the list of the circumstances) in which the respondent feels that a woman is justified in refusing sexual intercourse with her husband or partner. This indicator reflects perceptions of sexual roles and women's rights over their bodies and relates positively to women's sense of self and empowerment.

Table 16.8 shows how these three indicators relate to each other. In general, the expectation is that women who participate in making household decisions are also more likely to have egalitarian gender beliefs. Greater decisionmaking participation is normally associated with disapproval of wife beating and vice versa. Data in Table 16.8 show that women who participate in 3-4 decisions are more likely than other women to disagree with wife beating and to agree with the woman's right to refuse sex with her husband.

The second panel in Table 16.8 shows that participation in making household decisions declines as the number of justifications for wife beating increases. In general, disapproval of wife beating is associated with agreement of a woman's right to refuse sex with her husband.

Decisionmaking participation is also usually associated with agreement that there is no justification for wife beating and that a wife can refuse sex with her husband. It is surprising, however, that almost the same percentage of women participate in all four decisions (40 percent) as agree that a woman may refuse to have sex with her husband for one or more reasons (37 percent and lower). The majority of women are against wife beating regardless of their stand on a woman's right to refuse sex with her husband.

Table 16.8 Indicators of women's empowerment

Percentage of women age 15-49 who participate in all decisionmaking, percentage who disagree with all reasons for justifying wife beating, and percentage who agree with all reasons for refusing sexual intercourse with husband, by value on each of the indicators of women's empowerment, Swaziland 2006-07

Empowerment indicator	Currently married women		Percentage who disagree with all the reasons justifying wife beating	Percentage who agree with all the reasons for refusing sexual intercourse with husband	Number of women
	Percentage who participate in all decision-making	Number of women			
<b>Number of decisions in which women participate<sup>1</sup></b>					
0	0.0	219	61.7	33.8	219
1-2	0.0	612	59.0	30.6	612
3-4	59.7	1,231	70.2	37.1	1,231
<b>Number of reasons for which wife beating is justified<sup>2</sup></b>					
0	40.0	1,361	100.0	38.4	3,095
1-2	30.2	527	0.0	35.9	1,361
3-4	17.9	133	0.0	37.4	437
5-6	18.4	41	0.0	32.2	94
<b>Number of reasons given for refusing to have sexual intercourse with husband<sup>3</sup></b>					
0	37.0	108	61.2	0.0	264
1-2	26.5	443	58.8	0.0	968
3-4	36.4	792	62.4	0.0	1,885
5	40.2	718	63.5	100.0	1,870

<sup>1</sup> Restricted to currently married women. See Table 16.5 for the list of decisions.

<sup>2</sup> See Table 16.6.1 for the list of reasons

<sup>3</sup> See Table 16.7.1 for the list of reasons

## 16.6 CURRENT USE OF CONTRACEPTION BY WOMEN'S STATUS

Table 16.9 shows the distribution of currently married women by contraceptive method use, according to the three empowerment indicators. The data indicate that there is a positive relationship between women's status and use of contraception. Contraceptive use is highest among women who participate in 3-4 household decisions (53 percent), who agree with none of the reasons justifying wife beating (54 percent), and who believe that a wife can refuse sexual intercourse with her partner for all of the five specified reasons (55 percent).

**Table 16.9 Current use of contraception by women's status**

Percent distribution of currently married women age 15-49 by current contraceptive method, according to selected indicators of women's status, Swaziland 2006-07

Empowerment indicator	Any method	Any modern method	Modern methods						Total	Number of women
			Female sterilization	Male sterilization	Temporary modern female methods <sup>1</sup>	Male condom	Any traditional method	Not currently using		
<b>Number of decisions in which women participate<sup>2</sup></b>										
0	51.0	47.5	3.1	0.0	29.4	15.0	3.5	49.0	100.0	219
1-2	46.2	42.7	4.8	0.2	27.9	9.8	3.5	53.8	100.0	612
3-4	52.8	50.2	6.7	0.2	30.5	12.8	2.6	47.2	100.0	1,231
<b>Number of reasons for which wife beating is justified<sup>3</sup></b>										
0	53.7	50.4	6.6	0.3	30.2	13.3	3.3	46.3	100.0	1,361
1-2	45.6	43.5	4.9	0.0	28.1	10.5	2.1	54.4	100.0	527
3-4	43.1	40.2	2.9	0.0	30.0	7.3	2.9	56.9	100.0	133
5-6	(40.0)	(37.4)	(0.0)	(0.0)	(28.6)	(8.8)	(2.5)	(60.0)	100.0	41
<b>Number of reasons given for refusing to have sexual intercourse with husband<sup>4</sup></b>										
0	49.0	44.0	6.7	0.0	28.2	9.1	5.0	51.0	100.0	108
1-2	50.6	46.8	4.4	0.0	31.0	11.5	3.8	49.4	100.0	443
3-4	47.1	45.4	6.4	0.3	27.4	11.3	1.7	52.9	100.0	792
5	54.8	51.4	5.8	0.2	31.4	14.0	3.4	45.2	100.0	718
Total	50.6	47.7	5.8	0.2	29.6	12.2	2.9	49.4	100.0	2,062

Note: If more than one method is used, only the most effective method is considered in this tabulation. Figures in parentheses are based on 25-49 unweighted cases.

<sup>1</sup> Pill, IUD, injectables, implants, female condom, diaphragm, foam/jelly, and lactational amenorrhoea method

<sup>2</sup> The decisions are: own health care, making major household purchases, making purchases for daily household needs, and visits to her family or relatives.

<sup>3</sup> The reasons are: burns the food, argues with him, goes out with telling him, neglects the children, and refuses to have sexual intercourse with him.

<sup>4</sup> The reasons are: knows husband has sexually transmitted disease, knows husband has intercourse with other women, and is tired or not in the mood.

## 16.7 IDEAL FAMILY SIZE AND UNMET NEED BY WOMEN'S STATUS

Table 16.10 shows how women's ideal family size and their unmet need for family planning vary by women's status indicators. The data indicate that unmet need for family planning is lowest for women who participate in most household decisionmaking, although there is no clear pattern in the relationship between the number of decisions a woman participates in and her unmet need for family planning. Table 16.10 shows that unmet need for family planning increases with the number of reasons for wife beating a woman agrees with. Interestingly, the data indicate that unmet need for family planning is lowest among women who agreed with none of the specified reasons that a wife can refuse sex with her husband.

Table 16.10 Women's empowerment and ideal number of children and unmet need for family planning

Mean ideal number of children for women age 15-49 and the percentage of currently married women age 15-49 with an unmet need for family planning, by indicators of women's empowerment, Swaziland 2006-07

Empowerment indicator	Mean ideal number of children <sup>1</sup>	Number of women	Percentage of currently married women with an unmet need for family planning <sup>2</sup>			Number of women
			For spacing	For limiting	Total	
<b>Number of decisions in which women participate<sup>3</sup></b>						
0	2.7	214	6.3	19.0	25.3	219
1-2	2.9	606	10.6	19.3	29.9	612
3-4	2.7	1,221	6.0	14.9	20.9	1,231
<b>Number of reasons for which wife beating is justified<sup>4</sup></b>						
0	2.5	3,068	6.1	15.7	21.8	1,361
1-2	2.6	1,354	9.2	18.8	28.0	527
3-4	2.5	436	12.7	18.1	30.9	133
5-6	2.9	94	(8.0)	(16.4)	(24.4)	41
<b>Number of reasons given for refusing to have sexual intercourse with husband<sup>5</sup></b>						
0	2.6	264	5.4	14.0	19.4	108
1-2	2.7	956	8.9	17.4	26.3	443
3-4	2.5	1,870	8.1	17.1	25.2	792
5	2.4	1,861	5.9	16.1	22.0	718
Total	2.5	4,951	7.4	16.7	24.0	2,062

Note: Figures in parentheses are based on 25-49 unweighted cases.

<sup>1</sup> Mean excludes respondents who gave non-numeric responses.

<sup>2</sup> See Table 7.3.1 for the definition of unmet need for family planning

<sup>3</sup> Restricted to currently married women. The decisions are: own health care, making major household purchases, making purchases for daily household needs, and visits to her family or relatives.

<sup>4</sup> The reasons are: burns the food, argues with him, goes out with telling him, neglects the children, and refuses to have sexual intercourse with him.

<sup>5</sup> The reasons are: knows husband has sexually transmitted disease, knows husband has intercourse with other women, and is tired or not in the mood.

## 16.8 WOMEN'S STATUS AND REPRODUCTIVE HEALTH CARE

Table 16.11 indicates that there are no differences in access to antenatal care by women's empowerment status. However, women who participate in 3-4 decisions are more likely to receive assistance from health personnel during delivery than women who have no say in decisionmaking (77 percent and 67 percent, respectively). Similarly, women who agreed with all five reasons for refusing intercourse with a husband are the least likely to seek delivery assistance from health personnel than women who agreed with none of the specified reasons (78 percent and 73 percent, respectively).

Although the proportion of women who received postnatal care within the first two days after delivery is generally low, it is highest among women who participate in 3-4 decisions (27 percent), and among women who agreed with all five reasons for refusing intercourse with a husband (27 percent).

Table 16.11 Reproductive health care by women's empowerment

Percentage of women age 15-49 with a live birth in the five years preceding the survey who received antenatal care, delivery assistance, and postnatal care from health personnel for the most recent birth, by indicators of women's empowerment, Swaziland 2006-07

Empowerment indicator	Received antenatal care from health personnel <sup>1</sup>	Received delivery assistance from health personnel	Received postnatal care from health personnel within the first two days of delivery	Number of women with a child born in the past five years
<b>Number of decisions in which women participate<sup>2</sup></b>				
0	94.5	67.4	21.6	137
1-2	97.8	73.8	20.6	387
3-4	97.7	76.6	26.7	661
<b>Number of reasons for which wife beating is justified<sup>3</sup></b>				
0	97.4	78.0	23.6	1,309
1-2	96.0	73.4	19.0	611
3-4	97.7	66.7	19.8	169
5-6	(100.0)	72.9	25.2	45
<b>Number of reasons given for refusing to have sexual intercourse with husband<sup>4</sup></b>				
0	97.5	66.5	24.6	112
1-2	97.1	67.7	16.7	434
3-4	97.0	77.1	19.7	812
5	97.0	79.9	27.1	776
Total	97.1	75.6	22.1	2,134

Note: "Health personnel" includes doctor, nurse, midwife, or nursing assistant. Figures in parentheses are based on 25-49 unweighted cases.

<sup>1</sup> Includes deliveries in a health facility and not in a health facility

<sup>2</sup> Restricted to currently married women. The decisions are: own health care, making major household purchases, making purchases for daily household needs, and visits to her family or relatives.

<sup>3</sup> The reasons are: burns the food, argues with him, goes out with telling him, neglects the children, and refuses to have sexual intercourse with him.

<sup>4</sup> The reasons are: knows husband has sexually transmitted disease, knows husband has intercourse with other women, and is tired or not in the mood.

## 16.9 EARLY CHILDHOOD MORTALITY RATES BY WOMEN'S STATUS

Empowerment is a woman's ability to access information, make decisions, and act effectively in their own interest or in the interest of those who depend on them. It follows that if women, who are primary caretakers of children, are empowered, the health and survival of their children will be enhanced.

Table 16.12 shows information on the impact of women's empowerment on infant and child mortality. Surprisingly, the data show that women who have no final say in any decision in the household have a lower infant mortality rate than those who have a say in five decisions (28 deaths per 1,000 live births compared with 38 deaths per 1,000 live births). Also worth noting is that infant mortality rates are highest for children whose mothers participate in 1-2 and 3-4 of the specified decisions (99 and 74 deaths per 1,000 live births, respectively).

In general, there is no clear pattern in the relationship between the indicators of women's empowerment and infant and under-five mortality. However, child mortality (deaths among children age 1-4 years) is highest among women who have the lowest status, as measured by each of the three empowerment indicators. Deaths among children whose mothers participate in household decisionmaking decreases steadily as mothers have greater decisionmaking authority. For example, the level of child mortality among children whose mothers participate in 1-2 decisions is 33 deaths per 1,000,<sup>1</sup> declining to 26 deaths per 1,000 for children whose mothers participate in 3-4 decisions and further declining to 21 deaths per 1,000 for children whose mothers participate in all five specified household decisions. A similar pattern is noted for child mortality by mother's right to refuse to have sex with her husband. Children whose mothers agreed to none of the specified reasons for a wife refusing sex with her husband have a mortality rate of 44 deaths per 1,000 live births, compared with 25 deaths per 1,000 live births for children whose mothers agreed to all five reasons for a wife to refuse having sex with her husband.

**Table 16.12 Early childhood mortality rates by women's status**

Infant, child, and under-five mortality rates for the 10-year period preceding the survey, by indicators of women's status, Swaziland 2006-07

Empowerment indicator	Infant mortality ( <sub>1</sub> q <sub>0</sub> )	Child mortality ( <sub>4</sub> q <sub>1</sub> )	Under-five mortality ( <sub>5</sub> q <sub>0</sub> )
<b>Number of decisions in which women participate<sup>1</sup></b>			
0	28	51	78
1-2	99	33	128
3-4	74	26	98
5	38	21	57
<b>Number of reasons given for refusing to have sexual intercourse with husband<sup>2</sup></b>			
0	60	44	101
1-2	80	37	114
3	47	23	69
4+	76	25	100
<b>Number of reasons for which wife beating is justified<sup>3</sup></b>			
0	65	27	90
1-2	93	39	129
3-4	105	35	137
5	58	50	106

<sup>1</sup> Restricted to currently married women. The decisions are: own health care, making major household purchases, making purchases for daily household needs, and visits to her family or relatives.

<sup>2</sup> The reasons are: burns the food, argues with him, goes out with telling him, neglects the children, and refuses to have sexual intercourse with him.

<sup>3</sup> The reasons are: knows husband has sexually transmitted disease, knows husband has intercourse with other women, and is tired or not in the mood.

<sup>1</sup> For child mortality, the rate is based on children alive at age 1 year, not children born alive.

*Amos Zwane*

The HIV/AIDS epidemic has led to an increasing number of orphaned and vulnerable children in Swaziland. Traditional ways of caring for orphaned and vulnerable children are being eroded by the impact of HIV/AIDS. This poses challenges to communities, to find solutions to the problem of the ever-increasing number of children and families left vulnerable by HIV/AIDS. For this reason, the 2006-07 SDHS sought to determine the number of OVCs and to assess the burden they pose for households in Swaziland.

In this chapter, an orphan is defined as a child below the age of 18 years with one or both parents dead. A vulnerable child is a child below the age of 18 years whose parent is very sick, or who lives in a household where an adult is very sick, or who lives in a household in which a very sick adult died in the 12 months preceding the survey. An adult is considered very sick if he/she is too ill to work or undertake other normal activities for a period of at least three months.

In reviewing the 2006-07 SDHS results, it is important to remember that the survey obtained information only for OVCs living in households. Children who are living in institutions or other non-household settings are not included in the OVC results. Thus, the SDHS results should be considered as a minimum estimate of the problem of OVCs in Swaziland.

### **17.1 CHILDREN'S LIVING ARRANGEMENTS AND ORPHANHOOD**

The household questionnaire collected information on living arrangements and parental survival status of children under age 18 in the households included in the SDHS sample. These data are presented by background characteristics in Table 17.1 for de jure children under age 18, i.e., for children under age 18 who were usual residents in the households selected for the SDHS sample. The table also includes information on the living arrangements and parental survival status for all de jure children under age 15.

The results in the table indicate that, in Swaziland, only 22 percent of children under age 18 are living in a household with both of their parents while about one-third are not living with either parent. Most children who are living with a single parent live with their mother (38 percent) rather than their father (6 percent). Orphanhood is common. Just under one in four children has lost one of their parents. Four percent of children under age 18 are double orphans, that is, both their parents are dead. Children are twice as likely to have lost their father as their mother (18 percent and 9 percent, respectively).

Children's living arrangements vary with several of the background characteristics in Table 17.1. For example, the percentage of children not living with either parent increases with age. On the other hand, Table 17.1 also shows that the sex is not a factor in children's living arrangements, with boys and girls equally likely to be living apart from their parents. Children from rural areas are more likely not to be living with parents than their counterparts in urban areas (36 percent and 24 percent, respectively). The percentage of children not living with either parent ranges from a high of 40 percent in the Shiselweni region to 31 percent in the Hhohho region.

Table 17.1 Children's living arrangements and orphanhood

Percent distribution of de jure children under age 18 by living arrangements and survival status of parents, and the percentage of children not living with a biological parent, according to background characteristics, Swaziland 2006-07

Background characteristic	Living with both parents	Living with mother but not father		Living with father but not mother		Not living with either parent				Information missing on father or mother	Total	Percent-age not living with a biological parent	Number of children
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive	Both dead				
<b>Age</b>													
0-4	25.3	46.8	2.8	2.6	0.3	17.1	1.5	2.0	0.4	1.3	100.0	22.3	3,219
<2	25.7	60.2	2.1	0.7	0.0	8.9	0.8	0.4	0.1	1.2	100.0	11.3	1,265
2-4	25.1	38.1	3.2	3.7	0.4	22.4	1.9	3.1	0.6	1.3	100.0	29.4	1,953
5-9	22.1	28.6	7.9	4.7	1.2	21.0	3.4	6.0	2.9	2.2	100.0	35.6	3,149
10-14	20.1	22.3	10.5	5.1	2.4	18.3	4.5	7.2	7.5	2.1	100.0	39.7	3,369
15-17	19.1	18.0	12.4	4.0	2.6	19.0	4.5	8.2	8.3	3.8	100.0	43.8	1,752
<b>Sex</b>													
Male	21.9	30.0	8.0	4.5	1.6	18.3	3.4	5.7	4.3	2.4	100.0	34.1	5,746
Female	22.1	30.5	7.8	3.8	1.3	19.3	3.3	5.5	4.5	1.9	100.0	34.5	5,742
<b>Residence</b>													
Urban	31.4	29.3	7.6	5.9	1.6	13.1	2.3	3.7	3.7	1.6	100.0	24.3	1,787
Rural	20.2	30.4	8.0	3.8	1.5	19.9	3.6	5.9	4.5	2.2	100.0	36.1	9,701
<b>Region</b>													
Hhohho	26.5	28.7	7.2	4.8	1.6	17.9	3.0	4.7	3.9	1.7	100.0	31.2	2,867
Manzini	20.6	31.9	8.3	4.3	1.8	18.2	3.4	5.9	3.9	1.8	100.0	33.2	3,419
Shiselweni	17.6	31.4	7.2	2.9	1.0	21.5	4.0	6.1	5.9	2.3	100.0	39.9	2,861
Lubombo	23.8	28.2	9.1	4.6	1.4	17.5	3.1	5.6	3.8	2.9	100.0	32.9	2,342
<b>Wealth quintile</b>													
Lowest	23.1	25.8	9.3	3.6	1.6	19.5	3.9	5.4	4.9	2.9	100.0	36.6	2,593
Second	19.1	30.6	8.9	3.3	1.4	19.7	3.3	6.5	4.8	2.4	100.0	36.7	2,555
Middle	19.1	34.1	8.8	3.4	1.2	18.2	3.6	5.8	3.9	1.9	100.0	33.4	2,399
Fourth	17.5	35.8	5.8	4.6	1.3	20.4	3.0	5.6	4.4	1.7	100.0	35.1	2,156
Highest	33.7	24.3	5.8	6.5	2.1	15.3	2.8	4.4	3.8	1.5	100.0	27.8	1,785
Total <15	22.5	32.4	7.1	4.1	1.3	18.8	3.2	5.1	3.7	1.8	100.0	32.6	9,736
Total <18	22.0	30.2	7.9	4.1	1.5	18.8	3.4	5.6	4.4	2.1	100.0	34.3	11,488

Note: Table is based on de jure household residents, i.e., usual members.

## 17.2 ORPHANS AND VULNERABLE CHILDREN

Orphanhood clearly represents a serious social, emotional, and economic burden for children. Children whose parents are ill for an extended period or who live in households where other adults suffer from chronic illness also can experience significant hardships, as serious illness may limit the resources available to feed, clothe, and educate a family's youngest members. Table 17.2 considers the prevalence of orphans and of children who are vulnerable because of the chronic illness of a parent or the chronic illness or recent death of a chronically ill adult in their household. The table presents these results for de jure children under age 18 by background characteristics and for the total population of de jure children under age 15.

Overall, 23 percent of children under age 18 are orphans, and 12 percent are considered to be vulnerable children. Looking more closely at the factors contributing to a child's vulnerability, four percent of children under age 18 had a parent who was very sick, five percent lived in a household in which at least one adult (a parent or other household member) had been very sick, and six percent lived in a household where at least one adult had been very sick and died during the 12 months preceding the survey.

**Table 17.2 Orphans and vulnerable children (OVC)**

Percentage of de jure children under age 18 years who are orphans or made vulnerable due to illness among adult household members, according to background characteristics, Swaziland 2006-07

Background characteristic	Orphan children Percentage of children with one or both parents dead	Percentage of children who:		Vulnerable children		OVC children Percentage of children who are orphans and/or vulnerable	Number of children
		Have a very sick parent for at least 3 months in the past 12 months <sup>1</sup>	Live in a household where at least 1 adult has been very sick for at least 3 months in the past 12 months <sup>2</sup>	Live in a household where at least 1 adult died in the past 12 months and had been very sick for at least 3 months before he/she died <sup>2</sup>	Percentage of children who have a very sick parent OR live in a household where an adult has been very sick OR died in the past 12 months (vulnerable children)		
<b>Age</b>							
0-4	7.1	3.1	5.4	5.9	12.2	17.9	3,219
..<2	3.3	2.6	5.3	6.2	12.0	14.7	1,265
.2-4	9.6	3.4	5.5	5.6	12.4	19.9	1,953
5-9	22.0	4.0	5.4	5.6	11.9	29.7	3,149
10-14	32.7	3.6	4.6	5.8	11.4	39.1	3,369
15-17	37.0	3.4	5.1	4.8	10.6	42.6	1,752
<b>Sex</b>							
Male	23.6	3.5	5.0	5.7	11.7	31.3	5,746
Female	22.9	3.6	5.3	5.5	11.6	31.0	5,742
<b>Residence</b>							
Urban	19.1	2.0	3.1	2.1	5.7	22.9	1,787
Rural	24.0	3.8	5.5	6.2	12.8	32.6	9,701
<b>Region</b>							
Hhohho	20.6	2.7	4.1	4.5	9.4	27.2	2,867
Manzini	23.7	2.9	4.2	7.6	12.3	31.8	3,419
Shiselweni	25.0	2.6	5.0	5.9	11.0	32.3	2,861
Lubombo	23.6	6.7	8.0	3.7	14.2	33.6	2,342
<b>Wealth quintile</b>							
Lowest	25.6	6.5	8.1	7.6	16.9	36.8	2,593
Second	25.5	3.2	5.3	6.9	13.3	34.5	2,555
Middle	24.0	2.7	4.6	5.2	10.8	31.8	2,399
Fourth	20.4	2.9	4.4	4.9	10.0	27.2	2,156
Highest	19.0	1.8	2.3	2.2	4.9	21.8	1,785
Total <15	20.8	3.6	5.1	5.7	11.8	29.1	9,736
Total <18	23.3	3.5	5.1	5.6	11.7	31.1	11,488

Note: Table is based only on children who usually live in the household. Very sick means person was too sick to work or do normal activities.

<sup>1</sup> Whether or not lives in same household as child

<sup>2</sup> Person age 18-59 years

Table 17.2 also shows that, taken together, three in ten children under age 18 in Swaziland are orphaned or vulnerable. The percentage of children who were orphaned or vulnerable increases rapidly with age, from 18 percent of children under 5 years to 43 percent of children in the age group 15-17 years. The table further illustrates that rural children are more likely to be orphaned and/or vulnerable than urban children (33 percent and 23 percent, respectively). The Lubombo region has the highest percentage of children orphaned or vulnerable (34 percent) while the Hhohho region has the lowest percentage (27 percent). The percentage of children who are orphaned or vulnerable decreases as the wealth quintile increases, from 37 percent among children in the lowest wealth quintile to 22 percent among those in the highest quintile.

### 17.3 SOCIAL AND ECONOMIC SITUATION OF ORPHANED AND VULNERABLE CHILDREN

Information collected in the SDHS can be used to look at several important aspects of the social and economic situation of orphaned and vulnerable children, including information on school attendance, possession of items considered basic for meeting a child's material needs, residence with siblings, and nutritional status. These results provide a means for assessing the impact on children's welfare of the chronic illness and/or death of parents or other adult household members. The results also can assist in the monitoring and evaluating of OVC programmes (UNICEF, 2005).

#### 17.3.1 School Attendance by Survivorship of Parents and OVC Status

Orphaned and vulnerable children may be at a greater risk of dropping out of school; this can be caused by lack of money to pay school fees or the need to stay at home to care for the sick parent or sibling. Table 17.3 considers school attendance rates among de jure children age 10-14 years by background characteristics. The first several columns of the table contrast the situation among the two groups of children at the extremes of the orphanhood continuum—children whose parents are both dead and children whose parents are both alive and the child is living with at least one parent. The final columns compare school attendance for the entire population of OVCs to that of children who are neither orphaned nor vulnerable.

Table 17.3 School attendance by survivorship of parents and by OVC status

For de jure children 10-14 years of age, the percentage attending school by parental survival and by OVC status and the ratios of the percentages attending, by parental survival and OVC status, according to background characteristics, Swaziland 2006-07

Background characteristic	Percentage attending school by survivorship of parents						Percentage attending school by OVC status					
	Both parents dead	Number	Both parents alive and living with at least one parent	Number	Ratio <sup>1</sup>	OVC		Non OVC		Percentage	Number	
						Percentage	Number	Percentage	Number			
<b>Sex</b>												
Male	94.7	122	91.6	788	1.03	92.6	615	90.5	1,027	1.02		
Female	85.6	131	93.7	812	0.91	91.8	703	92.8	1,024	0.99		
<b>Residence</b>												
Urban	(87.8)	32	95.8	257	0.92	91.5	156	93.0	318	0.98		
Rural	90.3	221	92.1	1,343	0.98	92.2	1,162	91.3	1,733	1.01		
<b>Region</b>												
Hhohho	90.5	64	93.6	413	0.97	93.6	290	93.3	532	1.00		
Manzini	87.3	60	96.8	481	0.90	93.9	395	93.7	610	1.00		
Shiselweni	87.8	96	85.2	374	1.03	89.6	354	85.0	507	1.05		
Lubombo	(100.0)	33	93.9	332	1.07	91.4	279	94.4	402	0.97		
<b>Wealth quintile</b>												
Lowest	91.2	66	85.6	322	1.07	92.0	343	87.2	410	1.06		
Second	85.9	73	91.4	338	0.94	88.8	347	91.3	432	0.97		
Middle	(95.7)	48	94.5	347	1.01	95.6	284	91.4	438	1.05		
Fourth	(89.2)	31	95.8	311	0.93	92.5	197	93.2	425	0.99		
Highest	(89.0)	36	96.6	282	0.92	93.5	147	95.5	346	0.98		
Total	90.0	253	92.7	1,600	0.97	92.2	1,318	91.6	2,051	1.01		

Note: Table is based only on children who usually live in the household. Figures in parentheses are based on 25-49 unweighted cases.

<sup>1</sup> Ratio of the percentage with both parents dead to the percentage with both parents alive and living with a parent

<sup>2</sup> Ratio of the percentage for OVC to the percentage for non OVC

There is only a minor difference in school attendance according to the survivorship status of parents; 90 percent of children whose mother and father are dead are currently attending school compared with 93 of children whose parents are both alive and the child is living with at least one parent. The rate of school attendance among children who are orphaned and vulnerable is virtually identical to the rate of attendance among non-OVC children.

### 17.3.2 Basic Material Needs

The 2006-07 SDHS sought information on the availability of basic minimum material needs of the children. Children were considered to have their basic material needs met if they had a pair of shoes, two sets of clothes, and at least one meal per day. The survey results in Table 17.4 show that these three basic material needs were met for 71 percent of all children age 5-17 years. The table also indicates that children were least likely to have a pair of shoes (73 percent) and most likely to have at least a meal a day (95 percent).

Table 17.4 Possession of basic material needs by orphans and vulnerable children

Among de jure children age 5-17 years, the percentage possessing three minimum basic material needs,<sup>1</sup> the percentage of OVC and non-OVC who possess all three basic material needs, and the ratio of the percentage for OVC to the percentage for non OVC, according to background characteristics, Swaziland 2006-07

Background characteristic	Among children 5-17 years of age percentage possessing:					Percentage possessing all three basic needs, by OVC status				
	Shoes	Two sets of clothes	At least one meal per day	All three basic needs	Number of children	OVC		Non OVC		Ratio <sup>2</sup>
						Percentage	Number	Percentage	Number	
<b>Age</b>										
5-9	71.2	84.6	94.1	69.2	3,149	56.2	936	74.6	2,213	0.75
10-14	72.1	86.6	96.8	69.7	3,369	59.7	1,318	76.2	2,051	0.78
15-17	79.0	88.2	94.0	77.0	1,752	69.7	747	82.4	1,006	0.85
<b>Sex</b>										
Male	71.6	84.6	95.0	69.0	4,146	59.7	1,490	74.1	2,656	0.81
Female	74.8	87.8	95.4	73.1	4,124	62.4	1,511	79.3	2,613	0.79
<b>Residence</b>										
Urban	87.1	91.7	95.0	86.2	1,233	76.5	351	90.1	881	0.85
Rural	70.8	85.2	95.2	68.4	7,037	59.0	2,649	74.0	4,388	0.80
<b>Region</b>										
Hhohho	76.0	87.1	94.5	74.8	2,031	63.7	649	80.1	1,382	0.79
Manzini	80.2	89.6	95.8	78.1	2,453	71.1	905	82.2	1,547	0.86
Shiselweni	67.1	83.4	96.0	63.9	2,083	53.0	777	70.3	1,306	0.75
Lubombo	67.4	83.6	94.3	65.2	1,703	54.4	669	72.1	1,034	0.75
<b>Wealth quintile</b>										
Lowest	49.7	74.8	93.6	46.3	1,848	38.6	781	51.9	1,067	0.74
Second	66.5	84.1	96.1	64.0	1,800	51.8	724	72.1	1,076	0.72
Middle	78.9	88.1	94.2	76.4	1,772	69.8	655	80.3	1,117	0.87
Fourth	86.1	92.5	96.7	84.6	1,555	79.9	486	86.7	1,069	0.92
Highest	93.0	95.1	95.9	92.7	1,294	87.8	355	94.6	939	0.93
Total	73.2	86.2	95.2	71.0	8,270	61.1	3,001	76.7	5,269	0.80

Note: Table is based only on children who usually live in the household.

<sup>1</sup> Shoes, two sets of clothing, and at least one meal per day

<sup>2</sup> Ratio of the percentage for OVC to the percentage for non OVC

Boys are somewhat less likely than girls to have all three basic material needs met (69 percent and 73 percent, respectively). Children in rural areas are less likely to have all basic needs met compared with children in urban areas (68 percent and 86 percent, respectively). Children in the highest wealth quintile were twice as likely as children in the lowest quintile to have all basic needs met.

The table further shows that OVCs are less likely to have basic material needs met than non-OVCs (61 percent and 77 percent, respectively). Examining the ratio of the percentage of children with basic needs met shows that the inequalities between OVCs and non-OVCs are greater among children age 5-9 years and children age 10-14 years than among children age 15-17 years. The gap between OVCs and non-OVCs is also less for urban children and children living in Manzini than for other children. The gap between OVCs and non-OVCs with respect to the possession of basic material needs decreases with wealth.

#### 17.4 ORPHANS NOT LIVING WITH SIBLINGS

Sibling interrelationships may be very close in situations where a parent dies, and maintaining these relationships can be helpful for children dealing with the loss of a parent. Table 17.5 presents information on the proportion of orphans under the age of 18 with one or more siblings also under age 18 who are not living with all of these other siblings.

Around three in ten orphans under the age of 18 are not living with all their siblings under the age of 18 years. The likelihood that an orphan is not living with all of his or her siblings increases with age. Maternal orphans are more likely to live apart from their siblings than paternal orphans or double orphans, i.e., children whose mother and father are both deceased. Urban orphans are somewhat more likely to be living apart from their siblings than rural orphans. The Shiselweni region has the lowest percentage of orphans less than 18 years of age living away from other siblings (21 percent). Orphans in the highest wealth quintile are more than twice as likely as those in the lowest quintile to live apart from their siblings.

#### 17.5 UNDERWEIGHT ORPHANS AND VULNERABLE CHILDREN

Table 17.6 shows the nutritional status of children under five years of age according to orphanhood status. The results indicate that OVCs are disadvantaged as compared to non-OVCs in terms of nutrition status. Overall, 11 percent of OVCs were underweight as compared with seven percent of non-OVCs. An examination of the ratios of the percentage underweight among OVCs compared with non-OVCs indicates that, overall, the small numbers of urban OVCs and OVCs in the highest wealth quintile are the most disadvantaged compared to non-OVCs. The likelihood that OVCs are disadvantaged increases with age. OVCs are more likely to be disadvantaged compared with non-OVCs if they are girls than if they are boys and if they live in Shiselweni and Lubombo than if they live in Manzini and Hhohho.

Table 17.5 Orphan not living with siblings

Among orphans under age 18 years who have one or more siblings under age 18 years, the percentage who do not live with all their siblings under age 18, by background characteristics, Swaziland 2006-07

Background characteristic	Percentage of orphans not living with all siblings	Number of orphans with one or more siblings
<b>Age</b>		
0-4	21.2	127
5-9	20.8	450
10-14	30.7	755
15-17	36.7	430
<b>Sex</b>		
Male	29.2	870
Female	28.7	891
<b>Orphanhood status</b>		
Maternal orphan	35.4	370
Paternal orphan	23.9	1,087
Both parents dead	39.0	304
<b>Residence</b>		
Urban	34.3	191
Rural	28.3	1,570
<b>Region</b>		
Hhohho	33.0	362
Manzini	30.0	534
Shiselweni	21.4	497
Lubombo	33.6	368
<b>Wealth quintile</b>		
Lowest	24.7	451
Second	25.2	443
Middle	25.4	399
Fourth	35.2	275
Highest	45.9	193
Total	29.0	1,761

Note: Table is based only on children who usually live in the household.

**Table 17.6 Underweight orphans and vulnerable children**

Percentage of de jure children under age five years who slept in the household the night before who are underweight, total and by OVC status, according to background characteristics, Swaziland 2006-07

Background characteristic	Percentage of children under 5 who are underweight <sup>1</sup>	Number of children	Underweight by OVC status				Ratio <sup>2</sup>
			OVC	Non OVC	Percentage underweight	Number of non OVC	
<b>Age</b>							
< 1 year	3.8	514	3.3	67	3.9	446	0.84
1-2 years	10.2	1,135	14.8	186	9.3	948	1.59
3-4 years	6.7	1,210	9.9	255	5.9	955	1.69
<b>Sex</b>							
Male	7.3	1,421	8.8	274	7.0	1,147	1.25
Female	7.8	1,437	13.2	235	6.8	1,203	1.94
<b>Residence</b>							
Urban	4.5	466	17.0	50	3.0	416	5.67
Rural	8.2	2,393	10.1	458	7.7	1,934	1.31
<b>Region</b>							
Hhohho	8.9	736	11.9	118	8.3	617	1.44
Manzini	7.6	851	10.1	156	7.1	695	1.43
Shiselweni	7.7	727	12.0	135	6.7	591	1.78
Lubombo	5.6	545	9.0	99	4.8	447	1.86
<b>Wealth quintile</b>							
Lowest	11.2	675	14.9	163	10.0	512	1.49
Second	7.8	679	10.8	125	7.2	554	1.50
Middle	6.7	560	7.6	99	6.5	461	1.16
Fourth	6.6	527	7.6	92	6.3	435	1.20
Highest	3.8	417	(9.2)	29	3.4	388	2.73
Total	7.6	2,859	10.8	509	6.9	2,350	1.57

Note: Table is based only on children who usually live in the household and who also slept in the household the night preceding the interview. Figures in parentheses are based on 25-49 unweighted cases.

<sup>1</sup> Two or more standard deviations below mean on the WHO Child Growth Standards for weight for age

<sup>2</sup> Ratio of the percentage for OVC to the percentage for non OVC

## 17.6 EARLY SEXUAL INTERCOURSE

Orphaned or vulnerable children may be exposed to greater risks of sexual abuse and exploitation than non-OVCs. In particular, girls may be forced into the sex trade in exchange for shelter and protection, due to lack of adult or family guidance to help them protect themselves.

Table 17.7 shows the percentage of children who have had sexual intercourse before the age of 15 according to OVC status. The table shows that early sexual intercourse is more frequent among girls if they are OVCs than if they are non-OVCs. Among boys, however, the pattern is reversed. The ratio of the percentage of OVCs to the percentage of non-OVCs is 1.39 for girls compared with 0.77 for boys.

**Table 17.7 Sexual intercourse before age 15 by OVC status**

Percentage of de jure children age 15-17 who had sexual intercourse before exact age 15 by OVC status, and ratio of the percentage for OVC to the percentage for non OVC by OVC status, according to sex, Swaziland 2006-07

OVC status	Women		Men	
	Percentage who had sexual intercourse before exact age 15	Number of women	Percentage who had sexual intercourse before exact age 15	Number of men
OVC	9.0	323	4.2	352
Non-OVC	6.4	440	5.4	504
Total	7.5	763	4.9	856
Ratio <sup>1</sup>	1.39	na	0.77	na

Note: Table is based only on children who usually live in the household and who also slept in the household the night preceding the interview.  
na = Non applicable

<sup>1</sup> Ratio of the percentage for OVC to the percentage for non OVC

## 17.7 SUCCESSION PLANNING

Succession planning is important to make sure that children will continue to get suitable care and support if the primary caregiver dies. Identifying someone who will be responsible for a child if the primary caregiver dies or falls ill is one way to ensure a better future for children.

Table 17.8 shows the percentage of women and men age 15-49 who are primary caregivers of children under 18 years. The table shows that, in Swaziland, 53 percent of women and men report that they are primary caregivers. Among the caregivers, 27 percent indicate that they have made succession plans. Male caregivers are more likely to report succession planning than female caregivers. Caregivers in urban areas are more likely to have made succession plans than those in rural areas. Caregivers in the Shiselweni region are the least likely and caregivers in the Manzini region are the most likely to undertake succession planning. The table further shows that increased education and wealth positively influence succession planning.

Table 17.8 Succession planning

Percentage of de facto women and men age 15-49 who are the primary caregivers of children under age 18 years, and among the primary caregivers, the percentage who have made arrangements for someone else to care for the children in the event of their own inability to do so due to illness or death, by background characteristics, Swaziland 2006-07

Background characteristic	Percentage of women and men who are primary caregivers	Number of women and men 15-49	Percentage of caregivers who have made succession arrangements	Number of primary caregivers
<b>Age</b>				
15-19	9.1	2,596	36.1	236
20-29	53.9	3,285	28.6	1,771
30-39	87.6	1,917	25.5	1,679
40-49	87.4	1,345	25.7	1,176
<b>Sex</b>				
Men	42.2	4,156	32.3	1,752
Women	62.4	4,987	24.3	3,111
<b>Residence</b>				
Urban	59.2	2,511	34.3	1,487
Rural	50.9	6,632	24.1	3,375
<b>Region</b>				
Hhohho	56.5	2,440	27.0	1,379
Manzini	52.4	2,996	30.1	1,571
Shiselweni	48.5	1,877	22.4	910
Lubombo	54.8	1,831	27.3	1,003
<b>Education</b>				
No education	67.6	719	19.4	486
Lower primary	53.2	830	21.8	441
Higher primary	49.9	2,249	22.8	1,122
Secondary	47.7	2,883	25.8	1,377
High school	52.5	1,746	30.0	917
Tertiary	72.5	717	47.3	520
<b>Wealth quintile</b>				
Lowest	53.8	1,386	17.7	746
Second	51.3	1,527	21.5	784
Middle	50.8	1,824	26.6	927
Fourth	51.7	2,063	28.6	1,068
Highest	57.1	2,343	35.2	1,339
Total 15-49	53.2	9,143	27.2	4,863

Note: Table is based only on women and men who slept in the household the night preceding the interview.

## 17.8 WIDOWS DISPOSSESSED OF PROPERTY

Property grabbing, a practice where relatives of the deceased come and claim the land and other property, is a serious problem for widows and child-headed households. Traditional law in many rural areas dictates that women and children cannot inherit property. Property grabbing has a number of negative consequences, particularly for girls and women. This can worsen the vulnerability of people who care for children and the children themselves. It is therefore important to improve laws, including enforcement mechanisms, to ensure the right of women and children to inherit property after the death of a husband or father (UNICEF, 2005).

Table 17.9 shows the percentage of women 15-49 who have ever been widowed and the percentage of ever-widowed women who have been dispossessed of property. Altogether six percent of women surveyed have been widowed. Over half of ever-widowed women said that they had been dispossessed of their property. This proportion is highest among the women with no education and decreases with increasing level of education. A similar relationship is observed with the wealth status: the higher the wealth quintile the less likely women are to have been dispossessed of property.

## 17.9 EXTERNAL SUPPORT FOR VERY SICK PERSONS

When an adult member of a household falls chronically ill or dies, it can have a devastating effect on the remaining members of the household, particularly children. The SDHS collected information on the extent to which free external care and support are reaching these households. This information was obtained by asking households in which someone aged 18 to 59 years had been chronically ill for three months of the past 12 months, or had died after a chronic illness in the past 12 months, whether or not the household had received free medical, emotional, or material support to care for these persons. The results are shown in Table 17.10.

Table 17.9 Widows dispossessed of property

Percentage of de facto women age 15-49 who have ever been widowed, and the percentage of ever-widowed women who have been dispossessed of property, by background characteristics, Swaziland 2006-07

Background characteristic	Percentage of ever-widowed women	Number of women	Among ever-widowed women:	
			Percentage who were dispossessed of property	Number of women
<b>Age</b>				
15-19	0.0	1,274	na	0
20-29	1.3	1,775	*	23
30-39	10.8	1,118	50.8	121
40-49	19.7	820	53.0	162
<b>Current marital status</b>				
Married	1.4	2,062	(72.6)	28
Widowed	100.0	277	49.7	277
<b>Age of youngest child</b>				
No children	0.7	1,501	*	10
< 18 years	7.9	3,347	50.4	263
18+ years	23.2	139	(68.2)	32
<b>Residence</b>				
Urban	5.2	1,330	51.6	69
Rural	6.5	3,657	51.8	236
<b>Region</b>				
Hhohho	6.0	1,340	51.0	81
Manzini	5.4	1,647	50.1	88
Shiselweni	6.2	1,033	52.9	64
Lubombo	7.5	966	53.7	72
<b>Education</b>				
No education	13.3	402	74.9	53
Lower primary	13.4	360	53.5	48
Higher primary	6.3	1,268	46.6	80
Secondary	4.9	1,693	50.8	83
High school	3.0	894	(26.1)	27
Tertiary	3.5	370	*	13
<b>Wealth quintile</b>				
Lowest	9.3	785	60.9	73
Second	7.5	862	60.1	64
Middle	7.1	968	52.3	69
Fourth	4.6	1,111	(35.6)	51
Highest	3.8	1,262	43.0	48
Total	6.1	4,987	51.8	305

Note: Table is based only on women who slept in the household the night preceding the interview. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed,

<sup>1</sup> Dispossessed of property indicates that none of the late husband's assets went to the respondent.

Table 17.10 External support for very sick persons

Percentage of women and men age 18-59 who have been either very sick or who died within the past 12 months after being very sick whose households received certain free basic external support to care for them within the past year, by background characteristics, Swaziland 2006-07

Background characteristic	Percentage of very sick persons whose households received:						
	Medical support at least once a month during illness	Emotional support in the past 30 days <sup>1</sup>	Social/material support in the past 30 days <sup>2</sup>	At least one type of support in the past 30 days	All three types of support in the past 30 days	None of the three types of support	Number of persons
<b>Age</b>							
18-29	13.7	9.8	11.2	25.6	3.1	74.4	111
30-39	13.9	3.7	5.9	15.8	0.7	84.2	116
40-49	19.9	7.7	6.3	24.3	1.8	75.7	113
50-59	21.2	8.2	4.5	23.9	1.9	76.1	77
<b>Sex</b>							
Male	14.1	5.7	6.3	19.9	0.5	80.1	193
Female	19.2	8.5	7.8	24.3	3.0	75.7	223
<b>Residence</b>							
Urban	17.3	2.2	4.5	17.3	0.0	82.7	58
Rural	16.8	8.1	7.6	23.0	2.2	77.0	358
<b>Region</b>							
Hhohho	20.4	5.9	9.5	24.1	2.8	75.9	111
Manzini	15.4	9.3	6.5	22.1	2.2	77.9	117
Shiselweni	14.6	6.6	4.9	20.6	1.2	79.4	96
Lubombo	16.7	7.0	7.5	21.9	0.9	78.1	93
<b>Wealth quintile</b>							
Lowest	16.2	7.2	7.2	23.4	2.4	76.6	133
Second	19.3	5.2	7.4	24.2	0.0	75.8	103
Middle	28.4	16.9	12.5	34.0	4.8	66.0	77
Fourth	8.1	1.4	4.9	11.6	1.4	88.4	61
Highest	(4.6)	(3.1)	(0.0)	(7.7)	(0.0)	(92.3)	43
Total	16.9	7.2	7.1	22.2	1.9	77.8	416

Note: Table is based only on women and men who usually live in the household and who were very sick (unable to work or do normal activities) in the past 12 months or who died in the past 12 months and were very sick at least 3 of the 12 months before death. Support refers to the past 30 days for living persons and in the 30 days preceding death for dead persons. Figures in parentheses are based on 25-49 unweighted cases.

<sup>1</sup> Support such as companionship, counselling from a trained counsellor, or spiritual support for which there was no payment

<sup>2</sup> Support such as help with household work, training for a caregiver, legal services, clothing, food, or financial support for which there was no payment

Overall, a majority (78 percent) of the households that had cared for a chronically ill person or had lost a member to chronic illness in the 12 months prior to the SDHS had not received any of these three forms of free external support. When assistance was received, it was most likely to have been in the form of medical support (17 percent). Households were equally likely to receive emotional support and social or material support (7 percent each). Very sick persons were somewhat more likely to receive at least one type of support if they were females than if they were males. Very sick persons in the fourth and highest wealth quintiles were much less likely to receive external support than other persons.

## 17.10 EXTERNAL SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

OVCs are generally cared for by their families, which in turn often depend on community assistance to survive. Table 17.11 shows the percentage of orphans and vulnerable children under 18 years of age whose household received free basic external support to care for the child in the last 12 months. The results in the table suggest that support is not readily available for the majority of OVCs. Fifty-nine percent of OVCs received no external support to assist in their care. Around one-third of OVCs received school-related assistance. Considerably fewer were given social/material support (8 percent) or emotional support (5 percent). The likelihood of receiving assistance generally increased with the child's age. OVCs are more likely to get support when they stay in a rural area than in an urban area and when they live in Shiselweni and Lubombo than in the Manzini and Hhohho regions. The likelihood of receiving support decreased with wealth quintile.

**Table 17.11 External support for orphans and vulnerable children**

Percentage of orphans and vulnerable children under age 18 years whose household received certain free basic external support to care for the child in the past 12 months, by background characteristics, Swaziland 2006-07

Background characteristic	Percentage of orphans and vulnerable children whose households received:							
	Medical support in the past 12 months <sup>1</sup>	Emotional support in the past 3 months <sup>2</sup>	Social/material support in the past 3 months <sup>3</sup>	School-related assistance in the past 12 months <sup>4</sup>	At least one type of support <sup>5</sup>	All of the types of support	None of the types of support	Number of OVC children
<b>Age</b>								
0-4	5.6	3.8	4.1	na	11.7	0.0	88.3	575
5-9	6.1	4.9	8.9	29.3	38.6	0.2	61.4	936
10-14	4.9	4.4	8.8	47.1	51.5	0.3	48.5	1,318
15-17	4.8	5.5	7.9	42.8	48.9	0.1	51.1	747
<b>Sex</b>								
Male	5.2	4.6	7.7	34.0	41.8	0.2	58.2	1,796
Female	5.4	4.7	8.0	34.0	40.6	0.2	59.4	1,780
<b>Residence</b>								
Urban	3.8	2.5	6.3	20.1	28.6	0.0	71.4	409
Rural	5.5	4.9	8.1	35.8	42.8	0.2	57.2	3,167
<b>Region</b>								
Hhohho	4.6	5.2	4.6	27.2	34.1	0.0	65.9	779
Manzini	5.4	4.5	9.0	30.3	38.1	0.3	61.9	1,088
Shiselweni	5.2	3.4	6.5	41.4	48.1	0.0	51.9	923
Lubombo	6.0	5.7	11.1	37.1	44.5	0.5	55.5	786
<b>Wealth quintile</b>								
Lowest	6.9	4.5	8.3	40.0	47.0	0.3	53.0	955
Second	4.1	4.6	9.3	37.0	43.5	0.0	56.5	881
Middle	5.7	4.4	8.9	37.2	44.0	0.1	56.0	763
Fourth	4.8	3.4	5.8	25.9	33.9	0.1	66.1	588
Highest	4.5	7.3	4.6	18.2	27.2	0.5	72.8	389
Total	5.3	4.6	7.9	34.0	41.2	0.2	58.8	3,575

Note: Table is based on de jure household members, i.e., usual household members.

na = Not applicable

<sup>1</sup> Medical care, supplies, or medicine

<sup>2</sup> Companionship, counselling from a trained counsellor, or spiritual support for which there was no payment

<sup>3</sup> Help with household work, training for a caregiver, legal services, clothing, food, or financial support for which there was no payment

<sup>4</sup> Allowance, free admission, books, or supplies for which there was no payment. Percentage calculated for age 5-17 years

<sup>5</sup> Four types of support for those ages 5-17, three types of support (i.e., excluding school support) received by those age 0-4 years

*Africa Magongo and Nelisiwe Sikhosana*

With the increasing number of HIV infections among adults, children are becoming more at risk of contracting the disease. It is estimated that the total number of children living with HIV increased from 1.5 million [1.3-1.9 million] in 2001 to 2.5 million [2.2-2.6 million] in 2007 worldwide. However, new infections among children are estimated to have declined from 460,000 [420,000-510,000] in 2001 to 420,000 [390,000-470,000] in 2007. Deaths due to AIDS among children had increased from 330,000 [380,000-560,000] in 2001 to 360,000 [350,000-540,000] in 2005, but have begun to decline to an estimated 330,000 [310,000-380,000] in 2007. Nearly 90 percent of all HIV-positive children live in sub-Saharan Africa (UNAIDS, 2007).

There are two ways by which children may be infected with HIV. The first is vertical, meaning mother-to-child transmission. The second is sexual activity, which for young children is usually assumed to be forced and to have occurred before the child is aware of the consequences. Another mode of transmission that has been observed is through unsafe medical equipment and practices (Gisselquist et al., 2002). The risk of HIV infection may occur as a result of exposure to infection or a lack of protection from infection (Brookes et al., 2004).

The main objective for interviewing children age 12-14 years in the 2006-07 SDHS was to identify social and community risk factors that predispose children to HIV infection and to examine the exposure to risk factors and behaviour in relation to social, economic, and cultural contexts.

A separate questionnaire was designed for these children, referred to in the survey as youth. In the absence of indicators of HIV infection in children, the questions asked to the youth were guided by literature indicating that there are several areas which may be important in defining the indicators. They are: risk for children of sexual abuse, initiation of sex and pregnancy in children, level of knowledge about sex, sexual abuse and HIV, and impact of mass media on knowledge of HIV (Brookes et al., 2004). In the SDHS, in addition to their background characteristics, children age 12-14 were asked questions about care and protection, media exposure, knowledge and attitudes about sex, and knowledge of AIDS. While the data would be informative, no questions on sexual abuse were included in the survey due to legal and ethical reasons.

Prior to conducting interviews, informed consent was obtained from parents or guardians and from the youth. Boys and girls who consented to the interview were also asked to give blood for HIV testing. Interviews with the youth were conducted in half of the households (2,750 households) selected randomly from households covered in the SDHS. All boys and girls age 12-14 were eligible for individual interview. In the households selected for youth survey, a total of 876 persons age 12-14 (477 girls and 439 boys) were identified. Interviews were completed with 459 of the girls and 411 of the boys.

This chapter begins by describing the relationship of the caregiver(s) whom the youth reported look after them when they are at home, patterns of adult supervision at school, knowledge and attitudes about sex, knowledge about HIV/AIDS and other HIV/AIDS-related issues, exposure to HIV/AIDS knowledge, and the youth's opinion on available information about HIV/AIDS. The chapter also discusses the youth's attitudes about dating and decisions regarding sex and their knowledge of various modes to prevent AIDS infection. The HIV status of the youth is presented in Chapter 14.

## 18.1 CAREGIVER

Table 18.1 shows the relationship of the youth with their caregivers. The entries are not mutually exclusive; a child may have more than one person who looks after him or her when he/she is at home. A high proportion of boys and girls age 12-14 are being looked after by their biological mothers (55 percent) when they are at home, 27 percent by their grandmother, and 26 percent by their biological fathers.

There are some variations in the caregivers of children age 12-14 by various background characteristics. Children who live in Lubombo are more likely than those in other regions to mention their biological mother and father as their main caregivers. Children who live with both parents are more likely to mention their mothers than their fathers as their caregivers (92 percent compared with 73 percent).

It is worth highlighting the role of grandmothers in giving care to children, even when both parents are still alive (21 percent). Half of children who are not living with either parent are being taken care of by their grandmothers. Most of these children are orphans whose parents are dead (49 percent).

Table 18.1 Relationship of caregiver(s)

Percentage of children age 12-14 by the person(s) whom they report look after them when they are at home according to background characteristics, Swaziland 2006-07

Background characteristic	Biological parent		Grandparent		Sibling		Other family member		Non-family member		Don't know/missing	Number of children
	Father	Mother	Grandmother	Grand-father	Brother	Sister	Female	Male	Female	Male		
<b>Sex</b>												
Female	22.6	54.5	27.0	4.7	3.8	1.5	13.7	4.6	5.7	1.2	0.2	465
Male	30.0	55.0	26.1	5.8	3.0	3.2	9.4	8.0	5.8	1.6	0.0	409
<b>Residence</b>												
Urban	28.1	56.8	26.0	2.5	1.5	1.1	17.0	6.3	5.8	2.1	0.0	104
Rural	25.8	54.5	26.7	5.6	3.7	2.4	11.0	6.2	5.8	1.3	0.1	769
<b>Region</b>												
Hhohho	27.0	54.6	17.8	3.5	4.5	1.6	15.1	6.0	6.5	1.5	0.4	228
Manzini	21.6	49.9	32.2	6.1	2.2	2.4	11.8	6.8	4.7	1.6	0.0	255
Shiselweni	23.3	53.4	33.4	7.4	2.1	2.4	7.7	6.3	6.4	1.8	0.0	213
Lubombo	34.6	63.6	21.7	3.6	5.3	2.9	12.1	5.4	5.5	0.4	0.0	178
<b>Living arrangements</b>												
Living with both parents	73.1	92.4	5.2	1.8	0.8	1.5	3.1	0.7	1.5	0.0	0.0	151
Living with father/not mother	69.4	19.9	14.8	7.8	2.9	0.0	23.4	5.9	1.3	0.0	0.0	71
Living with mother/not father	14.6	93.4	10.6	2.0	2.5	2.3	2.8	3.1	2.8	0.0	0.0	295
Not living with either parent	7.1	14.1	50.0	7.5	5.8	3.3	21.1	11.1	11.5	3.0	0.3	332
Missing	(6.9)	(11.4)	(66.6)	(26.6)	(0.0)	(0.0)	(11.0)	(11.2)	(3.5)	(9.6)	(0.0)	25
<b>Orphanhood status</b>												
Both parents alive	35.9	64.8	21.2	4.0	2.3	1.4	10.4	4.6	5.3	1.0	0.2	552
Mother dead/father alive	32.6	10.1	44.6	11.3	4.2	1.6	20.2	9.2	5.7	3.4	0.0	73
Father dead/ mother alive	2.9	61.5	26.9	5.6	5.4	3.8	7.9	6.6	4.5	1.1	0.0	180
Both parents dead	1.2	4.0	49.1	7.5	6.1	6.2	22.9	14.9	13.1	3.1	0.0	69
<b>OVC status</b>												
Orphan <sup>1</sup>	9.3	37.5	35.7	7.3	5.3	3.8	13.9	9.0	6.6	2.1	0.0	322
Vulnerable <sup>2</sup>	(26.0)	(63.3)	(22.1)	(0.0)	(3.6)	(2.5)	(9.3)	(6.8)	(2.5)	(2.5)	(0.0)	32
Orphan and vulnerable	*	*	*	*	*	*	*	*	*	*	*	14
Neither orphan nor vulnerable	36.4	64.0	21.7	4.2	2.2	1.3	10.4	4.6	5.3	0.9	0.2	533
Total	26.1	54.8	26.6	5.2	3.4	2.3	11.7	6.2	5.8	1.4	0.1	874

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> One or both parents dead

<sup>2</sup> Have a very sick parent or live in a household where an adult has been very sick or died in the past 12 months

Virtually no child age 12-14 reported having no caregiver. A majority (57 percent) have one person who takes care of them, 37 percent have two caregivers, and only 6 percent have three or more people taking care of them when they are at home (Table 18.2). Small differentials are observed across subgroups of children, except by orphanhood status. Orphans are more likely to say that they have one caregiver, while children who are neither orphan nor vulnerable are more likely to have more than one caregiver.

**Table 18.2 Number of caregivers**

Percent distribution of children age 12-14 by the number of persons who look after the child at home according to background characteristics, Swaziland 2006-07

Background characteristic	Number of persons who look after child				Total	Number of children age 12-14
	None	1	2	3		
<b>Sex</b>						
Female	0.3	61.5	31.9	6.3	100.0	465
Male	0.0	51.9	43.1	5.0	100.0	409
<b>Residence</b>						
Urban	0.0	53.2	39.3	7.6	100.0	104
Rural	0.2	57.5	36.9	5.5	100.0	769
<b>Region</b>						
Hhohho	0.5	61.3	34.1	4.1	100.0	228
Manzini	0.0	61.0	32.7	6.3	100.0	255
Shiselweni	0.0	58.8	35.4	5.8	100.0	213
Lubombo	0.0	43.6	49.5	6.9	100.0	178
<b>Living arrangements</b>						
Living with both parents	0.0	22.8	71.8	5.4	100.0	151
Living with father/not mother	0.0	57.8	36.0	6.1	100.0	71
Living with mother/not father	0.0	68.4	27.2	4.4	100.0	295
Not living with either parent	0.4	62.6	30.2	6.8	100.0	332
Missing	(0.0)	(52.6)	(40.8)	(6.6)	100.0	25
<b>Orphanhood status</b>						
Both parents alive	0.0	49.4	46.1	4.6	100.0	552
Mother dead/father alive	0.0	60.6	33.2	6.2	100.0	73
Father dead/mother alive	0.0	76.3	15.8	7.8	100.0	180
Both parents dead	1.8	63.7	25.9	8.6	100.0	69
<b>OVC status</b>						
Orphan <sup>1</sup>	0.4	70.0	21.9	7.6	100.0	322
Vulnerable <sup>2</sup>	(0.0)	(62.3)	(31.6)	(6.1)	100.0	32
Orphan and vulnerable	*	*	*	*	100.0	14
Neither orphan nor vulnerable	0.0	49.4	46.2	4.4	100.0	533
Total	0.1	57.0	37.2	5.7	100.0	874

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> One or both parents dead

<sup>2</sup> Have a very sick parent or live in a household where an adult has been very sick or died in the past 12 months

## 18.2 SUPERVISION GOING TO AND FROM SCHOOL AND AT SCHOOL

Another risk for children happens when they are on their way to and from school, and at school. Respondents to the youth survey in the SDHS were asked whether they are accompanied by an adult when going to and from school. To study the extent of protection at school, they were also asked whether a teacher or another adult always supervises their safety.

Some parents or guardians take the responsibility of accompanying their children to and from school. Table 18.3 shows that a majority (83 percent) of youths walk to school, 8 percent are always accompanied by an adult when going to school, and 5 percent are accompanied by an adult on their way home from school. Youth in the urban areas are more likely to be accompanied by an adult going to and coming from school, while rural children are much more likely to walk. For example, 88 percent of rural children walk to school compared with 50 percent of urban children.

Supervision of youth also occurs within the school premises. In general, 68 percent of children age 12-14 report that a teacher or other adult is always present in classroom, 65 percent say that a teacher or other adult always watches children coming to or leaving school, and 63 percent say that a teacher or an adult always checks that no unauthorized person enters the school. Only 31 percent of children report that toilets are monitored by a teacher or an adult. There are marginal differentials across subgroups of children.

**Table 18.3 Adult supervision going to and at school**

Percentage of children age 12-14 reporting caregiver or other adult accompanies child to and from school each day, percentage walking to school, percentage reporting that at school an adult is always in classroom, always watches children entering or exiting school, monitors the toilets, and checks that no unauthorized individuals enter school, according to background characteristics, Swaziland 2006-07

Background characteristic	Adult always accompanies child				At school an adult:			Number of children
	From home to school	From school to home	Child walks to school	Is always in classroom	Watches children entering/existing school	Monitors toilets	Checks for unauthorized individual entering school	
<b>Sex</b>								
Female	8.0	5.0	81.0	65.6	62.9	30.8	61.9	446
Male	7.0	3.9	85.9	69.8	68.0	32.1	63.3	384
<b>Residence</b>								
Urban	15.2	6.4	50.1	67.6	68.1	26.9	63.2	100
Rural	6.5	4.2	87.8	67.5	64.9	32.0	62.4	730
<b>Region</b>								
Hhohho	9.0	4.8	83.4	69.6	59.9	28.9	61.5	209
Manzini	11.1	6.5	75.6	71.5	68.1	28.5	63.2	240
Shiselweni	5.0	3.9	87.8	61.2	71.3	38.7	68.3	210
Lubombo	3.9	1.9	88.4	67.2	60.2	29.7	55.7	171
<b>Living arrangements</b>								
Living with both parents	8.9	6.2	84.7	67.2	68.1	29.3	66.0	142
Living with father/not mother	6.3	3.4	82.9	75.1	68.1	39.0	64.6	68
Living with mother/not father	6.7	3.5	78.7	67.0	67.7	25.7	61.3	289
Not living with either parent	8.2	4.6	86.2	66.9	61.0	36.0	60.1	310
Missing	(3.9)	(8.7)	(93.6)	(62.3)	(66.5)	(31.5)	(84.8)	21
<b>Orphanhood status</b>								
Both parents alive	8.0	5.4	80.6	66.3	67.5	30.8	63.0	524
Mother dead/father alive	2.9	2.9	88.3	69.2	64.5	31.5	61.2	70
Father dead/mother alive	7.6	1.7	87.1	71.8	61.8	26.2	60.7	172
Both parents dead	9.1	6.2	89.8	64.4	57.2	50.8	64.7	64
<b>OVC status</b>								
Orphan <sup>1</sup>	6.8	2.9	87.9	69.6	61.5	32.5	61.7	306
Vulnerable <sup>2</sup>	(3.7)	(0.0)	(93.9)	(67.6)	(62.5)	(32.8)	(68.8)	32
Orphan and vulnerable	*	*	*	*	*	*	*	14
Neither orphan nor vulnerable	8.3	5.6	79.9	66.5	67.6	30.5	63.1	506
Total	7.5	4.5	83.3	67.5	65.3	31.4	62.5	830

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> One or both parents dead

<sup>2</sup> Have a very sick parent or live in a household where an adult has been very sick or died in the past 12 months

### 18.3 KNOWLEDGE AND ATTITUDES ABOUT SEX

Children benefit from the knowledge of the physiology of human reproduction and the means to protect oneself against sexual or reproductive problems and diseases. Better knowledge is expected to lead to correct attitudes and responsible reproductive health behaviour. In the SDHS, children age 12-14 were asked if they know the meaning of sex and whether their parents or caregiver had talked to them about sex and sexual abuse.

Table 18.4 shows the knowledge and attitudes about sex among girls and boys age 12-14 years. Six in ten youth (61 percent) say that they know the meaning of having sex. Girls and urban residents are more knowledgeable of the meaning of having sex than boys. Sixty-three percent of girls and 59 percent of boys report knowing the meaning of having sex, and 74 percent of youth in urban areas know the meaning of having sex compared with 60 percent of rural youth. With regard to regional variations, knowledge about sex ranges from 65 percent in Lubombo to 54 percent in Hhohho.

**Table 18.4 Knowledge and attitudes about sex**

Percentage of children age 12-14 who know the meaning of having sex and who attended life skills course, and, among children who know the meaning of having sex, percentage whose parent or caregiver have talked to the child about sex and sexual abuse, according to background characteristics, Swaziland, 2006-07

Background characteristic	Knows the meaning of having sex	Attended life skills course		Number of children	Parents/caregiver talked about sex	Parents/caregiver talked about sex abuse	Number of children knowing meaning of having sex
		At school	Somewhere else				
<b>Sex</b>							
Female	63.3	38.6	5.1	465	46.7	53.1	295
Male	59.0	33.7	4.8	409	24.7	31.4	241
<b>Residence</b>							
Urban	73.6	45.0	5.4	104	47.3	55.1	77
Rural	59.7	35.1	4.9	769	35.0	41.3	459
<b>Region</b>							
Hhohho	53.8	31.6	4.1	228	38.6	45.1	123
Manzini	62.5	35.7	5.8	255	38.9	47.0	159
Shiselweni	64.6	39.1	4.0	213	37.3	38.7	138
Lubombo	65.4	40.0	6.2	178	31.4	41.6	116
<b>Living arrangements</b>							
Living with both parents	58.8	30.8	5.8	151	38.7	50.2	89
Living with father/not mother	56.1	41.0	7.1	71	15.5	23.5	40
Living with mother/not father	64.3	37.4	4.1	295	40.8	47.5	189
Not living with either parent	61.2	37.8	4.5	332	37.0	40.1	204
Missing	*	*	*	*	*	*	15
<b>Orphanhood status</b>							
Both parents alive	61.1	37.1	6.5	552	37.9	45.3	337
Mother dead/father alive	64.3	42.3	1.1	73	27.7	28.6	47
Father dead/mother alive	59.0	33.7	2.6	180	37.7	48.8	106
Both parents dead	66.2	30.9	3.6	69	(35.6)	(30.6)	46
<b>OVC status</b>							
Orphan <sup>1</sup>	61.8	35.0	2.5	322	34.9	39.8	199
Vulnerable <sup>2</sup>	45.3	40.0	2.5	32	*	*	15
Orphan and vulnerable	*	*	*	14	*	*	6
Neither orphan nor vulnerable	61.5	36.9	6.5	533	37.9	45.2	328
Total	61.3	36.3	5.0	874	36.8	43.3	536

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> One or both parents dead

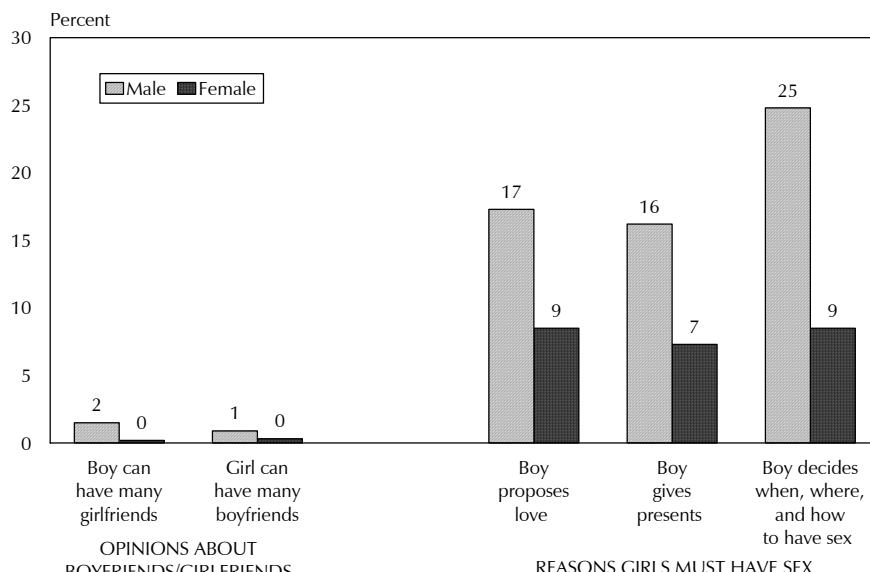
<sup>2</sup> Have a very sick parent or live in a household where an adult has been very sick or died in the past 12 months

Girls and boys age 12-14 were asked if they had attended life skills courses in school or in any environment. Thirty-six percent of these children indicated receiving life skills from school, while 5 percent received it somewhere else. Girls are more likely than boys to report attending life skills courses at school (39 percent compared with 34 percent), and children in urban areas are more likely than rural children to have taken life skills courses in school (45 percent and 35 percent, respectively).

The subject of sex and sexual abuse is discussed by some parents or caregivers with the youth. The data show that 37 percent of youth talked about sex and 43 percent talked about sexual abuse with their parents. Girls are much more likely to have been told about sex and sexual abuse than boys. For instance, while almost half (47 percent) of girls have talked about sex with their parents or caregiver, only one in four boys (25 percent) discussed sex with their parents or caregiver. Once again, children in the urban areas are more likely to have discussed the two subjects with their parents or caregivers than those in the rural areas.

Knowledge about HIV transmission and ways to prevent it are not useful if people have no control of their involvement in sex practices. To assess their attitudes towards safer sex, persons age 12-14 who had indicated that they know the meaning of sex were asked if it is acceptable to have many boyfriends or girlfriends. They were also asked their opinion regarding a girl's refusal to have sex. In general, 13 percent say that a girl cannot refuse sex if a boy proposes love, and 11 percent say that a girl cannot refuse sex if a boy gives presents. Boys are more likely than girls to agree with these statements. For example, 17 percent of boys say that a girl cannot refuse sex if a boy proposes love, compared with 9 percent of girls. Boys think that they are much more in control over when, where, and how the couple should have sex (25 percent of boys compared with 9 percent of girls). Less than 1 percent of both girls and boys agreed that a boy can have multiple girlfriends or a girl can have multiple boyfriends.

**Figure 18.1 Attitudes about Dating and Decisions to Have Sex**



## 18.4 KNOWLEDGE AND ATTITUDES ABOUT HIV/AIDS

Virtually all children age 12-14 have heard of HIV/AIDS (97 percent) and there are no major variations in the knowledge by their background characteristics. Among children who have heard about HIV/AIDS, 84 percent believe it is possible to avoid or reduce the chances of getting AIDS and 82 percent know that a healthy-looking person can have AIDS. This belief and knowledge are higher among girls than boys. For instance, 87 percent of girls and 80 percent of boys believe that there are ways to avoid or reduce the chances of getting AIDS. Knowledge of AIDS is higher among children who live in urban areas than in rural areas (87 percent and 83 percent, respectively), as indicated in Table 18.5.

Table 18.5 Knowledge about HIV/AIDS

Percentage of children age 12-14 who have heard about HIV/AIDS and, among those having heard of AIDS, percentage who believe it is possible to avoid or reduce the chances of getting AIDS and who know that a healthy person can have AIDS, Swaziland 2006-07

Background characteristic	Heard about AIDS	Number of children	Among children age 12-14 who have heard about AIDS, percentage who:		
			Believe it is possible to avoid or reduce the chances of getting AIDS	Know a healthy-looking person can have AIDS	Number of children who have heard about AIDS
<b>Sex</b>					
Female	97.8	465	86.8	83.9	455
Male	96.5	409	80.3	79.7	394
<b>Residence</b>					
Urban	98.9	104	87.3	85.2	103
Rural	97.0	769	83.3	81.5	746
<b>Region</b>					
Hhohho	95.1	228	81.8	80.0	217
Manzini	98.5	255	85.4	84.6	251
Shiselweni	99.1	213	87.4	84.8	211
Lubombo	95.9	178	79.2	77.1	171
<b>Living arrangements</b>					
Living with both parents	95.8	151	81.8	78.4	145
Living with father/not mother	98.5	71	79.8	80.0	70
Living with mother/not father	97.7	295	87.7	83.9	288
Not living with either parent	97.3	332	81.9	83.0	323
Missing	(94.9)	25	(84.2)	(73.3)	24
<b>Orphanhood status</b>					
Both parents alive	96.8	552	83.5	82.5	534
Mother dead/father alive	100.0	73	90.4	76.9	73
Father dead/mother alive	97.3	180	83.6	83.1	175
Both parents dead	97.2	69	78.7	80.2	67
<b>OVC status</b>					
Orphan <sup>1</sup>	97.9	322	84.1	81.1	315
Vulnerable <sup>2</sup>	(90.8)	32	(91.0)	(86.5)	29
Orphan and vulnerable	*	14	*	*	13
Neither orphan nor vulnerable	97.2	533	83.3	82.6	518
Total	97.2	874	83.7	82.0	850

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> One or both parents dead

<sup>2</sup> Have a very sick parent or live in a household where an adult has been very sick or died in the past 12 months

Figure 18.2 shows the percentage of children age 12-14 who know about AIDS, and who mention without prompting the various ways a person can avoid or reduce the chances of getting AIDS. Overall, 64 percent of children mention abstaining from sex as a way of reducing the chances of getting AIDS, 47 percent mention the use of condoms, and 19 percent mention avoiding blood transfusions. One in six children (15 percent) say that the chances of contracting AIDS can be reduced or avoided by being faithful to one sexual partner. There are small differentials in the responses given by girls and boys.

**Figure 18.2 Knowledge of Various Modes to Avoid AIDS**

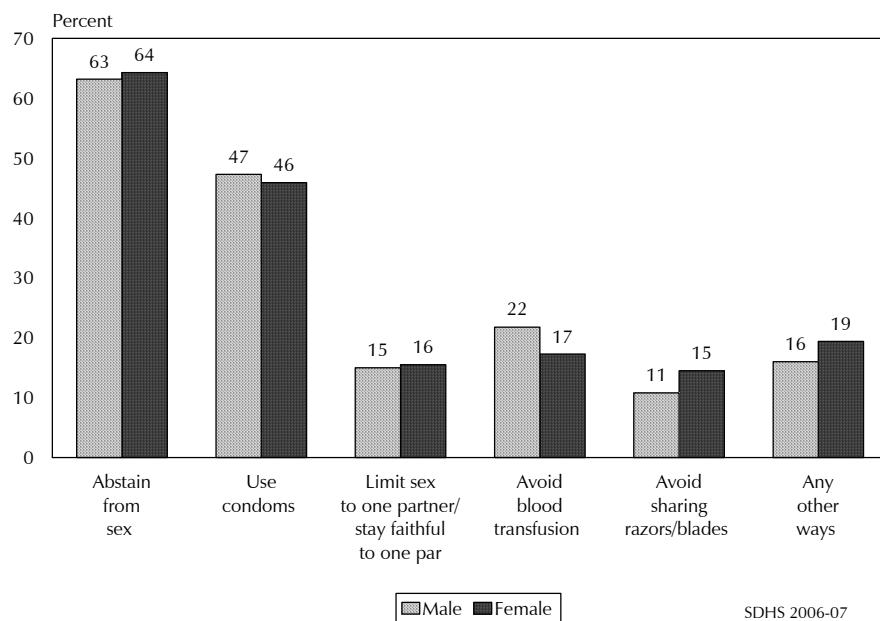


Table 18.6 presents the children's knowledge about issues related to HIV/AIDS. Knowledge of male and female condoms is widespread among children age 12-14; 77 percent of these children indicate that they have heard about male condoms and 43 percent have heard about female condoms. Boys are more likely than girls to have heard of male condoms (85 percent compared with 71 percent). However, girls are more likely than boys to have heard of female condoms (48 percent compared with 37 percent). As observed in the previous findings, children in the urban areas are more likely than rural children to have heard about male and female condoms. For male condoms, the proportion is 88 percent in urban areas and 76 percent in rural areas.

When asked whether boys and girls their age should be taught how to use condoms to avoid getting AIDS, 37 percent of those who know about AIDS and condoms give a positive response. A large proportion (62 percent) of children believe that children their age should be taught in school about delaying sex until they get married to avoid getting AIDS.

Table 18.6 Knowledge about HIV/AIDS-related issues

Among children age 12-14 years, percentage who have heard about male and female condoms and, among those having heard of AIDS and about either the male or female condom, percentage who believe children their age should be taught about using a condom to avoid AIDS, and among children age 12-14 knowing about AIDS and about the meaning of having sex, percentage who believe children their age should be taught in school about waiting until they get married before having sex to avoid AIDS, by background characteristics, Swaziland 2006-07

Background characteristic	Heard about male condom	Heard about female condom	Number of children	Among children knowing about AIDS and condoms, percentage believing children their age should be taught to use condoms to avoid AIDS	Number of children knowing about AIDS and about condoms	Percentage who believe children their age should be taught in school about waiting until they get married before having sex to avoid AIDS	Number of children who have heard about AIDS
<b>Sex</b>							
Female	70.7	47.9	465	38.4	346	64.0	455
Male	84.8	36.9	409	36.2	345	58.8	394
<b>Residence</b>							
Urban	87.6	56.2	104	42.1	93	73.6	103
Rural	75.9	40.9	769	36.5	597	59.9	746
<b>Region</b>							
Hhohho	73.5	39.7	228	35.4	170	54.8	217
Manzini	79.4	46.4	255	42.0	210	62.2	251
Shiselweni	79.3	38.8	213	36.3	173	64.2	211
Lubombo	76.6	46.2	178	33.6	138	66.1	171
<b>Living arrangements</b>							
Living with both parents	74.9	45.7	151	29.7	117	60.3	145
Living with father/not mother	72.3	39.4	71	44.2	54	55.6	70
Living with mother/not father	78.9	42.8	295	36.7	237	64.7	288
Not living with either parent	78.5	43.0	332	39.2	264	60.9	323
Missing	(69.9)	(29.4)	25	44.7	18	57.9	24
<b>Orphanhood status</b>							
Both parents alive	77.1	43.3	552	33.0	440	61.7	534
Mother dead/father alive	77.6	35.8	73	49.9	57	62.9	73
Father dead/mother alive	77.7	44.7	180	40.8	140	58.7	175
Both parents dead	77.2	40.5	69	49.6	54	66.6	67
<b>OVC status</b>							
Orphan <sup>1</sup>	77.6	41.8	322	44.8	251	61.3	315
Vulnerable <sup>2</sup>	(65.6)	(38.9)	32	*	23	(49.9)	29
Orphan and vulnerable	*	*	14	*	10	*	13
Neither orphan nor vulnerable	77.9	43.5	533	33.3	427	61.9	518
Total	77.3	42.7	874	37.3	691	61.6	850

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> One or both parents dead

<sup>2</sup> Have a very sick parent or live in a household where an adult has been very sick or died in the past 12 months

## 18.5 EXPOSURE TO MEDIA MESSAGES ON HIV/AIDS

Access to information is essential in increasing knowledge and awareness of what is taking place around one, so as to influence one's perceptions and behaviour. Children age 12-14 were asked if they had received information through mass media; the findings are presented in Table 18.7. The most popular media is the radio (70 percent). Between 33 percent and 36 percent of children received HIV/AIDS information from television, newspapers, leaflets, posters, and billboards. In general, girls are more likely than boys to be exposed to HIV/AIDS information through any media. Urban children are also more exposed to HIV/AIDS information than rural children. With regard to regional variations, children in the Manzini region are more likely to be exposed to such information than in other regions. There are no major variations according to the child's living arrangements, orphanhood status, and OVC status.

Table 18.7 Exposure to information on HIV/AIDS through mass media

Percentage of children age 12-14 who reported receiving HIV/AIDS information through various mass media sources, according to background characteristics, Swaziland 2006-07

Background characteristic	Television	Radio	Newspaper	Magazine	Leaflets	Posters	Billboards	Number
<b>Sex</b>								
Female	37.5	72.0	40.0	25.5	37.2	36.4	37.2	465
Male	31.9	68.1	31.0	22.3	30.0	35.3	28.3	409
<b>Residence</b>								
Urban	67.9	79.8	59.4	43.0	51.2	61.2	62.3	104
Rural	30.4	68.9	32.6	21.4	31.5	32.4	29.0	769
<b>Region</b>								
Hhohho	35.7	68.0	33.8	17.8	31.9	32.5	30.1	228
Manzini	40.8	73.7	43.2	30.8	39.3	46.8	46.2	255
Shiselweni	31.8	68.6	37.2	24.3	29.1	30.0	26.6	213
Lubombo	29.1	69.8	26.1	21.8	34.1	31.6	25.6	178
<b>Living arrangements</b>								
Living with both parents	32.9	64.7	33.6	24.0	35.8	35.7	31.0	151
Living with father/not mother	30.5	70.4	29.7	21.4	32.2	37.3	33.9	71
Living with mother/not father	30.2	69.1	38.0	26.3	36.4	36.5	34.0	295
Not living with either parent	41.3	74.1	36.2	23.0	31.4	35.6	33.7	332
Missing	(29.2)	(63.6)	(33.9)	(16.4)	(28.5)	(30.1)	(21.6)	25
<b>Orphanhood status</b>								
Both parents alive	36.0	68.6	37.4	27.1	35.7	36.7	33.5	552
Mother dead/father alive	38.7	68.6	38.6	17.7	29.8	33.3	39.6	73
Father dead/mother alive	30.8	74.1	30.0	19.7	31.7	36.9	30.0	180
Both parents dead	33.2	74.1	34.8	16.8	28.5	29.3	30.0	69
<b>OVC status</b>								
Orphan <sup>1</sup>	33.1	72.8	33.0	18.6	30.6	34.4	32.2	322
Vulnerable <sup>2</sup>	(35.3)	(63.3)	(23.2)	(19.5)	(36.1)	(37.9)	(30.3)	32
Orphan and vulnerable	*	*	*	*	*	*	*	14
Neither orphan nor vulnerable	36.4	69.5	38.2	27.2	35.6	36.7	33.5	533
Total	34.9	70.2	35.8	24.0	33.8	35.9	33.0	874

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> One or both parents dead

<sup>2</sup> Have a very sick parent or live in a household where an adult has been very sick or died in the past 12 months

Children were also asked if they had seen stickers, clothing, red ribbon, signs on a bus, wall murals, and AIDS plays with HIV/AIDS information over the 12 months prior to the survey. Seven in ten children indicate that they have seen HIV/AIDS information on a red ribbon badge or on clothing, and 58 percent had seen an AIDS play (Table 18.8). Stickers (38 percent) and wall murals (86 percent) are not as notable as these other media. As is the case with mass media, girls and children who live in urban areas are more likely than other children to have seen these other media messages on HIV/AIDS. Exposure is generally higher among children in the Manzini region, and low among children in the Lubombo region, except for the AIDS play, which has the most viewers in the Lubombo region. There are variations in the exposure to media by the child's living arrangements, orphanhood status, and OVC status, but there is no clear pattern.

Table 18.8 Exposure to HIV/AIDS messages through other media

Percentage of children age 12-14 who have seen HIV/AIDS information or messages on other media during the 12 months before the survey, according to background characteristics, Swaziland 2006-07

Background characteristic	Stickers	Clothing	Red ribbon badge	Sign on bus or combi	Wall mural	AIDS play	Number
<b>Sex</b>							
Female	41.8	69.4	77.7	48.1	31.2	64.3	465
Male	34.5	68.3	64.8	40.9	20.5	49.8	409
<b>Residence</b>							
Urban	56.2	86.4	84.7	64.8	44.4	76.0	104
Rural	36.0	66.5	69.9	42.0	23.8	55.0	769
<b>Region</b>							
Hhohho	37.2	68.0	68.3	46.2	27.8	57.0	228
Manzini	44.6	71.3	78.4	50.8	30.8	57.0	255
Shiselweni	38.5	69.6	73.9	44.4	23.7	55.4	213
Lubombo	31.0	65.9	63.7	34.5	20.7	61.4	178
<b>Living arrangements</b>							
Living with both parents	34.2	65.5	65.8	40.6	20.7	51.6	151
Living with father/not mother	32.2	70.6	72.3	40.8	33.6	62.4	71
Living with mother/not father	41.6	69.9	73.9	43.9	25.3	58.0	295
Not living with either parent	39.4	70.2	72.1	47.8	26.9	58.8	332
Missing	(30.1)	(56.3)	(74.3)	(49.7)	(41.6)	(56.2)	25
<b>Orphanhood status</b>							
Both parents alive	38.5	67.7	70.6	45.2	26.2	56.0	552
Mother dead/father alive	34.8	73.9	67.9	49.2	33.5	64.9	73
Father dead/mother alive	40.1	72.2	76.4	42.3	25.2	61.3	180
Both parents dead	37.4	65.2	71.9	42.4	21.7	51.8	69
<b>OVC status</b>							
Orphan <sup>1</sup>	38.3	71.1	73.5	43.9	26.3	60.1	322
Vulnerable <sup>2</sup>	(37.1)	(64.5)	(81.0)	(40.0)	(22.9)	(63.2)	32
Orphan and vulnerable	*	*	*	*	*	*	14
Neither orphan nor vulnerable	38.5	68.0	70.2	45.0	26.2	56.0	533
Total	38.4	68.9	71.7	44.7	26.2	57.5	874

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> One or both parents dead

<sup>2</sup> Have a very sick parent or live in a household where an adult has been very sick or died in the past 12 months

Ascertaining places where the youth access HIV/AIDS information is important to strengthen the interventions. Table 18.9 provides information on the percentage of girls and boys age 12-14 who receive information on HIV/AIDS at various places during the 12 months before the survey according to background characteristics. School plays a key role in providing information to children age 12-14; 83 percent of children say that they receive information on HIV/AIDS in schools, 45 percent from health facilities, and 37 percent from religious meetings. Girls are more likely to have received this information than boys. For instance, 85 percent of girls and 81 percent of boys had received information from school. HIV/AIDS information from youth clubs is more accessible to youth in urban areas (31 percent) than to youth in rural areas (14 percent). There are no major regional variations in places where HIV/AIDS information can be accessed.

**Table 18.9 Places for information about HIV/AIDS**

Percentage of girls and boys age 12-14 receiving information on HIV/AIDS at various places during the 12 months before the survey, according to background characteristics, Swaziland 2006-07

Background characteristic	School	Youth club	Community meeting	Religious meeting	Health facility	Doctor's office	Pharmacy or chemist	AIDS organisation	Local shop/spaza	Number
<b>Sex</b>										
Female	85.0	18.1	13.7	39.7	49.7	22.3	13.4	31.6	13.1	465
Male	81.0	13.1	12.1	34.5	40.5	14.1	6.0	22.7	10.2	409
<b>Residence</b>										
Urban	91.0	31.0	10.1	46.2	55.6	23.7	14.4	44.1	16.5	104
Rural	82.1	13.7	13.3	36.1	44.0	17.8	9.4	25.1	11.1	769
<b>Region</b>										
Hhohho	80.1	14.1	12.7	38.9	43.2	16.4	8.6	22.9	12.1	228
Manzini	84.9	17.8	11.6	43.1	45.0	17.7	7.8	30.7	12.5	255
Shiselweni	86.4	14.7	15.8	32.8	48.0	22.6	14.5	29.1	11.9	213
Lubombo	80.5	16.3	11.8	32.2	45.6	17.4	9.3	26.4	9.9	178
<b>Living arrangements</b>										
Living with both parents	77.4	13.9	10.2	33.2	36.7	16.2	8.7	24.7	13.4	151
Living with father/not mother	82.6	17.2	10.8	38.6	50.1	24.1	12.2	30.8	8.8	71
Living with mother/not father	87.7	15.7	12.9	40.9	46.4	19.3	11.3	26.5	10.9	295
Not living with either parent	84.0	16.7	14.7	35.6	47.7	17.9	9.0	29.9	12.7	332
Missing	(53.3)	(10.8)	(12.7)	(37.8)	(41.4)	(15.4)	(9.0)	(11.2)	(7.8)	25
<b>Orphanhood status</b>										
Both parents alive	84.7	17.2	13.3	38.4	47.1	19.2	9.8	26.7	12.0	552
Mother dead/father alive	76.2	14.5	14.2	39.1	49.2	19.1	10.0	32.9	10.2	73
Father dead/mother alive	82.3	12.5	13.5	38.0	44.8	16.2	9.9	27.5	13.1	180
Both parents dead	79.9	14.0	7.7	24.7	29.0	18.1	11.6	26.9	7.8	69
<b>OVC status</b>										
Orphan <sup>1</sup>	80.4	13.3	12.4	35.4	42.4	17.3	10.3	28.6	11.3	322
Vulnerable <sup>2</sup>	(82.3)	(7.9)	(15.9)	(34.0)	(48.1)	(17.2)	(11.6)	(24.9)	(4.5)	32
Orphan and vulnerable	*	*	*	*	*	*	*	*	*	14
Neither orphan nor vulnerable	84.9	17.6	13.3	38.5	46.9	18.8	9.6	26.6	12.2	533
Total	83.1	15.8	12.9	37.3	45.4	18.5	10.0	27.4	11.7	874

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> One or both parents dead

<sup>2</sup> Have a very sick parent or live in a household where an adult has been very sick or died in the past 12 months

## 18.6 OPINION ON INFORMATION ABOUT HIV/AIDS

Ascertaining youth's opinion on the content of HIV/AIDS information they receive is important for further development of relevant youth messages. Table 18.10 shows that 47 percent of children age 12-14 say that there was too much focus on condoms in the information on HIV/AIDS they had received in the 12 months preceding the survey; 42 percent say that the information was either not enough for them or was confusing. Girls and urban children are more likely than other children to say that the information on HIV/AIDS was too focused on condoms. There are some regional variations with no specific pattern; 58 percent of the children in Manzini feel that the information had too much focus on condoms, and 49 percent of children in Lubombo think that there was not enough information for children. The information was confusing for 46 percent of urban children and 41 percent of rural children.

The table also shows the opinion of children who know about having sex and who report that they have received HIV/AIDS information in the 12 months preceding the survey. Overall, 61 percent think that too much focus was placed on abstinence, and 52 percent think that too much focus was placed on sex. Only 7 percent of children say that the information they received encouraged young people to have sex and 11 percent think that the information taught children that having sex is OK if safe sex is practiced. Again, there are variations across subgroups of children, but there is no specific pattern.

Table 18.10 Opinion on information about HIV/AIDS

Among all children age 12-14, percentage who had various opinions about the information on HIV/AIDS that they received in the 12 months preceding the survey, according to background characteristics, Swaziland 2006-07

Background characteristic	Percentage of all children who said that the HIV/AIDS information they had received:				Number of children	Percentage of all children knowing about having sex who said that the HIV/AIDS information they had received :				Number of children knowing about the meaning of sex
	Had too much focus on condoms	Did not have enough information for children	Was offending or upsetting	Was confusing		Had too much focus on abstinence	Had too much focus on sex	Encouraged young people to have sex	Taught children sex is OK if it is safe	
<b>Sex</b>										
Female	50.8	41.0	22.6	40.4	465	59.2	54.5	7.1	12.0	295
Male	42.9	43.4	23.1	42.9	409	63.2	49.3	7.8	10.1	241
<b>Residence</b>										
Urban	54.8	38.6	27.0	46.0	104	54.4	49.7	10.5	8.8	77
Rural	46.1	42.6	22.3	41.0	769	62.1	52.6	6.9	11.6	459
<b>Region</b>										
Hhohho	42.1	39.0	24.3	41.7	228	64.2	48.7	6.4	13.6	123
Manzini	58.0	43.7	22.0	46.3	255	61.0	63.9	10.4	9.8	159
Shiselweni	39.9	38.2	17.5	33.9	213	56.3	39.5	5.4	8.5	138
Lubombo	46.6	48.6	28.6	44.1	178	63.2	54.8	6.9	13.6	116
<b>Living arrangements</b>										
Living with both parents	41.2	41.2	20.9	39.8	151	59.5	46.0	5.0	9.3	89
Living with father/not mother	41.7	52.5	27.1	48.5	71	70.5	80.3	24.0	16.5	40
Living with mother/not father	51.5	44.1	22.8	44.2	295	63.3	48.9	7.3	10.8	189
Not living with either parent	47.1	38.8	22.9	38.7	332	58.5	52.4	5.9	12.1	204
Missing	(46.3)	(38.8)	(21.9)	(40.8)	25	*	*	*	*	15
<b>Orphanhood status</b>										
Both parents alive	47.9	43.2	23.8	43.7	552	59.9	52.9	7.7	12.5	337
Mother dead/father alive	49.0	48.4	33.8	40.8	73	62.4	66.6	12.4	11.1	47
Father dead/mother alive	47.3	39.9	21.1	37.5	180	64.9	45.7	5.5	10.0	106
Both parents dead	38.0	32.6	8.3	36.6	69	58.2	47.2	4.6	3.8	46
<b>OVC status</b>										
Orphan <sup>1</sup>	45.7	40.3	21.2	38.0	322	62.8	51.0	6.9	8.9	199
Vulnerable <sup>2</sup>	(45.3)	(46.8)	(32.9)	(33.2)	32	*	*	*	*	15
Orphan and vulnerable	*	*	*	*	14	*	*	*	*	6
Neither orphan nor vulnerable	47.8	42.8	23.6	44.1	533	60.9	52.3	7.9	12.9	328
Total	47.1	42.1	22.8	41.6	874	61.0	52.2	7.4	11.2	536

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> One or both parents dead

<sup>2</sup> Have a very sick parent or live in a household where an adult has been very sick or died in the past 12 months

## 18.7 KNOWLEDGE OF HIV/AIDS HELP LINE

Table 18.11 is presented to provide information on the knowledge of girls and boys age 12-14 about HIV/AIDS information through telephone. Overall, 18 percent of girls and boys know about HIV/AIDS information by telephone; 22 percent of girls and 12 percent of boys. Among those who know about the HIV/AIDS Help line, 35 percent mention the AIDS help line and 12 percent cite TASC. More than half of these children mention other sources. As expected, children in urban areas and in Manzini are more likely than children living elsewhere to know about the HIV/AIDS information through the HIV/AIDS hotline.

Table 18.11 Knowledge of HIV/AIDS help line

Percentage of girls and boys age 12-14 who know about HIV/AIDS information by telephone or help line, and among those who know about HIV/AIDS telephone or help line, percentage who know specific source of information, according to background characteristics, Swaziland 2006-07

Background characteristic	Percent who know about HIV/AIDS information by telephone or help line	Number of children	Among those knowing about hotline, percentage mentioning:			Number of children age 12-14 who know about HIV/AIDS telephone or help line
			AIDS help line	TASC	Other	
<b>Sex</b>						
Female	22.3	465	33.3	13.1	56.3	104
Male	12.3	409	39.5	8.6	56.0	50
<b>Residence</b>						
Urban	21.4	104	49.7	18.2	40.5	22
Rural	17.1	769	32.9	10.5	58.9	132
<b>Region</b>						
Hhohho	18.2	228	45.2	12.2	42.6	41
Manzini	20.6	255	43.2	5.9	62.2	52
Shiselweni	11.9	213	26.2	8.7	61.0	25
Lubombo	19.6	178	18.5	21.8	59.9	35
<b>Living arrangements</b>						
Living with both parents	17.2	151	39.4	6.2	59.3	26
Living with father/not mother	16.5	71	57.0	17.3	31.1	12
Living with mother/not father	21.0	295	30.8	10.2	63.9	62
Not living with either parent	15.6	332	35.8	13.3	50.8	52
Missing	(11.6)	25	0.0	38.8	61.2	3
<b>Orphanhood status</b>						
Both parents alive	19.4	552	34.6	11.4	59.6	107
Mother dead/father alive	14.3	73	49.5	20.1	30.4	11
Father dead/mother alive	15.0	180	26.8	9.7	59.8	27
Both parents dead	13.7	69	*	*	*	9
<b>OVC status</b>						
Orphan <sup>1</sup>	14.6	322	37.0	12.3	48.5	47
Vulnerable <sup>2</sup>	(15.7)	32	*	*	*	5
Orphan and vulnerable	*	14	*	*	*	1
Neither orphan nor vulnerable	19.3	533	36.0	11.8	58.0	103
Total	17.6	874	35.3	11.7	56.2	154

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> One or both parents dead

<sup>2</sup> Have a very sick parent or live in a household where an adult has been very sick or died in the past 12 months

## 18.8 DISCUSSION ABOUT HIV/AIDS

In the SDHS, children age 12-14 were also asked whether they discussed the topic of HIV/AIDS with their caregiver, parents, friends, or any other person. Table 18.12 provides the results. One in three children had discussed HIV/AIDS with parents or caregivers and 31 percent discussed it with other children. In general, girls and children who live in urban areas are more likely than other children to have discussed HIV/AIDS with anyone. For example, 40 percent of girls say they discuss HIV/AIDS with their parents compared with 25 percent of boys.

Table 18.12 Discussion about HIV/AIDS

Among children age 12-14, percentage who ever discussed HIV/AIDS with parents/caregivers and with other kids with whom they mix and percentage reporting they had discussed HIV/AIDS with someone in the months before the survey, and, among those discussing HIV/AIDS recently, percentage mentioning they had discussed the topic with specific individuals, according to background characteristics, Swaziland, 2006

Background characteristic	Ever discussed HIV/AIDS		Ever discussed HIV/AIDS with someone during month before survey	Number of children	Percentage of children who discussed HIV/AIDS in the past month who mentioned talking about the topic with:				Number of children discussing HIV/AIDS in the past month
	With parents/caregiver	With other children			A parent	Friend	Teacher	Other persons	
<b>Sex</b>									
Female	40.2	31.0	32.9	465	18.3	50.3	29.5	27.6	153
Male	24.7	30.6	27.5	409	7.2	69.9	29.9	14.3	112
<b>Residence</b>									
Urban	47.7	35.5	41.1	104	17.4	68.3	12.4	31.4	43
Rural	30.9	30.2	28.9	769	12.8	56.7	33.0	20.2	222
<b>Region</b>									
Hhohho	35.1	27.8	28.8	228	9.8	55.7	30.8	22.6	66
Manzini	36.6	30.0	37.4	255	17.6	53.8	34.0	22.7	95
Shiselweni	30.0	34.9	27.5	213	17.2	58.4	24.7	19.8	59
Lubombo	28.5	30.9	25.7	178	5.9	73.0	25.5	22.2	46
<b>Living arrangements</b>									
Living with both parents	30.3	33.2	31.4	151	13.5	65.7	30.3	15.9	47
Living with father/not mother	25.4	25.9	18.1	71	0.0	63.2	35.4	35.1	13
Living with mother/not father	37.0	28.6	33.8	295	19.0	59.0	30.0	16.6	99
Not living with either parent	33.3	32.5	29.1	332	10.0	54.9	28.3	28.8	97
Missing	(17.8)	(33.1)	(34.7)	25	*	*	*	*	9
<b>Orphanhood status</b>									
Both parents alive	35.9	32.8	34.1	552	15.2	59.4	29.2	20.5	188
Mother dead/father alive	23.1	34.8	21.0	73	*	*	*	*	15
Father dead/mother alive	30.6	25.4	26.5	180	(11.7)	(57.2)	(33.5)	(18.5)	48
Both parents dead	26.0	24.1	20.2	69	*	*	*	*	14
<b>OVC status</b>									
Orphan <sup>1</sup>	27.9	27.3	23.9	322	9.5	56.6	30.9	25.6	77
Vulnerable <sup>2</sup>	31.8	40.7	36.7	32	*	*	*	*	12
Orphan and vulnerable	*	*	*	14	*	*	*	*	4
Neither orphan nor vulnerable	35.9	32.8	33.9	533	15.9	58.4	28.8	20.9	180
Total	32.9	30.8	30.4	874	13.6	58.6	29.7	22.0	265

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> One or both parents dead

<sup>2</sup> Have a very sick parent or live in a household where an adult has been very sick or died in the past 12 months

When asked if they had discussed the subject in the past month, a majority of children (59 percent) say that they discussed it with a friend, 30 percent discussed it with a teacher, and 22 percent talked with other persons. It is interesting to note that parents are the children's least likely choice of contact to talk about HIV/AIDS (14 percent). Further, girls are much more likely to discuss HIV/AIDS with a parent than boys (18 percent and 7 percent, respectively).

In both urban and rural areas, most children talk about HIV/AIDS with their friends (68 percent in urban areas and 57 percent in rural areas). However, teachers play a much more important role in rural areas as a contact point for information on HIV/AIDS than in urban areas (33 percent compared with 12 percent).

When asked who would they like to discuss HIV/AIDS with, both girls and boys choose their friends (32 percent) (Table 18.13). Parents come second (26 percent), followed by other relatives (20 percent). Only 12 percent mention teachers. Other than friends, girls tend to mention parent or caregiver (30 percent) and other relatives (22 percent). Boys are more likely than girls to say that they want to discuss HIV/AIDS with their teacher (15 percent compared with 10 percent).

Table 18.13 Persons with whom youth would like to discuss HIV/AIDS

Percentage of children age 12-14 years who mentioned that they would like to discuss HIV/AIDS with various people in the last 12 months by specific individuals, according to sex, Swaziland 2006-07

Would like to talk about HIV/AIDS with:	Male	Female	Total
Parent/caregiver	22.0	29.8	26.2
Other relative	17.8	21.6	19.8
Friend	33.3	30.3	31.7
Teacher	14.7	9.8	12.1
Other	4.5	4.1	4.3
Number	409	465	874

## 18.9 KNOWLEDGE OF PLACES TO BE TESTED FOR THE AIDS VIRUS

The survey also investigated whether girls and boys age 12-14 know where one can be tested for the AIDS virus. Overall, only half of children age 12-14 in the survey know of a place for AIDS testing (Table 18.14). Girls are more likely than boys to know where to go for the AIDS testing (55 percent compared with 48 percent). Urban children are also more likely than rural children to know a place for AIDS testing (65 percent compared with 50 percent).

A government health facility is the most often cited place of testing for the AIDS virus (59 percent), followed by a private or mission facility (24 percent), and FLAS/TASC and other NGOs (20 percent). Children in rural areas are much more likely than those in urban areas to mention a government facility (64 percent compared with 37 percent).

Table 18.14 Knowledge of place to be tested for AIDS virus

Percentage of girls and boys age 12-14 who know about a place to be tested for the AIDS virus, according to background characteristics, Swaziland 2006-07

Background characteristic	Percent who know place to be tested for the AIDS virus	Number of children	Among children knowing place to be tested, percentage mentioning:			Number of children who know place to be tested for AIDS virus	
			Government facility	Private/mission facility	FLAS/TASC/other NGOs		
<b>Sex</b>							
Female	54.6	465	58.5	21.0	20.4	2.5	254
Male	47.5	409	60.7	28.5	19.0	1.6	194
<b>Residence</b>							
Urban	64.5	104	36.5	33.4	38.7	0.6	67
Rural	49.5	769	63.5	22.6	16.5	2.4	381
<b>Region</b>							
Hhohho	51.5	228	63.4	10.0	22.6	0.8	117
Manzini	53.2	255	44.1	33.8	32.4	1.7	136
Shiselweni	48.3	213	86.8	3.9	6.8	2.0	103
Lubombo	51.7	178	46.3	51.2	12.2	4.6	92
<b>Living arrangements</b>							
Living with both parents	52.2	151	54.2	28.0	16.0	1.2	79
Living with father/not mother	48.5	71	(59.6)	(19.1)	(18.4)	(8.2)	34
Living with mother/not father	52.0	295	61.5	23.2	17.3	1.4	153
Not living with either parent	51.9	332	57.8	25.8	24.5	2.1	173
Missing	(36.4)	25	*	*	*	*	9
<b>Orphanhood status</b>							
Both parents alive	53.3	552	55.9	22.1	20.6	2.2	294
Mother dead/father alive	49.3	73	(73.0)	(26.1)	(9.4)	(5.7)	36
Father dead/mother alive	47.9	180	60.3	33.3	19.5	1.2	86
Both parents dead	45.5	69	(74.4)	(17.4)	(25.3)	(0.0)	31
<b>OVC status</b>							
Orphan <sup>1</sup>	47.7	322	66.2	28.3	18.3	2.0	154
Vulnerable <sup>2</sup>	(45.7)	32	*	*	*	*	15
Orphan and vulnerable	*	14	*	*	*	*	5
Neither orphan nor vulnerable	53.4	533	56.4	20.9	20.9	2.3	285
Total	51.3	874	59.4	24.2	19.8	2.1	448

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> One or both parents dead

<sup>2</sup> Have a very sick parent or live in a household where an adult has been very sick or died in the past 12 months

FLAS = The Family Life Association of Swaziland

TSAC = The AIDS Information and Support Centre

NGO = Non-governmental organisation

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# SAMPLE IMPLEMENTATION

# Appendix A

**Table A.1 Sample implementation: Women 15-49**

Percent distribution of households and eligible women 15-49 by results of the household and individual interviews, and household, eligible women 15-49 and overall women 15-49 response rates, according to urban-rural residence and region (unweighted), Swaziland 2006-07

Result	Residence		Region			Total	
	Urban	Rural	Hhohho	Manzini	Shiselweni		
<b>Selected households</b>							
Completed (C)	84.7	90.3	85.5	86.3	89.5	91.9	88.1
Household present but no competent respondent at home (HP)	0.9	1.2	1.3	1.4	0.9	0.4	1.0
Postponed (P)	0.3	0.1	0.1	0.3	0.1	0.1	0.2
Refused (R)	5.2	1.5	4.6	3.9	1.5	1.4	3.0
Dwelling not found (DNF)	0.3	0.1	0.4	0.3	0.0	0.0	0.2
Household absent (HA)	2.1	1.9	2.4	1.6	2.8	1.3	2.0
Dwelling vacant/address not a dwelling (DV)	5.6	3.9	4.7	5.3	3.8	4.3	4.6
Dwelling destroyed (DD)	0.7	0.8	0.7	0.8	1.2	0.4	0.8
Other (O)	0.2	0.2	0.3	0.1	0.2	0.2	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	2,220	3,280	1,500	1,580	1,080	1,340	5,500
Household response rate (HRR)	92.7	96.9	93.0	93.5	97.3	97.9	95.2
<b>Eligible women</b>							
Completed (EWC)	91.8	95.1	93.1	92.8	96.0	95.0	94.1
Not at home (EWNH)	2.9	2.0	2.4	3.1	1.2	2.0	2.3
Postponed (EWP)	0.1	0.0	0.0	0.0	0.1	0.0	0.0
Refused (EWR)	4.5	1.5	3.1	3.0	1.8	1.7	2.5
Partly completed (EWPC)	0.3	0.1	0.0	0.3	0.0	0.3	0.2
Incapacitated (EWI)	0.3	1.1	1.1	0.4	1.0	0.9	0.8
Other (EWO)	0.2	0.1	0.4	0.3	0.0	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,682	3,619	1,357	1,589	1,128	1,227	5,301
Eligible women response rate (EWRR)	91.8	95.1	93.1	92.8	96.0	95.0	94.1
Overall response rate (ORR)	85.1	92.2	86.6	86.8	93.4	93.1	89.6

<sup>1</sup> Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

<sup>2</sup> Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{100 * EWC}{EWC + EWNH + EWP + EWR + EWPC + EWI + EWO}$$

<sup>3</sup> The overall response rate (ORR) is calculated as:

$$ORR = HRR * EWRR/100$$

Table A.2 Sample implementation: Men 15-49

Percent distribution of households and eligible men 15-49 by results of the household and individual interviews, and household, eligible men 15-49 and overall men 15-49 response rates, according to urban-rural residence and region (unweighted) Swaziland 2006-07

Result	Residence		Region			Total	
	Urban	Rural	Hhohho	Manzini	Shiselweni		
<b>Selected households</b>							
Completed (C)	84.7	90.3	85.5	86.3	89.5	91.9	88.1
Household present but no competent respondent at home (HP)	0.9	1.2	1.3	1.4	0.9	0.4	1.0
Postponed (P)	0.3	0.1	0.1	0.3	0.1	0.1	0.2
Refused (R)	5.2	1.5	4.6	3.9	1.5	1.4	3.0
Dwelling not found (DNF)	0.3	0.1	0.4	0.3	0.0	0.0	0.2
Household absent (HA)	2.1	1.9	2.4	1.6	2.8	1.3	2.0
Dwelling vacant/address not a dwelling (DV)	5.6	3.9	4.7	5.3	3.8	4.3	4.6
Dwelling destroyed (DD)	0.7	0.8	0.7	0.8	1.2	0.4	0.8
Other (O)	0.2	0.2	0.3	0.1	0.2	0.2	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	2,220	3,280	1,500	1,580	1,080	1,340	5,500
Household response rate (HRR)	92.7	96.9	93.0	93.5	97.3	97.9	95.2
<b>Eligible men</b>							
Completed (EMC)	88.0	89.4	88.8	86.8	88.7	91.5	88.9
Not at home (EMNH)	4.2	4.4	3.8	5.8	3.6	3.9	4.4
Postponed (EMP)	0.0	0.2	0.3	0.0	0.1	0.1	0.1
Refused (EMR)	7.0	4.3	5.9	6.1	5.5	3.4	5.2
Partly completed (EMPC)	0.2	0.3	0.2	0.4	0.2	0.2	0.3
Incapacitated (EMI)	0.5	1.4	1.0	1.0	1.9	0.9	1.1
Other (EMO)	0.1	0.0	0.0	0.0	0.0	0.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	1,638	3,037	1,147	1,367	945	1,216	4,675
Eligible men response rate (EMRR)	88.0	89.4	88.8	86.8	88.7	91.5	88.9
Overall response rate (ORR)	81.6	86.6	82.7	81.2	86.3	89.6	84.7

<sup>1</sup> Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

<sup>2</sup> Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{100 * EMC}{EMC + EMNH + EMP + EMR + EMPC + EMI + EMO}$$

<sup>3</sup> The overall response rate (ORR) is calculated as:

$$ORR = HRR * EMRR/100$$

Table A.3 Sample implementation: Girls 12-14

Percent distribution of households and eligible girls by results of the household and individual interviews, and household, eligible girls and overall response rates for girls, according to urban-rural residence and region (unweighted) Swaziland 2006-07

Result	Residence		Region			Total	
	Urban	Rural	Hhohho	Manzini	Shiselweni		
<b>Selected households</b>							
Completed (C)	84.4	89.8	84.1	86.7	89.8	90.9	87.6
Household present but no competent respondent at home (HP)	0.9	1.1	1.3	1.4	0.7	0.4	1.0
Postponed (P)	0.3	0.1	0.1	0.3	0.2	0.1	0.2
Refused (R)	5.9	1.8	5.6	4.1	1.7	1.6	3.4
Dwelling not found (DNF)	0.5	0.1	0.7	0.1	0.0	0.0	0.2
Household absent (HA)	2.3	2.1	3.1	1.5	2.4	1.6	2.1
Dwelling vacant/address not a dwelling (DV)	5.2	4.0	4.3	5.1	3.7	4.8	4.5
Dwelling destroyed (DD)	0.5	0.9	0.7	0.6	1.1	0.4	0.7
Other (O)	0.2	0.2	0.1	0.3	0.4	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	1,110	1,640	750	790	540	670	2,750
Household response rate (HRR)	91.9	96.7	91.6	93.7	97.2	97.6	94.8
<b>Eligible girls 12-14</b>							
Completed (EGC)	96.2	96.2	95.0	97.0	97.3	95.5	96.2
Not at home (EGNH)	2.6	2.3	1.7	3.0	2.7	1.8	2.3
Parent refused (EGPR)	1.3	0.5	0.8	0.0	0.0	1.8	0.6
Youth refused (EGR)	0.0	0.3	0.0	0.0	0.0	0.9	0.2
Incapacitated (EGI)	0.0	0.8	2.5	0.0	0.0	0.0	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of girls 12-14	78	399	119	134	113	111	477
Eligible girls 12-14 response rate (EGRR)	96.2	96.2	95.0	97.0	97.3	95.5	96.2
Overall response rate (ORR)	88.3	93.1	87.0	90.9	94.6	93.2	91.2

<sup>1</sup> Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

<sup>2</sup> Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{100 * EGC}{EGC + EGNH + EGPR + EGR + EGI}$$

<sup>3</sup> The overall response rate (ORR) is calculated as:

$$ORR = HRR * EGRR/100$$

Table A.4 Sample implementation: Boys 12-14

Percent distribution of households and eligible boys by results of the household and individual interviews, and household, eligible boys and overall response rates for boys, according to urban-rural residence and region (unweighted) Swaziland 2006-07

Result	Residence		Region			Total	
	Urban	Rural	Hhohho	Manzini	Shiselweni		
<b>Selected households</b>							
Completed (C)	84.4	89.8	84.1	86.7	89.8	90.9	87.6
Household present but no competent respondent at home (HP)	0.9	1.1	1.3	1.4	0.7	0.4	1.0
Postponed (P)	0.3	0.1	0.1	0.3	0.2	0.1	0.2
Refused (R)	5.9	1.8	5.6	4.1	1.7	1.6	3.4
Dwelling not found (DNF)	0.5	0.1	0.7	0.1	0.0	0.0	0.2
Household absent (HA)	2.3	2.1	3.1	1.5	2.4	1.6	2.1
Dwelling vacant/address not a dwelling (DV)	5.2	4.0	4.3	5.1	3.7	4.8	4.5
Dwelling destroyed (DD)	0.5	0.9	0.7	0.6	1.1	0.4	0.7
Other (O)	0.2	0.2	0.1	0.3	0.4	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	1,110	1,640	750	790	540	670	2,750
Household response rate (HRR)	91.9	96.7	91.6	93.7	97.2	97.6	94.8
<b>Eligible boys 12-14</b>							
Completed (EBC)	88.7	94.4	94.0	95.7	90.5	94.0	93.6
Not at home (EBNH)	3.2	2.4	1.7	1.7	5.7	1.0	2.5
Parent refused (EBPR)	4.8	1.1	3.4	0.9	0.0	2.0	1.6
Refused (EBR)	1.6	0.8	0.0	0.9	1.9	1.0	0.9
Partly completed (EBPC)	1.6	0.8	0.9	0.9	1.9	0.0	0.9
Incapacitated (EBI)	0.0	0.5	0.0	0.0	0.0	2.0	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of boys 12-14	62	377	117	117	105	100	439
Eligible boys 12-14 response rate (EBRR)	88.7	94.4	94.0	95.7	90.5	94.0	93.6
Overall response rate (ORR)	81.5	91.3	86.1	89.7	87.9	91.7	88.7

<sup>1</sup> Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

<sup>2</sup> Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{100 * EBC}{EBC + EBNH + EBPR + EBR + EBPC + EBI}$$

<sup>3</sup> The overall response rate (ORR) is calculated as:

$$ORR = HRR * EBRR/100$$

Table A.5 Sample implementation: Women age 50+

Percent distribution of households and eligible women 50 and older by results of the household and individual interviews, and household, eligible women 50 and older and overall response rates for women 50 and older, according to urban-rural residence and region (unweighted) Swaziland 2006-07

Result	Residence		Region			Total	
	Urban	Rural	Hhohho	Manzini	Shiselweni		
<b>Selected households</b>							
Completed (C)	84.4	89.8	84.1	86.7	89.8	90.9	87.6
Household present but no competent respondent at home (HP)	0.9	1.1	1.3	1.4	0.7	0.4	1.0
Postponed (P)	0.3	0.1	0.1	0.3	0.2	0.1	0.2
Refused (R)	5.9	1.8	5.6	4.1	1.7	1.6	3.4
Dwelling not found (DNF)	0.5	0.1	0.7	0.1	0.0	0.0	0.2
Household absent (HA)	2.3	2.1	3.1	1.5	2.4	1.6	2.1
Dwelling vacant/address not a dwelling (DV)	5.2	4.0	4.3	5.1	3.7	4.8	4.5
Dwelling destroyed (DD)	0.5	0.9	0.7	0.6	1.1	0.4	0.7
Other (O)	0.2	0.2	0.1	0.3	0.4	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	1,110	1,640	750	790	540	670	2,750
Household response rate (HRR)	91.9	96.7	91.6	93.7	97.2	97.6	94.8
<b>Eligible women age 50+</b>							
Completed (EW50C)	91.2	96.2	94.6	95.1	95.9	96.1	95.4
Not at home (EW50NH)	0.9	0.7	0.6	0.0	1.5	0.8	0.7
Refused (EW50R)	6.1	0.7	3.0	1.5	0.5	1.6	1.6
Incapacitated (EW50I)	1.8	2.4	1.8	3.4	2.1	1.6	2.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women age 50+	114	579	167	203	194	129	693
Eligible women age 50+ response rate (EW50RR)	91.2	96.2	94.6	95.1	95.9	96.1	95.4
Overall response rate (ORR)	83.8	93.0	86.6	89.1	93.2	93.8	90.4

<sup>1</sup> Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

<sup>2</sup> Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{100 * EW50C}{EW50C + EW50NH + EW50R + EW50I}$$

<sup>3</sup> The overall response rate (ORR) is calculated as:

$$ORR = HRR * EW50RR/100$$

Table A.6 Sample implementation: Men age 50+

Percent distribution of households and eligible men 50 and older by results of the household and individual interviews, and household, eligible men 50 and older and overall response rates for men 50 and older, according to urban-rural residence and region (unweighted) Swaziland 2006-07

Result	Residence		Region			Total	
	Urban	Rural	Hhohho	Manzini	Shiselweni		
<b>Selected households</b>							
Completed (C)	84.4	89.8	84.1	86.7	89.8	90.9	87.6
Household present but no competent respondent at home (HP)	0.9	1.1	1.3	1.4	0.7	0.4	1.0
Postponed (P)	0.3	0.1	0.1	0.3	0.2	0.1	0.2
Refused (R)	5.9	1.8	5.6	4.1	1.7	1.6	3.4
Dwelling not found (DNF)	0.5	0.1	0.7	0.1	0.0	0.0	0.2
Household absent (HA)	2.3	2.1	3.1	1.5	2.4	1.6	2.1
Dwelling vacant/address not a dwelling (DV)	5.2	4.0	4.3	5.1	3.7	4.8	4.5
Dwelling destroyed (DD)	0.5	0.9	0.7	0.6	1.1	0.4	0.7
Other (O)	0.2	0.2	0.1	0.3	0.4	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	1,110	1,640	750	790	540	670	2,750
Household response rate (HRR)	91.9	96.7	91.6	93.7	97.2	97.6	94.8
<b>Eligible men age 50+</b>							
Completed (EM50C)	86.5	94.5	91.2	91.7	98.0	90.7	92.7
Not at home (EM50NH)	4.5	1.6	1.5	4.1	0.0	2.8	2.2
Refused (EM50R)	7.2	1.0	3.6	0.7	1.0	4.6	2.4
Partly completed (EM50PR)	0.0	0.3	0.0	0.7	0.0	0.0	0.2
Incapacitated (EM50I)	1.8	2.6	3.6	2.8	1.0	1.9	2.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men age 50+	111	381	137	145	102	108	492
Eligible men age 50+ response rate (EM50RR)	86.5	94.5	91.2	91.7	98.0	90.7	92.7
Overall response rate (ORR)	79.4	91.4	83.6	86.0	95.3	88.6	87.8

<sup>1</sup> Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

<sup>2</sup> Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{100 * EM50C}{EM50C + EM50NH + EM50R + EM50I}$$

<sup>3</sup> The overall response rate (ORR) is calculated as:

$$ORR = HRR * EM50RR/100$$

The estimates from a sample survey are affected by two types of errors: (1) non-sampling errors, and (2) sampling errors. Non-sampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2006-07 Swaziland Demographic and Health Survey (SDHS) to minimize this type of error, non-sampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2006-07 SDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the *standard error* for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2006-07 SDHS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the 2006-07 SDHS is the ISSA Sampling Error Module. This module used the Taylor linearization method of variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate,  $r = y/x$ , where  $y$  represents the total sample value for variable  $y$ , and  $x$  represents the total number of cases in the group or subgroup under consideration. The variance of  $r$  is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = var(r) = \frac{1-f}{x^2} \sum_{h=1}^H \left[ \frac{m_h}{m_h - 1} \left( \sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h} \right) \right]$$

in which

$$z_{hi} = y_{hi} - rx_{hi}, \text{ and } z_h = y_h - rx_h$$

where  $h$  represents the stratum which varies from 1 to  $H$ ,  
 $m_h$  is the total number of clusters selected in the  $h^{\text{th}}$  stratum,  
 $y_{hi}$  is the sum of the weighted values of variable  $y$  in the  $i^{\text{th}}$  cluster in the  $h^{\text{th}}$  stratum,  
 $x_{hi}$  is the sum of the weighted number of cases in the  $i^{\text{th}}$  cluster in the  $h^{\text{th}}$  stratum, and  
 $f$  is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* cluster in the calculation of the estimates. Pseudo-independent replications are thus created. In the 2006-07 NDHS, there were 275 non-empty clusters. Hence, 275 replications were created. The variance of a rate  $r$  is calculated as follows:

$$SE^2(r) = var(r) = \frac{1}{k(k-1)} \sum_{i=1}^k (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where  $r$  is the estimate computed from the full sample of 275 clusters,  
 $r_{(i)}$  is the estimate computed from the reduced sample of 274 clusters ( $i^{\text{th}}$  cluster excluded), and  
 $k$  is the total number of clusters.

In addition to the standard error, ISSA computes the design effect (DEFT) for each estimate, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. ISSA also computes the relative error and confidence limits for the estimates.

Sampling errors for the 2006-07 SDHS are calculated for selected variables considered to be of primary interest for woman's survey and for man's surveys, respectively. The results are presented in this appendix for the country as a whole, for urban and rural areas, and for each of the eleven regions. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Tables B.2 to B.8 present the value of the statistic (R), its standard error (SE), the number of unweighted (N-UNWE) and weighted (N-WEIG) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits ( $R \pm 2SE$ ), for each variable. The DEFT is considered undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1). In the case of the total fertility rate, the number of unweighted cases is not relevant, as there is no known unweighted value for woman-years of exposure to child-bearing.

The confidence interval (e.g., as calculated for *children ever born to women aged 40-49*) can be interpreted as follows: the overall average from the national sample is 5.339 and its standard error is 0.118. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e.,  $5.339 \pm 2 \times 0.118$ . There is a high probability (95 percent) that the *true* average number of children ever born to all women aged 40 to 49 is between 5.103 and 5.575.

Sampling errors are analyzed for two separate groups of estimates: (1) means and proportions, and (2) complex demographic rates. At the national level, mostly relative standard error values (SE/R) for the means and proportions are below 10 percent, however the highest relative standard error values are for indicators with very low values (i.e. less than 2 percent). So in general, the relative standard errors for most estimates for the country as a whole are small, except for indicators with very small values, i.e. for estimates which are rare in the population. For example, the relative standard error for the total fertility rate (TFR 0-3 years) is small (2.9 percent) since births are a fairly common event. However, for the mortality rates which are rarer events, the average relative standard error value is higher; for example, the relative standard error for the 0-4 year estimate of mortality rates is 9.4 percent.

The relative standard error varies across sub-populations. For example, for the variable *children ever born to women aged 40-49*, the relative standard errors as a percent of the estimated mean for the whole country, for the urban areas and for the rural areas are 2.2 percent, 4.2 percent and 2.5 percent, respectively.

For the total sample, the value of the design effect (DEFT), averaged over all selected variables, is 1.15 which means that, due to multi-stage clustering of the sample, the average standard error is increased by a factor of 1.15 over that in an equivalent simple random sample.

**Table B.1 List of selected variables for sampling errors, Swaziland 2006-07**

Variable	Estimate	Base population
WOMEN		
Urban residence	Proportion	All women 15-49
Literate	Proportion	All women 15-49
No education	Proportion	All women 15-49
Secondary education or higher	Proportion	All women 15-49
Net attendance ratio for primary school	Ratio	Children 7-12 years
Never married	Proportion	All women 15-49
Currently in union	Proportion	All women 15-49
Married before age 20	Proportion	Women age 20-49
Had sexual intercourse before age 18	Proportion	Women age 20-49
Currently pregnant	Mean	All women 15-49
Children ever born	Mean	All women 15-49
Children surviving	Mean	All women 15-49
Children ever born to women age 40-49	Mean	Women 40-49
Knows any contraceptive method	Proportion	All women 15-49
Ever using contraceptive method	Proportion	All women 15-49
Currently using any contraceptive method	Proportion	All women 15-49
Currently using pill	Proportion	All women 15-49
Currently using IUD	Proportion	All women 15-49
Currently using female sterilisation	Proportion	All women 15-49
Currently using rhythm method	Proportion	All women 15-49
Obtained method from public sector source	Proportion	All users
Want no more children	Proportion	All women 15-49
Want to delay birth at least 2 years	Proportion	All women 15-49
Ideal family size	Mean	All women 15-49
Perinatal mortality (0-4 years)	Ratio	Number of pregnancies of 7+ months
Mothers received tetanus injection for last birth	Proportion	Women with at least one live birth in past 5 years
Mothers received medical assistance at delivery	Proportion	Births in past five years
Had diarrhoea in two weeks before survey	Proportion	Children 0-59 months
Treated with oral rehydration salts (ORS)	Proportion	Children with diarrhoea in past 2 weeks
Taken to a health provider	Proportion	Children with diarrhoea in past 2 weeks
Vaccination card seen	Proportion	Children 12-23 months
Received BCG	Proportion	Children 12-23 months
Received DPT (3 doses)	Proportion	Children 12-23 months
Received polio (3 doses)	Proportion	Children 12-23 months
Received measles	Proportion	Children 12-23 months
Fully immunized	Proportion	Children 12-23 months
Height-for-age (below -2SD)	Proportion	Children 0-59 months
Weight-for-height (below -2SD)	Proportion	Children 0-59 months
Weight-for-age (below -2SD)	Proportion	Children 0-59 months
Anaemia in children	Proportion	Children 0-59 months
Anaemia in women	Proportion	All women 15-49
BMI <18.5	Proportion	All women 15-49
Use condom at last high-risk sex	Proportion	All women who has intercourse in past 12 months
Use condom at last high-risk sex (15-24)	Proportion	Women 15-24 who has intercourse in past 12 months
Had High risk Intercourse	Proportion	All women who has intercourse in past 12 months
Abstinence among youth (never had sex)	Proportion	All women 15-24
Sexually active past 12 months never married youth	Proportion	All women 15-24
Had injection past 12 months	Proportion	All women
Accepting attitudes to people with HIV	Proportion	All women who have heard of HIV/AIDS
HIV test and result in past 12 months	Proportion	All women
Total fertility rate (past 3 years)	Rate	All women
Neonatal mortality (past 5 years)	Rate	Children exposed to the risk of mortality
Post-neonatal mortality (past 5 years)	Rate	Children exposed to the risk of mortality
Infant mortality (past 5 years)	Rate	Children exposed to the risk of mortality
Child mortality (past 5 years)	Rate	Children exposed to the risk of mortality
Under-five mortality (past 5 years)	Rate	Children exposed to the risk of mortality
HIV prevalence (15-49)	Proportion	All women 15-49 tested for HIV
HIV prevalence for pregnant women (15-49)	Proportion	All pregnant women 15-49 tested for HIV
HIV prevalence (15-24)	Proportion	All women 15-24 tested for HIV

*Continued...*

Table B.1—Continued

Variable	Estimate	Base population
MEN		
Urban residence	Proportion	All men 15-49
Literate	Proportion	All men 15-49
No education	Proportion	All men 15-49
Secondary education or higher	Proportion	All men 15-49
Never married	Proportion	All men 15-49
Currently married/in union	Proportion	All men 15-49
Married before age 20	Proportion	Men 20-49
Had sexual intercourse before 18	Proportion	Men 20-49
Children ever born	Mean	Currently married men
Ever used any contraceptive method	Proportion	Currently married men
Knows any contraceptive method	Proportion	Currently married men
Want no more children	Proportion	Currently married men
Want to delay birth at least 2 years	Proportion	Currently married men
Ideal family size	Mean	All men 15-49
Use condom at last high-risk sex	Proportion	All men 15-49 with high risk intercourse
Condom use last higher-risk intercourse (youth)	Proportion	Men 15-24 with high risk intercourse
Absstinence among youth (Never had intercourse)	Proportion	Men 15-24
Sexual active past 12 months (never married youth)	Proportion	Men 15-24
Had injection past 12 months	Proportion	All men 15-49
Accepting attitudes to people with HIV	Proportion	All men 15-49
HIV test and result in past 12 months	Proportion	All men 15-49
Multipartners in past 12 months	Proportion	All men 15-49 with 2+ sexual partners in past 12 months
Paid for sex past 12 months	Proportion	All men 15-49
HIV prevalence (15-49)	Proportion	All men 15-49 tested for HIV
HIV prevalence (15-24)	Proportion	All men 15-24 tested for HIV
Paid for sex past 12 months	Proportion	All men 15-49
HIV prevalence (15-49)	Proportion	All men 15-49 tested for HIV
HIV prevalence (15-24)	Proportion	All men 15-24 tested for HIV
WOMEN AND MEN		
HIV prevalence (15-49)	Proportion	All women and men 15-49 tested for HIV
HIV prevalence (15-24)	Proportion	All women and men 15-24 tested for HIV

Table B.2 Sampling errors for national sample, Swaziland 2006-07

Variable	Value (R)	Stand- ard error (SE)	Number of cases				Rela- tive error (SE/R)	Confidence limits	
			Un- weighted (N)	Weight- ed (WN)	Design effect (DEFT)	R-2SE		R+2SE	
WOMEN									
Urban residence	0.267	0.013	4987	4987	2.066	0.049	0.241	0.293	
Literate	0.913	0.005	4987	4987	1.197	0.005	0.904	0.923	
No education	0.081	0.004	4987	4987	1.131	0.054	0.072	0.089	
Secondary education or higher	0.593	0.010	4987	4987	1.461	0.017	0.573	0.613	
Net attendance ratio for primary school	0.842	0.009	4322	4524	1.356	0.010	0.825	0.860	
Never married	0.499	0.008	4987	4987	1.061	0.015	0.484	0.514	
Currently married/in union	0.413	0.008	4987	4987	1.099	0.019	0.398	0.429	
Married before age 20	0.225	0.008	3722	3713	1.197	0.036	0.209	0.241	
Had sexual intercourse before age 18	0.490	0.010	3722	3713	1.194	0.020	0.471	0.510	
Currently pregnant	0.056	0.004	4987	4987	1.131	0.066	0.049	0.063	
Children ever born	2.283	0.039	4987	4987	1.104	0.017	2.205	2.360	
Children surviving	2.055	0.034	4987	4987	1.081	0.017	1.986	2.124	
Children ever born to women age 40-49	5.339	0.118	825	820	1.184	0.022	5.103	5.575	
Knows any contraceptive method	0.999	0.000	2069	2062	0.830	0.000	0.998	1.000	
Ever using contraceptive method	0.892	0.008	2069	2062	1.205	0.009	0.876	0.908	
Currently using any contraceptive method	0.506	0.012	2069	2062	1.062	0.023	0.483	0.530	
Currently using pill	0.099	0.007	2069	2062	1.037	0.069	0.085	0.112	
Currently using IUD	0.014	0.003	2069	2062	0.967	0.178	0.009	0.019	
Currently using female sterilization	0.058	0.006	2069	2062	1.131	0.101	0.046	0.069	
Currently using rhythm method	0.003	0.001	2069	2062	1.051	0.444	0.000	0.005	
Obtained method from public-sector source	0.446	0.015	1805	1771	1.259	0.033	0.417	0.476	
Want no more children	0.682	0.012	2069	2062	1.201	0.018	0.658	0.707	
Want to delay birth at least 2 years	0.151	0.008	2069	2062	1.023	0.053	0.135	0.167	
Ideal family size	2.521	0.028	4952	4951	1.319	0.011	2.466	2.577	
Perinatal mortality (0-4 years)	29.373	3.266	2852	2864	0.983	0.111	22.841	35.904	
Mothers received tetanus injection for last birth	0.676	0.012	2136	2134	1.158	0.017	0.653	0.699	
Mothers received medical assistance at delivery	0.743	0.011	2812	2829	1.189	0.015	0.721	0.765	
Had diarrhoea in two weeks before survey	0.134	0.008	2537	2553	1.204	0.063	0.117	0.151	
Treated with oral rehydration salts (ORS)	0.855	0.021	347	343	1.052	0.024	0.814	0.896	
Taken to a health provider	0.719	0.033	347	343	1.312	0.046	0.653	0.786	
Vaccination card seen	0.841	0.016	538	531	0.976	0.019	0.810	0.872	
Received BCG	0.972	0.008	538	531	1.100	0.008	0.956	0.988	
Received DPT (3 doses)	0.917	0.012	538	531	0.982	0.013	0.893	0.940	
Received polio (3 doses)	0.873	0.014	538	531	0.964	0.016	0.845	0.901	
Received measles	0.915	0.014	538	531	1.144	0.015	0.887	0.943	
Fully immunized	0.817	0.018	538	531	1.042	0.022	0.782	0.853	
Height-for-age (below -2SD)	0.289	0.010	2771	2940	1.136	0.035	0.269	0.309	
Weight-for-height (below -2SD)	0.025	0.003	2771	2940	0.999	0.120	0.019	0.031	
Weight-for-age (below -2SD)	0.054	0.004	2771	2940	0.924	0.072	0.046	0.062	
Anaemia in children	0.418	0.013	2521	2681	1.310	0.030	0.393	0.444	
Anaemia in women	0.304	0.008	4595	4598	1.115	0.025	0.289	0.319	
BMI <18.5	0.032	0.003	4526	4519	1.087	0.089	0.026	0.037	
Use condom at last high-risk sex	0.546	0.014	1522	1511	1.101	0.026	0.517	0.574	
Use condom at last high-risk sex - 15-24	0.541	0.019	872	879	1.135	0.035	0.503	0.579	
Had high-risk intercourse	0.439	0.010	3465	3441	1.141	0.022	0.420	0.458	
Absstinence among youth (never had sex)	0.456	0.014	1846	1867	1.221	0.031	0.428	0.484	
Sexually active past 12 months never married youth	0.447	0.015	1846	1867	1.273	0.033	0.418	0.477	
Had injection past 12 months	0.371	0.008	4987	4987	1.202	0.022	0.355	0.388	
Accepting attitudes to people with HIV	0.427	0.010	4974	4975	1.403	0.023	0.408	0.447	
HIV test and result in past 12 months	0.219	0.007	4987	4987	1.152	0.031	0.206	0.233	
Total fertility rate (past 3 years)	3.850	0.111	na	13764	1.215	0.029	3.629	4.071	
Neonatal mortality (past 5 years)	20.263	2.915	2676	2689	1.098	0.144	14.433	26.093	
Post-neonatal mortality (past 5 years)	59.501	5.125	2703	2710	1.022	0.086	49.251	69.751	
Infant mortality (past 5 years)	79.764	5.497	2721	2729	1.061	0.069	68.771	90.758	
Child mortality (past 5 years)	36.841	4.035	2698	2707	1.087	0.110	28.772	44.910	
Under-five mortality (past 5 years)	113.667	6.768	2761	2766	1.097	0.060	100.130	127.204	
HIV prevalence (15-49)	0.311	0.009	4584	4424	1.288	0.028	0.294	0.329	
HIV prevalence for pregnant women (15-49)	0.377	0.031	250	241	1.022	0.083	0.314	0.440	
HIV prevalence (15-24)	0.227	0.011	2139	2074	1.223	0.049	0.205	0.249	

Continued...

Table B.2—Continued

Variable	Value (R)	Stand- ard error (SE)	Number of cases				Rela- tive error (SE/R)	Confidence limits	
			Un- weighted (N)	Weight- ed (WN)	Design effect (DEFT)	R-2SE		R+2SE	
MEN									
Urban residence	0.284	0.011	4156	4156	1.616	0.040	0.262	0.307	
Literate	0.896	0.006	4156	4156	1.288	0.007	0.884	0.909	
No education	0.076	0.005	4156	4156	1.236	0.067	0.066	0.086	
Secondary education or higher	0.575	0.012	4156	4156	1.503	0.020	0.552	0.598	
Never married	0.658	0.010	4156	4156	1.295	0.014	0.639	0.677	
Currently married/in union	0.293	0.009	4156	4156	1.287	0.031	0.275	0.311	
Married before age 20	0.056	0.005	2899	2833	1.124	0.086	0.046	0.065	
Had sexual intercourse before 18	0.314	0.010	2899	2833	1.171	0.032	0.293	0.334	
Children ever born	3.983	0.088	1281	1219	1.049	0.022	3.807	4.160	
Ever used any contraceptive method	0.869	0.012	1281	1219	1.224	0.013	0.846	0.892	
Knows any contraceptive method	1.000	0.000	1281	1219	na	0.000	1.000	1.000	
Want no more children	0.505	0.016	1281	1219	1.136	0.031	0.473	0.537	
Want to delay birth at least 2 years	0.265	0.015	1281	1219	1.185	0.055	0.236	0.294	
Ideal family size	3.162	0.037	4125	4127	1.206	0.012	3.088	3.236	
Use condom at last high-risk sex	0.680	0.015	1433	1442	1.195	0.022	0.651	0.710	
Condom use last higher-risk intercourse (youth)	0.704	0.021	678	694	1.181	0.029	0.663	0.746	
Abstinence among youth (never had intercourse)	0.576	0.012	2057	2128	1.137	0.021	0.551	0.601	
Sexually active past 12 months (never-married youth)	0.318	0.013	2057	2128	1.245	0.040	0.293	0.344	
Had injection past 12 months	0.227	0.008	4156	4156	1.275	0.037	0.210	0.243	
Accepting attitudes to people with HIV	0.466	0.010	4129	4128	1.260	0.021	0.446	0.485	
HIV test and result in past 12 months	0.089	0.006	4156	4156	1.246	0.062	0.078	0.100	
Multi partners in past 12 months	0.229	0.010	2528	2474	1.247	0.045	0.208	0.250	
Paid for sex past 12 months	0.001	0.000	4156	4156	0.965	0.475	0.000	0.002	
HIV prevalence (15-49)	0.197	0.009	3602	3763	1.321	0.044	0.179	0.214	
HIV prevalence (15-24)	0.059	0.006	1918	2051	1.163	0.107	0.046	0.071	
WOMEN AND MEN									
HIV prevalence (15-49)	0.259	0.007	8186	8187	1.497	0.028	0.244	0.273	
HIV prevalence (15-24)	0.143	0.007	4057	4124	1.265	0.049	0.129	0.157	

na = Not applicable

Table B.3 Sampling errors for urban sample, Swaziland 2006-07

Variable	Value (R)	Stand- ard error (SE)	Number of cases				Confidence limits	
			Un- weight- ed (N)	Weight- ed (WN)	Design effect (DEFT)	Rela- tive error (SE/R)	R-2SE	R+2SE
WOMEN								
Urban residence	1.000	0.000	1544	1330	na	0.000	1.000	1.000
Literate	0.940	0.007	1544	1330	1.147	0.007	0.926	0.954
No education	0.051	0.006	1544	1330	1.055	0.116	0.039	0.062
Secondary education or higher	0.735	0.017	1544	1330	1.529	0.023	0.700	0.769
Net attendance ratio for primary school	0.860	0.020	787	680	1.439	0.023	0.820	0.901
Never married	0.499	0.014	1544	1330	1.133	0.029	0.470	0.528
Currently married/in union	0.407	0.013	1544	1330	1.077	0.033	0.380	0.434
Married before age 20	0.142	0.013	1252	1081	1.267	0.088	0.117	0.167
Had sexual intercourse before age 18	0.406	0.016	1252	1081	1.166	0.040	0.374	0.438
Currently pregnant	0.056	0.008	1544	1330	1.429	0.150	0.039	0.073
Children ever born	1.877	0.061	1544	1330	1.251	0.033	1.754	1.999
Children surviving	1.701	0.055	1544	1330	1.214	0.032	1.592	1.810
Children ever born to women age 40-49	4.007	0.168	241	200	1.103	0.042	3.672	4.342
Knows any contraceptive method	0.999	0.001	616	542	0.731	0.001	0.997	1.000
Ever using contraceptive method	0.921	0.012	616	542	1.073	0.013	0.897	0.944
Currently using any contraceptive method	0.581	0.023	616	542	1.169	0.040	0.535	0.628
Currently using pill	0.106	0.015	616	542	1.179	0.138	0.077	0.135
Currently using IUD	0.019	0.005	616	542	0.982	0.281	0.008	0.030
Currently using female sterilization	0.082	0.012	616	542	1.083	0.146	0.058	0.106
Currently using rhythm method	0.007	0.004	616	542	1.157	0.566	0.000	0.014
Obtained method from public-sector source	0.270	0.023	682	576	1.377	0.087	0.223	0.317
Want no more children	0.678	0.023	616	542	1.208	0.034	0.632	0.723
Want to delay birth at least 2 years	0.155	0.013	616	542	0.920	0.086	0.128	0.182
Ideal family size	2.284	0.047	1533	1320	1.442	0.021	2.189	2.378
Perinatal mortality (0-4 years)	30.430	6.680	734	636	1.065	0.220	17.069	43.790
Mothers received tetanus injection for last birth	0.730	0.024	584	496	1.275	0.032	0.683	0.777
Mothers received medical assistance at delivery	0.881	0.016	724	630	1.246	0.019	0.848	0.914
Had diarrhoea in two weeks before survey	0.093	0.015	638	557	1.231	0.160	0.063	0.122
Treated with oral rehydration salts (ORS)	0.785	0.062	69	52	1.150	0.079	0.660	0.909
Taken to a health provider	0.667	0.072	69	52	1.119	0.108	0.524	0.811
Vaccination card seen	0.753	0.039	132	103	0.983	0.052	0.674	0.831
Received BCG	0.966	0.016	132	103	0.970	0.017	0.934	0.998
Received DPT (3 doses)	0.908	0.026	132	103	0.967	0.028	0.856	0.959
Received polio (3 doses)	0.793	0.036	132	103	0.968	0.046	0.721	0.865
Received measles	0.948	0.019	132	103	0.962	0.021	0.909	0.987
Fully immunized	0.777	0.037	132	103	0.977	0.048	0.702	0.852
Height-for-age (below -2SD)	0.231	0.021	537	483	1.121	0.093	0.188	0.274
Weight-for-height (below -2SD)	0.032	0.008	537	483	0.996	0.240	0.017	0.047
Weight-for-age (below -2SD)	0.045	0.010	537	483	1.127	0.225	0.025	0.065
Anaemia in children	0.500	0.038	442	396	1.547	0.077	0.423	0.577
Anaemia in women	0.358	0.015	1327	1131	1.097	0.041	0.329	0.387
BMI <18.5	0.030	0.005	1392	1183	1.077	0.164	0.020	0.040
Use condom at last high-risk sex	0.642	0.025	549	465	1.220	0.039	0.592	0.692
Use condom at last high-risk sex - 15-24	0.644	0.042	257	219	1.392	0.065	0.561	0.728
Had high-risk intercourse	0.486	0.018	1119	957	1.230	0.038	0.449	0.522
Abstinence among youth (never had sex)	0.409	0.020	492	420	0.890	0.048	0.369	0.448
Sexually active past 12 months never married youth	0.485	0.024	492	420	1.057	0.049	0.438	0.533
Had injection past 12 months	0.381	0.015	1544	1330	1.244	0.040	0.350	0.412
Accepting attitudes to people with HIV	0.483	0.018	1543	1330	1.390	0.037	0.448	0.518
HIV test and result in past 12 months	0.241	0.010	1544	1330	0.960	0.043	0.220	0.262
Total fertility rate (past 3 years)	3.015	0.164	na	3807	1.239	0.055	2.687	3.344
Neonatal mortality (past 10 years)	21.291	6.781	1459	1257	1.285	0.318	7.729	34.853
Post-neonatal mortality (past 10 years)	52.778	7.514	1460	1258	1.154	0.142	37.749	67.807
Infant mortality (past 10 years)	74.069	9.637	1460	1258	1.183	0.130	54.794	93.344
Child mortality (past 10 years)	35.968	5.916	1461	1257	1.134	0.164	24.136	47.801
Under-five mortality (past 10 years)	107.373	9.603	1462	1258	1.024	0.089	88.167	126.580
HIV prevalence (15-49)	0.368	0.019	1321	1171	1.466	0.053	0.329	0.407
HIV prevalence for pregnant women (15-49)	0.511	0.067	66	62	1.080	0.131	0.377	0.645
HIV prevalence (15-24)	0.270	0.023	545	486	1.217	0.086	0.224	0.316

Continued...

Table B.3—Continued

Variable	Value (R)	Stand- ard error (SE)	Number of cases		Design effect (DEFT)	Rela- tive error (SE/R)	Confidence limits	
			Un- weighted (N)	Weight- ed (WN)			R-2SE	R+2SE
MEN								
Urban residence	1.000	0.000	1441	1181	na	0.000	1.000	1.000
Literate	0.932	0.010	1441	1181	1.570	0.011	0.911	0.953
No education	0.062	0.011	1441	1181	1.669	0.170	0.041	0.084
Secondary education or higher	0.725	0.020	1441	1181	1.668	0.027	0.686	0.764
Never married	0.540	0.016	1441	1181	1.255	0.030	0.507	0.573
Currently married/in union	0.415	0.015	1441	1181	1.172	0.037	0.384	0.445
Married before age 20	0.037	0.007	1212	975	1.208	0.176	0.024	0.050
Had sexual intercourse before 18	0.313	0.015	1212	975	1.134	0.048	0.282	0.343
Children ever born	3.545	0.143	622	490	1.273	0.040	3.259	3.831
Ever used any contraceptive method	0.919	0.012	622	490	1.105	0.013	0.895	0.943
Knows any contraceptive method	1.000	0.000	622	490	na	0.000	1.000	1.000
Want no more children	0.547	0.025	622	490	1.245	0.046	0.497	0.596
Want to delay birth at least 2 years	0.283	0.020	622	490	1.127	0.072	0.243	0.324
Ideal family size	2.898	0.051	1430	1173	1.132	0.018	2.796	2.999
Use condom at last high-risk sex	0.742	0.022	553	463	1.177	0.030	0.698	0.786
Condom use last higher-risk intercourse (youth)	0.800	0.032	214	181	1.154	0.040	0.736	0.863
Abstinence among youth (never had intercourse)	0.471	0.029	494	425	1.301	0.062	0.412	0.529
Sexually active past 12 months (never-married youth)	0.416	0.029	494	425	1.302	0.069	0.359	0.474
Had injection past 12 months	0.246	0.016	1441	1181	1.383	0.064	0.214	0.277
Accepting attitudes to people with HIV	0.468	0.015	1436	1177	1.162	0.033	0.437	0.499
HIV test and result in past 12 months	0.128	0.012	1441	1181	1.329	0.092	0.104	0.151
Multi partners in past 12 months	0.214	0.019	1079	873	1.493	0.087	0.176	0.251
Paid for sex past 12 months	0.002	0.001	1441	1181	0.907	0.605	0.000	0.003
HIV prevalence (15-49)	0.256	0.018	1155	1070	1.364	0.069	0.220	0.291
HIV prevalence (15-24)	0.072	0.014	425	412	1.152	0.201	0.043	0.101
WOMEN AND MEN								
HIV prevalence (15-49)	0.314	0.015	2476	2242	1.607	0.048	0.284	0.344
HIV prevalence (15-24)	0.179	0.016	970	899	1.265	0.087	0.148	0.210

na = Not applicable

Table B.4 Sampling errors for rural sample, Swaziland 2006-07

Variable	Value (R)	Stand- ard error (SE)	Number of cases				Rela- tive error (SE/R)	Confidence limits			
			Un- weight- (N)	Weight- ed (WN)	Design effect (DEFT)						
						R-2SE	R+2SE				
WOMEN											
Urban residence	0.000	0.000	3443	3657	na	na	0.000	0.000			
Literate	0.903	0.006	3443	3657	1.197	0.007	0.891	0.915			
No education	0.092	0.005	3443	3657	1.116	0.060	0.081	0.103			
Secondary education or higher	0.541	0.012	3443	3657	1.442	0.023	0.517	0.566			
Net attendance ratio for primary school	0.839	0.010	3535	3844	1.294	0.011	0.820	0.858			
Never married	0.499	0.009	3443	3657	1.033	0.018	0.481	0.516			
Currently married/in union	0.416	0.009	3443	3657	1.102	0.022	0.397	0.434			
Married before age 20	0.259	0.010	2470	2632	1.188	0.040	0.238	0.280			
Had sexual intercourse before age 18	0.525	0.012	2470	2632	1.187	0.023	0.501	0.549			
Currently pregnant	0.056	0.004	3443	3657	1.020	0.071	0.048	0.064			
Children ever born	2.430	0.047	3443	3657	1.048	0.019	2.336	2.524			
Children surviving	2.184	0.042	3443	3657	1.034	0.019	2.099	2.268			
Children ever born to women age 40-49	5.769	0.145	584	620	1.213	0.025	5.480	6.059			
Knows any contraceptive method	0.999	0.001	1453	1520	0.880	0.001	0.998	1.000			
Ever using contraceptive method	0.882	0.010	1453	1520	1.206	0.012	0.861	0.902			
Currently using any contraceptive method	0.480	0.014	1453	1520	1.045	0.029	0.452	0.507			
Currently using pill	0.096	0.008	1453	1520	0.985	0.079	0.081	0.111			
Currently using IUD	0.012	0.003	1453	1520	0.985	0.233	0.006	0.018			
Currently using female sterilization	0.049	0.007	1453	1520	1.185	0.137	0.035	0.062			
Currently using rhythm method	0.001	0.001	1453	1520	0.958	0.707	0.000	0.003			
Obtained method from public-sector source	0.532	0.019	1123	1195	1.277	0.036	0.494	0.570			
Want no more children	0.684	0.015	1453	1520	1.196	0.021	0.654	0.713			
Want to delay birth at least 2 years	0.150	0.010	1453	1520	1.050	0.066	0.130	0.169			
Ideal family size	2.608	0.034	3419	3630	1.285	0.013	2.540	2.676			
Perinatal mortality (0-4 years)	29.071	3.744	2118	2229	0.953	0.129	21.584	36.559			
Mothers received tetanus injection for last birth	0.660	0.014	1552	1638	1.133	0.021	0.632	0.687			
Mothers received medical assistance at delivery	0.703	0.013	2088	2199	1.153	0.019	0.677	0.730			
Had diarrhoea in two weeks before survey	0.146	0.010	1899	1996	1.175	0.068	0.126	0.166			
Treated with oral rehydration salts (ORS)	0.867	0.021	278	292	1.011	0.025	0.825	0.910			
Taken to a health provider	0.729	0.037	278	292	1.329	0.051	0.654	0.803			
Vaccination card seen	0.862	0.017	406	428	0.989	0.020	0.828	0.897			
Received BCG	0.973	0.009	406	428	1.120	0.009	0.955	0.991			
Received DPT (3 doses)	0.919	0.013	406	428	0.975	0.014	0.893	0.946			
Received polio (3 doses)	0.892	0.016	406	428	0.985	0.017	0.861	0.923			
Received measles	0.907	0.016	406	428	1.139	0.018	0.874	0.940			
Fully immunized	0.827	0.020	406	428	1.053	0.024	0.787	0.867			
Height-for-age (below -2SD)	0.300	0.011	2234	2457	1.094	0.038	0.278	0.323			
Weight-for-height (below -2SD)	0.023	0.003	2234	2457	0.979	0.139	0.017	0.030			
Weight-for-age (below -2SD)	0.056	0.004	2234	2457	0.862	0.076	0.048	0.065			
Anaemia in children	0.404	0.013	2079	2285	1.238	0.033	0.377	0.431			
Anaemia in women	0.286	0.009	3268	3467	1.099	0.030	0.269	0.304			
BMI <18.5	0.032	0.003	3134	3336	1.082	0.106	0.025	0.039			
Use condom at last high-risk sex	0.503	0.017	973	1046	1.030	0.033	0.470	0.536			
Use condom at last high-risk sex - 15-24	0.507	0.021	615	660	1.053	0.042	0.464	0.549			
Had high-risk intercourse	0.421	0.011	2346	2484	1.108	0.027	0.398	0.444			
Absstinence among youth (never had sex)	0.470	0.017	1354	1447	1.259	0.036	0.435	0.504			
Sexually active past 12 months never married youth	0.436	0.018	1354	1447	1.303	0.040	0.401	0.472			
Had injection past 12 months	0.368	0.010	3443	3657	1.181	0.026	0.349	0.387			
Accepting attitudes to people with HIV	0.407	0.012	3431	3645	1.398	0.029	0.384	0.430			
HIV test and result in past 12 months	0.211	0.008	3443	3657	1.204	0.040	0.194	0.228			
Total fertility rate (past 3 years)	4.213	0.136	na	9957	1.195	0.032	3.941	4.484			
Neonatal mortality (past 10 years)	23.586	2.945	3899	4112	1.092	0.125	17.695	29.476			
Post-neonatal mortality (past 10 years)	53.959	3.981	3900	4113	0.995	0.074	45.998	61.921			
Infant mortality (past 10 years)	77.545	5.003	3901	4114	1.052	0.065	67.538	87.552			
Child mortality (past 10 years)	29.754	3.270	3912	4126	1.017	0.110	23.213	36.295			
Under-five mortality (past 10 years)	104.992	6.165	3915	4129	1.089	0.059	92.662	117.322			
HIV prevalence (15-49)	0.291	0.010	3263	3252	1.204	0.033	0.272	0.310			
HIV prevalence for pregnant women (15-49)	0.330	0.035	184	178	0.995	0.105	0.261	0.399			
HIV prevalence (15-24)	0.213	0.012	1594	1587	1.212	0.058	0.189	0.238			

Continued...

Table B.4—Continued

Variable	Value (R)	Stand- ard error (SE)	Number of cases		Design effect (DEFT)	Rela- tive error (SE/R)	Confidence limits	
			Un- weighted (N)	Weight- ed (WN)			R-2SE	R+2SE
MEN								
Urban residence	0.000	0.000	2715	2975	na	na	0.000	0.000
Literate	0.883	0.007	2715	2975	1.199	0.008	0.868	0.897
No education	0.082	0.006	2715	2975	1.089	0.070	0.070	0.093
Secondary education or higher	0.515	0.014	2715	2975	1.477	0.027	0.487	0.544
Never married	0.704	0.011	2715	2975	1.259	0.016	0.682	0.726
Currently married/in union	0.245	0.011	2715	2975	1.283	0.043	0.224	0.266
Married before age 20	0.066	0.006	1687	1859	1.070	0.098	0.053	0.079
Had sexual intercourse before 18	0.314	0.013	1687	1859	1.166	0.042	0.288	0.340
Children ever born	4.278	0.111	659	729	0.915	0.026	4.056	4.501
Ever used any contraceptive method	0.835	0.017	659	729	1.186	0.021	0.801	0.869
Knows any contraceptive method	1.000	0.000	659	729	na	0.000	1.000	1.000
Want no more children	0.477	0.020	659	729	1.044	0.043	0.437	0.518
Want to delay birth at least 2 years	0.252	0.020	659	729	1.187	0.080	0.212	0.293
Ideal family size	3.267	0.047	2695	2954	1.185	0.014	3.173	3.362
Use condom at last high-risk sex	0.651	0.019	880	978	1.178	0.029	0.613	0.689
Condom use last higher-risk intercourse (youth)	0.671	0.025	464	513	1.155	0.038	0.621	0.721
Abstinence among youth (never had intercourse)	0.603	0.014	1563	1703	1.098	0.023	0.575	0.630
Sexually active past 12 months (never-married youth)	0.294	0.014	1563	1703	1.237	0.049	0.265	0.322
Had injection past 12 months	0.219	0.010	2715	2975	1.222	0.044	0.199	0.238
Accepting attitudes to people with HIV	0.465	0.012	2693	2951	1.275	0.026	0.440	0.489
HIV test and result in past 12 months	0.074	0.006	2715	2975	1.202	0.082	0.062	0.086
Multi partners in past 12 months	0.238	0.012	1449	1601	1.109	0.052	0.213	0.263
Paid for sex past 12 months	0.001	0.001	2715	2975	1.021	0.706	0.000	0.002
HIV prevalence (15-49)	0.174	0.010	2447	2693	1.275	0.056	0.154	0.193
HIV prevalence (15-24)	0.055	0.007	1493	1638	1.169	0.125	0.041	0.069
WOMEN AND MEN								
MEN HIV prevalence (15-49)	0.238	0.008	5710	5945	1.407	0.033	0.222	0.254
HIV prevalence (15-24)	0.133	0.008	3087	3226	1.256	0.058	0.118	0.148

na = Not applicable

Table B.5 Sampling errors for Hhohho sample, Swaziland 2006-07

Variable	Value (R)	Stand- ard error (SE)	Number of cases				Rela- tive error (SE/R)	Confidence limits
			Un- weight- ed (N)	Weight- ed (WN)	Design effect (DEFT)	R-2SE		
WOMEN								
Urban residence	0.305	0.024	1263	1340	1.813	0.077	0.258	0.352
Literate	0.926	0.010	1263	1340	1.375	0.011	0.906	0.946
No education	0.081	0.008	1263	1340	1.103	0.104	0.064	0.098
Secondary education or higher	0.628	0.020	1263	1340	1.498	0.032	0.587	0.669
Net attendance ratio for primary school	0.854	0.014	1035	1108	1.143	0.016	0.826	0.882
Never married	0.459	0.014	1263	1340	1.017	0.031	0.430	0.487
Currently married/in union	0.448	0.016	1263	1340	1.138	0.036	0.416	0.480
Married before age 20	0.248	0.016	975	1037	1.162	0.065	0.216	0.280
Had sexual intercourse before age 18	0.474	0.022	975	1037	1.379	0.047	0.429	0.518
Currently pregnant	0.051	0.006	1263	1340	0.991	0.120	0.039	0.063
Children ever born	2.284	0.064	1263	1340	0.928	0.028	2.156	2.413
Children surviving	2.067	0.055	1263	1340	0.874	0.027	1.957	2.178
Children ever born to women age 40-49	5.198	0.209	215	225	1.044	0.040	4.780	5.615
Knows any contraceptive method	0.999	0.001	570	600	0.877	0.001	0.996	1.000
Ever using contraceptive method	0.874	0.014	570	600	1.004	0.016	0.846	0.902
Currently using any contraceptive method	0.537	0.019	570	600	0.906	0.035	0.499	0.575
Currently using pill	0.109	0.013	570	600	1.018	0.122	0.082	0.136
Currently using IUD	0.014	0.005	570	600	1.080	0.385	0.003	0.024
Currently using female sterilization	0.052	0.009	570	600	0.956	0.170	0.035	0.070
Currently using rhythm method	0.002	0.002	570	600	0.932	0.998	0.000	0.005
Obtained method <sup>d</sup> from public-sector source	0.496	0.029	468	497	1.233	0.058	0.439	0.553
Want no more children	0.655	0.023	570	600	1.131	0.034	0.610	0.700
Want to delay birth at least 2 years	0.143	0.014	570	600	0.983	0.101	0.114	0.172
Ideal family size	2.517	0.061	1252	1327	1.387	0.024	2.395	2.639
Perinatal mortality (0-4 years)	25.272	6.907	718	770	1.196	0.273	11.457	39.086
Mothers received tetanus injection for last birth	0.642	0.020	538	572	0.971	0.031	0.602	0.682
Mothers received medical assistance at delivery	0.783	0.021	714	766	1.141	0.026	0.741	0.824
Had diarrhoea in two weeks before survey	0.110	0.015	653	694	1.175	0.135	0.081	0.140
Treated with oral rehydration salts (ORS)	0.865	0.038	65	77	0.947	0.044	0.788	0.942
Taken to a health provider	0.668	0.097	65	77	1.713	0.145	0.474	0.863
Vaccination card seen	0.868	0.033	141	149	1.101	0.038	0.802	0.934
Received BCG	0.972	0.013	141	149	0.962	0.014	0.946	0.999
Received DPT (3 doses)	0.931	0.021	141	149	0.960	0.022	0.890	0.972
Received polio (3 doses)	0.893	0.027	141	149	0.967	0.030	0.839	0.946
Received measles	0.937	0.022	141	149	1.048	0.023	0.893	0.980
Fully immunized	0.843	0.032	141	149	0.991	0.037	0.780	0.906
Height-for-age (below -2SD)	0.316	0.021	689	755	1.123	0.067	0.273	0.359
Weight-for-height (below -2SD)	0.031	0.007	689	755	1.058	0.227	0.017	0.045
Weight-for-age (below -2SD)	0.067	0.009	689	755	0.895	0.128	0.049	0.084
Anaemia in children	0.428	0.017	632	697	0.902	0.041	0.393	0.463
Anaemia in women	0.285	0.015	1150	1226	1.156	0.054	0.255	0.316
BMI <18.5	0.020	0.005	1137	1209	1.168	0.244	0.010	0.029
Use condom at last high-risk sex	0.564	0.034	340	366	1.257	0.060	0.496	0.632
Use condom at last high-risk sex - 15-24	0.589	0.050	181	198	1.374	0.086	0.488	0.690
Had high-risk intercourse	0.394	0.017	874	929	1.023	0.043	0.360	0.427
Abstinence among youth (never had sex)	0.493	0.032	408	436	1.286	0.065	0.429	0.557
Sexually active past 12 months never married youth	0.424	0.026	408	436	1.073	0.062	0.371	0.476
Had injection past 12 months	0.372	0.016	1263	1340	1.148	0.042	0.341	0.403
Accepting attitudes to people with HIV	0.453	0.018	1261	1339	1.273	0.039	0.417	0.488
HIV test and result in past 12 months	0.197	0.015	1263	1340	1.347	0.077	0.167	0.227
Total fertility rate (past 3 years)	3.618	0.210	na	3733	1.226	0.058	3.199	4.038
Neonatal mortality (past 10 years)	23.812	6.298	1371	1470	1.423	0.265	11.215	36.408
Post-neonatal mortality (past 10 years)	46.540	5.239	1371	1470	0.852	0.113	36.063	57.017
Infant mortality (past 10 years)	70.351	9.396	1371	1470	1.254	0.134	51.559	89.144
Child mortality (past 10 years)	27.046	5.882	1375	1475	1.076	0.217	15.282	38.811
Under-five mortality (past 10 years)	95.495	12.551	1375	1475	1.346	0.131	70.393	120.598
HIV prevalence (15-49)	0.337	0.016	1146	1192	1.160	0.048	0.305	0.370
HIV prevalence for pregnant women (15-49)	0.324	0.068	63	65	1.138	0.209	0.188	0.460
HIV prevalence (15-24)	0.278	0.025	499	516	1.237	0.089	0.228	0.328

Continued...

Table B.5—Continued

Variable	Value (R)	Stand- ard error (SE)	Number of cases		Design effect (DEFT)	Rela- tive error (SE/R)	Confidence limits	
			Un- weighted (N)	Weight- ed (WN)			R-2SE	R+2SE
MEN								
Urban residence	0.348	0.024	1019	1099	1.582	0.068	0.301	0.395
Literate	0.916	0.011	1019	1099	1.313	0.012	0.893	0.939
No education	0.085	0.012	1019	1099	1.419	0.146	0.060	0.110
Secondary education or higher	0.623	0.019	1019	1099	1.273	0.031	0.584	0.662
Never married	0.590	0.021	1019	1099	1.341	0.035	0.548	0.631
Currently married/in union	0.354	0.021	1019	1099	1.377	0.058	0.312	0.395
Married before age 20	0.052	0.012	744	804	1.471	0.231	0.028	0.076
Had sexual intercourse before 18	0.316	0.020	744	804	1.164	0.063	0.277	0.356
Children ever born	4.090	0.107	362	389	0.695	0.026	3.876	4.304
Ever used any contraceptive method	0.871	0.023	362	389	1.329	0.027	0.824	0.918
Knows any contraceptive method	1.000	0.000	362	389	na	0.000	1.000	1.000
Want no more children	0.517	0.023	362	389	0.893	0.045	0.470	0.564
Want to delay birth at least 2 years	0.236	0.026	362	389	1.143	0.108	0.185	0.287
Ideal family size	3.087	0.066	1006	1086	1.032	0.021	2.956	3.219
Use condom at last high-risk sex	0.732	0.026	317	359	1.040	0.035	0.680	0.784
Condom use last higher-risk intercourse (youth)	0.821	0.036	134	151	1.090	0.044	0.748	0.893
Abstinence among youth (never had intercourse)	0.593	0.030	452	486	1.304	0.051	0.533	0.653
Sexually active past 12 months (never-married youth)	0.301	0.030	452	486	1.397	0.100	0.241	0.361
Had injection past 12 months	0.238	0.018	1019	1099	1.348	0.076	0.202	0.274
Accepting attitudes to people with HIV	0.502	0.016	1015	1096	1.022	0.032	0.470	0.534
HIV test and result in past 12 months	0.086	0.009	1019	1099	1.017	0.104	0.068	0.104
Multi partners in past 12 months	0.189	0.022	642	698	1.391	0.114	0.146	0.233
Paid for sex past 12 months	0.000	0.000	1019	1099	na	na	0.000	0.000
HIV prevalence (15-49)	0.231	0.018	880	1001	1.286	0.079	0.194	0.267
HIV prevalence (15-24)	0.055	0.013	426	483	1.163	0.233	0.030	0.081
WOMEN AND MEN								
HIV prevalence (15-49)	0.289	0.014	2026	2193	1.432	0.050	0.260	0.318
HIV prevalence (15-24)	0.170	0.018	925	998	1.419	0.103	0.135	0.206

na = Not applicable

Table B.6 Sampling errors for Manzini sample, Swaziland 2006-07

Variable	Value (R)	Stand- ard error (SE)	Number of cases		Design effect (DEFT)	Rela- tive error (SE/R)	Confidence limits	
			Un- weighted (N)	Weight- ed (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.392	0.027	1475	1647	2.106	0.068	0.339	0.446
Literate	0.935	0.006	1475	1647	0.988	0.007	0.922	0.947
No education	0.051	0.006	1475	1647	1.061	0.120	0.039	0.063
Secondary education or higher	0.649	0.019	1475	1647	1.542	0.030	0.610	0.687
Net attendance ratio for primary school	0.886	0.010	1192	1332	1.011	0.012	0.866	0.906
Never married	0.520	0.014	1475	1647	1.087	0.027	0.491	0.548
Currently married/in union	0.395	0.015	1475	1647	1.152	0.037	0.365	0.424
Married before age 20	0.198	0.013	1102	1232	1.087	0.066	0.172	0.224
Had sexual intercourse before age 18	0.456	0.015	1102	1232	1.010	0.033	0.425	0.486
Currently pregnant	0.057	0.007	1475	1647	1.205	0.127	0.043	0.072
Children ever born	2.140	0.073	1475	1647	1.178	0.034	1.994	2.286
Children surviving	1.938	0.065	1475	1647	1.152	0.034	1.807	2.068
Children ever born to women age 40-49	5.126	0.222	228	259	1.203	0.043	4.681	5.570
Knows any contraceptive method	0.999	0.001	578	650	0.646	0.001	0.998	1.000
Ever using contraceptive method	0.914	0.012	578	650	1.039	0.013	0.890	0.939
Currently using any contraceptive method	0.525	0.021	578	650	1.024	0.041	0.482	0.568
Currently using pill	0.104	0.012	578	650	0.936	0.114	0.080	0.128
Currently using IUD	0.019	0.004	578	650	0.766	0.229	0.010	0.028
Currently using female sterilization	0.052	0.011	578	650	1.185	0.211	0.030	0.074
Currently using rhythm method	0.003	0.003	578	650	1.224	0.997	0.000	0.008
Obtained method from public-sector source	0.330	0.027	550	604	1.326	0.081	0.276	0.383
Want no more children	0.714	0.022	578	650	1.185	0.031	0.669	0.758
Want to delay birth at least 2 years	0.145	0.013	578	650	0.882	0.089	0.119	0.171
Ideal family size	2.381	0.042	1468	1639	1.147	0.018	2.297	2.465
Perinatal mortality (0-4 years)	28.976	5.984	775	879	1.010	0.207	17.009	40.943
Mothers received tetanus injection for last birth	0.726	0.024	591	668	1.304	0.033	0.679	0.774
Mothers received medical assistance at delivery	0.799	0.019	767	870	1.196	0.024	0.760	0.838
Had diarrhoea in two weeks before survey	0.123	0.015	690	784	1.143	0.120	0.093	0.152
Treated with oral rehydration salts (ORS)	0.828	0.048	84	96	1.102	0.058	0.732	0.923
Taken to a health provider	0.714	0.047	84	96	0.942	0.066	0.620	0.809
Vaccination card seen	0.845	0.027	144	162	0.895	0.032	0.791	0.899
Received BCG	0.966	0.018	144	162	1.179	0.018	0.931	1.000
Received DPT (3 doses)	0.933	0.026	144	162	1.263	0.028	0.881	0.986
Received polio (3 doses)	0.884	0.029	144	162	1.097	0.033	0.825	0.942
Received measles	0.905	0.034	144	162	1.411	0.038	0.837	0.974
Fully immunized	0.819	0.041	144	162	1.283	0.050	0.737	0.901
Height-for-age (below -2SD)	0.295	0.021	747	869	1.157	0.070	0.253	0.336
Weight-for-height (below -2SD)	0.023	0.005	747	869	0.904	0.230	0.012	0.033
Weight-for-age (below -2SD)	0.057	0.007	747	869	0.874	0.128	0.042	0.071
Anaemia in children	0.451	0.028	663	774	1.421	0.062	0.394	0.507
Anaemia in women	0.333	0.013	1347	1505	0.980	0.038	0.308	0.359
BMI <18.5	0.035	0.005	1344	1494	1.042	0.149	0.025	0.046
Use condom at last high-risk sex	0.606	0.021	463	515	0.936	0.035	0.564	0.649
Use condom at last high-risk sex - 15-24	0.569	0.031	258	288	0.999	0.054	0.507	0.631
Had high-risk intercourse	0.459	0.021	1008	1121	1.306	0.045	0.418	0.500
Abstinence among youth (never had sex)	0.444	0.023	564	632	1.099	0.052	0.398	0.490
Sexually active past 12 months never married youth	0.430	0.026	564	632	1.267	0.061	0.377	0.483
Had injection past 12 months	0.341	0.013	1475	1647	1.084	0.039	0.314	0.368
Accepting attitudes to people with HIV	0.447	0.020	1469	1642	1.544	0.045	0.407	0.487
HIV test and result in past 12 months	0.242	0.012	1475	1647	1.067	0.049	0.218	0.265
Total fertility rate (past 3 years)	3.673	0.176	na	4550	1.063	0.048	3.321	4.025
Neonatal mortality (past 10 years)	32.549	5.988	1473	1663	0.997	0.184	20.572	44.525
Post-neonatal mortality (past 10 years)	49.176	7.094	1474	1664	1.173	0.144	34.988	63.365
Infant mortality (past 10 years)	81.725	8.992	1474	1664	1.087	0.110	63.741	99.708
Child mortality (past 10 years)	33.393	5.871	1478	1669	1.177	0.176	21.651	45.135
Under-five mortality (past 10 years)	112.389	9.547	1479	1669	1.005	0.085	93.295	131.483
HIV prevalence (15-49)	0.304	0.019	1344	1459	1.489	0.061	0.267	0.342
HIV prevalence for pregnant women (15-49)	0.455	0.061	66	74	0.987	0.134	0.333	0.577
HIV prevalence (15-24)	0.207	0.021	638	696	1.294	0.101	0.165	0.248

Continued...

Table B.6—Continued

Variable	Value (R)	Stand- ard error (SE)	Number of cases				Rela- tive error (SE/R)	Confidence limits	
			Un- weighted (N)	Weight- ed (WN)	Design effect (DEFT)	R-2SE			
MEN									
Urban residence	0.356	0.024	1186	1349	1.760	0.069	0.307	0.405	
Literate	0.907	0.012	1186	1349	1.399	0.013	0.883	0.931	
No education	0.052	0.008	1186	1349	1.261	0.157	0.036	0.068	
Secondary education or higher	0.636	0.022	1186	1349	1.560	0.034	0.593	0.680	
Never married	0.691	0.017	1186	1349	1.287	0.025	0.656	0.725	
Currently married/in union	0.273	0.015	1186	1349	1.189	0.056	0.242	0.303	
Married before age 20	0.042	0.007	823	930	0.997	0.166	0.028	0.056	
Had sexual intercourse before 18	0.312	0.017	823	930	1.041	0.054	0.279	0.346	
Children ever born	3.581	0.189	323	368	1.132	0.053	3.204	3.959	
Ever used any contraceptive method	0.910	0.017	323	368	1.042	0.018	0.877	0.944	
Knows any contraceptive method	1.000	0.000	323	368	na	0.000	1.000	1.000	
Want no more children	0.497	0.033	323	368	1.168	0.065	0.432	0.562	
Want to delay birth at least 2 years	0.321	0.028	323	368	1.079	0.088	0.265	0.377	
Ideal family size	2.995	0.061	1180	1342	1.353	0.020	2.873	3.117	
Use condom at last high-risk sex	0.690	0.025	440	509	1.134	0.036	0.640	0.740	
Condom use last higher-risk intercourse (youth)	0.736	0.034	215	252	1.115	0.046	0.669	0.804	
Abstinence among youth (never had intercourse)	0.532	0.021	622	712	1.051	0.040	0.490	0.574	
Sexually active past 12 months (never-married youth)	0.341	0.022	622	712	1.164	0.065	0.297	0.386	
Had injection past 12 months	0.213	0.014	1186	1349	1.191	0.066	0.185	0.241	
Accepting attitudes to people with HIV	0.467	0.017	1180	1341	1.202	0.037	0.432	0.502	
HIV test and result in past 12 months	0.092	0.011	1186	1349	1.308	0.119	0.070	0.114	
Multi partners in past 12 months	0.255	0.021	703	804	1.294	0.083	0.212	0.298	
Paid for sex past 12 months	0.001	0.001	1186	1349	0.928	0.707	0.000	0.004	
HIV prevalence (15-49)	0.184	0.017	1018	1223	1.403	0.093	0.150	0.218	
HIV prevalence (15-24)	0.062	0.010	562	673	1.032	0.170	0.041	0.083	
WOMEN AND MEN									
HIV prevalence (15-49)	0.249	0.015	2362	2682	1.687	0.060	0.219	0.280	
HIV prevalence (15-24)	0.135	0.013	1200	1369	1.277	0.093	0.110	0.161	

na = Not applicable

Table B.7 Sampling errors for Shiselweni sample, Swaziland 2006-07

Variable	Value (R)	Stand- ard error (SE)	Number of cases		Design effect (DEFT)	Rela- tive error (SE/R)	Confidence limits	
			Un- weight- ed (N)	Weight- ed (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.064	0.009	1083	1033	1.272	0.148	0.045	0.083
Literate	0.928	0.011	1083	1033	1.335	0.011	0.907	0.949
No education	0.059	0.009	1083	1033	1.256	0.153	0.041	0.077
Secondary education or higher	0.589	0.020	1083	1033	1.330	0.034	0.549	0.629
Net attendance ratio for primary school	0.782	0.024	1079	1144	1.608	0.030	0.735	0.830
Never married	0.571	0.014	1083	1033	0.939	0.025	0.542	0.599
Currently married/in union	0.351	0.013	1083	1033	0.915	0.038	0.324	0.378
Married before age 20	0.173	0.014	783	732	1.013	0.079	0.145	0.200
Had sexual intercourse before age 18	0.509	0.021	783	732	1.147	0.040	0.468	0.550
Currently pregnant	0.057	0.008	1083	1033	1.068	0.132	0.042	0.072
Children ever born	2.220	0.064	1083	1033	0.862	0.029	2.093	2.348
Children surviving	2.017	0.061	1083	1033	0.896	0.030	1.895	2.139
Children ever born to women age 40-49	5.545	0.288	155	149	1.266	0.052	4.969	6.120
Knows any contraceptive method	1.000	0.000	385	363	na	0.000	1.000	1.000
Ever using contraceptive method	0.880	0.027	385	363	1.625	0.031	0.827	0.934
Currently using any contraceptive method	0.456	0.034	385	363	1.327	0.074	0.388	0.523
Currently using pill	0.072	0.014	385	363	1.078	0.197	0.044	0.101
Currently using IUD	0.009	0.005	385	363	1.046	0.557	0.000	0.019
Currently using female sterilization	0.055	0.013	385	363	1.093	0.232	0.029	0.080
Currently using rhythm method	0.006	0.003	385	363	0.900	0.612	0.000	0.012
Obtained method from public-sector source	0.528	0.032	354	325	1.205	0.061	0.464	0.592
Want no more children	0.698	0.028	385	363	1.193	0.04	0.643	0.754
Want to delay birth at least 2 years	0.153	0.024	385	363	1.284	0.154	0.106	0.200
Ideal family size	2.589	0.052	1075	1026	1.310	0.020	2.486	2.693
Perinatal mortality (0-4 years)	31.054	4.683	646	626	0.641	0.151	21.689	40.420
Mothers received tetanus injection for last birth	0.711	0.022	481	460	1.082	0.031	0.667	0.756
Mothers received medical assistance at delivery	0.659	0.022	633	615	1.054	0.034	0.615	0.704
Had diarrhoea in two weeks before survey	0.144	0.015	571	558	0.950	0.102	0.115	0.174
Treated with oral rehydration salts (ORS)	0.870	0.037	85	81	0.987	0.042	0.797	0.943
Taken to a health provider	0.708	0.065	85	81	1.216	0.092	0.577	0.838
Vaccination card seen	0.835	0.029	116	111	0.848	0.035	0.776	0.893
Received BCG	0.972	0.018	116	111	1.151	0.018	0.937	1.000
Received DPT (3 doses)	0.926	0.019	116	111	0.768	0.020	0.889	0.964
Received polio (3 doses)	0.875	0.022	116	111	0.726	0.025	0.831	0.920
Received measles	0.916	0.025	116	111	0.981	0.028	0.866	0.967
Fully immunized	0.837	0.026	116	111	0.762	0.031	0.784	0.889
Height-for-age (below -2SD)	0.289	0.019	694	745	1.103	0.065	0.252	0.327
Weight-for-height (below -2SD)	0.021	0.006	694	745	1.145	0.296	0.009	0.033
Weight-for-age (below -2SD)	0.052	0.007	694	745	0.866	0.139	0.038	0.067
Anaemia in children	0.402	0.029	631	680	1.544	0.073	0.344	0.461
Anaemia in women	0.322	0.016	1010	968	1.084	0.049	0.290	0.354
BMI <18.5	0.036	0.006	988	945	0.996	0.164	0.024	0.048
Use condom at last high-risk sex	0.522	0.024	366	339	0.903	0.045	0.475	0.569
Use condom at last high-risk sex - 15-24	0.532	0.032	218	209	0.952	0.061	0.467	0.596
Had high-risk intercourse	0.499	0.019	728	680	1.025	0.038	0.461	0.537
Absstinence among youth (never had sex)	0.467	0.020	464	458	0.867	0.043	0.426	0.507
Sexually active past 12 months never married youth	0.449	0.024	464	458	1.054	0.054	0.400	0.498
Had injection past 12 months	0.401	0.022	1083	1033	1.495	0.056	0.356	0.445
Accepting attitudes to people with HIV	0.398	0.021	1081	1031	1.398	0.052	0.356	0.439
HIV test and result in past 12 months	0.210	0.011	1083	1033	0.907	0.054	0.187	0.232
Total fertility rate (past 3 years)	4.280	0.245	na	2823	1.249	0.057	3.789	4.771
Neonatal mortality (past 10 years)	15.531	3.435	1178	1132	0.882	0.221	8.662	22.400
Post-neonatal mortality (past 10 years)	60.446	7.405	1178	1132	0.988	0.123	45.636	75.256
Infant mortality (past 10 years)	75.977	8.136	1179	1133	0.980	0.107	59.705	92.248
Child mortality (past 10 years)	25.584	5.158	1180	1133	1.034	0.202	15.267	35.901
Under-five mortality (past 10 years)	99.617	9.688	1182	1135	1.001	0.097	80.240	118.994
HIV prevalence (15-49)	0.291	0.015	1011	917	1.015	0.050	0.262	0.320
HIV prevalence for pregnant women (15-49)	0.358	0.057	61	53	0.923	0.159	0.244	0.472
HIV prevalence (15-24)	0.219	0.018	492	459	0.978	0.083	0.182	0.255

Continued...

Table B.7—Continued

Variable	Value (R)	Stand- ard error (SE)	Number of cases		Design effect (DEFT)	Rela- tive error (SE/R)	Confidence limits	
			Un- weighted (N)	Weight- ed (WN)			R-2SE	R+2SE
MEN								
Urban residence	0.063	0.008	838	843	1.004	0.133	0.046	0.080
Literate	0.906	0.014	838	843	1.351	0.015	0.879	0.934
No education	0.056	0.008	838	843	1.035	0.146	0.040	0.073
Secondary education or higher	0.538	0.027	838	843	1.564	0.050	0.484	0.592
Never married	0.741	0.019	838	843	1.237	0.025	0.703	0.778
Currently married/in union	0.208	0.018	838	843	1.272	0.086	0.172	0.244
Married before age 20	0.052	0.010	523	506	0.980	0.183	0.033	0.071
Had sexual intercourse before 18	0.317	0.023	523	506	1.125	0.072	0.272	0.363
Children ever born	4.192	0.235	191	175	1.087	0.056	3.723	4.661
Ever used any contraceptive method	0.798	0.037	191	175	1.261	0.046	0.724	0.871
Knows any contraceptive method	1.000	0.000	191	175	na	0.000	1.000	1.000
Want no more children	0.498	0.051	191	175	1.417	0.103	0.395	0.601
Want to delay birth at least 2 years	0.255	0.042	191	175	1.340	0.166	0.170	0.340
Ideal family size	3.391	0.106	837	842	1.233	0.031	3.180	3.603
Use condom at last high-risk sex	0.643	0.037	288	283	1.309	0.058	0.569	0.717
Condom use last higher-risk intercourse (youth)	0.605	0.046	149	152	1.136	0.076	0.513	0.696
Abstinence among youth (never had intercourse)	0.612	0.025	486	510	1.151	0.042	0.561	0.663
Sexually active past 12 months (never-married youth)	0.291	0.027	486	510	1.306	0.093	0.237	0.345
Had injection past 12 months	0.223	0.020	838	843	1.368	0.088	0.183	0.262
Accepting attitudes to people with HIV	0.452	0.030	832	837	1.751	0.067	0.391	0.512
HIV test and result in past 12 months	0.067	0.011	838	843	1.284	0.166	0.045	0.089
Multi partners in past 12 months	0.239	0.021	451	436	1.062	0.089	0.197	0.282
Paid for sex past 12 months	0.002	0.002	838	843	0.996	0.773	0.000	0.005
HIV prevalence (15-49)	0.161	0.018	734	763	1.334	0.113	0.125	0.197
HIV prevalence (15-24)	0.053	0.016	454	486	1.470	0.292	0.022	0.084
WOMEN AND MEN								
HIV prevalence (15-49)	0.232	0.013	1745	1681	1.241	0.054	0.207	0.257
HIV prevalence (15-24)	0.134	0.012	946	945	1.046	0.087	0.110	0.157

na = Not applicable

Table B.8 Sampling errors for Lubombo sample, Swaziland 2006-07

Variable	Value (R)	Stand- ard error (SE)	Number of cases				Rela- tive error (SE/R)	Confidence limits	
			Un- weight- ed (N)	Weight- ed (WN)	Design effect (DEFT)	R-2SE		R+2SE	
WOMEN									
Urban residence	0.216	0.021	1166	966	1.769	0.099	0.174	0.259	
Literate	0.843	0.012	1166	966	1.116	0.014	0.819	0.867	
No education	0.154	0.013	1166	966	1.187	0.081	0.129	0.179	
Secondary education or higher	0.453	0.021	1166	966	1.436	0.046	0.411	0.495	
Net attendance ratio for primary school	0.840	0.022	1016	940	1.636	0.026	0.796	0.883	
Never married	0.442	0.016	1166	966	1.094	0.036	0.410	0.474	
Currently married/in union	0.465	0.015	1166	966	1.018	0.032	0.435	0.495	
Married before age 20	0.292	0.024	862	712	1.521	0.081	0.245	0.339	
Had sexual intercourse before age 18	0.555	0.020	862	712	1.160	0.035	0.515	0.594	
Currently pregnant	0.059	0.008	1166	966	1.181	0.138	0.043	0.075	
Children ever born	2.589	0.106	1166	966	1.350	0.041	2.377	2.801	
Children surviving	2.277	0.093	1166	966	1.324	0.041	2.092	2.463	
Children ever born to women age 40-49	5.639	0.254	227	187	1.322	0.045	5.131	6.148	
Knows any contraceptive method	1.000	0.000	536	449	na	0.000	1.000	1.000	
Ever using contraceptive method	0.894	0.016	536	449	1.225	0.018	0.861	0.926	
Currently using any contraceptive method	0.480	0.023	536	449	1.072	0.048	0.433	0.526	
Currently using pill	0.098	0.015	536	449	1.174	0.154	0.068	0.128	
Currently using IUD	0.011	0.005	536	449	1.103	0.445	0.001	0.021	
Currently using female sterilization	0.075	0.014	536	449	1.256	0.191	0.046	0.103	
Currently using rhythm method	0.002	0.002	536	449	1.061	1.004	0.000	0.006	
Obtained method <sup>d</sup> from public-sector source	0.502	0.031	433	345	1.289	0.062	0.440	0.564	
Want no more children	0.66	0.025	536	449	1.227	0.038	0.61	0.71	
Want to delay birth at least 2 years	0.170	0.017	536	449	1.037	0.099	0.136	0.203	
Ideal family size	2.695	0.077	1157	959	1.555	0.029	2.541	2.849	
Perinatal mortality (0-4 years)	33.539	8.189	713	590	1.045	0.244	17.161	49.916	
Mothers received tetanus injection for last birth	0.606	0.026	526	434	1.238	0.044	0.553	0.659	
Mothers received medical assistance at delivery	0.695	0.027	698	577	1.355	0.039	0.641	0.748	
Had diarrhoea in two weeks before survey	0.174	0.024	623	517	1.554	0.141	0.125	0.222	
Treated with oral rehydration salts (ORS)	0.862	0.035	113	90	1.071	0.041	0.791	0.933	
Taken to a health provider	0.779	0.051	113	90	1.231	0.065	0.677	0.881	
Vaccination card seen	0.805	0.036	137	110	1.051	0.045	0.732	0.877	
Received BCG	0.979	0.012	137	110	0.940	0.012	0.956	1.000	
Received DPT (3 doses)	0.864	0.024	137	110	0.796	0.028	0.816	0.911	
Received polio (3 doses)	0.828	0.031	137	110	0.946	0.038	0.766	0.890	
Received measles	0.900	0.021	137	110	0.821	0.024	0.857	0.942	
Fully immunized	0.761	0.032	137	110	0.864	0.042	0.697	0.825	
Height-for-age (below -2SD)	0.244	0.019	641	571	1.101	0.078	0.206	0.282	
Weight-for-height (below -2SD)	0.025	0.004	641	571	0.753	0.178	0.016	0.034	
Weight-for-age (below -2SD)	0.037	0.008	641	571	1.094	0.210	0.021	0.052	
Anaemia in children	0.377	0.024	595	529	1.249	0.063	0.330	0.425	
Anaemia in women	0.262	0.018	1088	900	1.339	0.068	0.226	0.297	
BMI <18.5	0.037	0.007	1057	870	1.207	0.189	0.023	0.051	
Use condom at last high-risk sex	0.442	0.034	353	291	1.286	0.077	0.374	0.510	
Use condom at last high-risk sex - 15-24	0.455	0.039	215	184	1.144	0.086	0.377	0.533	
Had high-risk intercourse	0.409	0.017	855	711	1.039	0.043	0.374	0.444	
Abstinence among youth (never had sex)	0.415	0.041	410	342	1.687	0.099	0.333	0.498	
Sexually active past 12 months never married youth	0.508	0.042	410	342	1.691	0.082	0.424	0.592	
Had injection past 12 months	0.391	0.016	1166	966	1.105	0.040	0.359	0.423	
Accepting attitudes to people with HIV	0.390	0.016	1163	964	1.105	0.041	0.358	0.421	
HIV test and result in past 12 months	0.222	0.015	1166	966	1.217	0.067	0.192	0.252	
Total fertility rate (past 3 years)	4.022	0.288	na	2656	1.423	0.072	3.445	4.598	
Neonatal mortality (past 10 years)	15.471	3.432	1336	1104	1.039	0.222	8.607	22.335	
Post-neonatal mortality (past 10 years)	63.211	8.615	1337	1105	1.110	0.136	45.980	80.441	
Infant mortality (past 10 years)	78.682	8.492	1337	1105	0.998	0.108	61.699	95.666	
Child mortality (past 10 years)	39.223	5.342	1340	1107	0.830	0.136	28.538	49.907	
Under-five mortality (past 10 years)	114.819	9.128	1341	1109	0.914	0.080	96.562	133.075	
HIV prevalence (15-49)	0.310	0.016	1083	855	1.162	0.053	0.277	0.342	
HIV prevalence for pregnant women (15-49)	0.349	0.056	60	50	0.909	0.161	0.237	0.462	
HIV prevalence (15-24)	0.205	0.021	510	403	1.153	0.101	0.163	0.246	

Continued...

Table B.8—Continued

Variable	Value (R)	Stand- ard error (SE)	Number of cases		Design effect (DEFT)	Rela- tive error (SE/R)	Confidence limits	
			Un- weighted (N)	Weight- ed (WN)			R-2SE	R+2SE
MEN								
Urban residence	0.306	0.017	1113	865	1.265	0.057	0.271	0.341
Literate	0.845	0.011	1113	865	1.019	0.013	0.823	0.868
No education	0.122	0.011	1113	865	1.112	0.089	0.100	0.144
Secondary education or higher	0.454	0.024	1113	865	1.601	0.053	0.406	0.502
Never married	0.612	0.018	1113	865	1.213	0.029	0.577	0.648
Currently married/in union	0.332	0.018	1113	865	1.287	0.055	0.295	0.368
Married before age 20	0.087	0.009	809	593	0.905	0.103	0.069	0.105
Had sexual intercourse before 18	0.309	0.023	809	593	1.399	0.074	0.263	0.354
Children ever born	4.226	0.201	405	287	1.288	0.048	3.825	4.628
Ever used any contraceptive method	0.856	0.019	405	287	1.111	0.023	0.817	0.894
Knows any contraceptive method	1.000	0.000	405	287	na	0.000	1.000	1.000
Want no more children	0.504	0.028	405	287	1.128	0.056	0.448	0.561
Want to delay birth at least 2 years	0.238	0.024	405	287	1.120	0.100	0.191	0.286
Ideal family size	3.293	0.066	1102	857	1.130	0.020	3.162	3.425
Use condom at last high-risk sex	0.636	0.031	388	292	1.252	0.048	0.575	0.697
Condom use last higher-risk intercourse (youth)	0.630	0.047	180	140	1.296	0.074	0.536	0.723
Abstinence among youth (never had intercourse)	0.588	0.020	497	419	0.918	0.034	0.548	0.629
Sexually active past 12 months (never-married youth)	0.332	0.022	497	419	1.021	0.065	0.289	0.375
Had injection past 12 months	0.237	0.014	1113	865	1.091	0.059	0.209	0.265
Accepting attitudes to people with HIV	0.431	0.014	1102	854	0.931	0.032	0.403	0.459
HIV test and result in past 12 months	0.111	0.012	1113	865	1.292	0.109	0.087	0.136
Multi partners in past 12 months	0.234	0.017	732	536	1.113	0.074	0.200	0.269
Paid for sex past 12 months	0.001	0.001	1113	865	0.805	1.004	0.000	0.002
HIV prevalence (15-49)	0.209	0.014	970	776	1.077	0.067	0.181	0.238
HIV prevalence (15-24)	0.063	0.011	476	409	0.944	0.166	0.042	0.084
WOMEN AND MEN								
HIV prevalence (15-49)	0.262	0.012	2053	1631	1.250	0.046	0.238	0.286
HIV prevalence (15-24)	0.134	0.012	986	812	1.075	0.087	0.110	0.157

na = Not applicable

Table B. 9 Sampling errors for persons age 12-14 (youth) and age 50 + (older adults), national sample, Swaziland DHS 2006-07

Variable	Value (R)	Stand- ard error (SE)	Number of cases		Design effect (DEFT)	Rela- tive error (SE/R)	Confidence limits	
			Un- weighted (N)	Weight- ed (WN)			R-2SE	R+2SE
<b>GIRLS</b>								
Urban residence (12-14)	0.122	0.011	459	465	0.695	0.087	0.101	0.143
Has heard of HIV/AIDS (12-14)	0.978	0.007	459	465	0.990	0.007	0.965	0.992
HIV prevalence (2-14)	0.038	0.005	1828	1837	1.092	0.129	0.028	0.047
<b>BOYS</b>								
Urban residence (12-14)	0.117	0.011	411	409	0.703	0.096	0.094	0.139
Has heard of HIV/AIDS (12-14)	0.965	0.009	411	409	1.045	0.010	0.946	0.984
HIV prevalence (2-14)	0.039	0.005	1745	1740	1.056	0.126	0.029	0.049
<b>WOMEN</b>								
Urban residence (50+)	0.129	0.011	661	669	0.823	0.083	0.107	0.150
Has heard of HIV/AIDS 50+)	0.962	0.008	661	669	1.078	0.008	0.946	0.978
HIV prevalence for elder people (50+)	0.117	0.012	597	588	0.944	0.106	0.092	0.141
HIV prevalence (2+)	0.221	0.006	7009	6849	1.308	0.029	0.208	0.234
<b>MEN</b>								
Urban residence (50+)	0.177	0.011	456	444	0.618	0.062	0.155	0.199
Has heard of HIV/AIDS (50+)	0.974	0.008	456	444	1.062	0.008	0.958	0.990
HIV prevalence for elder people (50+)	0.179	0.021	396	402	1.063	0.114	0.138	0.220
HIV prevalence (2+)	0.149	0.006	5743	5905	1.362	0.043	0.136	0.162

## DATA QUALITY TABLES

## Appendix C

Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Swaziland 2006-07

Age	Female		Male		Age	Female		Male		
	Number	Percent	Number	Percent		Number	Percent	Number	Percent	
0	326	2.7	337	3.2	36	119	1.0	97	0.9	
1	301	2.5	325	3.1	37	99	0.8	69	0.6	
2	317	2.6	307	2.9	38	153	1.3	121	1.1	
3	345	2.9	322	3.0	39	87	0.7	60	0.6	
4	364	3.0	333	3.1	40	111	0.9	82	0.8	
5	315	2.6	296	2.8	41	97	0.8	58	0.5	
6	307	2.6	360	3.4	42	109	0.9	67	0.6	
7	319	2.7	290	2.7	43	88	0.7	42	0.4	
8	343	2.9	335	3.2	44	78	0.7	57	0.5	
9	305	2.5	329	3.1	45	88	0.7	43	0.4	
10	365	3.0	357	3.4	46	93	0.8	80	0.8	
11	343	2.9	293	2.8	47	98	0.8	49	0.5	
12	319	2.7	327	3.1	48	83	0.7	64	0.6	
13	324	2.7	329	3.1	49	53	0.4	48	0.5	
14	404	3.4	355	3.4	50	83	0.7	52	0.5	
15	263	2.2	290	2.7	51	64	0.5	53	0.5	
16	309	2.6	347	3.3	52	78	0.6	62	0.6	
17	276	2.3	281	2.6	53	77	0.6	44	0.4	
18	280	2.3	287	2.7	54	91	0.8	62	0.6	
19	264	2.2	223	2.1	55	43	0.4	43	0.4	
20	266	2.2	259	2.4	56	68	0.6	55	0.5	
21	247	2.1	175	1.7	57	50	0.4	33	0.3	
22	231	1.9	213	2.0	58	50	0.4	32	0.3	
23	216	1.8	182	1.7	59	51	0.4	47	0.4	
24	201	1.7	181	1.7	60	75	0.6	57	0.5	
25	177	1.5	161	1.5	61	75	0.6	68	0.6	
26	194	1.6	150	1.4	62	41	0.3	40	0.4	
27	175	1.5	139	1.3	63	52	0.4	21	0.2	
28	146	1.2	134	1.3	64	51	0.4	46	0.4	
29	129	1.1	136	1.3	65	42	0.4	28	0.3	
30	163	1.4	109	1.0	66	56	0.5	46	0.4	
31	126	1.0	116	1.1	67	39	0.3	19	0.2	
32	134	1.1	98	0.9	68	31	0.3	19	0.2	
33	124	1.0	86	0.8	69	29	0.2	7	0.1	
34	116	1.0	87	0.8	70+	361	3.0	199	1.9	
35	111	0.9	84	0.8	Don't know/ missing	3	0.0	1	0.0	
		Total		12,008		100.0		10,604		100.0

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview.

Table C.2.1 Age distribution of eligible and interviewed women

De facto household population of women age 10-54, interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted), by five-year age groups, Swaziland 2006-07

Age group	Household population of women age 10-54	Interviewed women age 15-49		Percent of women
		Number	Percent	
10-14	1,754	na	na	na
15-19	1,392	1,325	25.6	95.2
20-24	1,161	1,088	21.0	93.7
25-29	821	755	14.6	91.9
30-34	663	627	12.1	94.6
25-39	569	531	10.3	93.4
40-44	483	450	8.7	93.2
45-49	415	400	7.7	96.5
50-54	392	na	na	na
15-49	5,503	5,177	100.0	94.1

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule.

na = Not applicable

Table C.2.2 Age distribution of eligible and interviewed men

De facto household population of men age 10-64, interviewed men aged 15-59 and percent of eligible men who were interviewed (weighted), Swaziland 2006-07

Age group	Household population of men age 10-64	Interviewed men age 15-59		Percentage of eligible men interviewed
		Number	Percent	
10-14	770	na	na	na
15-19	692	1,326	32.0	191.5
20-24	509	875	21.2	171.9
25-29	366	619	15.0	169.2
30-34	229	427	10.3	186.9
25-39	207	370	9.0	179.0
40-44	144	264	6.4	183.8
45-49	136	256	6.2	188.0
50-54	132	0.0	0.0	0.0
55-59	93	0.0	0.0	0.0
60-64	120	na	na	na
15-59	2,507	4,137	100.0	165.0

na = Not applicable

Table C.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Swaziland 2006-07

Age group	Reference population	Percentage with missing information	Number of cases
<b>Birth date</b>	Births in the 15 years preceding the survey		
Month only		0.46	7,518
Month and year		0.16	7,518
<b>Age at death</b>	Deaths among births in the 15 years preceding the survey	0.12	694
<b>Age/date at first union<sup>1</sup></b>	All women age 15-49	0.04	2,500
<b>Respondent's education</b>	All women age 15-49	0.10	4,987
<b>Diarrhoea in past 2 weeks</b>	Living children age 0-59 months	4.75	2,553
<b>Anthropometry</b>	Living children age 0-59 months (from household questionnaire)		
Height		6.19	3,301
Weight		6.18	3,301
Height or weight		6.24	3,301

<sup>1</sup> Both year and age missing

Table C.4 Births by calendar years

Number of births, percentage with complete birth date, sex ratio at birth, and calendar year ratio by calendar year, according to living (L), dead (D), and total (T) children (weighted), Swaziland 2006-07

Calendar year	Number of births			Percentage with complete birth date			Sex ratio at birth			Calendar year ratio		
	L	D	T	L	D	T	L	D	T	L	D	T
2001	9	1	10	100.0	100.0	100.0	na	0.0	1,102.7	na	na	na
2000	478	35	513	100.0	100.0	100.0	102.8	101.3	102.7	na	na	na
1999	534	49	584	100.0	100.0	100.0	106.2	101.5	105.8	109.0	89.4	107.0
1998	502	76	578	100.0	100.0	100.0	101.7	112.9	103.1	97.1	140.3	101.2
1997	499	59	558	100.0	100.0	100.0	97.2	84.4	95.7	102.1	89.8	100.7
1996	476	55	530	100.0	100.0	100.0	98.9	92.3	98.2	104.4	111.3	105.1
1995	412	40	451	100.0	100.0	100.0	93.9	111.8	95.4	81.6	61.0	79.3
1994	533	75	608	98.9	98.0	98.8	121.3	84.3	116.0	122.5	178.8	127.4
1993	459	44	504	99.1	94.7	98.7	98.7	136.2	101.5	94.1	65.2	90.5
1992	443	61	504	99.8	94.6	99.2	86.4	135.2	91.2	100.7	147.5	104.7
1997-2001	2,023	220	2,242	100.0	100.0	100.0	102.9	99.5	102.5	na	na	na
1992-1996	2,322	275	2,597	99.5	97.4	99.3	100.0	107.3	100.8	na	na	na
1987-1991	2,033	166	2,199	99.3	94.5	99.0	98.2	130.5	100.3	na	na	na
1982-1986	1,718	106	1,824	99.0	92.1	98.6	100.7	119.8	101.7	na	na	na
<1982	2,151	369	2,520	99.0	95.0	98.4	103.6	95.4	102.4	na	na	na
All	10,247	1,135	11,383	99.4	96.2	99.1	101.1	105.8	101.5	na	na	na

na = Not applicable

<sup>1</sup> Replace with calendar years in stub. For example, if survey takes place in 2000, 0 becomes 2000, 1 becomes 1999, etc.

<sup>2</sup> Both year and month of birth given

<sup>3</sup>  $(Bm/Bf) \times 100$ , where Bm and Bf are the numbers of male and female births, respectively

<sup>4</sup>  $[2Bx/(Bx-1+Bx+1)] \times 100$ , where Bx is the number of births in calendar year x

Table C.5 Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods of birth preceding the survey (weighted), Swaziland 2006-07

Age at death (days)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1	15	23	7	6	51
1	16	15	18	8	57
2	6	2	5	2	15
3	4	3	2	3	11
4	4	1	1	0	5
5	3	4	1	1	9
6	1	1	0	0	2
7	10	8	7	1	25
8	0	0	0	1	1
11	0	1	0	0	1
12	0	0	0	1	1
14	1	1	1	0	3
20	1	0	2	0	3
21	0	2	1	0	3
25	0	2	0	0	2
Total 0-30	61	61	45	22	189
Percent early neonatal <sup>1</sup>	80.6	78.3	74.8	89.5	79.5

<sup>1</sup> = 6 days / = 30 days

Table C.6 Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at age under one month, for five-year periods of birth preceding the survey, Swaziland 2006-07

Age at death (months)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1 <sup>a</sup>	61	61	45	22	189
1	15	14	4	4	37
2	24	11	2	2	38
3	36	17	7	4	64
4	17	16	5	2	40
5	21	12	1	6	39
6	15	20	4	4	43
7	9	11	2	0	23
8	10	4	6	0	20
9	11	7	9	2	29
10	5	1	0	1	7
11	0	4	2	0	6
12	14	17	12	5	48
13	3	1	0	0	4
14	0	3	0	0	3
15	1	1	1	0	3
16	4	0	2	0	6
18	6	4	2	2	13
19	1	1	0	0	2
20	0	0	0	0	0
21	0	1	0	0	1
22	1	0	0	0	1
23	0	0	1	0	1
1 year	4	4	6	0	14
Total 0-11	224	177	87	48	535
Percent neonatal	27.1	34.5	52.0	46.7	35.3

<sup>1</sup> Under one month/under one year

<sup>a</sup> Includes deaths under one month reported in days

# EFFECT OF NONRESPONSE ON THE SDHS HIV PREVALENCE RESULTS

## Appendix D

As was seen earlier in Chapter 14 of this report, not all eligible SDHS respondents participated in the HIV testing component. The potential for bias associated with this nonparticipation is a concern since respondents who refused to be tested or were absent at the time of testing may bias the results if their characteristics or behaviours may be different from those who consented to provide a blood sample. To address these concerns, it has become standard procedure in DHS surveys with an HIV testing component to conduct an analysis of those who are not tested in order to look for potential biases<sup>1</sup>.

Table D.1 summarizes the results of the nonresponse analysis that was conducted for the 2006-07 SDHS. The table shows the observed HIV rates for women, men, and the total sample and the rates for these groups following an adjustment for nonresponse. Overall, the adjustment for nonresponse raises the HIV prevalence by about 0.1 percentage points above the observed level (from 25.9 percent to 26.0 percent). For women, the adjusted prevalence is 31.0 percent compared with the observed level of 31.1 percent. For men, the effect of the adjustment is slightly bigger, adding about 0.6 percentage points to the observed rate of 19.7 percent. The differences between the observed and adjusted rates were not found to be statistically significant.

Table D.1 Observed and adjusted HIV prevalence among women and men

Percentage HIV positive among women and men age 15-49 who were tested for HIV, by observed and adjusted prevalence and 95% confidence intervals, Swaziland 2006-07

Sex	Observed HIV prevalence			Adjusted HIV prevalence		
	Prevalence (R)	95% confidence interval R-2SE	R+2SE	Prevalence (R)	95% confidence interval R-2SE	R+2SE
Women	31.1	29.8	32.5	31.0	29.8	32.2
Men	19.7	18.4	21.0	20.3	19.3	21.4
Total	25.9	24.9	26.8	26.0	25.2	26.8

<sup>1</sup> The analysis predicted HIV prevalence among the two non-responder groups based on multivariate models of HIV for those who were tested, using a common set of predictor variables. A logistic regression model is used to calculate predicted HIV prevalence separately for the “not-interviewed, not-tested” and “interviewed, not-tested” groups. Predictions for the “not-interviewed, not-tested” group are based on a limited set of variables from the household questionnaire including age, education, wealth index, residence, and geographic region. Predictions for the “interviewed, not-tested” group additionally account for several individual socio-demographic and behavioral characteristics of the respondents, as collected in the survey including marital union, childbirth in last five years (women only), occupation, media exposure, religion, circumcision (men only), STI or STI symptom in last 12 months, cigarette smoking/tobacco use, age at first sex, number of lifetime sex partners, number of sex partners in last 12 months, non-spousal sex in last 12 months, condom use at last sex in last 12 months, paid for sex (for men), participation in household decision-making (women only), number of times slept away in last 12 months (men only), away for more than one month in last 12 months (men only), number of years living in current place of residence, knowledge of HIV prevention methods (ABC), attitude toward people living with HIV/AIDS, woman’s ability to negotiate for safer sex, medical injection (women only), alcohol use at last sex in last 12 months, and previously tested for HIV. Analysis for total prevalence used variables that commonly available for both women and men.

Minimizing nonresponse is a major challenge to all population-based surveys. The main reasons are refusal and absence. The analysis of nonresponse in Swaziland is consistent with results from other DHS countries with linked HIV data (Kenya, Ghana, Burkina Faso, Tanzania, Uganda, Cameroon, Malawi, Lesotho, Cambodia, India, Rwanda, Côte d'Ivoire, Ethiopia, and Zimbabwe) and indicates that nonresponse does not bias the national HIV estimates from population-based surveys significantly. The overall effect of nonresponse on the observed national HIV prevalence estimates tends to be small.

It is important to recognize that the adjustments only partially address the nonresponse bias. The estimates can only be adjusted to the extent that the sociodemographic and behavioural characteristics included in the analysis are correlated with the risk of HIV infection in Swaziland. Another limitation is that the adjustments for the “not-interviewed, not-tested” respondents are based on somewhat limited information although variables strongly associated with HIV infection such as age, residence, and education are included.

# **PERSONS INVOLVED IN THE 2006-07 SWAZILAND DEMOGRAPHIC AND HEALTH SURVEY**

## *Appendix E*

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Ms Nelisiwe Dlamini, Technical Survey Director  
Mr. Henry Ginindza, Field Coordinator  
Mrs Thoko Nhlabatsi, Publicity and Information Officer  
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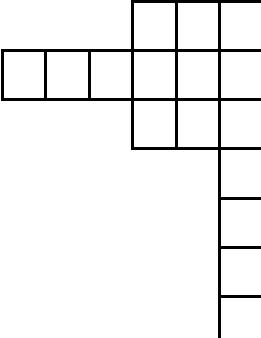
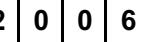
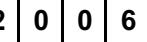
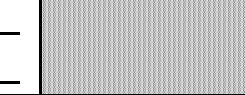
## QUESTIONNAIRES

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## *Appendix F*



**2006 SWAZILAND DEMOGRAPHIC AND HEALTH SURVEY  
HOUSEHOLD QUESTIONNAIRE**

IDENTIFICATION				
PLACE NAME _____				
NAME OF HOUSEHOLD HEAD _____				
DHS CLUSTER NUMBER .....				
PSU CODE .....				
HOUSEHOLD NUMBER .....				
REGION (HHOHHO = 1, MANZINI = 2, SHISELWENI = 3, LUBOMBO = 4) .....				
URBAN/RURAL (URBAN = 1, RURAL = 2) .....				
SELECTED FOR YOUTH SURVEY AND TESTING (YES = 1, NO = 2) .....				
LARGE CITY/SMALL CITY/TOWN/RURAL (LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY  MONTH  YEAR  2 0 0 6 INT. NUMBER  RESULT 
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS 
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY) _____				TOTAL PERSONS IN HOUSEHOLD  TOTAL WOMEN 15-49  TOTAL MEN 15-49  TOTAL AGE 12-14  TOTAL CHILDREN 0-5  TOTAL AGE 50+  LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE 
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR
NAME _____		NAME _____		
DATE _____		DATE _____		

**HOUSEHOLD SCHEDULE**

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY				
				Does (NAME) male or female?	Did (NAME) stay here last night?			How old is (NAME)?	MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL PERSONS AGE 12-14
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.  AFTER LISTING NAMES, RELATIONSHIPS, AND SEX, ASK Qs. 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE, THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-35 FOR EACH MEMBER OF THE HOUSEHOLD.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	MALE = 1 FE-MALE = 2	YES = 1 NO = 2	YES = 1 NO = 2	SEE CODES BELOW.	IN YEARS	01	01	01	01	01
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
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02		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	02	02	02	02	02
03		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	03	03	03	03	03
04		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	04	04	04	04	04
05		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	05	05	05	05	05
06		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	06	06	06	06	06
07		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	07	07	07	07	07
08		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	08	08	08	08	08
09		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	09	09	09	09	09
10		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	10	10	10	10	10

**CODES FOR Q. 3**

RELATIONSHIP TO HEAD OF HOUSEHOLD:

01 = HEAD

02 = WIFE OR HUSBAND/ PARTNER

03 = SON OR DAUGHTER

04 = SON-IN-LAW OR DAUGHTER-IN-LAW

05 = GRANDCHILD

06 = PARENT

07 = PARENT-IN-LAW

**CODES FOR Q. 8**

MARITAL STATUS

1 = MARRIED/LIVING TOGETHER

2 = DIVORCED/SEPARATED

3 = WIDOWED

4 = NEVER MARRIED/NEVER LIVED WITH A PARTNER

LINE NO.	IF AGE 18-59 YEARS	IF AGE 0-17 YEARS										IF AGE 0-17 YEARS			
		SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS										BROTHERS		SISTERS	
	SICK PERSON														
	Has (NAME) been very sick for at least three months during the past 12 months? By very sick I mean that (NAME) was too sick to work or do normal activities around the house for at least three of the past 12 months. YES = 1 NO = 2 DK = 8	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NO. SEE BELOW.	IF MOTHER DOES NOT LIVE IN HOUSEHOLD	Is (NAME)'s natural father alive?	Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NO. SEE BELOW.	IF FATHER DOES NOT LIVE IN HOUSEHOLD	CHECK QS. 15 TO 20	CHECK Q. 15 AND Q. 18	Does (NAME) have any natural brothers under the age of 18? By natural brothers, I mean born to the same mother and same father. YES = 1 NO = 2	Do all of (NAME)'s natural brothers under the age of 18 live in this household? By natural sisters, I mean born to the same mother and same father. YES = 1 NO = 2	Does (NAME) have any natural sisters under the age of 18? By natural sisters, I mean born to the same mother and same father. YES = 1 NO = 2	Do all of (NAME)'s natural sisters under the age of 18 live in this household? YES = 1 NO = 2		
(1)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)		
01	<input type="checkbox"/> Y N DK 1 2 8 ↓ GO TO 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y N DK 1 2 8 ↓ GO TO 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01 1 ↓ GO TO 27	<input type="checkbox"/> Y N DK 1 2 8 ↓ GO TO 25	<input type="checkbox"/>	<input type="checkbox"/> Y N DK 1 2 8 ↓ GO TO 27	<input type="checkbox"/>			
02	<input type="checkbox"/> 1 2 8 ↓ GO TO 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02 1 ↓ GO TO 27	<input type="checkbox"/> 1 2 8 ↓ GO TO 25	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 27	<input type="checkbox"/>			
03	<input type="checkbox"/> 1 2 8 ↓ GO TO 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03 1 ↓ GO TO 27	<input type="checkbox"/> 1 2 8 ↓ GO TO 25	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 27	<input type="checkbox"/>			
04	<input type="checkbox"/> 1 2 8 ↓ GO TO 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04 1 ↓ GO TO 27	<input type="checkbox"/> 1 2 8 ↓ GO TO 25	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 27	<input type="checkbox"/>			
05	<input type="checkbox"/> 1 2 8 ↓ GO TO 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05 1 ↓ GO TO 27	<input type="checkbox"/> 1 2 8 ↓ GO TO 25	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 27	<input type="checkbox"/>			
06	<input type="checkbox"/> 1 2 8 ↓ GO TO 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06 1 ↓ GO TO 27	<input type="checkbox"/> 1 2 8 ↓ GO TO 25	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 27	<input type="checkbox"/>			
07	<input type="checkbox"/> 1 2 8 ↓ GO TO 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07 1 ↓ GO TO 27	<input type="checkbox"/> 1 2 8 ↓ GO TO 25	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 27	<input type="checkbox"/>			
08	<input type="checkbox"/> 1 2 8 ↓ GO TO 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08 1 ↓ GO TO 27	<input type="checkbox"/> 1 2 8 ↓ GO TO 25	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 27	<input type="checkbox"/>			
09	<input type="checkbox"/> 1 2 8 ↓ GO TO 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09 1 ↓ GO TO 27	<input type="checkbox"/> 1 2 8 ↓ GO TO 25	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 27	<input type="checkbox"/>			
10	<input type="checkbox"/> 1 2 8 ↓ GO TO 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 1 ↓ GO TO 27	<input type="checkbox"/> 1 2 8 ↓ GO TO 25	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 27	<input type="checkbox"/>			

**Qs. 16 AND 19**  
 RECORD '00' IF PARENT IS NOT LISTED  
 IN THE HOUSEHOLD SCHEDULE.

LINE NO.	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4	IF AGE 5-17 YEARS		
	HIGHEST EDUCATION LEVEL		RECENT SCHOOL ATTENDANCE					BIRTH REGISTRATION	BASIC MATERIAL NEEDS	
	Has (NAME) ever attended school? SEE CODES BELOW. What is the highest grade (NAME) completed at that level?  SEE CODES BELOW.	What is the highest level of school (NAME) has attended? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2005 - 2006) school year?	During this/that school year, what level and grade [is/was] (NAME) attending?  SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2004 - 2005)?  SEE CODES BELOW.	During that school year, what level and grade did (NAME) attend?  SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?  SEE CODES BELOW.	Does (NAME) have at least one meal per day? YES = 1 NO = 2 DK = 8	Does (NAME) have a pair of shoes? YES = 1 NO = 2 DK = 8	Does (NAME) have at least two sets of clothing? YES = 1 NO = 2 DK = 8
(1)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)
01	YES 1 2 ↓ GO TO 33	NO <input type="text"/> LEVEL <input type="text"/> GRADE <input type="text"/> <input type="text"/>	YES 1 2 ↓ GO TO 31	NO <input type="text"/> LEVEL <input type="text"/> GRADE <input type="text"/> <input type="text"/>	YES 1 2 ↓ GO TO 33	NO <input type="text"/> LEVEL <input type="text"/> GRADE <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 31	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 31	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 31	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 31	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 31	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 31	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 31	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 31	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 31	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 33	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**CODES FOR Qs. 28, 30, AND 32**
**EDUCATION LEVEL:**

- 1 = LOWER PRIMARY      4 = HIGH SCHOOL  
 2 = HIGHER PRIMARY    5 = TERTIARY  
 3 = SECONDARY          8 = DON'T KNOW

**EDUCATION GRADE:**

- 00 = LESS THAN 1 YEAR COMPLETED  
 (FOR Q. 28 ONLY. THIS CODE IS  
 NOT ALLOWED FOR Qs. 30 AND 32)  
 98 = DON'T KNOW

**CODES FOR Q.33**

- 1 = CERTIFICATE  
 2 = REGISTRATION  
 3 = NEITHER  
 8 = DON'T KNOW

LINE NO.	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4 BIRTH REGIS- TRATION	IF AGE 5-17 YEARS		
	HIGHEST EDUCATION LEVEL		RECENT SCHOOL ATTENDANCE					BASIC MATERIAL NEEDS		
	Has (NAME) ever attended school?  SEE CODES BELOW.	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level?	Did (NAME) attend school at any time during the (2005 - 2006) school year?  SEE CODES BELOW.	During this/that school year, what level and grade [is/was] (NAME) attending?  SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2004 - 2005)?  SEE CODES BELOW.	During that school year, what level and grade did (NAME) attend?  SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?  SEE CODES BELOW.	Does (NAME) have at least one meal per day?  YES = 1 NO = 2 DK = 8	Does (NAME) have a pair of shoes?  YES = 1 NO = 2 DK = 8	Does (NAME) have at least two sets of clothing?  YES = 1 NO = 2 DK = 8
(1)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)
11	1 2 ↓ GO TO 33	<input type="checkbox"/> <input type="checkbox"/>	YES NO 1 2 ↓ GO TO 31	<input type="checkbox"/> <input type="checkbox"/>	YES NO 1 2 ↓ GO TO 33	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	1 2 ↓ GO TO 33	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 31	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 33	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	1 2 ↓ GO TO 33	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 31	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 33	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	1 2 ↓ GO TO 33	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 31	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 33	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	1 2 ↓ GO TO 33	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 31	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 33	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	1 2 ↓ GO TO 33	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 31	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 33	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	1 2 ↓ GO TO 33	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 31	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 33	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	1 2 ↓ GO TO 33	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 31	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 33	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	1 2 ↓ GO TO 33	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 31	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 33	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	1 2 ↓ GO TO 33	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 31	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 33	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CODES FOR Qs. 28, 30, AND 32**
**EDUCATION LEVEL:**

- 1 = PRIMARY  
2 = SECONDARY  
3 = HIGH SCHOOL  
4 = TERTIARY  
8 = DON'T KNOW

**EDUCATION GRADE:**

00 = LESS THAN 1 YEAR COMPLETED  
(FOR Q. 28 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 30 AND 32)  
98 = DON'T KNOW

**CODES FOR Q.33**

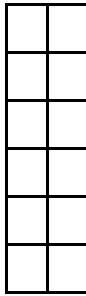
- 1 = CERTIFICATE  
2 = REGISTRATION  
3 = NEITHER  
8 = DON'T KNOW

**HOUSEHOLD CHARACTERISTICS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK ..... 61 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81 BOTTLED WATER ..... 91 OTHER ..... 96 (SPECIFY)	<input type="checkbox"/> → 106  <input type="checkbox"/> → 103  <input type="checkbox"/> → 106  <input type="checkbox"/> → 103  <input type="checkbox"/> → 102  <input type="checkbox"/> → 103
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK ..... 61 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81 OTHER ..... 96 (SPECIFY)	<input type="checkbox"/> → 106  <input type="checkbox"/> → 106  <input type="checkbox"/> → 106  <input type="checkbox"/> → 106  <input type="checkbox"/>
103	Where is that water source located?	IN OWN YARD/PLOT ..... 1 ELSEWHERE ..... 2	→ 106
104	How long does it take to go there, get water, and come back?	MINUTES ..... <input type="text"/> <input type="text"/> ON PREMISES ..... 996 DON'T KNOW ..... 998	→ 106
105	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN ..... 1 ADULT MAN ..... 2 FEMALE CHILD UNDER 15 YEARS OLD ..... 3 MALE CHILD UNDER 15 YEARS OLD ..... 4 OTHER ..... 6 (SPECIFY)	
106	Do you treat your water in any way to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> <input type="checkbox"/> → 108

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	What do you usually do to the water to make it safer to drink?  Anything else?  RECORD ALL MENTIONED.	BOIL ..... A ADD BLEACH/CHLORINE/JIG ..... B STRAIN THROUGH A CLOTH ..... C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) ..... D SOLAR DISINFECTION ..... E LET IT STAND AND SETTLE ..... F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
108	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET ... 11 <b>PIT TOILET/LATRINE</b> ORDINARY PIT TOILET ..... 21 VENTILATED IMPROVED PRIVY ..... 22 NO FACILITY/BUSH/FIELD ..... 31  OTHER _____ 96 (SPECIFY)	→ 111
109	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	→ 111
110	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... 0 <input type="text"/>  10 OR MORE HOUSEHOLDS ... 95 DON'T KNOW ..... 98	
111	Does your household have:  Electricity? A radio? A television? A mobile telephone? A non-mobile telephone? A refrigerator? A stove? A watch or clock?	YES NO ELECTRICITY ..... 1 2 RADIO ..... 1 2 TELEVISION ..... 1 2 MOBILE TELEPHONE ..... 1 2 NON-MOBILE TELEPHONE... 1 2 REFRIGERATOR ..... 1 2 STOVE ..... 1 2 WATCH/CLOCK ..... 1 2	
112	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 CHARCOAL..... 02 WOOD ..... 03 GAS ..... 04 PARAFFIN ..... 05 COAL ..... 06 NO FOOD COOKED IN THE HOUSEHOLD ..... 07  OTHER _____ 96 (SPECIFY)	→ 114 → 116
113	In this household, is food usually cooked on a stove or an open fire?  PROBE FOR TYPE.	OPEN FIRE OR STOVE WITHOUT CHIMNEY/HOOD ..... 1 OPEN FIRE OR STOVE WITH CHIMNEY/HOOD ..... 2 CLOSED STOVE WITH CHIMNEY ... 3  OTHER _____ 6 (SPECIFY)	
114	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE ..... 1 IN A SEPARATE BUILDING ..... 2 OUTDOORS ..... 3  OTHER _____ 6 (SPECIFY)	→ 116
115	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	<b>NATURAL FLOOR</b> EARTH/SAND ..... 11 DUNG ..... 12 <b>RUDIMENTARY FLOOR</b> WOOD PLANKS ..... 21 PALM/BAMBOO ..... 22 <b>FINISHED FLOOR</b> PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35  OTHER ..... 96 (SPECIFY)	
117	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	<b>NATURAL ROOFING</b> GRASS ..... 12 <b>RUDIMENTARY ROOFING</b> RUSTIC MAT ..... 21 PALM/BAMBOO ..... 22 WOOD PLANKS ..... 23 <b>FINISHED ROOFING</b> CORRUGATED IRON ..... 31 ASBESTOS ..... 32 TILES ..... 33 SLATE ..... 34 CONCRETE ..... 35  OTHER ..... 96 (SPECIFY)	
118	MAIN MATERIAL OF THE WALLS.  RECORD OBSERVATION.	<b>NATURAL WALLS</b> GRASS ..... 11 CANE/PALM/TRUNKS ..... 12 MUD ..... 13 <b>RUDIMENTARY WALLS</b> BAMBOO WITH MUD ..... 21 STONE WITH MUD ..... 22 PLYWOOD ..... 24 CARTON ..... 25 REUSED WOOD ..... 26 <b>FINISHED WALLS</b> CEMENT ..... 31 STONE WITH LIME/CEMENT ... 32 BRICKS ..... 33 CEMENT BLOCKS ..... 34 MUD BLOCKS ..... 35 WOOD PLANKS/SHINGLES ... 36  OTHER ..... 96 (SPECIFY)	
119	TYPE OF WINDOWS.  RECORD OBSERVATION.	YES      NO ANY WINDOWS ..... 1    2  WINDOWS WITH GLASS ... 1    2 WINDOWS WITH SCREENS . 1    2 WINDOWS WITH CURTAINS . 1    2 WOODEN WINDOWS ..... 1    2 OTHER ..... 1    2  (SPECIFY)	→ 120
120	How many rooms in this household are usually used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
121	Does any member of this household own:  A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A tractor?	YES      NO  BICYCLE ..... 1    2 MOTORCYCLE/SCOOTER ... 1    2 ANIMAL-DRAWN CART ..... 1    2 CAR/TRUCK ..... 1    2 TRACTOR ..... 1    2	
122	Does any member of this household own any land that can be used for agriculture?	YES ..... 1 NO ..... 2	→ 124
123	How many square metres of agricultural land do members of this household own?  IF MORE THAN 9500, ENTER '9500'. IF UNKNOWN, ENTER '9998'.	SQUARE METRES  MORE THAN 9500 ..... 9500 DON'T KNOW ..... 9998	
124	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 126
125	How many of the following animals does this household own?  Cattle?  Milk cows?  Horses, donkeys, or mules?  Goats?  Sheep?  Chickens?  IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.	CATTLE .....  COWS .....  HORSES/DONKEYS/MULES ..  GOATS .....  SHEEP .....  CHICKENS .....  	
126	Does any member of this household have a bank account?	YES ..... 1 NO ..... 2	
127	Does your household have any mosquito or bed nets that can be used while sleeping?	YES ..... 1 NO ..... 2	→ 138
128	How many bed nets does your household have?  IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS .....	
129	ASK THE RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	NET #1  OBSERVED ... 1 NOT OBSERVED 2  NET #2  OBSERVED ... 1 NOT OBSERVED 2  NET #3  OBSERVED ... 1 NOT OBSERVED 2	
130	OBSERVE OR ASK THE BRAND OF MOSQUITO NET.	'LONG LASTING' NET  WHITE ... 11 BLUE ... 12 GREEN ... 18  'ITN' NET BLUE ... 21 GREEN ... 22  (SKIP TO 135) ←  OTHER ..... 31 NOT SURE ... 98  'LONG LASTING' NET  WHITE ... 11 BLUE ... 12 GREEN ... 18  'ITN' NET BLUE ... 21 GREEN ... 22  (SKIP TO 135) ←  OTHER ..... 31 NOT SURE ... 98	'LONG LASTING' NET  WHITE ... 11 BLUE ... 12 GREEN ... 18  'ITN' NET BLUE ... 21 GREEN ... 22  (SKIP TO 135) ←  OTHER ..... 31 NOT SURE ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP			
131	Did anyone sleep under this mosquito net last night?  NO ..... 2 (SKIP TO 133) ← NOT SURE ... 8	YES	1	YES	1	YES	1
		NO	2	NO	2	NO	2
		(SKIP TO 133)	←	NOT SURE ...	8	NOT SURE ...	8
132	Who slept under this mosquito net last night?  RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.  NAME _____ LINE NO. _____ <input type="checkbox"/> <input type="checkbox"/>  NAME _____ LINE NO. _____ <input type="checkbox"/> <input type="checkbox"/>	NAME		NAME		NAME	
		LINE	NO.	LINE	NO.	LINE	NO.
		NAME		NAME		NAME	
		LINE	NO.	LINE	NO.	LINE	NO.
		NAME		NAME		NAME	
		LINE	NO.	LINE	NO.	LINE	NO.
		NAME		NAME		NAME	
		LINE	NO.	LINE	NO.	LINE	NO.
133	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'. IF 37 MONTHS OR MORE, CIRCLE CODE '96'. IF DON'T KNOW, RECORD '98'.	MOS.	AGO	MOS.	AGO	MOS.	AGO
		AGO		AGO		AGO	
		MORE THAN 3		MORE THAN 3		MORE THAN 3	
		YEARS AGO... 96		YEARS AGO... 96		YEARS AGO... 96	
		DK.....	98	DK.....	98	DK.....	98
134	When you got the net, was it treated with an insecticide to kill or repel mosquitos?	YES	1	YES	1	YES	1
		NO	2	NO	2	NO	2
		NOT SURE ...	8	NOT SURE ...	8	NOT SURE ...	8
135	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitos?	YES	1	YES	1	YES	1
		NO	2	NO	2	NO	2
		(SKIP TO 137)	←	NOT SURE ...	8	(SKIP TO 137)	←
136	How many months ago was the net last soaked or dipped?  IF LESS THAN ONE MONTH, RECORD '00'. IF 25 MONTHS OR MORE, CIRCLE CODE '96'. IF DON'T KNOW/UNSURE, CIRCLE '98'.	MOS.	AGO	MOS.	AGO	MOS.	AGO
		AGO		AGO		AGO	
		MORE THAN 2		MORE THAN 2		MORE THAN 2	
		YEARS AGO... 96		YEARS AGO... 96		YEARS AGO... 96	
		NOT SURE/	DK.....	NOT SURE/	DK.....	NOT SURE/	DK.....
137		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO BACK TO 129 IN FIRST COLUMN OF NEW QUESTION- NAIRE; OR, IF NO MORE NETS, GO TO 138			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
138	<p>During the last 12 months, has anyone sprayed the interior walls of your dwelling against mosquitoes?</p> <p>IF NOT SPRAYED, RECORD '95'</p> <p>IF 'YES', How many months ago was the house sprayed? RECORD '00' IF LESS THAN ONE MONTH.</p>	<p>MONTHS AGO ..... <input type="text"/> <input type="text"/></p> <p>NOT SPRAYED ..... 95</p>	I → 140
139	Who sprayed the house?	<p>GOVERNMENT PROGRAM ..... 1</p> <p>PRIVATE COMPANY ..... 2</p> <p>HOUSEHOLD MEMBER ..... 3</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'T KNOW ..... 8</p>	
140	Would you like to have a (another) mosquito net?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 142
141	What colour of mosquito or bed net would you prefer?	<p>BLUE ..... 1</p> <p>GREEN ..... 2</p> <p>WHITE ..... 3</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DK/NO PREFERENCE ..... 8</p>	
142	<p>ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE.</p> <p>RECORD PPM (PARTS PER MILLION)</p>	<p>0 PPM (NO IODINE) ..... 1</p> <p>LESS THAN 15 PPM ..... 2</p> <p>15 PPM OR HIGHER ..... 3</p> <p>NO SALT IN HH ..... 4</p> <p>SALT NOT TESTED ..... 5</p> <p>_____ (SPECIFY)</p>	

**SUPPORT FOR SICK PEOPLE**

201	CHECK COLUMNS 7 AND 14 IN THE HOUSEHOLD SCHEDULE: NUMBER OF SICK PEOPLE AGE 18-59 .....		<input type="checkbox"/> <input type="checkbox"/>	
	AT LEAST ONE	NONE	<input type="checkbox"/>	301
202	ENTER IN THE TABLE THE LINE NUMBER AND NAME OF EACH SICK PERSON AGE 18-59, BEGINNING WITH THE FIRST SICK PERSON LISTED IN THE HOUSEHOLD SCHEDULE. ASK THE QUESTIONS ABOUT ALL OF THESE PEOPLE. IF THERE ARE MORE THAN 3 SICK PEOPLE, USE ADDITIONAL QUESTIONNAIRE(S).			
203	NAME AND LINE NUMBER FROM COLUMNS 1 AND 2 OF THE HOUSEHOLD SCHEDULE	1ST SICK PERSON NAME _____ LINE NUMBER <input type="checkbox"/> <input type="checkbox"/>	2ND SICK PERSON NAME _____ LINE NUMBER <input type="checkbox"/> <input type="checkbox"/>	3RD SICK PERSON NAME _____ LINE NUMBER <input type="checkbox"/> <input type="checkbox"/>
204	<p>You told me that in your household, (NAME OF EACH SICK PERSON IN 203) has(ve) been very sick for at least three of the past 12 months.</p> <p>I would like to ask you about any formal, organized help or support that your household may have received for [that/each of those] person(s) for which you did not have to pay.</p> <p>By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.</p>			
205	Now I would like to ask you about the support you received for (NAME).  In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 207) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 207) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 207) ← DK ..... 8
206	Did your household receive any medical support at least once a month while (NAME) was sick?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
207	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 209) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 209) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 209) ← DK ..... 8
208	Did your household receive any emotional or psychological support in the past 30 days?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
209	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 211) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 211) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 211) ← DK ..... 8
210	Did your household receive any material support in the past 30 days?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
211	In the last 12 months, has your household received any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 213) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 213) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 213) ← DK ..... 8
212	Did your household receive any social support in the past 30 days?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8

NO.	FILTERS	1ST SICK PERSON NAME _____	2ND SICK PERSON NAME _____	3RD SICK PERSON NAME _____
213	In the last 30 days, has (NAME) had severe pain, mild pain, or no pain at all?	SEVERE ..... 1 MILD ..... 2 NOT AT ALL... 3 (SKIP TO 215) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL... 3 (SKIP TO 215) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL... 3 (SKIP TO 215) ←
214	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL... 3	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL... 3	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL... 3
215	In the last 30 days, did (NAME) suffer from nausea, coughing, diarrhea, or constipation?  IF YES: Did (NAME) suffer severely or mildly?	SEVERE ..... 1 MILD ..... 2 NOT AT ALL... 3 (SKIP TO 217) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL... 3 (SKIP TO 217) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL... 3 (SKIP TO 217) ←
216	Was (NAME) able to reduce or stop the (nausea/coughing/diarrhea/constipation) most of the time, some of the time or not at all?	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL... 3	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL... 3	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL... 3
217		GO BACK TO 205 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE SICK PEOPLE, GO TO 301.		

**SUPPORT FOR PERSONS WHO HAVE DIED**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Now I would like to ask you a few more questions about your household Think back over the past 12 months. Has any usual member of your household died in the last 12 months?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	<input type="checkbox"/> 401
302	How many household members died in the last 12 months?	NO. OF PERSONS .....	
303	ASK 304-322 FOR ONE PERSON AT A TIME. IF MORE THAN 3 PEOPLE HAVE DIED, USE ADDITIONAL QUESTIONNAIRE(S).		
304	What was the name of the person who died (most recently/before him/her)?	NAME 1ST DEATH	NAME 2ND DEATH
305	Was (NAME) male or female?	MALE ..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE ..... 2
306	How old was (NAME) when (he/she) died?	AGE IN YEARS <input type="checkbox"/>	AGE IN YEARS <input type="checkbox"/>
307	Was (NAME) very sick for at least three of the 12 months before (he/she) died? By very sick, I mean that (NAME) was too sick to work or do normal activities around the house for at least three months.	YES ..... 1 NO ..... 2 (SKIP TO 322)	YES ..... 1 NO ..... 2 (SKIP TO 322)
308	CHECK 306:  AGE OF PERSON AT DEATH	<18/60+ <input type="checkbox"/> (SKIP TO 322)  18-59 <input type="checkbox"/> 	<18/60+ <input type="checkbox"/> (SKIP TO 322)  18-59 <input type="checkbox"/> 
309	I would like to ask you about any formal, organized help or support that your household may have received fo [NAME] before (he/she) died, for which you did not have to pay. By formal, organized support I mean help provided b someone working for a program. This program could be government, private, religious, charity, or community based		
310	In the last 12 months, did your household receive any medical supplies for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 312) DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 312) DK ..... 8
311	Did your household receive any medical support at least once a month while (NAME) was sick?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
312	In the last 12 months, did your household receive any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 314) DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 314) DK ..... 8
313	Did your household receive any emotional or psychological support in the last 30 days before (NAME's) death?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
314	In the last 12 months, did your household receive any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 316) DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 316) DK ..... 8
315	Did your household receive any material support in the lasl 30 days before (NAME)'s death?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8

		NAME 1ST DEATH	NAME 2ND DEATH	NAME 3RD DEATH
316	In the last 12 months, did your household receive any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DK ..... 8
317	Did your household receive any social support in the last 30 days before (NAME)'s death?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
318	In the 30 days before (NAME) died, did he/she have severe pain, mild pain, or no pain at all?	SEVERE ..... 1 MILD ..... 2 NOT AT ALL .. 3 (SKIP TO 320) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL .. 3 (SKIP TO 320) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL .. 3 (SKIP TO 320) ←
319	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL... 3	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL... 3	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL... 3
320	In the 30 days before (NAME) died, did he/she suffer from nausea, coughing, diarrhea, or constipation?  IF YES: Did (NAME) suffer severely or mildly?	SEVERE ..... 1 MILD ..... 2 NOT AT ALL .. 3 (SKIP TO 322) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL .. 3 (SKIP TO 322) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL .. 3 (SKIP TO 322) ←
321	Was (NAME) able to reduce or stop the (nausea/coughing/diarrhea/constipation) most of the time, some of the time or not at all?	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL... 3	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL... 3	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL... 3
322		GO BACK TO 304 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE PEOPLE HAVE DIED, GO TO 401.		

**SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN**

NO.	FILTERS	SKIP
401	CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: ANY CHILD AGE 0-17?  AT LEAST ONE CHILD AGE 0-17 <input type="checkbox"/> NO CHILD AGE 0-17 <input type="checkbox"/>	END INTERVIEW
402	CHECK COLUMN 14 IN THE HOUSEHOLD SCHEDULE: ANY ADULT AGE 18-59 WHO IS SICK?  NO SICK ADULT AGE 18-59 <input type="checkbox"/> AT LEAST ONE SICK ADULT AGE 18-59 <input type="checkbox"/> GO TO 405 AND LIST ALL CHILDREN AGE 0-17 IN THE HOUSEHOLD	
403	CHECK 306 IN THE PREVIOUS SECTION: ANY ADULT AGE 18-59 WHO DIED IN PAST 12 MONTHS?  NO ADULT AGE 18-59 IN 306 <input type="checkbox"/> AT LEAST ONE ADULT AGE 18-59 IN 306 <input type="checkbox"/> GO TO 405 AND LIST ALL CHILDREN AGE 0-17 IN THE HOUSEHOLD	
404	CHECK COLUMN 21 IN THE HOUSEHOLD SCHEDULE: ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR WHOSE MOTHER AND/OR FATHER IS NOT LIVING IN THE HOUSEHOLD AND/OR IS SICK?  AT LEAST ONE CHILD WHOSE MOTHER AND/OR FATHER HAS DIED AND/OR IS SICK <input type="checkbox"/> NO CHILD WHOSE MOTHER AND OR FATHER HAS DIED AND/OR IS SICK AND NOT IN HOUSEHOLD <input type="checkbox"/> GO TO 405 AND LIST ALL CHILDREN WHOSE LINE NUMBERS ARE RECORDED IN 21	END INTERVIEW

405	RECORD NAMES, LINE NUMBERS AND AGES OF CHILDREN AGE 0-17 AS APPROPRIATE, BEGINNING WITH THE FIRST CHILD AND CONTINUING IN THE ORDER IN WHICH THEY ARE LISTED IN THE HOUSEHOLD SCHEDULE OR IN 21, AS APPROPRIATE. IF THERE ARE MORE THAN 8 CHILDREN TO BE LISTED, USE ADDITIONAL QUESTIONNAIRE(S).				
406	NAME LINE NUMBER AGE	1ST CHILD NAME _____ LINE NUMBER AGE	2ND CHILD NAME _____ LINE NUMBER AGE	3RD CHILD NAME _____ LINE NUMBER AGE	4TH CHILD NAME _____ LINE NUMBER AGE
407	I would like to ask you about any formal, organized help or support that your household may have received for (NAME OF EACH CHILD IN 406) and for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based				
408	Now I would like to ask you about the support your household received for (NAME).  In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8			
409	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8
410	Did your household receive any emotional or psychological support in the past three months?	YES ..... 1 NO ..... 2 DK ..... 8			
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8
412	Did your household receive any material support in the past three months?	YES ..... 1 NO ..... 2 DK ..... 8			
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8
414	Did your household receive any social support in the past three months?	YES ..... 1 NO ..... 2 DK ..... 8			
415	CHECK 406: AGE OF CHILD	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8			
417	GO BACK TO 406 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); OR, IF NO MORE CHILDREN, END INTERVIEW.				

501	<p>CHECK COVER:</p> <p>HOUSEHOLD NOT SELECTED FOR YOUTH RECORD LINE NUMBER, AGE, AND NAME OF ALL CHILDREN AGE 0-5 (SEE COLUMNS 2, 7 AND 12)</p> <p>IF THERE ARE MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>A FINAL OUTCOME OF THE ANAEMIA TEST PROCEDURE MUST BE RECORDED IN 513 AND FOR THE HIV TEST PROCEDURE IN 518 FOR EACH ELIGIBLE CHILD, EVEN IF THE CHILD WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.</p>			
	CHILD 1	CHILD 2	CHILD 3	
502	<p>LINE NUMBER (COLUMN 1 AND 12) NAME (COLUMN 2) AGE (COLUMN 7)</p>	<p>LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/></p>	<p>LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/></p>	
503	<p>What is (NAME'S) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR.</p>	<p>DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
504	<p>CHECK 502 AND 503: CHILD AGE 0-5 OR BORN IN JANUARY 2001 OR LATER?</p>	<p>YES ..... 1 NO ..... 2  (GO TO 509) ←</p>	<p>YES ..... 1 NO ..... 2  (GO TO 509) ←</p>	
505	WEIGHT IN KILOGRAMS	KG. ..... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ..... <input type="text"/> <input type="text"/> . <input type="text"/>	
506	HEIGHT IN CENTIMETRES	CM. ..... <input type="text"/> <input type="text"/> . <input type="text"/>	CM. ..... <input type="text"/> <input type="text"/> . <input type="text"/>	
507	MEASURED LYING DOWN OR STANDING UP?	<p>LYING DOWN ..... 1 STANDING UP ..... 2</p>	<p>LYING DOWN ..... 1 STANDING UP ..... 2</p>	
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	<p>MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6</p>	<p>MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6</p>	
509	AGE: CHECK 503 IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	<p>0-5 MONTHS ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)</p> <p>OLDER ..... 2</p>	<p>0-5 MONTHS ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)</p> <p>OLDER ..... 2</p>	<p>0-5 MONTHS ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)</p> <p>OLDER ..... 2</p>
509A	CHECK COVER AND AGE:	<p>HOUSEHOLD SELECTED FOR YOUTH ..... 1 HOUSEHOLD NOT SELECTED FOR YOUTH 0-5 YEARS ..... 2 6-11 YEARS ..... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523)</p>	<p>HOUSEHOLD SELECTED FOR YOUTH ..... 1 HOUSEHOLD NOT SELECTED FOR YOUTH 0-5 YEARS ..... 2 6-11 YEARS ..... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523)</p>	<p>HOUSEHOLD SELECTED FOR YOUTH ..... 1 HOUSEHOLD NOT SELECTED FOR YOUTH 0-5 YEARS ..... 2 6-11 YEARS ..... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523)</p>
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>
511	READ ANAEMIA TEST CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	<p>GRANTED ..... 1  (SIGN) ←</p> <p>REFUSED ..... 2 (IF REFUSED, CIRCLE '3' IN 513)</p>	<p>GRANTED ..... 1  (SIGN) ←</p> <p>REFUSED ..... 2 (IF REFUSED, CIRCLE '3' IN 513)</p>	<p>GRANTED ..... 1  (SIGN) ←</p> <p>REFUSED ..... 2 (IF REFUSED, CIRCLE '3' IN 513)</p>

**CONSENT STATEMENT FOR ANAEMIA FOR CHILDREN**

As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia.

We request that all children age 6 months to 17 years participate in the anaemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anaemia immediately, and the result told to you right away. The result will be kept confidential.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Will you allow (NAME(S) OF CHILD(REN)) to participate in the anaemia test?

502	LINE NUMBER (COLUMNS 1 AND 12) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>
512	RECORD HAEMO-GLOBIN LEVEL HERE AND IN ANAEMIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>
513	RECORD RESULT CODE OF HAEMO-GLOBIN MEASURE-MENT.	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
514	CHECK COVER AND AGE OR MONTH AND YEAR OF BIRTH:	<b>HOUSEHOLD SELECTED FOR YOUTH</b> 0-1 YEAR OR BORN IN JULY 2004 OR LATER ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523)  <b>HOUSEHOLD NOT SELECTED FOR YOUTH</b> ..... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523)	<b>HOUSEHOLD SELECTED FOR YOUTH</b> 0-1 YEAR OR BORN IN JULY 2004 OR LATER ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523)  <b>HOUSEHOLD NOT SELECTED FOR YOUTH</b> ..... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523)	<b>HOUSEHOLD SELECTED FOR YOUTH</b> 0-1 YEAR OR BORN IN JULY 2004 OR LATER ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523)  <b>HOUSEHOLD NOT SELECTED FOR YOUTH</b> ..... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523)
516	READ HIV TEST CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED ..... 1  (SIGN) ←  REFUSED ..... 2 (IF REFUSED, CIRCLE '3' IN 518)	GRANTED ..... 1  (SIGN) ←  REFUSED ..... 2 (IF REFUSED, CIRCLE '3' IN 518)	GRANTED ..... 1  (SIGN) ←  REFUSED ..... 2 (IF REFUSED, CIRCLE '3' IN 518)

**CONSENT STATEMENT FOR HIV TEST**

As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Swaziland

For the HIV test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test

No names will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either

If you want to know whether your child have HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV. I will also give you a voucher for free services for your child (REN) that you can use at any of these facilities.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.  
Will you (allow NAME OF CHILD(REN)) to take the HIV test?

517	BAR CODE LABEL	PUT THE FIRST BAR CODE LABEL HERE.   PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE FIRST BAR CODE LABEL HERE.   PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE FIRST BAR CODE LABEL HERE.   PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
518	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6

519	A FINAL OUTCOME OF THE ANAEMIA TEST PROCEDURE MUST BE RECORDED IN 513 AND FOR THE HIV TEST PROCEDURE IN 518 FOR EACH ELIGIBLE CHILD EVEN IF THE CHILD WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
502	LINE NUMBER (COLUMNS 1 AND 12) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>
520	READ CONSENT STATEMENT FOR ADDITIONAL TEST ASK CONSENT FROM PARENT/OTHER ADULT RESPONSIBLE CHILD. CIRCLE CODE AND SIGN.	GRANTED ..... 1 <hr style="width: 100px; margin-left: 0; border: 0.5px solid black;"/> (SIGN)  REFUSED ..... 2	GRANTED ..... 1 <hr style="width: 100px; margin-left: 0; border: 0.5px solid black;"/> (SIGN)  REFUSED ..... 2	GRANTED ..... 1 <hr style="width: 100px; margin-left: 0; border: 0.5px solid black;"/> (SIGN)  REFUSED ..... 2
521	ADDITIONAL TESTS	CHECK 520: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 520: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 520: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
522		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 523.		

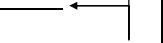
**CONSENT STATEMENT FOR STORAGE OF SAMPLE**

We ask you to allow the Central Statistical Office to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.

The blood sample will not have any name or other data attached that could identify (NAME OF CHILD(REN)). You do not have to agree. Will you allow us to keep the blood sample stored for later testing or research?

		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER (COLUMNS 1 AND 12) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>
503	What is (NAME'S) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR.	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
504	CHECK 502 AND 503: CHILD AGE 0-5 OR BORN IN JANUARY 2001 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 509) ←	YES ..... 1 NO ..... 2 (GO TO 509) ←	YES ..... 1 NO ..... 2 (GO TO 509) ←
505	WEIGHT IN KILOGRAMS	KG. ..... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ..... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ..... <input type="text"/> <input type="text"/> . <input type="text"/>
506	HEIGHT IN CENTIMETRES	CM. ..... <input type="text"/> <input type="text"/> . <input type="text"/>	CM. ..... <input type="text"/> <input type="text"/> . <input type="text"/>	CM. ..... <input type="text"/> <input type="text"/> . <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
509	AGE: CHECK 503 IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ← OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ← OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ← OLDER ..... 2
509A	CHECK COVER AND AGE:	HOUSEHOLD SELECTED FOR YOUTH ..... 1 HOUSEHOLD NOT SELECTED FOR YOUTH 0-5 YEARS ..... 2 6-11 YEARS ..... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523) ←	HOUSEHOLD SELECTED FOR YOUTH ..... 1 HOUSEHOLD NOT SELECTED FOR YOUTH 0-5 YEARS ..... 2 6-11 YEARS ..... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523) ←	HOUSEHOLD SELECTED FOR YOUTH ..... 1 HOUSEHOLD NOT SELECTED FOR YOUTH 0-5 YEARS ..... 2 6-11 YEARS ..... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523) ←
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ..... <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ..... <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ..... <input type="text"/> <input type="text"/>
511	READ ANAEMIA TEST CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED ..... 1  (SIGN) ← REFUSED ..... 2 (IF REFUSED, CIRCLE '3' IN 513)	GRANTED ..... 1  (SIGN) ← REFUSED ..... 2 (IF REFUSED, CIRCLE '3' IN 513)	GRANTED ..... 1  (SIGN) ← REFUSED ..... 2 (IF REFUSED, CIRCLE '3' IN 513)

		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER (COLUMNS 1 AND 12) NAME (COLUMN 2)	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
<b>CONSENT STATEMENT FOR ANAEMIA</b>				
<p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia.</p> <p>We request that all children age 6 months to 17 years participate in the anaemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anaemia immediately, and the result told to you right away. The result will be kept confidential.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME(S) OF CHILD(REN)) to participate in the anaemia test?</p>				
512	RECORD HAEMO-GLOBIN LEVEL HERE AND IN ANAEMIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>
513	RECORD RESULT CODE OF HAEMO-GLOBIN MEASUREMENT.	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
514	CHECK COVER AND AGE OR MONTH AND YEAR OF BIRTH:	<b>HOUSEHOLD SELECTED FOR YOUTH</b> 0-1 YEAR OR BORN IN JULY 2004 OR LATER ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523) 2-11 YEARS OR BORN BEFORE JULY 2004 ..... 2 <b>HOUSEHOLD NOT SELECTED FOR YOUTH</b> ..... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523)	<b>HOUSEHOLD SELECTED FOR YOUTH</b> 0-1 YEAR OR BORN IN JULY 2004 OR LATER ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523) 2-11 YEARS OR BORN BEFORE JULY 2004 ..... 2 <b>HOUSEHOLD NOT SELECTED FOR YOUTH</b> ..... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523)	<b>HOUSEHOLD SELECTED FOR YOUTH</b> 0-1 YEAR OR BORN IN JULY 2004 OR LATER ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523) 2-11 YEARS OR BORN BEFORE JULY 2004 ..... 2 <b>HOUSEHOLD NOT SELECTED FOR YOUTH</b> ..... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523)
516	READ HIV TEST CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED ..... 1 (SIGN) <input type="text"/> REFUSED ..... 2 (IF REFUSED, CIRCLE '3' IN 518)	GRANTED ..... 1 (SIGN) <input type="text"/> REFUSED ..... 2 (IF REFUSED, CIRCLE '3' IN 518)	GRANTED ..... 1 (SIGN) <input type="text"/> REFUSED ..... 2 (IF REFUSED, CIRCLE '3' IN 518)
<b>CONSENT STATEMENT FOR HIV TEST</b>				
<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Swaziland.</p> <p>For the HIV test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>No names will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either.</p> <p>If you want to know whether your child have HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV. I will also give you a voucher for free services for your child (REN) that you can use at any of these facilities.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you (allow NAME OF CHILD(REN)) to take the HIV test?</p>				
517	BAR CODE LABEL	PUT THE FIRST BAR CODE LABEL HERE.  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE FIRST BAR CODE LABEL HERE.  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE FIRST BAR CODE LABEL HERE.  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
518	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6

		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER (COLUMNS 1 AND 12)  NAME (COLUMN 2)	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
519	A FINAL OUTCOME OF THE HEIGHT AND WEIGHT MUST BE RECORDED IN 508, ANAEMIA TEST PROCEDURE MUST BE RECORDED IN 513 AND FOR THE HIV TEST PROCEDUREIN 518 FOR EACH ELIGIBLE CHILD EVEN IF THE CHILD WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
520	READ CONSENT STATEMENT FOR ADDITIONAL TEST ASK CONSENT FROM PARENT/OTHER ADULT RESPONSIBLE CHILD. CIRCLE CODE AND SIGN.	GRANTED ..... 1  <hr style="width: 100px; margin-left: 0; border: 0.5px solid black; border-top: none; border-bottom: none; border-left: none; border-right: none;"/> (SIGN)   REFUSED ..... 2	GRANTED ..... 1  PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  RESPONDENT REFUSED ..... 3	GRANTED ..... 1  PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  RESPONDENT REFUSED ..... 3
521	ADDITIONAL TESTS	CHECK 520: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 520: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 520: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
522		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 523.		
<b>CONSENT STATEMENT FOR STORAGE OF SAMPLE</b>				
<p>We ask you to allow the Central Statistical Office to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF CHILD(REN)). You do not have to agree.</p> <p>Will you allow us to keep the blood sample stored for later testing or research?</p>				

WEIGHT, HEIGHT, HAEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 12 AND OLDER

523	CHECK COVER: HOUSEHOLD NOT SELECTED FOR YOUTH RECORD LINE NUMBER, AGE, AND NAME OF ALL WOMEN AGE 15-49 (SEE COLUMNS 9, 7 AND 2)		↙	HOUSEHOLD SELECTED FOR YOUTH RECORD LINE NUMBER, AGE, AND NAME OF ALL WOMEN AGE 12 AND OLDER (SEE COLUMNS 9, 11, 13, 7 AND 2)		↘	
	IF THERE ARE MORE THAN SIX WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME FOR THE HEIGHT AND WEIGHT MUST BE RECORDED IN 527, THE ANAEMIA TEST PROCEDURE MUST BE RECORDED IN 536, AND THE HIV TEST PROCEDURE IN 538 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.						
		WOMAN 1		WOMAN 2		WOMAN 3	
524	LINE NUMBER (COLUMNS 9 AND 11) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER .....	<input type="text"/> <input type="text"/>	LINE NUMBER .....	<input type="text"/> <input type="text"/>	LINE NUMBER .....	<input type="text"/> <input type="text"/>
		NAME .....	<input type="text"/>	NAME .....	<input type="text"/>	NAME .....	<input type="text"/>
		AGE IN YEARS .....	<input type="text"/> <input type="text"/>	AGE IN YEARS .....	<input type="text"/> <input type="text"/>	AGE IN YEARS .....	<input type="text"/> <input type="text"/>
525	WEIGHT IN KILOGRAMS	KG. ....	<input type="text"/> <input type="text"/> . <input type="text"/>	KG. ....	<input type="text"/> <input type="text"/> . <input type="text"/>	KG. ....	<input type="text"/> <input type="text"/> . <input type="text"/>
526	HEIGHT IN CENTIMETRES	CM. ....	<input type="text"/> <input type="text"/> . <input type="text"/>	CM. ....	<input type="text"/> <input type="text"/> . <input type="text"/>	CM. ....	<input type="text"/> <input type="text"/> . <input type="text"/>
527	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED .....	1	MEASURED .....	1	MEASURED .....	1
		NOT PRESENT .....	2	NOT PRESENT .....	2	NOT PRESENT .....	2
		REFUSED .....	3	REFUSED .....	3	REFUSED .....	3
		OTHER .....	6	OTHER .....	6	OTHER .....	6
528	CHECK 524: AGE	12-14 YEARS .....	1 → 530	12-14 YEARS .....	1 → 530	12-14 YEARS .....	1 → 530
		15-17 YEARS .....	2	15-17 YEARS .....	2	15-17 YEARS .....	2
		18 + YEARS .....	3 → 531	18 + YEARS .....	3 → 531	18 + YEARS .....	3 → 531
529	CHECK COLUMN 8: MARITAL STATUS	CODE 4 (NEVER IN UNION) .....	1	CODE 4 (NEVER IN UNION) .....	1	CODE 4 (NEVER IN UNION) .....	1
		OTHER .....	2	OTHER .....	2	OTHER .....	2
		(GO TO 531) ←		(GO TO 531) ←		(GO TO 531) ←	
530	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPON- SIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT .....	<input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT .....	<input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT .....	<input type="text"/> <input type="text"/>
531	READ ANAEMIA TEST CONSENT STATEMENT. FOR GIRLS AGE 12-14 AND NEVER-IN- UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 530 BEFORE ASKING RESPON- DENT'S CONSENT.	GRANTED .....	1	GRANTED .....	1	GRANTED .....	1
		PARENT/OTHER RESPONSIBLE ADULT REFUSED .....	2	PARENT/OTHER RESPONSIBLE ADULT REFUSED .....	2	PARENT/OTHER RESPONSIBLE ADULT REFUSED .....	2
		RESPONDENT REFUSED .....	3	RESPONDENT REFUSED .....	3	RESPONDENT REFUSED .....	3
		_____ (SIGN)		_____ (SIGN)		_____ (SIGN)	
		(IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536)		(IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536)		(IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536)	
<b>CONSENT STATEMENT FOR ANAEMIA TEST FROM WOMEN AGE 15 AND OLDER</b>							
READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 531 IF RESPONDENT CONSENTS TO THE ANAEMIA TEST AND CODE '3' IF SHE REFUSES.							
FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 530) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 531 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.							
As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia.							
We request that you participate in the anaemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.							
The blood will be tested for anaemia immediately, and the result told to you right away. The result will be kept confidential.							
Do you have any questions?							
You can say yes to the test, or you can say no. It is up to you to decide.							
Will you (allow NAME OF ADOLESCENT to) take the anaemia test?							

**CONSENT STATEMENT FOR ANAEMIA TEST FROM GIRLS AGE 12-14**

We are asking children like you to take a blood test. The test is for a problem in the blood that can happen when a person does not eat well or has been sick. This will help the government to plan programs to prevent and treat this problem in children.

We would like you to take the test. You will have to give a few drops of blood from a finger. The needle we use is clean and safe. It has not been used before and we will throw it away after we use it with you.

We will do the blood test right away and tell you the results. No one will be told the results.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Do you want to be tested for this blood problem?

		WOMAN 1	WOMAN 2	WOMAN 3
524	LINE NUMBER (COLUMN 9)  NAME (COLUMN 2)  AGE (COLUMN 7)	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME _____  AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME _____  AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME _____  AGE IN YEARS ..... <input type="text"/> <input type="text"/>
532	CHECK 524: AGE	12-14 YEARS ..... 1 → 534 15 + YEARS ..... 2	12-14 YEARS ..... 1 → 534 15-17 YEARS ..... 2	12-14 YEARS ..... 1 → 534 15-17 YEARS ..... 2
533	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
534	READ THE HIV TEST CONSENT STATEMENT. FOR GIRLS AGE 12-14 AND NEVER-IN UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 530 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 538)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 538)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 538)
535	RECORD HAEMOGLOBIN LEVEL HERE AND IN ANAEMIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>
536	RECORD RESULT CODE OF HAEMOGLOBIN MEASUREMENT.	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6

**CONSENT STATEMENT FOR HIV TEST FROM WOMEN AGE 15 AND OLDER**

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 534 IF RESPONDENT CONSENTS TO THE HIV TEST AND CODE '3' IF SHE REFUSES.

FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 530) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 534 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Swaziland

For the HIV test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test

No names will be attached to the blood sample which will keep the results completely anonymous. For this reason, we will not be able to know (your/NAMI OF ADOLESCENT) test results, and so we will not be able to tell you the test results either.

If you want to know whether you (your child) have HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV. I will also give you a voucher that you can use at any of these facilities.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Will you (allow NAME OF ADOLESCENT to) take the HIV test?

**CONSENT STATEMENT FOR HIV TEST FROM GIRLS AGE 12-14**

We are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. We are doing the HIV test to see how big the AIDS problem is in Swaziland

We would like you to take the test. You will have to give a few drops of blood from a finger. The needle we use is clean and completely safe. It has not been used before and we will throw it away after we use it with you

We will not write your name on the blood sample. No one will know that it is your blood. We will not be able to give you the test results

If you want to know if you have HIV, I can provide you the names of places that can help you.

I will also give you a note for free testing that you can use at any of these places.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Do you want to be tested for HIV?

		WOMAN 1	WOMAN 2	WOMAN 3
524	LINE NUMBER (COLUMN 9) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>
537	BAR CODE LABEL	PUT THE FIRST BAR CODE LABEL HERE.  PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	PUT THE FIRST BAR CODE LABEL HERE.  PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	PUT THE FIRST BAR CODE LABEL HERE.  PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.
538	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
539	A FINAL OUTCOME FOR THE ANAEMIA TEST PROCEDURE MUST BE RECORDED IN 536 AND FOR THE HIV TEST PROCEDURE IN 538 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
540	CHECK 538: OUTCOME OF HIV TEST	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT WOMAN	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT WOMAN	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT WOMAN
541	READ THE CONSENT STATEMENT FOR ADDITIONAL TESTS. FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 530 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED ..... 1- PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2- RESPONDENT REFUSED ..... 3-  _____ (SIGN)	GRANTED ..... 1- PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2- RESPONDENT REFUSED ..... 3-  _____ (SIGN)	GRANTED ..... 1- PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2- RESPONDENT REFUSED ..... 3-  _____ (SIGN)
542	ADDITIONAL TESTS	CHECK 541: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 541: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 541: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
<b>CONSENT STATEMENT FOR STORAGE OF SAMPLE FROM WOMEN AGE 15 AND OLDER</b> READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 541 IF RESPONDENT CONSENTS TO THE ADDITIONAL TESTS AND CODE '3' IF SHE REFUSES. FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 530) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 541 IF THE PARENT (OTHER ADULT) REFUSES. CIRCLE CODE '1' IN 539 IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT. We ask you to allow the Central Statistical Office to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done The blood sample will not have any name or other data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree. Will you allow us to keep the blood sample stored for later testing or research?				
<b>CONSENT STATEMENT FOR STORAGE OF SAMPLE FROM GIRLS AGE 12-14</b> We ask you to allow the Central Statistical Office to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done The blood sample will not have any name or other data attached that could identify you. You do not have to agree. Will you allow us to keep the blood sample stored for later testing or research?				

WEIGHT, HEIGHT, HAEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 12 AND OLDER

		WOMAN 4	WOMAN 5	WOMAN 6
524	LINE NUMBER (COLUMNS 9 AND 11) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>
525	WEIGHT IN KILOGRAMS	KG. .... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> . <input type="text"/>
526	HEIGHT IN CENTIMETRES	CM. .... <input type="text"/> <input type="text"/> . <input type="text"/>	CM. .... <input type="text"/> <input type="text"/> . <input type="text"/>	CM. .... <input type="text"/> <input type="text"/> . <input type="text"/>
527	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
528	CHECK 524: AGE	12-14 YEARS ..... 1 → 530 15-17 YEARS ..... 2 18 + YEARS ..... 3 → 531	12-14 YEARS ..... 1 → 530 15-17 YEARS ..... 2 18 + YEARS ..... 3 → 531	12-14 YEARS ..... 1 → 530 15-17 YEARS ..... 2 18 + YEARS ..... 3 → 531
529	CHECK COLUMN 8: MARITAL STATUS	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 531) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 531) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 531) ←
530	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPON- SIBLE FOR ADOLESCENT. RECORD '0' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT .. <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT .. <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT .. <input type="text"/> <input type="text"/>
531	READ ANAEMIA TEST CONSENT STATEMENT. FOR GIRLS AGE 12-14 AND NEVER-IN- UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 530 BEFORE ASKING RESPON- DENT'S CONSENT.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536)
<b>CONSENT STATEMENT FOR ANAEMIA TEST FROM WOMEN AGE 15 AND OLDER</b> READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 531 IF RESPONDENT CONSENTS TO THE ANAEMIA TEST AND CODE '3' IF SHE REFUSES. FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 530) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 531 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT. As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia. We request that you participate in the anaemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anaemia immediately, and the result told to you right away. The result will be kept confidential. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you (allow NAME OF ADOLESCENT to) take the anaemia test?				

**CONSENT STATEMENT FOR ANAEMIA TEST FROM GIRLS AGE 12-14**

We are asking children like you to take a blood test. The test is for a problem in the blood that can happen when a person does not eat well or has been sick. This will help the government to plan programs to prevent and treat this problem in children.

We would like you to take the test. You will have to give a few drops of blood from a finger. The needle we use is clean and safe. It has not been used before and we will throw it away after we use it with you.

We will do the blood test right away and tell you the results. No one will be told the results.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Do you want to be tested for this blood problem?

		WOMAN 4	WOMAN 5	WOMAN 6
524	LINE NUMBER (COLUMN 9) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>
532	CHECK 524: AGE	12-14 YEARS ..... 1 → 534 15 + YEARS ..... 2	12-14 YEARS ..... 1 → 534 15-17 YEARS ..... 2	12-14 YEARS ..... 1 → 534 15-17 YEARS ..... 2
533	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
534	READ THE HIV TEST CONSENT STATEMENT FOR GIRLS AGE 12-14 AND NEVER-IN UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 530 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  <hr style="width: 100px; margin-left: auto; margin-right: 0;"/> (SIGN)  (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 538)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  <hr style="width: 100px; margin-left: auto; margin-right: 0;"/> (SIGN)  (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 538)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  <hr style="width: 100px; margin-left: auto; margin-right: 0;"/> (SIGN)  (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 538)
535	RECORD HAEMOGLOBIN LEVEL HERE AND IN ANAEMIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>
536	RECORD RESULT CODE OF HAEMOGLOBIN MEASUREMENT.	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6

**CONSENT STATEMENT FOR HIV TEST FROM WOMEN AGE 15 AND OLDER**

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 534 IF RESPONDENT CONSENTS TO THE HIV TEST AND CODE '3' IF SHE REFUSES.

FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 530) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 534 PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Swaziland.

For the HIV test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

No names will be attached to the blood sample which will keep the results completely anonymous. For this reason, we will not be able to know (your/NAME OF ADOLESCENT) test results, and so we will not be able to tell you the test results either.

If you want to know whether you (your child) have HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV. I will also give you a voucher that you can use at any of these facilities.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Will you (allow NAME OF ADOLESCENT to) take the HIV test?

**CONSENT STATEMENT FOR HIV TEST FROM GIRLS AGE 12-14**

We are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. We are doing the HIV test to see how big the AIDS problem is in Swaziland.

We would like you to take the test. You will have to give a few drops of blood from a finger. The needle we use is clean and completely safe. It has not been used before and we will throw it away after we use it with you.

We will not write your name on the blood sample. No one will know that it is your blood. We will not be able to give you the test results.

If you want to know if you have HIV, I can provide you the names of places that can help you.

I will also give you a note for free testing that you can use at any of these places.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Do you want to be tested for HIV?

		WOMAN 4	WOMAN 5	WOMAN 6
524	LINE NUMBER (COLUMN 9) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>
537	BAR CODE LABEL	PUT THE FIRST BAR CODE LABEL HERE.  PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	PUT THE FIRST BAR CODE LABEL HERE.	PUT THE FIRST BAR CODE LABEL HERE.
538	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
539	A FINAL OUTCOME FOR THE ANAEMIA TEST PROCEDURE MUST BE RECORDED IN 536 AND FOR THE HIV TEST PROCEDURE IN 538 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
540	CHECK 538: OUTCOME OF HIV TEST	BLOOD TAKEN <input type="checkbox"/> GO TO NEXT WOMAN	BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT WOMAN	BLOOD TAKEN <input type="checkbox"/> GO TO NEXT WOMAN
541	READ THE CONSENT STATEMENT FOR ADDITIONAL TESTS. FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 530 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  (SIGN)
542	ADDITIONAL TESTS	CHECK 541: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 541: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 541: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
<b>CONSENT STATEMENT FOR STORAGE OF SAMPLE FROM WOMEN AGE 15 AND OLDER</b> READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 541 IF RESPONDENT CONSENTS TO THE ADDITIONAL TESTS AND CODE '3' IF SHE REFUSES. FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 530) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 541 IF THE PARENT (OTHER ADULT) REFUSES. CIRCLE CODE '1' IN 539 IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT. We ask you to allow the Central Statistical Office to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done. The blood sample will not have any name or other data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree. Will you allow us to keep the blood sample stored for later testing or research?				
<b>CONSENT STATEMENT FOR STORAGE OF SAMPLE FROM GIRLS AGE 12-14</b> We ask you to allow the Central Statistical Office to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done. The blood sample will not have any name or other data attached that could identify you. You do not have to agree. Will you allow us to keep the blood sample stored for later testing or research?				

WEIGHT, HEIGHT, HAEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 12 AND OLDER

543	<p>CHECK COVER:</p> <p>HOUSEHOLD NOT SELECTED FOR YOUTH      <input type="checkbox"/></p> <p>RECORD LINE NUMBER, AGE, AND NAME OF ALL MEN AGE 15-49 (SEE COLUMNS 2, 7 AND 10)</p> <p>IF THERE ARE MORE THAN SIX MEN, USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>A FINAL OUTCOME FOR THE HEIGHT AND WEIGHT MUST BE RECORDED IN 547, FOR THE ANAEMIA TEST PROCEDURE MUST BE RECORDED IN 554 AND FOR THE HIV TEST PROCEDURE IN 556 FOR EACH ELIGIBLE MAN EVEN IF HE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.</p>			
	MAN 1	MAN 2	MAN 3	
544	<p>LINE NUMBER (COLUMNS 10 AND 11) NAME (COLUMN 2) AGE (COLUMN 7)</p> <p>LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/></p>	<p>LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/></p>	<p>LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/></p>	
545	WEIGHT IN KILOGRAMS	KG. ..... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ..... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
546	HEIGHT IN CENTIMETRES	CM. ..... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. ..... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
547	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
548	CHECK 544: AGE	12-14 YEARS ..... 1 → 550 15-17 YEARS ..... 2 18 + YEARS ..... 3 → 551	12-14 YEARS ..... 1 → 550 15-17 YEARS ..... 2 18 + YEARS ..... 3 → 551	12-14 YEARS ..... 1 → 550 15-17 YEARS ..... 2 18 + YEARS ..... 3 → 551
549	CHECK COLUMN 8: MARITAL STATUS	CODE 4 (NEVER IN UNION) ... 1 OTHER ..... 2 (GO TO 551) ←	CODE 4 (NEVER IN UNION) ... 1 OTHER ..... 2 (GO TO 551) ←	CODE 4 (NEVER IN UNION) ... 1 OTHER ..... 2 (GO TO 551) ←
550	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT .. <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT .. <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT .. <input type="text"/> <input type="text"/>
551	READ ANAEMIA TEST CONSENT STATEMENT. FOR BOYS AGE 12-14 AND NEVER-IN UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 550 BEFORE ASKING RESPONDENT'S CONSENT.	<p>GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3</p> <p>_____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 554)</p>	<p>GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3</p> <p>_____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 554)</p>	<p>GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3</p> <p>_____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 554)</p>
<b>CONSENT STATEMENT FOR ANAEMIA TEST FROM MEN AGE 15 AND OLDER</b>				
READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 551 IF RESPONDENT CONSENTS TO THE ANAEMIA TEST AND CODE '3' IF HE REFUSES.				
FOR BOYS AGE 12-14 AND NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 550) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 551 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.				
As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia.				
For the anaemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.				
The blood will be tested for anaemia immediately, and the result told to you right away. The result will be kept confidential.				
Do you have any questions?				
You can say yes to the test, or you can say no. It is up to you to decide.				
Will you (allow NAME OF ADOLESCENT to) take the anaemia test?				

**CONSENT STATEMENT FOR ANAEMIA TEST FROM BOYS AGE 12-14**

We are asking children like you to take a blood test. The test is for a problem in the blood that can happen when a person does not eat well or has been sick. This will help the government to plan programs to prevent and treat this problem in children.

We would like you to take the test. You will have to give a few drops of blood from a finger. The needle we use is clean and safe. It has not been used before and we will throw it away after we use it with you.

We will do the blood test right away and tell you the results. No one will be told the results.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Do you want to be tested for this blood problem?

		MAN 1	MAN 2	MAN 3
544	LINE NUMBER (COLUMNS 10 AND 11) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>
552	READ THE HIV TEST CONSENT STATEMENT. FOR BOYS AGE 12-14 AND NEVER-IN UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 550 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  <hr style="width: 100px; margin-left: auto; margin-right: 0;"/> (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  <hr style="width: 100px; margin-left: auto; margin-right: 0;"/> (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  <hr style="width: 100px; margin-left: auto; margin-right: 0;"/> (SIGN)
553	RECORD HAEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> <input type="checkbox"/>	G/DL ..... <input type="text"/> <input type="text"/> <input type="checkbox"/>	G/DL ..... <input type="text"/> <input type="text"/> <input type="checkbox"/>
554	RECORD RESULT CODE OF HAEMOGLOBIN MEASUREMENT.	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
555	BAR CODE LABEL	PUT THE FIRST BAR CODE LABEL HERE.  PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	PUT THE FIRST BAR CODE LABEL HERE.  PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	PUT THE FIRST BAR CODE LABEL HERE.  PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.
556	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6

**CONSENT STATEMENT FOR HIV TEST FROM MEN AGE 15 AND OLDER**

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 552 IF RESPONDENT CONSENTS TO THE HIV TEST AND CODE '3' IF HE REFUSES.

FOR BOYS AGE 12-14 AND NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 550) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 552 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Swaziland.

For the HIV test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

No names will be attached to the blood sample which will keep the results completely anonymous. For this reason, we will not be able to know (your/NAME OF ADOLESCENT) test results, and so we will not be able to tell you the test results either.

If you want to know whether you (your child) have HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV. I will also give you a voucher for free services that you can use at any of these facilities.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Will you (allow NAME OF ADOLESCENT to) take the HIV test?

		MAN 1	MAN 2	MAN 3	
544	LINE NUMBER (COLUMNS 10 AND 11) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	
<b>CONSENT STATEMENT FOR HIV TEST FROM BOYS AGE 12-14</b>					
<p>We are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness We are doing the HIV test to see how big the AIDS problem is in Swaziland</p> <p>We would like you to take the test. You will have to give a few drops of blood from a finger. The needle we use is clean and completely safe It has not been used before and we will throw it away after we use it with you</p> <p>We will not write your name on the blood sample. No one will know that it is your blood. We will not be able to give you the test results</p> <p>If you want to know if you have HIV, I can provide you the names of places that can help you. I will also give you a note for free testing that you can use at any of these places.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide. Do you want to be tested for HIV?</p>					
557	CHECK 556: OUTCOME OF HIV TEST	BLOOD TAKEN <input type="checkbox"/> ↓ GO TO NEXT MAN	BLOOD NOT TAKEN <input type="checkbox"/> ↓ GO TO NEXT MAN	BLOOD TAKEN <input type="checkbox"/> ↓ GO TO NEXT MAN	BLOOD NOT TAKEN <input type="checkbox"/> ↓ GO TO NEXT MAN
558	A FINAL OUTCOME FOR THE ANAEMIA TEST PROCEDURE MUST BE RECORDED IN 552 AND FOR THE HIV TEST PROCEDURE IN 554 FOR EACH ELIGIBLE MAN EVEN IF HE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.				
559	READ THE CONSENT STATE- MENT FOR ADDITIONAL TESTS WITH LEFT OVER BLOOD. FOR BOYS AGE 12-14 AND NEVER-IN UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 550 BEFORE ASKING RESPON- DENT'S CONSENT.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (SIGN)	
560	ADDITIONAL TESTS	CHECK 559: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 559: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 559: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	
<b>CONSENT STATEMENT FOR STORAGE OF SAMPLE FROM MEN AGE 15 AND OLDER</b>					
<p>READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 559 IF RESPONDENT CONSENTS TO THE ADDITIONAL TESTS AND CODE '3' IF HE REFUSES.</p> <p>FOR BOYS AGE 12-14 AND NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 550) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 558 IF THE PARENT (OTHER ADULT) REFUSES. CIRCLE CODE '1' IN 559 ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.</p> <p>We ask you to allow the Central Statistical Office to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree. Will you allow us to keep the blood sample stored for later testing or research?</p>					
<b>CONSENT STATEMENT FOR STORAGE OF SAMPLE FROM BOYS AGE 12-14</b>					
<p>We ask you to allow the Central Statistical Office to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. Will you allow us to keep the blood sample stored for later testing or research?</p>					

**WEIGHT, HEIGHT, HAEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 12 AND OLDER**

		MAN 4	MAN 5	MAN 6
544	LINE NUMBER (COLUMNS 10 AND 11) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>
545	WEIGHT IN KILOGRAMS	KG. .... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> . <input type="text"/>
546	HEIGHT IN CENTIMETRES	CM. .... <input type="text"/> <input type="text"/> . <input type="text"/>	CM. .... <input type="text"/> <input type="text"/> . <input type="text"/>	CM. .... <input type="text"/> <input type="text"/> . <input type="text"/>
547	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
548	CHECK 544: AGE	12-14 YEARS ..... 1 → 550 15-17 YEARS ..... 2 18 + YEARS ..... 3 → 551  (GO TO 551) ←	12-14 YEARS ..... 1 → 550 15-17 YEARS ..... 2 18 + YEARS ..... 3 → 551  (GO TO 551) ←	12-14 YEARS ..... 1 → 550 15-17 YEARS ..... 2 18 + YEARS ..... 3 → 551  (GO TO 551) ←
549	CHECK COLUMN 8: MARITAL STATUS	CODE 4 (NEVER IN UNION) ... 1 OTHER ..... 2  (GO TO 551) ←	CODE 4 (NEVER IN UNION) ... 1 OTHER ..... 2  (GO TO 551) ←	CODE 4 (NEVER IN UNION) ... 1 OTHER ..... 2  (GO TO 551) ←
550	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPON- SIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT .. <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT .. <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT .. <input type="text"/> <input type="text"/>
551	READ ANAEMIA TEST CONSENT STATEMENT FOR BOYS AGE 12-14 AND NEVER-IN UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 550 BEFORE ASKING RESPON- DENT'S CONSENT.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (SIGN)  (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 554)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (SIGN)  (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 554)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (SIGN)  (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 554)

**CONSENT STATEMENT FOR ANAEMIA TEST FROM MEN AGE 15 AND OLDER**

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 551 IF RESPONDENT CONSENTS TO THE ANAEMIA TEST AND CODE '3' IF HE REFUSES.

FOR BOYS AGE 12-14 AND NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 550) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 551 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia.

For the anaemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anaemia immediately, and the result told to you right away. The result will be kept confidential.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Will you (allow NAME OF ADOLESCENT to) take the anaemia test?

**CONSENT STATEMENT FOR ANAEMIA TEST FROM BOYS AGE 12-14**

We are asking children like you to take a blood test. The test is for a problem in the blood that can happen when a person does not eat well or has been sick. This will help the government to plan programs to prevent and treat this problem in children.

We would like you to take the test. You will have to give a few drops of blood from a finger. The needle we use is clean and safe. It has not been used before and we will throw it away after we use it with you.

We will do the blood test right away and tell you the results. No one will be told the results.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Do you want to be tested for this blood problem?

		MAN 1	MAN 2	MAN 3
544	LINE NUMBER (COLUMNS 10 AND 11) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>
552	READ THE HIV TEST CONSENT STATEMENT. FOR BOYS AGE 12-14 AND NEVER-IN UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 550 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (SIGN)  (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 556)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (SIGN)  (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 556)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (SIGN)  (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 556)
553	RECORD HAEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>
554	RECORD RESULT CODE OF HAEMOGLOBIN MEASUREMENT.	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
555	BAR CODE LABEL	PUT THE FIRST BAR CODE LABEL HERE.  PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	PUT THE FIRST BAR CODE LABEL HERE.  PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	PUT THE FIRST BAR CODE LABEL HERE.  PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.
556	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6

**CONSENT STATEMENT FOR HIV TEST FROM MEN AGE 15 AND OLDER**

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 552 IF RESPONDENT CONSENTS TO THE HIV TEST AND CODE '3' IF HE REFUSES.

FOR BOYS AGE 12-14 AND NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 550) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 552 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Swaziland.

For the HIV test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

No names will be attached to the blood sample which will keep the results completely anonymous. For this reason, we will not be able to know (your/NAME OF ADOLESCENT) test results, and so we will not be able to tell you the test results either.

If you want to know whether you (your child) have HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV. I will also give you a voucher for free services that you can use at any of these facilities.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Will you (allow NAME OF ADOLESCENT to) take the HIV test?

		MAN 1	MAN 2	MAN 3
544	LINE NUMBER (COLUMNS 10 AND 11) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ <input type="text"/> <input type="text"/> AGE IN YEARS .....	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ <input type="text"/> <input type="text"/> AGE IN YEARS .....	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ <input type="text"/> <input type="text"/> AGE IN YEARS .....
<b>CONSENT STATEMENT FOR HIV TEST FROM BOYS AGE 12-14</b>				
<p>We are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. We are doing the HIV test to see how big the AIDS problem is in Swaziland.</p> <p>We would like you to take the test. You will have to give a few drops of blood from a finger. The needle we use is clean and completely safe. It has not been used before and we will throw it away after we use it with you.</p> <p>We will not write your name on the blood sample. No one will know that it is your blood. We will not be able to give you the test results.</p> <p>If you want to know if you have HIV, I can provide you the names of places that can help you. I will also give you a note for free testing that you can use at any of these places.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide. Do you want to be tested for HIV?</p>				

		MAN 1	MAN 2	MAN 3
544	LINE NUMBER (COLUMNS 10 AND 11) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE IN YEARS ..... <input type="text"/> <input type="text"/>
557	CHECK 556: OUTCOME OF HIV TEST	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT MAN	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT MAN	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT MAN
558	A FINAL OUTCOME FOR THE ANAEMIA TEST PROCEDURE MUST BE RECORDED IN 552 AND FOR THE HIV TEST PROCEDURE IN 554 FOR EACH ELIGIBLE MAN EVEN IF HE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
559	READ THE CONSENT STATE- MENT FOR ADDITIONAL TESTS WITH LEFT OVER BLOOD. FOR BOYS AGE 12-14 AND NEVER-IN UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 550 BEFORE ASKING RESPON- DENT'S CONSENT.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  <hr style="width: 100px; margin-left: auto; margin-right: 0;"/> (SIGN) 	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  <hr style="width: 100px; margin-left: auto; margin-right: 0;"/> (SIGN) 	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  <hr style="width: 100px; margin-left: auto; margin-right: 0;"/> (SIGN)
560	ADDITIONAL TESTS	CHECK 559:  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 559:  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 559:  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
<b>CONSENT STATEMENT FOR STORAGE OF SAMPLE FROM MEN AGE 15 AND OLDER</b> READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 559 IF RESPONDENT CONSENTS TO THE ADDITIONAL TESTS AND CODE '3' IF HE REFUSES. FOR BOYS AGE 12-14 AND NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 550) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 559 IF THE PARENT (OTHER ADULT) REFUSES. CIRCLE CODE '1' IN 559 ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT. We ask you to allow the Central Statistical Office to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done. The blood sample will not have any name or other data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree. Will you allow us to keep the blood sample stored for later testing or research?				
<b>CONSENT STATEMENT FOR STORAGE OF SAMPLE FROM BOYS AGE 12-14</b> We ask you to allow the Central Statistical Office to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done. The blood sample will not have any name or other data attached that could identify you. You do not have to agree. Will you allow us to keep the blood sample stored for later testing or research?				

**2006 SWAZILAND DEMOGRAPHIC AND HEALTH SURVEY  
WOMEN'S QUESTIONNAIRE**

IDENTIFICATION				
PLACE NAME _____				
NAME OF HOUSEHOLD HEAD _____				
DHS CLUSTER NUMBER .....				
PSU CODE .....				
HOUSEHOLD NUMBER .....				
REGION (HHOHHO = 1, MANZINI = 2, SHISELWENI = 3, LUBOMBO = 4) .....				
URBAN/RURAL (URBAN = 1, RURAL = 2) .....				
LARGE CITY/SMALL CITY/TOWN/RURAL .....				
(LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)				
NAME AND LINE NUMBER OF WOMAN _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input type="text"/>
INTERVIEWER'S NAME	_____	_____	_____	MONTH <input type="text"/>
RESULT*	_____	_____	_____	YEAR <input type="text"/> 2006
NEXT VISIT: DATE	_____	_____		INT. NUMBER <input type="text"/> RESULT <input type="text"/>
TIME	_____	_____		
				TOTAL NUMBER OF VISITS <input type="text"/>
*RESULT CODES:				
1 COMPLETED		4 REFUSED		7 OTHER _____ (SPECIFY) _____
2 NOT AT HOME		5 PARTLY COMPLETED		
3 POSTPONED		6 INCAPACITATED		
LANGUAGE OF QUESTIONNAIRE: <input checked="" type="text"/> 2		RESPONDENT'S LANGUAGE: _____ <input type="text"/>		
LANGUAGE OF INTERVIEW: <input type="text"/>		TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) <input type="text"/>		
LANGUAGE: 1 SISWATI		2 ENGLISH		3 OTHER
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR
NAME _____		NAME _____		<input type="text"/>
DATE _____		DATE _____		<input type="text"/>
				KEYED BY <input type="text"/>

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

**INFORMED CONSENT**

Hello. My name is \_\_\_\_\_ and I am working with the Central Statistical Office. We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health and the health of your children. This information will help the government to plan health services. The survey usually takes an hour to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?  
May I begin the interview now?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

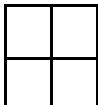
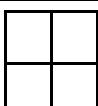
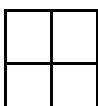
RESPONDENT AGREES TO BE INTERVIEWED . . . . . 1    RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
101	RECORD THE TIME.	HOUR .....  MINUTES .....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?  IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS .....  ALWAYS ..... 95 VISITOR ..... 96	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> → 104				
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY ..... 1 TOWN ..... 2 COUNTRYSIDE ..... 3					
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS .....  NONE ..... 00	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> → 106				
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES ..... 1 NO ..... 2					
106	In what month and year were you born?	MONTH .....  DON'T KNOW MONTH ..... 98  YEAR .....  DON'T KNOW YEAR ..... 9998	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>				
107	How old were you at your last birthday?  COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>				
108	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 112				
109	What is the highest level of school you attended: primary, secondary, or higher?	LOWER PRIMARY ..... 1 HIGHER PRIMARY ..... 2 SECONDARY ..... 3 HIGH SCHOOL ..... 4 TERTIARY ..... 5					
110	What is the highest (grade/form/year) you completed at that level?	GRADE/FORM/YEAR .....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 109: ANY PRIMARY CODE '1' OR '2' CIRCLED <input type="checkbox"/> ↓ SECONDARY OR HIGHER <input type="checkbox"/> CODE '3' OR '4' OR 5 CIRCLED		→ 115
112	Now I would like you to read this sentence to me.  SHOW CARD TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE.. 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES ..... 1 NO ..... 2	
114	CHECK 112: CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> ↓ CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
118	What is your religion?  NAME OF CHURCH	TRADITIONAL ..... 01 CHARISMATIC ..... 02 PROTESTANT ..... 03 ROMAN CATHOLIC ..... 04 PENTECOSTAL ..... 05 ZIONIST ..... 06 APOSTOLIC SECT ..... 07 ISLAM ..... 08 NONE ..... 09  OTHER _____ 96 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES ..... 1 NO ..... 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ..... 1 NO ..... 2	→ 204
203	How many sons live with you?  And how many daughters live with you?  IF NONE, RECORD '00'.	SONS AT HOME .....  DAUGHTERS AT HOME .....  	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206
205	How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	SONS ELSEWHERE .....  DAUGHTERS ELSEWHERE .....  	
206	Have you ever given birth to a boy or girl who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2	→ 208
207	How many boys have died?  And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD .....  GIRLS DEAD .....  	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL .....	
209	CHECK 208:  Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208:  ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→ 226

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.  
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.  
 (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE).

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221																	
What name was given to your (first/next) baby?  (NAME)	Were any of these births twins or multiple?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died?  IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?																	
01	SING 1 BOY 1		MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>						YES ... 1  NO ... 2 ↓ 220	AGE IN YEARS  <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			YES ... 1  NO .... 2	LINE NUMBER  <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> ↓ (NEXT BIRTH)			DAYS ... 1  <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MONTHS 2  <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table> YEARS .. 3  <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>									YES .... 1  NO .... 2
MULT 2 GIRL 2		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>																								
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212  (NAME)	213  Were any of these births twins or multiple?	214  Is (NAME) a boy or a girl?	215  In what month and year was (NAME) born?  PROBE: What is his/her birthday?	216  Is (NAME) still alive?	217 IF ALIVE:  How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE:  Is (NAME) living with you?	219 IF ALIVE:  RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	220 IF DEAD:  How old was (NAME) when he/she died?  IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221  Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	SING 1 BOY 1  MULT 2 GIRL 2	MONTH  YEAR	MONTH  YEAR	YES ... 1  NO ... 2 ↓ 220	AGE IN YEARS  □ □	YES ... 1  NO .... 2	LINE NUMBER  □ □ ↓ (GO TO 221)	DAYS ... 1  MONTHS 2  YEARS ... 3  □ □ ↓ □ □	YES .... 1  NO ..... 2
09	SING 1 BOY 1  MULT 2 GIRL 2	MONTH  YEAR	MONTH  YEAR	YES ... 1  NO ... 2 ↓ 220	AGE IN YEARS  □ □	YES ... 1  NO .... 2	LINE NUMBER  □ □ ↓ (GO TO 221)	DAYS ... 1  MONTHS 2  YEARS ... 3  □ □ ↓ □ □	YES .... 1  NO ..... 2
10	SING 1 BOY 1  MULT 2 GIRL 2	MONTH  YEAR	MONTH  YEAR	YES ... 1  NO ... 2 ↓ 220	AGE IN YEARS  □ □	YES ... 1  NO .... 2	LINE NUMBER  □ □ ↓ (GO TO 221)	DAYS ... 1  MONTHS 2  YEARS ... 3  □ □ ↓ □ □	YES .... 1  NO ..... 2
11	SING 1 BOY 1  MULT 2 GIRL 2	MONTH  YEAR	MONTH  YEAR	YES ... 1  NO ... 2 ↓ 220	AGE IN YEARS  □ □	YES ... 1  NO .... 2	LINE NUMBER  □ □ ↓ (GO TO 221)	DAYS ... 1  MONTHS 2  YEARS ... 3  □ □ ↓ □ □	YES .... 1  NO ..... 2
12	SING 1 BOY 1  MULT 2 GIRL 2	MONTH  YEAR	MONTH  YEAR	YES ... 1  NO ... 2 ↓ 220	AGE IN YEARS  □ □	YES ... 1  NO .... 2	LINE NUMBER  □ □ ↓ (GO TO 221)	DAYS ... 1  MONTHS 2  YEARS ... 3  □ □ ↓ □ □	YES .... 1  NO ..... 2
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES ..... 1 NO ..... 2			
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:  NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)  CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2001 OR LATER. IF NONE, RECORD '0'.								<input type="checkbox"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2001, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	→ 229
227	How many months pregnant are you?  RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS .....	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN ..... 1 LATER ..... 2 NOT AT ALL ..... 3	
229	Have you ever had a pregnancy that miscarried or was aborted?	YES ..... 1 NO ..... 2	→ 230A
230	When did the last miscarriage or abortion happen?	MONTH .....	
		DON'T KNOW MONTH ..... 98	
		YEAR .....	
		DONT KNOW YEAR ..... 9998	
230A	Have you ever had a pregnancy that ended in a stillbirth?	YES ..... 1 NO ..... 2	→ 231
230B	When did your last stillbirth happen?	MONTH .....	
		DON'T KNOW MONTH ..... 98	
		YEAR .....	
		DONT KNOW YEAR ..... 9998	
230C	Was this last stillbirth macerated or fresh? By macerated I mean the body may have started to decompose.	MACERATED ..... 1 FRESH ..... 2 DON'T KNOW ..... 8	
231	CHECK 230 AND 230B:  LAST MISCARRIAGE/ABORTION/ STILLBIRTH ENDED JANUARY 2 OR LATER	NO MISCARRIAGE/ABORTION/ STILLBIRTH <input type="checkbox"/> → 237	
		LAST MISCARRIAGE ABORTION/STILLBIRTH <input type="checkbox"/> → 237	
		ENDED BEFORE JANUARY 2001	
232	How many months pregnant were you when the last miscarriage/abortion/stillbirth happened?  RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS .....	
233	Since January 2001, have you had any other pregnancies that did not result in a live birth?	YES ..... 1 NO ..... 2	→ 237

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2001.  ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.								
235	Did you have any pregnancies that terminated before 2001 that did not result in a live birth?	YES ..... 1 NO ..... 2	→ 237						
236	When did the last such pregnancy that terminated before 2001 end?	MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW MONTH ..... 98  YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW YEAR ..... 9998							
237	When did your last menstrual period start?  _____ (DATE, IF GIVEN)	DAYS AGO ..... 1  WEEKS AGO ..... 2  MONTHS AGO ..... 3  YEARS AGO ..... 4  IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994  BEFORE LAST BIRTH ..... 995  NEVER MENSTRUATED ..... 996							
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 301						
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4  OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8							

**SECTION 3. CONTRACEPTION**

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.  Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?  CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 	Have you ever had an operation to avoid having any more children? YES ..... 1 NO ..... 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 	Have you ever had a partner who had an operation to avoid having any more children? YES ..... 1 NO ..... 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2 	YES ..... 1 NO ..... 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2 	YES ..... 1 NO ..... 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2 	YES ..... 1 NO ..... 2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2 	YES ..... 1 NO ..... 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2 	YES ..... 1 NO ..... 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2 	YES ..... 1 NO ..... 2
09	DIAPHRAM Women can place a thin flexible disk in their vagina before intercourse.	YES ..... 1 NO ..... 2 	YES ..... 1 NO ..... 2
10	FOAM/JELLY Women can place a supersitory jelly or cream in their vagina before intercourse.	YES ..... 1 NO ..... 2 	YES ..... 1 NO ..... 2
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to six months after childbirth, a woman can use a method that requires that she breastfeeds frequently day, and night and that her menstrual period has not returned.	YES ..... 1 NO ..... 2 	YES ..... 1 NO ..... 2
12	RHYTHM/BILLINGS/MUCUS METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to be pregnant or the woman observes her discharge and temperature of the vagina. If the temperature is high and the discharge stretches then she can avoid sexual intercourse	YES ..... 1 NO ..... 2 	YES ..... 1 NO ..... 2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2 	YES ..... 1 NO ..... 2
14	EMERGENCY CONTRACEPTION Women can take pills up to five days after sexual intercourse to avoid becoming pregnant.	YES ..... 1 NO ..... 2 	YES ..... 1 NO ..... 2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1  _____ (SPECIFY)  _____ (SPECIFY) NO ..... 2	YES ..... 1 NO ..... 2  YES ..... 1 NO ..... 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED)  AT LEAST ONE "YES" (EVER USED) 		→ 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 331
306	What have you used or done?  CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant.  How many living children did you have at that time, if any?  IF NONE, RECORD '00'.	NUMBER OF CHILDREN ..... <input type="text"/> <input type="text"/>	
308	CHECK 302 (01):  WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 331
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 331
311	Which method are you using?  CIRCLE ALL MENTIONED.  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B PILL ..... C IUD ..... D INJECTABLES ..... E IMPLANTS ..... F CONDOM ..... G FEMALE CONDOM ..... H DIAPHRAGM ..... I FOAM/JELLY ..... J LACTATIONAL AMEN. METHOD ..... K RHYTHM METHOD ..... L WITHDRAWAL ..... M  OTHER ..... X (SPECIFY)	→ 316 → 315 → 315 → 319A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	RECORD IF PILL OR CONDOM IS HIGHEST METHOD ON LIST IN 311.  PILL <input type="checkbox"/> MALE/FEMALE CONDOM <input type="checkbox"/>  May I see the package of pills you are using? May I see the package of condoms you are using?  RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN ..... 1  BRAND NAME _____ <input type="text"/> <input type="text"/>  PACKAGE NOT SEEN ..... 2	→ 314
313	Do you know the brand name of the (pills/condoms) you are using?  RECORD NAME OF BRAND.	BRAND NAME _____ <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	
314	How many (pill cycles/condoms) did you get the last time?	NUMBER OF PILL CYCLES/CONDOMS ... <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW ..... 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314A	CHECK 311/311A: CONDOM <input type="checkbox"/> PILL <input type="checkbox"/>		→ 315
314B	How do you usually dispose of used condoms?	BURN ..... 1 FLUSH IN TOILET ..... 2 BURY IN HOLE ..... 3 THROW AWAY ..... 4 PIT LATRINE ..... 5  OTHER ..... 6  (SPECIFY)	
315	The last time you obtained (HIGHEST METHOD ON LIST IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had?	COST ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  FREE ..... 9995 DON'T KNOW ..... 9998	→ 319A
316	In what facility did the sterilization take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  WRITE THE NAME OF THE PLACE.  (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 OTHER PUBLIC ..... 16  (SPECIFY)  <b>PRIVATE SECTOR</b> PRIVATE HOSPITAL/CLINIC ... 21 PRIVATE DOCTOR ..... 23 OTHER PRIVATE ..... 26  (SPECIFY)  <b>MISSION</b> HOSPITAL/CLINIC ..... 31 OTHER MISSION ..... 36  (SPECIFY)  <b>NGO</b> FLAS ..... 41 OTHER NGO ..... 46  (SPECIFY)  OTHER ..... 96  (SPECIFY) DON'T KNOW ..... 98	
317	CHECK 311/311A:  CODE 'A' CIRCLED <input type="checkbox"/> CODE 'B' CIRCLED <input type="checkbox"/>  Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? <input type="checkbox"/>  Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation? <input type="checkbox"/>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
318	How much did you pay in total for the sterilization, including any consultation you may have had?	COST ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  FREE ..... 9995 DON'T KNOW ..... 9998	
319	In what month and year was the sterilization performed?	MONTH ..... <input type="checkbox"/>	
319A	In what month and year did you start using (CURRENT METHOD) continuously?  PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	YEAR ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320	CHECK 319/319A, 215 AND 230:  ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A  GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ ↓	SKIP
321	CHECK 319/319A:  YEAR IS 2001 <input type="checkbox"/> OR LATER <input type="checkbox"/> YEAR IS 2000 OR EARLIER <input type="checkbox"/>		329
323	CHECK 311/311A:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED ..... 00 FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 IMPLANTS ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 LACTATIONAL AMEN. METHOD ..... 11 RHYTHM METHOD ..... 12 WITHDRAWAL ..... 13 OTHER METHOD ..... 96	→ 331 → 333 → 330 → 327 → 333
324	At the time you started using the (CURRENT METHOD), were you told about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	→ 326
325	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	→ 327
326	Were you told what to do if you experienced side effects or problems?	YES ..... 1 NO ..... 2	
327	CHECK 324:  CODE '1' CIRCLED <input type="checkbox"/> ↓ At that time, were you told about other methods of family planning that you could use?  CODE '1' NOT CIRCLED <input type="checkbox"/> ↓ When you obtained (CURRENT METHOD) were you told about other methods of family planning that you could use?		
328	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES ..... 1 NO ..... 2	
329	CHECK 311/311A:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... 01 PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 IMPLANTS ..... 06 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 LACTATIONAL AMEN. METHOD ..... 11	→ 333 → 333

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
330	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <table> <tr><td>GOVT. HOSPITAL .....</td><td>11</td></tr> <tr><td>GOVT. HEALTH CENTER .....</td><td>12</td></tr> <tr><td>PHU/CLINIC .....</td><td>13</td></tr> <tr><td>MOBILE CLINIC .....</td><td>14</td></tr> <tr><td>RHM/CBD .....</td><td>15</td></tr> <tr><td>OTHER PUBLIC _____ (SPECIFY)</td><td>16</td></tr> </table> <p><b>PRIVATE SECTOR</b></p> <table> <tr><td>PRIVATE HOSPITAL/CLINIC ...</td><td>21</td></tr> <tr><td>PHARMACY .....</td><td>22</td></tr> <tr><td>PRIVATE DOCTOR .....</td><td>23</td></tr> <tr><td>MOBILE CLINIC .....</td><td>24</td></tr> <tr><td>CBD .....</td><td>25</td></tr> <tr><td>OTHER PRIVATE _____ (SPECIFY)</td><td>26</td></tr> </table> <p><b>MISSION</b></p> <table> <tr><td>HOSPITAL .....</td><td>31</td></tr> <tr><td>CLINIC .....</td><td>32</td></tr> <tr><td>OTHER MISSION _____ (SPECIFY)</td><td>36</td></tr> </table> <p><b>NGO</b></p> <table> <tr><td>FLAS .....</td><td>41</td></tr> <tr><td>OTHER NGO _____ (SPECIFY)</td><td>46</td></tr> </table> <p><b>OTHER SOURCE</b></p> <table> <tr><td>SHOP .....</td><td>51</td></tr> <tr><td>CHURCH .....</td><td>52</td></tr> <tr><td>FRIEND/RELATIVE .....</td><td>53</td></tr> <tr><td>OTHER _____ (SPECIFY)</td><td>96</td></tr> <tr><td>DON'T KNOW .....</td><td>98</td></tr> </table>	GOVT. HOSPITAL .....	11	GOVT. HEALTH CENTER .....	12	PHU/CLINIC .....	13	MOBILE CLINIC .....	14	RHM/CBD .....	15	OTHER PUBLIC _____ (SPECIFY)	16	PRIVATE HOSPITAL/CLINIC ...	21	PHARMACY .....	22	PRIVATE DOCTOR .....	23	MOBILE CLINIC .....	24	CBD .....	25	OTHER PRIVATE _____ (SPECIFY)	26	HOSPITAL .....	31	CLINIC .....	32	OTHER MISSION _____ (SPECIFY)	36	FLAS .....	41	OTHER NGO _____ (SPECIFY)	46	SHOP .....	51	CHURCH .....	52	FRIEND/RELATIVE .....	53	OTHER _____ (SPECIFY)	96	DON'T KNOW .....	98	
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331	Do you know of a place where you can obtain a method of family planning?	YES ..... 1 NO ..... 2	→ 333																																												
332	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <table> <tr><td>GOVT. HOSPITAL .....</td><td>A</td></tr> <tr><td>GOVT. HEALTH CENTER .....</td><td>B</td></tr> <tr><td>PHU/CLINIC .....</td><td>C</td></tr> <tr><td>MOBILE CLINIC .....</td><td>D</td></tr> <tr><td>RHM/CBD .....</td><td>E</td></tr> <tr><td>OTHER PUBLIC _____ (SPECIFY)</td><td>F</td></tr> </table> <p><b>PRIVATE SECTOR</b></p> <table> <tr><td>PRIVATE HOSPITAL/CLINIC ...</td><td>G</td></tr> <tr><td>PHARMACY .....</td><td>H</td></tr> <tr><td>PRIVATE DOCTOR .....</td><td>I</td></tr> <tr><td>MOBILE CLINIC .....</td><td>J</td></tr> <tr><td>CBD .....</td><td>K</td></tr> <tr><td>OTHER PRIVATE _____ (SPECIFY)</td><td>L</td></tr> </table> <p><b>MISSION</b></p> <table> <tr><td>HOSPITAL .....</td><td>M</td></tr> <tr><td>CLINIC .....</td><td>N</td></tr> <tr><td>OTHER MISSION _____ (SPECIFY)</td><td>O</td></tr> </table> <p><b>NGO</b></p> <table> <tr><td>FLAS .....</td><td>P</td></tr> <tr><td>OTHER NGO .....</td><td>Q</td></tr> <tr><td>(SPECIFY)</td><td></td></tr> </table> <p><b>OTHER SOURCE</b></p> <table> <tr><td>SHOP .....</td><td>R</td></tr> <tr><td>CHURCH .....</td><td>S</td></tr> <tr><td>FRIEND/RELATIVE .....</td><td>T</td></tr> <tr><td>OTHER _____ (SPECIFY)</td><td>X</td></tr> </table>	GOVT. HOSPITAL .....	A	GOVT. HEALTH CENTER .....	B	PHU/CLINIC .....	C	MOBILE CLINIC .....	D	RHM/CBD .....	E	OTHER PUBLIC _____ (SPECIFY)	F	PRIVATE HOSPITAL/CLINIC ...	G	PHARMACY .....	H	PRIVATE DOCTOR .....	I	MOBILE CLINIC .....	J	CBD .....	K	OTHER PRIVATE _____ (SPECIFY)	L	HOSPITAL .....	M	CLINIC .....	N	OTHER MISSION _____ (SPECIFY)	O	FLAS .....	P	OTHER NGO .....	Q	(SPECIFY)		SHOP .....	R	CHURCH .....	S	FRIEND/RELATIVE .....	T	OTHER _____ (SPECIFY)	X	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
333	In the last 12 months, were you visited by a RHM/CBD who talked to you about family planning?	YES ..... 1 NO ..... 2	
334	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES ..... 1 NO ..... 2	→ 401
335	Did any staff member at the health facility speak to you about family planning methods?	YES ..... 1 NO ..... 2	

SECTION 4. PREGNANCY, POSTNATAL CARE AND CHILDREN'S NUTRITION

401	CHECK 224: ONE OR MORE BIRTHS IN 2001 OR LATER <input type="checkbox"/>  NO BIRTHS IN 2001 OR LATER <input type="checkbox"/>			550
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN THREE BIRTHS, USE LAST TWO COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)				
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER ... <input type="checkbox"/> <input type="checkbox"/>	NEXT-TO-LAST BIRTH LINE NUMBER ... <input type="checkbox"/> <input type="checkbox"/>	SECOND-FROM-LAST BIRTH LINE NUMBER ... <input type="checkbox"/> <input type="checkbox"/>
404	FROM 212 AND 216	NAME _____  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓                  ↓	NAME _____  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓                  ↓	NAME _____  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓                  ↓
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN ..... 1 (SKIP TO 407) ← LATER ..... 2  NOT AT ALL ..... 3 (SKIP TO 407) ←	THEN ..... 1 (SKIP TO 429) ← LATER ..... 2  NOT AT ALL ..... 3 (SKIP TO 429) ←	THEN ..... 1 (SKIP TO 429) ← LATER ..... 2  NOT AT ALL ..... 3 (SKIP TO 429) ←
406	How much longer would you have liked to wait?	MONTHS 1 <input type="checkbox"/> <input type="checkbox"/>  YEARS 2 <input type="checkbox"/> <input type="checkbox"/>  DON'T KNOW ... 998	MONTHS 1 <input type="checkbox"/> <input type="checkbox"/>  YEARS 2 <input type="checkbox"/> <input type="checkbox"/>  DON'T KNOW ... 998	MONTHS 1 <input type="checkbox"/> <input type="checkbox"/>  YEARS 2 <input type="checkbox"/> <input type="checkbox"/>  DON'T KNOW ... 998
407	Did you see anyone for antenatal care for this pregnancy?  IF YES: Whom did you see? Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	<b>HEALTH PROFESSIONAL</b> DOCTOR ..... A NURSE/MIDWIFE B NURSING ASSISTANT .... C  <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT/ RHM ..... D TRADITIONAL HEALER ..... E OTHER  _____ X (SPECIFY) <b>NO ONE</b> ..... Y (SKIP TO 414) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO- LAST BIRTH NAME _____	SECOND-FROM- LAST BIRTH NAME _____
408	<p>Where did you receive antenatal care for this pregnancy?</p> <p>CIRCLE ALL MENTIONED.</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>(NAME OF PLACE)</p>	<p><b>HOME</b> YOUR HOME ... A OTHER HOME B</p> <p><b>PUBLIC SECTOR</b> GOVT. HOSPITAL C GOVT. HEALTH CENTER ..... D PHU/CLINIC .... E OTHER PUBLIC F</p> <p>(SPECIFY)</p> <p><b>PRIVATE SECTOR</b> PVT. HOSPITAL/ CLINIC ..... G OTHER PRIVATE H</p> <p>(SPECIFY)</p> <p><b>MISSION</b> HOSPITAL ..... I CLINIC ..... J OTHER MISSION K</p> <p>(SPECIFY)</p> <p><b>NGO</b> FLAS L OTHER NGO M</p> <p>(SPECIFY)</p> <p>OTHER X</p> <p>(SPECIFY)</p>		
409	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . <input type="text"/> <input type="text"/>	DON'T KNOW . 98	
410	Including this first visit, how many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	DON'T KNOW . 98	
411	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>Were you weighed? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample? Were you physically examined?</p>	<p>YES NO</p> <p>WEIGHT . 1 2</p> <p>BP ..... 1 2</p> <p>URINE ..... 1 2</p> <p>BLOOD ..... 1 2</p> <p>EXAMINATION . 1 2</p>		
412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	YES ..... 1 NO ..... 2 (SKIP TO 414) ←   DON'T KNOW ..... 8		
413	Were you told where to go if you had any of these complications?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES ..... 1 NO ..... 2 (SKIP TO 417) ←   DON'T KNOW ..... 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO- LAST BIRTH NAME _____	SECOND-FROM- LAST BIRTH NAME _____
415	During this pregnancy, how many times did you get tetanus injection?	TIMES ..... <input type="checkbox"/> DON'T KNOW .... 8		
416	CHECK 415:	2 OR MORE OTHER TIMES <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 421) ↓		
417	At any time before this pregnancy, did you receive any tetanus injections?	YES ..... 1 NO ..... 2 (SKIP TO 421) ← DON'T KNOW .... 8		
418	Before this pregnancy, how many times did you get a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES ..... <input type="checkbox"/> DON'T KNOW .... 8		
419	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH ... <input type="checkbox"/> <input type="checkbox"/> DK MONTH ..... 98 YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 421) ← DK YEAR ..... 9998		
420	How many years ago did you receive that tetanus injection?	YEARS AGO ..... <input type="checkbox"/>		
421	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS	YES, GIVEN ..... 1 YES, BOUGHT ..... 2 NO ..... 3 (SKIP TO 422A) ← DON'T KNOW .... 8		
422	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW ... 998		
422A	During this pregnancy, did you take any drug for intestinal worms?	YES ..... 1 NO ..... 2 DON'T KNOW .... 8		
423	During this pregnancy, did you have difficulty with your vision during daylight?	YES ..... 1 NO ..... 2 DON'T KNOW .... 8		
424	During this pregnancy, did you suffer from night blindness?	YES ..... 1 NO ..... 2 DON'T KNOW .... 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO- LAST BIRTH NAME _____	SECOND-FROM- LAST BIRTH NAME _____
425	During this pregnancy, did you take any drugs to prevent you from getting malaria?	YES ..... 1 NO ..... 2 (SKIP TO 429) ← DON'T KNOW ..... 8		
426	What drugs did you take?  RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW DRUGS TO RESPONDENT	SP/FANSIDAR ... A CHLOROQUINE ... B  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z		
427	CHECK 426:  DRUGS TAKEN FOR MALARIA PREVENTION.	CODE 'B' CIRCLED      CODE B' NOT CIRCLED  ↓ (SKIP TO 429) ←		
428	How many times did you take Chloroquine during this pregnancy?	TIMES ..... <input type="text"/> <input type="text"/>		
429	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE ..... 1 LARGER THAN ..... 2 AVERAGE ..... 3 SMALLER THAN ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	VERY LARGE ..... 1 LARGER THAN ..... 2 AVERAGE ..... 3 SMALLER THAN ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	VERY LARGE ..... 1 LARGER THAN ..... 2 AVERAGE ..... 3 SMALLER THAN ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8
430	Was (NAME) weighed at birth?	YES ..... 1 NO ..... 2 (SKIP TO 432) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 432) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 432) ← DON'T KNOW ..... 8
431	How much did (NAME) weigh?  RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/>  DON'T KNOW . 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/>  DON'T KNOW . 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/>  DON'T KNOW . 99.998
432	Who assisted with the delivery of (NAME)?  Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.  IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	DOCTOR ..... A NURSE/MIDWIFE... B NURSING ASST.... C TRADITIONAL BIRTH ATTENDANT/RHM .. D RELATIVE/FRIEND .. E TRADITIONAL HEALER ..... F  OTHER _____ X (SPECIFY) NO ONE ..... Y	DOCTOR ..... A NURSE/MIDWIFE... B NURSING ASST.... C TRADITIONAL BIRTH ATTENDANT/RHM .. D RELATIVE/FRIEND .. E TRADITIONAL HEALER ..... F  OTHER _____ X (SPECIFY) NO ONE ..... Y	DOCTOR ..... A NURSE/MIDWIFE... B NURSING ASST.... C TRADITIONAL BIRTH ATTENDANT/RHM .. D RELATIVE/FRIEND .. E TRADITIONAL HEALER ..... F  OTHER _____ X (SPECIFY) NO ONE ..... Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO- LAST BIRTH NAME _____	SECOND-FROM- LAST BIRTH NAME _____
433	Where did you give birth to (NAME)?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____  (NAME OF PLACE)	<b>HOME</b> YOUR HOME ... 11 (SKIP TO 440) ← OTHER HOME ... 12  <b>PUBLIC SECTOR</b> GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 GOVT. CLINIC ... 23 OTHER PUBLIC 26  (SPECIFY)  <b>PRIVATE SECTOR</b> PVT. HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE 36  (SPECIFY)  <b>MISSION</b> HOSPITAL..... 41 CLINIC ..... 42  OTHER MISSION 46  (SPECIFY)  <b>NGO</b> ..... 51  <b>OTHER</b> 96  (SPECIFY) (SKIP TO 440) ←	<b>HOME</b> YOUR HOME ... 11 (SKIP TO 441) ← OTHER HOME ... 12  <b>PUBLIC SECTOR</b> GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 GOVT CLINIC ... 23 OTHER PUBLIC 26  (SPECIFY)  <b>PRIVATE SECTOR</b> PVT. HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE 36  (SPECIFY)  <b>MISSION</b> HOSPITAL..... 41 CLINIC ..... 42  OTHER MISSION 46  (SPECIFY)  <b>NGO</b> ..... 51  <b>OTHER</b> 96  (SPECIFY) (SKIP TO 441) ←	<b>HOME</b> YOUR HOME ... 11 (SKIP TO 441) ← OTHER HOME ... 12  <b>PUBLIC SECTOR</b> GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 GOVT CLINIC ... 23 OTHER PUBLIC 26  (SPECIFY)  <b>PRIVATE SECTOR</b> PVT. HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE 36  (SPECIFY)  <b>MISSION</b> HOSPITAL..... 41 CLINIC ..... 42  OTHER MISSION 46  (SPECIFY)  <b>NGO</b> ..... 51  <b>OTHER</b> 96  (SPECIFY) (SKIP TO 441) ←
434	How long after (NAME) was delivered did you stay there?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1  DAYS 2  WEEKS 3  DON'T KNOW ... 998	HOURS 1  DAYS 2  WEEKS 3  DON'T KNOW ... 998	HOURS 1  DAYS 2  WEEKS 3  DON'T KNOW ... 998
435	Was (NAME) delivered by caesarean section?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
436	Before you were discharged after (NAME) was born, did a health professional conduct a physical examination on you?	YES ..... 1 NO ..... 2 (SKIP TO 439) ←	YES ..... 1 (SKIP TO 451) ← NO ..... 2	YES ..... 1 (SKIP TO 451) ← NO ..... 2
437	How many hours, days or weeks after delivery did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1  DAYS 2  WEEKS 3  DON'T KNOW ... 998		
438	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	DOCTOR ..... 11 NURSE/MIDWIFE 12 NURSING ASSISTANT ... 13 OTHER 96  (SPECIFY) (SKIP TO 449) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO- LAST BIRTH NAME _____	SECOND-FROM- LAST BIRTH NAME _____
439	After you were discharged, did a health professional, a traditional birth attendant or a RHM conduct a physical examination on you?	YES ..... 1 (SKIP TO 442) ← NO ..... 2 (SKIP TO 449) ←	YES ..... 1 (SKIP TO 451) ← NO ..... 2	YES ..... 1 (SKIP TO 451) ← NO ..... 2
440	Why didn't you deliver in a health facility?  PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH . A FACILITY NOT OPEN B TOO FAR/ NO TRANS- PORTATION . C DON'T TRUST FACILITY/POOR SERVICE .... D NO FEMALE PROVIDER AT FACILITY ... E NO MALE PROVIDER AT FACILITY ... F HUSBAND/FAMILY OPPOSED .... G NOT NECESSARY . H NOT CUSTOMARY . I OTHER _____ X (SPECIFY)		
441	After (NAME) was born, did a health professional, a traditional birth attendant, a RHM, or a traditional healer conduct a physical examination on you?	YES ..... 1 NO ..... 2 (SKIP TO 445) ←	YES ..... 1 NO ..... 2 (SKIP TO 460) ↓	YES ..... 1 NO ..... 2 (SKIP TO 460) ↓
442	How many hours, days or weeks after delivery did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1  2  3  DAYS 2  WEEKS 3  DON'T KNOW . 998		
443	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	DOCTOR ..... 1 NURSE/MIDWIFE .. 2 NURSING ASSISTANT ... 3 TRADITIONAL HEALER ..... 4 TRADITIONAL BIRTH ATTENDANT/RHM 5 OTHER ..... 6  _____ (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO- LAST BIRTH NAME _____	SECOND-FROM- LAST BIRTH NAME _____												
444	<p>Where did this first check take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p>	<b>HOME</b> YOUR HOME ... 11 OTHER HOME ... 12  <b>PUBLIC SECTOR</b> GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 PHU/CLINIC..... 23 OTHER PUBLIC 26  _____ (SPECIFY)  <b>PRIVATE SECTOR</b> PVT. HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE 36  _____ (SPECIFY)  <b>MISSION</b> HOSPITAL ..... 41 CLINIC..... 42 OTHER MISSION ..... 46  _____ (SPECIFY)  <b>NGO</b> FLAS ..... 51 OTHER NGO ... 56  _____ (SPECIFY)  OTHER 96 _____ (SPECIFY)														
444A	CHECK 439:	YES <input type="checkbox"/> NOT ASKED <input type="checkbox"/> ↓ ↓ (SKIP TO 449)														
445	In the two months after (NAME) was born, did a health professional or traditional birth attendant check on his/her health?	YES ..... 1 NO ..... 2 (SKIP TO 449) ← DON'T KNOW . 8														
446	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS.          IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<b>AFTER BIRTH</b>  HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>  DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>  WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>  DON'T KNOW . 998														
447	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	DOCTOR ..... 11 NURSE/MIDWIFE. 12 NURSING ASSISTANT . 13 TRADITIONAL HEALER . 14 TRADITIONAL BIRTH ATTENDANT . 15  OTHER _____ 96 _____ (SPECIFY)														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO- LAST BIRTH NAME _____	SECOND-FROM- LAST BIRTH NAME _____
448	<p>Where did this first check of (NAME) take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p>	<p><b>HOME</b></p> <p>YOUR HOME . 11 OTHER HOME . 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ... 22 PHU/CLINIC ... 23 OTHER PUBLIC 26</p> <p>_____ (SPECIFY)</p> <p><b>PRIVATE MED. SECTOR</b></p> <p>PVT. HOSPITAL/ CLINIC .... 31 OTHER PRIVATE 36</p> <p>_____ (SPECIFY)</p> <p><b>MISSION</b></p> <p>HOSPITAL . 41 CLINIC ..... 42 OTHER MISSION 46</p> <p>_____ (SPECIFY)</p> <p><b>NGO</b></p> <p>FLAS ..... 51 OTHER NGO 56</p> <p>_____ (SPECIFY)</p> <p>OTHER _____ 96</p> <p>_____ (SPECIFY)</p>		
449	<p>Within the first two months after delivery, did you receive a vitamin A dose like (this/any of these)?</p> <p>SHOW COMMON TYPES OF CAPSULES.</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>		
450	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES ..... 1</p> <p>(SKIP TO 452) ←</p> <p>NO ..... 2</p> <p>(SKIP TO 453) ←</p>		
451	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>		<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 455) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 455) ←</p>
452	<p>For how many months after the birth of (NAME) did you <u>not</u> have a period?</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DK ..... 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO- LAST BIRTH NAME _____	SECOND-FROM- LAST BIRTH NAME _____						
453	CHECK 226: IS RESPONDENT PREGNANT?	NOT <input type="checkbox"/> PREGNANT PREG- NANT <input type="checkbox"/> OR UNSURE ↓ (SKIP TO 455) ←								
454	Have you resumed sexual relations since the birth of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 456) ←								
455	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW ..... 98			MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW ..... 98			MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW ..... 98		
456	Did you ever breastfeed (NAME)?	YES ..... 1 (SKIP TO 457) ← NO ..... 2	YES ..... 1 (SKIP TO 457) ← NO ..... 2	YES ..... 1 (SKIP TO 457) ← NO ..... 2						
456A	What was the main reason you did not breastfeed (NAME)?	MOTHER ILL/WEAK.. 01 CHILD ILL/WEAK... 02 CHLD DIED ..... 03 NIPPLE/BREAST PROBLEM ..... 04 NOT ENOUGH MILK ..... 05 MOTHER WORKING/ AT SCHOOL ... 06 CHILD REFUSED .. 07 FEAR OF HIV TRANSMISSION . 08 OTHER _____ 96 (SPECIFY) (SKIP TO 463)	MOTHER ILL/WEAK.. 01 CHILD ILL/WEAK... 02 CHLD DIED ..... 03 NIPPLE/BREAST PROBLEM ..... 04 NOT ENOUGH MILK ..... 05 MOTHER WORKING/ AT SCHOOL ... 06 CHILD REFUSED .. 07 FEAR OF HIV TRANSMISSION . 08 OTHER _____ 96 (SPECIFY) (SKIP TO 460)	MOTHER ILL/WEAK.. 01 CHILD ILL/WEAK... 02 CHLD DIED ..... 03 NIPPLE/BREAST PROBLEM ..... 04 NOT ENOUGH MILK ..... 05 MOTHER WORKING/ AT SCHOOL ... 06 CHILD REFUSED .. 07 FEAR OF HIV TRANSMISSION . 08 OTHER _____ 96 (SPECIFY) (SKIP TO 460)						
457	How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY... 000  HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
458	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO 460) ←								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO- LAST BIRTH NAME _____	SECOND-FROM- LAST BIRTH NAME _____
459	What was (NAME) given to drink?  Anything else?  RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . . A PLAIN WATER . . . B SUGAR OR GLU- COSE WATER . . C GRIPE WATER . . . D SUGAR-SALT-WATER SOLUTION . . . E FRUIT JUICE . . . F INFANT FORMULA . G TEA/INFUSIONS . . H HONEY . . . . . I OTHER _____ X (SPECIFY)		
460	CHECK 404:  IS CHILD LIVING?	LIVING      DEAD <input type="checkbox"/>  ↓ (SKIP TO 462) ←	LIVING      DEAD <input type="checkbox"/>  ↓ (SKIP TO 462) ←	LIVING      DEAD <input type="checkbox"/>  ↓ (SKIP TO 462) ←
461	Are you still breastfeeding (NAME)?	YES . . . . . 1 (SKIP TO 464) ← NO . . . . . 2	YES . . . . . 1 (SKIP TO 466) ← NO . . . . . 2	YES . . . . . 1 (SKIP TO 466) ← NO . . . . . 2
462	For how many months did you breastfeed (NAME)?	MONTHS . . . <input type="checkbox"/> <input type="checkbox"/>  DON'T KNOW . . . 98	MONTHS . . . <input type="checkbox"/> <input type="checkbox"/>  DON'T KNOW . . . 98	MONTHS . . . <input type="checkbox"/> <input type="checkbox"/>  DON'T KNOW . . . 98
463	CHECK 404:  IS CHILD LIVING?	LIVING      DEAD <input type="checkbox"/>  ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO (SKIP TO 466)      TO 467)	LIVING      DEAD <input type="checkbox"/>  ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO (SKIP TO 466)      TO 467)	LIVING      DEAD <input type="checkbox"/>  ↓ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE (SKIP TO 466)      BIRTHS, GO TO 467)
464	How many times did you breastfeed last night between sunset and sunrise?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . . <input type="checkbox"/> <input type="checkbox"/>		
465	How many times did you breastfeed yesterday during the daylight hours?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . . <input type="checkbox"/> <input type="checkbox"/>		
466	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . 8
467		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. IMMUNIZATION, HEALTH, AND WOMEN'S NUTRITION

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN THREE BIRTHS, USE LAST TWO COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
502	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER .....	NEXT-TO-LAST BIRTH LINE NUMBER .....	SECOND-FROM-LAST BIRTH LINE NUMBER .....
503	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 547)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 547)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT- TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 547)
504	Has (NAME) ever received a vitamin A dose like (this/any of these)? SHOW CAPSULES.	YES ..... 1 NO ..... 2 (SKIP TO 506) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 506) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 506) ← DON'T KNOW ..... 8
505	How many months ago did (NAME) take the last dose?	MONTHS AGO .. <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW ..... 98	MONTHS AGO .. <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW ..... 98	MONTHS AGO .. <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW ..... 98
506	Is (NAME) currently taking iron pills like this (any of these)?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
506A	Has (NAME) taken any tablet or syrup for intestinal worms worms in the past six months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
507	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN ..... 1 (SKIP TO 509) ← YES, NOT SEEN ..... 2 (SKIP TO 511) ← NO CARD ..... 3	YES, SEEN ..... 1 (SKIP TO 509) ← YES, NOT SEEN ..... 2 (SKIP TO 511) ← NO CARD ..... 3	YES, SEEN ..... 1 (SKIP TO 509) ← YES, NOT SEEN ..... 2 (SKIP TO 511) ← NO CARD ..... 3
508	Did you ever have a vaccination card for (NAME)?	YES ..... 1 (SKIP TO 511) ← NO ..... 2	YES ..... 1 (SKIP TO 511) ← NO ..... 2	YES ..... 1 (SKIP TO 511) ← NO ..... 2

509

- (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.  
 (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.

	LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH		
	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR
BCG				BCG			BCG		
POLIO 0 (POLIO GIVEN AT BIRTH)				P0			P0		
POLIO 1				P1			P1		
POLIO 2				P2			P2		
POLIO 3				P3			P3		
DPT 1				D1			D1		
DPT 2				D2			D2		
DPT 3				D3			D3		
HBV 1				HBV1			HBV1		
HBV 2				HBV2			HBV2		
HBV 3				HBV3			HBV3		
MEASLES				MEASLES			MEASLES		
VITAMIN A (MOST RECENT)				VIT A (1)			VIT A (1)		
VITAMIN A (2nd MOST RECENT)				VIT A (2)			VIT A (2)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
510	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign?  RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINES.	YES ..... 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 509) (SKIP TO 513) ←  NO ..... 2 (SKIP TO 513) ← DON'T KNOW ..... 8	YES ..... 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 509) (SKIP TO 513) ←  NO ..... 2 (SKIP TO 513) ← DON'T KNOW ..... 8	YES ..... 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 509) (SKIP TO 513) ←  NO ..... 2 (SKIP TO 513) ← DON'T KNOW ..... 8
511	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES ..... 1  NO ..... 2 (SKIP TO 515) ← DON'T KNOW ..... 8	YES ..... 1  NO ..... 2 (SKIP TO 515) ← DON'T KNOW ..... 8	YES ..... 1  NO ..... 2 (SKIP TO 515) ← DON'T KNOW ..... 8
512	Please tell me if (NAME) received any of the following vaccinations:			
512A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually leaves a scar?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
512B	Polio vaccine, that is, drops in the mouth?	YES ..... 1 NO ..... 2 (SKIP TO 512E) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 512E) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 512E) ← DON'T KNOW ..... 8
512C	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS ... 1 LATER ..... 2	FIRST 2 WEEKS ... 1 LATER ..... 2	FIRST 2 WEEKS ... 1 LATER ..... 2
512D	How many times was the polio vaccine received?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
512E	A DPT vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES ..... 1 NO ..... 2 (SKIP TO 512G) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 512G) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 512G) ← DON'T KNOW ..... 8
512F	How many times was a DPT vaccination received?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
512G	An HBV injection given on the thigh sometimes with polio drops?	YES ..... 1 NO ..... 2 (SKIP TO 512I) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 512I) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 512I) ← DON'T KNOW ..... 8
512H	How many times was an HBV vaccination received?  This is an injection that is usually given in the thigh.	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
512I	An injection to prevent measles? This injection is usually given in the left upper arm.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
513	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES ..... 1 NO ..... 2 (SKIP TO 515) ← NO VACCINATION IN THE LAST 2 YRS. 3 (SKIP TO 515) ← DON'T KNOW ... 8 (SKIP TO 515) ←	YES ..... 1 NO ..... 2 (SKIP TO 515) ← NO VACCINATION IN THE LAST 2 YRS. 3 (SKIP TO 515) ← DON'T KNOW ... 8 (SKIP TO 515) ←	YES ..... 1 NO ..... 2 (SKIP TO 515) ← NO VACCINATION IN THE LAST 2 YRS. 3 (SKIP TO 515) ← DON'T KNOW ... 8 (SKIP TO 515) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
514	At which national immunization day campaigns did (NAME) receive vaccinations?  RECORD ALL CAMPAIGNS MENTIONED.	POLIO AND VIT A (JULY 2004) ... A  MEASLES AND VIT A (JULY 2006) ... B	POLIO AND VIT A (JULY 2004) ... A  MEASLES AND VIT A (JULY 2006) ... B	POLIO AND VIT A (JULY 2004) ... A  MEASLES AND VIT A (JULY 2006) ... B
515	Has (NAME) had diarrhoea in the last two weeks?	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8
516	Was there any blood in the stools?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
517	Now I would like to know how much (NAME) was given to drink during the diarrhoea. Was he/she given less than usual to drink, about the same amount or more than usual to drink?  IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS ..... 1 SOMETHAWT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMETHAWT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMETHAWT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8
518	When (NAME) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?  IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMETHAWT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ..... 5 NEVER GAVE FOOD ..... 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMETHAWT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ..... 5 NEVER GAVE FOOD ..... 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMETHAWT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ..... 5 NEVER GAVE FOOD ..... 6 DON'T KNOW ..... 8
519	Did you seek advice or treatment for the diarrhoea from any source?	YES ..... 1 NO ..... 2 (SKIP TO 524) ←	YES ..... 1 NO ..... 2 (SKIP TO 524) ←	YES ..... 1 NO ..... 2 (SKIP TO 524) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
520	<p>Where did you seek advice or treatment?</p> <p>IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ <b>(NAME OF PLACE)</b></p> <p>Anywhere else?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT HOSPITAL A GOVT HEALTH CENTER ..... B PHU/CLINIC ... C MOBILE CLINIC . D RHM/CBD ..... E OTHER PUBLIC F _____ (SPECIFY)</p> <p><b>PRIVATE MED. SECTOR</b></p> <p>PVT. HOSPITAL/ CLINIC ..... G PHARMACY ... H PVT DOCTOR ... I MOBILE CLINIC . J CBD ..... K OTHER PRIVATE L _____ (SPECIFY)</p> <p><b>MISSION</b></p> <p>HOSPITAL..... M CLINIC..... N OTHER MISSION O _____ (SPECIFY)</p> <p><b>NGO</b> ..... P</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... Q TRADITIONAL HEALER ..... R OTHER X _____ (SPECIFY)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT HOSPITAL A GOVT HEALTH CENTER ..... B PHU/CLINIC ... C MOBILE CLINIC . D RHM/CBD ..... E OTHER PUBLIC F _____ (SPECIFY)</p> <p><b>PRIVATE MED. SECTOR</b></p> <p>PVT. HOSPITAL/ CLINIC ..... G PHARMACY ... H PVT DOCTOR ... I MOBILE CLINIC . J CBD ..... K OTHER PRIVATE L _____ (SPECIFY)</p> <p><b>MISSION</b></p> <p>HOSPITAL..... M CLINIC..... N OTHER MISSION O _____ (SPECIFY)</p> <p><b>NGO</b> ..... P</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... Q TRADITIONAL HEALER ..... R OTHER X _____ (SPECIFY)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT HOSPITAL A GOVT HEALTH CENTER ..... B PHU/CLINIC ... C MOBILE CLINIC . D RHM/CBD ..... E OTHER PUBLIC F _____ (SPECIFY)</p> <p><b>PRIVATE MED. SECTOR</b></p> <p>PVT. HOSPITAL/ CLINIC ..... G PHARMACY ... H PVT DOCTOR ... I MOBILE CLINIC . J CBD ..... K OTHER PRIVATE L _____ (SPECIFY)</p> <p><b>MISSION</b></p> <p>HOSPITAL..... M CLINIC..... N OTHER MISSION O _____ (SPECIFY)</p> <p><b>NGO</b> ..... P</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... Q TRADITIONAL HEALER ..... R OTHER X _____ (SPECIFY)</p>
521	CHECK 520:	<p>TWO OR ONLY  <input type="checkbox"/> MORE ONE <input type="checkbox"/>  <input type="checkbox"/> CODES CODE <input type="checkbox"/>  CIRCLED CIRCLED</p> <p>↓ (SKIP TO 523) ←</p>	<p>TWO OR ONLY  <input type="checkbox"/> MORE ONE <input type="checkbox"/>  <input type="checkbox"/> CODES CODE <input type="checkbox"/>  CIRCLED CIRCLED</p> <p>↓ (SKIP TO 523) ←</p>	<p>TWO OR ONLY  <input type="checkbox"/> MORE ONE <input type="checkbox"/>  <input type="checkbox"/> CODES CODE <input type="checkbox"/>  CIRCLED CIRCLED</p> <p>↓ (SKIP TO 523) ←</p>
522	Where did you first seek advice or treatment?  USE LETTER CODE FROM 520.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
523	How many days after the diarrhoea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS ..... <input type="checkbox"/> <input type="checkbox"/>	DAYS ..... <input type="checkbox"/> <input type="checkbox"/>	DAYS ..... <input type="checkbox"/> <input type="checkbox"/>
524	Does (NAME) still have diarrhea?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
525	Was he/she given any of the following to drink at any time since he/she started having the diarrhea:	YES NO DK ORS PKT 1 2 8	YES NO DK ORS PKT 1 2 8	YES NO DK ORS PKT 1 2 8
a	A fluid made from a special packet called ORS	SSS 1 2 8	SSS 1 2 8	SSS 1 2 8
b	Sugar-Salt-Solution (SSS)			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
526	Was anything (else) given to treat the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8
527	What (else) was given to treat the diarrhea?  Anything else?  RECORD ALL TREATMENTS GIVEN.	<b>PILL OR SYRUP</b> ANTIBIOTIC ..... A ANTIMOTILITY ..... B VITAMIN A ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY/VIT. A) .. D UNKNOWN PILL OR SYRUP ..... E  <b>INJECTION</b> ANTIBIOTIC ..... F NON-ANTIBIOTIC ..... G UNKNOWN INJECTION ..... H (IV) INTRAVENOUS ... I HOME REMEDY/ HERBAL MEDICINE ..... J  OTHER _____ (SPECIFY) X	<b>PILL OR SYRUP</b> ANTIBIOTIC ..... A ANTIMOTILITY ..... B VITAMIN A ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY/VIT. A) .. D UNKNOWN PILL OR SYRUP ..... E  <b>INJECTION</b> ANTIBIOTIC ..... F NON-ANTIBIOTIC ..... G UNKNOWN INJECTION ..... H (IV) INTRAVENOUS ... I HOME REMEDY/ HERBAL MEDICINE ..... J  OTHER _____ (SPECIFY) X	<b>PILL OR SYRUP</b> ANTIBIOTIC ..... A ANTIMOTILITY ..... B VITAMIN A ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY/VIT. A) .. D UNKNOWN PILL OR SYRUP ..... E  <b>INJECTION</b> ANTIBIOTIC ..... F NON-ANTIBIOTIC ..... G UNKNOWN INJECTION ..... H (IV) INTRAVENOUS ... I HOME REMEDY/ HERBAL MEDICINE ..... J  OTHER _____ (SPECIFY) X
528	CHECK 527:  GIVEN VITAMIN A?	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/>  (SKIP TO 530) ←	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/>  (SKIP TO 530) ←	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/>  (SKIP TO 530) ←
529	How many times was (NAME) given vitamin A?	TIMES ..... <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW ..... 98	TIMES ..... <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW ..... 98	TIMES ..... <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW ..... 98
530	Has (NAME) been ill with a fever at any time in the last two weeks?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
531	Has (NAME) had an illness with a cough at any time in the last two weeks?	YES ..... 1 NO ..... 2 (SKIP TO 534) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 534) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 534) ← DON'T KNOW ..... 8
532	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES ..... 1 NO ..... 2 (SKIP TO 535) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 535) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 535) ← DON'T KNOW ..... 8
533	When (NAME) had this illness, did he/she have a problem in the chest or a blocked or runny nose?	CHEST ONLY ..... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 535) ←	CHEST ONLY ..... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 535) ←	CHEST ONLY ..... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 535) ←
534	CHECK 530:  HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/>  (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 546) ←	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/>  (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 546) ←	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/>  (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 546) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
535	Now I would like to know how much (NAME) was given to drink during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink?  IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8
536	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?  IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE ..... 4 STOPPED FOOD .. 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE ..... 4 STOPPED FOOD .. 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE ..... 4 STOPPED FOOD .. 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8
537	Did you seek advice or treatment for the illness from any source?	YES ..... 1 NO ..... 2 (SKIP TO 542)◀	YES ..... 1 NO ..... 2 (SKIP TO 542)◀	YES ..... 1 NO ..... 2 (SKIP TO 542)◀
538	Where did you seek advice or treatment?  Anywhere else?  RECORD ALL SOURCES MENTIONED.	<p><b>PUBLIC SECTOR</b>            GOVT HOSPITAL A            GOVT HEALTH            CENTER ..... B            PHU/CLINIC ... C            MOBILE CLINIC .. D            RHM/CBD ..... E            OTHER PUBLIC            _____ F            (SPECIFY)</p> <p><b>PRIVATE SECTOR</b>            PVT. HOSPITAL/            CLINIC ..... G            PHARMACY ... H            PVT DOCTOR ... I            MOBILE CLINIC .. J            OTHER PRIVATE            _____ K            (SPECIFY)</p> <p><b>MISSION</b>            HOSPITAL..... L            CLINIC..... M            OTHER MISSION N            _____ (SPECIFY)</p> <p><b>NGO</b> ..... P</p> <p><b>OTHER SOURCE</b>            SHOP ..... Q            TRADITIONAL            HEALER ..... R</p> <p>OTHER _____ X            (SPECIFY)</p>	<p><b>PUBLIC SECTOR</b>            GOVT HOSPITAL A            GOVT HEALTH            CENTER ..... B            PHU/CLINIC ... C            MOBILE CLINIC .. D            RHM/CBD ..... E            OTHER PUBLIC            _____ F            (SPECIFY)</p> <p><b>PRIVATE SECTOR</b>            PVT. HOSPITAL/            CLINIC ..... G            PHARMACY ... H            PVT DOCTOR ... I            MOBILE CLINIC .. J            OTHER PRIVATE            _____ K            (SPECIFY)</p> <p><b>MISSION</b>            HOSPITAL..... L            CLINIC..... M            OTHER MISSION N            _____ (SPECIFY)</p> <p><b>NGO</b> ..... P</p> <p><b>OTHER SOURCE</b>            SHOP ..... Q            TRADITIONAL            HEALER ..... R</p> <p>OTHER _____ X            (SPECIFY)</p>	<p><b>PUBLIC SECTOR</b>            GOVT HOSPITAL A            GOVT HEALTH            CENTER ..... B            PHU/CLINIC ... C            MOBILE CLINIC .. D            RHM/CBD ..... E            OTHER PUBLIC            _____ F            (SPECIFY)</p> <p><b>PRIVATE SECTOR</b>            PVT. HOSPITAL/            CLINIC ..... G            PHARMACY ... H            PVT DOCTOR ... I            MOBILE CLINIC .. J            OTHER PRIVATE            _____ K            (SPECIFY)</p> <p><b>MISSION</b>            HOSPITAL..... L            CLINIC..... M            OTHER MISSION N            _____ (SPECIFY)</p> <p><b>NGO</b> ..... P</p> <p><b>OTHER SOURCE</b>            SHOP ..... Q            TRADITIONAL            HEALER ..... R</p> <p>OTHER _____ X            (SPECIFY)</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
539	CHECK 538:	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE <input type="checkbox"/> CIRCLED CIRCLED ↓ (SKIP TO 541) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE <input type="checkbox"/> CIRCLED CIRCLED ↓ (SKIP TO 541) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE <input type="checkbox"/> CIRCLED CIRCLED ↓ (SKIP TO 541) ←
540	Where did you first seek advice or treatment?  USE LETTER CODE FROM 538.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
541	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS ..... <input type="checkbox"/> <input type="checkbox"/>	DAYS ..... <input type="checkbox"/> <input type="checkbox"/>	DAYS ..... <input type="checkbox"/> <input type="checkbox"/>
542	Is (NAME) still sick with a (fever/cough)?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
543	At any time during the illness, did (NAME) take any drugs for the illness?  (SKIP TO 546) ←	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 546) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 546) ← DON'T KNOW ..... 8
544	What drugs did (NAME) take?  Any other drugs? RECORD ALL MENTIONED.	<b>ANTIMALARIAL DRUGS</b> SP/FANSIDAR ..... A CHLOROQUINE ... B QUININE ..... C OTHER ANTI-MALARIAL ..... D  <b>ANTIBIOTIC</b> COTRIMOXAZOLE .. E AMOXYCILLIN ..... F PEN VK ..... G ERITHROMYCIN ... H  <b>OTHER DRUGS</b> PANADOL ..... I PHENERGAN ..... J OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	<b>ANTIMALARIAL DRUGS</b> SP/FANSIDAR ..... A CHLOROQUINE ... B QUININE ..... C OTHER ANTI-MALARIAL ..... D  <b>ANTIBIOTIC</b> COTRIMOXAZOLE .. E AMOXYCILLIN ..... F PEN VK ..... G ERITHROMYCIN ... H  <b>OTHER DRUGS</b> PANADOL ..... I PHENERGAN ..... J OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	<b>ANTIMALARIAL DRUGS</b> SP/FANSIDAR ..... A CHLOROQUINE ... B QUININE ..... C OTHER ANTI-MALARIAL ..... D  <b>ANTIBIOTIC</b> COTRIMOXAZOLE .. E AMOXYCILLIN ..... F PEN VK ..... G ERITHROMYCIN ... H  <b>OTHER DRUGS</b> PANADOL ..... I PHENERGAN ..... J OTHER _____ X (SPECIFY) DON'T KNOW ..... Z
544A	CHECK 544: ANY CODE A-H CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 546) ←	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 546) ←	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 546) ←
545	Did you already have (NAME OF DRUG FROM 544) at home when the child became ill?  IF YES, CIRCLE CODE FOR THAT DRUG.  ASK SEPARATELY FOR EACH ANTIMALARIAL OR ANTIBIOTIC DRUG GIVEN IN 544.	<b>ANTIMALARIAL DRUGS</b> SP/FANSIDAR ... A CHLOROQUINE . B QUININE ..... C OTHER ANTI-MALARIAL ... D  <b>ANTIBIOTIC</b> COTRIMOXAZOLE E AMOXYCYCLIN .. F PEN VK ..... G ERITHROMYCIN .. H  NO DRUG AT HOME Y	<b>ANTIMALARIAL DRUGS</b> SP/FANSIDAR ... A CHLOROQUINE . B QUININE ..... C OTHER ANTI-MALARIAL ... D  <b>ANTIBIOTIC</b> COTRIMOXAZOLE E AMOXYCYCLIN .. F PEN VK ..... G ERITHROMYCIN .. H  NO DRUG AT HOME Y	<b>ANTIMALARIAL DRUGS</b> SP/FANSIDAR ... A CHLOROQUINE . B QUININE ..... C OTHER ANTI-MALARIAL ... D  <b>ANTIBIOTIC</b> COTRIMOXAZOLE E AMOXYCYCLIN .. F PEN VK ..... G ERITHROMYCIN .. H  NO DRUG AT HOME Y
546		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 547.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
547	CHECK 215 AND 218, ALL ROWS:  NUMBER OF CHILDREN BORN IN 2001 OR LATER LIVING WITH THE RESPONDENT  ONE OR MORE <input type="checkbox"/> ↓      NONE <input type="checkbox"/>		550
548	The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE ... 01 PUT/RINSED INTO TOILET OR LATRINE ..... 02 PUT/RINSED INTO DRAIN OR DITCH ..... 03 THROWN INTO GARBAGE ..... 04 BURIED ..... 05 LEFT IN THE OPEN ..... 06  OTHER _____ 96 (SPECIFY)  DON'T KNOW ..... 98	
549	CHECK 525(a) AND 525(b), ALL COLUMNS:  NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ↓	ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>	552
550	Have you ever heard of a special product called ORS that you can get for the treatment of diarrhoea?	YES ..... 1 NO ..... 2	
552	CHECK 215 AND 218 IN ALL ROWS:  HAS AT LEAST ONE CHILD BORN IN 2003 OR LATER AND LIVING WITH HER <input type="checkbox"/> ↓	DOES NOT HAVE ANY CHILDREN BORN IN 2003 OR LATER AND LIVING WITH HER <input type="checkbox"/>	601
553	Now I would like to ask you about liquids or foods (NAME FROM 552) had yesterday during the day or at night.  Did (NAME FROM 552) (drink/eat):  Plain water?  Commercially produced infant formula?  Any baby food, e.g., Cerelac, ligugu?  Any (other) porridge or gruel?	YES   NO   DK  PLAIN WATER ..... 1   2   8  FORMULA ..... 1   2   8  BABY CEREAL ..... 1   2   8  OTHER PORRIDGE/GRUEL.. 1   2   8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																																																																	
554	<p>Now I would like to ask you about (other) liquids or foods that (NAME FROM 552) or you may have had yesterday during the day or at night. I am interested in whether your child or you had the item even if it was combined with other foods.</p> <p>Did (NAME FROM 552)/you drink (eat):</p> <ul style="list-style-type: none"> <li>a. Milk such as tinned, powdered, or fresh animal milk?</li> <li>b. Tea or coffee?</li> <li>c. Sugary drinks such as sodas or fruit juices?</li> <li>d. Any other liquids?</li> <li>e. Bread, rice, noodles, maize meal, or other foods made from grains?</li> <li>f. Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</li> <li>g. White potatoes, white yams, taro (emathapha), cassava, or any other foods made from roots?</li> <li>h. Any dark green, leafy vegetables? (such as cassava leaves, spinach, ocre, blackjack and pumkin leaves)</li> <li>i. Ripe mangoes, paw paw, oranges or guavas?</li> <li>j. Any other fruits or vegetables?</li> <li>k. Liver, kidney, heart or other organ meats (such as tripe, offals and tongue)?</li> <li>l. Beef, pork, lamb, goat, rabbit or impala?</li> <li>m. Chicken, duck, turkey or other birds?</li> <li>n. Eggs?</li> <li>o. Fresh or dried fish or shellfish?</li> <li>p. Any foods made from beans, peas, or lentils?</li> <li>q. Any nuts?</li> <li>r. Cheese, sour milk, yogurt or other milk products?</li> <li>s. Any oil, fats, or butter, or foods made with any of these?</li> <li>t. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?</li> <li>u. Any other solid or semi-solid food?</li> </ul>	<table border="1"> <thead> <tr> <th></th> <th colspan="3">CHILD</th> <th colspan="3">MOTHER</th> </tr> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>j</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>k</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>l</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>m</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>n</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>o</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>p</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>q</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>r</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>s</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>t</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>u</td> <td>1</td> <td>2</td> <td>8</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		CHILD			MOTHER				YES	NO	DK	YES	NO	DK	a	1	2	8	1	2	8	b	1	2	8	1	2	8	c	1	2	8	1	2	8	d	1	2	8	1	2	8	e	1	2	8	1	2	8	f	1	2	8	1	2	8	g	1	2	8	1	2	8	h	1	2	8	1	2	8	i	1	2	8	1	2	8	j	1	2	8	1	2	8	k	1	2	8	1	2	8	l	1	2	8	1	2	8	m	1	2	8	1	2	8	n	1	2	8	1	2	8	o	1	2	8	1	2	8	p	1	2	8	1	2	8	q	1	2	8	1	2	8	r	1	2	8	1	2	8	s	1	2	8	1	2	8	t	1	2	8	1	2	8	u	1	2	8				
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SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP							
601	Are you in a civil or traditional marriage or both civil and traditional marriage?	CIVIL MARRIAGE ..... 1 TRADITIONAL MARRIAGE ..... 2 BOTH CIVIL AND TRAD ..... 3 NO ..... 4	→ 601B							
601A	Was dowry/labola paid?	YES ..... 1 NO ..... 2	→ 605							
601B	Are you living with a man as if married?	YES ..... 1 NO ..... 2	→ 605							
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A MAN ..... 2 NO ..... 3	→ 619							
604	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	→ 610							
605	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2								
606	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME .....  LINE NO. .... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>								
607	Besides yourself, does your husband/partner have other wives or does he live with other women as if married?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 610							
608	Including yourself, in total, how many wives or partners does your husband live with now as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS.... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW ..... 98								
609	Are you the first, second, ... wife?	RANK ..... NO RANK ..... 96 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>								
610	Have you been married or lived with a man only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2								
611	CHECK 610:  MARRIED/ LIVED WITH A MAN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> ONLY ONCE ↓  In what month and year did you start living with your husband/partner?  MARRIED/ LIVED WITH A MAN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> MORE THAN ONCE ↓  Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?			MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW MONTH ..... 98  YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table> DON'T KNOW YEAR ..... 9998						→ 614
612	How old were you when you first started living with him?	AGE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
614	CHECK 604: IS RESPONDENT CURRENTLY WIDOWED?  NOT ASKED OR NOT WIDOWED <input type="checkbox"/> WIDOWED <input type="checkbox"/>		617
615	CHECK 610:  MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONLY ONCE <input type="checkbox"/>		619
616	How did your previous marriage or union end?	DEATH/WIDOWHOOD ..... 1 DIVORCE ..... 2 SEPARATION ..... 3	<input type="checkbox"/> 619
617	Who did most of your late husband's property go to?	RESPONDENT ..... 1 OTHER WIFE ..... 2 SPOUSE'S CHILDREN ..... 3 SPOUSE'S FAMILY ..... 4  OTHER ..... 6 (SPECIFY) NO PROPERTY ..... 7	619
618	Did you receive any of your late husband's assets or valuables?	YES ..... 1 NO ..... 2	
619	CHECK FOR THE PRESENCE OF OTHERS.  BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
620	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.  How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE ..... 00  AGE IN YEARS ..... <input type="text"/> <input type="text"/>  FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER ..... 95	622
621	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8	<input type="checkbox"/> 642
622	CHECK 107: AGE <input type="checkbox"/> 15-24 ↓ AGE <input type="checkbox"/> 25-49		627
623	The <u>first</u> time you had sexual intercourse, was a male condom or female condom used?	YES, MALE CONDOM ..... 1 YES, FEMALE CONDOM ..... 2 NO ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8	<input type="checkbox"/> 624
623A	What was the main reason you did not use a condom the <u>first</u> time you had sexual intercourse?	AVAILABILITY ..... 01 COST ..... 02 NOT NECESSARY ..... 03 NOT THOUGHT OF ..... 04 PARTNER REFUSED ..... 05 REDUCES PLEASURE ..... 06  OTHER ..... 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
624	How old was the person you first had sexual intercourse with?	AGE OF PARTNER ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	→ 627
625	Was this person older than you, younger than you, or about the same age as you?	OLDER ..... 1 YOUNGER ..... 2 ABOUT THE SAME AGE ..... 3 DON'T KNOW/DON'T REMEMBER ... 8	→ 627
626	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER ..... 1 LESS THAN TEN YEARS OLDER .... 2 OLDER, UNSURE HOW MUCH ..... 3	
627	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
627A	When was the <u>last</u> time you had sexual intercourse?  IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ..... 1  WEEKS AGO ..... 2  MONTHS AGO ..... 3  YEARS AGO ..... 4	→ 641

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
628	When was the last time you had sexual intercourse with this person?		DAYS . 1 WEEKS 2 MONTHS 3	DAYS . 1 WEEKS 2 MONTHS 3
629	The last time you had sexual intercourse with this (second/third) person, was a male condom or a female condom used?	YES, MALE CONDOM. 1 YES, FEMALE CON. 2 (SKIP TO 630) ← NO ..... 3	YES, MALE CONDOM. 1 YES, FEMALE CON. 2 (SKIP TO 630) ← NO ..... 3	YES, MALE CONDOM. 1 YES, FEMALE CON. 2 (SKIP TO 630) ← NO ..... 3
629A	What was the main reason you did not use a condom the last time you had sexual intercourse with this (second/third) person?	NOT AVAILABLE ... 01 COST ..... 02 NOT NECESSARY ... 03 NOT THOUGHT OF ... 04 PARTNER REFUSED .. 05 REDUCES PLEASURE 06 OTHER  96 (SPECIFY) (SKIP TO 631) ↓	NOT AVAILABLE ... 01 COST ..... 02 NOT NECESSARY ... 03 NOT THOUGHT OF ... 04 PARTNER REFUSED .. 05 REDUCES PLEASURE 06 OTHER  96 (SPECIFY) (SKIP TO 631) ↓	NOT AVAILABLE ... 01 COST ..... 02 NOT NECESSARY ... 03 NOT THOUGHT OF ... 04 PARTNER REFUSED .. 05 REDUCES PLEASURE 06 OTHER  96 (SPECIFY) (SKIP TO 631) ↓
630	Was a male or a female condom used everytime you had sexual intercourse wth this person in the last 12 months?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
631	What was your relationship to this person with whom you had sexual intercourse?  IF PARTNER: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	HUSBAND ..... 1 (SKIP TO 637) ← LIVE-IN PARTNER 2 PARTNER NOT LIVING WITH RESPONDENT .. 3 CASUAL ACQUAINTANCE .. 4 COMMERCIAL SEX WORKER .. 5 OTHER ..... 6 (SPECIFY)	HUSBAND ..... 1 (SKIP TO 637) ← LIVE-IN PARTNER 2 PARTNER NOT LIVING WITH RESPONDENT .. 3 CASUAL ACQUAINTANCE .. 4 COMMERCIAL SEX WORKER .. 5 OTHER ..... 6 (SPECIFY)	HUSBAND ..... 1 (SKIP TO 637) ← LIVE-IN PARTNER 2 PARTNER NOT LIVING WITH RESPONDENT .. 3 CASUAL ACQUAINTANCE .. 4 COMMERCIAL SEX WORKER .. 5 OTHER ..... 6 (SPECIFY)
632	For how long (have you had/did you have) a sexual relationship with this person?  IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 MONTHS 2 YEARS 3	DAYS . 1 MONTHS 2 YEARS 3	DAYS . 1 MONTHS 2 YEARS 3
633	CHECK 107:	AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/>  (SKIP TO 637) ←	AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/>  (SKIP TO 637) ←	AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/>  (SKIP TO 637) ←
634	How old is this person?	AGE OF PARTNER <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 637) ← DON'T KNOW ..... 98	AGE OF PARTNER <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 637) ← DON'T KNOW ..... 98	AGE OF PARTNER <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 637) ← DON'T KNOW ..... 98
635	Is this person older than you, younger than you, or about the same age?	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 637) ←	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 637) ←	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 637) ←

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
636	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . . 1 LESS THAN TEN YEARS OLDER . . 2 OLDER, UNSURE HOW MUCH . . . 3	TEN OR MORE YEARS OLDER . . 1 LESS THAN TEN YEARS OLDER . . 2 OLDER, UNSURE HOW MUCH . . . 3	TEN OR MORE YEARS OLDER . . 1 LESS THAN TEN YEARS OLDER . . 2 OLDER, UNSURE HOW MUCH . . . 3
637	The last time you had sexual intercourse with this person, did you or this person take alcohol or other intoxicating substances?	YES NO ALCOHOL . . . 1 2 OTHER . . . . 1 2	YES NO ALCOHOL . . . 1 2 OTHER . . . . 1 2	YES NO ALCOHOL . . . 1 2 OTHER . . . . 1 2
637A	CHECK 637:	ANY ALL YES NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 639) ←	ANY ALL YES NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 639) ←	ANY ALL YES NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 640) ←
638	Were you or your partner drunk at that time?  IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . . 3 NEITHER . . . . . 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . . 3 NEITHER . . . . . 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . . 3 NEITHER . . . . . 4
639	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 (GO BACK TO 628 ← IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 641) ←	YES . . . . . 1 (GO BACK TO 628 ← IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 641) ←	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
640	<p>In total, with how many different people have you had sexual intercourse in the last 12 months?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS LAST 12 MONTHS .....</p> <input type="text"/> <input type="text"/> <p>DON'T KNOW ..... 98</p>	
641	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS IN LIFETIME .....</p> <input type="text"/> <input type="text"/> <p>DON'T KNOW ..... 98</p>	
641A	<p>CHECK 301 (07):</p> <p>HAS HEARD OF MALE CONDOM <input type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p>HAS NOT HEARD OF MALE CONDOM <input type="checkbox"/></p>	<p>→ 645</p>
642	<p>Do you know of a place where a person can get male condoms?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 645</p>
643	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>PHU/CLINIC ..... C</p> <p>MOBILE CLINIC ..... D</p> <p>RHM/CBD ..... E</p> <p>OTHER PUBLIC _____ F (SPECIFY)</p> <p><b>PRIVATE SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... G</p> <p>PHARMACY ..... H</p> <p>PRIVATE DOCTOR ..... I</p> <p>MOBILE CLINIC ..... J</p> <p>CBD ..... K</p> <p>OTHER PRIVATE _____ L (SPECIFY)</p> <p><b>MISSION</b></p> <p>HOSPITAL ..... M</p> <p>CLINIC ..... N</p> <p>OTHER MISSION _____ O (SPECIFY)</p> <p><b>NGO</b></p> <p>FLAS ..... P</p> <p>OTHER NGO _____ Q (SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... R</p> <p>CHURCH ..... S</p> <p>FRIENDS/RELATIVES ..... T</p> <p>OTHER _____ X (SPECIFY)</p>	
644	<p>If you wanted to, could you yourself get a male condom?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
645	CHECK 301 (08): HAS HEARD OF FEMALE CONDOM <input type="checkbox"/> HAS NOT HEARD OF FEMALE CONDOM <input type="checkbox"/>		701
645A	Do you know of a place where a person can get female condoms?	YES ..... 1 NO ..... 2	701
646	Where is that?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  <hr style="border-top: 1px solid black; margin-bottom: 10px;"/> (NAME OF PLACE(S))	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B PHU/CLINIC ..... C MOBILE CLINIC ..... D RHM/CBD ..... E OTHER PUBLIC _____ F (SPECIFY)  <b>PRIVATE SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... G PHARMACY ..... H PRIVATE DOCTOR ..... I MOBILE CLINIC ..... J CBD ..... K OTHER PRIVATE _____ L (SPECIFY)  <b>MISSION</b> HOSPITAL ..... M CLINIC ..... N OTHER MISSION _____ O (SPECIFY)  <b>NGO</b> FLAS ..... P OTHER NGO _____ Q (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... R CHURCH ..... S FRIENDS/RELATIVES ..... T  OTHER _____ X (SPECIFY)	
647	If you wanted to, could you yourself get a female condom?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 713
702	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>  Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?  Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS SHE CAN'T GET PREGNANT ..... 3 UNDECIDED/DON'T KNOW: AND PREGNANT ..... 4 AND NOT PREGNANT OR UNSURE ..... 5	→ 704 → 713 → 709 → 708
703	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>  How long would you like to wait from now before the birth of (a/another) child?  After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 YEARS ..... 2 SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT ..... 994 AFTER MARRIAGE ..... 995 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	→ 708 → 713 → 708 → 708
704	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 709
705	CHECK 310: USING A CONTRACEPTIVE METHOD?  NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 713
706	CHECK 703:  NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</p> <p style="text-align: center;">WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/>      WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p style="text-align: center;">RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED ..... A</p> <p><b>FERTILITY-RELATED REASONS</b></p> <p>NOT HAVING SEX ..... B HIV POSITIVE ..... C OTHER REASONS ..... D INFREQUENT SEX ..... E MENOPAUSAL/HYSTERECTOMY ..... F SUBFECUND/INFECUND ..... G POSTPARTUM AMENORRHEIC ..... H BREASTFEEDING ..... I FATALISTIC ..... J</p> <p><b>OPPOSITION TO USE</b></p> <p>RESPONDENT OPPOSED ..... K HUSBAND/PARTNER OPPOSED ..... L OTHERS OPPOSED ..... M RELIGIOUS PROHIBITION ..... N</p> <p><b>LACK OF KNOWLEDGE</b></p> <p>KNOWS NO METHOD ..... O KNOWS NO SOURCE ..... P</p> <p><b>METHOD-RELATED REASONS</b></p> <p>HEALTH CONCERNS ..... Q FEAR OF SIDE EFFECTS ..... R LACK OF ACCESS/TOO FAR ..... S COSTS TOO MUCH ..... T INCONVENIENT TO USE ..... U INTERFERES WITH BODY'S NORMAL PROCESSES ..... V</p> <p>OTHER ..... X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
708	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p style="text-align: center;">NOT ASKED <input type="checkbox"/>      NO, NOT CURRENTLY USING <input type="checkbox"/>      YES, CURRENTLY USING <input type="checkbox"/></p>		→ 713
709	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 711
710	Which contraceptive method would you prefer to use?	<p>FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 IMPLANTS ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 LACTATIONAL AMEN. METHOD ..... 11 RHYTHM METHOD ..... 12 WITHDRAWAL ..... 13</p> <p>OTHER ..... 96 (SPECIFY)</p> <p>UNSURE ..... 98</p>	→ 713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	What is the main reason that you think you will not use a contraceptive method at any time in the future?  CIRCLE ONLY ONE CODE.	<p>NOT MARRIED ..... 11</p> <p><b>FERTILITY-RELATED REASONS</b></p> <p>INFREQUENT SEX/NO SEX .... 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND ..... 24 WANTS AS MANY CHILDREN AS POSSIBLE ..... 26</p> <p><b>OPPOSITION TO USE</b></p> <p>RESPONDENT OPPOSED ..... 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED ..... 33 RELIGIOUS PROHIBITION ..... 34</p> <p><b>LACK OF KNOWLEDGE</b></p> <p>KNOWS NO METHOD ..... 41 KNOWS NO SOURCE ..... 42</p> <p><b>METHOD-RELATED REASONS</b></p> <p>HEALTH CONCERNs ..... 51 FEAR OF SIDE EFFECTS ..... 52 LACK OF ACCESS/TOO FAR .... 53 COSTS TOO MUCH ..... 54 INCONVENIENT TO USE ..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES ..... 56</p> <p>OTHER ..... 96 (SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	
712	Would you ever use a contraceptive method if you were married?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
713	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE ..... 00</p> <p>NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER ..... 96 (SPECIFY)</p>	→ 715
714	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	<p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>BOYS      GIRLS      EITHER</p> <p>OTHER ..... 96 (SPECIFY)</p>	
715	In the last six months have you heard or seen about family planning:  On the radio? On the television? In a newspaper or magazine?	<p>YES NO</p> <p>RADIO ..... 1 2</p> <p>TELEVISION ..... 1 2</p> <p>NEWSPAPER OR MAGAZINE ... 1 2</p>	
716	In the last six months have you heard or seen any writing about family planning in:  Billboards? Posters? Pamphlets? T-shirts? Other?	<p>YES NO</p> <p>BILLBOARDS ..... 1 2</p> <p>POSTERS ..... 1 2</p> <p>PAMPHLETS ..... 1 2</p> <p>T-SHIRTS ..... 1 2</p> <p>OTHER ..... 1 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716A	In the last six months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES ..... 1 NO ..... 2	→ 717
716B	With whom?  Anyone else?  RECORD ALL PERSONS MENTIONED.	HUSBAND/PARTNER ..... A MOTHER ..... B FATHER ..... C SISTER(S) ..... D BROTHER(S) ..... E DAUGHTER(S) ..... F SON(S) ..... G MOTHER(S)-IN-LAW ..... H FRIENDS/NEIGHBOURS ..... I  OTHER _____ X (SPECIFY)	
717	CHECK 601, 601B, 604:  YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→ 801
718	CHECK 311/311A:  NEITHER CODE B, G, NOR M CIRCLED, BUT SOME OTHER CODE(S) CIRCLED <input type="checkbox"/>  CODE B, G, OR M CIRCLED <input type="checkbox"/>  NO CODE CIRCLED <input type="checkbox"/>		→ 720 → 722
719	Does your husband/partner know that you are using a method of family planning?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 721
720	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	MAINLY RESPONDENT ..... 1 MAINLY HUSBAND/PARTNER ..... 2 JOINT DECISION ..... 3 OTHER _____ X (SPECIFY)	6
721	CHECK 311/311A:  NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 801
722	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER ..... 1 MORE CHILDREN ..... 2 FEWER CHILDREN ..... 3 DON'T KNOW ..... 8	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602:  CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> ↓  FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/>	NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/>  NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/>	→ 803 → 807
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
803	Did your (last) husband/partner ever attend school?	YES ..... 1 NO ..... 2	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher?	LOWER PRIMARY ..... 1 HIGHER PRIMARY ..... 2 SECONDARY ..... 3 HIGH SCHOOL ..... 4 TERTIARY ..... 5	
805	What was the highest (grade/form/year) he completed at that level?	GRADE/FORM/YEAR ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
806	CHECK 801:  CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> ↓  FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> ↓  What is your husband's/partner's occupation? That is, what kind of work does he mainly do?  What was your (last) husband's/partner's occupation? That is, what kind of work did he mainly do?	      	
807	Aside from your own housework, have you done any work in the last seven days?	YES ..... 1 NO ..... 2	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES ..... 1 NO ..... 2	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES ..... 1 NO ..... 2	→ 811
810	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 811
810A	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/ STUDYING ..... 1 LOOKING FOR WORK ..... 2 RETIRED ..... 3 UNABLE TO WORK, ILL/ HANDICAPPED ..... 4 HOUSEWORK/CHILD CARE ..... 5  OTHER _____ 6 (SPECIFY)	→ 818

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811	What is your occupation, that is, what kind of work do you mainly do?	   	<input type="checkbox"/> <input type="checkbox"/>
812	CHECK 811: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 814
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND ..... 1 FAMILY LAND ..... 2 RENTED LAND ..... 3 SOMEONE ELSE'S LAND ..... 4	
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER ..... 1 FOR SOMEONE ELSE ..... 2 SELF-EMPLOYED ..... 3	
815	Do you usually work at home or away from home?	HOME ..... 1 AWAY ..... 2	
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR ..... 2 ONCE IN A WHILE ..... 3	
817	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 824
819	CHECK 817: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 822
820	Who decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 OTHER ..... 6	
821	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?	MORE THAN HIM ..... 1 LESS THAN HIM ..... 2 ABOUT THE SAME ..... 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY ..... 4 DON'T KNOW ..... 8	→ 823

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
822	Who decides how your husband's/partner's earnings will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY .. 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY ..... 4 OTHER _____ 6 (SPECIFY)	
823	Who usually makes decisions about health care for yourself: mainly you, mainly your husband/partner, you and your husband/partner jointly, or someone else?  Who usually makes decisions about making major household purchases?  Who usually makes decisions about making purchases for daily household needs?  Who usually makes decisions about visits to your family or relatives?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6	
		1      2      3      4      6	
		1      2      3      4      6	
		1      2      3      4      6	
		1      2      3      4      6	
824	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ LISTEN.    PRES./ NOT LISTEN.    NOT PRES.	
		CHILDREN < 10 ... 1      2      3	
		HUSBAND ..... 1      2      3	
		OTHER MALES ..... 1      2      3	
		OTHER FEMALES ... 1      2      3	
825	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:  If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food? If she has sex with other men?	YES    NO    DK	
		GOES OUT ..... 1      2      8	
		NEGL. CHILDREN ... 1      2      8	
		ARGUES ..... 1      2      8	
		REFUSES SEX ..... 1      2      8	
		BURNS FOOD ..... 1      2      8	
		SEX WITH OTHER MEN 1      2      8	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 942
902	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
903	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
904	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
906	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
907	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
907A	Can people get the AIDS virus from having anal sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
907B	Can people get the AIDS virus from having oral sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
907C	Can people get the AIDS virus from open wounds or sores of an infected person?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
908	Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 910

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
909	What can a person do?  Anything else?  RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX ..... A USE CONDOMS ..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ... C LIMIT NUMBER OF SEXUAL PARTNERS ..... D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... F AVOID SEX WITH HOMOSEXUALS .. G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY . H AVOID BLOOD TRANSFUSIONS ..... I AVOID INJECTIONS ..... J AVOID SHARING RAZORS/BLADES . K AVOID KISSING ..... L AVOID MOSQUITO BITES ..... M SEEK PROTECTION FROM TRADITIONAL HEALER ..... N AVOID SHARING UTENSILS ..... O AVOID SHARING TOILETS ..... P AVOID DRINKING SAME CUP ..... Q AVOID SHARING CIGARETTES ..... R  OTHER _____ W (SPECIFY)  OTHER _____ X (SPECIFY) DON'T KNOW .....	
910	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
911	Can the virus that causes AIDS be transmitted from a mother to her baby:  During pregnancy? During delivery? By breastfeeding?	YES NO DK  DURING PREG. .... 1 2 8 DURING DELIVERY ... 1 2 8 BREASTFEEDING ... 1 2 8	
912	CHECK 911: AT LEAST ONE 'YES' 	OTHER <input type="checkbox"/>	→ 914
913	Is there any special drug that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
914	Have you heard about special antiretroviral drugs (ARV) that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
914A	CHECK FOR PRESENCE OF OTHERS.  BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
915	CHECK 208 AND 215:  LAST BIRTH SINCE <input type="checkbox"/> JANUARY 2003 	NO BIRTHS <input type="checkbox"/> → 924  LAST BIRTH BEFORE JANUARY 2003 <input type="checkbox"/> → 924	
916	CHECK 404 AND 407 FOR LAST BIRTH:  HAD ANTEPARTUM CARE <input type="checkbox"/>  NAME: _____	NO ANTEPARTUM <input type="checkbox"/> → 924	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
917	During any of the antenatal visits for (NAME OF LAST BIRTH), did anyone talk to you about:  Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	YES                    NO                    DK  AIDS FROM MOTHER    1            2            8 THINGS TO DO         .            1            2            8 TESTED FOR AIDS     .            1            2            8	
918	Were you advised to have a test for the AIDS virus as part of your antenatal care?	YES ..... 1 NO ..... 2	
919	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES ..... 1 NO ..... 2	→ 924
920	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	
921	Where did you go to take the test?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 STAND-ALONE VCT CENTER ..... 13 PHU/CLINIC ..... 14 MOBILE CLINIC ..... 15 OTHER PUBLIC ..... 16 _____ (SPECIFY)  <b>PRIVATE SECTOR</b> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 STAND-ALONE VCT CENTER ..... 22 MOBILE CLINIC ..... 23 OTHER PRIVATE ..... 26 _____ (SPECIFY)  <b>MISSION</b> HOSPITAL ..... 31 CLINIC ..... 32 OTHER ..... 36 _____ (SPECIFY)  <b>NGO</b> FLAS ..... 41 TASC ..... 42 OTHER NGO ..... 46 _____ (SPECIFY)  <b>OTHER</b> ..... 96 _____ (SPECIFY)	
922	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES ..... 1 NO ..... 2	→ 925
923	When was the last time you were tested for the AIDS virus?	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3	→ 931
924	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES ..... 1 NO ..... 2	→ 929
925	When was the last time you were tested?	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3	
926	The last time you had the test, did you yourself ask for the test or were you advised to have the test, or was it required?	ASKED FOR THE TEST ..... 1 ADVISED ..... 2 REQUIRED ..... 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
927	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	→ 928
927A	How long after the test did you get the result?	SAME DAY ..... 1 WITHIN A WEEK ..... 2 WITHIN A MONTH ..... 3 MORE THAN ONE MONTH ..... 4	
928	Where did you go to take the test?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  WRITE THE NAME OF THE PLACE.  (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 STAND-ALONE VCT CENTER ..... 13 PHU/CLINIC ..... 14 MOBILE CLINIC ..... 15 OTHER PUBLIC ..... 16  _____ (SPECIFY)  <b>PRIVATE SECTOR</b> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 STAND-ALONE VCT CENTER ..... 22 MOBILE CLINIC ..... 24 OTHER PRIVATE ..... 26  _____ (SPECIFY)  <b>MISSION</b> HOSPITAL ..... 31 CLINIC ..... 32 OTHER ..... 36  _____ (SPECIFY)  <b>NGO</b> FLAS ..... 41 TASC ..... 42 OTHER NGO ..... 46  _____ (SPECIFY)  OTHER ..... 96  _____ (SPECIFY)	→ 931
929	Do you know of a place where people can go to get tested for the AIDS virus?	YES ..... 1 NO ..... 2	→ 931
930	Where is that?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  (NAME OF PLACE(S))	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B STAND-ALONE VCT CENTER ..... C PHU/CLINIC ..... D MOBILE CLINIC ..... E OTHER PUBLIC ..... F  _____ (SPECIFY)  <b>PRIVATE SECTOR</b> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... G STAND-ALONE VCT CENTER ..... H MOBILE CLINIC ..... I OTHER PRIVATE ..... J  _____ (SPECIFY)  <b>MISSION</b> HOSPITAL ..... K CLINIC ..... L OTHER ..... M  _____ (SPECIFY)  <b>NGO</b> FLAS ..... N TASC ..... O OTHER NGO ..... P  _____ (SPECIFY) X	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
931	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
932	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
933	If a member of your family became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
934	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
935	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES ..... 1 NO ..... 2 DK ANYONE WITH AIDS ..... 8	→ 940
935A	Do you personally know someone who has been fired or sacked from work because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES ..... 1 NO ..... 2	
936	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES ..... 1 NO ..... 2	
937	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES ..... 1 NO ..... 2	
938	CHECK 935, 936, AND 937: OTHER <input type="checkbox"/>	AT LEAST <input type="checkbox"/> ONE 'YES' <input type="checkbox"/>	→ 940
939	Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?	YES ..... 1 NO ..... 2	
940	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
941	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
942	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when she knows he has a disease that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
943	When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
944	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
945	Is a wife justified in refusing to have sex with her husband when she is feeling unwell?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
946	Is a wife justified in refusing to have sex with her husband when she has recently given birth?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
947	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
948	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
949	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
950	Should condoms be available in secondary school?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
951	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A PARTNER <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		954
952	Can you say no to your husband/partner if you do not want to have sexual intercourse?	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 8	
953	Could you ask your husband/partner to use a condom if you wanted him to?	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 8	
954	Do you believe that young men should wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
955	Do you think that most young men you know wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
956	Do you believe that men who are not married and are having sex should only have sex with one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
957	Do you think that most men you know who are not married and are having sex, have sex with only one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
958	Do you believe that married men should only have sex with their wives?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
959	Do you think that most married men you know have sex only with their wives?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
960	Do you believe that young women should wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
961	Do you think that most young women you know wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
962	Do you believe that women who are not married and are having sex should only have sex with one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
963	Do you think that most women you know who are not married and are having sex, have sex with only one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
964	Do you believe that married women should only have sex with their husbands?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
965	Do you think that most married women you know have sex only with their husbands?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	

SECTION 10. OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	<p>CHECK 901:</p> <p>HEARD ABOUT AIDS <input type="checkbox"/> NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES ..... 1</p> <p>NO ..... 2 → 1004</p>	
1002	<p>If a man has a sexually transmitted disease, what signs or symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN ..... A      GENITAL DISCHARGE/DRIPPING ..... B      FOUL SMELLING DISCHARGE ..... C      BURNING PAIN ON URINATION ..... D      REDNESS/INFLAMMATION IN GENITAL AREA ..... E      SWELLING IN GENITAL AREA ..... F      GENITAL SORES/ULCERS ..... G      GENITAL WARTS ..... H      GENITAL ITCHING ..... I      BLOOD IN URINE ..... J      LOSS OF WEIGHT ..... K      IMPOTENCE ..... L      OTHER _____ W          (SPECIFY)      OTHER _____ X          (SPECIFY)      NO SYMPTOMS ..... Y      DON'T KNOW ..... Z</p>	
1003	<p>If a woman has a sexually transmitted disease, what signs or symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN ..... A      GENITAL DISCHARGE ..... B      FOUL SMELLING DISCHARGE ..... C      BURNING PAIN ON URINATION ..... D      REDNESS/INFLAMMATION IN GENITAL AREA ..... E      SWELLING IN GENITAL AREA ..... F      GENITAL SORES/ULCERS ..... G      GENITAL WARTS ..... H      GENITAL ITCHING ..... I      BLOOD IN URINE ..... J      LOSS OF WEIGHT ..... K      HARD TO GET PREGNANT/HAVE A CHILD ..... L      OTHER _____ W          (SPECIFY)      OTHER _____ X          (SPECIFY)      NO SYMPTOMS ..... Y      DON'T KNOW ..... Z</p>	
1004	<p>CHECK 620:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		→ 1101

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1005	CHECK 1001: HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/> HAS NOT HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/>		→ 1007
1005A	CHECK FOR THE PRESENCE OF OTHERS.  BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
1006	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1007	Sometimes women experience a bad smelling abnormal genital discharge.  During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1008	Sometimes women have a genital sore or ulcer.  During the last 12 months, have you had a genital sore or ulcer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1009	CHECK 1006, 1007, AND 1008:  HAS HAD AN INFECTION <input type="checkbox"/> HAS NOT HAD AN (ANY 'YES') <input type="checkbox"/> INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 1101
1010	The last time you had (PROBLEM(S) FROM 1006/1007/1008), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 1012
1011	Where did you go?  Any other place?  RECORD ALL SOURCES MENTIONED.  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL ..... A GOVT. HEALTH CENTER ..... B PHU/CLINIC ..... C MOBILE CLINIC ..... D RHM ..... E OTHER PUBLIC ..... F (SPECIFY)</p> <p><b>PRIVATE SECTOR</b></p> <p>PVT. HOSPITAL/ CLINIC ..... G PHARMACY ..... H PVT. DOCTOR ..... I MOBILE CLINIC ..... J OTHER PRIVATE ..... K (SPECIFY)</p> <p><b>MISSION</b></p> <p>HOSPITAL ..... L CLINIC ..... M OTHER MISSION ..... N (SPECIFY)</p> <p><b>NGO</b> ..... O TASC ..... P</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... Q TRADITIONAL HEALER ..... R OTHER (SPECIFY) ..... X</p>	→ 1013

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1012	What was the main reason for not seeking advice or treatment?	NOT NECESSARY ..... 1 EXPENSIVE ..... 2 RELIGIOUS PROHIBITION ..... 3  OTHER _____ 6 (SPECIFY)	
1013	When you had (PROBLEM(S) FROM 1006/1007/1008), did you inform the person(s) with whom you were having sex?	YES ..... 1 NO ..... 2 SOME/ NOT ALL ..... 3 DID NOT HAVE A PARTNER ..... 4	→ 1101
1014	When you had (PROBLEM(S) FROM 1006/1007/1008), did you do anything to avoid infecting your sexual partner(s)?	YES ..... 1 NO ..... 2 PARTNER(S) ALREADY INFECTED .. 8	→ 1101
1015	What did you do to avoid infecting your partner(s)? Did you....  Use medicine? Stop having sex? Use a condom when having sex?	YES                    NO  USE MEDICINE ..... 1        2 STOP SEX ..... 1        2 USE CONDOM ..... 1        2	

SECTION 11. OTHER HEALTH AND WELFARE ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	Now I would like to ask you some other questions relating to health matters. Some women are circumcised, that is, they may have part of their genital cut. Are you circumcised?	YES ..... 1 NO ..... 2	
1102	Have you had an injection for any reason in the last 12 months?  IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/>  NONE ..... 00 → 1106	
1103	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?  IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/>  NONE ..... 00 → 1106	
1104	The last time you had an injection given to you by a health worker where did you go to get the injection?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  WRITE THE NAME OF THE PLACE.  <hr style="border-top: 1px solid black; margin-top: 10px; margin-bottom: 10px;"/> (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 PHU/CLINIC ..... 13 MOBILE CLINIC ..... 14 OTHER PUBLIC ..... 16 (SPECIFY) <b>PRIVATE SECTOR</b> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 DENTAL CLINIC/OFFICE ..... 22 OFFICE OR HOME OF NURSE/ HEALTH WORKER ..... 23 MOBILE CLINIC ..... 24 OTHER PRIVATE ..... 26 (SPECIFY) <b>MISSION</b> HOSPITAL ..... 31 CLINIC ..... 32 OTHER MISSION ..... 36 (SPECIFY) <b>NGO</b> ..... 41 <b>OTHER PLACE</b> AT HOME ..... 51 OTHER ..... 96 (SPECIFY)	
1105	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1106	Do you currently smoke cigarettes?	YES ..... 1 NO ..... 2	→ 1108
1107	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES ..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1108	Do you currently smoke or use any other type of tobacco?	YES ..... 1 NO ..... 2	→ 1110
1109	What (other) type of tobacco do you currently smoke or use?  RECORD ALL MENTIONED.	PIPE ..... A CHEWING TOBACCO ..... B SNUFF ..... C OTHER _____ X (SPECIFY)	
1110	Do you drink alcohol?	YES ..... 1 NO ..... 2	→ 1112
1111	How often do you drink alcohol?	LESS THAN ONCE A MONTH ..... 1 ONCE A MONTH ..... 2 ONCE A WEEK ..... 3 2-3 TIMES PER WEEK ..... 4 EVERYDAY ..... 5 OTHER _____ 6 (SPECIFY)	
1112	Have you ever heard of an illness called tuberculosis or TB?	YES ..... 1 NO ..... 2	→ 1116
1113	How does tuberculosis spread from one person to another?  PROBE: Any other ways?  RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A THROUGH SHARING UTENSILS ..... B THROUGH TOUCHING A PERSON WITH TB ..... C THROUGH FOOD ..... D THROUGH SEXUAL CONTACT ..... E THROUGH MOSQUITO BITES ..... F OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
1114	Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1115	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/ DEPENDS ..... 8	
1116	Now I would like to ask you some questions about medical care for you yourself.  Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?  Getting permission to go? Getting money needed for treatment? The distance to the health facility? Having to take transport? Not wanting to go alone? Concern that there may not be a female health provider? Concern that there may not be any health provider? Concern that there may be no drugs available?	BIG PROBLEM ..... NOT A BIG PROBLEM .....  PERMISSION TO GO .... 1 ..... 2 GETTING MONEY .... 1 ..... 2 DISTANCE .... 1 ..... 2 TAKING TRANSPORT .... 1 ..... 2 GO ALONE .... 1 ..... 2 NO FEMALE PROV .... 1 ..... 2 NO PROVIDER .... 1 ..... 2 NO DRUGS .... 1 ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1117	Did you use any soap for any purpose yesterday or today?	YES ..... 1 NO ..... 2	→ 1119
1118	For what purpose did you use the soap?  Any other purpose?  RECORD ALL MENTIONED.	<b>HANDWASHING</b> BEFORE EATING ..... A AFTER EATING ..... B AFTER USING TOILET ..... C AFTER CLEANING CHILD'S BOTTOM ..... D BEFORE PREPARING FOOD ... E BEFORE FEEDING CHILD .... F OTHER _____ G (SPECIFY)  WASHING OWN BODY ..... H WASHING CHILD'S HANDS ..... I WASHING CHILD'S BODY ..... J WASHING CLOTHES/ DISHES ..... K OTHER _____ X (SPECIFY)	
1119	Are you covered by any medical aid?	YES ..... 1 NO ..... 2	→ 1121
1120	What type of medical aid?  RECORD ALL MENTIONED.	EMPLOYER ..... A SELF ..... B EMPLOYER AND SELF ..... C OTHER _____ X (SPECIFY)	
1121	Are you the primary care giver for any children?	YES ..... 1 NO ..... 2	→ 1201
1122	Are any of these children for whom you are the primary caregiver under the age of 18?	YES ..... 1 NO ..... 2	→ 1201
1123	Now I would like to ask you about the child(ren) who (is/are) under the age of 18 and for whom you are the primary caregiver.  Have you made arrangements for someone to care for (this child/these children) in the event that you fall sick or are unable to care for (him/her/them)?	YES ..... 1 NO ..... 2 UNSURE ..... 8	
1124	Are you comfortable talking to the children in your care about sex and HIV/AIDS?	YES ..... 1 NO ..... 2 CHILDREN NOT OLD ENOUGH ..... 3 DK/UNSURE/DEPENDS ..... 4	

SECTION 12. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP			
1201	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.  How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER .....		<input type="checkbox"/> <input type="checkbox"/>			
1202	CHECK 1201: TWO OR MORE BIRTHS 	ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>		→ ###			
1203	How many of these births did your mother have before you were born? DRAW AN ARROW AFTER THE RESPONDENT'S NEXT OLDER SIBLING. EXCLUDE THE RESPONDENT FROM 1204.	NUMBER OF PRECEDING BIRTHS .....		<input type="checkbox"/> <input type="checkbox"/>			
1204	What was the name given to your oldest (next oldest) brother or sister? _____	(1)	(2)	(3)	(4)	(5)	(6)
1205	Is (NAME) male or female? MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1206	Is (NAME) still alive? YES ... 1 NO ... 2 GO TO 1208 ↗ DK ... 8 GO TO (2) ↗	YES ... 1 NO ... 2 GO TO 1208 ↗ DK ... 8 GO TO (3) ↗	YES ... 1 NO ... 2 GO TO 1208 ↗ DK ... 8 GO TO (4) ↗	YES ... 1 NO ... 2 GO TO 1208 ↗ DK ... 8 GO TO (5) ↗	YES ... 1 NO ... 2 GO TO 1208 ↗ DK ... 8 GO TO (6) ↗	YES ... 1 NO ... 2 GO TO 1208 ↗ DK ... 8 GO TO (7) ↗	
1207	How old is (NAME)?  GO TO (2)	 GO TO (3)	 GO TO (4)	 GO TO (5)	 GO TO (6)	 GO TO (7)	
1208	How many years ago did (NAME) die? 						
1209	How old was (NAME) when he/she died?  IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	 IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	 IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	 IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	 IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	 IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1210	Was (NAME) pregnant when she died? YES ... 1 GO TO 1213 ↗ NO ... 2	YES ... 1 GO TO 1213 ↗ NO ... 2	YES ... 1 GO TO 1213 ↗ NO ... 2	YES ... 1 GO TO 1213 ↗ NO ... 2	YES ... 1 GO TO 1213 ↗ NO ... 2	YES ... 1 GO TO 1213 ↗ NO ... 2	
1211	Did (NAME) die during childbirth? YES ... 1 GO TO 1213 ↗ NO ... 2	YES ... 1 GO TO 1213 ↗ NO ... 2	YES ... 1 GO TO 1213 ↗ NO ... 2	YES ... 1 GO TO 1213 ↗ NO ... 2	YES ... 1 GO TO 1213 ↗ NO ... 2	YES ... 1 GO TO 1213 ↗ NO ... 2	
1212	Did (NAME) die within two months after the end of a pregnancy or childbirth? YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1213	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)? 						

IF NO MORE BROTHERS OR SISTERS, GO TO 1214.

NO.	QUESTIONS AND FILTERS				CODING CATEGORIES		SKIP
	(1)	(2)	(3)	(4)	(5)	(6)	
1204	What was the name given to your oldest (next oldest) brother or sister?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1206	Is (NAME) still alive?  YES ... 1 NO ... 2 GO TO 1208 ↗ DK ... 8 ↗ GO TO (8) ↗	YES ... 1 NO ... 2 GO TO 1208 ↗ DK ... 8 ↗ GO TO (9) ↗	YES ... 1 NO ... 2 GO TO 1208 ↗ DK ... 8 ↗ GO TO (10) ↗	YES ... 1 NO ... 2 GO TO 1208 ↗ DK ... 8 ↗ GO TO (11) ↗	YES ... 1 NO ... 2 GO TO 1208 ↗ DK ... 8 ↗ GO TO (12) ↗	YES ... 1 NO ... 2 GO TO 908 ↗ DK ... 8 ↗ GO TO (13) ↗	YES ... 1 NO ... 2 GO TO 1208 ↗ DK ... 8 ↗ GO TO (13) ↗
1207	How old is (NAME)?	<input type="text"/> GO TO (8)	<input type="text"/> GO TO (9)	<input type="text"/> GO TO (10)	<input type="text"/> GO TO (11)	<input type="text"/> GO TO (12)	<input type="text"/> GO TO (13)
1208	How many years ago did (NAME) die?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1209	How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1210	Was (NAME) pregnant when she died?	YES ... 1 ↗ GO TO 1213 ↗ NO ... 2	YES ... 1 ↗ GO TO 1213 ↗ NO ... 2	YES ... 1 ↗ GO TO 1213 ↗ NO ... 2	YES ... 1 ↗ GO TO 1213 ↗ NO ... 2	YES ... 1 ↗ GO TO 1213 ↗ NO ... 2	YES ... 1 ↗ GO TO 1213 ↗ NO ... 2
1211	Did (NAME) die during childbirth?	YES ... 1 ↗ GO TO 1213 ↗ NO ... 2	YES ... 1 ↗ GO TO 1213 ↗ NO ... 2	YES ... 1 ↗ GO TO 1213 ↗ NO ... 2	YES ... 1 ↗ GO TO 1213 ↗ NO ... 2	YES ... 1 ↗ GO TO 1213 ↗ NO ... 2	YES ... 1 ↗ GO TO 1213 ↗ NO ... 2
1212	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
1213	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IF NO MORE BROTHERS OR SISTERS, GO TO 1214.							
1214	CHECK Q.S. 1210, 1211 AND 1212 FOR ALL SISTERS  <input type="checkbox"/> ANY YES      ALL NO OR BLANK <input type="checkbox"/>						END ↗
	Just to make sure I have this right, you told me that your sister(s) _____ (NAME) died when delivered. She was (pregnant/delivering/just delivered). Is that correct? IF CORRECT, END INTERVIEW. IF NOT, CORRECT QUESTIONNAIRE AND CONTINUE TO 1215.						
1215	RECORD THE TIME.				HOUR .....		<input type="text"/> <input type="text"/>
					MINUTES .....		<input type="text"/> <input type="text"/>

INSTRUCTIONS:  
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.

BIRTHS AND PREGNANCIES  
 B BIRTHS  
 P PREGNANCIES  
 T TERMINATIONS  
 O NON-EVENT

	12	DEC	01	
	11	NOV	02	
	10	OCT	03	
	09	SEP	04	
2	08	AUG	05	
	0	07	JUL	06
	0	06	JUN	07
6	05	MAY	08	
		04	APR	09
		03	MAR	10
	02	FEB	11	
	01	JAN	12	

	12	DEC	13	
	11	NOV	14	
	10	OCT	15	
	09	SEP	16	
2	08	AUG	17	
	0	07	JUL	18
	0	06	JUN	19
5	05	MAY	20	
	04	APR	21	
	03	MAR	22	
	02	FEB	23	
	01	JAN	24	

	12	DEC	25	
	11	NOV	26	
	10	OCT	27	
	09	SEP	28	
2	08	AUG	29	
	0	07	JUL	30
	0	06	JUN	31
4	05	MAY	32	
	04	APR	33	
	03	MAR	34	
	02	FEB	35	
	01	JAN	36	

	12	DEC	37	
	11	NOV	38	
	10	OCT	39	
	09	SEP	40	
2	08	AUG	41	
	0	07	JUL	42
	0	06	JUN	43
3	05	MAY	44	
	04	APR	45	
	03	MAR	46	
	02	FEB	47	
	01	JAN	48	

	12	DEC	49	
	11	NOV	50	
	10	OCT	51	
	09	SEP	52	
2	08	AUG	53	
	0	07	JUL	54
	0	06	JUN	55
2	05	MAY	56	
	04	APR	57	
	03	MAR	58	
	02	FEB	59	
	01	JAN	60	

	12	DEC	61	
	11	NOV	62	
	10	OCT	63	
	09	SEP	64	
2	08	AUG	65	
	0	07	JUL	66
	0	06	JUN	67
1	05	MAY	68	
	04	APR	69	
	03	MAR	70	
	02	FEB	71	
	01	JAN	72	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_

# **2006 SWAZILAND DEMOGRAPHIC AND HEALTH SURVEY MEN'S QUESTIONNAIRE**

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

**INFORMED CONSENT**

Hello. My name is \_\_\_\_\_ and I am working with the Central Statistical Office. We are conducting a national survey about the health of men, women and children. We would very much appreciate your participation in this survey. I would like to ask you some questions related to health. This information will help the government to plan health services. The survey usually takes about 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?  
May I begin the interview now?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

RESPONDENT AGREES TO BE INTERVIEWED ... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END  
↓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
101	RECORD THE TIME.	HOUR .....  MINUTES .....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?  IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS .....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>								
		ALWAYS ..... 95 VISITOR ..... 96	→ 104								
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY ..... 1 TOWN ..... 2 COUNTRYSIDE ..... 3									
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS .....  NONE ..... 00	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>								
105	In the last 12 months, have you been away from your home community for more than 1 month at a time?	YES ..... 1 NO ..... 2	→ 106								
106	In what month and year were you born?	MONTH .....  DON'T KNOW MONTH ..... 98  YEAR .....  DON'T KNOW YEAR ..... 9998	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>								
107	How old were you at your last birthday?  COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>								
108	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 112								
109	What is the highest level of school you attended: primary, secondary, or higher?	LOWER PRIMARY ..... 1 HIGHER PRIMARY ..... 2 SECONDARY ..... 3 HIGH SCHOOL ..... 4 TERTIARY ..... 5									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	What is the highest (grade/form/year) you completed at that level?	GRADE/FORM/YEAR ..... <input type="checkbox"/> <input type="checkbox"/>	
111	CHECK 109: ANY PRIMARY CODE '1' OR '2' CIRCLED   SECONDARY OR HIGHER CODE '3' OR '4' CIRCLED <input type="checkbox"/>		→ 115
112	Now I would like you to read this sentence to me.  SHOW CARD TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any other part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE ..... 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES ..... 1 NO ..... 2	
114	CHECK 112:  CODE '2', '3' OR '4'  CIRCLED <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
118	What is your religion?  NAME OF CHURCH	TRADITIONAL ..... 01 CHARISMATIC ..... 02 PROTESTANT ..... 03 ROMAN CATHOLIC ..... 04 PENTECOSTAL ..... 05 ZIONIST ..... 06 APOSTOLIC SECT ..... 07 ISLAM ..... 08 NONE ..... 09  OTHER _____ 96 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 206				
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES ..... 1 NO ..... 2	→ 204				
203	How many sons live with you?  And how many daughters live with you?  IF NONE, RECORD '00'.	SONS AT HOME .....  DAUGHTERS AT HOME .....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
204	Do you have any sons or daughters you have fathered who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206				
205	How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	SONS ELSEWHERE .....  DAUGHTERS ELSEWHERE .....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
206	Have you ever fathered a son or a daughter who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 208				
207	How many boys have died?  And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD .....  GIRLS DEAD .....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.  IF NONE, RECORD '00'.	TOTAL CHILDREN .....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
209	CHECK 208:  HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> ↓      HAS HAD ONLY ONE CHILD <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		→ 212  → 213				
210	Did all of the children you have fathered have the same biological mother?	YES ..... 1 NO ..... 2	→ 212				
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN .....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
212	How old were you when your (first) child was born?	AGE IN YEARS .....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
213	I will now read you some statements about pregnancy. Please tell me if you agree or disagree with them.  a) Childbearing is a woman's concern and there is no need for the father to get involved.  b) It is crucial for the mother's and child's health that a woman have assistance from a doctor or nurse at delivery.	DIS- AGREE   AGREE   DK  CHILDBEARING WOMAN'S CONCERN   1   2   8  DOCTOR/NURSE'S ASSISTANCE CRUCIAL   1   2   8					

SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>	302 Have you ever used (METHOD)?	
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	Have you ever had an operation to avoid having any more children? YES ..... 1 NO ..... 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2	
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2	
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2	
09	DIAPHRAGM Women can put a thin flexible disk in their vagina before intercourse.	YES ..... 1 NO ..... 2	
10	JELLY/FOAM Women can put a suppository jelly or cream in their vagina before intercourse.	YES ..... 1 NO ..... 2	
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to six months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES ..... 1 NO ..... 2	
12	RHYTHM/BILLING/MUCUS METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
14	EMERGENCY CONTRACEPTION Women can take pills up to five days after sexual intercourse to avoid becoming pregnant.	YES ..... 1 NO ..... 2	
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1  _____ (SPECIFY)  _____ (SPECIFY) NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	CHECK 302 (02):  MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		305A
304	Are you currently doing something or using any method with any partner to delay or avoid a pregnancy?	YES ..... 1 NO ..... 2	→ 306
305	Which methods are you or your partner using to delay or avoid a pregnancy?  Any other method (with any partner)? CIRCLE ALL MENTIONED.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B PILL ..... C IUD ..... D INJECTABLES ..... E IMPLANTS ..... F CONDOM ..... G FEMALE CONDOM ..... H DIAPHRAGM ..... I FOAM/JELLY ..... J LACTATIONAL AMEN. METHOD ..... K RHYTHM METHOD ..... L WITHDRAWAL ..... M OTHER _____ X (SPECIFY)	
305A	CIRCLE 'B' FOR MALE STERILIZATION.		
306	In the last six months have you heard/seen about family planning:  On the radio? On the television? In a newspaper or magazine?	YES NO RADIO ..... 1 2 TELEVISION ..... 1 2 NEWSPAPER OR MAGAZINE ..... 1 2	
307	In the last six months, have you discussed the practice of family planning with a health worker or health professional?	YES ..... 1 NO ..... 2	
308	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 310
309	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIODS BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8	
310	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES ..... 1 NO ..... 2 DEPENDS ..... 3 DON'T KNOW ..... 8	
311	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.  a) Contraception is women's business and a man should not have to worry about it.  b) Women who use contraception may become promiscuous.	DIS- AGREE AGREE DK CONTRACEPTION WOMAN'S BUSINESS ... 1 2 8 WOMAN MAY BECOME PROMISCUOUS .... 1 2 8	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A WOMAN ..... 2 NO, NOT IN UNION ..... 3	<input type="checkbox"/> → 404
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A WOMAN ..... 2 NO ..... 3	→ 413
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	<input type="checkbox"/> → 410
404	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM ..... 1 STAYING ELSEWHERE ..... 2	
405	Do you have more than one wife or do you have more than one woman with whom you are living as if married?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 407
406	In total, how many wives do you have or other partners do you live with now as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ..... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	
407	<p>CHECK 405</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of your wife (the woman you are living with as if married).</p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of each of your current wives (and/or of each woman you are living with as if married).</p> <p>RECORD THE NAME(S) AND THE LINE NUMBER(S) FROM THE HOUSEHOLD QUESTIONNAIRE FOR THE WIFE (WIVES) AND LIVE-IN PARTNER(S).</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>ASK 408 FOR EACH PERSON.</p>	<p>NAME                    LINE NUMBER                    AGE</p> <p>_____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>            _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>            _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>            _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	408 How old was (NAME) on her last birthday?
409	CHECK 407:	ONE WIFE/ PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/>	→ 411A
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	→ 411A
411	In what month and year did you start living with your wife (partner)?	MONTH ..... <input type="text"/> <input type="text"/>	
411A	Now I would like to ask a question about your first wife/partner. In what month and year did you start living with your first wife/partner?	DON'T KNOW MONTH ..... 98  YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW YEAR ..... 9998	→ 413

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
412	How old were you when you first started living with her?	AGE ..... <input type="text"/> <input type="text"/>	
413	CHECK FOR THE PRESENCE OF OTHERS.  BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.  How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE ..... 00  AGE IN YEARS ..... <input type="text"/> <input type="text"/>  FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER ..... 95	→ 416 → 416
415	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8	<input type="text"/> → 445
416	CHECK 107: AGE <input type="text"/> 15-24 ↓ AGE <input type="text"/> 25-49		→ 421
417	The <u>first</u> time you had sexual intercourse, was a male/female condom used?	YES, MALE CONDOM ..... 1 YES, FEMALE CONDOM ..... 2 NO ..... 3	<input type="text"/> → 418
417A	What was the main reason you did not use a condom the first time you had sexual intercourse?	NOT AVAILABLE ..... 1 NOT NECESSARY ..... 2 NOT THOUGHT OF ..... 3 PARTNER REFUSED ..... 4 REDUCES PLEASURE ..... 5 OTHER ..... 6 (SPECIFY)	
418	How old was the person you first had sexual intercourse with?	AGE OF PARTNER ..... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	→ 421
419	Was this person older than you, younger than you, or about the same age as you?	OLDER ..... 1 YOUNGER ..... 2 ABOUT THE SAME AGE ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8	<input type="text"/> → 421
420	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER ..... 1 LESS THAN TEN YEARS OLDER ..... 2 OLDER, UNSURE HOW MUCH ..... 3	
421	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
421A	When was the <u>last</u> time you had sexual intercourse?  IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ..... 1  WEEKS AGO ..... 2  MONTHS AGO ..... 3  YEARS AGO ..... 4	<input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/> → 435

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER																		
422	When was the last time you had sexual intercourse with this person?		DAYS ... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>							DAYS ... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>												
423	The last time you had sexual intercourse with this (second/third) person, was a male condom or a female condom used?	YES, MALE CONDOM 1 (SKIP TO 424)  YES, FEMALE CONDOM ..... 2 NO ..... 3	YES, MALE CONDOM 1 (SKIP TO 424)  YES, FEMALE CONDOM ..... 2 NO ..... 3	YES, MALE CONDOM 1 (SKIP TO 424)  YES, FEMALE CONDOM ..... 2 NO ..... 3																		
423A	What was the main reason you did not use a condom the last time you sexual intercourse?	NOT AVAILABLE ..... 1 NOT NECESSARY ..... 2 NOT THOUGHT OF ..... 3 PARTNER REFUSED ..... 4 REDUCES PLEASURE ..... 5 OTHER ..... 6 (SPECIFY)  425 	NOT AVAILABLE ..... 1 NOT NECESSARY ..... 2 NOT THOUGHT OF ..... 3 PARTNER REFUSED ..... 4 REDUCES PLEASURE ..... 5 OTHER ..... 6 (SPECIFY)  425 	NOT AVAILABLE ..... 1 NOT NECESSARY ..... 2 NOT THOUGHT OF ..... 3 PARTNER REFUSED ..... 4 REDUCES PLEASURE ..... 5 OTHER ..... 6 (SPECIFY)  425 																		
424	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2																		
425	What was your relationship to this person with whom you had sexual intercourse?  IF PARTNER Were you living together as if married?  IF YES, CIRCLE '2'  IF NO, CIRCLE '3'	WIFE ..... 1 (SKIP TO 431)  LIVE-IN PARTNER ... 2 PARTNER NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 COMMERCIAL SEX WORKER ... 5 OTHER ..... 6 (SPECIFY)	WIFE ..... 1 (SKIP TO 431)  LIVE-IN PARTNER ... 2 PARTNER NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 COMMERCIAL SEX WORKER ... 5 OTHER ..... 6 (SPECIFY)	WIFE ..... 1 (SKIP TO 431)  LIVE-IN PARTNER ... 2 PARTNER NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 COMMERCIAL SEX WORKER ... 5 OTHER ..... 6 (SPECIFY)																		
426	For how long (have you had/did you have) a sexual relationship with this person?  IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>							DAYS ... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>							DAYS ... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>						
427	CHECK 107:	AGE 15-24  AGE 25-49   (SKIP TO 431) 	AGE 15-24  AGE 25-49   (SKIP TO 431) 	AGE 15-24  AGE 25-49   (SKIP TO 431) 																		
428	How old is this person?	AGE OF PARTNER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> (SKIP TO 431)  DON'T KNOW ..... 98			AGE OF PARTNER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> (SKIP TO 431)  DON'T KNOW ..... 98			AGE OF PARTNER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> (SKIP TO 431)  DON'T KNOW ..... 98														
429	Is this person older than you, younger than you, or about the same age?	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ..... 8 (SKIP TO 431) 	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ..... 8 (SKIP TO 431) 	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ..... 8 (SKIP TO 431) 																		
430	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER .. 1 LESS THAN TEN YEARS OLDER .. 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER .. 1 LESS THAN TEN YEARS OLDER .. 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER .. 1 LESS THAN TEN YEARS OLDER .. 2 OLDER, UNSURE HOW MUCH ... 3																		

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
431	The last time you had sexual intercourse with this person, did you or this person drink alcohol or used any other intoxicating substance?	YES      NO  ALCOHOL ... 1    2 OTHER .... 1    2 (SKIP TO 433) ←	YES      NO  ALCOHOL . . 1    2 OTHER ... 1    2 (SKIP TO 433) ←	YES      NO  ALCOHOL . . 1    2 OTHER ... 1    2 (SKIP TO 433) ←
431A	CHECK 431:	ANY      ALL YES <input type="checkbox"/> NO <input type="checkbox"/>  (SKIP TO 433) ←	ANY      ALL YES <input type="checkbox"/> NO <input type="checkbox"/>  (SKIP TO 433) ←	ANY      ALL YES <input type="checkbox"/> NO <input type="checkbox"/>  (SKIP TO 434) ←
432	Were you or your partner drunk at that time?  IF YES: Who was drunk?	RESPONDENT ONLY    1 PARTNER ONLY .... 2 RESPONDENT AND PARTNER BOTH . . . 3 NEITHER ..... 4	RESPONDENT ONLY    1 PARTNER ONLY .... 2 RESPONDENT AND PARTNER BOTH . . . 3 NEITHER ..... 4	RESPONDENT ONLY    1 PARTNER ONLY .... 2 RESPONDENT AND PARTNER BOTH . . . 3 NEITHER ..... 4
433	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 (GO BACK TO 422 ← IN NEXT COLUMN)  NO ..... 2 (SKIP TO 434) ←	YES ..... 1 (GO BACK TO 422 ← IN NEXT COLUMN)  NO ..... 2 (SKIP TO 434) ←	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
434	In total, with how many different people have you had sexual intercourse in the last 12 months?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.  IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS LAST 12 MONTHS .....  DON'T KNOW ..... 98	
435	In total, with how many different people have you had sexual intercourse in your lifetime?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.  IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME .....  DON'T KNOW ..... 98	
437	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.  PRIVACY OBTAINED <input type="checkbox"/> Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.	PRIVACY NOT POSSIBLE <input type="checkbox"/>	→445
440	CHECK 423, MOST RECENT PARTNER (FIRST COLUMN):  CONDOM USED <input type="checkbox"/> NO CONDOM USE <input type="checkbox"/>		→445
441	You told me that you used a condom the last time you had sex. Do you have the package of condoms you used that time?  IF YES: May I see it?  RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN ..... 1  BRAND NAME _____ (SPECIFY) <input type="checkbox"/>  DOES NOT HAVE/NOT SEEN ..... 2	→443
442	Do you know the brand name of the condom you used that time?  RECORD NAME OF BRAND.	BRAND NAME _____ (SPECIFY) <input type="checkbox"/>  DON'T KNOW ..... 98	→ 443
442A	What is the main reason you chose this brand?	EFFECTIVENESS ..... 1 AVAILABILITY ..... 2 FREE ..... 3 OTHER _____ (SPECIFY) 6	
443	How many condoms did you get the last time?	NUMBER OF CONDOMS .....  DON'T KNOW ..... 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
444	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>WRITE THE NAME OF PLACE</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 PHU/CLINIC ..... 13 MOBILE CLINIC ..... 14 RHM/CBD ..... 15</p> <p>OTHER PUBLIC _____ 16 (SPECIFY)</p> <p><b>PRIVATE SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 21 PHARMACY ..... 22 PRIVATE DOCTOR ..... 23 MOBILE CLINIC ..... 24 CBD ..... 25 OTHER PRIVATE _____ 26 (SPECIFY)</p> <p><b>MISSION</b></p> <p>HOSPITAL ..... 31 CLINIC ..... 32 OTHER MISSION _____ 36 (SPECIFY)</p> <p><b>NGO</b></p> <p>FLAS ..... 41 OTHER NGO _____ 46 (SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... 51 CHURCH ..... 52 FRIENDS/RELATIVES ..... 53 OTHER _____ 96 (SPECIFY)</p>	
444A	How do you usually dispose the used condoms?	<p>PIT LATRINE ..... 1 FLUSH IN TOILET ..... 2 BURY ..... 3 BURNT ..... 4 THROWN AWAY ..... 5 OTHER _____ 6 (SPECIFY)</p>	
445	<p>CHECK 301(7), KNOWS MALE CONDOM</p> <p>HAS HEARD OF MALE CONDOM <input type="checkbox"/></p> <p>HAS NEVER HEARD OF MALE CONDOM <input type="checkbox"/></p>		501
445A	Do you know of a place where a person can get male condoms?	<p>YES ..... 1 NO ..... 2</p>	447A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
446	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE(S))</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL ..... A GOVT. HEALTH CENTER ..... B PHU/CLINIC ..... C MOBILE CLINIC ..... D RHM/CBD ..... E</p> <p>OTHER PUBLIC _____ F (SPECIFY)</p> <p><b>PRIVATE SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... G PHARMACY ..... H PRIVATE DOCTOR ..... I MOBILE CLINIC ..... J CBD ..... K OTHER PRIVATE _____ L (SPECIFY)</p> <p><b>MISSION</b></p> <p>HOSPITAL ..... M CLINIC ..... N OTHER _____ O (SPECIFY)</p> <p><b>NGO</b></p> <p>FLAS ..... P OTHER NGO _____ Q (SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... R CHURCH ..... S FRIENDS/RELATIVES ..... T OTHER _____ X (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
447	If you wanted to, could you yourself get a condom?	YES ..... 1 NO ..... 2	
447A	CHECK 301(8), KNOW FEMALE CONDOM	HAS HEARD OF FEMALE CONDOM <input type="checkbox"/> HAS NEVER HEARD OF FEMALE CONDOM <input type="checkbox"/>	→ 501
448	Do you know of a place where a person can get female condoms?	YES ..... 1 NO ..... 2	→ 501
449	Where is that?  Any other place?  PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).  WRITE THE NAME OF THE PLACE  _____  (NAME OF PLACE(S))	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B PHU/CLINIC ..... C MOBILE CLINIC ..... D RHM/CBD ..... E  <b>OTHER PUBLIC</b> _____ F (SPECIFY) <b>PRIVATE SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... G PHARMACY ..... H PRIVATE DOCTOR ..... I MOBILE CLINIC ..... J CBD ..... K OTHER PRIVATE _____ L (SPECIFY) <b>MISSION</b> HOSPITAL ..... M CLINIC ..... N OTHER MISSION _____ O (SPECIFY) <b>NGO</b> FLAS ..... P OTHER NGO _____ Q (SPECIFY) <b>OTHER SOURCE</b> SHOP ..... R CHURCH ..... S FRIENDS/RELATIVES ..... T OTHER _____ X (SPECIFY)	
450	If you wanted to, could you yourself get a female condom?	YES ..... 1 NO ..... 2	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 407:  ONE WIFE/ PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/>  NO ANSWER <input type="checkbox"/>		506
502	CHECK 305:  MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		506
503	(Is your wife (partner)/Are any of your wives (partners) currently pregnant?)	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
504	CHECK 503:  NO WIFE/PARTNER PREGNANT OR UNSURE <input type="checkbox"/> WIFE(WIVES)/ PARTNER(S) PREGNANT <input type="checkbox"/>  Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?  Now I have some questions about the future. After the child(ren) you and your (wife (wives)/partner(s)) is/are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 MAN INFECUND ..... 3 WIFE (WIVES)/PARTNER(S) INFECUND/STERILIZED ..... 4 UNDECIDED/DON'T KNOW ..... 5	506
505	How long would you like to wait from now before the birth of (a/another) child?	MONTHS ..... 1 <input type="checkbox"/> YEARS ..... 2 <input type="checkbox"/>  SOON/NOW ..... 993  AFTER MARRIAGE ..... 995  OTHER _____ (SPECIFY) 996  DON'T KNOW ..... 998	
506	CHECK 208  HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/>  If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?  PROBE FOR A NUMERIC RESPONSE.	NEVER HAD CHILDREN <input type="checkbox"/>  If you could choose exactly the number of children to have in your whole life, how many would that be?  NONE ..... 00  NUMBER ..... <input type="checkbox"/>  OTHER _____ (SPECIFY) 96	601
507	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS <input type="checkbox"/> GIRLS <input type="checkbox"/> EITHER <input type="checkbox"/>  NUMBER .....  OTHER _____ (SPECIFY) 96	

SECTION 6. MAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently working?	YES ..... 1 NO ..... 2	→ 604
601A	Have you done any work in the last seven days?	YES ..... 1 NO ..... 2	→ 604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES ..... 1 NO ..... 2	→ 604
603	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 603B
603A	During the last 12 months, how many months did you work?	NUMBER OF MONTHS .....	□ □ → 604
603B	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING ..... 1 LOOKING FOR WORK ..... 2 RETIRED ..... 3 UNABLE TO WORK, ILL/ HANDICAPPED ..... 4 HOUSEWORK/CHILDCA ..... 5 OTHER ..... 6 (SPECIFY)	→ 610
604	What is your occupation, that is, what kind of work do you mainly do?	..... ..... .....	□ □
605	CHECK 604:  WORKS IN AGRICULTURE <input type="checkbox"/> ↓	DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>	→ 607
606	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND ..... 1 FAMILY LAND ..... 2 RENTED LAND ..... 3 SOMEONE ELSE'S LAND ..... 4	
607	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER ..... 1 FOR SOMEONE ELSE ..... 2 SELF-EMPLOYED ..... 3	
608	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR ..... 2 ONCE IN A WHILE ..... 3	
609	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	
610	CHECK 401:  ONE OR MORE WIVES/PARTNERS <input type="checkbox"/> ↓	NOT IN UNION <input type="checkbox"/>	→ 613
611	CHECK 609:  CODE 1 OR 2 CIRCLED <input type="checkbox"/> ↓	OTHER <input type="checkbox"/>	→ 613

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	Who decides how the money you earn will be used: mainly you, mainly your (wife (wives)/partner(s)), or you and your (wife (wives)/partner(s)) jointly?	RESPONDENT ..... 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/ PARTNER JOINTLY ..... 3 SOMEONE ELSE ..... 4 RESPONDENT AND SOMEONE ELSE JOINTLY ..... 5	
612A	On average, how much of your household's expenditures do your earnings pay for: almost none less than half, about half, more than half, or all?	ALMOST NONE ..... 1 LESS THAN HALF ..... 2 ABOUT HALF ..... 3 MORE THAN HALF ..... 4 ALL ..... 5 NONE, HIS INCOME IS ALL SAVED ..... 6	
613	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:  If she goes out without telling him?  If she neglects the children?  If she argues with him?  If she refuses to have sex with him?  If she burns the food?  If she has sex with other men?	YES      NO      DK	
		GOES OUT ..... 1      2      8	
		NEGL. CHILDREN ..... 1      2      8	
		ARGUES ..... 1      2      8	
		REFUSES SEX ..... 1      2      8	
		BURNS FOOD ..... 1      2      8	
		SEX WITH OTHER MEN ..... 1      2      8	

**SECTION 7. HIV AND OTHER SEXUALLY TRANSMITTED INFECTIONS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 735
702	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
703	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
704	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
706	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
707	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
707A	Can people get the AIDS virus from having anal sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
707B	Can people get the AIDS virus from oral sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
707C	Can people get the AIDS virus from open wounds or sores of an infected person?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
708	Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 710
709	What can a person do?  Anything else?  RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX ..... A USE CONDOMS ..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ... C LIMIT NUMBER OF SEXUAL PARTNERS ..... D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... F AVOID SEX WITH HOMOSEXUALS .. G AVOID SEX WITH PERSONS WHO INJECT DRUGS ..... H AVOID BLOOD TRANSFUSIONS .... I AVOID INJECTIONS ..... J AVOID SHARING RAZORS/BLADES ... K AVOID KISSING ..... L AVOID MOSQUITO BITES ..... M SEEK PROTECTION FROM TRADITIONAL HEALER..... N AVOID SHARING UTENSILS..... O AVOID SHARING TOILETS ..... P AVOID DRINKING SAME CUP ..... Q AVOID SHARING CIGARETTES ..... R  OTHER _____ (SPECIFY) ..... W  OTHER _____ (SPECIFY) ..... X DON'T KNOW ..... Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
710	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
711	Can the virus that causes AIDS be transmitted from a mother to her baby:  During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. .... 1 2 8 DURING DELIVERY ... 1 2 8 BREASTFEEDING ... 1 2 8	
712	CHECK 711:  AT LEAST <input type="checkbox"/> ONE 'YES' 	OTHER <input type="checkbox"/>	→ 714
713	Are there any special medications that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
714	Have you heard about special antiretroviral drugs (ARV) that people infected with the AIDS virus can get from a doctor or a nurse?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
714A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY		
715	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES ..... 1 NO ..... 2	→ 720
716	When was the last time you were tested?	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3	
717	The last time you had the test, did you yourself ask for the test or were you advised to take the test, or was it required?	ASKED FOR THE TEST ..... 1 ADVISED ..... 2 REQUIRED ..... 3	
718	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	
718A	How long did it take to get the results?	SAME DAY ..... 1 WITHIN ONE WEEK ..... 2 WITHIN ONE MONTH ..... 3 MORE THAN A MONTH ..... 4	
719	Where did you go to take the test?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  WRITE THE NAME OF THE PLACE.  (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 PHU/CLINIC ..... 13 MOBILE CLINIC ..... 14 RHM/CBD ..... 15 OTHER PUBLIC ..... 16 (SPECIFY)  <b>PRIVATE SECTOR</b> PRIVATE HOSPITAL/CLINIC/ ..... 21 PRIVATE DOCTOR ..... 21 STAND-ALONE VCT CENTEF ..... 22 MOBILE CLINIC ..... 24 OTHER PRIVATE ..... 26 (SPECIFY)  <b>MISSION</b> HOSPITAL ..... 31 CLINIC ..... 32 OTHER MISSION ..... 36 (SPECIFY)  <b>NGO</b> FLAS ..... 41 TASC ..... 42 OTHER NGO ..... 46 (SPECIFY)  OTHER ..... 96 (SPECIFY)	→ 722
720	Do you know of a place where people can go to get tested for the AIDS virus?	YES ..... 1 NO ..... 2	→ 722

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
721	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B STAND-ALONE VCT CENTEF ..... C MOBILE CLINIC ..... D</p> <p>OTHER PUBLIC _____ E (SPECIFY)</p> <p><b>PRIVATE SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... F STAND-ALONE VCT CENTER ..... G MOBILE CLINIC ..... H</p> <p>OTHER PRIVATE _____ I (SPECIFY)</p> <p><b>MISSION</b></p> <p>HOSPITAL ..... J CLINIC ..... K</p> <p>OTHER _____ L (SPECIFY)</p> <p><b>NGO</b></p> <p>FLAS ..... M TASC ..... N OTHER NGO _____ O (SPECIFY)</p> <p><b>OTHER</b></p> <hr/> <p>_____ X (SPECIFY)</p>	
722	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
723	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
724	If a member of your family became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
725	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
726	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES ..... 1 NO ..... 2 DK ANYONE WITH AIDS ..... 8	→ 731
727	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES ..... 1 NO ..... 2	
728	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES ..... 1 NO ..... 2	
729	CHECK 726, 727, AND 728: OTHER <input type="checkbox"/>	AT LEAST ONE "YES" <input type="checkbox"/>	→ 731
730	Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?	YES ..... 1 NO ..... 2	
731	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
732	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
733	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
734	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
735	CHECK 701:  HEARD ABOUT AIDS <input type="checkbox"/> NOT HEARD ABOUT AIDS <input type="checkbox"/>  Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?  Have you heard about infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	
736	CHECK 421A:  HAS HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS (CODE 1,2,3) <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS (CODE 4) <input type="checkbox"/>		744
737	CHECK 735: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?  YES <input type="checkbox"/> NO <input type="checkbox"/>		739
738	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
739	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
740	Sometimes men have a sore or ulcer near their penis During the last 12 months, have you had a sore or ulcer near your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
741	CHECK 738, 739, AND 740:  HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD INFECTION OR DOES NOT KNOW <input type="checkbox"/>		744
742	The last time you had (PROBLEM FROM 738/739/740), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	743
742A	What is the main reason for not seeking advice or treatment?	NOT NECESSARY ..... 1 EXPENSIVE ..... 2 RELIGIOUS PROHIBITION ..... 3 OTHER _____ (SPECIFY) ..... 6	743A

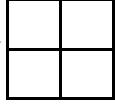
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
743	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>WRITE THE NAME OF THE PLACE.  <input type="text" value="(NAME OF PLACE)"/></p>	<p><b>PUBLIC SECTOR</b></p> <table> <tr><td>GOVERNMENT HOSPITAL .....</td><td>A</td></tr> <tr><td>GOVT. HEALTH CENTER .....</td><td>B</td></tr> <tr><td>PHU/CLINIC .....</td><td>C</td></tr> <tr><td>MOBILE CLINIC .....</td><td>D</td></tr> <tr><td>RHM/CBD .....</td><td>E</td></tr> <tr><td>OTHER PUBLIC .....</td><td>F</td></tr> </table> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <table> <tr><td>PRIVATE HOSPITAL/CLINIC .....</td><td>G</td></tr> <tr><td>PHARMACY .....</td><td>H</td></tr> <tr><td>PVT DOCTOR .....</td><td>I</td></tr> <tr><td>MOBILE CLINIC .....</td><td>J</td></tr> <tr><td>CBD .....</td><td>K</td></tr> <tr><td>OTHER PRIVATE MEDICAL .....</td><td>L</td></tr> </table> <p>(SPECIFY)</p> <p><b>MISSION</b></p> <table> <tr><td>HOSPITAL .....</td><td>M</td></tr> <tr><td>CLINIC .....</td><td>N</td></tr> <tr><td>OTHER .....</td><td>O</td></tr> </table> <p>SPECIFY</p> <p><b>NGO</b></p> <table> <tr><td>FLAS .....</td><td>P</td></tr> <tr><td>OTHER NGO .....</td><td>Q</td></tr> </table> <p><b>OTHER SOURCE</b></p> <table> <tr><td>SHOP .....</td><td>R</td></tr> <tr><td>CHURCH .....</td><td>S</td></tr> <tr><td>OTHER .....</td><td>X</td></tr> </table> <p>(SPECIFY)</p>	GOVERNMENT HOSPITAL .....	A	GOVT. HEALTH CENTER .....	B	PHU/CLINIC .....	C	MOBILE CLINIC .....	D	RHM/CBD .....	E	OTHER PUBLIC .....	F	PRIVATE HOSPITAL/CLINIC .....	G	PHARMACY .....	H	PVT DOCTOR .....	I	MOBILE CLINIC .....	J	CBD .....	K	OTHER PRIVATE MEDICAL .....	L	HOSPITAL .....	M	CLINIC .....	N	OTHER .....	O	FLAS .....	P	OTHER NGO .....	Q	SHOP .....	R	CHURCH .....	S	OTHER .....	X	
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OTHER NGO .....	Q																																										
SHOP .....	R																																										
CHURCH .....	S																																										
OTHER .....	X																																										
743A	When you had (PROBLEM FROM 738/739/740), did you inform the person with whom you were having sex?	YES ..... 1 NO ..... 2 SOME/NOT ALL ..... 3 DID NOT HAVE PARTNER ..... 4	→ 744																																								
743B	When you had (PROBLEM FROM 738/739/740), did you do something to avoid infecting your sexual partner(s)?	YES ..... 1 NO ..... 2 PARTNER ALREADY INFECTED ... 3	→ 744																																								
743C	What did you do to avoid infecting your partner(s)? Did you .... Use medicine? Stop having sex? Use a condom when having sex?	YES     NO  USE MEDICINE ..... 1     2 STOP SEX ..... 1     2 USE CONDOM ..... 1     2																																									
744	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when she knows he has a disease that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																																									
745	When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
746	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
747	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
748	Do you believe that young men should wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
749	Do you think that most young men you know wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
750	Do you believe that men who are not married and are having sex should only have sex with one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
751	Do you think that most men you know who are not married and are having sex, have sex with only one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
752	Do you believe that married men should only have sex with their wives?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
753	Do you think that most married men you know have sex only with their wives?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
754	Do you believe that young women should wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
755	Do you think that most young women you know wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
756	Do you believe that women who are not married and are having sex should only have sex with one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
757	Do you think that most women you know who are not married and are having sex, have sex with only one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
758	Do you believe that married women should only have sex with their husbands?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
759	Do you think that most married women you know have sex only with their husbands?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	

SECTION 8. OTHER HEALTH AND WELFARE ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised. Are you circumcised?	YES ..... 1 NO ..... 2	→ 805
802	At what age were you circumcised?	BELOW AGE 13 (INFANT/CHILD) .. 1 13-19 YEARS OLD ..... 2 20 OR MORE YEARS ..... 3	→ 808
803	Who performed the circumcision?	TRADITIONAL PRACTITIONER ..... 1 HEALTH PROFESSIONAL ..... 2 DON'T KNOW ..... 8	
804	What is the main reason you were circumcised?	TRADITION/RELIGION ..... 1 HEALTH/HYGIENE ..... 2 SEXUAL SATISFACTION ..... 3 EASE OF PUTTING ON CONDOM .. 4 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	→ 808
805	Would you want to get circumcised?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 807 → 808
806	What is the main reason you would want to get circumcised?	TRADITION/RELIGION ..... 1 HEALTH/HYGIENE ..... 2 SEXUAL SATISFACTION ..... 3 EASE OF PUTTING ON CONDOM .. 4 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	→ 808
807	What is the main reason you would not want to get circumcised?	TRADITION/RELIGION ..... 01 HEALTH/HYGIENE ..... 02 SEXUAL SATISFACTION ..... 03 DIFFERENT ..... 04 COST ..... 05 PAIN ..... 06 OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	
808	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?  IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/>  NONE ..... 00	→ 812
809	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?  IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/>  NONE ..... 00	→ 812

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
810	<p>The last time you had an injection given to you by a health worker, where did you go to get the injection?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE</p> <p>WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <table> <tr><td>GOVERNMENT HOSPITAL .....</td><td>11</td></tr> <tr><td>GOVT. HEALTH CENTER .....</td><td>12</td></tr> <tr><td>PHU/CLINIC .....</td><td>13</td></tr> <tr><td>MOBILE CLINIC.....</td><td>14</td></tr> <tr><td>OTHER PUBLIC _____</td><td>16</td></tr> </table> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <table> <tr><td>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR .....</td><td>21</td></tr> <tr><td>DENTAL CLINIC/OFFICE .....</td><td>22</td></tr> <tr><td>OFFICE OR HOME OF NURSE/ HEALTH WORKER .....</td><td>23</td></tr> <tr><td>MOBILE CLINIC.....</td><td>24</td></tr> <tr><td>OTHER PRIVATE _____</td><td>26</td></tr> </table> <p>(SPECIFY)</p> <p><b>MISSION</b></p> <table> <tr><td>HOSPITAL .....</td><td>31</td></tr> <tr><td>CLINIC .....</td><td>32</td></tr> <tr><td>OTHER MISSION _____</td><td>36</td></tr> </table> <p>(SPECIFY)</p> <p>NGO .....</p> <p><b>OTHER PLACE</b></p> <table> <tr><td>AT HOME .....</td><td>51</td></tr> <tr><td>OTHER _____</td><td>96</td></tr> </table> <p>(SPECIFY)</p>	GOVERNMENT HOSPITAL .....	11	GOVT. HEALTH CENTER .....	12	PHU/CLINIC .....	13	MOBILE CLINIC.....	14	OTHER PUBLIC _____	16	PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR .....	21	DENTAL CLINIC/OFFICE .....	22	OFFICE OR HOME OF NURSE/ HEALTH WORKER .....	23	MOBILE CLINIC.....	24	OTHER PRIVATE _____	26	HOSPITAL .....	31	CLINIC .....	32	OTHER MISSION _____	36	AT HOME .....	51	OTHER _____	96	
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CLINIC .....	32																																
OTHER MISSION _____	36																																
AT HOME .....	51																																
OTHER _____	96																																
811	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES .....	1																														
		NO .....	2																														
		DON'T KNOW .....	8																														
812	Do you currently smoke cigarettes?	YES .....	1																														
		NO .....	2																														
			→ 814																														
813	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES .....	<input type="text"/> <input type="text"/>																														
814	Do you currently smoke or use any other type of tobacco?	YES .....	1																														
		NO .....	2																														
			→ 816																														
815	What (other) type of tobacco do you currently smoke or use?  RECORD ALL MENTIONED.	PIPE .....	A																														
		CHEWING TOBACCO .....	B																														
		SNUFF .....	C																														
		OTHER _____	X																														
		(SPECIFY)																															
816	Have you ever heard of an illness called tuberculosis or TB?	YES .....	1																														
		NO .....	2																														
			→ 820																														
817	How does tuberculosis spread from one person to another?  PROBE: Any other ways?  RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING .....	A																														
		THROUGH SHARING UTENSILS .....	B																														
		THROUGH TOUCHING A PERSON WITH TB .....	C																														
		THROUGH FOOD .....	D																														
		THROUGH SEXUAL CONTACT .....	E																														
		THROUGH MOSQUITO BITES .....	F																														
		OTHER _____	X																														
		(SPECIFY)																															
		DON'T KNOW .....	Z																														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
818	Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
819	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/ DEPENDS ..... 8	
820	Are you covered by any medical aid?	YES ..... 1 NO ..... 2	→ 822
821	What type of medical aid?  RECORD ALL MENTIONED.	EMPLOYER ..... A SELF ..... B EMPLOYER AND SELF ..... C  OTHER _____ X (SPECIFY)	
822	Are you the primary care giver for any children?	YES ..... 1 NO ..... 2	→ 826
823	Are any of these children for whom you are the primary caregiver under the age of 18?	YES ..... 1 NO ..... 2	→ 826
824	Now I would like to ask you about the child(ren) who (is/are) under the age of 18 and for whom you are the primary caregiver.  Have you made arrangements for someone to care for these (this child/these children) in the event that you fall sick or are unable to care for (him/her/them)?	YES ..... 1 NO ..... 2 UNSURE ..... 8	
825	Are you comfortable talking to the children in your care about sex and HIV/AIDS?	YES ..... 1 NO ..... 2 CHILDREN NOT OLD ENOUGH ..... 3 DK/UNSURE/DEPENDS ..... 4	
826	RECORD THE TIME.	HOUR .....  MINUTES .....  	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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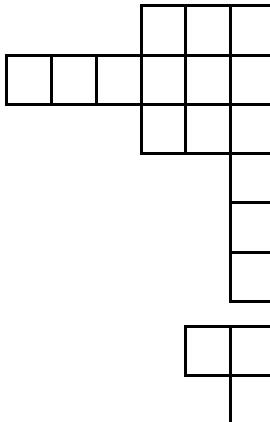
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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_



**2006 SWAZILAND DEMOGRAPHIC AND HEALTH SURVEY  
QUESTIONNAIRE FOR PERSONS AGE 12-14**

IDENTIFICATION				
PLACE NAME _____				
NAME OF HOUSEHOLD HEAD _____				
DHS CLUSTER NUMBER .....				
PSU CODE .....				
HOUSEHOLD NUMBER .....				
REGION (HHOHHO = 1, MANZINI = 2, SHISELWENI = 3, LUBOMBO = 4) .....				
URBAN/RURAL (URBAN=1, RURAL=2) .....				
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE .. (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)				
NAME AND LINE NUMBER OF RESPONDENT _____				
RESPONDENT'S GENDER (GIRL = 1, BOY = 2) .....				

INTERVIEWER VISITS					
DATE	1	2	3	FINAL VISIT	
				DAY	
				MONTH	
				YEAR	
INTERVIEWER'S NAME				INT NUMBER	
				RESULT	
	RESULT*				TOTAL NUMBER OF VISITS
*RESULT CODES:					
1 COMPLETED	4 PARENT REFUSED	7 INCAPACITATED			
2 NOT AT HOME	5 RESPONDENT REFUSED	8 OTHER _____	(SPECIFY)		
3 POSTPONED	6 PARTLY COMPLETED				
LANGUAGE OF QUESTIONNAIRE:		2	RESPONDENT'S LANGUAGE: _____		
LANGUAGE OF INTERVIEW:			TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3)		
LANGUAGE: 1 SISWATI      2 ENGLISH      3 OTHER					
SUPERVISOR NAME _____		FIELD EDITOR NAME _____		KEYED BY	
DATE _____		DATE _____			

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

A. INFORMED CONSENT FROM PARENT/GUARDIAN/OTHER ADULT

RECORD LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE OF PARENT/  
GUARDIAN/OTHER ADULT FROM WHOM CONSENT IS REQUESTED.

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Hello. My name is \_\_\_\_\_ and I am working with the Central Statistical Office. We are conducting a national survey about health of the Swazi population.

As part of the survey, I would like to ask (NAME) some questions that will help the government plan health programs for youth.

The survey usually takes between 10 and 15 minutes to complete. Whatever information (NAME) will provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to allow (NAME) to take part. However, we hope that you allow him (her) to participate in this survey since his (her) answers are important.

At this time, do you want to ask me anything about the survey?

Do I have your consent to talk to (NAME) now?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT/GUARDIAN/OTHER ADULT  
AGREES TO ALLOW YOUTH  
TO BE INTERVIEWED      1      PARENT/GUARDIAN/OTHER ADULT  
DOES NOT AGREE TO ALLOW  
YOUTH TO BE INTERVIEWED      2      → END

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B. INFORMED CONSENT FROM YOUTH

AFTER OBTAINING CONSENT FROM THE PARENT, GUARDIAN OR OTHER RESPONSIBLE ADULT, ASK THE YOUTH FOR HIS/HER CONSENT.

Hello. My name is \_\_\_\_\_. We are doing a study about health in Swaziland.

We are talking with many youths like you. We would very much like to have you be part of this study.

I would like to ask you some questions that will help the government plan health programs for youth.

The questions will take about 10 and 15 minutes of your time. I will not tell or show your answers to anyone, not even your pare

You do not have to be in this study. You can choose not to answer some or all of the questions.

We hope that you will say yes and be in this study because your answers are important.

Do you want to ask me anything about the survey? Do you want to be in the study?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

YOUTH AGREES TO INTERVIEW      1      YOUTH DOES NOT AGREE TO  
INTERVIEW      2      → END

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
101	RECORD THE TIME.	HOUR .....  MINUTES .....	<table border="1" style="display: inline-table;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>		
102	In what month and year were you born?	MONTH .....  DON'T KNOW MONTH ..... 98  YEAR .....  DON'T KNOW YEAR ..... 9998	<table border="1" style="display: inline-table;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>		
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS	<table border="1" style="display: inline-table;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
104	CHECK 103:  12-14 YEARS <input type="checkbox"/> 15+ YEARS <input type="checkbox"/>  COMPLETE ELIGIBLE WOMEN'S OR MEN'S QUESTIONNAIRE	LESS THAN 12 YEARS <input type="checkbox"/>  → END	
105	Are you currently attending school?	YES ..... 1 NO ..... 2	→ 107
106	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 110
107	What is the highest level of school you attended?	LOWER PRIMARY ..... 1 HIGHER PRIMARY ..... 2 SECONDARY ..... 3 HIGH SCHOOL ..... 4	
108	What is the highest (grade/standard/form) you completed at that level?	GRADE/STANDARD/FORM... <input type="checkbox"/> <input type="checkbox"/>	
109	CHECK 107:  ANY PRIMARY CODE '1' OR '2' CIRCLED <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/> CODE '3' OR '4' OR 5 CIRCLED <input type="checkbox"/>		→ 115
110	Now I would like you to read this sentence to me.  SHOW CARD TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE ..... 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
111	Have you ever been in a program to learn how to read and write? Do not include what you were taught in school.	YES ..... 1 NO ..... 2	
112	CHECK 110:  CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 114
113	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
114	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
115	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
116	What is your religion?  NAME OF CHURCH	TRADITIONAL ..... 01 CHARISMATIC ..... 02 PROTESTANT ..... 03 ROMAN CATHOLIC ..... 04 PENTECOSTAL ..... 05 ZIONIST ..... 06 APOSTOLIC SECT ..... 07 ISLAM ..... 08 NONE ..... 09  OTHER _____ 96 (SPECIFY)	

SECTION 2. CARE AND PROTECTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP							
201	<p>Now I am going to ask you some questions about who looks after you when you are at home. Can you tell me the names of all of the persons who look after you when you are at home?</p> <p>RECORD THE NAMES OF THE PERSONS IN 202. CHECK THE HOUSEHOLD SCHEDULE AND RECORD THE LINE NUMBER OF EACH CARETAKER WHO IS LISTED IN THE HOUSEHOLD SCHEDULE. IF THE CARETAKER IS NOT INCLUDED IN THE HOUSEHOLD SCHEDULE, RECORD '00'. USE ANOTHER QUESTIONNAIRE IF MORE THAN THREE CARETAKERS ARE MENTIONED.</p>									
202	CHECK COLUMNS 1 AND 2 IN THE HOUSEHOLD SCHEDULE	NAME _____ LINE NUMBER .... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NAME _____ LINE NUMBER .... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NAME _____ LINE NUMBER .... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
203	CHECK 202	CODE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> OTHER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> (SKIP TO 205)			CODE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> OTHER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> (SKIP TO 205)			CODE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> OTHER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> (SKIP TO 205)		
204	How old is (NAME OF CARETAKER)?	AGE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW .... 98			AGE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW .... 98			AGE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW .... 98		
205	What is (NAME'S) relationship to you?	BIOLOGICAL MOTHER....01 STEPMOTHER ..... 02 BIOLOGICAL FATHER .. 03 STEPFATHER ..... 04 GRANDMOTHER ..... 05 GRANDFATHER ..... 06 FEMALE SIBLING ..... 07 MALE SIBLING ..... 08 AUNT ..... 09 UNCLE ..... 10 OTHER FEMALE RELATIVE ..... 11 OTHER MALE RELATIVE ..... 12 FATHER'S GIRLFRIEND...13 MOTHER'S BOYFRIEND. 14 FEMALE NANNY/HIRED CAREGIVER ..... 15 MALE NANNY/HIRED CAREGIVER ..... 16 FEMALE FRIEND/NEIGHBOUR ACQUAINTANCE .... 17 MALE FRIEND/NEIGHBOUR ACQUAINTANCE .... 18 OTHER ..... 96 (SPECIFY)	BIOLOGICAL MOTHER....01 STEPMOTHER ..... 02 BIOLOGICAL FATHER .. 03 STEPFATHER ..... 04 GRANDMOTHER ..... 05 GRANDFATHER ..... 06 FEMALE SIBLING ..... 07 MALE SIBLING ..... 08 AUNT ..... 09 UNCLE ..... 10 OTHER FEMALE RELATIVE ..... 11 OTHER MALE RELATIVE ..... 12 FATHER'S GIRLFRIEND...13 MOTHER'S BOYFRIEND. 14 FEMALE NANNY/HIRED CAREGIVER ..... 15 MALE NANNY/HIRED CAREGIVER ..... 16 FEMALE FRIEND/NEIGHBOUR ACQUAINTANCE .... 17 MALE FRIEND/NEIGHBOUR ACQUAINTANCE .... 18 OTHER ..... 96 (SPECIFY)	BIOLOGICAL MOTHER....01 STEPMOTHER ..... 02 BIOLOGICAL FATHER .. 03 STEPFATHER ..... 04 GRANDMOTHER ..... 05 GRANDFATHER ..... 06 FEMALE SIBLING ..... 07 MALE SIBLING ..... 08 AUNT ..... 09 UNCLE ..... 10 OTHER FEMALE RELATIVE ..... 11 OTHER MALE RELATIVE ..... 12 FATHER'S GIRLFRIEND...13 MOTHER'S BOYFRIEND. 14 FEMALE NANNY/HIRED CAREGIVER ..... 15 MALE NANNY/HIRED CAREGIVER ..... 16 FEMALE FRIEND/NEIGHBOUR ACQUAINTANCE .... 17 MALE FRIEND/NEIGHBOUR ACQUAINTANCE .... 18 OTHER ..... 96 (SPECIFY)						
206	Now I am going to ask some questions about the times you were at home over the past seven days.  CHECK 202:  ONLY ONE CAREGIVER MENTIONED <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> Was there any time during the week when you were at home and (NAME) was not there?		MORE THAN ONE CAREGIVER MENTIONED <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> Was there any time when during the week when you were at home and none of the persons who usually look after you were there?		YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 209				
207	Was another adult always present in the home when your caregiver(s) was (were) away?		YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 209 → 209						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
208	On how many days during the past seven days were you at home at least part of the day without adult supervision?  IF EVERYDAY, RECORD '7'	DAYS ..... <input type="checkbox"/>  DON'T KNOW ..... 98	
209	In the past week have you been:  Sent out of the home yard on an errand alone? Playing/visiting a friend out of the home yard without adult supervision?	YES NO  SENT ON ERRAND ALONE ..... 1 2 PLAYING/VISITING WITHOUT ADULT SUPERVISION ..... 1 2	
210	When you go out, are you required to tell your caregiver where you are going always, most of the time, only sometimes, or hardly ever?	ALWAYS ..... 1 MOST OF THE TIME ..... 2 ONLY SOMETIMES ..... 3 HARDLY EVER ..... 4	
211	Do you share the room where you sleep?	YES ..... 1 NO ..... 2	→ 215
212	Who shares the room where you usually sleep?  IF ALL HOUSEHOLD MEMBERS SLEEP IN THE SAME ROOM CIRCLE 995. OTHERWISE RECORD THE NAME OF ALL THE INDIVIDUALS SHARING THE ROOM.	NAME LINE NUMBER  1 _____ <input type="checkbox"/> <input type="checkbox"/>  2 _____ <input type="checkbox"/> <input type="checkbox"/>  3 _____ <input type="checkbox"/> <input type="checkbox"/>  ALL HOUSEHOLD MEMBERS .... 995	
213	Do you share the bed (mat) where you sleep with any of these persons?	YES ..... 1 NO ..... 2	→ 215
214	Who usually shares the bed (mat) with you?  IF ALL PERSONS SHARING THE ROOM SLEEP IN THE SAME BED (MAT) AS THE RESPONDENT, CIRCLE 998. OTHERWISE RECORD THE NAME OF ALL THE INDIVIDUALS WHO USUALLY SHARING THE BED (MAT).	NAME LINE NUMBER  1 _____ <input type="checkbox"/> <input type="checkbox"/>  2 _____ <input type="checkbox"/> <input type="checkbox"/>  3 _____ <input type="checkbox"/> <input type="checkbox"/>  ALL PERSONS SHARING ROOM USE THE SAME BED (MAT) .... 998	
215	CHECK 105:  CURRENTLY ATTENDING SCHOOL <input type="checkbox"/> ↓ NOT ATTENDING SCHOOL <input type="checkbox"/>		→ 301
216	Does your caregiver or another adult accompany you from home to school each day?	YES, CAREGIVER ..... 1 YES, OTHER ADULT ..... 2 NO ..... 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
217	Does your caregiver or another adult accompany you from school to home each day?	YES, CAREGIVER ..... 1 YES, OTHER ADULT ..... 2 NO ..... 3	
218	Do you walk to school or do you use transport to get there?	WALKS TO SCHOOL ..... 1 PRIVATE TRANSPORT ..... 2 PUBLIC TRANSPORT ..... 3 OTHER _____ 6 (SPECIFY)	
219	At your school is there:  A teacher or other adult always present in the classroom?  A teacher or other adult always watching when children are coming to or leaving school?  A teacher or other adult monitoring the toilets?  A teacher or other adult checking that no unauthorized person enters the school?	YES      NO  ALWAYS IN CLASSROOM... 1      2  WATCHING CHILDREN COMING/LEAVING . . 1      2  MONITORING TOILETS . . 1      2  CHECKING FOR UNAUTHORIZED VISITORS 1      2	

SECTION 3. KNOWLEDGE AND ATTITUDES ABOUT SEX

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Now I would like to talk about something else. Do you know what it means to have sex?	YES ..... 1 NO ..... 2	→ 304
302	Has your parent (caregiver) ever talked to you about sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
303	Has your parent or caregiver ever talked to you about sexual abuse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
304	Have you ever attended a life skills course  at school?  anywhere else?	YES NO  SCHOOL ..... 1 2 ELSEWHERE ..... 1 2 (SPECIFY)	
305	Do you agree or disagree with the following statements:  It is acceptable for a boy to have many girlfriends It is acceptable for a girl to have many boyfriends	YES NO DK  BOY MANY GIRLFRIENDS . 1 2 3 GIRL MANY BOYFRIENDS . 1 2 3	
306	CHECK 301:  KNOWS MEANING OF SEX <input type="checkbox"/> DOES NOT KNOW MEANING OF SEX <input type="checkbox"/>		→ 308
307	Do you agree or disagree with the following statements:  If a boy proposes love, a girl cannot refuse sex  If a boy gives a girl presents, she cannot refuse sex  Boys should decide when, where and how to have sex	YES NO DK  WHEN BOY PROPOSES LOVE ..... 1 2 3 WHEN BOY GIVES PRESENTS ..... 1 2 3 BOY DECIDES ABOUT SEX ..... 1 2 3	
308	Are you circumcised?	YES ..... 1 NO ..... 2	→ 401
309	At what age?	AGE IN YEARS ..... <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW .....	98

SECTION 4. KNOWLEDGE OF AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 404
401A	Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 403
402	What can a person do?  Anything else?  RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX ..... A USE CONDOMS ..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ... C LIMIT NUMBER OF SEXUAL PARTNERS ..... D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... F AVOID SEX WITH HOMOSEXUALS .. G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY.. H AVOID BLOOD TRANSFUSIONS.... I AVOID INJECTIONS ..... J AVOID SHARING RAZORS/BLADES .. K AVOID KISSING ..... L AVOID MOSQUITO BITES ..... M SEEK PROTECTION FROM TRADITIONAL HEALER .. N AVOID SHARING UTENSILS ..... O AVOID SHARING TOILETS ..... P AVOID DRINKING SAME CUP ..... Q AVOID SHARING CIGARETTES ... R  OTHER _____ W (SPECIFY)  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
403	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
404	Have you ever heard about MALE condoms?	YES ..... 1 NO ..... 2 DK/NOT SURE ..... 8	
404A	Have you ever heard about FEMALE condoms?	YES ..... 1 NO ..... 2 DK/NOT SURE ..... 8	
404B	CHECK 401:  HAS HEARD OF AIDS <input type="checkbox"/> HAS NOT HEARD OF AIDS <input type="checkbox"/>	→ 420	
404C	CHECK 404 AND 404A:  AT LEAST ONE YES <input type="checkbox"/> OTHER <input type="checkbox"/>	→ 405A	
405	Should children your age be taught about using a condom to avoid AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
405A	CHECK 301:  KNOWS MEANING OF SEX <input type="checkbox"/> DOES NOT KNOW MEANING OF SEX <input type="checkbox"/>	→ 407	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
406	Should children your age be taught in school about waiting until they get married before having sex in order to avoid AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
407	Have you received HIV/AIDS information from:  Television? Radio? Newspaper? Magazine? Leaflets? Posters? Billboards?	YES NO  TELEVISION ..... 1 2 RADIO ..... 1 2 NEWSPAPER ..... 1 2 MAGAZINE ..... 1 2 LEAFLETS ..... 1 2 POSTERS ..... 1 2 BILLBOARDS ..... 1 2	
408	Have you seen any of the following items in the last 12 months carrying HIV/AIDS information or messages:  Stickers? Clothing such as a T-shirt or cap? Red ribbon badge? Sign on a bus or mini kombi? Painted wall mural? AIDS play?	YES NO  STICKERS ..... 1 2 CLOTHING ..... 1 2 RED RIBBON BADGE ..... 1 2 SIGN ON BUS OR KOMBI ..... 1 2 PAINTED WALL MURAL ..... 1 2 AIDS PLAY ..... 1 2	
409	Have you received HIV/AIDS information from any of the following places in the last 12 months:  At school? At a Youth Club? A community meeting? A religious meeting? Health facility? Doctor's office? Pharmacy or chemist? AIDS organization? Local shop or spaza shop?	YES NO  SCHOOL ..... 1 2 YOUTH CLUB ..... 1 2 COMMUNITY MEETING ..... 1 2 RELIGIOUS MEETING ..... 1 2 HEALTH FACILITY ..... 1 2 DOCTOR'S OFFICE ..... 1 2 PHARMACY/CHEMIST ..... 1 2 AIDS ORGANIZATION ..... 1 2 SHOP/SPAZA ..... 1 2	
410	Thinking of HIV/AIDS information that you have received in the last 12 months, do you think:  there is too much focus on condoms? there is not enough information for your age group? some of the messages are offensive or upsetting? the messages are confusing?	YES NO DK  TOO MUCH ON CONDOMS 1 2 3 NOT ENOUGH INFO ..... 1 2 3 OFFENSIVE/UPSETTING 1 2 3 CONFUSING ..... 1 2 3	
410A	CHECK 301:  KNOWS <input type="checkbox"/> MEANING OF SEX ↓  DOES NOT KNOW <input type="checkbox"/> MEANING OF SEX		→ 411
410B	Thinking of HIV/AIDS information that you have received in the last 12 months, do you think:  there is too much focus on abstinence? there is too much focus on sex? they encourage young people to have sex? they teach young children that sex is okay as long as it is safe?	YES NO DK  TOO MUCH ON ABSTINENCE ..... 1 2 3 TOO MUCH ON SEX ..... 1 2 3 ENCOURAGES SEX ..... 1 2 3 CHILDREN LEARN SEX IS OK ..... 1 2 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	Are you aware of the existence of any telephone or help line that gives HIV/AIDS information?	YES ..... 1 NO ..... 2	→ 413
412	Which ones do you know of?  RECORD ALL MENTIONED.	AIDS HELPLINE ..... A TASC ..... B  OTHER _____ X SPECIFY	
413	Has your parent/caregiver ever talked with you about HIV/AIDS?	YES ..... 1 NO ..... 2	
414	Do other kids you mix with talk about HIV/AIDS?	YES ..... 1 NO ..... 2	
415	Have you spoken to someone in the past month about HIV/AIDS?	YES ..... 1 NO ..... 2	→ 417
416	Who have you spoken with?  RECORD ALL MENTIONED.	<b>RELATIVE</b> BROTHER/SISTER ..... A PARENT ..... B GRANDPARENT ..... C OTHER RELATIVE ..... D  <b>NONRELATIVE</b> NONRELATIVE CAREGIVER ..... E BOYFRIEND/GIRLFRIEND ..... F FRIEND ..... G TEACHER ..... H DOCTOR/NURSE ..... I COMMUNITY LEADER/ POLITICIAN ..... J AIDS ORGANIZATION ..... K PEER EDUCATOR ..... L COMMUNITY HEALTH WORKER... M TBA ..... N TRADITIONAL HEALEI ..... O  OTHER _____ X (SPECIFY)	
417	Who would you like to talk to about HIV/AIDS?  RECORD ALL MENTIONED.	<b>RELATIVE</b> BROTHER/SISTER ..... A PARENT ..... B GRANDPARENT ..... C OTHER RELATIVE ..... D  <b>NONRELATIVE</b> NONRELATIVE CAREGIVER ..... E BOYFRIEND/GIRLFRIEND ..... F FRIEND ..... G TEACHER ..... H DOCTOR/NURSE ..... I COMMUNITY LEADER/ POLITICIAN ..... J AIDS ORGANIZATION ..... K PEER EDUCATOR ..... L COMMUNITY HEALTH WORKER... M TBA ..... N TRADITIONAL HEALEI ..... O  OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
418	Do you know of a place where people can go to get tested for the AIDS virus?	YES ..... 1 NO ..... 2	→ 420								
419	<p>Where is that?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE(S))</p>	<p><b>PUBLIC SECTOR</b>            GOVERNMENT HOSPITAL ..... A            GOVT. HEALTH CENTER ..... B            STAND-ALONE VCT CENTER ... C            MOBILE CLINIC ..... D            OTHER PUBLIC _____ E            _____ (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b>            PRIVATE HOSPITAL/CLINIC... F            STAND-ALONE VCT CENTER. ... G            MOBILE CLINIC ..... H            OTHER PRIVATE MEDICAL _____ I            _____ (SPECIFY)</p> <p><b>MISSION</b>            HOSPITAL ..... J            CLINIC ..... K            OTHER ..... L            _____ (SPECIFY)</p> <p><b>NGO</b>            FLAS ..... M            TASC ..... N            OTHER NGO ..... O            _____ (SPECIFY)</p> <p>OTHER _____ X            _____ (SPECIFY)</p>									
420	RECORD THE TIME.	HOUR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF THE SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**2006 SWAZILAND DEMOGRAPHIC AND HEALTH SURVEY  
QUESTIONNAIRE FOR PERSONS AGE 50+**

IDENTIFICATION								
PLACE NAME _____								
NAME OF HOUSEHOLD HEAD _____								
DHS CLUSTER NUMBER .....								
PSU CODE .....								
HOUSEHOLD NUMBER .....								
REGION (HHOHHO = 1, MANZINI = 2, SHISELWENI = 3, LUBOMBO = 4) .....								
URBAN/RURAL (URBAN = 1, RURAL = 2) .....								
LARGE CITY/SMALL CITY/TOWN/RURAL .....								
(LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)								
NAME AND LINE NUMBER OF RESPONDENT _____								
RESPONDENT'S GENDER (WOMAN = 1, MAN = 2) .....								
INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table;"><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	2	0	0	6
2	0	0	6					
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table;"><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	2	0	0	6
2	0	0	6					
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table;"><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	2	0	0	6
2	0	0	6					
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table;"><tr><td> </td></tr></table>				
TIME	_____	_____						
*RESULT CODES: 1 COMPLETED      4 REFUSED 2 NOT AT HOME      5 PARTLY COMPLETED 3 POSTPONED      6 INCAPACITATED								
RESPONDENT'S LANGUAGE: <table border="1" style="display: inline-table;"><tr><td>2</td></tr></table>		2	TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) <table border="1" style="display: inline-table;"><tr><td> </td></tr></table>					
2								
LANGUAGE OF QUESTIONNAIRE: <table border="1" style="display: inline-table;"><tr><td>2</td></tr></table>		2	LANGUAGE OF INTERVIEW: <table border="1" style="display: inline-table;"><tr><td> </td></tr></table>					
2								
LANGUAGE: 1 SISWATI		2 ENGLISH		3 OTHER				
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR				
NAME _____		NAME _____		<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>				
DATE _____		<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>		
KEYED BY		<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>		

## SECTION 1. RESPONDENT'S BACKGROUND

## INTRODUCTION AND CONSENT

## INFORMED CONSENT

Hello. My name is \_\_\_\_\_ and I am working with the Central Statistical Office. We are conducting a national survey about the health of men, women and children. We would very much appreciate participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between about 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important!

At this time, do you want to ask me anything about the survey?  
May I begin the interview now?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE..... 2→ END  
↓  
INTERVIEWED

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
101	RECORD THE TIME.	HOUR ..... MINUTES .....	<table border="1" style="float: right; margin-left: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>				
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?  IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... ALWAYS ..... 95 VISITOR ..... 96	<table border="1" style="float: right; margin-left: 10px;"> <tr><td></td><td></td></tr> </table> → 104				
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY ..... 1 TOWN ..... 2 COUNTRYSIDE ..... 3					
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS ..... NONE ..... 00	<table border="1" style="float: right; margin-left: 10px;"> <tr><td></td><td></td></tr> </table>				
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES ..... 1 NO ..... 2					
106	In what month and year were you born?	MONTH ..... DON'T KNOW MONTH ..... 98 YEAR ..... DON'T KNOW YEAR ..... 9998	<table border="1" style="float: right; margin-left: 10px;"> <tr><td></td><td></td></tr> </table>				
107	How old were you at your last birthday?  COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS	<table border="1" style="float: right; margin-left: 10px;"> <tr><td></td><td></td></tr> </table>				
108	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 112				
109	What is the highest level of school you attended: primary, secondary, or higher?	LOWER PRIMARY ..... 1 HIGHER PRIMARY ..... 2 SECONDARY ..... 3 HIGH SCHOOL ..... 4 TERTIARY ..... 5					
110	What is the highest (grade/form/year) you completed at that level?	GRADE/FORM/YEAR .....	<table border="1" style="float: right; margin-left: 10px;"> <tr><td></td><td></td></tr> </table>				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 109: ANY PRIMARY CODE '1' OR '2' CIRCLED <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/> CODE '3' OR '4' OR 5 CIRCLED <input type="checkbox"/>		→ 115
112	Now I would like you to read this sentence to me.  SHOW CARD TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:  Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE ..... 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY) BLIND/VISUALLY IMPAIRED ... 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES ..... 1 NO ..... 2	
114	CHECK 112:  CODE '2', '3' OR '4' <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ... 3 NOT AT ALL ..... 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ... 3 NOT AT ALL ..... 4	
117	Do you watch television almost every day, at least once a week less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ... 3 NOT AT ALL ..... 4	
118	Are you currently working?	YES ..... 1 NO ..... 2	→ 121
119	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 121
120	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING 1 LOOKING FOR WORK ..... 2 RETIRED ..... 3 UNABLE TO WORK, ILL/ HANDICAPPED ..... 4 HOUSEWORK/CHILDCARE .... 5 OTHER _____ 6 (SPECIFY)	→ 122
121	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/>	
122	What is your religion?  NAME OF CHURCH _____	TRADITIONAL ..... 01 CHARISMATIC ..... 02 PROTESTANT ..... 03 ROMAN CATHOLIC ..... 04 PENTECOSTAL ..... 05 ZIONIST ..... 06 APOSTOLIC SECT ..... 07 ISLAM ..... 08 NONE ..... 09 OTHER _____ 96 (SPECIFY)	

**SECTION 2. MARRIAGE AND SEXUAL ACTIVITY AMONG WOMEN**

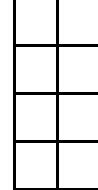
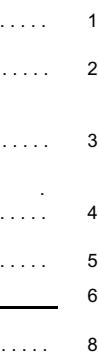
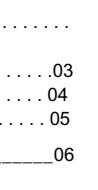
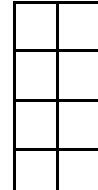
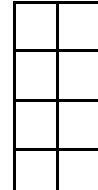
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	CHECK COVER: RESPONDENT IS A  WOMAN <input type="checkbox"/> MAN <input type="checkbox"/>  ↓		301
202	Are you currently living with a man as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A MAN ..... 2 NO, NOT IN UNION ..... 3	→ 205
203	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A MAN ..... 2 NO ..... 3	→ 213
204	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	→ 210
205	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	
206	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'	NAME _____  LINE NO. .... <input type="checkbox"/> <input type="checkbox"/>	
207	Besides yourself, does your husband/partner have other wives or does he live with other women as if married?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 210
208	Including yourself, in total, how many other wives or partners does your husband live with as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ..... <input type="checkbox"/> <input type="checkbox"/>  DON'T KNOW ..... 98	
209	Are you the first, second, ... wife?	RANK ..... <input type="checkbox"/> <input type="checkbox"/>  NO RANK ..... 96	
210	Have you been married or lived with a man only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	
211	CHECK 210:  MARRIED/ LIVED WITH A MAN ONLY ONCE  In what month and year did you start living with your husband/partner?  MARRIED/ LIVED WITH A MAN MORE THAN ONCE  Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?	MONTH ..... <input type="checkbox"/> <input type="checkbox"/>  DON'T KNOW MONTH ..... 98  YEAR ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  DON'T KNOW YEAR ..... 9998	→ 213
212	How old were you when you first started living with him?	AGE ..... <input type="checkbox"/> <input type="checkbox"/>	
213	CHECK FOR THE PRESENCE OF OTHERS.  BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
214	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.  How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURS ..... 00  AGE IN YEARS ..... <input type="checkbox"/> <input type="checkbox"/>  FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER ..... 95	→ 401

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
215	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.																										
215A	When was the <u>last</u> time you had sexual intercourse?  IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.  IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	<p>DAYS AGO ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS AGO ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MONTHS AGO ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>YEARS AGO ..... 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>																									→ 220
216	The last time you had sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2																									
217	Was a condom used every time you had sexual intercourse in the last 12 months?	YES ..... 1 NO ..... 2																									
218	What was your relationship to this person with whom you had the last sexual intercourse?  IF BOYFRIEND: Were you living together as if married?  IF YES, CIRCLE '02' IF NO, CIRCLE '03'	<p>HUSBAND ..... 1 LIVE-IN PARTNER ..... 2 PARTNER NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUINTANCE ..... 4 COMMERCIAL SEX WORKER ..... 5 OTHER ..... 6 (SPECIFY)</p>	→ 221																								
219	For how long have you had/did you have a sexual relationship with this person?  IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	<p>DAYS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MONTHS ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>YEARS ..... 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>																									
220	The last time you had sexual intercourse with this person, did you or this person drink alcohol or any other intoxicating substance?	YES ..... 1 NO ..... 2	→ 221A																								
221	Were you or your partner drunk at that time?  IF YES: Who was drunk?	RESPONDENT ONLY ..... 1 PARTNER ONLY ..... 2 RESPONDENT AND PARTNER BOTH ..... 3 NEITHER ..... 4																									
221A	CHECK 215A:  HAS HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS (CODE 1,2,3) <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS (CODE 4) <input type="checkbox"/>		→ 224																								
222	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 NO ..... 2	→ 224																								
223	In total, with how many different people have you had sexual intercourse in the last 12 months?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.  IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS LAST 12 MONTHS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> <p>DON'T KNOW ..... 98</p>																									
224	In total, with how many different people have you had sexual intercourse in your lifetime?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.  IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> <p>DON'T KNOW ..... 98</p>			→ 401																						

**SECTION 3. MARRIAGE AND SEXUAL ACTIVITY AMONG MEN**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Are you currently married or living with a woman as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A WOMAN ..... 2 NO, NOT IN UNION ..... 3	→ 308
302	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM ..... 1 STAYING ELSEWHERE ..... 2	
303	CHECK 301:  CURRENTLY MARRIED <input type="checkbox"/> ↓      LIVING WITH A WOMAN <input type="checkbox"/>		→ 306
304	Do you have one wife or more than one wife?  IF ONLY ONE WIFE, RECORD '01'.  IF MORE THAN ONE, ASK: How many wives do you currently have?	NUMBER OF WIVES ..... <input type="checkbox"/> <input type="checkbox"/>	
305	Are there any other women with whom you live as if married?	YES ..... 1 NO ..... 2	→ 307
306	Are you living with one (other) woman or more than one (other) woman as if married?  IF ONLY ONE LIVE-IN PARTNER, RECORD '01'.  IF MORE THAN ONE, ASK: How many women are you living with as if married?	NUMBER OF LIVE-IN PARTNERS ..... <input type="checkbox"/> <input type="checkbox"/>	
307	Apart from the woman/women you have already mentioned, do you currently have any other regular or occasional sexual partners?	REGULAR PARTNER(S) ONLY ..... 1 ONLY ..... 2 REGULAR AND OCCASIONAL PARTNERS ..... 3 NO SEXUAL PARTNER ..... 4	→ 311
308	Do you currently have any regular sexual partners, occasional sexual partners, or do you have no sexual partner at all?	REGULAR PARTNER(S) ONLY ..... 1 ONLY ..... 2 REGULAR AND OCCASIONAL PARTNERS ..... 3 NO SEXUAL PARTNER ..... 4	
309	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED ONLY ..... 1 YES, LIVED WITH A WOMAN ONLY ..... 2 YES, BOTH ..... 3 NO ..... 4	→ 314
310	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	→ 314
311	WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE/PARTNER REPORTED IN QUESTIONS 304 AND 306 ONLY. IF A WIFE/PARTNER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE, RECORD '00' IN THE LINE NUMBER BOXES. THE NUMBER OF LINES FILLED IN MUST BE EQUAL TO THE NUMBER OF WIVES AND PARTNERS . (IF RESPONDENT HAS MORE THAN FIVE WIVES/PARTNERS USE ADDITIONAL QUESTIONNAIRE(S). CHANGE THE WIFE/PARTNER NUMBER TO 6, 7, 8, 9 AND 10).		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
312	<p>CHECK: 304 AND 306 SUM OF 304 AND 306 = 01</p> <p>Please tell me the name of each (wife/partner that you live with as if married), starting with the one you lived with first.</p> <table> <thead> <tr> <th>WIFE/ PARTNER NUMBER</th> <th>NAME</th> </tr> </thead> <tbody> <tr><td>1</td><td>_____</td></tr> <tr><td>2</td><td>_____</td></tr> <tr><td>3</td><td>_____</td></tr> <tr><td>4</td><td>_____</td></tr> <tr><td>5</td><td>_____</td></tr> </tbody> </table>	WIFE/ PARTNER NUMBER	NAME	1	_____	2	_____	3	_____	4	_____	5	_____	<p>SUM OF 304 AND 306 &gt; 01</p> <p>Please tell me the name of each (wife/partner that you live with as if married), starting with the one you lived with first.</p> <p>LINE NUMBER IN HH. QUEST.</p> <p>STATUS</p> <p>WIFE = 1 PART-NER= 2</p> <p>AGE</p>	312A How old was your wife/partner on her last birthday?
WIFE/ PARTNER NUMBER	NAME														
1	_____														
2	_____														
3	_____														
4	_____														
5	_____														
313	<p>CHECK 312: ONLY ONE WIFE/PARTNER      <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER      <input type="checkbox"/></p>		315												
314	Have you been married or lived with a woman only once or more than once?	ONCE ..... 1 MORE THAN ONCE ..... 2	→ 317 → 316												
315	Have you ever been married to or lived as if married to any woman other than those you have just mentioned?	YES ..... 1 NO ..... 2	→ 317												
316	In total, how many women have you been married to or lived with as if married in your whole life?	NUMBER OF WOMEN .....	<input type="checkbox"/> <input type="checkbox"/>												
317	<p>CHECK 312 AND 313: ONLY ONE WIFE/PARTNER      <input type="checkbox"/> OTHER      <input type="checkbox"/></p> <p>In what month and year did you start living with your wife/partner?      Now we will talk about your first wife/partner. In what month and year did you start living with her?</p>	<p>MONTH ..... <input type="checkbox"/> <input type="checkbox"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>DON'T KNOW YEAR ..... 9998</p>	→ 319												
318	How old were you when you started living with her?	AGE .....	<input type="checkbox"/> <input type="checkbox"/>												
318A	CHECK FOR THE PRESENCE OF OTHERS.  BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.														
319	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you first had sexual intercourse (if ever)?</p>	<p>NEVER ..... .00</p> <p>AGE IN YEARS .....</p> <p>FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE/PARTNER ..... 95</p>	→ 401												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
320A	When was the <u>last</u> time you had sexual intercourse?  IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.  IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	<p>DAYS AGO ..... 1            WEEKS AGO ..... 2            MONTHS AGO ..... 3            YEARS AGO ..... 4</p> 	→ 324
321	The last time you had sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2	→ 322A
322	What was the main reason you used a condom on that occasion?	<p>RESP. WANTED TO PREVENT STD/HIV ..... 1            RESP. WANTED TO PREVENT PREGNANCY ..... 2            RESP. WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY ..... 3            DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS ..... 4            PARTNER REQUESTED/INSISTED ..... 5            OTHER _____ (SPECIFY) ..... 6            DON'T KNOW ..... 8</p> 	→ 323
322A	What was the main reason a condom was not used on that occasion?	<p>NOT AVAILABLE ..... 1            NOT NECESSARY ..... 2            NOT THOUGHT OF ..... 03            PARTNER REFUSED ..... 04            REDUCES PLEASURE ..... 05            OTHER _____ (SPECIFY) ..... 06</p> 	→ 324
323	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO ..... 2	
324	The last time you had sexual intercourse with this person, did you or this person drink alcohol or any other intoxicating substance?	YES ..... 1 NO ..... 2	→ 326
325	Were you or your partner drunk at that time?  IF YES: Who was drunk?	<p>RESPONDENT ONLY ..... 1            PARTNER ONLY ..... 2            RESPONDENT AND PARTNER   BOTH ..... 3            NEITHER ..... 4</p>	
326	What was your relationship to this person with whom you had the last sexual intercourse?  IF PARTNER: Were you living together as if married?  IF YES, CIRCLE '2' IF NO, CIRCLE '3'	<p>HUSBAND ..... 1            LIVE-IN PARTNER ..... 2            PARTNER NOT LIVING WITH   RESPONDENT ..... 3            CASUAL ACQUINTANCE ..... 4            COMMERCIAL SEX WORKER ..... 5            OTHER _____ (SPECIFY) ..... 6</p> 	→ 328
327	For how long have you had/did you have a sexual relationship with this person?  IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	<p>DAYS ..... 1            WEEKS ..... 2            MONTHS ..... 3            YEARS ..... 4</p> 	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327A	CHECK 320A:  HAS HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS (CODE 1,2,3) 	HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>  330	
328	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 NO ..... 2	
329	In total, with how many different people have you had sex in the last 12 months?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS   DON'T KNOW ..... 98	
330	Have you ever paid for sex in cash or in kind?	YES, IN CASH ..... 1 YES, IN KIND ..... 2 YES, CASH & KIND ..... 3 NO ..... 4  335	
330A	CHECK 320A:  HAS HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS (CODE 1,2,3) 	HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>  334	
331	In the last 12 months, did you pay anyone in exchange for sex?	YES ..... 1 NO ..... 2  333	
332	The last time you paid for someone in exchange for sex, was a condom used?	YES ..... 1 NO ..... 2 DON'T KNOW/NOT SURE ..... 8	
333	Did you use a condom every time you paid someone to have sexual intercourse in the last 12 months?	YES ..... 1 NO ..... 2  335	
334	How long ago was the last time you paid for sex?  IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.  IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS ..... 1   WEEKS ..... 2  MONTHS ..... 3  YEARS ..... 4	
335	In total, with how many different people have you had sex in your lifetime?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS   DON'T KNOW ..... 98	

SECTION 4. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 501
402	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
403	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
404	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
405	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
406	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
407	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
408	Can people get the AIDS virus from having anal sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
409	Can people get the AIDS virus from having oral sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
410	Can people get the AIDS virus from open wounds or sores of an infected person?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
411	Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 413

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
412	What can a person do?  Anything else?  RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX ..... A USE CONDOMS ..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER .. C LIMIT NUMBER OF SEXUAL PARTNERS ..... D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY ..... H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS ..... J AVOID SHARING RAZORS/BLADES K AVOID KISSING ..... L AVOID MOSQUITO BITES ..... M SEEK PROTECTION FROM TRADITIONAL HEALER ..... N AVOID SHARING UTENSILS ..... O AVOID SHARING TOILETS ..... P AVOID DRINKING SAME CUP ..... Q AVOID SHARING CIGARETTES ..... R OTHER ..... W (SPECIFY) OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
413	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
414	Can the virus that causes AIDS be transmitted from a mother to her baby:  During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. .... 1 2 8 DURING DELIVERY .... 1 2 8 BREASTFEEDING .... 1 2 8	
415	CHECK 414: AT LEAST ONE 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/>		417A
416	Is there any special drug that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
417	Have you heard about special antiretroviral drugs (ARV) that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
417A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
418	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES ..... 1 NO ..... 2	→ 423
419	When was the last time you were tested?	LESS THAN 12 MONTHS AGO .... 1 12 - 23 MONTHS AGO .... 2 2 OR MORE YEARS AGO .... 3	
420	The last time you had the test, did you yourself ask for the test, advised to take the test, or was it required?	ASKED FOR THE TEST ..... 1 ADVISED ..... 2 REQUIRED ..... 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
421	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	→ 422
421A	How long after the test did you get the results?	A DAY ..... 1 A WEEK ..... 2 A MONTH ..... 3 MORE THAN A MONTH ..... 4	
422	Where was the test done?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 PHU/CLINIC ..... 13 MOBILE CLINIC ..... 14 OTHER PUBLIC ..... 16  <b>PRIVATE SECTOR</b> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 STAND-ALONE VCT CENTER ..... 22 MOBILE CLINIC ..... 23 OTHER PRIVATE MEDICAL ..... 26  <b>MISSION</b> HOSPITAL ..... 31 CLINIC ..... 32 OTHER ..... 36  <b>NGO</b> FLAS ..... 41 TASC ..... 42 OTHER ..... 46  OTHER ..... 96  (SPECIFY)	→ 425
423	Do you know of a place where people can go to get tested for the AIDS virus?	YES ..... 1 NO ..... 2	→ 425

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
424	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>WRITE THE NAME OF THE PLACE.</p>	<p><b>PUBLIC SECTOR</b></p> <table> <tr><td>GOVERNMENT HOSPITAL .....</td><td>A</td></tr> <tr><td>GOVT. HEALTH CENTER .....</td><td>B</td></tr> <tr><td>STAND-ALONE VCT CENTER .....</td><td>C</td></tr> <tr><td>PHU/CLINIC .....</td><td>D</td></tr> <tr><td>MOBILE CLINIC .....</td><td>E</td></tr> <tr><td>OTHER PUBLIC .....</td><td>F</td></tr> </table> <p>(SPECIFY)</p> <p><b>PRIVATE SECTOR</b></p> <table> <tr><td>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR .....</td><td>G</td></tr> <tr><td>STAND-ALONE VCT CENTER .....</td><td>H</td></tr> <tr><td>MOBILE CLINIC .....</td><td>I</td></tr> <tr><td>OTHER PRIVATE MEDICAL .....</td><td>J</td></tr> </table> <p>(SPECIFY)</p> <p><b>MISSION</b></p> <table> <tr><td>HOSPITAL .....</td><td>K</td></tr> <tr><td>CLINIC .....</td><td>L</td></tr> <tr><td>OTHER .....</td><td>M</td></tr> </table> <p>(SPECIFY)</p> <p><b>NGO</b></p> <table> <tr><td>FLAS .....</td><td>N</td></tr> <tr><td>TASC .....</td><td>O</td></tr> <tr><td>OTHER .....</td><td>P</td></tr> </table> <p>(SPECIFY)</p> <p>OTHER .....</p>	GOVERNMENT HOSPITAL .....	A	GOVT. HEALTH CENTER .....	B	STAND-ALONE VCT CENTER .....	C	PHU/CLINIC .....	D	MOBILE CLINIC .....	E	OTHER PUBLIC .....	F	PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR .....	G	STAND-ALONE VCT CENTER .....	H	MOBILE CLINIC .....	I	OTHER PRIVATE MEDICAL .....	J	HOSPITAL .....	K	CLINIC .....	L	OTHER .....	M	FLAS .....	N	TASC .....	O	OTHER .....	P	
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CLINIC .....	L																																		
OTHER .....	M																																		
FLAS .....	N																																		
TASC .....	O																																		
OTHER .....	P																																		
425	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES .....	1																																
		NO .....	2																																
		DON'T KNOW .....	8																																
426	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET .....	1																																
		NO .....	2																																
		DK/NOT SURE/DEPENDS .....	8																																
427	If a member of your family became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES .....	1																																
		NO .....	2																																
		DK/NOT SURE/DEPENDS .....	8																																
428	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED .....	1																																
		SHOULD NOT BE ALLOWED .....	2																																
		DK/NOT SURE/DEPENDS .....	8																																

SECTION 5. OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	<p>CHECK 401:</p> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 504</p>
502	<p>If a man has a sexually transmitted disease, what signs or symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN ..... A      GENITAL DISCHARGE/DРИPPING ..... B      FOUL SMELLING DISCHARGE ..... C      BURNING PAIN ON URINATION ..... D      REDNESS/INFLAMMATION IN GENITAL AREA ..... E      SWELLING IN GENITAL AREA ..... F      GENITAL SORES/ULCERS ..... G      GENITAL WARTS ..... H      GENITAL ITCHING ..... I      BLOOD IN URINE ..... J      LOSS OF WEIGHT ..... K      IMPOTENCE ..... L      OTHER ..... W          (SPECIFY)      OTHER ..... X          (SPECIFY)      NO SYMPTOMS ..... Y      DON'T KNOW ..... Z</p>	
503	<p>If a woman has a sexually transmitted disease, what signs or symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN ..... A      GENITAL DISCHARGE ..... B      FOUL SMELLING DISCHARGE ..... C      BURNING PAIN ON URINATION ..... D      REDNESS/INFLAMMATION IN GENITAL AREA ..... E      SWELLING IN GENITAL AREA ..... F      GENITAL SORES/ULCERS ..... G      GENITAL WARTS ..... H      GENITAL ITCHING ..... I      BLOOD IN URINE ..... J      LOSS OF WEIGHT ..... K      HARD TO GET PREGNANT/HAVE A CHILD ..... L      OTHER ..... W          (SPECIFY)      OTHER ..... X          (SPECIFY)      NO SYMPTOMS ..... Y      DON'T KNOW ..... Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
504	CHECK COVER: RESPONDENT IS A WOMAN <input type="checkbox"/> MAN <input type="checkbox"/>		511
505	CHECK 215A: HAS HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS <input type="checkbox"/> (CODE 1, 2, 3) ↓ HAS NOT HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS (CODE 4) <input type="checkbox"/>		523
507	CHECK 501: HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/> HAS NOT HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/>		523
507A	CHECK FOR THE PRESENCE OF OTHERS.  BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
508	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
509	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
510	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	516
511	CHECK 320A: HAS HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS <input type="checkbox"/> (CODE 1,2,3) ↓ HAS NOT HAD SEXUAL INTERCOURSE IN LAST 12 MONTHS (CODE 4) <input type="checkbox"/>		523
512	CHECK 501: HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/> HAS NOT HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/>		523
512A	CHECK FOR THE PRESENCE OF OTHERS.  BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
513	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
514	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
515	Sometimes men have a sore or ulcer or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
516	CHECK 508, 509, AND 510 FOR WOMAN OR 513, 514, AND 515 FOR MAN:  HAS HAD AN INFECTION <input type="checkbox"/> ↓ HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		523
517	The last time you had (PROBLEM FROM 507/508/509 for woman or PROBLEM FROM 513/514/515 for man), did you seek any kind of advice or treatment?	YES..... 1 NO ..... 2	→ 519
518	Where did you go?  Any other place?  RECORD ALL SOURCES MENTIONED.	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B STAND-ALONE VCT CENTER ..... C MOBILE CLINIC ..... D OTHER PUBLIC ..... E (SPECIFY)</p> <p><b>PRIVATE SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... F STAND-ALONE VCT CENTER ..... G MOBILE CLINIC ..... H OTHER PRIVATE MEDICAL ..... I (SPECIFY)</p> <p><b>MISSION</b></p> <p>HOSPITAL ..... J CLINIC ..... K OTHER ..... L (SPECIFY)</p> <p><b>NGO</b></p> <p>FLAS ..... M TASC ..... N OTHER ..... O (SPECIFY)</p> <p>OTHER ..... X (SPECIFY)</p>	520

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
519	Why was treatment not sought for the (PROBLEM(S) IN FROM 508/509/510 for woman or PROBLEM FROM 513/514/515 for man)?	NOT NECESSARY ..... 1 EXPENSIVE ..... 2 RELIGIOUS PROHIBITION .... 3  OTHER _____ 6 SPECIFY					
520	When you had (PROBLEM(S) FROM 508/509/510 FOR WOMAN OR PROBLEM(S) FROM 513/514/515 FOR MAN), did you inform the person(s) with whom you were having sex?	YES ..... 1 NO ..... 2 SOME/ NOT ALL ..... 3 DID NOT HAVE A PARTNER ... 4					
521	When you had (PROBLEM(S) FROM 508/509/510 FOR WOMAN OR PROBLEM (S) FROM 513/514/515 FOR MAN), did you do anything to avoid infecting your sexual partner(s)?	YES ..... 1 NO ..... 2 PARTNER(S) ALREADY INFECTED ..... 8	→ 523				
522	What did you do to avoid infecting your partner(s)? Did you.... Use medicine? Stop having sex? Use a condom when having sex?	YES                  NO USE MEDICINE ..... 1        2 STOP SEX ..... 1        2 USE CONDOM ..... 1        2					
523	RECORD THE TIME.	HOUR..... MINUTES .....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_