SWAZILAND

Multiple Indicator Cluster Survey 2014

Monitoring the situation of children, women and men

Government of Swaziland

United Nations Population Fund

United Nations Educational Scientific and Cultural Organisation

National Emergency Response Council on HIV and AIDS

United Nations Children's Fund

Final Report

August, 2016

MICS

Swaziland

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The Swaziland Multiple Indicator Cluster Survey (MICS) was carried out in 2014 by the Central Statistical Office in collaboration with the United Nations Children's Fund (UNICEF). Financial support was provided by the Government of the Kingdom of Swaziland, UNICEF, the United Nations Population fund (UNFPA), United Nations Educational Scientific and Cultural Organisation (UNESCO) and the National Emergency Response Council on HIV/AIDS (NERCHA).

MICS is an international household survey programme developed by UNICEF. The Swaziland MICS was conducted as part of the fifth global round of MICS surveys (MICS5). MICS provides up-to-date information on the situation of children and women and measures key indicators that allow countries to monitor progress towards the Millennium Development Goals (MDGs), other national and internationally agreed upon commitments. Additional information on the global MICS project may be obtained from mics.unicef.org.

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Summary Table of Survey Implementation and the Survey Population, Swaziland MICS, 2014

Survey implementation			
Sample frame	Swaziland Population and Housing Census, 2007	**Questionnaires**	Household Women (age 15-49) Men (age 15-49) Children under five
Interviewer training	June – July 2014	**Fieldwork**	July – October 2014
Survey sample			
Households		**Children under-five**	
Sampled	5,211	Eligible	2,728
Occupied	4,981	Mothers/caretakers interviewed	2,693
Interviewed	4,865	Response rate (Percent)	98.7
Response rate (Percent)	97.7		
Women		**Men**	
Eligible for interviews	5,001	Eligible for interviews	1,629
Interviewed	4,762	Interviewed	1,459
Response rate (Percent)	95.2	Response rate (Percent)	89.6

Survey population			
Average household size	4.0	**Percentage of households living in:**	
Percentage of population under:			
Age 5	12.7	Urban areas	37.2
Age 18	46.6	Rural areas	62.8
		Hhohho	25.3
Percentage of women age 15-49 years with at least one live birth in the last 2 years	20.1	Manzini	39.4
		Shiselweni	15.1
		Lubombo	20.3

Housing characteristics	
Percentage of households with	
Electricity	65.0
Finished floor	95.3
Finished roofing	94.2
Finished walls	88.8
Mean number of persons per room used for sleeping	2.10

Household or personal assets	
Percentage of households that own	
A television	54.9
A refrigerator	55.3
Agricultural land	65.4
Farm animals/livestock	56.8
Percentage of households where at least a member has or owns a	
Mobile phone	95.9
Car or truck	22.7

Summary Table of Findings[1]

Multiple Indicator Cluster Surveys (MICS) and Millennium Development Goals (MDG) Indicators, Swaziland MICS, 2014

CHILD MORTALITY

Early childhood mortality[a]

MICS Indicator		Indicator	Description	Value
1.1		Neonatal mortality rate	Probability of dying within the first month of life	20
1.2	**MDG 4.2**	Infant mortality rate	Probability of dying between birth and the first birthday	50
1.3		Post-neonatal mortality rate	Difference between infant and neonatal mortality rates	30
1.4		Child mortality rate	Probability of dying between the first and the fifth birthdays	18
1.5	**MDG 4.1**	Under-five mortality rate	Probability of dying between birth and the fifth birthday	67

[a] Rates refer to the 5-year period preceding the survey.

NUTRITION

Nutritional status

MICS Indicator		Indicator	Description	Value
2.1a 2.1b	**MDG 1.8**	Underweight prevalence (a) Moderate and severe (b) Severe	Percentage of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight for age of the WHO standard	 5.8 1.6
2.2a 2.2b		Stunting prevalence (a) Moderate and severe (b) Severe	Percentage of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median height for age of the WHO standard	 25.5 7.2
2.3a 2.3b		Wasting prevalence (a) Moderate and severe (b) Severe	Percentage of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight for height of the WHO standard	 2.0 0.4
2.4		Overweight prevalence	Percentage of children under age 5 who are above two standard deviations of the median weight for height of the WHO standard	9.0

Breastfeeding and infant feeding

2.5		Children ever breastfed	Percentage of women with a live birth in the last 2 years who breastfed their last live-born child at any time	92.1
2.6		Early initiation of breastfeeding	Percentage of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth	48.3
2.7		Exclusive breastfeeding under 6 months	Percentage of infants under 6 months of age who are exclusively breastfed	63.8
2.8		Predominant breastfeeding under 6 months	Percentage of infants under 6 months of age who received breast milk as the predominant source of nourishment during the previous day	70.2
2.9		Continued breastfeeding at 1 year	Percentage of children age 12-15 months who received breast milk during the previous day	47.8
2.10		Continued breastfeeding at 2 years	Percentage of children age 20-23 months who received breast milk during the previous day	7.6
2.11		Median duration of breastfeeding	The age in months when 50 percent of children age 0-35 months did not receive breast milk during the previous day	4.2

[1] See Appendix G for a detailed description of MICS indicators

2.12	Age-appropriate breastfeeding	Percentage of children age 0-23 months appropriately fed during the previous day	45.3
2.13	Introduction of solid, semi-solid or soft foods	Percentage of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day	89.5
2.14	Milk feeding frequency for non-breastfed children	Percentage of non-breastfed children age 6-23 months who received at least 2 milk feedings during the previous day	52.8
2.15	Minimum meal frequency	Percentage of children age 6-23 months who received solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum number of times or more during the previous day	81.2
2.16	Minimum dietary diversity	Percentage of children age 6–23 months who received foods from 4 or more food groups during the previous day	62.4
2.17a 2.17b	Minimum acceptable diet	(a) Percentage of breastfed children age 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day (b) Percentage of non-breastfed children age 6–23 months who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day	48.6 29.7
2.18	Bottle feeding	Percentage of children age 0-23 months who were fed with a bottle during the previous day	31.7
Salt iodization			
2.19	Iodized salt consumption	Percentage of households with salt testing 15 parts per million or more of iodate	66.1
Low-birthweight			
2.20	Low-birthweight infants	Percentage of most recent live births in the last 2 years weighing below 2,500 grams at birth	8.0
2.21	Infants weighed at birth	Percentage of most recent live births in the last 2 years who were weighed at birth	92.3

CHILD HEALTH

Vaccinations

MICS Indicator	Indicator	Description	Value
3.1	Tuberculosis immunization coverage	Percentage of children age 12-23 months who received BCG vaccine by their first birthday	97.5
3.2	Polio immunization coverage	Percentage of children age 12-23 months who received the third dose of OPV vaccine (OPV3) by their first birthday	83.9
3.3	Diphtheria, pertussis and tetanus (DPT) immunization coverage	Percentage of children age 12-23 months who received the third dose of DPT vaccine (DPT3) by their first birthday	90.1
3.4 **MDG 4.3**	Measles immunization coverage	Percentage of children age 12-23 months who received measles vaccine by their first birthday	89.3
3.5	Hepatitis B immunization coverage	Percentage of children age 12-23 months who received the third dose of Hepatitis B vaccine (HepB3) by their first birthday	90.1
3.6	Haemophilus influenzae type B (Hib) immunization coverage	Percentage of children age 12-23 months who received the third dose of Hib vaccine (Hib3) by their first birthday	90.1
3.8	Full immunization coverage	Percentage of children age 12-23 months who received all vaccinations recommended in the national immunization schedule by their first birthday	70.7
Tetanus toxoid			
3.9	Neonatal tetanus protection	Percentage of women age 15-49 years with a live birth in the last 2 years who were given at least two doses of tetanus toxoid vaccine within the appropriate interval prior to the most recent birth	83.0

Diarrhoea			
-	Children with diarrhoea	Percentage of children under age 5 with diarrhoea in the last 2 weeks	16.4
3.10	Care-seeking for diarrhoea	Percentage of children under age 5 with diarrhoea in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	71.2
3.11	Diarrhoea treatment with oral rehydration salts (ORS) and zinc	Percentage of children under age 5 with diarrhoea in the last 2 weeks who received ORS and zinc	42.3
3.12	Diarrhoea treatment with oral rehydration therapy (ORT) and continued feeding	Percentage of children under age 5 with diarrhoea in the last 2 weeks who received ORT (ORS packet, pre-packaged ORS fluid, recommended homemade fluid or increased fluids) and continued feeding during the episode of diarrhoea	46.4
Acute Respiratory Infection (ARI) symptoms			
-	Children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks	9.8
3.13	Care-seeking for children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	59.6
3.14	Antibiotic treatment for children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks who received antibiotics	26.6
Solid fuel use			
3.15	Use of solid fuels for cooking	Percentage of household members in households that use solid fuels as the primary source of domestic energy to cook	62.3
Fever			
-	Children with fever	Percentage of children under age 5 with fever in the last 2 weeks	20.6
3.20	Care-seeking for fever	Percentage of children under age 5 with fever in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	63.2

WATER AND SANITATION				
MICS Indicator		**Indicator**	**Description**	**Value**
4.1	**MDG 7.8**	Use of improved drinking water sources	Percentage of household members using improved sources of drinking water	72.0
4.2		Water treatment	Percentage of household members in households using unimproved drinking water who use an appropriate treatment method	16.8
4.3	**MDG 7.9**	Use of improved sanitation	Percentage of household members using improved sanitation facilities which are not shared	53.0
4.4		Safe disposal of child's faeces	Percentage of children age 0-2 years whose last stools were disposed of safely	55.3
4.6		Availability of soap or other cleansing agent	Percentage of households with soap or other cleansing agent	67.5

REPRODUCTIVE HEALTH

Contraception and unmet need

MICS Indicator		Indicator	Description	Value
-		Total fertility rate	Total fertility rate for women age 15-49 years	3.3
5.1	**MDG 5.4**	Adolescent birth rate	Age-specific fertility rate for women age 15-19 years	87
5.2		Early childbearing	Percentage of women age 20-24 years who had at least one live birth before age 18	16.7
5.3	**MDG 5.3**	Contraceptive prevalence rate	Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a (modern or traditional) contraceptive method	66.1
5.4	**MDG 5.6**	Unmet need	Percentage of women age 15-49 years who are currently married or in union who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception	15.2

Maternal and newborn health

5.5a 5.5b	**MDG 5.5** **MDG 5.5**	Antenatal care coverage	Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth (a) at least once by skilled health personnel (b) at least four times by any provider	 98.5 76.1
5.6		Content of antenatal care	Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples during the last pregnancy that led to a live birth	90.0
5.7	**MDG 5.2**	Skilled attendant at delivery	Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth	88.3
5.8		Institutional deliveries	Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered in a health facility	87.7
5.9		Caesarean section	Percentage of women age 15-49 years whose most recent live birth in the last 2 years was delivered by caesarean section	11.6

Post-natal health checks

5.10	Post-partum stay in health facility	Percentage of women age 15-49 years who stayed in the health facility for 12 hours or more after the delivery of their most recent live birth in the last 2 years	90.2
5.11	Post-natal health check for the newborn	Percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery	90.4
5.12	Post-natal health check for the mother	Percentage of women age 15-49 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live birth in the last 2 years	87.5

CHILD DEVELOPMENT

MICS Indicator	Indicator	Description	Value
6.1	Attendance to early childhood education	Percentage of children age 36-59 months who are attending an early childhood education programme	29.5
6.2	Support for learning	Percentage of children age 36-59 months with whom an adult has engaged in four or more activities to promote learning and school readiness in the last 3 days	38.6

CHILD DEVELOPMENT

MICS Indicator	Indicator	Description	Value
6.3	Father's support for learning	Percentage of children age 36-59 months whose biological father has engaged in four or more activities to promote learning and school readiness in the last 3 days	1.8
6.4	Mother's support for learning	Percentage of children age 36-59 months whose biological mother has engaged in four or more activities to promote learning and school readiness in the last 3 days	16.4
6.5	Availability of children's books	Percentage of children under age 5 who have three or more children's books	5.9
6.6	Availability of playthings	Percentage of children under age 5 who play with two or more types of playthings	67.0
6.7	Inadequate care	Percentage of children under age 5 left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the last week	16.5
6.8	Early child development index	Percentage of children age 36-59 months who are developmentally on track in at least three of the following four domains: literacy-numeracy, physical, social-emotional, and learning	64.9

LITERACY AND EDUCATION

MICS Indicator		Indicator	Description	Value
7.1	**MDG 2.3**	Literacy rate among young people	Percentage of young people age 15-24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education (a) women (b) men	 95.3 92.1
7.2		School readiness	Percentage of children in first grade of primary school who attended pre-school during the previous school year	60.6
7.3		Net intake rate in primary education	Percentage of children of school-entry age who enter the first grade of primary school	89.3
7.4	**MDG 2.1**	Primary school net attendance ratio (adjusted)	Percentage of children of primary school age currently attending primary or secondary school	97.7
7.5		Secondary school net attendance ratio (adjusted)	Percentage of children of secondary school age currently attending secondary school or higher	50.4
7.6	**MDG 2.2**	Children reaching last grade of primary	Percentage of children entering the first grade of primary school who eventually reach last grade	92.9
7.7		Primary completion rate	Number of children attending the last grade of primary school (excluding repeaters) divided by number of children of primary school completion age (age appropriate to final grade of primary school)	90.9
7.8		Transition rate to secondary school	Number of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school during the current school year divided by number of children attending the last grade of primary school during the previous school year	85.5
7.9	**MDG 3.1**	Gender parity index (primary school)	Primary school net attendance ratio (adjusted) for girls divided by primary school net attendance ratio (adjusted) for boys	1.01
7.10	**MDG 3.1**	Gender parity index (secondary school)	Secondary school net attendance ratio (adjusted) for girls divided by secondary school net attendance ratio (adjusted) for boys	1.19

CHILD PROTECTION

Birth registration

MICS Indicator	Indicator	Description	Value
8.1	Birth registration	Percentage of children under age 5 whose births are reported registered	53.5

Child discipline

8.3	Violent discipline	Percentage of children age 1-14 years who experienced psychological aggression or physical punishment during the last one month	88.3

Early marriage and polygyny

8.4	Marriage before age 15	Percentage of people age 15-49 years who were first married or in union before age 15	
		(a) Women	1.3
		(b) Men	0.2
8.5	Marriage before age 18	Percentage of people age 20-49 years who were first married or in union before age 18	
		(a) Women	8.8
		(b) Men	1.7
8.6	Young people age 15-19 years currently married or in union	Percentage of young people age 15-19 years who are married or in union	
		(a) Women	4.0
		(b) Men	0.0
8.7	Polygyny	Percentage of people age 15-49 years who are in a polygynous union	
		(a) Women	11.7
		(b) Men	8.2
8.8a 8.8b	Spousal age difference	Percentage of young women who are married or in union and whose spouse is 10 or more years older,	
		(a) among women age 15-19 years,	(32.5)
		(b) among women age 20-24 years	22.5

Attitudes towards domestic violence

8.12	Attitudes towards domestic violence	Percentage of people age 15-49 years who state that a husband is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	19.9
		(a) Women	17.0
		(b) Men	
CP.S1	Attitudes towards domestic violence	Percentage of men age 15-59 years who state that a husband is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	16.3

8.13	Children's living arrangements	Percentage of children age 0-17 years living with neither biological parent	33.2
8.14	Prevalence of children with one or both parents dead	Percentage of children age 0-17 years with one or both biological parents dead	20.4
8.15	Children with at least one parent living abroad	Percentage of children 0-17 years with at least one biological parent living abroad	13.0

( ) Figures that are based on 25-49 unweighted cases

HIV/AIDS AND SEXUAL BEHAVIOUR

HIV/AIDS knowledge and attitudes

MICS Indicator		Indicator	Description	Value
-		Have heard of AIDS	Percentage of people age 15-49 years who have heard of AIDS (a) Women (b) Men	 99.8 99.8
-		Have heard of AIDS	Percentage of men age 15-59 years who have heard of AIDS	99.8
9.1	**MDG 6.3**	Knowledge about HIV prevention among young people	Percentage of young people age 15-24 years who correctly identify ways of preventing the sexual transmission of HIV, and who reject major misconceptions about HIV transmission (a) Women (b) Men	 49.1 50.9
9.2		Knowledge of mother-to-child transmission of HIV	Percentage of people age 15-49 years who correctly identify all three means of mother-to-child transmission of HIV (a) Women (b) Men	 66.5 52.9
HA.S2		Knowledge of mother-to-child transmission of HIV	Percentage of men age 15-59 years who correctly identify all three means of mother-to-child transmission of HIV	52.2
9.3		Accepting attitudes towards people living with HIV	Percentage of people age 15-49 years expressing accepting attitudes on all four questions toward people living with HIV (a) Women (b) Men	 37.4 36.2
HA.S3		Accepting attitudes towards people living with HIV	Percentage of men age 15-59 years expressing accepting attitudes on all four questions toward people living with HIV	37.0

HIV testing

9.4		People who know where to be tested for HIV	Percentage of people age 15-49 years who state knowledge of a place to be tested for HIV (a) Women (b) Men	 97.4 96.4
HA.S4		People who know where to be tested for HIV	Percentage of men age 15-59 years who state knowledge of a place to be tested for HIV	96.5
9.5		People who have been tested for HIV and know the results	Percentage of people age 15-49 years who have been tested for HIV in the last 12 months and who know their results (a) Women (b) Men	 66.5 54.5
HA.S5		People who have been tested for HIV and know the results	Percentage of men age 15-49 years who have been tested for HIV in the last 12 months and who know their results	55.3
9.6		Sexually active young people who have been tested for HIV and know the results	Percentage of young people age 15-24 years who have had sex in the last 12 months, who have been tested for HIV in the last 12 months and who know their results (a) Women (b) Men	 80.2 62.3

9.7		HIV counselling during antenatal care	Percentage of women age 15-49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they received counselling on HIV during antenatal care	89.9
9.8		HIV testing during antenatal care	Percentage of women age 15-49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they were offered and accepted an HIV test during antenatal care and received their results	95.3
Sexual behaviour				
9.9		Young people who have never had sex	Percentage of never married young people age 15-24 years who have never had sex	
			(a) Women	54.5
			(b) Men	53.6
9.10		Sex before age 15 among young people	Percentage of young people age 15-24 years who had sexual intercourse before age 15	
			(a) Women	3.0
			(b) Men	2.8
9.11		Age-mixing among sexual partners	Percentage of women age 15-24 years who had sex in the last 12 months with a partner who was 10 or more years older	14.5
9.12		Multiple sexual partnerships	Percentage of people age 15-49 years who had sexual intercourse with more than one partner in the last 12 months	
			(a) Women	3.3
			(b) Men	21.1
HA.S7		Multiple sexual partnerships	Percentage of men age 15-59 years who had sexual intercourse with more than one partner in the last 12 months	20.6
9.13		Condom use at last sex among people with multiple sexual partnerships	Percentage of people age 15-49 years who report having had more than one sexual partner in the last 12 months who also reported that a condom was used the last time they had sex	
			(a) Women	66.0
			(b) Men	82.6
HA.S8		Condom use at last sex among people with multiple sexual partnerships	Percentage of men age 15-59 years who report having had more than one sexual partner in the last 12 months who also reported that a condom was used the last time they had sex	80.8
9.14		Sex with non-regular partners	Percentage of sexually active young people age 15-24 years who had sex with a non-marital, non-cohabitating partner in the last 12 months	
			(a) Women	37.3
			(b) Men	40.9
9.15	**MDG 6.2**	Condom use with non-regular partners	Percentage of young people age 15-24 years reporting the use of a condom during the last sexual intercourse with a non-marital, non-cohabiting sex partner in the last 12 months	
			(a) Women	70.9
			(b) Men	93.4
Orphans				
9.16	**MDG 6.4**	Ratio of school attendance of orphans to school attendance of non-orphans	Proportion attending school among children age 10-14 years who have lost both parents divided by proportion attending school among children age 10-14 years whose parents are alive and who are living with one or both parents	1.00
Male circumcision				
9.17		Male circumcision	Percentage of men age 15-49 years who report having been circumcised	25.0
HA.S9		Male circumcision	Percentage of men age 15-59 years who report having been circumcised	24.3

ACCESS TO MASS MEDIA AND ICT

Access to mass media

MICS Indicator	Indicator	Description	Value
10.1	Exposure to mass media	Percentage of people age 15-49 years who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television	
		(a) Women	22.6
		(b) Men	30.9
MT.S1	Exposure to mass media	Percentage of men age 15-59 years who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television	30.1

Use of information/communication technology

10.2	Use of computers	Percentage of young people age 15-24 years who used a computer during the last 12 months	
		(a) Women	42.7
		(b) Men	48.9
10.3	Use of internet	Percentage of young people age 15-24 years who used the internet during the last 12 months	
		(a) Women	39.8
		(b) Men	55.6

SUBJECTIVE WELL-BEING

MICS Indicator	Indicator	Description	Value
11.1	Life satisfaction	Percentage of young people age 15-24 years who are very or somewhat satisfied with their life, overall	
		(a) Women	82.5
		(b) Men	84.8
11.2	Happiness	Percentage of young people age 15-24 years who are very or somewhat happy	
		(a) Women	75.5
		(b) Men	75.6
11.3	Perception of a better life	Percentage of young people age 15-24 years whose life improved during the last one year, and who expect that their life will be better after one year	
		(a) Women	62.2
		(b) Men	62.8

TOBACCO AND ALCOHOL USE

Tobacco use

MICS Indicator	Indicator	Description	Value
12.1	Tobacco use	Percentage of people age 15-49 years who smoked cigarettes, or used smoked or smokeless tobacco products at any time during the last one month	
		(a) Women	1.3
		(b) Men	14.7
12.2	Smoking before age 15	Percentage of people age 15-49 years who smoked a whole cigarette before age 15	
		(a) Women	0.2
		(b) Men	2.9

TA.S1	Smoking before age 15	Percentage of men age 15-59 years who smoked a whole cigarette before age 15	2.8
Alcohol Use			
12.3	Use of alcohol	Percentage of people age 15-49 years who had at least one alcoholic drink at any time during the last one month	
		(a) Women	5.5
		(b) Men	25.5
TA.S3	Use of alcohol	Percentage of men age 15-59 years who had at least one alcoholic drink at any time during the last one month	25.9
12.4	Use of alcohol before age 15	Percentage of people age 15-49 years who had at least one alcoholic drink before age 15	
		(a) Women	1.5
		(b) Men	5.9
TA.S2	Use of alcohol before age 15	Percentage of men age 15-59 years who had at least one alcoholic drink before age 15	5.8

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AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ASFRs	Age-specific fertility rates
ASRH	Adolescent Sexual Reproductive Health
BCG	Bacillus Calmette-Guérin (tuberculosis vaccine)
BMD	The Births, Marriages and Deaths Registration Act
CBR	Crude birth rate
CDIS	Culture for Development Indicators
CPR	Contraceptive Prevalence Rate
CRC	Convention of the Rights of the Child
CSO	Central Statistical Office
CSPro	Census and Survey Processing System
CVD	Cardiovascular Diseases
DBP	Diastolic Blood Pressure
DM	Diabetes Mellitus
DPT	Diphtheria, Pertussis, Tetanus
EA	Enumeration Area
ECCE	Early Childhood Care and Education
ECCI	Early Childhood Care Index
ECDI	Early Child Development Index
EFA	Education for All
EPI	Expanded Programme on Immunization
FPE	Free Primary Education
GARPR	Global AIDS Response Progress Reporting
GDP	Gross Domestic Product
GVAP	Global Vaccine Action Plan
GPI	Gender Parity Index
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ID	National Identity card
IDD	Iodine Deficiency Disorders
ICPD	International Conference on Population and Development
ICT	Information and Communication Technology
ISCED	International Standard for the Classification of Education
IUD	Intrauterine device
LAM	Lactational amenorrhea method
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MICS5	Fifth global round of Multiple Indicator Clusters Surveys programme
MNCH	Maternal Neonatal and Child Health
MoEPD	Ministry of Economic Planning and Development
MoET	Ministry of Education and Training
MoH	Ministry of Health
MTCT	Mother-to-Child Transmission (of HIV)
NAR	Net Attendance Ratio
NCP	Neighbourhood Care Point
NCD	Non Communicable Diseases
NDS	National Development Strategy Vision 2022

NERCHA	National Emergency Response Council on HIV/AIDS
NETIP	National Education and Training Improvement Programme
NHP	National Health policy
NHSSPII	National Health Sector Strategic Plan II.
NN	Neonatal mortality
NPA	National Plan of Action for Children
NPSRH	National Policy on Sexual and Reproductive Health
NSRHRSP	National Sexual and Reproductive Health and Rights Strategic Plan
NSF	National Multi-Sectoral Strategic Framework for HIV/AIDS
NSRHS	National Sexual Reproductive Health Strategy
ORS	Oral Rehydration Salts
ORT	Oral rehydration treatment
OVC	Orphaned and Vulnerable Children
PMTCT	Prevention of Mother-to-Child Transmission
Ppm	Parts per million
PNC	Post-natal care
PNHC	Post-natal Health Checks
PNN	Post-neonatal mortality
PRSAP	Poverty Reduction Strategy and Action Plan
PSU	Primary Sampling Unit
SBP	Systolic Blood Pressure
SDG	Sustainable Developmental Goals
SDP	Sector Development Plan
SNCAC	Swaziland National Council of Arts and Culture
SNNC	Swaziland National Nutrition Council
SNTC	Swaziland National Trust Commission
SPSS	Statistical Package for Social Sciences
STEPS	The WHO STEPWISE Approach to Surveillance
TFR	Total Fertility Rate
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations, Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly 26th Special Session
UNICEF	United Nations Children's Fund
UPE	Universal Primary Education
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
VMMC	Voluntary Male Medical Circumcision
WFFC	World Fit for Children
WFP	World Food Programme
WHO	World Health Organization

Preface

In 2014, the Central Statistical Office (CSO) conducted the fifth round of the Multiple Indicator Cluster Survey (MICS), an international household survey developed by UNICEF to monitor progress towards the goals and targets of the Plan of Action for the World Fit For Children (WFFC) Declaration and the Millennium Declaration. The 2014 Swaziland MICS was implemented in collaboration with various ministries and agencies, including the Deputy Prime Minister's Office, the Ministry of Health, the Ministry of Education and Training, the Ministry of Natural Resources and Energy, the National Emergency Response Council on HIV/AIDS (NERCHA), and United Nations agencies. This report presents results of the 2014 Swaziland MICS.

CSO wishes to acknowledge the expert contributions of the MICS Technical and Steering Committees and the UNICEF Country Office for their invaluable guidance in all the phases of this work. We greatly appreciate the contribution and commitment made by CSO staff throughout the survey process. Special recognition is due to all field teams for working tirelessly to bring the survey to a successful conclusion. Lastly, sincere appreciation goes to all interviewed households for their time and cooperation, without which the survey could have not taken place. We are indebted to the UNICEF Global and Regional Offices for the technical backstopping for the survey. We are also grateful for the full financial support from the Government of the Kingdom of Swaziland, as well as technical assistance and financial assistance from other partners like UNICEF, UNFPA, UNESCO and NERCHA. It is hoped that the findings will contribute to informed policies and programmes that help improve the lives of the Swazi population.

Amos M. Zwane
Director, Central Statistical Office

Executive Summary

This report presents results of the fourth round of the Multiple Indicator Cluster Survey (MICS) carried out by Central Statistical Office (CSO) in 2014. MICS is an international household survey initiative developed by UNICEF to monitor progress towards the goals and targets of the Plan of Action for the World Fit For Children (WFFC) Declaration and the Millennium Declaration. The 2014 Swaziland MICS was designed to provide estimates for indicators on the situation of the country at the national level, for urban and rural areas, and for the four administrative regions of Swaziland: Hhohho, Manzini, Shiselweni and Lubombo.

The 2014 Swaziland MICS consists of four main questionnaires including a household questionnaire, women's and men's questionnaires and a questionnaire for children under age five. The following topics were included in each of the questionnaires:

Household questionnaire: household information panel, list of household members, household composition, children orphaned and made vulnerable, education and basic needs, child discipline, household characteristics, water and sanitation, hand washing and salt iodization.

Questionnaire for children under-five: child information panel, birth registration, early childhood development, breastfeeding and dietary intake, immunization, care of illness (including diarrhoea and fever and pneumonia) and anthropometry.

Women's questionnaire: women's information panel, woman's background, access to media and use of information/communication technology, fertility /birth history, desire for last birth, maternal and newborn health, post-natal health checks, illness symptoms, contraception, unmet need, attitudes towards domestic violence, marriage/union, sexual behaviour, HIV/AIDS, non-communicable diseases, tobacco and alcohol use, life satisfaction, and social participation.

Men's questionnaire: man's information panel, man's background, , access to media and use of information/communication technology, fertility, attitudes towards domestic violence, marriage/union, contraception, sexual behaviour, HIV/AIDS, non-communicable diseases, male circumcision, tobacco and alcohol use, life satisfaction, and social participation.

Sample Coverage

The 2014 Swaziland MICS is based on a nationally representative sample of 5,211 households selected from 365 enumeration areas distributed in the four regions of the country. The target populations were men age 15–59 years, women age 15–49 years and children under- five years of age. A total of 4,981 households were successfully interviewed, which included 4,762 women age 15–49 years, 1,459 men age 15–59 years and 2,693 mothers/caretakers of children under-five years. Response rates were generally high for all target population sub-groups: 95 percent for women, 90 for men and 99 for children under-five years. The overall household response rate was 98 percent.

Child Mortality

In the 2014 Swaziland MICS, a direct method based on birth histories of women was used to estimate child mortality rates. The results indicate that neonatal mortality in the five years preceding the survey is 20 deaths per 1,000 live births, post neonatal mortality is 30 deaths per 1,000 live births, and infant mortality is 50 per 1,000 live births while under-five mortality is 67 per 1,000 live births. The results suggest a decreasing trend in under-five mortality at the national level, during the last 15 years.

Nutrition Status

Children's nutritional status is a reflection of their overall health. When children are not exposed to repeated illnesses, are well cared for and have access to an adequate food supply – varied enough and rich in micronutrients, such as vitamin A – they have better chances to reach their growth potential. In the 2014 Swaziland MICS, weights and heights of all children under-five years of age were measured using anthropometric equipment recommended by UNICEF. The reference population used in this report is based on WHO growth standards.

Nationally, about six percent of children under-five are underweight, i.e., they are thin for their age and about two percent are classified as severely underweight. Overall, 26 percent of under-five children are stunted, i.e., they are short for their age. Stunting is more prevalent in rural areas (27 percent) compared with urban areas (19 percent). Children whose mothers have no education or with primary education and those from the poorest households have the highest rates of stunting (33 percent, 32 percent and 30 percent, respectively). Two percent of under-five children are wasted nationally, meaning that they are thin for their height.

Weight at birth is a good indicator not only of a mother's health and nutritional status but also the newborn's chances for survival, growth, long-term health and psychosocial development. Low birth weight (defined as less than 2,500 grams) carries a range of grave health risks for children. Overall, 92 percent of births were weighed at birth and eight percent of infants weighed less than 2,500 grams at birth.

Proper feeding of infants and young children can increase their chances of survival; it can also promote optimal growth and development, especially in the critical window from birth to two years of age. Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. Although a very important step in management of lactation and establishment of a physical and emotional relationship between the baby and the mother, the Swaziland MICS 2014 show that only 48 percent of babies are breastfed for the first time within one hour of birth, while 81 percent of newborns start breastfeeding within one day of birth. Approximately, 64 percent of children less than six months are exclusively breastfed and 70 percent are predominantly breastfed. The results also show that most of the children are not fed appropriately in Swaziland. As a result of feeding patterns, only 40 percent of children age 6-23 months are being appropriately breastfed and age-appropriate breastfeeding among all children age 0-23 months is 45 percent. About 32 percent of children under-six months are fed using a bottle with a nipple.

Iodine Deficiency Disorders (IDD) is the world's leading cause of preventable mental retardation and impaired psychomotor development in young children. In 94 percent of households, salt used for cooking was tested for iodine content by using salt test kits and testing for the presence of potassium iodate. The results show that in 66 percent of households, salt was found to contain 15 parts per million (ppm) or more of iodine meaning these households were using adequately iodized salt.

Child Health

The Millennium Development Goal (MDG) 4 is to reduce child mortality by two thirds between 1990 and 2015. Immunization plays a key part in this goal. WHO Recommended Routine Immunization for all children, so that all children can be vaccinated against all vaccine preventable diseases which vary amongst countries such as tuberculosis, diphtheria, pertussis, tetanus, polio, measles, rubella,

hepatitis B, Haemophilus Influenzae type b, Pneumonia, Meningitis and Rotavirus. In the Swaziland MICS 2014, information on vaccination coverage was collected from all children under three years of age.

Approximately 97 percent of children age 12-23 months received BCG vaccination by the age of 12 months and the first dose of DPT-HepB-Hib vaccine was given to 96 percent. The percentage declines to 95 percent for the second dose of DPT-HepB-Hib, and 90 percent for the third dose. Similarly, 97 percent of children received Polio 1 by age 12 months and this declines to 84 percent by the third dose. The coverage for the first dose of measles vaccine by 12/24 months is lower than the other vaccines at 86 percent.

A key strategy for accelerating progress towards the attainment of MDG 4 is to focus on the diseases which are leading killers of children under-five years old. Diarrhoea and Pneumonia are two of such diseases. Overall, 16 percent of children under-five years were reported to have had diarrhoea in the two weeks preceding the survey, 10 percent symptoms of ARI, and 21 percent an episode of fever. The overall period-prevalence of diarrhoea in children under-five years of age is 16 percent and ranges from 13 percent in Hhohho region to 20 percent in Shiselweni region. Overall, children seen in a health facility or by a provider accounts for 71 percent of cases, predominantly in the public sector (56 percent). About 84 percent received fluids from ORS packets or pre-packaged ORS fluids and 39 percent received recommended homemade fluids (Sugar-Salt-Solution). Additionally, 45 percent received zinc in one form or another.

Symptoms of Acute Respiratory Infections (ARI) were collected during the Swaziland MICS5 to capture pneumonia disease, the leading cause of death in children under-five years. The results depict that 60 percent children age 0-59 months with symptoms of ARI were taken to a qualified health provider.

Water and Sanitation

A safe and sustainable water supply, basic sanitation and good hygiene are fundamental for a healthy, productive and dignified life. Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant determinant of diseases such as cholera, typhoid, and schistosomiasis. Drinking water can also be contaminated with chemical and physical contaminants with harmful effects on human health. In addition to preventing disease, improved access to drinking water may be particularly important for women and children, especially in rural areas, who bear the primary responsibility for carrying water, often for long distances. Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal diseases and polio and is an important determinant for stunting. Improved sanitation can reduce diarrhoeal disease by more than a third, and can significantly lessen the adverse health impacts of other disorders responsible for death and disease among millions of children in developing countries.

The Swaziland MICS 2014 depicts that overall, 72 percent of the population uses an improved source of drinking water: 96 percent in urban areas and 63 percent in rural areas. The survey results show that 17 percent of household members are using unimproved drinking water sources and are using an appropriate water treatment method. Twenty percent of the households in the Lubombo region that are using unimproved drinking water sources are using appropriate water treatment methods while the rate is eight percent in Hhohho region. The survey results also show that for 46 percent of the household population, the drinking water source is on premises and for about eight percent of the

household population, it takes more than 30 minutes to get to the water source and bring water. Seventeen percent of household members in Lubombo region live in households spending 30 minutes or more to fetch drinking water as compared to the other regions. It could also be noted that the results show that for the majority of households (62 percent), an adult female usually collects drinking water when the source is not on the premises. Adult men collect water in only 21 percent of cases. Fifty-three percent of the household population is using an improved and not shared sanitation facility. Twenty-nine percent of households use an improved toilet facility that is public or shared with other households.

Reproductive Health

The TFR for the three-year period preceding the Swaziland MICS is 3.3 births per woman. Fertility is higher in rural areas (3.6 births per woman) than in urban areas (2.8 births per woman). The adolescent birth rate is 87 per 1,000. Fourteen percent of women age 15-19 years have already had a live birth. About three percent are pregnant with their first child, and about one percent have had a live birth before age 15. The results also show that 17 percent of women age 20-24 years have had a live birth before age 18.

Current use of contraception was reported by 66 percent of women currently married or in union. The most popular methods used are the male condom and injectables which are used by nearly half of married women in Swaziland (24 percent and 22 percent, respectively). Contraceptive prevalence ranges from 62 percent in the Lubombo region to 68 percent in Manzini region. About 73 percent of married women in urban and 63 percent in rural areas use a method of contraception. There is no conclusive decision that can be made on use of contraception by adolescents that are married or in union due to the sample size. The percentage of married women using any method of contraception rises from 58 percent among those with no education to 75 percent with higher education and 69 percent amongst those with tertiary education. The total unmet need is 15 percent whilst the total met need is 66 percent.

The antenatal care (ANC) coverage is 99 percent. The majority of ANC is provided by a nurse/midwife (87 percent) while 12 percent of women receive care from a medical doctor. Almost all women (99 percent) residing in urban areas and 98 percent of rural women were attended by a skilled health provider. Over nine in ten mothers (96 percent) received ANC more than once and about three-quarters of mothers received ANC at least four times (76 percent). Overall, 37 percent of women with a live birth in the last two years preceding the survey had their first ANC visit during the first trimester of their last pregnancy, with a median of 4.0 months of pregnancy at the first visit among those who received ANC. About 88 percent of births occurring in the two years preceding the survey were delivered by skilled personnel. Nearly three-quarters of the births (70 percent) in the two years preceding the survey were assisted at delivery by a nurse or midwife. Doctors assisted with the delivery of 18 percent of births.

Overall, 12 percent of women who delivered in the last two years preceding the survey had a C-section; for five percent of women, the decision was taken before the onset of labour pains and for seven percent, it was after.

In Swaziland, 88 percent of births are delivered in a health facility and 59 percent of deliveries occur in public health facilities whilst 28 percent in private health facilities. One in ten births (10 percent) take place at home. Overall, 90 percent of women who gave birth in a health facility stay 12 hours or more in the facility after delivery.

Overall, 86 percent of newborns receive a health check following birth while in a health facility or at home. PNC visits predominantly occur after the first week (57 percent), five percent after six days and three percent on the first and second day. As a result, a total of 90 percent of all newborns receive a post-natal health check. Ninety-five percent of health checks following birth occur in health facility deliveries (97 percent in public health facilities and 92 percent in private health facilities). Eighty-eight percent of mothers receive post-natal health checks. The main provider of first PNC visit for mothers are doctors and nurse or midwife (92 percent), eight percent are by community health workers and one percent are by traditional birth attendants.

Early Childhood Development

Readiness of children for primary school can be improved through attendance to early childhood education programmes or through pre-school attendance. Early childhood education programmes include programmes for children that have organised learning components as opposed to baby-sitting and day-care which do not typically have organised education and learning. The Swaziland MICS 2014 results show that 30 percent of children age 36-59 months are attending an organised early childhood education programme. The findings from the survey indicate that during the three days preceding the survey, 39 percent of children age 36-59 months were engaged with an adult household member in four or more activities that promote learning and school readiness (33 percent for boys and 44 percent for girls). Fathers' engagement in activities for both male and female children is two percent.

Exposure to books in the early childhood years not only provides the child with greater understanding of the nature of print, but also gives the child opportunities to see others reading, such as older siblings doing school work. The survey reveals that in Swaziland, six percent of children age 0-59 months live in households where at least three children's books are available for the child (12 percent in urban areas and 4 percent in rural areas). There is a positive correlation between the proportion of children with three or more children's books with an increase in mother's education and an improvement in household wealth. Sixty-seven percent of children age 0-59 months play with two or more playthings (74 percent in urban areas and 65 percent in rural areas). The survey also shows that 17 percent of the children age 0-59 months were left with inadequate care in the week preceding the survey, 11 percent were left in the care of other children, while eight percent were left alone.

Literacy and Education

The National Constitution of the Kingdom of Swaziland (2005) declared primary education a right for all Swazis. It further stated that primary education shall be "free and compulsory". To operationalize this, the Ministry of Education and Training in 2010, through Parliament enacted the "Free Primary Education Act of 2010", which was to ensure that every Swazi citizen accesses the first seven full years of primary education. The Swaziland MICS 2014 results indicate that 95 percent of young women in Swaziland are literate and that literacy status does not vary that much by area and region. Literacy rate by place of residence shows 96 percent for rural areas and 94 percent for urban communities. The results also show that 92 percent of the young men in Swaziland are literate, three percent lower than their female counterparts.

Pre-school education is important for the readiness of children to attend school. Pre-school in Swaziland is defined as the education that is a year before entry into Grade 1. Overall, 61 percent of children who are currently attending the first grade of primary school were attending pre-school the previous year. The proportion is 81 percent for children residing in urban areas compared to 57 percent for their counterparts in rural areas.

Universal access to basic education and the achievement of primary education by the world's children is one of the Millennium Development Goals. In Swaziland basic education consists of seven years of primary education plus three years of lower secondary. The majority of children starting grade 1 (93 percent) reach grade 6. The survey results also show that 86 percent of the children who were attending the last grade of primary school in the previous school year were found to be attending the first grade of secondary school in the school year of the survey.

Gender parity for primary school is 1.01, indicating no difference in the attendance of girls and boys to primary school. The indicator increases from 1.01 at primary to 1.19 for secondary education indicating that girls were attending at a higher rate than the boys. At secondary level, disadvantage of girls is particularly pronounced in urban areas (0.86), as well as among children living in the wealthiest households (0.95).

Child Protection

Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed. Universal birth registration is also part of a system of vital statistics, which is essential for sound economic and social planning. Birth registration is therefore not only a fundamental human right, but also a key to ensuring the fulfilment of other rights. The Swaziland MICS 2014 results show births of 54 percent of children under-five years have been registered. About 21 percent possessed birth certificates seen by the interviewer, 16 percent were said to be in possession but were not seen by the interviewer whilst 17 percent did not have birth certificates but were said to be registered with the Registrar General's Office.

Teaching children self-control and acceptable behaviour is an integral part of child discipline in all cultures. Positive parenting practices involve providing guidance on how to handle emotions or conflicts in manners that encourage judgment and responsibility and preserve children's self-esteem, physical and psychological integrity and dignity. The survey results show that 88 percent of children age 1-14 years were subjected to at least one form of psychological or physical punishment by household members during the past month. About 66 percent of respondents to the household questionnaire believe that physical punishment is a necessary part of child-rearing.

Among currently married/in union women age 20-24 years, almost one in four are married/in union with a man who is older by ten years or more (23 percent).

Marriage before the age of 18 is a reality for many young girls. Among women age 15-49 years, about one percent were married before age 15 and, among women age 20-49 years, about nine percent of the women were married before age 18. Among all women age 15-49 years who are in union, 12 percent are in polygamous unions.

The report presents information on the living arrangements and orphan hood status of children under the age 18 years. Overall, 33 percent of children age 0-17 years live with neither biological parent. About 20 percent of children age 0-17 years have one or both parents deceased. Thirteen percent of children age 0-17 years have at least one parent living abroad.

HIV/AIDS and Sexual Behaviour

One of the most important prerequisites for reducing HIV infections is accurate knowledge of how HIV is transmitted and strategies for preventing transmission. Correct information is the first step towards raising awareness and giving adolescents and young people the tools to protect themselves from HIV

infections. According to the Swaziland MICS 2014 results, almost all women age 15-49 years and men age 15-59 years have heard of AIDS. The percentage of those who know of both main ways of preventing HIV transmission, that is – having only one faithful uninfected partner and using a condom every time – is slightly lower (85 percent women and 86 percent men). About 83 percent of women and 85 percent of men know that a healthy looking person can be HIV-positive.

Knowledge of mother-to-child transmission of HIV is also an important first step for women to seek HIV testing when they are pregnant to avoid HIV transmission from the mother to the baby. The survey results show that 95 percent of women and 93 percent of men know that HIV can be transmitted from the mother to the child. The percentage of women and men who know all three ways of mother-to-child transmission is 67 percent and 52 percent, respectively.

In the Swaziland MICS 2014, stigma and discrimination are considered low if respondents report an accepting attitude on the following four situations: 1) would care for a family member with AIDS in own home; 2) would buy fresh vegetables from a vendor who is HIV-positive; 3) thinks that a female teacher who is HIV-positive should be allowed to teach in school; and 4) would not want to keep it a secret if a family member is HIV-positive. The survey results show almost all respondents, both women and men, who have heard of AIDS agree with at least one accepting statement.

In order to protect themselves and to prevent infecting others, it is important for individuals to know their HIV status. The results show that 97 percent women and 96 percent men know where to get tested for HIV, while 87 percent and 76 percent of women and men, respectively, have ever been tested. Further the results show that 67 percent women and 55 percent, men have been tested in the last 12 months preceding the survey and know the result.

Promoting safer sexual behaviour is critical for reducing HIV prevalence. The use of condoms during sex, especially when non-regular or multiple partners are involved, is particularly important for reducing the spread of HIV. The survey results depict that about three percent of women age 15-49 years and 21 percent of men age 15-59 years reported having sex with more than one partner in the last 12 months and of those, only 66 percent of women and 83 percent of men report using a condom the last time they had sex.

Nationally, almost all women age 15-49 years and men age 15-59 years have heard of HIV. However, only 53 percent of women and 54 percent of men have comprehensive knowledge about HIV transmission. Knowledge of a place to get tested is 97 percent for women and 96 percent for men. More women have ever been tested (87 percent) compared with men (76 percent). The proportion of women and men ever been tested for HIV in the last 12 months before the survey and received results is relatively low, at 67 percent for women and 55 percent for men. Ninety percent of women who attended ANC tested for HIV during pregnancy.

In the 2014 Swaziland MICS, a sexual behaviour module was administered to women age 15-49 years and men age 15-59 years to assess risk of HIV infection. The results are also tabulated separately for young women and men (age 15-24 years). The survey found that nationally, 55 percent of women age 15-24 years and 54 percent of men age 15-24 years have never had sex. Only three percent on both young men and women age 15-24 years have had sex before age 15.

Sex with multiple partners is more common among men than among women; 21 percent of men age 15-59 years had sex with more than one partner in the last 12 months, whereas only three percent of women age 15-49 years engaged in such an activity in the last 12 months. Of those that had sex with more than one partner, 81 percent of men and 66 percent of women reported using a condom during last sex.

In many countries, over half of new adult HIV infections are among young people age 15-24 years thus a change in behaviour among members of this age group is especially important to reduce new infections. The survey results show 49 percent of young women and 51 percent of young men have comprehensive knowledge of HIV/AIDS. Accepting attitudes towards people living with HIV are also less prevalent in this age group (35 percent of young women and 32 percent of young men). Overall, 80 percent of young women and 62 percent of young men in this age group, who are sexually active, have been tested for HIV in the last 12 months and know the result.

Certain behaviour may create, increase, or perpetuate risk of exposure to HIV. For this young age group (15-24 years), such behaviour includes sex at an early age and women having sex with older men. The survey results show that overall, three percent of both young women and young men reported having sex before age 15. Further, about four percent of young women and 13 percent of young men had sex with more than one partner in the last 12 months preceding the survey; of those only 71 percent of women and 93 percent of men reported using a condom during their last sexual encounter.

Evidence has shown that male circumcision reduces the risk of heterosexually acquired HIV infection in men by approximately 60 percent and is safe when performed by well-trained health professionals in properly equipped settings. Results from the Swaziland MICS 2014 show that a total of 25 percent of men age 15-49, and 24 percent of men age 15-59 years are circumcised. The results also show that 89 of all men that reported that they were circumcised had their circumcisions performed by a health care worker/professional.

Access to Media and Information and Communication Technology

In Swaziland, 23 percent of women are exposed to all three media, 13 percent are not exposed to any of the three media, while 87 percent are exposed to at least one form of media at least once a week. Sixty-five percent of women listen to the radio, 58 percent watch television and 43 percent read a newspaper or magazine at least once a week. Men in the age group 15-59 years report a slightly higher level of exposure to all types of media (30 percent) than women. At least once a week, 71 percent of men listen to the radio, 60 percent watch television and 55 percent read a newspaper or magazine.

Internet use during the last 12 months preceding the survey is 40 percent among women age 15-24 years, while the use of computers during the same period is 43 percent. Use of the internet and of computers for men age 15-24 years is 56 percent and 49 percent, respectively.

Subjective well-being

Overall, 83 percent of women and 85 percent of men age 15-24 years are satisfied with their life. About 76 percent of both women and men age 15-24 years are very or somewhat happy. The results further show that there is no difference in the overall life satisfaction levels of women in all four regions and in both rural and urban areas, as they all show an average score of 1.7, with men scoring 1.6. The proportion of women age 15-24 years who think that their lives improved during the last one year and who expect that their lives will get better after one year, is 62 percent. The corresponding indicator for men age 15-24 years is 63 percent.

Tobacco and Alcohol use

The Swaziland MICS collected information on ever and current use of tobacco and alcohol and intensity of use among women age 15-49 years and men age 15-59 years. Overall, about one percent of women age 15-49 years and 15 percent of men age 15-49 years used any tobacco products at any time in the last month preceding the survey. About three percent of men age 15-59 years smoked a cigarette for the first time before age 15 and less than one percent for women.

About six percent of women age 15-49 years had at least one drink of alcohol on one or more days during the last one month preceding the survey. Approximately, two percent of women of the same age group first drank alcohol before the age of 15 years. Twenty-six percent of men age 15-59 years had at least one drink of alcohol on one or more days during the last one month preceding the survey and six percent have had at least one alcohol drink before the age of 15 years.

Orphans and Vulnerable Children (OVC)

Over the years, there has been a continuous increase in the number of orphans and vulnerable children in Swaziland. In 2012, the number of OVC was estimated at 181,000. These are children who have lost either or both parents, either parent is chronically ill, or an adult in the age range 18-59 in the household either died after being chronically ill or was chronically ill in the year prior to the survey. Overall, 23 percent of children are living with both parents and 33 percent are living with neither biological parent. A considerable proportion (20 percent) of children are single or double orphans.

A total of 60 percent of all children in Swaziland are classified as vulnerable and 71 percent are orphans or vulnerable children (OVC). The findings reveal that a total of 54 percent of the parents are chronically ill, 12 percent of the households have a chronically ill adult and four percent of the children had experienced an adult death in the household. The survey results also show that about four percent of all children have lost both parents.

The ratio of school attendance of orphans to non-orphans is 1:1 for the age group 10-14 whilst it is 0.97 in the age group 6-17 years. Although School attendance is high, the urban/rural comparison reveals that school attendance in urban areas is slightly lower 87 percent compared to 96 percent in rural areas in the age group 6-17 years.

In general the results demonstrate a minimal variations in malnutrition among OVC and non-OVC. The prevalence of underweight among orphans is eight percent while that for all children under five is six percent. Stunting prevalence among OVC is 26 percent and 24 percent among non-OVC. Orphans are most at risk of malnutrition as negative nutrition indicators were observed for this category of children. The results also show that a total of 33 percent of orphans are stunted compared to 26 percent observed for all children under-five years.

Overall, 87 percent of orphans and vulnerable children have their basic needs met. The results further reveal that girls experience sexual debut earlier than boys as the proportion of girls who had sexual intercourse before exact age 15 is three percent whilst the figures indicate that none of the boys engage in sex before this age. There are no variations on early sexual debut between OVC and non-OVC. A comparison of the two groups shows that four percent of orphan girls and three percent of non-orphans experience early sexual debut.

Social Participation

The role of culture in development is today recognized not only by the culture community but also increasingly acknowledged by the development community. The Social Participation Dimension examines the multi-dimensional ways culture influences the preservation and enhancement of an enabling environment for social progress and development by analysing the levels of cultural participation, interconnectedness within a given society, sense of solidarity and cooperation, and individuals' sense of empowerment.

The most highly attended activities by both women age 15-49 years and men age 15-59 years are cultural based events such as community rites, events or ceremonies, community celebrations, local or national festivals and visiting museums, art galleries or craft expositions. The highly attended social activities or events by both women and men are the community rites, events or ceremonies at 87 and 90 percent, respectively. Attendance to local or national festivals is 15 percent for women age 15-49 years and 20 percent for men age 15-59 years. Museums, art galleries or craft exposition are also visited at a rate of 14 percent for women and 17 percent for men. The least attended social activities or events are visiting the theatre at six percent for both women and men.

Non-communicable Diseases

Non-communicable diseases comprise many conditions which are classified as those attributed to lifestyle such as diabetes mellitus, hypertension, cardiovascular diseases, malignancies, Chronic Obstructive Pulmonary diseases all of which share common risk factors namely dietary intake, physical activity, harmful use of alcohol, tobacco intake these being the core mandate of the Swaziland NCD disease unit. Other NCDs include epilepsy, injuries, mental health, eye and ear health amongst others. The approach to NCD interventions is the use of the 'whole of Government approach' and using the life cycle approach.

The MICS 2014 introduces the NCD module, focusing on self-reported findings for NCD disease burden and risk factors contributing to the increase of NCDs in Swaziland. Individuals age 15-49 years were asked whether they knew to be suffering from the different types of NCDs, if they have had injuries, if they had a green card and on exposure to the different types of NCD risk factors.

The reported results show no differences on diabetes mellitus among women and their male counterparts (1 percent for both women age 15-49 years and men age 15-59 years).

The results demonstrate that the prevalence of high blood pressure is reported to be the highest when compared with other NCDs (9 percent among women age 15-49 years and 6 percent among men age 15-59 years).

Four percent of women and two percent of men reported to suffer from heart diseases. All regions reported a prevalence of heart disease in both sexes.

In both sexes, a total of one percent reported suffering from epilepsy.

The reported prevalence of cataract is six percent in women age 15-49 years and four percent in men age 15-59 years.

Less than one percent of both men (15-59 years) and women (15-49 years) reported suffering from breast cancer.

The prevalence of cervical cancer was one percent.

Three percent of men age 15-59 years reported suffering from impotence.

One percent of both women age 15-49 years and men age 15-59 years reported having a green card which is an indicator od using psychiatric services.

1. Introduction

This chapter covers the background to and the objectives of the Swaziland Multiple Indicator Cluster Survey (MICS5) 2014. It also gives a brief background on the socio-economic status of the country and the strategies and plans put in place by the Government of Swaziland to improve the well-being of the population, especially women, children and men.

1.1 Background

This report is based on the Swaziland MICS5, conducted in 2014 by the Central Statistical Office with technical and financial support from UNICEF. The survey provides statistically sound and internationally comparable data essential for developing evidence-based policies and programmes, and for monitoring progress toward national goals and global commitments. Among these global commitments are those emanating from the World Fit for Children Declaration and Plan of Action, the goals of the United Nations General Assembly Special Session on HIV/AIDS, the Education for All Declaration and the Millennium Development Goals (MDGs).

A Commitment to Action: National and International Reporting Responsibilities

The governments that signed the Millennium Declaration and the World Fit for Children Declaration and Plan of Action also committed themselves to monitoring progress towards the goals and objectives they contained:

"We will monitor regularly at the national level and, where appropriate, at the regional level and assess progress towards the goals and targets of the present Plan of Action at the national, regional and global levels. Accordingly, we will strengthen our national statistical capacity to collect, analyse and disaggregate data, including by sex, age and other relevant factors that may lead to disparities, and support a wide range of child-focused research. We will enhance international cooperation to support statistical capacity-building efforts and build community capacity for monitoring, assessment and planning." (**A World Fit for Children**, paragraph 60)

"…We will conduct periodic reviews at the national and subnational levels of progress in order to address obstacles more effectively and accelerate actions…." (**A World Fit for Children**, paragraph 61)

The Plan of Action of the World Fit for Children (paragraph 61) also calls for the specific involvement of UNICEF in the preparation of periodic progress reports:

"… As the world's lead agency for children, the United Nations Children's Fund is requested to continue to prepare and disseminate, in close collaboration with Governments, relevant funds, programmes and the specialized agencies of the United Nations system, and all other relevant actors, as appropriate, information on the progress made in the implementation of the Declaration and the Plan of Action."

Similarly, the **Millennium Declaration** (paragraph 31) calls for periodic reporting on progress:
"…We request the General Assembly to review on a regular basis the progress made in implementing the provisions of this Declaration, and ask the Secretary-General to issue periodic reports for consideration by the General Assembly and as a basis for further action."

The Swaziland MICS5 results are expected to form part of the baseline data for the post-2015 era. Swaziland launched the Poverty Reduction Strategy Action Plan (PRSAP) in 2008, the National Strategic Framework for HIV and AIDS (NSF) 2009 - 2014 and the Health sector strategic plan. Most of the indicators for monitoring progress are generated through the MICS5 round. The Government of Swaziland is a signatory to the 1990 Convention of the Rights of the Child (CRC). The Government of Swaziland has national action plans for children namely: the National plan of action for orphans and vulnerable children 2006 – 2010, the National plan of action for children 2011-2015, Children's policy, June 2009 and the Child protection and Welfare Act, 2012.

Swaziland MICS5 is expected to contribute to the evidence base of several other important initiatives, including Committing to Child Survival: A Promise Renewed, a global movement to end child deaths from preventable causes, and the accountability framework proposed by the Commission on Information and Accountability for the Global Strategy for Women's and Children's Health.

This final report presents the results of the indicators and topics covered in the survey.

1.2 Survey Objectives

The 2014 Swaziland MICS5 has as its primary objectives to:

- Provide up-to-date information on the situation of women, children, men and other vulnerable populations in Swaziland;
- Generate data for the critical assessment of the progress made in various areas, and to put additional efforts in those areas that require more attention;
- Furnish data needed for monitoring progress toward goals established in the Millennium Declaration and other internationally agreed upon goals, as a basis for future action;
- Collect disaggregated data for the identification of disparities, to allow for evidence based policy-making aimed at social inclusion of the most vulnerable;
- Contribute to the generation of baseline data for the post-2015 agenda;
- Validate data from other sources and the results of focused interventions.
- Track progress made in the implementation of national commitments, strategies and frameworks, National Development Strategy (NDS) Vision 2022, PRSAP 2008, extended National Strategic Framework 2014-2018, National Health Sector Strategic Plan (NHSSPII), and National Plan of Action for Children 2011-2015.
- Identify new areas of concern for government and partners.

2. Sample and Survey Methodology

Chapter two presents the sample design and survey methodology, content for the four questionnaires, the interviewer training, fieldwork and data processing.

2.1 Sample Design

The sample for the 2014 Swaziland MICS5 was designed to provide estimates for a large number of indicators on the situation of children and women at the national level, for urban and rural areas, and for four regions: Hhohho, Manzini, Shiselweni and Lubombo. A total of 347 sample clusters (enumeration areas) and 5,211 households were selected for the survey. These sample clusters had previously been selected for the Integrated Labour Force Survey (ILFS) 2013/14, and the listing of households from that survey for each sample EA was used for selecting the MICS households at the second sampling stage. The urban and rural areas within each region were identified as the main sampling strata and the sample was selected in two stages. Within each stratum, a specified number of census enumeration areas (EAs/Clusters) were selected systematically using probability proportional to size. Using the ILFS listing of households for each sample EA, a systematic sample of 15 households was drawn in each sample enumeration area. The sample was stratified by region, urban and rural areas, and is not self-weighting. For reporting all survey results, sample weights are used. A more detailed description of the sample design can be found in Appendix C, Sample Design.

2.2 Questionnaires

Four sets of questionnaires were used in the survey: 1) a household questionnaire which was used to collect basic demographic information on all *de jure* household members (usual residents), the household, and the dwelling; 2) a questionnaire for individual women administered in each household to all women age 15-49 years; 3) a questionnaire for individual men administered in every three households to all men age 15-59 years; and 4) an under-five questionnaire, administered to mothers (or caretakers) of all children under-five years of age living in the household. The questionnaires included the following modules:

Household Questionnaire:

- List of Household Members
- Children Orphaned or made Vulnerable
- Education and Basic Needs
- Child Discipline
- Household Characteristics
- Water and Sanitation
- Handwashing
- Salt Iodization

Questionnaire for Individual Women:

- Woman's Background

- Access to Mass Media and Use of Information/Communication Technology
- Fertility/Birth History
- Desire for Last Birth
- Maternal and Newborn Health
- Post-natal Health Checks
- Illness Symptoms
- Contraception
- Unmet Need
- Attitudes Toward Domestic Violence
- Marriage/Union
- Sexual Behaviour
- HIV/AIDS
- Non Communicable diseases
- Tobacco and Alcohol Use
- Life Satisfaction
- Social Participation

Questionnaire for Individual Men (only in the selected sub-sample):

- Man's Background
- Access to Mass Media and Use of Information/Communication Technology
- Fertility
- Attitudes Toward Domestic Violence
- Marriage/Union
- Contraception
- Sexual Behaviour
- HIV/AIDS
- Non Communicable Diseases
- Circumcision
- Tobacco and Alcohol Use
- Life Satisfaction
- Social Participation

Questionnaire for Children Under-five[2]:

- Age
- Birth Registration
- Early Childhood Development
- Breastfeeding and Dietary Intake
- Immunization
- Care of Illness
- Anthropometry

[2]The terms "children under-5", "children age 0-4 years", and "children age 0-59 months" are used interchangeably in this report. Normally, the questionnaire was administered to mothers of under-five children listed in the household listing; in cases where the mother was not listed in the household roster, a primary caretaker for the child was identified and interviewed

The questionnaires are based on the MICS5 model questionnaires[3]. From the MICS5 model English, version, the questionnaires were customised and translated into siSwati and were pre-tested in Moti, Sphocosini and the Police College in July 2014. Based on the results of the pre-test, modifications were made to the wording and translation of the questionnaires. A copy of the Swaziland MICS5 questionnaires is provided in Appendix H.

In addition to the administration of questionnaires, fieldwork teams tested the salt used for cooking in the households for iodine content, observed the place for handwashing, and measured the weights and heights of children age under-five years. Details and findings of these observations and measurements are provided in the respective sections of the report.

A number of country specific modifications were also made to better serve the data needs of the country. The modifications include the following:

<u>Modules that are not part of the generic MICS5 that have been included in the Swaziland 2014 MICS5:</u>

Household Questionnaire

- Children Orphaned or made Vulnerable (children 0-17 years)
- Basic Needs (children age 5-17 years)

Questionnaire for Individual Women

- Non Communicable Diseases
- Social Participation

Questionnaire for Individual Men

- Non Communicable Diseases
- Social Participation

<u>Modules that are part of the generic MICS5 that have been omitted:</u>

Household Questionnaire

- Child Labour
- Insecticide Treated Nets
- Indoor Residual Spraying

Women Questionnaire

- Female Genital Cutting

Under-Five Questionnaire

- Malaria

[3]The model MICS5 questionnaires can be found at http://mics.unicef.org

2.3 Training and Fieldwork

Training for the fieldwork was conducted for 19 days in July 2014. Training included lectures on interviewing techniques and the contents of the questionnaires, and mock interviews between trainees to gain practice in asking questions. Towards the end of the training period, trainees spent five days in practice interviewing in Khoza, Ludzeludze and Maliyaduma.

The data was collected by eight teams; each comprised five interviewers, one driver, one editor, one measurer and a supervisor. Fieldwork began in July 2014 and concluded in October 2014.

2.4 Data Processing

Data was entered using the CSPro software, Version 5.0. The data was entered on seven desktop computers and carried out by seven data entry operators and one data entry supervisor. For quality assurance purposes, all questionnaires were double-entered and internal consistency checks were performed. Procedures and standard programs developed under the global MICS programme and adapted to the Swaziland MICS5 questionnaire were used throughout. Data processing began simultaneously with data collection in August 2014 and was completed in November 2014. Data were analysed using the Statistical Package for Social Sciences (SPSS) software, Version 21. Model syntax and tabulation plans developed by UNICEF were customized and used for this purpose.

3. Sample Coverage and the Characteristics of Households and Respondents

This section presents information on the sample coverage and respondents, and socio-economic and demographic characteristics of the household population, focusing on age, sex, region, place of residence, and socio-economic conditions of households.

3.1 Sample Coverage

Of the 5,205 households selected for the sample, 4,981 were found to be occupied. Of these, 4,865 were successfully interviewed for a household response rate of 98 percent.

In the interviewed households, 5,001 women (age 15-49 years) were identified. Of these, 4,762 were successfully interviewed, yielding a response rate of 95 percent within the interviewed households.

The survey also sampled men (age 15-59 years), but required only a subsample. All men (age 15-59 years) were identified in every third household. A total of 1,629 men (age 15-59 years) were listed in the household questionnaires. Questionnaires were completed for 1,459 eligible men, which corresponds to a response rate of 90 percent within eligible interviewed households.

There were 2,728 children under-five years listed in the household questionnaires. Questionnaires were completed for 2,693 of these children, which corresponds to a response rate of 99 percent within interviewed households. Overall response rates of 93, 88, and 96 percent are calculated for the individual interviews of women, men, and under-5s, respectively (Table HH.1).

Table HH.1: Results of household, women's, men's and under-5 interviews

Number of households, women, men, and children under-5 by interview results, and household, women's, men's and under-5's response rates, Swaziland MICS, 2014

		Area		Region			
	Total	Urban	Rural	Hhohho	Manzini	Shiselweni	Lubombo
Households							
Sampled	5,211	1,351	3,860	1,457	1,469	1,200	1,085
Occupied	4,981	1,310	3,671	1,390	1,384	1,153	1,054
Interviewed	4,865	1,286	3,579	1,344	1,347	1,142	1,032
Household response rate	97.7	98.2	97.5	96.7	97.3	99.0	97.9
Women							
Eligible	5,001	1,128	3,873	1,331	1,407	1,262	1,001
Interviewed	4,762	1,076	3,686	1,261	1,308	1,223	970
Women's response rate	95.2	95.4	95.2	94.7	93.0	96.9	96.9
Women's overall response rate	93.0	93.6	92.8	91.6	90.5	96.0	94.9
Men							
Eligible	1,629	395	1,234	463	476	377	313
Interviewed	1,459	361	1,098	410	421	331	297
Men's response rate	89.6	91.4	89.0	88.6	88.4	87.8	94.9
Men's overall response rate	87.5	89.7	86.7	85.6	86.1	87.0	92.9
Children under-5							
Eligible	2,728	432	2,296	659	710	749	610
Mothers/caretakers interviewed	2,693	426	2,267	652	698	741	602
Under-5's response rate	98.7	98.6	98.7	98.9	98.3	98.9	98.7
Under-5's overall response rate	96.4	96.8	96.3	95.7	95.7	98.0	96.6

Response rates were similar across surveyed areas and regions, except in the Manzini region, which recorded a slightly lower response rate of 93 percent for women. This was because some women often work long hours in industrial firms and return very late to their homes, hence their absence during the Swaziland MICS 2014 fieldwork.

3.2 Characteristics of Households

The weighted age and sex distribution of the survey population is provided in Table HH.2. The distribution is also used to produce the population pyramid in Figure HH.1. In the 4,865 households successfully interviewed in the survey, 19,636 household members were listed. Of these, 9,401 are males, and 10,234 are females.

Table HH.2: Age distribution of household population by sex

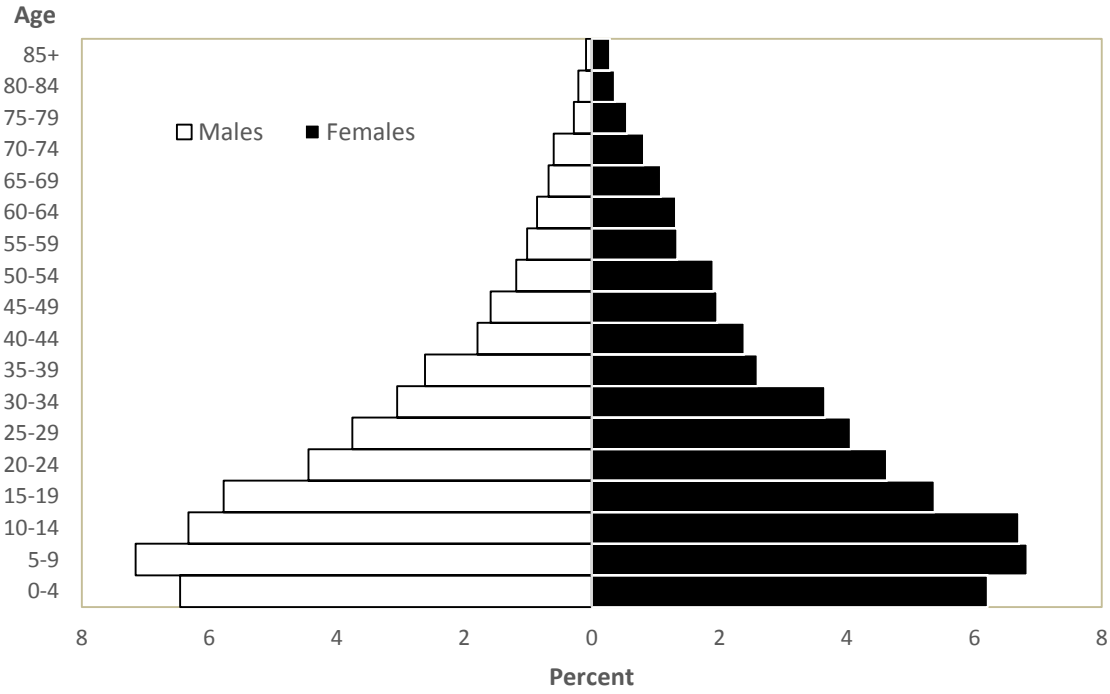
Percent and frequency distribution of the household population by five-year age groups, dependency age groups, and by child (age 0-17 years) and adult populations (age 18 or more), by sex, Swaziland MICS, 2014

	Total		Males		Females	
	Number	Percent	Number	Percent	Number	Percent
Total	**19,636**	**100.0**	**9,402**	**100.0**	**10,234**	**100.0**
Age						
0-4	2,488	12.7	1,268	13.5	1,220	11.9
5-9	2,747	14.0	1,405	14.9	1,342	13.1
10-14	2,558	13.0	1,242	13.2	1,317	12.9
15-19	2,190	11.2	1,134	12.1	1,056	10.3
20-24	1,781	9.1	872	9.3	909	8.9
25-29	1,535	7.8	738	7.8	798	7.8
30-34	1,319	6.7	599	6.4	719	7.0
35-39	1,025	5.2	514	5.5	511	5.0
40-44	823	4.2	352	3.7	470	4.6
45-49	698	3.6	312	3.3	386	3.8
50-54	607	3.1	233	2.5	375	3.7
55-59	463	2.4	200	2.1	264	2.6
60-64	428	2.2	169	1.8	259	2.5
65-69	346	1.8	133	1.4	213	2.1
70-74	278	1.4	118	1.3	160	1.6
75-79	164	0.8	55	0.6	109	1.1
80-84	112	0.6	42	0.4	71	0.7
85+	74	0.4	18	0.2	56	0.5
Missing/DK[1]	1	0.0				
Dependency age groups						
0-14	7,793	39.7	3,914	41.6	3,878	37.9
15-64	10,869	55.4	5,122	54.5	5,747	56.2
65+	973	5.0	365	3.9	608	5.9
Missing/DK	1	0.0				
Child and adult populations						
Children age 0-17 years	9,141	46.6	4,601	48.9	4,540	44.4
Adults age 18+ years	10,494	53.4	4,800	51.1	5,694	55.6
Missing/DK	1	0.0				

[1]One household member with missing 'age' and 'sex' categorisation has been excluded from disaggregated analysis in subsequent tables and figures

Children age 0-14 years make up two-fifths of the population, while those age 15-64 years represent 55 percent and those age 65+ years contribute five percent to the total population. The population age 0-17 years is approximately 47 percent. Table HH.2 and Figure HH.1 suggest that children under-five years may be under-represented in the sample.

Figure HH.1: Age and sex distribution of household population, Swaziland MICS, 2014



Note: one household member with missing sex is excluded

Tables HH.3, HH.4 and HH.5 provide basic information on the households, female respondents age 15-49 years, male respondents age 15-59 years, and children under-five years. Both unweighted and weighted numbers are presented. Such information is essential for the interpretation of findings presented later in the report and provide background information on the representativeness of the survey sample. The remaining tables in this report are presented only with weighted numbers.[4]

Table HH.3 provides basic background information on the households, including the sex of the household head, region, place of residence, number of household members, and education of household head. The weighted and unweighted total number of households are equal, since sample weights were normalized. Fifty-four percent of the heads of household are male and 46 percent are female. An assessment of the population distribution by place of residence indicates that 63 percent are in rural areas while 37 percent are in urban areas. The table also shows the weighted mean household size of four persons estimated by the survey.

[4] See Appendix C: Sample Design, for more details on sample weights.

Table HH.3: Household composition

Percent and frequency distribution of households by selected characteristics, Swaziland MICS, 2014

	Weighted percent	Number of households	
		Weighted	Unweighted
Total	**100.0**	**4,865**	**4,865**
Sex of household head			
Male	54.4	2,647	2,561
Female	45.6	2,218	2,304
Region			
Hhohho	25.3	1,230	1,344
Manzini	39.4	1,916	1,347
Shiselweni	15.1	734	1,142
Lubombo	20.3	985	1,032
Area			
Urban	37.2	1,811	1,286
Rural	62.8	3,054	3,579
Number of household members			
1	21.7	1,057	939
2	14.4	699	624
3	14.9	727	689
4	13.5	655	666
5	10.7	523	564
6	7.5	366	410
7	5.7	275	304
8	3.9	188	220
9	2.3	114	144
10+	5.4	263	305
Education of household head			
None	15.9	774	911
Primary	26.8	1,305	1,409
Secondary	20.8	1,012	1,004
Higher	20.5	995	828
Tertiary	15.7	762	695
Missing/DK	0.3	16	18
Mean household size	**4.0**	**4,865**	**4,865**

3.3 Characteristics of Female and Male Respondents 15-49 Years of Age and Children Under-5

Tables HH.4, HH.4M and HH.5 provide information on the background characteristics of female age 15-49 years and male respondents age 15-59 years and of children under age five. In all three tables, the total numbers of weighted and unweighted observations are equal, since sample weights have been normalized (standardized). In addition to providing useful information on the background characteristics of women, men, and children under age five, the tables are also intended to show the numbers of observations in each background category. These categories are used in the subsequent tabulations of this report.

Table HH.4 provides background characteristics of female respondents, age 15-49 years. The table includes information on the distribution of women according to region, area, age, marital/union status, motherhood status, births in last two years, education[5], and wealth index quintiles.[6, 7] Half of the women are never married/in union, 40 percent currently married/in union, and the remainder are either divorced, widowed or separated.

[5] Throughout this report, unless otherwise stated, "education" refers to highest educational level ever attended by the respondent when it is used as a background variable.

[6] The wealth index is a composite indicator of wealth. To construct the wealth index, principal components analysis is performed by using information on the ownership of consumer goods, dwelling characteristics, water and sanitation, and other characteristics that are related to the household's wealth, to generate weights (factor scores) for each of the items used. First, initial factor scores are calculated for the total sample. Then, separate factor scores are calculated for households in urban and rural areas. Finally, the urban and rural factor scores are regressed on the initial factor scores to obtain the combined, final factor scores for the total sample. This is carried out to minimize the urban bias in the wealth index values.

Each household in the total sample is then assigned a wealth score based on the assets owned by that household and on the final factor scores obtained as described above. The survey household population is then ranked according to the wealth score of the household they are living in, and is finally divided into 5 equal parts (quintiles) from lowest (poorest) to highest (richest).

In Swaziland MICS, the following assets were used in these calculations; radio, television, non-mobile telephone, watch, refrigerator, table and chair, tractor, animal-drawn cart, car or truck, boat with motor, mobile telephone, bicycle, motorcycle or scooter, ownership of dwelling, bank account, agricultural land, and animals/livestock.

The wealth index is assumed to capture the underlying long-term wealth through information on the household assets, and is intended to produce a ranking of households by wealth, from poorest to richest. The wealth index does not provide information on absolute poverty, current income or expenditure levels. The wealth scores calculated are applicable for only the particular data set they are based on.

Further information on the construction of the wealth index can be found in Filmer, D and Pritchett, L. 2001. *Estimating wealth effects without expenditure data – or tears: An application to educational enrolments in states of India*. Demography 38(1): 115-132; Rutstein, SO and Johnson, K. 2004. *The DHS Wealth Index*. DHS Comparative Reports No. 6; and Rutstein, SO. 2008. *The DHS Wealth Index: Approaches for Rural and Urban Areas*. DHS Working Papers No. 60.

[7] When describing survey results by wealth quintiles, appropriate terminology is used when referring to individual household members, such as for instance "women in the richest population quintile", which is used interchangeably with "women in the wealthiest survey population", "women living in households in the richest population wealth quintile", and similar.

Table HH.4: Women's background characteristics

Percent and frequency distribution of women age 15-49 years by selected background characteristics, Swaziland MICS, Swaziland MICS, 2014

	Weighted percent	Number of women	
		Weighted	Unweighted
Total	**100.0**	**4,762**	**4,762**
Region			
Hhohho	24.6	1,169	1,261
Manzini	40.4	1,923	1,308
Shiselweni	16.8	799	1,223
Lubombo	18.3	871	970
Area			
Urban	32.3	1,540	1,076
Rural	67.7	3,222	3,686
Age			
15-19	21.8	1,037	1,112
20-24	18.7	888	870
25-29	16.7	795	769
30-34	14.9	707	653
35-39	10.5	501	512
40-44	9.7	462	464
45-49	7.8	370	382
Marital/Union status			
Currently married/in union	40.1	1,909	1,919
Widowed	4.6	218	210
Divorced	0.6	31	26
Separated	4.7	225	196
Never married/in union	50.0	2,380	2,411
Motherhood and recent births			
Never gave birth	30.0	1,429	1,469
Ever gave birth	70.0	3,333	3,293
Gave birth in last two years	20.1	959	987
No birth in last two years	49.8	2,373	2,306
Education			
None	3.9	188	210
Primary	23.0	1,095	1,163
Secondary	35.6	1,697	1,721
Higher	26.8	1,275	1,209
Tertiary	10.7	507	459
Wealth index quintile			
Poorest	15.8	752	953
Second	17.6	838	950
Middle	19.8	941	1,042
Fourth	22.5	1,073	892
Richest	24.3	1,158	925

Similarly, Table HH.4M provides background characteristics of male respondents 15-59 years of age. The table shows information on the distribution of men according to region, area, age, marital status, fatherhood status, education and wealth index quintiles. Thirty-nine percent of the men are from Manzini region, 26 percent in Hhohho region, and 16 percent are in Shiselweni. Fifty-eight percent of the men are never married/in union while 34 percent are currently married/in union.

Table HH.4M: Men's background characteristics

Percent and frequency distribution of men age 15-59 years by selected background characteristics, Swaziland MICS, 2014

	Weighted percent	Number of men	
		Weighted	Unweighted
Total	**100.0**	**1,459**	**1,459**
Region			
Hhohho	25.9	377	410
Manzini	39.3	573	421
Shiselweni	15.6	228	331
Lubombo	19.3	281	297
Area			
Urban	33.6	491	361
Rural	66.4	968	1,098
Age			
15-19	21.1	308	335
20-24	19.9	291	283
25-29	15.2	222	211
30-34	10.6	155	149
35-39	9.6	140	129
40-44	8.1	118	120
45-49	6.1	90	95
50-54	5.4	79	80
55-59	3.8	56	57
Marital/Union status			
Currently married/in union	33.6	490	488
Widowed	1.4	20	18
Divorced	0.9	13	14
Separated	6.3	92	77
Never married/in union	57.8	843	862
Fatherhood status			
Has at least one living child	49.5	722	715
Has no living children	49.4	721	727
Missing/DK	1.0	15	17
Education			
None	4.6	66	73
Primary	25.7	375	404
Secondary	28.5	416	434
Higher	29.0	424	394
Tertiary	12.2	178	154
Wealth index quintile			
Poorest	13.5	197	255
Second	16.1	235	268
Middle	22.3	325	342
Fourth	25.7	375	312
Richest	22.4	326	282

Background characteristics of children under-five years are presented in Table HH.5. These include the distribution of children by several attributes: sex, region, place of residence, age in months, respondent type, mother's (or caretaker's) education, and household wealth. Seventy-seven percent of the children reside in rural areas and 23 percent in urban areas. Seventy-six percent of the children

are under the care of their mothers while 24 percent are under the care of a primary caretaker other than their natural mother.

Table HH.5: Under-5's background characteristics

Percent and frequency distribution of children under five years of age by selected characteristics, Swaziland MICS, 2014

	Weighted percent	Number of under-5 children	
		Weighted	Unweighted
Total	**100.0**	**2,693**	**2,693**
Sex			
Male	50.9	1,370	1,377
Female	49.1	1,323	1,316
Region			
Hhohho	22.4	604	652
Manzini	36.8	992	698
Shiselweni	19.7	530	741
Lubombo	21.1	567	602
Area			
Urban	22.7	612	426
Rural	77.3	2,081	2,267
Age			
0-5 months	9.3	250	235
6-11 months	9.7	260	249
12-23 months	19.8	533	540
24-35 months	22.1	594	578
36-47 months	19.6	529	559
48-59 months	19.5	526	532
Respondent to the under-5 questionnaire			
Mother	76.3	2,056	1,989
Other primary caretaker	23.7	637	704
Mother's education[a]			
None	8.7	235	272
Primary	30.6	825	849
Secondary	31.6	852	874
Higher	21.4	575	530
Tertiary	7.4	200	163
Missing/DK	0.2	6	5
Wealth index quintile			
Poorest	23.4	631	748
Second	23.6	636	662
Middle	19.8	534	582
Fourth	17.0	458	383
Richest	16.1	434	318

[a] In this table and throughout the report, mother's education refers to educational attainment of mothers as well as caretakers of children under 5, who are the respondents to the under-5 questionnaire if the mother is deceased or is living elsewhere.

3.4 Housing characteristics, asset ownership, and wealth quintiles

Tables HH.6, HH.7 and HH.8 provide further details on household level characteristics. Table HH.6 presents characteristics of housing, disaggregated by area and region, distributed by whether the dwelling has electricity, the main materials of the flooring, roof, and exterior walls, as well as the number of rooms used for sleeping.

Nationally, 65 percent of the households have electricity (84 percent in urban areas and 54 percent in rural areas). The results show that 70 percent of households in Manzini, 67 percent in Hhohho region, 66 percent in Lubombo, and 48 percent in Shiselweni have electricity.

Materials used for dwelling roofing, flooring and exterior walls are classified into three categories: natural, rudimentary and finished. The majority of households had finished floors (95 percent), finished roofing (94 percent) and finished walls (89 percent). Overall, a quarter of households had three or more rooms used for sleeping, reflecting better living conditions. Rural areas have higher percentages of households with three or more rooms for sleeping (32 percent) than urban areas (12 percent). The mean number of persons per sleeping room is 2.1.

Table HH.6: Housing characteristics

Percent distribution of households by selected housing characteristics, according to area of residence and regions, Swaziland MICS, 2014

		Area		Region			
	Total	Urban	Rural	Hhohho	Manzini	Shiselweni	Lubombo
Electricity							
Yes	65.0	83.8	53.8	67.3	69.7	47.7	65.6
No	35.0	16.2	46.2	32.7	30.3	52.3	34.4
Flooring							
Natural floor	4.6	0.2	7.2	4.2	2.2	9.0	6.3
Rudimentary floor	0.1	0.0	0.1	0.0	0.2	0.0	0.0
Finished floor	95.3	99.6	92.7	95.7	97.5	91.0	93.6
Other	0.1	0.1	0.0	0.0	0.1	0.0	0.1
Missing/DK	0.0	0.1	0.0	0.1	0.0	0.0	0.0
Roof							
Natural roofing	5.6	0.0	8.9	3.2	1.7	11.2	12.1
Rudimentary roofing	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Finished roofing	94.2	99.7	91.0	96.7	98.1	88.6	87.9
Other	0.1	0.1	0.1	0.1	0.0	0.2	0.0
Missing/DK	0.1	0.2	0.0	0.0	0.2	0.0	0.0
Exterior walls							
Natural walls	0.8	0.0	1.3	0.2	1.5	0.0	0.8
Rudimentary walls	9.9	3.5	13.7	11.9	3.0	20.3	12.9
Finished walls	88.8	95.7	84.7	87.7	94.5	79.7	86.0
Other	0.4	0.4	0.4	0.2	0.6	0.0	0.3
Missing/DK	0.2	0.4	0.0	0.0	0.4	0.0	0.0
Rooms used for sleeping							
1	44.4	59.6	35.5	43.2	50.7	35.2	40.7
2	30.0	27.2	31.7	31.1	26.4	31.5	34.5
3 or more	25.1	12.9	32.4	25.6	22.3	32.9	24.4
Missing/DK	0.4	0.3	0.5	0.1	0.6	0.5	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	4,865	1,811	3,054	1,230	1,916	734	985
Mean number of persons per room used for sleeping	2.1	1.8	2.3	2.1	2.1	2.3	2.0

In Table HH.7, households are distributed according to ownership of assets by household and by individual household members. Household assets include those used in daily life, such as radio(s), refrigerator(s), television(s), bed(s) and non-mobile phone(s) and those of higher value such as a dwelling, agricultural land and farm animals/livestock.

Sixty-five percent of households nationally have agricultural land, with the percentage highest in the Shiselweni region (81 percent), followed by Lubombo region (72 percent) with the lowest in Hhohho and Manzini regions (60 percent). Household ownership of farm animals/livestock ranges from 52 percent in Hhohho region to 74 percent in Shiselweni region.

Of the interviewed households, 61 percent have their dwelling unit owned by a household member (26 percent in urban areas and 82 percent in rural areas). Ownership of dwelling unit by a household member is 81 percent in Shiselweni region and 52 percent in Manzini region.

Table HH.7: Household and personal assets

Percentage of households by ownership of selected household and personal assets, and percent distribution by ownership of dwelling, according to area of residence and regions, Swaziland MICS, 2014

		Area		Region			
	Total	Urban	Rural	Hhohho	Manzini	Shiselweni	Lubombo
Percentage of households that own a							
Radio	67.7	71.4	65.5	72.9	69.6	65.0	59.5
Television	54.9	69.4	46.3	58.2	59.1	44.1	50.7
Non-mobile telephone	7.4	12.3	4.5	10.8	6.9	5.9	5.1
Refrigerator	55.3	69.0	47.2	60.1	59.8	44.2	49.0
Bed	94.2	93.7	94.5	97.1	97.3	94.9	84.1
Stove	68.3	88.6	56.3	67.7	77.2	61.6	57.0
Table	79.5	81.4	78.3	86.5	84.7	74.9	64.0
Chair	77.5	74.9	79.0	86.5	77.9	76.1	66.4
Cupboard	60.3	62.6	58.9	69.4	60.9	59.6	48.2
Percentage of households that own							
Agricultural land	65.4	43.4	78.4	59.9	59.5	80.5	72.3
Farm animals/Livestock	56.8	28.9	73.3	51.8	53.0	73.8	57.6
Percentage of households where at least one member owns or has a							
Watch	34.6	42.0	30.1	39.9	39.1	28.3	23.7
Mobile telephone	95.9	98.4	94.4	96.5	96.8	92.9	95.6
Bicycle	8.7	10.1	7.9	7.9	8.2	5.9	12.7
Motorcycle or scooter	0.9	1.1	0.8	1.1	1.1	0.4	0.5
Animal-drawn cart	3.3	2.6	3.8	4.0	4.2	2.4	1.5
Car or truck	22.7	29.5	18.7	29.2	24.3	16.5	16.2
Boat with a motor	0.2	0.3	0.1	0.4	0.2	0.0	0.1
Pot	99.6	99.6	99.7	99.5	99.8	99.8	99.5
Hoe	63.9	39.3	78.5	65.5	51.9	78.9	74.1
Sleeping mat	79.7	65.7	88.0	75.0	77.8	88.6	82.5
Tractor	3.0	1.7	3.7	2.0	3.0	5.4	2.3
Bank account	67.7	83.4	58.4	72.3	70.1	53.3	67.9
Ownership of dwelling							
Owned by a household member	61.3	25.7	82.4	65.7	51.9	80.8	59.5
Not owned	38.7	74.3	17.6	34.3	48.1	19.2	40.5
Rented	37.2	72.6	16.2	32.1	46.8	17.5	39.7
Other	1.5	1.7	1.3	2.2	1.3	1.7	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	4,865	1,811	3,054	1,230	1,916	734	985

Table HH.8 shows the distribution of household population, by rural/urban residence as well as by region, according to wealth index quintiles. Fifty-three percent of the urban population is in the richest wealth index quintile, in contrast with only eight percent of the rural population. Moreover, more than a quarter of the rural population is in the poorest wealth index quintile, higher than the poorest urban population of one percent.

Table HH.8: Wealth quintiles

Percent distribution of the household population by wealth index quintile, according to area of residence and regions, Swaziland MICS, 2014

	Wealth index quintile						
	Poorest	Second	Middle	Fourth	Richest	Total	Number of household members
Total	**20.0**	**20.0**	**20.0**	**20.0**	**20.0**	**100.0**	**19,636**
Area							
Urban	1.1	5.4	10.9	29.6	53.0	100.0	5,238
Rural	26.9	25.3	23.3	16.5	8.0	100.0	14,398
Region							
Hhohho	15.0	22.2	19.6	19.1	24.1	100.0	4,909
Manzini	10.5	17.0	20.5	27.5	24.5	100.0	7,287
Shiselweni	33.1	23.4	23.7	12.4	7.4	100.0	3,513
Lubombo	32.3	19.8	16.2	14.0	17.7	100.0	3,927

4. Child Mortality

One of the overarching goals of the Millennium Development Goals (MDGs) is to reduce infant and under-five mortality. Specifically, the MDGs called for the reduction of under-five mortality by two-thirds between 1990 and 2015. Monitoring progress towards this goal is an important but difficult objective.

Mortality rates presented in this chapter are calculated from information collected in the birth histories of the Women's Questionnaires. All interviewed women were asked whether they had ever given birth, and if yes, they were asked to report the number of sons and daughters who live with them, the number who live elsewhere, and the number who have died. In addition, they were asked to provide a detailed birth history of live births of children in chronological order starting with the firstborn. Women were asked whether births were single or multiple, the sex of the children, the date of birth (month and year), and survival status. Further, for children still alive, they were asked the current age of the child and, if not alive, the age at death. Childhood mortality rates are expressed by conventional age categories and are defined as follows:

- Neonatal mortality (NN): probability of dying within 28 days of life
- Post-neonatal mortality (PNN): difference between infant and neonatal mortality rates
- Infant mortality ($_1q_0$): probability of dying between birth and the first birthday
- Child mortality ($_4q_1$): probability of dying between the first and the fifth birthdays
- Under-five mortality ($_5q_0$): the probability of dying between birth and the fifth birthday

Rates are expressed as deaths per 1,000 live births, except in the case of child mortality, which is expressed as deaths per 1,000 children surviving to age one.

Table CM.1 shows trends in neonatal, post-neonatal, infant, child and under-five mortality rates for the three consecutive five-year periods preceding the survey. In the most recent five-year period preceding the survey, infant mortality is 50 deaths per 1,000 live births, and under-five mortality is 67 deaths per 1,000 live births. This means that about seven in 100 children born in Swaziland die before reaching their fifth birthday. Neonatal mortality in the most recent five-year period is estimated at 20 deaths per 1,000 live births, while the post-neonatal mortality rate is estimated at 30 deaths per 1,000 live births.

The age pattern of mortality during the first five-year period before the survey shows that three-quarters of the deaths take place during the first year of the child's life and that nearly one in three of the of deaths among under-five happen within the first month of life.

Table CM.1: Early childhood mortality rates

Neonatal, post-neonatal, Infant, child and under-five mortality rates for five year periods preceding the survey, Swaziland MICS, 2014

	Neonatal mortality rate[1]	Post-neonatal mortality rate[2, a]	Infant mortality rate[3]	Child mortality rate[4]	Under-five mortality rate[5]
Years preceding the survey					
0-4	20	30	50	18	67
5-9	17	57	74	20	92
10-14	23	45	67	27	92

[1] MICS indicator 1.1 - Neonatal mortality rate

[2] MICS indicator 1.3 - Post-neonatal mortality rate

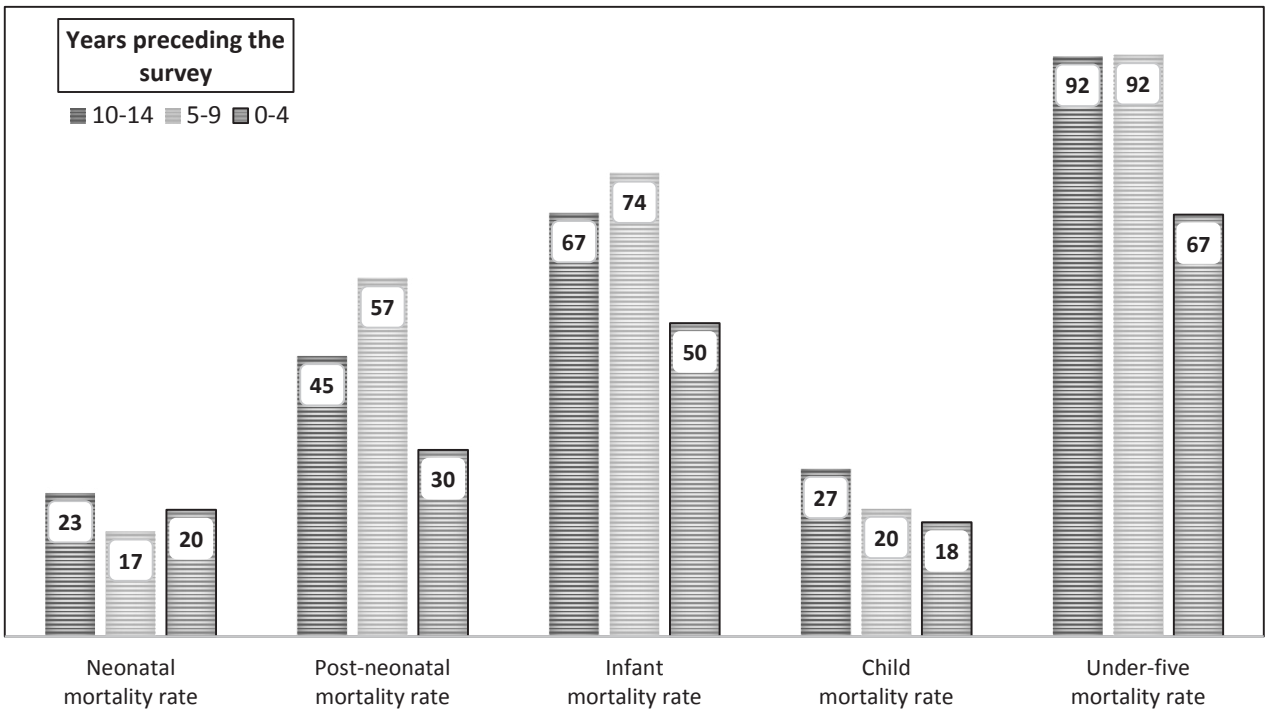
[3] MICS indicator 1.2; MDG indicator 4.2 - Infant mortality rate

[4] MICS indicator 1.4 - Child mortality rate

[5] MICS indicator 1.5; MDG indicator 4.1 - Under-five mortality rate

[a] Post-neonatal mortality rates are computed as the difference between the infant and neonatal mortality rates

Figure CM.1: Early childhood mortality rates, Swaziland MICS, 2014



Note: Indicator values are per 1,000 live births

Childhood mortality by demographic and socio-economic characteristics

Tables CM.2 and CM.3 provide estimates of child mortality by socioeconomic and demographic characteristics. Infant mortality rates range between 37 deaths per 1,000 live births in Hhohho region and 78 deaths per 1,000 live births in Shiselweni region. Under-five mortality rates range from 45 deaths per 1,000 live births in Hhohho region to 92 deaths per 1,000 live births in Shiselweni region.

Table CM.2: Early childhood mortality rates by socioeconomic characteristics

Neonatal, post-neonatal, Infant, child and under-five mortality rates for the five year period preceding the survey, by socioeconomic characteristics, Swaziland MICS, 2014

	Neonatal mortality rate[1]	Post-neonatal mortality rate[2, a]	Infant mortality rate[3]	Child mortality rate[4]	Under-five mortality rate[5]
Total	**20**	**30**	**50**	**18**	**67**
Region					
Hhohho	11	27	37	8	45
Manzini	24	24	48	20	68
Shiselweni	27	51	78	14	92
Lubombo	17	(26)	(42)	(30)	(71)
Area					
Urban	24	26	50	(17)	(67)
Rural	18	31	50	19	67
Mother's education					
None	(*)	(*)	(*)	(*)	(*)
Primary	34	37	71	27	97
Secondary	21	41	62	20	81
Higher	8	8	17	(10)	(27)
Tertiary	(*)	(*)	(*)	(*)	(*)
Wealth index quintile					
Poorest	28	43	71	(24)	(94)
Second	17	23	40	(23)	(62)
Middle	22	25	48	(5)	(52)
Fourth	(18)	(33)	(51)	(27)	(77)
Richest	(15)	(25)	(40)	(12)	(52)

[1] MICS indicator 1.1 - Neonatal mortality rate

[2] MICS indicator 1.3 - Post-neonatal mortality rate

[3] MICS indicator 1.2; MDG indicator 4.2 - Infant mortality rate

[4] MICS indicator 1.4 - Child mortality rate

[5] MICS indicator 1.5; MDG indicator 4.1 - Under-five mortality rate

[a] Post-neonatal mortality rates are computed as the difference between the infant and neonatal mortality rates

(*) Rates based on fewer than 250 unweighted exposed person years

( ) Rates based on 250 to 499 unweighted exposed person years

Table CM.3: Early childhood mortality rates by demographic characteristics

Neonatal, post-neonatal, Infant, child and under-five mortality rates for the five year period preceding the survey, by demographic characteristics, Swaziland MICS, 2014

	Neonatal mortality rate[1]	Post-neonatal mortality rate[2, a]	Infant mortality rate[3]	Child mortality rate[4]	Under-five mortality rate[5]
Total	**20**	**30**	**50**	**18**	**67**
Sex of child					
Male	21	35	56	20	74
Female	19	25	44	16	60
Mother's age at birth					
Less than 20	(27)	(29)	(57)	(21)	(76)
20-34	(17)	(31)	(48)	(18)	(65)
35-49	(29)	(22)	(51)	(17)	(67)
Birth order					
1	17	24	40	26	65
2-3	19	30	50	14	63
4-6	26	35	61	15	75
7+	(*)	(*)	(*)	(*)	(*)
Previous birth interval[b]					
< 2 years	15	28	42	22	63
2 years	32	42	74	19	92
3 years	25	34	59	17	75
4+ years	19	25	43	13	55

[1] MICS indicator 1.1 - Neonatal mortality rate

[2] MICS indicator 1.3 - Post-neonatal mortality rate

[3] MICS indicator 1.2; MDG indicator 4.2 - Infant mortality rate

[4] MICS indicator 1.4 - Child mortality rate

[5] MICS indicator 1.5; MDG indicator 4.1 - Under-five mortality rate

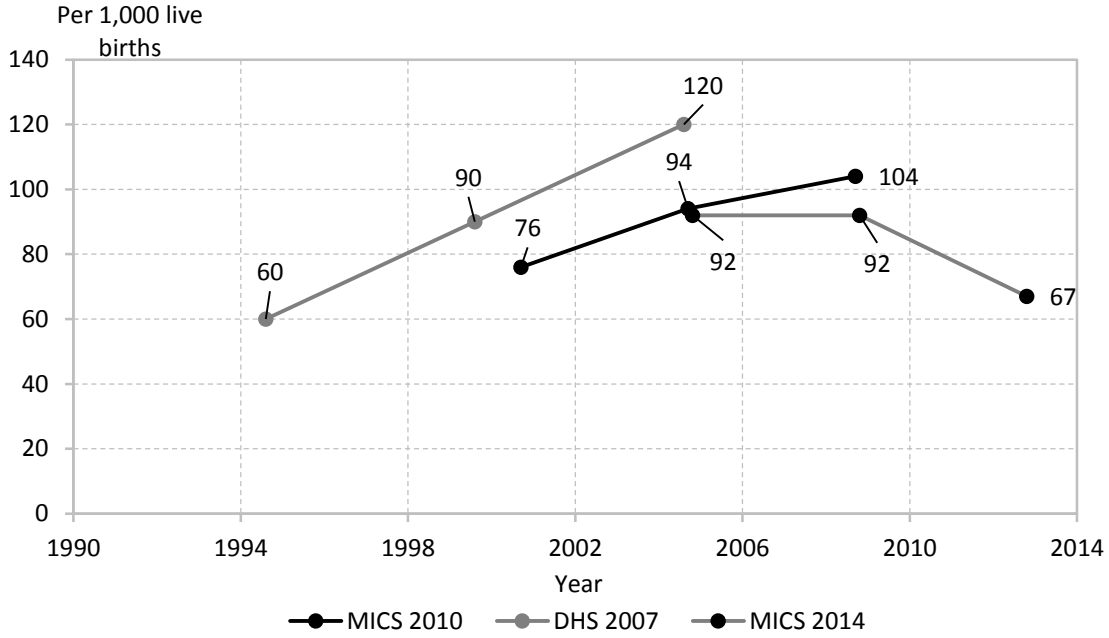
[a] Post-neonatal mortality rates are computed as the difference between the infant and neonatal mortality rates

[b] Excludes first order births

(*) Rates based on fewer than 250 unweighted exposed person years
( ) Rates based on 250 to 499 unweighted exposed person years

Figure CM.2 compares the findings of Swaziland MICS5 on under-five mortality rates with those from Swaziland MICS4. The Swaziland MICS5 child mortality findings are obtained from Table CM.1 above. MICS5 estimates are compatible with an overall decline in under-five mortality during the last fifteen years preceding the survey. Similarly, under-five mortality is 104 deaths per 1,000 live births in MICS4 2010 and 67 deaths per 1,000 live births in MICS5 2014.

Figure CM.2: Trend in under-5 mortality rates, Swaziland MICS, 2014



5. Nutrition

In Swaziland, the Ministry of Health (MOH) has several statutory bodies under its jurisdiction and one of those is the Swaziland National Nutrition Council (SNNC). The Swaziland National Nutrition Council was established by the SNNC Act of 1945 and is mandated to promote food and nutrition activities and to advise the government accordingly. The Council is faced with an obligation to ensure that strategies which are developed to improve the nutritional status of the Swazi nation are put in place. This is done to enable comprehensive service provision regarding adequate food and nutrition service delivery, coordination and collaboration of food and nutrition activities, resource mobilization for the sustainability of food and nutrition services. There are nutrition specific interventions being implemented in the country to address malnutrition issues, namely; Integrated Management of Acute Malnutrition, Integrated Community Based Growth Monitoring and Promotion, Infant and Young Child Feeding Practices, Nutrition and HIV, Promotion and Prevention of Micronutrients Deficiencies.

This chapter discusses results on low birth weight, nutritional status, Infant and Young Child Feeding practises and salt iodisation.

5.1 Low Birth Weight

Weight at birth is a good indicator not only of a mother's health and nutritional status but also the newborn's chances for survival, growth, long-term health and psychosocial development. Low birth weight (defined as less than 2,500 grams) carries a range of grave health risks for children. Babies who were undernourished in the womb face a greatly increased risk of dying during their early days, months and years. Those who survive may have impaired immune function and increased risk of disease; they are likely to remain undernourished, with reduced muscle strength, throughout their lives, and suffer a higher incidence of diabetes and heart disease in later life. Children born with low birth weight also risk a lower IQ and cognitive disabilities, affecting their performance in school and their job opportunities as adults.

In the developing world, low birth weight stems primarily from the mother's poor health and nutrition. Three factors have most impact: the mother's poor nutritional status before conception, short stature (due mostly to under nutrition and infections during her childhood), and poor nutrition during pregnancy. Inadequate weight gain during pregnancy is particularly important since it accounts for a large proportion of foetal growth retardation. Moreover, diseases such as diarrhoea and malaria, which are common in many developing countries, can significantly impair foetal growth if the mother becomes infected while pregnant.

In the industrialized world, cigarette smoking during pregnancy is the leading cause of low birth weight. In developed and developing countries alike, teenagers who give birth when their own bodies have yet to finish growing run a higher risk of bearing low birth weight babies.

One of the major challenges in measuring the incidence of low birth weight is that more than half of infants in the developing world are not weighed at birth. In the past, most estimates of low birth weight for developing countries were based on data compiled from health facilities. However, these

estimates are biased for most developing countries because the majority of newborns are not delivered in facilities, and those who are represent only a selected sample of all births.

Because many infants are not weighed at birth and those who are weighed may be a biased sample of all births, the reported birth weights usually cannot be used to estimate the prevalence of low birth weight among all children. Therefore, the percentage of births weighing below 2,500 grams is estimated from two items in the questionnaire: the mother's assessment of the child's **size** at birth (i.e., very small, smaller than average, average, larger than average, very large) and the mother's recall of the child's weight or the weight as recorded on a health card if the child was weighed at birth.[8]

Overall, 92 percent of births were weighed at birth and eight percent of infants weighed less than 2,500 grams at birth (Table NU.1). The proportion of children with low birth weight is seven percent in urban areas and eight percent in rural areas.

Table NU.1: Low birth weight infants

Percentage of last live-born children in the last two years that are estimated to have weighed below 2,500 grams at birth and percentage of live births weighed at birth, Swaziland MICS, 2014

	Percent distribution of births by mother's assessment of size at birth						Percentage of live births:		Number of last live-born children in the last two years
	Very small	Smaller than average	Average	Larger than average or very large	DK	Total	Below 2,500 grams[1]	Weighed at birth[2]	
Total	**4.6**	**10.1**	**52.7**	**32.1**	**0.6**	**100.0**	**8.0**	**92.3**	**959**
Mother's age at birth									
Less than 20 years	3.8	11.1	50.9	33.4	0.7	100.0	7.8	90.2	179
20-34 years	4.7	10.1	53.3	31.4	0.6	100.0	8.1	93.2	683
35-49 years	5.5	7.9	51.5	35.1	0.0	100.0	7.8	90.4	98
Birth order									
1	3.7	11.8	54.7	28.8	1.1	100.0	8.0	93.5	322
2-3	4.9	9.2	50.9	34.6	0.4	100.0	7.9	93.4	419
4-5	7.5	6.7	57.1	28.7	0.0	100.0	8.8	89.9	149
6+	0.8	14.4	44.5	40.4	0.0	100.0	6.9	86.3	70
Region									
Hhohho	5.6	11.8	57.4	24.1	1.1	100.0	9.1	93.9	230
Manzini	2.5	9.0	54.5	33.2	0.8	100.0	6.8	96.0	376
Shiselweni	5.5	13.2	40.3	41.0	0.0	100.0	8.7	89.0	171
Lubombo	6.7	7.0	54.6	31.7	0.0	100.0	8.4	85.9	182
Area									
Urban	3.5	8.1	57.3	31.1	0.0	100.0	7.1	98.9	257
Rural	5.0	10.8	51.0	32.5	0.8	100.0	8.3	90.0	702
Mother's education									
None	(10.4)	(13.1)	(44.5)	(32.1)	(0.0)	100.0	(11.4)	(72.8)	32
Primary	6.1	8.7	49.8	34.6	0.8	100.0	8.3	85.2	239
Secondary	4.6	11.5	49.3	34.1	0.5	100.0	8.2	94.1	353
Higher	3.7	9.3	55.6	30.7	0.7	100.0	7.4	97.2	268
Tertiary	0.0	9.0	72.5	18.5	0.0	100.0	6.2	98.4	68

[8] For a detailed description of the methodology, see Boerma, JT et al. 1996. *Data on Birth Weight in Developing Countries: Can Surveys Help?* Bulletin of the World Health Organization 74(2): 209-16.

Wealth index quintile									
Poorest	7.1	9.2	50.1	33.6	0.0	100.0	8.9	80.9	205
Second	4.1	10.1	52.9	32.0	0.9	100.0	7.7	92.8	213
Middle	5.5	11.4	51.5	30.5	1.1	100.0	8.8	94.8	200
Fourth	3.9	12.0	47.4	35.9	0.8	100.0	7.9	98.0	175
Richest	1.8	7.3	62.3	28.6	0.0	100.0	6.3	96.9	167

[1] MICS indicator 2.20 - Low-birthweight infants

[2] MICS indicator 2.21 - Infants weighed at birth

( ) Figures that are based on 25-49 unweighted cases

5.2 Nutritional Status

Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply, are not exposed to repeated illness, and are well cared for, they reach their growth potential and are considered well nourished.

Undernutrition is associated with more than half of all child deaths worldwide. Undernourished children are more likely to die from common childhood ailments, and for those who survive, have recurring sicknesses and faltering growth. Three-quarters of children who die from causes related to malnutrition were only mildly or moderately malnourished – showing no outward sign of their vulnerability. The Millennium Development Goal target was to reduce by half the proportion of people who suffer from hunger between 1990 and 2015. A reduction in the prevalence of malnutrition will also assist in the goal to reduce child mortality.

In a well-nourished population, there is a reference distribution of height and weight for children under-five years. Under-nourishment in a population can be gauged by comparing children to a reference population. The reference population used in this report is based on the WHO growth standards.[9] Each of the three nutritional status indicators – weight-for-age, height-for-age, and weight-for-height - can be expressed in standard deviation units (z-scores) from the median of the reference population.

Weight-for-age is a measure of both acute and chronic malnutrition. Children whose weight-for-age is more than two standard deviations below the median of the reference population are considered *moderately or severely underweight* while those whose weight-for-age is more than three standard deviations below the median are classified as *severely underweight.*

Height-for-age is a measure of linear growth. Children whose height-for-age is more than two standard deviations below the median of the reference population are considered short for their age and are classified as *moderately or severely stunted.* Those whose height-for-age is more than three standard deviations below the median are classified as *severely stunted.* Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness.

Weight-for-height can be used to assess wasting and overweight status. Children whose *weight-for-height* is more than two standard deviations below the median of the reference population are

[9] http://www.who.int/childgrowth/standards/technical_report

classified as *moderately or severely wasted,* while those who fall more than three standard deviations below the median are classified as *severely wasted*. Wasting is usually the result of a recent nutritional deficiency. The indicator of wasting may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence. Children whose weight-for-height is more than two standard deviations above the median reference population are classified as moderately or severely overweight.

In MICS, weights and heights of all children under-five years of age are measured using the anthropometric equipment recommended[10] by UNICEF. Findings in this section are based on the results of these measurements.

Table NU.2 shows percentages of children classified into each of the above described categories, based on the anthropometric measurements that were taken during fieldwork. Additionally, the table includes mean z-scores for all three anthropometric indicators.

Children whose full birth date (month and year) were not obtained and children whose measurements are outside a plausible range are excluded from Table NU.2. Children are excluded from one or more of the anthropometric indicators when their weights and heights have not been measured, whichever applicable. For example, if a child has been weighed but his/her height has not been measured, the child is included in underweight calculations, but not in the calculations for stunting and wasting. Percentages of children by age and reasons for exclusion are shown in the data quality Tables DQ.12, DQ.13, and DQ.14 in Appendix D. The tables show that due to incomplete dates of birth, implausible measurements, and/or missing weight and/or height, two percent of children were excluded from the calculation of the weight-for-age indicator, and three percent each from the height-for-age and the weight-for-height indicators. Table DQ.4 indicates that 99 percent of children 0 to 4 eligible for the survey had completed interviews. Table DQ.15 shows that 20 percent of the weight measurements and 18 percent of the height/length measurements report '0' or '5' in their final digits. These percentages are within the acceptable level and are not indicative of heaping or preference for one or more digits in the reporting of anthropometric measurements. Table DQ.8 shows that completeness of reporting of date of birth and age was 100 percent.

In Swaziland, six percent of children under-five years are moderately or severely underweight and about two percent are classified as severely underweight (Table NU.2). Overall, 26 percent of children are stunted or too short for their age and two percent are wasted or too thin for their height. Nine percent of children are overweight or too heavy for their height.

Stunting is 27 percent in rural areas and 19 percent in urban areas. For children whose mothers have no education, stunting is 33 percent, while it is only five percent for those with mothers who have tertiary education. The age pattern depicted in Figure NU.1 shows that stunting becomes more prevalent after age one. Differences in stunting were also noted by household wealth (30 percent in the poorest households and 9 percent in the richest), with an inverse relationship observed for overweight (18 percent in richest households and 6 percent in the poorest). Overweight is more prevalent among children under 12 months, compared to older children aged between 1 and 5 years.

[10] See MICS Supply Procurement Instructions: http://mics.unicef.orgl

Table NU.2: Nutritional status of children

Percentage of children under age 5 by nutritional status according to three anthropometric indices: weight for age, height for age, and weight for height, Swaziland MICS, 2014

	Weight for age				Height for age				Weight for height				
	Underweight				Stunted				Wasted		Overweight		
	Percent below		Mean Z-Score (SD)	Number of children under age 5	Percent below		Mean Z-Score (SD)	Number of children under age 5	Percent below		Percent above	Mean Z-Score (SD)	Number of children under age 5
	- 2 SD[1]	- 3 SD[2]			- 2 SD[3]	- 3 SD[4]			- 2 SD[5]	- 3 SD[6]	+ 2 SD[7]		
Total	**5.8**	**1.6**	**-0.3**	**2,635**	**25.5**	**7.2**	**-1.2**	**2,615**	**2.0**	**0.4**	**9.0**	**0.6**	**2,623**
Sex													
Male	7.3	1.9	-0.4	1,332	29.2	8.9	-1.3	1,321	2.3	0.5	9.0	0.5	1,329
Female	4.3	1.4	-0.2	1,303	21.7	5.5	-1.1	1,295	1.7	0.2	8.9	0.6	1,293
Region													
Hhohho	5.5	1.5	-0.2	592	23.5	6.0	-1.2	584	1.5	0.5	10.2	0.6	585
Manzini	5.4	1.5	-0.2	960	24.5	6.3	-1.1	957	1.6	0.1	9.4	0.6	957
Shiselweni	6.5	1.8	-0.4	527	28.0	9.0	-1.3	525	2.2	0.2	6.1	0.5	525
Lubombo	6.1	1.8	-0.4	555	26.9	8.4	-1.3	549	3.0	0.8	9.7	0.6	557
Area													
Urban	4.3	0.4	0.0	583	19.0	4.2	-0.9	577	1.8	0.1	11.6	0.7	586
Rural	6.2	2.0	-0.3	2,052	27.3	8.1	-1.3	2,038	2.1	0.4	8.2	0.5	2,037
Age													
0-5 months	5.9	2.1	0.0	234	16.4	2.4	-0.8	229	4.4	2.1	19.3	0.8	228
6-11 months	8.6	2.5	0.0	257	15.4	6.0	-0.7	256	4.3	0.3	15.8	0.5	257
12-17 months	6.4	3.4	-0.2	286	27.0	7.6	-1.2	282	2.7	0.4	8.6	0.4	285
18-23 months	8.2	2.1	-0.3	241	35.3	14.1	-1.5	240	2.8	0.2	9.0	0.6	240
24-35 months	5.2	1.3	-0.4	583	33.8	8.4	-1.5	581	2.0	0.0	7.3	0.6	583
36-47 months	4.5	1.3	-0.4	517	27.4	7.8	-1.3	511	1.0	0.4	7.7	0.6	514
48-59 months	4.9	0.5	-0.4	517	17.9	4.8	-1.1	516	0.0	0.0	4.5	0.4	516

Mother's education												
None	7.1	1.6	-0.6	233	32.6	8.2	-1.5	232	1.3	0.0	5.8	0.4	233
Primary	7.7	2.2	-0.5	812	32.2	11.0	-1.5	805	2.4	0.4	7.6	0.5	811
Secondary	6.2	1.7	-0.3	823	26.5	5.7	-1.2	814	2.4	0.7	8.7	0.5	816
Higher	3.2	1.2	-0.1	567	18.1	5.3	-1.0	565	1.5	0.2	10.7	0.7	564
Tertiary	2.4	0.4	0.3	194	5.0	1.5	-0.4	193	1.0	0.0	12.8	0.7	193
Wealth index quintile												
Poorest	8.1	2.0	-0.5	618	30.2	12.0	-1.5	615	2.1	0.4	5.8	0.4	617
Second	7.9	2.7	-0.5	626	31.2	9.4	-1.5	624	3.0	0.6	7.0	0.5	623
Middle	4.3	1.3	-0.3	530	27.8	5.6	-1.3	525	1.4	0.4	7.6	0.6	528
Fourth	4.9	1.5	-0.2	438	23.3	3.9	-1.1	438	1.8	0.2	9.9	0.5	437
Richest	2.1	0.2	0.4	422	9.2	2.3	-0.5	412	1.5	0.0	17.5	0.9	418

[1] MICS indicator 2.1a and MDG indicator 1.8 - Underweight prevalence (moderate and severe)

[2] MICS indicator 2.1b - Underweight prevalence (severe)

[3] MICS indicator 2.2a - Stunting prevalence (moderate and severe)

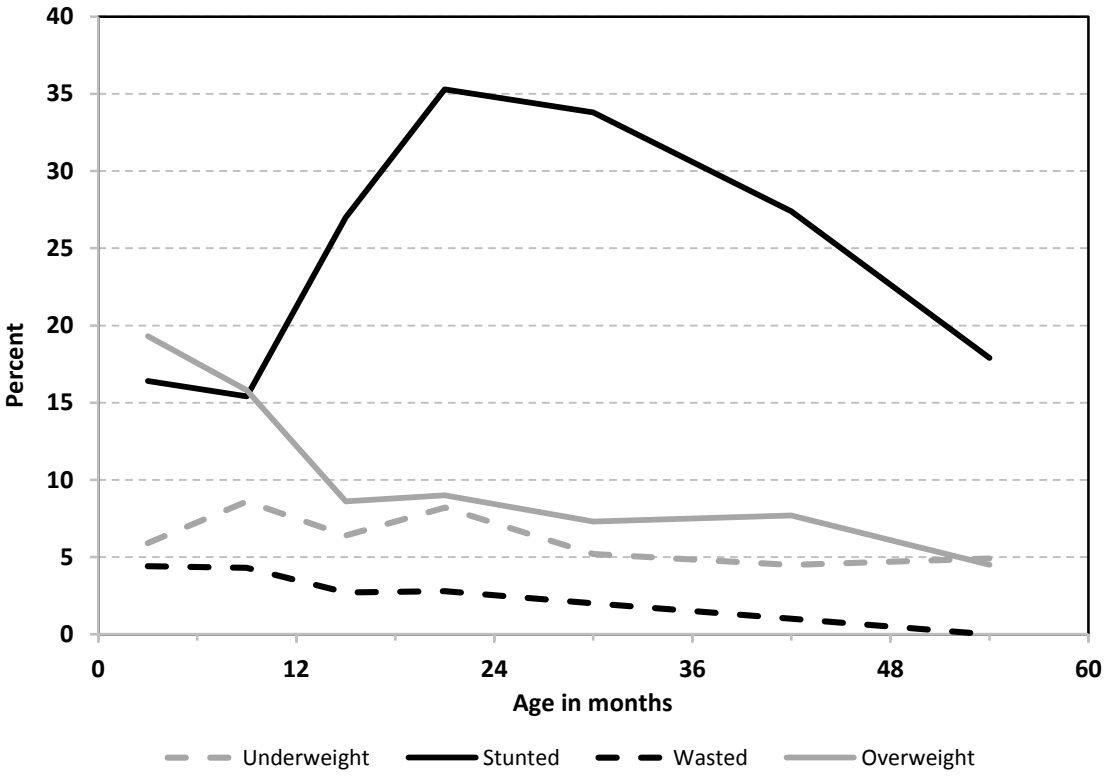
[4] MICS indicator 2.2b - Stunting prevalence (severe)

[5] MICS indicator 2.3a - Wasting prevalence (moderate and severe)

[6] MICS indicator 2.3b - Wasting prevalence (severe)

[7] MICS indicator 2.4 - Overweight prevalence

Figure NU.1: Underweight, stunted, wasted and overweight children under age 5 (moderate and severe), Swaziland MICS, 2014



5.3 Breastfeeding and Infant and Young Child Feeding

Proper feeding of infants and young children can increase their chances of survival; it can also promote optimal growth and development, especially in the critical window from birth to two years of age. Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers don't start to breastfeed early enough, do not breastfeed exclusively for the recommended six months or stop breastfeeding too soon. There are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and can be unsafe if hygienic conditions, including safe drinking water are not readily available. Studies have shown that, in addition to continued breastfeeding, consumption of appropriate, adequate and safe solid, semi-solid and soft foods from the age of six months onwards leads to better health and growth outcomes, with potential to reduce stunting during the first two years of life.[11]

[11] Bhuta, Z. et al. 2013. *Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost?* The Lancet June 6, 2013.

UNICEF and WHO recommend that infants be breastfed within one hour of birth, breastfed exclusively for the first six months of life and continue to be breastfed up to two years of age and beyond.[12] Starting at six months, breastfeeding should be combined with safe, age-appropriate feeding of solid, semi-solid and soft foods.[13] A summary of key guiding principles[14, 15] for feeding 6-23 month olds is provided in the table below along with proximate measures for these guidelines collected in this survey.

The guiding principles for which proximate measures and indicators exist are:

(i) continued breastfeeding;
(ii) appropriate frequency of meals (but not energy density); and
(iii) appropriate nutrient content of food.

Feeding frequency is used as proxy for energy intake, requiring children to receive a minimum number of meals/snacks (and milk feeds for non-breastfed children) for their age. Dietary diversity is used to ascertain the adequacy of the nutrient content of the food (not including iron) consumed. For dietary diversity, seven food groups were created for which a child consuming at least four of these is considered to have a better quality diet. In most populations, consumption of at least four food groups means that the child has a high likelihood of consuming at least one animal-source food and at least one fruit or vegetable, in addition to a staple food (grain, root or tuber).[16]

These three dimensions of child feeding are combined into an assessment of the children who received appropriate feeding, using the indicator of "minimum acceptable diet". To have a minimum acceptable diet in the previous day, a child must have received:

(i) the appropriate number of meals/snacks/milk feeds;
(ii) food items from at least 4 food groups; and
(iii) breastmilk or at least 2 milk feeds (for non-breastfed children).

Guiding Principle (age 6-23 months)	Proximate measures	Table
Continue frequent, on-demand breastfeeding for two years and beyond	Breastfed in the last 24 hours	NU.4
Appropriate frequency and energy density of meals	**Breastfed children** Depending on age, two or three meals/snacks provided in the last 24 hours **Non-breastfed children** Four meals/snacks and/or milk feeds provided in the last 24 hours	NU.6
Appropriate nutrient content of food	Four food groups[17] eaten in the last 24 hours	NU.6
Appropriate amount of food	No standard indicator exists	Na
Appropriate consistency of food	No standard indicator exists	na

[12] WHO. 2003. *Implementing the Global Strategy for Infant and Young Child Feeding*. Meeting Report Geneva, 3-5 February, 2003.
[13] WHO. 2003. *Global Strategy for Infant and Young Child Feeding*.
[14] PAHO. 2003. *Guiding principles for complementary feeding of the breastfed child*.
[15] WHO. 2005. *Guiding principles for feeding non-breastfed children 6-24 months of age*.
[16] WHO. 2008. *Indicators for assessing infant and young child feeding practices. Part 1: Definitions*.
[17] Food groups used for assessment of this indicator are 1) Grains, roots and tubers, 2) legumes and nuts, 3) dairy products (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables, and 7) other fruits and vegetables.

Use of vitamin-mineral supplements or fortified products for infant and mother	No standard indicator exists	Na
Practice good hygiene and proper food handling	While it was not possible to develop indicators to fully capture programme guidance, one standard indicator does cover part of the principle: Not feeding with a bottle with a nipple	NU.9
Practice responsive feeding, applying the principles of psycho-social care	No standard indicator exists	na

Table NU.3 is based on mothers' reports of what their last-born child, born in the last two years, was fed in the first few days of life. It indicates the proportion who were ever breastfed, those who were first breastfed within one hour and one day of birth, and those who received a prelacteal feed.[18] Although a very important step in management of lactation and establishment of a physical and emotional relationship between the baby and the mother, only 48 percent of babies are breastfed for the first time within one hour of birth, while 81 percent of newborns in Swaziland start breastfeeding within one day of birth. The figures range between 40 percent in Shiselweni region and 57 percent in Lubombo. The findings are presented in Figure NU.2 by region and area of residence.

Table NU.3: Initial breastfeeding

Percentage of last live-born children in the last two years who were ever breastfed, breastfed within one hour of birth, and within one day of birth, and percentage who received a prelacteal feed, Swaziland MICS, 2014

	Percentage who were ever breastfed[1]	Percentage who were first breastfed:		Percentage who received a prelacteal feed	Number of last live-born children in the last two years
		Within one hour of birth[2]	Within one day of birth		
Total	**92.1**	**48.3**	**81.0**	**12.8**	**959**
Region					
Hhohho	89.9	52.7	83.7	6.2	230
Manzini	91.7	45.4	81.1	15.0	376
Shiselweni	93.0	39.8	73.2	15.3	171
Lubombo	95.0	56.8	84.6	14.1	182
Area					
Urban	90.2	48.0	79.5	12.8	257
Rural	92.8	48.5	81.5	12.8	702
Months since last birth					
0-11 months	93.6	51.5	84.2	11.2	473
12-23 months	90.6	45.3	77.9	14.3	487
Assistance at delivery					
Skilled attendant	92.6	49.8	82.6	10.8	847
Traditional birth attendant	(*)	(*)	(*)	(*)	5
Other	91.3	39.3	72.2	29.2	84
No one/Missing	(76.7)	(31.3)	(64.8)	(14.2)	23
Place of delivery					
Home	91.2	38.2	69.7	25.8	96
Health facility	92.6	49.6	82.7	10.7	842
Public	91.6	50.3	81.5	10.0	570
Private	94.7	48.0	85.3	12.2	272
On the way	(*)	(*)	(*)	(*)	12
Other/DK/Missing	(*)	(*)	(*)	(*)	10

[18] Prelacteal feed refers to the provision any liquid or food, other than breastmilk, to a newborn during the period when breastmilk flow is generally being established (estimated here as the first 3 days of life).

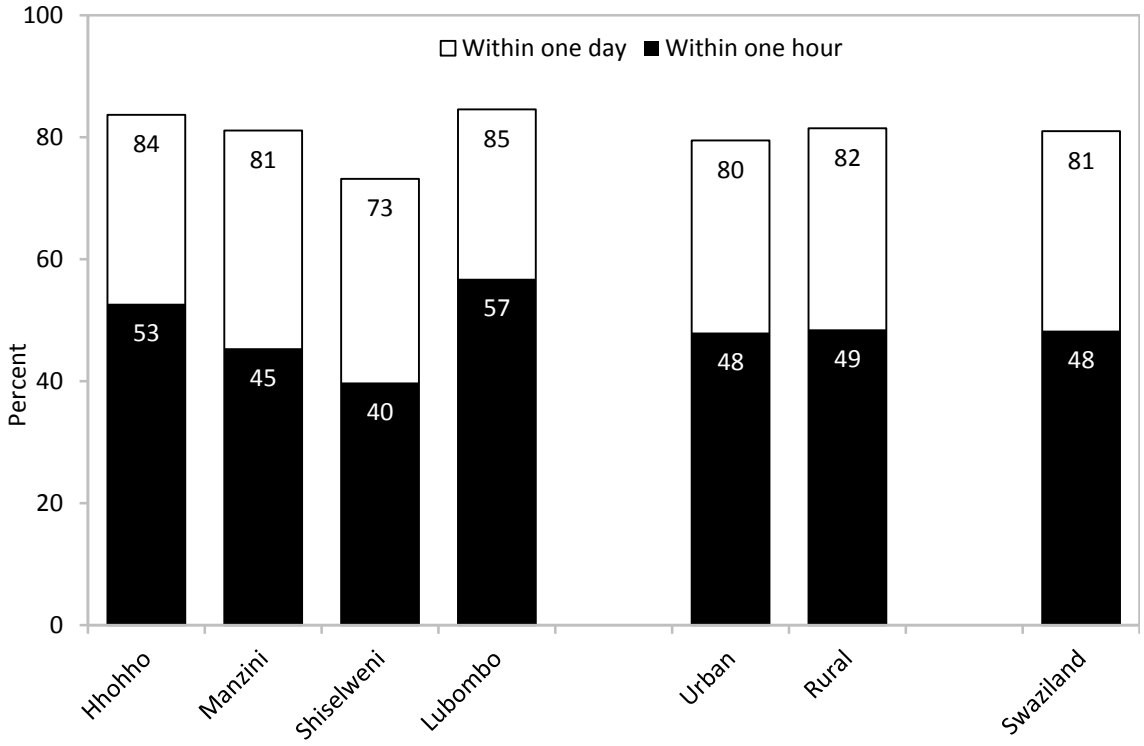
Mother's education					
None	(98.1)	(44.3)	(80.4)	(8.8)	32
Primary	92.8	49.2	82.3	15.4	239
Secondary	93.1	53.7	83.0	10.2	353
Higher	93.3	44.2	79.7	15.6	268
Tertiary	77.2	35.2	71.2	7.7	68
Wealth index quintile					
Poorest	96.2	45.1	81.0	15.8	205
Second	92.1	48.4	83.2	14.5	213
Middle	91.5	45.7	82.8	9.8	200
Fourth	92.6	55.4	78.8	11.8	175
Richest	87.3	48.0	78.2	11.6	167

[1] MICS indicator 2.5 - Children ever breastfed

[2] MICS indicator 2.6 - Early initiation of breastfeeding

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Figure NU.2: Initiation of breastfeeding, Swaziland MICS, 2014



The set of Infant and Young Child Feeding indicators reported in tables NU.4 through NU.8 are based on the mother's report of consumption of food and fluids during the day or night prior to being interviewed. Data are subject to a number of limitations, some related to the respondent's ability to provide a full report on the child's liquid and food intake due to recall errors as well as lack of knowledge in cases where the child was fed by other individuals.

Table NU.4 and Figure NU.2 present breastfeeding status for both *Exclusively breastfed* and *Predominantly breastfed;* referring to infants age less than six months who are breastfed, distinguished by *the former* only allowing vitamins, mineral supplements, and medicine, and *the latter* allowing also plain water and non-milk liquids. Table NU.4 also shows continued breastfeeding of children at 12-15 and 20-23 months of age. Approximately 64 percent of children age less than six months are exclusively breastfed while 70 percent are predominantly breastfed. By age 12-15 months, 48 percent of children are breastfed and by age 20-23 months, eight percent are breastfed. The exclusive breastfeeding rate does not vary much by sex of the child and place of residence.

Table NU.4: Breastfeeding

Percentage of living children according to breastfeeding status at selected age groups, Swaziland MICS, 2014

	Children age 0-5 months			Children age 12-15 months		Children age 20-23 months	
	Percent exclusively breastfed[1]	Percent predominantly breastfed[2]	Number of children	Percent breastfed (Continued breastfeeding at 1 year)[3]	Number of children	Percent breastfed (Continued breastfeeding at 2 years)[4]	Number of children
Total	**63.8**	**70.2**	**250**	**47.8**	**196**	**7.6**	**170**
Sex							
Male	64.0	72.1	140	47.1	97	7.3	85
Female	63.7	67.8	110	48.5	98	7.8	85
Region							
Hhohho	68.0	74.3	57	52.0	46	(9.6)	31
Manzini	58.2	64.5	94	(39.4)	70	7.6	71
Shiselweni	62.3	68.1	45	47.6	40	(2.8)	34
Lubombo	70.5	77.4	54	(57.7)	41	(10.4)	33
Area							
Urban	60.3	(65.2)	58	(35.3)	50	(6.2)	33
Rural	64.9	71.7	192	52.2	145	7.9	137
Mother's education							
None	(*)	(*)	9	(*)	6	(*)	13
Primary	68.3	76.5	56	43.8	58	9.0	51
Secondary	68.0	72.7	110	54.1	68	9.0	56
Higher	52.5	56.5	61	52.2	52	(6.1)	33
Tertiary	(*)	(*)	14	(*)	13	(*)	17
Wealth index quintile							
Poorest	67.0	75.2	63	58.6	45	(0.9)	42
Second	71.9	76.6	56	(59.0)	38	(14.4)	39
Middle	56.0	63.9	50	(51.6)	39	(4.4)	38
Fourth	(67.0)	(71.5)	51	(41.1)	34	(*)	24
Richest	(50.2)	(56.3)	31	(27.4)	40	(*)	27

[1] MICS indicator 2.7 - Exclusive breastfeeding under 6 months

[2] MICS indicator 2.8 - Predominant breastfeeding under 6 months

[3] MICS indicator 2.9 - Continued breastfeeding at 1 year

[4] MICS indicator 2.10 - Continued breastfeeding at 2 years

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Figure NU.3: Infant feeding patterns by age, Swaziland MICS, 2014

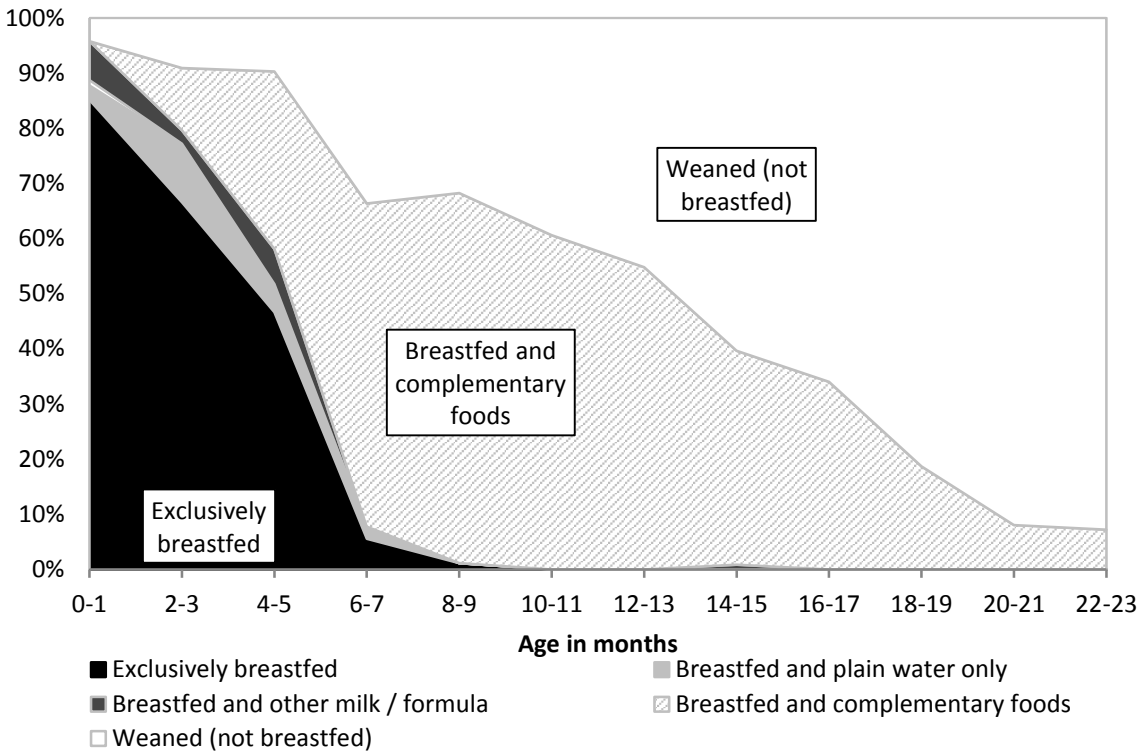


Table NU.5 shows the median duration of breastfeeding by selected background characteristics. Among children under-three months, the median duration is 13 months for any breastfeeding, about four months for both exclusive breastfeeding and predominant breastfeeding.

Table NU.5: Duration of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children age 0-35 months, Swaziland MICS, 2014

	Median duration (in months) of:			Number of children age 0-35 months
	Any breastfeeding[1]	Exclusive breastfeeding	Predominant breastfeeding	
Median	**13.0**	**3.7**	**4.2**	**1,638**
Sex				
Male	12.8	3.6	4.4	842
Female	13.1	3.8	4.0	796
Region				
Hhohho	14.5	4.1	4.9	355
Manzini	11.3	3.3	3.9	631
Shiselweni	13.2	3.4	3.7	320
Lubombo	13.0	4.2	4.6	332
Area				
Urban	11.5	3.1	3.5	400
Rural	13.6	3.9	4.5	1,238
Mother's education				
None	12.7	2.1	3.7	116
Primary	13.0	3.7	4.2	471
Secondary	15.4	4.1	4.6	549
Higher	13.1	2.9	3.4	387
Wealth index quintile				
Poorest	14.3	4.2	4.8	364
Second	14.4	4.2	4.5	391
Middle	13.5	3.0	3.6	332
Fourth	13.0	3.9	4.3	287
Richest	9.4	2.5	3.0	263
Mean	**12.7**	**3.8**	**4.2**	**1,638**

[1] MICS indicator 2.11 - Duration of breastfeeding

The age-appropriateness of breastfeeding of children under-24 months is provided in Table NU.6. Different criteria of feeding are used depending on the age of the child. For infants age 0-5 months, exclusive breastfeeding is considered as age-appropriate feeding, while children age 6-23 months are considered to be appropriately fed if they are receiving breastmilk and solid, semi-solid or soft food. The results show that most of the children are not fed appropriately in Swaziland. As a result of feeding patterns, only 40 percent of children age 6-23 months are appropriately breastfed and age-appropriate breastfeeding among all children age 0-23 months is 45 percent.

Table NU.6: Age-appropriate breastfeeding

Percentage of children age 0-23 months who were appropriately breastfed during the previous day, Swaziland MICS, 2014

	Children age 0-5 months		Children age 6-23 months		Children age 0-23 months	
	Percent exclusively breastfed[1]	Number of children	Percent currently breastfeeding and receiving solid, semi-solid or soft foods	Number of children	Percent appropriately breastfed[2]	Number of children
Total	**63.8**	**250**	**39.5**	**793**	**45.3**	**1,043**
Sex						
Male	64.0	140	38.6	397	45.2	537
Female	63.7	110	40.4	396	45.4	506
Region						
Hhohho	68.0	57	46.5	174	51.8	231
Manzini	58.2	94	35.3	299	40.8	394
Shiselweni	62.3	45	40.1	156	45.0	201
Lubombo	70.5	54	39.0	164	46.8	218
Area						
Urban	(60.3)	58	38.7	194	43.6	252
Rural	64.9	192	39.7	599	45.8	791
Mother's education						
None	(*)	9	26.7	48	29.2	57
Primary	68.3	56	39.0	238	44.6	294
Secondary	68.0	110	46.0	258	52.6	368
Higher	52.5	61	40.1	193	43.1	254
Tertiary	(*)	14	(19.6)	56	31.3	70
Wealth index quintile						
Poorest	67.0	63	41.5	181	48.0	244
Second	71.9	56	44.4	190	50.7	245
Middle	56.0	50	35.9	162	40.6	212
Fourth	(67.0)	51	43.4	124	50.3	174
Richest	(50.2)	31	30.5	137	34.1	168

[1] MICS indicator 2.7 - Exclusive breastfeeding under 6 months

[2] MICS indicator 2.12 - Age-appropriate breastfeeding

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Overall, 90 percent of infants age 6-8 months received solid, semi-solid, or soft foods at least once during the previous day (Table NU.7). Among currently breastfeeding infants this percentage is 92.

Table NU.7: Introduction of solid, semi-solid, or soft foods

Percentage of infants age 6-8 months who received solid, semi-solid, or soft foods during the previous day, Swaziland MICS, 2014

	Currently breastfeeding		Currently not breastfeeding		All	
	Percent receiving solid, semi-solid or soft foods	Number of children age 6-8 months	Percent receiving solid, semi-solid or soft foods	Number of children age 6-8 months	Percent receiving solid, semi-solid or soft foods[1]	Number of children age 6-8 months
Total	**91.6**	**85**	**(85.3)**	**40**	**89.5**	**125**
Sex						
Male	(92.7)	37	(*)	19	88.6	56
Female	90.7	48	(*)	21	90.3	69
Area						
Urban	(*)	22	(*)	10	(*)	32
Rural	90.1	63	(80.2)	30	86.9	93

[1] **MICS indicator 2.13 - Introduction of solid, semi-solid or soft foods**

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Overall, more than four-fifths of the children age 6-23 months (81 percent) are receiving solid, semi-solid and soft foods the minimum number of times (Table NU.8). The proportion of children receiving the minimum dietary diversity, or foods from at least four food groups, is much lower than that for minimum meal frequency, indicating the need to focus on improving diet quality and nutrient intake among this vulnerable group. The overall assessment using the indicator of minimum acceptable diet reveals that only 38 percent are benefitting from a diet sufficient in both diversity and frequency.

Table NU.8: Infant and young child feeding (IYCF) practices

Percentage of children age 6-23 months who received appropriate liquids and solid, semi-solid, or soft foods the minimum number of times or more during the previous day, by breastfeeding status, Swaziland MICS, 2014

	Currently breastfeeding				Currently not breastfeeding					All			
	Percent of children who received:			Number of children age 6-23 months	Percent of children who received:				Number of children age 6-23 months	Percent of children who received:			Number of children age 6-23 months
	Minimum dietary diversity[a]	Minimum meal frequency[b]	Minimum acceptable diet[1, c]		Minimum dietary diversity[a]	Minimum meal frequency[b]	Minimum acceptable diet[2, c]	At least 2 milk feeds[3]		Minimum dietary diversity[4, a]	Minimum meal frequency[5, b]	Minimum acceptable diet[c]	
Total	**52.1**	**82.8**	**48.6**	**320**	**68.4**	**79.9**	**29.7**	**52.8**	**399**	**62.4**	**81.2**	**38.1**	**793**
Sex													
Male	55.0	84.1	50.5	156	70.3	80.9	29.6	51.5	207	64.0	82.3	38.6	397
Female	49.4	81.7	46.8	164	66.3	78.7	29.8	54.1	192	60.8	80.1	37.6	396
Age													
6-8 months	30.4	81.0	30.4	85	(31.5)	(76.7)	(16.3)	(71.1)	28	33.0	80.0	26.9	125
9-11 months	61.8	86.5	57.1	84	(79.1)	(98.4)	(57.3)	(86.3)	37	68.1	90.2	57.2	135
12-17 months	58.4	81.5	52.7	125	74.4	81.3	33.8	60.8	125	68.9	81.4	43.3	287
18-23 months	(60.5)	(83.4)	(60.5)	27	67.9	76.2	24.1	39.4	208	66.8	77.0	28.3	246
Region													
Hhohho	42.6	75.4	42.6	86	62.5	72.7	20.9	41.2	72	53.1	74.2	32.7	174
Manzini	65.6	84.2	59.0	107	79.9	90.6	39.9	67.9	158	74.3	88.0	47.6	299
Shiselweni	52.9	85.9	49.1	63	60.4	75.2	20.7	43.1	78	58.9	80.0	33.4	156
Lubombo	41.5	87.5	39.0	65	59.7	70.7	26.7	43.7	90	54.2	77.7	31.8	164
Area													
Urban	57.3	84.4	55.7	76	81.3	94.2	45.8	78.8	94	72.0	89.8	50.2	194
Rural	50.5	82.4	46.4	244	64.4	75.5	24.8	44.8	305	59.3	78.5	34.4	599
Mother's education													
None	(*)	(*)	(*)	13	(52.6)	(66.5)	(19.1)	(32.5)	30	(54.4)	(72.9)	(26.8)	48
Primary	39.5	83.9	37.1	95	54.0	68.2	17.2	37.9	120	50.1	75.1	26.0	238
Secondary	57.3	80.9	56.0	122	73.8	85.1	27.9	52.2	117	66.1	83.0	42.3	258
Higher	56.8	83.2	50.1	79	81.0	87.8	39.9	65.7	98	71.9	85.8	44.5	193
Tertiary	(*)	(*)	(*)	11	(78.3)	(92.1)	(59.8)	(87.8)	34	72.2	90.9	59.6	56

Wealth index quintile													
Poorest	35.9	79.3	33.8	77	55.8	74.2	20.5	34.5	94	46.9	76.5	26.5	181
Second	51.9	86.1	50.0	87	58.4	68.2	23.0	41.3	85	57.4	77.3	36.7	190
Middle	55.2	82.6	50.5	59	65.6	77.1	24.8	49.8	89	63.4	79.3	35.1	162
Fourth	(72.8)	(87.7)	(68.2)	55	85.1	87.2	32.1	62.7	54	79.4	87.4	50.2	124
Richest	(50.8)	(77.0)	(44.9)	43	86.3	97.9	52.3	84.2	76	73.7	90.4	49.7	137

[1] MICS indicator 2.17a - Minimum acceptable diet (breastfed)

[2] MICS indicator 2.17b - Minimum acceptable diet (non-breastfed)

[3] MICS indicator 2.14 - Milk feeding frequency for non-breastfed children

[4] MICS indicator 2.16 - Minimum dietary diversity

[5] MICS indicator 2.15 - Minimum meal frequency

[a] Minimum dietary diversity is defined as receiving foods from at least 4 of 7 food groups: 1) Grains, roots and tubers, 2) legumes and nuts, 3) dairy products (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables, and 7) other fruits and vegetables.

[b] Minimum meal frequency among currently breastfeeding children is defined as children who also received solid, semi-solid, or soft foods 2 times or more daily for children age 6-8 months and 3 times or more daily for children age 9-23 months. For non-breastfeeding children age 6-23 months it is defined as receiving solid, semi-solid or soft foods, or milk feeds, at least 4 times.

[c] The minimum acceptable diet for breastfed children age 6-23 months is defined as receiving the minimum dietary diversity and the minimum meal frequency, while it for non-breastfed children further requires at least 2 milk feedings and that the minimum dietary diversity is achieved without counting milk feeds.

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

The continued practice of bottle-feeding is a concern because of the possible contamination due to unsafe water and lack of hygiene in preparation. About 32 percent of children under-six months are fed using a bottle with a nipple (table NU.9). The percentages are higher for children whose mothers have higher/tertiary education and those in richest households compared to the other education and wealth index quintile categories.

Table NU.9: Bottle feeding

Percentage of children age 0-23 months who were fed with a bottle with a nipple during the previous day, Swaziland MICS, 2014

	Percentage of children age 0-23 months fed with a bottle with a nipple[1]	Number of children age 0-23 months
Total	**31.7**	**1,043**
Sex		
Male	31.1	537
Female	32.4	506
Age		
0-5 months	18.4	250
6-11 months	43.2	260
12-23 months	32.3	533
Region		
Hhohho	25.9	231
Manzini	38.1	394
Shiselweni	34.8	201
Lubombo	23.3	218
Area		
Urban	40.6	252
Rural	28.9	791
Mother's education		
None	30.9	57
Primary	26.4	294
Secondary	24.9	368
Higher	43.6	254
Tertiary	47.4	70
Wealth index quintile		
Poorest	24.8	244
Second	23.1	245
Middle	32.4	212
Fourth	33.6	174
Richest	51.5	168

[1] **MICS indicator 2.18 - Bottle feeding**

5.4 Salt Iodization

Iodine Deficiency Disorders (IDD) is the world's leading cause of preventable mental retardation and impaired psychomotor development in young children. In its most extreme form, iodine deficiency causes cretinism. It also increases the risks of stillbirth and miscarriage in pregnant women. Iodine deficiency is most commonly and visibly associated with goitre. IDD takes its greatest toll in impaired

mental growth and development, contributing in turn to poor school performance, reduced intellectual ability, and impaired work performance. The indicator is the percentage of households consuming adequately iodized salt (≥15 parts per million).

In Swaziland, there is an intervention for preventing of micronutrients deficiencies. The promotion of consumption of iodized salt by households falls under this programme. There are National Standards for salt iodization (1985) and Salt Iodization Regulations, 1997 (under section 26). According to the regulations, the content of potassium iodate in salt should be >15ppm at household level.

Table NU. 10 shows the results of households consuming iodized salt. In 94 percent of households, salt used for cooking was tested for iodine content by using salt test kits and testing for the presence of potassium iodate. The table shows that there was no salt in five percent of households. These households are included in the denominator of the indicator. In 66 percent of households, salt was found to contain at least 15 parts per million (ppm) or more of iodine.

Table NU.10: Iodized salt consumption

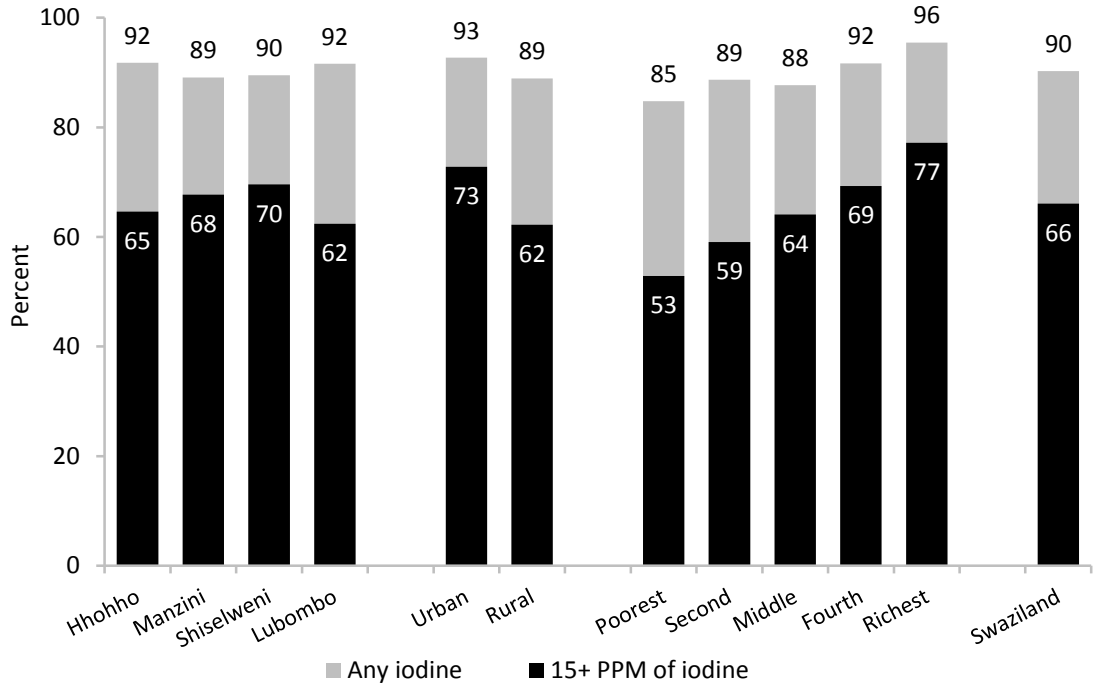
Percent distribution of households by consumption of iodized salt, Swaziland MICS, 2014

	Percentage of households in which salt was tested	Number of households	Percent of households with: Salt test result: No salt	Not iodized 0 PPM	>0 and <15 PPM	15+ PPM[1]	Total	Number of households in which salt was tested or with no salt
Total	**94.4**	**4,865**	**5.1**	**4.5**	**24.2**	**66.1**	**100**	**4,840**
Region								
Hhohho	96.1	1,230	3.5	4.7	27.2	64.6	100.0	1,225
Manzini	94.4	1,916	5.0	5.9	21.4	67.7	100.0	1,904
Shiselweni	93.2	734	6.6	3.8	19.9	69.6	100.0	732
Lubombo	92.9	985	6.4	2.0	29.2	62.4	100.0	979
Area								
Urban	95.4	1,811	3.8	3.5	19.9	72.8	100.0	1,796
Rural	93.8	3,054	5.9	5.1	26.7	62.2	100.0	3,044
Wealth index quintile								
Poorest	89.7	759	10.0	5.3	31.9	52.9	100.0	757
Second	94.2	801	5.4	5.9	29.6	59.1	100.0	798
Middle	92.7	898	6.7	5.6	23.6	64.1	100.0	892
Fourth	96.0	1,138	3.9	4.5	22.4	69.3	100.0	1,136
Richest	97.0	1,269	2.1	2.4	18.3	77.2	100.0	1,256

[1] **MICS indicator 2.19 - Iodized salt consumption**

The consumption of adequately iodized salt is graphically presented in Figure NU.4 together with the percentage of salt containing less the 15 ppm. Use of iodized salt by region ranges between 62 percent in Lubombo and 70 percent in Shiselweni. About 73 percent of urban households were found to be using adequately iodized salt as compared to 62 percent in rural areas.

Figure NU.4: Consumption of iodized salt, Swaziland MICS, 2014



6. Child Health

Child health is a state of physical, mental, intellectual, social and emotional well-being and not merely the absence of disease or infirmity. It also refers to the care and treatment of children. Child health is the purview of paediatrics, which became a medical specialty in the mid-nineteenth century. Before that time the care and treatment of childhood diseases were included within such areas as general medicine, obstetrics, and midwifery.

Ministry of Health has prioritized child health survival programmes and has designated public health programmes to look into child health issues. This chapter will only focus on child health care services provided by two public health programmes which are: the Swaziland Expanded Programme on Immunization (SEPI) and the Integrated Management of Childhood illnesses (IMCI) Programme. The SEPI oversees all immunizations to all eligible populations according to an official national immunization schedule while the IMCI Programme coordinates all integrated childhood illness and health care services in the country.

Sections to be covered in this chapter include: acute respiratory illnesses which are pneumonia and diarrhoea management and control as well as immunization coverage for all antigens administered to the eligible population according to the national immunization schedule.

6.1 Vaccinations

The Millennium Development Goal (MDG) 4 is to reduce child mortality by two thirds between 1990 and 2015. Immunization plays a key part in this goal. In addition, the Global Vaccine Action Plan (GVAP) was endorsed by the 194 Member States of the World Health Assembly in May 2012 to achieve the Decade of Vaccines vision by delivering universal access to immunization. Immunization has saved the lives of millions of children in the four decades since the launch of the Expanded Programme on Immunization (EPI) in 1974. Worldwide there are still millions of children not reached by routine immunization and as a result, vaccine-preventable diseases cause more than 2 million deaths every year.

WHO Recommended Routine Immunization for all children, so that all children can be vaccinated against all vaccine preventable diseases which vary amongst countries such as tuberculosis, diphtheria, pertussis, tetanus, polio, measles, rubella, hepatitis B, haemophilus influenzae type b, pneumonia, meningitis and rotavirus.

All doses in the primary series are recommended to be completed before the child's first birthday, although depending on the epidemiology of disease in a country, the first doses of measles containing vaccines may be recommended at nine months or later. The recommended number and timing of most other doses also vary slightly with local epidemiology and may include booster doses later in childhood.

Government has shown a significant political commitment towards the reduction of morbidity and mortality due to vaccine preventable diseases. This is proven by the fact that Government procures 100 percent of vaccines and injection supplies. The Ministry of Health has also prioritized immunization for all eligible populations, which include children less than five years of age and women of child bearing age 15-49 years, and has a designated programme to coordinate immunization services in the country. All immunizations provided to consumers according to the National Immunization Schedule are administered at no cost.

The SEPI was established in 1979 jointly with Save the Children Fund and the World Health Organization. The Programme was later supported by UNICEF, Canadian Public Health Association, Rotary International and USAID. The Program was officially launched in 1980 following a lameness survey conducted in 1979, which indicated many cases of post-polio lameness in the country with high numbers of measles and neonatal tetanus. The goal of the Programme then was to reduce morbidity and mortality due to vaccine preventable diseases by two thirds by the end of 2015.

The table below illustrates the National Immunization schedule with the integration of deworming and vitamin A supplementation.

National Immunization Schedule

Antigens & Supplements (current at time of survey)	**Antigens (revised schedule) 2015**	**Age**
BCG, OPV0	BCG	At birth
OPV1,DTP-HepB-Hib 1,PCV13: 1	OPV1,DTP-HepB-Hib 1,PCV13:1,Rotarix 1	6 weeks
OPV2, DTP-HepB-Hib2,PCV 13:2	OPV2, DTP-HepB-Hib 2,PCV13:2, Rotarix 2	10 weeks
OPV3,DTP-HepB-Hib3,PCV13: 3	OPV3, DTP-HepB-Hib 3,PCV 13:3	14 weeks
Measles 1	Measles 1	9 months
OPV4, Measles 2	OPV4,Measles 2	18 months
OPV5, DT	OPV5, DT	5 years
Vitamin A*	Vitamin A*	6 months (every 6 mo. up to 5 years)
Albendazole*	Albendazole*	12 months (every 6 mo. up to 5 years)
TT 1	TT 1	First contact
TT 2	TT 2	1 Month after 1st dose
TT 3	TT 3	6 Months after 2nd dose
TT 4	TT 4	1 Year after 3rd dose
TT 5	TT 5	1 Year after 4th dose

****The first column of the schedule is the one used during the time MICS5 was conducted. The second column is the schedule revised in 2015 to include Rotarix vaccine which was introduced in May 2015.***

The SEPI provides all the above mentioned vaccines with birth doses of BCG and Polio given within 24 hours of birth, three doses of Pentavalent vaccine containing DPT, Hepatitis B, and *Haemophilus Influenzae* type b (Hib) antigens, three doses of Polio vaccine, three doses of Pneumococcal Conjugate Vaccine, two doses of Rotavirus vaccine, two doses of measles and, one dose of Diphtheria Tetanus vaccine. All primary doses should be received within the first year of life except for booster doses which are Measles 2, OPV, at 18 months and DT at five years. This immunization schedule is used to estimate full immunization coverage for children age 12-35 months in the Swaziland MICS5, 2014.

However, the country also provides other vaccines like Tetanus Toxoid vaccine which is given to women of child bearing age 15-49 years who receive five doses of the vaccine in an effort to reduce maternal neonatal tetanus, Hepatitis B adult dose which is given to all health workers and all other consumers who are at risk of being infected with hepatitis, given in three doses at four-week intervals. Finally, there is yellow fever vaccine which is given as a single dose to all travellers going to yellow fever endemic countries.

Information on vaccination coverage was collected from all children under three years of age. All mothers or caretakers were asked to provide the child health immunization cards. In cases where child health immunization cards were available, interviewers copied the immunization information from the cards onto the MICS questionnaire. Where there were no child immunization cards available, the interviewer proceeded to ask the mother to recall whether or not the child had received each of the vaccines required in the schedule, as well as the number of doses received for Polio, DPT-HepB-Hib, PCV and Measles. The final vaccination coverage estimates are based on information obtained from the child health immunization cards and history from the mother or caretaker.

Table CH.1 below, illustrates the percentage of children age 12-35 months who received each of the specific vaccinations by source of information (mother's recall/history). The denominators for the table are comprised of children age 12-23 months and 24-35 months so that only children who are old enough to be fully vaccinated are counted. In the first three columns in each panel of the table, the numerator includes all children who were vaccinated at any time before the survey according to the vaccination card or the vaccination records at health facilities or the mother's report. In the last column in each panel, only those children who were vaccinated before their first birthday, as recommended, are included. For children without immunization cards/records, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with vaccination cards/records. It is worth noting that the country introduced PCV3 vaccine into its national immunization schedule in April 2014. As a result, coverage of PCV3 is expected to be lower than coverage of other antigens given at the same time, like pentavalent and OPV.

Approximately 98 percent of children age 12-23 months had received BCG vaccination by the age of 12 months and the first dose of DPT-HepB-Hib vaccine had been given to 96 percent (Table CH.1). The percentage is the same for the second dose of DPT-HepB-Hib, and declines to 90 percent for the third dose. Similarly, 97 percent of children age 12-23 months had received Polio 1 by age 12 months and the percentage declines to 84 percent for the third dose. The coverage for the first dose of measles vaccine by 12 months is 89 percent. The percentage of children who had all the recommended vaccinations (or were fully immunized) by their first birthday is 71 percent. Differences between Polio doses two and three are 88 and 84 percent, respectively, while DPT-HepB-Hib two and three are 96 and 90 percent, respectively. The Polio doses are slightly lower than the DPT doses yet they are given at the same time or rather during the same visit. This could be attributed to several reasons such as poor documentation or Polio vaccine stock out at health facility level.

Table CH.1: Vaccinations in the first years of life

Percentage of children age 12-23 months and 24-35 months vaccinated against vaccine preventable childhood diseases at any time before the survey and by their first birthday, Swaziland MICS, 2014

	Children age 12-23 months:				Children age 24-35 months:			
	Vaccinated at any time before the survey according to:				Vaccinated at any time before the survey according to:			
	Vaccination card	Mother's report	Either	Vaccinated by 12 months of age[a]	Vaccination card	Mother's report	Either	Vaccinated by 12 months of age (Polio 4 and Measles Booster by 24 months)
Antigen								
BCG[1]	88.9	9.5	98.4	97.5	80.4	15.0	95.4	94.8
Polio								
At birth	88.2	9.5	97.7	97.0	81.1	14.6	95.8	95.5
1	88.2	8.6	96.8	96.6	81.3	13.5	94.8	93.8
2	83.4	5.0	88.4	88.1	77.9	7.7	85.6	85.0
3[2]	84.1	0.9	85.0	83.9	76.6	1.6	78.2	76.8
4	26.3	0.2	26.5	na	66.2	0.5	66.7	63.2
PENTAVALENT								
DPT1/Hep B1/Hib1	88.3	8.5	96.8	96.4	81.2	14.1	95.4	94.4
DPT2/Hep B2/Hib2	87.6	8.2	95.9	95.6	80.5	13.5	94.0	93.3
DPT3/Hep B3/Hib3[3]	86.9	4.7	91.6	90.1	79.2	10.4	89.6	87.5
PCV								
PCV1	7.6	11.6	19.2	16.7	4.7	13.4	18.1	17.0
PCV2	5.0	4.8	9.8	8.9	4.8	6.2	11.0	9.7
PCV3	4.8	1.0	5.8	5.1	4.3	1.4	5.8	5.2
Measles (MCV1)[7]	81.1	10.3	91.4	89.3	77.6	15.6	93.3	86.2
Measles (booster)	27.2	0.0	27.2	na	68.1	0.4	68.5	65.6
Fully vaccinated[8, b]	74.8	0.3	75.0	70.7	71.6	1.3	72.9	65.0
No vaccinations	0.0	1.4	1.4	1.4	0.0	3.4	3.4	3.4
Number of children	533	533	533	533	594	594	594	594

[1] MICS indicator 3.1 - Tuberculosis immunization coverage

[2] MICS indicator 3.2 - Polio immunization coverage

[3] MICS indicator 3.3 - Diphtheria, pertussis and tetanus (DPT) immunization coverage

[4] MICS indicator 3.5 - Hepatitis B immunization coverage

[5] MICS indicator 3.6 - Haemophilus influenzae type B (Hib) immunization coverage

[7] MICS indicator 3.4; MDG indicator 4.3 - Measles immunization coverage

[8] MICS indicator 3.8 - Full immunization coverage

[a] All MICS indicators refer to results in this column

[b] Includes: *BCG, Polio3, DPT3, HepB3, Hib3, and Measles (MCV1)* as per the vaccination schedule in Swaziland

Figure CH.1: Vaccinations by age 12 months (Measles by 24 months), Swaziland MICS, 2014

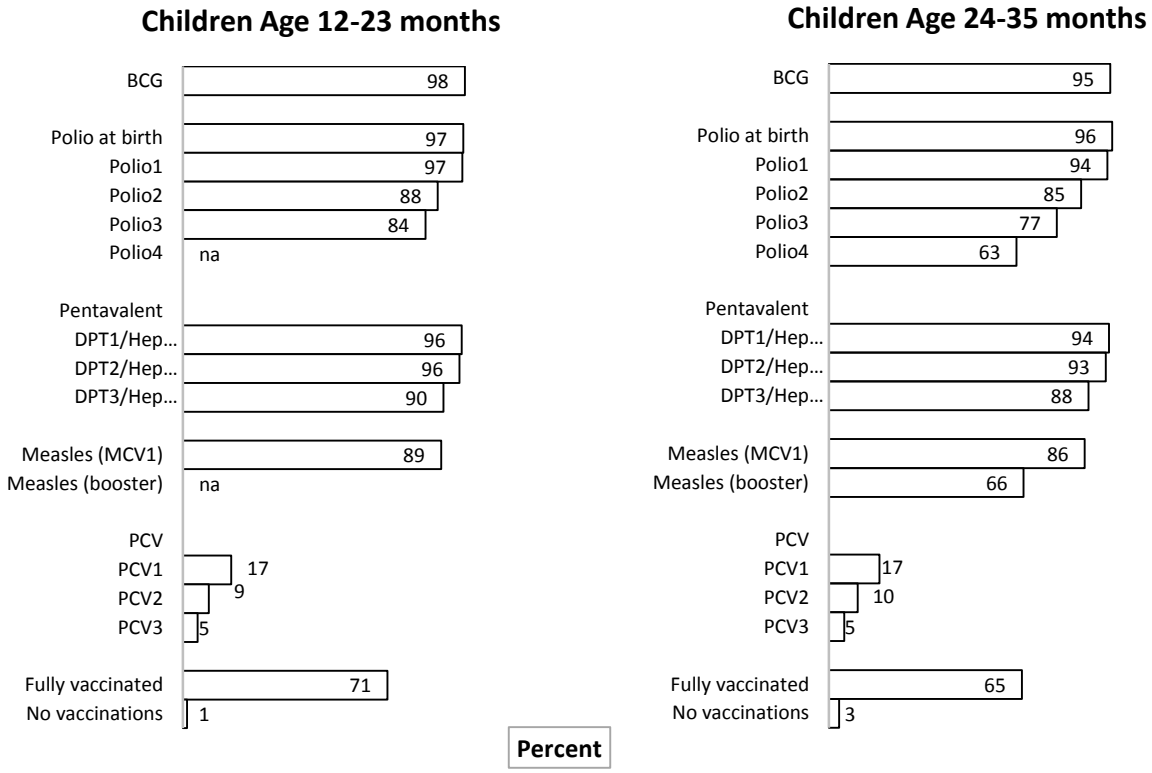


Table CH.2 presents vaccination coverage estimates among children age 12-23 and 24-35 months by background characteristics. The figures indicate children receiving the vaccinations at any time up to the date of the survey, and are based on information from both the vaccination cards and mothers'/caretakers' reports. Vaccination cards have been seen by the interviewer for 89 percent of children age 12-23 months, with Hhohho and Shiselweni regions at 91 percent and Manzini region at 86 percent. Generally, there are minimal variations in immunization by the main background characteristics.

Table CH.2: Vaccinations by background characteristics

Percentage of children age 12-23 months currently vaccinated against vaccine preventable childhood diseases, Swaziland MICS, 2014

	Percentage of children who received:																	
		Polio					Pentavalent											
	BCG	At birth	1	2	3	4	DPT/ Hep B/ Hib 1	DPT/ Hep B/ Hib 2	DPT/ Hep B/ Hib 3	PCV1	PCV2	PCV3	Measles	Measles (booster)	Full[a]	None	Percentage with vaccination card seen	Number of children age 12-23 months
Total	**98.4**	**97.7**	**96.8**	**88.4**	**85.0**	**26.5**	**96.8**	**95.9**	**91.6**	**19.2**	**9.8**	**5.8**	**91.4**	**27.2**	**75.0**	**1.4**	**89.1**	**533**
Sex																		
Male	98.9	99.2	98.2	88.9	86.8	25.4	98.2	96.1	91.8	21.6	9.7	5.4	92.0	25.4	76.8	0.8	90.1	265
Female	97.9	96.2	95.5	87.8	83.1	27.6	95.4	95.6	91.3	16.9	10.0	6.1	90.7	28.9	73.3	2.1	88.0	268
Region																		
Hhohho	97.9	98.7	98.2	90.7	85.7	22.0	95.5	95.0	89.6	14.5	13.2	4.8	88.3	22.3	70.4	1.3	91.2	123
Manzini	99.3	98.2	97.3	89.7	85.8	30.6	97.2	96.0	92.5	23.9	10.6	8.7	96.0	30.0	78.7	0.7	86.1	193
Shiselweni	98.6	96.8	96.6	82.9	81.6	26.5	98.6	96.7	90.2	25.9	9.6	4.8	90.1	30.5	73.5	1.4	91.1	106
Lubombo	97.1	96.5	94.9	88.7	85.9	24.3	95.8	95.7	93.4	9.9	5.1	2.7	88.1	24.6	75.4	2.9	89.8	111
Area																		
Urban	100.0	98.3	97.5	92.3	88.1	24.6	95.3	94.3	93.9	22.6	9.6	3.2	95.0	26.3	78.4	0.0	89.1	118
Rural	97.9	97.5	96.6	87.2	84.1	27.0	97.2	96.3	90.9	18.3	9.9	6.5	90.3	27.4	74.1	1.9	89.0	415
Mother's education																		
None	(90.8)	(90.5)	(87.0)	(78.6)	(81.2)	(37.4)	(88.5)	(88.0)	(84.5)	(12.7)	(3.6)	(1.8)	(76.6)	(40.5)	(66.0)	(9.2)	(82.8)	37
Primary	97.3	96.4	94.9	84.2	80.2	17.9	96.9	95.0	88.1	21.1	11.4	5.4	88.0	21.1	69.4	2.7	88.2	163
Secondary	99.4	99.4	100.0	93.5	89.8	28.3	100.0	99.3	94.3	18.2	9.1	4.1	93.0	26.9	81.1	0.0	89.7	167
Higher	100.0	98.4	96.9	88.0	86.9	28.6	95.6	95.1	92.8	18.5	6.3	8.8	95.7	27.4	76.2	0.0	92.2	128
Tertiary	(100.0)	(100.0)	(100.0)	(94.2)	(81.4)	(37.8)	(94.4)	(94.4)	(97.4)	(23.7)	(23.7)	(7.8)	(98.4)	(41.1)	(77.4)	(0.0)	(85.6)	39
Wealth index quintile																		
Poorest	95.3	95.5	93.1	87.9	85.2	27.6	95.4	93.8	89.3	11.6	5.1	1.9	90.3	30.5	79.3	4.0	90.3	130
Second	98.7	98.7	98.2	88.6	82.7	17.4	98.7	98.7	90.1	20.2	9.5	8.1	88.6	19.9	71.2	1.3	87.4	123
Middle	99.1	97.4	99.1	86.0	81.2	28.6	98.6	96.2	90.8	23.2	15.0	5.2	92.8	26.8	73.4	0.9	87.4	110
Fourth	100.0	100.0	95.4	89.9	88.1	30.2	92.9	93.8	93.3	17.9	7.7	8.3	91.4	31.8	74.9	0.0	89.5	79
Richest	100.0	97.7	98.8	90.2	89.3	31.5	97.4	96.1	96.2	25.0	12.9	6.5	94.8	28.8	76.2	0.0	91.1	92

[a] Includes: *BCG, Polio3, DPT3, HepB3, Hib3, and Measles (MCV1)* as per the vaccination schedule in Swaziland

( ) Figures that are based on 25-49 unweighted cases

6.2 Neonatal Tetanus Protection

One of the MDGs is to reduce by three quarters the maternal mortality ratio, with one strategy to eliminate maternal tetanus. Following on the 42nd and 44th World Health Assembly calls for elimination of neonatal tetanus, the global community continues to work to reduce the incidence of neonatal tetanus to less than one case of neonatal tetanus per 1,000 live births in every region by 2015.

The strategy for preventing maternal and neonatal tetanus is to ensure that all pregnant women receive at least two doses of tetanus toxoid vaccine. If a woman has not received at least two doses of tetanus toxoid during a particular pregnancy, she (and her new born) are also considered to be protected against tetanus if the woman:

- Received at least two doses of tetanus toxoid vaccine, the last within the previous 3 years
- Received at least three doses, the last within the previous five years
- Received at least four doses, the last within the previous 10 years
- Received five or more doses anytime during her life

To assess the status of tetanus vaccination coverage, women who had a live birth during the two years before the survey were asked if they had received tetanus toxoid vaccine during their most recent pregnancy, and if so, how many doses did they get. Women who did not receive two or more tetanus toxoid vaccinations during this recent pregnancy were then asked about tetanus toxoid vaccinations they may have previously received. Interviewers also asked women to present their antenatal care cards on which dates of tetanus toxoid vaccine doses are recorded and referred to, for information from the cards when available.

Table CH.3 shows the tetanus protection status for women who have had a live birth within the last two years. The proportion of women age 15-49 years with a live birth in the last two years preceding the survey protected against neonatal tetanus is 83 percent (91 percent in urban areas and 80 percent in rural areas).

Table CH.3: Neonatal tetanus protection

Percentage of women age 15-49 years with a live birth in the last 2 years protected against neonatal tetanus, Swaziland MICS, 2014

	Percentage of women who received at least 2 doses during last pregnancy	Percentage of women who did not receive two or more doses during last pregnancy but received:					Number of women with a live birth in the last 2 years
		2 doses, the last within prior 3 years	3 doses, the last within prior 5 years	4 doses, the last within prior 10 years	5 or more doses during lifetime	Protected against tetanus[1]	
Total	**73.6**	**8.8**	**0.2**	**0.2**	**0.1**	**83.0**	**959**
Region							
Hhohho	73.3	8.8	0.0	0.0	0.0	82.1	230
Manzini	74.1	9.5	0.3	0.3	0.0	84.3	376
Shiselweni	71.4	5.6	0.0	0.3	0.4	77.7	171
Lubombo	75.0	10.3	0.7	0.0	0.4	86.4	182
Area							
Urban	78.2	12.3	0.0	0.0	0.0	90.6	257
Rural	71.9	7.5	0.3	0.3	0.2	80.2	702
Education							
None	(77.8)	(6.2)	(0.0)	(0.0)	(0.0)	(84.0)	32
Primary	72.8	9.3	0.7	0.5	0.3	83.7	239
Secondary	76.3	9.4	0.0	0.2	0.2	86.1	353
Higher	69.7	7.9	0.3	0.0	0.0	77.9	268
Tertiary	75.8	8.3	0.0	0.0	0.0	84.0	68
Wealth index quintile							
Poorest	72.1	10.1	0.6	0.6	0.3	83.8	205
Second	71.6	7.9	0.5	0.0	0.0	80.0	213
Middle	66.0	8.7	0.0	0.3	0.4	75.3	200
Fourth	79.4	7.7	0.0	0.0	0.0	87.1	175
Richest	81.0	9.6	0.0	0.0	0.0	90.6	167

[1] **MICS indicator 3.9 - Neonatal tetanus protection**

( ) Figures that are based on 25-49 unweighted cases

6.3 Care of Illness

A key strategy for accelerating progress towards the attainment of MDG 4 is to focus on the diseases which are leading killers of children under-five years of age. Diarrhoea and Pneumonia are two of such diseases. The Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD) aims to end preventable pneumonia and diarrhoeal deaths by reducing mortality from pneumonia to three deaths per 1,000 live births and mortality from diarrhoea to one death per 1,000 live births by 2025.

Table CH.4 presents the percentage of children under-five years of age who were reported to have had an episode of diarrhoea, symptoms of acute respiratory infection (ARI), or fever during the two weeks preceding the survey. These results are not measures of true prevalence, and should not be used as such, but rather the period-prevalence of those illnesses over a two-week time window.

The definition of a case of diarrhoea or fever, in this survey, was the mother's or caretaker's report that the child had such symptoms over the specified period; no other evidence were sought beside the opinion of the mother. A child was considered to have had an episode of ARI if the mother or caretaker reported that the child had, over the specified period, an illness with a cough with rapid or difficult breathing, and whose symptoms were perceived to be due to a problem in the chest or both a problem in the chest and a blocked nose. While this approach is reasonable in the context of a MICS, these basically simple case definitions must be kept in mind when interpreting the results, as well as the potential for reporting and recall biases. Furthermore, diarrhoea, fever and ARI are not only seasonal but are also characterized by the often rapid spread of localized outbreaks from one area to another at different points in time. The timing of the survey and the location of the teams might thus considerably affect the results, which must consequently be interpreted with caution. For these reasons, although the period-prevalence over a two-week time window is reported, these data should not be used to assess the epidemiological characteristics of these diseases but rather to obtain denominators for the indicators related to use of health services and treatment.

Overall, 16 percent of children under-five years were reported to have had an episode of diarrhoea in the last two weeks preceding the survey, 10 percent had symptoms of ARI, and 21 percent had an episode of fever. The proportion of children who had an episode of fever is the highest amongst all the three reported disease episodes in both rural and urban areas.

Table CH.4: Reported disease episodes

Percentage of children age 0-59 months for whom the mother/caretaker reported an episode of diarrhoea, symptoms of acute respiratory infection (ARI), and/or fever in the last two weeks, Swaziland MICS, 2014

	Percentage of children who in the last two weeks had:			Number of children age 0-59 months
	An episode of diarrhoea	Symptoms of ARI	An episode of fever	
Total	**16.4**	**9.8**	**20.6**	**2,693**
Sex				
Male	17.5	9.5	19.5	1,370
Female	15.2	10.0	21.7	1,323
Region				
Hhohho	12.6	4.5	10.8	604
Manzini	16.4	13.1	20.6	992
Shiselweni	20.4	9.3	27.7	530
Lubombo	16.6	10.0	24.4	567
Area				
Urban	15.9	13.3	22.2	612
Rural	16.5	8.7	20.1	2,081
Age				
0-11 months	24.2	11.3	21.0	510
12-23 months	24.0	9.1	23.2	533
24-35 months	16.2	10.9	23.9	594
36-47 months	11.0	9.3	18.5	529
48-59 months	6.5	8.1	16.0	526
Mother's education				
None	12.7	8.9	20.9	235
Primary	18.2	10.6	21.2	825
Secondary	17.3	8.4	20.5	852
Higher	15.4	12.2	19.7	575
Tertiary	12.4	6.4	20.5	200
Wealth index quintile				
Poorest	17.2	10.5	23.6	631
Second	17.6	8.6	19.7	636
Middle	17.9	9.2	19.4	534
Fourth	16.7	10.2	17.3	458
Richest	11.1	10.5	22.5	434

Diarrhoea

Diarrhoea is one of the leading causes of death among children under five years old worldwide. Most diarrhoea-related deaths in children are due to dehydration resulting from loss of large quantities of water and electrolytes from the body through the liquid stools. Management of diarrhoea – either through oral rehydration salts (ORS) or a recommended home fluid (RHF) – can prevent many of these deaths. In addition, provision of zinc supplements has been shown to reduce the duration and severity of the illness as well as the risk of future episodes within the next two or three months. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhoea.

During the MICS, mothers or caretakers were asked whether their child under five years old had, had an episode of diarrhoea within the two weeks prior to the survey. In cases where mothers reported that the child had diarrhoea, a series of questions were asked about the treatment of the illness, including what the child had been given to drink and eat during the episode and whether this was more or less than what was usually given to the child.

The overall period-prevalence of diarrhoea in children under-five years of age is 16 percent (Table CH.4). Table CH.4 shows that the period-prevalence for diarrhoea ranges from 13 percent in Hhohho region to 20 percent in Shiselweni region, symptoms of ARI range from five percent Hhohho region to 13 percent in Manzini region, while fever is from 11 percent in Hhohho region to 28 percent in Shiselweni region.

Table CH.5 shows the percentage of children with diarrhoea in the two weeks preceding the survey for whom advice or treatment was sought and where. Overall, children seen in a health facility or by a provider account for 71 percent of cases, predominantly they were seen in a public health facility which accounts for 56 percent of the cases. In urban areas, 52 percent of the cases were attended to at a health facility or by a provider, while the proportion was 77 percent in rural areas.

Table CH.5: Care-seeking during diarrhoea

Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought, by source of advice or treatment, Swaziland MICS, 2014

	Percentage of children with diarrhoea for whom: Advice or treatment was sought from: Health facilities or providers						
	Public	Private	Community health provider[a]	Other source	A health facility or provider[1, b]	No advice or treatment sought	Number of children age 0-59 months with diarrhoea in the last two weeks
Total	**56.1**	**18.0**	**2.8**	**4.8**	**71.2**	**21.1**	**441**
Sex							
Male	52.0	19.0	1.9	4.6	67.9	24.3	240
Female	61.0	16.9	3.8	4.9	75.2	17.3	201
Region							
Hhohho	70.1	13.7	1.4	3.5	82.9	12.7	76
Manzini	36.2	26.7	1.4	8.4	58.2	28.8	162
Shiselweni	64.2	11.2	2.8	3.2	72.0	21.4	108
Lubombo	69.7	14.5	6.3	1.4	83.4	14.4	94
Area							
Urban	29.7	30.9	1.1	9.1	52.1	30.3	97
Rural	63.6	14.4	3.3	3.5	76.7	18.5	343
Age							
0-11 months	54.5	21.3	0.5	5.1	74.8	19.2	124
12-23 months	60.1	18.3	2.4	6.5	74.2	15.2	128
24-35 months	58.3	15.8	4.5	2.8	69.8	23.1	96
36-47 months	48.7	20.3	7.1	6.4	66.8	24.7	58
48-59 months	(53.1)	(8.0)	(0.0)	(0.0)	(59.0)	(38.9)	34
Mother's education							
None	(76.3)	(10.6)	(9.8)	(1.5)	(86.9)	(11.6)	30
Primary	61.5	12.2	1.7	2.9	70.7	23.3	150
Secondary	52.2	17.8	2.1	5.4	68.3	24.6	147
Higher	58.6	18.4	4.2	7.4	74.1	15.6	89
Tertiary	(13.4)	(61.5)	(0.0)	(6.6)	(62.4)	(18.5)	25
Wealth index quintile							
Poorest	63.8	13.1	3.8	0.4	74.5	22.7	109
Second	69.0	13.1	4.2	5.7	80.9	12.2	112
Middle	60.5	18.0	1.0	1.2	76.0	20.2	95
Fourth	34.6	17.8	3.3	11.9	51.8	35.7	76
Richest	(33.8)	(41.1)	(0.0)	(8.1)	(62.8)	(17.0)	48

[1] MICS indicator 3.10 - Care-seeking for diarrhoea

[a] Community health providers includes both public (*Community health worker and Mobile/Outreach clinic*) and private (*Mobile clinic*) health facilities

[b] Includes all public and private health facilities and providers, but excludes private pharmacy

( ) Figures that are based on 25-49 unweighted cases

Table CH.6 below provides statistics on drinking and feeding practices of children age 0-59 months with diarrhoea during the two weeks preceding the survey. About 15 percent of the children were given about the same to eat when they had diarrhoea, while eight percent were given more. Twenty-eight percent were given somewhat less to eat, while 31 percent were given much less than usual. As for liquids taken during the episode of diarrhoea, 15 percent were given about the same, 48 percent were given more, 22 percent were given somewhat less while 13 percent were given much less.

Table CH.6: Feeding practices during diarrhoea

Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea, Swaziland MICS, 2014

	Drinking practices during diarrhoea							Eating practices during diarrhoea							Number of children age 0-59 months with diarrhoea in the last two weeks
	Child was given to drink:							Child was given to eat:							
	Much less	Somewhat less	About the same	More	Nothing	Missing/DK	Total	Much less	Somewhat less	About the same	More	Nothing	Missing/DK	Total	
Total	**13.4**	**21.6**	**15.2**	**47.9**	**1.7**	**0.2**	**100.0**	**30.7**	**27.7**	**14.6**	**8.1**	**18.7**	**0.2**	**100.0**	**441**
Sex															
Male	15.2	18.2	13.4	52.2	1.0	0.0	100.0	31.6	22.9	13.8	11.0	20.7	0.0	100.0	240
Female	11.3	25.7	17.3	42.7	2.5	0.5	100.0	29.5	33.6	15.5	4.5	16.3	0.5	100.0	201
Region															
Hhohho	11.2	28.8	22.5	35.7	1.9	0.0	100.0	20.9	37.4	19.3	7.6	14.7	0.0	100.0	76
Manzini	10.5	20.5	10.6	55.7	2.1	0.6	100.0	27.9	20.9	11.2	10.0	29.4	0.6	100.0	162
Shiselweni	12.9	22.9	18.1	44.4	1.6	0.0	100.0	23.3	34.7	20.2	9.1	12.7	0.0	100.0	108
Lubombo	20.9	16.3	13.8	48.2	0.8	0.0	100.0	51.9	23.6	10.2	3.8	10.4	0.0	100.0	94
Area															
Urban	6.3	18.6	16.4	57.3	1.5	0.0	100.0	21.8	23.1	18.6	8.5	27.9	0.0	100.0	97
Rural	15.4	22.5	14.8	45.2	1.7	0.3	100.0	33.2	29.0	13.4	8.0	16.1	0.3	100.0	343
Age															
0-11 months	11.9	18.9	15.7	51.7	1.8	0.0	100.0	31.0	15.7	10.4	8.0	34.9	0.0	100.0	124
12-23 months	15.1	27.3	9.8	47.1	0.7	0.0	100.0	33.1	33.0	12.7	8.7	12.6	0.0	100.0	128
24-35 months	13.5	23.5	12.2	47.1	2.5	1.1	100.0	33.0	29.2	11.6	7.2	18.0	1.1	100.0	96
36-47 months	13.1	11.5	29.0	46.4	0.0	0.0	100.0	19.5	32.1	28.5	11.7	8.2	0.0	100.0	58
48-59 months	(12.7)	(22.3)	(18.0)	(41.7)	(5.4)	(0.0)	100.0	(33.2)	(39.9)	(22.0)	(2.2)	(2.8)	(0.0)	100.0	34
Mother's education															
None	(4.0)	(17.1)	(9.0)	(66.7)	(3.2)	(0.0)	100.0	(21.7)	(37.9)	(15.3)	(8.1)	(17.0)	(0.0)	100.0	30
Primary	12.8	25.6	15.3	42.7	3.0	0.7	100.0	34.7	33.3	16.0	4.1	11.2	0.7	100.0	150
Secondary	14.3	18.5	15.7	50.2	1.3	0.0	100.0	31.1	19.9	12.7	6.7	29.6	0.0	100.0	147
Higher	15.9	23.7	12.9	47.4	0.0	0.0	100.0	32.7	27.0	14.5	9.0	16.8	0.0	100.0	89
Tertiary	(14.2)	(14.4)	(26.9)	(44.5)	(0.0)	(0.0)	100.0	(7.3)	(31.0)	(16.6)	(36.9)	(8.2)	(0.0)	100.0	25
Wealth index quintile															
Poorest	15.0	20.8	13.9	47.3	3.0	0.0	100.0	41.1	29.7	13.6	5.5	10.1	0.0	100.0	109
Second	15.8	21.5	17.5	41.0	3.3	0.9	100.0	34.0	24.5	11.5	7.8	21.2	0.9	100.0	112

Middle	14.2	25.7	18.5	41.7	0.0	0.0	100.0	25.9	35.1	18.5	10.5	10.0	0.0	100.0	95
Fourth	6.8	19.1	8.1	65.5	0.5	0.0	100.0	13.9	20.8	17.7	5.5	42.0	0.0	100.0	76
Richest	(13.2)	(19.9)	(17.3)	(49.5)	(0.0)	(0.0)	100.0	(35.5)	(27.1)	(11.4)	(13.7)	(12.3)	(0.0)	100.0	48

( ) Figures that are based on 25-49 unweighted cases

Table CH.7 shows the percentage of children age 0-59 months with diarrhoea in the last two weeks preceding the survey who received ORS, various types of recommended homemade fluids and zinc during the episode of diarrhoea. Since children may have been given more than one type of liquid, the percentages do not necessarily add to 100. Overall, 42 percent received ORS and zinc. The proportion of children who received ORS and zinc differed by region ranging from 29 percent in Manzini to 59 percent in Lubombo. The percentage of children who received ORS and zinc is 27 percent in urban areas and 47 percent in rural areas. About 84 percent received fluids from ORS packets or pre-packaged ORS fluids and 39 percent received recommended homemade fluids (Sugar-Salt-Solution). Additionally, 45 percent received zinc in one form or another.

Table CH.7: Oral rehydration solutions, recommended homemade fluids, and zinc

Percentage of children age 0-59 months with diarrhoea in the last two weeks, and treatment with oral rehydration salts (ORS), recommended homemade fluids, and zinc, Swaziland MICS, 2014

	Percentage of children with diarrhoea who received:									Number of children age 0-59 months with diarrhoea in the last two weeks
	Oral rehydration salts (ORS)			Recommended		Zinc				
	Fluid from packet	Pre-packaged fluid	Any ORS	Sugar-salt solution	ORS or any recommended homemade fluid	Tablet	Syrup	Any zinc	ORS and zinc[1]	
Total	**72.5**	**31.7**	**84.0**	**39.1**	**89.5**	**27.9**	**31.8**	**45.2**	**42.3**	**441**
Sex										
Male	75.2	30.3	84.2	41.4	89.0	26.6	30.7	43.3	41.8	240
Female	69.4	33.4	83.7	36.3	90.0	29.4	33.1	47.4	42.9	201
Region										
Hhohho	79.6	44.7	91.4	44.4	94.1	21.7	16.3	31.5	31.5	76
Manzini	64.5	19.6	75.3	27.3	82.1	21.6	23.0	35.1	28.5	162
Shiselwni	71.8	32.7	86.9	46.4	95.0	30.2	47.8	56.9	55.9	108
Lubombo	81.5	40.9	89.6	46.7	92.1	41.0	40.9	60.1	59.2	94
Area										
Urban	60.4	16.5	64.4	26.4	73.3	17.8	22.8	32.7	26.5	97
Rural	76.0	36.0	89.5	42.7	94.0	30.7	34.3	48.7	46.8	343
Age										
0-11 months	70.0	35.7	82.7	34.7	85.4	28.0	33.0	47.6	45.7	124
12-23 months	79.0	31.7	89.1	44.6	94.1	36.7	42.3	56.1	51.7	128
24-35 months	70.6	23.6	79.4	40.9	89.4	22.3	25.8	41.0	36.0	96
36-47 months	73.3	30.9	86.2	37.2	93.3	22.0	22.7	33.1	33.1	58
48-59 months	(61.8)	(41.3)	(78.4)	(32.2)	(80.4)	(19.9)	(19.6)	(28.0)	(28.0)	34
Mother's education										
None	(80.8)	(44.0)	(93.0)	(43.6)	(93.0)	(39.2)	(31.2)	(50.1)	(50.1)	30
Primary	68.5	28.3	81.3	49.9	91.7	30.3	30.9	45.1	40.3	150
Secondary	67.2	35.2	80.1	30.8	84.0	23.5	29.6	40.7	37.3	147
Higher	84.6	32.0	92.6	42.6	95.7	32.0	39.5	55.1	54.5	89
Tertiary	(76.0)	(16.2)	(81.6)	(4.9)	(81.6)	(11.0)	(23.3)	(31.2)	(31.2)	25
Wealth index quintile										
Poorest	77.4	36.4	90.5	47.9	94.7	35.0	32.5	49.2	49.2	109
Second	74.4	33.7	88.0	36.0	92.3	26.5	31.3	45.6	41.8	112
Middle	68.2	41.3	85.4	50.4	93.1	37.2	38.9	55.9	51.9	95
Fourth	70.0	16.7	73.1	24.4	78.3	13.5	21.9	29.2	26.2	76
Richest	(70.0)	(21.3)	(74.3)	(27.2)	(81.4)	(19.3)	(32.5)	(39.5)	(34.6)	48

[1] **MICS indicator 3.11 - Diarrhoea treatment with oral rehydration salts (ORS) and zinc**

( ) Figures that are based on 25-49 unweighted cases

Figure CH.2 reflects that Manzini region with 82 percent, has the lowest uptake of ORS or any recommended home-made fluid during the episode of diarrhoea. Uptake of ORS and other recommended homemade fluids was higher in rural areas (94 percent) than urban areas (73 percent).

Figure CH.2: Children under-5 with diarrhoea who received ORS or recommended homemade liquids, Swaziland MICS, 2014

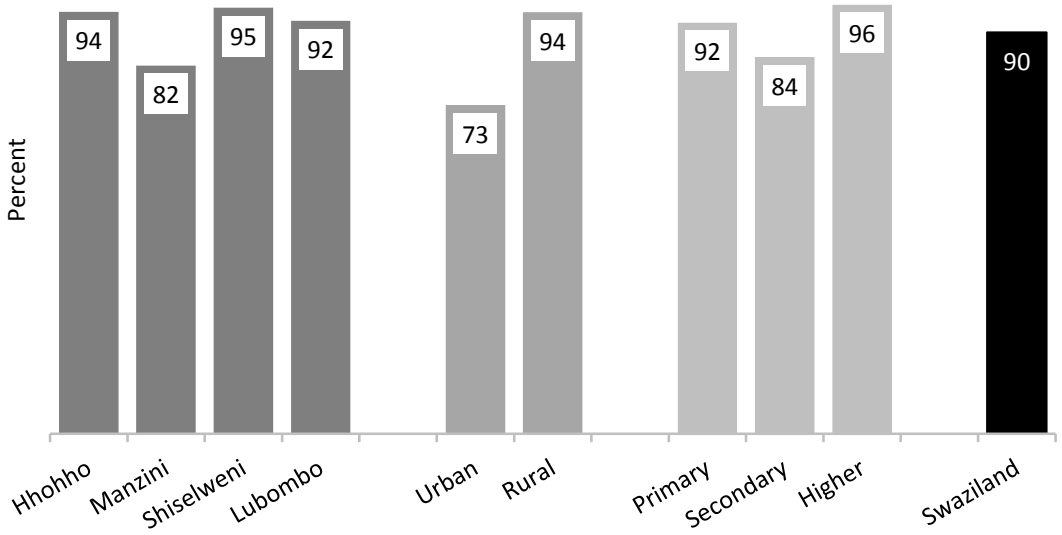


Table CH.8 and Figure CH.3 provides the proportion of children age 0-59 months with diarrhoea in the last two weeks preceding the survey who received oral rehydration therapy with continued feeding, and the percentage of children with diarrhoea who received other treatment. Overall, 90 percent of children with diarrhoea received ORS or increased fluids, 94 percent received ORT (ORS or recommended homemade fluids or increased fluids). Combining the information in Table CH.6 with that of Table CH.7 on oral rehydration therapy, it is observed that 46 percent of children received ORT and, at the same time, feeding was continued, as is the recommendation. The figures for ORT and continued feeding range from 33 percent in Lubombo region to 62 percent in Hhohho region. There are minor differences in the home management of diarrhoea by other background characteristics. Table CH.8 also shows the percentage of children having had diarrhoea in the two weeks preceding the survey who were given various forms of treatment, leaving three percent of them without any treatment or drug.

Table CH.8: Oral rehydration therapy with continued feeding and other treatments

Percentage of children age 0-59 months with diarrhoea in the last two weeks who were given oral rehydration therapy with continued feeding and percentage who were given other treatments, Swaziland MICS, 2014

	Children with diarrhoea who were given:															Number of children age 0-59 months with diarrhoea in the last two weeks
					Other treatments											
					Pill or syrup				Injection							
	Zinc	ORS or increased fluids	ORT (ORS or recommended homemade fluids or increased fluids)	ORT with continued feeding[1]	Anti-biotic	Anti-motility	Other	Unknown	Anti-biotic	Non-antibiotic	Unknown	Intra-venous	Home remedy, herbal medicine	Other	Not given any treatment or drug	
Total	**45.2**	**90.0**	**94.3**	**46.4**	**7.7**	**0.2**	**7.9**	**9.2**	**4.4**	**0.0**	**3.0**	**0.0**	**3.4**	**4.0**	**3.2**	**441**
Sex																
Male	43.3	92.5	96.1	44.8	5.4	0.4	7.4	8.7	4.0	0.0	2.7	0.0	2.1	4.9	2.9	240
Female	47.4	87.0	92.2	48.3	10.5	0.0	8.6	9.8	5.0	0.0	3.3	0.0	5.0	2.8	3.5	201
Region																
Hhohho	31.5	95.8	97.2	62.0	6.0	0.0	4.9	16.5	0.5	0.0	5.3	0.0	4.2	5.4	2.8	76
Manzini	35.1	86.4	91.5	36.6	11.1	0.0	7.2	8.4	7.5	0.0	2.0	0.0	4.3	6.0	3.3	162
Shiselweni	56.9	90.7	97.3	61.4	4.9	0.9	5.6	5.0	3.1	0.0	0.6	0.0	4.6	3.5	2.2	108
Lubombo	60.1	90.7	93.2	33.2	6.4	0.0	14.1	9.3	3.8	0.0	5.6	0.0	0.0	0.0	4.3	94
Area																
Urban	32.7	82.1	89.4	42.1	6.5	0.0	9.7	9.9	7.4	0.0	0.0	0.0	5.0	4.1	4.5	97
Rural	48.7	92.2	95.7	47.6	8.1	0.3	7.4	9.0	3.6	0.0	3.8	0.0	3.0	3.9	2.8	343
Age																
0-11 months	47.6	93.1	95.7	32.5	9.0	0.0	7.3	8.9	3.9	0.0	5.2	0.0	0.9	4.6	2.4	124
12-23 months	56.1	93.7	97.7	54.4	7.7	0.7	3.6	7.0	5.9	0.0	1.4	0.0	4.7	5.4	0.7	128
24-35 months	41.0	81.4	89.8	38.9	9.6	0.0	9.8	11.9	5.2	0.0	0.8	0.0	6.5	2.2	4.3	96
36-47 months	33.1	92.7	96.9	69.2	3.8	0.0	16.5	11.0	2.5	0.0	2.7	0.0	2.8	4.6	1.3	58
48-59 months	(28.0)	(84.8)	(84.8)	(48.9)	(4.7)	(0.0)	(6.7)	(7.3)	(2.3)	(0.0)	(7.5)	(0.0)	(0.0)	(0.0)	(15.2)	34

Mother's education															
None	(50.1)	(94.2)	(94.2)	(55.6)	(6.2)	(0.0)	(9.8)	(16.6)	(0.0)	(0.0)	(7.3)	(0.0)	(5.5)	(2.5)	(5.8)	30
Primary	45.1	85.9	93.7	48.6	5.1	0.0	7.6	8.3	2.9	0.0	2.3	0.0	2.7	3.3	4.9	150
Secondary	40.7	91.3	94.6	36.1	8.6	0.6	8.9	6.5	3.5	0.0	3.8	0.0	5.1	4.2	1.2	147
Higher	55.1	94.7	97.5	50.0	10.2	0.0	7.1	8.1	9.1	0.0	2.1	0.0	0.8	2.3	1.9	89
Tertiary	(31.2)	(85.2)	(85.2)	(69.7)	(11.2)	(0.0)	(4.8)	(25.1)	(7.7)	(0.0)	(0.0)	(0.0)	(4.9)	(14.4)	(5.3)	25
Wealth index quintile																
Poorest	49.2	93.6	96.6	45.4	9.0	0.0	6.9	7.5	0.8	0.0	2.3	0.0	2.4	1.7	3.4	109
Second	45.6	91.3	93.8	42.4	5.1	0.8	6.6	11.2	2.3	0.0	4.0	0.0	4.8	5.9	2.3	112
Middle	55.9	89.5	95.2	59.3	6.1	0.0	6.4	8.9	5.8	0.0	5.5	0.0	3.9	3.6	3.6	95
Fourth	29.2	90.3	95.5	40.0	14.2	0.0	8.8	8.2	6.5	0.0	1.2	0.0	4.3	2.7	1.5	76
Richest	(39.5)	(79.5)	(86.6)	(42.3)	(3.9)	(0.0)	(14.9)	(10.2)	(11.7)	(0.0)	(0.0)	(0.0)	(0.0)	(7.5)	(6.3)	48

[1] MICS indicator 3.12 - Diarrhoea treatment with oral rehydration therapy (ORT) and continued feeding

( ) Figures that are based on 25-49 unweighted cases

Figure CH.3: Children under-5 with diarrhoea receiving oral rehydration therapy (ORT) and continued feeding, Swaziland MICS, 2014

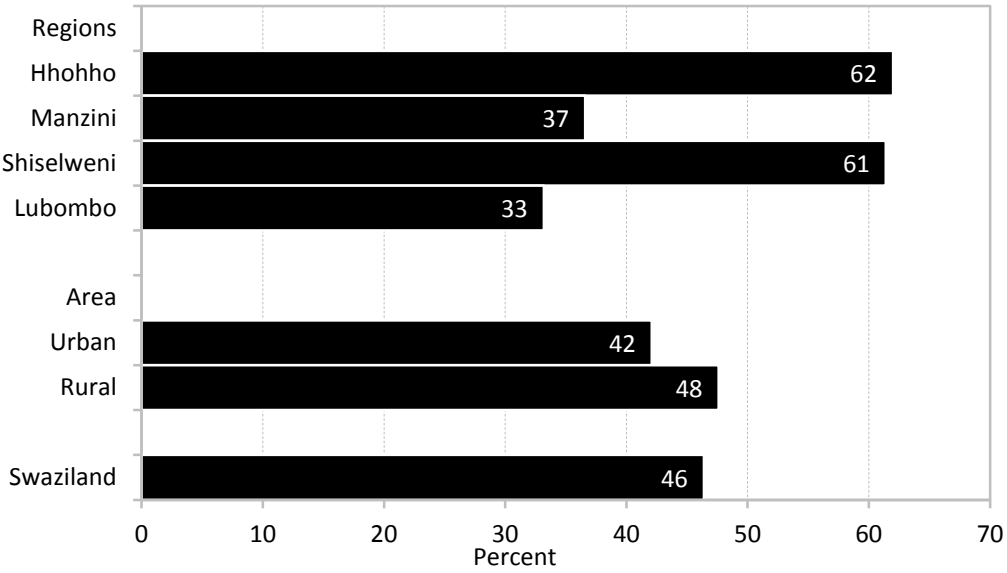


Table CH.9 provides information on the source of ORS and zinc for children who benefitted from these treatments. The main source of ORS and zinc is the public health facility with 67 and 72 percent, respectively. This clearly reflects the fact that most people prefer public health sector facilities than the private for diarrhoeal treatment. The differences on the provision of ORS and zinc between public health facilities and private health facilities are noticeable in all the other background characteristics.

Table CH.9: Source of ORS and zinc

Percentage of children age 0-59 months with diarrhoea in the last two weeks who were given ORS, and percentage given zinc, by the source of ORS and zinc, Swaziland MICS, 2014

	Percentage of children who were given as treatment for diarrhoea:		Number of children age 0-59 months with diarrhoea in the last two weeks	Percentage of children for whom the source of ORS was:					Number of children age 0-59 months who were given ORS as treatment for diarrhoea in the last two weeks	Percentage of children for whom the source of zinc was:					Number of children age 0-59 months who were given zinc as treatment for diarrhoea in the last two weeks
				Health facilities or providers						Health facilities or providers					
	ORS	zinc		Public	Private	Community health provider[a]	Other source	A health facility or provider[b]		Public	Private	Community health provider[a]	Other source	A health facility or provider[b]	
Total	**84.0**	**45.2**	**441**	**66.8**	**18.1**	**4.6**	**14.8**	**84.9**	**370**	**72.4**	**23.3**	**2.3**	**4.3**	**95.7**	**199**
Sex															
Male	84.2	43.3	240	60.3	21.8	3.4	17.4	82.1	202	71.6	23.0	2.8	5.3	94.7	104
Female	83.7	47.4	201	74.7	13.7	5.9	11.7	88.3	168	73.3	23.6	1.7	3.1	96.9	95
Region															
Hhohho	91.4	31.5	76	76.1	16.2	5.5	6.4	92.3	70	(89.0)	(11.0)	(0.0)	(0.0)	(100.0)	24
Manzini	75.3	35.1	162	53.2	26.5	3.0	20.3	79.7	122	(68.4)	(27.5)	(2.0)	(4.0)	(96.0)	57
Shiselweni	86.9	56.9	108	71.0	11.6	4.7	17.4	82.6	94	74.7	21.5	2.4	3.8	96.2	62
Lubombo	89.6	60.1	94	74.2	15.0	5.8	10.9	89.1	84	67.0	26.1	3.5	6.9	93.1	57
Area															
Urban	64.4	32.7	97	(51.1)	(27.5)	(0.0)	(21.4)	(78.6)	63	(66.5)	(33.5)	(3.3)	(0.0)	(100.0)	32
Rural	89.5	48.7	343	70.0	16.2	5.5	13.5	86.2	307	73.6	21.3	2.1	5.1	94.9	167
Age															
0-11 months	82.7	47.6	124	67.6	24.5	0.6	7.9	92.1	102	70.4	25.5	0.0	4.1	95.9	59
12-23 months	89.1	56.1	128	68.7	15.4	6.1	15.1	84.1	114	73.6	19.9	3.1	6.6	93.4	72
24-35 months	79.4	41.0	96	73.7	13.9	6.7	12.4	87.6	77	75.3	22.7	4.1	2.0	98.0	(40)
36-47 months	86.2	33.1	58	54.9	22.6	8.4	22.5	77.5	50	(*)	(*)	(*)	(*)	(*)	19
48-59 months	(78.4)	(28.0)	34	(58.4)	(9.2)	(0.0)	(32.3)	(67.7)	27	(*)	(*)	(*)	(*)	(*)	10

Mother's education														
None	(93.0)	(50.1)	30	(82.0)	(11.4)	(14.0)	(6.5)	(93.5)	28	(*)	(*)	(*)	(*)	(*)	15
Primary	81.3	45.1	150	75.2	11.6	3.3	12.5	86.8	122	72.3	21.8	2.4	5.9	94.1	68
Secondary	80.1	40.7	147	62.8	20.4	5.7	16.8	83.2	118	73.0	25.6	1.8	1.4	98.6	60
Higher	92.6	55.1	89	66.0	13.6	2.7	20.4	79.6	82	(75.9)	(19.8)	(2.4)	(4.3)	(95.7)	49
Tertiary	(*)	(*)	25	(*)	(*)	(*)	(*)	(*)	20	(*)	(*)	(*)	(*)	(*)	8
Wealth index quintile														
Poorest	90.5	49.2	109	73.6	12.8	5.1	13.5	86.5	98	73.8	20.5	3.4	5.7	94.3	53
Second	88.0	45.6	112	75.6	12.8	9.0	11.6	88.4	99	70.7	20.8	3.7	8.5	91.5	51
Middle	85.4	55.9	95	68.5	19.6	2.3	10.8	88.1	81	77.6	22.4	1.7	0.0	100.0	53
Fourth	73.1	29.2	76	44.8	26.4	1.9	28.7	71.3	56	(*)	(*)	(*)	(*)	(*)	22
Richest	(74.3)	(39.5)	48	(54.3)	(31.0)	(0.0)	(14.7)	(85.3)	36	(*)	(*)	(*)	(*)	(*)	19

[a] Community health provider includes both public (*Community health worker and Mobile/Outreach clinic*) and private (*Mobile clinic*) health facilities

[b] Includes all public and private health facilities and providers

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Acute Respiratory Infections

Symptoms of ARI are collected during the Swaziland MICS5 to capture pneumonia disease, the leading cause of death in children under five. Once diagnosed, pneumonia is treated effectively with antibiotics. Studies have shown a limitation in the survey approach of measuring pneumonia because many of the suspected cases identified through surveys are in fact, not true pneumonia.[19] While this limitation does not affect the level and patterns of care-seeking for suspected pneumonia, it limits the validity of the level of treatment of pneumonia with antibiotics, as reported through household surveys. The treatment indicator described in this report must therefore be taken with caution, keeping in mind that the accurate level is likely higher.

Table CH.10 below, presents the percentage of children with symptoms of ARI in the two weeks preceding the survey for whom care was sought, by source of care and the percentage who received antibiotics. The table indicates that 27 percent children with symptoms of ARI in the last two weeks preceding the survey were given antibiotics, mainly from a health facility or provider (60 percent). It is also reflected that treatment was mostly received from public health facilities which accounts for 45 percent versus 26 percent in the private health facilities.[20]

[19] Campbell, H. et al. 2013. *Measuring Coverage in MNCH: Challenges in Monitoring the Proportion of Young Children with Pneumonia Who Receive Antibiotic Treatment*. PLoS Med 10(5): e1001421. doi:10.1371/journal.pmed.1001421

[20] Age, mother's education and wealth quintiles were removed from the table due to small number of cases reported.

Table CH.10: Care-seeking for and antibiotic treatment of symptoms of acute respiratory infection (ARI)

Percentage of children age 0-59 months with symptoms of ARI in the last two weeks for whom advice or treatment was sought, by source of advice or treatment, and percentage of children with symptoms who were given antibiotics, Swaziland MICS, 2014

	Percentage of children with symptoms of ARI for whom: Advice or treatment was sought from: Health facilities or providers						Percentage of children with symptoms of ARI in the last two weeks who were given antibiotics[2]	Number of children age 0-59 months with symptoms of ARI in the last two weeks	Percentage of children with symptoms of ARI for whom the source of antibiotics was: Health facilities or providers					Number of children with symptoms of ARI in the last two weeks who were given antibiotics
	Public	Private	Community health provider[a]	Other source	A health facility or provider[1, b]	No advice or treatment sought			Public	Private	Community health provider[a]	Other source	A health facility or provider[c]	
Total	**44.6**	**26.1**	**0.9**	**6.0**	**59.6**	**24.7**	**26.6**	**263**	**66.2**	**23.2**	**2.8**	**8.5**	**89.4**	**70**
Sex														
Male	46.7	27.2	1.8	7.4	61.8	20.0	29.0	130	74.2	16.7	5.2	9.1	90.9	38
Female	42.6	25.1	0.0	4.6	57.5	29.3	24.3	133	56.9	30.7	0.0	7.9	87.6	32
Region														
Hhohho	(46.8)	(20.1)	(3.8)	(0.0)	(61.0)	(33.1)	(40.0)	27	(*)	(*)	(*)	(*)	(*)	11
Manzini	38.0	34.6	0.0	6.6	55.7	22.4	28.3	129	72.3	16.3	0.0	7.4	88.6	37
Shiselweni	53.6	14.2	2.6	9.2	59.3	26.3	20.6	50	(*)	(*)	(*)	(*)	(*)	10
Lubombo	50.7	20.1	0.0	4.5	68.2	24.7	21.7	57	(*)	(*)	(*)	(*)	(*)	12
Area														
Urban	30.6	37.3	0.0	7.1	53.0	25.7	28.1	82	(*)	(*)	(*)	(*)	(*)	23
Rural	50.9	21.1	1.3	5.5	62.6	24.3	26.0	181	(76.3)	(18.5)	(4.1)	(5.3)	(94.7)	47

[1] MICS indicator 3.13 - Care-seeking for children with acute respiratory infection (ARI) symptoms

[2] MICS indicator 3.14 - Antibiotic treatment for children with ARI symptoms

[a] Community health providers includes both public (*Community health worker and Mobile/Outreach clinic*) and private (*Mobile clinic*) health facilities

[b] Includes all public and private health facilities and providers, but excludes private pharmacy

[c] Includes all public and private health facilities and providers

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Mothers' knowledge of danger signs is an important determinant of care-seeking behaviour. In the MICS, mothers or caretakers were asked to report symptoms that would make them to send a child for immediately in a health facility. Issues related to knowledge of danger signs of pneumonia are presented in Table CH.11. Overall, 22 percent of women age 15-49 years who are mothers or caretakers of children under-five years recognize at least one of the two danger signs of pneumonia (fast and/or difficult breathing) as symptoms that would cause them to take a child under-five years immediately to a health facility. Eighty-four percent indicated that they would take a child immediately to a health facility if the child has diarrhoea, 68 percent when the child develops a fever, and 64 percent when the child is vomiting excessively.

Table CH.11: Knowledge of the two danger signs of pneumonia

Percentage of women age 15-49 years who are mothers or caretakers of children under age 5 by symptoms that would cause them to take a child under age 5 immediately to a health facility, and percentage of mothers who recognize fast or difficult breathing as signs for seeking care immediately, Swaziland MICS, 2014

	Percentage of mothers/caretakers of children age 0-59 months who think that a child should be taken immediately to a health facility if the child:												Mothers/caretakers who recognize at least one of the two danger signs of pneumonia (fast and/or difficult breathing)	Number of women age 15-49 years who are mothers/caretakers of children under age 5
	Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficult breathing	Has blood in stool	Is drinking/ feeding poorly	Child has diarrhoea	Is vomiting excessively	Is convulsing	Is lethargic/ unconscious	Has other symptoms		
Total	**12.0**	**44.7**	**67.9**	**7.8**	**16.5**	**4.5**	**16.0**	**83.7**	**63.7**	**3.7**	**4.3**	**21.2**	**22.3**	**1,735**
Region														
Hhohho	7.5	53.7	62.1	5.7	17.8	5.4	8.9	85.1	57.4	1.4	1.5	5.9	23.1	405
Manzini	17.2	39.9	73.7	5.8	19.2	2.1	17.3	83.7	68.7	5.3	6.6	33.3	22.9	677
Shiselweni	11.3	36.0	65.1	8.1	11.3	2.4	18.9	83.9	55.6	1.5	5.0	19.7	18.2	303
Lubombo	7.8	51.0	66.0	13.5	14.4	9.8	19.5	81.9	68.2	5.2	2.5	16.6	23.6	349
Area														
Urban	17.5	39.0	71.7	7.1	19.7	1.9	14.8	84.3	66.3	6.3	3.2	29.0	24.4	463
Rural	10.0	46.7	66.6	8.0	15.4	5.4	16.5	83.5	62.7	2.8	4.7	18.3	21.5	1,272
Education														
None	8.1	53.9	61.5	6.4	16.5	5.9	14.2	84.6	65.2	2.8	4.5	17.4	21.0	84
Primary	11.4	48.4	68.6	9.3	17.2	7.7	16.4	81.3	64.2	3.4	3.8	22.8	24.3	468
Secondary	11.3	45.6	65.2	7.8	17.3	3.8	14.2	85.2	66.1	3.5	4.4	17.3	23.2	584
Higher	15.7	40.6	68.4	6.8	13.1	2.4	18.5	85.4	61.1	3.2	4.3	22.9	17.8	453
Tertiary	7.6	36.5	79.0	6.1	21.7	2.5	15.6	79.5	59.8	7.3	5.1	28.5	26.9	146
Wealth index quintile														
Poorest	12.0	46.8	63.7	11.2	16.0	6.0	19.1	82.1	63.0	2.7	3.5	12.6	23.6	357
Second	13.8	47.4	65.4	8.9	14.9	6.7	15.4	82.1	61.7	3.5	4.0	20.1	21.8	389
Middle	8.4	48.5	66.5	5.4	16.4	5.0	12.5	86.5	66.2	2.9	4.3	19.9	20.9	330
Fourth	10.1	43.4	74.7	6.5	16.4	1.6	16.8	85.7	59.2	1.9	6.5	29.2	21.7	329
Richest	15.5	36.6	70.3	6.2	19.3	2.6	16.3	82.5	68.7	7.8	3.2	25.0	23.5	329

Solid Fuel Use

More than 3 billion people around the world rely on solid fuels for their basic energy needs, including cooking and heating. Solid fuels include biomass fuels, such as wood, charcoal, crops or other agricultural waste, dung, shrubs and straw, and coal. Cooking and heating with solid fuels leads to high levels of indoor smoke which contains a complex mix of health-damaging pollutants. The main problem with the use of solid fuels is their incomplete combustion, which produces toxic elements such as carbon monoxide, polyaromatic hydrocarbons, and sulphur dioxide (SO_2), among others. Use of solid fuels increases the risks of incurring acute respiratory illness, pneumonia, chronic obstructive lung disease, cancer, and possibly tuberculosis, asthma, or cataracts, and may contribute to low birth weight of babies born to pregnant women exposed to smoke. The primary indicator for monitoring use of solid fuels is the proportion of the population using solid fuels as the primary source of domestic energy for cooking, shown in Table CH.12.

Table CH.12 presents the distribution of household members according to type of cooking fuel mainly used by the household, and percentage of household members living in households using solid fuels for cooking. The percentage of household members using solid fuels for cooking is 62 percent, with most of them (62 percent) using wood. The use of solid fuels is very low in urban areas (14 percent), but very high in rural areas, accounting for 80 percent. The findings show that use of solid fuels ranges from 47 percent in Manzini region to 84 percent in Shiselweni region. Differentials with respect to household wealth and the educational level of the household head are also important.

Table CH.12: Solid fuel use

Percent distribution of household members according to type of cooking fuel mainly used by the household, and percentage of household members living in households using solid fuels for cooking, Swaziland MICS, 2014

	Percentage of household members in households mainly using:													
						Solid fuels								
	Electricity	Liquefied Petroleum Gas (LPG)	Natural Gas	Biogas	Kerosene	Coal/ Lignite	Char-coal	Wood	Straw/ Shrubs/ Grass	Animal dung	No food cooked in the household	Total	Solid fuels for cooking[1]	Number of household members
Total	**27.1**	**9.6**	**0.0**	**0.1**	**0.9**	**0.0**	**0.3**	**61.8**	**0.1**	**0.0**	**0.0**	**100.0**	**62.3**	**19,636**
Region														
Hhohho	26.5	8.9	0.0	0.0	1.3	0.1	0.3	62.7	0.2	0.0	0.0	100.0	63.3	4,909
Manzini	38.9	12.3	0.0	0.2	1.2	0.0	0.2	47.0	0.0	0.1	0.1	100.0	47.3	7,287
Shiselweni	11.6	3.7	0.0	0.1	0.5	0.0	0.4	83.5	0.2	0.0	0.0	100.0	84.1	3,513
Lubombo	19.9	10.8	0.0	0.0	0.2	0.0	0.2	68.8	0.1	0.0	0.0	100.0	69.1	3,927
Area														
Urban	61.5	22.4	0.0	0.2	2.2	0.0	0.1	13.4	0.0	0.0	0.1	100.0	13.5	5,238
Rural	14.6	4.9	0.0	0.0	0.4	0.0	0.4	79.4	0.2	0.1	0.0	100.0	80.0	14,398
Education of household head														
None	4.9	3.3	0.0	0.0	1.3	0.0	0.4	90.0	0.0	0.2	0.0	100.0	90.5	3,910
Primary	11.3	5.4	0.0	0.0	0.9	0.0	0.3	81.9	0.2	0.0	0.0	100.0	82.4	6,290
Secondary	29.0	13.2	0.0	0.1	1.0	0.0	0.0	56.5	0.2	0.0	0.0	100.0	56.7	3,888
Higher	49.7	18.1	0.0	0.4	0.9	0.1	0.0	30.5	0.1	0.0	0.2	100.0	30.7	3,096
Tertiary	74.2	14.6	0.0	0.0	0.1	0.0	1.0	10.1	0.0	0.0	0.0	100.0	11.1	2,343
Wealth index quintile														
Poorest	0.1	0.4	0.0	0.0	0.3	0.0	0.0	99.1	0.2	0.0	0.0	100.0	99.3	3,927
Second	0.4	3.6	0.0	0.0	1.7	0.0	0.6	93.5	0.2	0.0	0.0	100.0	94.3	3,928
Middle	6.6	14.4	0.0	0.1	1.9	0.0	0.1	76.2	0.2	0.2	0.2	100.0	76.7	3,927
Fourth	48.7	15.2	0.0	0.0	0.5	0.1	0.3	35.2	0.0	0.0	0.0	100.0	35.6	3,926
Richest	79.7	14.4	0.0	0.3	0.2	0.0	0.4	5.1	0.0	0.0	0.0	100.0	5.4	3,928

[1] **MICS indicator 3.15 - Use of solid fuels for cooking**

Solid fuel use by place of cooking is depicted in Table CH.13. The presence and extent of indoor pollution is dependent on cooking practices, places used for cooking, as well as types of fuel used. According to the MICS5 2014, 18 percent of the population living in households using solid fuels for cooking, cook food in a separate room that is used as a kitchen. The percentage of household members that have food cooked in a separate room used as a kitchen is 24 percent in urban areas and 17 percent in rural areas. According to the level of education, the percentage of households who cooked in a separate room used as a kitchen were higher at 50 percent among those who have tertiary education and lowest at 11 percent among those with no education. Thirty-six percent of household members in the richest wealth quintile cook food in a separate room used as a kitchen while five percent are in poor wealth quintile.

Table CH.13: Solid fuel use by place of cooking

Percent distribution of household members in households using solid fuels by place of cooking, Swaziland MICS, 2014

	Place of cooking:						
	In the house						
	In a separate room used as kitchen	Elsewhere in the house	In a separate building	Outdoors	Other place	Total	Number of household members in households using solid fuels for cooking
Total	**17.5**	**1.6**	**63.0**	**17.9**	**0.0**	**100.0**	**12,226**
Region							
Hhohho	14.7	4.1	63.5	17.7	0.0	100.0	3,107
Manzini	19.3	1.0	49.1	30.6	0.0	100.0	3,448
Shiselweni	32.8	1.0	60.5	5.6	0.1	100.0	2,956
Lubombo	1.6	0.3	83.0	15.2	0.0	100.0	2,715
Area							
Urban	24.0	4.7	39.8	31.5	0.0	100.0	707
Rural	17.1	1.4	64.5	17.0	0.0	100.0	11,520
Education of household head							
None	11.1	1.0	72.0	15.8	0.0	100.0	3,539
Primary	18.4	1.4	63.5	16.6	0.0	100.0	5,181
Secondary	20.0	2.4	57.6	20.0	0.0	100.0	2,206
Higher	21.3	2.8	50.2	25.8	0.0	100.0	950
Tertiary	49.7	3.7	32.5	14.2	0.0	100.0	260
Wealth index quintile							
Poorest	4.7	0.5	78.2	16.5	0.1	100.0	3,898
Second	15.8	0.8	65.8	17.7	0.0	100.0	3,705
Middle	27.5	1.8	52.2	18.5	0.0	100.0	3,013
Fourth	33.2	6.5	41.8	18.5	0.0	100.0	1,396
Richest	35.7	3.0	29.6	31.8	0.0	100.0	214

Fever

Table CH.14 provides information on care-seeking behaviour during an episode of fever in the past two weeks preceding the survey. As shown in this table, advice was sought from a health facility or a qualified health care provider for 63 percent of children with fever; these services were provided mainly by the public health facilities (46 percent). However, no advice or treatment was sought in 32 percent of the cases. The proportion of children residing in rural areas who sought care from a health facility or provider is 64 percent and 60 percent in urban areas. Health care seeking behaviour during fever ranges between 61 percent in Manzini region and 71 percent in Hhohho region.

Table CH.14: Care-seeking during fever

Percentage of children age 0-59 months with fever in the last two weeks for whom advice or treatment was sought, by source of advice or treatment, Swaziland MICS, 2014

	Percentage of children for whom: Advice or treatment was sought from: Health facilities or providers						
	Public	Private	Community health provider[a]	Other source	A health facility or provider[1, b]	No advice or treatment sought	Number of children with fever in last two weeks
Total	**45.6**	**17.7**	**1.4**	**5.9**	**63.2**	**32.3**	**555**
Sex							
Male	51.2	14.7	0.6	5.7	65.3	30.5	267
Female	40.4	20.4	2.2	6.0	61.2	34.0	287
Region							
Hhohho	58.6	12.0	0.0	0.0	70.6	29.4	65
Manzini	40.8	21.0	0.0	8.7	60.8	31.2	204
Shiselweni	51.2	12.1	2.6	7.5	64.1	31.6	147
Lubombo	40.7	21.2	2.8	2.7	62.4	36.1	139
Area							
Urban	34.8	25.3	0.0	7.4	60.1	33.2	136
Rural	49.1	15.2	1.9	5.4	64.2	32.0	419
Age							
0-11 months	43.8	21.5	0.0	8.6	63.3	28.5	107
12-23 months	44.8	19.0	2.9	5.8	64.5	32.4	124
24-35 months	44.2	14.9	1.1	2.9	59.5	38.1	142
36-47 months	46.0	16.8	0.0	5.3	61.7	33.9	98
48-59 months	51.1	16.5	3.2	8.1	69.2	25.3	84
Mother's education							
None	36.4	20.7	1.5	9.8	59.0	34.2	49
Primary	51.2	9.1	3.1	8.3	60.8	31.9	175
Secondary	45.8	19.0	1.0	5.1	63.5	32.8	174
Higher	52.0	18.6	0.0	2.0	70.7	28.8	114
Tertiary	(11.4)	(43.1)	(0.0)	(4.9)	(54.5)	(40.5)	41

Wealth index quintile							
Poorest	47.9	12.8	3.6	6.9	60.7	33.7	149
Second	53.9	8.5	1.3	6.4	64.2	32.8	125
Middle	52.2	17.5	0.7	1.7	67.8	30.6	104
Fourth	39.3	21.7	0.0	9.8	59.9	30.9	79
Richest	29.7	33.6	0.0	4.8	63.3	32.4	98

[1] MICS indicator 3.20 - Care-seeking for fever

[a] Community health providers include both public (*Community health worker* and *Mobile/Outreach clinic*) and private (*Mobile clinic*) health facilities

[b] Includes all public and private health facilities and providers as well as shops

( ) Figures that are based on 25-49 unweighted cases

7. Water and Sanitation

A safe and sustainable water supply, basic sanitation and good hygiene are fundamental for a healthy, productive and dignified life. Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant determinant of diseases such as cholera, typhoid, and schistosomiasis. Drinking water can also be contaminated with chemical and physical contaminants with harmful effects on human health. In addition to preventing disease, improved access to drinking water may be particularly important for women and children, especially in rural areas, who bear the primary responsibility for carrying water, often for long distances.[21]

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal diseases and polio and is an important determinant for stunting. Improved sanitation can reduce diarrheal disease by more than a third[22], and can significantly lessen the adverse health impacts of other disorders responsible for death and disease among millions of children in developing countries. The MDG target (7, C) is to reduce by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

For more details on water and sanitation and to access some reference documents, please visit data.unicef.org[23] or the website of the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation.[24]

This chapter dwells on use of improved water sources, unimproved drinking water sources, improved sanitation facilities and unimproved sanitation facilities.

7.1 Use of Improved Water Sources

The distribution of the population by main source of drinking water is shown in Table WS.1. The population using *improved sources* of drinking water are those using any of the following types of supply: piped water (into dwelling, compound, yard or plot, to neighbour, public tap/standpipe), tube well/borehole, protected well, protected spring, and rainwater collection. Bottled water is considered as an improved water source only if the household is using an improved water source for handwashing and cooking.

Overall, 72 percent of the population uses an improved source of drinking water (96 percent in urban areas and 63 percent in rural areas). The situation in Shiselweni region is considerably worse than in other regions with 56 percent of the population using an improved source of drinking water. By contrast, Manzini region has the highest proportion of the population using an improved source, with 80 percent. There is a positive correlation between use of an improved source of drinking water and household wealth quintile as this increased from 45 percent in the poorest households to 98 percent in the richest.

[21] WHO/UNICEF. 2012. *Progress on Drinking water and Sanitation: 2012 update*.
[22] Cairncross, S et al. 2010. *Water, sanitation and hygiene for the prevention of diarrhoea*. International Journal of Epidemiology 39: i193-i205
[23] http://data.unicef.org/water-sanitation
[24] http:// www.wssinfo.org

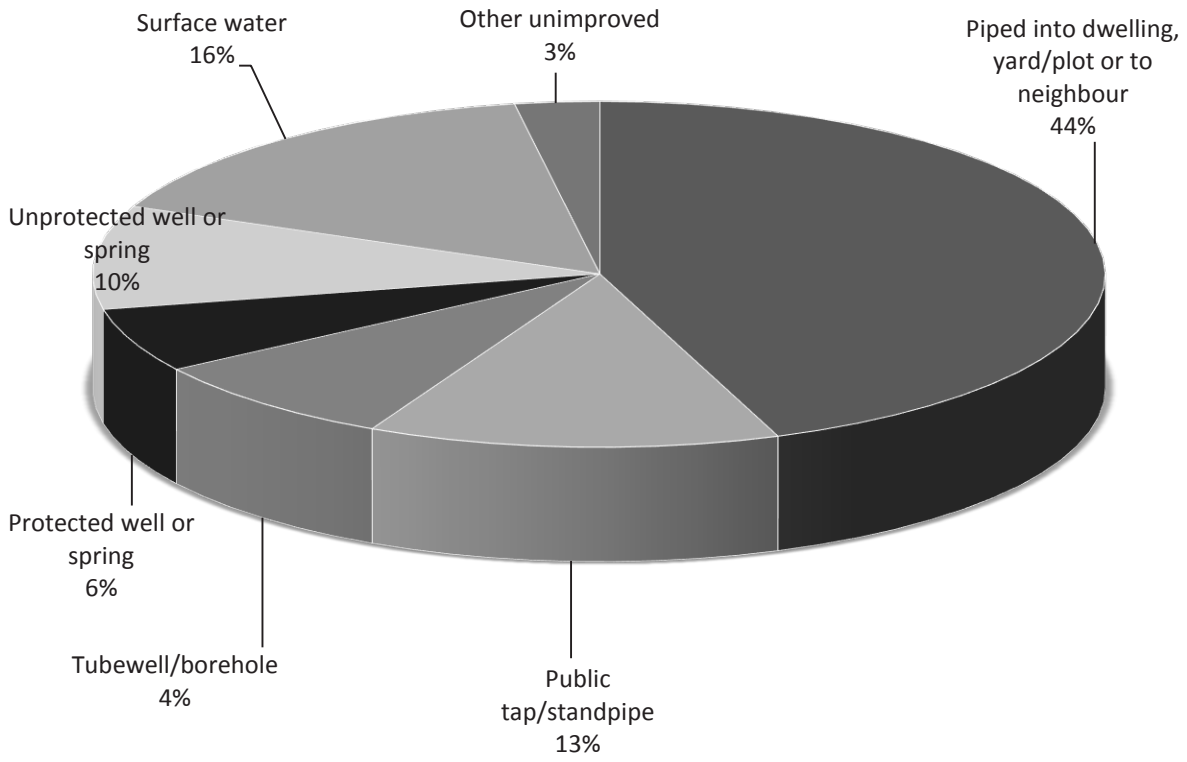
Table WS.1 further presents the sources of drinking water for the population. Overall, 57 percent of the population uses piped water (piped into dwelling; yard/plot; neighbour; or public tap/standpipe). Sources of drinking water vary strongly by regions. In Manzini region, 66 percent of the population uses drinking water that is piped, with Hhohho and Lubombo regions are at 69 percent and 47 percent, respectively. In contrast, about 35 percent of those residing in Shiselweni region use piped water. In Shiselweni region, the second most important source of drinking water is the tube well/borehole where 13 percent of households use water from tube well/borehole, 10 percent use an unprotected well (an unimproved source) and most of the remainder use surface water (24 percent). The main sources are depicted in Figure WS.1.

Table WS.1: Use of improved water sources

Percent distribution of household population according to main source of drinking water and percentage of household population using improved drinking water sources, Swaziland MICS, 2014

	Main source of drinking water																		
	Improved sources									Unimproved sources									
	Piped water																		
	Into dwelling	Into yard/plot	To neigh-bour	Public tap/ stand-pipe	Tube-well/ bore-hole	Pro-tected well	Pro-tected spring	Rain-water collection	Bottled water[a]	Unpro-tected well	Unpro-tected spring	Tanker truck	Cart with tank/ drum	Surface water	Bottled water[a]	Other/Missing	Total	Percentage using improved sources of drinking water[1]	Number of household members
Total	**13.5**	**26.6**	**4.2**	**13.1**	**8.3**	**2.6**	**3.4**	**0.3**	**0.0**	**5.1**	**4.6**	**2.3**	**0.1**	**15.9**	**0.0**	**0.0**	**100.0**	**72.0**	**19,636**
Region																			
Hhohho	17.0	33.6	4.3	13.7	2.2	4.0	1.9	0.1	0.0	4.3	2.6	1.3	0.2	14.8	0.0	0.0	100.0	76.8	4,909
Manzini	13.7	36.1	6.9	9.4	8.1	1.8	3.1	0.5	0.0	3.2	4.7	1.5	0.0	10.7	0.0	0.0	100.0	79.8	7,287
Shiselweni	5.2	12.2	1.5	16.5	12.9	3.4	4.6	0.1	0.0	10.0	6.0	3.6	0.2	23.7	0.0	0.0	100.0	56.4	3,513
Lubombo	16.3	13.0	1.7	15.8	12.3	1.7	4.5	0.3	0.0	5.3	5.4	3.7	0.2	19.7	0.0	0.0	100.0	65.7	3,927
Area																			
Urban	38.6	43.8	7.8	3.9	1.3	0.4	0.1	0.0	0.0	1.0	0.9	0.5	0.0	1.8	0.0	0.0	100.0	95.8	5,238
Rural	4.4	20.3	2.9	16.4	10.9	3.5	4.6	0.4	0.0	6.6	5.9	2.9	0.2	21.0	0.0	0.0	100.0	63.4	14,398
Education of household head																			
None	2.8	16.6	3.3	17.0	11.3	3.8	4.2	0.1	0.0	8.9	6.3	1.6	0.3	23.6	0.0	0.2	100.0	59.2	3,910
Primary	3.9	21.8	3.6	16.7	10.0	2.9	5.1	0.3	0.0	7.2	5.7	2.1	0.1	20.6	0.0	0.0	100.0	64.2	6,290
Secondary	8.7	34.7	5.8	12.3	6.8	3.4	3.0	0.4	0.0	3.3	4.6	2.1	0.1	14.8	0.0	0.0	100.0	75.0	3,888
Higher	21.9	40.0	6.4	8.8	4.6	1.6	1.6	0.4	0.0	1.4	2.7	2.5	0.0	8.2	0.0	0.0	100.0	85.2	3,096
Tertiary	54.4	23.9	2.3	3.7	6.3	0.4	0.4	0.3	0.0	1.0	1.1	3.6	0.2	2.4	0.0	0.0	100.0	91.7	2,343
Missing/DK	9.5	45.1	0.0	12.3	10.8	0.0	0.0	0.0	0.0	0.0	6.1	4.0	0.0	12.2	0.0	0.0	100.0	77.7	107

Figure WS. 1: Percent distribution of household members by source of drinking water, Swaziland Multiple Indicator Cluster Survey, 2014



The distribution of household members using improved water sources by wealth groups is depicted in Figure WS.2. There is a positive correlation between use of an improved source of drinking water and household wealth quintile as this increased from 45 percent in the poorest households to 98 percent in the richest.

Use of household water treatment is presented in Table WS.2. Households were asked about ways they may be treating water at home to make it safer to drink. Boiling water, adding bleach or chlorine, using a water filter, and using solar disinfection are considered as effective treatment of drinking water. The table shows water treatment by all household members and the percentage of those living in households using unimproved water sources but using appropriate water treatment methods. Percentage of household members in households using unimproved drinking water sources and using an appropriate water treatment method varies.

Overall, 17 percent of household members are using unimproved drinking water sources and an appropriate water treatment method (17 percent in rural areas and 7 percent in urban areas).

Figure WS. 2: Percent distribution of household members using improved water sources, by wealth, Swaziland MICS, 2014

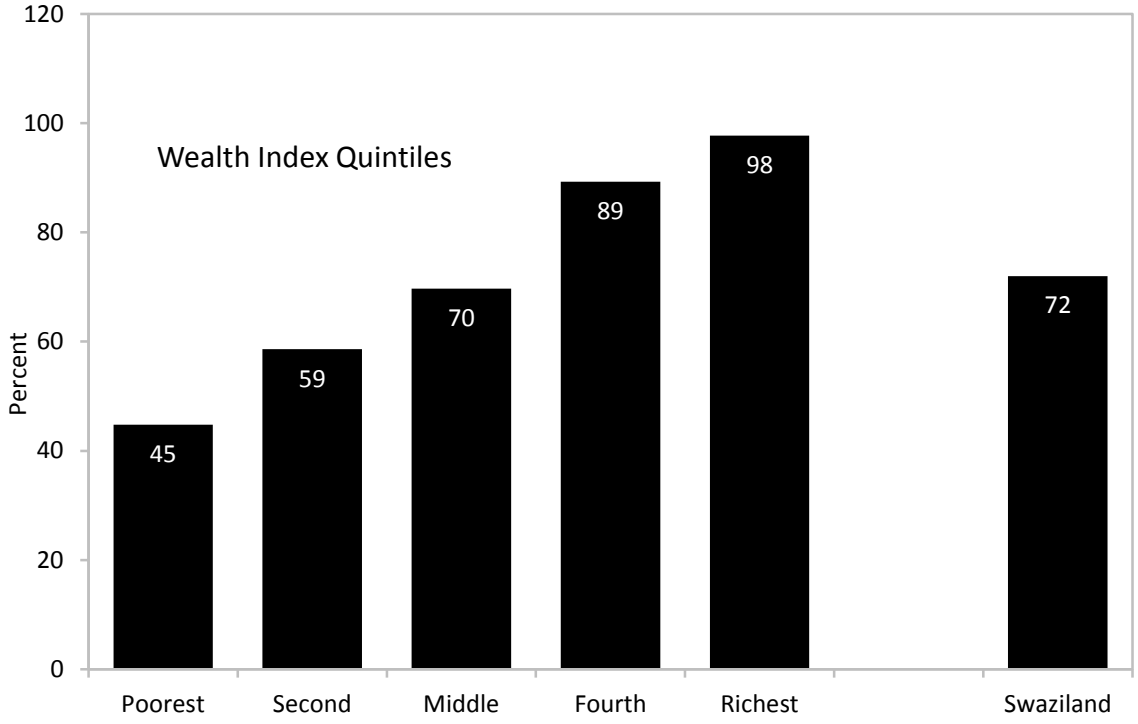


Table WS.2: Household water treatment

Percentage of household population by drinking water treatment method used in the household, and for household members living in households where an unimproved drinking water source is used, the percentage who are using an appropriate treatment method, Swaziland MICS, 2014

	Water treatment method used in the household											
	None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Solar dis-infection	Let it stand and settle	Other	Missing/DK	Number of household members	Percentage of household members in households using unimproved drinking water sources and using an appropriate water treatment method[1]	Number of household members in households using unimproved drinking water sources
Total	**90.7**	**4.6**	**4.8**	**0.0**	**0.2**	**0.0**	**0.3**	**0.2**	**0.0**	**19,636**	**16.8**	**5,493**
Region												
Hhohho	92.0	4.5	3.3	0.0	0.2	0.0	0.4	0.0	0.0	4,909	8.3	1,139
Manzini	91.2	4.2	4.6	0.0	0.4	0.0	0.1	0.4	0.1	7,287	18.7	1,475
Shiselweni	87.5	5.8	7.4	0.0	0.0	0.0	0.6	0.0	0.0	3,513	18.8	1,530
Lubombo	91.1	4.6	4.8	0.0	0.1	0.0	0.0	0.4	0.0	3,927	19.8	1,349
Area												
Urban	95.8	2.4	1.6	0.0	0.2	0.0	0.0	0.1	0.0	5,238	7.0	219
Rural	88.9	5.4	6.0	0.0	0.2	0.0	0.3	0.3	0.1	14,398	17.2	5,274
Main source of drinking water												
Improved	94.0	2.7	3.2	0.0	0.2	0.0	0.1	0.1	0.0	14,143	na	Na
Unimproved	82.2	9.7	9.1	0.0	0.3	0.0	0.6	0.6	0.0	5,493	16.8	5,493
Education of household head												
None	92.4	3.8	3.2	0.0	0.5	0.0	0.3	0.1	0.1	3,910	10.0	1,594
Primary	89.2	5.5	6.2	0.0	0.2	0.0	0.3	0.3	0.0	6,290	18.2	2,249
Secondary	89.0	5.3	6.3	0.0	0.0	0.0	0.3	0.2	0.0	3,888	21.3	973
Higher	93.7	2.7	3.4	0.0	0.0	0.0	0.0	0.4	0.0	3,096	20.4	457
Tertiary	90.7	5.2	3.1	0.0	0.5	0.1	0.4	0.1	0.1	2,343	25.5	195
Missing/DK	96.0	0.0	4.0	0.0	0.0	0.0	0.0	0.0	0.0	107	(18.1)	24
Wealth index quintile												
Poorest	90.9	5.2	4.3	0.0	0.3	0.0	0.2	0.1	0.0	3,927	13.6	2,166
Second	89.4	5.6	5.1	0.0	0.1	0.0	0.3	0.6	0.2	3,928	14.9	1,626
Middle	88.7	5.6	6.4	0.0	0.3	0.0	0.5	0.1	0.0	3,927	22.0	1,189
Fourth	90.4	2.7	7.0	0.0	0.0	0.0	0.1	0.5	0.0	3,926	24.3	420
Richest	94.2	4.0	1.3	0.0	0.3	0.1	0.1	0.0	0.0	3,928	25.7	92

[1] **MICS indicator 4.2 - Water treatment**

na: not applicable

( ) Figures that are based on 25-49 unweighted cases

The amount of time it takes to obtain water is presented in Table WS.3 and the person who usually collects the water in Table WS.4. Note that for Table WS.3, household members using water on premises are also shown in this table and for others, the results refer to one roundtrip from home to a drinking water source. Information on the number of trips made in one day was not collected.

Table WS.3 shows that 47 percent of the household population use an improved drinking water source on premises. Ninety-one percent of urban residents use improved drinking water on premises, compared to only 30 percent of rural residents. Sixty-one percent of household members in Manzini region have an improved water source on premises, and 56 percent in Hhohho region, while the regions with the lowest proportion of household members with improved drinking water sources on premises are Lubombo and Shiselweni (32 and 20 percent, respectively).

The availability of water on premises is associated with greater use, better family hygiene and better health outcomes. For a water collection round trip of 30 minutes or more it has been observed that households carry progressively less water and are likely to compromise on the minimal basic drinking water needs of the household.[25] About eight percent of the household population take more than 30 minutes to collect water from an improved drinking water source. In rural areas, a higher percentage of household members live in households that spend long time collecting water compared to urban areas. One striking finding is the high percentage of household members in Lubombo region who live in households spending 30 minutes or more to collect drinking water from an improved source (17 percent) and from an unimproved source (20 percent). Overall, three percent of household members have an unimproved drinking water source on premises while 14 percent travel less than 30 minutes and 12 percent travel more than 30 minutes to bring water from an unimproved source.

[25] Cairncross, S and Cliff, JL. 1987. *Water use and Health in Mueda, Mozambique*. Transactions of the Royal Society of Tropical Medicine and Hygiene 81: 51-4.

Table WS.3: Time to source of drinking water

Percent distribution of household population according to time to go to source of drinking water, get water and return, for users of improved and unimproved drinking water sources, Swaziland MICS, 2014

	Time to source of drinking water									
	Users of improved drinking water sources				Users of unimproved drinking water sources					
	Water on premises	Less than 30 minutes	30 minutes or more	Missing/DK	Water on premises	Less than 30 minutes	30 minutes or more	Missing/DK	Total	Number of household members
Total	**46.5**	**17.4**	**8.1**	**0.0**	**2.5**	**13.6**	**11.9**	**0.1**	**100.0**	**19,636**
Region										
Hhohho	55.7	17.5	3.5	0.1	1.7	14.4	7.1	0.0	100.0	4,909
Manzini	60.7	14.4	4.7	0.0	1.9	10.3	7.8	0.1	100.0	7,287
Shiselweni	20.4	23.6	12.5	0.0	3.8	21.4	18.3	0.0	100.0	3,513
Lubombo	31.8	17.3	16.5	0.0	3.2	11.5	19.6	0.0	100.0	3,927
Area										
Urban	91.0	3.8	0.9	0.1	0.2	2.5	1.5	0.0	100.0	5,238
Rural	30.3	22.3	10.8	0.0	3.3	17.6	15.7	0.1	100.0	14,398
Education of household head										
None	23.7	22.7	12.9	0.0	1.7	18.3	20.6	0.1	100.0	3,910
Primary	31.8	22.3	10.1	0.1	2.6	16.9	16.3	0.0	100.0	6,290
Secondary	50.8	16.8	7.4	0.0	2.6	13.3	9.2	0.0	100.0	3,888
Higher	70.1	10.8	4.3	0.0	2.2	8.1	4.2	0.2	100.0	3,096
Tertiary	84.8	5.7	1.2	0.0	3.6	4.2	0.5	0.0	100.0	2,343
Wealth index quintile										
Poorest	4.8	22.0	18.1	0.0	0.7	25.7	28.7	0.0	100.0	3,927
Second	20.2	28.2	10.1	0.1	2.2	21.6	17.6	0.0	100.0	3,928
Middle	33.7	26.4	9.6	0.0	2.8	15.3	12.0	0.3	100.0	3,927
Fourth	77.0	9.4	2.9	0.0	4.7	4.8	1.1	0.0	100.0	3,926
Richest	96.6	1.0	0.0	0.0	1.9	0.4	0.0	0.0	100.0	3,928

Table WS.4 shows that for the majority of households (62 percent), an adult female usually collects drinking water when the source is not on the premises. Adult men collect water in only 21 percent of cases, while for the rest of the households, female or male children under-15 years collect water (6 and 3 percent, respectively). Overall, 40 percent of households are without drinking water on premises (60 percent in rural areas and 6 percent in urban areas). Shiselweni is the region with the highest percentage of households without water on premises (68 percent), followed by Lubombo region (51 percent). Hhohho and Manzini are the regions with the lowest percentages of households without water on premises (34 and 28 percent), respectively.

Table WS.4: Person collecting water

Percentage of households without drinking water on premises, and percent distribution of households without drinking water on premises according to the person usually collecting drinking water used in the household, Swaziland MICS, 2014

	Percentage of households without drinking water on premises	Number of households	Person usually collecting drinking water							Number of households without drinking water on premises
			Adult woman	Adult man	Female child under age 15	Male child under age 15	Can't be determined	Missing/DK	Total	
Total	**39.9**	**4,865**	**62.2**	**21.2**	**6.0**	**3.3**	**6.0**	**1.3**	**100.0**	**1,943**
Region										
Hhohho	34.2	1,230	58.7	22.1	5.2	1.9	10.7	1.4	100.0	420
Manzini	27.5	1,916	55.3	21.6	6.0	3.9	11.0	2.2	100.0	528
Shiselweni	67.6	734	66.5	21.1	4.9	4.4	2.1	1.0	100.0	496
Lubombo	50.6	985	68.3	19.9	7.6	2.6	0.8	0.7	100.0	499
Area										
Urban	6.3	1,811	57.7	28.1	4.2	3.5	3.9	2.5	100.0	113
Rural	59.9	3,054	62.5	20.7	6.1	3.3	6.2	1.3	100.0	1,830
Education of household head										
None	67.9	774	65.2	18.8	8.7	3.0	2.8	1.5	100.0	526
Primary	57.5	1,305	62.0	19.7	6.6	4.2	5.8	1.7	100.0	751
Secondary	38.5	1,012	65.7	21.4	4.1	2.6	5.4	0.7	100.0	390
Higher	20.0	995	57.3	29.0	0.9	1.6	10.2	1.1	100.0	199
Tertiary	9.4	762	35.4	31.6	3.3	3.7	24.8	1.1	100.0	71
Wealth index quintile										
Poorest	94.7	759	67.9	17.8	7.0	3.4	2.9	1.1	100.0	719
Second	73.0	801	61.8	21.6	6.1	3.9	5.1	1.5	100.0	585
Middle	52.0	898	60.2	23.0	5.2	3.3	7.1	1.3	100.0	467
Fourth	14.0	1,138	49.7	30.1	3.5	0.6	14.1	2.1	100.0	159
Richest	1.0	1,269	(*)	(*)	(*)	(*)	(*)	(*)	100.0	13

(*) Figures that are based on fewer than 25 unweighted cases

7.2 Use of Improved Sanitation

An improved sanitation facility is defined as one that hygienically separates human excreta from human contact. Improved sanitation facilities for excreta disposal include flush or pour flush to a piped sewer system, septic tank, or pit latrine; ventilated improved pit latrine, pit latrine with slab, and use of a composting toilet. The data on the use of improved sanitation facilities in Swaziland are provided in Table WS.5. Overall, 82 percent of the population are living in households using improved sanitation facilities and only 18 percent are using unimproved sanitation facilities. This percentage is 94 percent in urban areas and 78 percent in rural areas.

According to the type of facility used by the household, 10 percent of household population uses flush to piped sewer system and a further eight percent uses flush to septic tank. Approximately, 23 percent of households use ventilated improved pit latrine while 41 percent use pit latrine with slab. Eleven percent of the household population practise open defecation.

Table WS.5: Types of sanitation facilities

Percent distribution of household population according to type of toilet facility used by the household, Swaziland MICS, 2014

	Type of toilet facility used by household											
	Improved sanitation facility						Unimproved sanitation facility					
	Flush/Pour flush to:											
	Piped sewer system	Septic tank	Pit latrine	Unknown place/not sure/DK where	Ventilated improved pit latrine	Pit latrine with slab	Flush/Pour flush to somewhere else	Pit latrine without slab/ open pit	Other	Open defecation (no facility, bush, field)	Total	Number of household members
Total	**9.9**	**7.6**	**0.9**	**0.1**	**22.9**	**40.9**	**0.1**	**6.8**	**0.0**	**10.7**	**100.0**	**19,636**
Region												
Hhohho	12.6	7.5	3.5	0.3	12.6	42.6	0.3	12.4	0.0	8.1	100.0	4,909
Manzini	7.0	12.5	0.1	0.1	27.9	44.2	0.2	3.8	0.1	3.9	100.0	7,287
Shiselweni	3.0	2.9	0.0	0.0	25.8	48.0	0.0	7.9	0.0	12.3	100.0	3,513
Lubombo	18.1	2.6	0.0	0.0	23.7	26.2	0.0	4.2	0.0	25.0	100.0	3,927
Area												
Urban	31.6	17.9	1.5	0.2	11.4	31.4	0.4	4.9	0.0	0.5	100.0	5,238
Rural	2.0	3.8	0.7	0.1	27.1	44.4	0.0	7.4	0.1	14.4	100.0	14,398
Education of household head												
None	2.4	1.7	1.4	0.0	20.1	43.2	0.1	8.3	0.2	22.3	100.0	3,910
Primary	3.1	2.3	0.9	0.0	26.5	45.6	0.0	8.1	0.0	13.4	100.0	6,290
Secondary	7.1	6.4	1.4	0.1	25.3	45.7	0.2	7.1	0.0	6.8	100.0	3,888
Higher	17.4	11.0	0.5	0.3	22.0	39.4	0.2	5.8	0.0	3.4	100.0	3,096
Tertiary	35.6	28.9	0.0	0.4	14.7	18.3	0.4	0.9	0.0	0.7	100.0	2,343
Wealth index quintile												
Poorest	0.0	0.0	0.5	0.0	13.2	35.3	0.0	11.3	0.2	39.3	100.0	3,927
Second	0.1	0.1	1.0	0.0	25.1	52.9	0.0	10.9	0.0	9.9	100.0	3,928
Middle	0.6	2.2	0.8	0.0	32.3	55.0	0.1	5.5	0.0	3.3	100.0	3,927
Fourth	6.4	7.7	2.0	0.1	31.0	46.7	0.0	5.1	0.0	1.0	100.0	3,926
Richest	42.4	27.8	0.4	0.4	12.7	14.6	0.6	1.0	0.0	0.0	100.0	3,928

The MDGs and the WHO / UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation classify otherwise acceptable sanitation facilities which are public or shared between two or more households as unimproved. Therefore, “use of improved sanitation” is used both in the context of this report and as an MDG indicator to refer to improved sanitation facilities, which are not public or shared. Data on the use of improved sanitation are presented in Tables WS.6 and WS.7.

As shown in Table WS.6, overall, 53 percent of households are users of improved sanitation facilities which are not shared and 29 percent use improved sanitation facilities which are shared. Fifty-five percent of users of improved sanitation facilities which are not shared are in rural areas and 48 percent are in urban areas.

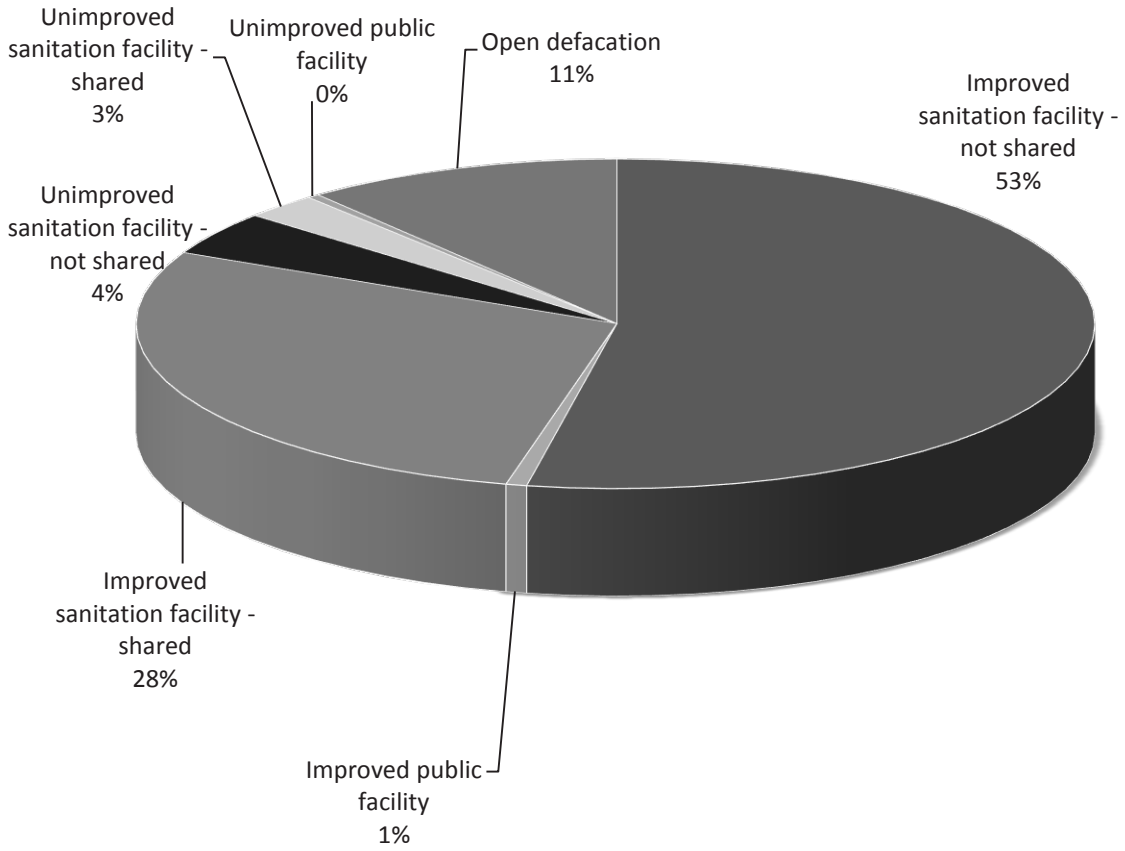
Table WS.6: Use and sharing of sanitation facilities

Percent distribution of household population by use of private and public sanitation facilities and use of shared facilities, by users of improved and unimproved sanitation facilities, Swaziland MICS, 2014

	Users of improved sanitation facilities					Users of unimproved sanitation facilities				Open defecation (no facility, bush, field)	Total	Number of household members
			Shared by					Shared by				
	Not shared[1]	Public facility	5 households or less	More than 5 households	Missing/DK	Not shared	Public facility	5 households or less	More than 5 households			
Total	**53.0**	**0.7**	**16.8**	**11.6**	**0.1**	**4.3**	**0.2**	**1.9**	**0.6**	**10.7**	**100.0**	**19,636**
Region												
Hhohho	56.2	0.9	14.9	7.0	0.1	7.5	0.6	2.8	1.8	8.1	100.0	4,909
Manzini	50.7	0.3	17.9	22.7	0.1	2.6	0.0	1.3	0.3	3.9	100.0	7,287
Shiselweni	56.0	0.5	19.8	3.4	0.2	5.7	0.0	2.0	0.2	12.3	100.0	3,513
Lubombo	50.7	1.3	14.5	4.0	0.2	2.3	0.2	1.8	0.0	25.0	100.0	3,927
Area												
Urban	47.5	0.7	18.7	26.9	0.2	1.1	0.2	2.6	1.7	0.5	100.0	5,238
Rural	55.0	0.7	16.2	6.0	0.1	5.5	0.2	1.7	0.2	14.4	100.0	14,398
Education of household head												
None	46.9	1.0	16.7	4.3	0.0	5.6	0.4	2.6	0.3	22.3	100.0	3,910
Primary	51.4	0.6	17.2	9.1	0.1	5.8	0.2	1.6	0.6	13.4	100.0	6,290
Secondary	51.3	0.8	18.3	15.1	0.4	4.7	0.0	1.6	1.0	6.8	100.0	3,888
Higher	48.2	0.7	17.8	23.8	0.0	2.1	0.1	3.1	0.8	3.4	100.0	3,096
Tertiary	76.1	0.5	12.1	9.1	0.0	0.8	0.2	0.2	0.3	0.7	100.0	2,343
Wealth index quintile												
Poorest	35.4	0.5	12.4	0.7	0.1	9.2	0.3	2.1	0.1	39.3	100.0	3,927
Second	53.4	0.5	20.3	4.9	0.1	7.3	0.1	3.0	0.5	9.9	100.0	3,928
Middle	61.3	1.3	16.9	11.2	0.2	3.2	0.5	1.2	0.8	3.3	100.0	3,927
Fourth	44.8	1.2	20.4	27.4	0.0	1.4	0.1	2.4	1.2	1.0	100.0	3,926
Richest	70.3	0.0	14.1	13.8	0.1	0.5	0.0	0.7	0.4	0.0	100.0	3,928

[1] **MICS indicator 4.3; MDG indicator 7.9 - Use of improved sanitation**

Figure WS. 3: Percent distribution of household members by use and sharing of sanitation facilities, Swaziland MICS, 2014



Having access to both an improved drinking water source and an improved sanitation facility brings the largest public health benefits to a household.[26] In its 2008 report[27], the JMP developed a new way of presenting the access figures, by disaggregating and refining the data on drinking-water and sanitation and reflecting them in "ladder" format. This ladder allows a disaggregated analysis of trends in a three rung ladder for drinking-water and a four-rung ladder for sanitation. For sanitation, this gives an understanding of the proportion of population with no sanitation facilities at all – who revert to open defecation, of those reliant on technologies defined by JMP as "unimproved", of those sharing sanitation facilities of otherwise acceptable technology, and those using "improved" sanitation facilities.

Table WS.7 presents the percentages of household population by these drinking water and sanitation ladders. The table also shows the percentage of household members using both improved sources of

[26] Wolf, J et al. 2014. *Systematic review: Assessing the impact of drinking water and sanitation on diarrhoeal disease in low- and middle-income settings: systematic review and meta-regression*. Tropical Medicine and International Health 2014.
DfID. 2013. *Water, Sanitation and Hygiene: Evidence Paper*. DfID:
http://r4d.dfid.gov.uk/pdf/outputs/sanitation/WASH-evidence-paper-april2013.pdf
[27] WHO/UNICEF JMP. 2008. *MDG assessment report*.
http://www.wssinfo.org/fileadmin/user_upload/resources/1251794333-JMP_08_en.pdf

drinking water[28] and an improved sanitary means of excreta disposal. These results are presented by wealth quintiles in Figure WS.4.

In terms of the drinking water ladder, 72 percent of the household population are using improved drinking water (including piped into dwelling, plot or yard, and other improved sources). Eighty percent of the household population in Manzini region uses improved drinking water with the lowest proportion (56 percent) in Shiselweni region. Use of improved drinking water is positively correlated with an increase in education and an improvement in household wealth.

The sanitation ladder shows that 53 percent of household population are using improved sanitation (excluding improved facilities that are public or shared by more than one household). About 29 percent of household population are using shared improved sanitation facilities. Seven percent of household population is using unimproved sanitation facilities and 11 percent of household population practice open defecation. The situation in Lubombo region is considerably worse than in other regions, with 25 percent of the population practising open defecation.

[28] Those indicating bottled water as the main source of drinking water are distributed according to the water source used for other purposes such as cooking and handwashing.

Table WS.7: Drinking water and sanitation ladders

Percentage of household population by drinking water and sanitation ladders, Swaziland MICS, 2014

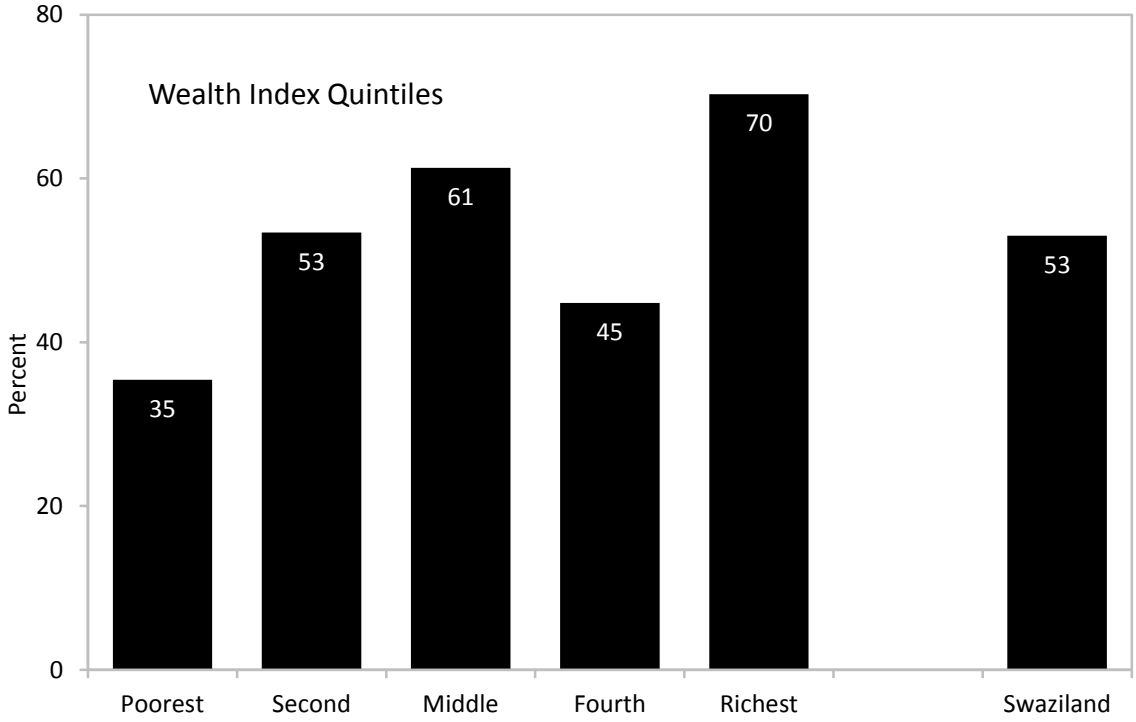
	Percentage of household population using:										
	Improved drinking water[1, a]					Unimproved sanitation					
	Piped into dwelling, plot or yard	Other improved	Unimproved drinking water	Total	Improved sanitation[2]	Shared improved facilities	Unimproved facilities	Open defecation	Total	Improved drinking water sources and improved sanitation	Number of household members
Total	**40.1**	**31.9**	**28.0**	**100.0**	**53.0**	**29.2**	**7.0**	**10.7**	**100.0**	**38.0**	**19,636**
Region											
Hhohho	50.6	26.2	23.2	100.0	56.2	22.9	12.8	8.1	100.0	44.7	4,909
Manzini	49.8	30.0	20.2	100.0	50.7	41.1	4.2	3.9	100.0	37.8	7,287
Shiselweni	17.4	39.0	43.6	100.0	56.0	23.8	7.9	12.3	100.0	31.0	3,513
Lubombo	29.3	36.4	34.3	100.0	50.7	20.0	4.3	25.0	100.0	36.5	3,927
Area											
Urban	82.4	13.4	4.2	100.0	47.5	46.5	5.6	0.5	100.0	46.3	5,238
Rural	24.7	38.7	36.6	100.0	55.0	23.0	7.6	14.4	100.0	35.0	14,398
Education of household head											
None	19.4	39.8	40.8	100.0	46.9	22.0	8.9	22.3	100.0	28.3	3,910
Primary	25.7	38.6	35.8	100.0	51.4	26.9	8.3	13.4	100.0	32.3	6,290
Secondary	43.4	31.6	25.0	100.0	51.3	34.7	7.2	6.8	100.0	36.3	3,888
Higher	61.9	23.3	14.8	100.0	48.2	42.3	6.1	3.4	100.0	38.9	3,096
Tertiary	78.3	13.4	8.3	100.0	76.1	21.8	1.4	0.7	100.0	70.7	2,343
Wealth index quintile											
Poorest	2.7	42.2	55.2	100.0	35.4	13.7	11.6	39.3	100.0	15.2	3,927
Second	13.2	45.5	41.4	100.0	53.4	25.9	10.9	9.9	100.0	30.5	3,928
Middle	27.6	42.1	30.3	100.0	61.3	29.6	5.8	3.3	100.0	39.2	3,927
Fourth	63.9	25.4	10.7	100.0	44.8	49.0	5.1	1.0	100.0	36.7	3,926
Richest	93.1	4.6	2.3	100.0	70.3	28.0	1.7	0.0	100.0	68.3	3,928

[1] MICS indicator 4.1; MDG indicator 7.8 - Use of improved drinking water sources

[2] MICS indicator 4.3; MDG indicator 7.9 - Use of improved sanitation

[a] Those indicating bottled water as the main source of drinking water are distributed according to the water source used for other purposes such as cooking and handwashing.

Figure WS.4: Percentages of household members using improved sanitation by wealth, MICS, 2014



Safe disposal of a child's faeces is disposing of the stool, by the child using a toilet or by rinsing the stool into a toilet or latrine. Putting disposable diapers with solid waste, a very common practice throughout the world has thus far been classified as an inadequate means of disposal of child faeces for concerns about poor disposal of solid waste itself. This classification is currently under review. Disposal of faeces of children 0-2 years of age is presented in Table WS.8. Overall, 55 percent of the children had their last stool disposed of safely: 64 percent in Manzini region, 54 percent in Shiselweni region, 52 in Hhohho region and 45 percent in Lubombo region.

Table WS.8: Disposal of child's faeces

Percent distribution of children age 0-2 years according to place of disposal of child's faeces, and the percentage of children age 0-2 years whose stools were disposed of safely the last time the child passed stools, Swaziland MICS, 2014

	Place of disposal of child's faeces									Percentage of children whose last stools were disposed of safely[1]	Number of children age 0-2 years
	Child used toilet/latrine	Put/rinsed into toilet or latrine	Put/rinsed into drain or ditch	Thrown into garbage	Buried	Left in the open	Other	Missing/DK	Total		
Total	**8.7**	**46.5**	**8.0**	**15.8**	**9.6**	**9.2**	**0.9**	**1.2**	**100.0**	**55.3**	**1,655**
Type of sanitation facility used by household members											
Improved	10.3	51.1	7.7	15.5	6.6	6.7	0.9	1.2	100.0	61.4	1,312
Unimproved	5.9	57.7	6.7	10.9	7.3	9.5	0.0	2.0	100.0	63.6	127
Open defecation	0.9	12.1	11.0	20.6	29.1	24.3	1.4	0.6	100.0	13.0	216
Region											
Hhohho	7.2	44.4	8.6	15.4	10.5	12.5	0.4	1.0	100.0	51.6	357
Manzini	14.3	49.3	8.3	17.9	3.8	3.8	0.7	1.9	100.0	63.6	638
Shiselweni	3.9	50.2	10.2	9.0	11.8	12.8	1.6	0.5	100.0	54.0	323
Lubombo	4.5	40.1	4.9	18.6	17.5	12.4	1.2	0.7	100.0	44.6	337
Area											
Urban	16.7	37.9	9.6	31.9	1.3	1.5	0.5	0.5	100.0	54.6	403
Rural	6.2	49.3	7.6	10.6	12.3	11.6	1.0	1.4	100.0	55.5	1,252
Mother's education											
None	8.9	33.9	6.1	8.7	15.2	24.5	1.7	0.9	100.0	42.8	116
Primary	7.2	50.7	5.4	11.0	12.6	11.1	0.4	1.6	100.0	57.9	478
Secondary	6.2	51.0	10.5	13.6	9.7	6.7	1.0	1.5	100.0	57.1	555
Higher	11.9	42.4	8.4	21.5	6.3	7.6	1.5	0.5	100.0	54.3	392
Tertiary	17.1	35.2	8.5	35.2	3.0	1.0	0.0	0.0	100.0	52.3	111
Wealth index quintile											
Poorest	3.8	36.7	8.3	14.9	16.5	18.3	1.0	0.6	100.0	40.5	368
Second	6.5	56.7	5.4	7.4	12.4	10.4	0.7	0.5	100.0	63.2	394
Middle	9.0	53.1	9.4	6.2	9.6	8.3	2.0	2.4	100.0	62.2	339
Fourth	8.6	47.1	12.2	18.8	5.3	5.3	0.3	2.4	100.0	55.8	291
Richest	18.9	35.9	5.4	38.7	0.5	0.2	0.4	0.0	100.0	54.7	263

[1] **MICS indicator 4.4 - Safe disposal of child's faeces**

7.3 Handwashing

Handwashing with water and soap is the most cost effective health intervention to reduce both the incidence of diarrhoea and pneumonia in children under-five.[29] It is most effective when done using water and soap after visiting a toilet or cleaning a child, before eating or handling food and, before feeding a child. Monitoring correct handwashing behaviour at these critical times is challenging. A reliable alternative to observations or self-reported behaviour is assessing the likelihood that correct handwashing behaviour takes place by asking if a household has a specific place where people wash their hands and, if yes, observing whether water and soap (or other local cleansing materials) are available at this place.[30] However, due to implementation issues related to confusion in the instructions during fieldwork, the table showing availability of water and soap or other local cleansing materials at place for handwashing is not presented in this report. Further analysis may be performed on the data.

In Swaziland, as shown in Table WS.9, 68 percent of the households had soap or other cleansing agent anywhere in the dwelling (78 percent in urban areas and 62 percent in rural areas). The proportion ranges from 52 percent in Hhohho region to 84 percent in Lubombo region. Having soap or other cleansing agent in the dwelling is positively correlated with education and household wealth.

[29] Cairncross, S and Valdmanis, V. 2006. *Water supply, sanitation and hygiene promotion* Chapter 41 in *Disease Control Priorities in Developing Countries*. 2nd Edition, Edt. Jameson et al. The World Bank.
[30] Ram, P et al. editors. 2008. *Use of a novel method to detect reactivity to structured observation for measurement of handwashing behavior*. American Society of Tropical Medicine and Hygiene.

Table WS.9: Availability of soap or other cleansing agent

Percent distribution of households by availability of soap or other cleansing agent in the dwelling, Swaziland MICS, 2014

	Place for handwashing observed				Place for handwashing not observed					
		Soap or other cleansing agent not observed at place for handwashing								
	Soap or other cleansing agent observed	Soap or other cleansing agent shown	No soap or other cleansing agent in household	Not able/Does not want to show soap or other cleansing agent	Soap or other cleansing agent shown	No soap or other cleansing agent in household	Not able/Does not want to show soap or other cleansing agent	Total	Percentage of households with soap or other cleansing agent anywhere in the dwelling[1]	Number of households
Total	**23.8**	**10.7**	**2.6**	**4.3**	**33.1**	**16.9**	**8.6**	**100.0**	**67.5**	**4,865**
Region										
Hhohho	23.3	10.2	5.2	12.0	18.1	14.5	16.7	100.0	51.7	1,230
Manzini	23.5	14.4	2.0	2.1	31.9	20.9	5.1	100.0	69.8	1,916
Shiselweni	9.0	4.8	2.2	1.5	52.5	19.6	10.5	100.0	66.3	734
Lubombo	35.7	8.6	0.9	1.2	39.6	10.0	4.0	100.0	83.9	985
Area										
Urban	43.0	13.6	2.4	6.0	21.2	8.0	5.8	100.0	77.7	1,811
Rural	12.4	9.0	2.7	3.4	40.1	22.1	10.3	100.0	61.5	3,054
Education of household head										
None	11.8	8.0	2.4	2.9	39.7	25.3	9.9	100.0	59.5	774
Primary	13.4	9.6	2.5	4.1	40.0	19.6	10.8	100.0	62.9	1,305
Secondary	20.8	13.1	3.1	3.9	34.3	16.3	8.5	100.0	68.1	1,012
Higher	29.0	11.5	2.8	5.6	29.4	14.2	7.4	100.0	69.9	995
Tertiary	51.0	10.9	2.0	5.2	17.5	8.2	5.1	100.0	79.5	762
Wealth index quintile										
Poorest	2.9	4.0	2.3	1.5	46.2	32.9	10.3	100.0	53.0	759
Second	7.0	7.6	2.2	2.3	45.0	22.3	13.7	100.0	59.5	801
Middle	11.5	12.7	2.1	2.6	41.1	19.7	10.4	100.0	65.2	898
Fourth	19.2	14.8	3.5	5.0	35.3	14.7	7.3	100.0	69.3	1,138
Richest	59.6	11.5	2.6	7.9	10.1	3.9	4.2	100.0	81.2	1,269

[1] **MICS indicator 4.6 - Availability of soap or other cleansing agent**

8. Reproductive Health

Swaziland is a signatory to the 1994 International Conference on Population and Development (ICPD) and has endorsed the plan indicating that the country is committed in providing comprehensive reproductive health services for all Swazis. This is further drawn from regional and national frameworks such as the Maputo Program of Action (2006-2010 extended to 2015), the Maseru Roadmap (2004), Poverty Reduction Strategy and Action Plan (PRSAP), the National Health Policy (2007) and The National Health Sector Strategic Plan II (2014-2018). The National Policy on Sexual and Reproductive Health (2011) including National Sexual Reproductive Health Strategy (2014-2018) forms the basis for all sexual and reproductive activities in the country. These documents, both national and international, clearly outline the national strategic pillars for improving comprehensive and integrated sexual and reproductive health. This will also outline operational activities at all levels by both public and private sectors thus facilitating partnership amongst all stakeholders. The Sexual and Reproductive Health Program within the health sector has a stewardship role in the delivery of integrated and comprehensive Sexual Reproductive Health services in the country.

This chapter discusses the following topics: fertility, contraception, unmet and met need for contraception, antenatal care, assistance at delivery, place of delivery and postnatal health checks.

8.1 Fertility

Measures of current fertility are presented in Table RH.1 for the three-year period preceding the survey. A three-year period was chosen for calculating these rates to provide the most current information while also allowing the rates to be calculated for a sufficient number of cases so as not to compromise the statistical precision of the estimates. Age-specific fertility rates (ASFRs), expressed as the number of births per 1,000 women in a specified age group, show the age pattern of fertility. Numerators for ASFRs are calculated by identifying live births that occurred in the three-year period preceding the survey classified according to the age of the mother (in five-year age groups) at the time of the child's birth. The denominators of the rates represent the number of woman-years lived by the survey respondents in each of the five-year age groups during the specified period.

The *total fertility rate* (TFR) is a synthetic measure that denotes the number of live births a woman would have if she were subject to the current age-specific fertility rates throughout her reproductive years (15-49 years).

The *general fertility rate* (GFR) is the number of live births occurring during the specified period per 1,000 women age 15-49 years.

The *crude birth rate* (CBR) is the number of live births per 1,000 population during the specified period.

Table RH.1 shows current fertility in Swaziland at the national level and by urban-rural areas. The TFR for the three-year period preceding the Swaziland MICS is 3.3 births per woman. Fertility is higher in rural areas (3.6 births per woman) than in urban areas (2.8 births per woman). As the age-specific fertility rates (ASFRs) show, the pattern of higher rural fertility is consistently prevalent in all age groups compared to their urban counterparts. These results are shown in Figure RH.1 as well.

Table RH.1: Fertility rates

Adolescent birth rate, age-specific and total fertility rates, the general fertility rate, and the crude birth rate for the three-year period preceding the survey, by area, Swaziland MICS, 2014

	Urban	Rural	Total
Age			
15-19[1]	69	92	87
20-24	152	198	182
25-29	134	167	153
30-34	121	140	133
35-39	54	88	76
40-44	(32)	25	27
45-49	(*)	(7)	(5)
TFR[a]	2.8	3.6	3.3
GFR[b]	101.5	117.8	112.4
CBR[c]	28.9	26.4	26.9

[1] MICS indicator 5.1; MDG indicator 5.4 - Adolescent birth rate

[a] TFR: Total fertility rate expressed per woman age 15-49 years

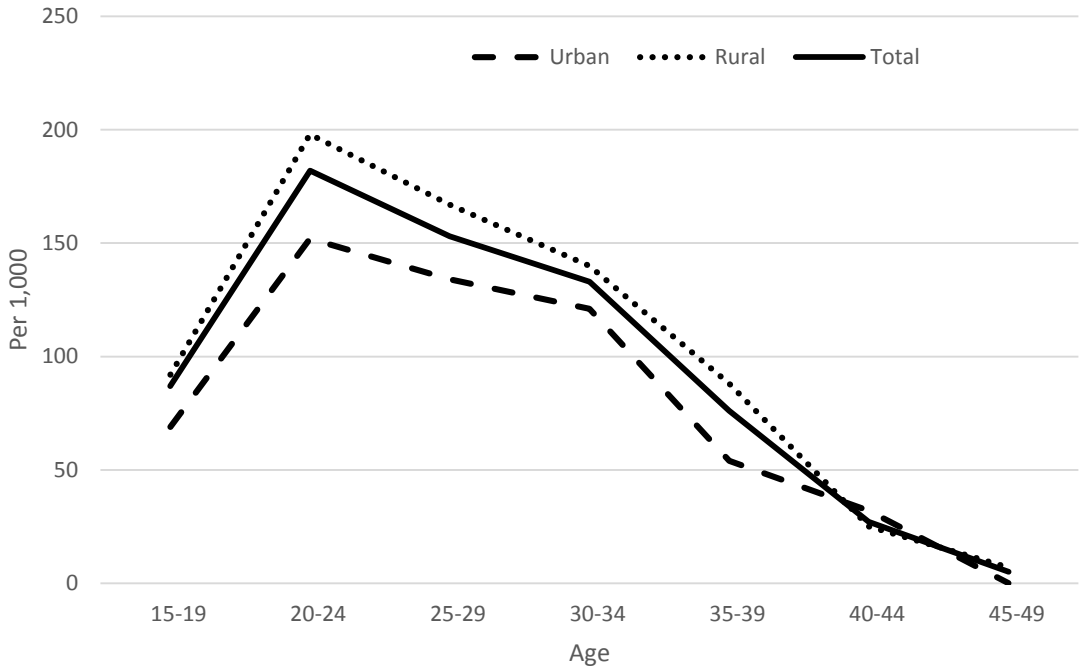
[b] GFR: General fertility rate expressed per 1,000 women age 15-49 years

[c] CBR: Crude birth rate expressed per 1,000 population

( ) Figures that are based on 125-249 unweighted cases
(*) Figures that are based on less than 125 unweighted cases

The urban-rural difference in fertility is most pronounced for women in the 20-24 age group: 152 births per 1,000 women in urban areas compared to 198 births per 1,000 women in rural areas. The overall age pattern of fertility, as reflected in the ASFRs, indicates that childbearing begins early.

Figure RH.1: Age-specific fertility rates by area, Swaziland MICS, 2014



Rates refer to the three years period preceding the survey

Table RH.2 shows adolescent birth rates and total fertility rates. The adolescent birth rate (age-specific fertility rate for women age 15-19 years) is defined as the number of births to women age 15-19 years during the three-year period preceding the survey, divided by the average number of women age 15-19 years (number of women-years lived between ages 15 through 19, inclusive) during the same period, expressed per 1,000 women.

The adolescent birth rate is 87 per 1,000 with a total fertility rate of 3.3. All regions have similar total fertility rates (3.0 to 3.4), except Shiselweni which is slightly higher (3.7). On the other hand, the total fertility rate is higher amongst the poorest households (4.6) compared to the richest (2.4).

Table RH.2: Adolescent birth rate and total fertility rate

Adolescent birth rates and total fertility rates for the three-year period preceding the survey, Swaziland MICS, 2014

	Adolescent birth rate[1] (Age-specific fertility rate for women age 15-19 years)	Total fertility rate
Total	**87**	**3.3**
Region		
Hhohho	82	3.0
Manzini	77	3.3
Shiselweni	96	3.7
Lubombo	107	3.4
Education		
None	(*)	(*)
Primary	141	4.0
Secondary	97	3.6
Higher	53	3.0
Tertiary	(5)	(2.0)
Wealth index quintile		
Poorest	121	4.6
Second	124	4.2
Middle	84	3.3
Fourth	59	2.7
Richest	47	2.4

[1] MICS indicator 5.1; MDG indicator 5.4 - Adolescent birth rate

( ) Figures that are based on 125 to 249 unweighted cases
(*) Figures that are based on less than 125 unweighted cases

Table RH.3 presents some early childbearing[31] indicators for women age 15-19 years and age 20-24 years while Table RH.4 presents the trends for early childbearing. As shown in Table RH.3, 14 percent of women age 15-19 years have had a live birth. Three percent are pregnant with their first child, and about six in a thousand have had a live birth before age 15. The results also show that 17 percent of women age 20-24 years have had a live birth before age 18. Thirty percent of women age 20-24 years in Lubombo region have had a live birth before the age of 18, compared to between 14 and 15 percent in the other regions. A quarter of women in the poorest wealth quintile within the same age group have had a live birth before age 18 compared to 11 percent for those in the richest households.

[31] Childbearing is the process of giving birth to children. While early childbearing is defined as having had live births before specific young ages, for the purposes of Table RH.3, women age 15-19 years who have begun childbearing includes those who have had a live birth as well as those who have not had a live birth but are pregnant with their first child.

Table RH.3: Early childbearing

Percentage of women age 15-19 years who have had a live birth, are pregnant with the first child, have begun childbearing, and who have had a live birth before age 15, and percentage of women age 20-24 years who have had a live birth before age 18, Swaziland MICS, 2014

	Percentage of women age 15-19 years who:				Number of women age 15-19 years	Percentage of women age 20-24 years who have had a live birth before age 18[1]	Number of women age 20-24 years
	Have had a live birth	Are pregnant with first child	Have begun childbearing	Have had a live birth before age 15			
Total	**13.9**	**3.4**	**17.4**	**0.6**	**1,037**	**16.7**	**888**
Region							
Hhohho	14.0	2.3	16.4	0.7	254	14.5	213
Manzini	11.7	6.3	17.9	0.2	371	14.1	403
Shiselweni	14.0	1.0	15.0	0.0	212	15.5	147
Lubombo	18.0	2.1	20.1	2.1	199	30.4	125
Area							
Urban	11.5	7.1	18.5	1.9	214	15.5	296
Rural	14.6	2.5	17.0	0.3	824	17.3	592
Education							
None	(*)	(*)	(*)	(*)	2	(*)	9
Primary	21.3	5.1	26.3	2.0	268	43.9	140
Secondary+	12.4	1.8	14.2	0.3	527	22.2	283
Higher	9.2	5.4	14.7	0.0	229	5.3	378
Tertiary	(*)	(*)	(*)	(*)	11	3.0	78
Wealth index quintile							
Poorest	22.6	4.1	26.7	1.1	232	25.4	123
Second	17.6	2.8	20.5	0.0	205	22.4	160
Middle	9.4	1.3	10.6	0.0	233	17.2	177
Fourth	9.1	7.8	16.9	1.2	187	12.4	236
Richest	9.5	1.4	10.9	1.0	179	11.2	191

[1] **MICS indicator 5.2 - Early childbearing**

(*) Figures that are based on fewer than 25 unweighted cases

Table RH.4 shows trends in childbearing before ages 15 and 18. Overall, about two percent of women age 15-49 years in Swaziland have had a live birth before the age of 15 and 24 percent before the age of 18. The rural/urban analysis indicates that three percent of women in urban areas and two percent in rural areas have had a live birth before the age of 15 whilst 20 percent in urban and 26 percent in rural areas have had a live birth before the age of 18. Although the results in Table RH.4 may not be statistically significant, they suggest a declining trend in early childbearing over the years: while five percent of the women age 45-49 years had a live birth before age 15, the proportion declines to three percent for the age group 25-29 years and to less than one percent for the age group 15-19 years.

Table RH.4: Trends in early childbearing

Percentage of women who have had a live birth, by age 15 and 18, by area and age group, Swaziland MICS, 2014

	Urban				Rural				All			
	Percentage of women with a live birth before age 15	Number of women age 15-49 years	Percentage of women with a live birth before age 18	Number of women age 20-49 years	Percentage of women with a live birth before age 15	Number of women age 15-49 years	Percentage of women with a live birth before age 18	Number of women age 20-49 years	Percentage of women with a live birth before age 15	Number of women age 15-49 years	Percentage of women with a live birth before age 18	Number of women age 20-49 years
Total	**3.0**	**1,540**	**19.7**	**1,326**	**2.0**	**3,222**	**26.2**	**2,398**	**2.3**	**4,762**	**23.9**	**3,725**
Age												
15-19	1.9	214	na	na	0.3	824	na	na	0.6	1,037	na	na
20-24	1.4	296	15.5	296	1.4	592	17.3	592	1.4	888	16.7	888
25-29	3.9	321	20.0	321	2.1	475	24.2	475	2.8	795	22.5	795
30-34	2.7	282	15.9	282	2.7	425	28.5	425	2.7	707	23.5	707
35-39	2.6	167	26.1	167	2.5	334	31.0	334	2.5	501	29.4	501
40-44	5.5	153	17.8	153	4.0	309	30.9	309	4.5	462	26.5	462
45-49	5.3	107	33.4	107	4.4	263	34.7	263	4.7	370	34.3	370

na: not applicable

8.2 Contraception

Appropriate family planning is important to the health of women and children by: 1) preventing pregnancies that are too early or too late; 2) extending the period between births; and 3) limiting the total number of children. Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many is critical.

Current use of contraception was reported by 66 percent of women currently married or in union[32] (Table RH.5). The most popular methods used are the male condom and injectables which are used by nearly half of married women in Swaziland (24 percent and 22 percent, respectively). The next most popular method is the pill, which accounts for 11 percent of women married/in union. Four percent of married women reported using implants, four percent reported use of female sterilisation, one percent reported the use of IUCD and one percent reported using female condoms. Less than one percent reported using periodic abstinence, withdrawal, diaphragm, any traditional method, vaginal methods, or the periodic abstinence. None reported to have undergone male sterilisation.

Contraceptive prevalence is similar between regions ranging from 62 percent in the Lubombo region to 68 percent in Manzini region. About 73 percent of married women in urban and 63 percent in rural areas use a method of contraception. The findings by region and area are depicted in Figure RH.2. There is no conclusive decision that can be made on use of contraception by adolescents that are married or in union due to the sample size. Seventy-four percent of women age 25-29 years married or in union currently use a method of contraception. Women's education level and household wealth are strongly associated with contraceptive prevalence.

[32] All references to "married women" in this chapter include women in marital union as well.

Table RH.5: Use of contraception

Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method, Swaziland MICS, 2014

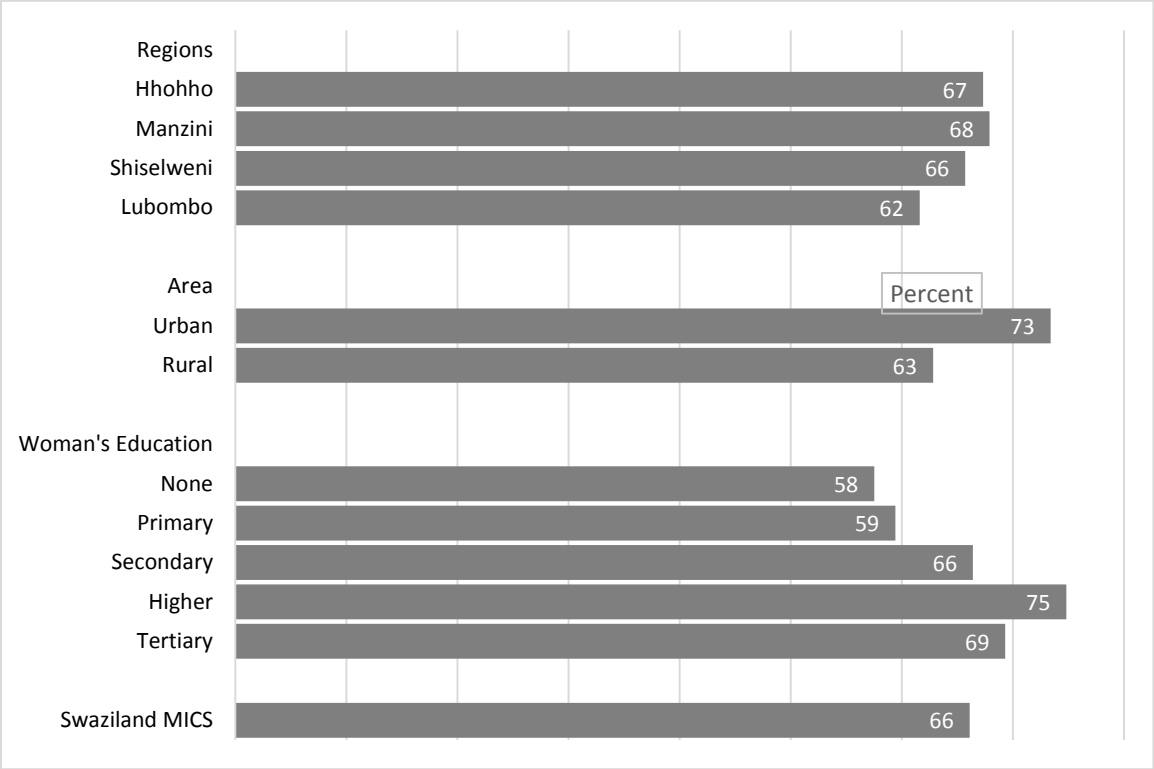
	Percent of women currently married or in union who are using (or whose partner is using):																	Number of women age 15-49 years currently married or in union
	No method	Female sterili-zation	Male sterili-zation	IUD	Injectables	Implants	Pill	Male condom	Female condom	Diaphragm/ Foam/Jelly	Periodic abstinence	Withdrawal	Other	Missing	Any modern method	Any tradi-tional method	Any method[1]	
Total	**33.9**	**3.7**	**0.0**	**0.7**	**21.9**	**3.8**	**10.5**	**23.9**	**0.8**	**0.2**	**0.2**	**0.3**	**0.1**	**0.0**	**65.5**	**0.6**	**66.1**	**1,909**
Region																		
Hhohho	32.7	3.1	0.0	0.6	26.8	3.6	8.9	23.8	0.2	0.0	0.2	0.2	0.0	0.0	66.9	0.4	67.3	497
Manzini	32.1	4.8	0.0	0.7	18.7	3.9	11.7	25.4	2.1	0.2	0.2	0.0	0.1	0.0	67.5	0.4	67.9	741
Shiselweni	34.3	4.4	0.0	0.5	23.7	3.1	8.7	23.1	0.0	0.5	0.3	1.3	0.3	0.0	63.9	1.8	65.7	289
Lubombo	38.4	2.1	0.0	0.8	20.2	4.4	11.7	22.0	0.0	0.0	0.0	0.4	0.0	0.0	61.2	0.4	61.6	381
Area																		
Urban	26.6	5.4	0.0	1.0	18.0	5.1	11.1	29.9	2.0	0.2	0.3	0.4	0.0	0.0	72.8	0.6	73.4	604
Rural	37.2	2.9	0.0	0.5	23.7	3.2	10.2	21.2	0.3	0.1	0.1	0.3	0.1	0.0	62.2	0.6	62.8	1,305
Age																		
15-19	(50.9)	(0.0)	(0.0)	(0.0)	(20.4)	(0.0)	(8.8)	(17.1)	(0.0)	(0.0)	(0.0)	(3.0)	(0.0)	(0.0)	(46.2)	(3.0)	(49.1)	38
20-24	31.6	0.0	0.0	0.0	33.8	4.2	12.4	18.0	0.0	0.0	0.0	0.0	0.0	0.0	68.4	0.0	68.4	212
25-29	25.9	1.0	0.0	0.1	27.5	5.4	12.8	27.1	0.0	0.0	0.0	0.2	0.0	0.0	73.9	0.2	74.1	403
30-34	26.7	3.1	0.0	1.2	23.5	4.4	12.2	25.3	2.9	0.3	0.0	0.4	0.0	0.0	72.9	0.4	73.3	421
35-39	26.7	3.4	0.0	1.4	23.9	4.2	9.7	28.8	1.0	0.2	0.5	0.2	0.0	0.0	72.5	0.7	73.3	321
40-44	43.3	5.9	0.0	0.7	13.5	2.4	9.1	24.4	0.3	0.0	0.0	0.2	0.3	0.0	56.2	0.5	56.7	297
45-49	59.4	11.8	0.0	0.2	5.5	1.4	4.8	14.6	0.0	0.4	0.8	0.6	0.5	0.0	38.8	1.9	40.6	217
Number of living children																		
0	67.1	0.0	0.0	0.0	3.8	0.7	1.8	25.4	0.0	0.0	0.0	1.2	0.0	0.0	31.8	1.2	32.9	97
1	41.1	0.0	0.0	0.8	17.9	4.9	8.3	23.2	3.5	0.0	0.0	0.2	0.0	0.0	58.6	0.2	58.9	342
2	26.3	1.5	0.0	0.8	26.1	2.6	15.3	27.3	0.2	0.0	0.0	0.0	0.0	0.0	73.7	0.0	73.7	486
3	27.9	5.1	0.0	0.6	24.1	4.4	10.0	26.3	0.4	0.5	0.2	0.6	0.0	0.0	71.3	0.8	72.1	391
4+	34.4	7.4	0.0	0.6	22.3	4.3	9.7	19.9	0.3	0.1	0.4	0.4	0.3	0.0	64.5	1.1	65.6	593

Education																		
None	42.5	1.9	0.0	0.4	21.7	1.2	7.7	22.0	0.7	0.0	1.3	0.5	0.0	0.0	55.6	1.8	57.5	122
Primary	40.6	2.3	0.0	0.7	27.0	3.6	7.9	17.0	0.2	0.0	0.2	0.5	0.0	0.0	58.7	0.7	59.4	489
Secondary	33.6	2.9	0.0	0.3	22.1	3.5	8.2	26.6	2.2	0.1	0.0	0.3	0.2	0.0	65.9	0.4	66.4	662
Higher	25.2	4.6	0.0	0.9	18.8	3.2	18.1	28.8	0.0	0.0	0.0	0.2	0.2	0.0	74.4	0.4	74.8	400
Tertiary	30.7	8.4	0.0	1.3	16.0	7.3	11.0	23.8	0.0	1.0	0.3	0.2	0.0	0.0	68.7	0.6	69.3	236
Wealth index quintile																		
Poorest	39.1	1.6	0.0	0.2	27.8	3.3	8.9	18.3	0.0	0.2	0.0	0.6	0.0	0.0	60.3	0.6	60.9	306
Second	36.3	3.3	0.0	0.5	26.2	2.5	7.4	22.0	0.5	0.0	0.3	0.5	0.5	0.0	62.4	1.4	63.7	332
Middle	35.8	3.4	0.0	0.2	24.2	3.0	12.9	20.0	0.4	0.0	0.2	0.0	0.0	0.0	64.0	0.2	64.2	361
Fourth	33.3	3.6	0.0	1.0	19.4	4.2	9.4	25.7	3.0	0.0	0.4	0.1	0.0	0.0	66.3	0.4	66.7	440
Richest	27.9	5.7	0.0	1.0	15.6	5.3	13.0	30.4	0.0	0.5	0.0	0.5	0.0	0.0	71.6	0.5	72.1	469

[1] MICS indicator 5.3; MDG indicator 5.3 - Contraceptive prevalence rate

( ) Figures that are based on 25-49 unweighted cases

Figure RH.2: Differentials in contraceptive use, Swaziland MICS 2014



8.3 Unmet Need

Unmet need for contraception refers to fecund women who are married or in union and are not using any method of contraception, but who wish to postpone the next birth (spacing) or who wish to stop childbearing altogether (limiting). Unmet need is identified in MICS by using a set of questions eliciting current behaviours and preferences pertaining to contraceptive use, fecundity, and fertility preferences.

Table RH.6 shows the levels of met need for contraception, unmet need, and the demand for contraception satisfied.

Unmet need for spacing is defined as the percentage of women who are married or in union and are not using a method of contraception AND

- are not pregnant, and not postpartum amenorrheic[33], and are fecund[34], and say they want to wait two or more years for their next birth OR

[33] A woman is postpartum amenorrheic if she had a birth in last two years and is not currently pregnant, and her menstrual period has not returned since the birth of the last child

[34] A woman is considered infecund if she is neither pregnant nor postpartum amenorrheic, and
(1a) has not had menstruation for at least six months, or (1b) never menstruated, or (1c) her last menstruation occurred before her last birth, or (1d) in menopause/has had hysterectomy OR
(2) She declares that she has had hysterectomy, or that she has never menstruated, or that she is menopausal, or that she has been trying to get pregnant for 2 or more years without result in response to questions on why she thinks she is not physically able to get pregnant at the time of survey OR

- are not pregnant, and not postpartum amenorrheic, and are fecund, and unsure whether they want another child OR
- are pregnant, and say that pregnancy was mistimed: would have wanted to wait OR
- are postpartum amenorrheic, and say that the birth was mistimed: would have wanted to wait.

Unmet need for limiting is defined as percentage of women who are married or in union and are not using a method of contraception AND

- are not pregnant, and not postpartum amenorrheic, and are fecund, and say they do not want any more children OR
- are pregnant, and say they did not want to have a child OR
- are postpartum amenorrheic, and say that they did not want the birth.

Total unmet need for contraception is the sum of unmet need for spacing and unmet need for limiting. This indicator is also known as unmet need for family planning and is one of the indicators used to track progress toward the Millennium Development Goal 5 of improving maternal health.

Met need for limiting includes women married or in union who are using (or whose partner is using) a contraceptive method[35], and who want no more children, are using male or female sterilization, or declare themselves as infecund. Met need for spacing includes women who are using (or whose partner is using) a contraceptive method, and who want to have another child, or are undecided whether to have another child. The total of met need for spacing and limiting adds up to the total met need for contraception.

The total met need is 66 percent (23 percent for spacing and 43 percent for limiting). The met need for women in rural areas is 63 percent whilst it is 73 percent for those in urban. The met need ranges from 74 percent for women age 25-29 years to 41 percent for those age 45-49 years. The met need by education status for women age 15-49 years ranges from 59 percent for those with primary education to 74 percent amongst those with higher education. A similar trend is observed by household wealth index where met need in 61 percent in the poorest households and 72 percent in the richest.

Using information on contraception and unmet need, the percentage of demand for contraception satisfied is also estimated from the MICS data. The percentage of demand satisfied is defined as the proportion of women currently married or in union who are currently using contraception, over the total demand for contraception. The total demand for contraception includes women who currently have an unmet need (for spacing or limiting), plus those who are currently using contraception. Percentage of demand satisfied for Swaziland is 81 percent. Demand satisfied ranges between 72 percent for women with no education currently married or in union with need for contraception to 92 percent for those with tertiary education.

(3) She declares she cannot get pregnant when asked about desire for future birth OR
(4) She has not had a birth in the preceding 5 years, is currently not using contraception and is currently married and was continuously married during the last 5 years preceding the survey.

[35] In this chapter, whenever reference is made to the use of a contraceptive by a woman, this may refer to her partner using a contraceptive method (such as male condom).

Table RH.6 shows that the total met need (66 percent) is higher than the total unmet need for family planning (15 percent). Unmet need is high among rural women (17 percent) and among women with no education (22 percent).

Table RH.6: Unmet need for contraception

Percentage of women age 15-49 years currently married or in union with an unmet need for family planning and percentage of demand for contraception satisfied, Swaziland MICS, 2014

	Met need for contraception			Unmet need for contraception			Number of women currently married or in union	Percentage of demand for contraception satisfied	Number of women currently married or in union with need for contraception
	For spacing	For limiting	Total	For spacing	For limiting	Total[1]			
Total	**23.3**	**42.9**	**66.1**	**5.8**	**9.4**	**15.2**	**1,909**	**81.3**	**1,553**
Region									
Hhohho	22.4	44.9	67.3	5.5	9.1	14.7	497	82.1	408
Manzini	24.0	43.9	67.9	6.6	9.0	15.5	741	81.4	618
Shiselweni	22.9	42.9	65.7	4.5	9.0	13.5	289	83.0	229
Lubombo	23.3	38.4	61.6	5.8	10.8	16.7	381	78.7	298
Area									
Urban	27.7	45.7	73.4	6.0	6.4	12.4	604	85.6	518
Rural	21.2	41.6	62.8	5.8	10.8	16.6	1,305	79.1	1,035
Age									
15-19	(43.9)	(5.3)	(49.1)	(22.0)	(2.4)	(24.3)	38	(66.9)	28
20-24	41.0	27.4	68.4	15.1	2.3	17.4	212	79.7	182
25-29	38.7	35.4	74.1	7.9	5.2	13.2	403	84.9	352
30-34	29.4	44.0	73.3	5.4	8.9	14.2	421	83.7	368
35-39	11.3	61.9	73.3	2.8	6.6	9.4	321	88.6	265
40-44	7.6	49.1	56.7	1.7	16.4	18.1	297	75.8	222
45-49	1.0	39.7	40.6	1.0	20.8	21.8	217	65.1	136
Education									
None	12.8	44.7	57.5	5.0	17.4	22.4	122	72.0	98
Primary	20.8	38.6	59.4	6.0	12.6	18.7	489	76.1	382
Secondary	22.3	44.1	66.4	8.8	7.9	16.7	662	79.9	550
Higher	30.0	44.9	74.8	3.5	8.4	11.9	400	86.3	347
Tertiary	25.4	43.9	69.3	1.7	4.3	6.0	236	92.0	177
Wealth index quintile									
Poorest	21.0	40.0	60.9	5.5	12.5	18.0	306	77.2	242
Second	20.1	43.7	63.7	6.2	9.3	15.5	332	80.4	263
Middle	20.1	44.2	64.2	6.5	13.2	19.7	361	76.5	303
Fourth	26.3	40.4	66.7	8.1	7.2	15.3	440	81.4	361
Richest	26.6	45.5	72.1	3.2	6.5	9.8	469	88.1	384

[1] MICS indicator 5.4; MDG indicator 5.6 - Unmet need

( ) Figures that are based on 25-49 unweighted cases

8.4 Antenatal Care

The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their unborn baby. Better understanding of foetal growth and development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care as an intervention to improve both maternal and newborn health. For example, antenatal care can be used to inform women and families about risks and symptoms in pregnancy and about the risks of labour and delivery, and therefore it may provide the route for ensuring that pregnant women do, in practice, deliver with the assistance of a skilled health care provider. Antenatal visits also provide an opportunity to supply information on birth spacing, which is recognized as an important factor in improving infant survival. Tetanus immunization during pregnancy can be life-saving for both the mother and the infant. The prevention and treatment of malaria among pregnant women, management of anaemia during pregnancy and treatment of sexually transmitted infections (STIs) can significantly improve foetal outcomes and improve maternal health. Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women's nutritional status and prevent infections (e.g., malaria and STIs) during pregnancy. More recently, the potential of the antenatal care as an entry point for HIV prevention and care, in particular for the prevention of HIV transmission from mother to child, has led to renewed interest in access to and use of antenatal services.

WHO recommends a minimum of four antenatal visits based on a review of the effectiveness of different models of antenatal care. WHO guidelines are specific on the content on antenatal care visits, which include:

- Blood pressure measurement
- Urine testing for bacteriuria and proteinuria
- Blood testing to detect syphilis and severe anaemia
- Weight/height measurement (optional).

It is of crucial importance for pregnant women to start attending antenatal care visits as early in pregnancy as possible in order to prevent and detect pregnancy conditions that could affect both the woman and her baby. Antenatal care should continue throughout the entire pregnancy.

Antenatal care coverage indicators (at least one visit with a skilled provider and 4 or more visits with any providers) are used to track progress toward the Millennium Development Goal 5 of improving maternal health.

The type of personnel providing antenatal care to women age 15-49 years who gave birth in the two years preceding is presented in Table RH.7. The ANC coverage is 99 percent. In Swaziland, the majority of antenatal care is provided by nurses/midwives (87 percent) while 12 percent of women receive care from a medical doctor. Assessing ANC coverage by background characteristics indicates that almost all women were attended by a skilled health provider.

Table RH.7: Antenatal care coverage

Percent distribution of women age 15-49 years with a live birth in the last two years by antenatal care provider during the pregnancy for the last birth, Swaziland MICS, 2014

	Provider of antenatal care[a]						
	Medical doctor	Nurse/ Midwife	Other/Missing	No antenatal care	Total	Any skilled provider[1,b]	Number of women with a live birth in the last two years
Total	**11.5**	**87.0**	**0.1**	**1.3**	**100.0**	**98.5**	**959**
Region							
Hhohho	10.4	86.5	0.5	2.6	100.0	96.9	230
Manzini	11.8	87.1	0.0	1.1	100.0	98.9	376
Shiselweni	16.8	82.0	0.0	1.2	100.0	98.8	171
Lubombo	7.3	92.4	0.0	0.4	100.0	99.6	182
Area							
Urban	12.8	86.6	0.4	0.1	100.0	99.4	257
Rural	11.0	87.2	0.0	1.8	100.0	98.2	702
Mother's age at birth							
Less than 20	13.2	85.1	0.0	1.7	100.0	98.3	179
20-34	10.9	87.6	0.2	1.3	100.0	98.5	683
35-49	12.6	86.5	0.0	0.9	100.0	99.1	98
Education							
None	(6.6)	(93.4)	(0.0)	(0.0)	100.0	(100.0)	32
Primary	12.0	85.9	0.0	2.1	100.0	97.9	239
Secondary	6.6	92.1	0.0	1.3	100.0	98.7	353
Higher	13.6	84.7	0.4	1.2	100.0	98.4	268
Tertiary	29.1	70.9	0.0	0.0	100.0	100.0	68
Wealth index quintile							
Poorest	11.1	87.8	0.0	1.0	100.0	99.0	205
Second	13.8	84.7	0.0	1.5	100.0	98.5	213
Middle	8.1	89.7	0.0	2.2	100.0	97.8	200
Fourth	4.6	93.5	0.0	1.8	100.0	98.2	175
Richest	20.3	79.0	0.7	0.0	100.0	99.3	167

[1] MICS indicator 5.5a; MDG indicator 5.5 - Antenatal care coverage

[a] Only the most qualified provider is considered in cases where more than one provider was reported.

[b] Skilled providers include *Medical doctor* and *Nurse/Midwife*.

( ) Figures that are based on 25-49 unweighted cases

Table RH.8 shows the number of antenatal care visits during the latest pregnancy that took place within the two years preceding the survey, regardless of provider, by selected characteristics. Ninety-six percent of women age 15-49 years received antenatal care more than once and about three quarters of mothers received ANC at least four times (76 percent). Women from the poorest households and those with primary education are less likely than those from the richest household and with higher education to receive ANC four or more times. For example, 74 percent of the women living in poorest households reported four or more ANC visits compared with 85 percent among those living in richest households.

Table RH.8 also provides information about the timing of the first ANC visit. Overall, 37 percent of women with a live birth in the last two years preceding the survey had their first ANC visit during the first trimester of their last pregnancy, with a median of 4.0 months of pregnancy at the first visit among those who received ANC

Table RH.8: Number of antenatal care visits and timing of first visit

Percent distribution of women age 15-49 years with a live birth in the last two years by number of antenatal care visits by any provider and by the timing of first antenatal care visits, Swaziland MICS, 2014

	Percent distribution of women who had:							Percent distribution of women by number of months pregnant at the time of first antenatal care visit							Number of women with a live birth in the last two years	Median months pregnant at first ANC visit	Number of women with a live birth in the last two years who had at least one ANC visit
	No antenatal care visits	One visit	Two visits	Three visits	4 or more visits[1]	Missing/ DK	Total	No antenatal care visits	First trimester	4-5 months	6-7 months	8+ months	DK/ Missing	Total			
Total	**1.3**	**1.1**	**4.7**	**15.5**	**76.1**	**1.2**	**100.0**	**1.3**	**36.9**	**43.4**	**16.8**	**1.4**	**0.2**	**100.0**	**959**	**4.0**	**944**
Region																	
Hhohho	2.6	0.7	5.5	9.8	81.4	0.0	100.0	2.6	40.7	43.7	11.6	1.3	0.0	100.0	230	4.0	224
Manzini	1.1	1.1	4.1	13.4	78.3	2.1	100.0	1.1	39.8	40.4	17.1	1.1	0.6	100.0	376	4.0	370
Shiselweni	1.2	0.3	3.9	19.6	72.7	2.3	100.0	1.2	30.0	46.7	22.0	0.2	0.0	100.0	171	4.0	169
Lubombo	0.4	2.1	6.0	23.3	68.3	0.0	100.0	0.4	32.5	45.9	18.2	3.0	0.0	100.0	182	4.0	181
Area																	
Urban	0.1	0.4	3.0	12.7	82.4	1.4	100.0	0.1	39.3	41.3	17.6	1.6	0.0	100.0	257	4.0	257
Rural	1.8	1.3	5.4	16.6	73.8	1.2	100.0	1.8	36.0	44.1	16.6	1.2	0.3	100.0	702	4.0	688
Mother's age at birth																	
Less than 20	1.7	0.0	8.9	20.5	68.6	0.4	100.0	1.7	31.1	45.5	18.3	3.4	0.0	100.0	179	4.0	176
20-34	1.3	1.2	3.5	15.3	77.7	1.0	100.0	1.3	37.5	43.1	17.0	0.8	0.3	100.0	683	4.0	671
35-49	0.9	2.0	6.0	7.9	79.0	4.2	100.0	0.9	42.9	41.6	13.2	1.4	0.0	100.0	98	4.0	97
Education																	
None	(0.0)	(0.0)	(1.7)	(17.6)	(80.7)	(0.0)	100.0	(0.0)	(48.1)	(38.2)	(12.1)	(1.7)	(0.0)	100.0	32	(4.0)	32
Primary	2.1	3.3	5.9	19.2	67.7	1.8	100.0	2.1	33.2	44.5	17.3	2.0	0.9	100.0	239	4.0	232
Secondary	1.3	0.2	4.7	17.1	76.0	0.8	100.0	1.3	31.7	44.2	21.7	1.1	0.0	100.0	353	4.0	348
Higher	1.2	0.2	5.4	13.5	77.9	1.7	100.0	1.2	38.0	45.0	14.7	1.1	0.0	100.0	268	4.0	265
Tertiary	0.0	1.4	0.0	1.3	97.4	0.0	100.0	0.0	66.9	30.7	1.0	1.4	0.0	100.0	68	3.0	68

Wealth index quintile																
Poorest	1.0	1.0	4.7	18.3	74.1	0.9	100.0	1.0	33.0	48.6	15.5	1.3	0.6	100.0	205	4.0	201
Second	1.5	0.0	7.4	19.3	71.2	0.6	100.0	1.5	34.0	42.6	21.9	0.0	0.0	100.0	213	4.0	210
Middle	2.2	1.7	5.3	18.6	70.0	2.2	100.0	2.2	36.4	39.1	19.7	2.2	0.5	100.0	200	4.0	194
Fourth	1.8	1.8	1.9	9.2	82.8	2.4	100.0	1.8	32.3	48.1	17.1	0.6	0.0	100.0	175	4.0	172
Richest	0.0	1.0	3.9	10.1	85.1	0.0	100.0	0.0	50.7	38.1	8.3	2.9	0.0	100.0	167	3.0	167

[1] MICS indicator 5.5b; MDG indicator 5.5 - Antenatal care coverage

( ) Figures that are based on 25-49 unweighted cases

The coverage of key services that pregnant women are expected to receive during antenatal care are shown in Table RH.9. Among women age 15-49 years who had a live birth during the two years preceding the survey, 90 percent had blood pressure measured, and urine and blood samples taken. Ninety-eight percent reported that a blood sample was taken during ANC of their last birth, 97 percent that their blood pressure was measured and 91 percent that a urine specimen was taken. About 80 percent of women had their blood pressure, height and weight measured, urine and blood samples taken and were also given iron supplement.

Table RH.9: Content of antenatal care

Percentage of women age 15-49 years with a live birth in the last two years who, at least once, had their blood pressure measured, urine sample taken, and blood sample taken as part of antenatal care, during the pregnancy for the last birth, Swaziland MICS, 2014

	Percentage of women who, during the pregnancy of their last birth, had:								
	Blood pressure measured	Urine sample taken	Blood sample taken	Blood pressure measured, urine and blood sample taken[1]	Weight measured	Height measured	Iron supplement given	Height and weight measured; urine and blood sample taken; and iron supplement given	Number of women with a live birth in the last two years
Total	**97.3**	**91.0**	**98.0**	**90.0**	**98.4**	**91.9**	**92.5**	**80.2**	**959**
Region									
Hhohho	96.9	90.5	97.0	90.2	97.4	94.5	86.4	78.7	230
Manzini	97.1	88.6	98.5	87.9	98.4	88.5	96.3	78.3	376
Shiselweni	97.9	95.9	98.1	94.6	98.8	95.5	96.1	89.6	171
Lubombo	97.7	92.1	98.4	89.6	99.3	92.1	88.9	77.4	182
Area									
Urban	97.8	92.2	99.9	90.6	99.9	93.0	94.7	81.8	257
Rural	97.1	90.6	97.3	89.8	97.9	91.5	91.7	79.7	702
Mother's age at birth									
Less than 20	94.7	84.1	97.6	82.4	97.2	89.5	90.4	71.2	179
20-34	98.1	93.2	98.0	92.4	98.6	92.1	93.0	82.6	683
35-49	96.5	88.5	99.1	87.2	99.1	95.0	92.6	80.2	98
Education									
None	(100.0)	(92.3)	(100.0)	(92.3)	(98.2)	(94.6)	(91.2)	(81.5)	32
Primary	96.9	91.3	96.3	89.8	97.9	93.9	90.3	79.8	239
Secondary	97.2	88.4	98.5	87.7	98.2	93.3	91.1	78.1	353
Higher	96.9	92.6	98.2	91.2	98.8	87.6	95.4	81.0	268
Tertiary	100.0	96.8	100.0	96.8	100.0	92.6	96.8	89.3	68
Wealth index quintile									
Poorest	97.5	90.8	99.0	90.5	99.0	93.9	91.4	79.9	205
Second	95.7	91.7	97.1	89.8	98.3	91.5	92.1	81.4	213
Middle	97.4	87.4	97.8	87.0	96.8	92.2	91.6	78.9	200
Fourth	98.2	90.8	96.4	89.5	98.2	88.0	94.3	78.6	175
Richest	98.1	94.9	100.0	93.7	100.0	93.5	93.6	82.4	167

[1] **MICS indicator 5.6 - Content of antenatal care**

( ) Figures that are based on 25-49 unweighted cases

8.5 Assistance at Delivery

About three quarters of all maternal deaths occur due to direct obstetric causes.[36] The single most critical intervention for safe motherhood is to ensure that a competent health worker with midwifery skills is present at every birth, and in case of emergency that transport is available to a referral facility for obstetric care. The skilled attendant at delivery indicator is used to track progress toward the Millennium Development Goal 5 of improving maternal health.

The MICS included a number of questions to assess the proportion of births attended by a skilled attendant. *A skilled attendant* includes a doctor, nurse, or midwife.

About 88 percent of births occurring in the two years preceding the MICS survey were delivered by skilled personnel (Table RH.10). This percentage ranges from 83 percent in Lubombo region to 91 percent for both Hhohho and Manzini regions. The more educated a woman is, the more likely she is to have delivered with the assistance of a skilled attendant; for example all women with tertiary education were assisted by a skilled attendant.

Nearly three-quarters of the births (70 percent) in the two years preceding the MICS survey were delivered with assistance by a nurse or midwife. Doctors assisted with the delivery of 18 percent of births. The majority of births are assisted by nurses and midwives in all health facilities (about 3 in 4 in private health facilities, and about 4 in 5 births in public health facilities).

Table RH.10 also shows information on women who delivered by caesarian section (C-section) and provides additional information on the timing of the decision to conduct a C-section (before labour pains began or after) in order to better assess if such decisions are mostly driven by medical or non–medical reasons.

Overall, 12 percent of women who delivered in the last two years preceding the survey had a C-section; for five percent of women, the decision was taken before the onset of labour pains and for seven percent, it was after. Delivery by caesarean section increases with increased education and wealth. Nine percent of the women from the poorest households delivered by caesarean section compared to 21 percent of women from the richest households. Similarly, while only eight percent of women with primary education had a C-section, the proportion was 28 percent for women with tertiary education.

[36] Say, L et al. 2014. ***Global causes of maternal death: a WHO systematic analysis.*** *The Lancet Global Health* 2(6): e323-33. DOI: 10.1016/S2214-109X(14)70227-X

Table RH.10: Assistance during delivery and caesarean section

Percent distribution of women age 15-49 years with a live birth in the last two years by person providing assistance at delivery, and percentage of births delivered by C-section, Swaziland MICS, 2014

	Person assisting at delivery								Percent delivered by C-section			Number of women who had a live birth in the last two years
	Medical doctor	Nurse/ Midwife	Traditional birth attendant	Community health worker	Relative/Friend	Other/Missing	No attendant	Total	Delivery assisted by any skilled attendant[1,a]	Decided before onset of labour pains	Decided after onset of labour pains	Total[2]	
Total	**18.4**	**69.9**	**0.5**	**1.6**	**6.9**	**0.7**	**2.0**	**100.0**	**88.3**	**4.6**	**7.0**	**11.6**	**959**
Region													
Hhohho	12.1	78.8	0.0	1.7	4.9	1.1	1.4	100.0	90.9	5.5	4.8	10.3	230
Manzini	20.2	70.4	0.3	0.2	5.2	1.0	2.7	100.0	90.6	4.1	5.9	10.0	376
Shiselweni	20.5	65.3	2.3	4.9	5.4	0.3	1.3	100.0	85.8	2.4	11.2	13.6	171
Lubombo	20.7	61.8	0.0	1.1	14.3	0.0	2.1	100.0	82.5	6.7	8.3	14.9	182
Area													
Urban	24.1	69.3	0.1	0.6	4.0	0.9	1.1	100.0	93.4	7.4	7.0	14.5	257
Rural	16.3	70.1	0.7	2.0	8.0	0.6	2.3	100.0	86.4	3.6	7.0	10.6	702
Mother's age at birth													
Less than 20	21.8	67.5	0.5	1.5	8.7	0.0	0.0	100.0	89.3	4.4	8.0	12.4	179
20-34	16.1	71.8	0.3	1.4	7.2	1.0	2.1	100.0	87.9	3.3	6.7	10.0	683
35-49	28.5	60.4	2.0	2.7	1.6	0.0	4.7	100.0	88.9	14.2	7.7	22.0	98
Place of delivery													
Home	0.0	0.8	5.4	14.3	63.8	0.6	15.2	100.0	0.8	0.0	0.0	0.0	96
Health facility	20.6	79.3	0.0	0.0	0.0	0.0	0.1	100.0	99.9	5.3	8.0	13.3	842
Public	17.9	82.1	0.0	0.0	0.0	0.0	0.0	100.0	100.0	3.8	8.7	12.5	570
Private	26.2	73.4	0.0	0.0	0.0	0.0	0.4	100.0	99.6	8.3	6.5	14.8	272
On the way	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	12
Education													
None	(13.9)	(55.9)	(0.0)	(1.7)	(23.8)	(0.0)	(4.7)	100.0	(69.8)	(9.1)	(4.0)	(13.2)	32
Primary	13.8	68.2	1.0	2.1	11.5	0.8	2.6	100.0	82.0	2.0	5.5	7.5	239
Secondary	16.7	71.0	0.5	2.3	6.8	0.3	2.4	100.0	87.7	3.6	7.4	11.0	353
Higher	21.6	72.2	0.3	0.6	2.7	1.5	1.1	100.0	93.8	3.9	7.9	11.8	268
Tertiary	33.0	67.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	19.7	8.5	28.2	68

Wealth index quintile													
Poorest	12.0	64.3	1.3	3.3	15.3	0.3	3.4	100.0	76.3	3.8	4.7	8.5	205
Second	14.6	72.3	0.0	1.2	8.2	0.9	2.8	100.0	86.9	2.7	7.9	10.7	213
Middle	14.8	75.5	0.4	1.8	4.7	1.1	1.7	100.0	90.3	2.5	6.3	8.9	200
Fourth	22.1	72.8	0.6	1.2	1.5	0.0	1.7	100.0	95.0	2.2	8.6	10.8	175
Richest	31.5	63.7	0.3	0.0	3.2	1.3	0.0	100.0	95.1	13.1	7.9	21.0	167

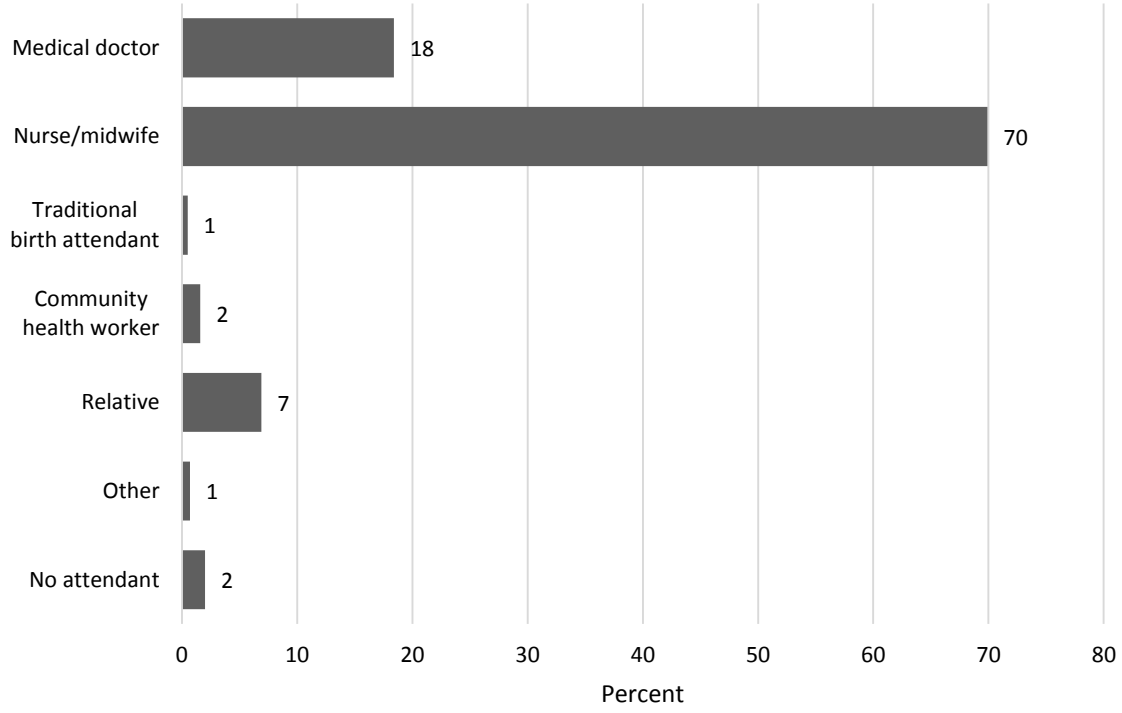
[1] MICS indicator 5.7; MDG indicator 5.2 - Skilled attendant at delivery

[2] MICS indicator 5.9 - Caesarean section

[a] Skilled attendants include *Medical doctor* and *Nurse/Midwife*.

(*) Figures that are based on fewer than 25 unweighted cases
( ) Figures that are based on 25-49 unweighted cases

Figure RH.3: Person assisting at delivery, Swaziland MICS, 2014



8.6 Place of Delivery

Increasing the proportion of births that are 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 infection that can cause morbidity and mortality to either the mother or the baby. Table RH.11 presents the percent distribution of women age 15-49 years who had a live birth in the two years preceding the survey by place of delivery, and the percentage of births delivered in a health facility, according to background characteristics.

In Swaziland, 88 percent of births are delivered in a health facility (59 percent in public health facilities and 28 percent in private health facilities). One in ten births (10 percent) takes place at home. Women in urban areas are more likely to deliver in a health facility than their rural counterparts (93 percent compared with 86 percent). The proportion of institutional deliveries varies from 83 percent in Lubombo region to 91 percent in Hhohho region. The proportion of births occurring in a health facility increases steadily with household wealth, from 76 percent in the lowest wealth quintile to 95 percent in the highest.

Table RH.11: Place of delivery

Percent distribution of women age 15-49 years with a live birth in the last two years by place of delivery of their last birth, Swaziland MICS, 2014

	Place of delivery								
	Health facility								
	Public sector	Private sector	Home	On the way	Other	Missing/DK	Total	Delivered in health facility[1]	Number of women with a live birth in the last two years
Total	**59.4**	**28.4**	**10.0**	**1.2**	**0.7**	**0.4**	**100.0**	**87.7**	**959**
Region									
Hhohho	81.1	9.5	7.5	0.9	0.0	1.1	100.0	90.6	230
Manzini	44.6	44.8	6.5	2.0	1.7	0.4	100.0	89.4	376
Shiselweni	80.7	5.1	13.7	0.5	0.0	0.0	100.0	85.8	171
Lubombo	42.3	40.2	16.7	0.9	0.0	0.0	100.0	82.5	182
Area									
Urban	51.2	41.7	5.1	1.2	0.9	0.0	100.0	92.9	257
Rural	62.4	23.5	11.8	1.3	0.6	0.6	100.0	85.8	702
Mother's age at birth									
Less than 20	63.2	26.1	9.7	1.0	0.0	0.0	100.0	89.3	179
20-34	58.9	28.5	10.0	1.4	0.7	0.6	100.0	87.4	683
35-49	55.4	31.8	10.4	0.8	1.7	0.0	100.0	87.2	98
Number of antenatal care visits									
None	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	13
1-3 visits	48.9	31.0	17.8	1.2	1.1	0.0	100.0	79.9	205
4+ visits	62.5	28.4	7.3	1.2	0.6	0.1	100.0	90.9	730
Education									
None	(50.2)	(19.6)	(28.3)	(1.9)	(0.0)	(0.0)	100.0	(69.8)	32
Primary	60.0	22.0	16.6	0.3	0.4	0.8	100.0	82.0	239
Secondary	59.2	28.6	10.7	1.4	0.0	0.1	100.0	87.8	353
Higher	58.3	33.4	3.4	2.1	2.1	0.7	100.0	91.8	268
Lubombo	66.6	33.4	0.0	0.0	0.0	0.0	100.0	100.0	68
Wealth index quintile									
Poorest	61.1	15.3	22.1	1.5	0.0	0.0	100.0	76.3	205
Second	63.2	23.4	11.1	1.0	0.4	0.9	100.0	86.5	213
Middle	57.7	31.6	7.7	0.9	1.1	1.1	100.0	89.2	200
Fourth	57.8	35.9	3.0	1.4	1.9	0.0	100.0	93.7	175
Richest	56.1	39.1	3.5	1.3	0.0	0.0	100.0	95.1	167

[1] MICS indicator 5.8 - Institutional deliveries

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

8.7 Post-natal Health Checks

The time of birth and immediately after is a critical window of opportunity to deliver lifesaving interventions for both the mother and newborn. Across the world, approximately 3 million newborns annually die in the first month of life[37] and the majority of these deaths occur within a day or two of birth[38], which is also the time when the majority of maternal deaths occur.[39]

[37] UN Interagency Group for Child Mortality Estimation. 2013. *Levels and Trends in Child Mortality: Report 2013*
[38] Lawn, JE et al. 2005. *4 million neonatal deaths: When? Where? Why?* Lancet 2005; 365:891–900.
[39] WHO, UNICEF, UNFPA, The World Bank. 2012. *Trends in Maternal Mortality: 1990-2010*. World Health Organization.

Despite the importance of the first few days following birth, large-scale, nationally representative household survey programmes have not systematically included questions on the post-natal period and care for the mother and newborn. In 2008, the Countdown to 2015 initiative, which monitors progress on maternal, newborn and child health interventions, highlighted this data gap, and called not only for post-natal care (PNC) programmes to be strengthened, but also for better data availability and quality.[40]

Following the establishment and discussions of an Inter-Agency Group on PNC and drawing on lessons learned from earlier attempts of collecting PNC data, a new questionnaire module for MICS was developed and validated. Named the Post-natal Health Checks (PNHC) module, the objective is to collect information on newborns' and mothers' contact with a provider, not content of care. The rationale for this is that as PNC programmes scale up, it is important to measure the coverage of that scale up and ensure that the platform for providing essential services is in place. Content is considered more difficult to measure, particularly because the respondent is asked to recall services delivered up to two years preceding the interview.

Post-partum period is defined as one hour following the delivery of the placenta through the first six weeks of infant's life. This period is the most vulnerable time for the health of the mother and the baby. The World Health Organisation (2004) estimates that over 60 percent of maternal deaths occur in the first 48 hours after childbirth thus early detection and management of obstetric and neonatal complications is important within the first week after delivery. The report further states that it has also been observed that the most common complications are due to infection such as puerperal sepsis, infected episiotomies, urinary tract infections, pneumonia, tuberculosis and other infections. In Swaziland postnatal care is viewed as an important area as it is included in the National Reproductive Health Strategy and Plan of Action and also in the PMTCT Guidelines.

Table RH.12 presents the percent distribution of women age 15-49 years who gave birth in a health facility in the two years preceding the survey by duration of stay in the facility following the delivery, according to background characteristics.

Overall, 90 percent of women who gave birth in a health facility stayed 12 hours or more in the facility after delivery. Across the country, the percentage of women who stay 12 hours or more varies from 89 percent in Lubombo region to 94 percent in Shiselweni region. Ninety-one percent of women delivering in public health facilities stay 12 hours or more while the percentage is 88 for those delivering in private health facilities. As expected, all women giving birth through C-section stay 12 hours or more in the health facility after giving birth compared to 89 percent of those who delivered vaginally.

[40] HMN, UNICEF, WHO. 2008. *Countdown to 2015: Tracking Progress in Maternal, Newborn & Child Survival, The 2008 Report*. UNICEF.

Table RH.12: Post-partum stay in health facility

Percent distribution of women age 15-49 years with a live birth in the last two years who had their last birth delivered in a health facility by duration of stay in health facility, Swaziland MICS, 2014

	Duration of stay in health facility							Number of women who had their last birth delivered in a health facility in the last 2 years
	Less than 6 hours	6-11 hours	12-23 hours	1-2 days	3 days or more	Total	12 hours or more[1]	
Total	**2.2**	**7.6**	**8.5**	**64.6**	**17.0**	**100.0**	**90.2**	**842**
Region								
Hhohho	1.1	5.6	1.3	77.2	14.9	100.0	93.3	208
Manzini	1.4	11.4	15.0	55.5	16.7	100.0	87.2	336
Shiselweni	2.2	4.1	1.9	73.9	17.9	100.0	93.7	147
Lubombo	5.6	5.5	10.7	58.3	20.0	100.0	89.0	150
Area								
Urban	2.6	7.2	11.7	59.6	18.9	100.0	90.2	239
Rural	2.0	7.8	7.3	66.5	16.3	100.0	90.1	603
Mother's age at birth								
Less than 20	2.3	6.5	5.7	71.3	14.3	100.0	91.2	160
20-34	2.3	8.6	9.2	62.7	17.1	100.0	89.1	597
35-49	1.1	3.0	9.1	64.7	22.2	100.0	95.9	85
Type of health facility								
Public	1.9	6.8	5.0	72.0	14.3	100.0	91.3	570
Private	2.8	9.5	16.0	49.0	22.7	100.0	87.7	272
Type of delivery								
Vaginal birth	2.5	8.8	9.9	71.7	7.1	100.0	88.6	730
C-section	0.0	0.0	0.0	18.1	81.9	100.0	100.0	112
Education								
None	(*)	(*)	(*)	(*)	(*)	100.0	(*)	22
Primary	1.8	8.2	8.6	63.5	17.9	100.0	90.1	196
Secondary+	1.4	6.7	6.8	70.3	14.8	100.0	91.9	310
Higher	3.7	8.4	9.2	62.3	16.4	100.0	87.9	246
Tertiary	0.0	10.0	16.3	46.5	27.2	100.0	90.0	68
Wealth index quintile								
Poorest	2.9	7.6	4.3	69.5	15.7	100.0	89.5	156
Second	3.2	6.2	7.6	68.2	14.8	100.0	90.6	185
Middle	1.8	7.2	7.8	67.4	15.9	100.0	91.0	178
Fourth	2.4	11.1	6.4	64.8	15.3	100.0	86.5	164
Richest	0.5	6.4	17.0	52.0	24.1	100.0	93.1	159

[1] **MICS indicator 5.10 - Post-partum stay in health facility**

(*) Figures that are based on fewer than 25 unweighted cases

Safe motherhood programmes have recently increased emphasis on the importance of post-natal care, recommending that all women and newborns receive a health check within two days of delivery. To assess the extent of post-natal care utilization, women were asked whether they and their newborn received a health check after the delivery, the timing of the first check, and the type of health provider for the woman's last birth in the two years preceding the survey.

Table RH.13 shows the percentage of newborns born in the last two years who received health checks and post-natal care visits from any health provider after birth. Please note that *health checks following birth* while in facility or at home refer to checks provided by any health provider regardless of timing and before discharge from facility or departure of provider from home (column 1), whereas *post-natal care visits* refer to a separate visit to check on the health of the newborn and provide preventive care services and therefore do not include *health checks following birth* while in facility or at home. The indicator *Post-natal health checks* includes any health check after birth received while in the health facility or at home (column 1), regardless of timing, as well as PNC visits within two days of delivery (columns 2, 3, and 4).

Overall, 86 percent of newborns receive a health check following birth while in a health facility or at home. About 57 percent of newborns received a post-natal care visit after the first week following birth, five percent between 3 and 6 days following birth, three percent 2 days following birth and three percent 1 day following birth. Overall, 90 percent of all newborns received a post-natal health check. This percentage varies from 86 percent in Lubombo region to 92 percent in Hhohho and Shiselweni regions. There is a very clear correlation to both education and household wealth, with the percentage of post-natal health checks of newborns increasing with an in improvement in both variables.

Table RH.13: Post-natal health checks for newborns

Percentage of women age 15-49 years with a live birth in the last two years whose last live birth received health checks while in facility or at home following birth, percent distribution whose last live birth received post-natal care (PNC) visits from any health provider after birth, by timing of visit, and percentage who received post-natal health checks, Swaziland MICS, 2014

	Health check following birth while in facility or at home[a]	PNC visit for newborns[b]								Post-natal health check for the newborn[1, c]	Number of last live births in the last two years
		Same day	1 day following birth	2 days following birth	3-6 days following birth	After the first week following birth	No post-natal care visit	Missing/DK	Total		
Total	**85.8**	**3.3**	**2.8**	**1.5**	**5.2**	**57.3**	**28.4**	**1.5**	**100.0**	**90.4**	**959**
Region											
Hhohho	88.8	2.6	2.5	0.4	4.8	75.2	12.0	2.4	100.0	92.3	230
Manzini	85.5	3.8	2.7	2.3	6.0	37.5	45.9	1.8	100.0	90.8	376
Shiselweni	88.1	2.9	2.3	1.8	7.6	60.8	23.8	0.7	100.0	91.6	171
Lubombo	80.5	3.8	3.6	1.0	1.9	72.1	17.3	0.3	100.0	85.8	182
Area											
Urban	90.0	3.1	1.8	3.0	7.4	50.3	33.1	1.4	100.0	92.6	257
Rural	84.3	3.4	3.1	1.0	4.4	59.8	26.7	1.5	100.0	89.5	702
Mother's age at birth											
Less than 20	85.7	3.4	1.9	0.4	5.3	57.7	28.4	2.8	100.0	90.0	179
20-34	85.5	3.5	3.1	2.0	5.1	55.7	29.2	1.4	100.0	90.4	683
35-49	88.2	1.9	2.0	0.0	5.7	67.6	22.8	0.0	100.0	90.5	98
Place of delivery											
Home	18.2	22.0	16.2	4.4	5.4	13.9	38.0	0.0	100.0	53.8	96
Health facility	95.0	0.4	1.2	1.2	5.3	62.7	27.4	1.7	100.0	95.2	842
Public	96.3	0.3	0.9	1.3	7.1	68.6	20.3	1.4	100.0	96.6	570
Private	92.3	0.7	1.8	1.1	1.6	50.4	42.3	2.3	100.0	92.3	272
On the way	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	12
Education											
None	(71.5)	(3.0)	(13.9)	(2.9)	(6.3)	(48.1)	(25.8)	(0.0)	100.0	(86.5)	32
Primary	80.9	2.0	4.5	2.0	4.1	58.5	27.5	1.4	100.0	85.7	239
Secondary	86.5	5.0	2.3	2.1	6.1	56.6	27.3	0.6	100.0	91.8	353
Higher	88.4	3.2	1.2	0.4	5.7	56.9	29.9	2.8	100.0	91.7	268
Tertiary	96.0	0.0	0.0	0.0	2.4	62.6	33.3	1.7	100.0	96.0	68

Wealth index quintile											
Poorest	75.5	3.9	4.0	0.9	5.4	57.5	27.6	0.6	100.0	82.8	205
Second	83.1	4.0	3.1	0.8	3.8	63.7	21.9	2.7	100.0	89.3	213
Middle	85.0	5.1	3.3	2.6	3.0	52.6	32.3	1.0	100.0	90.8	200
Fourth	94.2	2.8	1.8	1.2	8.7	55.6	28.6	1.2	100.0	96.4	175
Richest	94.1	0.4	1.1	2.0	5.6	56.0	32.9	2.0	100.0	94.1	167

[1] MICS indicator 5.11 - Post-natal health check for the newborn

[a] Health checks by any health provider following facility births (before discharge from facility) or following home births (before departure of provider from home).

[b] Post-natal care visits (PNC) refer to a separate visit by any health provider to check on the health of the newborn and provide preventive care services. PNC visits do not include health checks following birth while in facility or at home (see note [a] above).

[c] Post-natal health checks include any health check performed while in the health facility or at home following birth (see note [a] above), as well as PNC visits (see note [b] above) within two days of delivery.

(*) Figures that are based on fewer than 25 unweighted cases
( ) Figures that are based on 25-49 unweighted cases

In Table RH.14, the percentage of newborns who received the first PNC visit within one week of birth is shown by location and type of provider of service. As defined above, a visit does not include a check in the facility or at home following birth. Seventy percent of the first PNC visits for newborns within the first week of life occur in a public health facility.[41]

Table RH.14: Post-natal care visits for newborns within one week of birth

Percent distribution of women age 15-49 years with a live birth in the last two years whose last live birth received a post-natal care (PNC) visit within one week of birth, by location and provider of the first PNC visit, Swaziland MICS, 2014

	Location of first PNC visit for newborns				Provider of first PNC visit for newborns				Number of last live births in the last two years with a PNC visit within the first week of life
	Home	Public Sector	Private sector	Total	Doctor/ nurse/ midwife	Community health worker	Traditional birth attendant	Total	
Total	**18.0**	**69.5**	**12.5**	**100.0**	**83.1**	**16.3**	**0.7**	**100.0**	**123**

Tables RH.15 and RH.16 present information collected on post-natal health checks and visits for the mother and are identical to Tables RH.13 and RH.14 that presented the data collected for newborns.

Table RH.15 presents a pattern somewhat similar to Table RH.13, but with some important differences. Overall, 88 percent of mothers received a post-natal health check. This percentage varies from 81 percent in Lubombo region to 90 percent in Hhohho region. Urban mothers are more likely to receive a post-natal health check (94 percent) than their rural counterparts (85 percent) while those who had a caesarean section (97 percent) are more likely to receive a post-natal health check compared to those who had a vaginal delivery (86 percent).

[41] All background characteristics were removed from Table RH.14 due to the small number of cases reported.

Table RH.15: Post-natal health checks for mothers

Percentage of women age 15-49 years with a live birth in the last two years who received health checks while in facility or at home following birth, percent distribution who received post-natal care (PNC) visits from any health provider after birth at the time of last birth, by timing of visit, and percentage who received post-natal health checks, Swaziland MICS, 2014

	Health check following birth while in facility or at home[a]	PNC visit for mothers[b]								Post-natal health check for the mother[1, c]	Number of women with a live birth in the last two years
		Same day	1 day following birth	2 days following birth	3-6 days following birth	After the first week following birth	No post-natal care visit	Missing/DK	Total		
Total	**83.1**	**3.6**	**2.2**	**1.0**	**3.1**	**44.2**	**44.9**	**1.1**	**100.0**	**87.5**	**959**
Region											
Hhohho	87.0	1.9	2.3	0.7	3.4	54.5	35.8	1.4	100.0	90.3	230
Manzini	82.6	5.3	2.4	0.8	1.8	31.7	56.6	1.4	100.0	88.3	376
Shiselweni	84.9	2.7	1.4	1.7	7.3	44.0	42.2	0.7	100.0	88.5	171
Lubombo	77.7	2.9	2.3	1.0	1.7	57.2	34.7	0.3	100.0	81.2	182
Area											
Urban	90.7	3.9	1.4	1.5	1.0	37.6	54.5	0.1	100.0	94.4	257
Rural	80.4	3.4	2.4	0.8	3.9	46.6	41.4	1.4	100.0	85.0	702
Mother's age at birth											
Less than 20	86.6	3.4	3.2	0.4	5.7	42.9	43.2	1.1	100.0	89.9	179
20-34	81.8	3.8	2.1	1.3	2.3	43.7	45.6	1.2	100.0	86.7	683
35-49	86.1	1.9	0.4	0.0	4.4	50.4	42.9	0.0	100.0	88.4	98
Place of delivery											
Home	13.7	23.5	9.5	4.4	4.5	17.2	39.8	1.0	100.0	47.1	96
Health facility	92.5	0.3	1.3	0.6	3.1	47.6	46.0	1.1	100.0	92.5	842
Public	94.2	0.3	1.4	0.8	4.2	51.0	40.7	1.6	100.0	94.2	570
Private	88.8	0.3	1.0	0.3	0.7	40.5	56.9	0.2	100.0	88.8	272
On the way	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	12
Type of delivery											
Vaginal birth	81.3	4.0	2.4	1.1	2.6	44.0	44.7	1.1	100.0	86.2	848
C-section	97.4	0.0	0.0	0.0	7.1	46.1	46.0	0.9	100.0	97.4	112

Education											
None	(69.8)	(3.0)	(9.1)	(2.9)	(3.9)	(43.5)	(37.6)	(0.0)	100.0	(84.8)	32
Primary	77.3	2.0	4.3	1.1	3.1	43.4	43.8	2.3	100.0	81.4	239
Secondary	82.9	5.0	1.9	0.9	2.4	42.5	46.1	1.1	100.0	87.8	353
Higher	86.9	4.0	0.3	0.7	4.3	45.2	45.1	0.4	100.0	90.6	268
Tertiary	96.5	0.0	0.0	0.9	2.1	51.9	45.1	0.0	100.0	96.5	68
Wealth index quintile											
Poorest	75.2	4.0	3.1	0.9	4.0	45.0	41.9	1.1	100.0	81.7	205
Second	81.0	3.3	1.7	0.8	4.2	48.5	39.4	2.0	100.0	85.7	213
Middle	79.4	5.1	2.8	1.5	3.1	37.4	50.2	0.0	100.0	85.2	200
Fourth	92.5	2.8	1.2	1.2	1.8	46.3	44.5	2.2	100.0	94.7	175
Richest	90.2	2.4	2.0	0.3	2.2	43.6	49.5	0.0	100.0	92.1	167

[1] MICS indicator 5.12 - Post-natal health check for the mother

[a] Health checks by any health provider following facility births (before discharge from facility) or following home births (before departure of provider from home).

[b] Post-natal care visits (PNC) refer to a separate visit by any health provider to check on the health of the mother and provide preventive care services. PNC visits do not include health checks following birth while in facility or at home (see note [a] above).

[c] Post-natal health checks include any health check performed while in the health facility or at home following birth (see note [a] above), as well as PNC visits (see note [b] above) within two days of delivery.

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Table RH.16 matches Table RH.14, but now deals with PNC visits for mothers by location and type of provider. As defined above, a visit does not include a check in the facility or at home following birth. Seventy-eight percent of mothers received their first PNC visit in public health facilities, 12 percent in private health facilities and 11 percent at home. The main providers of first PNC visit for mothers are doctors and nurses/midwives (92 percent), followed by community health workers (8 percent) and lastly traditional birth attendants with one percent.[42]

Table RH.16: Post-natal care visits for mothers within one week of birth

Percent distribution of women age 15-49 years with a live birth in the last two years who received a post-natal care (PNC) visit within one week of birth, by location and provider of the first PNC visit, Swaziland MICS, 2014

	Location of first PNC visit for mothers				Provider of first PNC visit for mothers				Number of women with a live birth in the last two years who received a PNC visit within one week of birth
	Home	Public Sector	Private sector	Total	Doctor/ nurse/ midwife	Community health worker	Traditional birth attendant	Total	
Total	**10.6**	**77.7**	**11.7**	**100.0**	**91.5**	**7.7**	**0.9**	**100.0**	**94**

Table RH.17 presents the distribution of women age 15-49 years with a live birth in the two years preceding the survey by receipt of health checks or PNC visits within two days of birth for the mother and the newborn, thus combining the indicators presented in Tables RH.13 and RH.15.

The Swaziland MICS 2014 shows that 85 percent of live births, both the mothers and their newborns received post-natal checks within two days of birth. Post-natal health checks by region ranges from 80 percent in Lubombo region, to 87 percent in Hhohho region. In urban areas, a high proportion of women (91 percent) had post-natal natal checks compared to 82 percent in rural areas. Those that delivered by caesarean section had a higher proportion (95 percent) compared to those with a vaginal delivery (83 percent). For seven percent of the births neither mother nor child received post-natal health checks or timely visits.

[42] All background characteristics were removed from Table RH.14 due to the small number of cases reported.

Table RH.17: Post-natal health checks for mothers and newborns

Percent distribution of women age 15-49 years with a live birth in the last two years by post-natal health checks for the mother and newborn, within two days of the most recent birth, Swaziland MICS, 2014

	Post-natal health checks within two days of birth for:						
	Both mothers and newborns	Mothers only	Newborns only	Neither mother nor newborn	DK/Missing	Total	Number of women with a live birth in the last two years
Total	**84.7**	**2.4**	**5.3**	**7.0**	**0.5**	**100.0**	**959**
Region							
Hhohho	86.5	2.8	4.8	4.9	1.0	100.0	230
Manzini	84.8	3.6	6.0	5.3	0.4	100.0	376
Shiselweni	87.1	1.1	4.2	7.3	0.3	100.0	171
Lubombo	79.9	1.0	5.6	13.2	0.3	100.0	182
Area							
Urban	90.9	3.4	1.6	4.0	0.1	100.0	257
Rural	82.4	2.1	6.7	8.1	0.6	100.0	702
Mother's age at birth							
Less than 20	85.3	3.5	3.6	6.5	1.1	100.0	179
20-34	84.5	2.0	5.7	7.4	0.4	100.0	683
35-49	84.8	3.6	5.7	5.9	0.0	100.0	98
Place of delivery							
Home	43.0	4.2	10.8	42.1	0.0	100.0	96
Health facility	90.0	2.1	4.8	2.6	0.6	100.0	842
Public	91.9	1.8	4.1	1.4	0.7	100.0	570
Private	85.9	2.7	6.2	5.0	0.2	100.0	272
On the way	(*)	(*)	(*)	(*)	(*)	100.0	12
Type of delivery							
Vaginal birth	83.4	2.5	5.9	7.7	0.5	100.0	848
C-section	94.8	1.7	0.9	1.7	0.9	100.0	112
Education							
None	(84.8)	(0.0)	(1.7)	(13.5)	(0.0)	100.0	32
Primary	77.7	2.9	7.1	10.9	1.4	100.0	239
Secondary	85.5	2.2	6.2	6.0	0.1	100.0	353
Higher	87.9	2.3	3.4	6.0	0.4	100.0	268
Tertiary	92.6	4.0	3.5	0.0	0.0	100.0	68
Wealth index quintile							
Poorest	77.6	3.8	4.9	13.4	0.3	100.0	205
Second	82.9	1.8	5.5	8.2	1.6	100.0	213
Middle	83.2	2.0	7.6	7.2	0.0	100.0	200
Fourth	91.6	2.7	4.3	1.0	0.5	100.0	175
Richest	90.2	1.9	3.9	3.9	0.0	100.0	167

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

9. Early Childhood Development

This chapter discusses early childhood development encompassing early childhood care and education, the quality of care and the developmental status of children in Swaziland.

9.1 Early Childhood Care and Education

Early Childhood Education (preschool) is the foundation of effective human resource development and helps ensure that every child is enabled to achieve his/her full potential. Research has shown that children enrolled in Early Childhood Care and Education (ECCE) programs are more behaved and have higher IQ scores than their peers.[43] Children who attend ECCE usually benefit in the following ways: improved social skills, less or no need for special education instruction during subsequent school years, better grades, and enhanced attention spans.[44, 45]

The learning outcomes and other skills are stronger if children start school at earlier stages. Children enrolled in pre-school programs usually graduate from high school, attend college, have fewer behavioural problems, and do not become involved with crime in their adolescent and young adult years.[46] More so, children in their early developmental years are able to learn to speak a second language more easily than older children.

The importance of ECCE is endorsed in the 2009 report which also draws attention to the serious challenges that beset the ECCE department in the Ministry of Education and Training (MOET). Access to ECCE is considerably low as only about 35 percent of eligible preschool aged children have access to preschool education and the rest are not participating.[47] The quality is variable and not comprehensive in scope because of the few existing preschool, few of them provide good quality ECCE services. Some of the ECCE programmes offered in the ECCE centres do not cover relevant aspects of holistic development.

Most teachers are not trained and this compromise quality. For this reason, the country is facing challenges of high repetition rate and school dropout as early as grade 1. Readiness of children for primary school can be improved through attendance to early childhood education programmes or through pre-school attendance. Early childhood education programmes include programmes for children that have organised learning components as opposed to baby-sitting and day-care which do not typically have organised education and learning.

The Government of Swaziland recognises that ECCE can contribute significantly to the holistic development of a child. Providing quality services in ECCE for all children lays a solid foundation for later life and learning.

[43] http://learneducation123.blogspot.com/2016_06_01_archive.html

[44] http://nieer.org/sites/nieer/files/Investing%20in%20Early%20Childhood%20Eduation%20A%20Global%20Perspectivei.pdf

[45] www.huffingtonpost.com/.../the-13-key-benefits-of-ea_b_79433

[46] http://fcd-us.org/resources/evidence-base-preschool

[47] Ministry of Education and Training. 2010. Education Sector Strategic Plan-2010-2022.

For Children: It improves their intellectual/cognitive development (literacy and numeracy), socio-emotional development and physical development and to be independent.
For Caregivers: ECCE can facilitate women's entry (or re-entry) to the workforce and provides a support and resources for parents.
For Society: It helps to reduce poverty, increases the country's Gross Domestic Product (GDP) and Public revenue, reduces crime rate, juvenile delinquency and increases literacy.[48, 49]

In Swaziland a variety of Early Learning Programmes exist. These include Day Care Centres, Preschools, Neighbourhood Care Points (NCPs). Amongst these services, it is only the NCPs that are free and provide free food. Government policies, Acts, strategic plans and reports that influence the operation of ECCE in Swaziland include the following:

- The Swaziland Education and Training Sector Policy
- National Education and Training Improvement Programme (NETIP)
- National Plan of Action For Children
- Children' Policy
- Swaziland Early Learning and Development Standards
- Education Sector Strategic Plan
- National Development Strategy (NDS)
- Rights of the Child
- Child Protection and Welfare Act (2012)
- Education for All (EFA) Policy
- World Bank Report on the Education System of Swaziland (2010)
- Nutrition Policy
- National ECCDE Policy

The EFA goal for ECCE is on the improvement and expansion of ECCE especially for vulnerable children. To ensure that the deliverance of ECCE is improved, Government introduced a Training Programme for ECCE teachers in one of the accredited institutions (Ngwane Teacher Training College). These teachers are trained to teach Grade 0. This Grade 0 will be added to all Primary Schools and will start in 2017 when these teachers have graduated.

In Swaziland, Grade 0 is the last class of preschool before grade 1 or formal schooling. Six-year old children are enrolled for this programme. The reason why the Government of Swaziland has opted to introduce Grade 0 is the low access of children to Early Childhood Education programmes. This programme will thus benefit all children, especially the vulnerable ones who cannot afford preschool education as it is very expensive and afforded by the middle to high class people. The aim is to bridge the gap between preschool and primary school. This has been done with the recognition of the importance of Early Childhood Development and Education.

Table CD.1 is on results for the attendance of children age 36-59 months who are attending an organized ECCE programme in Swaziland. The Table shows that 30 percent of children in this age bracket are attending an organised early childhood education programme. Urban-rural differentials are notable: the figure is as high as 43 percent in urban areas, compared to 26 percent in rural areas.

[48] Britto et al., *Handbook of Early Childhood Development Research and its Impact on Global Policy* (2013).
[49] Heckman, J., *Skill Formation and the Economics of Investing in Disadvantaged Children*, Science, vol. 312, no. 5782, 30 June 2006, pp. 1900–1902.

Furthermore, the table shows that gender differentials exist. More females (33 percent) attend ECCE programmes than males (26 percent). Differentials by household wealth are noted as 48 percent of children living in the richest 20 percent households attend such programmes, while the figure drops to 28 percent among children in the poorest households. It is noteworthy that the proportion of children attending early childhood education programmes is different at age 36-47 months (20 percent) and 48-59 months (39 percent).

Table CD.1: Early childhood education

Percentage of children age 36-59 months who are attending an organized early childhood education programme, Swaziland MICS, 2014

	Percentage of children age 36-59 months attending early childhood education[1]	Number of children age 36-59 months
Total	**29.5**	**1,055**
Sex		
Male	25.8	528
Female	33.2	527
Region		
Hhohho	33.7	249
Manzini	23.6	361
Shiselweni	35.1	211
Lubombo	29.0	235
Area		
Urban	42.6	212
Rural	26.2	843
Age of child		
36-47 months	19.7	529
48-59 months	39.4	526
Mother's education		
None	17.9	119
Primary	24.1	354
Secondary	26.2	302
Higher	37.1	189
Tertiary	61.6	89
Wealth index quintile		
Poorest	27.7	267
Second	23.3	245
Middle	25.1	202
Fourth	27.6	171
Richest	48.4	171

[1] **MICS indicator 6.1 - Attendance to early childhood education**

9.2 Quality of Care

It is well recognized that a period of rapid brain development occurs in the first 3-4 years of life, and the quality of home care is a major determinant of the child's development during this period. [50] In this context, engagement of adults in activities with children, presence of books in the home for the child, and the conditions of care are important indicators of quality of home care. As set out in *A World Fit for Children*, "children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn."[51]

Information on a number of activities that support early learning was collected in the survey. These included the involvement of adults with children in the following activities: reading books or looking at picture books, telling stories, singing songs, taking children outside the home, compound or yard, playing with children, and spending time with children naming, counting, or drawing things.

The findings from the survey indicate that during the three days preceding the survey (Table CD.2), 39 percent of children age 36-59 months engaged with an adult household member in four or more activities that promote learning and school readiness. The mean number of activities that adults engaged with children was three. The proportion of children who engaged with an adult household member in four or more activities that promote learning was high for those residing in urban areas, older, with mothers with tertiary education, and from rich households.

More so, the table indicates that the father's involvement in such activities was very limited. Father's involvement in four or more activities was only two percent, whilst that of mothers was higher (16 percent). In urban areas, five percent of fathers engaged in activities with their children whilst in the rural areas it is one percent. On the other hand, mothers' engagement in activities with their children is 32 percent in urban areas and 13 percent in rural areas.

[50] Grantham-McGregor, S et al. 2007. *Developmental Potential in the First 5 Years for Children in Developing Countries*. The Lancet 369: 60–70
Belsky, J et al. 2006. *Socioeconomic Risk, Parenting During the Preschool Years and Child Health Age 6 Years*. European Journal of Public Health 17(5): 511–2.
[51] UNICEF. 2002. *A World Fit For Children* adopted by the UN General Assembly at the 27th Special Session, 10 May 2002: 2.

Table CD.2: Support for learning

Percentage of children age 36-59 months with whom adult household members engaged in activities that promote learning and school readiness during the last three days, and engagement in such activities by biological fathers and mothers, Swaziland MICS, 2015

	Percentage of children with whom adult household members have engaged in four or more activities[1]	Mean number of activities with adult household members	Percentage of children living with their:		Number of children age 36-59 months	Percentage of children with whom biological fathers have engaged in four or more activities[2]	Mean number of activities with biological fathers	Number of children age 36-59 months living with their biological fathers	Percentage of children with whom biological mothers have engaged in four or more activities[3]	Mean number of activities with biological mothers	Number of children age 36-59 months living with their biological mothers
			Biological father	Biological mother							
Total	**38.6**	**2.8**	**32.2**	**65.4**	**1,055**	**1.8**	**0.3**	**339**	**16.4**	**1.4**	**691**
Sex											
Male	32.9	2.5	32.8	62.0	528	1.8	0.3	173	11.9	1.2	327
Female	44.3	3.0	31.5	68.9	527	1.8	0.3	166	21.0	1.5	363
Region											
Hhohho	47.3	3.1	36.6	67.4	249	4.5	0.4	91	16.0	1.3	168
Manzini	36.5	2.8	39.1	71.4	361	1.3	0.4	141	18.9	1.6	258
Shiselweni	25.5	2.1	21.8	55.1	211	(1.5)	(0.2)	46	9.3	0.9	116
Lubombo	44.3	3.0	26.1	63.4	235	0.0	0.1	61	19.5	1.4	149
Area											
Urban	52.6	3.5	48.1	83.9	212	5.0	0.7	102	31.6	2.4	178
Rural	35.0	2.6	28.1	60.8	843	1.0	0.2	237	12.6	1.1	513
Age											
36-47 months	35.7	2.6	32.7	66.1	529	1.2	0.2	173	14.5	1.3	350
48-59 months	41.5	2.9	31.6	64.8	526	2.3	0.3	166	18.3	1.4	341
Mother's education[a]											
None	29.5	2.3	22.7	29.2	119	(0.0)	(0.1)	27	(5.3)	(0.4)	35
Primary	29.9	2.4	27.7	56.0	354	0.8	0.2	98	8.4	0.9	198
Secondary	41.9	2.9	34.9	72.4	302	0.8	0.2	105	21.5	1.5	219
Higher	43.2	3.1	35.1	84.9	189	2.3	0.4	66	20.3	1.8	160
Tertiary	64.5	3.9	48.0	89.0	89	(10.5)	(0.9)	43	38.2	2.9	79

Father's education											
None	(11.0)	(2.0)	(100.0)	(79.4)	28	(0.0)	(0.5)	28	(*)	(*)	22
Primary	42.0	2.8	100.0	79.1	85	1.9	0.7	85	16.4	1.2	67
Secondary	40.9	2.8	100.0	88.5	75	4.8	0.7	75	19.1	1.9	67
Higher	37.9	2.9	100.0	88.2	88	5.6	0.6	88	26.0	2.0	78
Tertiary	67.7	4.1	100.0	92.4	63	13.8	1.9	63	43.2	3.1	58
Father not in the household	36.5	2.7	0.0	55.6	716	na	na	na	13.3	1.1	398
Wealth index quintile											
Poorest	24.7	2.1	23.7	52.4	267	0.0	0.1	63	7.2	0.7	140
Second	33.1	2.5	25.9	60.2	245	0.0	0.1	63	9.7	0.9	147
Middle	44.7	3.0	30.9	65.6	202	2.1	0.3	62	20.0	1.5	133
Fourth	39.8	3.0	37.4	72.5	171	1.3	0.2	64	19.3	1.6	124
Richest	59.4	3.8	50.6	86.1	171	7.1	0.8	86	33.2	2.5	147

[1] MICS indicator 6.2 - Support for learning

[2] MICS Indicator 6.3 - Father's support for learning

[3] MICS Indicator 6.4 - Mother's support for learning

na: not applicable

[a] The background characteristic "Mother's education" refers to the education level of the respondent to the Questionnaire for Children Under Five, and covers both mothers and primary caretakers, who are interviewed when the mother is not listed in the same household. Since indicator 6.4 reports on the biological mother's support for learning, this background characteristic refers to only the educational levels of biological mothers when calculated for the indicator in question.

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Exposure to books in early years not only provides the child with greater understanding of the nature of print, but may also give the child opportunities to see others reading, such as older siblings doing school work. Presence of books is important for later school performance. The mothers/caretakers of all children under-five years were asked about number of children's books or picture books they have for the child, and the types of playthings that are available at home.

Table CD.3 shows that six percent of children age 0-59 months live in households where at least three children's books are available for the child (12 percent in urban areas and 4 percent in rural areas). The presence of children's books is positively correlated with the child's age. In the households with children age 24-59 months, nine percent of them have three or more children's books, while the figure drops to one percent in households with children age 0-23 months. The proportion of children with three or more children's books increases with an improvement in mother's education and household wealth.

The proportion of children age 0-59 months live in households with 10 or more children's books is two percent (4 percent in urban areas and 1 percent in rural areas). Availability of 10 or more children's books increases greatly with an increase in mother's education and household wealth.

Table CD.3 shows that 67 percent of children age 0-59 months play with two or more types of playthings (74 percent in urban areas and 65 percent in rural areas). The types of playthings included in the questionnaires were homemade toys (such as dolls and cars, or other toys made at home), toys that came from a store, and household objects (such as pots and bowls) or objects and materials found outside the home (such as sticks, rocks, animal shells, or leaves). It is interesting to note that 44 percent of children play with homemade toys, 61 percent play with toys that come from a store and 79 percent play with household objects or objects found outside the home. In terms of mother's education, the results indicate that 76 percent of children whose mothers have tertiary education have 2 or more types of playthings, while the proportion decreases to 59 percent for children whose mothers have no education. A higher proportion of children in the richest households (78 percent) have two or more types of playthings, compared to a lower proportion in the poorest households (56 percent). The study also shows by region the proportions of children with two or more playthings: Manzini region (72 percent), Shiselweni (70 percent), Hhohho (63 percent) and Lubombo region (59 percent).

Table CD.3: Learning materials

Percentage of children under age 5 by numbers of children's books present in the household, and by playthings that child plays with, Swaziland MICS, 2014

	Percentage of children living in households that have for the child:		Percentage of children who play with:				Number of children under age 5
	3 or more children's books[1]	10 or more children's books	Homemade toys	Toys from a shop/manufactured toys	Household objects/objects found outside	Two or more types of playthings[2]	
Total	**5.9**	**1.6**	**44.2**	**60.8**	**79.4**	**67.0**	**2,693**
Sex							
Male	4.9	0.7	46.8	58.6	80.2	67.3	1,370
Female	7.0	2.6	41.5	63.0	78.5	66.6	1,323
Region							
Hhohho	7.3	3.6	44.8	56.1	76.3	63.3	604
Manzini	6.2	1.2	43.5	71.2	83.1	72.2	992
Shiselweni	7.1	1.4	44.8	60.2	84.4	69.7	530
Lubombo	2.8	0.4	44.3	47.9	71.3	59.2	567
Area							
Urban	11.9	3.9	40.5	79.9	79.2	73.8	612
Rural	4.2	0.9	45.3	55.1	79.4	64.9	2,081
Age							
0-23 months	1.4	0.8	28.6	53.7	60.7	49.5	1,043
24-59 months	8.8	2.1	54.1	65.2	91.1	78.0	1,650
Mother's education							
None	1.0	0.0	52.7	34.6	84.7	59.0	235
Primary	1.3	0.0	46.7	51.1	82.6	63.5	825
Secondary	5.1	1.5	43.4	58.0	76.0	65.4	852
Higher	6.3	0.9	41.5	79.7	77.8	74.0	575
Tertiary	33.5	12.6	34.7	88.9	78.5	76.3	200
Wealth index quintile							
Poorest	1.5	0.2	43.1	39.3	77.8	56.1	631
Second	2.0	0.5	48.8	50.4	78.7	62.5	636
Middle	3.7	0.3	46.1	64.7	81.3	70.3	534
Fourth	7.9	1.4	42.4	74.3	80.6	74.0	458
Richest	18.8	7.0	38.7	88.1	79.0	77.6	434

[1] MICS indicator 6.5 - Availability of children's books

[2] MICS indicator 6.6 - Availability of playthings

Leaving children alone or in the presence of other young children is known to increase the risk of injuries.[52] In MICS, two questions were asked to find out whether children age 0-59 months were left alone during the week preceding the interview, and whether children were left in the care of other children under 10 years of age.

Table CD.4 presents that 17 percent of the children age 0-59 months were left with inadequate care in the week preceding the survey, 11 percent were left in the care of other children, while eight percent were left alone. The proportion of children left alone ranges from 21 percent in Manzini region

[52] Grossman, DC. 2000. *The History of Injury Control and the Epidemiology of Child and Adolescent Injuries.* The Future of Children, 10(1): 23-52.

to 10 percent in Shiselweni region. Twenty percent of children age 24-59 months were left with inadequate care while the proportion was 10 percent of those in the 0-23 months age category.

Table CD.4: Inadequate care

Percentage of children under age 5 left alone or left in the care of another child younger than 10 years of age for more than one hour at least once during the past week, Swaziland MICS, 2014

	Percentage of children under age 5:			
	Left alone in the past week	Left in the care of another child younger than 10 years of age in the past week	Left with inadequate care in the past week[1]	Number of children under age 5
Total	**8.1**	**10.6**	**16.5**	**2,693**
Sex				
Male	7.7	11.2	16.4	1,370
Female	8.5	10.1	16.5	1,323
Region				
Hhohho	5.7	11.7	14.4	604
Manzini	13.3	8.9	20.5	992
Shiselweni	2.7	7.6	9.7	530
Lubombo	6.5	15.3	18.0	567
Area				
Urban	10.6	4.6	14.3	612
Rural	7.4	12.4	17.1	2,081
Age				
0-23 months	5.4	6.3	10.4	1,043
24-59 months	9.8	13.4	20.3	1,650
Mother's education				
None	5.5	14.2	16.8	235
Primary	8.4	12.9	18.2	825
Secondary	7.6	10.9	16.1	852
Higher	9.8	8.3	16.9	575
Tertiary	7.2	2.8	9.3	200
Wealth index quintile				
Poorest	7.7	14.4	18.4	631
Second	7.3	13.4	17.9	636
Middle	6.6	11.0	15.8	534
Fourth	8.1	6.8	13.8	458
Richest	11.5	4.7	15.1	434

[1] **MICS indicator 6.7 - Inadequate care**

9.3 Developmental Status of Children

Early childhood development is defined as an orderly, predictable process along a continuous path, in which a child learns to handle more complicated levels of moving, thinking, speaking, feeling and relating to others. Physical growth, literacy and numeracy skills, socio-emotional development and readiness to learn are vital domains of a child's overall development, which is a basis for overall human development. [53]

[53] Shonkoff, J and Phillips, D (eds). 2000. *From neurons to neighborhoods: the science of early childhood development*. Committee on Integrating the Science of Early Childhood Development, National Research Council, 2000.

A 10-item module was used to calculate the Early Child Development Index (ECDI). The primary purpose of the ECDI is to inform public policy regarding the developmental status of children in Swaziland. The index is based on selected milestones that children are expected to achieve by ages three and four. The 10 items are used to determine if children are developmentally on track in four domains which are as follows:

Literacy-numeracy: Children are identified as being developmentally on track based on whether they can identify/name at least ten letters of the alphabet, whether they can read at least four simple, popular words, and whether they know the name and recognize the symbols of all numbers from 1 to 10. If at least two of these are true, then the child is considered developmentally on track.

Physical: If the child can pick up a small object with two fingers, like a stick or a rock from the ground and/or the mother/caretaker does not indicate that the child is sometimes too sick to play, then the child is regarded as being developmentally on track in the physical domain.

Social-emotional: Children are considered to be developmentally on track if two of the following are true: If the child gets along well with other children, if the child does not kick, bite, or hit other children and if the child does not get distracted easily.

Learning: If the child follows simple directions on how to do something correctly and/or when given something to do, is able to do it independently, then the child is considered to be developmentally on track in this domain.

ECDI is then calculated as the percentage of children who are developmentally on track in at least three of these four domains.

The results from Table CD.5 indicate that in Swaziland, 65 percent of children age 36-59 months are developmentally on track. ECDI is 66 percent among girls and 64 percent amongst boys. As expected, ECDI is much higher in the older age group (73 percent) among children age 48-59 months as compared to 57 percent among those age 36-47 months, since children develop more skills with increasing age. Higher ECDI is seen in children attending an early childhood education programme (78 percent) and lower (60 percent) among those who are not attending. Children whose mothers have tertiary education have a higher ECDI (83 percent) compared to children whose mothers had no education (60 percent). The analysis of four domains of child development shows that 94 percent of children are developmentally on track in the learning domain, and in the physical domain (93 percent), but much less on track in literacy-numeracy (19 percent) and social-emotional (65 percent) domains.

Table CD.5: Early child development index

Percentage of children age 36-59 months who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains, and the early child development index score, Swaziland MICS, 2014

	Percentage of children age 36-59 months who are developmentally on track for indicated domains				Early child development index score[1]	Number of children age 36-59 months
	Literacy-numeracy	Physical	Social-Emotional	Learning		
Total	**18.6**	**92.5**	**64.5**	**93.8**	**64.9**	**1,055**
Sex						
Male	14.3	93.3	64.6	92.0	63.5	528
Female	23.0	91.8	64.4	95.7	66.4	527
Region						
Hhohho	23.9	95.0	62.9	93.4	65.7	249
Manzini	21.4	90.3	62.5	95.2	63.8	361
Shiselweni	12.8	94.3	81.2	93.2	76.9	211
Lubombo	14.2	91.7	54.3	92.9	55.1	235
Area						
Urban	33.5	94.8	68.0	98.4	73.9	212
Rural	14.9	91.9	63.6	92.7	62.7	843
Age						
36-47 months	10.7	90.7	59.9	91.4	57.3	529
48-59 months	26.6	94.3	69.1	96.3	72.6	526
Attendance to early childhood education						
Attending	44.1	95.7	67.0	97.7	77.7	311
Not attending	8.0	91.2	63.5	92.2	59.6	744
Mother's education						
None	10.5	90.2	61.5	92.3	60.0	119
Primary	9.9	90.6	63.8	93.4	62.2	354
Secondary	18.4	92.0	65.7	93.4	62.7	302
Higher	23.9	94.7	64.7	93.4	67.7	189
Tertiary	54.1	100.0	66.2	100.0	82.7	89
Wealth index quintile						
Poorest	6.8	93.0	63.0	94.2	61.0	267
Second	15.4	91.8	64.6	91.8	62.4	245
Middle	14.4	90.0	62.5	89.8	61.2	202
Fourth	22.2	90.7	68.6	95.2	67.3	171
Richest	43.2	97.6	65.0	99.5	76.7	171

[1] **MICS indicator 6.8 - Early child development index**

10. Literacy and Education

The National Constitution of the Kingdom of Swaziland (2005) declared primary education a right for all Swazis. It further stated that primary education shall be "free and compulsory". In addition, the country developed and adopted a long-term strategy, known as "The National Development Strategy (NDS) 2013. The NDS aspiration is to place Swaziland amongst the top 10 percent of medium human development group of countries founded on sustainable economic development, social justice and political stability. To achieve this vision, every child is expected to at least complete the full ten-year cycle of basic education. In Swaziland, basic education consists of seven years of primary education plus three years of lower secondary.

To operationalize this, the Ministry of Education and Training in 2010, through Parliament enacted the "Free Primary Education Act of 2010", which was to ensure that every Swazi citizen accesses the first seven full years of primary education. The FPE was incepted at grade 1 and 2 in 2010, and the incrementally one grade at a time until all the primary school grades were covered by 2015. The achievement of universal primary education (an MDG and EFA goal) is a vehicle to ensure that Vision 2022 is achieved. In 2012 the country achieved Universal Primary Education (UPE) with primary net enrolment rate standing at 96 percent[54], this suggested the country has achieved a major milestone.

Further the Ministry also developed the National Education and Training Improvement Programme (NETIP) which is in line with the NDS, and outlines the key strategies the Ministry will employ to achieve the national agenda. The NETIP is the long term plan of the Ministry, on regular three to five year periods a Sector Development Plan (SDP) is derived from the NETIP and implemented through the Ministry's annual activities funded by Government and its partners.

10.1 Literacy among Young Women and Men

This section presents literacy rates for the population age 15-24 years, which is largely the youth of the country. The Youth Literacy Rate reflects the outcomes of primary education over the previous 10 years or so. As a measure of the effectiveness of the primary education system, it is often seen as a proxy measure of social progress and economic achievement. The results are based on females and males between ages 15 and 24 years. Literacy is assessed on the ability of the respondent ability to read or write a short simple statement or based on school attendance. In Swaziland, literacy is normally pegged with the successful completion of Grade 5. In this survey the respondents were given a short statement to read.

The percentage of literate young women in Swaziland is presented in Table ED.1 and is disaggregated by region, area, age, education level and household wealth quintile. Table ED.1 indicates that 95 percent of young women in Swaziland are literate and that literacy status does not vary much by place of residence and region. Of the women who stated that primary school was their highest level of education, 80 percent were able to read the statement shown to them – one in five women were not able to read the passage.

[54] Annual Education Census 2012

Table ED.1: Literacy (young women)

Percentage of women age 15-24 years who are literate, Swaziland MICS, 2014

	Percentage literate[1]	Percentage not known	Number of women age 15-24 years
Total	**95.3**	**0.4**	**1,926**
Region			
Hhohho	94.4	0.4	467
Manzini	95.7	0.6	775
Shiselweni	96.1	0.5	360
Lubombo	94.4	0.0	324
Area			
Urban	94.2	0.6	510
Rural	95.6	0.4	1,416
Education			
None	(*)	(*)	10
Primary	80.2	2.1	409
Secondary	100.0	0.0	810
Higher	100.0	0.0	608
Tertiary	100.0	0.0	89
Age			
15-19	95.1	0.2	1,037
20-24	95.5	0.7	888
Wealth index quintile			
Poorest	90.1	0.2	356
Second	94.9	0.9	366
Middle	96.6	0.2	411
Fourth	97.2	0.6	423
Richest	96.8	0.3	370

[1] MICS indicator 7.1; MDG indicator 2.3 - Literacy rate among young women

(*) Figures that are based on fewer than 25 unweighted cases

Literacy rates among Young Men (15-24 years)

Table ED.1M shows the literacy rates amongst young men age 15-24 years. The Table shows that 92 percent of the young men in Swaziland are literate, three percentage points lower than their female counterparts. There are variations in literacy levels across the four regions ranging from 88 percent in Lubombo region to 94 percent.

There was minimal variation by place of residence, with men in urban areas (97 percent) more literate than those in rural areas (91 percent). Of the men who stated that primary education was their highest education level, 73 percent were able to read the statement shown to them. Literacy level ranges from 91 percent amongst men in the poorest households to 99 percent in the richest households.

Table ED.1M: Literacy (young men)			
Percentage of men age 15-24 years who are literate, Swaziland MICS, 2014			
	Percentage literate[1]	Percentage not known	Number of men age 15-24 years
Total	**92.1**	**0.3**	**598**
Region			
Hhohho	91.7	0.5	148
Manzini	93.4	0.4	245
Shiselweni	93.5	0.0	108
Lubombo	87.9	0.0	98
Area			
Urban	96.5	0.0	152
Rural	90.6	0.4	446
Education			
None	(*)	(*)	8
Primary	73.4	1.1	156
Secondary	100.0	0.0	220
Higher	100.0	0.0	182
Tertiary	(100.0)	(0.0)	33
Age			
15-19	92.4	0.2	308
20-24	91.8	0.3	291
Wealth index quintile			
Poorest	90.6	0.0	94
Second	89.5	0.7	115
Middle	89.8	0.6	154
Fourth	93.1	0.0	130
Richest	98.6	0.0	105
[1] MICS indicator 7.1; MDG indicator 2.3 - Literacy rate among young men[M]			
( ) Figures that are based on 25-49 unweighted cases (*) Figures that are based on fewer than 25 unweighted cases			

10.2 School Readiness

Pre-school education is important for the readiness of children to attend school. Pre-school in Swaziland is defined as the education that is a year before entry into Grade 1. Normally children enrol in pre-school at the age of three years according to the country's ISCED framework.[55] Pre-school is not a requirement for entry into grade 1 in the country. Pre-schools are supposed to stimulate and support interactions between the teacher's and children, thus boosting the child's mental capacity, executive function skills (the voluntary control of attention and behaviour) and confidence for school readiness.

Table ED.2 shows the proportion of children in the first grade of primary school (regardless of age and transitional status) who stated that they attended pre-school the previous year.[56] Overall, 61 percent of children who are currently attending the first grade of primary school were attending pre-school

[55] http://data.uis.unesco.org/

[56] The computation of the indicator does not exclude repeaters, and therefore is inclusive of both children who are attending primary school for the first time, as well as those who were in the first grade of primary school the previous school year and are repeating. Children repeating may have attended pre-school prior to the school year during which they attended the first grade of primary school for the first time; these children are not captured in the numerator of the indicator.

the previous year. The proportion among females is slightly higher (65 percent) than males (57 percent), while over four-fifths of the children in first grade in urban areas (81 percent) had attended pre-school the previous year compared to 57 percent among children living in rural areas

Regional differentials are minimal, with the exception of the Lubombo region. In the other three regions, the percentage of children attending first grade who had attended pre-school in the previous school year averaged at about 65 percent, whilst the percentage in Lubombo region was only 43 percent.

Household wealth appears to have a strong positive correlation with school readiness – while the indicator is only 44 percent among the poorest households, it increases to 85 percent among those children living in the richest households. Overall, the results suggest that it is more likely for a child, living in an urban area, with an educated mother and from a household in the rich quintile to attend pre-school.

Table ED.2: School readiness

Percentage of children attending first grade of primary school who attended pre-school the previous year, Swaziland MICS, 2014

	Percentage of children attending first grade who attended preschool in previous year[1]	Number of children attending first grade of primary school
Total	**60.6**	**710**
Sex		
Male	56.7	382
Female	65.2	328
Region		
Hhohho	64.8	153
Manzini	65.6	247
Shiselweni	66.4	151
Lubombo	43.3	160
Area		
Urban	81.4	117
Rural	56.5	594
Mother's education		
None	38.1	114
Primary	53.6	261
Secondary	67.0	183
Higher	78.2	102
Tertiary	(92.1)	46
Wealth index quintile		
Poorest	44.1	201
Second	54.3	157
Middle	67.7	154
Fourth	70.8	114
Richest	85.0	84

[1] **MICS indicator 7.2 - School readiness**

( ) Figures that are based on 25-49 unweighted cases

10.3 Primary and Secondary School Participation

Universal access to basic education and the achievement of primary education by the world's children is one of the Millennium Development Goals. In Swaziland basic education consists of seven years of primary education plus three years of lower secondary. Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth.

In Swaziland, children enter primary school at age 6 and enter secondary school at age 13. There are 7 grades in primary school and 5 grades in secondary school. In primary school, grades are referred to as Grade 1 to Grade 7. For secondary school, grades are referred to as Form 1 to Form 5, which is split into two levels, i.e. Lower Secondary from Form 1 to Form 3 and Senior Secondary (high school) which currently comprises Forms 4 and 5. Whilst primary education is State funded under the FPE programme, secondary education is not free nor compulsory. There is also a Primary Level examination which determines transition and enrolment into lower secondary levels of education. The school year typically runs from January of one year to December of the same year.

Of children who are of primary school entry age 6 in Swaziland, 89 percent are attending the first grade of primary school (Table ED.3). Children's participation in the first grade of primary school is 90 percent in rural areas and 85 percent in urban areas. In the Lubombo region, the value of the indicator is 90 percent, while it is 87 percent in the Hhohho region.

Table ED.3: Primary school entry

Percentage of children of primary school entry age entering grade 1 (net intake rate), Swaziland MICS, 2014

	Percentage of children of primary school entry age entering grade 1[1]	Number of children of primary school entry age
Total	**89.3**	**538**
Sex		
Male	89.4	279
Female	89.1	259
Region		
Hhohho	87.2	116
Manzini	90.1	197
Shiselweni	89.0	114
Lubombo	90.2	111
Area		
Urban	85.3	85
Rural	90.0	453
Mother's education		
None	78.7	79
Primary	91.4	199
Secondary	91.0	139
Higher	92.4	78
Tertiary	(89.0)	41
Wealth index quintile		
Poorest	89.4	145
Second	91.4	122
Middle	89.8	104
Fourth	87.0	99
Richest	87.7	68

[1] MICS indicator 7.3 - Net intake rate in primary education

( ) Figures that are based on 25-49 unweighted cases

Table ED.4 provides the percentage of children of primary school age 6 to 12 years who are attending primary or secondary school[57] (these would be children age 12 years and below who are in lower secondary), and those who are out of school. The majority of children of primary school age are attending school (98 percent). However, two percent of the children are out of school, though primarily due to a slightly lower attendance rate (92 percent) for children age 6, who appear to be starting late in primary school, as seen by a relatively high percentage (8 percent, or about 1 in 10) who are out of school. Many of these children are not enrolled in preschool either, suggesting that there could be barriers in them accessing primary education on time despite the FPE Programme. The high attendance rates among older age groups (7-12) indicate that most of the 6-year-old children who are currently out of school would be likely to attend primary school later.

[57] Ratios presented in this table are "adjusted" since they include not only primary school attendance, but also secondary school attendance in the numerator.

Table ED.4: Primary school attendance and out of school children

Percentage of children of primary school age attending primary or secondary school (adjusted net attendance ratio), percentage attending preschool, and percentage out of school, Swaziland MICS, 2014

	Male					Female					Total				
		Percentage of children:					Percentage of children:					Percentage of children:			
	Net attendance ratio (adjusted)	Not attending school or preschool	Attending preschool	Out of school[a]	Number of children	Net attendance ratio (adjusted)	Not attending school or preschool	Attending preschool	Out of school[a]	Number of children	Net attendance ratio (adjusted)[1]	Not attending school or preschool	Attending preschool	Out of school[a]	Number of children
Total	**97.3**	**1.6**	**0.9**	**2.4**	**1,816**	**98.0**	**1.2**	**0.5**	**1.7**	**1,804**	**97.7**	**1.4**	**0.7**	**2.1**	**3,621**
Region															
Hhohho	97.4	1.2	1.1	2.2	433	97.5	1.6	0.8	2.4	448	97.5	1.4	0.9	2.3	880
Manzini	97.5	1.5	0.8	2.3	627	98.4	1.0	0.0	1.0	606	97.9	1.3	0.4	1.6	1,233
Shiselweni	97.6	1.4	0.6	2.0	363	98.2	0.9	0.8	1.8	352	97.9	1.2	0.7	1.9	715
Lubombo	96.6	2.2	1.0	3.2	394	98.0	1.3	0.6	1.9	398	97.3	1.7	0.8	2.6	792
Area															
Urban	96.9	0.9	2.3	3.1	346	99.6	0.3	0.1	.4	360	98.2	0.6	1.2	1.8	706
Rural	97.4	1.7	0.5	2.3	1,470	97.7	1.4	0.6	2.0	1,444	97.5	1.6	0.5	2.1	2,915
Age at beginning of school year															
6	90.6	5.0	4.4	9.4	279	92.6	4.9	2.3	7.2	259	91.6	5.0	3.4	8.4	538
7	98.9	0.7	0.3	0.9	278	98.0	1.7	0.3	2.0	263	98.5	1.1	0.3	1.4	542
8	98.0	0.8	0.5	1.3	278	98.7	0.6	0.7	1.3	267	98.3	0.7	0.6	1.3	545
9	98.1	1.0	0.5	1.5	258	99.1	0.3	0.0	0.3	261	98.6	0.7	0.3	0.9	518
10	99.1	0.9	0.0	0.9	239	99.8	0.2	0.0	0.2	282	99.5	0.5	0.0	0.5	521
11	99.1	0.3	0.0	0.3	248	98.2	0.6	0.0	0.6	243	98.7	0.5	0.0	0.5	491
12	98.0	2.0	0.0	2.0	236	99.8	0.2	0.0	0.2	229	98.9	1.1	0.0	1.1	465
Mother's education															
None	94.0	3.5	2.1	5.5	283	95.9	2.4	1.2	3.6	293	95.0	2.9	1.6	4.5	576
Primary	97.0	2.2	0.4	2.6	641	97.5	1.8	0.2	1.9	603	97.2	2.0	0.3	2.3	1,244
Secondary	98.1	0.9	0.9	1.8	494	99.0	0.8	0.3	1.0	492	98.5	0.8	0.6	1.4	987
Higher	99.2	0.0	0.8	0.8	229	99.6	0.0	0.4	0.4	268	99.4	0.0	0.6	0.6	497
Tertiary	99.3	0.0	0.7	0.7	158	98.6	0.0	1.4	1.4	137	99.0	0.0	1.0	1.0	295

Wealth index quintile															
Poorest	96.5	2.4	0.7	3.1	440	97.5	1.8	0.8	2.5	459	97.0	2.1	0.7	2.8	898
Second	97.9	1.4	0.3	1.7	418	97.3	2.0	0.5	2.5	402	97.6	1.7	0.4	2.1	820
Middle	97.9	1.8	0.3	2.1	367	98.9	0.5	0.3	0.8	376	98.4	1.1	0.3	1.4	744
Fourth	96.9	1.7	1.4	3.1	315	98.2	1.4	0.4	1.8	277	97.5	1.6	0.9	2.5	591
Richest	97.3	0.0	2.2	2.2	277	98.5	0.0	0.3	0.3	291	97.9	0.0	1.2	1.2	568

[1] MICS indicator 7.4; MDG indicator 2.1 - Primary school net attendance ratio (adjusted)

[a] The percentage of children of primary school age out of school are those not attending school and those attending preschool

The secondary school net attendance ratio is presented in Table ED.5.[58] About half of the children of secondary school age are attending school at secondary level. Of the remaining half, most are attending primary school, but one out of ten children of secondary school age is out of school. Attendance is higher for girls (55 percent) than for boys (46 percent) and in urban areas (65 percent) than in rural areas (47 percent). The proportion of children out of school by region ranges between eight percent and 12 percent. Differentials in secondary school attendance are also observed by mothers' education level and household wealth.

[58] Ratios presented in this table are "adjusted" since they include not only secondary school attendance, but also attendance to higher levels in the numerator.

Table ED.5: Secondary school attendance and out of school children

Percentage of children of secondary school age attending secondary school or higher (adjusted net attendance ratio), percentage attending primary school, and percentage out of school, Swaziland MICS, 2014

	Male				Female				Total			
		Percentage of children:				Percentage of children:				Percentage of children:		
	Net attendance ratio (adjusted)	Attending primary school	Out of school[a]	Number of children	Net attendance ratio (adjusted)	Attending primary school	Out of school[a]	Number of children	Net attendance ratio (adjusted)[1]	Attending primary school	Out of school[a]	Number of children
Total	**46.1**	**45.9**	**7.4**	**1,203**	**54.7**	**33.2**	**11.6**	**1,175**	**50.4**	**39.6**	**9.5**	**2,378**
Region												
Hhohho	48.7	42.7	7.2	332	60.4	30.2	9.3	283	54.1	37.0	8.2	616
Manzini	47.7	44.4	7.6	389	50.9	33.0	15.0	429	49.4	38.4	11.5	818
Shiselweni	45.8	45.9	8.3	222	63.4	29.1	7.5	229	54.8	37.4	7.9	451
Lubombo	40.7	52.1	6.6	260	46.4	41.3	12.0	234	43.4	47.0	9.2	494
Area												
Urban	69.9	22.0	7.2	221	59.9	21.8	16.7	246	64.6	21.9	12.2	467
Rural	40.8	51.2	7.5	982	53.4	36.2	10.2	929	46.9	44.0	8.8	1,911
Age at beginning of school year												
13	19.3	79.5	1.2	253	33.4	65.9	0.7	286	26.8	72.3	1.0	540
14	33.9	60.9	5.2	234	53.1	44.7	2.2	212	43.0	53.2	3.8	445
15	46.2	45.4	7.8	240	62.3	27.4	10.3	235	54.2	36.5	9.0	475
16	67.1	23.9	8.5	234	71.6	13.4	13.1	226	69.3	18.8	10.8	460
17	65.5	18.0	14.6	242	58.8	5.7	35.0	216	62.4	12.2	24.2	458
Mother's education												
None	20.0	74.8	5.2	116	28.2	59.0	8.8	100	23.8	67.5	6.9	216
Primary	26.9	67.1	5.5	253	42.2	52.5	5.2	241	34.4	60.0	5.4	494
Secondary	42.6	55.8	1.6	168	58.7	35.6	5.6	176	50.9	45.5	3.7	343
Higher	61.5	38.5	0.0	76	67.9	31.5	0.5	100	65.2	34.5	0.3	176
Tertiary	(73.5)	(22.6)	(2.3)	52	73.4	25.5	1.1	74	73.4	24.3	1.6	126
Cannot be determined[b]	56.8	29.9	12.2	534	59.5	18.7	21.5	481	58.1	24.6	16.6	1,016

Wealth index quintile												
Poorest	30.9	60.6	7.9	281	37.7	46.3	16.0	249	34.1	53.9	11.7	530
Second	35.0	56.3	8.1	299	48.9	40.0	11.1	256	41.4	48.8	9.5	555
Middle	45.4	47.4	7.2	251	59.5	31.8	7.3	269	52.7	39.3	7.2	520
Fourth	60.1	30.3	9.2	207	60.1	30.1	9.3	202	60.1	30.2	9.3	409
Richest	75.7	19.2	3.4	165	71.8	13.1	14.8	199	73.6	15.9	9.6	364

[1] MICS indicator 7.5 - Secondary school net attendance ratio (adjusted)

[a] The percentage of children of secondary school age out of school are those who are not attending primary, secondary, or higher education

[b] Children age 15 or higher at the time of the interview whose mothers were not living in the household

( ) Figures that are based on 25-49 unweighted cases

The percentage of children entering first grade who eventually reach the last grade of primary school is presented in Table ED.6. The MICS included only questions on school attendance in the current and previous year. Thus, the indicator is calculated synthetically by computing the cumulative probability of survival from the first to the last grade of primary school, as opposed to calculating the indicator for a real cohort which would need to be followed from the time a cohort of children entered primary school, up to the time they reached the last grade of primary school. Repeaters are excluded from the calculation of the indicator, because it is not known whether they will eventually graduate. As an example, the probability that a child will move from the first grade to the second grade is computed by dividing the number of children who moved from the first grade to the second grade (during the two consecutive school years covered by the survey) by the number of children who have moved from the first to the second grade plus the number of children who were in the first grade the previous school year, but dropped out. Both the numerator and denominator excludes children who repeated during the two school years under consideration. The majority of children (93 percent) starting grade one reach grade 6. There are minimal variations by background characteristics.

Table ED.6: Children reaching last grade of primary school

Percentage of children entering first grade of primary school who eventually reach the last grade of primary school (Survival rate to last grade of primary school), Swaziland MICS, 2014

	Percent attending grade 1 last school year who are in grade 2 this school year	Percent attending grade 2 last school year who are attending grade 3 this school year	Percent attending grade 3 last school year who are attending grade 4 this school year	Percent attending grade 4 last school year who are attending grade 5 this school year	Percent attending grade 5 last school year who are attending grade 6 this school year	Percent attending grade 6 last school year who are attending grade 7 this school year	Percent who reach grade 6 of those who enter grade 1[1]
Total	**99.4**	**99.8**	**99.3**	**99.2**	**98.1**	**96.9**	**92.9**
Sex							
Male	99.4	99.5	98.9	99.1	98.1	97.3	92.5
Female	99.5	100.0	99.7	99.3	98.2	96.5	93.3
Region							
Hhohho	99.4	100.0	99.1	99.4	97.3	98.2	93.6
Manzini	99.0	100.0	98.8	98.6	98.8	95.5	91.0
Shiselweni	100.0	100.0	99.3	99.7	98.1	98.7	95.9
Lubombo	99.6	99.0	100.0	99.5	98.1	96.1	92.5
Area							
Urban	100.0	100.0	100.0	98.3	99.3	95.3	93.0
Rural	99.3	99.7	99.1	99.4	97.9	97.2	92.8
Mother's education							
None	99.4	100.0	98.9	99.2	97.3	92.4	87.7
Primary	99.6	100.0	99.1	99.8	99.1	98.4	96.2
Secondary	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Higher	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Tertiary	(100.0)	(100.0)	(100.0)	100.0	(100.0)	(100.0)	100.0
Cannot be determined[a]	(100.0)	(84.9)	(100.0)	(100.0)	94.3	94.3	75.5

Wealth index quintile							
Poorest	99.3	99.6	99.5	98.6	97.1	94.3	89.0
Second	98.1	99.4	99.2	99.4	99.4	96.4	92.1
Middle	100.0	100.0	99.0	100.0	97.5	98.8	95.3
Fourth	100.0	100.0	98.8	98.1	97.9	97.4	92.5
Richest	100.0	100.0	100.0	100.0	98.8	98.0	96.8

[1] MICS indicator 7.6; MDG indicator 2.2 - Children reaching last grade of primary

[a] Children age 15 or higher at the time of the interview whose mothers were not living in the household

( ) Figures that are based on 25-49 unweighted cases

The primary school completion rate and transition rate to secondary education are presented in Table ED.7. The primary completion rate is the ratio of the total number of students, regardless of age, entering the last grade of primary school for the first time, to the number of children of the primary graduation age at the beginning of the current (or most recent) school year.

Table ED.7 shows that the primary school completion rate is 91 percent. Only 86 percent of the children who were attending the last grade of primary school in the previous school year were found to be attending the first grade of secondary school in the school year of the survey. This suggests that about 14 percent of the children who completed primary education did not transition to secondary education. This indicator tends to underestimate pupils' progression to secondary school as it assumes that repeaters never reach secondary school. The table also provides the "effective" transition rate which is adjusted to exclude repeaters. The table shows that in total 95 percent of the children who attended the last grade of primary school in the previous year (and who are not repeating that grade) moved on to secondary school.

The results indicate primary school completion rate for girls is 94 percent while it is 88 percent for boys. The rate ranges from 79 percent in Shiselweni region to 95 percent in both Hhohho and Manzini regions. Despite the fact that more girls complete their primary education roughly the same proportion of boys and girls transitioned to secondary school (86 percent and 85 percent, respectively).

Table ED.7: Primary school completion and transition to secondary school

Primary school completion rates and transition and effective transition rates to secondary school, Swaziland MICS, 2014

	Primary school completion rate[1]	Number of children of primary school completion age	Transition rate to secondary school[2]	Number of children who were in the last grade of primary school the previous year	Effective transition rate to secondary school	Number of children who were in the last grade of primary school the previous year and are not repeating that grade in the current school year
Total	**90.9**	**465**	**85.5**	**481**	**94.6**	**435**
Sex						
Male	87.7	236	86.2	229	94.4	209
Female	94.1	229	85.0	252	94.8	226
Region						
Hhohho	95.4	117	88.7	111	95.1	103
Manzini	94.5	154	80.7	159	92.1	139
Shiselweni	78.8	97	85.3	111	95.6	99
Lubombo	91.8	97	90.0	100	96.7	93
Area						
Urban	80.0	81	89.2	92	93.3	88
Rural	93.2	385	84.7	388	94.9	346
Mother's education						
None	45.4	75	(74.8)	35	(93.0)	28
Primary	67.7	176	85.9	101	97.3	89
Secondary	67.7	113	89.0	84	96.0	78
Higher	96.4	55	(100.0)	48	(100.0)	48
Tertiary	(93.9)	43	(97.1)	35	(100.0)	34
Cannot be determined[a]	-	0	84.8	108	91.4	100
Wealth index quintile						
Poorest	71.6	131	80.0	102	91.9	88
Second	96.1	96	83.7	122	93.5	109
Middle	96.5	105	88.3	113	98.5	101
Fourth	110.3	61	83.2	64	89.7	59
Richest	94.3	72	93.4	80	98.0	77

[1] MICS indicator 7.7 - Primary completion rate

[2] MICS indicator 7.8 - Transition rate to secondary school

[a] Children age 15 or higher at the time of the interview whose mothers were not living in the household

( ) Figures that are based on 25-49 unweighted cases

The ratio of girls to boys attending primary and secondary education is provided in Table ED.8. These ratios are better known as the Gender Parity Index (GPI).[59] Notice that the ratios included here are obtained from net attendance ratios rather than gross attendance ratios. The latter provide an erroneous description of the GPI mainly because, in most cases, the majority of over-age children attending primary education tend to be boys.

[59] UNESCO, 2015. EFA Monitoring Report 2015 -Education for All 2000-2015: Achievements and Challenges. Gender parity index (GPI) - Ratio of female to male values of a given indicator. A GPI between 0.97 and 1.03 indicates parity between the genders. A GPI below 0.97 indicates a disparity in favour of males. A GPI above 1.03 indicates a disparity in favour of females

The table shows that gender parity for primary school is 1.01, indicating no difference in the attendance of girls and boys to primary school. The indicator increases from 1.01 at primary to 1.19 for secondary education indicating that girls were attending at a higher rate than the boys at this level. At secondary school level, the disadvantage of girls is pronounced in urban areas (0.86), while boys' disadvantage is prominent in rural areas (1.31). Also while girls are more disadvantaged among children living in the wealthiest households (0.95), boys are more disadvantaged among children from the poorest households.

Table ED.8: Education gender parity

Ratio of adjusted net attendance ratios of girls to boys, in primary and secondary school, Swaziland MICS, 2014

	Primary school			Secondary school		
	Primary school adjusted net attendance ratio (NAR), girls	Primary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school adjusted NAR[1]	Secondary school adjusted net attendance ratio (NAR), girls	Secondary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school adjusted NAR[2]
Total	**98.0**	**97.3**	**1.01**	**54.7**	**46.1**	**1.19**
Region						
Hhohho	97.5	97.4	1.00	60.4	48.7	1.24
Manzini	98.4	97.5	1.01	50.9	47.7	1.07
Shiselweni	98.2	97.6	1.01	63.4	45.8	1.38
Lubombo	98.0	96.6	1.01	46.4	40.7	1.14
Area						
Urban	99.6	96.9	1.03	59.9	69.9	0.86
Rural	97.7	97.4	1.00	53.4	40.8	1.31
Mother's education						
None	95.9	94.0	1.02	28.2	20.0	1.41
Primary	97.5	97.0	1.01	42.2	26.9	1.57
Secondary	99.0	98.1	1.01	58.7	42.6	1.38
Higher	99.6	99.2	1.00	67.9	61.5	1.11
Tertiary	98.6	99.3	0.99	73.4	73.5	1.00
Cannot be determined[a]	na	na	na	59.5	56.8	1.05
Wealth index quintile						
Poorest	97.5	96.5	1.01	37.7	30.9	1.22
Second	97.3	97.9	0.99	48.9	35.0	1.40
Middle	98.9	97.9	1.01	59.5	45.4	1.31
Fourth	98.2	96.9	1.01	60.1	60.1	1.00
Richest	98.5	97.3	1.01	71.8	75.7	0.95

[1] MICS indicator 7.9; MDG indicator 3.1 - Gender parity index (primary school)

[2] MICS indicator 7.10; MDG indicator 3.1 - Gender parity index (secondary school)

[a] Children age 15 or higher at the time of the interview whose mothers were not living in the household

na: not applicable

The percentage of girls in the total out of school population, in both primary and secondary school, are provided in Table ED.9. The table shows that at the primary school level, girls account for 41 percent of the out-of-school population, and 60 percent at secondary school level. At secondary level, in urban areas, 72 percent of the out of school children are girls, while it is 56 percent in rural areas.

In Manzini region, the percentage of girls in the total out of school population of secondary school age is 69 while in Shiselweni region is 48 percent.

Table ED.9: Out of school gender parity

Percentage of girls in the total out of school population, in primary and secondary school, Swaziland MICS, 2014

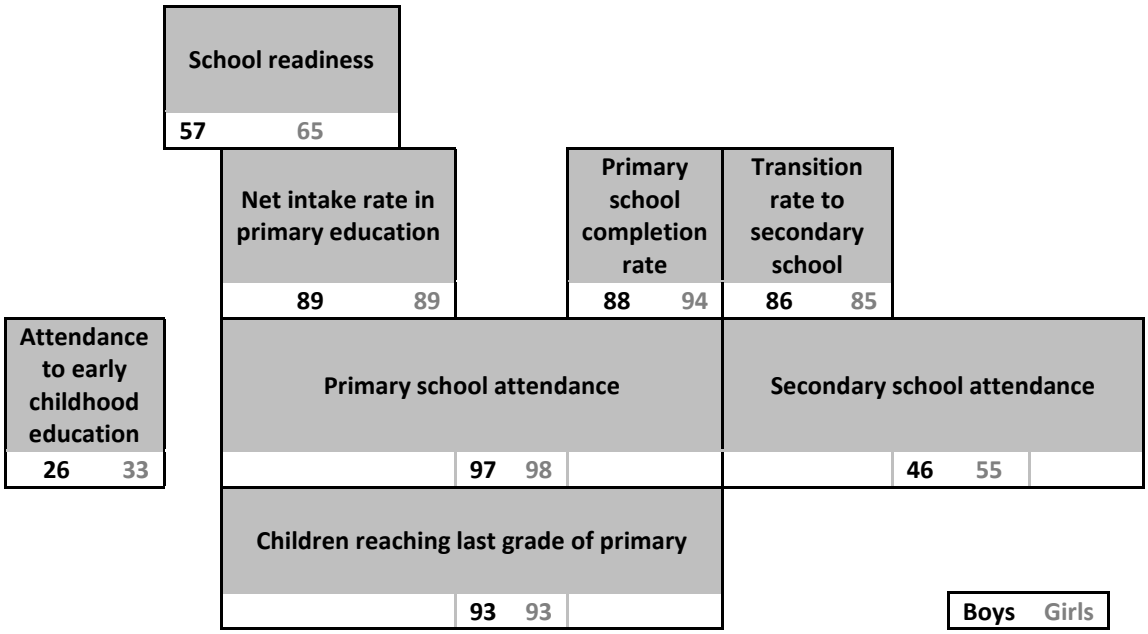
	Primary school				Secondary school			
	Percentage of out of school children	Number of children of primary school age	Percentage of girls in the total out of school population of primary school age	Number of children of primary school age out of school	Percentage of out of school children	Number of children of secondary school age	Percentage of girls in the total out of school population of secondary school age	Number of children of secondary school age out of school
Total	**2.1**	**3,621**	**40.9**	**74**	**9.5**	**2,378**	**60.4**	**225**
Region								
Hhohho	2.3	880	(52.7)	20	8.2	616	52.5	50
Manzini	1.6	1,233	(*)	20	11.5	818	68.5	94
Shiselweni	1.9	715	(*)	14	7.9	451	48.3	35
Lubombo	2.6	792	(*)	20	9.2	494	62.0	45
Area								
Urban	1.8	706	(*)	12	12.2	467	72.2	57
Rural	2.1	2,915	46.6	62	8.8	1,911	56.4	168
Mother's education								
None	4.5	576	(40.4)	26	6.9	216	(*)	15
Primary	2.3	1,244	(41.3)	28	5.4	494	47.4	27
Secondary	1.4	987	(*)	14	3.7	343	(*)	13
Higher	0.6	497	(*)	3	0.3	176	(*)	1
Tertiary	1.0	295	(*)	3	1.6	126	(*)	2
Cannot be determined[a]	na	na	na	na	16.6	1,016	61.3	169
Wealth index quintile								
Poorest	2.8	898	(46.0)	25	11.7	530	64.3	62
Second	2.1	820	(*)	17	9.5	555	54.1	53
Middle	1.4	744	(*)	11	7.2	520	(51.8)	38
Fourth	2.5	591	(*)	15	9.3	409	(49.7)	38
Richest	1.2	568	(*)	7	9.6	364	(*)	35

[a] Children age 15 or higher at the time of the interview whose mothers were not living in the household
na: not applicable

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Figure ED.1 brings together all of the attendance and progression related education indicators covered in this chapter, by sex. Information on attendance to early childhood education is also included, which was covered in Chapter 9, in Table CD.1.

Figure ED.1: Education indicators by sex, Swaziland MICS, 2014



Note: All indicator values are in percent

11. Child Protection

Article 29 of the Constitution of Swaziland sets out a number of provisions that specifically apply to children, including in relation to work; abuse, torture or other cruel inhumane or degrading treatment or punishment; the right to be properly cared for by parents or another lawful authority; discrimination on the basis of parents marital status; a duty of children to respect their parents; the right to education; and Parliament's duty to enact laws for the protection of children. The Children's Protection and Welfare Act of 2012 extends the provisions of Article 29 and other international instruments, that specifically address children's rights, but relevant provisions can be also found in a number of other Acts and Orders.[60]

11.1 Birth Registration

A name and nationality is every child's right, enshrined in the Convention on the Rights of the Child (CRC) and other international treaties. Yet the births of around one in four children under the age of five worldwide have never been recorded.[61] This lack of formal recognition by the State usually means that a child is unable to obtain a birth certificate. As a result, he or she may be denied health care or education. Later in life, the lack of official identification documents can mean that a child may enter into marriage or the labour market, or be conscripted into the armed forces, before the legal age. In adulthood, birth certificates may be required to obtain social assistance or a job in the formal sector, to buy or prove the right to inherit property, to vote and to obtain a passport. Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed.[62] Universal birth registration is also part of a system of vital statistics, which is essential for sound economic and social planning. Birth registration is therefore not only a fundamental human right, but also a key to ensuring the fulfilment of other rights.

Birth Registration in Swaziland is governed by the Births, Marriages and Deaths Registration Act (BMD), 1983. Birth Registration process happens in the Civil Registration offices. Hospital based registration is currently not being performed. A current birth registration can be done for children born in any environment within 60 days from the birth date. A Birth Certificate is issued after registration.

Procedure for birth registration in hospitals or out of the hospitals/clinics

The process of registration where parents are legally married allows either of the parents or a close relative to register the birth. Documents required to register a birth include: National Identity card (ID) for the person registering the birth; marriage certificate if parents are registering; birth notification from the hospital or immunization card; and where one or both parents are deceased, relevant death certificates are required.

[60] The Children's Protection and Welfare Act of 2012
[61] UNICEF. 2014. *The State of the World's Children 2015*. UNICEF.
[62] UNICEF. 2013. *Every Child's Birth Right: Inequities and trends in birth registration*. UNICEF.

Where a child is born out of wedlock, both parents need to show up for registration and sign a declaration of paternity. If a father does not want to acknowledge paternity, or is not available, the mother can register the child as a single parent. In a case where the mother is deceased, her family members/close relatives can represent her and take her ID card along. If the father is deceased, he cannot be represented. Documents required for registration incude the mother's and father's or family member's identity cards, and a birth notification from the hospital or immunization card.

A child born outside Swaziland to Swazi parents should be a citizen in terms of the Constitution of the country. Documents required for registration are IDs of parents or close relatives where she/he is the informant and a declaration from a medical doctor confirming that the child was born in a hospital outside Swaziland. Such registrations are done at the Headquarters Offices.

Birth Registration Status

The survey sought to provide an estimate of the extent of birth registration of children less than five years of age. Mothers/caregivers of children under-five years of age were asked whether children in the household had birth certificates. If they responded that the child did not have a birth certificate additional questions were asked on whether the child's birth was registered with Registrar General's Office and whether they knew how to register a birth. A child may not have been issued a birth certificate but the birth may still have been registered with the Registrar General's office.

Birth registration in this context includes:

- children whose birth certificate was seen by the interviewer,
- children reported to have a birth certificate that was not seen by the interviewer, and
- children who did not have a birth certificate but were reported to have been registered with the Registrar General's Office

According to MICS 2014, about 54 percent of births of children less than five years of age were registered (Table CP.1). These findings are also presented in Figure CP.1. About 21 percent possessed birth certificates seen by the interviewer, 16 percent were said to be in possession but were not seen by the interviewer whilst only 17 percent did not have birth certificates but were said to be registered with the Registrar General's Office. There are no variations in birth registration depending on the sex of the child (51 percent for males and 56 percent females). Registration of birth is more likely to increase with an increase in the age of the child.

Birth registration increases with mother's education from 46 percent for those with mothers with primary education to 84 percent for children whose mothers have tertiary education. Urban areas have a higher percentage (64 percent) of under-5s who had registered births than rural areas (51 percent). Birth registration is lowest in Shiselweni region compared to the other three regions. It was found that many mothers/caretakers who know how to register a birth do not register the births of their children. Among children without a registered birth, 83 percent had mothers/caretakers who were aware of where and how to register a birth.

Birth registration increased with the age of the child from 38 percent for those age 0-11 months to 64 percent for children age 36-47 months. Children from the poorest households are the lowest registered (39 percent) while those from the richest households are the highest registered (78 percent).

Table CP.1: Birth registration

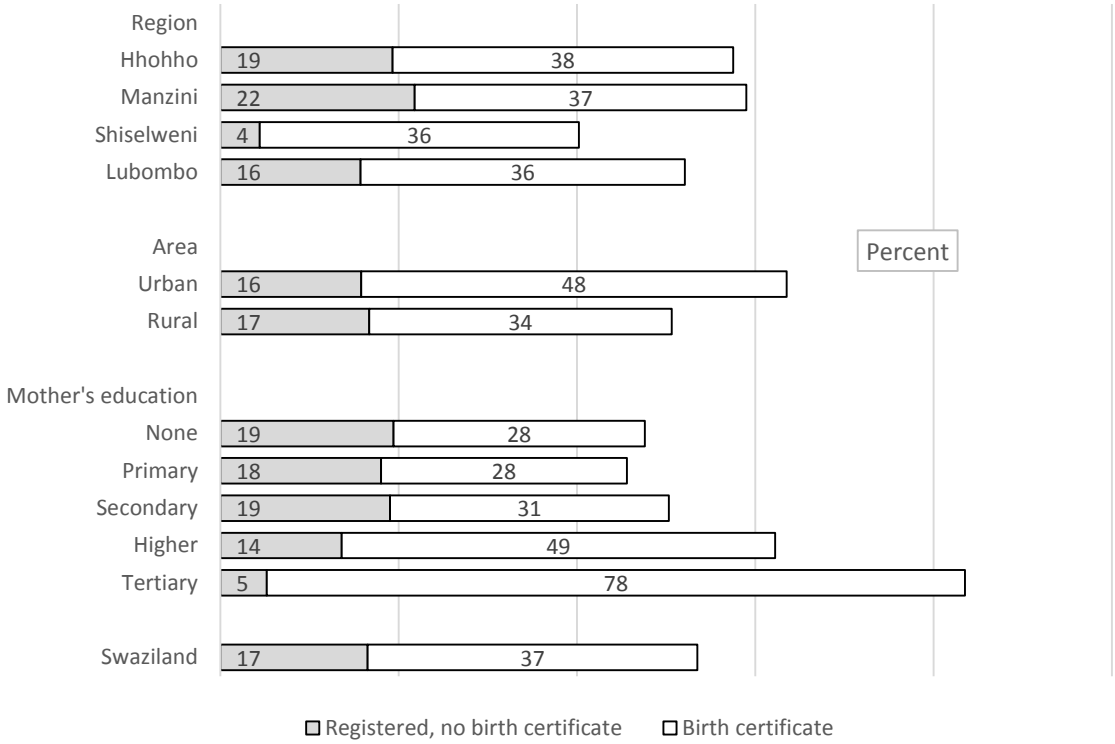
Percentage of children under age 5 by whether birth is registered and percentage of children not registered whose mothers/caretakers know how to register birth, Swaziland MICS, 2014

	Children under age 5 whose birth is registered with civil authorities					Children under age 5 whose birth is not registered	
	Has birth certificate				Number of children under age 5	Percent of children whose mother/caretaker knows how to register birth	Number of children under age 5 without birth registration
	Seen	Not seen	No birth certificate	Total registered[1]			
Total	**21.3**	**15.7**	**16.5**	**53.5**	**2,693**	**82.5**	**1,252**
Sex							
Male	20.5	15.6	14.9	50.9	1,370	83.0	673
Female	22.0	15.9	18.2	56.2	1,323	81.9	580
Region							
Hhohho	21.6	16.6	19.3	57.4	604	83.1	257
Manzini	18.8	18.4	21.8	59.1	992	83.1	406
Shiselweni	20.6	15.2	4.4	40.2	530	77.9	317
Lubombo	25.7	10.7	15.7	52.1	567	86.5	272
Area							
Urban	28.3	19.4	15.8	63.5	612	86.8	223
Rural	19.2	14.7	16.7	50.6	2,081	81.6	1,029
Age							
0-11 months	10.0	7.4	20.1	37.5	510	81.6	319
12-23 months	18.2	15.3	16.3	49.9	533	82.9	267
24-35 months	20.1	17.2	16.4	53.7	594	81.2	275
36-47 months	29.0	20.1	14.7	63.8	529	84.9	192
48-59 months	28.7	18.2	15.1	62.0	526	82.8	200
Mother's education							
None	15.9	12.3	19.4	47.5	235	77.0	123
Primary	14.3	13.3	18.0	45.6	825	80.1	449
Secondary	19.0	12.3	19.0	50.3	852	84.8	423
Higher	30.5	18.1	13.6	62.2	575	83.1	218
Tertiary	40.1	38.2	5.2	83.5	200	(98.1)	33
Wealth index quintile							
Poorest	14.1	9.1	15.5	38.7	631	82.5	386
Second	15.9	13.5	17.4	46.8	636	81.3	338
Middle	19.9	14.3	21.3	55.5	534	82.3	238
Fourth	24.6	15.8	16.7	57.2	458	87.0	196
Richest	37.6	30.3	10.5	78.4	434	78.1	94

[1] **MICS indicator 8.1 - Birth registration**

( ) Figures that there are based on 25-49 unweighted cases

Figure CP.1: Children under-5 whose births are registered, Swaziland MICS, 2014



11.2 Child Discipline

Teaching children self-control and acceptable behaviour is an integral part of child discipline in all cultures. Positive parenting practices involve providing guidance on how to handle emotions or conflicts in manners that encourage judgment and responsibility and preserve children's self-esteem, physical and psychological integrity and dignity. Too often however, children are raised through the use of punitive methods that rely on the use of physical force or verbal intimidation to obtain desired behaviours. Studies[63] have found that exposing children to violent discipline have harmful consequences, which range from immediate impacts to long-term harm that children carry forward into adult life. Violence hampers children's development, learning abilities and school performance; it inhibits positive relationships, provokes low self-esteem, emotional distress and depression; and, at times, it leads to risk taking and self-harm.

[63] Straus, MA and Paschall MJ. 2009. *Corporal Punishment by Mothers and Development of Children's Cognitive Ability: A longitudinal study of two nationally representative age cohorts*. Journal of Aggression, Maltreatment & Trauma 18(5): 459-83.
Erickson, MF and Egeland, B. 1987. *A Developmental View of the Psychological Consequences of Maltreatment*. School Psychology Review 16: 156-68.
Schneider, MW et al. 2005. *Do Allegations of Emotional Maltreatment Predict Developmental Outcomes Beyond that of Other Forms of Maltreatment?*. Child Abuse & Neglect 29(5): 513–32.

In the MICS, respondents to the household questionnaire were asked a series of questions on the methods adults in the household used to discipline a selected child during the past month. In Swaziland MICS, it was found that 88 percent of children age 1-14 years were subjected to at least one form of psychological or physical punishment by household members during the past month (Table CP.2).

For the most part, households employ a combination of violent disciplinary practices, reflecting caregivers' motivation to control children's behaviour by any means possible. While 80 percent of children experienced psychological aggression, 68 percent experienced any physical punishment. One in ten children were subjected to severe forms of physical punishment (hitting the child on the head, ears or face or hitting the child hard and repeatedly). In Swaziland, corporal punishment is lawful both in schools (Education Act 1982, the Education Rules 1977) and in the home (article 29(2) of the Constitution and the Children's Protection and Welfare Act 2012). Article 29(2) of the Constitution 2005 states that "a child shall not be subjected to abuse or torture or other inhuman and degrading treatment or punishment subject to lawful and moderate chastisement for purposes of correction; article 14 of the Children's Protection and Welfare Act 2012 provides for "justifiable" discipline.[64] However, the education legislation was under review in 2012. In 2014, the Government informed the UN Committee on the Elimination of Discrimination Against Women that the Ministry had issued a policy statement discouraging the use of corporal punishment, that training on positive discipline was being undertaken and that the eventual aim was to abolish corporal punishment completely.

Differentials with respect to many of the background variables were relatively small. Eighty-nine percent of children in rural areas are subjected to one form or other of violent discipline while the proportion is 85 percent for their counterparts in urban areas. The percentage of children who were subjected to one form or another of violent discipline ranges from 87 percent in Hhohho region to 91 percent in Shiselweni region.

[64] Corporal Punishment of Children in Swaziland. A Report prepared by the Global Initiative to End All Corporal Punishment of Children, January 2016.

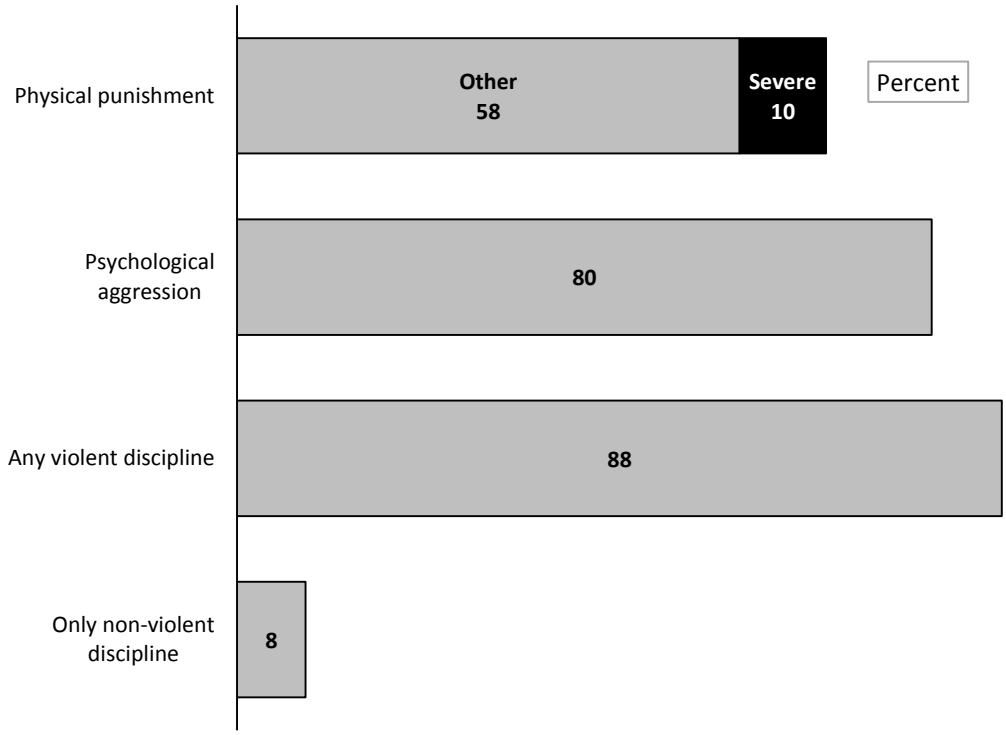
Table CP.2: Child discipline

Percentage of children age 1-14 years by child disciplining methods experienced during the last one month, Swaziland MICS, 2014

	Percentage of children age 1-14 years who experienced:					
			Physical punishment			
	Only non-violent discipline	Psychological aggression	Any	Severe	Any violent discipline method[1]	Number of children age 1-14 years
Total	**7.9**	**80.2**	**68.0**	**10.0**	**88.3**	**8,130**
Sex						
Male	7.5	81.2	69.5	9.3	89.2	3,998
Female	8.4	79.3	66.5	10.8	87.5	4,132
Region						
Hhohho	7.6	77.7	67.4	7.5	86.9	1,950
Manzini	8.0	81.2	67.8	9.9	88.0	2,845
Shiselweni	6.0	81.8	72.9	12.0	91.3	1,587
Lubombo	9.9	80.1	64.5	11.4	87.8	1,747
Area						
Urban	10.9	79.3	65.9	9.9	85.4	1,670
Rural	7.2	80.5	68.5	10.1	89.1	6,460
Age						
1-2	4.8	72.3	71.2	7.7	83.4	1,124
3-4	7.3	82.0	77.4	12.2	90.9	1,023
5-9	6.9	81.9	73.6	11.9	90.3	3,130
10-14	10.5	80.9	57.2	8.2	87.2	2,852
Education of household head						
None	8.5	79.3	67.6	12.7	87.7	1,769
Primary	6.1	81.6	70.6	8.4	90.3	2,838
Secondary	7.3	82.9	68.0	9.8	90.4	1,630
Higher	8.4	79.4	66.3	9.4	85.4	1,072
Tertiary	14.0	72.4	61.4	9.4	81.7	772
Wealth index quintile						
Poorest	5.7	84.1	69.1	9.9	91.7	1,945
Second	8.3	78.1	70.3	11.9	87.7	1,853
Middle	6.4	80.9	66.0	9.1	88.7	1,673
Fourth	5.4	84.6	72.4	11.0	92.3	1,378
Richest	15.5	72.0	60.7	7.9	79.4	1,281

[1] **MICS indicator 8.3 - Violent discipline**

Figure CP. 2: Child disciplining methods, children age 1-14 years, Swaziland MICS, 2014



While violent methods are extremely common forms of discipline, Table CP.3 reveals that about 66 percent of respondents to the household questionnaire believe that physical punishment is needed to bring up, raise, or educate a child properly. Sixty-five percent of both mothers and fathers believe in the necessity of physical punishment and 68 percent among other relations. Sixty-six percent of the respondents with no education and about 63 percent of respondents with tertiary education believe that a child should be physically disciplined.

Table CP.3: Attitudes toward physical punishment

Percentage of respondents to the child discipline module who believe that physical punishment is needed to bring up, raise, or educate a child properly, Swaziland MICS, 2014

	Respondent believes that a child needs to be physically punished	Number of respondents to the child discipline module
Total	**66.2**	**2,934**
Sex		
Male	63.6	543
Female	66.7	2391
Region		
Hhohho	61.9	713
Manzini	69.4	1113
Shiselweni	71.2	511
Lubombo	61.0	596
Area		
Urban	66.0	783
Rural	66.2	2,151
Age		
<25	62.2	480
25-39	65.7	1,142
40-59	67.1	919
60+	69.9	393
Respondent's relationship to selected child		
Mother	64.5	1,207
Father	64.7	288
Other	67.8	1,439
Respondent's education		
None	66.3	328
Primary	68.1	885
Secondary	66.1	828
Higher	65.0	564
Tertiary	62.5	327
Wealth index quintile		
Poorest	67.0	593
Second	67.5	580
Middle	67.6	577
Fourth	63.5	558
Richest	65.1	626

11.3 Early Marriage and Polygyny

Marriage[65] before the age of 18 is a reality for many young girls. In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty.[66] The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner. Closely related to the issue of child marriage is the age at which girls become sexually active. Women who are married before the age of 18 tend to have more children than those who marry later in life. Pregnancy related deaths are known to be a leading cause of mortality for both married and unmarried girls between the ages of 15 and 19, particularly among the youngest of this cohort. There is evidence to suggest that girls who marry at young ages are more likely to marry older men which puts them at increased risk of HIV infection. The demand for this young wife to reproduce and the power imbalance resulting from the age differential lead to very low condom use among such couples.[67]

According to the Children's Protection and Welfare Act of 2012, endorsed 8 September 2012, any person under 18 has the right to refuse to uphold any custom and other traditional practice which is likely to negatively affect them. Child marriage was previously tolerated under the 2005 Swaziland constitution, which allowed some customary practices provided they did not conflict with constitutional clauses. In Swaziland, the practice of child marriage has been linked to the spread of HIV. Married adolescent girls are at a higher risk of contracting the virus because many of them are married to men who are in polygamous unions, face sexual violence or are unable to negotiate safe sex with their older husbands.

The percentage of women married before ages 15 and 18 years are provided in Table CP.4. Among women age 15-49 years, about one percent were married before age 15. No women with tertiary education were married before the age of 15 years while the proportion was eight percent for those with no education.

About four percent of young women age 15-19 years are currently married. This proportion does not vary much between urban and rural areas with three percent and four percent, respectively. The proportion of women age 15-19 years currently married/in union declines with an increase in household wealth. One percent of women age 15-19 years in the richest households are currently married or in union compared

[65] All references to marriage in this chapter include marital union as well.

[66] Bajracharya, A ND Amin, S. 2010. *Poverty, marriage timing, and transitions to adulthood in Nepal: A longitudinal analysis using the Nepal living standards survey.* Poverty, Gender, and Youth Working Paper No. 19. Population Council.
Godha, D et al. 2011. *The influence of child marriage on fertility, fertility-control, and maternal health care utilization.* MEASURE/Evaluation PRH Project Working paper 11-124.

[67] Clark, S et al. 2006. *Protecting young women from HIV/AIDS: the case against child and adolescent marriage. International Family Planning Perspectives* 32(2): 79-88.
Raj, A et al. 2009. *Prevalence of child marriage and its effect on fertility and fertility-control outcomes of young women in India: a cross-sectional, observational study*. The Lancet 373(9678): 1883–9.

to eight percent in the poorest households. Two percent of young women in Shiselweni region are currently married or in union while in Lubombo region the percentage is seven percent.

About nine percent of women age 20-49 years were married before 18 years. The number of women married before the age of 18 years is five percent in Shiselweni region and 14 percent in Lubombo region. The proportion is 11 percent in rural areas and four percent in urban areas while it is 18 percent for women in the poorest households and four percent in the richest.

The percentage of women in a polygamous union is also provided in Table CP.4. Among all women age 15-49 years who are in union, 12 percent are in polygamous union. The proportion of women age 15-49 years that are in a polygamous marriage ranges from 10 percent on Manzini region to 16 percent in Lubombo region. Seventeen percent of women age 15-49 years with no education are in a polygamous marriage, while the percentage among women with higher than secondary and tertiary education is nine and eight percent, respectively.

Table CP.4: Early marriage and polygyny (women)

Percentage of women age 15-49 years who first married or entered a marital union before their 15th birthday, percentages of women age 20-49 years who first married or entered a marital union before their 15th and 18th birthdays, percentage of women age 15-19 years currently married or in union, and the percentage of women who are in a polygynous marriage or union, Swaziland MICS, 2014

	Women age 15-49 years		Women age 20-49 years			Women age 15-19 years		Women age 15-49 years	
	Percentage married before age 15[1]	Number of women age 15-49 years	Percentage married before age 15	Percentage married before age 18[2]	Number of women age 20-49 years	Percentage currently married/in union[3]	Number of women age 15-19 years	Percentage in polygynous marriage/ union[4]	Number of women age 15-49 years currently married/in union
Total	**1.3**	**4,762**	**1.6**	**8.8**	**3,725**	**4.0**	**1,037**	**11.7**	**1,909**
Region									
Hhohho	2.1	1,169	2.5	11.6	915	5.7	254	11.6	497
Manzini	0.9	1,923	1.2	6.0	1,552	2.6	371	9.8	741
Shiselweni	0.4	799	0.6	5.4	587	1.9	212	11.0	289
Lubombo	2.0	871	2.3	14.3	671	6.6	199	16.2	381
Area									
Urban	1.0	1,540	1.1	4.3	1,326	3.4	214	8.5	604
Rural	1.5	3,222	1.9	11.3	2,398	4.1	824	13.2	1,305
Age									
15-19	0.4	1,037	na	na	na	4.0	1,037	(9.8)	38
20-24	0.8	888	0.8	5.3	888	na	na	2.8	212
25-29	1.3	795	1.3	7.0	795	na	na	8.1	403
30-34	1.4	707	1.4	7.8	707	na	na	9.7	421
35-39	2.5	501	2.5	11.5	501	na	na	10.9	321
40-44	1.3	462	1.3	12.7	462	na	na	17.5	297
45-49	3.5	370	3.5	14.3	370	na	na	24.8	217

Education									
None	8.2	188	8.2	29.8	186	(*)	2	17.0	122
Primary	3.1	1,095	3.8	20.2	826	7.1	268	15.4	489
Secondary	0.4	1,697	0.5	7.1	1,170	2.6	527	11.5	662
Higher	0.6	1,275	0.7	1.9	1,046	3.6	229	8.6	400
Tertiary	0.0	507	0.0	0.6	497	(*)	11	7.6	236
Wealth index quintile									
Poorest	2.1	752	2.6	17.7	520	7.8	232	17.0	306
Second	2.2	838	2.7	14.4	633	3.1	205	12.6	332
Middle	0.8	941	1.0	8.6	708	3.2	233	13.7	361
Fourth	1.0	1,073	1.2	4.7	886	4.0	187	8.1	440
Richest	1.0	1,158	1.2	4.3	979	1.1	179	9.7	469

[1] MICS indicator 8.4 - Marriage before age 15

[2] MICS indicator 8.5 - Marriage before age 18

[3] MICS indicator 8.6 - Young women age 15-19 years currently married or in union

[4] MICS indicator 8.7 – Polygyny

na: not applicable

( ) Figures that are based on 25-49 un weighted cases
(*)Figures that are based on fewer than 25 un weighted cases

The percentage of men married before ages 15 and 18 years are provided in Table CP.4M. Among men age 15-49 years, marriage before age 15 is not common as less than one percent were married or in union before age 15. About two percent of men age 20-49 years married before age 18. There are no men age 15-19 years currently married or in union. Eight percent of men age 15-49 years are in a polygamous union.

Table CP.4M: Early marriage and polygyny (men)

Percentage of men age 15-49 years who first married or entered a marital union before their 15th birthday, percentages of men age 20-49 years who first married or entered a marital union before their 15th and 18th birthdays, percentage of men age 15-19 years currently married or in union, and the percentage of men who are in a polygynous marriage or union, Swaziland MICS, 2014

	Men age 15-49 years		Men age 20-49 years			Men age 15-19 years		Men age 15-49 years	
	Percentage married before age 15[1]	Number of men age 15-49 years	Percentage married before age 15	Percentage married before age 18[2]	Number of men age 20-49 years	Percentage currently married/in union[3]	Number of men age 15-19 years	Percentage in polygynous marriage/ union[4]	Number of men age 15-49 years currently married/in union
Total	**0.2**	**1,324**	**0.3**	**1.7**	**1,016**	**0.0**	**308**	**8.2**	**383**
Region									
Hhohho	0.2	343	0.3	0.8	258	0.0	85	7.5	105
Manzini	0.2	524	0.2	2.5	412	0.0	113	8.3	142
Shiselweni	0.0	203	0.0	0.0	145	0.0	58	(7.4)	48
Lubombo	0.6	253	0.7	2.4	201	0.0	52	9.6	88
Area									
Urban	0.0	455	0.0	1.5	401	(0.0)	54	9.7	171
Rural	0.4	869	0.5	1.8	615	0.0	254	7.0	213
Age									
15-19	0.0	308	na	na	na	0.0	308	na	na
20-24	0.0	291	0.0	1.0	291	na	na	(*)	16
25-29	0.4	222	0.4	2.2	222	na	na	(5.8)	49
30-34	0.0	155	0.0	0.0	155	na	na	2.1	84
35-39	0.5	140	0.5	0.5	140	na	na	8.1	73
40-44	1.2	118	1.2	2.9	118	na	na	13.6	93
45-49	0.0	90	0.0	5.6	90	na	na	12.2	69
Education									
None	(3.6)	39	(3.7)	(8.2)	38	(0.0)	1	(17.5)	24
Primary	0.2	341	0.3	2.1	228	0.0	113	9.3	84
Secondary	0.3	384	0.4	2.7	241	0.0	143	9.5	94
Higher	0.0	402	0.0	0.7	353	0.0	49	8.3	106
Tertiary	0.0	157	0.0	0.0	155	(0.0)	2	2.4	75
Wealth index quintile									
Poorest	1.3	172	1.9	3.5	113	0.0	60	13.0	46
Second	0.5	209	0.7	2.6	136	0.0	73	4.3	49
Middle	0.0	296	0.0	2.3	222	0.0	74	12.5	85
Fourth	0.0	353	0.0	1.3	299	0.0	54	6.3	95
Richest	0.0	293	0.0	0.3	245	(0.0)	47	6.3	108

[1] MICS indicator 8.4 - Marriage before age 15[M]

[2] MICS indicator 8.5 - Marriage before age 18[M]

[3] MICS indicator 8.6 - Young men age 15-19 years currently married or in union[M]

[4] MICS indicator 8.7 - Polygyny[M]

na: not applicable

( ) Figures that are based on 25-49 unweighted cases

(*)Figures that are based on fewer than 25 unweighted cases

Table CP.5 presents the proportions of women who were first married or entered into a marital union before age 15 and 18 by area and age groups. Examining the percentages married before age 15 and 18 by different age groups allow for trends to be observed in early marriage over time. In urban areas, one percent of women age 15-49 years were married by age 15 and four percent by age 18 while in rural areas two percent were married by age 15 and 11 percent by age 18. Data show that the proportion of women married or in union by age 18 has gradually declined over time: 14 percent of women age 45-49 years were first married/in union by age 18 compared to about five percent of women age 20-24 years. The decline is seen at the national level and among rural women but not for those in urban areas (where rates of child marriage are lower overall).

Table CP.5M shows the proportions of men who were first married or entered into a marital union before age 15 and 18 by area and age groups. Overall, two percent of men age 15-49 years were married before age 18 and less than one percent married before age 15.

Table CP.5: Trends in early marriage (women)

Percentage of women who were first married or entered into a marital union before age 15 and 18, by area and age groups, Swaziland MICS, 2014

	Urban				Rural				All			
	Percentage of women married before age 15	Number of women age 15-49 years	Percentage of women married before age 18	Number of women age 20-49 years	Percentage of women married before age 15	Number of women age 15-49 years	Percentage of women married before age 18	Number of women age 20-49 years	Percentage of women married before age 15	Number of women age 15-49 years	Percentage of women married before age 18	Number of women age 20-49 years
Total	**1.0**	**1,540**	**4.3**	**1,326**	**1.5**	**3,222**	**11.3**	**2,398**	**1.3**	**4,762**	**8.8**	**3,725**
Age												
15-19	0.0	214	na	na	0.5	824	na	na	0.4	1,037	na	na
20-24	0.9	296	5.4	296	0.8	592	5.3	592	0.8	888	5.3	888
25-29	1.5	321	2.1	321	1.2	475	10.3	475	1.3	795	7.0	795
30-34	0.3	282	3.5	282	2.1	425	10.6	425	1.4	707	7.8	707
35-39	2.5	167	5.4	167	2.6	334	14.6	334	2.5	501	11.5	501
40-44	0.8	153	6.1	153	1.6	309	16.0	309	1.3	462	12.7	462
45-49	1.1	107	5.9	107	4.4	263	17.8	263	3.5	370	14.3	370

na: not applicable

Table CP.5M: Trends in early marriage (men)

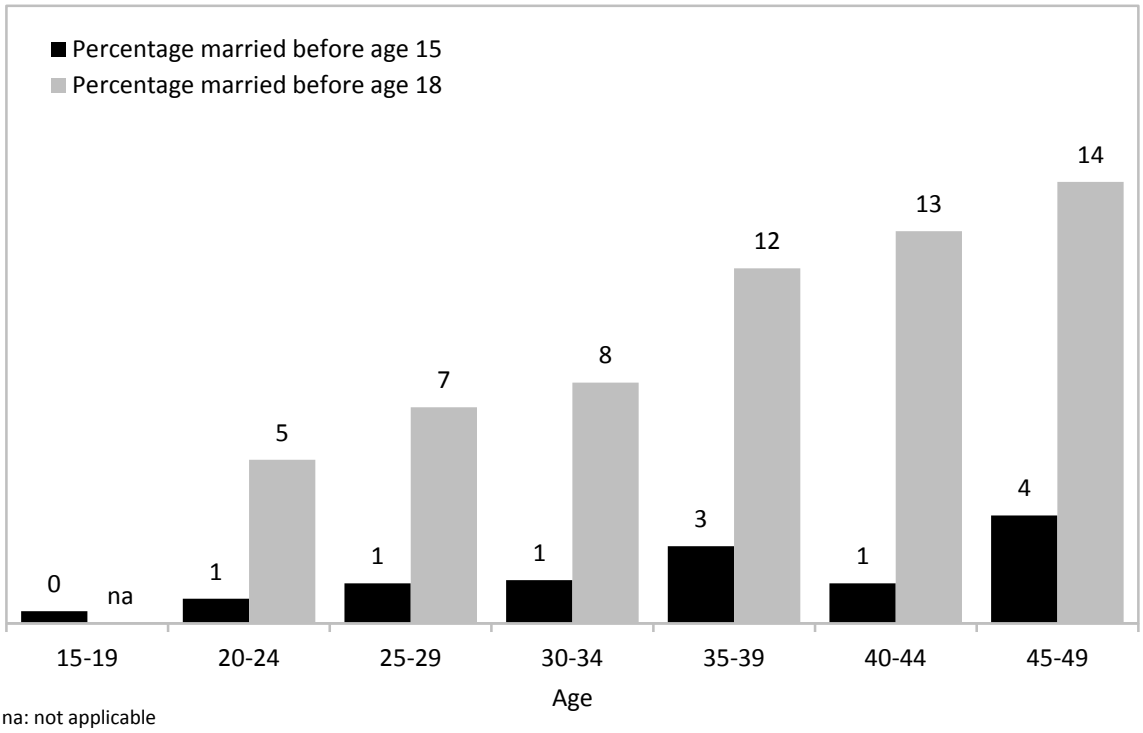
Percentage of men who were first married or entered into a marital union before age 15 and 18, by area and age groups, Swaziland MICS, 2014

	Urban				Rural				All			
	Percentage of men married before age 15	Number of men age 15-59 years	Percentage of men married before age 18	Number of men age 20-59 years	Percentage of men married before age 15	Number of men age 15-59 years	Percentage of men married before age 18	Number of men age 20-59 years	Percentage of men married before age 15	Number of men age 15-59 years	Percentage of men married before age 18	Number of men age 20-59 years
Total	**0.0**	**491**	**1.7**	**437**	**0.3**	**968**	**2.2**	**714**	**0.2**	**1,459**	**2.0**	**1,151**
Age												
15-19	0.0	54	na	na	0.0	254	na	na	0.0	308	na	na
20-24	0.0	98	1.4	98	0.0	192	0.8	192	0.0	291	1.0	291
25-29	0.0	78	1.6	78	0.7	143	2.6	143	0.4	222	2.2	222
30-34	(0.0)	68	(0.0)	68	0.0	87	0.0	87	0.0	155	0.0	155
35-39	(0.0)	65	(0.0)	65	1.0	75	1.0	75	0.5	140	0.5	140
40-44	(0.0)	55	(0.0)	55	2.2	63	5.5	63	1.2	118	2.9	118
45-49	(0.0)	35	(9.2)	35	0.0	54	3.2	54	0.0	90	5.6	90
50-54	(*)	20	(*)	20	0.0	59	5.1	59	0.0	79	5.7	79
55-59	(*)	15	(*)	15	(0.0)	41	(4.1)	41	0.0	56	2.9	56

na: not applicable

() Figures that are based on 25-49 un weighted cases
(*)Figures that are based on fewer than 25 un weighted cases

Figure CP.3: Early marriage among women, Swaziland MICS, 2014



na: not applicable

Another component is the spousal age difference with the indicator being the percentage of married/in union women 10 or more years younger than their current spouse. Table CP.6 presents the results of the age difference between husbands and wives. The results show that there are some important spousal age differences in Swaziland MICS 2014. Among currently married/in union women age 20-24 years, about one in four are married/in union with a man who is older by ten years or more.[68, 69]

[68] Percentage of currently married/ in union women age 15-19 years by age of partner and background variables for women age 20-24 years were removed from Table CP.9 due to small number of cases reported. Percentage of young women age 15-19 years who are married or in union and whose spouse is 10 or more years older is (32.5 percent). [1] MICS indicator 8.8a - Spousal age difference (among women age 15-19) not shown.

[69] The indicator value for currently married/in union women age 15-19 years is based on just 41 unweighted cases and should be interpreted with caution.

Table CP.6: Spousal age difference

Percent distribution of women currently married/in union age 15-19 and 20-24 years according to the age difference with their husband or partner, Swaziland MICS, 2014

	Percentage of currently married/in union women age 20-24 years whose husband or partner is:						Number of women age 20-24 years currently married/ in union
	Younger	0-4 years older	5-9 years older	10+ years older[1]	Husband/Partner's age unknown	Total	
Total	**1.0**	**40.0**	**36.0**	**22.5**	**0.6**	**100.0**	**212**

[1] MICS indicator 8.8b - Spousal age difference (among women age 20-24)

na: not applicable

11.4 Attitudes toward Domestic Violence

MICS assessed the attitudes of women and men age 15-49 years towards wife/partner beating by asking the respondents whether husbands/partners are justified to hit or beat their wives/partners in a variety of situations. The purposes of these questions are to capture the social justification of violence (in contexts where women have a lower status in society) as a disciplinary action when a woman does not comply with certain expected gender roles.

The results to these questions are presented in Table CP.7 for women and in Table CP.7M for men. Overall, About 20 percent of women in the Swaziland MICS 2014 believe that a husband/partner is justified in hitting or beating his wife in at least one of the five situations presented. Women who justify a husband's violence, in most cases agree and justify violence in instances when a wife argues with the husband (12 percent), if she neglects the children (9 percent), or if she demonstrates her autonomy, exemplified by going out without telling her husband (7 percent). Justification in any of the five situations is more present among those living in rural areas, in the poorest households, and also among the never married/in union. Hhohho and Manzini regions have the lowest proportion of women 15-49 who believe a husband is justified in beating his wife in any of the five situations (17 percent) while the percentage in Shiselweni region is 24 percent and in Lubombo region 26 percent.

The Swaziland MICS 2014, included four additional questions to the standard five questions on attitudes towards domestic violence. Based on any of the nine situations that were presented, 33 percent of women age 15-49 years believed that a husband was justified in beating his wife. Twenty-seven percent believe that a husband is justified to beat his wife if she sleeps with another man; if she refuses to give him food (8 percent) and if she refuses step children (4 percent).

Table CP.7: Attitudes toward domestic violence (women)

Percentage of women age 15-49 years who believe a husband is justified in beating his wife in various circumstances, Swaziland MICS, 2014

	Percentage of women age 15-49 years who believe a husband is justified in beating his wife:											
	If she goes out without telling him	If she neglects the children	If she argues with him	If she refuses sex with him	If she burns the food	For any of these five reasons[1]	If she refuses step children	If she sleeps with another man	If she initiates sex	If she refuses to give him food	For any reason	Number of women age 15-49 years
Total	**6.7**	**8.6**	**12.3**	**3.7**	**2.1**	**19.9**	**3.9**	**27.2**	**1.5**	**8.4**	**32.6**	**4,762**
Region												
Hhohho	9.5	6.3	9.8	3.7	1.8	17.0	3.1	18.1	1.3	4.8	25.6	1,169
Manzini	4.0	8.5	10.0	1.5	1.8	17.1	2.3	26.9	0.8	7.2	31.5	1,923
Shiselweni	8.6	11.4	16.5	5.1	3.2	24.0	5.5	31.8	3.2	12.7	37.0	799
Lubombo	7.4	9.1	16.8	7.3	2.3	26.1	6.8	36.0	2.1	11.8	40.5	871
Area												
Urban	3.7	5.9	7.1	1.8	0.8	12.7	1.2	20.9	0.2	3.3	24.1	1,540
Rural	8.2	9.8	14.8	4.6	2.7	23.3	5.1	30.3	2.2	10.8	36.7	3,222
Age												
15-19	13.8	17.1	19.5	4.9	4.5	32.3	7.6	39.6	3.0	17.2	47.1	1,037
20-24	6.5	10.2	15.7	3.1	2.2	24.0	4.9	32.4	1.8	10.2	38.1	888
25-29	4.3	4.2	10.0	3.4	1.6	15.5	1.8	22.5	1.1	5.2	29.1	795
30-34	3.8	4.0	7.5	2.2	1.3	12.0	2.3	20.7	0.9	4.4	23.2	707
35-39	2.8	4.0	8.0	2.8	1.0	11.1	1.6	18.2	1.0	3.5	21.5	501
40-44	5.0	7.8	9.1	4.6	0.9	18.0	2.9	22.0	0.2	4.3	26.7	462
45-49	5.8	5.9	8.0	5.6	0.9	13.8	2.6	21.7	1.6	5.4	27.3	370
Marital/Union status												
Currently married/in union	4.7	5.2	10.6	3.2	1.3	15.6	2.8	22.6	1.4	5.5	27.6	1,909
Formerly married/in union	5.2	7.0	9.0	4.1	0.4	15.8	2.1	22.3	1.1	2.9	26.7	474
Never married/in union	8.7	11.6	14.3	4.0	3.1	24.1	5.1	31.9	1.8	11.8	37.8	2,380
Education												
None	5.5	7.3	12.5	6.5	1.4	19.8	4.1	32.7	1.2	5.0	38.2	188
Primary	11.4	13.0	17.8	5.1	3.6	28.0	5.1	34.8	2.4	12.5	42.1	1,095
Secondary	7.5	9.6	14.7	3.8	2.6	23.1	4.6	30.7	2.0	10.0	37.0	1,697
Higher	4.3	5.9	7.5	2.5	0.9	14.0	2.9	22.2	0.7	5.7	25.9	1,275
Tertiary	1.1	2.7	4.5	2.3	0.4	6.4	1.3	10.1	0.4	2.0	12.6	507
Wealth index quintile												
Poorest	11.2	12.2	18.7	6.3	3.9	28.3	6.8	37.9	3.4	14.0	43.1	752
Second	11.4	12.7	16.5	5.4	3.9	27.2	6.1	34.3	2.4	12.6	42.2	838
Middle	6.7	10.3	15.5	4.5	2.3	23.7	5.6	29.7	1.8	10.6	37.1	941
Fourth	4.5	6.5	9.4	2.8	1.2	17.2	1.9	24.8	0.6	4.5	30.4	1,073
Richest	2.6	3.7	5.2	1.0	0.3	8.4	0.7	15.5	0.4	3.4	17.4	1,158

[1] **MICS indicator 8.12 - Attitudes towards domestic violence**

As shown in Table CP.7M, men are less likely to justify violence than women. Overall, 16 percent of men age 15-59 years justify wife-beating for any of the five reasons, as compared to 20 percent of women. About six percent of men justify wife-beating if a wife neglects children or if she goes out without telling him, and 11 percent, if she argues with the husband. The percentage of men approving of at least one of the five reasons is 19 percent in Lubombo region and 14 percent in Manzini region. Men in rural areas (20 percent) are more likely to approve of wife beating than their counterparts in urban areas (9 percent).

For the possible nine wife beating scenarios presented in the Swaziland MICS 2014, 29 percent of men age 15-59 years believed that a husband was justified in beating his wife. Twenty-three percent believe that a husband can beat his wife if she sleeps with another man, eight percent if she refuses to give him food, and three percent if she refuses step children.

Table CP.7M: Attitudes toward domestic violence (men)

Percentage of men age 15-59 years who believe a husband is justified in beating his wife in various circumstances, Swaziland MICS, 2014

	Percentage of men age 15-59 years who believe a husband is justified in beating his wife:											
	If she goes out without telling him	If she neglects the children	If she argues with him	If she refuses sex with him	If she burns the food	For any of the five reasons[1]	If she refuses step children	If she sleeps with another man	If she initiates sex	If she refuses to give him food	For any reason	Number of men age 15-59 years
Total	**5.7**	**5.9**	**11.2**	**2.6**	**1.7**	**16.3**	**3.0**	**23.0**	**1.2**	**7.5**	**29.4**	**1,459**
Region												
Hhohho	7.4	5.2	13.7	3.2	1.7	16.9	3.6	20.0	1.7	4.8	27.5	377
Manzini	4.3	7.0	10.0	1.4	1.4	14.4	2.7	23.6	0.9	9.6	29.1	573
Shiselweni	6.1	4.8	11.3	3.7	2.4	17.1	2.8	28.0	1.8	8.9	33.5	228
Lubombo	5.8	5.8	10.1	3.5	1.6	18.8	2.8	21.8	0.8	5.6	29.3	281
Area												
Urban	4.5	2.7	5.8	0.7	0.4	8.9	1.3	16.4	0.7	5.0	21.5	491
Rural	6.3	7.6	13.9	3.6	2.3	20.0	3.8	26.3	1.5	8.7	33.5	968
Age												
15-19	8.9	12.3	21.3	3.9	3.7	29.2	7.0	40.6	3.1	17.3	47.5	308
20-24	6.9	5.0	10.8	2.8	1.6	16.1	2.1	27.7	1.1	11.7	36.5	291
25-29	4.0	6.0	10.0	3.5	1.2	14.1	2.4	18.2	0.8	4.5	23.8	222
30-34	3.1	4.9	6.2	2.8	2.3	10.3	2.1	17.3	0.0	2.5	20.8	155
35-39	5.7	1.8	8.3	2.3	0.5	12.8	1.4	11.5	0.6	2.2	17.4	140
40-44	4.8	3.1	4.2	1.7	0.0	11.6	1.8	9.3	0.0	0.8	17.9	118
45-49	4.1	3.4	9.8	0.7	0.0	10.5	0.7	16.2	2.7	2.7	21.5	90
50-54	1.7	1.3	6.4	0.0	0.0	9.0	1.5	16.2	0.0	0.9	20.7	79
55-59	5.3	5.7	6.9	0.0	2.5	10.1	1.8	15.0	0.0	0.8	19.5	56
Marital/Union status												
Currently married/in union	4.8	3.0	7.8	2.0	0.7	12.5	1.0	16.1	0.5	1.4	21.8	490
Formerly married/in union	6.7	9.1	13.2	2.1	2.2	16.1	4.5	15.4	0.9	3.2	21.7	126
Never married/in union	6.0	7.2	12.9	3.1	2.2	18.5	3.9	28.1	1.7	11.6	35.0	843
Education												
None	5.6	3.8	6.7	2.8	0.7	14.2	1.0	18.7	0.0	3.3	25.0	66
Primary	5.6	9.0	15.3	3.9	2.1	21.7	3.3	27.4	1.6	8.2	35.6	375
Secondary	8.5	8.1	14.0	3.9	2.9	20.0	4.7	30.0	1.7	9.2	35.1	416
Higher	4.8	3.3	9.1	1.3	0.9	13.6	2.4	18.0	1.0	8.2	26.0	424
Tertiary	1.1	1.5	2.8	0.0	0.0	3.5	0.4	10.9	0.4	1.6	12.9	178
Wealth index quintile												
Poorest	7.3	5.5	13.1	4.5	1.4	20.0	3.8	26.9	0.8	9.8	35.3	197
Second	9.2	10.0	16.5	2.5	3.7	24.3	5.1	25.5	1.2	8.5	36.3	235
Middle	6.5	7.6	13.5	4.4	2.2	20.1	3.8	25.0	2.1	7.7	30.6	325
Fourth	4.2	4.7	9.5	2.0	1.1	12.6	0.9	23.0	0.8	9.3	30.0	375
Richest	3.0	3.1	5.8	0.5	0.5	8.7	2.4	16.9	1.2	2.9	19.0	326

[1] **CP.S1 - Attitudes towards domestic violence[M]**

11.5 Children's Living Arrangements

The CRC recognizes that "the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding". Millions of children around the world grow up with without the care of their parents for several reasons, including due to the premature death of the parents or their migration for work. In most cases, these children are cared for by members of their extended families, while in others; children may be living in households other than their own, as live-in domestic workers for instance. Understanding the children's living arrangements, including the composition of the households where they live and the relationships with their primary caregivers, is key to design targeted interventions aimed at promoting child's care and wellbeing.[70]

The Swaziland MICS 2014 included a simple measure of one particular aspect of migration related to what is termed children left behind, i.e. for whom one or both parents have moved abroad. While the amount of literature is growing, the long-term effects of the benefits of remittances versus the potential adverse psycho-social effects are not yet conclusive, as there is somewhat conflicting evidence available as to the effects on children.

Besides presenting simple prevalence rates, the results presented in Table CP.8 will greatly help fill the data gap on the topic of migration. Overall, 13 percent of children age 0-17 years have at least one parent living abroad (8 percent in urban areas and 14 percent in rural areas). For Hhohho, Manzini and Lubombo regions, the percentage of children age 0-17 years with at least on parent living abroad is about 11 percent compared to 21 percent in Shiselweni region.

[70] Children's living arrangements and Orphanhood are presented in Chapter 16 on Orphans and Vulnerable Children

Table CP.8: Children with parents living abroad

Percent distribution of children age 0-17 years by residence of parents in another country, Swaziland MICS, 2014

	Percent distribution of children age 0-17 years:					Percentage of children age 0-17 years with at least one parent living abroad[1]	Number of children age 0-17 years
	With at least one parent living abroad			With neither parent living abroad	Total		
	Only mother abroad	Only father abroad	Both mother and father abroad				
Total	**3.4**	**8.4**	**1.2**	**87.0**	**100.0**	**13.0**	**9,141**
Sex							
Male	3.6	8.1	1.4	86.9	100.0	13.1	4,601
Female	3.1	8.8	1.0	87.2	100.0	12.8	4,540
Region							
Hhohho	2.4	7.7	1.2	88.7	100.0	11.3	2,187
Manzini	3.4	6.2	0.7	89.7	100.0	10.3	3,225
Shiselweni	4.7	14.8	2.0	78.6	100.0	21.4	1,782
Lubombo	3.2	7.1	1.3	88.5	100.0	11.5	1,946
Area							
Urban	3.2	4.8	0.2	91.7	100.0	8.3	1,898
Rural	3.4	9.4	1.5	85.8	100.0	14.2	7,244
Age group							
0-4	1.9	8.5	1.6	87.9	100.0	12.1	2,488
5-9	4.8	9.1	1.4	84.7	100.0	15.3	2,747
10-14	3.8	8.5	0.9	86.9	100.0	13.1	2,558
15-17	2.2	6.7	0.8	90.3	100.0	9.7	1,348
Wealth index quintile							
Poorest	3.1	6.3	1.0	89.6	100.0	10.4	2,162
Second	3.7	9.9	1.5	84.9	100.0	15.1	2,096
Middle	3.3	11.8	1.5	83.4	100.0	16.6	1,886
Fourth	4.4	6.3	1.0	88.4	100.0	11.6	1,580
Richest	2.1	7.3	1.0	89.6	100.0	10.4	1,417

[1] **MICS indicator 8.15 - Children with at least one parent living abroad**

12. HIV/AIDS and Sexual Behaviour

Despite the declining HIV incidence, the HIV prevalence remains high and the 2014 HIV estimates and projections show an increase from 26 percent to 28 percent among population age 15-49 years.[71] The country has invested substantively in both HIV prevention, treatment and care initiatives. In 2011, Swaziland extended the 2009-2014 National HIV Strategy to end in 2018 and this gave birth to the new strategic approach of investing in priority areas. Areas of investment include among others Social Behaviour Change (SBC), HIV testing services, condom promotion, key populations and male circumcision.

12.1 Knowledge about HIV Transmission and Misconceptions about HIV

One of the most important prerequisites for reducing HIV infections is accurate knowledge of how HIV is transmitted and strategies for preventing transmission. Correct information is the first step towards raising awareness and giving adolescents and young people the tools to protect themselves from HIV infections. Misconceptions about HIV are common and can confuse adolescents and young people and hinder prevention efforts. The UN General Assembly Special Session on HIV/AIDS (UNGASS) called on governments to improve the knowledge and skills of young people to protect themselves from HIV. The indicators to measure this goal as well as the MDG goal of reducing HIV infections by half include improving the level of knowledge of HIV and its prevention, and changing behaviours to prevent further spread of the disease. HIV module(s) were administered to women age 15-49 years and men 15-59 years of age. Please note that the questions in this module often refer to "the AIDS virus". This terminology is used strictly as a method of data collection to aid respondents, preferred over the correct terminology of "HIV" that is used here in reporting the results, where appropriate.

One indicator which is both an MDG and the Global AIDS Response Progress Reporting (GARPR; formerly known as UNGASS) indicator is the percentage of young people who have comprehensive and correct knowledge of HIV prevention and transmission. This is defined as 1) knowing that consistent use of a condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, 2) knowing that a healthy-looking person can have HIV, and 3) rejecting the two most common local misconceptions about transmission/prevention of HIV. In the Swaziland MICS 2014, all women and men who have heard of AIDS were asked questions on all three components and the results are detailed in Tables HA.1 and HA.1M.

In Swaziland, almost all women age 15-49 years and men age 15-59 years have heard of AIDS (99.8 percent for both). The percentage of those who know of both main ways of preventing HIV transmission - that is, having only one faithful uninfected partner and using a condom every time – is similar for women and men (85 percent and 86 percent, respectively). About 90 percent of both women and men know of having one faithful uninfected sex partner and 92 percent of both women and men know of using a condom every time as main ways of preventing HIV transmission.

[71] National Emergency Response Council on HIV and AIDS. Swaziland HIV Estimates and Projections (2015); Mbabane.

Table(s) HA.1 and HA.1M also present the percentage of women age 15-49 years and men age 15-59 years who can correctly identify misconceptions concerning HIV. The indicator is based on the two most common and relevant misconceptions in Swaziland; that HIV can be transmitted by mosquito bites and sharing food with someone with HIV. Seventy-five percent of women and 73 percent of men know that HIV cannot be transmitted through mosquito bites, while 92 percent of women and 89 percent of men know that HIV cannot be transmitted by sharing food with an HIV positive person. The tables also provide information on whether women and men know that HIV cannot be transmitted by supernatural means as the third most common misconception. About 97 percent of both women and men know that HIV cannot be transmitted by supernatural means. Overall, 59 percent of women and 60 percent of men reject the two most common misconceptions and know that a healthy-looking person can be HIV-positive. About 83 percent of women and 85 percent of men know that a healthy-looking person can be HIV-positive. Rural-urban variations were also noted on the rejection of the two major misconceptions and the knowledge that a healthy-looking person can be HIV positive, with 64 percent of women and 66 percent of men in urban areas rejecting the two most common misconceptions and knowing a healthy-looking person can be HIV-positive, compared to 57 percent of both women and men in rural areas.

Overall, misconceptions about HIV are linked to education attainment, with 47 percent women and 39 percent men with no education rejecting the two major misconceptions and knowing a healthy-looking person can be HIV-positive, compared to 76 percent for both women and men with tertiary education. A similar pattern is observed with an increase in household wealth.

People who have comprehensive knowledge about HIV prevention include those who know of the two main ways of HIV prevention (having only one faithful uninfected partner and using a condom every time), those who know that a healthy looking person can be HIV-positive, and those who reject the two most common misconceptions. Comprehensive knowledge of HIV prevention methods and transmission is fairly low although there are differences by place of residence. Overall, 53 percent of women and 54 percent of men were found to have comprehensive knowledge, which was slightly higher in urban areas (61 percent women and 62 percent men). As expected, the percentage of women and men with comprehensive knowledge increases with their education level. About 42 percent women and 20 percent men with no education have comprehensive knowledge about HIV, compared to 71 percent of both women and men with tertiary education.

Table HA.1: Knowledge about HIV transmission, misconceptions about HIV, and comprehensive knowledge about HIV transmission (women)

Percentage of women age 15-49 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can be HIV-positive, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, Swaziland MICS, 2014

		Percentage who know transmission can be prevented by:			Percentage who know that a healthy looking person can be HIV-positive	Percentage who know that HIV cannot be transmitted by:			Percentage who reject the two most common misconceptions and know that a healthy looking person can be HIV-positive	Percentage with comprehensive knowledge[1]	Number of women age 15-49 years
	Percentage who have heard of AIDS	Having only one faithful uninfected sex partner	Using a condom every time	Both		Mosquito bites	Supernatural means	Sharing food with someone with HIV			
Total	**99.8**	**90.2**	**92.1**	**85.2**	**83.0**	**75.1**	**97.1**	**91.8**	**59.4**	**53.0**	**4,762**
Region											
Hhohho	99.6	91.7	93.3	86.8	83.8	75.9	97.7	91.4	58.2	53.5	1,169
Manzini	99.8	92.6	92.2	87.2	83.8	77.1	96.7	91.6	62.1	58.2	1,923
Shiselweni	99.8	85.6	87.2	81.0	69.9	67.8	97.0	93.1	46.5	39.7	799
Lubombo	99.9	87.1	94.7	82.6	92.2	76.5	97.1	91.8	66.8	53.2	871
Area											
Urban	99.8	94.6	93.3	89.1	84.3	80.4	97.6	94.8	64.4	60.7	1,540
Rural	99.8	88.1	91.5	83.3	82.4	72.6	96.8	90.4	57.0	49.3	3,222
Age											
15-24[1]	99.8	89.0	90.5	82.6	80.5	72.2	96.2	93.0	56.1	49.1	1,926
15-19	99.7	87.4	89.0	80.7	80.2	69.0	95.5	92.3	52.9	44.5	1,037
20-24	99.9	90.9	92.2	84.7	80.8	75.9	97.0	93.8	59.8	54.4	888
25-29	100.0	91.3	93.1	87.3	85.1	77.3	98.4	92.2	61.7	56.9	795
30-39	99.8	91.6	92.9	87.3	83.5	78.6	97.4	90.8	61.6	55.3	1,208
40-49	99.8	90.1	93.6	86.3	86.0	74.7	97.5	90.1	61.6	55.2	833
Marital status											
Ever married/in union	99.9	91.2	93.0	86.7	84.7	74.8	97.5	90.7	59.8	53.9	2,382
Never married/in union	99.7	89.3	91.2	83.7	81.3	75.4	96.6	93.0	59.0	52.1	2,380

Education											
None	98.9	89.5	92.2	85.5	89.6	60.9	97.1	82.3	47.1	41.5	188
Primary	99.5	87.9	90.8	82.7	80.6	63.6	95.2	85.2	47.6	40.9	1,095
Secondary	99.9	89.5	91.9	84.7	81.6	75.3	97.8	93.0	57.9	51.4	1,697
Higher	100.0	92.1	92.2	86.0	84.7	80.6	97.5	95.9	66.9	60.2	1,275
Tertiary	99.7	93.1	95.2	90.1	86.3	90.8	97.7	95.3	75.6	71.0	507
Wealth index quintile											
Poorest	99.6	84.8	91.3	80.6	81.4	66.2	96.7	87.7	50.2	41.2	752
Second	100.0	87.5	90.6	82.5	80.8	70.5	97.0	90.6	54.3	47.3	838
Middle	99.8	89.8	91.1	84.8	82.9	73.8	97.0	92.0	58.4	51.9	941
Fourth	100.0	93.1	93.3	88.2	83.4	78.6	97.2	92.4	62.1	57.1	1,073
Richest	99.6	93.4	93.4	87.7	85.4	82.1	97.4	94.8	67.4	62.0	1,158

[1]MICS indicator 9.1; MDG indicator 6.3 - Knowledge about HIV prevention among young women

Table HA.1M: Knowledge about HIV transmission, misconceptions about HIV, and comprehensive knowledge about HIV transmission (men)

Percentage of men age 15-59 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can be HIV-positive, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, Swaziland MICS, 2014

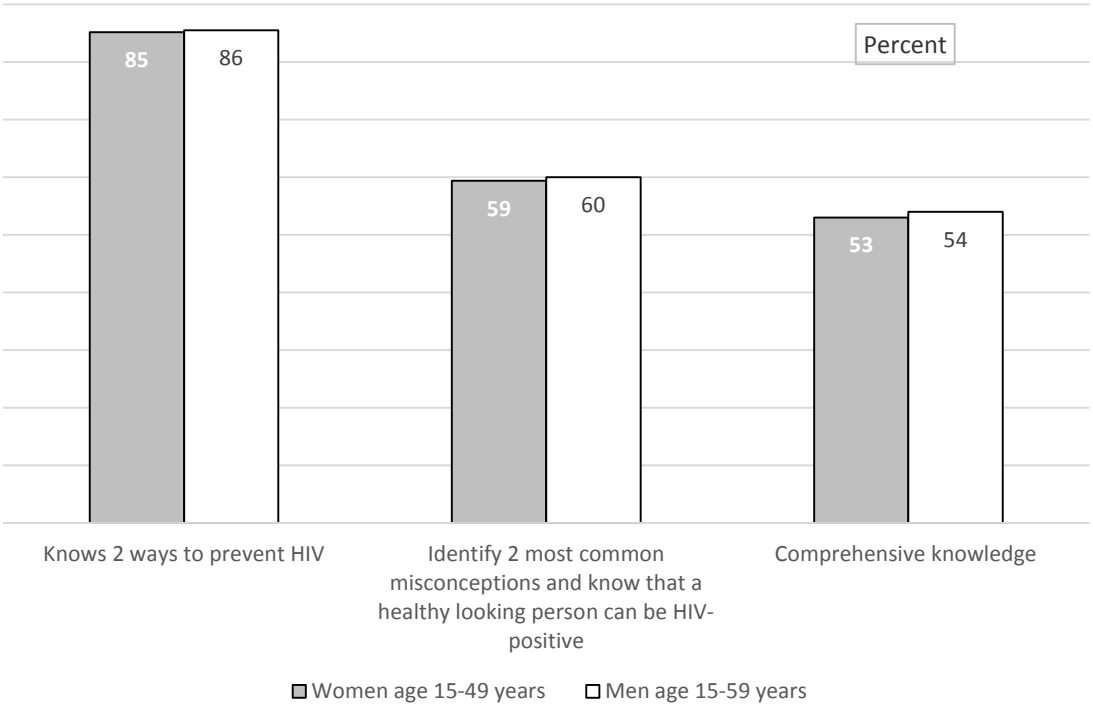
		Percentage who know transmission can be prevented by:			Percentage who know that a healthy looking person can be HIV-positive	Percentage who know that HIV cannot be transmitted by:			Percentage who reject the two most common misconceptions and know that a healthy looking person can be HIV-positive	Percentage with comprehensive knowledge[1]	Number of men age 15-59 years
	Percentage who have heard of AIDS	Having only one faithful uninfected sex partner	Using a condom every time	Both		Mosquito bites	Supernatural means	Sharing food with someone with HIV			
Total	**99.8**	**89.9**	**92.3**	**85.5**	**84.9**	**73.4**	**96.9**	**89.3**	**60.0**	**53.8**	**1,459**
Region											
Hhohho	99.7	92.5	94.6	88.8	86.0	74.8	98.2	90.8	60.8	55.3	377
Manzini	100.0	92.0	91.5	86.8	86.5	76.2	95.7	89.2	64.8	60.2	573
Shiselweni	100.0	85.0	89.0	80.7	70.8	60.7	96.3	87.3	41.2	36.9	228
Lubombo	99.4	86.0	93.5	82.3	91.5	76.1	98.2	89.0	64.3	52.4	281
Area											
Urban	100.0	94.1	94.7	90.0	90.0	78.2	97.6	89.8	66.2	62.0	491
Rural	99.7	87.7	91.1	83.2	82.3	71.0	96.5	89.0	56.8	49.7	968
Age											
15-24[1]	99.7	90.9	91.4	85.6	81.3	70.4	95.8	90.0	56.4	50.9	598
15-19	99.3	89.4	91.7	84.4	77.8	67.2	95.2	90.9	51.1	44.4	308
20-24	100.0	92.6	91.1	86.9	84.9	73.7	96.5	89.1	62.1	57.8	291
25-29	100.0	89.9	94.4	86.5	92.1	73.8	98.1	92.0	65.9	59.7	222
30-39	100.0	90.4	92.7	86.2	86.5	76.0	97.9	87.6	61.0	55.2	296
40-49	99.7	87.1	92.1	84.1	87.1	79.0	98.0	89.0	64.6	56.0	208
50-59	100.0	88.4	92.1	84.0	82.6	72.1	95.8	85.4	56.8	50.4	135

Marital status											
Ever married/in union	99.9	89.7	92.7	85.9	88.0	76.5	97.6	88.7	63.9	57.2	616
Never married/in union	99.8	90.0	92.0	85.2	82.7	71.1	96.4	89.7	57.1	51.3	843
Education											
None	99.2	73.5	80.6	62.4	77.0	62.5	92.9	75.5	39.3	19.7	66
Primary	99.4	86.4	90.3	81.1	82.9	62.7	95.4	81.8	49.6	42.9	375
Secondary	100.0	93.2	92.4	87.7	81.8	72.6	96.3	91.8	56.7	51.7	416
Higher	100.0	92.3	94.5	89.6	89.9	79.0	99.0	92.9	69.1	63.7	424
Tertiary	100.0	89.9	95.5	88.5	87.8	88.6	98.2	95.4	75.5	70.9	178
Wealth index quintile											
Poorest	99.2	84.1	92.1	80.1	79.4	65.0	94.3	85.2	49.0	40.3	197
Second	100.0	87.5	88.7	82.2	80.5	64.9	97.3	88.1	50.7	44.0	235
Middle	100.0	90.1	91.7	85.2	84.6	72.7	97.1	91.5	59.4	53.7	325
Fourth	99.7	93.3	94.6	89.8	90.7	74.1	99.2	86.3	63.7	58.6	375
Richest	100.0	91.0	93.1	86.4	85.1	84.5	95.4	93.8	69.7	63.6	326

[1]HA.S1 Knowledge about HIV prevention among young men[M]

Comprehensive knowledge about HIV was also related to wealth quintile for both women and men, where people within the richest wealth quintile had more knowledge on HIV than people in the poorest wealth quintile. Table HA.1 and HA.1M show that 41 percent of women and 40 percent of men in the poorest wealth quintile have comprehensive knowledge about HIV while 62 percent of women and 64 percent of men in the richest wealth quintile have comprehensive knowledge about HIV. Figure HA.1 gives a summary on comprehensive knowledge of HIV transmission for both women and men, knowledge of two ways to prevent HIV, and knowledge about the two most common ways to prevent HIV and that a healthy-looking person can be HIV positive.

Figure HA.1: Women and men with comprehensive knowledge of HIV transmission, Swaziland MICS, 2014



Knowledge of mother-to-child transmission of HIV is also an important first step for women to seek HIV testing when they are pregnant to avoid HIV transmission from the mother to the baby. Women and men should know that HIV can be transmitted during pregnancy, during delivery, and through breastfeeding. The level of knowledge among women age 15-49 years and men age 15-59 years concerning mother-to-child HIV transmission is presented in Tables HA.2 and HA.2M. Overall, 95 percent of women and 93 percent of men know that HIV can be transmitted from the mother to the child by at least one of the three means of transmission. The percentage of women and men who know all three ways of mother-to-child transmission is 67 percent and 52 percent, respectively, while five percent of women and about seven percent of men did not know of any specific way. A large proportion of women and men know that HIV can be transmitted from mother to child through delivery (88 percent and 83 percent, respectively) and know that HIV can be transmitted from mother to child during pregnancy (80 percent and 70 percent, respectively).

Table HA.2: Knowledge of mother-to-child HIV transmission (women)

Percentage of women age 15-49 years who correctly identify means of HIV transmission from mother to child, Swaziland MICS, 2014

	Percentage of women age 15-49 who have heard of AIDS and:								
	Know HIV can be transmitted from mother to child:								
	During pregnancy	During delivery	By breastfeeding	By at least one of the three means	By all three means[1]	By at least one of the three means and that risk can be reduced by mother taking special drugs	By breastfeeding and that risk can be reduced by mother taking special drugs	Do not know any of the specific means of HIV transmission from mother to child	Number of women age 15-49 years
Total	**79.8**	**87.7**	**79.5**	**94.6**	**66.5**	**88.1**	**75.1**	**5.2**	**4,762**
Region									
Hhohho	76.4	89.1	78.8	94.8	66.1	85.4	73.8	4.8	1,169
Manzini	81.1	87.7	79.6	95.2	66.1	89.4	75.3	4.7	1,923
Shiselweni	77.1	84.2	76.5	92.6	62.0	85.3	70.9	7.2	799
Lubombo	83.9	89.2	83.2	95.2	72.1	91.3	80.3	4.8	871
Area									
Urban	81.2	88.7	80.9	94.9	67.9	90.7	78.0	4.9	1,540
Rural	79.1	87.2	78.9	94.5	65.9	86.8	73.7	5.3	3,222
Age group									
15-24	77.9	82.5	76.7	93.2	61.6	82.9	69.5	6.6	1,926
15-19	74.7	76.5	71.9	90.4	55.1	76.1	62.3	9.2	1,037
20-24	81.7	89.4	82.2	96.4	69.2	90.7	77.9	3.5	888
25-29	83.6	90.0	84.5	95.7	73.0	91.9	81.7	4.3	795
30-39	82.3	94.5	83.8	97.3	72.4	93.4	81.6	2.5	1,208
40-49	76.7	87.9	75.2	93.2	63.1	88.8	72.3	6.6	833
Marital status									
Ever married/in union	81.0	92.3	81.6	96.4	70.0	92.2	79.0	3.4	2,382
Never married/in union	78.6	83.2	77.5	92.9	63.0	83.9	71.2	6.9	2,380

Education									
None	81.7	86.7	75.4	91.0	69.8	86.3	72.9	7.9	188
Primary	78.0	83.2	75.6	92.1	61.6	83.3	69.3	7.4	1,095
Secondary	79.5	86.8	79.6	94.2	66.9	87.4	74.9	5.7	1,697
Higher	80.5	90.7	80.8	96.4	67.9	90.3	76.8	3.6	1,275
Tertiary	82.1	93.5	86.1	98.4	71.2	96.0	84.7	1.3	507
Wealth index quintile									
Poorest	79.9	83.2	79.2	92.1	67.2	85.0	73.8	7.5	752
Second	79.1	88.4	76.0	94.5	64.0	87.9	71.6	5.5	838
Middle	80.5	87.9	80.8	95.6	66.6	86.5	74.6	4.2	941
Fourth	78.6	88.9	81.3	95.2	67.0	88.9	77.3	4.8	1,073
Richest	80.6	89.0	79.6	95.1	67.4	90.7	76.9	4.5	1,158

[1] **MICS indicator 9.2 - Knowledge of mother-to-child transmission of HIV**

Table HA.2M: Knowledge of mother-to-child HIV transmission (men)

Percentage of men age 15-59 years who correctly identify means of HIV transmission from mother to child, Swaziland MICS, 2014

	Percentage of men age 15-59 who have heard of AIDS and:								
	Know HIV can be transmitted from mother to child:								
	During pregnancy	During delivery	By breastfeeding	By at least one of the three means	By all three means[1]	By at least one of the three means and that risk can be reduced by mother taking special drugs	By breastfeeding and that risk can be reduced by mother taking special drugs	Do not know any of the specific means of HIV transmission from mother to child	Number of men age 15-59 years
Total	**69.5**	**82.5**	**70.0**	**92.8**	**52.2**	**79.7**	**61.1**	**7.0**	**1,459**
Region									
Hhohho	68.5	84.2	75.1	94.1	54.2	77.8	64.6	5.6	377
Manzini	69.7	82.7	67.0	94.8	51.0	81.9	58.0	5.2	573
Shiselweni	60.4	73.8	63.4	86.7	39.9	70.5	51.6	13.3	228
Lubombo	77.8	86.9	74.5	92.1	62.1	85.1	70.3	7.3	281
Area									
Urban	70.1	88.0	70.0	96.1	54.2	89.0	64.4	3.9	491
Rural	69.2	79.7	70.0	91.2	51.2	75.0	59.4	8.5	968
Age group									
15-24	67.8	76.3	70.8	90.0	51.4	73.7	58.6	9.6	598
15-19	69.6	73.0	70.0	88.4	51.4	69.2	56.3	11.0	308
20-24	65.8	79.8	71.6	91.8	51.5	78.5	61.1	8.2	291
25-29	67.2	88.7	72.1	95.7	51.6	80.7	61.7	4.3	222
30-39	65.8	86.1	67.6	94.8	50.4	84.3	61.3	5.2	296
40-49	82.6	88.4	73.9	95.3	62.1	90.0	71.4	4.5	208
50-59	68.8	82.7	62.2	92.6	45.5	78.5	55.0	7.4	135
Marital status									
Ever married/in union	70.4	86.1	68.9	93.9	52.9	86.2	64.1	6.0	616
Never married/in union	68.8	79.9	70.8	92.1	51.7	74.9	58.9	7.7	843

Education									
None	68.8	81.9	70.2	90.9	52.9	81.5	65.9	8.2	66
Primary	69.9	75.9	66.5	90.0	50.6	71.3	55.3	9.5	375
Secondary	74.5	78.1	70.7	91.2	54.5	76.8	59.9	8.8	416
Higher	63.0	88.4	71.1	95.5	48.9	85.9	63.1	4.5	424
Tertiary	72.5	92.8	73.1	96.9	58.1	88.7	69.7	3.1	178
Wealth index quintile									
Poorest	63.4	75.6	67.9	84.3	48.8	68.2	56.4	14.9	197
Second	68.8	77.9	71.8	92.2	51.3	73.4	60.8	7.8	235
Middle	67.6	80.9	69.8	92.9	48.5	80.2	59.8	7.1	325
Fourth	68.8	84.4	65.9	94.7	50.8	82.2	58.0	5.0	375
Richest	76.4	89.3	74.9	96.2	60.3	87.7	69.1	3.8	326

[1] **HA.S2 - Knowledge of mother-to-child transmission of HIV[M]**

12.2 Accepting Attitudes toward People Living with HIV

The indicators on attitudes toward people living with HIV measure stigma and discrimination in the community. Stigma and discrimination are considered low if respondents report an accepting attitude on the following four questions: 1) would care for a family member with AIDS in own home; 2) would buy fresh vegetables from a vendor who is HIV-positive; 3) thinks that a female teacher who is HIV-positive should be allowed to teach in school; and 4) would not want to keep it a secret if a family member is HIV-positive.

Tables HA.3 and HA.3M present the attitudes of women age 15-49 years and men age 15-59 years towards people living with HIV. In Swaziland, almost all women and men who have heard of AIDS agree with at least one accepting statement. The most common accepting attitude is "believing that a female teacher who is HIV-positive and not sick should be allowed to continue teaching" (96 percent women and 95 percent men). Ninety-seven percent women and 96 percent men think that children living with HIV should be able to attend school with children who are HIV negative.

Overall, 37 percent of both women and men express accepting attitudes on all four indicators. The indicator shows minimal variations by background characteristics for both women age 15-49 years and men age 15-59 years.

Table HA.3: Accepting attitudes toward people living with HIV (women)

Percentage of women age 15-49 years who have heard of AIDS who express an accepting attitude towards people living with HIV, Swaziland MICS, 2014

	Percentage of women who:								
	Are willing to care for a family member with AIDS in own home	Would buy fresh vegetables from a shopkeeper or vendor who is HIV-positive	Believe that a female teacher who is HIV-positive and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member is HIV-positive	Agree with at least one accepting attitude	Express accepting attitudes on all four indicators[1]	Think children living with HIV should be able to attend school with children who are HIV-negative	Report discriminatory attitudes towards people living with HIV [a]	Number of women age 15-49 who have heard of AIDS
Total	**95.6**	**93.8**	**96.4**	**41.8**	**99.9**	**37.4**	**97.0**	**7.7**	**4,753**
Region									
Hhohho	95.1	95.9	97.6	38.9	99.9	35.4	98.6	4.9	1,165
Manzini	96.9	94.4	96.6	44.1	99.9	40.2	96.9	7.2	1,920
Shiselweni	97.9	91.1	95.8	44.2	99.9	39.7	96.5	10.5	798
Lubombo	91.4	91.9	94.7	38.6	99.5	31.8	95.5	10.2	870
Area									
Urban	95.8	96.1	98.4	41.0	100.0	38.1	97.5	5.4	1,537
Rural	95.6	92.6	95.4	42.2	99.8	37.1	96.8	8.8	3,216
Age									
15-24	94.3	91.1	95.8	41.2	99.7	35.4	96.0	10.9	1,921
15-19	93.4	87.5	95.0	37.8	99.7	30.9	95.1	14.1	1,034
20-24	95.3	95.3	96.6	45.2	99.8	40.7	97.0	7.2	887
25-29	95.7	95.7	97.1	41.2	100.0	37.5	97.9	5.5	795
30-39	96.9	96.9	97.5	40.0	100.0	37.4	97.9	4.4	1,205
40-49	96.9	93.6	95.3	46.5	99.7	42.0	97.2	7.3	831
Marital status									
Ever married/in union	96.3	95.3	96.7	43.3	99.9	39.9	97.1	6.2	2,380
Never married/in union	95.0	92.2	96.0	40.4	99.8	35.0	96.9	9.2	2,373

Education									
None	96.9	89.3	90.8	50.1	99.4	41.1	95.7	11.3	186
Primary	95.0	89.7	92.2	41.7	99.5	35.5	93.3	12.7	1,090
Secondary	96.4	93.8	97.4	42.5	100.0	38.3	97.5	7.9	1,696
Higher	95.3	96.1	98.2	40.8	100.0	37.4	98.7	4.8	1,275
Tertiary	94.7	97.9	99.3	39.4	100.0	37.4	99.5	2.4	506
Wealth index quintile									
Poorest	95.2	89.6	92.9	43.3	99.6	36.7	94.7	12.5	749
Second	95.7	93.2	96.1	44.4	99.8	39.7	96.5	8.4	838
Middle	96.3	94.4	95.6	44.1	99.9	39.4	97.6	6.8	939
Fourth	97.0	94.0	97.4	41.8	99.9	37.9	96.8	8.0	1,073
Richest	93.9	96.1	98.4	37.2	100.0	34.2	98.5	4.5	1,153

[1] MICS indicator 9.3 - Accepting attitudes towards people living with HIV

Table HA.3M: Accepting attitudes toward people living with HIV (men)

Percentage of men age 15-59 years who have heard of AIDS who express an accepting attitude towards people living with HIV, Swaziland MICS, 2014

	Percentage of men who:								
	Are willing to care for a family member with AIDS in own home	Would buy fresh vegetables from a shopkeeper or vendor who is HIV-positive	Believe that a female teacher who is HIV-positive and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member is HIV-positive	Agree with at least one accepting attitude	Express accepting attitudes on all four indicators[1]	Think children living with HIV should be able to attend school with children who are HIV-negative	Report discriminatory attitudes towards people living with HIV [a]	Number of men age 15-59 who have heard of AIDS
Total	**93.8**	**90.2**	**94.6**	**43.3**	**99.8**	**37.0**	**95.7**	**12.0**	**1,456**
Region									
Hhohho	91.8	92.2	95.7	35.9	99.6	30.5	96.1	10.1	376
Manzini	96.2	89.1	94.7	46.0	100.0	40.7	97.0	12.4	573
Shiselweni	96.6	86.8	91.0	50.7	99.9	41.1	91.7	17.1	228
Lubombo	89.5	92.4	95.6	41.7	99.4	35.1	95.7	9.6	280
Area									
Urban	93.6	92.0	97.4	46.0	99.9	39.5	98.6	9.1	491
Rural	94.0	89.3	93.1	42.0	99.7	35.8	94.2	13.5	966
Age									
15-24	92.9	87.3	93.1	39.0	99.7	32.0	95.4	14.7	596
15-19	91.6	84.9	91.8	32.2	100.0	25.7	94.5	17.4	306
20-24	94.2	89.7	94.5	46.1	99.4	38.7	96.3	11.8	291
25-29	91.5	91.5	95.6	39.7	100.0	32.8	96.0	11.6	222
30-39	96.2	94.8	97.1	44.7	99.9	41.3	97.6	7.1	296
40-49	97.3	93.2	97.1	51.0	100.0	44.9	97.0	8.7	207
50-59	91.7	86.2	89.9	53.6	98.8	44.8	90.3	16.8	135

Marital status									
Ever married/in union	94.4	92.6	95.7	48.2	99.7	42.2	96.4	9.0	616
Never married/in union	93.4	88.4	93.8	39.8	99.8	33.2	95.2	14.2	840
Education									
None	91.4	90.5	84.8	49.3	98.5	38.2	83.8	17.3	66
Primary	95.9	85.5	89.9	42.3	99.5	34.9	91.4	18.6	373
Secondary	94.5	91.0	94.9	41.9	99.8	36.4	97.3	10.1	416
Higher	91.0	92.4	97.9	43.7	100.0	38.5	98.2	9.0	424
Tertiary	95.6	92.6	99.1	45.8	100.0	39.2	99.2	7.9	178
Wealth index quintile									
Poorest	93.1	87.6	92.4	47.9	99.7	40.7	89.9	16.6	196
Second	94.4	89.4	91.4	36.7	98.9	31.7	92.4	14.6	235
Middle	94.4	88.6	94.0	42.9	99.9	36.7	96.5	13.1	325
Fourth	95.6	92.6	96.0	44.3	100.0	40.4	97.5	9.0	374
Richest	91.3	91.1	97.1	44.6	100.0	35.1	98.6	9.8	326

[1] **HA.S3 - Accepting attitudes towards people living with HIV[M]**

12.3 Knowledge of a Place for HIV Testing, Counselling and Testing during Antenatal Care

Another important indicator is the knowledge of where to be tested for HIV and use of such services. In order to protect themselves and to prevent infecting others, it is important for individuals to know their HIV status. Knowledge of own status is also a critical factor in the decision to seek treatment.

Questions related to knowledge of a facility for HIV testing and whether a person has ever been tested are presented in Tables HA.4 and HA.4M. Ninety-seven percent of both women and men know where to get tested for HIV, while 87 percent and 76 percent of women and men respectively, have ever been tested. Swaziland is using rapid HIV testing. The percentage of those who know the result of their most recent test (85 percent for women and 75 percent for men) is almost identical to that of those who have ever been tested.

Sixty-seven percent of women age 15-49 years and 55 percent of men age 15-59 years were tested for HIV in the 12 months preceding the survey and know the result of the test. Sexually active individuals in the age-group 15-19 years have a lower HIV testing uptake in the 12 months preceding the survey and knowledge of the results of the test, especially among adolescent males (72 percent for adolescent females and 46 percent for adolescent males). Seventy-four percent of women and 67 percent of men ever married or in union, and 59 percent of women and 47 percent of men never married or in union, were tested for HIV in the 12 months preceding the survey and know the results of the test.

Table HA.4: Knowledge of a place for HIV testing (women)

Percentage of women age 15-49 years who know where to get an HIV test, percentage who have ever been tested, percentage who have ever been tested and know the result of the most recent test, percentage who have been tested in the last 12 months, and percentage who have been tested in the last 12 months and know the result, Swaziland MICS, 2014

	Percentage of women who:					Number of women age 15-49 years
	Know a place to get tested[1]	Have ever been tested	Have ever been tested and know the result of the most recent test	Have been tested in the last 12 months	Have been tested in the last 12 months and know the result[2, 3]	
Total	**97.4**	**86.8**	**84.7**	**68.0**	**66.5**	**4,762**
Region						
Hhohho	97.4	85.5	84.4	67.7	66.9	1,169
Manzini	97.0	87.0	84.6	65.5	63.9	1,923
Shiselweni	97.7	86.7	84.6	71.6	69.8	799
Lubombo	98.1	88.3	85.3	70.7	68.8	871
Area						
Urban	97.6	88.3	86.2	67.9	66.0	1,540
Rural	97.3	86.1	83.9	68.1	66.8	3,222
Age						
15-24	94.9	72.5	70.3	58.8	57.4	1,926
15-19	91.5	54.7	52.3	42.6	40.8	1,037
20-24	99.0	93.2	91.2	77.7	76.8	888
25-29	98.4	96.2	93.4	79.2	77.4	795
30-39	99.6	97.4	95.5	73.1	71.8	1,208
40-49	99.0	95.7	93.8	71.2	69.5	833
Age and sexual activity in the last 12 months						
Sexually active	99.0	96.4	94.3	77.7	76.2	3,379
15-24[3]	98.8	95.0	92.8	81.6	80.2	951
15-19	97.8	88.3	84.9	74.6	71.7	275
20-24	99.2	97.7	96.0	84.5	83.6	675
25-49	99.1	96.9	95.0	76.1	74.7	2,429
Sexually inactive	93.4	63.4	61.0	44.4	42.8	1,383
Marital status						
Ever married/in union	98.9	97.0	94.9	75.8	74.3	2,382
Never married/in union	95.9	76.6	74.4	60.2	58.7	2,380
Education						
None	98.9	98.0	93.2	80.9	77.0	188
Primary	95.7	85.4	82.4	69.4	67.2	1,095
Secondary	96.6	82.9	81.6	64.1	63.1	1,697
Higher	99.1	88.8	86.5	71.1	69.8	1,275
Tertiary	98.6	93.8	91.9	65.5	64.3	507
Wealth index quintile						
Poorest	96.2	86.0	83.4	70.5	68.5	752
Second	97.8	87.1	84.8	69.1	67.4	838
Middle	97.2	85.5	83.1	68.6	67.2	941
Fourth	97.3	88.5	86.9	67.5	66.4	1,073
Richest	98.2	86.6	84.5	65.6	64.0	1,158

[1] MICS indicator 9.4 - Women who know where to be tested for HIV

[2] MICS indicator 9.5 - Women who have been tested for HIV and know the results

[3] MICS indicator 9.6 - Sexually active young women who have been tested for HIV and know the results

Table HA.4M: Knowledge of a place for HIV testing (men)

Percentage of men age 15-59 years who know where to get an HIV test, percentage who have ever been tested, percentage who have ever been tested and know the result of the most recent test, percentage who have been tested in the last 12 months, and percentage who have been tested in the last 12 months and know the result, Swaziland MICS, 2014

	Percentage of men who:					Number of men age 15-59 years
	Know a place to get tested[1]	Have ever been tested	Have ever been tested and know the result of the most recent test	Have been tested in the last 12 months	Have been tested in the last 12 months and know the result[2, 3]	
Total	**96.5**	**76.2**	**74.7**	**56.3**	**55.3**	**1,459**
Region						
Hhohho	98.0	75.6	73.3	56.5	55.0	377
Manzini	95.8	75.3	74.4	55.7	55.2	573
Shiselweni	96.4	73.9	72.0	56.5	55.2	228
Lubombo	96.0	80.5	79.5	57.1	56.3	281
Area						
Urban	98.5	83.5	82.8	62.2	61.5	491
Rural	95.5	72.5	70.6	53.3	52.2	968
Age						
15-24	92.8	60.8	59.3	46.3	45.9	598
15-19	88.6	45.0	43.5	30.5	30.4	308
20-24	97.2	77.5	76.1	62.9	62.4	291
25-29	98.6	83.8	82.6	62.4	61.3	222
30-39	99.7	89.4	87.2	64.1	62.2	296
40-49	99.7	89.9	88.2	63.1	61.4	208
50-59	97.6	81.8	81.8	63.0	63.0	135
Age and sexual activity in the last 12 months						
Sexually active	98.6	85.0	83.4	63.3	62.0	1,042
15-24[3]	97.0	77.1	75.5	62.6	62.3	253
15-19	91.9	56.9	56.0	46.4	46.4	57
20-24	98.4	83.0	81.2	67.4	66.9	196
25-49	99.2	87.5	85.9	63.5	62.0	789
Sexually inactive	91.2	54.3	53.1	38.8	38.6	417
Marital status						
Ever married/in union	99.3	90.1	88.8	68.0	66.6	616
Never married/in union	94.4	66.0	64.4	47.7	47.1	843
Education						
None	96.3	89.2	85.2	69.4	65.3	66
Primary	93.5	67.4	64.9	51.6	50.1	375
Secondary	95.5	70.6	69.6	50.3	49.8	416
Higher	98.9	82.5	81.2	62.4	61.5	424
Tertiary	99.7	87.9	87.9	60.8	60.8	178
Wealth index quintile						
Poorest	94.4	69.9	68.5	54.3	52.9	197
Second	93.5	72.1	70.6	50.3	49.6	235
Middle	97.0	79.1	77.7	57.6	57.2	325
Fourth	97.4	74.7	72.0	56.5	54.3	375
Richest	98.5	81.7	81.7	60.3	60.3	326

[1] HA.S4 - Men who know where to be tested for HIV[M]

[2] HA.S5 - Men who have been tested for HIV and know the results[M]

[3] HA.S6 - Sexually active young men who have been tested for HIV and know the results[M]

Among women who had given birth within the two years preceding the survey, the percentage who received counselling and HIV testing during antenatal care is presented in Table HA.5. Ninety percent of women age 15-49 years who had given birth within the past two years preceding the survey received HIV counselling during ANC. The results indicate that HIV counselling during pregnancy ranges from 86 percent in the Hhohho region to 94 percent in the Lubombo region. Ninety-four percent of women in urban areas and 88 percent of those in rural areas received HIV counselling during ANC.

The percentage of women age 15-49 with a live birth in the last two years preceding the survey who were offered an HIV test, were tested for HIV during ANC, and received the results is 95 percent. Variations by background characteristics are minimal.

Table HA.5: HIV counselling and testing during antenatal care

Percentage of women age 15-49 with a live birth in the last 2 years who received antenatal care from a health professional during the last pregnancy, percentage who received HIV counselling, percentage who were offered and tested for HIV, percentage who were offered, tested and received the results of the HIV test, and percentage who received counselling and were offered, accepted and received the results of the HIV test, Swaziland MICS, 2014

	Percentage of women who:					
	Received antenatal care from a health care professional for last pregnancy	Received HIV counselling during antenatal care[1]	Were offered an HIV test and were tested for HIV during antenatal care	Were offered an HIV test and were tested for HIV during antenatal care, and received the results[2]	Received HIV counselling, were offered an HIV test, accepted and received the results	Number of women age 15-49 with a live birth in the last 2 years
Total	**98.5**	**89.9**	**95.5**	**95.3**	**89.1**	**959**
Region						
Hhohho	96.9	86.3	90.8	90.6	85.0	230
Manzini	98.9	90.7	96.4	96.4	90.3	376
Shiselweni	98.8	88.7	97.0	96.5	87.8	171
Lubombo	99.6	94.2	98.5	98.0	93.3	182
Area						
Urban	99.4	94.2	96.5	96.5	93.8	257
Rural	98.2	88.4	95.2	94.9	87.4	702
Age						
15-24	98.6	88.1	95.9	95.7	86.9	420
15-19	98.3	81.5	96.5	96.5	81.5	128
20-24	98.7	91.0	95.6	95.3	89.3	292
25-29	98.6	91.4	97.0	96.5	90.8	249
30-39	98.5	91.9	94.1	94.1	91.4	247
40-49	(98.0)	(88.4)	(91.6)	(91.6)	(88.4)	43
Marital status						
Ever married/in union	98.8	91.6	95.3	94.9	90.5	554
Never married/in union	98.2	87.7	95.9	95.9	87.3	406
Education						
None	(100.0)	(91.3)	(98.3)	(96.6)	(89.6)	32
Primary	97.9	90.3	95.9	95.5	89.7	239
Secondary	98.7	89.0	95.1	94.9	88.6	353
Higher	98.4	90.7	95.6	95.6	89.1	268
Tertiary	100.0	89.8	94.9	94.9	89.8	68

Wealth index quintile						
Poorest	99.0	92.1	97.5	97.5	91.7	205
Second	98.5	87.1	95.5	95.1	86.1	213
Middle	97.8	88.6	95.5	94.9	87.6	200
Fourth	98.2	91.5	94.8	94.8	90.5	175
Richest	99.3	90.9	94.0	94.0	90.1	167

[1] MICS indicator 9.7 - HIV counselling during antenatal care

[2] MICS indicator 9.8 - HIV testing during antenatal care

( ) Figures that are based on 25-49 unweighted cases

12.4 Sexual Behaviour Related to HIV Transmission

Promoting safer sexual behaviour is critical for reducing HIV prevalence. The use of condoms during sex, especially when non-regular or multiple partners are involved, is particularly important for reducing the spread of HIV. A set of questions was administered to all women 15-49 years and men 15-59 years of age to assess their risk of HIV infection.

As shown in Tables HA.6 and HA.6M, about three percent of women and 21 percent of men reported having sex with more than one partner in the last 12 months preceding the survey. The mean number of sexual partners in a lifetime is three partners for women and nine for men.

Overall, 66 percent of women and 81 percent of men who had more than one sexual partner in the last 12 months reported using a condom during their last sexual encounter.

Table HA.6: Sex with multiple partners (women)

Percentage of women age 15-49 years who ever had sex, percentage who had sex in the last 12 months, percentage who had sex with more than one partner in the last 12 months, mean number of sexual partners in lifetime for women who have ever had sex, and among those who had sex with multiple partners in the last 12 months, the percentage who used a condom at last sex, Swaziland MICS, 2014

	Percentage of women who:							
	Ever had sex	Had sex in the last 12 months	Had sex with more than one partner in last 12 months[1]	Number of women age 15-49 years	Mean number of sexual partners in lifetime	Number of women age 15-49 years who have ever had sex	Percentage of women who had more than one sexual partner in the last 12 months reporting that a condom was used the last time they had sex[2]	Number of women age 15-49 years who had more than one sexual partner in the last 12 months
Total	**80.4**	**71.0**	**3.3**	**4,762**	**2.7**	**3,829**	**66.0**	**158**
Region								
Hhohho	79.7	69.8	2.6	1,169	2.7	931	(50.8)	30
Manzini	82.2	72.7	3.9	1,923	2.8	1,581	(61.1)	75
Shiselweni	76.3	67.7	2.6	799	2.4	609	(93.5)	20
Lubombo	81.2	71.6	3.7	871	2.6	707	(74.4)	32
Area								
Urban	84.9	77.1	4.6	1,540	3.1	1,308	(58.7)	70
Rural	78.3	68.0	2.7	3,222	2.5	2,521	71.9	88
Age								
15-24	53.9	49.4	3.6	1,926	2.1	1,038	69.6	69
15-19	29.4	26.5	2.2	1,037	1.6	305	(*)	23
20-24	82.5	76.1	5.1	888	2.3	733	(79.2)	45
25-29	96.9	87.9	4.8	795	2.8	771	(66.4)	38
30-39	98.9	90.7	3.7	1,208	2.9	1,195	(61.4)	45
40-49	99.1	76.1	0.7	833	2.9	825	(*)	6
Marital status								
Ever married/in union	99.9	90.9	2.6	2,382	2.7	2,381	55.4	62
Never married/in union	60.9	51.0	4.0	2,380	2.6	1,448	72.8	96
Education								
None	99.5	85.4	1.8	188	3.0	187	(*)	3
Primary	83.0	71.8	4.1	1,095	2.8	908	(49.7)	45
Secondary	75.0	67.1	3.5	1,697	2.7	1,272	68.9	59
Higher	79.2	70.3	2.3	1,275	2.5	1,009	(73.0)	30
Tertiary	89.2	78.6	4.2	507	2.8	453	(*)	21
Wealth index quintile								
Poorest	78.1	70.1	2.0	752	2.5	588	(*)	15
Second	79.6	68.3	3.3	838	2.4	667	(51.8)	27
Middle	77.5	68.7	3.0	941	2.6	730	(84.2)	28
Fourth	83.1	73.9	3.6	1,073	2.8	892	(78.3)	39
Richest	82.3	72.5	4.2	1,158	2.9	953	(54.7)	49

[1] MICS indicator 9.12 - Multiple sexual partnerships

[2] MICS indicator 9.13 - Condom use at last sex among people with multiple sexual partnerships

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Table HA.6M: Sex with multiple partners (men)

Percentage of men age 15-59 years who ever had sex, percentage who had sex in the last 12 months, percentage who had sex with more than one partner in the last 12 months, mean number of sexual partners in lifetime for men who have ever had sex, and among those who had sex with multiple partners in the last 12 months, the percentage who used a condom at last sex, Swaziland MICS, 2014

	Percentage of men who:							
	Ever had sex	Had sex in the last 12 months	Had sex with more than one partner in last 12 months[1]	Number of men age 15-49 years	Mean number of sexual partners in lifetime	Number of men age 15-49 years who have ever had sex	Percentage of men who had more than one sexual partner in the last 12 months reporting that a condom was used the last time they had sex[2]	Number of men age 15-59 years who had more than one sexual partner in the last 12 months
Total	**77.5**	**71.4**	**20.6**	**1,459**	**8.6**	**1,130**	**80.8**	**301**
Region								
Hhohho	74.2	68.1	18.2	377	8.7	280	84.7	69
Manzini	79.3	72.7	22.8	573	8.3	454	84.2	131
Shiselweni	77.9	71.0	19.6	228	7.3	177	(79.7)	45
Lubombo	77.8	73.5	20.2	281	9.9	219	69.4	57
Area								
Urban	85.4	80.1	23.3	491	10.2	419	80.4	114
Rural	73.5	67.0	19.3	968	7.6	712	81.1	186
Age								
15-24	48.7	42.3	13.4	598	4.5	292	94.8	80
15-19	22.3	18.5	4.0	308	2.4	68	(*)	12
20-24	76.8	67.4	23.4	291	5.1	223	96.1	68
25-29	94.5	90.1	34.8	222	8.4	209	81.9	77
30-39	97.3	90.4	28.9	296	9.5	288	73.3	86
40-49	99.1	95.9	17.4	208	11.3	206	(79.1)	36
50-54	100.0	90.5	15.8	135	12.0	135	(*)	21
55-59	48.7	42.3	13.4	598	4.5	292	94.8	80
Marital status								
Ever married/in union	100.0	95.3	21.9	616	10.2	616	70.9	135
Never married/in union	61.0	53.9	19.7	843	6.7	514	88.9	166
Education								
None	97.6	91.5	19.5	66	9.6	65	(*)	13
Primary	73.5	66.0	20.5	375	8.5	276	78.3	77
Secondary	68.0	62.9	15.9	416	7.2	283	74.6	66
Higher	79.0	73.6	24.2	424	10.2	335	87.4	103
Tertiary	96.8	89.9	23.8	178	7.3	172	(82.2)	42
Wealth index quintile								
Poorest	69.6	62.6	17.4	197	7.4	137	(74.9)	34
Second	72.3	66.3	15.3	235	7.9	170	(79.8)	36
Middle	78.3	72.8	19.5	325	7.8	254	77.2	63
Fourth	79.6	73.5	26.7	375	8.7	299	83.4	100
Richest	82.7	76.6	20.4	326	10.1	270	84.0	67

[1]HA.S7 - Multiple sexual partnerships[M]

[2] HA.S8 - Condom use at last sex among people with multiple sexual partnerships[M]

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

12.5 HIV Indicators for Young Women and Young Men

In many countries, over half of new adult HIV infections are among young people age 15-24 years thus a change in behaviour among members of this age group is especially important to reduce new infections. The next tables present specific information on this age group.

Tables HA.7 and HA.7M summarize information on key HIV indicators for young women and young men (age 15-24 years). Results with respect to comprehensive knowledge (49 percent of young women and 51 percent of young men), are comparable to the general population where comprehensive knowledge is 53 percent for women age 15-49 years and 54 percent for men age 15-59 years. Sixty-two percent of young women and 51 percent of young men know all three means of HIV transmission from mother to child, and the rates are similar to those for women age 15-49 years and for men age 15-59 years (67 percent and 53 percent, respectively). A similar trend is observed for knowledge of a place to get tested which is at 95 percent among young women and 93 percent among young men. The proportion is 97 percent for women age 15-49 years and 96 percent for men age 15-59 years. Thirty-five percent of young women and 32 percent of young men show accepting attitudes towards people living with HIV compared to 37 percent of women age 15-49 years and 36 percent of men age 15-59 years.

Overall, 80 percent of young women and 62 percent of young men in this age group, who are sexually active, have been tested for HIV in the last 12 months and know the result. In terms of discriminatory attitudes towards people living with HIV, both young women and men are as discriminatory as the general population: 11 percent and 15 percent, respectively, compared to eight percent among women age 15-49 years and 12 percent among men age 15-59 years.

Table HA.7: Key HIV and AIDS indicators (young women)

Percentage of women age 15-24 years by key HIV and AIDS indicators, Swaziland MICS, 2014

	Percentage of women age 15-24 years who:											
	Have comprehensive knowledge[1]	Know all three means of HIV transmission from mother to child	Know a place to get tested for HIV	Have ever been tested and know the result of the most recent test	Have been tested for HIV in the last 12 months and know the result	Had sex in the last 12 months	Number of women age 15-24 years	Percentage of sexually active young women who have been tested for HIV in the last 12 months and know the result[2]	Number of women age 15-24 years who had sex in the last 12 months	Percentage who express accepting attitudes towards people living with HIV on all four indicators[a]	Percentage who report discriminatory attitudes towards people living with HIV [a]	Number of women age 15-24 years who have heard of AIDS
Total	**49.1**	**61.6**	**94.9**	**70.3**	**57.4**	**49.4**	**1,926**	**80.2**	**951**	**35.4**	**10.9**	**1,921**
Region												
Hhohho	50.5	61.2	94.6	68.8	57.8	47.1	467	83.3	220	31.6	6.4	465
Manzini	55.7	61.1	95.0	71.3	56.7	53.7	775	75.8	416	41.4	10.4	774
Shiselweni	37.2	58.9	95.0	70.9	59.0	44.8	360	84.0	161	35.4	14.6	359
Lubombo	44.1	66.4	95.1	69.3	56.9	47.5	324	83.5	154	26.7	14.4	324
Area												
Urban	56.1	60.7	96.3	72.7	58.0	57.4	510	80.4	292	38.3	8.7	508
Rural	46.5	61.9	94.4	69.4	57.2	46.5	1,416	80.1	658	34.4	11.7	1,413
Age												
15-19	44.5	55.1	91.5	52.3	40.8	26.5	1,037	71.7	275	30.9	14.1	1,034
15-17	42.8	54.4	89.2	44.0	33.4	16.0	653	64.9	105	29.7	17.4	650
18-19	47.3	56.2	95.3	66.4	53.5	44.4	384	75.9	170	32.9	8.5	384
20-24	54.4	69.2	99.0	91.2	76.8	76.1	888	83.6	675	40.7	7.2	887
20-22	55.1	68.0	98.7	88.0	73.3	69.0	563	83.2	388	38.5	6.9	562
23-24	53.2	71.3	99.3	96.8	82.9	88.3	325	84.2	287	44.5	7.6	325
Marital status												
Ever married/in union	47.8	75.6	99.6	97.7	83.8	98.9	301	84.2	298	40.6	8.4	301
Never married/in union	49.3	59.0	94.0	65.2	52.5	40.2	1,624	78.3	653	34.5	11.4	1,619

Education												
None	(*)	(*)	(*)	(*)	(*)	(*)	10	(*)	9	(*)	(*)	10
Primary	34.2	55.4	89.8	63.8	52.1	52.1	409	78.0	213	27.9	20.7	405
Secondary	47.1	63.7	94.8	66.5	52.6	44.3	810	77.4	359	36.8	11.3	809
Higher	58.8	63.3	98.2	77.1	64.9	52.1	608	84.0	316	38.2	5.1	608
Tertiary	69.5	59.0	97.7	86.0	73.1	59.9	89	84.8	53	40.0	2.6	89
Wealth index quintile												
Poorest	38.1	61.3	92.8	69.3	58.8	49.8	356	80.9	177	29.7	15.4	354
Second	44.5	57.6	95.4	70.9	56.0	49.2	366	77.2	180	39.7	9.1	366
Middle	49.7	63.4	93.9	69.3	58.3	47.0	411	83.9	193	35.2	10.7	409
Fourth	57.2	64.8	96.1	77.2	61.2	56.1	423	77.8	237	39.9	11.6	423
Richest	54.1	60.0	96.3	63.5	52.3	44.2	370	81.6	164	31.8	7.7	368

[1] MICS indicator 9.1; MDG indicator 6.3 - Knowledge about HIV prevention among young women

[2] MICS indicator 9.6 - Sexually active young women who have been tested for HIV and know the results

[a] Refer to Table HA.3 for the four indicators.

(*) Figures that are based on fewer than 25 unweighted cases

Table HA.7M: Key HIV and AIDS indicators (young men)

Percentage of men age 15-24 years by key HIV and AIDS indicators, Swaziland MICS, 2014

	Percentage of men age 15-24 years who:											
	Have comprehensive knowledge[1]	Know all three means of HIV transmission from mother to child	Know a place to get tested for HIV	Have ever been tested and know the result of the most recent test	Have been tested for HIV in the last 12 months and know the result	Had sex in the last 12 months	Number of men age 15-24 years	Percentage of sexually active young men who have been tested for HIV in the last 12 months and know the result[2]	Number of men age 15-24 years who had sex in the last 12 months	Percentage who express accepting attitudes towards people living with HIV on all four indicators[a]	Percentage who report discriminatory attitudes towards people living with HIV [a]	Number of men age 15-24 years who have heard of AIDS
Total	**50.9**	**51.4**	**92.8**	**59.3**	**45.9**	**42.3**	**598**	**62.3**	**253**	**32.0**	**14.7**	**596**
Region												
Hhohho	57.1	53.5	96.6	57.0	40.9	35.1	148	59.3	52	29.0	7.8	147
Manzini	57.4	50.7	91.2	59.8	49.0	49.3	245	61.7	121	35.7	15.4	245
Shiselweni	28.3	42.2	93.6	59.4	49.3	49.6	108	69.3	53	36.2	20.1	108
Lubombo	50.4	60.4	89.9	61.6	42.1	27.4	98	(56.6)	27	22.4	16.9	97
Area												
Urban	62.8	53.7	95.5	67.8	57.4	55.5	152	61.1	85	34.3	10.8	152
Rural	46.9	50.7	91.8	56.5	42.0	37.7	446	62.8	168	31.2	16.0	444
Age												
15-19	44.4	51.4	88.6	43.5	30.4	18.5	308	46.4	57	25.7	17.4	306
15-17	42.6	52.6	82.2	32.1	21.4	12.5	183	(23.5)	23	27.6	18.3	181
18-19	47.2	49.7	97.9	60.2	43.5	27.3	125	(61.9)	34	22.8	16.1	125
20-24	57.8	51.5	97.2	76.1	62.4	67.4	291	66.9	196	38.7	11.8	291
20-22	57.7	49.0	96.9	70.5	58.6	61.1	176	59.0	108	36.9	12.9	176
23-24	57.9	55.3	97.7	84.8	68.3	77.2	114	76.5	88	41.4	10.1	114
Marital status												
Ever married/in union	(40.9)	(43.8)	(100.0)	(100.0)	(92.1)	(100.0)	26	(92.1)	26	(40.1)	(2.0)	26
Never married/in union	51.4	51.8	92.4	57.5	43.8	39.6	572	58.8	226	31.6	15.2	570

Education												
None	(*)	(*)	(*)	(*)	(*)	(*)	8	(*)80.7	5	(*)	(*)	8
Primary	38.3	52.0	85.4	46.3	35.0	35.7	156	57.9	56	28.4	27.0	154
Secondary	46.4	55.3	92.2	56.3	38.5	36.0	220	59.5	79	31.3	11.2	220
Higher	65.8	44.4	98.7	72.0	61.6	49.8	182	68.6	91	33.7	10.1	182
Tertiary	(70.8)	(66.3)	(100.0)	(66.4)	(56.0)	(68.3)	33	(*)	22	(49.0)	(0.0)	33
Wealth index quintile												
Poorest	39.7	46.5	88.9	55.9	41.0	31.2	94	(69.8)	29	38.1	15.3	93
Second	41.6	56.8	90.0	57.7	41.1	37.7	115	62.9	43	28.0	18.3	115
Middle	49.0	47.7	94.9	63.3	49.9	49.1	154	69.2	76	29.2	15.4	154
Fourth	55.0	50.6	93.2	59.2	46.9	45.4	130	54.7	59	35.6	12.7	129
Richest	69.1	56.6	95.7	58.7	48.6	43.1	105	(55.0)	45	30.8	11.3	105

[1] MICS indicator 9.1; MDG indicator 6.3 - Knowledge about HIV prevention among young men[M]

[2] MICS indicator 9.6 - Sexually active young men who have been tested for HIV and know the results[M]

[a] Refer to Table HA.3M for the four indicators.

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Certain behaviour may create, increase, or perpetuate risk of exposure to HIV. For this young age group (15-24 years), such behaviour includes sex at an early age and women having sex with older men. Overall, three percent of both young women and men reported having sex before the age of 15 years. However, 55 percent of young women and 54 percent of young men have never had sex.

Fifteen percent of young women age 15-24 years reported to have had sex with a man 10 or more years older (26 percent for those ever married or in union and nine percent of those never married on in union).

Thirty-seven percent of young women and 41 percent of young men reported having sex with non-marital, non-cohabiting partner in the past 12 months preceding the survey. This behaviour was more prevalent in urban areas (44 percent for women and 54 percent for men in urban areas, whilst 35 percent for women and 36 percent for men in rural areas).

Young women and young men were asked about condom use during their last sexual encounter with non-marital, non-cohabiting partner in the 12 months preceding the survey. Seventy-one percent of young women and 93 percent of young men reported using a condom during the last sexual intercourse with a non-marital, non-cohabiting partner in the last 12 months preceding the survey. Urban-rural variations were also noted, where 78 percent of young women in urban areas used a condom in their last sexual encounter with a non-marital, non-cohabiting partner, in the year preceding the survey, compared to 68 percent in rural areas.[72]

[72] The proportion of both young women and men who had sex with more than one partner in the last 12 months is not shown in Table HA.8 and Table HA.8M, respectively, due to a small number of cases reported.

Table HA.8: Key sexual behaviour indicators (young women)

Percentage of women age 15-24 years by key sexual behaviour indicators, Swaziland MICS, 2014

	Percentage of women age 15-24 years who:						Percentage of women age 15-24 years who in the last 12 months had sex with:				
	Had sex before age 15[1]	Ever had sex	Had sex with more than one partner in last 12 months	Number of women age 15-24 years	Percentage of women who never had sex[2]	Number of never-married women age 15-24 years	A man 10 or more years older[3]	A non-marital, non-cohabiting partner[4]	Number of women age 15-24 years who had sex in the last 12 months	Percentage reporting the use of a condom during the last sexual intercourse with a non-marital, non-cohabiting partner in the last 12 months[5]	Number of women age 15-24 years who had sex with a non-marital, non-cohabiting partner in last 12 months
Total	**3.0**	**53.9**	**3.6**	**1,926**	**54.5**	**1,624**	**14.5**	**37.3**	**951**	**70.9**	**719**
Region											
Hhohho	3.2	52.2	2.7	467	55.9	396	16.4	35.1	220	70.8	164
Manzini	2.0	58.5	4.6	775	50.4	638	14.5	41.4	416	74.9	321
Shiselweni	3.9	48.5	2.8	360	56.9	326	10.5	36.7	161	69.6	132
Lubombo	4.3	51.6	3.0	324	59.6	264	16.1	31.5	154	60.1	102
Area											
Urban	2.5	59.5	5.2	510	50.6	404	15.3	43.6	292	78.4	222
Rural	3.2	51.9	3.0	1,416	55.8	1,220	14.2	35.1	658	67.5	496
Age											
15-19	3.3	29.4	2.2	1,037	73.5	996	13.9	23.7	275	65.3	246
15-17	3.8	17.8	1.9	653	83.4	644	17.1	15.3	105	61.3	100
18-19	2.5	49.1	2.8	384	55.5	352	11.9	38.1	170	68.0	146
20-24	2.7	82.5	5.1	888	24.4	628	14.8	53.2	675	73.8	473
20-22	2.2	76.1	5.2	563	30.0	444	13.5	52.9	388	70.8	298
23-24	3.7	93.7	5.0	325	11.1	184	16.5	53.7	287	79.0	175
Marital status											
Ever married/in union	8.6	99.4	3.8	301	na	na	25.8	21.2	298	60.1	64
Never married/in union	2.0	45.5	3.5	1,624	54.5	1,624	9.3	40.3	653	71.9	655

Education										
None	(*)	(*)	(*)	10	(*)	6	(*)	(*)	9	(*)	5
Primary	8.1	55.4	5.0	409	57.0	320	21.1	33.0	213	61.8	135
Secondary	2.8	47.7	3.2	810	63.0	673	14.8	32.0	359	69.4	259
Higher	0.2	58.6	2.3	608	46.0	544	9.6	44.9	316	75.9	273
Tertiary	0.0	68.1	9.0	89	35.0	81	(9.9)	(52.5)	53	(75.0)	46
Wealth index quintile										
Poorest	4.8	54.1	2.1	356	54.3	300	14.4	36.1	177	56.3	128
Second	5.1	54.7	3.9	366	51.5	321	15.1	39.4	180	73.1	144
Middle	2.1	50.2	4.0	411	59.8	342	15.0	34.7	193	62.3	142
Fourth	1.8	60.4	4.0	423	50.7	331	16.0	39.4	237	79.0	167
Richest	1.8	49.6	3.6	370	56.1	329	11.3	37.1	164	81.1	138

[1] MICS indicator 9.10 - Sex before age 15 among young women

[2] MICS indicator 9.9 - Young women who have never had sex

[3] MICS indicator 9.11 - Age-mixing among sexual partners

[4] MICS indicator 9.14 - Sex with non-regular partners

[5] MICS indicator 9.15; MDG indicator 6.2 - Condom use with non-regular partners

na: not applicable

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Table HA.8M: Key sexual behaviour indicators (young men)

Percentage of men age 15-24 years by key sexual behaviour indicators, Swaziland MICS, 2014

	Percentage of men age 15-24 years who:									
	Had sex before age 15[1]	Ever had sex	Had sex with more than one partner in last 12 months	Number of men age 15-24 years	Percentage of men who never had sex[2]	Number of never-married men age 15-24 years	Percentage who in the last 12 months had sex with a non-marital, non-cohabiting partner[3]	Number of men age 15-24 years who had sex in the last 12 months	Percentage reporting the use of a condom during the last sexual intercourse with a non-marital, non-cohabiting partner in the last 12 months[4]	Number of men age 15-24 years who had sex with a non-marital, non-cohabiting partner in last 12 months
Total	**2.8**	**48.7**	**13.4**	**598**	**53.6**	**572**	**40.9**	**253**	**93.4**	**244**
Region										
Hhohho	2.4	40.4	12.1	148	61.0	144	34.3	52	91.4	51
Manzini	2.4	55.8	15.2	245	47.2	229	47.9	121	94.9	118
Shiselweni	5.3	54.7	16.7	108	46.5	105	49.6	53	94.6	53
Lubombo	1.7	37.0	7.3	98	66.0	93	(23.4)	27	(87.5)	23
Area										
Urban	2.5	59.1	17.4	152	44.6	140	54.1	85	96.0	82
Rural	2.9	45.2	12.1	446	56.5	432	36.3	168	92.1	162
Age										
15-19	2.5	22.3	4.0	308	77.7	308	18.1	57	96.1	56
15-17	2.5	13.0	1.8	183	87.0	183	(12.5)	23	(100.0)	23
18-19	2.5	35.9	7.3	125	64.1	125	(26.3)	34	(93.4)	33
20-24	3.1	76.8	23.4	291	25.5	264	64.9	196	92.6	189
20-22	1.2	70.2	23.9	176	32.2	163	60.3	108	94.3	106
23-24	6.2	86.9	22.6	114	14.8	101	72.1	88	90.5	82
Marital status										
Ever married/in union	(11.5)	(100.0)	(33.6)	26	na	na	(72.5)	26	(*)	19
Never married/in union	2.4	46.4	12.5	572	53.6	572	39.4	226	95.3	225

Education									
None	(*)	(*)	(*)	8	(*)	6	(*)	5	(*)	5
Primary	4.0	40.9	13.8	156	63.4	146	34.6	56	90.4	54
Secondary	2.6	42.0	10.0	220	59.7	213	33.4	79	94.6	74
Higher	1.7	56.3	15.5	182	45.6	174	49.2	91	93.3	90
Tertiary	(4.8)	(82.3)	(23.4)	33	(17.7)	33	(*)	22	(*)	22

[1] MICS indicator 9.10 - Sex before age 15 among young men[M]

[2] MICS indicator 9.9 - Young men who have never had sex[M]

[3] MICS indicator 9.14 - Sex with non-regular partners[M]

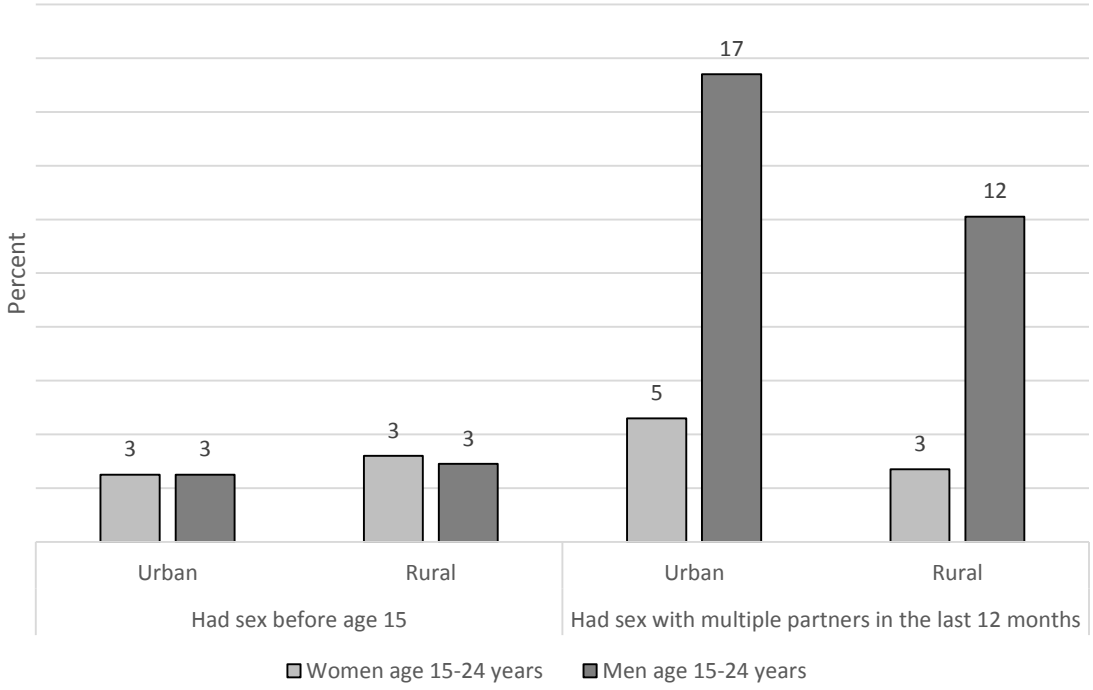
[4] MICS indicator 9.15; MDG indicator 6.2 - Condom use with non-regular partners[M]

na: not applicable

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Figure HA.2 brings together two critical behaviours that are known to increase the risk of HIV infection, sex before age 15, and sex with multiple partners, from Tables HA.6 and HA.8. The figure shows that three percent of young women and men in both rural and urban areas tend to have sex before the age of 15 years. While this is the case, young men in both urban and rural areas engage even more in risky behaviour, where 17 percent in urban areas and 12 percent in rural areas reported having had sex with multiple partners within the past 12 months preceding the survey.

Figure HA.2: Sexual behaviour that increases the risk of HIV infection, young people age 15-24, Swaziland MICS, 2014



12.6 Male circumcision

Evidence has shown that male circumcision (the complete removal of the foreskin of the penis) reduces the risk of heterosexually acquired HIV infection in men by approximately 60 percent[73] and is safe when performed by well-trained health professionals in properly equipped settings. In countries and regions with heterosexual epidemics and high HIV and low male circumcision prevalence, male circumcision is being included in comprehensive HIV prevention packages. Alone, male circumcision is only partially protective, however, when combined with HIV testing and counselling services, condoms, safer sexual practices and treatment of sexually transmitted infections, it is highly effective. It may already be performed for religious, medical, or cultural reasons and can be carried out at birth, during adolescence, or at other times during a man's life.

[73] See for example: Bailey, RC et al. 2007. *Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial*. The Lancet 369: 643–56.

The Ministry of Health in Swaziland has chosen to add male circumcision to the existing HIV prevention strategy by developing a male circumcision policy in 2009. Unlike other countries such as Kenya, South Africa and Uganda where male circumcision is practiced traditionally, men in Swaziland do not normally perform male circumcisions for traditional purposes. The Ministry of Health in Swaziland with the support of multiple international and national partners, has been working on increasing the number of male circumcisions through various male circumcision campaigns that aimed to increase the demand for male circumcision amongst men age 10-49 years old. This age group was primarily targeted as evidence has shown that scale up of Voluntary Medical Male Circumcision (VMMC) would be more effective if it reached 80 percent of the targeted male population, which is those age 10-49 years in Swaziland.

The various male circumcision campaigns aimed to improve the population's awareness and knowledge on the benefits of male circumcision for both men and women within communities. Swaziland has attempted to increase the amount of VMMC performed by increasing the number of skilled health care providers that can perform the service and ensuring that high quality service delivery sites are easily accessible by all members of society. Promoting VMMC through multiple communication strategies such as engaging communities through community sports events and engaging young men and women in schools through health promotion presentations within the schools are amongst many of the innovative strategies the Ministry of Health has used to increase the number of VMMCs occurring in Swaziland. All VMMC services that are promoted in the country are performed free of charge within the multiple service delivery points within the country.

Table HA.9 shows the percentage of men age 15-59 years who report having been circumcised, and percent distribution of men by age of circumcision. The table shows that a total of 24 percent of men age 15-59 years are circumcised. Thirty-two percent of men age 15-59 years from the urban areas and 21 percent from rural areas reported that they were circumcised. The proportion of men that reported that they were circumcised in Manzini region is 30 percent, followed by Hhohho region with 25 percent, Lubombo region with 19 percent and Shiselweni region with 14 percent.

The highest proportion of men that are circumcised are within the cohort of men that have obtained higher education. Table HA.9 shows that 29 percent of the men that have a higher education status have reported to be circumcised, followed by those with secondary education (23 percent), those with primary education (20 percent) and those with no education (16 percent). Table HA.9 further shows that 37 percent of men with primary education, 27 percent of men with secondary education, and 39 percent of men with higher education were circumcised when they were 15-19 years old.

Table HA.9: Male circumcision

Percentage of men age 15-59 years who report having been circumcised, and percent distribution of men by age of circumcision, Swaziland MICS, 2014

	Percent circumcised[1]	Number of men age 15-49 years	Age at circumcision: During infancy	1-4 years	5-9 years	10-14 years	15-19 years	20-24 years	25+ years	DK/ Missing	Total	Number of men age 15-59 years who have been circumcised
Total	**24.3**	**1,459**	**6.6**	**3.3**	**5.4**	**15.2**	**30.9**	**13.8**	**20.3**	**4.6**	**100.0**	**355**
Region												
Hhohho	25.1	377	4.5	1.4	3.2	19.5	28.7	14.5	23.1	5.1	100.0	95
Manzini	30.2	573	6.8	5.3	7.1	14.0	27.8	14.2	20.9	3.9	100.0	173
Shiselweni	14.4	228	(2.6)	(3.5)	(5.6)	(2.2)	(43.6)	(18.0)	(19.0)	(5.5)	100.0	33
Lubombo	19.4	281	11.7	0.0	4.2	19.3	36.5	8.4	14.2	5.7	100.0	54
Area												
Urban	31.8	491	6.3	2.8	4.4	16.7	27.8	14.4	23.4	4.3	100.0	156
Rural	20.5	968	6.8	3.6	6.3	14.0	33.3	13.2	17.8	4.9	100.0	199
Age												
15-24	28.3	598	4.9	2.3	2.3	23.8	55.5	9.8	na	1.4	100.0	169
15-19	27.4	308	4.0	0.9	0.9	38.0	54.5	na	na	1.7	100.0	84
20-24	29.2	291	5.8	3.7	3.6	9.7	56.6	19.5	na	1.1	100.0	85
25-29	24.1	222	(8.7)	(0.0)	(9.5)	(8.9)	(7.0)	(51.2)	(13.5)	(1.1)	100.0	53
30-39	22.1	296	2.9	11.7	4.0	9.6	8.1	2.1	51.1	10.5	100.0	65
40-49	20.5	208	(10.9)	(0.0)	(11.5)	(3.3)	(7.5)	(8.4)	(44.3)	(14.0)	100.0	43
50-59	18.0	135	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	24
Education												
None	16.2	66	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	11
Primary	19.5	375	6.3	4.0	2.0	24.4	37.1	6.7	7.7	11.8	100.0	73
Secondary	22.8	416	5.1	3.0	3.8	24.9	27.3	11.7	18.8	5.5	100.0	95
Higher	29.4	424	6.6	1.4	5.7	8.1	39.0	17.2	22.0	0.0	100.0	125
Tertiary	28.8	178	(8.4)	(3.8)	(13.3)	(4.3)	(15.4)	(22.2)	(31.6)	(0.9)	100.0	51
Wealth index quintile												
Poorest	15.8	197	(8.3)	(0.0)	(5.5)	(20.6)	(41.0)	(8.6)	(10.4)	(5.8)	100.0	31
Second	18.8	235	(12.8)	(1.5)	(4.2)	(19.2)	(26.1)	(12.9)	(14.7)	(8.6)	100.0	44
Middle	26.0	325	7.6	2.0	3.3	7.9	27.8	15.0	29.4	7.0	100.0	85
Fourth	21.0	375	2.5	6.2	5.3	13.2	42.3	13.2	12.6	4.8	100.0	79
Richest	35.6	326	5.8	3.7	7.5	18.9	24.5	15.0	23.5	1.0	100.0	116

[1] **HA.S9 - Male circumcision**

na: not applicable

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Table HA.10 illustrates where male circumcisions took place and the person responsible for performing the circumcision. The table shows that 89 percent of all men that reported that they were circumcised had their circumcisions performed by a health care worker/professional. Male circumcisions performed by qualified health care workers are termed as voluntary medical male circumcisions (VMMC) and are the main type of surgical male circumcisions that occur within Swaziland. Regionally, circumcisions performed by health care workers ranged from 88 percent in Manzini to 91 percent in Hhohho. Both rural and urban areas have a high percentage of men having

performed voluntary medical male circumcisions, with rural areas having a slightly higher percentage of 93 percent compared to 85 percent in urban areas.

Table HA.10 further illustrates that 87 percent of male circumcisions took place within a health facility. The proportions of male circumcisions that took place in health facilities was comparable across all the regions. Both rural and urban areas have a high percentage of men having performed voluntary medical male circumcisions in a health facility (88 percent in rural areas and 85 percent in urban areas).

Table HA.10: Provider and location of circumcision

Percent distribution of circumcised men age 15-59 years by person performing circumcision and the location where circumcision was performed, Swaziland MICS, 2014

	Person performing circumcision:				Place of circumcision:							Number of men age 15-59 years who have been circumcised
	Traditional practitioner/ family/friend	Health worker/ professional	DK/Missing	Total	Health facility	Home of a health worker/ professional	At home	Ritual site	Other home/place	DK/Missing	Total	
Total	**7.7**	**89.4**	**2.8**	**100.0**	**86.8**	**2.3**	**3.1**	**3.1**	**2.1**	**2.6**	**100.0**	**355**
Region												
Hhohho	4.6	91.1	4.3	100.0	88.0	2.9	1.1	1.1	2.5	4.3	100.0	95
Manzini	9.1	87.8	3.1	100.0	87.5	1.6	4.7	2.9	0.3	3.1	100.0	173
Shiselweni	(5.2)	(92.8)	(2.0)	100.0	(86.6)	(2.0)	(5.8)	(0.0)	(5.6)	(0.0)	100.0	33
Lubombo	10.2	89.8	0.0	100.0	82.8	3.3	0.0	8.7	5.1	0.0	100.0	54
Area												
Urban	11.1	85.0	4.0	100.0	84.9	1.5	3.3	5.0	1.7	3.5	100.0	156
Rural	5.1	92.9	2.0	100.0	88.3	2.8	2.9	1.5	2.4	2.0	100.0	199
Age												
15-24	1.9	98.1	0.0	100.0	95.4	1.0	0.0	0.0	3.6	0.0	100.0	169
15-19	1.2	98.8	0.0	100.0	94.7	1.3	0.0	0.0	4.0	0.0	100.0	84
20-24	2.6	97.4	0.0	100.0	96.1	0.8	0.0	0.0	3.1	0.0	100.0	85
25-29	(2.6)	(96.3)	(1.1)	100.0	(95.1)	(2.8)	(0.0)	(1.0)	(0.0)	(1.1)	100.0	53
30-39	12.2	81.4	6.4	100.0	79.6	1.5	8.0	4.5	0.0	6.4	100.0	65
40-49	(23.9)	(65.3)	(10.8)	100.0	(61.8)	(7.5)	(9.1)	(10.7)	(0.0)	(10.8)	100.0	43
50-59	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	(*)	(*)	100.0	24
Education												
None	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	(*)	(*)	100.0	11
Primary	8.4	83.2	8.3	100.0	78.1	2.6	0.9	6.7	3.4	8.3	100.0	73
Secondary	4.2	92.9	2.9	100.0	86.9	2.4	0.5	2.6	5.3	2.3	100.0	95
Higher	7.2	92.8	0.0	100.0	93.4	1.2	2.9	2.5	0.0	0.0	100.0	125
Tertiary	(11.3)	(88.7)	(0.0)	100.0	(87.4)	(4.6)	(8.0)	(0.0)	(0.0)	(0.0)	100.0	51

Wealth index quintile												
Poorest	(6.2)	(86.7)	(7.1)	100.0	(82.9)	(0.0)	(0.0)	(4.7)	(5.3)	(7.1)	100.0	31
Second	(7.3)	(87.3)	(5.3)	100.0	(84.0)	(3.4)	(5.7)	(0.0)	(3.1)	(3.8)	100.0	44
Middle	3.7	89.8	6.5	100.0	88.6	1.8	2.1	1.1	0.0	6.5	100.0	85
Fourth	10.3	89.7	0.0	100.0	87.1	2.6	3.3	7.0	0.0	0.0	100.0	79
Richest	9.4	90.6	0.0	100.0	87.4	2.6	3.5	2.5	3.9	0.0	100.0	116

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

13. Access to Mass Media and Use of Information/Communication Technology

The constitution of Swaziland has a Bill of Rights that enshrines freedom of expression and freedom of the press. The main provision of the Swazi constitution as it relates to freedom of the media and freedom of expression is Section 24. In 2005, a Media and Information Policy was adopted that proposed legal reforms with a view to update and or introduce supportive mechanisms that address the needs of the mass media, telecommunication and Information and Communication Technology (ICT) environment. The policy also recognises the importance of access to information. The government of Swaziland through this policy wanted to create an enabling environment which puts the principles of media independence and ICT information at the centre of development. The policy also intends to include emerging technologies for the country so that vision 2022 is fully realised.

The MICS5 2014 collected information on exposure to mass media and the use of computers and the internet. Information was collected on exposure to newspapers/magazines, radio and television among women age 15-49 years and men age 15-59 years, while the questions on the use of computers and the use of the internet were asked to young people age 15-24 years.

13.1 Access to Mass Media

The proportion of women who read a newspaper or magazine, listen to the radio and watch television at least once a week is shown in table MT.1.

In Swaziland, 23 percent of women age 15-49 years are exposed to all three media at least once a week. Sixty-five percent of women listen to the radio, 58 percent watch television and 43 percent read a newspaper or magazine at least once a week. Overall, 13 percent are not exposed to any of the three media, while 87 percent are exposed to at least one form of media at least once a week. Exposure to all three types of mass media at least once a week is 18 percent for women age 15-19 years, increases to 28 percent for women in the 30-34 age group, and decreases to 21 percent for women in the age group 45-49 years.

Women with tertiary education are more exposed to all three types of media than women with primary education (49 percent compared to 6 percent). Similarly, 45 percent of women in the richest households are exposed to all the three media forms at least once a week, while the corresponding proportion of women in the poorest households is only two percent. About a third of the women in urban areas are exposed to all the media types and 18 percent in rural areas. Exposure of women to all the three types of media ranges from 15 percent in Lubombo region to 28 percent in Manzini region.

Table MT.1: Exposure to mass media (women)

Percentage of women age 15-49 years who are exposed to specific mass media on a weekly basis, Swaziland MICS, 2014

	Percentage of women age 15-49 years who:						
	Read a newspaper at least once a week	Listen to the radio at least once a week	Watch television at least once a week	All three media at least once a week[1]	Any media at least once a week	None of the media at least once a week	Number of women age 15-49 years
Total	**42.7**	**65.1**	**57.5**	**22.6**	**86.9**	**13.0**	**4,762**
Age							
15-19	42.9	59.1	56.4	18.2	86.0	14.0	1,037
20-24	48.7	64.5	57.4	23.5	88.9	11.1	888
25-29	42.1	66.4	59.0	23.4	87.0	13.0	795
30-34	47.9	67.6	62.3	27.5	89.4	10.6	707
35-39	39.1	69.5	56.3	23.7	87.5	12.5	501
40-44	39.0	65.6	56.7	21.6	83.6	16.4	462
45-49	28.7	69.6	51.0	20.8	83.0	16.4	370
Region							
Hhohho	43.0	63.2	58.7	23.7	85.3	14.7	1,169
Manzini	49.0	67.2	64.0	27.5	90.2	9.7	1,923
Shiselweni	38.7	68.6	45.8	16.9	86.7	13.3	799
Lubombo	32.0	59.8	52.2	15.4	82.1	17.9	871
Area							
Urban	56.3	63.6	74.1	32.5	92.3	7.6	1,540
Rural	36.2	65.9	49.6	17.8	84.4	15.6	3,222
Education							
None	0.9	55.4	25.1	0.4	64.0	36.0	188
Primary	14.0	60.3	36.8	5.7	75.6	24.4	1,095
Secondary	38.8	68.0	57.7	19.8	88.4	11.5	1,697
Higher	62.4	66.7	68.4	33.4	93.4	6.6	1,275
Tertiary	83.6	65.5	86.2	49.1	98.5	1.5	507
Wealth index quintile							
Poorest	15.5	55.7	8.4	2.1	62.5	37.5	752
Second	25.1	66.3	24.1	5.5	79.4	20.6	838
Middle	37.8	68.0	60.0	17.9	90.8	9.2	941
Fourth	51.1	68.9	77.2	30.5	93.8	6.2	1,073
Richest	69.3	64.6	93.3	44.6	98.7	1.1	1,158

[1] **MICS indicator 10.1 - Exposure to mass media**

Men in the age group 15-59 years report a slightly higher level of exposure to all types of media (30 percent) than women as shown in Table MT.1M. At least once a week, 71 percent of men listen to the radio, 60 percent watch television and 55 percent read a newspaper or magazine. The results also show that nine percent of men in the same age range are not exposed to any of the three media, while 91 percent are exposed to any media at least once a week.

The results show that, for men, the relationships between exposure to mass media and background characteristics are generally similar to those observed among women. However, men have a somewhat different pattern of media exposure by age than women.

Table MT.1M: Exposure to mass media (men)

Percentage of men age 15-59 years who are exposed to specific mass media on a weekly basis, Swaziland MICS, 2014

	Percentage of men age 15-59 years who:						
	Read a newspaper at least once a week	Listen to the radio at least once a week	Watch television at least once a week	All three media at least once a week[1]	Any media at least once a week	None of the media at least once a week	Number of men age 15-59 years
Total	**55.2**	**70.5**	**59.6**	**30.1**	**91.0**	**8.9**	**1,459**
Age							
15-19	46.9	64.7	55.9	21.8	89.1	10.9	308
20-24	59.7	74.2	66.5	36.8	93.1	6.9	291
25-29	59.9	68.4	56.6	25.5	92.2	7.8	222
30-34	59.3	71.1	65.0	35.7	90.9	9.1	155
35-39	61.1	70.1	62.0	34.0	96.0	4.0	140
40-44	62.5	71.8	62.8	41.8	86.7	13.3	118
45-49	50.8	70.5	54.5	28.3	88.7	11.3	90
50-54	42.5	77.6	43.4	21.8	86.5	12.2	79
55-59	42.7	78.1	60.5	24.5	93.3	6.7	56
Region							
Hhohho	50.1	66.9	59.7	28.7	88.9	11.1	377
Manzini	66.5	73.1	66.9	36.0	95.9	4.0	573
Shiselweni	44.3	73.3	50.7	23.5	89.4	10.6	228
Lubombo	47.8	67.8	52.0	25.4	85.3	14.7	281
Area							
Urban	74.4	67.7	72.1	40.7	96.0	4.0	491
Rural	45.5	71.9	53.3	24.8	88.5	11.4	968
Education							
None	2.5	69.5	29.6	0.0	74.4	24.1	66
Primary	27.3	65.9	44.0	11.9	82.2	17.8	375
Secondary	54.1	74.7	53.6	24.9	93.0	7.0	416
Higher	75.5	71.5	73.5	45.4	96.9	3.1	424
Tertiary	88.1	68.5	84.9	55.6	97.2	2.8	178
Wealth index quintile							
Poorest	21.0	62.1	15.8	4.3	71.1	28.9	197
Second	36.2	69.6	34.7	12.0	85.8	13.8	235
Middle	51.4	76.6	59.0	27.8	94.7	5.3	325
Fourth	65.4	71.9	72.9	38.9	94.9	5.1	375
Richest	81.8	68.6	89.6	51.1	98.6	1.4	326

[1] **MT.S1 - Exposure to mass media[M]**

13.2 Use of Information/Communication Technology

The questions on computer and internet use were asked only to women and men age 15-24 years. As shown in Table MT.2, 59 percent of women in the age group 15-24 ever used a computer, 43 percent used a computer during the last year preceding the survey, and 30 percent used it at least once a week during the last month preceding the survey. Overall, 43 percent of women age 15-24 years ever used the internet, while 40 percent had used the internet during the last year preceding the survey. The

proportion of young women who used the internet at least once a week during the last month preceding the survey is 34 percent.

Computer use during the last 12 months preceding the survey is 46 percent among women in the age group 15-19 and 39 percent for those in the age group 20-24. Only five percent of women with primary education reported using a computer during the last year preceding the survey, while 96 percent of women with tertiary education used a computer. Use of computers by young women during the 12 months preceding the survey increases with household wealth from 22 percent for those in the poorest households to 65 percent for those in the richest households.

Thirty-one percent of women age 15-19 years and half of those age 20-24 years used the internet during the last 12 months. The urban/rural comparisons show higher utilization of the internet among young women in urban areas (55 percent) compared to those in rural areas (34 percent). The use of the internet during the last year ranges from 25 percent in the Lubombo region to 52 percent in the Manzini region, while the proportion is 66 percent for young women in the richest households, compared to 10 percent for those living in the poorest households.

Table MT.2: Use of computers and internet (women)

Percentage of young women age 15-24 years who have ever used a computer and the internet, percentage who have used during the last 12 months, and percentage who have used at least once weekly during the last one month, Swaziland MICS, 2014

	Percentage of women age 15-24 years who have:						
	Ever used a computer	Used a computer during the last 12 months[1]	Used a computer at least once a week during the last one month	Ever used the internet	Used the internet during the last 12 months[2]	Used the internet at least once a week during the last one month	Number of women age 15-24 years
Total	**58.9**	**42.7**	**29.7**	**42.9**	**39.8**	**34.4**	**1,926**
Age							
15-19	55.9	45.6	33.2	32.8	30.8	25.7	1,037
20-24	62.3	39.3	25.7	54.8	50.3	44.5	888
Region							
Hhohho	60.2	45.6	33.3	41.1	37.5	33.9	467
Manzini	63.2	46.2	33.4	55.3	52.0	45.6	775
Shiselweni	55.9	37.3	21.6	34.1	30.0	22.9	360
Lubombo	49.9	36.2	25.1	26.0	24.8	21.0	324
Area							
Urban	69.2	53.6	42.2	58.4	54.9	50.1	510
Rural	55.1	38.8	25.3	37.4	34.3	28.7	1,416
Education							
None	(*)	(*)	(*)	(*)	(*)	(*)	10
Primary	9.6	4.7	1.6	8.0	6.3	5.2	409
Secondary	61.0	41.8	28.4	33.8	29.6	24.3	810
Higher	84.4	62.6	43.4	71.1	68.0	58.9	608
Tertiary	98.0	95.7	82.0	100.0	98.7	96.3	89
Wealth index quintile							
Poorest	37.0	22.4	14.8	12.1	10.3	6.6	356
Second	50.6	30.3	16.7	31.8	28.6	23.9	366
Middle	59.0	41.6	26.7	40.8	37.0	32.3	411
Fourth	70.1	52.5	39.2	58.5	53.7	46.1	423
Richest	74.9	64.6	49.4	68.3	66.4	60.3	370

[1] MICS indicator 10.2 - Use of computers

[2] MICS indicator 10.3 - Use of internet

(*) Figures that are based on fewer than 25 unweighted cases

Table MT.2M shows that the same proportion of men (59 percent) as was for women in the age group 15-24 ever used a computer. On the use of the internet, more young men in this group (59 percent) ever used the internet compared to 43 percent for young women in the same age group. The results further reveal that 49 percent of men age 15-24 years used a computer during the last year preceding the survey while 56 percent used the internet during the same period.

As the results show, for young men, the differentials in terms of background characteristics are generally similar to those observed among young women. Twenty-four percent of young men in the poorest households used the internet during the last year preceding the survey compared to 87 percent young men in the richest households. Differentials become even more evident, both for men and women, when the use of a computer or the internet during the last month preceding the survey is considered.

Table MT.2M: Use of computers and internet (men)

Percentage of young men age 15-24 years who have ever used a computer and the internet, percentage who have used during the last 12 months, and percentage who have used at least once weekly during the last one month, Swaziland MICS, 2014

	Percentage of men age 15-24 years who have:						
	Ever used a computer	Used a computer during the last 12 months[1]	Used a computer at least once a week during the last one month	Ever used the internet	Used the internet during the last 12 months[2]	Used the internet at least once a week during the last one month	Number of men age 15-24 years
Total	**58.8**	**48.9**	**34.5**	**58.9**	**55.6**	**48.0**	**598**
Age							
15-19	56.4	50.6	35.3	49.1	47.0	39.5	308
20-24	61.4	47.1	33.6	69.2	64.8	57.0	291
Region							
Hhohho	64.0	50.1	38.1	56.3	54.7	50.2	148
Manzini	62.1	55.1	37.5	71.1	67.5	57.5	245
Shiselweni	51.6	39.2	27.3	43.2	38.6	33.4	108
Lubombo	50.9	42.1	29.6	49.4	46.1	36.8	98
Area							
Urban	74.8	64.2	48.8	87.6	85.8	78.1	152
Rural	53.4	43.6	29.6	49.1	45.3	37.7	446
Education							
None	(*)	(*)	(*)	(*)	(*)	(*)	8
Primary	19.2	14.1	8.5	24.0	22.2	18.1	156
Secondary	66.2	54.4	33.2	59.8	54.0	44.2	220
Higher	78.9	64.9	50.2	82.7	80.7	71.5	182
Tertiary	(100.0)	(100.0)	(88.5)	(100.0)	(100.0)	(96.6)	33
Wealth index quintile							
Poorest	36.0	30.7	24.8	28.7	23.5	17.4	94
Second	44.5	33.8	20.5	39.0	35.4	27.4	115
Middle	57.2	45.0	28.5	59.7	56.2	44.6	154
Fourth	63.4	53.2	30.2	73.2	71.2	65.0	130
Richest	91.9	82.1	73.0	88.9	86.5	82.0	105

[1] MICS indicator 10.2 – Use of computers[M]

[2] MICS indicator 10.3 – Use of internet[M]

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

14. Subjective well-being

Subjective perceptions of individuals of their incomes, health, living environments and the like, play a significant role in their lives and can impact their perception of well-being, irrespective of objective conditions such as actual income and physical health status[74]. In the MICS, a set of questions were asked to women and men age 15-24 years to understand how satisfied this group of young people is in different areas of their lives, such as their family life, friendships, school, current job, health, where they live, how they are treated by others, how they look, and their current income.

Life satisfaction is a measure of an individual's perceived level of well-being. Understanding young women and young men's satisfaction in different areas of their lives can help to gain a comprehensive picture of young people's life situations. A distinction can also be made between life satisfaction and happiness. Happiness is a fleeting emotion that can be affected by numerous factors, including day-to-day factors such as the weather, or a recent death in the family. It is possible for a person to be satisfied with job, income, family life, friends, and other aspects of life, but still be unhappy, or vice versa. In addition to the set of questions on life satisfaction, the survey also asked questions about happiness and the respondents' perceptions of a better life.

To assist respondents in answering the set of questions on happiness and life satisfaction they were shown a card with smiling faces (and not so smiling faces) that corresponded to the response categories (see the Questionnaires in Appendix H) 'very satisfied', 'somewhat satisfied', 'neither satisfied nor unsatisfied', 'somewhat unsatisfied' and 'very unsatisfied'. For the question on happiness, the same scale was used, this time ranging from 'very happy' to 'very unhappy', in the same fashion.

Tables SW.1 and SW.1M show the proportion of young women and young men age 15-24 years, who are very or somewhat satisfied in selected domains. Note that for three domains, satisfaction with school, job and income, the denominators are confined to those who are currently attending school, have a job, and have an income. Of the different domains, young women are the most satisfied with the way they look (93 percent) and their health (90 percent). The results for young men indicate that they are most satisfied with their health (92 percent) and the way they look (91 percent). Among the young women who are in school, 84 percent are very or somewhat satisfied with school, and 46 percent of those who are working are satisfied with their job. Half of those young women earning an income indicated that they were satisfied with their income. For young men, 87 percent of those in school are satisfied with school, and 53 percent of those working are satisfied with their job. More than half of those earning an income are satisfied with their income.

[74] OECD. 2013. *OECD Guidelines on Measuring Subjective Well Being*.OECD.http://dx.doi.org/10.1787/9789264191655-en

Table SW.1: Domains of life satisfaction (women)

Percentage of women age 15-24 years who are very or somewhat satisfied in selected domains of satisfaction, Swaziland MICS, 2014

	Percentage of women age 15-24 years who are very or somewhat satisfied in selected domains:						Percentage of women age 15-24 years who:			Number of women age 15-24 years	Percentage of women age 15-24 years who are very or somewhat satisfied with school	Number of women age 15-24 years attending school	Percentage of women age 15-24 years who are very or somewhat satisfied with their job	Number of women age 15-24 years who have a job	Percentage of women age 15-24 years who are very or somewhat satisfied with their income	Number of women age 15-24 years who have an income
	Family life	Friendships	Health	Living environment	Treatment by others	The way they look	Are attending school	Have a job	Have an income							
Total	**80.5**	**75.0**	**90.3**	**71.0**	**74.4**	**92.7**	**50.7**	**15.3**	**40.6**	**1,926**	**84.4**	**975**	**46.3**	**295**	**50.0**	**781**
Age																
15-19	82.2	79.0	90.4	72.5	73.4	93.6	75.8	6.0	30.0	1,037	86.4	786	47.9	62	60.4	311
20-24	78.5	70.2	90.3	69.3	75.6	91.7	21.3	26.2	52.9	888	76.1	190	45.9	233	43.1	470
Region																
Hhohho	85.6	78.8	91.5	79.8	77.9	92.7	52.1	10.3	18.7	467	85.9	243	49.4	48	63.6	87
Manzini	78.0	72.8	90.8	69.3	73.9	94.1	44.9	25.0	63.7	775	85.2	348	44.8	193	46.3	493
Shiselweni	73.7	71.4	86.4	64.7	69.4	92.1	58.7	8.6	38.5	360	80.8	211	45.2	31	58.3	138
Lubombo	86.5	78.4	91.9	69.4	76.2	90.1	53.4	7.2	19.2	324	84.9	173	53.4	23	41.5	62
Area																
Urban	77.8	71.7	90.5	67.4	78.9	93.3	41.5	30.7	60.4	510	80.6	212	38.7	157	38.7	308
Rural	81.5	76.1	90.3	72.3	72.8	92.5	53.9	9.8	33.4	1,416	85.4	764	54.9	139	57.3	473
Marital Status																
Ever married/in union	78.5	62.4	89.4	63.4	77.5	91.8	2.6	23.9	57.2	301	(*)	8	39.0	72	42.0	173
Never married/in union	80.9	77.3	90.5	72.4	73.9	92.9	59.6	13.8	37.5	1,624	84.4	968	48.6	223	52.2	608
Education																
None	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	10	-	0	(*)	7	(*)	7
Primary	79.9	77.1	87.6	69.6	72.1	90.3	40.7	16.3	35.1	409	85.8	166	52.0	67	56.2	144
Secondary	81.0	72.2	90.1	72.8	76.0	93.2	58.6	12.1	38.5	810	85.4	474	50.5	98	53.5	312
Higher	79.0	76.5	92.3	69.5	72.8	93.3	45.1	18.1	45.6	608	81.4	274	38.9	110	44.8	277
Tertiary	89.6	86.0	91.3	72.5	83.5	94.0	68.0	16.0	46.2	89	85.3	60	(*)	14	(43.5)	41

Wealth index quintile																
Poorest	77.9	72.4	87.9	70.0	70.9	93.1	49.0	6.6	24.3	356	83.8	174	(*)	24	55.3	86
Second	81.4	75.5	89.7	68.5	69.4	91.0	48.5	9.7	32.0	366	86.3	177	54.6	35	61.5	117
Middle	80.6	76.0	90.3	70.9	73.8	91.0	57.5	12.3	39.4	411	87.4	236	45.3	50	52.3	162
Fourth	80.7	76.7	91.9	72.4	75.7	94.1	47.6	20.1	51.5	423	80.1	202	41.4	85	46.2	218
Richest	81.8	73.7	91.5	73.2	81.9	94.4	50.2	27.3	53.4	370	83.8	186	46.8	101	43.1	198

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

Table SW.1M: Domains of life satisfaction (men)

Percentage of men age 15-24 years who are very or somewhat satisfied in selected domains of satisfaction, Swaziland MICS, 2014

	Percentage of men age 15-24 years who are very or somewhat satisfied in selected domains:						Percentage of men age 15-24 years who:									
	Family life	Friendships	Health	Living environment	Treatment by others	The way they look	Are attending school	Have a job	Have an income	Number of men age 15-24 years	Percentage of men age 15-24 years who are very or somewhat satisfied with school	Number of men age 15-24 years attending school	Percentage of men age 15-24 years who are very or somewhat satisfied with their job	Number of men age 15-24 years who have a job	Percentage of men age 15-24 years who are very or somewhat satisfied with their income	Number of men age 15-24 years who have an income
Total	**81.9**	**86.6**	**91.7**	**75.1**	**77.5**	**90.9**	**61.7**	**18.5**	**42.8**	**598**	**86.7**	**369**	**52.9**	**111**	**52.1**	**256**
Age																
15-19	83.6	89.5	93.3	80.5	80.2	91.6	86.4	9.3	30.3	308	86.6	266	(53.5)	29	63.4	93
20-24	80.1	83.5	90.0	69.5	74.7	90.1	35.5	28.3	56.0	291	87.1	103	52.7	82	45.6	163
Region																
Hhohho	85.9	88.6	90.0	78.8	76.7	94.2	60.5	16.2	21.4	148	90.2	89	(*)	24	(60.2)	32
Manzini	81.3	89.1	94.3	73.8	78.3	87.6	58.3	23.4	61.8	245	81.4	143	54.4	57	48.4	152
Shiselweni	76.7	83.4	88.7	77.0	74.9	93.1	72.2	12.1	43.2	108	92.5	78	(*)	13	64.8	47
Lubombo	83.1	80.7	90.8	70.8	79.6	91.7	60.5	16.9	27.0	98	86.8	59	(*)	17	(41.0)	26
Area																
Urban	75.6	83.2	93.4	69.1	74.3	86.1	46.6	28.6	64.0	152	(77.7)	71	(43.6)	44	48.9	97
Rural	84.1	87.7	91.1	77.2	78.6	92.5	66.8	15.1	35.6	446	88.9	298	58.9	67	54.0	159
Marital Status																
Ever married/in union	(81.6)	(60.9)	(91.0)	(54.8)	(67.7)	(82.7)	(0.0)	(55.2)	(74.2)	26	-	0	(*)	15	(*)	20
Never married/in union	81.9	87.8	91.7	76.1	77.9	91.3	64.5	16.9	41.4	572	86.7	369	55.1	96	53.5	237
Education																
None	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	8	-	0	(*)	1	(*)	3
Primary	80.0	86.9	91.8	79.0	82.1	90.1	55.8	27.1	43.2	156	94.6	87	(51.2)	42	55.1	68
Secondary	85.6	89.2	94.1	77.8	78.4	92.1	74.6	15.5	39.1	220	85.6	164	(56.4)	34	50.1	86
Higher	79.4	85.0	90.5	73.5	73.1	89.2	53.2	15.3	41.6	182	84.0	97	(48.1)	28	56.1	76
Tertiary	82.6	76.6	84.6	44.5	71.0	100.0	64.3	17.6	(72.4)	33	(*)	21	(*)	6	(*)	24

Wealth index quintile																
Poorest	76.3	86.8	90.1	76.3	83.9	95.3	70.3	11.9	27.9	94	93.0	66	(*)	11	(41.6)	26
Second	82.8	84.2	92.7	75.1	75.8	90.7	68.0	16.0	36.6	115	89.5	78	(*)	18	(50.0)	42
Middle	86.2	88.5	92.8	74.1	73.0	91.7	56.4	23.9	48.0	154	84.6	87	(32.5)	37	48.1	74
Fourth	78.7	88.7	90.2	75.5	84.2	83.9	56.6	23.7	51.7	130	85.6	74	(75.0)	31	63.4	67
Richest	83.5	83.5	92.2	75.1	71.8	94.8	61.2	13.1	44.3	105	81.1	64	(*)	14	(49.8)	46

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

In Tables SW.2 and SW.2M, the proportions of women and men age 15-24 years with overall life satisfaction are shown. “Life satisfaction” is defined as those who are very or somewhat satisfied with their life overall, and is based on a single question which was asked after the life satisfaction questions on all of the above-mentioned domains, with the exception of the question on satisfaction with income, which was asked later. About 83 percent of women age 15-24 yeas are satisfied with their life overall – the figure ranges from 79 percent of women with primary education to 93 percent for women with tertiary education, showing a strong relationship between education and life satisfaction. The proportion of women who are satisfied with life is 83 percent in rural areas and 80 percent in urban areas. These proportions do not vary much by marital status, region and wealth index. Similar results are obtained for men with 85 percent satisfied with life.

As a summary measure, the average life satisfaction score is also calculated and presented in Tables SW.2 and SW.2M. The score is simply calculated by averaging the responses to the question on overall life satisfaction, ranging from very satisfied (1) to very unsatisfied (5) (see questionnaires in Appendix H). Therefore, the lower the average score, the higher the life satisfaction levels. The results reveal that there is no difference in the overall satisfaction levels of women in all four regions and in both rural and urban areas, as they all show an average score of 1.7. The scores also show that women with tertiary education have slightly higher level of satisfaction (1.5) compared to their counterparts with primary, secondary and high school education who show 1.7 level of satisfaction. The overall, satisfaction score for men is 1.6.

The tables also show that about 76 percent of both women and men age 15-24 years are very or somewhat happy. Slight differences by wealth quintiles, age groups, regions and education can also be observed for this indicator in both women and men.

Table SW.2: Overall life satisfaction and happiness (women)

Percentage of women age 15-24 years who are very or somewhat satisfied with their life overall, the average overall life satisfaction score, and percentage of women age 15-24 years who are very or somewhat happy, Swaziland MICS, 2014

	Percentage of women with overall life satisfaction[1]	Average life satisfaction score	Percentage of women who are very or somewhat happy [2]	Number of women age 15-24 years
Total	**82.5**	**1.7**	**75.5**	**1,926**
Age				
15-19	83.3	1.7	78.2	1,037
20-24	81.5	1.8	72.2	888
Region				
Hhohho	82.7	1.7	81.2	467
Manzini	81.0	1.7	72.5	775
Shiselweni	82.9	1.7	68.9	360
Lubombo	85.1	1.7	81.6	324
Area				
Urban	79.9	1.8	72.8	510
Rural	83.4	1.7	76.4	1,416
Marital Status				
Ever married/in union	83.2	1.7	73.4	301
Never married/in union	82.3	1.7	75.9	1,624
Education				
None	(*)	(*)	(*)	10
Primary	78.6	1.8	73.9	409
Secondary	82.8	1.7	76.9	810
Higher	83.1	1.7	74.5	608
Tertiary	92.5	1.5	78.9	89
Wealth index quintile				
Poorest	80.0	1.8	74.3	356
Second	82.8	1.7	76.0	366
Middle	85.3	1.6	76.0	411
Fourth	81.6	1.7	77.8	423
Richest	82.4	1.7	72.7	370

[1] MICS Indicator 11.1 - Life satisfaction

[2] MICS indicator 11.2 - Happiness

(*) Figures that are based on less than 25 unweighted cases

Table SW.2M: Overall life satisfaction and happiness (men)

Percentage of men age 15-24 years who are very or somewhat satisfied with their life overall, the average overall life satisfaction score, and percentage of men age 15-24 years who are very or somewhat happy, Swaziland MICS, 2014

	Percentage of men with overall life satisfaction[1]	Average life satisfaction score	Percentage of men who are very or somewhat happy [2]	Number of men age 15-24 years
Total	**84.8**	**1.6**	**75.6**	**598**
Age				
15-19	89.5	1.5	77.1	308
20-24	79.8	1.7	74.0	291
Region				
Hhohho	91.4	1.5	78.4	148
Manzini	81.1	1.7	75.4	245
Shiselweni	82.9	1.6	68.0	108
Lubombo	86.0	1.6	80.2	98
Area				
Urban	80.7	1.7	71.7	152
Rural	86.2	1.6	76.9	446
Marital Status				
Ever married/in union	(50.5)	(2.3)	(71.7)	26
Never married/in union	86.3	1.6	75.8	572
Education				
None	(*)	(*)	(*)	8
Primary	86.6	1.5	76.8	156
Secondary	86.9	1.6	74.1	220
Higher	82.1	1.7	77.6	182
Tertiary	(79.6)	(1.7)	(71.1)	33
Wealth index quintile				
Poorest	88.3	1.6	78.0	94
Second	82.9	1.7	74.2	115
Middle	85.3	1.6	73.2	154
Fourth	85.7	1.6	80.4	130
Richest	81.6	1.6	72.5	105

[1] MICS Indicator 11.1 - Life satisfaction[M]

[2] MICS indicator 11.2 - Happiness[M]

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

In addition to the series of questions on life satisfaction and happiness, respondents were also asked two simple questions on whether they think their life improved during the last one year, and whether they think their life will be better in one year's time. Such information may contribute to our understanding of desperation that may exist among young people, as well as hopelessness and hopes for the future. Specific combinations of the perceptions during the last one year and expectations for the next one year may be valuable information to understand the general sense of well-being among young people.

In Tables SW.3 and SW.3M, women's and men's perceptions of a better life are shown. The proportion of women age 15-24 years who think that their lives improved during the last one year and who expect that their lives will get better after one year, is 62 percent. The corresponding indicator for men age 15-24 years is 63 percent. Perceptions for a better life vary by region, ranging between 54 percent in Lubombo and 72 percent in Hhohho for women, and between 58 percent in Shiselweni and 72 percent in Hhohho for men. Differences in the perception of a better life can be observed by wealth quintiles: 52 percent of the young women and 48 percent of the young men living in the poorest households think that their lives improved during the last one year and expect that it will get better after one year, while the corresponding proportions for young women and men living in the richest households are 69 percent and 77 percent, respectively.

Table SW.3: Perception of a better life (women)

Percentage of women age 15-24 years who think that their lives improved during the last one year and those who expect that their lives will get better after one year, Swaziland MICS, 2014

	Percentage of women who think that their life			Number of women age 15-24 years
	Improved during the last one year	Will get better after one year	Both[1]	
Total	**65.1**	**91.0**	**62.2**	**1,926**
Age				
15-19	65.7	88.9	61.9	1,037
20-24	64.4	93.5	62.5	888
Region				
Hhohho	73.8	93.5	71.9	467
Manzini	66.4	90.7	62.7	775
Shiselweni	57.3	89.7	55.7	360
Lubombo	58.1	89.8	54.1	324
Area				
Urban	75.3	91.3	70.5	510
Rural	61.4	90.9	59.2	1,416
Marital Status				
Ever married/in union	65.0	93.3	64.1	301
Never married/in union	65.1	90.6	61.8	1,624
Education				
None	(*)	(*)	(*)	10
Primary	58.0	85.0	52.1	409
Secondary	65.4	90.2	62.5	810
Higher	66.6	95.5	65.4	608
Tertiary	82.2	95.8	80.8	89
Wealth index quintile				
Poorest	53.6	87.8	52.0	356
Second	56.6	91.4	54.4	366
Middle	63.3	92.9	61.7	411
Fourth	74.9	92.6	71.7	423
Richest	75.1	89.9	69.3	370

[1] **MICS indicator 11.3 - Perception of a better life**

(*) Figures that are based on less than 25 unweighted cases

Table SW.3M: Perception of a better life (men)

Percentage of men age 15-24 years who think that their lives improved during the last one year and those who expect that their lives will get better after one year, Swaziland MICS, 2014

	Percentage of men who think that their life			Number of men age 15-24 years
	Improved during the last one year	Will get better after one year	Both[1]	
Total	**64.8**	**91.0**	**62.8**	**598**
Age				
15-19	63.7	88.2	61.5	308
20-24	66.0	94.0	64.2	291
Region				
Hhohho	71.7	94.3	71.7	148
Manzini	59.8	93.1	58.9	245
Shiselweni	61.4	85.9	57.7	108
Lubombo	70.6	86.7	64.9	98
Area				
Urban	72.4	95.6	70.9	152
Rural	62.2	89.5	60.0	446
Marital Status				
Ever married/in union	(67.1)	(97.5)	(64.6)	26
Never married/in union	64.7	90.7	62.7	572
Education				
None	(*)	(*)	(*)	8
Primary	58.5	85.9	55.1	156
Secondary	66.8	91.5	65.6	220
Higher	64.5	93.5	62.2	182
Tertiary	83.8	96.9	83.8	33
Wealth index quintile				
Poorest	52.3	82.4	48.3	94
Second	63.3	87.8	60.4	115
Middle	65.8	92.1	64.8	154
Fourth	64.1	95.0	61.6	130
Richest	77.1	95.8	77.1	105

[1] MICS indicator 11.3 - Perception of a better life[M]

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

15. Tobacco and Alcohol Use

Tobacco products are products made entirely or partly of leaf tobacco as raw material, which are intended to be smoked, sucked, chewed, or snuffed. All contain the highly addictive psychoactive ingredient, nicotine. Tobacco use is one of the main risk factors for a number of chronic diseases, including cancer, lung diseases, and cardiovascular diseases.

The consumption of alcohol carries a risk of adverse health and social consequences related to its intoxicating, toxic and dependence-producing properties. In addition to the chronic diseases that may develop in those who drink large amounts of alcohol over a number of years, alcohol use is also associated with an increased risk of acute health conditions, such as injuries, including from traffic accidents. Alcohol use also causes harm far beyond the physical and psychological health of the drinker. It harms the well-being and health of people around the drinker. An intoxicated person can harm others or put them at risk of traffic accidents or violent behaviour, or negatively affect co-workers, relatives, friends or strangers. Thus, the impact of the harmful use of alcohol reaches deep into society.

The Swaziland MICS collected information on ever and current use of tobacco and alcohol and intensity of use among women age 15-49 years and men age 15-59 years. This section presents the main results.

15.1 Tobacco Use

Table TA.1 presents the current and ever use of tobacco products by women age 15-49 years, Table TA.1M presents the corresponding information for men age 15-49 years while Figure TA.1 depicts ever and current smokers by age. Overall, about one percent of women age 15-49 years and 15 percent of men age 15-49 years used any tobacco products at any time in the last month preceding the survey. For women, use of any tobacco product in the last month preceding the survey tended to increase with age and decreased with an increase in education, while the latter is true for men.

Table TA.1: Current and ever use of tobacco (women)

Percentage of women age 15-49 years by pattern of use of tobacco, Swaziland MICS, 2014

		Ever users				Users of tobacco products at any time during the last one month				
	Never smoked cigarettes or used other tobacco products	Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product	Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product[1]	Number of women age 15-49 years
Total	**95.2**	**2.4**	**0.4**	**1.9**	**4.7**	**0.5**	**0.1**	**0.8**	**1.3**	**4,762**
Age										
15-19	97.7	1.4	0.3	0.6	2.3	0.2	0.0	0.0	0.2	1,037
20-24	95.0	1.9	0.9	2.1	4.9	0.7	0.0	0.0	0.7	888
25-29	94.7	4.2	0.4	0.7	5.3	0.5	0.1	0.4	1.0	795
30-34	96.2	2.7	0.1	1.0	3.8	0.2	0.0	0.3	0.5	707
35-39	94.3	2.0	0.6	3.1	5.7	0.7	0.2	1.7	2.5	501
40-44	93.5	1.7	0.1	4.7	6.5	0.0	0.1	2.8	3.0	462
45-49	91.7	3.6	0.7	3.9	8.1	2.0	0.0	2.5	4.5	370
Region										
Hhohho	96.1	3.0	0.4	0.5	3.9	0.9	0.0	0.2	1.1	1,169
Manzini	94.5	2.7	0.6	2.3	5.5	0.5	0.0	0.5	1.1	1,923
Shiselweni	95.0	1.8	0.3	2.8	4.9	0.2	0.0	1.4	1.6	799
Lubombo	95.9	1.7	0.2	2.1	4.0	0.2	0.2	1.4	1.7	871
Area										
Urban	93.4	4.1	0.6	1.9	6.6	0.7	0.0	0.5	1.1	1,540
Rural	96.1	1.6	0.4	1.9	3.9	0.4	0.1	0.9	1.4	3,222
Education										
None	89.2	3.3	0.3	7.1	10.8	0.9	0.0	4.9	5.9	188
Primary	94.3	2.1	0.3	3.3	5.7	0.3	0.0	1.8	2.1	1,095
Secondary	96.5	1.7	0.2	1.6	3.5	0.3	0.1	0.3	0.6	1,697
Higher	96.7	1.9	0.5	0.8	3.2	0.7	0.0	0.1	0.8	1,275
Tertiary	91.2	6.4	1.4	0.9	8.7	1.1	0.2	0.4	1.7	507

Under-5s in the same household										
At least one	95.9	2.1	0.4	1.7	4.1	0.4	0.0	0.9	1.3	2,619
None	94.4	2.8	0.4	2.2	5.5	0.6	0.1	0.7	1.4	2,143
Wealth index quintile										
Poorest	94.5	1.1	0.4	4.0	5.5	0.4	0.0	2.6	3.0	752
Second	97.2	1.4	0.3	1.1	2.8	0.1	0.1	0.5	0.7	838
Middle	96.7	1.2	0.5	1.6	3.2	0.5	0.0	0.3	0.8	941
Fourth	95.9	2.1	0.2	1.7	4.0	0.3	0.0	0.0	0.3	1,073
Richest	92.4	5.3	0.7	1.6	7.6	1.1	0.1	0.8	2.0	1,158

[1] **MICS indicator 12.1 - Tobacco use**

Table TA.1M: Current and ever use of tobacco (men)

Percentage of men age 15-49 years by pattern of use of tobacco, Swaziland MICS, 2014

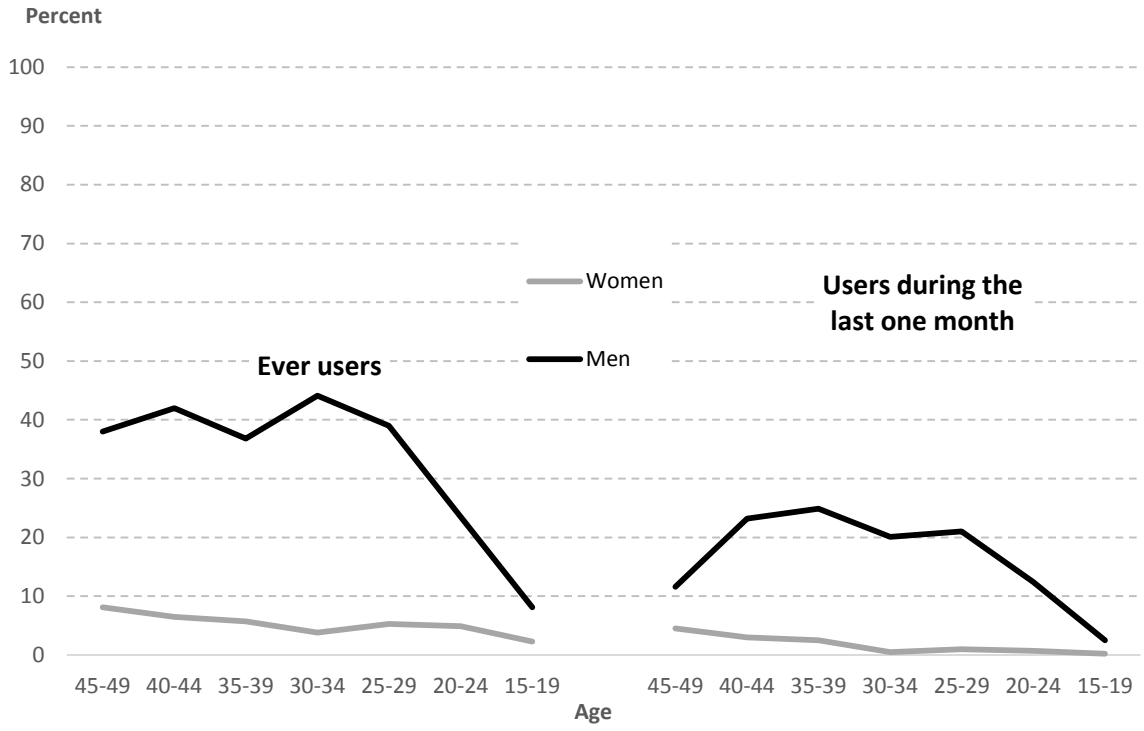
	Never smoked cigarettes or used other tobacco products	Ever users				Users of tobacco products at any time during the last one month				Number of men age 15-49 years
		Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product	Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product[1]	
Total	**70.9**	**20.7**	**5.4**	**2.9**	**29.0**	**12.3**	**0.6**	**1.7**	**14.7**	**1,324**
Age										
15-19	91.9	5.2	0.8	2.0	8.1	2.5	0.0	0.0	2.5	308
20-24	76.5	19.6	2.0	2.0	23.5	11.2	0.0	1.2	12.4	291
25-29	61.0	27.0	9.1	2.9	39.0	16.3	1.9	2.9	21.0	222
30-34	55.1	32.8	7.0	4.3	44.1	15.2	2.0	2.9	20.1	155
35-39	63.2	21.7	10.3	4.7	36.8	20.9	0.0	4.1	24.9	140
40-44	58.0	29.0	9.8	3.2	42.0	21.9	0.0	1.3	23.2	118
45-49	62.0	28.0	7.5	2.5	38.0	9.3	0.8	1.5	11.6	90
Region										
Hhohho	78.1	17.3	2.8	1.8	21.9	12.8	0.3	1.2	14.3	343
Manzini	65.6	23.8	6.8	3.5	34.2	12.8	0.7	1.6	15.1	524
Shiselweni	71.4	20.8	4.3	3.5	28.6	8.7	0.6	3.2	12.5	203
Lubombo	72.0	18.5	7.2	2.4	28.0	13.7	0.8	1.7	16.2	253
Area										
Urban	68.3	24.4	4.9	2.2	31.5	15.0	0.1	0.8	16.0	455
Rural	72.3	18.7	5.7	3.2	27.7	10.9	0.9	2.2	14.0	869
Education										
None	(61.0)	(29.4)	(1.8)	(7.8)	(39.0)	(11.2)	(1.8)	(5.6)	(18.6)	39
Primary	66.7	21.5	7.9	3.9	33.3	14.1	0.7	2.6	17.4	341
Secondary	72.7	18.5	4.8	4.0	27.3	13.0	0.5	2.4	15.9	384
Higher	74.2	20.9	3.0	1.6	25.5	10.9	0.5	0.7	12.1	402
Tertiary	69.8	21.3	8.9	0.0	30.2	10.7	0.7	0.0	11.4	157

Under-5s in the same household										
At least one	72.3	19.2	4.8	3.4	27.4	9.1	0.2	2.7	12.1	489
None	70.1	21.6	5.8	2.5	29.9	14.3	0.8	1.2	16.2	835
Wealth index quintile										
Poorest	75.8	15.9	5.4	2.8	24.2	11.9	0.0	2.4	14.3	172
Second	73.9	15.0	5.5	5.6	26.1	8.4	2.0	3.1	13.5	209
Middle	67.9	22.3	5.6	4.2	32.1	14.3	0.2	3.0	17.6	296
Fourth	70.4	20.8	6.4	2.4	29.6	11.7	0.6	0.8	13.1	353
Richest	69.7	25.7	4.1	.2	30.0	14.2	0.4	0.3	14.8	293

[1] **MICS indicator 12.1 - Tobacco use[M]**

( ) Figures that are based on 25-49 unweighted cases

Figure TA.1: Ever and current smokers, Swaziland MCS, 2014



Tables TA.2 and TA.2M present results on age at first use of cigarettes, as well as frequency of use, for women and men, respectively. The results show that about three percent of men age 15-59 years smoked a cigarette for the first time before age 15 (Table TA.2M). Among women, the corresponding percentage is less than one percent (Table TA.2). For men age 15-59 years, the percentages who smoked a whole cigarette before age 15 range from one percent for age group 20-24 years to six percent for those in the 40-44 years age group.[75]

[75] The percent distribution of current smokers by the number of cigarettes smoked in the last 24 hours for both women and men is not presented in the report due to a few number of cases reported in the sample.

Table TA.2: Age at first use of cigarettes and frequency of use (women)

Percentage of women age 15-49 years who smoked a whole cigarette before age 15, and percent distribution of current smokers by the number of cigarettes smoked in the last 24 hours, Swaziland MICS, 2014

	Percentage of women who smoked a whole cigarette before age 15[1]	Number of women age 15-49 years
Total	**0.2**	**4,762**
Age		
15-19	0.1	1,037
20-24	0.5	888
25-29	0.2	795
30-34	0.3	707
35-39	0.2	501
40-44	0.0	462
45-49	0.2	370
Region		
Hhohho	0.2	1,169
Manzini	0.3	1,923
Shiselweni	0.4	799
Lubombo	0.0	871
Area		
Urban	0.4	1,540
Rural	0.2	3,222
Education		
None	0.0	188
Primary	0.3	1,095
Secondary	0.1	1,697
Higher	0.0	1,275
Tertiary	1.1	507
Under-5s in the same household		
At least one	0.3	2,619
None	0.1	2,143
Wealth index quintile		
Poorest	0.1	752
Second	0.0	838
Middle	0.1	941
Fourth	0.3	1,073
Richest	0.5	1,158

[1] **MICS indicator 12.2 - Smoking before age 15**

Table TA.2M: Age at first use of cigarettes and frequency of use (men)

Percentage of men age 15-59 years who smoked a whole cigarette before age 15, and percent distribution of current smokers by the number of cigarettes smoked in the last 24 hours, Swaziland MICS, 2014

	Percentage of men who smoked a whole cigarette before age 15[1]	Number of men age 15-59 years
Total	**2.8**	**1,459**
Age		
15-19	1.8	308
20-24	1.4	291
25-29	4.7	222
30-34	2.9	155
35-39	1.6	140
40-44	5.5	118
45-49	4.9	90
50-54	2.3	79
55-59	1.6	56
Region		
Hhohho	1.6	377
Manzini	3.6	573
Shiselweni	2.3	228
Lubombo	3.2	281
Area		
Urban	3.3	491
Rural	2.5	968
Education		
None	4.2	66
Primary	2.5	375
Secondary	2.1	416
Higher	2.5	424
Tertiary	5.1	178
Under-5s in the same household		
At least one	1.6	533
None	3.5	926
Wealth index quintile		
Poorest	3.1	197
Second	1.6	235
Middle	1.9	325
Fourth	2.7	375
Richest	4.4	326

[1] **TA.S1 - Smoking before age 15[M]**

15.2 Alcohol Use

Table TA.3 shows the use of alcohol among women. About six percent of women age 15-49 years had at least one drink of alcohol on one or more days during the last one month preceding the survey. Approximately, two percent of women of the same age group first drank alcohol before the age of 15

while 76 percent of women never had an alcoholic drink. Among the younger age groups, the proportion of women who had at least one drink of alcohol before age 15 is higher than among the older age groups.

Table TA.3: Use of alcohol (women)

Percentage of women age 15-49 years who have never had an alcoholic drink, percentage who first had an alcoholic drink before age 15, and percentage of women who have had at least one alcoholic drink at any time during the last one month, Swaziland MICS, 2014

	Percentage of women who:			
	Never had an alcoholic drink	Had at least one alcoholic drink before age 15[1]	Had at least one alcoholic drink at any time during the last one month[2]	Number of women age 15-49 years
Total	**76.3**	**1.5**	**5.5**	**4,762**
Age				
15-19	85.6	2.7	3.6	1,037
20-24	72.2	2.1	5.3	888
25-29	73.6	1.1	6.0	795
30-34	74.6	0.6	6.3	707
35-39	76.6	0.9	4.4	501
40-44	74.2	1.2	8.5	462
45-49	71.7	0.6	6.9	370
Region				
Hhohho	79.7	1.0	4.5	1,169
Manzini	70.7	1.9	7.0	1,923
Shiselweni	82.6	1.1	3.5	799
Lubombo	78.5	1.6	5.5	871
Area				
Urban	68.8	1.9	8.9	1,540
Rural	79.9	1.3	4.0	3,222
Education				
None	68.3	1.6	9.2	188
Primary	78.9	2.0	4.3	1,095
Secondary	78.0	1.6	3.8	1,697
Higher	76.4	0.7	5.7	1,275
Tertiary	68.2	2.1	12.0	507
Wealth index quintile				
Poorest	83.5	1.3	5.0	752
Second	81.6	0.9	3.0	838
Middle	79.6	1.5	4.1	941
Fourth	72.0	1.0	4.6	1,073
Richest	69.4	2.5	9.8	1,158

[1] MICS indicator 12.4 - Use of alcohol before age 15

[2] MICS indicator 12.3 - Use of alcohol

The proportion of men that consume alcohol is considerably higher than among women (see table TA.3M). The table shows that 26 percent of men age 15-59 years had at least one drink of alcohol on one or more days during the last one month preceding the survey. Use of alcohol before the age of 15 is also more common among men (6 percent) than among women (2 percent). As with young women, the proportion among young men who had at least one drink of alcohol before age 15 is higher among the younger age groups.

The use of alcohol by women and men varies somewhat by place of residence, education and wealth quintiles. Among women, alcohol use is more common in urban areas, in wealthier households and among women with tertiary education. A similar pattern is observed for men, especially by place of residence, while differentials by education and wealth are less marked.

Table TA.3M: Use of alcohol (men)

Percentage of men age 15-59 years who have never had an alcoholic drink, percentage who first had an alcoholic drink before age 15, and percentage of men who have had at least one alcoholic drink at any time during the last one month, Swaziland MICS, 2014

	Percentage of men who:			
	Never had an alcoholic drink	Had at least one alcoholic drink before age 15[1]	Had at least one alcoholic drink at any time during the last one month[2]	Number of men age 15-59 years
Total	**46.3**	**5.8**	**25.9**	**1,459**
Age				
15-19	72.9	7.0	9.8	308
20-24	44.2	7.1	27.6	291
25-29	35.6	9.3	36.8	222
30-34	31.3	3.3	34.8	155
35-39	45.9	0.6	28.3	140
40-44	36.8	6.8	25.7	118
45-49	38.7	0.7	24.1	90
50-54	41.1	2.5	36.1	79
55-59	34.9	8.0	21.7	56
Region				
Hhohho	53.7	5.1	18.6	377
Manzini	41.3	6.4	30.6	573
Shiselweni	44.3	4.5	28.9	228
Lubombo	48.1	6.3	23.8	281
Area				
Urban	41.8	5.6	30.3	491
Rural	48.6	5.8	23.7	968
Education				
None	40.7	4.4	27.4	66
Primary	47.2	4.7	25.6	375
Secondary	51.6	4.8	22.3	416
Higher	43.0	7.2	28.1	424
Tertiary	41.9	7.2	29.3	178
Wealth index quintile				
Poorest	52.6	3.7	23.3	197
Second	51.8	6.7	21.3	235
Middle	43.9	4.5	25.4	325
Fourth	41.8	6.0	28.6	375
Richest	46.1	7.3	28.4	326

[1] **TA.S2 - Use of alcohol before age 15[M]**

[2] **TA.S3 - Use of alcohol[M]**

16. Orphans and Vulnerable Children

Over the years, there has been a continuous increase in the number of orphans and vulnerable children. In 2012, the number of orphans and vulnerable children (OVC) was estimated at 181,000. These are children who have lost either or both parents, either parent is chronically ill, or an adult in the age range 18-59 in the household either died after being chronically ill or was chronically ill in the year prior to the survey. The high prevalence of HIV/AIDS has contributed to increase the number of children losing their parents due to AIDS and to the high prevalence of children living with chronically ill parents.

The chapter presents findings on the situation of OVC in Swaziland. Monitoring outcomes for OVC in comparison with non-OVC helps to identify the gaps that exist in responding to their needs and provides a basis for evidence based programming for government and all stakeholders.

16.1 Orphanhood and Vulnerability among Children

In the 2014 Swaziland MICS, information on orphanhood status of children 0-17 was collected and table OV.1 shows the prevalence of orphanhood and vulnerability among children, by various background variables. The results indicate that 20 percent of children have lost one or both parents. A total of 60 percent of children age 0-17 years in Swaziland are classified as vulnerable and the proportion rises to 71 percent for both orphans and vulnerable children. Children in rural areas are more likely to be orphaned and vulnerable compared to their urban counterparts (73 percent and 62 percent, respectively). The proportion of orphans and vulnerable children is 75 percent in Lubombo region, 66 percent in Hhohho region, 70 percent in Manzini region and 73 percent in Shiselweni region.

Table OV.1 further depicts the percentage of children aged 0-17 years with chronically ill parents, with an adult death in the household, and with a chronically ill adult in the household. The results show that 54 percent of the children have a parent who is chronically ill, 12 percent have a chronically ill adult in the household and four percent of the children had experienced an adult death in the household. The proportion of children with a chronically ill parent is 55 percent in rural areas and 48 percent in urban areas, while the proportion of children with a chronically ill adult in the household is 13 percent and seven percent, respectively. The results show the proportion of children with a chronically ill parent is higher in the poorest households (60 percent) than in the richest (44 percent).

Table OV.1: Prevalence of orphanhood and vulnerability among children

Percentage of children aged 0-17 years who are orphaned or vulnerable due to AIDS, Swaziland, 2014

	Chronically ill parent	Adult death in household	Chronically ill adult in household	Vulnerable children	One or both parents dead	Orphans and vulnerable children	Number of children aged 0-17 years
Total	**53.6**	**3.7**	**11.7**	**60.1**	**20.4**	**70.7**	**9,141**
Sex							
Male	53.5	3.8	11.2	59.9	20.0	70.2	4,601
Female	53.6	3.6	12.1	60.4	20.7	71.2	4,540
Region							
Hhohho	51.1	2.8	6.0	54.5	20.2	66.0	2,187
Manzini	52.4	4.1	11.6	59.5	20.1	69.7	3,225
Shiselweni	54.3	5.1	15.2	63.0	21.8	73.3	1,782
Lubombo	57.6	2.9	14.9	64.9	19.7	75.0	1,946
Area							
Urban	48.3	0.6	6.8	51.3	16.3	62.0	1,898
Rural	55.0	4.5	12.9	62.5	21.4	72.9	7,244
Age							
0-4 years	58.1	3.4	11.4	62.6	4.2	64.8	2,488
5-9 years	56.0	3.0	10.9	61.2	15.5	68.6	2,747
10-14 years	50.5	4.6	12.5	59.3	30.2	74.9	2,558
15-17 years	46.2	4.1	12.1	55.0	41.4	77.7	1,348
Wealth index quintile							
Poorest	59.8	4.9	17.1	68.3	22.5	79.0	2,162
Second	55.2	5.2	12.3	62.0	21.5	72.4	2,096
Middle	53.4	4.3	9.9	60.5	20.9	71.9	1,886
Fourth	51.7	2.6	10.8	58.2	21.7	68.8	1,580
Richest	43.9	0.1	5.7	46.6	13.2	55.9	1,417

16.2 Access to minimum basic needs

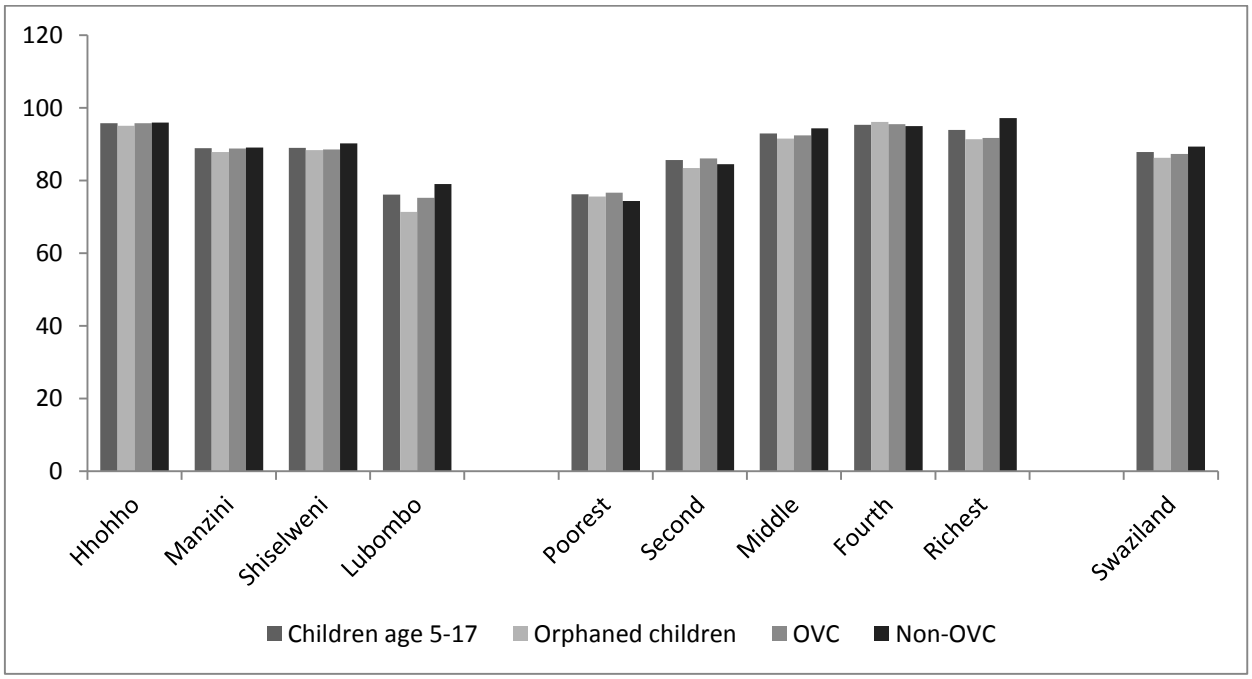
Table OV.2 presents access to minimum basic needs of orphans and vulnerable children in the age range 5-17 years. Overall, 87 percent of orphans and vulnerable children have all three basic needs met (have shoes, two sets of clothes, and at least one meal per day). Access to the three minimum basic needs by OVC ranges from 75 percent in Lubombo region to 96 percent in Hhohho region, and between 77 percent in the poorest households and 96 in households in the fourth wealth quintile. A ratio of 0.98 for OVC to non-OVC indicates minimal differences in accessing the minimum basic needs between the two groups.

Table OV.2: Access to minimum basic needs by orphans and vulnerable children

Percentage of children age 5-17 years accessing three minimum basic needs, the percentage of orphans, non-orphans, OVCs, and non-OVC who possess all three basic material needs, and the ratio of the percentage for orphans to non-orphans and OVC to non-OVC, according to background characteristics, Swaziland, 2014

	Percentage of children 5-17 years accessing:					Percentage accessing all three basic needs, by OVC status:									
						Orphanhood status					OVC status				
	Shoes	Two sets of clothes	At least one meal per day	All three basic needs	Number of children age 5-17 years	Orphaned	Number of orphans	Non-orphans	Number of non-orphans	Ratio orphan to non-orphan	OVC	Number of OVCs	Non-OVC	Number of non-OVCs	Ratio OVC to non-OVC
Total	**90.1**	**93.6**	**98.2**	**87.9**	**6,653**	**86.3**	**1,758**	**88.5**	**4,896**	**0.98**	**87.4**	**4,848**	**89.3**	**1,806**	**0.98**
Sex															
Male	88.7	92.7	98.0	86.0	3,333	83.0	874	87.0	2,459	0.95	84.9	2,403	88.9	930	0.95
Female	91.5	94.4	98.3	89.8	3,320	89.6	884	89.9	2,436	1.00	89.8	2,444	89.9	875	1.00
Region															
Hhohho	96.5	97.6	98.9	95.8	1,630	95.1	424	96.1	1,206	0.99	95.8	1,123	96.0	507	1.00
Manzini	90.4	95.2	97.8	88.9	2,311	87.9	609	89.3	1,703	0.98	88.9	1,681	89.1	631	1.00
Shiselweni	90.1	94.1	99.3	89.0	1,291	88.4	362	89.3	929	0.99	88.6	962	90.3	328	0.98
Lubombo	82.1	85.8	96.8	76.2	1,421	71.4	364	77.8	1,058	0.92	75.3	1,082	79.0	339	0.95
Area															
Urban	94.8	93.9	98.7	91.6	1,334	92.1	290	91.5	1,043	1.01	90.3	892	94.3	442	0.96
Rural	88.9	93.5	98.0	87.0	5,319	85.2	1,467	87.7	3,852	0.97	86.7	3,956	87.7	1,363	0.99
Age															
5-9 years	90.2	94.1	98.1	88.3	2,747	87.3	427	88.4	2,320	0.99	87.8	1,884	89.3	863	0.98
10-14 years	89.8	93.2	98.6	87.4	2,558	85.9	772	88.0	1,786	0.98	86.7	1,916	89.5	642	0.97
15-17 years	90.3	93.1	97.4	88.2	1,348	86.1	559	89.7	789	0.96	87.9	1,048	89.2	301	0.99
Wealth index quintile															
Poorest	79.5	86.3	96.6	76.2	1,580	75.6	453	76.5	1,127	0.99	76.7	1,260	74.4	320	1.03
Second	87.9	94.2	97.5	85.7	1,511	83.5	425	86.6	1,086	0.96	86.1	1,100	84.5	411	1.02
Middle	94.0	96.9	99.2	93.0	1,393	91.5	381	93.5	1,012	0.98	92.4	1,029	94.4	364	0.98
Fourth	96.7	97.5	98.8	95.4	1,153	96.2	324	95.1	829	1.01	95.5	851	95.0	302	1.01
Richest	96.8	94.8	99.4	93.9	1,016	91.4	175	94.5	842	0.97	91.7	608	97.2	408	0.94

Figure OV.1: Access to minimum basic needs among children age 5-17 years, orphaned and vulnerable children, Swaziland 2014



16.3 HIV and Orphanhood

While the number of children orphaned due to AIDS has stabilized globally since 2009, efforts to mitigate the impact of AIDS on households, communities, and children continue to be intensified by national programmes and global partners. Children who are orphaned may be at increased risk of neglect or exploitation when the parents are not available to assist them. Monitoring the variations in different outcomes for orphans and comparing them to their peers gives us a measure of how well communities and governments are responding to their needs.

Table OV.3 presents information on the orphanhood status of children age 10-14 years, and their school attendance. About six percent of children age 10-14 years in Swaziland are orphans. Of those, 99 percent are attending school, denoting an orphans to non-orphans school attendance ratio of 1.00. This indicates that orphans are not disadvantaged in terms of school attendance.

Table OV.3: School attendance of orphans and non-orphans

School attendance of children age 10-14 years by orphanhood, Swaziland MICS, 2014

	Percentage of children whose mother and father have died (orphans)	Percentage of children whose parents are still alive and who are living with at least one parent (non-orphans)	Number of children age 10-14 years	Percentage of children whose mother and father have died (orphans) and are attending school	Total number of orphan children age 10-14 years	Percentage of children whose parents are still alive, who are living with at least one parent (non-orphans), and who are attending school	Total number of non-orphan children age 10-14 years	Orphans to non-orphans school attendance ratio[1]
Total	**5.7**	**48.7**	**2,558**	**99.0**	**146**	**99.3**	**1,247**	**1.00**
Sex								
Male	6.0	48.5	1,242	99.1	75	99.0	603	1.00
Female	5.4	48.9	1,317	98.8	71	99.6	644	0.99
Area								
Urban	5.3	62.2	476	(*)	25	99.7	296	1.00
Rural	5.8	45.7	2,083	98.7	121	99.2	951	1.00

[1] **MICS indicator 9.16; MDG indicator 6.4 - Ratio of school attendance of orphans to school attendance of non-orphans**

See Table CP.8 for further overall results related to children's living arrangements and orphanhood

(*) Figures that are based on fewer than 25 unweighted cases

16.4 School Attendance among OVC

Children have a basic right to education which should be fulfilled by all the right holders which includes the government, families, schools e.tc. School attendance of orphans versus non-orphans gives an indication of the extent to which the children's right to education is fulfilled. Table OV.4 presents school attendance of orphans and vulnerable children in age 10-14 years. The table shows that six percent of children have lost both parents and among these children 99 percent are attending school. A comparison among OVC and non-OVC shows that 99 percent of both OVC and non OVC are attending school. A school attendance ratio of 1.00 for OVC to non-OVC indicates that OVC are not disadvantaged.

Table OV.4: School attendance of orphans and vulnerable children

School attendance of children age 10-14 years by orphanhood and vulnerability, Swaziland, 2014

	Percentage of children whose mother and father have died (orphans)	Percentage of children of whom both parents are alive and child is living with at least one parent (non-orphans)	Percentage of children who are orphaned or vulnerable (OVCs)	Number of children age 10-14 years	Percentage of children who are orphans and are attending school	Total number of orphan children age 10-14 years	Percentage of OVCs who are attending school	Total number of OVCs age 10-14 years	Percentage of children who are non-orphans and are attending school	Total number of non-orphan children age 10-14 years	Orphans to non-orphans school attendance ratio	Percentage of children who are not orphaned or vulnerable (non-OVCs) and are attending school	Total number of non-OVCs age 10-14 years	OVC to non-OVC school attendance ratio
Total	**5.7**	**48.7**	**63.4**	**2,558**	**99.0**	**146**	**99.0**	**1,622**	**99.3**	**1,247**	**1.00**	**99.2**	**936**	**1.00**
Sex														
Male	6.0	48.5	62.2	1,242	99.1	75	99.1	773	99.0	603	1.00	98.8	469	1.00
Female	5.4	48.9	64.5	1,317	98.8	71	99.0	849	99.6	644	0.99	99.5	467	0.99
Region														
Hhohho	4.6	51.7	58.4	638	(98.4)	29	98.3	372	98.7	330	1.00	99.2	265	0.99
Manzini	7.9	46.4	64.9	873	100.0	69	99.7	567	99.5	405	1.01	99.3	306	1.00
Shiselweni	5.6	44.2	62.7	481	(96.2)	27	98.7	302	99.4	212	0.97	99.6	179	0.99
Lubombo	3.7	52.9	67.2	567	(*)	21	98.9	381	99.7	300	1.00	98.5	186	1.00
Area														
Urban	5.3	62.2	58.5	476	(100.0)	25	99.0	278	99.7	296	1.00	99.6	197	0.99
Rural	5.8	45.7	64.5	2,083	98.7	121	99.0	1,344	99.2	951	1.00	99.1	739	1.00
Wealth index quintile														
Poorest	7.1	42.3	71.0	624	(96.6)	44	98.8	443	98.6	264	0.98	97.3	181	1.02
Second	5.2	46.6	61.2	582	(100.0)	30	98.9	357	99.3	271	1.01	100.0	226	0.99
Middle	5.8	45.6	63.5	566	(100.0)	33	99.2	359	99.7	258	1.00	99.6	207	1.00
Fourth	7.3	53.2	64.7	392	(100.0)	29	98.8	253	99.0	209	1.01	98.5	138	1.00
Richest	2.5	62.1	53.2	394	(*)	10	99.7	210	100.0	245	1.00	100.0	185	1.00

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Table OV.4A presents school attendance of children age 6-17 years by orphan and vulnerability status and background characteristics. The ratio of school attendance of orphans to non-orphans is 0.98, an indication that OVC are not disadvantaged.

Table OV.4A: School attendance of orphans and vulnerable children

School attendance of children age 6-17 years by orphanhood and vulnerability, Swaziland, 2014

	Percentage of children whose mother and father have died (orphans)	Percentage of children of whom both parents are alive and child is living with at least one parent (non-orphans)	Percentage of children who are orphaned or vulnerable (OVCs)	Number of children age 6-17 years	Percentage of children who are orphans and are attending school	Total number of orphan children age 6-17 years	Percentage of OVCs who are attending school	Total number of OVCs age 6-17 years	Percentage of children who are non-orphans and are attending school	Total number of non-orphan children age 6-17 years	Orphans to non-orphans school attendance ratio	Percentage of children who are not orphaned or vulnerable (non-OVCs) and are attending school	Total number of non-OVCs age 6-17 years	OVC to non-OVC school attendance ratio
Total	**5.1**	**49.3**	**5.1**	**6,097**	**94.2**	**312**	**94.2**	**312**	**96.8**	**3,006**	**0.97**	**96.0**	**5,785**	**0.98**
Sex														
Male	5.0	49.0	5.0	3,062	96.3	153	96.3	153	97.2	1,499	0.99	96.0	2,908	1.00
Female	5.2	49.6	5.2	3,035	92.1	159	92.1	159	96.4	1,507	0.95	96.0	2,876	0.96
Region														
Hhohho	4.3	53.4	4.3	1,502	93.3	64	93.3	64	96.5	802	0.97	96.1	1,438	0.97
Manzini	6.2	48.4	6.2	2,100	92.6	131	92.6	131	96.2	1,017	0.96	96.1	1,969	0.96
Shiselweni	5.4	44.2	5.4	1,188	95.6	64	95.6	64	97.7	525	0.98	96.2	1,125	0.99
Lubombo	4.0	50.6	4.0	1,307	97.3	53	97.3	53	97.4	661	1.00	95.6	1,254	1.02
Area														
Urban	4.8	60.3	4.8	1,206	87.2	58	87.2	58	97.2	727	0.90	96.0	1,149	0.91
Rural	5.2	46.6	5.2	4,891	95.7	255	95.7	255	96.7	2,279	0.99	96.0	4,636	1.00
Wealth index quintile														
Poorest	5.6	43.9	5.6	1,453	96.3	81	96.3	81	94.4	638	1.02	93.9	1,373	1.03
Second	4.9	46.9	4.9	1,388	93.1	68	93.1	68	96.4	651	0.97	96.1	1,321	0.97
Middle	4.9	47.8	4.9	1,291	98.4	63	98.4	63	97.5	617	1.01	97.0	1,228	1.01
Fourth	7.2	51.2	7.2	1,041	93.4	75	93.4	75	97.2	533	0.96	95.7	966	0.98
Richest	2.8	61.4	2.8	924	81.9	26	81.9	26	98.9	567	0.83	98.1	898	0.84

16.5 Nutrition

Table OV.5 and Figures OV.2 and OV.3 illustrate the prevalence of malnutrition among orphans and vulnerable children under-five years of age. In general, the results demonstrate comparable rates of malnutrition among OVC and non-OVC: stunting prevalence among OVC is 26 percent and 24 percent among non-OVC. Underweight prevalence among all children is six percent for both OVC and non-OVC.

Table OV.5: Nutritional status of OVC and non-OVC

Percentage of children under age 5 by nutritional and OVC status according to two anthropometric indices: height for age (stunted) and weight for age (underweight) Swaziland, 2014

	Stunting by OVC status							Underweight by OVC status						
	OVC		Non-OVC					OVC		Non-OVC				
	Percentage stunted	Number of OVCs	Percentage stunted	Number of non-OVCs	Ratio OVC to Non-OVC	Percentage of children under age 5 who are stunted	Number of children under age 5	Percentage underweight	Number of OVCs	Percentage underweight	Number of non-OVCs	Ratio OVC to non-OVC	Percentage of children under age 5 who are underweight	Number of children under age 5
Total	**26.3**	**1,677**	**24.0**	**938**	**1.10**	**25.5**	**2,615**	**5.7**	**1,691**	**5.9**	**944**	**0.97**	**5.8**	**2,635**
Sex														
Male	29.1	845	29.4	475	0.99	29.2	1,321	7.6	856	6.8	476	1.13	7.3	1,332
Female	23.5	832	18.4	463	1.27	21.7	1,295	3.8	835	5.1	468	0.75	4.3	1,303
Region														
Hhohho	25.6	338	20.6	246	1.24	23.5	584	4.7	342	6.7	251	0.70	5.5	592
Manzini	22.6	581	27.5	376	0.82	24.5	957	4.8	583	6.4	377	0.75	5.4	960
Shiselweni	30.0	366	23.4	159	1.28	28.0	525	6.3	367	6.8	160	0.93	6.5	527
Lubombo	29.2	393	21.3	156	1.37	26.9	549	7.5	399	2.7	156	2.82	6.1	555
Area														
Urban	19.5	277	18.5	300	1.05	19.0	577	4.5	283	4.1	300	1.10	4.3	583
Rural	27.7	1,401	26.5	638	1.04	27.3	2,038	6.0	1,408	6.8	644	0.88	6.2	2,052
Age														
0-5 months	16.3	143	16.5	86	0.99	16.4	229	5.4	147	6.7	87	0.80	5.9	234
6-11 months	16.1	161	14.1	95	1.15	15.4	256	9.0	161	7.9	96	1.14	8.6	257
12-23 months	29.3	326	33.3	197	0.88	30.8	522	6.6	329	8.2	198	0.81	7.2	527
24-35 months	35.5	374	30.8	206	1.15	33.8	581	5.7	375	4.4	208	1.30	5.2	583
36-47 months	29.1	338	24.1	173	1.21	27.4	511	4.6	342	4.2	175	1.10	4.5	517
48-59 months	19.6	335	14.7	181	1.33	17.9	516	4.7	336	5.4	181	0.86	4.9	517
Wealth Index Quintile														
Poorest	31.8	471	24.8	144	1.28	30.2	615	7.2	472	11.0	146	0.66	8.1	618
Second	29.2	444	36.1	180	0.81	31.2	624	6.4	446	11.6	180	0.56	7.9	626
Middle	28.3	347	26.9	178	1.05	27.8	525	4.9	349	3.1	181	1.59	4.3	530
Fourth	22.4	235	24.4	203	0.92	23.3	438	4.5	235	5.4	203	0.83	4.9	438
Richest	6.3	180	11.5	232	0.55	9.2	412	3.4	188	1.0	234	3.43	2.1	422

Figure OV.2: Percentage of children under-five stunted by OVC status, Swaziland, 2014

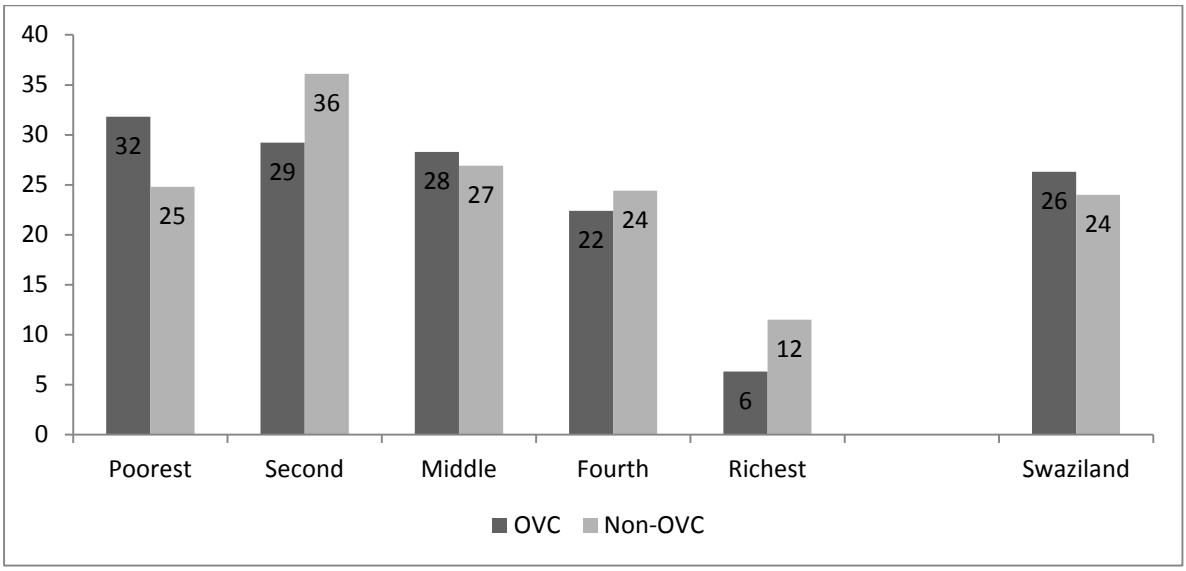
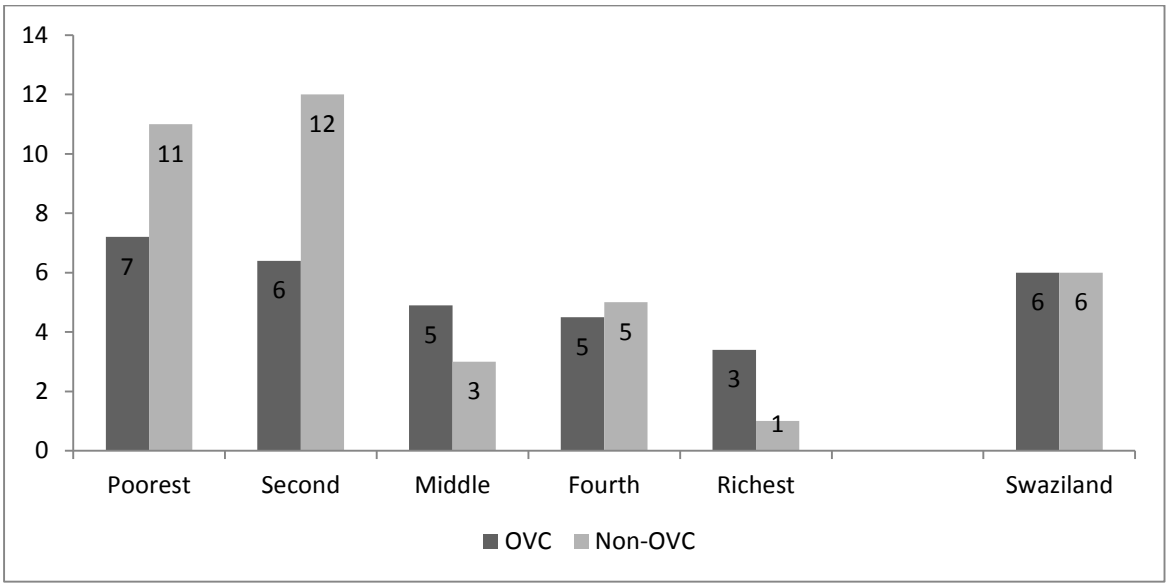


Figure OV.3: Percentage of children under-five underweight by OVC status, Swaziland, 2014



16.6 Sexual Debut

Early sexual debut is a measure of youth risk behaviour. Delayed sexual debut helps reduce the risk of HIV and AIDS, sexually transmitted infections (STIs) and unwanted pregnancies.

The findings show that in general the proportion of children who experience early sexual debut remains low (Table OV.6). The figures further reveal that girls experience sexual debut earlier than boys as the proportion of girls who had sexual intercourse before exact age 15 is three percent whilst the figures indicate that boys do not engage in sex before this age. Child early sexual debut is three percent in Hhohho region, two percent in Manzini, and one percent for both Shiselweni and Lubombo regions.

A comparison of OVC and non-OVC on early sexual debut shows no differences between the two groups (4 percent for orphan girls and 3 percent for non-orphan). Delaying sexual debut is high among children living in urban areas and it is common among non-OVC where the results show that none of the non-OVC had engaged in sexual intercourse before age 15 in urban areas. The Hhohho region reported that four percent non-OVC engaged in sexual intercourse before age 15 whilst Shiselweni and Lubombo regions reported delayed sexual activity among non-OVC as these regions recorded zero percent.

Table OV.6: Sexual intercourse before age 15 by OVC status

Percentage of children age 15-17 who had sexual intercourse before exact age 15 by OVC status, Swaziland, 2014

	Children who had sexual intercourse before age 15						
	OVC		Non-OVC				
	Percentage who had sexual intercourse before exact age 15	Number of OVC	Percentage who had sexual intercourse before exact age 15	Number of Non-OVC	Ratio OVC to non-OVC	Percentage who had sexual intercourse before exact age 15	Number of young people aged 15-17 years
Total	**1.8**	**1,086**	**1.3**	**312**	**1.44**	**1.7**	**1,398**
Sex							
Male	0.0	543	0.0	156	-	0.0	699
Female	3.7	543	2.6	156	1.44	3.4	699
Area							
Urban	1.2	168	0.0	32	-	1.0	200
Rural	2.0	918	1.4	280	1.37	1.8	1,198
Region							
Hhohho	2.3	258	3.6	84	0.65	2.6	342
Manzini	1.9	264	1.3	80	1.52	1.7	344
Shiselweni	1.6	318	0.0	78	-	1.3	396
Lubombo	1.6	246	0.0	70	-	1.3	316
Age							
15 years	2.7	330	0.0	88	-	2.2	418
16 years	2.2	418	2.5	120	0.86	2.2	538
17 years	0.6	338	1.0	104	0.62	0.7	442
Wealth index							
Poorest	2.8	290	1.3	78	2.15	2.4	368
Second	2.5	238	1.5	68	1.71	2.3	306
Middle	1.6	256	1.3	76	1.19	1.5	332
Fourth	0.6	164	(2.2)	46	0.28	1.0	210
Richest	0.7	138	(0.0)	44	-	0.5	182

( ) Figures that are based on 25-49 unweighted cases

16.7 Children's Living Arrangements and orphanhood

Table OV.7 presents information on the living arrangements and orphanhood status of children under the age of 18 years. Overall, 33 percent of children age 0-17 years live with neither biological parent (36 percent in rural areas and 22 percent in urban areas). The proportion ranges from 39 percent in Shiselweni region to 30 percent in Hhohho region. Children in the poorest households are more likely to live with neither biological parent than their counterparts in richest households. About 20 percent of children age 0-17 years have one or both parents deceased.

Table OV.7: Children's living arrangements and orphanhood

Percent distribution of children age 0-17 years according to living arrangements, percentage of children age 0-17 years not living with a biological parent and percentage of children who have one or both parents dead, Swaziland MICS, 2014

		Living with neither biological parent				Living with mother only		Living with father only						
	Living with both parents	Only father alive	Only mother alive	Both alive	Both dead	Father alive	Father dead	Mother alive	Mother dead	Missing information on father/ mother	Total	Living with neither biological parent[1]	One or both parents dead [2]	Number of children age 0-17 years
Total	**23.9**	**3.2**	**5.8**	**20.7**	**3.5**	**28.4**	**6.2**	**5.0**	**1.3**	**1.9**	**100.0**	**33.2**	**20.4**	**9,141**
Sex														
Male	23.9	3.0	5.8	21.3	3.4	27.5	6.1	5.6	1.2	2.1	100.0	33.5	20.0	4,601
Female	24.0	3.3	5.9	20.1	3.6	29.3	6.4	4.3	1.3	1.7	100.0	33.0	20.7	4,540
Region														
Hhohho	28.0	3.7	5.7	18.0	3.0	26.9	5.9	5.6	1.4	1.8	100.0	30.4	20.2	2,187
Manzini	26.7	2.4	5.9	20.5	4.2	26.7	6.0	4.6	1.4	1.7	100.0	32.9	20.1	3,225
Shiselweni	17.6	4.0	6.5	25.0	3.7	30.0	6.5	3.7	0.6	2.4	100.0	39.2	21.8	1,782
Lubombo	20.6	3.0	5.4	20.3	2.8	31.5	6.8	6.2	1.3	2.0	100.0	31.6	19.7	1,946
Area														
Urban	33.5	1.2	4.4	13.1	3.0	29.7	6.0	6.4	1.5	1.3	100.0	21.7	16.3	1,898
Rural	21.4	3.7	6.2	22.7	3.6	28.1	6.3	4.6	1.2	2.1	100.0	36.3	21.4	7,244
Age														
0-4	29.0	0.7	1.1	18.2	0.1	44.9	2.0	2.9	0.1	0.8	100.0	20.2	4.2	2,488
5-9	25.2	2.9	5.5	26.4	1.1	25.3	4.6	5.8	1.4	1.9	100.0	35.9	15.5	2,747
10-14	20.6	4.4	8.2	19.4	5.7	21.7	9.2	6.4	1.8	2.5	100.0	37.7	30.2	2,558
15-17	18.5	5.9	10.9	16.2	10.5	17.2	11.5	4.5	1.8	3.0	100.0	43.5	41.4	1,348
Wealth index quintile														
Poorest	19.3	4.2	6.0	24.4	3.8	28.0	7.0	3.6	1.0	2.7	100.0	38.4	22.5	2,162
Second	21.3	3.4	7.0	22.2	3.5	29.9	6.2	3.3	1.2	1.9	100.0	36.1	21.5	2,096
Middle	20.2	3.1	5.4	21.5	3.4	30.6	6.8	5.5	1.6	1.8	100.0	33.5	20.9	1,886
Fourth	27.9	3.6	6.5	17.1	4.8	26.5	5.4	5.8	1.0	1.4	100.0	31.9	21.7	1,580
Richest	35.6	0.8	3.8	15.8	1.8	26.1	5.1	8.0	1.5	1.5	100.0	22.2	13.2	1,417

[1] MICS indicator 8.13 - Children's living arrangements

[2] MICS indicator 8.14 - Prevalence of children with one or both parents dead

17. Social Participation

The role of culture in development is today recognized not only by the culture community but also increasingly acknowledged by the development community. References to the importance of culture both as a driver and enabler for sustainable development have been included in recent major documents that chart the path for a renewed development agenda, including the 2005 UNESCO Convention on the Protection and Promotion of the Diversity of Cultural Expressions and the United Nations General Assembly Resolutions 65/1 and 65/166 (2010). The 2005 UNESCO Convention is the first legally-binding international agreement putting the integration of culture into sustainable development at its core. In spite of this promising environment, the difficulties encountered to date in quantifying the contribution of culture have contributed to its marginalization in national and international development strategies.

The UNESCO Secretariat for the 2005 Convention, developed the UNESCO Culture for Development Indicators (CDIS) in response to this challenge. CDIS is an advocacy and policy tool which fills a critical gap, as the new data and knowledge generated contributes vital information when advocating for the importance of the role of culture within the United Nations Agenda for Sustainable Development after 2015. The CDIS was tested and implemented in 11 countries since 2009, and demonstrates through quantitative and qualitative data, the enabling and driving role of culture in sustainable development.

Culture's significance for development and wellbeing have been increasingly recognized in Swaziland as it is enshrined in the National Constitution of 2005 and further articulated in the Poverty Reduction Strategy and Action Plan (PRSAP). This is further observed by the 2012 ratifications of key international instruments and the adoption of new policies and strategic development priorities, such as the Swaziland National Council of Arts and Culture Policy (2009) and the Government Priority Programme (2008-2013). The challenge is to ensure that new objectives are translated into concrete action and monitoring systems. The new data generated by the CDIS is not only permitting a better understanding of culture's development role between actors inside and outside of the culture sector, but also providing the first steps to conceiving a monitoring system that will measure achievements and progress in the area of culture and development.

Social Participation Dimension

The CDIS has seven dimensions: economy; education; governance; social participation; gender equality; communication, and heritage. The Swaziland MICS 2014 collected data on social participation, specifically, participation in going-out activities. The social participation dimension examines the multi-dimensional ways culture influences the preservation and enhancement of an enabling environment for social progress and development by analyzing the levels of cultural participation, interconnectedness within a given society, sense of solidarity and cooperation, and individuals' sense of empowerment.

The Social Participation Dimension has five core indicators namely:

- Participation in going-out cultural activities
- Participation in identity-building cultural activities
- Tolerance of other cultures
- Interpersonal trust
- Freedom of self-determination

Going-out cultural activities include visits to cultural venues, such as cinemas, theatres, concerts, music festivals, cultural celebrations, museums, libraries, historical and archaeological monuments etc. These activities provide insight into the degree of cultural vitality and appreciation of culture as well as social interaction and connectivity**.** The target population was women aged between 15 and 49 years and men aged between 15 and 59 years. Questionnaires which had eight questions were administered to the target population. The aim of the questions was to establish if they have attended or participated in any of the cultural activities in the past twelve months.

Social Participation by women

Table SP.1 presents the percentage of women age 15-49 years who participated in any social activity or event in the last 12 months preceding the survey. The results show that a high percentage of women age 15-49 years (87 percent) participated in community rites, events or ceremonies. The other going-out activities where participation was high are community celebrations (23 percent), attendance to a local or national festival (15 percent) as well as visits to a museum, an art gallery or a craft exposition (14 percent). An assessment of social participation by background characteristics indicates that participation in going-out activities for women for community celebrations, attendance to a local or national festival, and visits to a museum, to an art gallery or a craft exposition were generally higher than the other activities across all variables.

Table SP.1: Attended social activities or events (women)

Percentage of women age 15-49 years who participated in any social activity or event in the past 12 months, Swaziland, 2014

	Percentage of women age 15-49 who:								
	Attended cinema or watch a movie	Went to a theatre	Attended community celebrations	Attended historical, cultural park, heritage site	Visited museum, an art gallery or craft exposition	Attended a local or national festival	Participated in a community rites, events or ceremonies	Attended a concert	Number of women age 15-49 years
Total	**6.7**	**6.0**	**22.5**	**9.4**	**14.2**	**15.2**	**87.4**	**10.1**	**4,762**
Age									
15-19	8.1	9.8	36.6	15.8	19.7	26.4	74.5	10.0	1,037
20-24	10.5	6.8	18.0	11.2	14.7	12.5	86.6	12.5	888
25-29	7.8	4.1	17.2	8.2	14.2	9.7	90.9	10.0	795
30-34	6.1	5.0	20.4	5.6	15.1	12.8	91.5	12.1	707
35-39	3.2	3.2	18.7	5.4	10.2	12.6	92.0	10.6	501
40-44	3.5	5.8	19.9	7.7	9.8	14.3	95.6	6.0	462
45-49	1.2	3.7	17.8	4.8	6.2	11.3	93.3	5.0	370
Region									
Hhohho	9.1	5.5	21.1	9.2	7.6	12.0	84.5	8.7	1,169
Manzini	7.2	4.8	21.6	10.2	21.5	14.6	88.9	10.2	1,923
Shiselweni	3.0	2.7	25.6	8.1	9.4	17.1	89.9	6.8	799
Lubombo	5.7	12.6	23.6	9.3	11.1	19.2	85.5	14.7	871
Area									
Urban	11.6	5.1	21.4	13.7	22.3	14.3	88.3	14.4	1,540
Rural	4.4	6.5	23.1	7.4	10.3	15.6	86.9	8.0	3,222
Education of household head									
None	0.0	3.8	19.7	1.3	0.3	5.4	90.4	3.2	188
Primary	1.0	4.1	20.6	2.6	6.2	9.9	86.9	4.2	1,095
Secondary	4.3	6.1	24.4	8.4	11.3	17.1	85.9	8.8	1,697
Higher	8.7	6.1	22.7	12.5	19.6	15.7	86.4	13.0	1,275
Tertiary	24.6	10.3	21.2	22.7	32.1	22.8	94.5	22.0	507
Wealth index quintile									
Poorest	1.7	5.8	25.8	4.3	5.7	13.7	87.2	4.2	752
Second	1.8	5.7	21.0	5.1	5.3	12.2	86.4	5.1	838
Middle	3.7	5.5	22.5	6.0	9.9	17.1	86.6	9.2	941
Fourth	4.8	6.0	21.2	10.5	18.5	14.6	88.3	8.2	1,073
Richest	17.8	6.8	22.7	17.6	25.5	17.4	87.9	19.8	1,158

Social Participation by men

The percentages of men age 15-59 years who participated in any social activity or event in past 12 months preceding the survey are shown in Table SP.1M. The results show that a high percentage of men age 15-59 years (90 percent) participated in community rites, events or ceremonies. The other going-out activities where participation was high for men are community celebrations (24 percent), attendance of a local or national festival (20 percent), visits to a museum, an art gallery or a craft exposition (17 percent), attending a concert (16 percent), and visiting a historical/cultural park/heritage site (12 percent). An assessment of social participation by background characteristics

indicates that participation in going-out activities for women for community celebrations, attendance to a local or national festival, visits to a museum, to an art gallery or a craft exposition and attending a concert were generally higher than the other activities across all variables.

Table SP.1M: Attended Social Activities or Events (men)

Percentage of men age 15-59 years who Participated in any Social activity or event in the last 12 months, Swaziland, 2014

	Percentage of women age 15-59 who:								
	Attended cinema or watch a movie	Went to a theatre	Attended community celebrations	Attended historical, cultural park, heritage site	Visited museum, an art gallery or craft exposition	Attended a local or national festival	Participated in a community rites, events or ceremonies	Attended a concert	Number of men age 15-59 years
Total	**6.9**	**6.3**	**24.2**	**11.6**	**16.8**	**19.8**	**89.5**	**15.5**	**1,459**
Age									
15-19	9.1	9.0	21.5	14.6	15.2	27.0	79.3	14.6	308
20-24	8.1	7.8	26.5	12.8	23.6	27.0	90.3	21.7	291
25-29	9.2	5.0	21.5	8.5	19.1	14.8	91.5	23.0	222
30-34	8.0	5.2	29.7	14.8	18.9	18.1	92.2	17.0	155
35-39	3.7	2.3	20.5	11.3	10.6	9.1	95.1	8.3	140
40-44	6.4	6.9	25.0	11.3	15.7	17.1	89.7	15.6	118
45-49	1.2	8.0	28.0	6.1	15.1	19.8	94.9	4.7	90
50-54	2.3	2.7	24.2	5.3	6.2	7.8	95.1	6.0	79
55-59	0.0	3.4	24.2	11.6	10.5	16.5	96.9	2.8	56
Region									
Hhohho	6.5	5.3	18.4	12.4	11.6	14.7	84.2	13.1	377
Manzini	8.9	3.3	27.1	10.8	23.8	20.0	90.7	16.5	573
Shiselweni	5.8	3.0	20.4	8.1	12.8	22.2	96.1	10.5	228
Lubombo	4.0	16.4	29.3	15.0	12.6	24.3	89.1	20.7	281
Area									
Urban	7.7	8.7	25.1	15.4	24.0	21.6	89.5	21.0	491
Rural	6.4	5.1	23.8	9.7	13.1	18.9	89.6	12.7	968
Education of household head									
None	0.0	0.0	19.9	1.5	5.1	4.3	83.5	6.1	66
Primary	3.2	5.7	20.6	6.1	7.4	15.2	87.6	8.3	375
Secondary	5.9	6.1	24.5	9.1	14.3	24.1	88.7	13.0	416
Higher	8.1	7.3	27.1	16.2	23.0	23.2	91.6	19.2	424
Tertiary	16.3	8.2	25.9	21.9	31.7	17.1	93.0	31.0	178
Wealth index quintile									
Poorest	2.1	5.0	19.9	4.2	5.3	13.9	89.2	8.0	197
Second	3.2	5.3	25.5	6.1	7.0	20.4	91.6	8.4	235
Middle	4.3	3.2	24.9	9.4	14.2	20.0	89.2	11.9	325
Fourth	7.1	8.2	23.3	13.8	24.5	21.3	93.4	14.9	375
Richest	14.7	8.7	26.3	19.7	24.4	20.9	84.1	29.4	326

18. Reported Prevalence of Non Communicable Diseases (NCDs)

The Non Communicable Diseases Unit in the Ministry of Health has been in existence since 1999. Non Communicable Diseases (NCDs) were not regarded as important nor given much priority until 2012 after the U.N General Assembly[76] declared their increase in low and middle income countries as a concern as they had always been regarded as diseases of the affluent people in high income countries.

Swaziland, like other developing countries, has experienced a rapid transition with more people living in urban areas; globalization; adoption of urban dietary lifestyle and sedentary habits due to technology such as increased transport services; labour saving devices and the effects of mass media and a huge shift from rural to urban lifestyles.

Guided by the NCD Global Action Plan 2016-2020[77]; which resulted in the crafting of The Swaziland Strategic Policy Document 2016-2020; and the Swaziland Policy Document 2016-2020; as well as major surveys including the WHO STEPS Surveys[78]; whose results have confirmed the rising prevalence of NCDs as well as NCD Risk Factors. The Post 2015 Global Agenda in the form of the Sustainable Developmental Goals (SDGs) have placed NCDs firmly on the agenda (SDG 3). The overall expected performance indicator for NCDs in Swaziland is the reduction of mortality and morbidity by 25 percent in 2020.

Non Communicable Diseases comprise many conditions which are classified as those attributed to lifestyle such as diabetes mellitus, hypertension, cardiovascular diseases; malignancies; Chronic Obstructive Pulmonary diseases all of which share common risk factors namely dietary intake, physical activity, harmful use of alcohol, tobacco intake. Other NCDs include epilepsy, injuries, mental health, eye and ear health amongst others. The approach to NCD interventions is the use of the 'whole of Government approach' and using the life cycle approach.

According to the Global status report on non-communicable diseases 2010, of the 57 million deaths that occurred globally in 2008, 36 million (which is almost two thirds) were due to NCDs, comprising mainly cardiovascular diseases, cancers, diabetes and chronic lung diseases.[79] About a quarter of global NCD-related deaths take place before the age of sixty. NCDs are caused mainly by four shared; behavioural risk factors that are pervasive aspects of economic transition, rapid urbanization and the lifestyles: tobacco use, unhealthy diet, insufficient physical activity and the harmful use of alcohol; as stated by the WHO.[80] In terms of attributable deaths, the leading NCD risk factor globally is raised blood pressure (to which 13 percent of global deaths are attributed), followed by tobacco use (9 percent), raised blood glucose (6 percent), physical inactivity (6 percent), and overweight and obesity (5 percent). In the context of this report other NCDs which do not share the main modifiable risk factors are included because the STEPS optional modules were included such as oral health; suicide;

[76] U.N General Assembly 2011. Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.
[77] WHO, 2013. The Global Action Plan for the Prevention and Control of Non-communicable Diseases 2016 – 2020.
[3]WHO. 2007 and 2015. The WHO STEPS Survey.
[79] WHO, 2011. The Global Status Report on NCDs 2010
[80] WHO, 2011. The Global Status Report on NCDs 2010

violence and injury. In the context of the HIV/TB epidemics[81], NCDs have understandably received inadequate attention. However, there is mounting evidence that NCDs are a significant cause of morbidity and mortality and this burden is likely to increase.[82] In as much as stunting; wasting and underweight are still prevalent in Swaziland evidence has shown that when these individuals are exposed to improved nutrition later in life they are at risk for diabetes, cardiovascular diseases and hypertension thus the need for synergy and improved collaboration within Programmes within the Ministry of Health and beyond and a stronger concerted effort to collaborate within the different UN and American Government Funded Developmental Partners, as well as with communities, and civil society and Industry.

It is expected that the results presented in this chapter underscore the prevalence of NCDs because the evidence has demonstrated that at least one in three people are afflicted with NCDs but are not aware[83] due to the asymptomatic nature of these diseases and the current health system encourages clients to visit health facilities when in pain and in the case of NCDs by that time the client is terminal; this is demonstrated by the proportion of money spent on referrals for NCDs which exceeds 80 percent and the increase in renal units in the country as a result of NCD complications in particular renal failure due to uncontrolled diabetes, hypertension and cardiovascular diseases.[84] The results will be discussed according to the socio economic status of women and men and finally compared according to each NCD for which data was collected.

NCDs in Swaziland

The MICS 2014 introduces the NCD module, focusing on self-reported findings for NCD disease burden and risk factors contributing to the increase of NCDs in Swaziland. In the case of men, men 15-59 years were asked whether they knew to be suffering from the different types of NCDs, if they have had injuries, if they had mental illnesses and on exposure to the different types of NCD risk factors.

Findings in this section were self-reported diagnosis and should not be confused with results from surveys where clinical tests were conducted to confirm medical diagnostics. Major killer NCDs have been identified in Swaziland and highlighted above. This survey asked questions on diabetes, high-blood pressure, heart disease, epilepsy, cataract and specific cancers of the reproductive health system. The results from the survey are presented in Tables ND.1 and ND.1M (women age 15-49 years and men age 15-59 years suffering from NCDs, respectively).

[81] WHO, 2015. The WHO STEPS Survey 2015
[82] WHO, 2015. The WHO STEPS Survey 2015
[83] The STEPS Survey 2015
[84] Ministry of Health NCD Annual Report 2014

Table ND.1: Suffering from non-communicable diseases (women)

Percentage of women age 15-49 years who are suffering from non-communicable diseases, Swaziland, 2014

	Percentage of women age 15-49 who:									
	Suffering from diabetes	Suffering from high blood pressure	Suffering from heart diseases	Suffering from epilepsy	Suffering from cataract	Suffering from breast cancer	Suffering from cervical cancer	Have an injury	Have a green card	Number of women age 15-49 years
Total	**1.2**	**9.3**	**3.5**	**1.2**	**5.9**	**0.7**	**0.9**	**4.2**	**1.0**	**4,762**
Age										
15-19	0.5	1.1	1.6	2.5	4.7	0.3	0.1	4.7	0.6	1,037
20-24	0.4	3.7	1.9	0.7	5.4	0.7	0.6	3.6	0.5	888
25-29	0.4	4.9	3.7	0.7	6.0	0.4	0.4	4.9	1.2	795
30-34	0.3	11.3	5.5	0.6	5.0	1.2	2.4	2.8	0.9	707
35-39	0.8	15.0	3.3	1.1	6.1	0.7	0.9	3.7	2.1	501
40-44	4.9	22.9	6.6	1.8	6.8	0.6	1.2	4.5	0.9	462
45-49	4.8	26.2	5.7	0.4	10.3	1.2	1.1	5.5	1.8	370
Region										
Hhohho	1.2	8.8	3.5	1.5	1.9	0.4	0.5	3.4	1.6	1,169
Manzini	1.1	9.4	4.3	0.8	6.0	0.9	0.9	3.7	0.5	1,923
Shiselweni	1.5	9.2	2.3	1.7	7.0	0.8	0.8	4.3	1.4	799
Lubombo	1.3	9.5	3.1	1.3	9.7	0.5	1.2	6.2	0.9	871
Area										
Urban	1.3	9.1	4.2	0.9	6.4	0.4	1.3	4.6	0.7	1,540
Rural	1.2	9.3	3.3	1.4	5.6	0.8	0.6	4.0	1.2	3,222
Education										
None	4.3	22.2	7.5	1.8	5.5	1.5	1.0	5.1	3.2	188
Primary	1.7	11.3	3.4	2.3	5.7	0.9	0.4	3.8	1.8	1,095
Secondary	0.8	7.8	2.6	1.0	6.0	0.8	1.5	4.2	1.0	1,697
Higher	0.9	6.8	3.6	0.7	5.3	0.4	0.5	4.5	0.3	1,275
Tertiary	1.2	11.0	5.3	0.5	7.4	0.2	0.6	3.9	0.3	507
Wealth index quintile										
Poorest	1.6	8.0	3.1	2.4	3.7	0.9	0.3	5.4	1.6	752
Second	0.9	9.2	3.0	1.2	4.8	0.7	1.1	2.9	1.3	838
Middle	1.3	9.3	3.8	1.3	6.1	0.9	0.4	4.9	1.3	941
Fourth	0.5	8.8	4.1	1.0	5.9	0.5	1.7	4.0	0.6	1,073
Richest	1.8	10.5	3.6	0.6	7.8	0.6	0.5	3.9	0.6	1,158

Table ND.1M: Suffering from non-communicable disease (men)

Percentage of men age 15-59 years who are suffering from non-communicable diseases, Swaziland, 2014

	Percentage of men age 15-59 who:									
	Suffering from diabetes	Suffering from high blood pressure	Suffering from heart diseases	Suffering from epilepsy	Suffering from cataract	Suffering from breast cancer	Suffering from impotence	Have an injury	Have a green card	Number of men age 15-59 years
Total	**1.4**	**5.7**	**2.0**	**1.0**	**4.3**	**0.2**	**3.1**	**11.0**	**0.9**	**1,459**
Age										
15-19	0.0	0.3	0.3	0.0	5.7	0.3	0.9	13.1	0.3	335
20-24	0.7	1.1	1.1	1.1	2.1	0.0	2.1	15.9	0.4	283
25-29	0.0	2.4	1.4	1.4	1.9	0.0	0.5	10.9	0.5	211
30-34	0.0	4.0	1.3	1.3	4.0	0.0	2.0	9.4	1.3	149
35-39	0.0	9.3	2.3	1.6	3.9	0.8	3.1	10.1	2.3	129
40-44	1.7	10.8	6.7	0.8	2.5	0.0	6.7	7.5	3.3	120
45-49	7.4	15.8	3.2	2.1	5.3	0.0	3.2	4.2	1.1	95
50-54	7.5	21.3	1.3	2.5	7.5	1.3	12.5	5.0	0.0	80
55-59	7.0	19.3	8.8	0.0	15.8	0.0	12.3	8.8	0.0	57
Region										
Hhohho	1.7	3.9	1.0	0.7	2.0	0.2	2.2	9.0	1.0	410
Manzini	1.4	6.2	3.8	1.0	4.0	0.5	2.9	9.7	0.7	421
Shiselweni	1.2	6.0	0.9	1.2	6.0	0.0	3.9	13.3	0.6	331
Lubombo	1.3	7.1	2.0	1.3	6.1	0.0	3.7	13.1	1.3	297
Area										
Urban	2.2	8.0	3.0	0.6	4.4	0.0	2.2	9.1	0.0	361
Rural	1.2	4.9	1.6	1.2	4.3	0.3	3.4	11.7	1.2	1,098
Education										
None	1.4	13.7	2.7	1.4	1.4	0.0	8.2	9.6	0.0	73
Primary	0.7	5.9	2.5	2.2	5.4	0.0	3.2	12.6	1.5	404
Secondary	1.2	3.9	1.2	0.5	6.2	0.7	3.7	11.3	0.9	434
Higher	1.8	4.1	1.8	0.5	3.0	0.0	2.5	10.9	0.8	394
Tertiary	3.2	10.4	3.2	0.6	0.6	0.0	0.0	7.1	0.0	154
Wealth index quintile										
Poorest	0.8	6.3	1.6	1.6	4.7	0.0	5.1	10.6	1.2	255
Second	0.7	4.5	1.5	2.2	4.5	0.7	2.6	13.8	1.5	268
Middle	1.2	5.0	2.6	0.6	2.6	0.0	3.5	10.5	0.6	342
Fourth	1.6	5.8	1.6	0.6	5.4	0.0	1.6	9.6	1.3	312
Richest	2.8	7.1	2.5	0.4	4.6	0.4	2.8	11.0	0.0	282

Diabetes Mellitus

Diabetes is a common NCD and also, a risk factor for coronary heart disease and stroke, and is the most common cause of amputation that is not the result of an accident. Insulin is a hormone produced by the pancreas and used by the body to regulate glucose (sugar). Diabetes occurs when the body does not produce enough insulin, or cannot use it properly, leading to too much sugar in the blood. Symptoms include thirst, excessive urination, tiredness, and unexplained weight loss. There are two

main types of diabetes: Type 1 and Type 2. Type 1 diabetes is the type in which the pancreas stops making insulin, which accounts for 10 to 15 percent of cases. The majority of people with diabetes have type 2 diabetes. In this case insulin is produced in smaller amounts than needed, or is not effective in the body. This form is preventable, because it is related to physical inactivity, excess calorie intake and obesity.

People with type 1 diabetes need insulin injections to lower blood sugar, but many people with type 2 do not. At least half of all people with diabetes are unaware of their condition. Diabetes is more prevalent in developed countries but modernization and lifestyle changes have resulted in a full blown epidemic of diabetes in developing countries which are experiencing rapid transitions.

The reported results have shown that diabetes mellitus is one percent for both women age 15-49 years and men age 15-59 years. Worth noting is that diabetes mellitus tends to increase with age for both men and women especially in older ages from 40 years.

High Blood Pressure

High Blood Pressure, also known as blood pressure and hypertension, is one of the most important preventable causes of premature death worldwide. Even a blood pressure at the top end of the normal range increases risk. High blood pressure is defined as a systolic blood pressure (SBP) above 140 mmHg and/or a diastolic blood pressure (DBP) above 90 mmHg.

In most countries, up to 30 percent of adults suffer from high blood pressure and a further 50 percent to 60 percent would be in better health if they reduced their blood pressure, by increasing physical activity, maintaining an ideal body weight and eating more fruits and vegetables.[85] In people aged up to 50 years, both DBP and SBP are associated with cardiovascular risk; above this age, SBP is a far more important predictor of cardiovascular risk. Blood pressure usually rises with age, except where salt intake is low, physical activity high, and obesity largely absent. Most natural foods contain salt, but processed food may be high in salt; in addition, individuals may add salt for taste.

Dietary salt increases blood pressure in most people with hypertension, and in about a quarter of those with normal blood pressure, especially with increasing age. A high intake of salt increases the risk of Cardio Vascular Disease in overweight persons. In addition to lifestyle changes, effective medication is available for control of high blood pressure.

The results show that reported prevalence of high blood pressure was higher than reported prevalence of other NCDs in women age 15-49 years but not in men age 15-59 years (9 percent among women and 6 percent among men). Furthermore, the results show that high blood pressure increased with an increase in age for both women and men, ranging between one percent for women age 15-19 years and 26 percent for those age 45-49 years, and from one percent for men age 15-19 years to 21 percent for those age 50-54 years.

[85] WHO, 2011. Global Atlas on Cardiovascular Disease Prevention and Control 2010

Heart Disease

According to the Cardiovascular Diseases (CVD) Atlas, there are many types of heart disease.[86] In the MICS, cases of heart disease were recorded as 'reported' by respondents without classification by type. Thus in this report, the term 'heart disease' refers to any type of heart disease.

A heart attack occurs when the blood vessels supplying the heart muscle become blocked, starving it of oxygen, leading to the heart muscle's failure or death. Heart attack has the same risk factors as CVD in general. Cold weather, exercise, or strong emotion can precipitate a heart attack. Coronary heart disease is decreasing in many developed countries, but is increasing in developing and transitional countries, partly as a result of increasing longevity, urbanization, and lifestyle changes. Risk of heart attack can change when people migrate.

Four percent of women age 15-49 years and two percent of men age 15-59 years reported suffering from heart diseases. Minimal variations were noted by background characteristics for both men and women.

Epilepsy

Epilepsy is a relatively common disorder which takes the form of recurring seizures. A seizure occurs when there is a sudden uncontrolled surge in the normal electrical activity in all or part of the brain. Epilepsy can affect anyone at any age but most people with epilepsy will experience their first seizure before the age of twenty years in age. A total of one percent in both men and women suffered from epilepsy.

Overall, the reported prevalence of epilepsy is one percent for both women age 15-49 years and men age 15-59 years. There are minimal differentials observed on reported prevalence of epilepsy by background characteristics.

Cataract

A cataract is a clouding of the eye's natural lens which lies behind the eyelids and the pupil. Cataracts are, the most common cause of vision loss in people over age forty and is the principal course of blindness in the world. There are more cases of cataract worldwide than there are of glaucoma; and diabetic retinopathy combined.[87]

The reported prevalence of cataract is six percent in women age 15-49 years and four percent in men age 15-59 years. By age, reported prevalence of cataract ranges between five percent and ten percent for women, and between two percent and 16 percent for men.

[86] Global Atlas on Cardiovascular Disease Prevention and Control. Mendis S, Puska P, Norrving B editors. World Health Organization, Geneva 2011.
[87] http:// www.allaboutvision.com\\conditions\\ internet download December 7; 2015

Breast Cancer

Breast cancer is the most common cancer in women worldwide.[88] Observed rates of this cancer globally have increased as a result of industrialization and urbanization and also with facilities for early detection.[89] Breast cancer prevalence is increasing in low to middle income countries of the developing world. Breast cancer is hormone related and the factors that modify the risk of this cancer when diagnosed pre-menopausally and post – menopausally are not the same.

Overall, less than one percent of both men (15-59 years) and women (15-49 years) reported suffering from breast cancer.

Cervical Cancer

According to the WHO cervical cancer is another of the most common types of cancer in women globally. It is most common in women who reside in low income countries, and among relatively young women. It is the third most cause of cancer deaths in women.[90] Infection with the Human Papilloma Virus (HPV) is the cause of this cancer, and tobacco use increases the risk.[91]

The proportion of women age 15-49 years who reported suffering from cervical cancer is one percent. There are minimal variations by background characteristics.

Impotence

Impotence is described as a condition found in men whereby the man has sexual dysfunction such as the inability to maintain or the absence of full erectile function (lack of a penile erection), which may be attributable to factors such as harmful use of alcohol, substance abuse, tobacco use, or a stressful situation.

Three percent of men reported to suffer from impotence. Reported prevalence of impotence ranges between one percent in young men and 16 percent for men over fifty years of age.

Have a green card (Use of Psychiatric Services)

Limited psychiatric mental health services including evaluation, diagnosis and treatment are provided in Swaziland. This includes rehabilitative services, psychosocial support and counselling for stressful situations resulting from alcohol and drug abuse; and all other types emotional disorders.

One percent of both women age 15-49 years and men age 15-59 years reported using psychiatric services.

Injury

Any damage to your body is an injury. Injuries can be caused by accidents or acts of violence, and may occur at home, work, or play. They can be due to impact from blunt objects or from objects that

[88] Institute for Cancer Research. 2012. World Cancer Research Fund.
[89] WHO 2012.
[90] Global Cancer Report 2011.
[91] WHO (2010)

penetrate the body. Common types of injury include abrasions, lacerations, hematomas, broken bones, joint dislocations, sprains, strains, and burns.

Injuries can be minor or severe. Minor injuries can often be managed with basic first aid techniques, while major injuries may require medical intervention or evaluation in an emergency setting. In some cases, a seemingly minor injury may in fact be a major injury requiring more urgent medical attention.

Injuries are also on the increase in Swaziland.[92] According to the MICS findings, four percent women age 15-49 years and 11 percent of men age 15-59 years reported to have had an injury. Twelve percent of men in rural areas and nine percent in urban areas reported having suffered from injuries while the proportion for women is four percent in both rural and urban areas.

[92] The STEPS Report 2015

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Appendix B. Swaziland MICS5 Indicator Tables

Appendix B presents tables computed for population age 15-49 years on MICS5 indicators not included in the main body of the report.

Table CP.5M: Trends in early marriage (men)

Percentage of men who were first married or entered into a marital union before age 15 and 18, by area and age groups, Swaziland 2014

	Urban				Rural				All			
	Percentage of men married before age 15	Number of men age 15-49 years	Percentage of men married before age 18	Number of men age 20-49 years	Percentage of men married before age 15	Number of men age 15-49 years	Percentage of men married before age 18	Number of men age 20-49 years	Percentage of men married before age 15	Number of men age 15-49 years	Percentage of men married before age 18	Number of men age 20-49 years
Total	**0.0**	**455**	**1.5**	**401**	**0.4**	**869**	**1.8**	**615**	**0.2**	**1,324**	**1.7**	**1,016**
Age												
15-19	(0.0)	54	na	na	0.0	254	na	na	0.0	308	na	na
20-24	0.0	98	1.4	98	0.0	192	0.8	192	0.0	291	1.0	291
25-29	0.0	78	1.6	78	0.7	143	2.6	143	0.4	222	2.2	222
30-34	(0.0)	68	(0.0)	68	0.0	87	0.0	87	0.0	155	0.0	155
35-39	(0.0)	65	(0.0)	65	1.0	75	1.0	75	0.5	140	0.5	140
40-44	(0.0)	55	(0.0)	55	2.2	63	5.5	63	1.2	118	2.9	118
45-49	(0.0)	35	(9.2)	35	0.0	54	3.2	54	0.0	90	5.6	90

na: not applicable

( ) Figures that are based on 25-49 unweighted cases

Table CP.7M: Attitudes toward domestic violence (men)

Percentage of men age 15-49 years who believe a husband is justified in beating his wife in various circumstances, Swaziland MICS, 2014

	Percentage of men age 15-49 years who believe a husband is justified in beating his wife:											
	If she goes out without telling him	If she neglects the children	If she argues with him	If she refuses sex with him	If she burns the food	For any of the five reasons[1]	If she refuses step children	If she sleeps another man	If she initiates sex	If she refuses to give food	For any reason	Number of men age 15-49 years
Total	**5.9**	**6.2**	**11.7**	**2.9**	**1.7**	**17.0**	**3.1**	**23.7**	**1.4**	**8.1**	**30.4**	**1,324**
Region												
Hhohho	7.5	5.3	14.1	3.5	1.6	17.2	3.4	20.6	1.9	5.2	28.2	343
Manzini	4.7	7.6	10.7	1.5	1.5	15.4	2.9	24.7	1.0	10.4	30.8	524
Shiselweni	6.3	5.1	11.0	4.1	2.4	17.5	3.1	28.6	2.0	9.8	33.8	203
Lubombo	6.1	5.5	10.9	3.9	1.8	19.5	3.1	22.0	0.9	5.9	29.8	253
Area												
Urban	4.9	2.9	6.2	0.8	0.4	9.5	1.4	16.5	0.7	5.4	22.0	455
Rural	6.5	8.0	14.5	4.0	2.4	20.9	4.0	27.5	1.7	9.5	34.8	869
Age												
15-19	8.9	12.3	21.3	3.9	3.7	29.2	7.0	40.6	3.1	17.3	47.5	308
20-24	6.9	5.0	10.8	2.8	1.6	16.1	2.1	27.7	1.1	11.7	36.5	291
25-29	4.0	6.0	10.0	3.5	1.2	14.1	2.4	18.2	0.8	4.5	23.8	222
30-34	3.1	4.9	6.2	2.8	2.3	10.3	2.1	17.3	0.0	2.5	20.8	155
35-39	5.7	1.8	8.3	2.3	0.5	12.8	1.4	11.5	0.6	2.2	17.4	140
40-44	4.8	3.1	4.2	1.7	0.0	11.6	1.8	9.3	0.0	0.8	17.9	118
45-49	4.1	3.4	9.8	0.7	0.0	10.5	0.7	16.2	2.7	2.7	21.5	90
Marital/Union status												
Currently married/in union	5.3	3.0	8.4	2.6	0.7	13.4	1.2	15.7	0.6	1.5	21.8	383
Formerly married/in union	6.9	9.8	12.7	2.5	1.7	16.2	3.3	16.1	1.1	3.8	21.8	107
Never married/in union	6.1	7.3	13.0	3.1	2.2	18.7	4.0	28.4	1.7	11.7	35.4	834
Education												
None	(4.4)	(3.1)	(6.2)	(4.7)	(0.0)	(16.5)	(1.7)	(20.7)	(0.0)	(2.5)	(27.4)	39
Primary	6.1	9.5	15.6	4.3	2.3	22.3	3.6	27.4	1.7	9.0	36.1	341
Secondary	8.7	8.6	14.6	4.3	2.9	20.8	4.5	31.5	1.8	10.0	36.6	384
Higher	5.1	3.5	9.6	1.4	1.0	14.3	2.5	18.4	1.1	8.6	26.8	402
Tertiary	1.3	1.3	2.6	0.0	0.0	3.0	0.4	11.3	0.4	1.8	12.6	157
Wealth index quintile												
Poorest	8.2	6.1	14.5	5.1	1.6	22.2	4.3	28.0	0.9	10.8	36.9	172
Second	9.2	10.6	16.8	2.8	3.4	25.1	4.7	26.3	1.4	9.3	37.6	209
Middle	6.7	8.0	13.5	4.8	2.4	20.4	4.2	26.4	2.3	8.4	32.0	296
Fourth	4.4	4.7	9.9	2.2	1.2	12.9	1.0	23.9	0.8	9.9	31.2	353
Richest	3.4	3.2	6.5	0.6	0.6	9.5	2.7	16.6	1.3	3.3	18.8	293

[1] **MICS indicator 8.12 - Attitudes towards domestic violence[M]**

( ) Figures that are based on 25-49 unweighted cases

Table HA.1M: Knowledge about HIV transmission, misconceptions about HIV, and comprehensive knowledge about HIV transmission (men)

Percentage of men age 15-49 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can be HIV-positive, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, Swaziland MICS, 2014

		Percentage who know transmission can be prevented by:			Percentage who know that a healthy looking person can be HIV-positive	Percentage who know that HIV cannot be transmitted by:			Percentage who reject the two most common misconceptions and know that a healthy looking person can be HIV-positive	Percentage with comprehensive knowledge[1]	Number of men age 15-49
	Percentage who have heard of AIDS	Having only one faithful uninfected sex partner	Using a condom every time	Both		Mosquito bites	Supernatural means	Sharing food with someone with HIV			
Total	**99.8**	**90.0**	**92.3**	**85.6**	**85.2**	**73.5**	**97.0**	**89.7**	**60.3**	**54.1**	**1,324**
Region											
Hhohho	99.7	92.4	94.6	88.9	86.3	74.4	98.3	91.3	60.8	55.5	343
Manzini	100.0	91.9	91.5	86.5	86.3	76.5	95.7	89.5	64.9	60.0	524
Shiselweni	100.0	84.6	89.5	80.9	71.3	61.7	96.9	87.5	41.8	37.3	203
Lubombo	99.4	87.4	93.2	83.2	92.3	75.7	98.2	89.6	65.0	53.6	253
Area											
Urban	100.0	93.9	94.7	89.8	90.6	77.5	97.6	89.3	65.9	61.3	455
Rural	99.7	88.0	91.1	83.4	82.3	71.5	96.7	89.8	57.4	50.4	869
Age											
15-24[1]	99.7	90.9	91.4	85.6	81.3	70.4	95.8	90.0	56.4	50.9	598
15-19	99.3	89.4	91.7	84.4	77.8	67.2	95.2	90.9	51.1	44.4	308
20-24	100.0	92.6	91.1	86.9	84.9	73.7	96.5	89.1	62.1	57.8	291
25-29	100.0	89.9	94.4	86.5	92.1	73.8	98.1	92.0	65.9	59.7	222
30-39	100.0	90.4	92.7	86.2	86.5	76.0	97.9	87.6	61.0	55.2	296
40-49	99.7	87.1	92.1	84.1	87.1	79.0	98.0	89.0	64.6	56.0	208
Marital status											
Ever married/in union	99.9	89.9	92.7	86.1	89.7	78.1	98.1	89.6	66.3	59.2	490
Never married/in union	99.7	90.1	92.1	85.4	82.5	70.9	96.4	89.7	56.8	51.2	834

Education											
None	(98.6)	(74.6)	(75.5)	(59.9)	(78.9)	(59.9)	(93.9)	(75.1)	(43.4)	(21.4)	39
Primary	99.4	86.3	90.4	81.0	83.2	64.1	95.7	82.5	50.6	43.6	341
Secondary	100.0	92.7	91.8	86.7	81.2	71.7	96.1	92.2	55.6	50.1	384
Higher	100.0	92.2	94.7	89.7	90.0	78.4	98.9	92.8	68.6	63.3	402
Tertiary	100.0	90.3	96.0	89.3	88.3	89.4	97.9	94.8	75.8	71.6	157
Wealth index quintile											
Poorest	99.1	86.2	91.8	81.6	79.1	63.5	94.6	84.5	48.2	40.8	172
Second	100.0	87.6	89.3	82.6	80.6	66.4	97.8	89.5	52.6	45.7	209
Middle	100.0	89.8	92.3	85.9	85.4	73.2	97.0	92.2	60.0	54.5	296
Fourth	99.7	92.9	94.2	89.1	90.5	74.2	99.5	86.9	63.5	58.1	353
Richest	100.0	90.9	92.6	85.8	85.4	84.2	94.9	93.6	69.4	62.9	293

[1]MICS indicator 9.1; MDG indicator 6.3 - Knowledge about HIV prevention among young men[M]

( ) Figures that are based on 25-49 unweighted cases

Table HA.2M: Knowledge of mother-to-child HIV transmission (men)

Percentage of men age 15-49 years who correctly identify means of HIV transmission from mother to child, Swaziland MICS, 2014

	Percentage of men age 15-49 who have heard of AIDS and:								
	Know HIV can be transmitted from mother to child:								
	During pregnancy	During delivery	By breastfeeding	By at least one of the three means	By all three means[1]	By at least one of the three means and that risk can be reduced by mother taking special drugs	By breastfeeding and that risk can be reduced by mother taking special drugs	Do not know any of the specific means of HIV transmission from mother to child	Number of men age 15-49
Total	**69.6**	**82.5**	**70.8**	**92.9**	**52.9**	**79.8**	**61.7**	**6.9**	**1,324**
Region									
Hhohho	68.8	83.5	76.3	94.3	54.6	78.2	65.8	5.4	343
Manzini	69.7	82.8	67.2	94.5	52.0	82.2	58.1	5.5	524
Shiselweni	61.1	75.2	65.5	88.3	40.5	70.9	52.8	11.7	203
Lubombo	77.2	86.1	75.1	91.2	62.5	84.2	70.8	8.2	253
Area									
Urban	70.4	87.4	69.6	95.8	54.7	88.9	63.9	4.2	455
Rural	69.1	79.9	71.4	91.3	51.9	75.1	60.6	8.4	869
Age group									
15-24	67.8	76.3	70.8	90.0	51.4	73.7	58.6	9.6	598
15-19	69.6	73.0	70.0	88.4	51.4	69.2	56.3	11.0	308
20-24	65.8	79.8	71.6	91.8	51.5	78.5	61.1	8.2	291
25-29	67.2	88.7	72.1	95.7	51.6	80.7	61.7	4.3	222
30-39	65.8	86.1	67.6	94.8	50.4	84.3	61.3	5.2	296
40-49	82.6	88.4	73.9	95.3	62.1	90.0	71.4	4.5	208
Marital status									
Ever married/in union	70.7	86.8	71.3	94.4	54.5	88.6	67.3	5.5	490
Never married/in union	68.9	79.9	70.5	92.0	52.0	74.6	58.5	7.8	834

Education									
None	(68.2)	(81.1)	(68.8)	(89.6)	(48.9)	(85.3)	(66.4)	(9.0)	39
Primary	70.1	76.8	68.8	90.4	52.1	71.6	57.5	9.0	341
Secondary	74.2	77.7	72.4	91.1	55.7	77.0	61.2	8.9	384
Higher	62.6	88.2	70.7	95.3	48.9	85.7	62.9	4.7	402
Tertiary	75.3	92.3	71.8	97.0	59.0	88.0	68.3	3.0	157
Wealth index quintile									
Poorest	62.5	75.3	68.6	84.1	48.5	68.6	56.9	15.0	172
Second	69.9	78.4	72.7	92.4	52.1	74.6	61.7	7.6	209
Middle	67.8	81.6	72.4	93.3	50.4	80.1	61.8	6.7	296
Fourth	67.9	83.9	66.4	94.6	50.5	81.7	58.2	5.2	353
Richest	77.2	88.8	74.4	95.8	61.6	87.7	68.8	4.2	293

[1] MICS indicator 9.2 - Knowledge of mother-to-child transmission of HIV[M]

( ) Figures that are based on 25-49 unweighted cases

Table HA.3M: Accepting attitudes toward people living with HIV (men)

Percentage of men age 15-49 years who have heard of AIDS who express an accepting attitude towards people living with HIV, Swaziland MICS, 2014

	Percentage of men who:								
	Are willing to care for a family member with AIDS in own home	Would buy fresh vegetables from a shopkeeper or vendor who is HIV-positive	Believe that a female teacher who is HIV-positive and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member is HIV-positive	Agree with at least one accepting attitude	Express accepting attitudes on all four indicators1	Think children living with HIV should be able to attend school with children who are HIV-negative	Report discriminatory attitudes towards people living with HIV [a]	Number of men age 15-49 who have heard of AIDS
Total	**94.1**	**90.6**	**95.0**	**42.3**	**99.9**	**36.2**	**96.2**	**11.5**	**1,321**
Region									
Hhohho	93.0	92.4	95.9	34.9	99.8	29.9	96.6	9.8	342
Manzini	95.9	89.8	95.1	45.4	100.0	40.2	97.2	11.9	524
Shiselweni	96.5	87.4	92.8	48.3	99.8	40.1	93.6	15.9	203
Lubombo	89.8	92.3	95.5	40.9	99.7	33.5	96.0	9.6	252
Area									
Urban	94.1	92.1	97.4	45.2	99.9	38.5	98.9	8.8	455
Rural	94.1	89.8	93.8	40.7	99.8	35.1	94.9	13.0	866
Age									
15-24	92.9	87.3	93.1	39.0	99.7	32.0	95.4	14.7	596
15-19	91.6	84.9	91.8	32.2	100.0	25.7	94.5	17.4	306
20-24	94.2	89.7	94.5	46.1	99.4	38.7	96.3	11.8	291
25-29	91.5	91.5	95.6	39.7	100.0	32.8	96.0	11.6	222
30-39	96.2	94.8	97.1	44.7	99.9	41.3	97.6	7.1	296
40-49	97.3	93.2	97.1	51.0	100.0	44.9	97.0	8.7	207
Marital status									
Ever married/in union	95.3	93.8	97.1	45.9	100.0	40.9	97.9	7.3	490
Never married/in union	93.4	88.7	93.8	40.1	99.8	33.5	95.3	14.0	831

Education									
None	(92.3)	(90.8)	(85.8)	(52.7)	(100.0)	(40.2)	(83.8)	(18.1)	39
Primary	96.5	86.0	91.2	41.5	99.7	34.6	92.7	17.8	339
Secondary	95.0	91.0	94.8	40.5	99.8	35.4	97.4	10.2	384
Higher	90.7	93.0	97.8	41.8	100.0	36.5	98.1	8.5	402
Tertiary	95.7	93.1	99.3	46.9	100.0	39.9	99.5	7.4	157
Wealth index quintile									
Poorest	93.4	87.6	93.4	47.2	100.0	39.8	91.7	15.7	171
Second	95.2	89.5	92.1	35.5	99.2	31.7	92.8	14.6	209
Middle	94.2	89.6	94.9	42.6	99.9	36.7	97.2	12.0	296
Fourth	95.3	93.5	96.1	42.3	100.0	39.0	97.6	8.2	352
Richest	92.0	90.6	96.9	43.7	100.0	33.8	98.7	10.4	293

[1] MICS indicator 9.3 - Accepting attitudes towards people living with HIV[M]

( ) Figures that are based on 25-49 unweighted cases

Table HA.4M: Knowledge of a place for HIV testing (men)

Percentage of men age 15-49 years who know where to get an HIV test, percentage who have ever been tested, percentage who have ever been tested and know the result of the most recent test, percentage who have been tested in the last 12 months, and percentage who have been tested in the last 12 months and know the result, Swaziland MICS, 2014

	Percentage of men who:					
	Know a place to get tested[1]	Have ever been tested	Have ever been tested and know the result of the most recent test	Have been tested in the last 12 months	Have been tested in the last 12 months and know the result[2, 3]	Number of men age 15-49
Total	**96.4**	**75.6**	**74.0**	**55.6**	**54.5**	**1,324**
Region						
Hhohho	98.2	75.8	73.2	56.9	55.3	343
Manzini	95.6	74.7	73.6	54.5	54.0	524
Shiselweni	96.3	73.1	71.0	56.2	54.7	203
Lubombo	95.5	79.4	78.3	55.6	54.6	253
Area						
Urban	98.5	83.3	82.6	61.4	60.6	455
Rural	95.3	71.6	69.5	52.6	51.4	869
Age						
15-24	92.8	60.8	59.3	46.3	45.9	598
15-19	88.6	45.0	43.5	30.5	30.4	308
20-24	97.2	77.5	76.1	62.9	62.4	291
25-29	98.6	83.8	82.6	62.4	61.3	222
30-39	99.7	89.4	87.2	64.1	62.2	296
40-49	99.7	89.9	88.2	63.1	61.4	208
Age and sexual activity in the last 12 months						
Sexually active	98.7	85.5	83.7	63.3	61.9	919
15-24[3]	97.0	77.1	75.5	62.6	62.3	253
15-19	91.9	56.9	56.0	46.4	46.4	57
20-24	98.4	83.0	81.2	67.4	66.9	196
25-49	99.4	88.6	86.8	63.5	61.7	666
Sexually inactive	91.1	53.2	52.0	38.2	37.9	404
Marital status						
Ever married/in union	99.8	91.7	90.0	68.5	66.8	490
Never married/in union	94.4	66.1	64.6	48.0	47.4	834
Education						
None	(96.3)	(90.4)	(83.6)	(76.6)	(69.8)	39
Primary	93.0	66.3	63.6	50.5	48.9	341
Secondary	95.3	70.4	69.3	49.5	49.0	384
Higher	98.8	81.6	80.2	60.8	59.8	402
Tertiary	100.0	89.6	89.6	63.0	63.0	157
Wealth index quintile						
Poorest	93.6	67.3	65.7	51.5	49.9	172
Second	93.6	71.7	70.0	49.7	48.8	209
Middle	96.9	78.5	76.9	57.1	56.6	296
Fourth	97.2	75.1	72.1	56.9	54.5	353
Richest	98.5	81.1	81.1	59.3	59.3	293

[1] MICS indicator 9.4 - Men who know where to be tested for HIV[M]

[2] MICS indicator 9.5 - Men who have been tested for HIV and know the results[M]

[3] MICS indicator 9.6 - Sexually active young men who have been tested for HIV and know the results[M]

( ) Figures that are based on 25-49 unweighted cases

Table HA.6M: Sex with multiple partners (men)

Percentage of men age 15-49 years who ever had sex, percentage who had sex in the last 12 months, percentage who had sex with more than one partner in the last 12 months, mean number of sexual partners in lifetime for men who have ever had sex, and among those who had sex with multiple partners in the last 12 months, the percentage who used a condom at last sex, Swaziland MICS, 2014

	Percentage of men who:							
	Ever had sex	Had sex in the last 12 months	Had sex with more than one partner in last 12 months[1]	Number of men age 15-49 years	Mean number of sexual partners in lifetime	Number of men age 15-49 years who have ever had sex	Percentage of men who had more than one sexual partner in the last 12 months reporting that a condom was used the last time they had sex[2]	Number of men age 15-49 years who had more than one sexual partner in the last 12 months
Total	**75.2**	**69.4**	**21.1**	**1,324**	**8.1**	**995**	**82.6**	**279**
Region								
Hhohho	71.6	66.8	19.1	343	8.3	246	85.5	65
Manzini	77.4	70.6	23.1	524	7.7	406	86.4	121
Shiselweni	75.2	69.1	20.2	203	6.6	153	85.0	41
Lubombo	75.3	70.8	20.4	253	9.9	191	(68.0)	52
Area								
Urban	84.2	79.1	24.2	455	9.8	383	81.8	110
Rural	70.4	64.4	19.5	869	7.0	612	83.1	169
Age								
15-24	48.7	42.3	13.4	598	4.5	292	94.8	80
15-19	22.3	18.5	4.0	308	2.4	68	(*)	12
20-24	76.8	67.4	23.4	291	5.1	223	96.1	68
25-29	94.5	90.1	34.8	222	8.4	209	81.9	77
30-39	97.3	90.4	28.9	296	9.5	288	73.3	86
40-49	99.1	95.9	17.4	208	11.3	206	(79.1)	36
Marital status								
Ever married/in union	100.0	96.4	23.1	490	9.7	490	73.4	113
Never married/in union	60.6	53.6	19.9	834	6.5	505	88.9	166
Education								
None	(95.9)	(91.6)	(21.5)	39	(8.7)	38	(*)	8
Primary	70.9	63.5	21.1	341	7.9	242	80.9	72
Secondary	65.3	60.4	15.6	384	6.7	250	79.5	60
Higher	77.9	72.8	24.2	402	9.8	314	86.8	97
Tertiary	96.3	90.3	26.5	157	6.9	151	(81.8)	42
Wealth index quintile								
Poorest	65.1	57.9	17.4	172	6.8	112	(82.1)	30
Second	68.9	63.4	15.3	209	7.4	144	(77.3)	32
Middle	76.2	71.3	19.9	296	7.1	226	79.5	59
Fourth	78.3	72.4	27.2	353	8.6	276	83.7	96
Richest	80.7	75.1	21.3	293	9.5	236	86.7	62

[1] MICS indicator 9.12 - Multiple sexual partnerships[M]

[2] MICS indicator 9.13 - Condom use at last sex among people with multiple sexual partnerships[M]

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Table HA.10: Male circumcision

Percentage of men age 15-49 years who report having been circumcised, and percent distribution of men by age of circumcision, Swaziland MICS, 2014

	Percent circumcised[1]	Number of men age 15-49 years	Age at circumcision: During infancy	1-4 years	5-9 years	10-14 years	15-19 years	20-24 years	25+ years	DK/ Missing	Total	Number of men age 15-49 years who have been circumcised
Total	**25.0**	**1324**	**5.9**	**3.5**	**5.0**	**15.9**	**32.1**	**14.8**	**18.0**	**4.8**	**100.0**	**331**
Region												
Hhohho	25.8	343	4.9	1.5	2.1	20.9	27.8	15.5	22.0	5.4	100.0	88
Manzini	30.8	524	6.2	5.6	6.5	14.2	29.8	15.2	18.2	4.2	100.0	162
Shiselweni	15.0	203	(1.8)	(3.8)	(6.0)	(2.4)	(46.8)	(19.3)	(16.2)	(3.7)	100.0	31
Lubombo	19.8	253	9.3	0.0	4.5	21.0	38.3	9.2	11.5	6.2	100.0	50
Area												
Urban	31.7	455	5.3	3.0	3.9	18.1	28.2	15.6	21.6	4.2	100.0	144
Rural	21.5	869	6.3	3.9	5.8	14.3	35.1	14.1	15.2	5.3	100.0	187
Age												
15-24	28.3	598	4.9	2.3	2.3	23.8	55.5	9.8	na	1.4	100.0	169
15-19	27.4	308	4.0	.9	.9	38.0	54.5	na	na	1.7	100.0	84
20-24	29.2	291	5.8	3.7	3.6	9.7	56.6	19.5	na	1.1	100.0	85
25-29	24.1	222	8.7	0.0	9.5	8.9	7.0	51.2	13.5	1.1	100.0	53
30-39	22.1	296	2.9	11.7	4.0	9.6	8.1	2.1	51.1	10.5	100.0	65
40-49	20.5	208	(10.9)	(0.0)	(11.5)	(3.3)	(7.5)	(8.4)	(44.3)	(14.0)	100.0	43
Education												
None	(22.0)	39	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	9
Primary	20.3	341	4.1	4.2	2.1	24.2	37.7	7.1	8.2	12.5	100.0	69
Secondary	23.2	384	5.4	3.2	4.0	26.5	29.1	12.5	14.1	5.2	100.0	89
Higher	29.6	402	5.2	1.4	4.5	8.5	40.8	18.0	21.6	0.0	100.0	119
Tertiary	28.4	157	(9.7)	(4.3)	(12.7)	(5.0)	(12.5)	(25.5)	(29.2)	(1.1)	100.0	45
Wealth index quintile												
Poorest	17.5	172	(8.6)	(0.0)	(5.7)	(21.3)	(38.9)	(8.9)	(10.7)	(6.0)	100.0	30
Second	18.6	209	(5.3)	(1.7)	(4.8)	(21.7)	(29.5)	(14.6)	(14.4)	(8.1)	100.0	39
Middle	26.9	296	7.7	2.1	3.5	8.4	29.5	15.9	25.5	7.4	100.0	80
Fourth	21.3	353	2.6	6.5	3.3	12.2	44.3	13.8	12.2	5.0	100.0	75
Richest	36.4	293	6.3	4.1	7.1	20.6	24.5	16.4	19.8	1.1	100.0	107

[1] MICS indicator 9.17 - Male circumcision

na: not applicable

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on fewer than 25 unweighted cases

Table MT.1M: Exposure to mass media (men)

Percentage of men age 15-49 years who are exposed to specific mass media on a weekly basis, Swaziland MICS, 2014

	Percentage of men age 15-49 years who:						
	Read a newspaper at least once a week	Listen to the radio at least once a week	Watch television at least once a week	All three media at least once a week[1]	Any media at least once a week	None of the media at least once a week	Number of men age 15-49 years
Total	**56.5**	**69.8**	**60.6**	**30.9**	**91.2**	**8.8**	**1,324**
Age							
15-19	46.9	64.7	55.9	21.8	89.1	10.9	308
20-24	59.7	74.2	66.5	36.8	93.1	6.9	291
25-29	59.9	68.4	56.6	25.5	92.2	7.8	222
30-34	59.3	71.1	65.0	35.7	90.9	9.1	155
35-39	61.1	70.1	62.0	34.0	96.0	4.0	140
40-44	62.5	71.8	62.8	41.8	86.7	13.3	118
45-49	50.8	70.5	54.5	28.3	88.7	11.3	90
Region							
Hhohho	51.1	65.7	60.2	29.2	88.5	11.5	343
Manzini	67.3	72.3	67.8	37.0	95.9	4.1	524
Shiselweni	46.8	73.7	52.8	24.7	90.1	9.9	203
Lubombo	49.2	66.9	52.4	25.5	85.8	14.2	253
Area							
Urban	74.6	67.2	72.2	41.4	95.7	4.3	455
Rural	47.0	71.1	54.5	25.4	88.8	11.2	869
Education							
None	(4.3)	(69.1)	(31.3)	(0.0)	(76.4)	(23.6)	39
Primary	28.3	64.2	45.2	12.3	81.4	18.6	341
Secondary	54.8	73.5	53.7	24.4	93.2	6.8	384
Higher	74.5	70.8	73.7	45.0	96.7	3.3	402
Tertiary	88.7	70.1	84.4	58.5	96.8	3.2	157
Wealth index quintile							
Poorest	23.2	62.8	17.6	4.9	72.8	27.2	172
Second	37.5	68.1	35.5	12.8	85.1	14.9	209
Middle	53.1	75.2	60.0	29.3	94.7	5.3	296
Fourth	65.6	70.9	73.3	38.6	94.8	5.2	353
Richest	82.3	68.2	89.2	51.3	98.5	1.5	293

[1] **MICS indicator 10.1 - Exposure to mass media[M]**

( ) Figures that are based on 25-49 unweighted cases

Table TA.2M: Age at first use of cigarettes and frequency of use (men)

Percentage of men age 15-49 years who smoked a whole cigarette before age 15, and percent distribution of current smokers by the number of cigarettes smoked in the last 24 hours[93], Swaziland MICS, 2014

	Percentage of men who smoked a whole cigarette before age 15[1]	Number of men age 15-49 years
Total	**2.9**	**1,324**
Age		
15-19	1.8	308
20-24	1.4	291
25-29	4.7	222
30-34	2.9	155
35-39	1.6	140
40-44	5.5	118
45-49	4.9	90
Region		
Hhohho	1.8	343
Manzini	3.7	524
Shiselweni	2.1	203
Lubombo	3.2	253
Area		
Urban	3.6	455
Rural	2.5	869
Education		
None	(2.3)	39
Primary	2.6	341
Secondary	2.2	384
Higher	2.6	402
Tertiary	5.7	157
Under-5s in the same household		
At least one	1.7	489
None	3.5	835
Wealth index quintile		
Poorest	2.7	172
Second	1.3	209
Middle	2.1	296
Fourth	2.8	353
Richest	4.9	293

[1] **MICS indicator 12.2 - Smoking before age 15[M]**

( ) Figures that are based on 25-49 unweighted cases

[93] Number of cigarettes in the last 24 hours not included in report due to small number of cases reported.

Table TA.3M: Use of alcohol (men)

Percentage of men age 15-49 years who have never had an alcoholic drink, percentage who first had an alcoholic drink before age 15, and percentage of men who have had at least one alcoholic drink at any time during the last one month, Swaziland MICS, 2014

	Percentage of men who:			
	Never had an alcoholic drink	Had at least one alcoholic drink before age 15[1]	Had at least one alcoholic drink at any time during the last one month[2]	Number of men age 15-49 years
Total	**47.1**	**5.9**	**25.5**	**1,324**
Age				
15-19	72.9	7.0	9.8	308
20-24	44.2	7.1	27.6	291
25-29	35.6	9.3	36.8	222
30-34	31.3	3.3	34.8	155
35-39	45.9	0.6	28.3	140
40-44	36.8	6.8	25.7	118
45-49	38.7	0.7	24.1	90
Region				
Hhohho	54.5	5.0	17.7	343
Manzini	42.5	6.6	30.9	524
Shiselweni	44.5	4.6	29.4	203
Lubombo	48.6	6.4	21.8	253
Area				
Urban	41.7	6.0	29.9	455
Rural	49.9	5.8	23.2	869
Education				
None	(41.1)	(3.8)	(27.3)	39
Primary	50.8	5.0	24.0	341
Secondary	51.5	4.8	22.1	384
Higher	43.2	7.1	27.4	402
Tertiary	39.8	7.6	31.7	157
Wealth index quintile				
Poorest	56.4	3.0	20.4	172
Second	53.6	7.0	18.5	209
Middle	45.1	4.3	27.0	296
Fourth	41.2	6.3	28.7	353
Richest	46.1	7.8	28.2	293

[1] MICS indicator 12.4 - Use of alcohol before age 15[M]

[2] MICS indicator 12.3 - Use of alcohol[M]

( ) Figures that are based on 25-49 unweighted cases

Table SP.1M: Attended Social Activities or Events (men)

Percentage of men age 15-49 years who Participated in any Social activity or event, Swaziland, 2014

	Percentage of women age 15-49 who:								
	Attended cinema or watch a movie	Went to a theatre	Attended community celebrations	Attended historical, cultural park, heritage site	Visited museum, an art gallery or craft exposition	Attended a local or national festival	Participated in a community rites, events or ceremonies	Attended a concert	Number of men age 15-49 years
Total	**7.4**	**6.6**	**24.2**	**12.0**	**17.7**	**20.6**	**88.9**	**16.6**	**1,324**
Age									
15-19	9.1	9.0	21.5	14.6	15.2	27.0	79.3	14.6	308
20-24	8.1	7.8	26.5	12.8	23.6	27.0	90.3	21.7	291
25-29	9.2	5.0	21.5	8.5	19.1	14.8	91.5	23.0	222
30-34	8.0	5.2	29.7	14.8	18.9	18.1	92.2	17.0	155
35-39	3.7	2.3	20.5	11.3	10.6	9.1	95.1	8.3	140
40-44	6.4	6.9	25.0	11.3	15.7	17.1	89.7	15.6	118
45-49	1.2	8.0	28.0	6.1	15.1	19.8	94.9	4.7	90
Region									
Hhohho	6.8	5.6	19.0	13.0	11.5	15.6	82.7	13.4	343
Manzini	9.7	3.6	26.3	10.7	25.6	20.3	90.0	17.8	524
Shiselweni	6.6	3.3	21.2	8.4	13.9	24.6	96.3	11.7	203
Lubombo	4.2	17.1	29.6	16.1	12.6	25.0	89.2	22.4	253
Area									
Urban	8.1	8.7	24.4	14.7	25.2	22.0	88.9	22.1	455
Rural	7.1	5.6	24.1	10.5	13.7	20.0	88.9	13.7	869
Education of household head									
None	0.0	0.0	25.5	2.5	8.6	4.5	79.1	8.1	39
Primary	3.5	6.0	20.2	6.2	7.6	16.1	86.7	8.8	341
Secondary	6.4	6.0	23.8	9.9	14.5	24.2	87.7	13.9	384
Higher	8.6	7.7	28.0	16.6	24.0	24.4	91.2	20.1	402
Tertiary	17.2	8.5	24.1	20.2	33.4	16.1	93.2	33.3	157
Wealth index quintile									
Poorest	2.4	5.7	20.9	4.8	6.1	15.2	89.3	9.2	172
Second	3.6	6.0	26.4	6.0	7.8	22.9	90.9	8.4	209
Middle	4.7	3.5	25.0	10.0	15.2	21.3	88.7	13.0	296
Fourth	7.5	7.9	23.0	14.4	24.3	20.9	93.0	15.4	353
Richest	15.7	9.4	25.4	19.5	25.9	21.3	82.5	31.8	293

Table ND.1M: Suffering from non-communicable disease (men)

Percentage of men age 15-49 years who are suffering from non-communicable diseases, Swaziland, 2014

	Percentage of men age 15-49 who:									
	Suffering from diabetes	Suffering from high blood pressure	Suffering from heart diseases	Suffering from epilepsy	Suffering from cataract	Suffering from breast cancer	Suffering from impotence	Have an injury	Have a green card	Number of men age 15-49 years
Total	**0.8**	**4.2**	**1.7**	**1.0**	**3.6**	**0.2**	**2.1**	**11.5**	**1.0**	**1,322**
Age										
15-19	0.0	0.3	0.3	0.0	5.7	0.3	0.9	13.1	0.3	335
20-24	0.7	1.1	1.1	1.1	2.1	0.0	2.1	15.9	0.4	283
25-29	0.0	2.4	1.4	1.4	1.9	0.0	0.5	10.9	0.5	211
30-34	0.0	4.0	1.3	1.3	4.0	0.0	2.0	9.4	1.3	149
35-39	0.0	9.3	2.3	1.6	3.9	0.8	3.1	10.1	2.3	129
40-44	1.7	10.8	6.7	0.8	2.5	0.0	6.7	7.5	3.3	120
Region										
Hhohho	1.1	2.4	0.5	0.8	1.9	0.3	1.3	9.6	1.1	375
Manzini	0.5	5.0	4.2	0.8	3.4	0.3	1.6	9.9	0.8	383
Shiselweni	1.0	4.1	0.7	1.0	4.4	0.0	3.1	14.3	0.7	294
Lubombo	0.7	5.6	1.1	1.5	5.6	0.0	3.0	13.3	1.5	270
Area										
Urban	1.2	7.2	2.7	0.6	3.9	0.0	1.5	9.3	0.0	334
Rural	0.7	3.1	1.4	1.1	3.5	0.2	2.3	12.2	1.3	988
Education										
None	2.2	8.9	2.2	2.2	2.2	0.0	4.4	13.3	0.0	45
Primary	0.5	4.9	2.2	1.9	4.7	0.0	3.3	12.9	1.6	365
Secondary	0.5	2.8	1.3	0.5	5.3	0.5	2.0	11.3	1.0	400
Higher	0.8	2.7	1.6	0.5	2.1	0.0	1.6	11.4	0.8	376
Tertiary	2.2	8.8	2.2	0.7	0.7	0.0	0.0	8.1	0.0	136
Wealth index quintile										
Poorest	0.9	4.4	1.8	1.3	4.9	0.0	4.4	11.1	1.3	225
Second	0.4	4.2	1.3	2.1	4.2	0.8	1.3	14.6	1.7	240
Middle	0.6	3.2	2.6	0.6	1.3	0.0	2.9	10.9	0.6	313
Fourth	1.0	3.8	1.0	0.7	4.5	0.0	1.0	9.8	1.4	287
Richest	1.2	5.4	1.9	0.4	3.9	0.0	1.2	11.7	0.0	257

Appendix C. Sample Design

The major features of the sample design are described in this appendix. Sample design features include target sample size, sample allocation, sampling frame and listing, choice of domains, sampling stages, stratification, and the calculation of sample weights.

The primary objective of the sample design for the Swaziland MICS5 was to produce statistically reliable estimates of most indicators, at the national level, for urban and rural areas, and for the four regions of the country: Hhohho, Manzini, Shiselweni and Lubombo. Urban and rural areas in each of the four regions were defined as the sampling strata.

A multi-stage, stratified cluster sampling approach was used for the selection of the survey sample.

Sample Size and Sample Allocation

The sample size required based on the desired level of precision for the Swaziland MICS was calculated as 5,205 households. For calculating this sample size, the key indicator used was the prevalence of pneumonia among children age 0-59 months, estimated to be 0.13 from the 2010 MICS. The following formula was used to estimate the required sample size for this indicator:

$$n = \frac{[4(r)(1-r)(deff)]}{[(0.12r)^2(pb)(AveSize)(RR)]}$$

where
n is the required sample size, expressed as number of households
4 is a factor to achieve the 95 percent level of confidence
r is the predicted or anticipated value of the indicator, expressed in the form of a proportion
deff is the design effect for the indicator, estimated from a previous survey or using a default value of 1.5
0.12r is the margin of error to be tolerated at the 95 percent level of confidence, defined as 12 per cent of *r* (relative margin of error of *r*)
pb is the proportion of the total population upon which the indicator, *r*, is based
AveSize is the average household size (number of persons per household)
RR is the predicted response rate

The number of households selected per cluster for the 2014 Swaziland MICS5 was determined as 15 households, based on a number of considerations, including the design effect, the budget available, and the time that would be needed per team to complete one cluster. Dividing the total number of households by the number of sample households per cluster, it was calculated that 347 sample clusters would need to be selected nationwide.

In order to reduce the costs of the MICS related to conducting a new listing of households in the sample clusters, it was decided to use the same sample of 347 clusters that had been selected previously for the Swaziland Integrated Labour Force Survey (ILFS) 2013/14. A listing of households had been completed for the ILFS sample clusters between September and November 2013. The same listing was used for selecting the households for MICS at the second sampling stage, since the MICS fieldwork was conducted between July and October 2014. In this case the listing was only 10 to 13 months old at the time of the MICS data collection, so the changes in the households would probably be minor, and the listing would still be representative. Fortunately the allocation of the 347 sample clusters for the ILFS by region, urban and rural stratum was consistent with the objectives of the MICS. The ILFS 2013/14 report stated that the sample design used followed closely that of the Multiple Indicator Cluster Survey of 2010. The country was stratified into 8 domains: 4 regions, and two settlement types (urban and rural) in each region. Using the Population and Housing Census 2007 as the sampling frame, a total of 347 enumeration areas (EAs) were selected across the domains. The number of EAs to be selected was decided in order to achieve a given level of precision for a key indicator. Within each domain, EAs were sampled using systematic selection with probability proportional to size (PPS).

Power allocation of the total sample size to the four regions was used, as shown in Table SD.1. The total sample size for the MICS was 5,211 households (in the 347 clusters, 15 households were sampled per cluster in 337 of the clusters, 16 households per cluster in 8 clusters, and 14 households per cluster in 2 clusters). In each region, the clusters (primary sampling units) were distributed to the urban and rural domains proportionally to the size of urban and rural populations in that region. The table below shows the allocation of clusters to the sampling strata.

Table SD.1: Allocation of Sample Clusters (Primary Sampling Units) to Sampling Strata

	Population (2007 Estimates)			Number of Clusters		
	Total	Urban	Rural	Total	Urban	Rural
Total	**1,004,608**	**202,592**	**802,016**	**347**	**90**	**257**
Region						
Hhohho	279,216	68,444	210,772	97	30	67
Manzini	313,163	92,752	220,411	98	32	66
Shiselweni	206,423	114,72	194,951	80	14	66
Lubombo	205,806	29,924	175,882	72	14	58

Sampling Frame and Selection of Clusters

The 2007 census frame was used for the selection of clusters. Census enumeration areas were defined as primary sampling units (PSUs), and were selected from each of the sampling strata by using systematic pps (probability proportional to size) sampling procedures, based on the number of

households in each enumeration area from the 2007 Population and Housing Census frame. The first stage of sampling was thus completed by selecting the required number of enumeration areas from each of the four regions, separately for the urban and rural strata.

Listing Activities

The sampling frame (the 2007 population census) was not up-to-date , so the more recent listing of households conducted for the ILFS 2013/14 was used for the selection of the 5,211 households from the 347 sample clusters for the MICS in order to reduce the total survey costs, as described above. Therefore a separate new listing of households was not conducted for the MICS.

Selection of Households

The list of households from the ILFS 2013/14 for each of the 347 sample EAs was used for selecting the sample households for MICS. The households were sequentially numbered from 1 to N (the total number of households in each enumeration area) at the Central Statistical Office, where the selection of 15 households in each enumeration area was carried out using random systematic selection procedures.

The survey also had a questionnaire for men that was administered in every third household in each sampled cluster for interviews with all eligible men.

Calculation of Sample Weights

The Swaziland MICS sample is not self-weighting. Essentially, by allocating equal numbers of households to each of the regions, different sampling fractions were used in each region since the sizes of the regions varied. For this reason, sample weights were calculated and these were used in the subsequent analyses of the survey data.

The major component of the weight is the reciprocal of the sampling fraction employed in selecting the number of sample clusters and households in that particular sampling stratum (*h*) and PSU (*i*):

$$W_{hi} = \frac{1}{f_{hi}}$$

The term f_{hi}, the sampling fraction for the *i-th* sample PSU in the *h-th* stratum, is the product of probabilities of selection at every stage in each sampling stratum:

$$f_{hi} = p_{1hi} \times p_{2hi} \times p_{3hi}$$

Where p_{shi} is the probability of selection of the sampling unit at stage *s* for the *i-th* sample PSU in the *h-th* sampling stratum. Based on the sample design, these probabilities were calculated as follows:

$$p_{1hi} = \frac{n_h \times M_{hi}}{M_h},$$

n_h = number of sample PSUs selected in stratum *h*

M_{hi} = number of households in the 2010 Census frame for the *i-th* sample PSU in stratum *h*

M_h = total number of households in the 2010 Census frame for stratum *h*

p_{2hi} = proportion of the PSU listed the *i-th* sample PSU in stratum *h* (in the case of PSUs that were segmented); for non-segmented PSUs, $p_{2hi} = 1$

$p_{3hi} = \frac{15}{M'_{hi}}$

M'_{hi} = number of households listed in the *i-th* sample PSU in stratum *h*

Since the number of households in each enumeration area (PSU) from the 2007 Census frame used for the first stage selection and the updated number of households in the enumeration area from the listing are generally different, individual overall probabilities of selection for households in each sample enumeration area (cluster) were calculated.

A final component in the calculation of sample weights takes into account the level of non-response for the household and individual interviews. The adjustment for household non-response in each stratum is equal to:

$$\frac{1}{RR_h}$$

Where RR_h is the response rate for the sample households in stratum *h*, defined as the proportion of the number of interviewed households in stratum *h* out of the number of selected households found to be occupied during the fieldwork in stratum *h*.

Similarly, adjustment for non-response at the individual level (women, men, and under-5 children) for each stratum is equal to:

$$\frac{1}{RR_h}$$

Where RR_h is the response rate for the individual questionnaires in stratum *h*, defined as the proportion of eligible individuals (women, men, and under-5 children) in the sample households in stratum *h* who were successfully interviewed.

After the completion of fieldwork, response rates were calculated for each sampling stratum. These were used to adjust the sample weights calculated for each cluster. Response rates for the Swaziland MICS are shown in Table HH.1 in this report.

The non-response adjustment factors for the individual women, men, and under-5 questionnaires were applied to the adjusted household weights. The numbers of eligible women, men, and under-5 children were obtained from the roster of household members in the Household Questionnaire for households where interviews were completed.

The design weights for the households were calculated by multiplying the inverse of the probabilities of selection by the non-response adjustment factor for each enumeration area. These weights were then standardized (or normalized), one purpose of which is to make the weighted sum of the interviewed sample units equal to the total sample size at the national level. Normalization is achieved by dividing the full sample weights (adjusted for non-response) by the average of these weights across all households at the national level. This is performed by multiplying the sample weights by a constant factor equal to the unweighted number of households at the national level divided by the weighted total number of households (using the full sample weights adjusted for non-response). A similar standardization procedure was followed in obtaining standardized weights for the individual women, men, and under-five questionnaires. The normalized weights varied between 0.103 and 9.218 in the 347 sample enumeration areas (clusters).

Sample weights were appended to all data sets and analyses were performed by weighting households, women, men, or under-5s with these sample weights.

Since interviews with eligible men were conducted in every third of the selected households, the sample weight for men includes an additional factor of 3, in addition to the nonresponse adjustment factor.

Appendix D. Estimates of Sampling Errors

The sample of respondents selected for the Swaziland Multiple Indicator Cluster Survey is only one of the samples that could have been selected from the same population, using the same design and 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 the estimates from all possible samples. The extent of variability is not known exactly, but can be estimated statistically from the survey data.

The following sampling error measures are presented in this appendix for each of the selected indicators:

Standard error (*se*): Standard error is the square root of the variance of the estimate. For survey indicators that are means, proportions or ratios, the Taylor series linearization method is used for the estimation of standard errors. For more complex statistics, such as fertility and mortality rates, the Jackknife repeated replication method is used for standard error estimation.

Coefficient of variation (*se*/*r*) is the ratio of the standard error to the value (*r*) of the indicator, and is a measure of the relative sampling error.

Design effect (*deff*) is the ratio of the actual variance of an indicator, under the sampling method used in the survey, to the variance calculated under the assumption of simple random sampling based on the same sample size. The *square root of the design effect* (*deft*) is used to show the efficiency of the sample design in relation to the precision. A *deft* value of 1.0 indicates that the sample design of the survey is as efficient as a simple random sample for a particular indicator, while a *deft* value above 1.0 indicates an increase in the standard error due to the use of a more complex sample design.

Confidence limits are calculated to show the interval within which the true value for the population can be reasonably assumed to fall, with a specified level of confidence. For any given statistic calculated from the survey, the value of that statistic will fall within a range of plus or minus two times the standard error ($r + 2.se$ or $r - 2.se$) of the statistic in 95 percent of all possible samples of identical size and design.

For the calculation of sampling errors from MICS data, programs developed in CSPro Version 5.0, SPSS Version 21 Complex Samples module and CMRJack94 have been used.

The results are shown in the tables that follow. In addition to the sampling error measures described above, the tables also include weighted and unweighted counts of denominators for each indicator. Given the use of normalized weights, by comparing the weighted and unweighted counts it is possible to determine whether a particular domain has been under-sampled or over-sampled compared to the average sampling rate. If the weighted count is smaller than the unweighted count, this means that

[94]CMRJack is a software developed by FAFO, an independent and multidisciplinary research foundation. CMRJack produces mortality estimates and standard errors for surveys with complete birth histories or summary birth histories. See http://www.fafo.no/ais/child_mortality/index.html

the particular domain had been over-sampled. As explained later in the footnote of Table SE.1, there is an exception in the case of indicators 4.1 and 4.3, for which the unweighted count represents the number of sample households, and the weighted counts reflect the total population.

Sampling errors are calculated for indicators of primary interest, for the national level, for urban and rural areas, and for all regions. Three of the selected indicators are based on households members, 11 are based on women, three are based on men, and two are based on children under-five. Table SE.1 shows the list of indicators for which sampling errors are calculated, including the base population (denominator) for each indicator. Tables SE.2 to SE.8 show the calculated sampling errors for selected domains.

Table SE.1: Indicators selected for sampling error calculations

List of indicators selected for sampling error calculations, and base populations (denominators) for each indicator, Swaziland MICS, 2014

MICS5 Indicator		Base Population
Household members		
4.1	Use of improved drinking water sources	All household members[a]
4.3	Use of improved sanitation	All household members[a]
7.4	Primary school net attendance ratio (adjusted)	Children of primary school age
Women		
1.2	Infant mortality rate	Children of interviewed women exposed to the risk of mortality during the first year of life
1.5	Under five mortality rate	Children of interviewed women exposed to the risk of mortality during the first five years of life
5.1	Adolescent birth rate	Women years of exposure to childbirth during ages 15-19 years
5.3	Contraceptive prevalence rate	Women age 15-49 years who are currently married or in union
5.4	Unmet need	Women age 15-49 years who are currently married or in union
5.5a	Antenatal care coverage (1+ times, skilled provider)	Women age 15-49 years with a live birth in the last 2 years
5.5b	Antenatal care coverage (4+ times, any provider)	Women age 15-49 years with a live birth in the last 2 years
5.7	Skilled attendant at delivery	Women age 15-49 years with a live birth in the last 2 years
7.1	Literacy rate (young women)	Women age 15-24 years
9.1	Knowledge about HIV prevention (young women)	Women age 15-24 years
9.15	Condom use with non-regular partners	Women age 15-24 years who had a non-marital, non-cohabiting partner in the last 12 months
Men		
7.1	Literacy rate (young men)	Men age 15-24 years
9.1	Knowledge about HIV prevention (young men)	Men age 15-24 years
9.15	Condom use with non-regular partners	Men age 15-24 years who had a non-marital, non-cohabiting partner in the last 12 months
Under-5s		
2.1a	Underweight prevalence (moderate and severe)	Children under age 5 years
2.1b	Underweight prevalence (severe)	Children under age 5 years

[a]To calculate the weighted results of MICS Indicators 4.1 and 4.3, the household weight is multiplied by the number of household members in each household. Therefore the unweighted base population presented in the SE tables reflect the unweighted number of households, whereas the weighted numbers reflect the household population.

Table SE.2: Sampling errors: Total sample

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Swaziland MICS, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits: Lower bound r - 2se	Confidence limits: Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.720	0.0138	0.019	4.594	2.143	19,636	4,865	0.693	0.748
Use of improved sanitation	4.3	7.9	0.530	0.0145	0.027	4.131	2.033	19,636	4,865	0.501	0.559
Primary school net attendance ratio (adjusted)	7.4	2.1	0.977	0.0028	0.003	1.421	1.192	3,621	4,055	0.971	0.982
Women											
Infant mortality rate	1.2	4.2	50	5.8	0.12	na	na	na	na	38	61
Under-five mortality rate	1.5	4.1	67	6.5	0.10	na	na	na	na	54	80
Adolescent birth rate	5.1	5.4	85	6.5	0.076	na	na	na	na	72	97
Contraceptive prevalence rate	5.3	5.3	0.661	0.0105	0.016	0.943	0.971	1,909	1,919	0.640	0.682
Unmet need	5.4	5.6	0.152	0.0091	0.060	1.229	1.109	1,909	1,919	0.134	0.170
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.986	0.0036	0.004	0.871	0.933	959	987	0.978	0.993
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.761	0.0143	0.019	1.106	1.052	959	987	0.733	0.790
Skilled attendant at delivery	5.7	5.2	0.883	0.0117	0.013	1.313	1.146	959	987	0.859	0.906
Literacy rate (young women)	7.1	2.3	0.953	0.0059	0.006	1.510	1.229	1,926	1,982	0.941	0.964
Knowledge about HIV prevention (young women)	9.1	6.3	0.491	0.0130	0.027	1.347	1.161	1,926	1,982	0.464	0.517
Condom use with non-regular partners	9.15	6.2	0.709	0.0162	0.023	0.915	0.957	719	720	0.676	0.741
Men											
Literacy rate (young men)	7.1	2.3	0.921	0.0080	0.009	0.545	0.738	598	618	0.905	0.937
Knowledge about HIV prevention (young men)	9.1	6.3	0.509	0.0214	0.042	1.135	1.065	598	618	0.466	0.552
Condom use with non-regular partners	9.15	6.2	0.934	0.0070	0.007	0.194	0.440	244	246	0.920	0.948
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.058	0.0055	0.095	1.467	1.211	2,635	2,649	0.047	0.069
Underweight prevalence (severe)	2.1b	1.8	0.016	0.0034	0.206	1.875	1.369	2,635	2,649	0.010	0.023
Anti-malarial treatment of children under age 5	3.22	6.8	0.003	0.0017	0.631	0.579	0.761	555	554	0.000	0.006

na: not applicable

Table SE.3: Sampling errors: Urban

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Swaziland MICS, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits: Lower bound r - 2se	Confidence limits: Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.958	0.0110	0.011	3.898	1.974	5,238	1286	0.936	0.980
Use of improved sanitation	4.3	7.9	0.475	0.0381	0.080	7.485	2.736	5,238	1286	0.399	0.551
Primary school net attendance ratio (adjusted)	7.4	2.1	0.982	0.0069	0.007	1.427	1.195	706	526	0.969	0.996
Women											
Infant mortality rate	1.2	4.2	50	15.1	0.30	na	na	na	na	20	80
Under-five mortality rate	1.5	4.1	67	16.4	0.25	na	na	na	na	34	99
Adolescent birth rate	5.1	5.4	80	16.0	0.199	na	na	na	na	48	112
Contraceptive prevalence rate	5.3	5.3	0.734	0.0216	0.029	1.012	1.006	604	423	0.691	0.778
Unmet need	5.4	5.6	0.124	0.0203	0.164	1.610	1.269	604	423	0.083	0.164
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.995	0.0046	0.005	0.723	0.850	257	191	0.985	1.000
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.824	0.0287	0.035	1.070	1.034	257	191	0.767	0.881
Skilled attendant at delivery	5.7	5.2	0.934	0.0189	0.020	1.089	1.044	257	191	0.896	0.971
Literacy rate (young women)	7.1	2.3	0.942	0.0143	0.015	1.345	1.160	510	361	0.913	0.971
Knowledge about HIV prevention (young women)	9.1	6.3	0.561	0.0312	0.056	1.424	1.193	510	361	0.498	0.623
Condom use with non-regular partners	9.15	6.2	0.785	0.0274	0.035	0.677	0.823	222	154	0.730	0.839
Men											
Literacy rate (young men)	7.1	2.3	0.965	0.0027	0.003	0.023	0.151	152	105	0.959	0.970
Knowledge about HIV prevention (young men)	9.1	6.3	0.628	0.0528	0.084	1.240	1.114	152	105	0.523	0.734
Condom use with non-regular partners	9.15	6.2	0.960	0.0052	0.005	0.041	0.202	82	60	0.950	0.970
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.043	0.0125	0.294	1.587	1.260	583	413	0.018	0.068
Underweight prevalence (severe)	2.1b	1.8	0.004	0.0034	0.962	1.343	1.159	583	413	0.000	0.010
Anti-malarial treatment of children under age 5	3.22	6.8	0.000	0.0000	0.000	na	na	136	91	0.000	0.000

na: not applicable

Table SE.4: Sampling errors: Rural

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Swaziland MICS, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										Lower bound r - 2se	Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.634	0.0173	0.027	4.598	2.144	14,398	3,579	0.599	0.668
Use of improved sanitation	4.3	7.9	0.550	0.0134	0.024	2.575	1.605	14,398	3,579	0.524	0.577
Primary school net attendance ratio (adjusted)	7.4	2.1	0.975	0.0031	0.003	1.376	1.173	2,915	3,529	0.969	0.982
Women											
Infant mortality rate	1.2	4.2	50	5.3	0.11	na	na	na	na	39	60
Under-five mortality rate	1.5	4.1	67	6.0	0.09	na	na	na	na	55	79
Adolescent birth rate	5.1	5.4	86	6.1	0.071	na	na	na	na	74	99
Contraceptive prevalence rate	5.3	5.3	0.628	0.0118	0.019	0.891	0.944	1,305	1,496	0.604	0.651
Unmet need	5.4	5.6	0.166	0.0096	0.058	0.996	0.998	1,305	1,496	0.146	0.185
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.982	0.0045	0.005	0.922	0.960	702	796	0.973	0.991
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.738	0.0160	0.022	1.053	1.026	702	796	0.706	0.770
Skilled attendant at delivery	5.7	5.2	0.864	0.0141	0.016	1.339	1.157	702	796	0.836	0.892
Literacy rate (young women)	7.1	2.3	0.956	0.0061	0.006	1.430	1.196	1,416	1,621	0.944	0.968
Knowledge about HIV prevention (young women)	9.1	6.3	0.465	0.0129	0.028	1.075	1.037	1,416	1,621	0.440	0.491
Condom use with non-regular partners	9.15	6.2	0.675	0.0194	0.029	0.966	0.983	496	566	0.636	0.714
Men											
Literacy rate (young men)	7.1	2.3	0.906	0.0105	0.012	0.661	0.813	446	513	0.885	0.927
Knowledge about HIV prevention (young men)	9.1	6.3	0.469	0.0208	0.044	0.890	0.943	446	513	0.427	0.510
Condom use with non-regular partners	9.15	6.2	0.921	0.0100	0.011	0.256	0.506	162	186	0.901	0.941
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.062	0.0060	0.096	1.379	1.175	2,052	2,236	0.050	0.074
Underweight prevalence (severe)	2.1b	1.8	0.020	0.0042	0.209	1.994	1.412	2,052	2,236	0.012	0.028
Anti-malarial treatment of children under age 5	3.22	6.8	0.004	0.0022	0.632	0.641	0,.801	419	463	0.000	0.008

na: not applicable

Table SE.5: Sampling errors: Hhohho Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Swaziland MICS, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits: Lower bound r - 2se	Confidence limits: Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.768	0.0243	0.032	4.438	2.107	4,909	1,344	0.719	0.816
Use of improved sanitation	4.3	7.9	0.561	0.0237	0.042	3.057	1.748	4,909	1,344	0.514	0.609
Primary school net attendance ratio (adjusted)	7.4	2.1	0.975	0.0049	0.005	1.014	1.007	880	1,032	0.965	0.984
Women											
Infant mortality rate	1.2	4.2	37	8.1	0.22	na	na	na	na	21	53
Under-five mortality rate	1.5	4.1	45	8.6	0.19	na	na	na	na	28	62
Adolescent birth rate	5.1	5.4	67	8.5	0.126	na	na	na	na	50	85
Contraceptive prevalence rate	5.3	5.3	0.673	0.0192	0.029	.893	0.945	497	533	0.634	0.711
Unmet need	5.4	5.6	0.147	0.0161	0.110	1.106	1.052	497	533	0.114	0.179
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.969	0.0096	0.010	0.774	0.880	230	256	0.950	0.988
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.814	0.0223	0.027	0.837	0.915	230	256	0.769	0.858
Skilled attendant at delivery	5.7	5.2	0.909	0.0206	0.023	1.308	1.144	230	256	0.868	0.950
Literacy rate (young women)	7.1	2.3	0.944	0.0138	0.015	1.838	1.356	467	510	0.917	0.972
Knowledge about HIV prevention (young women)	9.1	6.3	0.505	0.0197	0.039	0.792	0.890	467	510	0.466	0.544
Condom use with non-regular partners	9.15	6.2	0.708	0.0303	0.043	0.777	0.882	164	176	0.647	0.768
Men											
Literacy rate (young men)	7.1	2.3	0.917	0.0154	0.017	0.508	0.713	148	164	0.886	0.948
Knowledge about HIV prevention (young men)	9.1	6.3	0.570	0.0385	0.067	0.986	0.993	148	164	0.494	0.648
Condom use with non-regular partners	9.15	6.2	0.914	0.0013	0.001	0.001	0.034	51	56	0.912	0.917
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.055	0.0103	0.187	1.312	1.146	592	641	0.035	0.076
Underweight prevalence (severe)	2.1b	1.8	0.015	0.0050	0.330	1.080	1.039	592	641	0.005	0.025
Anti-malarial treatment of children under age 5	3.22	6.8	0.014	0.0142	1.004	0.967	0.983	65	68	0.000	0.042

na: not applicable

Table SE.6: Sampling errors: Manzini Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Swaziland MICS, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se*/*r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										Lower bound r - 2se	Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.798	0.0218	0.027	3.972	1.993	7,287	1,347	0.754	0.841
Use of improved sanitation	4.3	7.9	0.507	0.0282	0.056	4.280	2.069	7,287	1,347	0.451	0.564
Primary school net attendance ratio (adjusted)	7.4	2.1	0.979	0.0061	0.006	1.845	1.358	1,233	1,018	0.967	0.991
Women											
Infant mortality rate	1.2	4.2	48	11.7	0.24	na	na	na	na	25	72
Under-five mortality rate	1.5	4.1	68	13.2	0.20	na	na	na	na	41	94
Adolescent birth rate	5.1	5.4	84	12.7	0.150	na	na	na	na	59	110
Contraceptive prevalence rate	5.3	5.3	0.677	0.0181	0.027	0.752	0.867	741	504	0.642	0.715
Unmet need	5.4	5.6	0.156	0.0179	0.115	1.225	1.107	741	504	0.120	0.191
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.989	0.0057	0.006	0.816	0.903	376	266	0.978	1.000
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.783	0.0197	0.025	0.604	0.777	376	266	0.743	0.822
Skilled attendant at delivery	5.7	5.2	0.906	0.0159	0.018	0.782	0.884	376	266	0.874	0.937
Literacy rate (young women)	7.1	2.3	0.957	0.0095	0.010	1.174	1.083	775	536	0.938	0.976
Knowledge about HIV prevention (young women)	9.1	6.3	0.558	0.0234	0.042	1.191	1.091	775	536	0.511	0.604
Condom use with non-regular partners	9.15	6.2	0.749	0.0277	0.037	0.900	0.949	321	222	0.694	0.804
Men											
Literacy rate (young men)	7.1	2.3	0.934	0.0140	0.015	0.590	0.768	245	185	0.906	0.962
Knowledge about HIV prevention (young men)	9.1	6.3	0.574	0.0369	0.064	1.026	1.013	245	185	0.500	0.648
Condom use with non-regular partners	9.15	6.2	0.949	0.0125	0.013	0.283	0.532	118	89	0.924	0.974
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.054	0.0101	0.186	1.349	1.161	960	683	0.034	0.074
Underweight prevalence (severe)	2.1b	1.8	0.015	0.0046	0.304	0.969	0.984	960	683	0.006	0.024
Anti-malarial treatment of children under age 5	3.22	6.8	0.000	0.0000	0.000	na	na	204	135	0.000	0.000

na: not applicable

Table SE.7: Sampling errors: Shiselweni Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Swaziland MICS, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se*/*r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits: Lower bound r - 2se	Confidence limits: Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.564	0.0332	0.059	5.109	2.260	3,513	1,142	0.498	0.631
Use of improved sanitation	4.3	7.9	0.560	0.0236	0.042	2.574	1.604	3,513	1,142	0.512	0.607
Primary school net attendance ratio (adjusted)	7.4	2.1	0.979	0.0047	0.005	1.163	1.078	715	1,073	0.970	0.989
Women											
Infant mortality rate	1.2	4.2	78	11.4	0.15	na	na	na	na	56	101
Under-five mortality rate	1.5	4.1	92	11.6	0.13	na	na	na	na	68	115
Adolescent birth rate	5.1	5.4	79	10.4	0.132	na	na	na	na	58	100
Contraceptive prevalence rate	5.3	5.3	0.657	0.0221	0.034	0.982	0.991	289	455	0.613	0.701
Unmet need	5.4	5.6	0.135	0.0154	0.114	0.922	0.960	289	455	0.104	0.166
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.988	0.0074	0.007	1.221	1.105	171	262	0.973	1.000
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.727	0.0272	0.037	0.969	0.985	171	262	0.672	0.781
Skilled attendant at delivery	5.7	5.2	0.858	0.0249	0.029	1.333	1.154	171	262	0.808	0.908
Literacy rate (young women)	7.1	2.3	0.962	0.0115	0.012	1.912	1.383	360	539	0.939	0.984
Knowledge about HIV prevention (young women)	9.1	6.3	0.372	0.0278	0.075	1.782	1.335	360	539	0.316	0.428
Condom use with non-regular partners	9.15	6.2	0.696	0.0277	0.040	0.721	0.849	132	200	0.640	0.751
Men											
Literacy rate (young men)	7.1	2.3	0.935	0.0121	0.013	0.346	0.588	108	145	0.911	0.960
Knowledge about HIV prevention (young men)	9.1	6.3	0.283	0.0386	0.136	1.058	1.029	108	145	0.206	0.360
Condom use with non-regular partners	9.15	6.2	0.946	0.0105	0.011	0.152	0.390	53	71	0.925	0.967
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.065	0.0088	0.137	0.950	0.975	527	736	0.047	0.082
Underweight prevalence (severe)	2.1b	1.8	0.019	0.0055	0.296	1.212	1.101	527	736	0.008	0.029
Anti-malarial treatment of children under age 5	3.22	6.8	0.000	0.0000	0.000	na	na	147	207	0.000	0.000

na: not applicable

Table SE.8: Sampling errors: Lubombo Region

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*), and confidence intervals for selected indicators, Swaziland MICS, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se*/*r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										Lower bound r - 2se	Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.657	0.0330	0.050	4.990	2.234	3,927	1,032	0.590	0.723
Use of improved sanitation	4.3	7.9	0.507	0.0326	0.064	4.386	2.094	3,927	1,032	0.442	0.572
Primary school net attendance ratio (adjusted)	7.4	2.1	0.973	00.005	0.006	1.035	1.017	792	932	0.962	0.984
Women											
Infant mortality rate	1.2	4.2	42	10.2	0.24	na	na	na	na	22	63
Under-five mortality rate	1.5	4.1	71	11.5	0.16	na	na	na	na	48	94
Adolescent birth rate	5.1	5.4	120	12.8	0.107	na	na	na	na	94	145
Contraceptive prevalence rate	5.3	5.3	0.616	0.0245	0.040	1.085	1.042	381	427	0.567	0.665
Unmet need	5.4	5.6	0.167	0.0168	0.101	0.864	0.930	381	427	0.133	0.200
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.996	0.0037	0.004	0.758	0.871	182	203	0.989	1.000
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.683	0.0446	0.065	1.857	1.363	182	203	0.593	0.772
Skilled attendant at delivery	5.7	5.2	0.825	0.0380	0.046	2.019	1.421	182	203	0.749	0.901
Literacy rate (young women)	7.1	2.3	0.944	0.0125	0.013	1.173	1.083	324	397	0.919	0.969
Knowledge about HIV prevention (young women)	9.1	6.3	0.441	0.0316	0.072	1.602	1.266	324	397	0.378	0.504
Condom use with non-regular partners	9.15	6.2	0.601	0.0375	0.062	0.708	0.841	102	122	0.526	0.676
Men											
Literacy rate (young men)	7.1	2.3	0.879	0.0202	0.023	0.473	0.688	98	124	0.838	0.919
Knowledge about HIV prevention (young men)	9.1	6.3	0.504	0.0516	0.102	1.312	1.146	98	124	0.401	0.608
Condom use with non-regular partners	9.15	6.2	0.875	0.0241	0.028	0.154	0.393	23	30	0.827	0.923
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.061	0.0135	0.220	1.856	1.363	555	589	0.034	0.088
Underweight prevalence (severe)	2.1b	1.8	0.018	0.0117	0.659	4.602	2.145	555	589	0.000	0.041
Anti-malarial treatment of children under age 5	3.22	6.8	0.004	0.0003	0.087	0.004	0.065	139	144	0.003	0.005

na: not applicable

Appendix E. List of Personnel Involved in the Survey

MICS Survey Management Team

CSO

BERTRAM Stewart	ZWANE Amos
SHABALALA Thembinkosi	GININDZA Choice

UNICEF

ODEDE Rachel	MAFICO Muriel
DLAMINI Nelisiwe	SIKHONDZE Frieda
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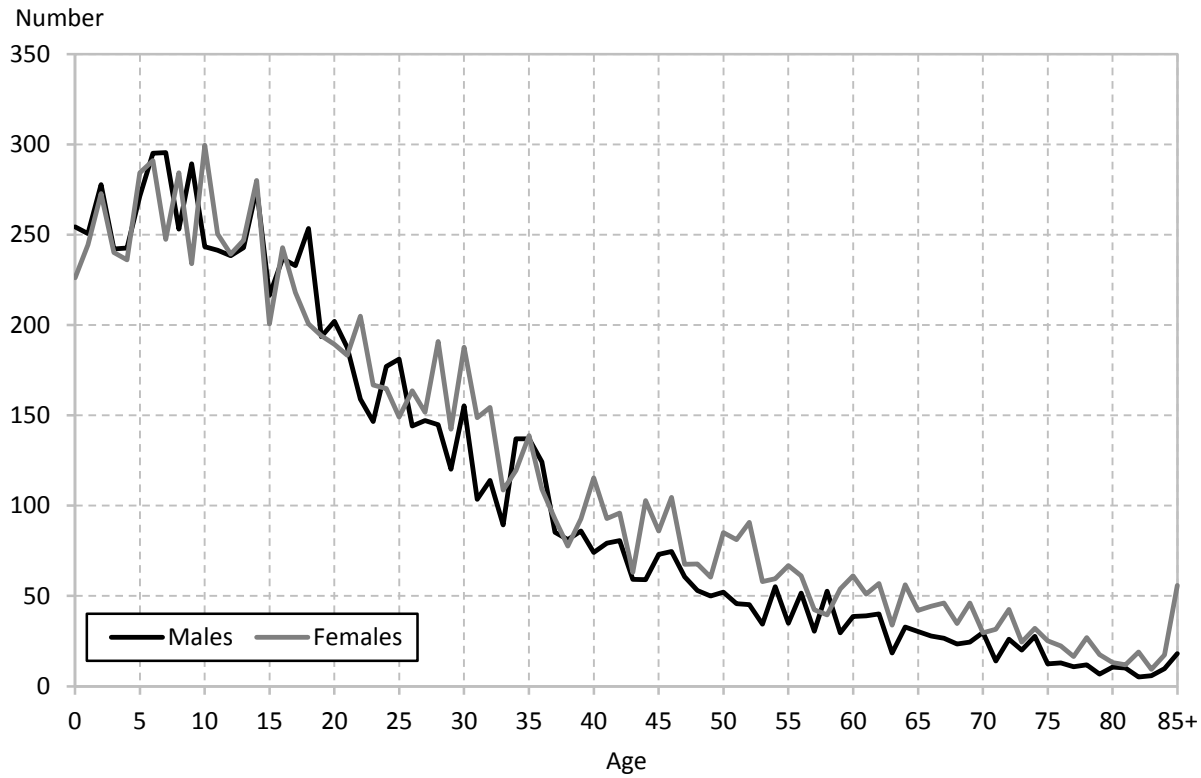
Appendix F. Data Quality Tables

Table DQ.1: Age distribution of household population

Single-year age distribution of household population by sex, Swaziland MICS, 2014

	Males		Females			Males		Females	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
Age					**Age**				
0	254	2.7	226	2.2	45	73	0.8	86	0.8
1	251	2.7	244	2.4	46	75	0.8	105	1.0
2	278	3.0	273	2.7	47	61	0.6	68	0.7
3	242	2.6	240	2.3	48	53	0.6	68	0.7
4	243	2.6	236	2.3	49	50	0.5	60	0.6
5	271	2.9	284	2.8	50	52	0.6	85	0.8
6	295	3.1	291	2.8	51	46	0.5	81	0.8
7	296	3.1	248	2.4	52	45	0.5	91	0.9
8	253	2.7	284	2.8	53	34	0.4	58	0.6
9	289	3.1	234	2.3	54	55	0.6	60	0.6
10	243	2.6	300	2.9	55	35	0.4	67	0.7
11	242	2.6	251	2.4	56	52	0.5	61	0.6
12	238	2.5	239	2.3	57	30	0.3	42	0.4
13	243	2.6	247	2.4	58	53	0.6	40	0.4
14	275	2.9	280	2.7	59	30	0.3	54	0.5
15	217	2.3	201	2.0	60	39	0.4	61	0.6
16	237	2.5	243	2.4	61	39	0.4	51	0.5
17	233	2.5	218	2.1	62	40	0.4	57	0.6
18	254	2.7	201	2.0	63	18	0.2	34	0.3
19	194	2.1	194	1.9	64	33	0.3	56	0.5
20	202	2.2	189	1.9	65	30	0.3	42	0.4
21	188	2.0	183	1.8	66	28	0.3	44	0.4
22	159	1.7	205	2.0	67	27	0.3	46	0.5
23	147	1.6	167	1.6	68	23	0.2	35	0.3
24	177	1.9	165	1.6	69	24	0.3	46	0.5
25	181	1.9	149	1.5	70	30	0.3	30	0.3
26	144	1.5	164	1.6	71	14	0.1	32	0.3
27	147	1.6	152	1.5	72	26	0.3	43	0.4
28	145	1.5	191	1.9	73	20	0.2	24	0.2
29	120	1.3	142	1.4	74	28	0.3	32	0.3
30	155	1.7	188	1.8	75	12	0.1	25	0.2
31	104	1.1	149	1.5	76	13	0.1	22	0.2
32	114	1.2	154	1.5	77	11	0.1	16	0.2
33	89	1.0	109	1.1	78	12	0.1	27	0.3
34	137	1.5	120	1.2	79	7	0.1	18	0.2
35	137	1.5	139	1.4	80	11	0.1	13	0.1
36	124	1.3	109	1.1	81	10	0.1	12	0.1
37	85	0.9	93	0.9	82	5	0.1	19	0.2
38	81	0.9	78	0.8	83	6	0.1	9	0.1
39	86	0.9	93	0.9	84	10	0.1	17	0.2
40	74	0.8	115	1.1	85+	18	0.2	56	0.5
41	79	0.8	93	0.9					
42	81	0.9	96	0.9	DK/Missing	0	0.0	0	0.0
43	59	0.6	63	0.6					
44	59	0.6	103	1.0	Total	9,401	100.0	10,234	100.0

Figure DQ.1: Household population by single ages, Swaziland MICS, 2014



Note: The figure excludes one household member with unknown sex

Table DQ.2: Age distribution of eligible and interviewed women

Household population of women age 10-54 years, interviewed women age 15-49 years, and percentage of eligible women who were interviewed, by five-year age groups, Swaziland MICS, 2014

	Household population of women age 10-54 years	Interviewed women age 15-49 years		Percentage of eligible women interviewed (Completion rate)
	Number	Number	Percent	
Age				
10-14	1,317	na	na	Na
15-19	1,056	266	22.9	95.0
20-24	909	221	19.0	94.6
25-29	798	221	19.0	96.1
30-34	719	151	13.0	96.3
35-39	511	141	12.1	94.7
40-44	470	86	7.4	95.5
45-49	386	79	6.7	93.1
50-54	375	na	na	Na
Total (15-49)	4,850	4,615	100.0	95.2
Ratio of 50-54 to 45-49	0.97	na	na	Na

na: not applicable

Table DQ.3: Age distribution of eligible and interviewed men

Household population of men age 10-54 years, in all households and in households selected for men's interviews, interviewed men age 15-49 years, and percentage of eligible men who were interviewed, by five-year age groups, Swaziland MICS, 2014

	Household population of men age 10-54 years		Interviewed men age 15-49 years		Percentage of eligible men interviewed (Completion rate)
	All households	Selected households			
	Number	Number	Number	Percent	
Age					
10-14	1,242	421	na	na	na
15-19	1,134	335	303	21.1	90.6
20-24	872	310	285	19.9	91.9
25-29	738	250	218	15.2	87.0
30-34	599	176	152	10.6	86.4
35-39	514	154	137	9.6	89.1
40-44	352	123	117	8.2	95.1
45-49	312	103	90	6.2	87.0
50-54	233	83	79	5.5	95.3
55-59	200	59	54	3.8	92.0
60-64	169	53	na	na	na
Total (15-59)	4,953	1,593	1,436	100.0	90.1
Ratio of 60-64 to 55-59	0.85	0.90	na	na	na

na: not applicable

Table DQ.4: Age distribution of children in household and under-5 questionnaires

Household population of children age 0-7 years, children age 0-4 years whose mothers/caretakers were interviewed, and percentage of under-5 children whose mothers/caretakers were interviewed, by single years of age, Swaziland MICS, 2014

	Household population of children 0-7 years	Under-5s with completed interviews		Percentage of eligible under-5s with completed interviews (Completion rate)
	Number	Number	Percent	
Age				
0	481	476	19.4	99.1
1	495	488	19.9	98.5
2	551	547	22.3	99.3
3	483	477	19.4	98.8
4	479	464	18.9	96.9
5	556	na	na	na
6	586	na	na	na
7	543	na	na	na
Total (0-4)	2,488	2,452	100	98.6
Ratio of 5 to 4	1.16	na	na	na

na: not applicable

Table DQ.5: Birth date reporting: Household population

Percent distribution of household population by completeness of date of birth information, Swaziland MICS, 2014

	Completeness of reporting of month and year of birth					
	Year and month of birth	Year of birth only	Month of birth only	Both missing	Total	Number of household members
Total	**97.8**	**2.1**	**0.0**	**0.1**	**100.0**	**19,636**
Age						
0-4	99.3	0.6	0.0	0.1	100.0	2,488
5-14	97.7	2.3	0.0	0.0	100.0	5,305
15-24	97.9	2.0	0.0	0.1	100.0	3,971
25-49	97.6	2.1	0.0	0.2	100.0	5,399
50-64	97.2	2.6	0.0	0.2	100.0	1,499
65-84	95.5	4.3	0.0	0.2	100.0	899
85+	92.5	7.5	0.0	0.0	100.0	74
Region						
Hhohho	99.0	1.0	0.0	0.1	100.0	4,909
Manzini	97.2	2.5	0.0	0.2	100.0	7,287
Shiselweni	97.1	2.8	0.0	0.0	100.0	3,513
Lubombo	97.8	2.1	0.0	0.1	100.0	3,927
Area						
Urban	98.7	1.3	0.0	0.0	100.0	5,238
Rural	97.4	2.4	0.0	0.2	100.0	14,398

na: not applicable

Table DQ.6: Birth date and age reporting: Women

Percent distribution of women age 15-49 years by completeness of date of birth/age information, Swaziland MICS, 2014

	Completeness of reporting of date of birth and age						
	Year and month of birth	Year of birth and age	Year of birth only	Age only	Other/DK/Missing	Total	Number of women age 15-49 years
Total	**99.8**	**0.2**	**0.0**	**0.0**	**0.0**	**100.0**	**4,762**
Region							
Hhohho	100.0	0.0	0.0	0.0	0.0	100.0	1,169
Manzini	99.9	0.1	0.0	0.0	0.0	100.0	1,923
Shiselweni	99.5	0.5	0.0	0.0	0.0	100.0	799
Lubombo	99.8	0.2	0.0	0.0	0.0	100.0	871
Area							
Urban	100.0	0.0	0.0	0.0	0.0	100.0	1,540
Rural	99.8	0.2	0.0	0.0	0.0	100.0	3,222

Table DQ.7: Birth date and age reporting: Men

Percent distribution of men age 15-49 years by completeness of date of birth/age information, Swaziland MICS, 2014

	Completeness of reporting of date of birth and age						
	Year and month of birth	Year of birth and age	Year of birth only	Age only	Other/DK/Missing	Total	Number of men age 15-49 years
Total	**99.8**	**0.2**	**0.0**	**0.0**	**0.0**	**100.0**	**1,459**
Region							
Hhohho	100.0	0.0	0.0	0.0	0.0	100.0	377
Manzini	99.8	0.2	0.0	0.0	0.0	100.0	573
Shiselweni	99.5	0.5	0.0	0.0	0.0	100.0	228
Lubombo	100.0	0.0	0.0	0.0	0.0	100.0	281
Area							
Urban	100.0	0.0	0.0	0.0	0.0	100.0	491
Rural	99.8	0.2	0.0	0.0	0.0	100.0	968

Table DQ.8: Birth date and age reporting: Under-5s

Percent distribution children under 5 by completeness of date of birth/age information, Swaziland MICS, 2014

	Completeness of reporting of date of birth and age						
	Year and month of birth	Year of birth and age	Year of birth only	Age only	Other/DK/Missing	Total	Number of under-5 children
Total	**100.0**	**0.0**	**0.0**	**0.0**	**0.0**	**100.0**	**2,693**
Region							
Hhohho	100.0	0.0	0.0	0.0	0.0	100.0	604
Manzini	99.9	0.1	0.0	0.0	0.0	100.0	992
Shiselweni	100.0	0.0	0.0	0.0	0.0	100.0	530
Lubombo	100.0	0.0	0.0	0.0	0.0	100.0	567
Area							
Urban	100.0	0.0	0.0	0.0	0.0	100.0	612
Rural	100.0	0.0	0.0	0.0	0.0	100.0	2,081

Table DQ.9: Birth date reporting: Children, adolescents and young people

Percent distribution of children, adolescents and young people age 5-24 years by completeness of date of birth information, Swaziland MICS, 2014

	Completeness of reporting of month and year of birth					Number of children, adolescents and young people age 5-24 years
	Year and month of birth	Year of birth only	Month of birth only	Both missing	Total	
Total	**97.8**	**2.2**	**0.0**	**0.1**	**100.0**	**9,277**
Region						
Hhohho	99.2	0.7	0.0	0.0	100.0	2,300
Manzini	97.3	2.7	0.0	0.1	100.0	3,338
Shiselweni	96.8	3.2	0.0	0.0	100.0	1,757
Lubombo	97.7	2.2	0.0	0.1	100.0	1,882
Area						
Urban	99.3	0.7	0.0	0.0	100.0	2,054
Rural	97.3	2.6	0.0	0.1	100.0	7,223

Table DQ.10: Birth date reporting: First and last births

Percent distribution of first and last births to women age 15-49 years by completeness of date of birth, Swaziland MICS, 2014

	Completeness of reporting of date of birth										
	Date of first birth						Date of last birth				
	Year and month of birth	Year of birth only	Completed years since first birth only	Other/ DK/ Missing	Total	Number of first births	Year and month of birth	Year of birth only	Other/ DK/ Missing	Total	Number of last births
Total	**99.6**	**0.4**	**0.0**	**0.0**	**100.0**	**3,333**	**99.7**	**0.2**	**0.1**	**100.0**	**2,427**
Region											
Hhohho	99.8	0.2	0.0	0.0	100.0	796	99.7	0.3	0.0	100.0	565
Manzini	99.4	0.6	0.0	0.0	100.0	1,364	99.9	0.0	0.1	100.0	985
Shiselweni	99.6	0.4	0.0	0.0	100.0	549	99.0	0.8	0.2	100.0	392
Lubombo	99.9	0.1	0.0	0.0	100.0	625	100.0	0.0	0.0	100.0	485
Area											
Urban	99.6	0.4	0.0	0.0	100.0	1,128	100.0	0.0	0.0	100.0	803
Rural	99.7	0.3	0.0	0.0	100.0	2,205	99.6	0.3	0.1	100.0	1,625

Table DQ.11: Completeness of reporting

Percentage of observations that are missing information for selected questions and indicators, Swaziland MICS, 2014

Questionnaire and type of missing information	Reference group	Percent with missing/incomplete information[a]	Number of cases
Household			
Salt test result	All households interviewed that have salt	0.1	4,865
Starting time of interview	All households interviewed	0.0	4,865
Ending time of interview	All households interviewed	0.0	4,865
Women			
Date of first marriage/union	All ever married women age 15-49		
Only month		9.4	2,382
Both month and year		1.6	2,382
Age at first marriage/union	All ever married women age 15-49 with year of first marriage not known	0.5	2,382
Age at first intercourse	All women age 15-24 who have ever had sex	0.2	1,038
Time since last intercourse	All women age 15-24 who have ever had sex	0.2	1,038
Starting time of interview	All women interviewed	0.0	4,762
Ending time of interview	All women interviewed	0.0	4,762
Men			
Date of first marriage/union	All ever married men age 15-49		
Only month		16.5	616
Both month and year		3.2	616
Age at first marriage/union	All ever married men age 15-49 with year of first marriage not known	0.5	616
Age at first intercourse	All men age 15-24 who have ever had sex	0.0	292
Time since last intercourse	All men age 15-24 who have ever had sex	0.0	292
Starting time of interview	All men interviewed	0.0	1,459
Ending time of interview	All men interviewed	0.0	1,459
Under-5			
Starting time of interview	All under-5 children	0.0	2,693
Ending time of interview	All under-5 children	0.0	2,693

[a] Includes "Don't know" responses

Table DQ.12: Completeness of information for anthropometric indicators: Underweight

Percent distribution of children under-5 by completeness of information on date of birth and weight, Swaziland MICS, 2014

	Valid weight and date of birth	Reason for exclusion from analysis				Total	Percent of children excluded from analysis	Number of children under 5
		Weight not measured	Incomplete date of birth	Weight not measured and incomplete date of birth	Flagged cases (outliers)			
Total	**97.8**	**1.9**	**0.0**	**0.0**	**0.3**	**100.0**	**2.2**	**2,693**
Age								
<6 months	93.8	6.0	0.0	0.0	0.2	100.0	6.2	250
6-11 months	98.9	1.1	0.0	0.0	0.0	100.0	1.1	260
12-23 months	98.7	1.3	0.0	0.0	0.0	100.0	1.3	533
24-35 months	98.2	1.6	0.0	0.0	0.3	100.0	1.8	594
36-47 months	97.6	2.0	0.0	0.0	0.4	100.0	2.4	529
48-59 months	98.2	1.2	0.1	0.0	0.5	100.0	1.8	526

Table DQ.13: Completeness of information for anthropometric indicators: Stunting

Percent distribution of children under 5 by completeness of information on date of birth and length or height, Swaziland MICS, 2014

	Valid length/height and date of birth	Reason for exclusion from analysis				Total	Percent of children excluded from analysis	Number of children under 5
		Length/Height not measured	Incomplete date of birth	Length/Height not measured, incomplete date of birth	Flagged cases (outliers)			
Total	**97.1**	**2.1**	**0.0**	**0.0**	**0.7**	**100.0**	**2.9**	**2,693**
Age								
<6 months	91.8	7.5	0.0	0.0	0.7	100.0	8.2	250
6-11 months	98.3	1.1	0.0	0.0	0.6	100.0	1.7	260
12-23 months	97.9	1.4	0.0	0.0	0.7	100.0	2.1	533
24-35 months	97.7	1.7	0.0	0.0	0.5	100.0	2.3	594
36-47 months	96.6	2.2	0.0	0.0	1.2	100.0	3.4	529
48-59 months	98.0	1.2	0.1	0.0	0.7	100.0	2.0	526

Table DQ.14: Completeness of information for anthropometric indicators: Wasting

Percent distribution of children under 5 by completeness of information on weight and length or height, Swaziland MICS, 2014

	Valid weight and length/height	Reason for exclusion from analysis: Weight not measured	Length/Height not measured	Weight and length/height not measured	Flagged cases (outliers)	Total	Percent of children excluded from analysis	Number of children under 5
Total	**97.4**	**0.0**	**0.2**	**1.9**	**0.5**	**100.0**	**2.6**	**2,693**
Age								
<6 months	91.2	0.0	1.5	6.0	1.2	100.0	8.8	250
6-11 months	98.9	0.0	0.0	1.1	0.0	100.0	1.1	260
12-23 months	98.3	0.0	0.1	1.3	0.3	100.0	1.7	533
24-35 months	98.1	0.0	0.2	1.6	0.2	100.0	1.9	594
36-47 months	97.2	0.0	0.2	2.0	0.6	100.0	2.8	529
48-59 months	98.0	0.0	0.0	1.2	0.8	100.0	2.0	526

Table DQ.15: Heaping in anthropometric measurements

Distribution of weight and height/length measurements by digits reported for the decimal points, Swaziland MICS, 2014

	Weight		Height or length	
	Number	Percent	Number	Percent
Total	**2,643**	**100.0**	**2,643**	**100.0**
Digits				
0	291	11.0	253	9.6
1	284	10.8	266	10.1
2	252	9.5	295	11.2
3	269	10.2	304	11.5
4	256	9.7	309	11.7
5	238	9.0	210	7.9
6	239	9.0	288	10.9
7	279	10.6	284	10.7
8	262	9.9	205	7.7
9	272	10.3	229	8.7
0 or 5	530	20.0	463	17.5

Figure DQ.2: Weight and height/length measurements by digits reported for the decimal points, Swaziland MICS, 2014

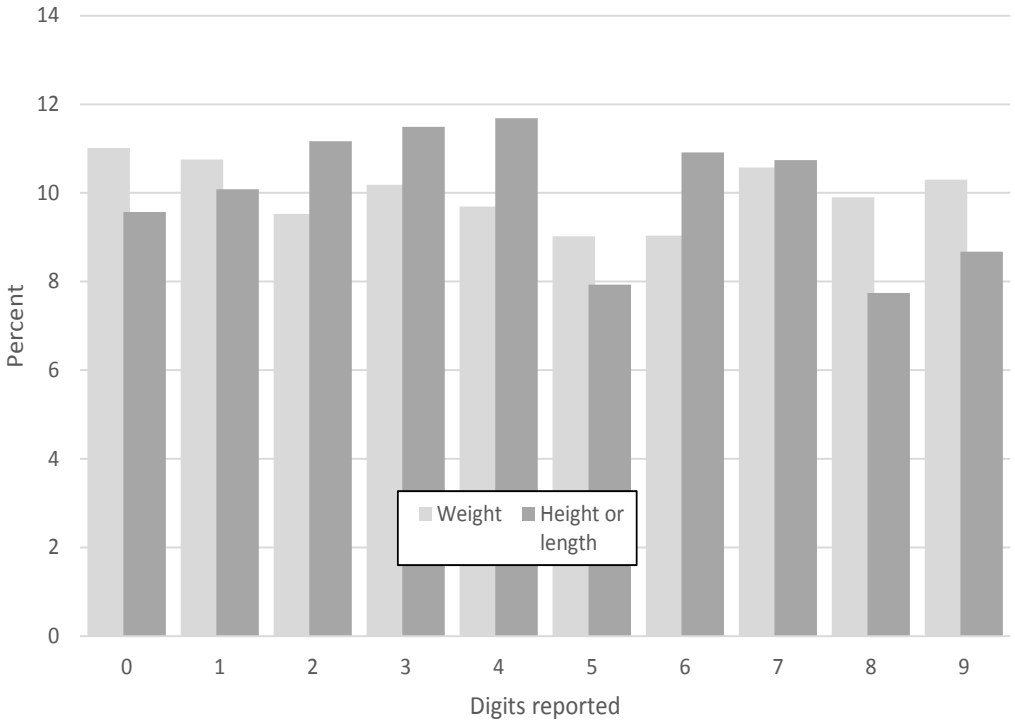


Table DQ.16: Observation of birth certificates

Percent distribution of children under 5 by presence of birth certificates, and percentage of birth certificates seen, Swaziland MICS, 2014

	Child has birth certificate						
	Seen by the interviewer (1)	Not seen by the interviewer (2)	Child does not have birth certificate	DK/Missing	Total	Percentage of birth certificates seen by the interviewer (1)/(1+2)*100	Number of children under age 5
Total	**21.3**	**15.7**	**61.7**	**1.4**	**100.0**	**57.5**	**2,693**
Region							
Hhohho	21.6	16.6	60.9	1.0	100.0	56.6	604
Manzini	18.8	18.4	61.1	1.6	100.0	50.6	992
Shiselweni	20.6	15.2	61.8	2.4	100.0	57.5	530
Lubombo	25.7	10.7	63.2	0.4	100.0	70.7	567
Area							
Urban	28.3	19.4	51.6	0.6	100.0	59.4	612
Rural	19.2	14.7	64.6	1.6	100.0	56.7	2,081
Child's age							
0-5 months	6.7	4.4	88.6	0.3	100.0	60.3	250
6-11 months	13.2	10.3	75.9	0.6	100.0	56.2	260
12-23 months	18.2	15.3	65.2	1.2	100.0	54.3	533
24-35 months	20.1	17.2	60.9	1.7	100.0	53.9	594
36-47 months	29.0	20.1	49.1	1.8	100.0	59.1	529
48-59 months	28.7	18.2	51.6	1.5	100.0	61.2	526

Table DQ.17: Observation of vaccination cards

Percent distribution of children age 0-35 months by presence of a vaccination card, and the percentage of vaccination cards seen by the interviewers, Swaziland MICS, 2014

	Child does not have vaccination card		Child has vaccination card					
	Had vaccination card previously	Never had vaccination card	Seen by the interviewer (1)	Not seen by the interviewer (2)	DK/Missing	Total	Percentage of vaccination cards seen by the interviewer (1)/(1+2)*100	Number of children age 0-35 months
Total	**1.6**	**0.6**	**87.0**	**10.6**	**0.1**	**100.0**	**89.2**	**1,638**
Region								
Hhohho	0.5	0.4	87.2	11.8	0.0	100.0	88.1	355
Manzini	1.9	0.0	84.3	13.5	0.3	100.0	86.2	631
Shiselweni	2.2	0.9	87.6	9.3	0.0	100.0	90.4	320
Lubombo	1.8	1.6	91.4	5.0	0.1	100.0	94.8	332
Area								
Urban	1.4	0.1	85.6	12.9	0.0	100.0	86.9	400
Rural	1.7	0.8	87.5	9.9	0.2	100.0	89.9	1,238
Child's age								
0-5 months	0.5	2.4	93.1	3.9	0.0	100.0	96.0	250
6-11 months	0.3	0.0	90.2	9.0	0.4	100.0	90.9	260
12-23 months	1.2	0.0	89.1	9.7	0.0	100.0	90.2	533
24-35 months	3.1	0.6	81.2	14.9	0.2	100.0	84.5	594

Table DQ.18: Observation of women's health cards

Percent distribution of women with a live birth in the last 2 years by presence of a health card, and the percentage of health cards seen by the interviewers, Swaziland MICS, 2014

		Woman has health card					
	Woman does not have health card	Seen by the interviewer (1)	Not seen by the interviewer (2)	DK/Missing	Total	Percent of health cards seen by the interviewer (1)/(1+2)*100	Number of women with a live birth in the last two years
Total	**5.9**	**48.1**	**45.6**	**0.3**	**100.0**	**51.3**	**959**
Region							
Hhohho	7.9	34.9	56.4	0.8	100.0	38.2	230
Manzini	4.0	50.3	45.3	0.4	100.0	52.6	376
Shiselweni	8.3	44.5	47.1	0.0	100.0	48.6	171
Lubombo	5.2	63.7	31.1	0.0	100.0	67.2	182
Area							
Urban	1.2	50.3	48.5	0.0	100.0	50.9	257
Rural	7.7	47.3	44.6	0.5	100.0	51.5	702
Age							
15-24	6.3	47.3	46.1	0.4	100.0	50.6	420
25-34	5.7	47.0	46.8	0.4	100.0	50.1	410
35-49	5.5	54.3	40.3	0.0	100.0	57.4	129

Table DQ.19: Observation of places for handwashing

Percentage distribution of places for handwashing observed by the interviewers in all interviewed households, Swaziland MICS, 2014

	Place for handwashing					
		Not observed				
	Observed	Not in the dwelling, plot or yard	No permission to see	Other reason	Total	Number of households interviewed
Total	**41.4**	**37.7**	**1.7**	**19.1**	**100.0**	**4,865**
Region						
Hhohho	50.7	43.5	3.5	2.3	100.0	1,230
Manzini	42.1	32.9	1.3	23.6	100.0	1,916
Shiselweni	17.5	59.2	0.7	22.6	100.0	734
Lubombo	46.4	23.8	0.9	28.8	100.0	985
Area						
Urban	65.0	12.6	2.1	20.2	100.0	1,811
Rural	27.5	52.6	1.4	18.5	100.0	3,054
Wealth index quintile						
Poorest	10.6	63.9	0.8	24.7	100.0	759
Second	19.1	57.5	2.4	21.1	100.0	801
Middle	28.9	46.8	0.9	23.4	100.0	898
Fourth	42.7	30.4	2.4	24.6	100.0	1,138
Richest	81.8	9.8	1.7	6.6	100.0	1,269

Table DQ.20: Respondent to the under-5 questionnaire

Distribution of children under five by respondent to the under-5 questionnaire, Swaziland MICS, 2014

		Mother not in the household and primary caretaker identified:				
	Mother in the household	Father	Other adult female	Other adult male	Total	Number of children under 5
Total	**76.3**	**0.6**	**22.7**	**9.4**	**100.0**	**2,488**
Age						
0	93.3	0.0	6.7	0.0	100.0	481
1	83.0	0.3	16.5	0.2	100.0	495
2	74.4	0.6	24.9	0.2	100.0	551
3	65.5	0.8	33.0	0.7	100.0	483
4	65.6	1.2	32.5	0.8	100.0	479

Table DQ.21: Selection of children age 1-17 years for the child labour and child discipline modules

Percent distribution of households by the number of children age 1-17 years, and the percentage of households with at least two children age 1-17 years where correct selection of one child for the child labour and child discipline modules was performed, Swaziland MICS, 2014

	Number of children age 1-17 years						
	None	One	Two or more	Total	Number of households	Percentage of households where correct selection was performed	Number of households with 2 or more children age 1-17 years
Total	**39.7**	**18.5**	**41.8**	**100.0**	**4,865**	**98.8**	**2,034**
Region							
Hhohho	42.0	18.6	39.4	100.0	1,230	98.6	484
Manzini	41.9	19.4	38.7	100.0	1,916	98.3	741
Shiselweni	30.4	18.5	51.2	100.0	734	99.4	376
Lubombo	39.5	16.6	44.0	100.0	985	99.4	433
Area							
Urban	56.8	18.1	25.1	100.0	1,811	99.2	455
Rural	29.6	18.7	51.7	100.0	3,054	98.7	1,579
Wealth index quintile							
Poorest	21.9	16.5	61.6	100.0	759	99.5	467
Second	27.6	16.8	55.6	100.0	801	98.3	446
Middle	35.7	17.6	46.7	100.0	898	98.6	419
Fourth	51.0	17.5	31.5	100.0	1,138	98.9	359
Richest	50.7	22.3	27.1	100.0	1,269	98.7	344

Table DQ.22: School attendance by single age

Distribution of household population age 5-24 years by educational level and grade attended in the current (or most recent) school year, Swaziland MICS, 2014

		Currently attending																			
			Primary school Grade								Secondary school Grade			Higher than secondary							
	Not attending school	Preschool	1	2	3	4	5	6	7	DK/ Missing	1	2	3	1	2	3	DK/ Missing	Tertiary	DK/ Missing	Total	Number of household members
Age at beginning of school year																					
5	13.4	42.7	41.7	1.4	0.4	0.3	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	100.0	593
6	5.0	3.4	56.4	32.9	2.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	100.0	538
7	1.1	0.3	16.2	57.0	23.3	1.7	0.1	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	100.0	542
8	0.7	0.6	5.6	26.8	46.9	16.8	1.8	0.4	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.4	100.0	545
9	1.0	0.3	2.2	11.6	30.0	36.8	16.3	1.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	100.0	518
10	0.5	0.0	0.7	3.9	18.4	30.5	35.3	9.9	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	521
11	0.5	0.0	1.8	2.1	8.3	19.4	29.1	25.5	11.8	0.3	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	100.0	491
12	1.1	0.0	0.0	1.3	4.4	11.3	26.8	29.5	16.5	0.0	8.7	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	465
13	1.0	0.0	0.5	0.5	3.2	8.9	17.9	22.5	18.6	0.3	17.9	8.1	0.6	0.2	0.0	0.0	0.0	0.0	0.0	100.0	540
14	3.8	0.0	0.0	0.2	0.9	5.5	9.1	18.5	18.8	0.1	22.4	14.2	6.0	0.4	0.0	0.0	0.0	0.0	0.0	100.0	445
15	9.4	0.0	0.4	0.0	0.2	3.1	6.4	13.4	12.9	0.1	17.9	21.2	9.9	4.5	0.7	0.0	0.0	0.0	0.0	100.0	475
16	11.9	0.0	0.0	0.0	0.1	0.5	3.5	6.9	7.8	0.0	17.3	18.4	15.4	12.7	5.5	0.0	0.0	0.0	0.0	100.0	460
17	28.2	0.0	0.2	0.0	0.0	0.0	1.7	5.2	5.2	0.0	9.1	13.5	11.4	15.6	9.5	0.0	0.0	0.6	0.0	100.0	458
18	35.5	0.0	0.0	0.0	0.0	0.0	1.1	3.1	3.7	0.0	7.3	10.7	9.8	14.4	11.6	0.0	0.0	2.6	0.2	100.0	425
19	48.8	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.1	0.0	2.9	9.1	8.4	10.9	12.8	0.0	0.0	5.1	0.0	100.0	382
20	58.1	0.0	0.0	0.0	0.0	0.0	0.5	0.4	1.2	0.0	2.0	5.9	4.3	11.4	10.5	0.0	0.0	5.5	0.2	100.0	371
21	68.2	0.0	0.0	0.2	0.0	0.0	0.2	0.0	0.3	0.0	1.2	3.2	3.2	7.4	10.2	0.0	0.2	5.9	0.0	100.0	395
22	78.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	1.0	5.3	4.7	0.0	0.0	9.2	0.0	100.0	288
23	85.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.7	0.3	3.0	2.3	0.2	0.0	6.3	0.4	100.0	353
24[a]	89.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.9	3.7	0.0	0.0	4.6	0.0	100.0	108

[a] Those age 25 at the time of interview who were age 24 at beginning of school year are excluded as current attendance was only collected for those age 5-24 at the time of interview

Table DQ.23: Sex ratio at birth among children ever born and living

Sex ratio (number of males per 100 females) among children ever born (at birth), children living, and deceased children, by age of women, Swaziland MICS, 2014

	Children Ever Born			Children Living			Children Deceased			
	Sons	Daughters	Sex ratio at birth	Sons	Daughters	Sex ratio	Sons	Daughters	Sex ratio	Number of women
Total	**4,757**	**4,845**	**0.98**	**4,317**	**4,471**	**0.97**	**440**	**373**	**1.18**	**4,762**
Age										
15-19	87	65	1.33	82	63	1.30	5	2	2.37	1,037
20-24	417	400	1.04	399	378	1.05	18	22	0.84	888
25-29	748	719	1.04	666	665	1.00	82	54	1.53	795
30-34	887	972	0.91	807	907	0.89	81	65	1.25	707
35-39	861	849	1.01	789	771	1.02	72	78	0.93	501
40-44	900	939	0.96	809	867	0.93	91	73	1.25	462
45-49	857	901	0.95	766	820	0.93	90	81	1.12	370

Table DQ.24: Births by periods preceding the survey

Number of births, sex ratio at birth, and period ratio by periods preceding the survey, according to living, deceased, and total children (imputed), as reported in the birth histories, Swaziland MICS, 2014

	Number of births			Percent with complete birth date[a]			Sex ratio at birth[b]			Period ratio[c]		
	Living	Deceased	Total	Living	Deceased	Total	Living	Deceased	Total	Living	Deceased	Total
Total	**8.789**	**813**	**9,602**	**99.6**	**97.2**	**99.4**	**96.6**	**117.8**	**98.2**	**na**	**na**	**na**
Years												
0	466	17	483	100.0	100.0	100.0	114.8	209.5	117.1	na	na	na
1	446	24	470	99.8	100.0	99.8	97.4	81.0	96.5	92.2	126.1	93.4
2	502	21	523	100.0	100.0	100.0	99.7	146.1	101.2	118.8	83.2	116.8
3	400	27	426	99.8	100.0	99.8	87.8	187.1	92.0	86.8	86.9	86.8
4	418	41	459	99.3	100.0	99.3	85.6	86.6	85.7	102.5	136.8	104.8
5	417	33	450	100.0	91.4	99.4	94.8	105.5	95.6	97.5	75.7	95.5
6	437	46	483	99.6	97.8	99.4	97.1	128.5	99.7	109.3	136.8	111.4
7	383	34	417	99.9	97.9	99.7	116.3	157.0	119.1	92.5	70.8	90.3
8	390	51	441	99.9	98.5	99.7	94.2	218.2	103.4	100.3	143.7	104.0
9	395	36	432	99.5	100.0	99.5	127.4	60.9	119.7	16.0	13.7	15.8
10+	4,534	483	5017	99.3	96.4	99.1	92.8	113.0	94.6	na	na	na
Five-year periods												
0-4	2,232	129	2,362	99.8	100.0	99.8	97.1	121.5	98.3	na	na	na
5-9	2,022	200	2,223	99.8	97.3	99.6	104.8	127.5	106.7	na	na	na
10-14	1,733	201	1,934	99.1	97.0	98.9	87.0	118.4	89.8	na	na	na
15-19	1,302	117	1,420	99.6	97.0	99.3	101.9	153.4	105.3	na	na	na
20+	1,499	165	1,663	99.5	95.3	99.0	92.3	86.3	91.7	na	na	na

na: not applicable

[a] Both month and year of birth given. The inverse of the percent reported is the percent with incomplete and therefore imputed date of birth

[b] $(B_m/B_f) \times 100$, where B_m and B_f are the numbers of male and female births, respectively

[c] $(2 \times B_t/(B_{t-1} + B_{t+1})) \times 100$, where B_t is the number of births in year t preceding the survey

Table DQ.25: 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, by 5-year periods preceding the survey (imputed), Swaziland MICS, 2014

	Number of years preceding the survey				Total
	0–4	5–9	10–14	15–19	(0–19)
Age at death (days)					
0	7	4	5	4	20
1	13	15	13	8	48
2	2	4	4	5	15
3	6	2	7	2	16
4	3	0	0	0	3
5	1	1	3	2	7
6	1	1	0	0	1
7	3	5	3	2	13
8	0	1	0	0	1
10	0	0	1	0	1
12	0	1	0	0	1
14	6	2	4	2	13
20	0	0	1	0	1
21	4	0	1	0	5
26	0	1	0	0	1
27	1	0	0	0	1
28	0	0	1	0	1
29	0	0	0	1	1
30	0	0	1	0	1
Total 0–30 days	47	36	44	24	152
Percent early neonatal[a]	69.9	70.4	73.9	82.2	73.2

[a] Deaths during the first 7 days (0-6), divided by deaths during the first month (0-30 days)

Table DQ.26: 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 the 5-year periods of birth preceding the survey (imputed), Swaziland MICS, 2014

	Number of years preceding the survey				Total
	0–4	5–9	10–14	15–19	(0-19)
Age at death (months)					
0[a]	47	36	44	24	152
1	8	6	4	3	20
2	6	7	8	5	26
3	10	14	15	8	47
4	2	23	7	3	35
5	2	4	7	5	17
6	10	31	6	12	58
7	8	9	14	4	36
8	8	9	8	1	25
9	2	8	9	2	20
10	3	1	9	2	16
11	5	2	11	2	20
12	1	1	2	1	5
13	0	1	4	0	5
14	2	1	0	-	4
15	0	2	1	0	3
16	0	3	0	0	3
17	1	3	0	0	4
18	1	6	3	1	10
19	2	0	0	0	2
20	0	0	-	0	-
23	0	0	0	1	1
Reported as 1 year	4	5	3	7	19
Total 0–11 months	110	149	142	71	472
Percent neonatal[b]	42.5	24.1	31.4	34.6	32.2

[a] Includes deaths under one month reported in days

[b] Deaths under one month, divided by deaths under one year

Appendix G.Swaziland MICS5 Indicators: Numerators and Denominators

MICS INDICATOR [M]		Module[95]	Numerator	Denominator	MDG Indicator Reference[96]
MORTALITY [97]					
1.1	Neonatal mortality rate	BH	Probability of dying within the first month of life		
1.2	Infant mortality rate	CM - BH	Probability of dying between birth and the first birthday		MDG 4.2
1.3	Post-neonatal mortality rate	BH	Difference between infant and neonatal mortality rates		
1.4	Child mortality rate	BH	Probability of dying between the first and the fifth birthdays		
1.5	Under-five mortality rate	CM - BH	Probability of dying between birth and the fifth birthday		MDG 4.1

NUTRITION					
2.1a 2.1b	Underweight prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) of the median weight for age of the WHO standard	Total number of children under age 5	MDG 1.8
2.2a 2.2b	Stunting prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) of the median height for age of the WHO standard	Total number of children under age 5	
2.3a 2.3b	Wasting prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) of the median weight for height of the WHO standard	Total number of children under age 5	
2.4	Overweight prevalence	AN	Number of children under age 5 who are above two standard deviations of the median weight for height of the WHO standard	Total number of children under age 5	
2.5	Children ever breastfed	MN	Number of women with a live birth in the last 2 years who breastfed their last live-born child at any time	Total number of women with a live birth in the last 2 years	

[M] The indicator is also calculated for men, for the same age group, in surveys where the Questionnaire for Individual Men has been included. Calculations are carried out by using modules in the Questionnaire for Individual Men

95 Some indicators are constructed by using questions in several modules in the MICS questionnaires. In such cases, only the module(s) which contains most of the necessary information is indicated.

96 Millennium Development Goals (MDG) indicators, effective 15 January 2008 - http://mdgs.un.org/unsd/mdg/Host.aspx?Content=Indicators/OfficialList.htm, accessed 10 June 2013.

97 When the Birth History module is used, mortality indicators are calculated for the last 5-year period. When the indicators are estimated indirectly (using the Fertility module only), the rates refer to dates as estimated by the indirect technique.

2.6	Early initiation of breastfeeding	MN	Number of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth	Total number of women with a live birth in the last 2 years	
2.7	Exclusive breastfeeding under 6 months	BD	Number of infants under 6 months of age who are exclusively breastfed[98]	Total number of infants under 6 months of age	
2.8	Predominant breastfeeding under 6 months	BD	Number of infants under 6 months of age who received breast milk as the predominant source of nourishment[99] during the previous day	Total number of infants under 6 months of age	
2.9	Continued breastfeeding at 1 year	BD	Number of children age 12-15 months who received breast milk during the previous day	Total number of children age 12-15 months	
2.10	Continued breastfeeding at 2 years	BD	Number of children age 20-23 months who received breast milk during the previous day	Total number of children age 20-23 months	
2.11	Duration of breastfeeding	BD	The age in months when 50 percent of children age 0-35 months did not receive breast milk during the previous day		
2.12	Age-appropriate breastfeeding	BD	Number of children age 0-23 months appropriately fed[100] during the previous day	Total number of children age 0-23 months	
2.13	Introduction of solid, semi-solid or soft foods	BD	Number of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day	Total number of infants age 6-8 months	
2.14	Milk feeding frequency for non-breastfed children	BD	Number of non-breastfed children age 6-23 months who received at least 2 milk feedings during the previous day	Total number of non-breastfed children age 6-23 months	
2.15	Minimum meal frequency	BD	Number of children age 6-23 months who received solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum number of times[101] or more during the previous day	Total number of children age 6-23 months	
2.16	Minimum dietary diversity	BD	Number of children age 6–23 months who received foods from 4 or more food groups[102] during the previous day	Total number of children age 6–23 months	
2.17a 2.17b	Minimum acceptable diet	BD	(a) Number of breastfed children age 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day (b) Number of non-breastfed children age 6–23 months who received at least 2 milk	(a) Number of breastfed children age 6–23 months (b) Number of non-breastfed children age 6–23 months	

[98] Infants receiving breast milk, and not receiving any other fluids or foods, with the exception of oral rehydration solution, vitamins, mineral supplements and medicines

[99] Infants who receive breast milk and certain fluids (water and water-based drinks, fruit juice, ritual fluids, oral rehydration solution, drops, vitamins, minerals, and medicines), but do not receive anything else (in particular, non-human milk and food-based fluids)

[100] Infants age 0-5 months who are exclusively breastfed, and children age 6-23 months who are breastfed and ate solid, semi-solid or soft foods

[101] Breastfeeding children: Solid, semi-solid, or soft foods, two times for infants age 6-8 months, and three times for children 9-23 months; Non-breastfeeding children: Solid, semi-solid, or soft foods, or milk feeds, four times for children age 6-23 months

[102] The indicator is based on consumption of any amount of food from at least 4 out of the 7 following food groups: 1) grains, roots and tubers, 2) legumes and nuts, 3) dairy products (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables, and 7) other fruits and vegetables

			feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day		
2.18	Bottle feeding	BD	Number of children age 0-23 months who were fed with a bottle during the previous day	Total number of children age 0-23 months	
2.19	Iodized salt consumption	SI	Number of households with salt testing 15 parts per million or more of iodide/iodate	Total number of households in which salt was tested or where there was no salt	
2.20	Low-birthweight infants	MN	Number of most recent live births in the last 2 years weighing below 2,500 grams at birth	Total number of most recent live births in the last 2 years	
2.21	Infants weighed at birth	MN	Number of most recent live births in the last 2 years who were weighed at birth	Total number of most recent live births in the last 2 years	

CHILD HEALTH					
3.1	Tuberculosis immunization coverage	IM	Number of children age 12-23 months who received BCG vaccine before their first birthday	Total number of children age 12-23 months	
3.2	Polio immunization coverage	IM	Number of children age 12-23 months who received the third dose of OPV vaccine (OPV3) before their first birthday	Total number of children age 12-23 months	
3.3	Diphtheria, pertussis and tetanus (DPT) immunization coverage	IM	Number of children age 12-23 months who received the third dose of DPT vaccine (DPT3) before their first birthday	Total number of children age 12-23 months	
3.4	Measles immunization coverage[103]	IM	Number of children age 12-23 months who received measles vaccine before their first birthday	Total number of children age 12-23 months	MDG 4.3
3.5	Hepatitis B immunization coverage	IM	Number of children age 12-23 months who received the third dose of Hepatitis B vaccine (HepB3) before their first birthday	Total number of children age 12-23 months	
3.6	Haemophilus influenzae type B (Hib) immunization coverage	IM	Number of children age 12-23 months who received the third dose of Hib vaccine (Hib3) before their first birthday	Total number of children age 12-23 months	
3.7	Yellow fever immunization coverage	IM	Number of children age 12-23 months who received yellow fever vaccine before their first birthday	Total number of children age 12-23 months	
3.8	Full immunization coverage	IM	Number of children age 12-23 months who received all vaccinations recommended in the national immunization schedule before their first birthday	Total number of children age 12-23 months	

[103] In countries where measles vaccination is administered at or after 12 months of age according to the vaccination schedule, the indicator is calculated as the proportion of children age 24-35 months who received the measles vaccine by 24 months of age

3.9	Neonatal tetanus protection	MN	Number of women age 15-49 years with a live birth in the 2 years preceding the survey who were given at least two doses of tetanus toxoid vaccine within the appropriate interval[104] prior to the most recent birth	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey	
3.10	Care-seeking for diarrhoea	CA	Number of children under age 5 with diarrhoea in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	Total number of children under age 5 with diarrhoea in the last 2 weeks	
3.11	Diarrhoea treatment with oral rehydration salts (ORS) and zinc	CA	Number of children under age 5 with diarrhoea in the last 2 weeks who received ORS and zinc	Total number of children under age 5 with diarrhoea in the last 2 weeks	
3.12	Diarrhoea treatment with oral rehydration therapy (ORT) and continued feeding	CA	Number of children under age 5 with diarrhoea in the last 2 weeks who received ORT (ORS packet, pre-packaged ORS fluid, recommended homemade fluid or increased fluids) and continued feeding during the episode of diarrhoea	Total number of children under age 5 with diarrhoea in the last 2 weeks	
3.13	Care-seeking for children with acute respiratory infection (ARI) symptoms	CA	Number of children under age 5 with ARI symptoms in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	Total number of children under age 5 with ARI symptoms in the last 2 weeks	
3.14	Antibiotic treatment for children with ARI symptoms	CA	Number of children under age 5 with ARI symptoms in the last 2 weeks who received antibiotics	Total number of children under age 5 with ARI symptoms in the last 2 weeks	
3.15	Use of solid fuels for cooking	HC	Number of household members in households that use solid fuels as the primary source of domestic energy to cook	Total number of household members	
3.16a 3.16b	Household availability of insecticide-treated nets (ITNs)[105]	TN	Number of households with (a) at least one ITN (b) at least one ITN for every two people	Total number of households	

[104] See the MICS tabulation plan for a detailed description

[105] An ITN is (a) a conventionally treated net which has been soaked with an insecticide within the past 12 months, (b) factory treated net which does not require any treatment (LLIN), (b) a pretreated net obtained within the past 12 months, or (c) a net that has been soaked with or dipped in insecticide within the past 12 months

3.17a 3.17b	Household vector control[106]	TN - IR	Number of households (a) with at least one ITN or that have been sprayed by IRS[107] in the last 12 months (b) with at least one ITN for every two people or that have been sprayed by IRS in the last 12 months	Total number of households	
3.18	Children under age 5 who slept under an ITN	TN	Number of children under age 5 who slept under an ITN the previous night	Total number of children under age 5	MDG 6.7
3.19	Population that slept under an ITN	TN	Number of household members who slept under an ITN the previous night	Total number of household members who spent the previous night in the interviewed households	
3.20	Care-seeking for fever	CA	Number of children under age 5 with fever in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	Total number of children under age 5 with fever in the last 2 weeks	
3.21	Malaria diagnostics usage	CA	Number of children under age 5 with fever in the last 2 weeks who had a finger or heel stick for malaria testing	Total number of children under age 5 with fever in the last 2 weeks	
3.22	Anti-malarial treatment of children under age 5	CA	Number of children under age 5 with fever in the last 2 weeks who received any antimalarial treatment	Total number of children under age 5 with fever in the last 2 weeks	MDG 6.8
3.23	Treatment with Artemisinin-based Combination Therapy (ACT) among children who received anti-malarial treatment	CA	Number of children under age 5 with fever in the last 2 weeks who received ACT (or other first-line treatment according to national policy)	Total number of children under age 5 with fever in the last 2 weeks who received any anti-malarial drugs	
3.24	Pregnant women who slept under an ITN	TN – CP	Number of pregnant women who slept under an ITN the previous night	Total number of pregnant women	
3.25	Intermittent preventive treatment for malaria during pregnancy	MN	Number of women age 15-49 years who received two or more doses of SP/Fansidar, at least one of which was received during an ANC visit, to prevent malaria during their last pregnancy that led to a live birth in the last 2 years	Total number of women age 15-49 years who have had a live birth in the last 2 years	

[106] (a) Households covered by vector control, (b) Universal coverage of vector control

[107] Indoor Residual Spraying

WATER AND SANITATION					
4.1	Use of improved drinking water sources	WS	Number of household members using improved sources of drinking water	Total number of household members	MDG 7.8
4.2	Water treatment	WS	Number of household members in households using unimproved drinking water who use an appropriate treatment method	Total number of household members in households using unimproved drinking water sources	
4.3	Use of improved sanitation	WS	Number of household members using improved sanitation facilities which are not shared	Total number of household members	MDG 7.9
4.4	Safe disposal of child's faeces	CA	Number of children age 0-2 years whose last stools were disposed of safely	Total number of children age 0-2 years	
4.5	Place for handwashing	HW	Number of households with a specific place for hand washing where water and soap or other cleansing agent are present	Total number of households	
4.6	Availability of soap or other cleansing agent	HW	Number of households with soap or other cleansing agent	Total number of households	

REPRODUCTIVE HEALTH					
5.1	Adolescent birth rate[108]	CM - BH	Age-specific fertility rate for women age 15-19 years		MDG 5.4
5.2	Early childbearing	CM - BH	Number of women age 20-24 years who had at least one live birth before age 18	Total number of women age 20-24 years	
5.3	Contraceptive prevalence rate	CP	Number of women age 15-49 years currently married or in union who are using (or whose partner is using) a (modern or traditional) contraceptive method	Total number of women age 15-49 years who are currently married or in union	MDG 5.3
5.4	Unmet need[109]	UN	Number of women age 15-49 years who are currently married or in union who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception	Total number of women age 15-49 years who are currently married or in union	MDG 5.6
5.5a 5.5b	Antenatal care coverage	MN	Number of women age 15-49 years with a live birth in the last 2 years who were attended (a) at least once by skilled personnel (b) at least four times by any provider during their last pregnancy that led to a live birth	Total number of women age 15-49 years with a live birth in the last 2 years	MDG 5.5
5.6	Content of antenatal care	MN	Number of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples during the last pregnancy that led to a live birth	Total number of women age 15-49 years with a live birth in the last 2 years	

[108] When the Birth History module is used, the indicator is calculated for the last 3-year period. When estimated using the Fertility module only, the rate refers to the last one year

[109] See the MICS tabulation plan for a detailed description

5.7	Skilled attendant at delivery	MN	Number of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth	Total number of women age 15-49 years with a live birth in the last 2 years	MDG 5.2
5.8	Institutional deliveries	MN	Number of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered in a health facility	Total number of women age 15-49 years with a live birth in the last 2 years	
5.9	Caesarean section	MN	Number of women age 15-49 years whose most recent live birth in the last 2 years was delivered by caesarean section	Total number of women age 15-49 years with a live birth in the last 2 years	
5.10	Post-partum stay in health facility	PN	Number of women age 15-49 years who stayed in the health facility for 12 hours or more after the delivery of their most recent live birth in the last 2 years	Total number of women age 15-49 years with a live birth in the last 2 years	
5.11	Post-natal health check for the newborn	PN	Number of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery	Total number of last live births in the last 2 years	
5.12	Post-natal health check for the mother	PN	Number of women age 15-49 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live birth in the last 2 years	Total number of women age 15-49 years with a live birth in the last 2 years	
5.13	Maternal mortality ratio	MM	Deaths during pregnancy, childbirth, or within two months after delivery or termination of pregnancy, per 100,000 births within the 7-year period preceding the survey		MDG 5.1

CHILD DEVELOPMENT					
6.1	Attendance to early childhood education	EC	Number of children age 36-59 months who are attending an early childhood education programme	Total number of children age 36-59 months	
6.2	Support for learning	EC	Number of children age 36-59 months with whom an adult has engaged in four or more activities to promote learning and school readiness in the last 3 days	Total number of children age 36-59 months	
6.3	Father's support for learning	EC	Number of children age 36-59 months whose father has engaged in four or more activities to promote learning and school readiness in the last 3 days	Total number of children age 36-59 months	
6.4	Mother's support for learning	EC	Number of children age 36-59 months whose mother has engaged in four or more activities to promote learning and school readiness in the last 3 days	Total number of children age 36-59 months	
6.5	Availability of children's books	EC	Number of children under age 5 who have three or more children's books	Total number of children under age 5	
6.6	Availability of playthings	EC	Number of children under age 5 with two or more types of playthings	Total number of children under age 5	

6.7	Inadequate care	EC	Number of children under age 5 left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the last week	Total number of children under age 5	
6.8	Early child development index	EC	Number of children age 36-59 months who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains	Total number of children age 36-59 months	

LITERACY AND EDUCATION					
7.1	Literacy rate among young women [M]	WB	Number of women age 15-24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education	Total number of women age 15-24 years	MDG 2.3
7.2	School readiness	ED	Number of children in first grade of primary school who attended pre-school during the previous school year	Total number of children attending the first grade of primary school	
7.3	Net intake rate in primary education	ED	Number of children of school-entry age who enter the first grade of primary school	Total number of children of school-entry age	
7.4	Primary school net attendance ratio (adjusted)	ED	Number of children of primary school age currently attending primary or secondary school	Total number of children of primary school age	MDG 2.1
7.5	Secondary school net attendance ratio (adjusted)	ED	Number of children of secondary school age currently attending secondary school or higher	Total number of children of secondary school age	
7.6	Children reaching last grade of primary	ED	Proportion of children entering the first grade of primary school who eventually reach last grade		MDG 2.2
7.7	Primary completion rate	ED	Number of children attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age appropriate to final grade of primary school)	
7.8	Transition rate to secondary school	ED	Number of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school during the current school year	Total number of children attending the last grade of primary school during the previous school year	
7.9	Gender parity index (primary school)	ED	Primary school net attendance ratio (adjusted) for girls	Primary school net attendance ratio (adjusted) for boys	MDG 3.1
7.10	Gender parity index (secondary school)	ED	Secondary school net attendance ratio (adjusted) for girls	Secondary school net attendance ratio (adjusted) for boys	MDG 3.1

CHILD PROTECTION					
8.1	Birth registration	BR	Number of children under age 5 whose births are reported registered	Total number of children under age 5	
8.2	Child labour	CL	Number of children age 5-17 years who are involved in child labour[110]	Total number of children age 5-17 years	
8.3	Violent discipline	CD	Number of children age 1-14 years who experienced psychological aggression or physical punishment during the last one month	Total number of children age 1-14 years	
8.4	Marriage before age 15 [M]	MA	Number of women age 15-49 years who were first married or in union before age 15	Total number of women age 15-49 years	
8.5	Marriage before age 18 [M]	MA	Number of women age 20-49 years who were first married or in union before age 18	Total number of women age 20-49 years	
8.6	Young women age 15-19 years currently married or in union [M]	MA	Number of women age 15-19 years who are married or in union	Total number of women age 15-19 years	
8.7	Polygyny [M]	MA	Number of women age 15-49 years who are in a polygynous union	Total number of women age 15-49 years who are married or in union	
8.8a 8.8b	Spousal age difference	MA	Number of women who are married or in union and whose spouse is 10 or more years older, (a) among women age 15-19 years, (b) among women age 20-24 years	Total number of women who are married or in union (a) age 15-19 years, (b) age 20-24 years	
8.9	Approval for female genital mutilation/cutting (FGM/C)	FG	Number of women age 15-49 years who state that FGM/C should be continued	Total number of women age 15-49 years who have heard of FGM/C	
8.10	Prevalence of FGM/C among women	FG	Number of women age 15-49 years who report to have undergone any form of FGM/C	Total number of women age 15-49 years	
8.11	Prevalence of FGM/C among girls	FG	Number of daughters age 0-14 years who have undergone any form of FGM/C, as reported by mothers age 15-49 years	Total number of daughters age 0-14 years of mothers age 15-49 years who have heard of FGM/C	
8.12	Attitudes towards domestic violence [M]	DV	Number of women who state that a husband/partner is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	Total number of women age 15-49 years	

[110] Children involved in child labour are defined as children involved in economic activities above the age-specific thresholds, children involved in household chores above the age-specific thresholds, and children involved in hazardous work. See the MICS tabulation plan for more detailed information on thresholds and classifications

8.13	Children's living arrangements	HL	Number of children age 0-17 years living with neither biological parent	Total number of children age 0-17 years	
8.14	Prevalence of children with one or both parents dead	HL	Number of children age 0-17 years with one or both parents dead	Total number of children age 0-17 years	
8.15	Children with at least one parent living abroad	HL	Number of children 0-17 years with at least one parent living abroad	Number of children 0-17 years	

HIV/AIDS AND SEXUAL BEHAVIOUR					
9.1	Knowledge about HIV prevention among young women [M]	HA	Number of women age 15-24 years who correctly identify ways of preventing the sexual transmission of HIV[111], and who reject major misconceptions about HIV transmission	Total number of women age 15-24 years	MDG 6.3
9.2	Knowledge of mother-to-child transmission of HIV [M]	HA	Number of women age 15-49 years who correctly identify all three means[112] of mother-to-child transmission of HIV	Total number of women age 15-49 years	
9.3	Accepting attitudes towards people living with HIV [M]	HA	Number of women age 15-49 years expressing accepting attitudes on all four questions[113] toward people living with HIV	Total number of women age 15-49 years who have heard of HIV	
9.4	Women who know where to be tested for HIV [M]	HA	Number of women age 15-49 years who state knowledge of a place to be tested for HIV	Total number of women age 15-49 years	
9.5	Women who have been tested for HIV and know the results [M]	HA	Number of women age 15-49 years who have been tested for HIV in the last 12 months and who know their results	Total number of women age 15-49 years	
9.6	Sexually active young women who have been tested for HIV and know the results [M]	HA	Number of women age 15-24 years who have had sex in the last 12 months, who have been tested for HIV in the last 12 months and who know their results	Total number of women age 15-24 years who have had sex in the last 12 months	
9.7	HIV counselling during antenatal care	HA	Number of women age 15-49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they received counselling on HIV during antenatal care	Total number of women age 15-49 years who had a live birth in the last 2 years	

[111] Using condoms and limiting sex to one faithful, uninfected partner

[112] Transmission during pregnancy, during delivery, and by breastfeeding

[113] Women (1) who think that a female teacher with the AIDS virus should be allowed to teach in school, (2) who would buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus, (3) who would not want to keep it as a secret if a family member became infected with the AIDS virus, and (4) who would be willing to care for a family member who became sick with the AIDS virus

9.8	HIV testing during antenatal care	HA	Number of women age 15-49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they were offered and accepted an HIV test during antenatal care and received their results	Total number of women age 15-49 years who had a live birth in the last 2 years	
9.9	Young women who have never had sex [M]	SB	Number of never married women age 15-24 years who have never had sex	Total number of never married women age 15-24 years	
9.10	Sex before age 15 among young women [M]	SB	Number of women age 15-24 years who had sexual intercourse before age 15	Total number of women age 15-24 years	
9.11	Age-mixing among sexual partners	SB	Number of women age 15-24 years who had sex in the last 12 months with a partner who was 10 or more years older	Total number of women age 15-24 years who had sex in the last 12 months	
9.12	Multiple sexual partnerships [M]	SB	Number of women age 15-49 years who had sexual intercourse with more than one partner in the last 12 months	Total number of women age 15-49 years	
9.13	Condom use at last sex among people with multiple sexual partnerships[M]	SB	Number of women age 15-49 years who report having had more than one sexual partner in the last 12 months who also reported that a condom was used the last time they had sex	Total number of women age 15-49 years who reported having had more than one sexual partner in the last 12 months	
9.14	Sex with non-regular partners [M]	SB	Number of sexually active women age 15-24 years who had sex with a non-marital, non-cohabitating partner in the last 12 months	Total number of women age 15-24 years who had sex in the last 12 months	
9.15	Condom use with non-regular partners [M]	SB	Number of women age 15-24 years reporting the use of a condom during the last sexual intercourse with a non-marital, non-cohabiting sex partner in the last 12 months	Total number of women age 15-24 years who had a non-marital, non-cohabiting partner in the last 12 months	MDG 6.2
9.16	Ratio of school attendance of orphans to school attendance of non-orphans	HL - ED	Proportion attending school among children age 10-14 years who have lost both parents	Proportion attending school among children age 10-14 years whose parents are alive and who are living with one or both parents	MDG 6.4
9.17	Male circumcision	MMC	Number of men age 15-49 years who report having been circumcised	Total number of men age 15-49 years	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY					
10.1	Exposure to mass media [M]	MT	Number of women age 15-49 years who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television	Total number of women age 15-49 years	
10.2	Use of computers [M]	MT	Number of young women age 15-24 years who used a computer during the last 12 months	Total number of women age 15-24 years	
10.3	Use of internet [M]	MT	Number of young women age 15-24 who used the internet during the last 12 months	Total number of women age 15-24 years	

SUBJECTIVE WELL-BEING					
11.1	Life satisfaction [M]	LS	Number of women age 15-24 years who are very or somewhat satisfied with their life, overall	Total number of women age 15-24 years	
11.2	Happiness [M]	LS	Number of women age 15-24 years who are very or somewhat happy	Total number of women age 15-24 years	
11.3	Perception of a better life [M]	LS	Number of women age 15-24 years whose life improved during the last one year, and who expect that their life will be better after one year	Total number of women age 15-24 years	

TOBACCO AND ALCOHOL USE					
12.1	Tobacco use [M]	TA	Number of women age 15-49 years who smoked cigarettes, or used smoked or smokeless tobacco products at any time during the last one month	Total number of women age 15-49 years	
12.2	Smoking before age 15 [M]	TA	Number of women age 15-49 years who smoked a whole cigarette before age 15	Total number of women age 15-49 years	
12.3	Use of alcohol [M]	TA	Number of women age 15-49 years who had at least one alcoholic drink at any time during the last one month	Total number of women age 15-49 years	
12.4	Use of alcohol before age 15 [M]	TA	Number of women age 15-49 years who had at least one alcoholic drink before age 15	Total number of women age 15-49 years	

MICS

HOUSEHOLD QUESTIONNAIRE

Swaziland

HOUSEHOLD INFORMATION PANEL	HH
HH1. Cluster number: ___ ___ ___	**HH2**. Household number: ___ ___
HH3. Interviewer's name and number: Name _____ ___ ___	**HH4**. Supervisor's name and number: Name_____ ___ ___
HH5. Day / Month / Year of interview: ___ ___ /___ ___ / 2014	**HH7**. *Region:* Hhohho ..... 1 Manzini ..... 2 Shiselweni ..... 3 Lubombo..... 4
HH6. Area: Urban ..... 1 Rural 2	
HH8. Is the household selected for Questionnaire for men? Yes .....1 No 2	

WE ARE FROM **CENTRAL STATISTICAL OFFICE**. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW?

☐ *Yes, permission is given* ⇨ *Go to HH18 to record the time and then begin the interview.*

☐ *No, permission is not given* ⇨ *Circle 04 in HH9. Discuss this result with your supervisor.*

HH9. Result of household interview:

Completed	01
No household member or no competent respondent at home at time of visit	02
Entire household absent for extended period of time	03
Refused	04
Dwelling vacant / Address not a dwelling	05
Dwelling destroyed	06
Dwelling not found	07
Other (*specify*)_____	96

After the household questionnaire has been completed, fill in the following information:
HH10. Respondent to Household Questionnaire: Name _____ ___ ___
HH11. Total number of household members: ___ ___
HH12. Number of women age 15-49 years: ___ ___
HH13A. Number of men age 15-59 years: ___ ___

After all questionnaires for the household have been completed, fill in the following information:
HH13. Number of women's questionnaires completed: ___ ___
HH13B. Number of men's questionnaires completed: ___ ___

HH14. Number of children under age 5: ___ ___	**HH15**. Number of under-5 questionnaires completed: ___ ___
HH16. Field editor's name and number: Name_____ __ __	**HH17**. Main data entry clerk's name and number: Name_____ __ __

HH18. *Record the time.*

Hour ..... __ __

Minutes.... __ __

LIST OF HOUSEHOLD MEMBERS — HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?

If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.

Use an additional questionnaire if all rows in the List of Household Members have been used.

							For women age **15-49**	*For men age* **15-59**	*For children age* **0-4**	*For household members age* **18-59**
HL1. *Line no.*	**HL2**. *Name*	**HL3**. WHAT IS THE RELATION-SHIP OF (*name*) TO THE HEAD OF HOUSE-HOLD?	**HL4**. IS (*name*) MALE OR FEMALE? 1 Male 2 Female	**HL5**. WHAT IS (*name*)'S DATE OF BIRTH? 98 DK 9998 DK		**HL6**. HOW OLD IS (*name*)? *Record in completed years. If age is 95 or above, record '95'.*	**HL7**. *Circle line no. if woman age* **15-49**.	**HL7A**. *Circle line no. if man age* **15-59** *and the household is selected for Questionnaire for Men.*	**HL7B**. *Circle line no. if age* **0-4**.	**HL9A**. HAS (*name*) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS? 1 Yes 2 NO 8 DK
Line	Name	Relation*	M F	Month	Year	Age	15-49	15-59	0-4	Y N DK
01		**0 1**	1 2	__ __	__ __ __ __	__ __	01	01	01	1 2 8
02		__ __	1 2	__ __	__ __ __ __	__ __	02	02	02	1 2 8
03		__ __	1 2	__ __	__ __ __ __	__ __	03	03	03	1 2 8
04		__ __	1 2	__ __	__ __ __ __	__ __	04	04	04	1 2 8
05		__ __	1 2	__ __	__ __ __ __	__ __	05	05	05	1 2 8
06		__ __	1 2	__ __	__ __ __ __	__ __	06	06	06	1 2 8
07		__ __	1 2	__ __	__ __ __ __	__ __	07	07	07	1 2 8
08		__ __	1 2	__ __	__ __ __ __	__ __	08	08	08	1 2 8
09		__ __	1 2	__ __	__ __ __ __	__ __	09	09	09	1 2 8
10		__ __	1 2	__ __	__ __ __ __	__ __	10	10	10	1 2 8
11		__ __	1 2	__ __	__ __ __ __	__ __	11	11	11	1 2 8
12		__ __	1 2	__ __	__ __ __ __	__ __	12	12	12	1 2 8
13		__ __	1 2	__ __	__ __ __ __	__ __	13	13	13	1 2 8
14		__ __	1 2	__ __	__ __ __ __	__ __	14	14	14	1 2 8
15		__ __	1 2	__ __	__ __ __ __	__ __	15	15	15	1 2 8

Tick here if additional questionnaire used ☐

Probe for additional household members.

Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.

Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.

For each man age 15-59 years, write his name and line number and other identifying information in the information panel of a separate Individual Man's Questionnaire.

For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.

You should now have a separate questionnaire for each eligible woman, each eligible man, and each child under five in the household.

* *Codes for **HL3**: Relationship to head of household:*	01 Head 02 Spouse / Partner 03 Son / Daughter	04 Son-In-Law / Daughter-In-Law 05 Grandchild 06 Parent	07 Parent-In-Law 08 Brother / Sister 09 Brother-In-Law / Sister-In-Law	10 Uncle / Aunt 11 Niece / Nephew 12 Other relative	13 Adopted / Foster/ Stepchild 14 Servant (Live-in)	96 Other (Not related) 98 DK

			For children age **0-17** *years*									*For children age* **0-14** *years*
HL1. *Line no.*	**HL2.** *Name and age* *Copy from HL2 and HL6.*		**HL11.** Is *(name)*'S NATURAL MOTHER ALIVE? 1 Yes 2 No⇨ HL 13 8 DK⇨ HL 13	**HL12.** DOES *(name)*'S NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? *If "Yes", record line no. of mother and go to HL12B. If "No", record 00.*	**HL12A.** WHERE DOES *(name)*S NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Outside the country 8 DK	**HL12B.** HAS *(name)*'S MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	**HL13.** Is *(name)*'S NATURAL FATHER ALIVE? 1 Yes 2 No⇨ HL 13 8 DK⇨ HL 13	**HL14.** DOES *(name)*'S NATURAL FATHER LIVE IN THIS HOUSE-HOLD? *If "Yes", record line no. of father and go to HL14B. If "No", record 00.*	**HL14A.** WHERE DOES *(name)*'S NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Outside the country 8 DK	**HL14B.** HAS *(name)*'S FATHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	**HL15.** *Record line no. of mother from HL12 if indicated.* *If HL12 is blank or '00' ask:* WHO IS THE PRIMARY CARE-TAKER OF *(name)*?
Line	Name	Age	Y N DK	Mother		Y N DK	Y N DK	Father		Y N DK	Mother
01		__	1 2 8	__	1 2 3 8	1 2 8	1 2 8	__	1 2 3 8	1 2 8	__
02		__	1 2 8	__	1 2 3 8	1 2 8	1 2 8	__	1 2 3 8	1 2 8	__
03		__	1 2 8	__	1 2 3 8	1 2 8	1 2 8	__	1 2 3 8	1 2 8	__
04		__	1 2 8	__	1 2 3 8	1 2 8	1 2 8	__	1 2 3 8	1 2 8	__
05		__	1 2 8	__	1 2 3 8	1 2 8	1 2 8	__	1 2 3 8	1 2 8	__
06		__	1 2 8	__	1 2 3 8	1 2 8	1 2 8	__	1 2 3 8	1 2 8	__
07		__	1 2 8	__	1 2 3 8	1 2 8	1 2 8	__	1 2 3 8	1 2 8	__
08		__	1 2 8	__	1 2 3 8	1 2 8	1 2 8	__	1 2 3 8	1 2 8	__
09		__	1 2 8	__	1 2 3 8	1 2 8	1 2 8	__	1 2 3 8	1 2 8	__
10		__	1 2 8	__	1 2 3 8	1 2 8	1 2 8	__	1 2 3 8	1 2 8	__
11		__	1 2 8	__	1 2 3 8	1 2 8	1 2 8	__	1 2 3 8	1 2 8	__
12		__	1 2 8	__	1 2 3 8	1 2 8	1 2 8	__	1 2 3 8	1 2 8	__
13		__	1 2 8	__	1 2 3 8	1 2 8	1 2 8	__	1 2 3 8	1 2 8	__
14		__	1 2 8	__	1 2 3 8	1 2 8	1 2 8	__	1 2 3 8	1 2 8	__
15		__	1 2 8	__	1 2 3 8	1 2 8	1 2 8	__	1 2 3 8	1 2 8	__

CHILDREN ORPHANED & MADE VULNERABLE		OV
OV1. *Check HL6: any children 0-17?* ☐ *Yes ⇨ Continue to OV2* ☐ *No ⇨ Next Module*		
OV2. I WOULD LIKE YOU TO THINK BACK OVER THE PAST 12 MONTHS. HAS ANY USUAL MEMBER OF THIS HOUSEHOLD DIED IN THE LAST 12 MONTHS?	Yes ..... 1 No ..... 2 Other (*specify*) _____ 6	2⇨Next Module 6⇨Next Module
OV3. OF THOSE WHO DIED IN THE PAST 12 MONTHS, WERE ANY OF THESE PEOPLE BETWEEN THE AGES OF 18 AND 59?	Yes ..... 1 No 2	2⇨ Next Module
OV4. OF THOSE WHO DIED IN THE PAST 12 MONTHS AND WERE BETWEEN THE AGES OF 18 AND 59, WERE ANY OF THESE PEOPLE SERIOUSLY ILL FOR 3 OF THE 12 MONTHS BEFORE THEY DIED?	Yes ..... 1 No 2	

EDUCATION AND BASIC NEEDS — ED & BN

			For household members age **5** *and above*			*For household members age* **5-24** *years*							*For households members age* **5-17** *years*		
ED1. *Line number*	**ED2**. *Name and age* *Copy from HL2 and HL6.*		**ED3.** HAS (*name*) EVER ATTENDED SCHOOL OR PRE-SCHOOL? 1 Yes 2 NO ⇘ BN1	**ED4A**. WHAT IS THE HIGHEST LEVEL OF SCHOOL (*name*) HAS ATTENDED? Level: 0 Preschool 1 Primary 2 Secondary 3 High 4 Tertiary 8 DK *If level=0, skip to ED5.*	**ED4B.** WHAT IS THE HIGHEST GRADE (*name*) COMPLETED AT THIS LEVEL? Grade: 98 DK *If the first grade at this level is not completed, enter "00".*	**ED5.** DURING THE CURRENT SCHOOL YEAR, THAT IS 2014, DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ⇘ ED7	**ED6.** DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS (*name*) ATTENDING? Level: 0 Preschool 1 Primary 2 Secondary 3 High 4 Tertiary 8 DK *If level=0, skip to ED7.*		**ED7.** DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2013, DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ⇘ BN1 8 DK ⇘ BN1	**ED8.** DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (*name*) ATTEND? Level: 0 Preschool 1 Primary 2 Secondary 3 High 4 Tertiary 8 DK *If level=0, go to BN1.*		**BN1.** DOES (*name*) HAVE AT LEAST ONE MEAL PER DAY? 1 Yes 2 NO 8 DK	**BN2.** DOES (*name*) HAVE A PAIR OF SHOES? 1 Yes 2 NO 8 DK	**BN3.** DOES (*name*) HAVE AT LEAST TWO SETS OF CLOTHING? 1 Yes 2 NO 8 DK
Line	Name	Age	Yes No	Level	Grade	Yes No	Level	Grade	Yes No DK	Level	Grade	Yes No DK	Yes No DK	Yes No DK	Yes No DK
01		__ __	1 2	0 1 2 3 4 8	__ __	1 2	0 1 2 3 4 8	__ __	1 2 8	0 1 2 3 4 8	__ __	1 2 8	1 2 8	1 2 8	1 2 8
02		__ __	1 2	0 1 2 3 4 8	__ __	1 2	0 1 2 3 4 8	__ __	1 2 8	0 1 2 3 4 8	__ __	1 2 8	1 2 8	1 2 8	1 2 8
03		__ __	1 2	0 1 2 3 4 8	__ __	1 2	0 1 2 3 4 8	__ __	1 2 8	0 1 2 3 4 8	__ __	1 2 8	1 2 8	1 2 8	1 2 8
04		__ __	1 2	0 1 2 3 4 8	__ __	1 2	0 1 2 3 4 8	__ __	1 2 8	0 1 2 3 4 8	__ __	1 2 8	1 2 8	1 2 8	1 2 8
05		__ __	1 2	0 1 2 3 4 8	__ __	1 2	0 1 2 3 4 8	__ __	1 2 8	0 1 2 3 4 8	__ __	1 2 8	1 2 8	1 2 8	1 2 8
06		__ __	1 2	0 1 2 3 4 8	__ __	1 2	0 1 2 3 4 8	__ __	1 2 8	0 1 2 3 4 8	__ __	1 2 8	1 2 8	1 2 8	1 2 8
07		__ __	1 2	0 1 2 3 4 8	__ __	1 2	0 1 2 3 4 8	__ __	1 2 8	0 1 2 3 4 8	__ __	1 2 8	1 2 8	1 2 8	1 2 8
08		__ __	1 2	0 1 2 3 4 8	__ __	1 2	0 1 2 3 4 8	__ __	1 2 8	0 1 2 3 4 8	__ __	1 2 8	1 2 8	1 2 8	1 2 8
09		__ __	1 2	0 1 2 3 4 8	__ __	1 2	0 1 2 3 4 8	__ __	1 2 8	0 1 2 3 4 8	__ __	1 2 8	1 2 8	1 2 8	1 2 8
10		__ __	1 2	0 1 2 3 4 8	__ __	1 2	0 1 2 3 4 8	__ __	1 2 8	0 1 2 3 4 8	__ __	1 2 8	1 2 8	1 2 8	1 2 8
11		__ __	1 2	0 1 2 3 4 8	__ __	1 2	0 1 2 3 4 8	__ __	1 2 8	0 1 2 3 4 8	__ __	1 2 8	1 2 8	1 2 8	1 2 8
12		__ __	1 2	0 1 2 3 4 8	__ __	1 2	0 1 2 3 4 8	__ __	1 2 8	0 1 2 3 4 8	__ __	1 2 8	1 2 8	1 2 8	1 2 8
13		__ __	1 2	0 1 2 3 4 8	__ __	1 2	0 1 2 3 4 8	__ __	1 2 8	0 1 2 3 4 8	__ __	1 2 8	1 2 8	1 2 8	1 2 8
14		__ __	1 2	0 1 2 3 4 8	__ __	1 2	0 1 2 3 4 8	__ __	1 2 8	0 1 2 3 4 8	__ __	1 2 8	1 2 8	1 2 8	1 2 8
15		__ __	1 2	0 1 2 3 4 8	__ __	1 2	0 1 2 3 4 8	__ __	1 2 8	0 1 2 3 4 8	__ __	1 2 8	1 2 8	1 2 8	1 2 8

SELECTION OF ONE CHILD FOR CHILD DISCIPLINE — SL

SL1. *Check HL6 in the List of Household Members and write the total number of children age 1-14 years.*

Total number ..... __

SL2. *Check the number of children age 1-14 years in SL1:*

☐ *Zero ⇨ Go to HOUSEHOLD CHARACTERISTICS module.*

☐ *One ⇨ Go to SL9 and record the rank number as '1', enter the line number, child's name and age.*

☐ *Two or more ⇨ Continue with SL2A.*

SL2A. *List each of the children age 1-14 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-14 years. Record the line number, name, sex, and age for each child.*

SL3. *Rank number*	**SL4**. *Line number from HL1*	**SL5**. *Name from HL2*	**SL6**. *Sex from HL4*	**SL7**. *Age from HL6*
Rank	Line	Name	M F	Age
1	__ __		1 2	___ ___
2	__ __		1 2	___ ___
3	__ __		1 2	___ ___
4	__ __		1 2	___ ___
5	__ __		1 2	___ ___
6	__ __		1 2	___ ___
7	__ __		1 2	___ ___
8	__ __		1 2	___ ___

SL8. *Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.*

Check the total number of children age 1-14 years in SL1 above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child.

Last Digit of Household Number (from HH2)	**Total Number of Eligible Children in the Household (from SL1)**						
	2	***3***	***4***	***5***	***6***	***7***	***8+***
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

SL9. *Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child.*

Rank number ..... __

Line number ..... __ __

Name_____

Age ..... __ __

CHILD DISCIPLINE		CD
CD3. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH *(name)* IN THE PAST MONTH.	Yes No	
[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (*name)* LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.	Took away privileges..... 1 2	
[B] EXPLAINED WHY (*name*)'S BEHAVIOUR WAS WRONG.	Explained wrong behaviour..... 1 2	
[C] SHOOK HIM/HER.	Shook him/her 1 2	
[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Shouted, yelled, screamed 1 2	
[E] GAVE HIM/HER SOMETHING ELSE TO DO.	Gave something else to do 1 2	
[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Spanked, hit, slapped on bottom with bare hand 1 2	
[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Hit with belt, hairbrush, stick, or other hard object 1 2	
[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Called dumb, lazy, or another name 1 2	
[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Hit / slapped on the face, head or ears 1 2	
[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Hit / slapped on hand, arm or leg 1 2	
[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	Beat up, hit over and over as hard as one could..... 1 2	
CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes .....1 No.....2 DK / No opinion 8	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Christianity ..... 01 Islam ..... 02 Judaism ..... 03 Hinduism ..... 04 Buddhism ..... 05 Traditionalist ..... 06 No religion ..... 07 Other religion (*specify*) _____ 96	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms ..... __ __	
HC3. *Main material of the dwelling floor.* *Record observation.*	Natural floor Earth / Sand ..... 11 Dung ..... 12 Rudimentary floor Wood planks ..... 21 Palm / Bamboo ..... 22 Finished floor Parquet or polished wood ..... 31 Vinyl or asphalt strips ..... 32 Ceramic tiles ..... 33 Cement ..... 34 Carpet ..... 35 Other (*specify*) _____ 96	
HC4. *Main material of the roof.* *Record observation.*	Natural roofing No Roof ..... 11 Thatch / Palm leaf ..... 12 Rudimentary roofing Rustic mat ..... 21 Palm / Bamboo ..... 22 Wood planks ..... 23 Cardboard ..... 24 Finished roofing Metal / Tin (Corrugated iron) ..... 31 Wood ..... 32 Calamine / Cement fibre ..... 33 Ceramic tiles ..... 34 Cement/ Concrete ..... 35 Roofing shingles ..... 36 Asbestos ..... 37 Other (*specify*) _____ 96	

HC5. *Main material of the exterior walls.* *Record observation.*	Natural walls No walls ..... 11 Cane / Palm / Trunks ..... 12 Dirt ..... 13 Rudimentary walls Bamboo/ Stick with mud ..... 21 Stone with mud ..... 22 Uncovered adobe ..... 23 Plywood ..... 24 Cardboard ..... 25 Reused wood ..... 26 Finished walls Cement ..... 31 Stone with lime / cement ..... 32 Bricks ..... 33 Cement blocks ..... 34 Wood planks / shingles ..... 36 Mud blocks ..... 37 Other (*specify*) _____ 96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity ..... 01 Liquefied Petroleum Gas (LPG) ..... 02 Natural gas ..... 03 Biogas ..... 04 Kerosene/Paraffin ..... 05 Coal / Lignite ..... 06 Charcoal ..... 07 Wood ..... 08 Straw / Shrubs / Grass ..... 09 Animal dung (Bulongo) ..... 10 Agricultural crop residue ..... 11 No food cooked in household ..... 95 Other (*specify*) _____ 96	01⇨HC8 02⇨HC8 03⇨HC8 04⇨HC8 05⇨HC8 95⇨HC8
HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS? *If 'In the house', probe*: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?	In the house In a separate room used as kitchen ..... 1 Elsewhere in the house ..... 2 In a separate building (Lidladla) ..... 3 Outdoors ..... 4 Other (*specify*) _____ 6	

HC8. DOES YOUR HOUSEHOLD HAVE:	Yes No	
[A] ELECTRICITY?	Electricity 1 2	
[B] A RADIO?	Radio 1 2	
[C] A TELEVISION?	Television 1 2	
[D] A NON-MOBILE TELEPHONE?	Non-mobile telephone 1 2	
[E] A REFRIGERATOR?	Refrigerator 1 2	
[F] A BED?	Bed 1 2	
[G] A STOVE?	Stove 1 2	
[H] A TABLE?	Table 1 2	
[I] A CHAIR?	Chair 1 2	
[J] A CUPBOARD?	Cupboard 1 2	
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:	Yes No	
[A] A WATCH?	Watch 1 2	
[B] A MOBILE TELEPHONE?	Mobile telephone 1 2	
[C] A BICYCLE?	Bicycle 1 2	
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter 1 2	
[E] AN ANIMAL-DRAWN CART?	Animal-drawn cart 1 2	
[F] A CAR OR TRUCK?	Car / Truck 1 2	
[G] A BOAT WITH A MOTOR?	Boat with motor 1 2	
[H] A POT?	Pot 1 2	
[I] A HOE?	Hoe 1 2	
[J] A SLEEPING MAT?	Sleeping mat 1 2	
[K] A TRACTOR?	Tractor 1 2	
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? *If "No", then ask:* DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD? *If "Rented from someone else", circle "2". For other responses, circle "6".*	Own ..... 1 Rent ..... 2 Other (*specify*) _____ 6	
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes ..... 1 No 2	2⇨HC13

HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? *If less than 1, record "00". If 95 or more, record "95". If unknown, record "98".*	Hectares..... ___ ___	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes..... 1 No..... 2	2⇨HC15
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? [A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [E] POULTRY? [F] PIGS? *If none, record "00". If 95 or more, record "95".* *If unknown, record "98".*	 Cattle, milk cows, or bulls ..... ___ ___ Horses, donkeys, or mules ..... ___ ___ Goats..... ___ ___ Sheep..... ___ ___ Poultry (chickens, ducks)..... ___ ___ Pigs ..... ___ ___	
HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?	Yes..... 1 No..... 2	

WATER AND SANITATION		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling ..... 11 Piped into compound, yard or plot ..... 12 Piped to neighbour ..... 13 Public tap / standpipe ..... 14 Tube Well, Borehole ..... 21 Dug well Protected well ..... 31 Unprotected well ..... 32 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank / drum ..... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81 Bottled water ..... 91 Other (*specify*) _____ 96	 11⇨WS6 12⇨WS6 13⇨WS6 14⇨WS3 21⇨WS3 31⇨WS3 32⇨WS3 41⇨WS3 42⇨WS3 51⇨WS3 61⇨WS3 71⇨WS3 81⇨WS3 96⇨WS3
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling ..... 11 Piped into compound, yard or plot ..... 12 Piped to neighbour ..... 13 Public tap / standpipe ..... 14 Tube Well, Borehole ..... 21 Dug well Protected well ..... 31 Unprotected well ..... 32 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank / drum ..... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81 Other (*specify*) _____ 96	 11⇨WS6 12⇨WS6 13⇨WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling ..... 1 In own yard / plot ..... 2 Elsewhere 3	1⇨WS6 2⇨WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes ..... __ __ __ DK 998	000⇨WS6
WS4A. HOW FAR IS THAT WATER SOURCE LOCATED FROM YOUR HOUSEHOLD?	Less than 200m ..... 1 200m – 500m ..... 2 Above 500m ..... 3 DK 8	

WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? *Probe:* IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years) ..... 1 Adult man (age 15+ years) ..... 2 Female child (under 15) ..... 3 Male child (under 15) ..... 4 DK 8	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes ..... 1 No ..... 2 DK 8	2⇨WS8 8⇨WS8
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? *Probe:* ANYTHING ELSE? *Record all items mentioned.*	Boil ..... A Add bleach / chlorine/ chlorine-based tablets (water guard, aqua tab)/ Jik ..... B Strain it through a cloth ..... C Use water filter (ceramic, sand, composite, etc.) ..... D Solar disinfection ..... E Let it stand and settle ..... F Other (*specify*) _____ X DK ..... Z	
WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? *If "flush" or "pour flush", probe:* WHERE DOES IT FLUSH TO? *If not possible to determine, ask permission to observe the facility.*	Flush / Pour flush Flush to piped sewer system ..... 11 Flush to septic tank ..... 12 Flush to pit (latrine) ..... 13 Flush to somewhere else ..... 14 Flush to unknown place / Not sure / DK where ..... 15 Pit latrine Ventilated Improved Pit latrine (VIP) ..... 21 Pit latrine with slab ..... 22 Pit latrine without slab/ Open pit/ Incomplete latrine ..... 23 Composting toilet ..... 31 Bucket ..... 41 No facility, Bush, Field, Flying toilet (plastic) ..... 95 Other (*specify*) _____ 96	95⇨Next Module
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes ..... 1 No 2	2⇨Next Module
WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public) ..... 1 Public facility 2	2⇨Next Module
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 __ Ten or more households ..... 10 DK 98	

HANDWASHING		HW
HW1. WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS. CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS?	Observed ..... 1 Not observed Not in dwelling / plot / yard ..... 2 No permission to see ..... 3 Other reason (*specify*) _____ 6	 2 ⇨HW4 3 ⇨HW4 6 ⇨HW4
HW2. *Observe presence of water at the place for handwashing.* *Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.*	Water is available..... 1 Water is not available 2	
HW3A. *Is soap, detergent or ash/mud/sand present at the place for handwashing?*	Yes, present..... 1 No, not present 2	 2⇨HW4
HW3B. *Record your observation.* *Circle all that apply.*	Bar soap.....A Detergent (Powder / Liquid / Paste).....B Liquid soap.....C Ash / Mud / Sand .....D	A⇨HH19 B⇨HH19 C⇨HH19 D⇨HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT SUCH AS BLUE SOAP (LUGONGOLO) OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?	Yes..... 1 No 2	 2⇨HH19
HW5A. CAN YOU PLEASE SHOW IT TO ME?	Yes, shown ..... 1 No, not shown..... 2	 2⇨HH19
HW5B. *Record your observation.* *Circle all that apply.*	Bar soap.....A Detergent (Powder / Liquid / Paste).....B Liquid soap.....C Ash / Mud / Sand .....D	

HH19. *Record the time.*	Hour and minutes __ __ : __ __	

SALT IODIZATION		SI
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD? *Once you have tested the salt, circle number that corresponds to test outcome.*	Not iodized - 0 PPM .....1 More than 0 PPM & less than 15 PPM.....2 15 PPM or more .....3 No salt in the house.....4 Salt not tested (*specify reason*) _____ 5	
SI2. I WOULD LIKE TO KNOW HOW THE SALT USED TO COOK MEALS IN THE HOUSEHOLD IS STORED	In a container with lid.....1 In a container without lid.....2 In the packet it was bought.....3 Other (*specify*) _____ 6	

HH20. *Thank the respondent for his/her cooperation and check the List of Household Members:*

☐ *A separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN has been issued for each woman age 15-49 years in the List of Household Members (HL7).*

Check HH8. If the household is selected for QUESTIONNAIRE FOR INDIVIDUAL MEN:

☐ *A separate Questionnaire for Individual Men has been issued for each man age 15-59 years in the List of Household Members (HL7A).*

☐ *A separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE has been issued for each child under age 5 years in the List of Household Members (HL7B).*

Return to the cover page and make sure that the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12), men (HH13A), and under-5s (HH14) are entered.

Make arrangements for the administration of the remaining questionnaire(s) in this household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

MICS

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

Swaziland

WOMAN'S INFORMATION PANEL	WM
This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman.	
WM1. Cluster number: ___ ___ ___	**WM2**. Household number: ___ ___
WM3. Woman's name: Name_____	**WM4**. Woman's line number: ___ ___
WM5. Interviewer's name and number: Name_____ ___ ___	**WM6**. Day / Month / Year of interview: ___ ___ /___ ___ / 2014

Repeat greeting if not already read to this woman: WE ARE FROM **CENTRAL STATISTICAL OFFICE**. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 50 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.	*If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:* NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 50 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.
MAY I START NOW? ☐ *Yes, permission is given ⇨ Go to WM10 to record the time and then begin the interview.* ☐ *No, permission is not given ⇨ Circle "03" in WM7. Discuss this result with your supervisor.*	

WM7. Result of woman's interview	Completed ..... 01 Not at home ..... 02 Refused ..... 03 Partly completed ..... 04 Incapacitated ..... 05 Other (*specify*)_____ 96

WM8. Field editor's name and number: Name_____ __ __	**WM9**. Main data entry clerk's name and number: Name_____ __ __

WM10. *Record the time.*	Hour and minutes .....__ __ : __ __	

WOMAN'S BACKGROUND		**WB**
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month.....__ __ DK month.....98 Year .....__ __ __ __ DK year.....9998	
WB2. HOW OLD ARE YOU? *Probe:* HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? *Compare and correct WB1 and/or WB2 if inconsistent.*	Age (in completed years) .....__ __	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes .....1 No.....2	2⇨WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool .....0 Primary.....1 Secondary .....2 High .....3 Tertiary 4	0⇨WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? *If the first grade at this level is not completed, enter "00".*	Grade .....__ __	

WB6. *Check WB4:*

☐ *Secondary or high or tertiary (WB4=2 or 3 or 4) ⇨ WB8.*

☐ *Primary (WB4=1) ⇨ Continue with WB7.*

WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. *Show sentence on the card to the respondent.* *If respondent cannot read whole sentence, probe:* CAN YOU READ 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 sentence in required language _____ 4 *(specify language)* Blind / visually impaired 5	
WB8. WHAT IS YOUR RELIGION?	Christianity ..... 01 Islam ..... 02 Judaism ..... 03 Hinduism ..... 04 Buddhism ..... 05 Traditionalist ..... 06 No religion ..... 07 Other religion (*specify*) _____ 96	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT
MT1. *Check WB7:* ☐ *Question left blank (Respondent has secondary or high or tertiary education) ⇨ Continue with MT2.* ☐ *Able to read or no sentence in required language (WB7 = 2, 3 or 4) ⇨ Continue with MT2.* ☐ *Cannot read at all or blind/visually impaired (WB7 = 1 or 5) ⇨ Go to MT3.*		
MT2. HOW OFTEN 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	
MT3. 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	
MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH 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	
MT5. *Check WB2: Age of respondent?* ☐ *Age 15-24 ⇨ Continue with MT6.* ☐ *Age 25-49 ⇨ Go to Next Module.*		
MT6. HAVE YOU EVER USED A COMPUTER?	Yes .....1 No.....2	2⇨MT9
MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes .....1 No.....2	2⇨MT9
MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK AT 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	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes .....1 No.....2	2⇨Next Module

MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? *If necessary, probe for use from any location, with any device.*	Yes ..... 1 No 2	2⇨ Next Module
MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: 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	4⇨ Next Module
MT12. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE SOCIAL NETWORKS: 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	4⇨ Next Module
MT13. DURING THE LAST ONE MONTH, WHAT TYPE OF SOCIAL NETWORK DID YOU USE? *Circle all mentioned.*	Facebook ..... A Twitter ..... B WhatsApp ..... C Twoo ..... D Mixit ..... E Other (*specify*) _____ X	

FERTILITY		CM
CM1. 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	2⇨CM8
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes ..... 1 No 2	2⇨CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? *If none, record "00".*	Sons at home ..... __ __ Daughters at home ..... __ __	
CM6. 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	2⇨CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? *If none, record "00".*	Sons elsewhere ..... __ __ Daughters elsewhere ..... __ __	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? *If "No" probe by asking:* I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes ..... 1 No 2	2⇨CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? *If none, record "00".*	Boys dead ..... __ __ Girls dead ..... __ __	

CM10. Sum answers to CM5, CM7, and CM9.	Sum .....__ __	

CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number in CM10*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

☐ *Yes. Check below:*

☐ *No live births ⇨ Go to ILLNESS SYMPTOMS Module.*

☐ *One or more live births ⇨ Continue.*

☐ *No. ⇨ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or ILLNESS SYMPTOMS Module.*

BIRTH HISTORY — BH

NOW I WOULD LIKE TO RECORD THE NAMES OF ALL OF YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD.
Record names of all of the births in BH1.Record twins and triplets on separate lines. If there are more than 14 births, use an additional questionnaire.

		S	M	B	G	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N
01		1	2	1	2	__ __	__ __ __ __	1	2 ⇨ BH9	__ __	1	2	__ __ ⇨ Next Line	Days ..... 1 Months..... 2 Years 3	__ __		
02		1	2	1	2	__ __	__ __ __ __	1	2 ⇨ BH9	__ __	1	2	__ __ ⇨ BH10	Days ..... 1 Months..... 2 Years 3	__ __	1 Add Birth	2 Next Birth
03		1	2	1	2	__ __	__ __ __ __	1	2 ⇨ BH9	__ __	1	2	__ __ ⇨ BH10	Days ..... 1 Months..... 2 Years 3	__ __	1 Add Birth	2 Next Birth
04		1	2	1	2	__ __	__ __ __ __	1	2 ⇨ BH9	__ __	1	2	__ __ ⇨ BH10	Days ..... 1 Months..... 2 Years 3	__ __	1 Add Birth	2 Next Birth
05		1	2	1	2	__ __	__ __ __ __	1	2 ⇨ BH9	__ __	1	2	__ __ ⇨ BH10	Days ..... 1 Months..... 2 Years 3	__ __	1 Add Birth	2 Next Birth
06		1	2	1	2	__ __	__ __ __ __	1	2 ⇨ BH9	__ __	1	2	__ __ ⇨ BH10	Days ..... 1 Months..... 2 Years 3	__ __	1 Add Birth	2 Next Birth
07		1	2	1	2	__ __	__ __ __ __	1	2 ⇨ BH9	__ __	1	2	__ __ ⇨ BH10	Days ..... 1 Months..... 2 Years 3	__ __	1 Add Birth	2 Next Birth
08		1	2	1	2	__ __	__ __ __ __	1	2 ⇨ BH9	__ __	1	2	__ __ ⇨ BH10	Days ..... 1 Months..... 2 Years 3	__ __	1 Add Birth	2 Next Birth
09		1	2	1	2	__ __	__ __ __ __	1	2 ⇨ BH9	__ __	1	2	__ __ ⇨ BH10	Days ..... 1 Months..... 2 Years 3	__ __	1 Add Birth	2 Next Birth
10		1	2	1	2	__ __	__ __ __ __	1	2 ⇨ BH9	__ __	1	2	__ __ ⇨ BH10	Days ..... 1 Months..... 2 Years 3	__ __	1 Add Birth	2 Next Birth

11		1 2	1 2	___ ___	___ ___ ___ ___	1 2 ⇨ BH9	___ ___	1 2	___ ___ ⇨ BH10	Days ..... 1 Months..... 2 Years 3	___ ___	1 Add Birth	2 Next Birth
12		1 2	1 2	___ ___	___ ___ ___ ___	1 2 ⇨ BH9	___ ___	1 2	___ ___ ⇨ BH10	Days ..... 1 Months..... 2 Years 3	___ ___	1 Add Birth	2 Next Birth
13		1 2	1 2	___ ___	___ ___ ___ ___	1 2 ⇨ BH9	___ ___	1 2	___ ___ ⇨ BH10	Days ..... 1 Months..... 2 Years 3	___ ___	1 Add Birth	2 Next Birth
14		1 2	1 2	___ ___	___ ___ ___ ___	1 2 ⇨ BH9	___ ___	1 2	___ ___ ⇨ BH10	Days ..... 1 Months..... 2 Years 3	___ ___	1 Add Birth	2 Next Birth

BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (*name of last birth in BIRTH HISTORY Module*)?	Yes .....1 No.....2	1⇨Record birth(s) in Birth History

CM12A. *Compare number in CM10 with number of births in the BIRTH HISTORY Module above and check:*

☐ *Numbers are same ⇨ Continue with CM13.*

☐ *Numbers are different ⇨ Probe and reconcile.*

CM13. *Check BH4 in BIRTH HISTORY Module: Last birth occurred within the last 2 years, that is, since (month of interview) in* **2012** *(if the month of interview and the month of birth are the same, and the year of birth is* **2012***, consider this as a birth within the last 2 years)*

☐ *No live birth in last 2 years. ⇨ Go to ILLNESS SYMPTOMS Module.*

☐ *One or more live births in last 2 years. ⇨ Record name of last born child and continue with Next Module.*

*Name of last-born child*_____

If child has died, take special care when referring to this child by name in the following modules.

DESIRE FOR LAST BIRTH		**DB**
This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. *Record name of last-born child from CM13 here _____.* *Use this child's name in the following questions, where indicated.*		
DB1. WHEN YOU GOT PREGNANT WITH (*name*), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes .....1 No 2	1⇨Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later .....1 No more.....2	2⇨Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT? *Record the answer as stated by respondent.*	Months.....1 __ __ Years .....2 __ __ DK.....998	

MATERNAL AND NEWBORN HEALTH		MN
This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. *Record name of last-born child from CM13 here _____.* *Use this child's name in the following questions, where indicated.*		
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (*name*)?	Yes ..... 1 No 2	2⇨MN5
MN2. WHOM DID YOU SEE? *Probe:* ANYONE ELSE? *Probe for the type of person seen and circle all answers given.*	Health professional: Doctor ..... A Nurse / Midwife ..... B Other person Traditional birth attendant ..... F Community health worker/ RHM ..... G Other (*specify*)_____ X	
MN2A. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY? *Record the answer as stated by respondent.*	Weeks ..... 1 __ __ Months ..... 2 0 __ DK 998	
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY? *Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.*	Number of times ..... __ __ DK 98	

MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE? [D] WAS YOUR WEIGHT MEASURED? [E] WAS YOUR HEIGHT MEASURED?	Yes No Blood pressure .....1 2 Urine sample .....1 2 Blood sample .....1 2 Weight measured .....1 2 Height measured 1 2	
MN4A. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE GIVEN IRON SUPPLEMENTS?	Yes ..... 1 No ..... 2 DK 8	
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? *If a card is presented, use it to assist with answers to the following questions.*	Yes (card seen) ..... 1 Yes (card not seen) ..... 2 No ..... 3 DK 8	
MN6. WHEN YOU WERE PREGNANT WITH (*name*), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes ..... 1 No ..... 2 DK 8	 2⇨MN9 8⇨MN9
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (*name*)?	Number of times ..... __ DK 8	 8⇨MN9

MN8. *How many tetanus injections during last pregnancy were reported in MN7?* ☐ *At least two tetanus injections during last pregnancy. ⇨ Go to MN12.* ☐ *Only one tetanus injection during last pregnancy. ⇨ Continue with MN9.*		
MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (*name*), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes ..... 1 No ..... 2 DK 8	 2⇨MN12 8⇨MN12
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (*name*)? *If 7 or more times, record '7'.*	Number of times ..... __ DK 8	 8⇨MN12
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (*name*)? *If less than 1 year, record '00'.*	Years ago ..... __ __	
MN12. *Check MN1 for presence of antenatal care during this pregnancy:* ☐ *Yes, antenatal care received. ⇨ Continue with MN13.* ☐ *No antenatal care received ⇨ Go to MN17.*		
MN13. DURING (ANY OF) YOUR ANTENATAL VISIT(S) FOR THE PREGNANCY WITH (*name*), DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?	Yes ..... 1 No ..... 2 DK 8	 2⇨MN17 8⇨MN17
MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA? *Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.*	SP / Fansidar ..... A Chloroquine ..... B Mefloquine ..... C Coartem ..... D Quinine ..... E Other (*specify*)_____ X DK ..... Z	

MN15. *Check MN14 for medicine taken:* ☐ *SP / Fansidar taken. ⇨ Continue with MN16.* ☐ *SP / Fansidar not taken. ⇨ Go to MN17.*		
MN16. DURING YOUR PREGNANCY WITH (*name*), HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR IN TOTAL? PLEASE INCLUDE ALL THAT YOU OBTAINED EITHER DURING AN ANTENATAL CARE VISIT, DURING A VISIT TO A HEALTH FACILITY OR FROM ANOTHER SOURCE?	Number of times..... __ __ DK 98	

MN17. WHO ASSISTED WITH THE DELIVERY OF (*name*)? *Probe:* ANYONE ELSE? *Probe for the type of person assisting and circle all answers given.* *If respondent says no one assisted, probe to determine whether any adults were present at the delivery.*	Health professional: Doctor ..... A Nurse / Midwife ..... B Other person Traditional birth attendant ..... F Community health worker/RHM ..... G Relative / Friend ..... H Other (*specify*)_____ X No one ..... Y	
MN18. WHERE DID YOU GIVE BIRTH TO (*name*)? *Probe to identify the type of place.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Home Your home ..... 11 Other home ..... 12 Public sector Govt. hospital ..... 21 Govt. health centre ..... 22 Govt. Clinic/PHU ..... 23 Govt. outreach site ..... 24 Other public (*specify*) _____ 26 Private Medical Sector Private hospital ..... 31 Private clinic ..... 32 Other private medical (*specify*) _____ 36 On the way ..... 41 Other (*specify*)_____ 96	11⇨MN20 12⇨MN20 41⇨MN20 96⇨MN20
MN19. WAS (*name*) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?	Yes ..... 1 No 2	2⇨MN20

MN19A. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION? WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?	Before ..... 1 After 2	
MN19B. WHAT WERE THE REASONS FOR HAVING A CAESAREAN SECTION? *Probe and circle all mentioned.*	Breach ..... A Overdue ..... B Intensive labour ..... C Complications with delivery ..... D Very large ..... E Elective ..... F Other (*specify*)_____ X	
MN20. WHEN (*name*) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large ..... 1 Larger than average ..... 2 Average ..... 3 Smaller than average ..... 4 Very small ..... 5 DK _____ 8	
MN21. WAS (*name*) WEIGHED AT BIRTH?	Yes ..... 1 No ..... 2 DK 8	 2⇨MN23 8⇨MN23
MN22. HOW MUCH DID (*name*) WEIGH? *If a card is available, record weight from card.*	From card ..... 1 (kg) __ . __ __ __ From recall ..... 2 (kg) __ . __ __ __ DK 99998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (*name*)?	Yes ..... 1 No 2	
MN24. DID YOU EVER BREASTFEED (*name*)?	Yes ..... 1 No 2	 2⇨Next Module

MN25. 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 __ __ Days ..... 2 __ __ DK / Don't remember 998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (*name*) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes ..... 1 No 2	2⇨Next Module
MN27. WHAT WAS (*name*) GIVEN TO DRINK? *Probe:* ANYTHING ELSE?	Milk (other than breast milk) ..... A Plain water ..... B Sugar or glucose water ..... C Gripe water ..... D Sugar-salt-water solution ..... E Fruit juice ..... F Infant formula ..... G Tea / Infusions ..... H Honey ..... I Other (*specify*)_____ X	

POST-NATAL HEALTH CHECKS		PN
This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. *Record name of last-born child from CM13 here _____.* *Use this child's name in the following questions, where indicated.*		
PN1. *Check MN18: Was the child delivered in a health facility?* ☐ *Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇨ Continue with PN2.* ☐ *No, the child was not delivered in a health facility (MN18=11-12 or 41-96) ⇨ Go to PN6.*		
PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (*name).* YOU HAVE SAID THAT YOU GAVE BIRTH IN (*name or type of facility in MN18*). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	Hours..... 1 __ __ Days ..... 2 __ __ Weeks ..... 3 __ __ DK / Don't remember 998	
PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF (*name*) IS OK. BEFORE YOU LEFT THE (*name or type of facility in MN18*), DID ANYONE CHECK ON (*name*)'S HEALTH?	Yes ..... 1 No..... 2	

PN4. AND WHAT ABOUT CHECKS ON <u>YOUR</u> HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU? DID ANYONE CHECK ON <u>YOUR</u> HEALTH BEFORE YOU LEFT (*name or type or facility in MN18*)?	Yes ..... 1 No 2	
PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (*name or type of facility in MN18*). DID ANYONE CHECK ON (*name*)'S HEALTH AFTER YOU LEFT (*name or type of facility in MN18*)?	Yes ..... 1 No 2	1⇨PN11 2⇨PN16
PN6. *Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?* ☐ *Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker/RHM (MN17=A-G) ⇨ Continue with PN7.* ☐ *No, delivery not assisted by a health professional, traditional birth attendant, or community health worker/RHM (A-G not circled in MN17) ⇨ Go to PN10.*		
PN7. YOU HAVE ALREADY SAID THAT (*person or persons in MN17*) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF (*name*) IS OK. AFTER THE DELIVERY WAS OVER AND BEFORE (*person or persons in MN17*) LEFT YOU, DID (*person or persons in MN17*) CHECK ON (*name*)'S HEALTH?	Yes ..... 1 No 2	

PN8. AND DID (*person or persons in MN17*) CHECK ON YOUR HEALTH BEFORE LEAVING? BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes ..... 1 No 2	
PN9. AFTER THE (*person or persons in MN17*) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (*name*)?	Yes ..... 1 No 2	1⇨PN11 2⇨PN18
PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF THE BABY IS OK. AFTER (*name*) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?	Yes ..... 1 No 2	2⇨PN19
PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once ..... 1 More than once 2	1⇨PN12A 2⇨PN12B
PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? **PN12B**. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	Hours ..... 1 __ __ Days ..... 2 __ __ Weeks ..... 3 __ __ DK / Don't remember 998	

PN13. WHO CHECKED ON (*name*)'S HEALTH AT THAT TIME?	Health professional Doctor ..... A Nurse / Midwife ..... B Other person Traditional birth attendant ..... F Community health worker/RHM ..... G Relative / Friend ..... H Other (*specify*)_____ X	
PN14. WHERE DID THIS CHECK TAKE PLACE? *Probe to identify the type of place.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Home Your home ..... 11 Other home ..... 12 Public sector Govt. hospital ..... 21 Govt. health centre ..... 22 Govt. Clinic/PHU ..... 23 Govt. outreach site ..... 24 Other public (*specify*) _____ 26 Private Medical Sector Private hospital ..... 31 Private clinic ..... 32 Other private medical (*specify*) _____ 36 On the way ..... 41 Other (*specify*)_____ 96	

PN15. *Check MN18: Was the child delivered in a health facility?*

☐ *Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇨ Continue with PN16.*

☐ *No, the child was not delivered in a health facility (MN18=11-12 or 41-96) ⇨ Go to PN17.*

PN16. AFTER YOU LEFT (*name or type of facility in MN18*), DID ANYONE CHECK ON YOUR HEALTH?	Yes ..... 1 No 2	1⇨PN20 2⇨Next Module
PN17. *Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?* ☐ *Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker/RHM (MN17=A-G) ⇨ Continue with PN18* ☐ *No, delivery not assisted by a health professional, traditional birth attendant, or community health worker/RHM (A-G not circled in MN17) ⇨ Go to PN19*		
PN18. AFTER THE DELIVERY WAS OVER AND (*person or persons in MN17*) LEFT, DID ANYONE CHECK ON YOUR HEALTH?	Yes ..... 1 No 2	1⇨PN20 2⇨Next Module
PN19. AFTER THE BIRTH OF (*name*), DID ANYONE CHECK ON YOUR HEALTH? I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes ..... 1 No 2	2⇨Next Module
PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once ..... 1 More than once 2	1⇨PN21A 2⇨PN21B
PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? **PN21B**. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	Hours ..... 1 __ __ Days ..... 2 __ __ Weeks ..... 3 __ __ DK / Don't remember 998	

PN22. WHO CHECKED ON YOUR HEALTH AT THAT TIME?	Health professional Doctor ..... A Nurse / Midwife ..... B Other person Traditional birth attendant ..... F Community health worker/RHM ..... G Relative / Friend ..... H Other (*specify*) _____ X	
PN23. WHERE DID THIS CHECK TAKE PLACE? *Probe to identify the type of place.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Home Your home ..... 11 Other home ..... 12 Public sector Govt. hospital ..... 21 Govt. health centre ..... 22 Govt. Clinic/PHU ..... 23 Govt. outreach site ..... 24 Other public (*specify*) _____ 26 Private Medical Sector Private hospital ..... 31 Private clinic ..... 32 Other private medical (*specify*) _____ 36 On the way ..... 41 Other (*specify*) _____ 96	

ILLNESS SYMPTOMS		IS
IS1. *Check List of Household Members, columns HL7B and HL15:* Is the respondent the mother or caretaker of any child under age 5? ☐ Yes ⇨ Continue with IS2. ☐ No ⇨ Go to Next Module.		
IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE A CHILD UNDER THE AGE OF 5 TO A HEALTH FACILITY RIGHT AWAY? *Probe:* ANY OTHER SYMPTOMS? Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, but do <u>not</u> prompt with any suggestions.	Child not able to drink or breastfeed ..... A Child becomes sicker ..... B Child develops a fever..... C Child has fast breathing ..... D Child has difficulty breathing ..... E Child has blood in stool .....F Child is drinking/ feeding poorly ..... G Child has diarrhoea ..... H Child vomiting excessively .....I Child convulsing .....J Child lethargic/unconsciously..... K Other (*specify*) _____ X Other (*specify*) _____ Y Other (*specify*) _____ Z	

CONTRACEPTION		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes, currently pregnant ..... 1 No ..... 2 Unsure or DK 8	1⇨CP2A
CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes ..... 1 No 2	1⇨CP3
CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes ..... 1 No 2	1⇨Next Module
CP2B. WHAT IS THE <u>MAIN</u> REASON THAT YOU HAVE <u>NEVER</u> USED ANY METHOD TO DELAY OR AVOID PREGNANCY?	Religious beliefs ..... 01 Partner refuses ..... 02 Can't afford/expensive ..... 03 Side effects ..... 04 Not sexually active/Abstinence ..... 05 Do not wish to avoid pregnancy ..... 06 Other (*specify*) _____ 96	01⇨Next Module 02⇨Next Module 03⇨Next Module 04⇨Next Module 05⇨Next Module 06⇨Next Module 96⇨Next Module

CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY? Do not prompt. If more than one method is mentioned, circle each one.	Female sterilization ..... A Male sterilization ..... B IUD ..... C Injectables ..... D Implants ..... E Pill ..... F Male condom ..... G Female condom ..... H Diaphragm ..... I Foam / Jelly ..... J Periodic abstinence / Rhythm ..... L Withdrawal ..... M Other (*specify*) _____ X	

CP3A. *Check CP3: Is <u>only</u> "periodic abstinence, withdrawal and/or male sterilization" mentioned?*

☐ Yes, <u>only</u> periodic abstinence, withdrawal and/ or male sterilization mentioned (CP3 = B, L or M) ⇨ Go to CP6.

☐ No, other options selected ⇨ Continue with CP4.

CP4. *Check CP3: Is "male condom or female condom" mentioned?*

☐ Yes, male or female condom mentioned (CP3 = G or H) ⇨ Go to CP6.

☐ No, male or female condom not mentioned (CP3 not equal to G or H) ⇨ Continue with CP5.

CP5. IS YOUR HUSBAND/ PARTNER AWARE YOU ARE CURRENTLY USING A CONTRACEPTIVE METHOD?	Yes ..... 1 No 2	

CP6. *Check CP3: Is "Withdrawal and/or Periodic abstinence" mentioned?*

☐ Yes, withdrawal and/or Periodic abstinence mentioned (CP3 = L-M) ⇨ Go to CP8.

☐ No, withdrawal and Periodic abstinence not mentioned (CP3 =A-J, X) ⇨ Continue with CP7.

CP7. WHERE DID YOU OBTAIN (*the current method*) THE LAST TIME? *If unable to determine whether public or private, write the name of the place.* _____ (Name of place)	Home Respondent's home ..... 11 Other home ..... 12 Public sector Govt. hospital ..... 21 Govt. health centre ..... 22 Govt. clinic / PHU ..... 23 Govt. outreach sites ..... 24 Other public (*specify*) _____ 26 Private medical sector Private hospital ..... 31 Private clinic ..... 32 Private maternity home ..... 33 Private physician ..... 34 Other private medical (*specify*) _____ 36 Other sources Shop ..... 44 Pharmacy ..... 45 Market ..... 46 Relative / Friend ..... 47 Traditional practitioner ..... 48 Spiritual healer ..... 49 Other (*specify*) _____ 96 DK 98	

CP8. *Check CP3: Is Pills or Condoms mentioned?*

☐ *Yes, pills or condoms mentioned (CP3=F or G or H) ⇨ Continue with CP9.*

☐ *No, pills or condoms not mentioned (CP3=A-E or I-X) ⇨ Next Module.*

CP9. MAY I SEE THE PACKAGE OF PILLS?	Package seen ..... 1 Package not seen ..... 2 No pills 3	 2 ⇨ CP10A 3 ⇨ CP10A
CP10. *Circle name on the package for the pills given.*	Lo-femenal ..... 1 Ovral ..... 2 Other pills (*specify*) _____ 6	
CP10A. MAY I SEE THE CONDOMS YOU ARE CURRENTLY USING?	Package seen ..... 1 Package not seen ..... 2 No condoms..... 3	 2 ⇨ CP12 3 ⇨ CP12
CP11. *Circle name on the package for the condoms given .* *If more than one package type shown, probe for the last used.*	Trust..... 1 Government ..... 2 Lovers ..... 3 Other condoms (*specify*) _____ 6	
CP12. *Check CP3: Is "Pills" mentioned?* ☐ *Yes, pills mentioned (CP3=F) ⇨ Continue with CP13.* ☐ *No, pills not mentioned (CP3=A-E or G-X) ⇨ Go to CP14.*		
CP13. HOW MANY PILL CYCLES DID YOU GET THE LAST TIME?	Number of pill cycles..... __ __ DK 98	
CP14. *Check CP3: Is "Condoms" mentioned?* ☐ *Yes, condoms mentioned (CP3=G or H) ⇨ Continue with CP15.* ☐ *No, condoms not mentioned (CP3=A-F or I-X) ⇨ Next module.*		
CP15. HOW MANY CONDOMS DID YOU GET THE LAST TIME?	Number of condoms..... __ __ DK 98	

UNMET NEED		UN
UN1. *Check CP1: Currently pregnant?* ☐ Yes, currently pregnant ⇨ Continue with UN2. ☐ No, unsure or DK ⇨ Go to UN5.		
UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes ..... 1 No 2	1⇨UN4
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later ..... 1 No more 2	
UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child ..... 1 No more / None ..... 2 Undecided / DK 8	1⇨UN7 2⇨UN13 8⇨UN13
UN5. *Check CP3: Currently using "Female sterilization"?* ☐ Yes ⇨ Go to UN13. ☐ No ⇨ Continue with UN6.		
UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/ another) child ..... 1 No more / None ..... 2 Says she cannot get pregnant ..... 3 Undecided / DK 8	 2⇨UN9 3⇨UN11 8⇨UN9

UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD? *Record the answer as stated by respondent.*	Months ..... 1 __ __ Years..... 2 __ __ Does not want to wait (soon/now)..... 993 Says she cannot get pregnant ..... 994 After marriage ..... 995 Other ..... 996 DK 998	 994⇨UN11

UN8. *Check CP1: Currently pregnant?*

☐ Yes, currently pregnant ⇨ Go to UN13.

☐ No, unsure or DK ⇨ Continue with UN9.

UN9. *Check CP2: Currently using a method?*

☐ Yes ⇨ Go to UN13.

☐ No ⇨ Continue with UN10.

UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes ..... 1 No ..... 2 DK 8	1 ⇨UN13 8 ⇨UN13
UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT? *Probe and circle all mentioned.*	Infrequent sex / No sex ..... A Menopausal ..... B Never menstruated ..... C Hysterectomy (surgical removal of uterus) ..... D Has been trying to get pregnant for 2 years or more without result ..... E Postpartum amenorrheic ..... F Breastfeeding ..... G Too old ..... H Fatalistic ..... I Other (*specify*) _____ X DK ..... Z	

UN12. *Check UN11: "Never menstruated" mentioned?*

☐ Mentioned ⇨ Go to Next Module.

☐ Not mentioned ⇨ Continue with UN13.

UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START? Record the answer using the same unit stated by the respondent.	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	

ATTITUDES TOWARD DOMESTIC VIOLENCE		DV
DV1. 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: [A] IF SHE GOES OUT WITHOUT TELLING HIM? [B] IF SHE NEGLECTS THE CHILDREN? [C] IF SHE ARGUES WITH HIM? [D] IF SHE REFUSES TO HAVE SEX WITH HIM? [E] IF SHE BURNS THE FOOD? [F] IF SHE REFUSES TO ACCEPT STEP CHILDREN? [G] IF SHE SLEEPS WITH ANOTHER MAN? [H] IF SHE INITIATES SEX? [I] IF SHE REFUSES TO GIVE FOOD?	Yes No DK Goes out without telling .....1 2 8 Neglects children .....1 2 8 Argues with him .....1 2 8 Refuses sex .....1 2 8 Burns food .....1 2 8 Refuses step children .....1 2 8 Sleeps with another man .....1 2 8 Initiates sex .....1 2 8 Refuses to give food 1 2 8	

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married ..... 1 Yes, living with a man ..... 2 No, not in union 3	 3⇨MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? *Probe*: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years ..... __ __ DK 98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes ..... 1 No ..... 2 DK 8	 2⇨MA7 8⇨MA7
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number ..... __ __ DK 98	⇨MA7 98⇨MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married ..... 1 Yes, formerly lived with a man ..... 2 No 3	 3⇨Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed ..... 1 Divorced ..... 2 Separated 3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once 2	1⇨MA8A 2⇨MA8B
MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED? **MA8B**. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of (first) marriage Month ..... __ __ DK month ..... 98 Year ..... __ __ __ __ DK year 9998	 ⇨Next Module
MA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (FIRST) HUSBAND/PARTNER?	Age in years ..... __ __	

SEXUAL BEHAVIOUR		SB
Check for the presence of others. Before continuing, ensure privacy.		
SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse ..... 00 Age in years ..... __ __ First time when started living with (first) husband/partner ..... 95 DK/ Can't recall 98	00⇨Next Module
SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No ..... 2 DK / Don't remember 8	
SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? *Record answers in days, weeks or months if less than 12 months (one year).* *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 __ __	 4⇨SB15
SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No 2	
SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? *Probe to ensure that the response refers to the relationship at the time of sexual intercourse* *If "boyfriend", then ask:* WERE YOU LIVING TOGETHER AS IF MARRIED? *If "yes", circle "2". If "no", circle"3".*	Husband ..... 1 Cohabiting partner ..... 2 Boyfriend ..... 3 Casual acquaintance ..... 4 Other (*specify*) _____ 6	 3⇨SB7 4⇨SB7 6⇨SB7

SB6. *Check MA1:* ☐ *Currently married or living with a man (MA1 = 1 or 2) ⇨ Go to SB8.* ☐ *Not married / Not in union (MA1 = 3) ⇨ Continue with SB7.*		
SB7. HOW OLD IS THIS PERSON? *If response is "DK", probe:* ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner..... __ __ DK..... 98	
SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes..... 1 No 2	2⇨SB15
SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes..... 1 No 2	

SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? *Probe to ensure that the response refers to the relationship at the time of sexual intercourse* *If "boyfriend" then ask:* WERE YOU LIVING TOGETHER AS IF MARRIED? *If "yes", circle "2". If "no", circle" 3".*	Husband ..... 1 Cohabiting partner ..... 2 Boyfriend..... 3 Casual acquaintance ..... 4 Other (*specify*) _____6	 3⇨SB12 4⇨SB12 6⇨SB12
SB11. *Check MA1 and MA7:* ☐ *Currently married or living with a man (MA1 = 1 or 2)* *AND* *Married only once or lived with a man only once (MA7 = 1) ⇨ Go to SB13.* ☐ *Else ⇨ Continue with SB12.*		
SB12. HOW OLD IS THIS PERSON? *If response is DK, probe:* ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner..... __ __ DK..... 98	
SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes..... 1 No 2	 2⇨SB15
SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners..... __ __	
SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? *If a non-numeric answer is given, probe to get an estimate.* *If number of partners is 95 or more, write "95".*	Number of lifetime partners ..... __ __ DK..... 98	

HIV/AIDS		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes ..... 1 No 2	 2⇨Next Module
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes ..... 1 No ..... 2 DK 8	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes ..... 1 No ..... 2 DK 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes ..... 1 No ..... 2 DK 8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes ..... 1 No ..... 2 DK 8	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK 8	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK 8	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	Yes No DK During pregnancy ..... 1 2 8 During delivery ..... 1 2 8 By breastfeeding 1 2 8	

HA8A. *Check HA8[A], [B], and [C]:*

☐ *All 'No' or 'DK' ⇨ Go to HA9.*

☐ *At least one 'yes' ⇨ Continue with HA8B.*

HA8B. ARE THERE ANY SPECIAL DRUGS 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 DK 8	
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes ..... 1 No ..... 2 DK / Not sure / Depends 8	
HA9A. DO YOU THINK CHILDREN LIVING WITH HIV SHOULD BE ABLE TO ATTEND SCHOOL WITH CHILDREN WHO ARE HIV NEGATIVE?	Yes ..... 1 No ..... 2 DK / Not sure / Depends 8	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK / Not sure / Depends 8	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes ..... 1 No ..... 2 DK / Not sure / Depends 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes ..... 1 No ..... 2 DK / Not sure / Depends 8	
HA12A. DO YOU THINK THE AIDS VIRUS CAN BE TRANSMITTED THROUGH ORAL SEX?	Yes ..... 1 No ..... 2 DK / Not sure / Depends 8	
HA12B. DO YOU THINK THE AIDS VIRUS CAN BE TRANSMITTED THROUGH ANAL SEX?	Yes ..... 1 No ..... 2 DK / Not sure / Depends 8	

HA12C. IN YOUR OPINION CAN HIV /AIDS BE CURED?	Yes ..... 1 No ..... 2 DK / Not sure / Depends 8	2⇨HA13
HA12D. IN YOUR OPINION CAN A MAN INFECTED WITH THE AIDS VIRUS BE CURED THROUGH HAVING SEX WITH A VIRGIN?	Yes ..... 1 No ..... 2 DK / Not sure / Depends 8	
HA13. *Check CM13: Any live birth in last 2 years?* ☐ *No live birth in last 2 years (CM13="No" or blank) ⇨ Go to HA24.* ☐ *One or more live births in last 2 years ⇨ Continue with HA14.*		
HA14. *Check MN1: Received antenatal care?* ☐ *Received antenatal care ⇨ Continue with HA15.* ☐ *Did not receive antenatal care ⇨ Go to HA24.*		
HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (*name*), WERE YOU GIVEN ANY INFORMATION ABOUT: [A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER? [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS? [C] GETTING TESTED FOR THE AIDS VIRUS? WERE YOU: [D] OFFERED A TEST FOR THE AIDS VIRUS?	Y N DK AIDS from mother ..... 1 2 8 Things to do ..... 1 2 8 Tested for AIDS ..... 1 2 8 Offered a test 1 2 8	
HA16. 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 DK 8	2⇨HA19 8⇨HA19

HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2 DK 8	 2⇨HA22 8⇨HA22
HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes ..... 1 No ..... 2 DK 8	1⇨HA22 2⇨HA22 8⇨HA22
HA19. *Check MN17: Birth delivered by health professional (A or B)?* ☐ *Yes, birth delivered by health professional (MN17 = A or B) ⇨ Continue with HA20.* ☐ *No, birth not delivered by health professional (MN17 = else) ⇨ Go to HA24.*		
HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes ..... 1 No 2	 2⇨HA24
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No 2	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes ..... 1 No 2	1⇨HA25
HA23. WHEN WAS THE MOST RECENT 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	1⇨Next Module 2⇨Next Module 3⇨Next Module
HA24. 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	 2⇨HA27

HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago 3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2 DK 8	1⇨Next Module 2⇨Next Module 8⇨Next Module
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes ..... 1 No 2	

NON COMMUNICABLE DISEASES		ND
ND1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HAVE YOU BEEN TOLD BY A HEALTH PROFESSIONAL THAT YOU ARE SUFFERING FROM ANY OF THE FOLLOWING:		
[A] DIABETES MELLITUS?	Diabetes 1	Y 2 N 8 DK
[B] HIGH BLOOD PRESSURE?	High blood pressure 1	2 8
[C] HEART DISEASES?	Heart diseases 1	2 8
[D] EPILEPSY?	Epilepsy 1	2 8
[E] CATARACT?	Cataract 1	2 8
[F] BREAST CANCER?	Breast cancer 1	2 8
[G] CERVICAL CANCER?	Cervical cancer 1	2 8
ND2. DID YOU HAVE AN INJURY IN THE PAST 12 MONTHS?	Yes ..... 1 No 2	
ND3. DO YOU HAVE A GREEN CARD FROM THE PSYCHIATRIC UNIT?	Yes ..... 1 No 2	

TOBACCO AND ALCOHOL USE		TA
TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes .....1 No 2	 2⇨TA6
TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette .....00 Age .....___ ___	00⇨TA6
TA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes .....1 No 2	 2⇨TA6
TA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes .....___ ___	
TA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? *If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10".* *If "every day" or "almost every day", circle "30".*	Number of days .....0 ___ 10 days or more but less than a month .....10 Every day / Almost every day 30	
TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes .....1 No 2	 2⇨TA10
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes .....1 No 2	 2⇨TA10

TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? *Circle all mentioned.*	Cigars ..... A Water pipe ..... B Cigarillos ..... C Pipe ..... D Other (*specify*) _____ X	
TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "every day" or "almost every day", circle "30".*	Number of days .....0 ___ 10 days or more but less than a month.....10 Every day / Almost every day.....30	
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes .....1 No 2	 2⇨TA14
TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes .....1 No 2	 2⇨TA14

TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH? *Circle all mentioned.*	Chewing tobacco ..... A Snuff ..... B Dip ..... C Other (*specify*) _____ X	
TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "every day" or "almost every day", circle "30".*	Number of days .....0 ___ 10 days or more but less than a month.....10 Every day / Almost every day.....30	
TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes .....1 No 2	2⇨Next Module
TA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY, RUM OR ONE JAR OF TRADITIONAL BREW (UMCOMBOTSI, BUGANU). HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?	Never had one drink of alcohol.....00 Age .....___ ___	00⇨Next Module
TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? *If respondent did not drink, circle "00".* *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "every day" or "almost every day", circle"30".*	Did not have one drink in last one month..00 Number of days .....0 ___ 10 days or more but less than a month.....10 Every day / Almost every day.....30	00⇨Next Module
TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?	Number of drinks .....___ ___	

LIFE SATISFACTION		LS
LS1. *Check WB2: Age of respondent is between 15 and 24?* ☐ *Age 25-49 ⇨ Go to Next Module.* ☐ *Age 15-24 ⇨ Continue with LS2.*		
LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION. FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY? YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE. *Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.*	Very happy ..... 1 Somewhat happy ..... 2 Neither happy nor unhappy ..... 3 Somewhat unhappy ..... 4 Very unhappy 5	

LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS. IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED. AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE. *Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions LS3 to LS13.* HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied 5	
LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied 5	
LS5. DURING THE CURRENT (2014) SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?	Yes ..... 1 No 2	2⇨LS7
LS6. HOW SATISFIED (*are/were*) YOU WITH YOUR SCHOOL?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied 5	

LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB? *If the respondent says that she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.*	Does not have a job ..... 0 Very satisfied..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied..... 5	
LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied..... 5	
LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? *If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.*	Very satisfied..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied..... 5	
LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied..... 5	
LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied..... 5	
LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied..... 5	

LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? *If the respondent says that she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.*	Does not have any income ..... 0 Very satisfied..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied..... 5	
LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENED, OVERALL?	Improved ..... 1 More or less the same..... 2 Worsened 3	
LS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?	Better..... 1 More or less the same..... 2 Worse 3	

SOCIAL PARTICIPATION		SP
SP1. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON YOUR PARTICIPATION IN SOCIAL AND CULTURAL EVENTS. DID YOU GO OUT TO A CINEMA OR TO WATCH A MOVIE IN THE LAST 12 MONTHS (MOVIE ZONE AT GABLES)?	Yes .....1 No 2	
SP2. DID YOU GO TO A THEATRE IN THE LAST 12 MONTHS? (POETRY PERFORMANCES, SIPHILA NJE DRAMA SOCIETY SHOWS)	Yes .....1 No 2	
SP3. DID YOU PARTICIPATE IN COMMUNITY CELEBRATIONS OF CULTURAL/ HISTORICAL EVENTS OR TRADITIONAL DANCE IN THE LAST 12 MONTHS? (SIBHIMBI, CARNIVAL, REED DANCE, INCWALA, BUGANU FESTIVAL)	Yes .....1 No 2	
SP4. DID YOU VISIT A HISTORICAL/ CULTURAL PARK OR HERITAGE SITE (INCLUDING MONUMENTS, HISTORICAL OR ARTISTIC PLACES, ARCHAEOLOGICAL SITES) IN THE LAST 12 MONTHS? (SIBEBE, NGWENYA, MANTENGA CULTURAL VILLAGE)	Yes .....1 No 2	
SP5. DID YOU VISIT A MUSEUM, AN ART GALLERY OR A CRAFTS EXPOSITION OR EXHIBITIONS IN THE LAST 12 MONTHS? (EMSAMO, NDINGILIZI/ GUAVA ART GALLERY, ESHOWINI)	Yes .....1 No 2	
SP6. DID YOU ATTEND A NATIONAL OR LOCAL FESTIVAL IN THE LAST 12 MONTHS? (SOMHLOLO FESTIVAL OF PRAISE, SCHOOL'S CULTURE DAYS, INDEPENDENCE DAY)	Yes .....1 No 2	

SP7. DID YOU PARTICIPATE IN COMMUNITY RITES/ EVENTS/ CEREMONIES (SUCH AS WEDDINGS, FUNERALS, BIRTHS, BABY SHOWER, HOUSE-WARMING, KUPHAHLA, KUGEZA EMANTI AND SIMILAR RITES OF PASSAGE) IN THE LAST 12 MONTHS? (KING'S BIRTHDAY)	Yes ..... 1 No 2	
SP8.DID YOU GO TO A CONCERT, A LIVE MUSICAL PERFORMANCE OR MODERN LIVE DANCE SHOW IN THE LAST 12 MONTHS? (BUSH FIRE, SIMUNYE FUN FAIR)	Yes ..... 1 No 2	

WM11. *Record the time*.	Hour and minutes .....__ __ : __ __	

WM12. *Check List of Household Members, columns HL7B and HL15:*

Is the respondent the mother or caretaker of any child age 0-4 living in this household?

☐ *Yes* ⇨ *Proceed to complete the result of woman's interview (WM7) on the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.*

☐ *No* ⇨ *End the interview with this respondent by thanking her for her cooperation and proceed to complete the result of woman's interview (WM7) on the cover page.*

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

MICS

QUESTIONNAIRE FOR INDIVIDUAL MEN

Swaziland

MAN'S INFORMATION PANEL	MWM
This questionnaire is to be administered to all men age 15 through 59 (see List of Household Members, column HL7A). *A separate questionnaire should be used for each eligible man.*	
MWM1. Cluster number: ___ ___ ___	**MWM2**. Household number: ___ ___
MWM3. Man's name: Name_____	**MWM4**. Man's line number: ___ ___
MWM5. Interviewer's name and number: Name_____ ___ ___	**MWM6**. Day / Month / Year of interview: ___ ___ /___ ___ / 2014

Repeat greeting if not already read to this man:	*If greeting at the beginning of the household questionnaire has already been read to this man, then read the following:*
WE ARE FROM **CENTRAL STATISTICAL OFFICE**. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.	NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

MAY I START NOW?

☐ *Yes, permission is given ⇨ Go to MWM10 to record the time and then begin the interview.*

☐ *No, permission is not given ⇨ Circle "03" in MWM7. Discuss this result with your supervisor.*

MWM7. Result of man's interview	
	Completed 01
	Not at home 02
	Refused 03
	Partly completed 04
	Incapacitated 05
	Other (*specify*)_____ 96

MWM8. Field editor's name and number: Name_____ __ __	**MWM9**. Main data entry clerk's name and number: Name_____ __ __

MWM10. *Record the time.*	Hour and minutes.....__ __ : __ __	

MAN'S BACKGROUND		**MWB**
MWB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month .....__ __ DK month .....98 Year .....__ __ __ __ DK year 9998	
MWB2. HOW OLD ARE YOU? *Probe:* HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? *Compare and correct MWB1 and/or MWB2 if inconsistent.*	Age (in completed years) .....__ __	
MWB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes .....1 No.....2	 2⇨MWB7
MWB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool .....0 Primary.....1 Secondary .....2 High .....3 Tertiary.....4	0⇨MWB7
MWB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? *If the first grade at this level is not completed, enter "00".*	Grade .....__ __	

MWB6. *Check MWB4:* ☐ *Secondary or high or tertiary (MWB4 = 2 or 3 or 4) ⇨ Go to MWB8.* ☐ *Primary (MWB4 = 1) ⇨ Continue with MWB7.*		
MWB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. *Show sentence on the card to the respondent.* *If respondent cannot read whole sentence, probe:* CAN YOU READ 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 sentence in required language _____ 4 *(specify language)* Blind / visually impaired 5	
MWB8. WHAT IS YOUR RELIGION?	Christianity ..... 01 Islam ..... 02 Judaism ..... 03 Hinduism ..... 04 Buddhism ..... 05 Traditionalist ..... 06 No religion ..... 07 Other religion (*specify*) _____ 96	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MMT
MMT1. *Check MWB7:* ☐ *Question left blank (Respondent has secondary or high or tertiary education) ⇨ Continue with MMT2.* ☐ *Able to read or no sentence in required language (MWB7 = 2, 3 or 4) ⇨ Continue with MMT2.* ☐ *Cannot read at all or blind/visually impaired (MWB7 = 1 or 5) ⇨ Go to MMT3.*		
MMT2. HOW OFTEN 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	
MMT3. 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	
MMT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH 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	
MMT5. *Check MWB2: Age of respondent?* ☐ *Age 15-24 ⇨ Continue with MMT6.* ☐ *Age 25-59 ⇨ Go to Next Module.*		
MMT6. HAVE YOU EVER USED A COMPUTER?	Yes ..... 1 No 2	2⇨MMT9
MMT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes ..... 1 No 2	2⇨MMT9
MMT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: 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	
MMT9. HAVE YOU EVER USED THE INTERNET?	Yes ..... 1 No 2	2⇨Next Module

MMT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? *If necessary, probe for use from any location, with any device.*	Yes ..... 1 No 2	2⇨ Next Module
MMT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: 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	4⇨ Next Module
MMT12. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE SOCIAL NETWORKS: 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	4⇨ Next Module
MMT13. DURING THE LAST ONE MONTH, WHAT TYPE OF SOCIAL NETWORK DID YOU USE? *Circle all mentioned*	Facebook ..... A Twitter ..... B WhatsApp ..... C Twoo ..... D Mixit ..... E Other (*specify*) _____ X	

FERTILITY		MCM
MCM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE CHILDREN YOU HAVE HAD IN 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 DK 8	 2⇨MCM8 8⇨MCM8
MCM3. HOW OLD WERE YOU WHEN YOUR FIRST CHILD WAS BORN?	Age in years ..... __ __	
MCM4. DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE NOW LIVING WITH YOU?	Yes ..... 1 No 2	 2⇨MCM6
MCM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? *If none, record "00".*	Sons at home ..... __ __ Daughters at home ..... __ __	
MCM6. DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes ..... 1 No 2	 2⇨MCM8
MCM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? *If none, record '00'.*	Sons elsewhere ..... __ __ Daughters elsewhere ..... __ __	

MCM8. HAVE YOU EVER FATHERED A SON OR DAUGHTER WHO WAS BORN ALIVE BUT LATER DIED? *If "No" probe by asking:* I MEAN, A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes ..... 1 No 2	2⇨MCM10
MCM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? *If none, record '00'.*	Boys dead ..... __ __ Girls dead ..... __ __	
MCM10. Sum answers to MCM5, MCM7, and MCM9.	Sum ..... __ __	

MCM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE FATHERED IN TOTAL (*total number in MCM10*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

☐ *Yes. Check below:*

☐ *No live births ⇨ Go to Next Module.*

☐ *One or more live births ⇨ Continue with MCM11A.*

☐ *No ⇨ Check responses to MCM1-MCM10 and make corrections as necessary.*

MCM11A. DID ALL THE CHILDREN YOU HAVE FATHERED HAVE THE SAME BIOLOGICAL MOTHER?	Yes ..... 1 No 2	1⇨MCM12
MCM11B. IN ALL, HOW MANY WOMEN HAVE YOU FATHERED CHILDREN WITH?	Number of women ..... __ __	
MCM12. OF THESE (*total number in MCM10*) BIRTHS YOU HAVE FATHERED, WHEN WAS THE LAST ONE BORN (EVEN IF HE OR SHE HAS DIED)? Month and year must be recorded.	Date of last birth Month ..... __ __ Year ..... __ __ __ __	

ATTITUDES TOWARD DOMESTIC VIOLENCE		MDV
MDV1. 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: [A] IF SHE GOES OUT WITHOUT TELLING HIM? [B] IF SHE NEGLECTS THE CHILDREN? [C] IF SHE ARGUES WITH HIM? [D] IF SHE REFUSES TO HAVE SEX WITH HIM? [E] IF SHE BURNS THE FOOD? [F] IF SHE REFUSES TO ACCEPT STEP CHILDREN? [G] IF SHE SLEEPS WITH ANOTHER MAN? [H] IF SHE INITIATES SEX? [I] IF SHE REFUSES TO GIVE FOOD?	Yes No DK Goes out without telling ..... 1 2 8 Neglects children ..... 1 2 8 Argues with him ..... 1 2 8 Refuses sex ..... 1 2 8 Burns food ..... 1 2 8 Refuses step children ..... 1 2 8 Sleeps with another man ..... 1 2 8 Initiates sex ..... 1 2 8 Refuses to give food 1 2 8	

MARRIAGE/UNION		MMA
MMA1. 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	 3⇨MMA5
MMA3. DO YOU HAVE OTHER WIVES OR DO YOU LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes (More than one) .....1 No (Only one) 2	 2⇨MMA7
MMA4. HOW MANY OTHER WIVES OR LIVE-IN PARTNERS DO YOU HAVE?	Number.....__ __	⇨MMA8B
MMA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, formerly married .....1 Yes, formerly lived with a woman.....2 No 3	 3⇨Next Module
MMA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed.....1 Divorced .....2 Separated 3	
MMA7. HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE?	Only once .....1 More than once.....2	1 ⇨MMA8A 2 ⇨MMA8B
MMA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A WOMAN AS IF MARRIED? **MMA8B**. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Date of (first) marriage Month.....__ __ DK month.....98 Year .....__ __ __ __ DK year.....9998	 ⇨Next Module
MMA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (FIRST) WIFE/PARTNER?	Age in years.....__ __	

CONTRACEPTION		CP
MCP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID YOUR WIFE(S)/ PARTNER(S) GETTING PREGNANT?	Yes.....1 No 2	1⇨MCP3
MCP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID YOUR PARTNER(S)/WIFE(S) GETTING PREGNANT?	Yes.....1 No .....2 DK/ not sure …….... 3	1⇨Next Module
MCP2B. WHAT IS THE MAIN REASON THAT YOU HAVE NEVER USED ANY METHOD TO DELAY OR AVOID PREGNANCY?	Religious beliefs .....01 Partner refuses .....02 Can't afford/expensive.....03 Side effects.....04 Not sexually active/Abstinence.....05 Do not wish to avoid pregnancy .....06 Other (*specify*) _____96	01⇨Next Module 02⇨Next Module 03⇨Next Module 04⇨Next Module 05⇨Next Module 06⇨Next Module 96⇨Next Module

MCP3. WHAT ARE YOU DOING OR YOUR WIFE(S)/ PARTNER(S) DOING TO DELAY OR AVOID HER GETTING PREGNANT? Do not prompt. If more than one method is mentioned, circle each one.	Female sterilization ..... A Male sterilization ..... B IUD ..... C Injectables ..... D Implants ..... E Pill ..... F Male condom ..... G Female condom ..... H Diaphragm ..... I Foam / Jelly ..... J Periodic abstinence / Rhythm ..... L Withdrawal ..... M Other (*specify*) _____ X	

MCP3A. *Check MCP3: Is <u>only</u> "periodic abstinence and/or withdrawal" mentioned?*

☐ Yes, <u>only</u> periodic abstinence and/or withdrawal mentioned (MCP3 = L or M) ⇨ Go to MCP12.

☐ No, other options selected ⇨ Continue with MCP5.

MCP5. WHERE DID YOU OBTAIN (*the current method*) YOU ARE USING OR YOUR WIFE(S)/ PARTNER(S) USING TO DELAY OR AVOID GETTING PREGNANT THE LAST TIME? *If unable to determine whether public or private, write the name of the place.* _____ (Name of place)	Home Respondent's home.....11 Other home.....12 Public sector Govt. hospital.....21 Govt. health centre .....22 Govt. clinic / PHU.....23 Govt. outreach sites.....24 Other public (*specify*)_____26 Private medical sector Private hospital .....31 Private clinic.....32 Private maternity home.....33 Private physician.....34 Other private medical (*specify*)_____36 Other sources Shop .....44 Pharmacy.....45 Market.....46 Relative / Friend.....47 Traditional practitioner .....48 Spiritual healer.....49 Other (*specify*) _____96 DK.....98	

MCP12. *Check MCP3: Is "Condoms" mentioned?*

☐ *Yes, condoms mentioned (MCP3=G or H) ⇨ Continue with MCP13.*

☐ *No, condoms not mentioned (MCP3=A-F or I-M, X) ⇨ Next module.*

MCP13. HOW MANY CONDOMS DID YOU GET THE LAST TIME?	Number of condoms .....__ __ DK.....98	

SEXUAL BEHAVIOUR		MSB
Check for the presence of others. Before continuing, ensure privacy.		
MSB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse .....00 Age in years.....__ __ First time when started living with (first) wife/partner.....95 DK/ Can't recall 98	00⇨Next Module
MSB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes .....1 No .....2 DK / Don't remember.....8	
MSB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? *Record answers in days, weeks or months if less than 12 months (one year).* *If more than 12 months (one year), answer must be recorded in years.*	Days ago .....1 __ __ Weeks ago.....2 __ __ Months ago.....3 __ __ Years ago .....4 __ __	4⇨MSB15
MSB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes .....1 No 2	
MSB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? *Probe to ensure that the response refers to the relationship at the time of sexual intercourse* *If 'girlfriend', then ask:* WERE YOU LIVING TOGETHER AS IF MARRIED? *If "yes", circle "2". If "no", circle"3".*	Wife .....1 Cohabiting partner.....2 Girlfriend .....3 Casual acquaintance.....4 Prostitute .....5 Other (*specify*) _____ 6	

MSB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes .....1 No 2	2⇨MSB15
MSB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes .....1 No 2	

MSB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? *Probe to ensure that the response refers to the relationship at the time of sexual intercourse* *If 'girlfriend' then ask:* WERE YOU LIVING TOGETHER AS IF MARRIED? *If "yes", circle "2". If "no", circle" 3".*	Wife .....1 Cohabiting partner .....2 Girlfriend .....3 Casual acquaintance .....4 Prostitute .....5 Other (*specify*) _____ 6	
MSB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes .....1 No 2	2⇨MSB15
MSB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners .....__ __	
MSB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? *If a non-numeric answer is given, probe to get an estimate.* *If number of partners is 95 or more, write '95'.*	Number of lifetime partners .....__ __ DK.....98	

HIV/AIDS		MHA
MHA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes.....1 No 2	 2⇨ Next Module
MHA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes.....1 No .....2 DK.....8	
MHA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes.....1 No .....2 DK.....8	
MHA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes.....1 No .....2 DK.....8	
MHA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes.....1 No .....2 DK.....8	
MHA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes.....1 No .....2 DK.....8	
MHA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes.....1 No .....2 DK.....8	
MHA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	Yes No DK During pregnancy ..... 1 2 8 During delivery..... 1 2 8 By breastfeeding..... 1 2 8	

MHA8A. *Check MHA8[A], [B], and [C]:* ☐ *All 'No' or 'DK' ⇨ Go to MHA9.* ☐ *At least one 'yes' ⇨ Continue with MHA8B.*		
MHA8B. ARE THERE ANY SPECIAL DRUGS 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 DK.....8	
MHA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes.....1 No .....2 DK / Not sure / Depends.....8	
MHA9A. DO YOU THINK CHILDREN LIVING WITH HIV SHOULD BE ABLE TO ATTEND SCHOOL WITH CHILDREN WHO ARE HIV NEGATIVE?	Yes.....1 No .....2 DK / Not sure / Depends.....8	
MHA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes.....1 No .....2 DK / Not sure / Depends.....8	
MHA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes.....1 No .....2 DK / Not sure / Depends.....8	
MHA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes.....1 No .....2 DK / Not sure / Depends.....8	
MHA12A. DO YOU THINK THE AIDS VIRUS CAN BE TRANSMITTED THROUGH ORAL SEX?	Yes.....1 No .....2 DK / Not sure / Depends……..8	
MHA12B. DO YOU THINK THE AIDS VIRUS CAN BE TRANSMITTED THROUGH ANAL SEX ?	Yes.....1 No .....2 DK / Not sure / Depends……..8	

MHA12C. IN YOUR OPINION CAN HIV/ AIDS BE CURED?	Yes.....1 No .....2 DK / Not sure / Depends……..8	 2⇨MHA24
MHA12D. IN YOUR OPINION CAN A MAN INFECTED WITH THE AIDS VIRUS BE CURED THROUGH HAVING SEX WITH A VIRGIN?	Yes.....1 No .....2 DK / Not sure / Depends……..8	
MHA24. 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	 2⇨MHA27
MHA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago .....1 12-23 months ago.....2 2 or more years ago 3	
MHA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes.....1 No .....2 DK.....8	1⇨Next Module 2⇨Next Module 8⇨Next Module
MHA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes.....1 No 2	

NON COMMUNICABLE DISEASES		ND
MND1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HAVE YOU BEEN TOLD BY A HEALTH PROFESSIONAL THAT YOU ARE SUFFERING FROM ANY OF THE FOLLOWING:	Y N DK	
[A] DIABETES MELLITUS?	Diabetes 1 2 8	
[B] HIGH BLOOD PRESSURE?	High blood pressure 1 2 8	
[C] HEART DISEASES?	Heart diseases.....1 2 8	
[D] EPILEPSY?	Epilepsy 1 2 8	
[E] CATARACT?	Cataract 1 2 8	
[F] BREAST CANCER?	Breast cancer 1 2 8	
[G] IMPOTENCE?	Impotence.....1 2 8	
MND2. DID YOU HAVE AN INJURY IN THE PAST 12 MONTHS?	Yes .....1 No 2	
MND3. DO YOU HAVE A GREEN CARD FROM THE PSYCHIATRIC UNIT?	Yes .....1 No 2	

CIRCUMCISION		MMC
MMC1. SOME MEN ARE CIRCUMCISED, THAT IS, THE FORESKIN IS COMPLETELY REMOVED FROM THE PENIS. ARE YOU CIRCUMCISED?	Yes .....1 No 2	 2⇨Next Module
MMC2. HOW OLD WERE YOU WHEN YOU GOT CIRCUMCISED?	Age in completed years .....__ __ DK.....98	
MMC3. WHO DID THE CIRCUMCISION?	Traditional practitioner/family/friend .....1 Health worker/Professional .....2 Other (*specify*) _____ 6 DK.....8	
MMC4. WHERE WAS IT DONE?	Health facility .....1 Home of a health worker/professional.....2 Circumcision done at home.....3 Ritual site.....4 Other home/place (*specify*) _____ 6 DK.....8	

TOBACCO AND ALCOHOL USE		MTA
MTA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes ..... 1 No 2	 2⇨MTA6
MTA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette ..... 00 Age ..... ___ ___	00⇨MTA6
MTA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes ..... 1 No 2	 2⇨MTA6
MTA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes ..... ___ ___	
MTA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "every day" or "almost every day", circle "30".*	Number of days ..... 0 ___ 10 days or more but less than a month .... 10 Every day / Almost every day 30	
MTA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes ..... 1 No 2	 2⇨MTA10
MTA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes ..... 1 No 2	 2⇨MTA10

MTA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? *Circle all mentioned.*	Cigars ..... A Water pipe ..... B Cigarillos ..... C Pipe ..... D Other (*specify*) _____ X	
MTA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "every day" or "almost every day", circle "30".*	Number of days ..... 0 ___ 10 days or more but less than a month .... 10 Every day / Almost every day 30	
MTA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes ..... 1 No 2	2 ⇨MTA14
MTA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes ..... 1 No 2	2 ⇨MTA14

MTA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH? *Circle all mentioned.*	Chewing tobacco.....A Snuff.....B Dip.....C Other (*specify*) _____ X	
MTA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "every day" or "almost every day", circle"30".*	Number of days..... 0 ___ 10 days or more but less than a month .... 10 Every day / Almost every day 30	
MTA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes ..... 1 No..... 2	2⇨Next Module
MTA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY, RUM OR ONE JAR OF TRADITIONAL BREW (UMCOMBOTSI, BUGANU). HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?	Never had one drink of alcohol ..... 00 Age..... ___ ___	00⇨Next Module
MTA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? *If respondent did not drink, circle "00".* *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "every day" or "almost every day", circle"30".*	Did not have one drink in last one month . 00 Number of days..... 0 ___ 10 days or more but less than a month .... 10 Every day / Almost every day 30	00⇨Next Module
MTA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?	Number of drinks..... ___ ___	

LIFE SATISFACTION		MLS
MLS1. *Check MWB2: Age of respondent is between 15 and 24?* ☐ *Age 25-59 ⇨ Go to next module.* ☐ *Age 15-24 ⇨ Continue with MLS2.*		
MLS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION. FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY? YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE. *Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.*	Very happy.....1 Somewhat happy.....2 Neither happy nor unhappy .....3 Somewhat unhappy.....4 Very unhappy.....5	

MLS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS. IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED. AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE. *Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions MLS3 to MLS13.* HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?	Very satisfied .....1 Somewhat satisfied .....2 Neither satisfied nor unsatisfied .....3 Somewhat unsatisfied .....4 Very unsatisfied 5	
MLS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?	Very satisfied .....1 Somewhat satisfied .....2 Neither satisfied nor unsatisfied .....3 Somewhat unsatisfied .....4 Very unsatisfied 5	
MLS5. DURING THE CURRENT (2014) SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?	Yes.....1 No 2	2⇨MLS7
MLS6. HOW SATISFIED (*are/were*) YOU WITH YOUR SCHOOL?	Very satisfied .....1 Somewhat satisfied .....2 Neither satisfied nor unsatisfied .....3 Somewhat unsatisfied .....4 Very unsatisfied 5	

MLS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB? *If the respondent says that he does not have a job, circle "0" and continue with the next question. Do not probe to find out how he feels about not having a job, unless he tells you himself.*	Does not have a job.....0 Very satisfied .....1 Somewhat satisfied .....2 Neither satisfied nor unsatisfied .....3 Somewhat unsatisfied .....4 Very unsatisfied 5	
MLS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied .....1 Somewhat satisfied .....2 Neither satisfied nor unsatisfied .....3 Somewhat unsatisfied .....4 Very unsatisfied 5	
MLS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? *If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.*	Very satisfied .....1 Somewhat satisfied .....2 Neither satisfied nor unsatisfied .....3 Somewhat unsatisfied .....4 Very unsatisfied 5	
MLS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied .....1 Somewhat satisfied .....2 Neither satisfied nor unsatisfied .....3 Somewhat unsatisfied .....4 Very unsatisfied 5	
MLS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied .....1 Somewhat satisfied .....2 Neither satisfied nor unsatisfied .....3 Somewhat unsatisfied .....4 Very unsatisfied 5	
MLS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied .....1 Somewhat satisfied .....2 Neither satisfied nor unsatisfied .....3 Somewhat unsatisfied .....4 Very unsatisfied 5	

MLS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? *If the respondent says that he does not have any income, circle "0" and continue with the next question. Do not probe to find out how he feels about not having any income, unless he tells you himself.*	Does not have any income .....0 Very satisfied .....1 Somewhat satisfied .....2 Neither satisfied nor unsatisfied .....3 Somewhat unsatisfied .....4 Very unsatisfied 5	
MLS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENED, OVERALL?	Improved.....1 More or less the same .....2 Worsened 3	
MLS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?	Better .....1 More or less the same .....2 Worse 3	

SOCIAL PARTICIPATION		SP
MSP1. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON YOUR PARTICIPATION IN SOCIAL AND CULTURAL EVENTS. DID YOU GO OUT TO A CINEMA OR TO WATCH A MOVIE IN THE LAST 12 MONTHS (MOVIE ZONE AT GABLES)?	Yes.....1 No 2	
MSP2. DID YOU GO TO A THEATRE IN THE LAST 12 MONTHS? (POETRY PERFORMANCES, SIPHILA NJE DRAMA SOCIETY SHOWS)	Yes.....1 No 2	
MSP3. DID YOU PARTICIPATE IN COMMUNITY CELEBRATIONS OF CULTURAL/ HISTORICAL EVENTS OR TRADITIONAL DANCE IN THE LAST 12 MONTHS? (SIBHIMBI, CARNIVAL, REED DANCE, INCWALA, BUGANU FESTIVAL)	Yes.....1 No 2	
MSP4. DID YOU VISIT A HISTORICAL/ CULTURAL PARK OR HERITAGE SITE (INCLUDING MONUMENTS, HISTORICAL OR ARTISTIC PLACES, ARCHAEOLOGICAL SITES) IN THE LAST 12 MONTHS? (SIBEBE, NGWENYA, MANTENGA CULTURAL VILLAGE)	Yes.....1 No 2	
MSP5. DID YOU VISIT A MUSEUM, AN ART GALLERY OR A CRAFTS EXPOSITION OR EXHIBITIONS IN THE LAST 12 MONTHS? (EMSAMO, NDINGILIZI/ GUAVA ART GALLERY, ESHOWINI)	Yes.....1 No 2	
MSP6. DID YOU ATTEND A NATIONAL OR LOCAL FESTIVAL IN THE LAST 12 MONTHS? (SOMHLOLO FESTIVAL OF PRAISE, SCHOOL'S CULTURE DAYS, INDEPENDENCE DAY)	Yes.....1 No 2	

MSP7. DID YOU PARTICIPATE IN COMMUNITY RITES/ EVENTS/ CEREMONIES (SUCH AS WEDDINGS, FUNERALS, BIRTHS, BABY SHOWER, HOUSE-WARMING, KUPHAHLA, KUGEZA EMANTI AND SIMILAR RITES OF PASSAGE) IN THE LAST 12 MONTHS? (KING'S BIRTHDAY)	Yes.....1 No 2	
MSP8.DID YOU GO TO A CONCERT, A LIVE MUSICAL PERFORMANCE OR MODERN LIVE DANCE SHOW IN THE LAST 12 MONTHS? (BUSH FIRE, SIMUNYE FUN FAIR)	Yes.....1 No 2	

MWM11. *Record the time*.	Hour and minutes ..... __ __ : __ __	

MWM12. *Check List of Household Members, columns HL7B and HL15:*
Is the respondent the caretaker of any child age 0-4 living in this household?

☐ *Yes ⇨ Proceed to complete the result of man's interview (MWM7) on the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.*

☐ *No ⇨ End the interview with this respondent by thanking him for his cooperation and proceed to complete the result of man's interview (MWM7) on the cover page.*

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

MICS

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

Swaziland

UNDER-FIVE CHILD INFORMATION PANEL	**UF**
This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B). A separate questionnaire should be used for each eligible child.	
UF1. Cluster number ___ ___ ___	**UF2**. Household number: ___ ___
UF3. Child's name: Name_____	**UF4**. Child's line number: ___ ___
UF5. Mother's / Caretaker's name: Name_____	**UF6**. Mother's / Caretaker's line number: ___ ___
UF7. Interviewer's name and number: Name_____ ___ ___	**UF8**. Day / Month / Year of interview: ___ ___ /___ ___ / 2014

Repeat greeting if not already read to this respondent: WE ARE FROM **CENTRAL STATISTICAL OFFICE**. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (*child's name from UF3*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.	*If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:* NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (*child's name from UF3*)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 15 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

MAY I START NOW?

☐ *Yes, permission is given ⇨ Go to UF12 to record the time and then begin the interview.*

☐ *No, permission is not given ⇨ Circle '03' in UF9. Discuss this result with your supervisor.*

UF9. Result of interview for children under 5 Codes refer to mother/caretaker.	Completed .....01 Not at home .....02 Refused .....03 Partly completed .....04 Incapacitated .....05 Other (*specify*) _____ 96

UF10. Field editor's name and number: Name_____ __ __	**UF11**. Main data entry clerk's name and number: Name_____ __ __

UF12. *Record the time.*	Hour and minutes..... __ __ : __ __	

AGE		**AG**
AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF (*name*). ON WHAT DAY, MONTH AND YEAR WAS (*name*) BORN? *Probe:* WHAT IS HIS / HER BIRTHDAY? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day. Month and year must be recorded.	Date of birth Day ..... __ __ DK day..... 98 Month..... __ __ Year ..... 2 0 __ __	
AG2. HOW OLD IS (*name*)? *Probe*: HOW OLD WAS (*name*) AT HIS / HER LAST BIRTHDAY? Record age in completed years. Record '0' if less than 1 year. Compare and correct AG1 and/or AG2 if inconsistent.	Age (in completed years) ..... __	

BIRTH REGISTRATION		BR
BR1. DOES (*name*) HAVE A BIRTH CERTIFICATE? *If yes, ask:* MAY I SEE IT?	Yes, seen.....1 Yes, not seen.....2 No .....3 DK.....8	 3 ⇨ BR2 8 ⇨ BR2
BR1A. WHOSE PARTICULARS APPEAR ON THE BIRTH CERTIFICATE?	Mothers only .....1 Fathers only.....2 Both .....3 None .....7 DK/ Don't remember.....8	1⇨Next Module 2⇨Next Module 3⇨Next Module 7 ⇨Next Module 8 ⇨Next Module
BR2. HAS (*name*)**'S** BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes .....1 No .....2 DK.....8	1⇨Next Module
BR3. DO YOU KNOW HOW TO REGISTER (*name*)'S BIRTH?	Yes .....1 No 2	 2 ⇨Next Module
BR4. WHAT IS THE MAIN REASON FOR NOT REGISTERING (*name*)'S BIRTH?	Registration costs too much .....01 Offices too far (travel costs) .....02 Did not know child should be registered ...03 Did not want to pay fine.....04 Partner refuses.....05 No need to register child's birth.....06 Father/ Mother does not have a PIN/ID.....07 Other (*specify*) _____96 DK.....98	

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (*name*)?	None ..... 00 Number of children's books ..... 0 __ Ten or more books 10	
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (*name*) PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH: [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response.	Y N DK Homemade toys ..... 1 2 8 Toys from a shop ..... 1 2 8 Household objects or outside objects 1 2 8	
EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN. ON HOW MANY DAYS IN THE PAST WEEK WAS (*name*): [A] LEFT ALONE FOR MORE THAN AN HOUR? [B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR? If 'none' enter' 0'. If 'don't know' enter'8'.	Number of days left alone for more than an hour..... __ Number of days left with other child for more than an hour..... __	
EC4. *Check AG2: Age of child.* ☐ *Child age 0, 1 or 2 ⇨ Go to Next Module.* ☐ *Child age 3 or 4 ⇨ Continue with EC5.*		
EC5. DOES (*name*) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes..... 1 No ..... 2 DK 8	1⇨EC5B

EC5A. WHAT IS THE MAIN REASON (*name*) IS NOT ATTENDING ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Too far ..... 1 Too costly..... 2 Disability ..... 3 Religion ..... 4 Other (*specify*) _____6 DK 8	1⇨EC7 2⇨EC7 3⇨EC7 4⇨EC7 6⇨EC7 8⇨EC7
EC5B. WHAT TYPE OF ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, DOES (*name*) ATTEND?	NCP/Community ..... 1 Church..... 2 Private..... 3 NGO aided ..... 5 Other (*specify*) _____6	
EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (*name)* ATTEND?	Number of hours ..... __ __	
EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (*name*): *If yes, ask:* WHO ENGAGED IN THIS ACTIVITY WITH (*name*)? *Circle all that apply.*		
[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (*name*)?	Read books A B X Y	
[B] TOLD STORIES TO (*name*)?	Told stories A B X Y	
[C] SANG SONGS TO (*name*) OR WITH (*name*), INCLUDING LULLABIES?	Sang songs A B X Y	
[D] TOOK (*name*) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Took outside A B X Y	
[E] PLAYED WITH (*name*)?	Played with A B X Y	
[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (*name*)?	Named/counted A B X Y	
	Mother Father Other No one	
EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF (*name*). CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF (*name*)'S DEVELOPMENT. CAN (*name*) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?	Yes..... 1 No ..... 2 DK 8	

EC9. CAN (*name*) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	Yes .....1 No .....2 DK.....8	
EC10. DOES (*name*) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes .....1 No .....2 DK.....8	
EC11. CAN (*name*) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes .....1 No .....2 DK.....8	
EC12. IS (*name*) SOMETIMES TOO SICK TO PLAY?	Yes .....1 No .....2 DK.....8	
EC13. DOES (*name*) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes .....1 No .....2 DK.....8	
EC14. WHEN GIVEN SOMETHING TO DO, IS (*name*) ABLE TO DO IT INDEPENDENTLY?	Yes .....1 No .....2 DK.....8	
EC15. DOES *(name)* GET ALONG WELL WITH OTHER CHILDREN?	Yes .....1 No .....2 DK.....8	
EC16. DOES (*name*) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes .....1 No .....2 DK.....8	
EC17. DOES (*name*) GET DISTRACTED EASILY?	Yes .....1 No .....2 DK.....8	

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. *Check AG2: Age of child* ☐ *Child age 0, 1 or 2 ⇨ Continue with BD2.* ☐ *Child age 3 or 4 ⇨ Go to CARE OF ILLNESS Module.*		
BD2. HAS (*name*) EVER BEEN BREASTFED?	Yes ..... 1 No ..... 2 DK 8	1⇨BD3 8⇨BD4
BD2A. WHAT IS THE MAIN REASON (*name*) HAS NEVER BEEN BREASTFED?	No milk ..... 1 Child refused breastfeeding……..2 Fear of infecting child ..... .3 Child too-ill to breastfeed……..… ….4 Mother too-ill to breastfeed…… .5 Other (*specify*) _____ 6	1⇨BD4 2⇨BD4 3⇨BD4 4⇨BD4 5⇨BD4 6⇨BD4
BD3. IS (*name*) STILL BEING BREASTFED?	Yes ..... 1 No ..... 2 DK 8	
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (*name*) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes ..... 1 No ..... 2 DK 8	
BD5. DID (*name*) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK 8	
BD6. DID (*name*) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK 8	

BD7. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (*name*) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (*name*) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. DID (*name*) DRINK (*Name of item*) YESTERDAY DURING THE DAY OR THE NIGHT:		Yes	No	DK	
[A] PLAIN WATER?	Plain water	1	2	8	
[B] JUICE OR JUICE DRINKS?	Juice or juice drinks	1	2	8	
[C] SOUP	Soup	1	2	8	
[CA] TEA (TEA, COCOA, COFFEE, MILO ETC.)	Tea	1	2	8	
[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?	Milk	1	2	8	
If yes: HOW MANY TIMES DID (*name)* DRINK MILK? *If 7 or more times, record '7'.* *If unknown, record '8'.*	Number of times drank milk ..... __				
[E] INFANT FORMULA?	Infant formula	1	2	8	
If yes: HOW MANY TIMES DID (*name)* DRINK INFANT FORMULA? *If 7 or more times, record '7'.* *If unknown, record '8'.*	Number of times drank infant formula ..... __				
[F] ANY OTHER LIQUIDS? (*Specify*)_____	Other liquids	1	2	8	

BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (*name*) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (*name*) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME.					
DID (*name*) EAT (*Name of food*) YESTERDAY DURING THE DAY OR THE NIGHT:		Yes	No	DK	
[A] YOGHURT (EMASI)?	Yogurt	1	2	8	

If yes: HOW MANY TIMES DID (*name)* DRINK OR EAT YOGURT? *If 7 or more times, record '7'. If unknown, record '8'.*	Number of times drank/ate yogurt..... __			
[B] ANY CERELAC, NESTUM, OR SIMILAR?	Cerelac, Nestum, similar	1	2	8
[C] BREAD, RICE, NOODLES, PORRIDGE, THIN PORRIDGE (INDENGANE/ INCWANCWA/ INEMBE/ UMHIDVO/ EMAHEWU) OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains	1	2	8
[D] PUMPKIN, CARROTS, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE?	Pumpkin, carrots, squash, etc.	1	2	8
[E] WHITE POTATOES, WHITE YAMS, MANIOC, CASSAVA, OR ANY OTHER FOODS MADE FROM ROOTS?	White potatoes, white yams, manioc, cassava, etc.	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES?	Dark green, leafy vegetables	1	2	8
[G] RIPE MANGOES, PAPAYAS?	Ripe mangoes	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables	1	2	8
[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats	1	2	8
[J] ANY MEAT, SUCH AS BEEF, PORK, LAMB, GOAT, CHICKEN, OR DUCK?	Meat, such as beef, pork, lamb, goat, etc.	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FRESH OR DRIED FISH OR SHELLFISH?	Fresh or dried fish	1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?	Foods made from beans, peas, etc.	1	2	8
[N] CHEESE OR OTHER FOOD MADE FROM MILK?	Cheese or other food made from milk	1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED? (*Specify*)_____	Other solid, semi-solid, or soft food	1	2	8

BD9. *Check BD8 (Categories "A" through "O").*

☐ *At least one "Yes" or all "DK" ⇨ Go to BD11.*

☐ *Else ⇨ Continue with BD10.*

BD10. *Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night*. ☐ *The child did not eat or the respondent does not know ⇨ Go to Next Module.* ☐ *The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇨ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11.*		
BD11. HOW MANY TIMES DID (*name*) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT? *If 7 or more times, record '7'.*	Number of times ..... __ DK..... 8	

IMMUNIZATION												IM
If an immunization (**child health**) card is available, copy the dates in IM3 for each type of immunization and Vitamin A recorded on the card. IM6-IM17 will only be asked if a card is not available.												
IM1. DO YOU HAVE A CARD WHERE (*name*)'S VACCINATIONS ARE WRITTEN DOWN? *If yes:* MAY I SEE IT PLEASE?		Yes, seen ..... 1 Yes, not seen ..... 2 No card 3										1⇨IM3 2⇨IM6
IM2. DID YOU EVER HAVE AN IMMUNIZATION CARD FOR (*name*)?		Yes ..... 1 No 2										1⇨IM6 2⇨IM6
IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization										
		Day		Month		Year						
BCG	**BCG**											
POLIO AT BIRTH	**OPV0**											
POLIO 1	**OPV1**											
POLIO 2	**OPV2**											
POLIO 3	**OPV3**											
POLIO 4	**OPV4**											
PCV 1	**PCV1**											
PCV 2	**PCV2**											
PCV 3	**PCV3**											
DPT1/HEP B1/HIB1	**DPT1/HEPB1/HIB1**											
DPT2/HEP B2/HIB2	**DPT2/HEPB2/HIB2**											
DPT3/HEP B3/HIB3	**DPT3/HEPB3/HIB3**											
MEASLES 1	**MEASLES 1**											
MEASLES 2	**MEASLES 2**											
VITAMIN A (FIRST DOSE)	**VITA1**											
VITAMIN A (SECOND DOSE)	**VITA2**											

IM4. *Check IM3. Are all vaccines (**BCG to Measles 2**) recorded?*

☐ *Yes ⇨ Go to IM19.*

☐ *No ⇨ Continue with IM5.*

IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS?

☐ *Yes ⇨ Go back to IM3 and probe for these vaccinations and write '66' in the corresponding day column for each vaccine mentioned. When finished, skip to IM19.*

☐ *No/DK ⇨ Go to IM19.*

IM6. HAS (*name*) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY OR CHILD HEALTH DAY?	Yes ..... 1 No ..... 2 DK 8	 2⇨IM19 8⇨IM19
IM7. HAS (*name*) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes ..... 1 No ..... 2 DK 8	
IM8. HAS (*name*) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO?	Yes ..... 1 No ..... 2 DK 8	 2⇨IM11 8⇨IM11
IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH?	Yes ..... 1 No 2	
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times ..... __	

IM11. HAS (*name*) EVER RECEIVED A DPT/HEP B/HIB VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA, HEPATITIS B OR HAEMOPHILUS INFLUENZAE TYPE B DISEASE? *Probe by indicating that DPT1/Hep B1/Hib1 vaccination is sometimes given at the same time as Polio.*	Yes ..... 1 No ..... 2 DK 8	 2⇨IM12A 8⇨IM12A
IM12. HOW MANY TIMES WAS THE DPT/HEP B/HIB VACCINE RECEIVED?	Number of times ..... __	
IM12A. HAS (*name*) EVER RECEIVED A PCV VACCINATION – THAT IS, AN INJECTION ON THE RIGHT THIGH TO PREVENT HIM/HER FROM GETTING PNEUMONIA AND MENINGITIS? *Probe by indicating that the PCV vaccine is sometimes given at the same time as Polio and DPT vaccines.*	Yes ..... 1 No ..... 2 DK..... 8	 2⇨IM16 8⇨IM16
IM12B. HOW MANY TIMES WAS THE PCV RECEIVED?	Number of times ..... __	
IM16. HAS (*name*) EVER RECEIVED A MEASLES INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes ..... 1 No ..... 2 DK 8	
IM16A. HOW MANY TIMES WAS THE MEASLES INJECTION RECEIVED?	Number of times ..... __	
IM19. PLEASE TELL ME IF (*name*) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS: [A] 2013 JULY – INTEGRATED MEASLES CAMPAIGN [B] 2014 APRIL – PCV 13 CAMPAIGN	Y N DK Measles-2013 .....1 2 8 PCV13-2014 .....1 2 8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (*name*) HAD DIARRHOEA?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA6A 8⇨CA6A
CA2. I WOULD LIKE TO KNOW HOW MUCH (*name*) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREAST MILK). DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? *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 DK 8	
CA3. DURING THE TIME (*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 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Stopped food ..... 5 Never gave food ..... 6 DK 8	
CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA4 8⇨CA4

CA3D. WHERE DID YOU FIRST SEEK ADVICE FOR DIARRHOEA? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Public sector Government hospital ..... 11 Government health centre ..... 12 Government clinic/PHU ..... 13 Rural health motivator ..... 14 Outreach site ..... 15 Other public (*specify*) _____ 16 Private medical sector Private hospital / clinic ..... 21 Private physician ..... 22 Private pharmacy ..... 23 Other private medical (*specify*)_____ 26 Other source Relative / Friend ..... 31 Shop ..... 32 Traditional practitioner ..... 33 Spiritual healer ..... 34 Other (*specify*) _____ 96	
CA4. DURING THE TIME (*name*) HAD DIARRHOEA, WAS (*name*) GIVEN TO DRINK: **[A]** A FLUID MADE FROM A SPECIAL PACKET CALLED ORS? **[B]** A PRE-PACKAGED ORS FLUID FOR DIARRHOEA	Y N DK Fluid from ORS packet ..... 1 2 8 Pre-packaged ORS fluid 1 2 8	

CA4A. *Check CA4: ORS.*

☐ *Child was given ORS ('Yes' circled in 'A' or 'B' in CA4) ⇨ Continue with CA4B.*

☐ *Child was not given ORS ⇨ Go to CA4C.*

CA4B. WHERE DID YOU GET THE ORS? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Public sector Government hospital ..... 11 Government health centre ..... 12 Government clinic/PHU ..... 13 Rural health motivator ..... 14 Outreach site ..... 15 Other public (*specify*) _____ 16 Private medical sector Private hospital / clinic ..... 21 Private physician ..... 22 Private pharmacy ..... 23 Other private medical (*specify*)_____ 26 Other source Relative / Friend ..... 31 Shop ..... 32 Traditional practitioner ..... 33 Spiritual healer ..... 34 Already had at home ..... 40 Other (*specify*) _____ 96	
CA4C. DURING THE TIME (*name*) HAD DIARRHOEA, WAS (*name*) GIVEN:	Y N DK	
[A] ZINC TABLETS?	Zinc tablets 1 2 8	
[B] ZINC SYRUP?	Zinc syrup 1 2 8	

CA4D. *Check CA4C: Any zinc?*

☐ *Child given any zinc ('Yes' circled in 'A' or 'B' in CA4C) ⇨ Continue with CA4E.*

☐ *Child was not given any zinc ⇨ Go to CA4F.*

CA4E. WHERE DID YOU GET THE ZINC? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Public sector Government hospital ..... 11 Government health centre ..... 12 Government clinic/PHU ..... 13 Rural health motivator ..... 14 Outreach site ..... 15 Other public (*specify*) _____ 16 Private medical sector Private hospital / clinic ..... 21 Private physician ..... 22 Private pharmacy ..... 23 Other private medical (*specify*)_____ 26 Other source Relative / Friend ..... 31 Shop ..... 32 Traditional practitioner ..... 33 Spiritual healer ..... 34 Already had at home ..... 40 Other (*specify*) _____ 96	
CA4F. DURING THE TIME (*name*) HAD DIARRHOEA, WAS (*name*) GIVEN TO DRINK HOME-MADE SUGAR-SALT SOLUTION?	Yes ..... 1 No ..... 2 DK 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA6A 8⇨CA6A

CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA? *Probe*: ANYTHING ELSE? *Record all treatments given. Write brand name(s) of all medicines mentioned.* _____ (Name)	Pill or Syrup Antibiotic ..... A Antimotility ..... B Other pill or syrup (Not antibiotic, antimotility or zinc) ..... G Unknown pill or syrup ..... H Injection Antibiotic ..... L Non-antibiotic ..... M Unknown injection ..... N Intravenous ..... O Home remedy / Herbal medicine ..... Q Other (*specify*) _____ X	
CA6A. IN THE LAST TWO WEEKS, HAS (*name*) BEEN ILL WITH A FEVER AT ANY TIME?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA7 8⇨CA7
CA6B. AT ANY TIME DURING THE ILLNESS, DID (*name*) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes ..... 1 No ..... 2 DK 8	
CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (*name*) HAD AN ILLNESS WITH A COUGH?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA9A 8⇨CA9A
CA8. 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 DK 8	 2⇨CA10 8⇨CA10

CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only ..... 1 Blocked or runny nose only ..... 2 Both ..... 3 Other (*specify*) _____ 6 DK 8	1⇨CA10 2⇨CA10 3⇨CA10 6⇨CA10 8⇨CA10
CA9A. *Check CA6A: Had fever?* ☐ *Child had fever ⇨ Continue with CA10.* ☐ *Child did not have fever ⇨ Go to CA14.*		
CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA12 8⇨CA12

CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? *Probe:* ANYWHERE ELSE? Circle all providers mentioned, but do NOT prompt with any suggestions. Probe to identify each type of source. If unable to determine if public or private sector, write the name of the place. _____ (Name of place)	Public sector Government hospital ..... A Government health centre ..... B Government clinic/PHU ..... C Rural health motivator ..... D Outreach site ..... E Other public (*specify*) _____ H Private medical sector Private hospital / clinic ..... I Private physician ..... J Private pharmacy ..... K Other private medical (*specify*)_____ O Other source Relative / Friend ..... P Shop ..... Q Traditional practitioner ..... R Spiritual healer ..... S Other (*specify*) _____ X	
CA12. AT ANY TIME DURING THE ILLNESS, WAS (*name*) GIVEN ANY MEDICINE FOR THE ILLNESS?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA14 8⇨CA14
CA13. WHAT MEDICINE WAS (*name*) GIVEN? *Probe:* ANY OTHER MEDICINE? Circle all medicines given. Write brand name(s) of all medicines mentioned. _____ *(Name of medicines)*	Anti-malarials: SP / Fansidar ..... A Chloroquine ..... B Quinine ..... D Combination with Artemisinin (Coartem). E Mefloquine ..... F Other anti-malarial (*specify*) _____ H Antibiotics: Pill / Syrup ..... I Injection ..... J	

	Other medications: Paracetamol/ Panadol /Acetaminophen. P Aspirin..... Q Ibuprofen ..... R Phenergan ..... S Cough syrup .....T Other (*specify*) _____ X DK.....Z	

CA13A. *Check CA13: Antibiotic mentioned (codes I or J)?*

☐ *Yes ⇨ Continue with CA13B.*

☐ *No ⇨ Go to CA13C.*

CA13B. WHERE DID YOU GET THE (*Antibiotic medicine from CA13*)? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Home Respondent's home ..... 11 Other home ..... 12 Public Sector Govt. hospital ..... 21 Govt. health centre ..... 22 Govt. clinic / PHU ..... 23 Govt. outreach sites ..... 24 Other public (*specify*) _____ 26 Private Medical Sector Private hospital ..... 31 Private clinic ..... 32 Private maternity home ..... 33 Private physician ..... 34 Other private medical (*specify*) _____ 36 Other sources Shop ..... 44 Pharmacy ..... 45 Market ..... 46 Relative / Friend ..... 47 Traditional practitioner ..... 48 Spiritual healer ..... 49 Other (*specify*) _____ 96	

CA13C. *Check CA13: Anti-malarial mentioned (codes A - H)?*

☐ *Yes ⇨ Continue with CA13D.*

☐ *No ⇨ Go to CA14.*

CA13D. WHERE DID YOU GET THE (*Anti-Malarial medicine from CA13*)? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Home Respondent's home ..... 11 Other home ..... 12 Public Sector Govt. hospital ..... 21 Govt. health centre ..... 22 Govt. clinic / PHU ..... 23 Govt. outreach sites ..... 24 Other public (*specify*) _____ 26 Private Medical Sector Private hospital ..... 31 Private clinic ..... 32 Private maternity home ..... 33 Private physician ..... 34 Other private medical (*specify*) _____ 36 Other sources Shop ..... 44 Pharmacy ..... 45 Market ..... 46 Relative / Friend ..... 47 Traditional practitioner ..... 48 Spiritual healer ..... 49 Other (*specify*) _____ 96	
CA13E. HOW LONG AFTER THE FEVER STARTED DID (*name*) FIRST TAKE (*name of anti-malarial from CA13)*? *If multiple anti-malarials mentioned in CA13, name all anti-malarial medicines mentioned.*	Same day ..... 0 Next day ..... 1 2 days after the fever ..... 2 3 days after the fever ..... 3 4 or more days after the fever ..... 4 DK 8	

CA14. Check AG2: Age of child.

☐ Child age 0, 1 or 2 ⇨ Continue with CA15.

☐ *Child age 3 or 4 ⇨ Go to UF13.*

CA15. THE LAST TIME *(name)* PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine ..... 01 Put / Rinsed into toilet or latrine ..... 02 Put / Rinsed into drain or ditch ..... 03 Thrown into garbage (solid waste) ..... 04 Buried ..... 05 Left in the open ..... 06 Other (*specify*) _____ 96 DK 98	

UF13. *Record the time.*	Hour and minutes ..... __ __ : __ __	

UF14. *Check List of Household Members, columns HL7B and HL15.*
Is the respondent the mother or caretaker of another child age 0-4 living in this household?

☐ *Yes ⇨ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.*

☐ *No ⇨ End the interview with this respondent by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household.*

Check to see if there are other woman's, man's or under-5 questionnaires to be administered in this household.

ANTHROPOMETRY		**AN**
After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number in the List of Household Members before recording measurements.		
AN1. *Measurer's name and number:*	Name_____ ___ ___	
AN2. *Result of height / length and weight measurement:*	Either or both measured ..... 1 Child not present ..... 2 Child or mother/caretaker refused ..... 3 Other (*specify*)_____ 6	 2⇨AN6 3⇨AN6 6⇨AN6
AN3. *Child's weight:*	Kilograms (kg) ..... __ __ . __ Weight not measured 99.9	
AN3A. *Was the child undressed to the minimum?* ☐ Yes. ☐ No, the child could not be undressed to the minimum.		
AN3B. *Check age of child in AG2:* ☐ Child under 2 years old ⇨ Measure length (lying down). ☐ Child age 2 or more years ⇨ Measure height (standing up).		
AN4. *Child's length or height:*	Length / Height (cm) ..... __ __ __ . __ Length / Height not measured 999.9	 ⇨ AN6
AN4A. *How was the child actually measured? Lying down or standing up?*	Lying down ..... 1 Standing up 2	

AN6. Is there another child in the household who is eligible for measurement?

☐ Yes ⇨ Record measurements for next child.

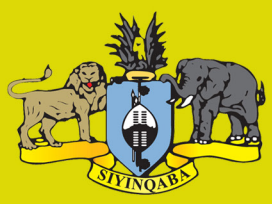
☐ No ⇨ Check if there are any other individual questionnaires to be completed in the household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

Measurer's Observations



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Multiple Indicator Cluster Survey 2014