Swaziland

Monitoring the situation of children, women and men

SUMMARY REPORT

Multiple Indicator Cluster Survey 2010

Government of Swaziland

National Emergency Response Council on HIV and AIDS

United Nations Population Fund

Joint United Nations Programme on HIV/AIDS

United Nations Children's Fund

MICS

Swaziland Multiple Indicator Cluster Survey
SUMMARY REPORT 2010

The full MICS report is available at www.swazistats.org.sz

Additional information on MICS is available from www.childinfo.org

Recommended citation: Central Statistical Office and UNICEF 2011. Swaziland Multiple Indicator Cluster Survey 2010. Summary Report, Mbabane, Swaziland: Central Statistical Office and UNICEF

Published in Mbabane in December 2011

Cover photo credits
UNICEF/SZ/RHearfield

UNICEF/SZ/GPirozzi

About the Swaziland MICS 2010

The Multiple Indicator Cluster Survey (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 Milennium Declaration. The 2010 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 first Swaziland MICS was implemented in 2000 during the second round of MICS globally. The 2010 Swaziland MICS survey is the fourth round of MICS and was conducted between August and November 2010.

What information is included in the Swaziland MICS 2010?

Household questionnaire: age, sex, urban vs. rural residency, household composition, education of household members, household assets, water and sanitation, use of iodized salt, use of insecticide-treated nets (ITNs), orphanhood and vulnerability of children, schooling of all household members, child labour, and child discipline.

Questionnaire for children under age five: birth registration, early childhood development, infant and young child feeding, care of illness (including diarrhoea and pneumonia), malaria, immunization and anthropometry.

Women's questionnaire: child mortality, birth history, desire for last birth, maternal and newborn health, illness symptoms, contraception, unmet need, marriage/union, sexual behavior, HIV/AIDS, sexually transmitted infections (STIs) and attitudes towards domestic violence.

Men's questionnaire: marriage/union, attitudes towards contraception, sexual behavior, HIV/AIDS, STIs, male circumcision and attitudes towards domestic violence.

Who participated in the survey?

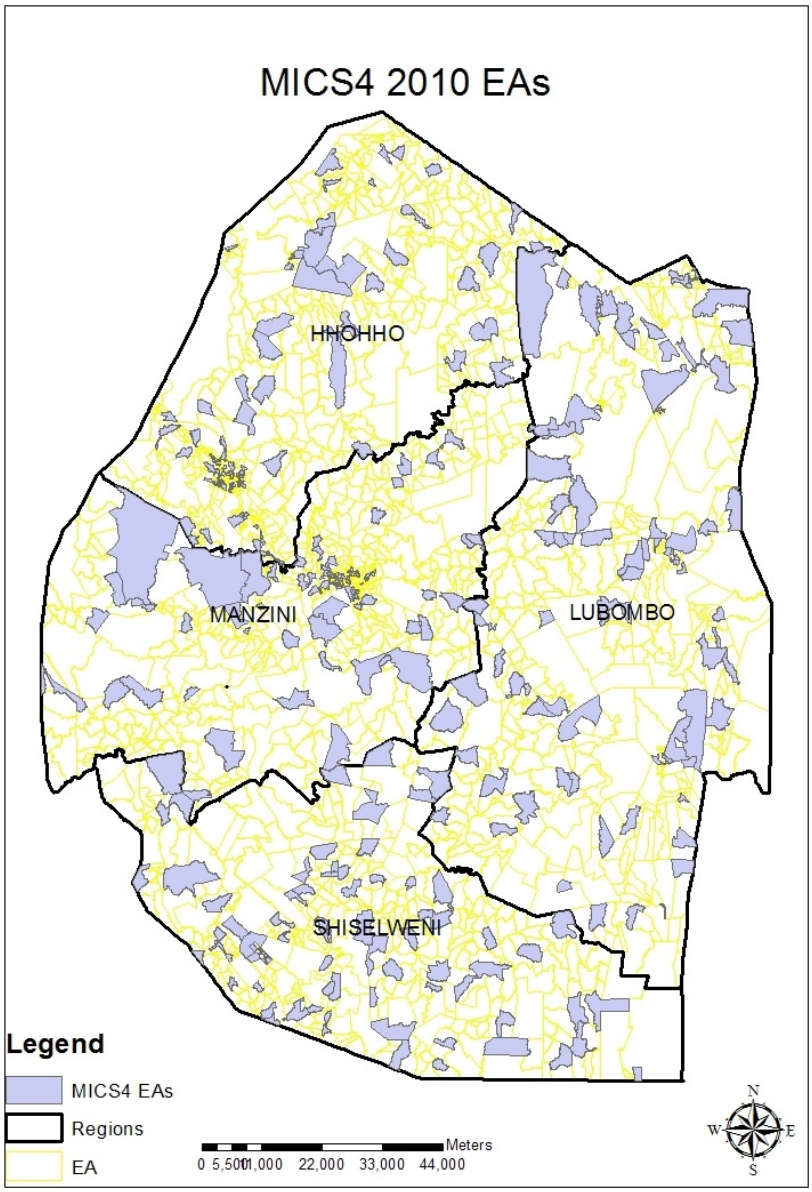
This report summarizes the findings from the 2010 Swaziland MICS conducted by the Central Statistical Office (CSO) in partnership with UNICEF. The survey was implemented in collaboration with various ministries and agencies, including the Deputy Prime Minister's Office, the Ministry of Health, the Ministry of Education and Training, the Ministry of Natural Resources and Energy, the National Emergency Response Council on HIV/AIDS (NERCHA) and United Nations agencies. Financial support for the survey was provided by the Government of the Kingdom of Swaziland, UNICEF, UNFPA, NERCHA and UNAIDS.

UNICEF/SZ/GPirozzi

Table of contents

1. Sample Coverage and Characteristics of Households and Respondents

A nationally representative sample of 5,475 households were selected from 365 enumeration areas distributed in the four regions of the country. Of those, a total of 5,075 households were successfully interviewed, including 4, 956 women age 15–49 years, 4,646 men age 15–59 years and 2,711 children under five years of age. Response rates were generally high for all target populations (90 percent for women, 86 percent for men and 93 percent for children under age five). The overall response rate was 95 percent.



2. Child Mortality

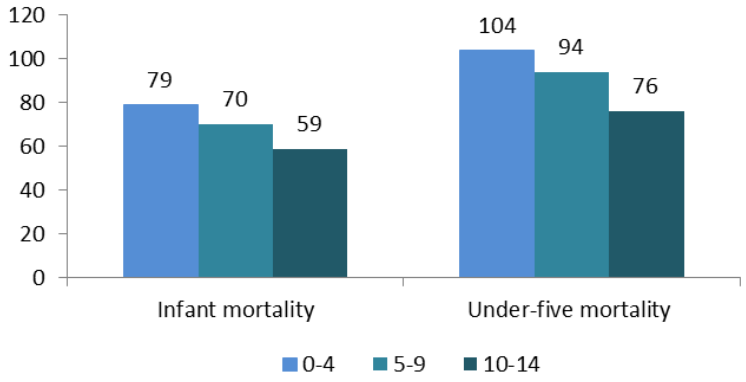
Identifying groups of children with the highest risk of dying enables policy makers and programme planners to better channel the resources and efforts to improve child survival and lower the exposure of infants and young children to risk.

Age specific child mortality is defined as follows:

- Neonatal mortality (NN): the probability of dying within the first month of life
- Infant mortality: the probability of dying before the first birthday
- Postneonatal mortality (PNN): the difference between infant and neonatal mortality
- Child mortality: the probability of dying between the first and fifth birthday
- Under-five mortality: the probability of dying between birth and the fifth birthday.

In the 2010 Swaziland MICS, a direct method based on birth histories of women was used to estimate child mortality rates in Swaziland. All rates are expressed per 1,000 live births, except for child mortality, which is expressed per 1,000 children surviving to 12 months of age. The results indicate that infant mortality five years preceding the survey is 79 per 1,000 live births and under five mortality five years preceding the survey is 104 per 1, 000 live births.

Figure 1: Neonatal, Postneonatal, Infant mortality, Child mortality and Under-five mortality rates for five year periods preceding the survey, Swaziland , 2010



UNICEF/SZ/MFesser

Millennium Development Goal

Reduce child mortality:
Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

Indicators available in MICS4:
- Neonatal mortality
- Postneonatal mortality
- Under-five mortality rate
- Infant mortality rate
- Proportion of 1-year-old children immunized against measles (see section on Child Health)

3. Nutrition

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 2010 Swaziland MICS, weights and heights of all children under five years of age were measured using anthropometric equipment recommended by UNICEF. The reference population is based on new WHO growth standards.

Nutritional status

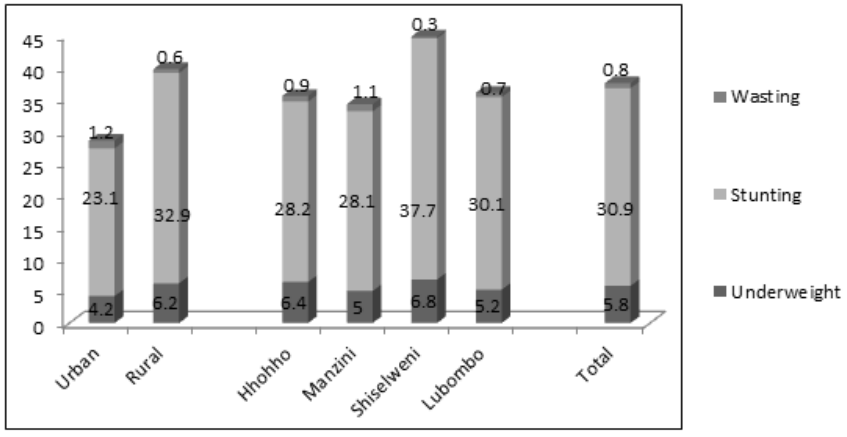
Underweight: Nationally, 6 percent of children under age five are underweight, meaning that they are thin for their age. Children most affected are those age 6–11 months (9 percent), those born from mothers with no or primary education, and those from the poorest households (8 percent for each group).

Stunting: Overall, 31 percent of under-five children are stunted, i.e., they are short for their age. Stunting is more prevalent in rural areas compared with urban areas (33 percent vs. 23 percent). The stunting prevalence is especially high in Shiselweni (38 percent). Children whose mothers have no education or primary education and those from the poorest households have the highest rates of stunting (40 percent, 38 percent and 42 percent, respectively).

Wasting: Only 1 percent of under-five children are wasted, meaning that they are thin for their height.

Overweight: Eleven percent of under-five children are overweight for their age.

Figure 2: Percentage of children under five who are wasted, stunted and underweight, Swaziland, 2010



Millennium Development Goal

Eradicate extreme poverty and hunger:
Reduce by half between 1990 and 2015 the proportion of people who suffer from hunger.

Indicators available in MICS4:
- Prevalence of underweight children under five years of age

UNICEF/SZ/GPirozzi

Figure 3: Percentage of children receiving bottle-feeding, adequate feeding, complementary feeding, exclusive breastfeeding and ever breastfed, Swaziland, 2010

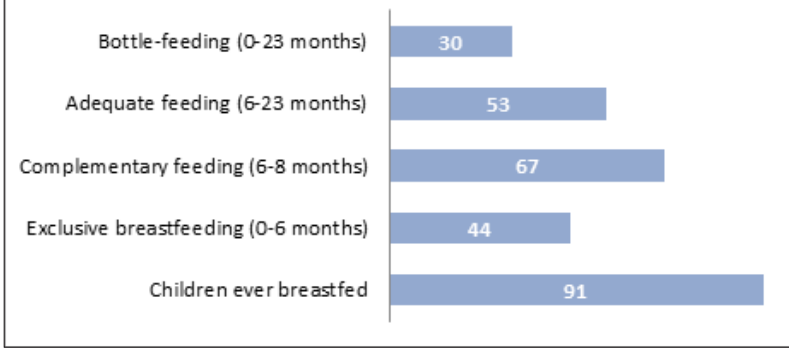
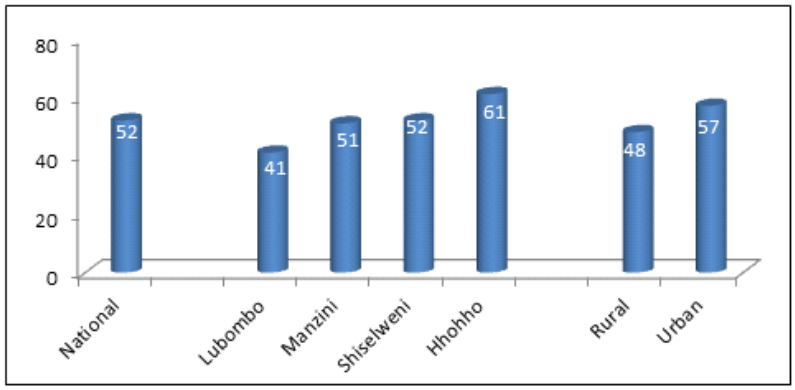


Figure 4: Percentage of households consuming iodized salt, Swaziland, 2010



Breastfeeding

World Health Organization (WHO) guidelines on infant and young child feeding (IYCF) recommend that infants be breastfed within one hour of birth, breastfeed exclusively for the first six months of life and continue to breastfeed for two years or more, while introducing nutritionally adequate, safe and age appropriate, complementary feeding starting at six months.

About 55 percent of children are breastfed within the first hour of birth and 44 percent of children less than six months are exclusively breastfed. The mean duration of exclusive breastfeeding is three months. Further analysis shows that other foods are introduced too early before the age of 6 months.

At six months of age onwards, children should be introduced to two or more meals of solid, semi-solid or soft foods. Only 67 percent children 6–8 months are introduced to other foods and 53 percent are fed adequately. Bottle-feeding is prevalent: 30 percent of children 0–2 months are bottle-fed.

Salt iodization

Use of non-iodized salt can pose a risk to children's mental growth and development and can contribute to poor school performance, reduced intellectual ability and impaired work performance. In the 2010 Swaziland MICS, salt used for cooking was tested for iodine content by using salt test kits. Only 52 percent of households use adequately iodized salt. Use of adequately iodized salt was lowest in Lubombo (41 percent) and highest in Hhohho (61 percent). About 57 percent of urban households were found to be using adequately iodized salt compared with 49 percent in rural areas.

Vitamin A supplements

Vitamin A is essential for proper functioning of the immune system including eye health. The 2010 Swaziland MICS shows that 68 percent of children 6–59 months received Vitamin A supplementation during the last six months preceding the survey. The percentage of children who received Vitamin A supplementation was highest in Shiselweni (81 percent) and lowest in Lubombo (55 percent).

Low birth weight

Low birth weight is when a newborn baby weighs less than 2,500 grams. This carries a range of critical health risks for children, such as death during their early months and years, and those who survive have impaired immune function and increased risk of disease among other risks. The 2010 Swaziland MICS indicates that 9 percent of infants have low birth weight. The prevalence of low birth weight is higher for children born from mothers with no education (12 percent) compared with those born from mothers with high education (5 percent).

4. Child Health

Immunization

Immunization for the six major vaccine-preventable diseases, along with early diagnostics and treatment, can prevent a large proportion of childhood deaths. Overall, 83 percent of children age 12–23 months are fully immunized before they reach their fifth birthday. Almost all these children receive recommended vaccinations at birth; 98 percent and 97 percent received BCG and polio vaccination at birth, respectively. The coverage for measles vaccine by 12 months is 98 percent.

Tetanus toxoid

The Tetanus toxoid (TT) vaccine prevents tetanus among pregnant women and among infants. Nationally, 79 percent of women age 15–49 years with a live birth in the last 12 months received the vaccine. The coverage was highest in Manzini (84 percent) and lowest in Hhohho and Lubombo (75 percent and 74 percent, respectively).

Millennium Development Goal

Combat HIV/AIDS, malaria and other diseases. Halt and begin to reverse the incidence of malaria and other major diseases.

Indicators available in MICS4:

- Proportion of population using solid fuels
- Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures
- Children under age 5 sleeping under insecticide treated nets (ITNs)
- Proportion of 1-year-old children immunized against measles
- Anti-malarial treatment of children under 5

UNICEF/SZ/GPirozzi

Diarrhoea and oral rehydration treatment

Diarrhoea is a leading cause of death among children under five in Swaziland. Proper management of diarrhoea – either through oral rehydration salts (ORS) or a recommended home fluid – can prevent many of these deaths.

The 2010 Swaziland MICS shows that 16 percent of children had diarrhoea in the two weeks preceding the survey. Overall, 81 percent of these children received oral rehydration therapy (ORT), that is, they received an oral rehydration solution or a recommended sugar salt solution with increased fluids. Less than half (48 percent) received ORT with continued feeding. Children in rural areas are less likely to continue feeding during diarrhoeal episodes compared with urban children (46 percent vs. 57 percent).

Care seeking and antibiotic treatment of pneumonia

Pneumonia is another leading cause of death among under five children in Swaziland; appropriate treatment using antibiotics is a key intervention for child survival and development.

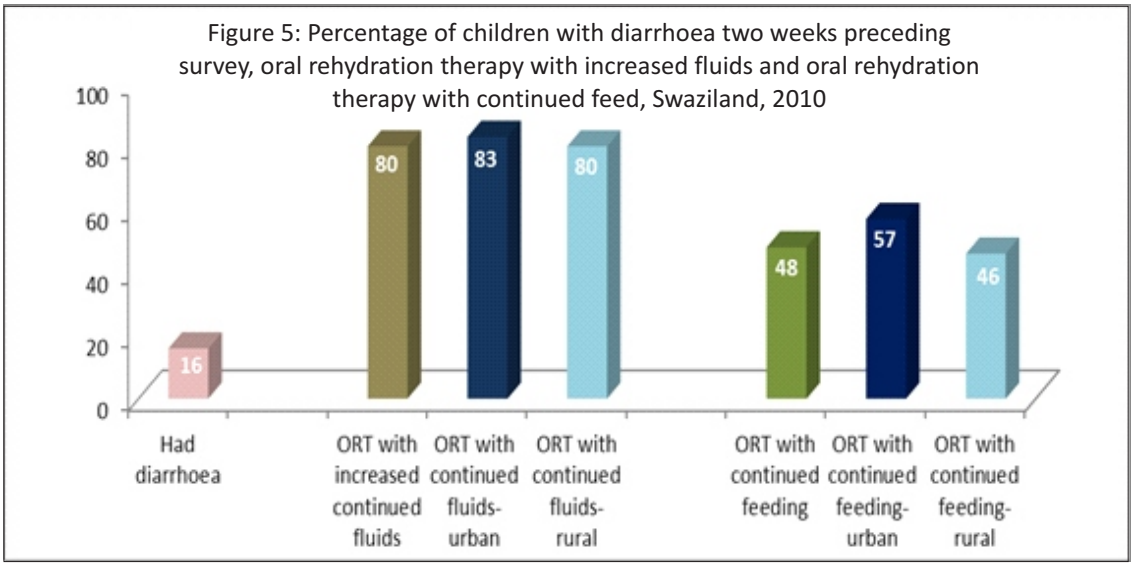
The mother's ability to identify danger signs of pneumonia is an important determinant for early care-seeking behaviour. The two most dangerous signs of pneumonia for children are fast breathing and difficult breathing. The survey indicates that less than 2 percent of mothers know of these two danger signs.

Malaria

Malaria transmission is prevalent along the country's eastern border, particularly in the Lubombo region. Approximately 30 percent of the population live in malaria-endemic areas and transmission occurs in the rainy season between November and May, with a peak in February and March. Data collection for the survey was conducted from August to November, a period outside the malaria transmission period.

Nationally, 11 percent of households have at least one mosquito net. Ownership of a mosquito net is higher among households in endemic areas compared with those in non-endemic areas (28 percent vs. 3 percent). Twelve percent of households had interior walls sprayed to prevent against mosquitoes in the past 12 months. Indoor residual spraying (IRS) is more frequent among households within endemic areas (36 percent) and those located in Lubombo (50 percent). Use of mosquito nets is low for both children and pregnant women (2 percent). Sleeping under an ITN for these populations is most common in malaria-endemic areas and in Lubombo.

Figure 5: Percentage of children with diarrhoea two weeks preceding survey, oral rehydration therapy with increased fluids and oral rehydration therapy with continued feed, Swaziland, 2010



5. Water and Sanitation

Nationally, 67 percent of the population are using an improved source of drinking water – 91 percent in urban areas and 60 percent in rural areas. The main source of drinking water is piped water into the dwelling, yard or plot (used by 37 percent of the population), followed by a public tape (16 percent). Improved water sources are piped water into the dwelling, yard or plot, a public water tap, a borehole, a protected well, and a protected spring or rain water.

Improved sanitation facilities refer to: (1) flush or pour-flush to a piped water system, a septic tank or pit latrine; (2) a ventilated improved pit latrine; and (3) a pit latrine with a slab. Data from the 2010 Swaziland MICS indicate that about 54 percent of the population use (non-shared) improved sanitation. A total of 15 percent use the veld or open place for excreting waste. Open defecation is most common in Lubombo (27 percent), in rural areas (20 percent), among populations with no education (30 percent) and those from the poorest households (47 percent).

Hand washing with water and soap is an effective measure to prevent the spread of diarrhoea and other communicable diseases among children. Nationally, 74 percent of households have visible places for hand washing and of these 47 percent have both water and soap available.

6. Reproductive Health

Healthy children need healthy mothers. Complications during pregnancy and at childbirth are a leading cause of death and disability among women of reproductive ages.

Fertility

Overall, a Swazi woman gives birth to 3.7 children during her entire reproductive lifespan. Rural women have a higher fertility rate (3.9) compared with urban women (3.1).

Contraception

The contraceptive prevalence is 65 percent among married or in union women and 49 percent among all women. The most frequently used contraceptive methods among married or in union women are male condoms (used by 22 percent), injectables (21 percent) and pills (11 percent). The unmet need, i.e., the proportion of women who are not using any method of contraception but who wish to postpone the next birth or who wish to stop childbearing altogether, is 13 percent.

Millennium Development Goal

Ensure environmental sustainability: Reduce by half the proportion of people without access to safe drinking water and basic sanitation by 2015.

Indicators available in MICS4:

- Proportion of population with sustainable access to an improved water source, urban and rural
- Proportion of population with access to improved sanitation, urban and rural

UNICEF/SZ/GPirozzi

Antenatal care and assistance at delivery

Antenatal care coverage is universal; 97 percent pregnant women visit qualified health personnel (doctor, nurse or midwife) for antenatal care and most (77 percent) visit four or more times. Nationally, 80 percent of deliveries occur in health facilities and 82 percent of pregnant women are delivering babies with the assistance of skilled personnel. About 15 percent of deliveries occur at home.

Almost 8 percent of women in the reproductive age group who gave birth in the two years preceding the survey have or have had obstetric fistula, a condition in which a woman suffers from incontinence of urine and / or stool.

7. Child Development

A period of rapid brain development occurs in the first 3–4 years of life, and the quality of home care is one of the major determinants of a child's development during this period.

In Swaziland, one in three children age 36–59 months is attending Early Childhood Care and Education (ECCE). There are marked differences of attendance by region, with the highest attendance rate in Lubombo (49 percent) and the lowest attendance rate in Manzini (23 percent).

Engagement of adult household members in activities that promote learning and school readiness (such as playing, reading, counting and drawing) for children age 36–59 months is essential. Overall, among 50 percent of the children, an adult household member participated in more than four activities that promote learning and school readiness during the three days preceding the survey.

Sixty-nine percent of children age 36–59 months had two or more types of playthings to play with in their homes. However, only 4 percent of households have three or more books to enhance learning for these children.

Leaving children alone or in the presence of other young children is known to increase the risk of accidents. The results reveal that 15 percent of under-5 children are exposed to that risk. The practice is more common in rural areas (16 percent of children) than in urban area (10 percent).


UNICEF/SZ/GPirozzi

Millennium Development Goal

Improve maternal health. Reduce the maternal mortality ratio by three quarters by 2015.

Indicators available in MICS4:
- Maternal mortality ratio
- Proportion of births attended by skilled health personnel
- Contraceptive prevalence rate (used to monitor the goal " Combat HIV/AIDS, malaria and other diseases")

8. Education

Adult literacy

The literacy rate is 94 percent among women age 15–24 years and 91 percent among men age 15–24 years.

Pre-school attendance and school readiness

Nationally, 53 percent children who were in grade 1 in 2010 attended pre-school in 2009. Pre-school attendance is higher among children from urban areas compared with those in rural areas (74 percent vs. 50 percent). Regional disparity is also pronounced; 62 percent of first graders in Hhohho and Manzini attended pre-school compared with 44 percent in Shiselweni and 40 percent in Lubombo.

Primary and secondary school participation

Overall, 97 percent of children age 6–12 years attend primary or secondary school. The net primary school attendance is 96 percent for boys and 97 percent for girls, indicating gender parity in primary school attendance. School attendance is substantially lower for secondary school children, with a net secondary school attendance ratio of 47 percent.

There is a high proportion of over-aged children in primary and secondary schools: out of children age 13–17 years who are expected to be in secondary school at the beginning of the 2010 school year, 14 percent of those age 17 years were still in primary school. About 40 percent of children age 15 years and 25 percent of children age 16 years were still attending primary school.

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. The rate can exceed 100 percent. In Swaziland, the primary school completion rate is 91 percent. The high completion ratio is likely to reflect the high proportion of secondary school going age children still attending primary school.

The transition rate to secondary school is defined as the proportion 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 to the total number of children who are attending the first grade of secondary school. The transition rate to secondary school in Swaziland is 84 percent.

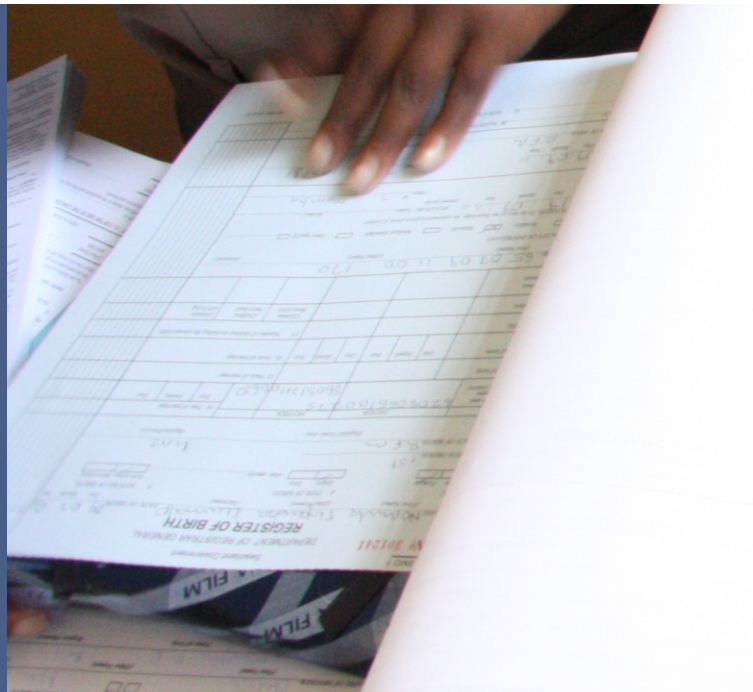
Millennium Development Goal

Achieve universal primary education: Eliminate gender disparity in primary and secondary education by 2005. Ensure that all boys and girls complete a full course of primary schooling by 2015.

Promote gender equality and empower women: Eliminate gender disparity at all levels of education by 2015 and empower women.

Indicators available in MICS4:

- Net enrolment ratio in primary education
- Proportion of pupils starting grade 1 who reach grade 5
- Primary completion rate
- Ratio of girls to boys in primary, secondary and tertiary education



9. Child Protection

Birth Registration

The Birth, Marriage and Death Registration Act mandates the compulsory registration of births in Swaziland. The target for 2011 is to increase the registration of births to 80 percent by year 2015. The survey shows that overall, 50 percent of children under five years (0–59 months) have been officially registered and 30 percent own birth certificates.

Child labour

In the 2010 Swaziland MICS, a child is considered to be involved in child labour activities if during the week preceding the survey they performed 28 hours of domestic work or at least one hour of economic work for those age 5–11 years or 14 hours of economic work for those age 12–14 years. The survey indicates that overall, 42 percent of children in Swaziland engage in child labour. The result largely reflects a high proportion of children aged 5–11 years performing one or more hours of economic work (59 percent). Overall, child labour is more prevalent in rural areas compared to urban areas (46 percent vs. 20 percent) and is highest in Lubombo (49 percent).

Child discipline

The levels of child discipline are high. Eighty-nine percent of children age 2–14 years experience at least one form of psychological aggression or physical punishment by their caretakers or other household members. Boys are more prone to receiving physical discipline than girls. Noteworthy is that 82 percent of respondents believe that children should be physically punished.

Early marriage and polygamy

In Swaziland, 2 percent of women marry before 15 years of age. Among men, marriage does not occur before age 15. Eleven percent of women marry before age 18 compared with only 2 percent for men. More women are in polygamous marriage/unions than men (13 percent vs. 7 percent). Polygamy is more prevalent in rural areas: 15 percent of rural women are in polygamous marriage/union compared with 8 percent of urban women. Eight percent of rural men are in polygamous marriage/union compared with 5 percent of urban men.

Attitudes towards domestic violence

Overall, 39 percent of women and 33 percent of men believe that there are circumstances under which hitting their partners could be justified. For both women and men, the most frequently cited circumstance was when their spouse or partner "sleeps with another man or woman". It is interesting to note that the percentage of respondents that believe that spouse/partner beating could be justified is the highest among the youngest age groups (15–19 and 20–24 years).

10. HIV/AIDS and Sexual Behaviour

Knowledge of HIV transmission and HIV testing

Nationally, almost all women and men (99 percent) have heard of HIV. However, only 59 percent of women and 55 percent of men have comprehensive knowledge about HIV transmission. Knowledge of a place to get tested for HIV is 94 percent for women and 90 percent for men. More women have ever been tested (73 percent) compared with men (47 percent). The proportion of women and men who have ever been tested for HIV and received results is 47 percent among women and 32 percent among men. Eighty-nine percent of women who attended ANC tested for HIV during pregnancy.

Sexual behaviour related to HIV transmission

In the 2010 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 survey shows that nationally, 55 percent of never married women age 15–24 years and 64 percent of never married men age 15–24 years have never had sex. Only a small proportion of youth age 15–24 years had sex before age 15 (4 percent for women and 3 percent for men).

Sex with multiple partners is more common among men than among women; 15 percent of men age 15–59 years had sex with more than one partner in the last 12 months, whereas only 3 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, 69 percent of men and 73 percent of women reported using a condom during last sex.

Millennium Development Goal

Combat HIV/AIDS, malaria and other diseases:
By 2015 hault and begin to reverse the spread of HIV/AIDS and the incidence of malaria and other major diseases.

Indicators available in MICS4:
- Condom use at last high-risk sex
- Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS
- Ratio of school attendance of orphans to school school attendance of non-orphans aged 10-14 years
- Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures (see section on Child Health)

UNICEF/SZ/RHearfield

11. Sexually Transmitted Infections (STIs)

The self-reported prevalence of STI symptoms in the last 12 months is 6 percent for both women and men. Among those who have had STI symptoms in the last 12 months, a larger proportion of women than men reported to their partners with whom they had sex (80 percent vs. 61 percent). Among those who reported having had STIs in the last 12 months, 86 percent of women and 80 percent of men sought advice or treatment.

12. Male Circumcision

The Government of Swaziland has set a goal of circumcising 80 percent of 15–49 year-old males by the end of 2011. The 2010 Swaziland MICS shows that nationally, 19 percent of men age 15–59 years are circumcised. The rate is higher among urban men compared with rural men (26 percent vs 16 percent). Male circumcision varies according to region. The rate is higher for men residing in Manzini compared with those in Shiselweni (25 percent vs 14 percent). Of those who are circumcised, 20 percent reported that they were circumcised below age one. The most frequently reported reason for getting circumcised was "health/hygiene" (52 percent), followed by "HIV/AIDS prevention" and "tradition/religion" (22 percent and 18 percent, respectively).

Overall, 81 percent of men reported that they want their sons to be circumcised. Among those who reported that they would not want their sons to be circumcised, the most frequently cited reason was tradition/religion (37 percent), followed by "fear/pain" and "other" (29 percent and 27 percent, respectively).

13. Orphaned and Vulnerable Children (OVC)

The proportion of children orphaned or vulnerable is 45 percent; 24 percent are single or double orphaned and 30 percent are considered vulnerable. Shiselweni has a slightly higher percentage of orphaned children (26 percent) while Lubombo has the highest percentage of vulnerable children (37 percent).

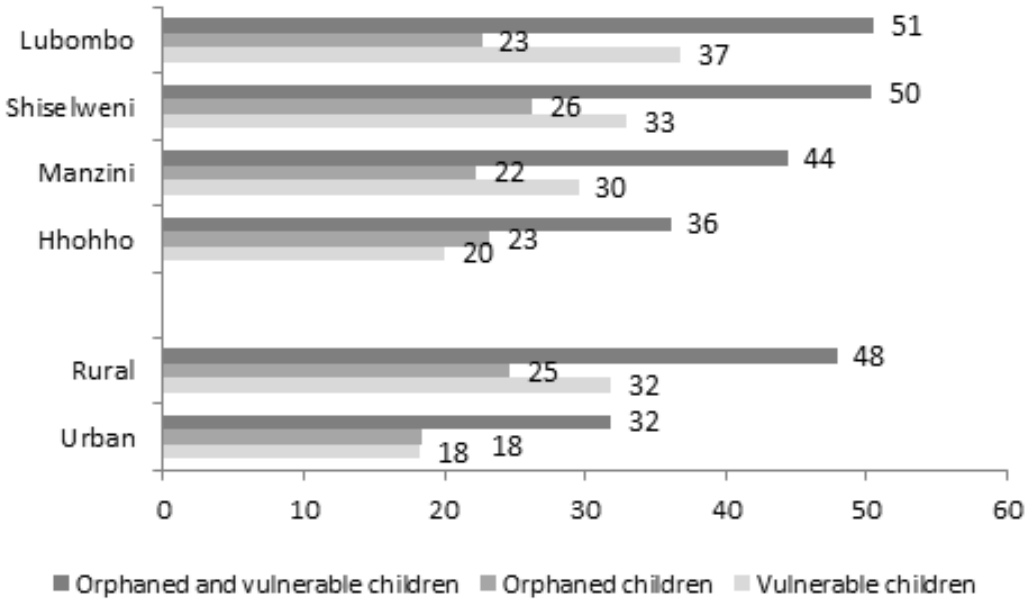
Basic material needs
In the 2010 Swaziland MICS, the availability of basic material needs (one meal per day, two pairs of clothing and one pair of shoes) was assessed for all children age 5–17 years. The results indicate that compared with non-OVC, OVC are generally disadvantaged in terms of meeting their basic material needs. Sixty-two percent of OVC have all three material needs met compared with 80 percent for non-OVC.

School attendance
The percentage of OVC currently attending school is 98 percent for age 10–14 years and 94 percent for age 6–17 years, while that of non-OVCcurrently attending school is 98 percent for age 0–14 years and 96 percent for age 6–17 years. The comparisons of school attendance rates between OVC and non-OVC suggest that OVC do almost as well as non-OVC in terms of school attendance, especially for those age 10–14 years.

Nutrition
Overall, malnutrition is more prevalent among OVC compared with non-OVC. Nationally, 39 percent of OVC under five years of age are stunted compared with 28 percent for non-OVC. For underweight, the comparable figures are 8 percent for OVC and 5 percent for non-OVC.

Age at first sex
The percentage of children age 15–17 years who had sex before age 15 is marginally higher among OVC than non-OVC. This differential is driven primarily by female children; 4.3 percent of females had sex before age 15, while 2.4 percent of females not orphaned or vulnerable had sex before age 15.

Figure 6: Percentage of children orphaned or vulnerable by region and area of residence Swaziland, 2010



Selected MICS Indicators, Swaziland, 2010

INFORMATION ON HOUSEHOLDS	National	Residence		Region			
		Urban	Rural	Hhohho	Manzini	Shiselweni	Lubombo
Households using iodized salt (%)	51.6	57.4	48.5	60.9	50.6	52.0	41.1
Households with insecticide-treated nets (%)	9.9	5.4	12.3	5.4	4.4	1.0	33.7
Households with electricity for cooking (%)	16.8	49.6	6.9	19.2	27.7	5.8	10.7
Households using improved drinking water sources (%)	67.3	91.1	60.1	79.3	74.6	49.1	62.4
Households using improved sanitation facilities (not shared) (%)	53.8	50.7	54.7	54.9	52.4	58.9	48.2
INFORMATION ON CHILDREN							
Infant mortality rate (per 1,000 live births)	79	77	74	57	86	81	73
Under-five mortality rate (per 1,000 live births)	104	102	98	78	114	108	94
Children age 0–5 months exclusively breastfed (%)	44.1	35.5	47.3	47.3	42.5	38.2	50.0
Children age 6–59 months who received a vitamin A supplement in the previous 6 months (%)	68.0	69.1	67.7	60.2	71.5	81.0	55.3
Children age 12–23 months receiving measles vaccine before age 1 (%)	97.8	98.8	97.6	97.1	99.1	95.2	100.0
Children under age 5 who are stunted (%)	30.9	23.1	32.9	28.2	28.1	37.7	30.1
Children under age 5 who are underweight (%)	5.8	4.2	6.2	6.4	5.0	6.8	5.2
Children with diarrhea receiving ORT (%)	80.6	82.8	80.1	83.2	79.6	79.7	79.8
Children under age 5 whose births are registered (%)	49.5	61.5	46.5	51.2	54.9	42.0	48.8
Children reaching grade 7 (%)	92.7	94.8	91.5	89.8	93.0	91.6	94.6
Children age 5–14 involved in child labour (%)	42.2	20.1	46.4	37.3	38.8	45.3	48.8
Prevalence of orphans - children under age 18 with at least 1 dead parent (%)	23.6	18.5	24.7	23.2	22.2	26.2	22.6
INFORMATION ON WOMEN							
Women age 15–19 who have had a live birth or who are pregnant with the first child (%)	14.5	12.8	14.9	12.3	14.1	16.5	14.9
Women age 15–49 using a modern family planning method (%)	63.0	69.0	60.5	60.6	66.0	62.9	61.2
Mothers age 15–49 receiving at least 2 doses of tetanus toxoid vaccine years (%)	70.8	71.1	7.08	67.2	72.8	73.9	68.4
Pregnant women age 15–49 receiving antenatal care (%)	97.0	94.8	97.4	94.1	98.5	97.1	96.9
Pregnant women age 15–49 receiving assistance at delivery (%)	82.2	89.3	79.6	82.2	90.3	78.4	72.3
Comprehensive knowledge about HIV prevention among women age 15–24 (%)	58.2	69.7	54.5	60.6	64.1	51.8	53.9
Condom use with non-regular partners among women age 15–24 (%)	73.1	80.5	70.5	78.0	75.9	66.6	71.9

MDG indicators, Swaziland, 2010

Goal	Indicator	Value		
		Male	Female	Total
Eradicate extreme poverty and hunger	Prevalence of underweight children under age 5 (%)	6.7	5.0	5.8
Achieve universal primary education	Primary school completion rate (%)	80.7	102.2	91.3
	Proportion of pupils starting grade 1 who reach grade 7 (%)	91.6	92.7	92.7
Promote gender equality and empower women	Primary school adjusted net attendance ratio	96.0	97.0	96.5
	Secondary school adjusted net attendance ratio	42.0	52.4	47.2
Reduce child mortality	Under-five mortality rate (deaths per 1,000 live births)	104	95	94
	Infant mortality rate (deaths per 1,000 live births)	79	70	79
	Proportion of 1 year-old children immunized against measles (%)	97.9	97.7	97.8
Improve maternal health		Urban	Rural	Total
	Proportion of births attended by skilled health personnel (%)	89	80	82
Combat HIV/AIDS, malaria and other diseases		Male	Female	Total
	Condom use at last high-risk sex among age 15–24 years (%)	90.6	73.1	-
	Percentage of population age 15–24 years with comprehensive correct knowledge of HIV/AIDS (%)	53.6	58.2	-
	Ratio of school attendance of orphans to school attendance of non-orphans age 10–14 years	0.98	0.99	0.99
		Endemic	Non-endemic	Total
	Proportion of population in malaria risk areas using effective malaria prevention measures (%)	45.2	2.3	16.2
Ensure environmental sustainability		Urban	Rural	Total
	Proportion of the population with sustainable access to an improved water source (%)	91.1	60.1	67.3
	Proportion of the population with access to (non-shared) improved sanitation (%)	50.7	54.7	53.8

Swaziland

Multiple Indicator Cluster Survey

2010