

Child Health and Nutrition

One child in twelve born in Swaziland dies before reaching his fifth birthday; 70 percent of these deaths take place during the child's first year. The infant mortality rate is 85 deaths per 1,000 live births, estimated for 2002-2006. Mortality rates for infants and children have risen in recent years, reflecting the impact of the HIV/AIDS epidemic.

Addressing HIV/AIDS and, particularly, preventing mother-to-child transmission will save many young lives. Beyond preventing HIV transmission, however, most infants would survive if they received the full series of recommended vaccinations, obtained early treatment for the leading childhood diseases—acute respiratory infection (ARI), fever, and diarrhoea—and adequate nutrition. The 2006-07 SDHS provides new information about the prevalence of early childhood health problems and the frequency of treatment.

Many Children Not Fully Vaccinated

Three quarters (74 percent) of Swazi children ages 12-23 months receive all of the recommended vaccinations by age 12 months. Just 3 percent receive no vaccinations at all. While vaccination coverage has increased substantially in recent years, one child in four still does not receive the full recommended series of vaccinations in the first year of life.

Prompt Care Needed for Acute Respiratory Infections, Fever, and Diarrhoea

ARI is one of the main causes of illnesses and deaths among young children. Symptoms include coughing accompanied by short rapid breathing. Fever can be a sign of malaria and other acute infections in children. Severe diarrhoea, often caused by contaminated water and poor hygiene, can lead to dehydration and death. For each of these medical conditions, early diagnosis and treatment can save lives. The SDHS examined prevalence of and treatment for each of these common childhood illnesses:

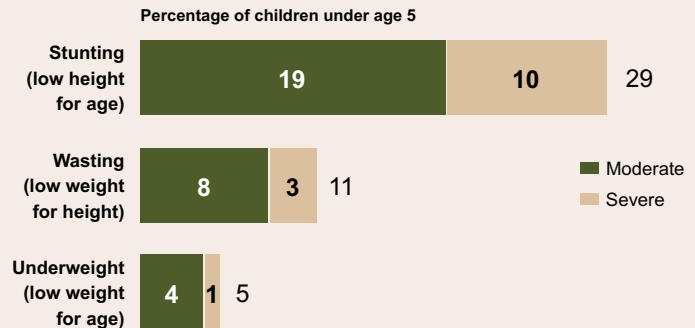
- **ARI.** Eight percent of children under age five experienced symptoms of ARI in the two weeks preceding the survey. Most of these children (73 percent) received treatment from a health provider, and one-quarter (24 percent) were given an antibiotic.
- **Fever.** Just over one-fourth of children under five (28 percent) had a fever in the two weeks before the survey. Among children with fever, about six in ten (58 percent) received treatment from a health provider, and one in five (17 percent) were given an antibiotic.
- **Malarial fever.** Despite the well known link between fever and malaria, only about 1 percent of children with fever were treated with antimalarial drugs. Even in Lubombo Region, where malaria is endemic and where 47 percent of children experienced fevers, only 1 percent received treatment for malaria.
- **Diarrhoea.** Thirteen percent of young children had diarrhoea in the two weeks before the survey. As expected, diarrhoea is more prevalent among children in households with an unimproved drinking water source or unimproved or shared toilet facilities, in rural areas, and among children in the lowest wealth quintile. In most cases of diarrhoea (72 percent), children are taken to a health provider, and about 9 in 10 children receive some form of oral rehydration therapy. Six percent, however, receive no treatment at all.

Children Are Often Undernourished

Many children in Swaziland do not receive adequate nutrition. Poorly nourished children are more susceptible to infection and often do less well in school.

- Stunting (below average height for age). About 3 in 10 children (29 percent) under age five are stunted, including 10 percent severely stunted. Stunting reflects failure to receive adequate nutrition over a long period and is affected by recurrent and chronic illness.
- Wasting (below average weight for height). About 3 percent of children are considered to be wasted, including 1 percent severely wasted. Wasting reflects failure to receive adequate nutrition in the period immediately preceding the survey, and may be the result of inadequate food intake or a recent episode of illness causing onset of acute malnutrition.
- Underweight (below average weight for age). Six percent of children are underweight compared to the WHO standard, including 1 percent severely underweight. Underweight status reflects stunting and wasting together, taking into account both acute and chronic malnutrition.
- Anaemia. Two in five children suffer from anaemia, most often due to malaria, intestinal worms, or a diet low in iron. Anaemia can reduce a child's resistance to infection and cause learning disabilities.

Nutritional status of children



As well as coping with the HIV/AIDS epidemic, addressing the common diseases of early childhood and ensuring good nutrition are crucial to reducing deaths among young children and to building Swaziland's future.

Maternal Health and Mortality

Pregnancy can pose serious health risks for women. The health care that a mother receives during pregnancy, at the time of delivery, and soon after delivery is important for her well-being, as well as for her child. Most maternal deaths can be prevented with good antenatal, obstetric, and postnatal care. The 2006-07 SDHS contains valuable information to help policy makers and programme managers safeguard women's health.

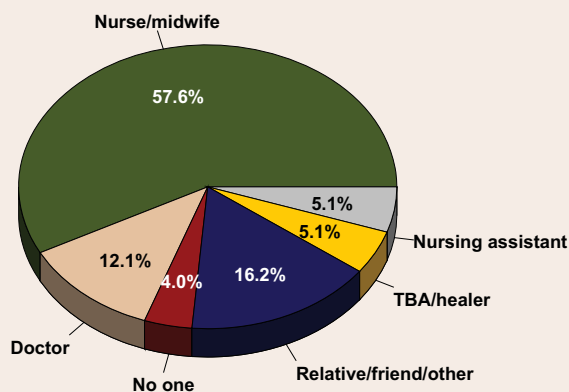
Antenatal Care Available, but Improvements Needed

Receiving antenatal care (ANC) from a skilled provider—a doctor, nurse, midwife, or nursing assistant—can identify and treat such problems as anaemia and infections that occur during pregnancy. The 2006-07 SDHS found that nearly all women (97 percent) received ANC from a skilled provider for their most recent birth in the last five years.

Women often do not obtain the level of care recommended by health professionals, however, and many say that they have faced problems obtaining medical care. Only one in four women received ANC in the first 12 weeks of pregnancy, as recommended by the World Health Organization, and only about three-quarters of women (78 percent) made at least four ANC visits, the minimum recommended number.

Among women who received ANC, many did not receive information about the signs of pregnancy complications. Being informed about complications was the least frequently offered component of care, behind physical examinations and testing. Providers told only about half of women (53 percent) of the signs of pregnancy complications. Women under age 20 were less likely than older women to receive such information. These findings are of particular concern because many women in Swaziland give birth at home, often without skilled delivery assistance. If they cannot recognize signs of complications and know what to do about them, they and their children are at greater risk for illness and death.

Assistance during delivery



Percentage of births in the past 5 years which were assisted at delivery by a health care professional

Three in Four Women Give Birth in Health Care Facilities

The majority of pregnant women (74 percent) give birth in health care facilities, most in public clinics or hospitals. This is one of the highest rates in Africa. Despite this marked success, 26 percent of women still give birth at home. These women are most often helped by relatives or traditional birth attendants. Four percent of women deliver with no assistance at all.

The percentage of births delivered at a health facility, like the percentage delivered by a skilled provider, rises with the mother's levels of education and wealth. Only about half of births to the poorest women occur in a health

facility compared with over 90 percent of births to wealthiest women.

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Births in rural areas are more likely than urban births to take place at home (30 percent versus 11 percent). Only two-thirds of deliveries in Shisheweni Region are assisted by a trained health professional compared to 70 percent in Lubombo, 78 percent in Hhohho, and 80 percent in Manzini.

Postnatal Care Vital, But Rarely Received

Many maternal deaths occur within the first 48 hours after delivery. Postnatal care is recommended for both mother and child, to treat complications of delivery and to provide information about proper health care. Yet, only 22 percent of women received care within 2 days of birth. Over three-quarters (78 percent) of women did not receive any postnatal checkup.

Most Women Have Faced Problems Obtaining Health Care

Many women in Swaziland face serious problems getting medical care. Over three-quarters (78 percent) said they had had at least one such problem—primarily related to service delivery. Concerns about lack of drugs (69 percent) and health care providers (40 percent) are the most frequently cited problems. Twenty-five percent of women reported a problem in getting money for treatment, and 25 percent cited distance from a health facility. Rural women are more likely than urban women to cite problems in accessing health care, as are women with less education and wealth.

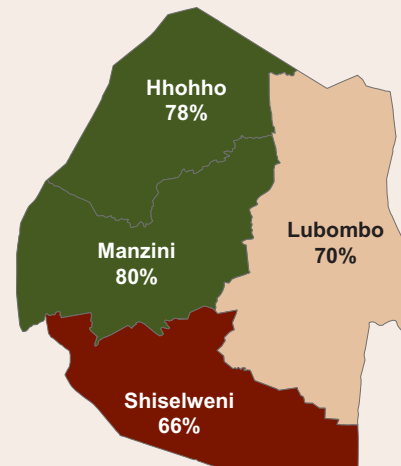
Many Maternal Deaths Can Be Avoided

For the 6 years preceding the 2006-07 SDHS (approximately 2001-2006), maternal mortality—that is, deaths associated with pregnancy and childbearing—represent an estimated 6 percent of all mortality among women age 15-49. HIV/AIDS-related mortality among young women may account for the low proportion of all deaths due to pregnancy and childbearing.

Expressed as a ratio, there are about 589 maternal deaths per 100,000 live births in Swaziland. That is, for every 1,000 births, about 6 women die of maternal causes.

With proper care almost all maternal deaths can be prevented. The findings from the SDHS point to the urgent need for better health care for pregnant women. The lives of thousands of women and their children are at stake.

Delivery by health professional by region



Percentage of live births in the past five years assisted by a health professional

Reproductive Health, Childbearing, and Family Planning

Decisions about beginning sexual activity, marrying, having children, and using contraception directly affect family health and the risk of contracting or transmitting HIV infection. Many men and women in Swaziland are not practicing healthy behaviour.

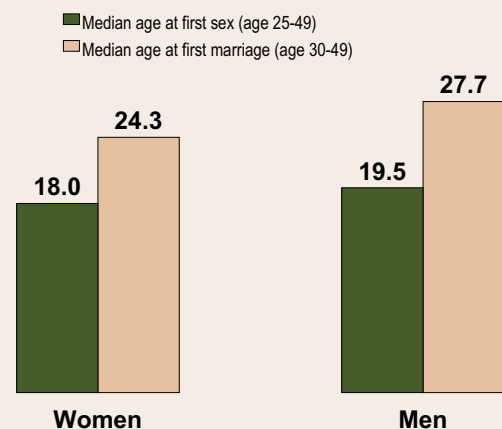
The 2006-07 SDHS shows that:

- A gap exists between age at sexual debut and at marriage.
- Just over half of women use contraception; many other women do not even though they would prefer to avoid pregnancy.
- Many pregnancies are unplanned.

Most Swazis Become Sexually Active Several Years before Marriage

About half of women in Swaziland become sexually active by age 18 but do not begin living with a partner until six years later, at about age 24. Among men, the gap between first sex and first union is even greater, about 9 years. Notably, urban women have a much larger gap between age at sexual debut and age at marriage than rural women, while differences by other background characteristics are small.

Age at first sexual intercourse and first marriage



Most Sexually Active Women Are Using Contraception

Half (51 percent) of married women age 15-49 are using family planning, almost all a modern method. The three most widely used methods are injectables (17 percent), male condoms (12 percent), and oral contraceptive pills (10 percent).

Sexually active unmarried women are even more likely to use contraception, particularly condoms. Among this group, 65 percent use any method. Thirty-four percent use male condoms, 17 percent use injectables, and 8 percent use the pill.

Among all women of reproductive age, including married and unmarried, use of modern contraceptives in Swaziland is 36 percent, behind only Namibia and Zimbabwe, among recently surveyed countries. Swazi women are starting contraceptive use earlier than in the past, and nearly half start using a method after having their first child (34 percent), or even before having a child at all (14 percent).

How Women Obtain Their Contraceptive Supplies and Information

Among women age 15-49, the most common source of modern contraceptives is a PHU/clinic, which supplies a quarter of all contraceptive users. Over one-third (38 percent) of condom users get their supplies at shops.

Many women receive family planning information from mass media messages, and to a somewhat greater extent than men. In the six months before the survey, 7 in 10 women (69 percent) heard messages on radio, 1 in 3 (28 percent) saw messages on television, and one-third (33 percent) in print media. Nonetheless, about one-quarter of women say they receive no family planning messages at all.

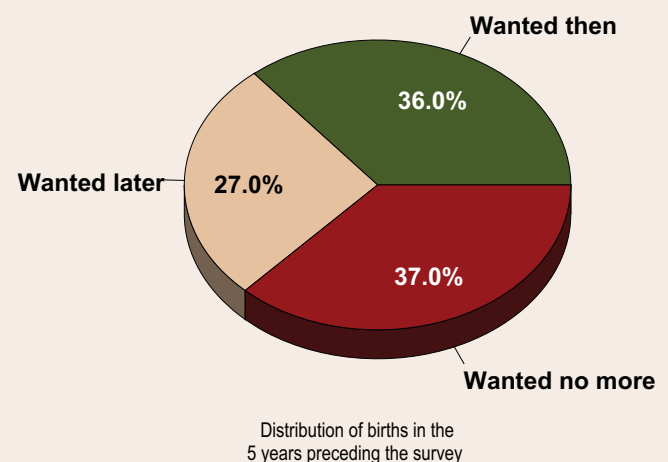
Among women who are not using contraception, about 8 in 10 say they have not discussed family planning with a health worker in the past year, either during a visit to health facility or as a result of a home visit by a family planning fieldworker. According to the SDHS, only about 1 woman in 3 who visited a health facility in the past year discussed family planning during the visit. These are missed opportunities to improve the health of women and their families.

Much Childbearing Is Unwanted

Despite substantial contraceptive use, many women are having unwanted pregnancies:

- Only about one-third (36 percent) of births are wanted at the time of conception. Thirty-seven percent are unwanted, while 27 percent are mistimed.
- About one-quarter (24 percent) of married women age 15-49 have unmet need for family planning—that is, they do not want to become pregnant but are not using any contraceptive method.

Are births properly planned?



Swazi women are far from achieving their fertility goals. Swaziland's total fertility rate (TFR) is 3.8 children per woman. The family size that women consider "ideal" is substantially lower, 2.5 children. And if all women could avoid unwanted childbearing, the national TFR would be just 2.1 children per woman.

Involving Men in Reproductive Health

SDHS findings suggest a need for men to be more involved in reproductive health. Swazi men and women have different attitudes towards family planning. About half of men (51 percent) want no more children, compared to more than two-thirds (68 percent) of married women. On average, most men want larger families than women. Nearly two-thirds (63 percent) believe that a woman who uses contraception may become promiscuous.

One in eight men (12 percent) considers contraception to be a woman's issue. Meanwhile, 1 in 8 married women (12 percent) are using contraception without their partner's knowledge, or are unsure about whether their partner knows. If men and women shared responsibility for reproductive health, they would be better able to practice healthy behaviour.

HIV/AIDS Knowledge, Attitudes, and Behaviour

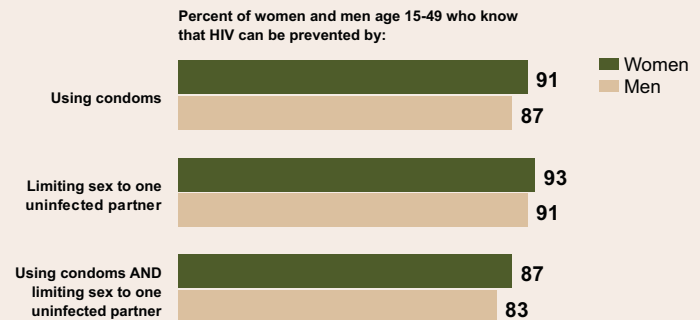
Knowledge is the first line of defense against HIV transmission. How much do Swazis know about AIDS prevention, and—even more important—how do they act upon what they know?

Knowledge about HIV/AIDS Often Lacking

Virtually all Swazi women and men age 15-49 have heard of HIV/AIDS. About 9 in 10 also can identify the three key prevention behaviours—consistent use of condoms, remaining faithful to an uninfected partner, and abstaining from sex. But many Swazi women and men continue to believe common misconceptions about HIV transmission, for example, that the virus can be spread by mosquito bites and sharing food with an infected person. About one-fourth of women and one-third of men do not know that breastfeeding can transmit HIV and that drugs are available to prevent mother-to-child transmission. Adults over 50 years of age are considerably less informed than younger men and women.

In light of the widespread prevalence of HIV/AIDS in Swaziland, these misconceptions suggest that many people may be at risk of HIV but remain unaware.

Knowledge of HIV prevention



Knowledge of mother-to-child transmission



Stigma about HIV/AIDS Still Exists

Reducing stigma about AIDS can help to impart correct information, dispel misconceptions, and promote more open discussion and between sexual partners and within families. According to the SDHS, among people age 15-49:

- While 9 in 10 women and men say they are willing to care for a family member with HIV in their own household, about one-third would keep that person's HIV status a secret.

- Over 70 percent know where to get an HIV test, but the majority has never gone for testing. Only about 36 percent of women and 17 percent of men have ever been tested and received their test results. About half were tested within the 12 past months. Over 40 percent of pregnant women were tested for HIV during an ANC visit for their most recent birth, however.
- About 7 in 10 women and men agree that children age 12-14 should be taught about using condoms to prevent AIDS.

Many Report Higher-Risk Sexual Activity

Despite widespread prevalence of HIV/AIDS, many people's sexual behaviour puts themselves and their partners at substantial risk for HIV infection. The SDHS asked women and men about their sexual behaviour, including higher-risk sex (defined as sex with a partner who is neither a spouse nor lived with the respondent), number of partners, and use of condoms in higher-risk sex. The SDHS found that:

- Among people who had sex within the past 12 months, 58 percent of the men and 44 percent of the women report having higher-risk sex.
- Among men who had sex within the past 12 months, nearly one-quarter say they had sex with two or more partners, compared with just 2 percent of women.
- Among men who engaged in higher-risk sexual activity during the past 12 months, 68 percent say they used a condom in their most recent higher-risk sexual intercourse, compared with 55 percent of women.

Many Young People Age 15-19 at Elevated Risk

Knowing how to prevent HIV/AIDS is crucial for young people just beginning sexual activity. Since many young people do not marry for five or more years after first becoming sexually active, they may be at higher risk of HIV infection. The SDHS found that:

- Only about half of young people age 15-19 have comprehensive knowledge of HIV/AIDS.
- Few young people who had sex in the past 12 months get tested for HIV—only 23 percent of women age 15-19, and 4 percent of men.
- Among never-married young people age 15-19, 30 percent of women and 15 percent of men report having sex in the past 12 months.
- Overall, although nearly 9 in 10 young people know where to obtain condoms, less than half use a condom the first time they ever have sex. Thus, many expose themselves to the risk of HIV at the very moment that they begin their sexual lives.

Orphans and Vulnerable Children

The HIV/AIDS epidemic has led to a growing number of orphaned and vulnerable children (OVC) in Swaziland. Today, nearly one-third (31 percent) of Swazi children under age 18 are orphans and/or are considered vulnerable. This startling development erodes traditional living arrangements and challenges the survival of many households.

The 2006-07 SDHS finds that:

- Only 22 percent of children under age 18 live with both parents
- 34 percent do not live with either parent
- 38 percent of children live with their mother
- 6 percent live with their father.

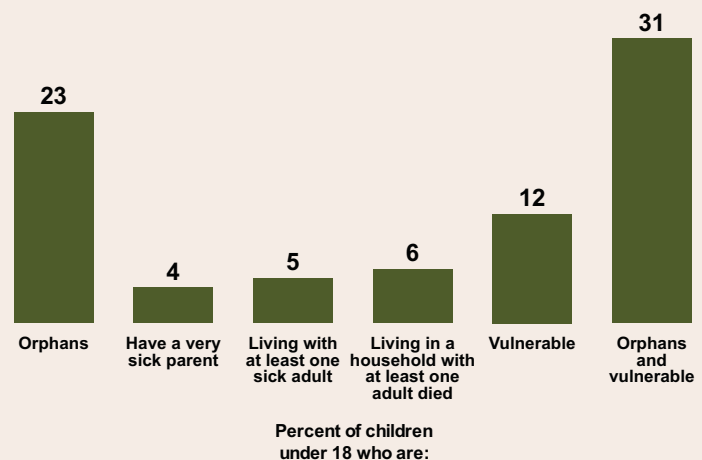
With so many Swazi children orphaned or living with chronically ill adults, there is an urgent need to provide community and programmatic support for these children and their families. Orphans and vulnerable children depend on other household members for care, while their households often depend on community assistance to survive.

The SDHS defines an orphan as a child below age 18 with either one parent or both parents dead. A vulnerable child is one below age 18 (whether orphaned or not) whose parent is very sick, or who lives in a household where an adult is very sick, or in which a very sick adult died within the 12 months preceding the survey. An adult is considered to be very sick—that is, chronically ill—if he or she is too ill to work or perform normal activities for at least three months.

Orphans and Vulnerable Children Are a Large Share of the Under-18 Population

More than one in four Swazi children under age 18 in Swaziland are orphans, having lost one or both parents. Children are twice as likely to have lost their father as their mother (18 percent and 9 percent, respectively). Another 1 in 8 Swazi children who are not orphaned are considered vulnerable because they are living in a household with chronically ill adult members.

Orphans and vulnerable children



Basic Material Needs Met Infrequently

Both orphans and children living with chronically ill adults face serious emotional, social, and economic challenges. They often lag behind other children in meeting their basic needs, for example, owning at least one pair of shoes and two sets of clothes, and having at least one meal per day. Only 6 in 10 orphans and vulnerable children (61 percent) have all these basic requirements, far fewer than the nearly 8 in 10 other children (77 percent).

Orphans and vulnerable children under five years of age are less likely to be well nourished than other children. The SDHS found 11 percent of orphans and vulnerable infants and children are underweight for their age, compared with 7 percent of other children. The difference is greatest in the 1-2 year age group.

Little Difference in School Attendance

One might expect that orphaned and vulnerable children would be more likely to leave school, either for lack of money or to care for sick adults at home. The SDHS shows little difference in school attendance among children 10-14 years old. School attendance is 90 percent or higher for orphans and vulnerable children, as it is for others.

One reason that orphans and vulnerable children in the 10-14 age group are able to maintain school participation may be that nearly half (47 percent) receive school-related assistance from sources other than the household. Such assistance can include an allowance, free admission, books, or supplies.

External Support Lacking for Medical, Social, Material, and Emotional Needs

Compared with support for schooling, external assistance for medical, social, material, and emotional needs is much less. The SDHS shows that few households containing OVC receive any support for purposes other than schooling. Well over half of all such households (59 percent) received no support at all in the 12 months preceding the survey.

Only 5 percent of households with OVC received medical care, supplies, or medicine, while 5 percent received companionship or counseling, and 8 percent received assistance for clothing, food, or other social and material needs.

Similarly, only about one in five households (22 percent) with chronically ill or recently deceased adults receive regular medical support or other care. When support is provided at all, it is most likely for medical purposes, at 17 percent.

HIV Knowledge and Attitudes: Youth Age 12-14

As the AIDS epidemic spreads, youth are becoming more at risk of contracting the disease. What can be done to ensure that they get correct information about the disease to help them protect themselves? With the consent of parents and guardians, the 2006-07 SDHS interviewed boys and girls age 12-14 (referred to here as youth) to learn what they know about AIDS.

Youth Know about Sex

According to the SDHS:

- Nearly two-thirds of youth (63 percent of girls and 59 percent of boys) know the meaning of having sex.
- About one-third of youth have attended life skills courses in school, and about one-third have discussed sex with a parent or other caregiver.
- Girls are twice as likely as boys to have talked about sex with a parent or caregiver—47 percent of girls compared with 25 percent of boys.
- About one in four boys believe that boys should control when, where, and how a couple should have sex, compared to only 9 percent of girls.

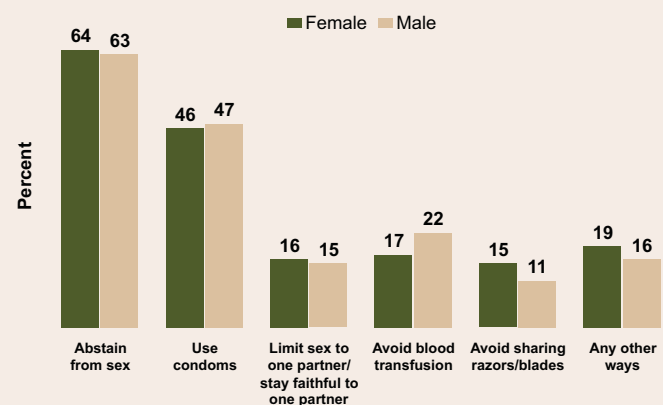
Youth Know about HIV/AIDS

Almost all youth have heard of HIV/AIDS, and about 8 in 10 know that it is possible to avoid getting AIDS. About the same percentage knows that a healthy-looking person can have AIDS.

Fewer youth know how to prevent HIV transmission. Among youth who know about HIV/AIDS, nearly two-thirds (64 percent) know that they can avoid contracting the disease by abstaining from sex. Only 15 percent know that remaining faithful to one partner is a way to avoid AIDS.

About half of youth (47 percent) know that using condoms is a way to avoid AIDS. Among boys, 8 in 10 know about the male condom compared to 7 in 10 girls. Fewer girls and boys know about the female condom—only 48 percent of girls and 37 percent of boys.

Knowledge of various modes to avoid AIDS



Youth Think They Should Learn about Using Condoms and Delaying Sex

Among youth who know about AIDS and condoms, over one-third (37 percent) think that children their age should be taught to use condoms as a way to avoid AIDS. Nearly two-thirds (62 percent) believe schools should teach children their age about waiting to have sex until they get married.

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Radio, TV, and other Media Inform Youth about HIV/AIDS

The mass media, particularly radio, play an important role in reaching boys and girls with HIV/AIDS messages. According to the SDHS, 70 percent of youth have heard messages about HIV/AIDS on the radio. Around one-third have received HIV/AIDS messages from TV, newspapers, leaflets, posters, and billboards, respectively. For each media source, the percentages are higher in urban than rural areas.

School Is the Most Important Source

The great majority of youth, 83 percent, obtain information about HIV/AIDS at school. The second most frequent source is health facilities, mentioned by half of girls and 4 in 10 boys. About two-thirds of youth (37 percent) receive HIV/AIDS information at religious meetings. About one-quarter (27 percent) learn about HIV/AIDS through AIDS organizations. Youth clubs and community meetings are less frequent sources. Notably, only one-third of youth have ever discussed HIV with their parents or caregivers, and only 15 percent had such a discussion in the last month. A significant proportion, one in four youth, want to talk about HIV/AIDS with their parents.

HIV/AIDS Information for Youth Can Be Improved

Based on what youth themselves say, information about HIV/AIDS for youth needs to be improved. Over 40 percent of both boys and girls said that the AIDS information they had received was confusing. About half of youth think what they have been told about HIV/AIDS focuses too much on condoms, while 6 in 10 say HIV/AIDS information focuses too much on abstinence. About half (52 percent) say it has too much focus on sex.

Few youth, only 7 percent, say information about HIV/AIDS encourages young people to have sex.

Only Half Know Where to Get Tested for HIV

Only 51 percent of youth know a place to be tested for HIV. Girls are more knowledgeable than boys, and urban youth more than rural youth. Among those who know where to get tested, 59 percent mention a government facility. Less than a quarter mention other types of testing facilities.



HIV Prevalence

Swaziland is facing a major HIV epidemic. Nearly 20 percent of Swaziland's population age 2 and older is infected with HIV, according to the 2006-07 SDHS, the first national survey in Swaziland to include HIV testing. Because it includes a representative national sample, the SDHS provides new insights about HIV prevalence and sexual practices that can improve prevention programmes. Swaziland must confront its sweeping epidemic before progress can be achieved in any sector of society.

Every Age Group Affected

The 2006-07 SDHS tested women and men age 15-49, children age 2-14, and adults age 50 and older. The chart below shows the percent affected with HIV.

One in four women and men age 15-49 are infected with HIV. As in other African countries, women carry the heaviest burden. Thirty-one percent of women have HIV compared to 20 percent of men. Women become infected earlier with almost twice as many 15-19 year-old-girls testing positive for HIV compared to boys the same age.

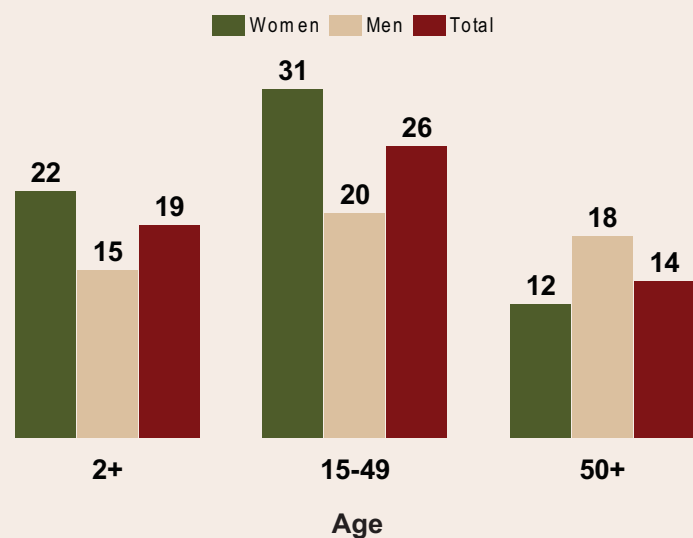
Infection rates peak for women age 25-29, when nearly half of women (49 percent) are infected with HIV. This is the highest rate of any age group either for women or men. Among men, HIV prevalence peaks at 45 percent, in the 35-39 age group.

While infection rates decline with age, a substantial proportion of older adults are infected—12 percent of women age 50 and older have HIV, and 14 percent of older men. Among boys and girls age 2-14, the percent with HIV is lower, but the statistics indicate that many thousands of children already have HIV.

Most May Not Know They Have HIV

Strikingly, nearly two-thirds (61 percent) of women and men age 15-49 infected with HIV probably are unaware of their status. Among people who test positive for HIV in the SDHS, over half (55 percent) were never tested previously, while 5 percent were tested but did not receive the most recent result. Men are much less likely than women to have been tested or to have received the test results.

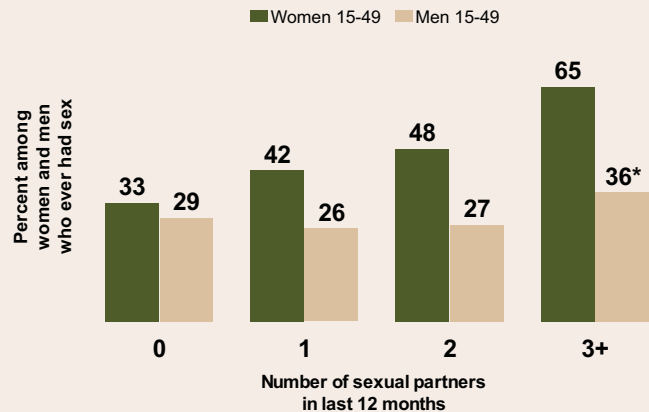
Percent infected with HIV, by sex and age group



Riskier Sexual Behaviour Linked to Higher HIV Prevalence

- Starting sex early and having multiple partners increases the risk of HIV infection. Women who start having sex before age 16 are 16 percent more likely to be infected than women who defer sex until after age 20. This pattern does not hold for men.
- Among women with no higher-risk partners in the past 12 months—about one third (33 percent) have HIV. Among women with three or more higher-risk partners, 65 percent are infected.
- The risk of HIV infection rises with the number of lifetime partners. Among women age 15-49, HIV prevalence rises from 23 percent of those with only one lifetime sexual partner to 58 percent among those with 10 or more. HIV prevalence rises from 6 percent among men with one partner to 46 percent among those with 10 or more.

HIV prevalence by number of higher-risk sexual partners in last 12 months



*Less than 50 cases

HIV Prevalence among Couples

Among both women and men, HIV prevalence is lower among those who are married or in union than among the widowed, divorced, or separated. Over half of widows (56 percent) have HIV, compared to one-third (33 percent) of married women.

Remaining faithful to a single partner is a way to avoid HIV—but only if neither partner has the virus. According to the SDHS, in a majority of couples (55 percent) both partners test negative for HIV. Some couples are discordant, that is, either the man is infected and the woman is not (8 percent of couples), or the woman is infected and the man is not (9 percent). In about one couple in three (29 percent), both partners carry the virus.

HIV Prevalence among Young People 15-24

AIDS prevention is urgent among young people just becoming sexually active. Already, 10 percent of women age 15-19 and 6 percent of young men have HIV. Even more striking is the fact that HIV prevalence at age 18-19 is triple that at age 15-17, as a higher proportion of young people become sexually active. Among young people age 15-24 that have ever had sex, HIV prevalence is lower among those who used a condom the first time they had sex, at 20 percent of men and women, compared to 26 percent of those who did not use a condom. These statistics indicate that HIV infection is not inevitable.