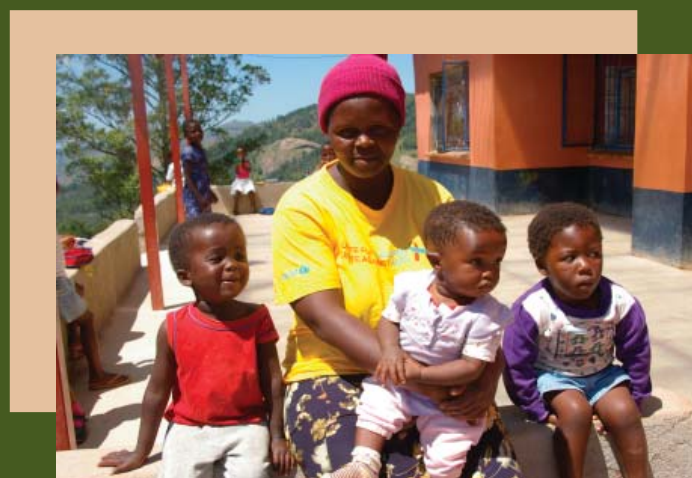




Swaziland

2006-07 Demographic and Health Survey

Key Findings



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

This publication was made possible through support provided by the U.S. Agency for International Development. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development.

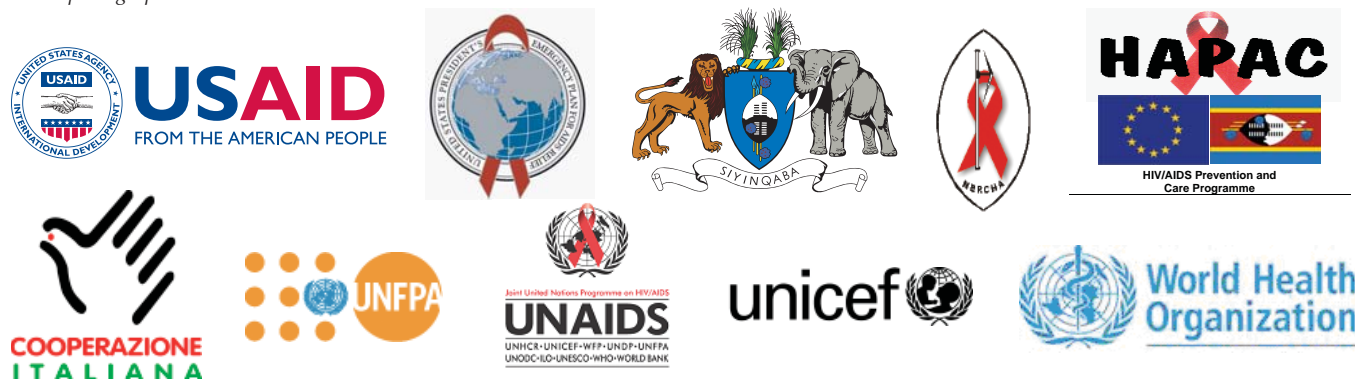
Additional information about the 2006-07 SDHS may be obtained from the Central Statistical Office (CSO), Ministry of Economic Planning and Development, P.O. Box 456, Mbanane Swaziland H100; Telephone: 268 -404-2151, Fax: 268-404-3300.

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

Recommended citation:

Central Statistical Office (CSO) [Swaziland] and Macro International. 2008. *Swaziland Demographic and Health Survey 2006-07: Key Findings*. Calverton, Maryland, USA: CSO and Macro International.

Cover photograph: © Lens Pro

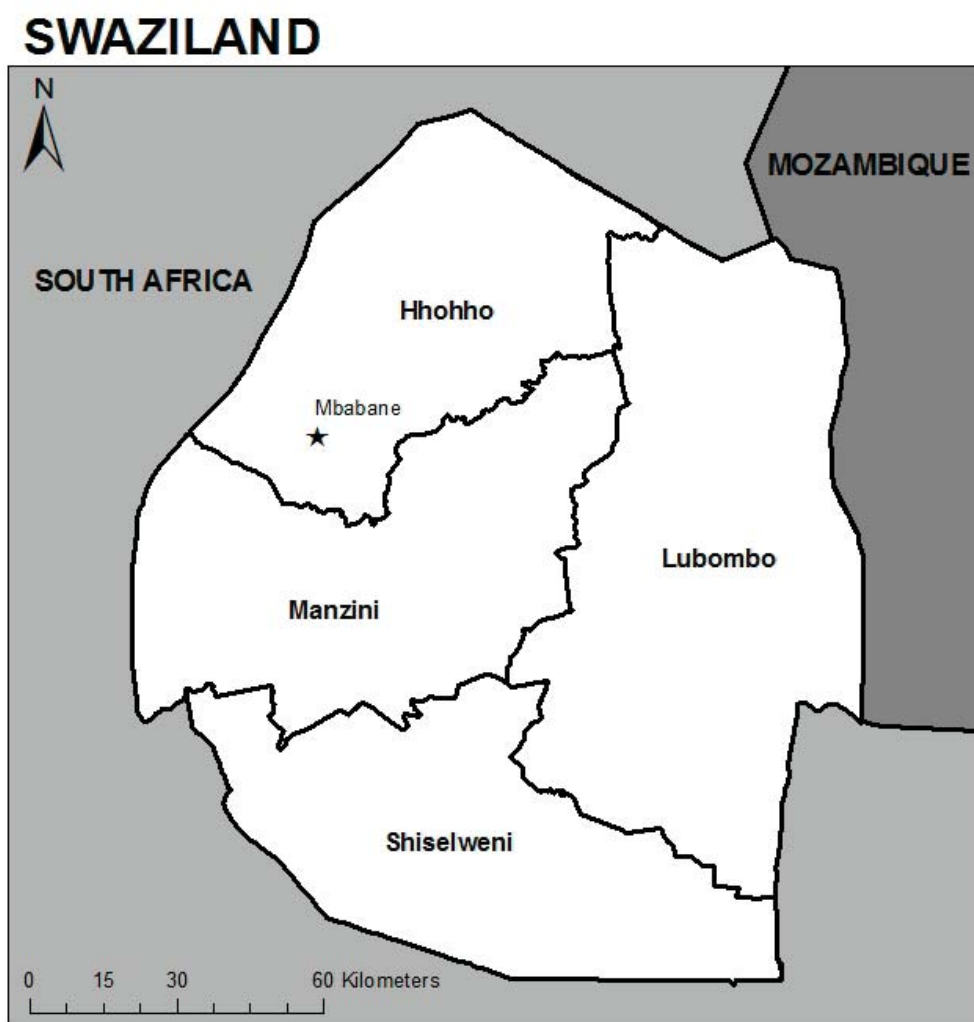


ABOUT THE 2006-07 SDHS

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

Who participated in the survey?

A nationally representative sample of 4,987 women age 15-49 and 4,156 men age 15-49 were interviewed. This represents a response rate of 94 percent for women and 89 percent for men. Unlike most Demographic and Health Surveys, the SDHS also included interviews with younger teens and older adults. Over 900 young women and men age 12-14 were interviewed, as well as women and men age 50 and over. HIV testing was carried out for all household members age 2 and over. This sample provides estimates for Swaziland as a whole, for urban and rural areas, and, for most indicators, an estimate for each of the four regions.



Ownership of Goods

Currently three-quarters of Swazi households own a radio and one-third own a television. Sixty percent of households own a mobile phone, and one-third have a refrigerator.

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



© Lens Pro

HOUSEHOLD CHARACTERISTICS

Household Composition

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

Housing Conditions

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

Education of Survey Respondents

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

Education

Percent distribution of women and men age 15-49 by highest level of education

	No education	Lower primary	Higher primary	Secondary	High school	Tertiary
Women	8	7	25	34	18	7
Men	8	11	24	29	21	8

FERTILITY AND ITS DETERMINANTS

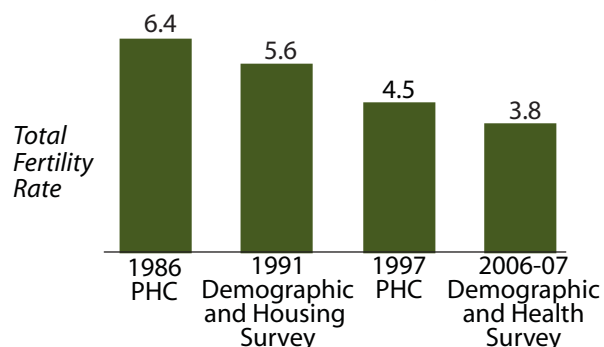
Total Fertility Rate (TFR)

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

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

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

Trends in Fertility



Fertility by Education and Wealth



* Wealth of families is calculated through household assets collected from DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on individuals' relative standing on the household index

Desired Family Size

Swazi women report a mean ideal family size of 2.5 children. Ideal family size is slightly higher among women in rural areas than urban areas (2.6 versus 2.3). Women with tertiary education want one less child than women with no education (2.3 versus 3.3).

Age at First Marriage

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

Age at First Sexual Intercourse

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

Age at First Birth

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

Teenage Fertility

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



FAMILY PLANNING

Knowledge of Family Planning

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

Current Use of Family Planning

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

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

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

Source of Family Planning Methods

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

Family Planning

Percentage of married women age 15-49 who are currently using family planning

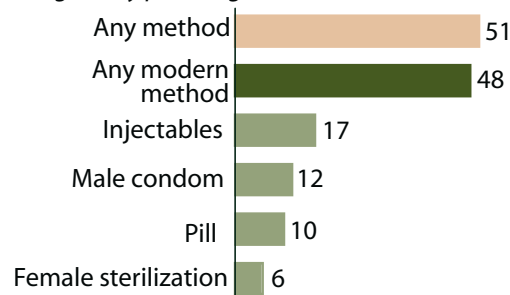


Photo by Henry Ginindza

NEED FOR FAMILY PLANNING

Intention to Use Family Planning

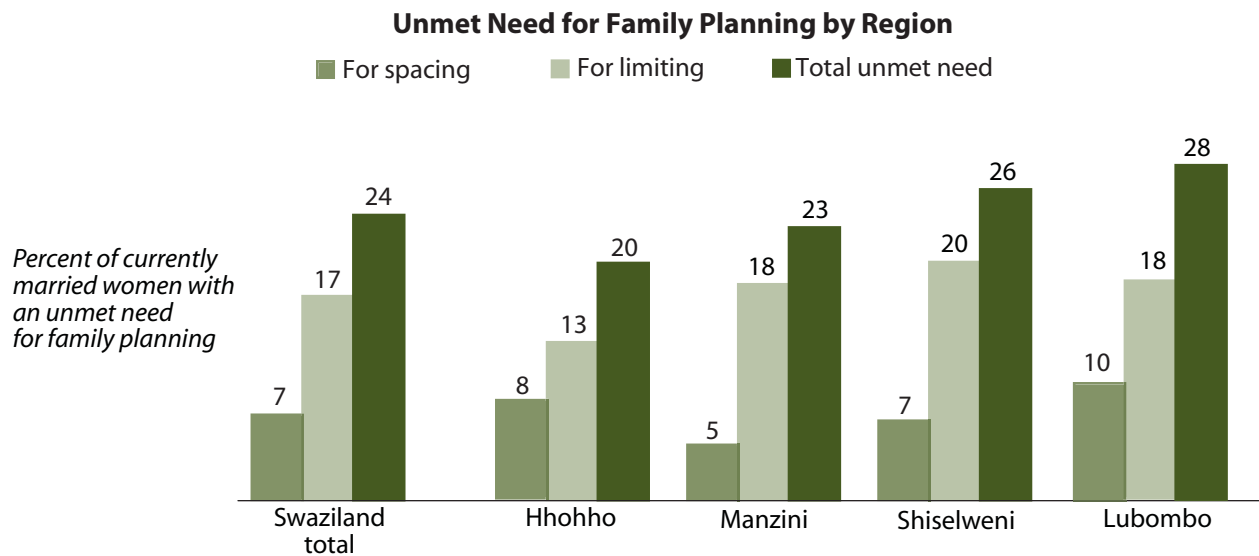
Six in ten (62 percent) currently married non-users intend to use family planning in the future. Half of them report that they would want to use injectables.

Desire to Delay or Stop Childbearing

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

Unmet Need for Family Planning

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



Missed Opportunities

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

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

Informed Choice

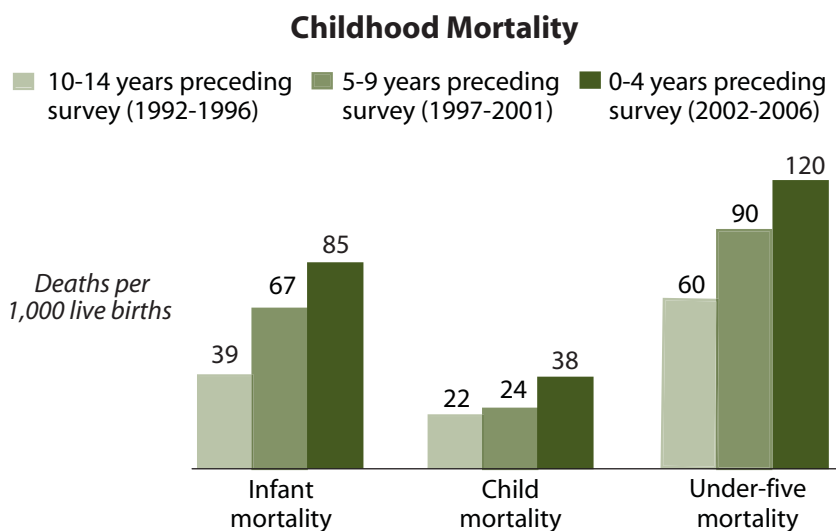
Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other methods that could be used. Unfortunately, about one-third of Swazi women did not get this information the last time they began using a new method of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

INFANT AND CHILD MORTALITY

Levels and Trends

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

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



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

Birth Intervals

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



CHILD HEALTH

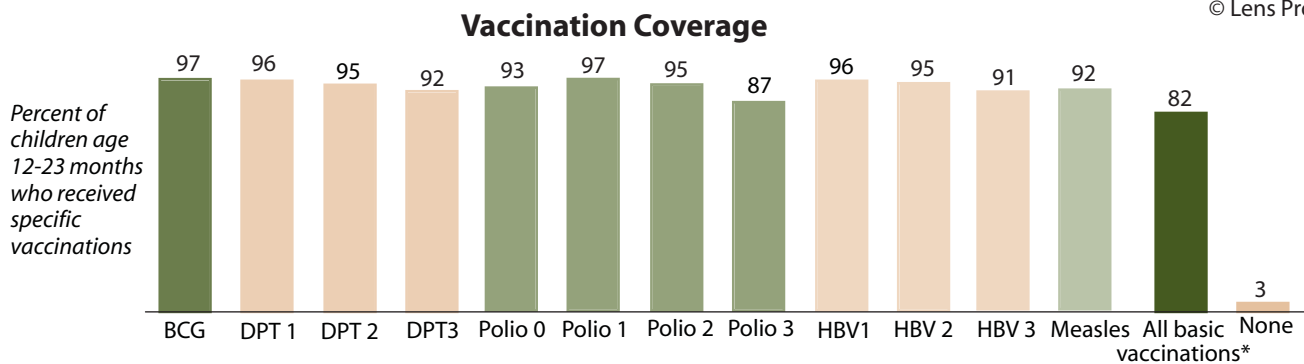
Vaccination Coverage

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

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



© Lens Pro



*BCG, measles, 3 doses each of DPT and polio (excluding polio given at birth)

Childhood Illnesses

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

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

Prevention of Malaria

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

Management of Malaria in Children

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

FEEDING PRACTICES AND THE NUTRITIONAL STATUS OF WOMEN AND CHILDREN

Breastfeeding and the Introduction of Complementary Foods

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

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

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



© Lens Pro

Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health.

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

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

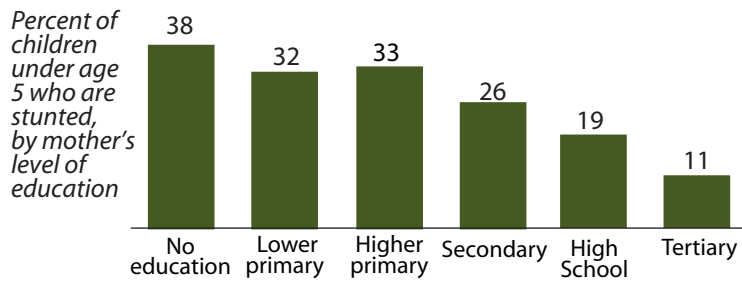
Children’s Nutritional Status

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



© Lens Pro

Stunting by Mother’s Education



Women’s Nutritional Status

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

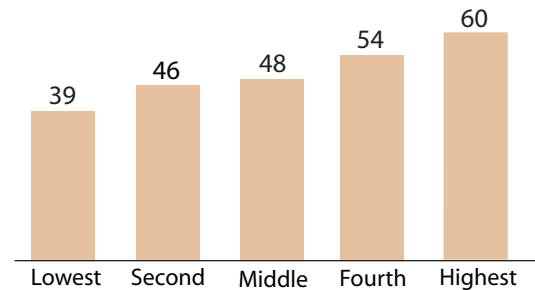
Anemia

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

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

Women’s Overweight by Wealth

Percent of women 15-49 who are overweight or obese by wealth quintile



MATERNAL HEALTH

Antenatal Care

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



© Lens Pro

Antimalarial Drug Use During Pregnancy

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

Delivery and Postnatal Care

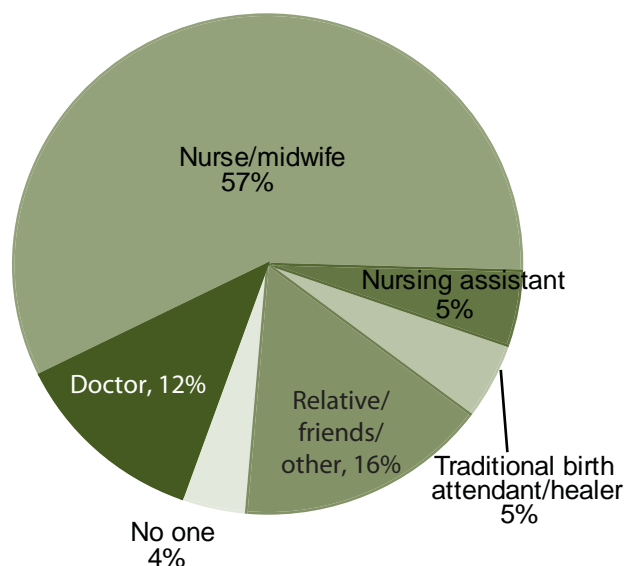
Three-quarters of Swaziland's births occur in health facilities, 43 percent in the public sector and 27 percent in Mission/private sector facilities. One quarter of births occur at home. Home births are more common in rural areas (29 percent) than urban areas (11 percent). Three-quarters of births are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

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

Maternal Mortality

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

Assistance During Delivery



HIV/AIDS KNOWLEDGE AND ATTITUDES

Knowledge

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

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

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

Attitudes

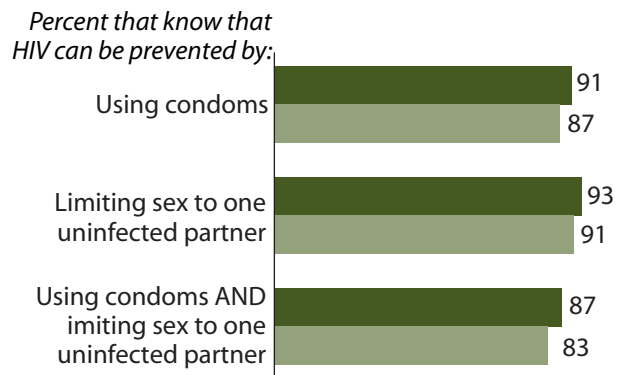
There is still a lot of stigma associated with HIV in Swaziland. While most men and women say they are willing to take care of a family member with the AIDS virus, only about 60 percent say that they would not want to keep secret that a family member got infected with the AIDS virus. Three in four say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

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

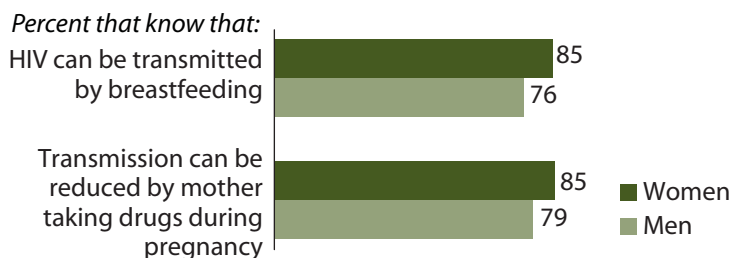
Negotiating Safer Sex

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

Knowledge of HIV Prevention



Maternal to Child Transmission



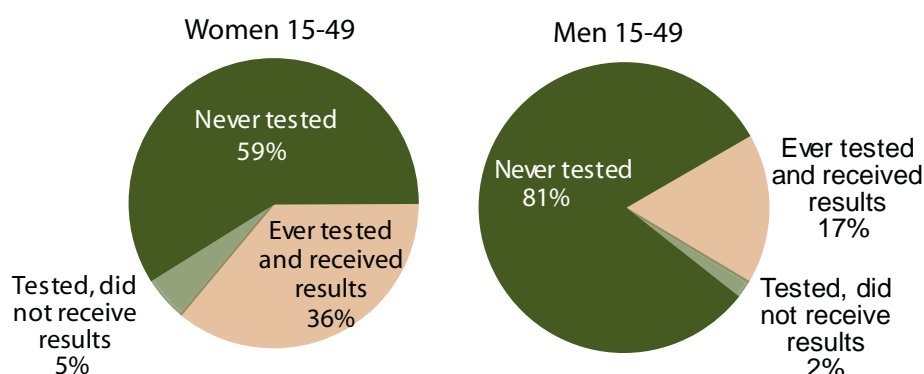
Percent of men and women age 15-49

HIV/AIDS-RELATED BEHAVIOR

HIV Testing

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

Prior HIV Testing



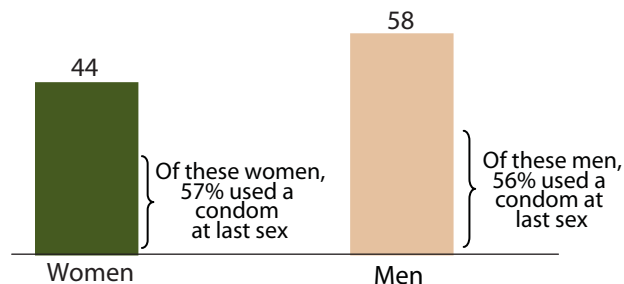
Higher-Risk Sex and Condom Use

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

Condom Use

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

Higher-Risk Sex and Condom Use
Percent of women and men (age 15-49) who had sex with a nonmarital, noncohabiting partner in the 12 months before the survey



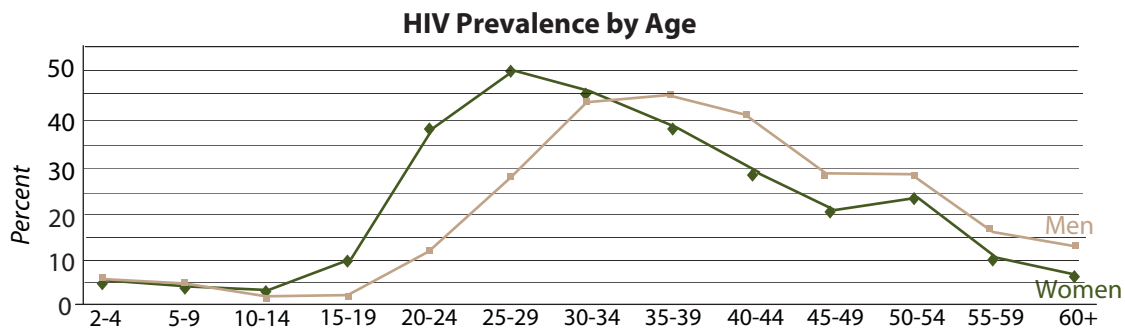
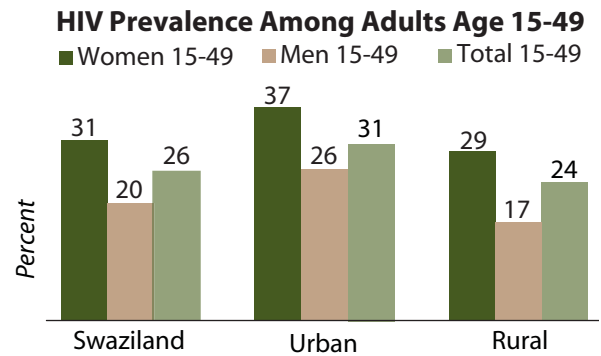
HIV PREVALENCE

HIV Prevalence

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

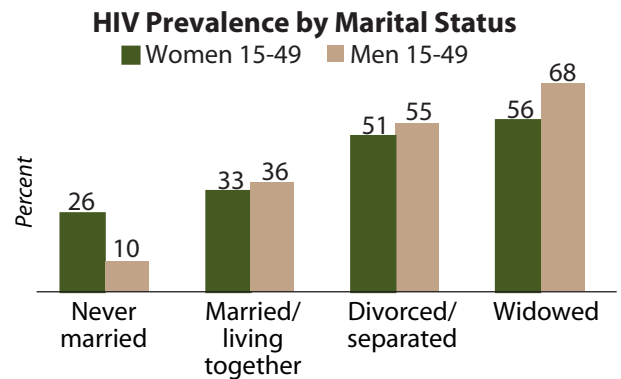
More than one in four adults age 15-49 is HIV-positive. Women are much likely to be infected than men, and those living in urban areas are at higher risk of infection than those living in rural areas.

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



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

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



ORPHANHOOD

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

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

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



Five year-old Mfan'fikile Mkhanya, who lost both parents to AIDS, sits at the cold hearth of the empty cooking hut at his grandparents' homestead in Mavukutfu, Swaziland. (c) 2004 Tjekisa James Hall, Courtesy of Photoshare

WOMEN'S EMPOWERMENT

Employment

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

Participation in household decisions

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

Attitudes towards wife beating and refusing sex

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

Women's empowerment and health outcomes

Empowered women often have better health outcomes than women who are less empowered. For example, women who participate in more household decisions and those who find no reasons to justify wife beating are more likely to use contraception. Women who participate in more household decisions are also more likely to receive assistance from health personnel during delivery than those who have no say in decision making. Seventy-seven percent of women who participate in 3 or 4 household decisions received assistance from health personnel during delivery compared to only 67 percent of those who participated in no decisions.

Women's Decision Making

Percent of currently married women 15-49 by person who usually makes decision

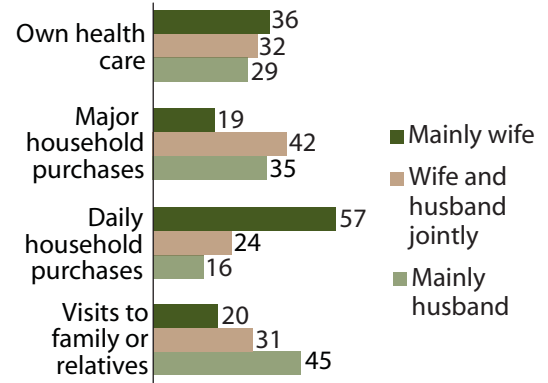


Photo by Sri Poedjastoeti

YOUTH

In order to identify factors that put young people at risk for contracting HIV/AIDS, the 2006-07 SDHS included interviews with over 800 children age 12-14.

Caregivers and Supervision

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

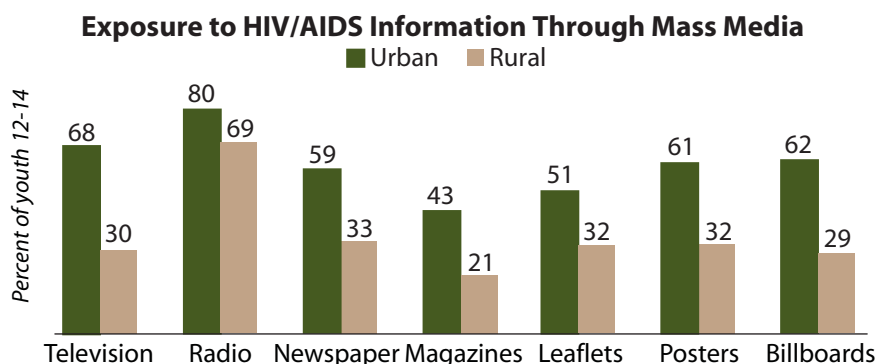
Knowledge of sex and HIV/AIDS

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

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

HIV/AIDS information

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



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

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

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

KEY INDICATORS

Fertility	Total
Total fertility rate (number of children per woman)	3.8
Women age 15–19 who are mothers or now pregnant (%)	23
Median age at first marriage for women age 30–49 (years)	24.3
Median age at first intercourse for women age 25–49 (years)	18.0
Median age at first birth for women age 25–49 (years)	19.2
Married women (age 15–49) wanting no more children (%)	68
Family Planning (married women, age 15–49)	
Current use	
Any method (%)	51
Any modern method (%)	48
Currently married women with an unmet need for family planning ¹ (%)	24
Maternal and Child Health	
Maternity care	
Women giving birth who received antenatal care from a health professional (%)	97
Births assisted by a health professional (%)	74
Births delivered in a health facility (%)	74
Child immunisation	
Children 12–23 months fully vaccinated ² (%)	82
Nutrition in Children	
Children under 5 years who are stunted (moderate or severe) (%)	29
Children under 5 years who are wasted (moderate or severe) (%)	3
Children under 5 years who are underweight (%)	5
Median duration of any breastfeeding (months)	17
Median duration of exclusive breastfeeding (months)	0.7
Childhood Mortality	
(Figures are for the ten-year period before the survey, except for the national rate, in italics, which represents the five-year period before the survey)	
Number of deaths per 1,000 births:	
Infant mortality (between birth and first birthday)	85
Under-five mortality (between birth and fifth birthday)	120
AIDS-related Knowledge	
Knows ways to avoid AIDS:	
-Having one sex partner (women age 15–49/men age 15–49) (%)	93/91
-Using condoms (women age 15–49/ men age 15–49) (%)	91/87
Knows HIV can be transmitted by breastfeeding (women age 15–49/ men age 15–49) (%)	85/76
Knows risk of MTCT can be reduced by mother taking special drugs during pregnancy (women)	85/79
HIV Prevalence	
HIV prevalence (women/men age 15–49) (%)	31/20
HIV prevalence older adults (women/men age 50 and over) (%)	12/18
HIV prevalence children age 2–14 (girls/boys) (%)	4/4

¹ Currently married women who do not want any more children or want to wait at least 2 years before their next birth but are not currently using a method of family planning. ² Fully vaccinated includes BCG, measles, and three doses each of DPT and polio)

Residence		Region			
Urban	Rural	Hhohho	Manzini	Shiselweni	Lubombo
3.0	4.2	3.6	3.7	4.3	4.0
20	23	26	18	21	27
27.9	22.8	24.3	24.7	24.8	22.9
18.6	17.7	18.2	18.2	17.8	17.6
20.1	18.9	19.5	19.4	19.3	18.6
68	68	66	71	70	66
58	48	54	53	46	48
56	45	51	49	42	46
20	26	20	23	26	28
98	97	97	98	96	97
88	70	78	80	66	70
89	70	79	80	65	69
78	83	84	82	84	76
23	30	32	30	29	24
3	2	3	2	2	3
5	6	7	6	5	4
17	17	18	16	16	17
0.6	1.0	1.5	0.5	1.5	1.5
74	78	71	82	76	78
107	105	96	112	100	115
95/91	92/91	94/94	93/89	93/91	92/91
94/89	89/87	92/88	91/87	91/90	88/83
88/74	84/76	86/75	86/75	83/75	82/77
89/84	83/77	87/80	85/80	84/78	83/76
37/26	29/17	34/23	30/18	29/16	31/21
13/19	12/18	11/21	13/22	8/10	16/16
4/4	4/4	4/4	6/3	2/5	3/4





Swaziland

Lucwaningo lweTemphilo lwa 2006-07

Imiphumela Lebalulekile



Lombiko uchaza kafishane imiphumela yeLucwaningo LweTemphilo lolwentiwe nga 2006-07, lihhovisi leTekubala iCentral Statistical Office-CSO libambisene nelitiko leTemphilo neNhlalakahle. Inhlango yakaMacro International yadlala indzima lebanti ngekweluleka kulomsebenzi kutsi ube yimpumelelo. Letinye tinhlango leta-sita kulolucwaningo tifaka ekhatsi iHuman Sciences Research Council (HSRC) yaseNingizimu Afrika, kanye neGlobal Clinical Viral Laboratory (GCVL) nayo leyaseNingizimu Afrika.

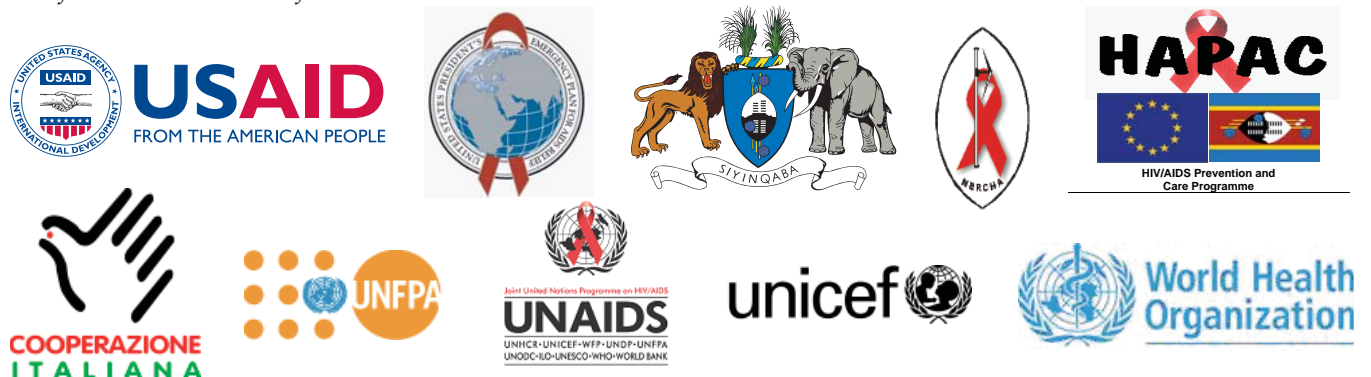
Timali tekuchuba lomsebenzi tavela kuHhulumende wakaNgwane, inhlango yemaMelika iUnited States Agency for International Development (USAID), inhlango yetifo mhlaba wonkhana (Centre for Disease Control) lekanekise kuleMelika lesekelwa Sikhwama seMengameli waseMelika lesita emave lahlaselwe ngulolubhubhane (PEPFAR). Tinhlango letilapha kaNgwane (letinye tato takamhlabuhlangene) letafaka timali tifaka ekhatsi NERCHA, HAPAC, UNAIDS, UNFPA, UNICEF, WHO, inhlango yemaTaliyane-Italian Cooperation kanye ne Population Services International (PSI).

Lokubhalwa kwalobhukwana kusekelwe yinhlango yeMamelika iUnited States Agency for International Development (USAID). Noko-ke imivo lecuketfwe ngulobhukwana yebaBhali hhayi iUSAID.

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

Uma ufuna kwati kabanti ngekusebenta kwe DHS tsintsana nebaka Macro International kunali likheli 11785 Beltsville Drive, Calverton, MD 20705, USA: lucingo: 301-572- 0200, ifax: 301 572 0999: Internet; www.measuredhs.com.

Lesitfombe salombiko sitsetfwe baka Lens Pro

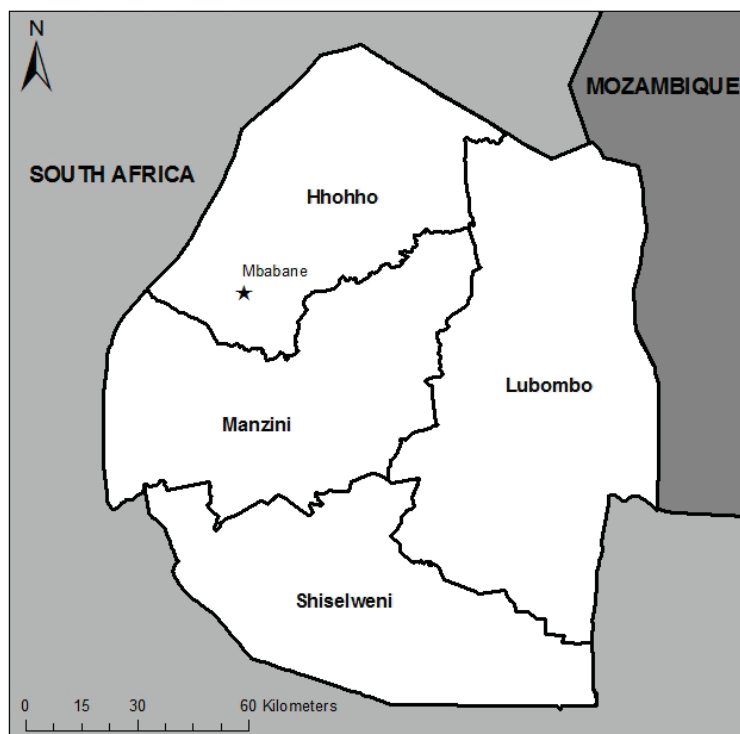


LOKUMAYELANA NALOLUCWANINGO LEWTEMPHILO LWA 2006-07

Lolucwaningo lweTemphilo lwa 2006-07 lwentelwa kutsi lukhiphe tinkhomba letimayelana nekubuka simo setemphilo esiveni semaSwati. Lungelwekucala ngca kutsi lwentiwe kulelive lakaNgwane. Ingcikitsi mgomo yalolucwaningo kutsi kutfolakale lwati lolusha mayelana nekutala, tekuhlela imindeni, kufa kubantwana labangephansi kweminyaka lesihlanu, tindlela tekondleka kwebantwana kanye netinswane, imphilo yamake lotetfwele kanye nemntfwana, kufa kwabomake lokuhambisana nekubeleka, lwati nge HIV/AIDS kanye nekutiphatsa. Lolucwaningo luphindze lufake ekhatsi kuhlolwa kweligciwane iHIV kanye nekuba nengati leyenele emtimbeni.

Lwangenelwa bobani lolucwaningo?

Incenye yabomake letinkhulungwane letine nemakhulu layimfica nemashumi lasiphohlongo nesikhombisa (4, 987) nencenye yabobabe letinkhulungwane letine nelikhulu linye linemashumi lasihlanu nesitfupha (4, 156) lesukela eminyakeni lelishumi nesihlanu kuya kulengemashumi lamane nemfica (15-49) yabutwa imibuto. Loku kusho kutsi bomake labangemashumi layimfica nabane ekhulwini (94%) bayiphendvula lemibuto yalolucwaningo, bobabe bona labayiphendvula lemibuto baba ngemashumi lasiphohlongo nemfica ekhulwini (89%). Ngalokungaketayeleki kulomsebenti welucwaningo lweTemphilo mhlaba wonkhana, live lakaNgwane langeta imibuto letsite kubuka tingoni letahlukahlukene kubantwana labaneminyaka lesukela kulelishumi nakubili kuya eminyakeni lelishumi nakune (12-14), kanye nebantfu lesebakhulile iminyaka yabo lesukela emashumini lasihlanu kuya etulu (50+). Kuhlolwa kweHIV kwentiwa kubo bonkhe bantfu labaneminyaka lesukela kulemibili kuya etulu kulawo madladla langenela lolucwaningo. Lencenye yalesive lesangenela lolucwaningo yenta kutsi kuphume tinkhomba letimele live lakaNgwane lonkhana, tindzawo letisemadolobheni, emaphandleni kanye netifundza totine takuleli.



Kuba netimphahla tendlu

Lolucwaningo lutfole kutsi emadladla langemashumi lasikhombisa nesihlanu kulalikhulu anayo iwayilesi (75%). Emadladla langetulu kwalangemashumi lamatsatfu nakutsatfu nencenye ekhulwini (langetulu kwa 33%) atfolakala kutsi anaye mabonakudze. Emadladla langemashumi lasitfupha ekhulwini (60%) analo lucingo lolubitwa ngamahlahlekukwini, nemadladla langemashumi lamatsatfu nakutsatfu nencenye ekhulwini (langetulu kwa 33%) atfolakala anayo ifriji.

Emadladla langacishe abalelwe emashumini lamabili nesihlanu kulalikhulu (25%) lasetindzaweni tasemadolobheni anayo imoto noma iloli, kantsi emadladla lasetindzaweni tasemaphandleni lanayo imoto noma iloli wona alishumi nesitfupha ekhulwini (16%). Kodvwa-ke emadladla lasetindzaweni tasemaphandleni wona aveta kutsi anawo umhlaba wekulima kanye nemfuyo. Emadladla langetulu kwemashumi lasihlanu kulalikhulu (langetulu kwa 50%) atfolakala kutsi anaye munye lonelibhuku noma iaccount yasebhang.



Lesitfombe sitsetfwe baka Lens Pro

TIMPHAWU TEMADLADLA

Sakhiwo semadladla ngekwabantfu

Emadladla alapha eSwatini anebantfu labangacishe babe sihlanu (4.6). Bomake batinhloko temadladla langacishe abe ngemashumi lasihlanu ekhulwini (50%).

Simo setindlu

Simo setindlu siyashiyana kuye ngekutsi uhhlaphi. Emadladla langaphose abe mabili kulamatsatfu lasemadolobheni asebantisa gesi kantsi kulawa lasetindzaweni tasemaphandleni mabili kulasihlanu anaye gesi. Emadladla langetulu kwemashumi lasitfupha-nesitfupha ekhulwini (66%) asebantisa emanti lahlobile, kantsi emadladla lamatsatfu kulamane akuwatsatsi sikhatsi lesingaba ngetulu kwemizuzu lelishumi nesihlanu kufinyelela lapho kutfolakala khona emanti ekunatsa. Emadladla lamanyenti lasemadolobheni anemanti ngekhatsi endlini noma ngephandle ebaleni (angemashumi lasikhombisa namatsatfu ekhulwini (73%) kantsi kulawa lasemaphandleni kutfolakale kutsi angemashumi lamabili nakutsatfu ekhulwini (23%) lanemanti ladvonswa ngemaphayiphi. Emadladla lasemaphandleni asebantisa kakhulu timpompi temmango (alishumi nemfica ekhulwini; 19%), emanti asemfuleni (angemashumi lamabili nakubili ekhulwini; 22%), emanti latfolakala eticojeni letingakakhelwa (alishumi nakubili ekhulwini; 12%). Uma sibuka live lonkhana angemashumi lasihlanu ekhulwini (50%) emadladla lanemthoyi lowakhiwe ngendlela lesembili futsi ke lendlu akayihlanganyeli nalamanye emadladla.

Imfundvo yalabo labangenela lolucwaningo

Liningi lemaSwati linemfundvo letsite, labangetulu kwehhafu befika esecodary noma bengca. Basiphohlongo kuphela ekhulwini (8%) bomake nabobabe labaneminyaka lesuka kulelishumi nesihlanu kuya kulengemashumi lamane nemfica (15-49) labangazange baye esikolweni. Bantfu labahlala emadolobheni nalabo labahlala etifundzeni takaHhohho nakaManzini bafundze nconywana kunalabo labahlala etindzaweni tasemaphandleni noma etifundzeni taseShiselweni naseLubonjeni.

Linani ekhulwini labomake nabobabe labaneminyaka lesukela kulelishumi nesihlanu kuya kulengemashumi lamane nemfica (15-49) ngekwemfundvo lephakeme labafinyelela kuyo

Bomake	8	7	25	34	18	7
Labanga-kafundzi	Imfundvo yeprimary lephansi	Imfundvo yeprimary lephakeme	Imfundvo yasecodary	Imfundvo yehigh school	Imfundvo yekolishi	
Bobabe	8	11	24	29	21	8

KUTALA NALOKO LOKUKUBHEBHETELAKO

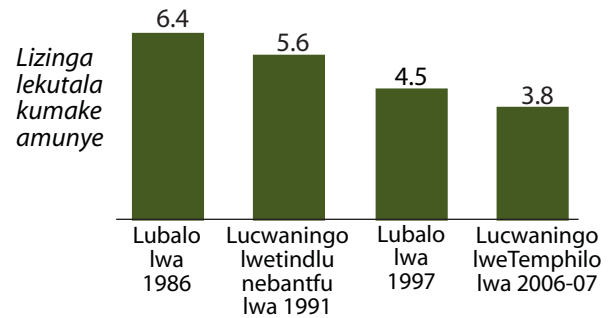
Lizinga lekutala

LizingalekutalalaphakaNgwanelikhombakutsilehle kakhulu kusukela nga 1986 uma sicatsanisa Lubalo kanye naleminyane imisebenti yelucwaningo leke yaba khona. Kwamanje bomake balapha eSwatini batala bantfwana labaphose babe bane (3.8) uma sibuka kutsi lenkhomba beyingu 4.5 nga 1997 kantsi beyingu 5.6 nga 1991.

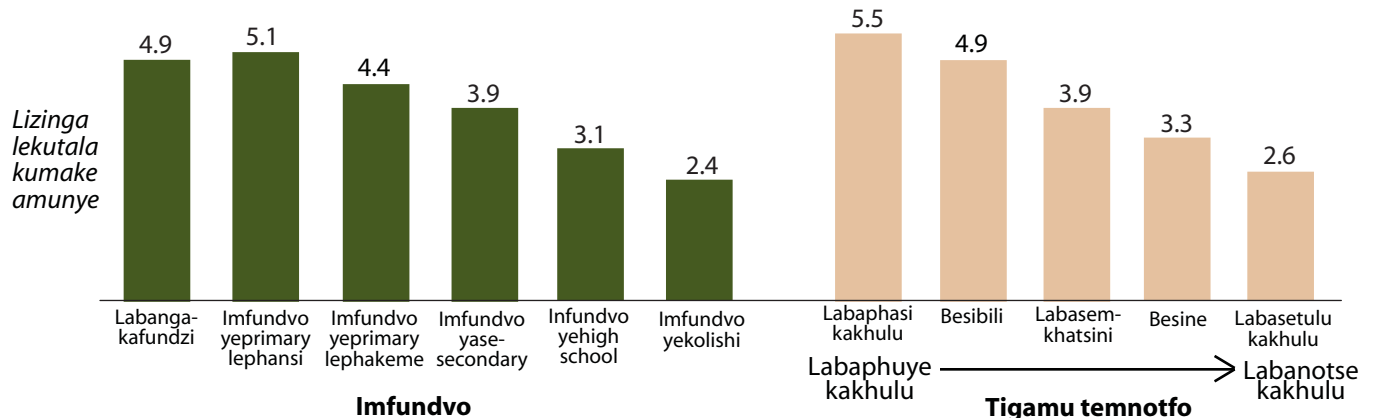
Lizinga lekutala liyashiyana kuye ngekutsi loyo make uhlala edolobheni, emaphandleni noma kusiphi sifundza. Bomake labahlala emadolobheni batala bantfwana labalinganiselwa kulabatsatfu (make amunye) kantsi bomake labahlala emaphandleni bona batala bantfwana labangu 4.2 (make amunye). Lizinga lekutala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

Lizinga lekutala liphindze lishiyane ngekutsi make ufundze kanganani nangesimo sakhe semnotfo. Bomake labafundze befika emakolishi banebantfwana labalinganiselwa ku 2.4 (make amunye) kantsi lenombolo lena iphindwe kabili kubomake labangakafundzi sanhlobo (4.9 make amunye). Lizinga lekutala liya ngekwenyuka kuye ngekutsi make umphofu kanganani. Bomake labaphuye kakhulu banebantfwana labaphindwe ngalokubili uma sibacatsanisa nabomake labanotsile (Make lophuye kakhulu unebantfwana labangu 5.5 kantsi make lonotsile yena unebantfwana labangu 2.6).

Lizinga Lekutala Ngekweminyaka Eyahlukahlukene



Lizinga Lekutala Ngekwemfundvo Nangekunotsa Kwabomake



Inombolo lencomekako yebantfwana

Bomake balapha eSwatini bancoma kutfolakale bantfwana labangu 2.5 make amunye. Bomake labasetindzaweni tasemaphandleni bona bancoma inombolo lengetulu kunabomake labasetindzaweni tasemadolobheni (2.6 kubomake labasemaphandleni uma sicatsanisa na 2.3 kubomake basemadolobheni).

Umnyaka bantfu labatsatsana ngawo kwekucala

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



Lesitfombe sitsetfwe baka Lens Pro

Umnyaka bantfu labacala ngawo kuya ecasini (kulalana)

Uma kubukwa bantfu labaneminyaka lesuka emashumini lamabili nesihlanu kuya eminyakeni lengemashumi lamane nemfica (25-49) kutfolakale kutsi bomake labangefika ehafini basuke sebavele bacalile kulala uma bahlanganisa iminyaka lelishumi nesiphohlongo (18), ngakubobabe lesibalo sikhomba kutsi bangemashumi lamatsatfu ekhulwini (30%) lesebavele bacale kulala uma bahlanganisa iminyaka lelishumi nesiphohlongo (18). Bomake labalishumi namunye kulabalikhulu (11%), nabobabe labatsatfu kulabalikhulu (3%) basuke sebacalile kulala uma bahlanganisa iminyaka lelishumi nesihlanu. Liningi labomake labaneminyaka lesuka emashumini lamabili anesihlanu kuya eminyakeni lengemashumi lamane nemfica (25-49) licala kulala lineminyaka lelishumi nesiphohlongo (18), bobabe bona bayephutaphuta, bacala uma sebaneminyaka lelishumi nemfica nencenye (19.5).

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

Umnyaka bomake labacala kutala ngawo

Insha yabomake balomuhla seiyephuta kucala kutala uma siyicantsanisa nabomake labayitalako. Kulabomake labangenela lolucwaningo labaneminyaka lesuka kumashumi lamabili kuya eminyakeni lengemashumi lamabili nane (20-24), kutfolakale kutsi baba ngemashumi lamabili nesiphohlongo ekhulwini (28%) lebe sebavele banebantfwana ngalesikhatsi bahlanganisa iminyaka lelishumi nesiphohlongo (18). Kulesicheme sabomake lesineminyaka lesuka emashumini lamane lanesihlanu kuya eminyakeni lengemashumi lamane nemfica (45-49) kutfolakale kutsi labalinganiselwa emashumini lamane ekhulwini (40%) bese bavele banabo bantfwana uma bahlanganisa iminyaka lelishumi nesiphohlongo (18).

Uma kubukwa bomake labaneminyaka lesuka emashumini lamabili nesihlanu kuya emashumini lamane nemfica (25-49), kutfolakale kutsi liningi labo lisuke selinaye umntfwana wekucala uma lihlanganisa iminyaka lelishumi nemfica nencenye (19.5). Bomake labasetindzaweni tasemadolobheni bephuta ngemnyaka munye kucala kutfolakale

bantfwana uma sibacatsanisa nabomake labahlala etindzaweni tasemaphandleni. Lolucwaningo luvete kutsi bomake labafundzile nalabo labanotsile bayephuta kucala kutfolo bantfwana, lokuphuta kuya ngekutsi loyo make ufundze noma unotse kanganani. Make lofundze noma lonotse kakhulu uyephuta kutfolo umntfwana wekucala uma acatsaniswa namake lofundze noma lonotse kancane. Liningi labomake labangakafundzi bacala kutfolo bantfwana baneminyaka lelishumi nesikhombisa nencenye (17.8) kantsi bomake labafundze befika ekolishi bona bacala kutfolo bantfwana sebahlanganise emashumi lamabili anakutsatfu nencenye (23.1).

Lizinga lekutala kumantfombatana langakahlanganisi iminyaka lengemashumi lamabili

Kutfolakale kutsi incenye lelinganiselwa emashumini lamabili nesihlanu ekhulwini (25%) kumantfombatana laneminyaka lesuka eshumini nesihlanu kuya emashumini lamane nemfica (15-49) isuke seyicalile kutfolo bantfwana. Emantfombatana lalishumi nemfica kulalikhulu (19%) asuke asatele kantsi emantfombatana lamane ekhulwini (4%) wona asuke asatetfwele (umntfwana wekucala). Bomake labasebancane kakhulu bavame kuba setindzaweni tasemaphandleni ngekuhlala kunasemadolobheni. Bomake labanemfundvo lephasi yaseprimary banematfuba laphindwve kabili ekucala kutfolo bantfwana bangakahlanganisi iminyaka lelishumi nemfica (19) umabacatsaniswa nabomake labemfundvo lephakeme yehigh school (emantfombatana langemashumi lasitfupa nayinye ekhulwini (61%) lanemfundvo lephasi yaseprimary asuke asatele uma ahlanganganisa iminyaka lelishumi nemfica (19) kantsi emantfombatana lanemfundvo lephakeme lasuke asatele wona alinganiselwa kulalishumi nesihlanu ekhulwini (15%)).

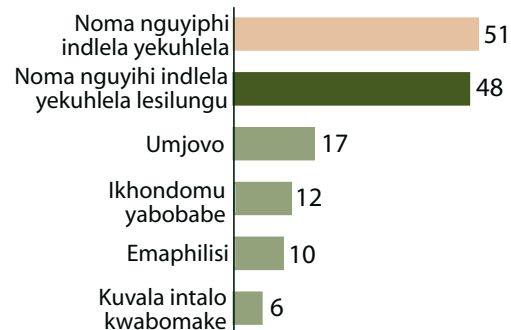
KUHLELA UMNDENI

Lwati ngekuhlela umndeni

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

Kuhlela Umndeni

Linani ekhulwini labomake lebendzile labaneminyaka lesukela kulelishumi nesihlanu kuya kulengemashumi lamane nemfica (15-49) labahlela umndeni



Lokwentekako ngekusentjentswa kwetindlela tekuhlela umndeni

Bomake labalinganiselwa emashumini lamane nesiphohlango kulabalikhulu (48%) batfolakala basebentisa indlela yesilungu kuvikela kutala. Bomake labatsatfu kulabalikhulu (3%) batfolakala basebentisa indlela yesintfu. Tindlela tekuhlela umndeni letisetjentiswa kakhulu kwatfolakala kutsi ngumjovo kanye nekhondomu yabobabe (bomake labatfolakala basebentisa umjovo baba lishumi nesikhombisa ekhulwini (17%), labatfolakala basebentisa ikhondomu yabobabe baba lishumi nababili ekhulwini (12%). Bomake labangakendzi labalalako bakusebentisa kakhulu kuhlela umndeni, balinganiselwa emashumini lasitfupa nakutsatfu ekhulwini (63%) bomake labangakendzi labahlela umndeni ngendlela yesilungu; kulelinani leli labangemashumi lamatsatfu nakune ekhulwini (34%) bavikela kutala ngekhondomu yabobabe bese kutsi bomake labalishumi nesikhombisa ekhulwini (17%) bona bavikela kutala ngekusebentisa umjovo.

Kusetjentiswa kwekuhlela umndeni kushiyana ngekutsi umuntfu ukusiphi sifundza nekutsi uhlalaphi. Bomake labendzile labahlala etindzaweni tasemadolobheni, labasebentisa tindlela tesilungu tekuhlela umndeni,

balinganiselwa kubomake labangemashumi lasihlanu nesitfupha ekhulwini (56%) kantsi balingani babo labahlala etindzaweni letisemaphandleni bona bangemashumi lamane nesihlanu ekhulwini (45%). Kusentjetiswa kwetindlela letisilungu tekuhlela umndeni kubomake labendzile kusukela kubomake labalinganiselwa kumashumi lamane nakubili ekhulwini (42%) esifundzeni saseShiselweni kuya kubomake labalinganiselwa emashumini lasihlanu nakunye ekhulwini (51%) esifundzeni sakaHhohho.

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

Titfolakalaphi tindlela tekuhlela umndeni

Bomake labalinganiselwa kulabangemashumi lamane nesihlanu ekhulwini (45%) labahlela umndeni, bahlela etindzaweni tesive fana netibhedlela, tibhedlela letincane kanye nemakliniki akaHulumende. Bomake labahlela umndeni etibhedlela nemakliniki langasiwo ahulumende njengetinkapani netimishini balinganiselwa eshumini nakune ekhulwini (14%). Bomake labahlela umndeni emitfolamphilo lengaphansi kweluphiko lwetinhlangano letingekho kuHulumende (NGO's) balinganiselwa emashumini lamabili nakune (24%). Bomake labahlela ngemjovo noma ngemaphilisi bavame kukutfo loko kulemitfolamphilo yakaHulumende. Bese kutsi emakhondomu abobabe wona avame kutfolakala etitolo, kubangani kanye nasetihlotjeni.

SIDZINGO SEKUHLELA UMNDENI

Inhloso yekuhlela umndeni

Bantfu labendzile labalinganiselwa kulabasitfupha eshumini labangawuhleli umndeni bavete kutsi bayafisa kuhlela umndeni esikhatsini lesitako. Hhafu walabantfu bafisa kusebentisa umjovo.

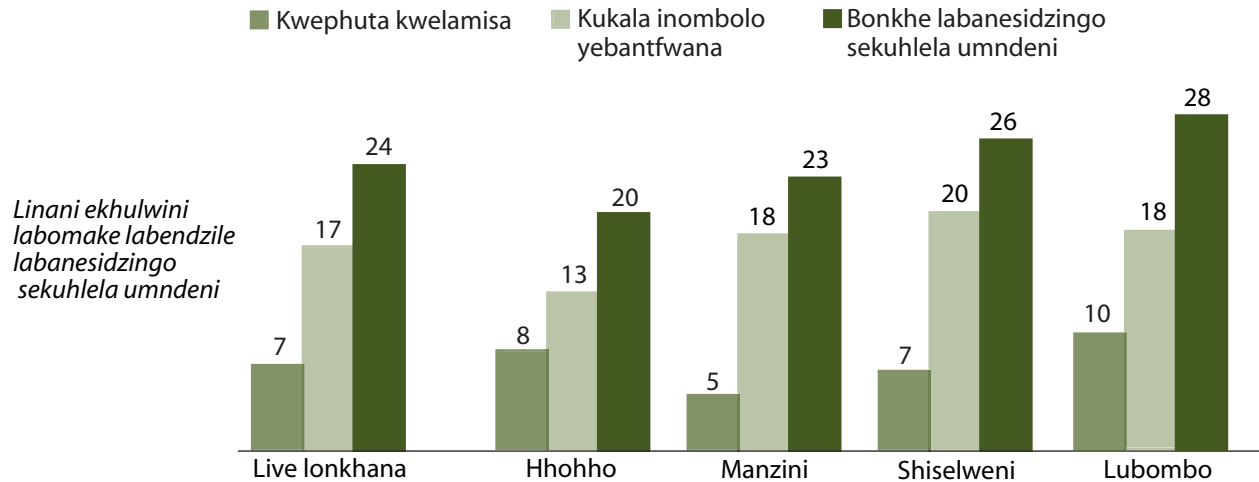
Sifiso sekwephuta noma kuyekela kutfo labantwana

Bomake lababili kulabatsatfu sebete sifiso sekuphinde batfole labanye bantwana. Labalishumi nesihlanu ekhulwini (15%) bafisa kumayima sikhatsi lesingaba yiminyaka lemibili andzube belamise. Labomake bangulabanye labangasebentisa kuhlela umndeni esikhatsini lesitako. Ngetulu kwaloku, bomake labasitfupha ekhulwini (6%) sebavele bayivalile intalo yabo.

Sidzingo lesingakafezeki sekuhlela umndeni

Sidzingo lesingakafezeki sekuhlela umndeni sichazwa ngekutsi yincenye yabomake labendzile labafuna kwephuta kulamisa noma labafuna kuyekela kutfo labangasebentisa lutfo kuvikela kutfo. Lolucwaningo lweTemphilo lwa 2006-07 luvete kutsi bomake labendzile labangemashumi lamabili nakune ekhulwini (24%) banesidzingo lesingakafezeki sekuhlela umndeni, labasikhombisa ekhulwini (7%) banesidzingo sekwephuta kwelamisa bese kutsi labalishumi nesikhombisa ekhulwini (17%) bona banesidzingo sekuyekela kutfo. Lesidzingo lesingakafezeki sekuhlela umndeni sikhulu kakhulu etindzaweni tasemaphandleni, kubomake labanemfundvo lephansi kanye nabomake labamphofu.

Sidzingo Sekuhlela Umndeni Ngetifundza



Ematfuba lalahlekile

Liningi lebantfu labasha aliyiva imilayeto yekuhlela umndeni ewayilesini, kubomabonakudze nakumaphephandzaba. Linani lelilinganiselwa emashumini lamane ekhulwini (40%) kubomake labaneminyaka lesuka eshumini nesihlanu kuya eshumini nemfica (15-19) alikeva lutfo ngekuhlela umndeni, kungaba kuwayilesi, kubomabonakudze noma-ke lokubhalwe kumaphephandzaba. Bobabe labangemashumi lamane nesitfupha ekhulwini (46%) labaneminyaka lesuka eshumini nesihlanu kuya eshumini nemfica, 15-19 nabo abakeva lutfo ngekuhlela umndeni kungaba kuwayilesi, mabonakudze noma emaphephandzabeni.

Kubomake bonkhe labangahleli umndeni, basikhombisa kuphela ekhulwini (7%) labavakashelwa ngulabo labasebentela emimangweni kutawucocisana nabo ngetindzaba tekuhlela umndeni, balishumi nakubili kuphela ekhulwini (12%) bomake labatsi bavakashela emtfolamphilo lapho loyo losisebenti seTemphilo wacocisana nabo ngetindzaba tekuhlela umndeni. Sebabonkhe, bomake labangawuhleli umndeni, bangetulu kwalabane kulabasihlanu labangazange bacocisane nesisebenti seTemphilo ngekuhlela umndeni.

Kukhetsa lokunemfundziso

Labolabasebentisatindlelatekuhlelaumndenikumelebatiswengalokungahlekuvelenomakwentekengekusebentisa indlela letsite yekuhlela, nekutsi kumele batisite kanjani baphindze batjelwe ngekusebenta kwaletinye tindlela tekuvikela. Ngenhlanhla lembi, munye kubomake labatsatfu bemaSwati akatfolanga kufundziseka ngalesikhatsi agcina kuvakashela emtfolamphilo kuyawucala kusebentisa indlela lensha yekuvikela. Bomake labalinganiselwa emashumini lasihlanu nesiphohlango ekhulwini (58%) batiswa ngalokungahle kwenteke ngekusebentisa leyo ndlela yekuvikela lebebayikhetsile. Bomake labangemashumi lasitfupha nesikhombisa ekhulwini (67%) batiswa ngaletinye tindlela tekuvikela letingasentjetiswa.

KUFA KWETINSWANE NEBANTFWANA

Lizinga nyalo, neminyaka leyengcile

Kufa kwebantfwana lapha eSwatini kuya ngekwenyuka lokungahle kube kubangwa iHIV/AIDS. Kwamanje kulinganiselwa kutsi umntfwana munye kulabasiphohlongo lapha eSwatini ufa angakhlanganisi iminyaka lesihlanu.

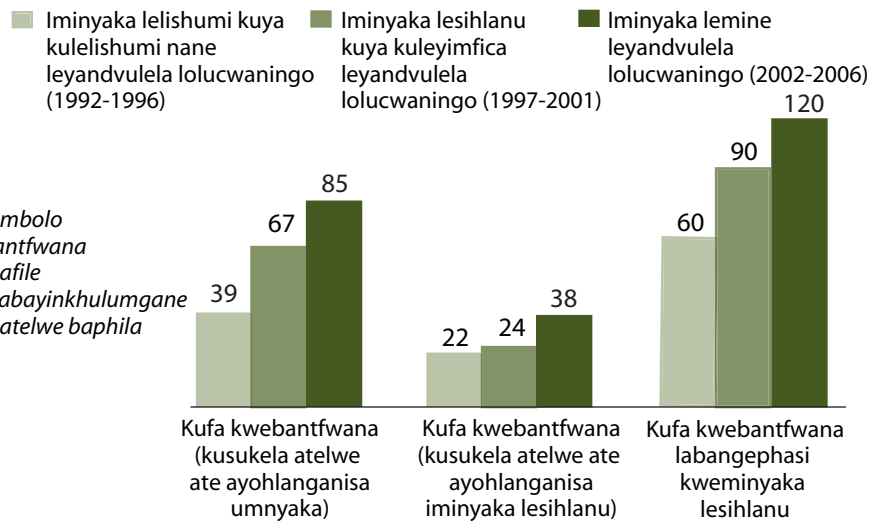
Lizinga lekufa letinswane kuleminyaka lesihlanu leyandvulela lolucwaningo (2001–kuya ku 2006) likhomba kutsi kufa tinswane letibalelwa emashumini lasiphohlongo nesihlanu kubantfwana layinkulungwane labatelwe baphila (85/1000 live births). Kufa kwebantfwana labangephansi kweminyaka lesihlanu kona kulinganiselwa ekhulwini nebantfwana labangemashumi lamabili, kubantfwana labayinkulungwane labatelwe baphila (120/1000 live births). Kusukela nga 1997 kuya ku 2001 lizinga lekufa letinswane belingemashumi lasitfupha nesikhombisa bese kutsi lebantfwana labangaphansi kweminyaka lesihlanu lona libe ngemashumi layimfica (90/1000 live births).

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

Umgamu wekutala

Kwelamisa lokungumgamu weminyaka lemitsatfu kunciphisa ematfupha ekufa kwetinswane. Lapha eSwatini kulinganiselwa kutsi umgamu wekutala uba iminyaka lemitsatfu lelekela ngetinyanga letimbili (38). Luswane lolutalwa kungakapheli iminyaka lemibili lomunye umntfwana atelwe lusengotini lenkhulu kutsi lufe lungakacedzi umnyaka (lesibalo silinganiselwa kubantfwana labangemashumi layimfica kubantfwana labayinkhulungwane labatelwe baphila (90/1000) kantsi uma ucatsanisa lelizinga lekufa nalelo lebantfwana labelamiswa sekuphele iminyaka lemitsatfu litfolakele lingemashumi lasihlanu nesikhombisa kubantfwana labayinkhulungwane labatelwe baphila (57/1000). Munye etinswaneni letisitfupha lapha kaNgwane welanyiswa ingakapheli iminyaka lemibili lona lamelamako atelwe.

Kufa Kwebantfwana Basebancane



Inombolo ebantfwana labafile kulabayinkhulumgane labatelwe baphila



Lesitfombe sitsetfwe baka Lens Pro

IMPHILO YEBANTFWANA

Lizinga lekujova

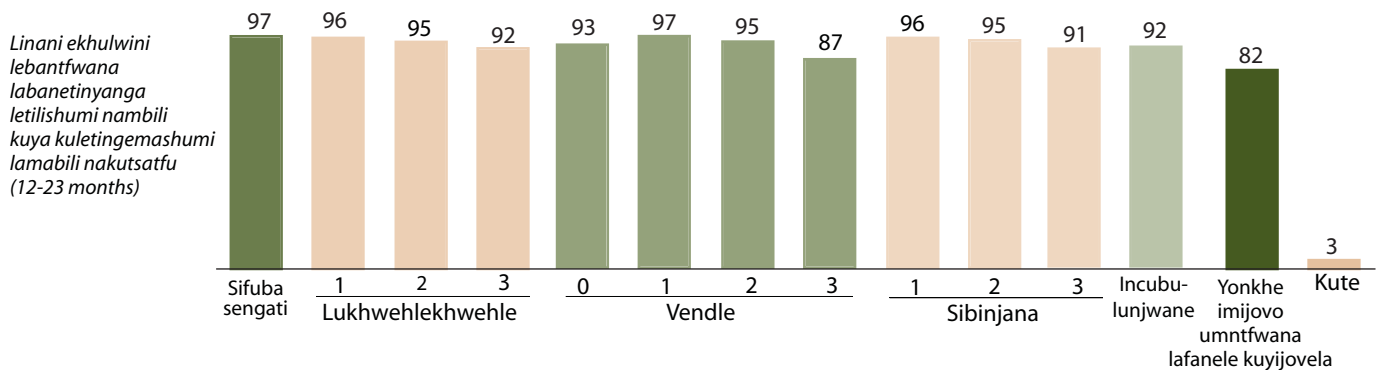
Lolucwaningo lweTemphilo lwa 2006-07, lutfole kutsi lakaNgwane, bantfwana labalinganiselwa emashumini lasiphohlongo nakubili (82%) labanetinyanga letisukela kuletilishumi natimbili kuya etinyangeni letingemashumi lamabili nakutsatfu bayijovele yonkhe imijovo lenconywa beTemphilo (umjovo wekuvikela sifo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

Lizinga lekujova kubantfwana liphakeme kakhulu etindzaweni letisemadolobheni kunasemadolobheni (bantfwana labangeshumi lasiphohlongo nakutsatfu ekhulwini (83%) labahlala etindzaweni letisemaphandleni batfolakala bajove ngalokuphelele kantsi kulabo bantfwana labahlala etindzaweni tasemadolobheni lesibalo satfolakala singemashumi lasikhombisa nesiphohlongo ekhulwini (78%). Kunemehluko lomncane kulelizingalekujova umasikubukangetifundza, kusukela kubantfwana labalinganiselwa emashumini lasikhombisa nesitfupha ekhulwini (76%) esifundzeni saseLubonjeni kuya kubantfwana labangemashumi lasiphohlongo nakune ekhulwini (84%) esifundzeni sakaHhohho naseShiselweni. Lizinga lekujova lebantfwana lisetulu nakubomake labangakafundzi. Balinganiselwa kubantfwana labangemashumi lasikhombisa nesikhombisa ekhulwini (77%) bantfwana labatalwa bomake labangakafundzi labajove ngalokuphelele.



Lesitfombe sitsetfwe baka
Lens Pro

Lizinga Lekujoya Kubantfwana



Kugula lokutfolakala kubantfwana

Bantfwana labasiphohlongo ekhulwini (8%) kubantfwana labangephansi kweminyaka lesihlanu batfolakala kutsi babe nato timphawu tekugula ngesifuba uma kubutelwa lamaviki lamabili lendvulela lolucwaningo. Labangemashumi lamabili lanesiphohlongo ekhulwini (28%) batfolakala kutsi bake bashisa (ifever) kulamaviki lamabili lendvulela lolucwaningo.

Kulamaviki lamabili lendvulela lolucwaningo bantfwana labangaphansi kweminyaka lesihlanu labalinganiselwa kulabalishumi nabatsatfu ekhulwini (13%) batfolakala kutsi babe nako kugula kwemshoko. Lomsheko wahlasela kakhulu bantfwana labanetinyanga letisukela kuletilishumi nakunye (6-11 months), bonake sibalo sabo silingasiselwa emashumini lamabili nesikhombisa ekhulwini (27%). Bantfwana labaphose babe ngemashumi lasikhombisa nesihlanu ekhulwini (75%) bamikiswa emfolamphilo kuyowelashelwa lomsheko. Bantfwana labahlaselwe ngumsheko kumele banatse lokutinatfo ikakhulu lamanti lanaswayi nashukela (ORS).

Bomake labalinganiselwa emashumini layimfica nesiphohlongo ekhulwini (98%) labatfolakala banabantfwana labangephansi kweminyaka lesihlanu bakhombisa kuba nalo lwati ngalamanti eluswayi nashukela (ORS). Kulamaviki lamabili lendvulela lolucwaningo bantfwana labangemashumi lasiphohlongo nesitfupha ekhulwini (86%) labahlaselwa ngumsheko banikwa lamanti eluswayi nashukela. Bese kutsi kubo bona labantfwana labahlaselwa ngumsheko, labangemashumi lamabili nesihlanu ekhulwini (25%) banikwa lokunatfwako

lokwengetiwe bese kutsi labangazange belashwe (kungaba semtfolamphilo noma ekhaya) bona-ke baba sitfupha kuphela ekhulwini (6%).

Kuvikelwa kwamalaleveva

Kulolonkhe laMswati, asitfupha ekhulwini (6%) emadladla lanalamanethi ekuvikela kusutelwa timbuzulwane (lokungenani yinye inethi ngelidladla). Liningi lawo lamadladla (lamane ekhulwini-4%) analenethi lenalomutsi locosha timbuzulwane. Emadladla lanawo lamanethi esukela kulamabili kuya kulamatsatfu ekhulwini (2-3%) esifundzeni sakaHhohho, Manzini naseShiselweni bese kutsi eLubonjeni khona abe lishumi nakutsatfu ekhulwini (13%). Kusetjentiswa kwawo lamanethi kwatfolakala kutsi kusezingeni leliphasi kakhulu, kungephansi kwamunye umntfwana kulabalikhulu loneminyaka lengaphasi kwalesihlanu lowatfolakala asebentise lenethi kulobusuku lobendvulela lolucwaningo.

Kulondvoloteka kwamalaleveva kubantfwana

Kulamaviki lamabili lendvulela lolucwaningo, bantfwana labangemashumi lamabili nesiphohlongo kubantfwana labalikhulu (28%) labangephansi kweminyaka lesihlanu bebanemkhuhlane fever (kushisa kwemtimba) lokungulenyeye yetimphawu tamalaleveva. Kulabantfwana laba, ungephansi kwamunye ekhulwini umntfwana lowanikwa emaphilisi lalwa namalaleveva. Liphilisi lelisetjentiswa kakhulu lelibitwa ngekutsi iSP/Fansidar.

TINDELA TEKUDLA NEKONDLEKA KWABOMAKE NEBANTFWANA

Kumunyisa nekucala kudla lokucinile

Kumunyisa kuyintfo leyandze kakhulu emaSwatini, kutfolakele kutsi bantfwana labangemashumi lasiphohlongo nesikhombisa ekhulwini (87%) bayamunya. Inhlango yeTemphilo yakaMhlabuhlangene (WHO) incoma kutsi bantfwana kufanele banikwe lubisi lwelibele kuphela bate bahlanganise tinyanga letisitfupha. Lolucwaningo lutfole kutsi umntfwana munye kulabatsatfu labangephansi kwetinyanga letisitfupha udla lubisi lwelibele kuphela. Tinswane kumele tinganikwa kudla lokunye lokufana nemanti, ijusi, letinye tinhlobo telubisi, noma kudla lokutsite tingakahlanganisitinyangaletisitfupha. Ngenhlanhla lembi, lolucwaningo lutfole kutsi umntfwana munye kulababili longakahlanganisi tinyanga letisitfupha, uyakudla loku losekubaliwe. Kutfolakale nekutsi bantfwana lapha eSwatini bamunya sikhatsi lesingalinganiselwa etinyangeni letilishumi nesikhombisa (17).

Kudla lokwengeta lolubisi lwelibele kufanele umntfwana acaliswe asahlanganise tinyanga letisitfupha, kuvikela ingoti yekungondleki kahle. Lapha eSwatini, balinganiselwa emashumini lasikhombisa nesitfupha ekhulwini (76%) bantfwana labanetinyanga letisuka kuletisitfupha kuya kuletisiphohlongo labadla kudla lokungeta kulolubisi lwelibele.



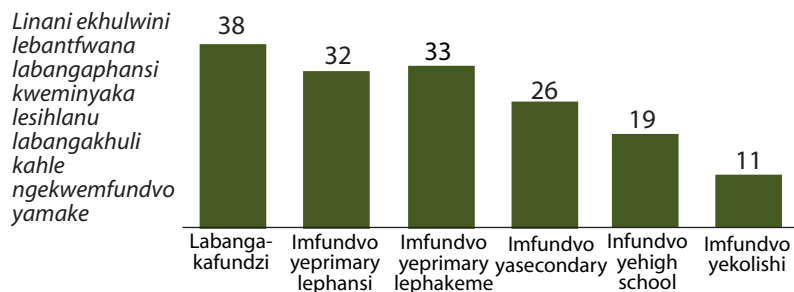
Lesitfombe sitsetfwe baka Lens Pro

Lenchubo yetindlela tekudla kubantfwana netinswane incoma kutsi bantfwana labanetinyanga letisukela kuletisitfupha kuya kulabanetinyanga letingemashumi lamabili natintsatfu (6-23) labadla lubisi, kufanele badle nalokunye kudla kwalamanye emaseko lokungaba tinhlobo letintsatfu noma tibe ngetulu. Bantfwana labatsatfu kulabane kuleli laseSwatini bayasilandzela lesincomo. Kuyanconywa futsi kutsi bantfwana labangamunyi baphiwe lubisi noma kudla lokwakhiwe ngelubisi nekudla-ke kwakulamanye emaseko lokutinhlobo letine noma tibe ngetulu. Bantfwana lababili kulabatsatfu labangamunyi bemaSwati, badla lubisi noma kudla lokwakhiwe ngelubisi bese kutsi labangemashumi lasitfupha ekhulwini (60%) baphiwa kudla lokutinhlobo letine noma ngetulu tekudla lokwehlukene.

Simo sekondleka kwebantfwana

Lolucwaningo lweTemphilo lukala kondleka kwebantfwana bakuleli ngekubacatsanisa nebantfwana lokwavunyelwana ngabo mhlaba wonkhana ngekusebentisa budze kanye nesisindvo sabo. Lolucwaningo lwe Temphilo lwa 2006-07, lutfole kutsi bantfwana labangemashumi lamabili nemfica ekhulwini (29%) labangephansi kweminyaka lesihlanu bafisha uma kubukwa leminyaka yabo. Loku kukhomba simo lesibi mayelana nekondleka kwabo labantfwana. Lesimo lesi (kuba mfisha kuneminyaka yakho) sivame kakhulu etindzaweni letisemaphandleni (kwatfolakala kutsi bantfwana labatsatfu kulabalishumi (30%) bafisha uma kubukwa iminyaka yabo) kunaletso letisemadolobeni (bona kutfolakale kutsi bantfwana labangemashumi lamabili nakutsatfu ekhulwini (23%) bafisha kunaleminyaka yabo). Bantfwana labatalwa bomake labafundzile nalabo labanotsile abakavami kuba nayo lenkinga. Kondza nekungabi nesisindvo lesifanele nebudze lobutsite, nekuba ngaphasi kwesisindvo, akusiyo imvama fana nalesimo sekuba mfisha kuneminyaka yakho.

Kungakhuli Kahle Kubantfwana Ngekwefundvo Yamake



Lesitfombe sitsetfwe baka Lens Pro

Kwengeta nga vitamin A ne nswayi yengati iayoni

Tinswayi lesititfolo ekudleni tidzingekele kute umtimba uhlale uphilile. Vitamin A uvikela kungaboni nekutsi singatfoli tifo kalula, kungako nje abaluleke kakhulu kubantfwana nakubomake labasandza kubeleka. Kulama awa langemashumi lamabili nakune (24) lendvulela lolucwaningo, bantfwana labangemashumi lasikhombisa nemfica ekhulwini (79%) labanetinyanga letisukela kuletisitfupha kuya kuletingemashumi lamatsatfu nesihlanu (6-35) badla titselo netibhidvo letinotsile kulo vitamin A. Bantfwana labane kulabasihlanu (4 in 5) labanetinyanga letisukela kuletisitfupha kuya kuletingemashumi lasihlanu nemfica (6-59) batfola liphilisi la vitamin A etinyangeni letisitfupha letendvulela lolucwaningo. Baba ngemashumi lamane nane kuphela ekhulwini (44%) bomake labebasandza kutala labatfola vitamin A.

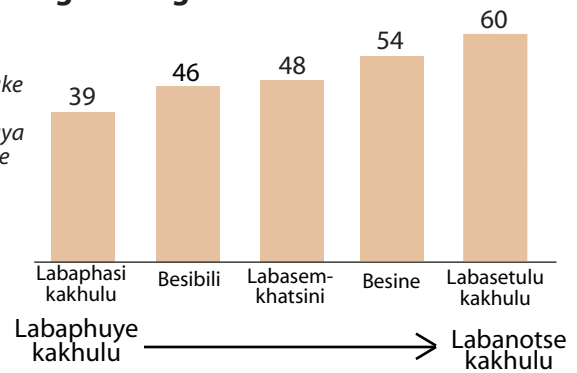
Bomake labatetfwele kufanele badle emaphilisi e-ayoni noma umutsi lonalenswayi ye-ayoni lokungenani emalanga langemashumi layimfica (90) ngalesikhatsi basesetfwele kuvikela kungabi nengati leyanele emtimbeni (anemia) naletinye nje ke tinkinga. Lolucwaningo lutfole kutsi munye nje kuphela make kubomake labatsatfu lobe anatsa lamaphilisi lokungenani emalanga langemashumi layimfica (90) ngalesikhatsi atetfwele sisu sekugcina. Kunatsa kahle lamaphilisi e-ayoni kwatfolakala kusezingeni lelisetulu kaManzini, kubomake labatetfwele, labangemashumi lamane nesitfupha ekhulwini (46%) bawadla lamaphilisa lengeta i-ayoni emtimbeni lokungenani emalanga langemashumi layimfica kuya etulu (90+).

Simo sekondleka kubomake

Bomake beMaswati nabo banetinkinga lababhekane nato kulenzaba yekondleka kahle. Kodvwa-ke bambalwa impela bomake lokutfolakele kutsi bondze kakhulu, munye make kulababili (51%) ushaya ngetulu kwesisindvo sakhe. Lobukhulu kubomake buya ngekukhula kweminyaka yakhe make, nangelizinga lakhe lekufundza kanye nekunotsa kwakhe.

Linani ekhulwini labomake labaneminyaka lesukela kulelishumi nesihlanu kuya kulengemashumi lamane nemfica (15-49) labakhuluphele kakhulu ngekwesigaba semnotfo

Kukhuluphala Kakhulu Kubomake Ngekwesigaba Semnotfo



Kungabi nengati leyenele (Anemia)

Bantfwana lababili kulabasihlanu (42%)

labesukela etinyangeni letisifupha kuya kuletingemashumi lasihlanu nemfica (6-59) abanayo ingati leyenele. Bantfwana lesibahlasele kakhulu lesimo babalelwa kumunye kulabasihlanu (20%). Lesimo sekungabi nengati leyenele sandze kakhulu etindzaweni letisemadolobheni kunaletu letisemaphandleni (munye kulababili bantfwana lohlala endzaweni lesedolobheni longaphasi kweminyaka lesihlanu unaso lesimo, kantsi kubantfwana labahlala etindzaweni letisemaphandleni lesibalo sikhomba kutsi babili labahlaselwe ngulesimo. Lolucwaningo lweTemphilo lwa 2006-07 lwaluphindze lufake ekhatsi kuhlola nebantfwana labasukela eminyakeni lesihlanu kuya kulelishumi nakune (5-14). Imiphumela ikhomba kutsi labalishumi nesiphohlongo ekhulwini (18%) banayo lenkinga yekungabi nengati leyenele emtimbeni.

Bomake labangemashumi lamatsatfu ekhulwini (30%) labaneminyaka lesukela kulelishumi nesihlanu kuya kulengemashumi lamane nemfica (15-49) banayo nabo lenkinga yekungabi nengati leyenele emtimbeni wabo. Liningi labo, (emashumi lamabili nakutsatfu ekhulwini, 23%) banalenkinga lengasiyo lembi kakhulu (mild). Bomake labatetfwele ngibo labavame kuba nalenkinga. Bangemashumi lamane ekhulwini (40%) bomake labatetfwele labanalenkinga. Lenkinga ayikavami kubomake lesebakhulile. Babe ngemashumi lamabili nakunye ekhulwini (21%) bomake labaneminyaka lengemashumi lasihlanu kuya etulu (50+) labatfolakale banalenkinga. Kubobabe lenkinga ayikavami kakhulu ngoba babe lishumi nakutsatfu ekhulwini (13%) bobabe labaneminyaka lesukela kulelishumi nesihlanu kuya kulengemashumi lamane nemfica (15-49) labatfolakale banalenkinga. Nakhona ngilena lesengakabi yimbi kakhulu (mild).

TEMPHILO YABOMAKE LETIHAMBELANA NEKUTALWA BANTFWANA

Kunakekeleka kwamake lotetfwele

Cishe bonkhe (labangemashumi layimfica nesikhombisa ekhulwini (97%) bomake bemaSwati batfola lusito uma batefwele kumunfu losisebenti setemphilo locecehiwe. Lokuvame kakhulu lusito lolutfolakala kubonesi/babelekisi (emashumi lasikhombisa nesitfupha ekhulwini (76%)). Bangemashumi lamabili nesitfupha ekhulwini (26%) bomake labaya emitfolamphilo ngenyanga yabo yesine kuyotfola lusito ngekutetfwala njengemfundziso yebeTemphilo. Noma cishe bonkhe bomake bemaSwati batfola lusito ngekutetfwala, kungenteka kutsi abatfoli tonkhe letingoni lekubhekeke kutsi batitfole njengoba kunonywa.

Lolucwaningo lwetemphilo lwa 2006-07 lukhomba kutsi bangemashumi lasihlanu nakune ekhulwini (54%) bomake labafundziswa ngetimphawu letikhombisa tinkinga kumake



Lesitombe sitsetfwe baka Lens Pro

lotetfwele, kwatsi bomake labapotjolwa ngekwentimba bona baba ngemashumi lasikhombisa nesiphohlongo ekhulwini (78%). Cishe bonkhe bomake labatfola lusito ngekutetfwala banikwa emaphilisi e-ayoni, bayakalwa, nengati yabo ihlolwa iBP (ihigh-high). Kuhlolwa kwemchamo nengati kona kwentiwa kubomake labangetulu kwemashumi layimfica ekhulwini (90%) labeta emtfolamphilo ngekutetfwala. Lolucwaningo lwatfola kutsi kulokutetfwala kwekugcina lokwendvulela lolucwaningo, bomake labatsatfu kulabane bebajovile kuvikela bantfwana babo kumhlatsi ngci (neonatal tetanus).

Kusetjentiswa kwemaphilisi ekuvikela malaleveva ngumake lotetfwele

Malaleveva lohlasela make lotetfwele uyenta kutsi loyo make atale umntfwana lonesisindvo lesilula, kufa kwetinswane naletinye tinkinga. Ngesikhatsi kwentiwa lolucwaningo, kwanconywa kutsi bomake labatetfwele kumele batfole kabili emaphilisi labitwa ngekutsi ichloroquine kuvikela malaleveva. Basikhombisa ekhulwini (7%) bomake labanatsa lamaphilisi kuvikela malaleveva kulokutetfwala kwabo kwekugcina.

Bomake labanatsa lamaphilisi ekuvikela malaleveva ngalesikhatsi batetfwele abefiki kumunye ekhulwini. Balinganiselwa kumunye ekhulwini bomake labalala ngaphansi kwenethi yekuvikela kusutelwa timbuzulwane ngalobusuku lobendvulela lolucwaningo.

Kubeleka nekunakekelwa emva kwekubeleka

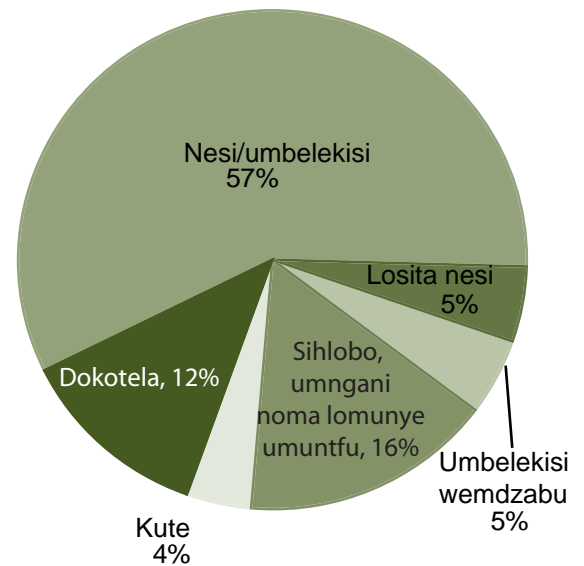
Bomake labatsatfu kulabane lapha eSwatini babelekela emitfolamphilo, labangemashumi lamane nakutsatfu ekhulwini (43 %) babelekela emitfolamphilo yaHulumende kantsi labangemashumi lamabili nesikhombisa ekhulwini (27 %) bona babelekela emitfolamphilo yemaMishini noma yetiNkapani. Munye make kulabane ubelekela ekhaya. Kubelekela ekhaya kuyimvama etindzaweni tasemaphandleni (bomake labangemashumi lamabili nemfica ekhulwini (29%) labahlala etindzaweni letisemaphandleni babelekela ekhaya kantsi labo labahlala etindzaweni letisemadolobheni bona balishumi namunye ekhulwini (11%). Bomake labatsatfu kulabane babelekiswa sisebenti seTemphilo lesiceceshiwe ngekubelekisa (kungaba ngudokotela, nesi/umbelekisi noma loyo losita nesi. Bomake labasihlanu ekhulwini (5%) babelekiswa bomake labanelikhono lekubelekisa kuleyo ndzawo bese kutsi bomake labalishumi nesitfupha ekhulwini (16%) babelekiswa tihlobo noma bangani labangakafundziswa ngekubelekisa.

Kunakekeleka emva kwekubeleka kuyasita kuvikela tinkinga letiye tivele emva kwekubeleka. Bomake labangemashumi lasikhombisa nesihlanu ekhulwini (75%) abazange bapotjolwe emva kwekubeleka.

Kufa kwabomake nababeleka

Lolucwaningo lweTemphilo lwalubuta bomake ngekufa kwabodzadze babo khona kutobonakala kutsi kufa kwabomake nababeleka kunganani eveni, loku kuphindze kufake ekhatsi kufa lokuhambelana nekutetfwala. Kulomnyaka waloLucwaningo 2006-07 kutfolakale kutsi bomake labafa ngetizatfu tekubeleka noma ngekutetfwala bangemakhulu lamane nemashumi lasiphohlongo nakubili kubomake labatinkhulungwane letilikhulu lababelekako (482 per 100 000).

Lokusitako Uma Ubeleka



LWATI NEKUTSI ITSATSEKA NJANI IHIV/AIDS EVENI

Lwati

Lolucwaningo lweTemphilo lwa 2006-07 lutfole kutsi cishe bonkhe bantfu labadzala lapha eveni bevile nge AIDS, kepha lwati ngetindlela tekuvikela iHIV luncane. Bomake labasukela eminyakeni lelishumi nesihlanu kuya kulengemashumi lamane nemfica (15-49) labangemashumi lasiphohlongo nesikhombisa ekhulwini (87%) bayati kutsi ingoti yekuvikela kutfole iHIV ingancishiswa ngekusebentisa ikhondomu nekutsi ulalane nemuntfu munye, bobabe bona bangemashumi lasiphohlongo nakutsatfu ekhulwini (83%). Lwati ngekuvikela iHIV lusetulu kakhulu etindzaweni letisemadolobheni nakulabo imfundvo yabo lesetulu. Lwati ngetindlela tekuvikela iHIV kubantfu labaneminyaka lengemashumi lasihlanu (50) kuya etulu luncane uma lucatsaniswa nalabo labaneminyaka lesukela kulelishumi nesihlanu kuya kulengemashumi lamane nemfica (15-49), bangemashumi lasikhombisa ekhulwini (70%) nje kuphela bantfu labadzala labatiko kutsi iHIV ungayivikela ngekusebentisa ikhondomu. Liningi labobabe nabomake liyati kutsi iHIV ungayitfole ngekumunyisa, bese kutsi labatsatfu kulabane bayati kutsi ingoti yekutsi make atselele umntfwanakhe uma atetfwelwe ingancishiswa ngekutsi anatse emaphilisi latsite.

Cishe bonkhe (labangemashumi layimfica ekhulwini, 90%) bantfu labaneminyaka lesukela kulelishumi nesihlanu kuya kulengemashumi lamane nemfica (15-49) bayati kutsi emakhondomu abobabe atfolakala kuphi. Munye make kulababili uyati lapho kutfolakala ikhondomu yabomake kantsi munye babe kulabane uyati lapho kutfolakala khona lekondomu yabomake. Manengi emaSwati langacondzisisi kahle nge HIV/AIDS. Bantfu lababili kulabatsatfu (bomake nabobabe) bayati kutsi iHIV ungeke uyitfole ngekusutelwa yimbuzulwane.

Itsatseka njani lendzaba ye HIV/AIDS emaSwatini?

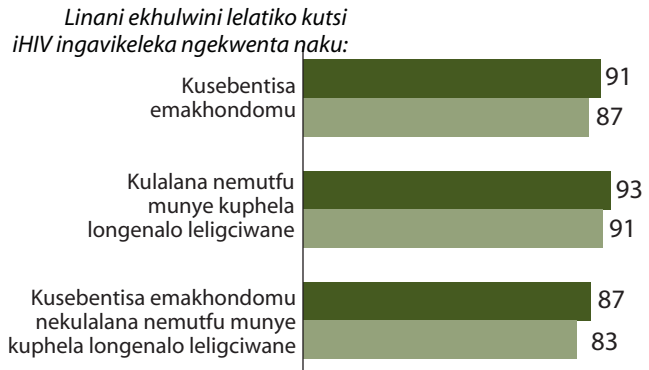
Kusekuningi kubandlululwa lokuhambelana neHIV lapha eSwatini. Noma bobabe nabomake labanengi batsi bangakwemukela kunakekela lomunye wemndenini loneligciwane leAIDS, bangemashumi lasitfupha ekhulwini (60%) nje kuphela labatsi ngeke bafihle kutsi lomunye emndenini uneAIDS. Labatsatfu kulabane batsi bangatitsenga tibhidvo kumuntfu loneligciwane leAIDS. Bantfu labaneminyaka lengemashumi lasihlanu (50) kuya etulu ababemukeli kahle labophila neAIDS, Munye kulababili angatitsenga tibhidvo kumuntfu lonaleligciwane leAIDS.

Timfundziso ngekuvikela iHIV tsihloko lesinekuba yimphicabadzala lapha eSwatini. Bantfu labangaphose balinganiselwe kulabatsatfu kulabane (bobabe nabomake) bayavumelana nekutsi bantfwana labaneminyaka lesukela kulelishumi nambili kuya kulelishumi nane (12-14) kumele bafundziswe ngekusetjentiswa kwekhondomu kuze kuvikelwe iAIDS.

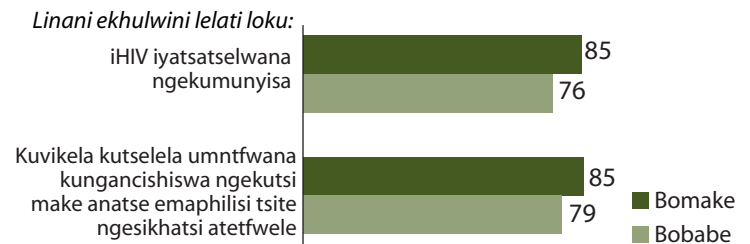
Uncenga njani kutsi nilalane ngalokuphephile newakakho?

Liningi labobabe nabomake litsi bomake bangakhona kuncenga emadvodza abo kutsi balalane ngalokuphephile. Bomake lababili kulabatsatfu kanye nabobabe labatsatfu kulabane bakholelwa kutsi bomake bangala kulala nemadvodza abo nangabe leyo ndvodza inesifo sagcunsula (STI). Bomake nabobabe labangetulu kwemashumi layimfica ekhulwini (90%) bakholelwa kutsi make angayincenga indvodza yakhe kutsi kusetjentiswe ikhondomu nangabe leyo ndvodza yakhe inagcunsula (STI).

Lwati Ngekuvikela iHIV



Kutselela umntfwana iHIV ngumake wakhe



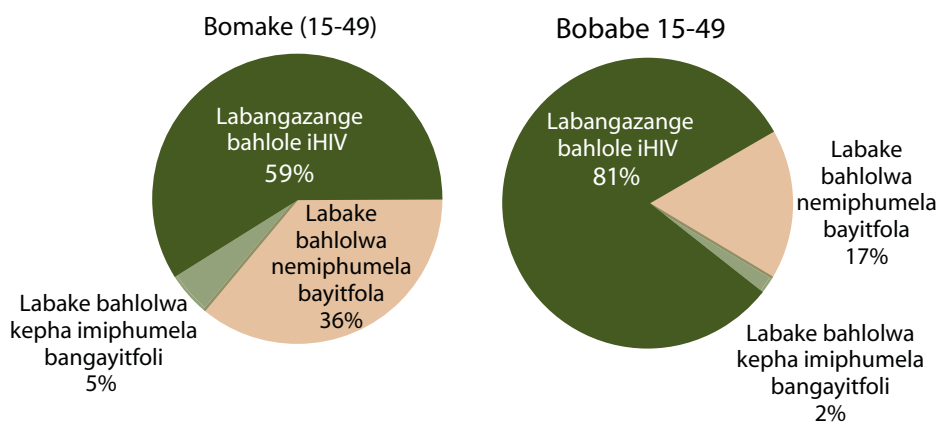
Linani ekhulwini labobabe nabomake labaneminyaka lesukela kulelishumi nesihlanu kuya kulengemashumi lamane nemfica (15-49)

IHIV/AIDS NEKUTIPHATSA

Kuhlolwa iHIV

Liningi lemaSwati alikaze lihlolwe iHIV. Cishe bonkhe bomake labaneminyaka lesukela kulelishumi nesihlanu kuya kulengemashumi lamane nemfica (15-49) bayati lapho unghlola khona iHIV, kantsi batsatfu nje kuphela bobabe kulabane labatiko lapho kuhlolwa khona iHIV. Esikhatsini lesinengi utfola kutsi ngabo bomake lesebake bahlolwa iHIV- bangemashumi lamatsatfu nesitfupha ekhulwini (36%) bomake lebake bahlolwa baphindze batfola nemiphumela, kantsi bobabe bona balinganiselwa kulabalishumi nesikhombisa ekhulwini (17%). Kuletinyanga letilishumi nambili (12) letendvulela lolucwaningo, bomake labangemashumi lamabili nambili ekhulwini (22%) nabobabe labayimfica ekhulwini (9%) bahlolwa iHIV nemiphumela bayitfola. Bomake labangemashumi lamane nakubili ekhulwini (42%) lebe batetfwele kuleminyaka lemibili lendvulela lolucwaningo, bahlolwa iHIV emitfolamphilo yekunakekela bomake labatetfwele. Kuhlolwa iHIV kubomake labatetfwele kuvame kakhulu etindzaweni letisemadolobheni (bomake labahlala etindzaweni letisemadolobheni labangemashumi lasihlanu nakutsatfu ekhulwini, 53%, labatetfwele bahlola iHIV, kantsi labo labahlala etindzaweniletisemaphandleni bangemashumi lamatsatfu nemfica ekhulwini, 39%). Kuhlola iHIV kubonakala kuyimvama kubomake labafundze befika emakolishi noma enyuvesi, (bangemashumi lasihlanu nakune ekhulwini 54%, bomake labafundze befika ekolishi noma enyuvesi labake bahlolwa iHIV).

Kuhlola iHIV Lokuke Kwenteka



Kulalana lokuyingoti nekusetjentiswa kwekhondomu

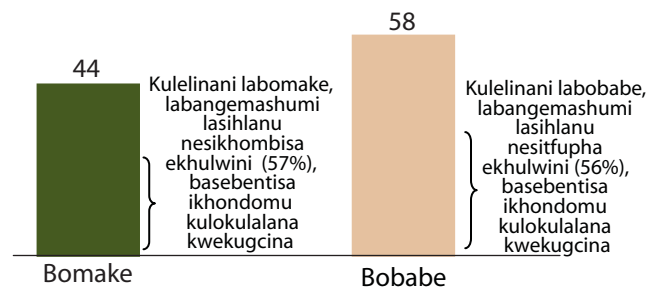
Kulolucwaningo lweTemphilo lwa 2006-07, kulalana lokuyingoti kuchazwa ngekutsi kulalana nemuntfu longakatsatsani naye noma longakahlalisanani naye kuletinyanga letilishumi nambili letendvulela lolucwaningo. Uma kubukwa bomake bonkhana, bangemashumi lamane nane ekhulwini (44%) bomake labalala ngalokuyingoti kulomnyaka lowendvulela lolucwaningo kantsi bobabe bona baba ngemashumi lasihlanu nesitfupha, 56% ekhulwini. Bomake labacishe befike kuhhafu kulabo labalala ngalokuyingoti basebentisa ikhondomu kulokulala kwabo kwekugcina. Bobabe lababili kulabatsatfu labalala ngalokuyingoti nabo basebentisa ikhondomu kulokulala kwabo kwekugcina.

Kusetjentiswa kwekhondomu

Liningi labobabe labaneminyaka lesukela kulelishumi nesihlanu kuya kulengemashumi lamane nemfica (15-49) lasebentisa ikhondomu kuletinyanga letilishumi nambili (12) letendvulela lolucwaningo. Bobabe labasebentisa emakhondomu labawatfola emitfolamphilo yakaHhulumende baba ngemashumi lamatsatfu nesikhombisa ekhulwini (37%), bese kutsi labo labasebentisa eluhlobo lwe Trust baba ngemashumi lamane nakutsatfu ekhulwini (43%). Lokuvamile kutsi bobabe batsenge emakhondomu etitolo, (baba ngemashumi lamane nane ekhulwini (44%) bobabe labatsenga emakhondomu). Bobabe labatfola emakhondomu etibhedlela/etibhedlela letincane/nasemitfolamphilo balishumi nesitfupha ekhulwini (16%).

Kulalana Lokuyingoti Nekusebentisa Ikhondomu

Linani ekhulwini labomake nabobabe labaneminyaka lesukela kulelishumi nesihlanu kuya kulengemashumi lamane nemfica (15-49) labalalana nemuntfu labangakatsatsani naye noma labangahlalisanani naye kuletinyanga letilishumi nambili letendvulela lolucwaningo

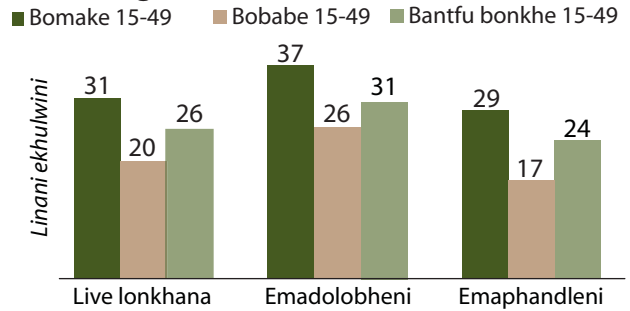


LIZINGA LE HIV

Lizinga le HIV

Lolucwaningo lweTemphilo lwa 2006-07 lwafaka ekhatsi kuhlolwa kweHIV kubantfu labatinkhulungwane letilishumi nesihlanu (15,000) bobabe, bomake nebantfwana. Bomake labangemashumi lasiphohlono nesikhombisa ekhulwini (87%) labaneminyaka lesukela kulelishumi nesihlanu kuya kulengemashumi lamane nemfica (15-49) bavuma kuhlolwa iHIV. Bobabe labangemashumi lasikhombisa nesiphohlono ekhulwini (78%) labaneminyaka lesukela kulelishumi nesihlanu kuya kulengemashumi lamane nemfica (15-49) nabo bavuma kungenela loluhlolo lwe HIV. Kubantfu labaneminyaka lesukela kulelishumi nesihlanu kuya kulengemashumi lamane nemfica (15-49) munye kulabane unayo iHIV. Leligciwane libonakala landze kakhulu kubomake kunabobabe, nakulabo labahlala etindzaweni letisemadolobheni kunaletisemaphandleni.

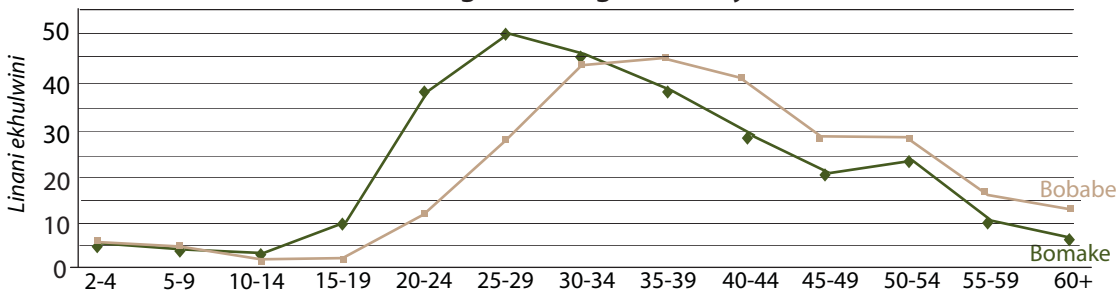
Lizinga leHIV kubantfu labadzala labaneminyaka lesukela kulelishumi nesihlanu kuya kulengemashumi lamane nemfica (15-49)



Kuyacala ngca ngelive lakaNgwane kutsi lolucwaningo lweTemphilo luhlole iHIV kubantfwana labaneminyaka lesukela kulemibili kuya kulelishumi nane (2-14) nebantfu labadzala labaneminyaka lesukela kulengemashumi lasihlanu kuya etulu (50+). Bantfwana labane kulabalikhulu (4%) labaneminyaka lesukela kulemibili kuya kulelishumi nane (2-14) batfolakele baneHIV. Kutfolakele kutsi iHIV yandze kakhulu kubantfu labasha.

Munye make kulababili loneminyaka lesukela emashumini lamabili nesihlanu kuya kulengemashumi lamabili nemfica (25-29) utfolakale aneHIV. Bomake labalishumi nababili kulabalikhulu (12%), labaneminyaka lesukela kulengemashumi lasihlanu kuya etulu (50+), batfolakele baneHIV. Bobabe labalishumi nesiphohlono ekhulwini (18%) labaneminyaka lesukela emashumini lasihlanu kuya etulu (50+) batfolakele kutsi bane HIV.

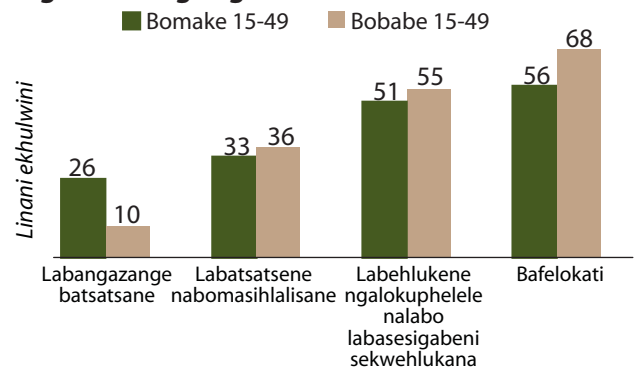
Lizinga leHIV Ngekweminyaka



Lizinga le HIV lisetulu kuto totine tifundza takaNgwane, lisukela emashumini lamabili nakutsatfu ekhulwini (23%) esifundzeni saseShiselweni (Kubobabe nabomake labaneminyaka lesukela kulelishumi nesihlanu kuya kulengemashumi lamane nemfica (15-49)), liye emashumi lamabili nemfica ekhulwini (29%) esifundzeni sakaHhohho.

Lizinga le HIV landze kakhulu kubafelokati, naku labo labehlukene ngalokuphelele noma kwesikhashana (Bangemashumi lasihlanu nesitfupha ekhulwini (56%) bafelokati labanalo leligciwane kantsi bobabe labashonelwe bafati babo bona bangemashumi lasitfupha nesiphohlono ekhulwini, 68%).

Lizinga leHIV Ngesigaba Sekwendza/Sekutsatsana



BUNTSANDZANE

Kubantfwana labangephansi kweminyaka lelishumi nesiphohlongo (18) munye kulabane uhlala nebatali bakhe bobabili. Munye kulabatsatfu bantfwana akahlali nabo bobabili batali bakhe. Munye kulabane bantfwana washonelwa ngumake, noma babe noma bobabili batali bakhe. Kubo bona labantfwana labaneminyaka lengephansi kwalelishumi nesiphohlongo, munye kulabatsatfu uyintsandzane noma weswele. Bantfwana labatsatfu kulabalishumi labatintsandzane abahlali nebantfwana bakabo.

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

Banakekeli balabantfwana labatintsandzane nalabo labeswele kumele bahlele kutsi uma kungenteka bona bagule, ngubani lomunye longachubeka abanakekele labantfwana. Lolucwaningo lweTemphilo lutfole kutsi munye kulabane umnakekeli lohlelile kutsi labantfwana bangachubeka banakekelwe ngubani uma kungenteka kutsi yena agule.



(c) 2004 Tjekisa James Hall, Photoshare

TEKUDLONDLOBALISA BOMAKE

Umsebenti

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

Kuba yincenye yekutsatfwa kwetincumo ekhaya

Liningi labomake bemaSwati bete emandla ekutsatsa tincumo kumadladla labahlala kuwo. Kuvamile kutsi bomake kube ngabo lababambe ematomu ekutsengwa kwetintfo temalanga onkhe telikhaya. Esikhatsini lesinyenti tincumo tekutsi make angavakashela yini ekhaya kubo noma avakashela tihlobo takhe titsatfwa ngabo bobabe. Bobabe babonakala kungabo labanemandla ekutsenga tintfo letinkhulu telikhaya. Bomake labalishumi ekhulwini (10%) abatingeneli sanhlobo tinkhulumo letimayelana nekutsatfwa kwaletincumo letibukwe ngulolucwaningo.

Kutsiwani ngekushaywa kwebafati nabala kulalwa?

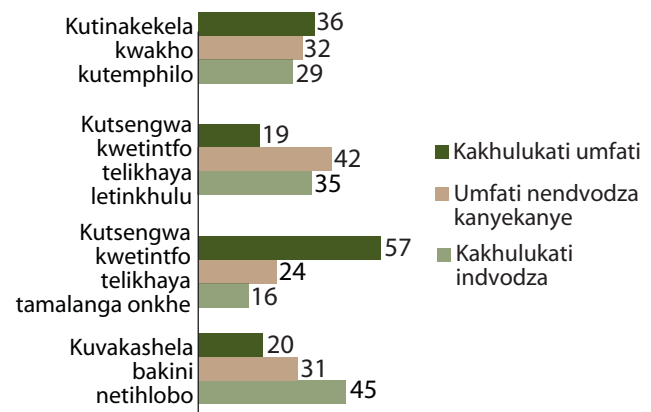
Munye make kulabatsatfu, nabobabe labane kulabalishumi bayavuma kutsi babe angamshaya umkakhe ngetizatfu letahlukahlukene. Lababili kulabatsatfu (bobabe nabomake) bayavuma kutsi make ufanele kwala kulala nendvodza yakhe ngetizatfu letehlukene.

Tekudlondlobalisa bomake nenzuzo kuTemphilo

Bomake labanemandla ekwenta tintfo letinyenti fana nekutisebentela, bavame kuba nematfuba lancono ekutinakekela ngetemphilo uma bacatsaniswa nalabo labangenawo lawo mandla. Lolucwaningo luvete kutsi bomake labavame kungenela tinkhulumo tekutsatsa tincumo kumadladla abo nalabo labangavumelani nekutsi make angashaywa yindvodza yakhe, banematfuba lasetulu ekutsi basebentise tindlela tekuhlela umndeni. Kanjalo bona labomake labavame kungenela tinkhulumo tekutsatsa tincumo kumadladla abo banematfuba lasetulu ekubelekela emitfolamphilo kunalabo lebeta lawo mandla. Bomake labangemashumi lasikhombisa nesikhombisa ekhulwini (77%) labangenela tinkhulumo tekutsatsa tincumo letintsatfu kuya kuletine kumadladla abo, babelekela emitfolamphilo kantsi kulabomake labangatingeneli letinkhulumo baba ngemashumi lasitfupha nesikhombisa ekhulwini (67%) labafinyelela kuyawubelekela emtfolamphilo.

Kutsatfwa Kwetincumo Bomake

Linani ekhulwini labomake labenzile labaneminyaka lesukela kulelishumi nesihlanu kuya kulengemashumi lamane nemfica (15-49) ngemuntfu lovame kutsatsa sincumo



Lesitfombe sitsetfwe baka Sri Poedjastoeti

TALABASHA

Kwenta imitamano yekutsi kutfolakale loko lokufaka bantfu labasha engotini yekutfole iHIV/AIDS, lolucwaningo lweTemphilo lwa 2006-07 lwafaka ekhatsi imibuto leyayicondzena nabo labantfwana. Lemibuto yabutwa bantfwana labangetulu kwemak-hulu lasiphohlongo (800) labaneminyaka lesukela kulelishumi nakubili kuya kulelishumi nakune (12-14).

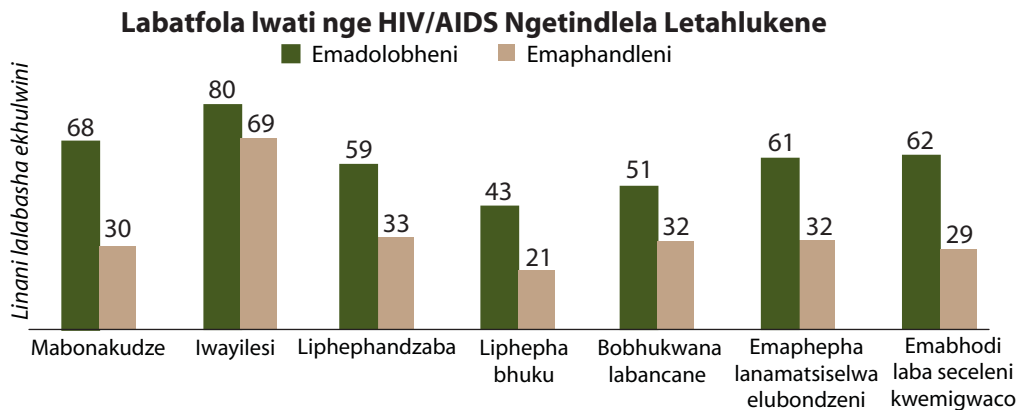
Banakeleli nekubalandzelela

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

Lwati ngekulala nangeHIV/AIDS

Bantfwana labasitfupha kulabalishumi bayati kutsi kulalana kusho kutsini. Bantfwana bemantfombatana nalabo bantfwana labahlala etindzaweni letisemadolobheni bavamile kwati ngenchazelo yekulalana. Intfombatana yinye kulamabili, nemfana munye kulabane, babika kutsi bayacocisana nebatali babo ngetekulala. Kuvamile kutsi bantfwana bemantfombatana bacocisane nebatali ngetindzaba tekuhlukubetwa kutelicansi kunebantfwana bebafana.

Cishe bonkhe bantfwana labaneminyaka lesukela kulelishumi nakubili kuya kulelishumi nakune (12-14) bevile nge AIDS. Labanengi bayati kutsi ungakhona kuvikela noma kwehlisa ematfuba ekutfole iAIDS, nekutsi umntfu lobukeka aphilile angaba nayo iAIDS. Bantfwana labatsatfu kulabane bevile ngekhondomu yabobabe, kantsi labangaphansi kwehrafu bevile ngekhondomu yabomake. Munye kulabatsatfu umntfu lomusha ukholelwa kutsi bontsanga yakhe kufanele bafundziswe ngekusebentisa ikhondomu kuvikela iAIDS. Labangetulu kwemashumi lasitfupha ekhulwini (60%) bakholelwa kutsi kumele bafundziswe ngekutsi bangalali bate befike esigabeni sekutsatsana.



iHIV/AIDS netekwatisa

Lolucwaningo lweTemphilo lutfole kutsi bantfu labasha labaneminyaka lesukela kulelishumi nakubili kuya kulelishumi nakune (12-14) beve imilayeto ngeHIV/AIDS ngekulalela iwayilesi (labantfwana labatfole lemibiko ngekulalela iwayilesi balinganiselwa emashumini lasikhombisa ekhulwini, 70%). Munye umntfwana kulabatsatfu weva lemilayeto nge HIV/AIDS kumabonakudze, emaphephandzabeni, kubobhukwana, kumaphepha lananyekwa etibondzeni, nasemabhodini laba seceleni kwemigwaco (billboards). Labatfole kakhulu lemilayeto ngulabo labahlala etindzaweni letisemadolobheni kunalabo labahlala etindzaweni letisemaphandleni. Bantfwana lababili kulabatsatfu baphindze bayitfole lemilayeto etimphahleni tekugcoka fana netikipa nakumaribhoni labovu latimbeje (badges). Bantfwana labasha labalishumi nesiphohlongo ekhulwini (18%) bayati ngenhlabamkhosi yelucingo lwe HIV/AIDS (helpline). Cishe hhafu walabantfwana bayati ngendzawo lapho ungahlolwa khona leligciwane le AIDS.

Lolucwaningo lutfole kutsi bantfu labasha labaneminyaka lesukela kulelishumi nakubili kuya kulelishumi nakune (12-14) bavame kutfole lwati ngeHIV etikolweni. Bantfwana labangemashumi lasiphohlongo nakutsatfu ekhulwini (83%) batfole lwati nge HIV etikolweni, labangemashumi lamane nesihlanu ekhulwini (45%) batfole lolwati etindzaweni tasemitfolamphilo kantsi emashumi lamatsatfu nesikhombisa (37%) atfole lolwati etindzaweni tasemasontfweni.

Bantfwana labatsatfu kulabasihlanu labanelwati ngetekulala batsi lolwati labalutfole nge HIV/AIDS lugcizelela kakhulu ekutsini batile bangalali sanhlobo. Ihhafu yabo yatsi lolwati lugcizelela kakhulu kutekulala. Baba bancane kakhulu labatsi letimfundziso noma lolwati lukhutsata bantfu labasha kutsi balalane, nomake kusho kutsi kulungile kutsi bantfu labasha balalane yingci nje nakukhona labativikele ngako.

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

