



**SWAZILAND**

**GOVERNMENT**

Multiple Indicator Cluster Survey  
Model Full Report

Central Statistical Office  
MBABANE

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## **Foreword and Acknowledgements**

The Central Statistical Office would like to express its appreciation to all those who made the production of MICS 2000 a reality.

We extend special thanks to the UNICEF country office and the Regional Office for providing the financial and technical support for the survey ranging from sample design, data processing and data analysis and data archiving. We acknowledge the crucial contributions made by the Coordinator of the survey Mr. Maqhawe Gama, the regional coordinators, enumerators and their supervisors, the keypunch operators, and the team that assisted with Data processing and analysis who worked tirelessly to ensure the success of the survey.

We would like to also express our sincere thanks to the members of the households who gave their time to provide the data, without their cooperation this report would not have been a reality.

We particularly like to express sincere thanks to Amos Zwane and Eugene Zwane for adapting the MICS questionnaires and Data Processing applications for use in the country.

Information in this report is not exhaustive, and, therefore, raw data on this survey is available.

## Executive Summary

The 2000 Swaziland Multiple Indicator Cluster Survey (MICS) is a nationally representative survey of households, women, and children. The main objectives of the survey are to provide up-to-date information for assessing the situation of children and women in Swaziland at the end of the decade and to furnish data needed for monitoring progress toward goals established at the World Summit for Children and as a basis for future action.

### *Infant and Under Five Mortality*

- The data suggest that the infant mortality rate was 87.7 per 1000 and the under five mortality rate was 122 per 1000.

### *Education*

- Over ninety percent of children of primary school age in Swaziland are attending primary school. School attendance in the Lubombo is significantly lower than in the rest of the country at 52 percent. At the national level, there is virtually no difference between male and female primary school attendance.
- More than ninety three of children who enter the first grade of primary school eventually reach grade five.
- The vast majority (79.28 percent) of the population over age 15 years is literate. The percentage literate declines from 88 percent among those aged 15-34 to 35.5 percent among the population aged 65 and older.

### *Water and Sanitation*

- Fifty one percent of the population has access to safe drinking water – 93 percent in urban areas and 41 percent in rural areas. The situation in the Shiselweni is considerably worse than in other regions; only 46 percent of the population in this region gets its drinking water from a safe source.
- Seventy two percent of the population of Swaziland is living in households with sanitary means of excreta disposal.

### *Child Malnutrition*

- Ten percent of children under age five in Swaziland are underweight or too thin for their age. Thirty percent of children are stunted or too short for their age and two percent are wasted or too thin for their height.
- Children whose mothers have secondary or higher education are the least likely to be underweight and stunted compared to children of mothers with less education.

### *Breastfeeding*

Approximately 31.2 percent of children aged under four months are exclusively breastfed. At age 6-9 months, 60 percent of children are receiving breast milk and solid or semi-solid foods. By age 20-23 months, only 24.8 percent are continuing to breastfeed.

### *Salt Iodization*

- Fifty four percent of households in Swaziland have adequately iodized salt. The percentage of households with adequately iodized salt ranges from 47 percent in the Lubombo to 61 percent in the Hhohho region.

#### *Low Birth weight*

- Approximately 5 percent of infants are estimated to weigh less than 2500 grams at birth.

#### *Immunization Coverage*

- Ninety four percent of children aged 12-23 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to ninety three percent. The percentage declines for subsequent doses of DPT to 87.8 percent for the second dose, and 77.7 percent for the third dose.
- Similarly, 91.4 percent of children received Polio 1 by age 12 months and this declines to 75.1 percent by the third dose.
- The coverage for measles vaccine is lower than for the other vaccines at 72.3 percent.
- Over half of children (59.2 percent) had all eight recommended vaccinations in the first 12 months of life.
- Male and female children are vaccinated at roughly the same rate.
- Vaccination coverage is highest among children whose mothers have secondary or higher education. The education differences are greatest for the third doses of DPT and Polio, suggesting that drop out rates are higher among children with less educated mothers.

#### *Diarrhea*

- Ninety two percent of the children with diarrhea received one or more of the recommended home treatments (i.e., were treated with ORS or RHF).
- Only 6.9 percent of children with diarrhea received increased fluids and continued eating as recommended.

#### *Acute Respiratory Infection*

- Ten percent of under five children had an acute respiratory infection in the two weeks prior to the survey. Approximately 60.9 percent of these children were taken to an appropriate health provider.

#### *IMCI Initiative*

- Among under five children who were reported to have had diarrhea or some other illness in the two weeks preceding the MICS, 9.4 percent received increased fluids and continued eating as recommended under the IMCI programmed.
- Forty two percent of mothers know at least two of the signs that a child should be taken immediately to a health facility.

#### *HIV/AIDS*

- Forty nine percent of women aged 15-49 know all two of the main ways to prevent HIV transmission – having only one uninfected sex partner and using a condom every time.
- Forty one percent of women correctly identified three misconceptions about HIV transmission – that HIV can be transmitted through supernatural means, that it can be transmitted through mosquito bites, and that a healthy looking person cannot be infected.
- Over fifty nine percent of women of reproductive age in Swaziland know a place to get tested for AIDS and about 12 percent have been tested.
- The percentage of women who have sufficient knowledge of HIV transmission and the percentage who know where to get tested for HIV increases with the level of education.

#### *Contraception*

- Current use of contraception was reported by 27.9 percent of married or in union women. The most popular method is the injection which is used by 11.6 percent of the women followed by the pill, which accounts for 6 percent of married women or in union women.

#### *Prenatal Care*

- Seventy nine percent of the women with recent births in Swaziland are protected against neonatal tetanus. The vast majority of these women received two or more doses of tetanus toxoid within the last three years.
- Virtually all women in Swaziland receive some type of prenatal care and 87 percent receive antenatal care from skilled personnel (doctor, nurse, midwife).

#### *Assistance at Delivery*

- A doctor, nurse, or midwife delivered about 70 percent of births occurring in the year prior to the MICS survey. This percentage is highest in the Manzini region at 77 percent and lowest in the Shiselweni at 62 percent.

#### *Birth Registration*

- The births of 53.5 percent of children under five years in Swaziland have been registered. There are no significant variations in birth registration across sex, age, or education categories.

#### *Orphanhood and Living Arrangements of Children*

- Overall, 38 percent of children aged 0-14 are living with both parents. Children who are not living with a biological parent comprise 19.7 percent and children who have one or both parents dead amount to 11 percent of all children aged 0-14.
- The situation of children in the Shiselweni differs from that of other children. In this region, 34.6 percent of children live with both parents. Thirty six percent live with their mother only although their father is alive and a relatively large proportion (10 percent) are living with neither parent.

#### *Child Labour*

- About one percent of children aged 5-14 years engage in paid work. About 1.5 percent participate in unpaid work for someone other than a household member.
- Over seventy four percent of children engage in domestic tasks, such as cooking, fetching water, and caring for other children, for less than four hours a days while 3 percent spend more than four hours a day on such tasks.

## Summary Indicators

World Summit for Children Indicators		
Under-five mortality rate	Probability of dying before reaching age five	122 per 1000
Infant mortality rate	Probability of dying before reaching age one	87.7per 1000
Underweight prevalence	Proportion of under-fives who are too thin for their age	10 percent
Stunting prevalence	Proportion of under-fives who are too short for their age	30 percent
Wasting prevalence	Proportion of under fives who are too thin for their height	2 percent
Use of safe drinking water	Proportion of population who use a safe drinking water source	51 percent
Use of sanitary means of excreta disposal	Proportion of population who use a sanitary means of excreta disposal	72 percent
Children reaching grade five	Proportion of children entering first grade of primary school who eventually reach grade five	93.5 percent
Net primary school attendance rate	Proportion of children of primary school age attending primary school	90.6 percent
Literacy rate	Proportion of population aged 15+ years who are able to read a letter or newspaper	79.2 percent
Antenatal care	Proportion of women aged 15-49 attended at least once during pregnancy by skilled personnel	79 percent
Contraceptive prevalence	Proportion of married women aged 15-49 who are using a contraceptive method	27.9 percent
Childbirth care	Proportion of births attended by skilled health personnel	70 percent
Birth weight below 2.5 kg.	Proportion of live births that weigh below 2500 grams	5 percent
Iodized salt consumption	Proportion of households consuming adequately iodized salt	54 percent
Exclusive breastfeeding rate	Proportion of infants aged less than 4 months who are exclusively breastfed	31.2 percent
Timely complementary feeding rate	Proportion of infants aged 6-9 months who are receiving breast milk and complementary food	60 percent
Continued breastfeeding rate	Proportion of children aged 12-15 months and 20-23 months who are breastfeeding	76.6 percent (12-15) 24.8 percent (20-23)
DPT immunization coverage	Proportion of children immunized against diphtheria, pertussis and tetanus by age one	77.2 percent
Measles immunization coverage	Proportion of children immunized against measles by age one	72.3 percent
Polio immunization coverage	Proportion of children immunized against polio by age one	80.2 percent
Tuberculosis immunization coverage	Proportion of children immunized against tuberculosis by age one	94.1 percent
Children protected against neonatal tetanus	Proportion of one year old children protected against neonatal tetanus through immunization of their mother	79.8 percent
ORT use	Proportion of under-five children who had diarrhea in the last 2 weeks who were treated with oral rehydration salts or an appropriate household solution	92 percent
Home management of diarrhea	Proportion of under-five children who had diarrhea in the last 2 weeks and received increased fluids and continued feeding during the episode	6.9 percent
Care seeking for acute respiratory infections	Proportion of under-five children who had ARI in the last 2 weeks and were taken to an appropriate health provider	60.9 percent
Preschool development	Proportion of children aged 36-59 months who are attending some form of organized early childhood education program	12 percent



<b>Indicators for Monitoring Children's Rights</b>		
Birth registration	Proportion of under-five children whose births are reported registered	53.5 percent
Children's living arrangements	Proportion of children aged 0-14 years in households not living with a biological parent	19.7 percent
Orphans in household	Proportion of children aged 0-14 years who are orphans living in households	2 percent (both parents) 5.6 percent (one parent)
Child labour	Proportion of children aged 5-14 years who are currently working	11.8 percent
<b>Indicators for Monitoring IMCI</b>		
Home management of illness	Proportion of under-five children reported ill during the last 2 weeks who received increased fluids and continued feeding	15.5 percent
Care seeking knowledge	Proportion of caretakers of under-five children who know at least 2 signs for seeking care immediately	17.4 percent
<b>Indicators for Monitoring HIV/AIDS</b>		
Knowledge of preventing HIV/AIDS	Proportion of women who correctly state the 2 main ways of avoiding HIV infection	49.5 percent
Knowledge of misconceptions of HIV/AIDS	Proportion of women who correctly identify 3 misconceptions about HIV/AIDS	41 percent
Knowledge of mother to child transmission	Proportion of women who correctly identify means of transmission of HIV from mother to child	47 percent
Attitude to people with HIV/AIDS	Proportion of women expressing a discriminatory attitude towards people with HIV/AIDS	77.4 percent
Women who know where to be tested for HIV	Proportion of women who know where to get a HIV test	59.7 percent
Women who have been tested for HIV	Proportion of women who have been tested for HIV	17.3 percent

## **I. Introduction**

### ***Background of the Survey***

At the World Summit for Children held in New York in 1990, the government of Swaziland committed itself to a Declaration and Plan of Action for Children. Subsequently, a National Programme of Action for Children was developed and implemented. The country committed to the following goals for Child Survival, Development and Protection:

- With an infant and under five mortality of 98 per 1000 and 141 per 1000 live-births the country undertook to reduce the infant and under-five child mortality rate by one third between 1990 and 2000;
- Between 1990 and 2000, reduce the maternal mortality rate of 110 per 100 000 by half
- Between 1990 and 2000, reduce severe and moderate malnutrition among under-five children;
- Universal access to safe drinking water and to sanitary means of excreta disposal.
- That by the year 2000 the country will have achieved universal basic education and completion of primary education by at least 80% of primary school-age children;
- Reduction of the illiteracy rate to at least half its 1990 level with emphasis on female literacy;
- To improve protection of children in especially difficult circumstances.

The Plan of Action also called for the establishment of mechanisms for monitoring progress toward the goals and objectives set for the year 2000. Toward this end, UNICEF, in collaboration with WHO, UNESCO and others, has developed a core set of 75 indicators of specific aspects of the situation of children. The 2000 Swaziland MICS survey has been conducted in order to provide end-decade information on many of these indicators.

The Swaziland MICS was conducted by the Central Office of Statistics, with funding provided by the UNICEF Swaziland office and the Government of Swaziland.

This report presents results on the principal topics covered in the survey and on World Summit indicators.

### ***Survey Objectives***

The 2000 Swaziland Multiple Indicator Cluster Survey has as its primary objectives:

- To provide up-to-date information for assessing the situation of children and women in Swaziland at the end of the decade and for looking forward to the next decade;

- To furnish data needed for monitoring progress toward goals established at the World Summit for Children and a basis for future action;
- To contribute to the improvement of data and monitoring systems in Swaziland and to strengthen technical expertise in the design, implementation, and analysis of such systems.

## **II. Survey Methodology**

### ***Sample Design***

The sample for the Swaziland Multiple Indicator Cluster Survey (MICS) 2000 was designed to provide estimates of health indicators at the national level, urban, rural and company town areas and for the four regions: Hhohho, Manzini, Shiselweni and Lubombo. The sample was selected in two stages. At the first stage, 300 clusters were selected with probability proportional to size. After a household listing was carried out within the selected clusters, a systematic sample of 4500 households was drawn. Because the sample was stratified by region, it is not self-weighting. For reporting national level results, sample weights are used. Full technical details of the sample are included in Appendix A.

### ***Questionnaires***

The questionnaires for the Swaziland MICS were based on the MICS Model Questionnaire with some modifications and additions. A household questionnaire was administered in each household, which collected various information on household members including sex, age, literacy, marital status, and orphanhood status. The household questionnaire also includes education, child labor, water and sanitation, and salt iodization modules. In addition to a household questionnaire, questionnaires were administered in each household for women age 15-49 and children under age five. For children, the questionnaire was administered to the mother or caretaker of the child. The questionnaire for women contains the following modules:

Child mortality  
Tetanus toxoid  
Maternal and newborn health  
Contraceptive use  
HIV/AIDS.

The questionnaire for children under age five includes modules on:

Birth registration and early learning  
Vitamin A  
Breastfeeding  
Care of Illness  
Malaria  
Immunization  
Anthropometry.

Information on Vitamin A and Malaria have not been analysed . Reasons for not including Vitamin A is that there is no current programme in place on Vit A supplement in the country. Reasons for living malaria module out is that data collection was conducted in the off season for malaria in the country.

### ***Fieldwork and Processing***

The field staff was trained for five days in early July 2000. Sixteen teams collected the data; each was comprised of four interviewers, one driver, and a supervisor. In addition there were four regional coordinators who assisted the MICS Coordinator in the provision of overall supervision. The field work began in July 2000 and concluded in September 2000.

Data were entered on four microcomputers using the IMPS software. In order to ensure quality control, all questionnaires were double entered and internal consistency checks were performed. Procedures and standard programs developed under MICS and adapted to the Swaziland questionnaire were used throughout. Data processing began in October 2000 and finished in December 2000.

## **III. Sample Characteristics and Data Quality**

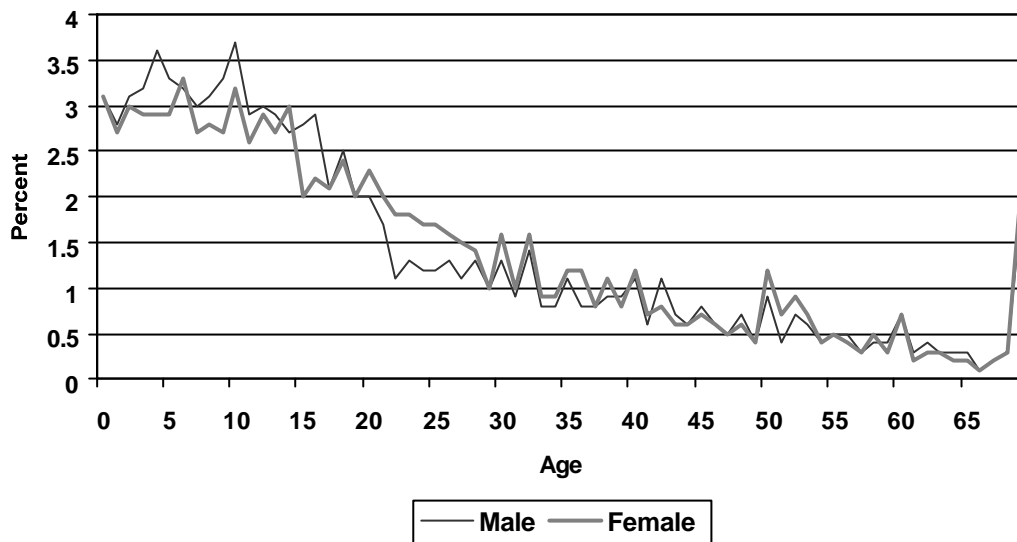
### ***Response Rates***

Although 4500 households were selected, 4192 were successfully interviewed for a household response rate of 90 percent (Table 1). In the interviewed households 5320 eligible women (age 15-49) were identified. Of these, 5271 were successfully interviewed, yielding a response rate of 99 percent. In addition, 3525 children under age five were listed in the household questionnaire. Of these, questionnaires were completed for 3509 for a response rate of 99 percent.

### ***Age Distribution and Missing Data***

As shown in Table 2 and Figure 1, the single year age distribution of household members by sex exhibits some distortions centered around ages 5 and 10 for males. There appears to be significantly less males between ages 20 to 28. There appears to be significant heaping of women on ages 14-17 and perhaps a slight dearth of women ages 18-19. For both sexes, some digit preference is evident for ages ending in 0 and 5, a pattern typical of populations in which ages are not always known.

**Figure 1: Single year age distribution of the household population by sex, Saziland, 2000**



As a basic check on the quality of the survey data, the percentage of cases missing information on selected questions is shown in Table 3. Except with the variable on date of tetanus toxoid injection where a high proportion of missing information there is virtually no missing information on the other selected questions as shown in Table 3. The reason attributed to the tetanus toxoid is the large numbers of women who had no ANC card during the survey. However, the low levels of missing data on most of the selected questions suggest that there were not significant problems with the questions or the fieldwork.

The data on weight and height are the most likely among the selected information to be missing. Less than one percent of children are missing this information, which may be the result of the child not being present, refusal, or some other reason. By international standards, this percentage is relatively low in comparison to other surveys in which anthropometric measurements are taken (Sommerfelt and Boerma, 1994).

### ***Characteristics of the Household Population***

Information on the characteristics of the household population and the survey respondents is provided to assist in the interpretation of the survey findings and to serve as a basic check on the sample implementation.

Table 4 presents the percent distribution of households in the sample by background characteristics. About 24 percent of the households (1028 households) are urban and 65.5 percent (2737 households) are rural and 10.2 percent (427) are company towns. The Manzini region comprises the largest of the four regions with 31.3 percent of households while Hhohhol is next largest with 28.8 percent. The remaining regions each contain between 17.4 and 22.1 percent of households. Most of the households have between two and five members. Thirty seven percent of the households contain at least one child under age five and 79 percent contain at least one woman age 15-49.

Table 5 shows the characteristics of female respondents aged 15-49. Women age 15-19 comprise the greatest percentage of the sample at 24 percent. This percentage declines steadily across age groups until age 45-49 where it is 6.1 percent. This pattern is typical of countries in the region. Approximately 47.8 percent of women in the sample are currently married and 71.1 percent have ever had a birth. The majority of women have had at least some secondary education while only seven percent have had no education.

Table 6 shows the characteristics of children under age five. Fifty one percent of the children are male and 49 percent are female. Approximately 13 percent of mothers of children under age five have no education, a percentage that is almost two times greater than the overall percentage of women with no education in the sample. Note that, for children whose mothers did not live in the household, the education of the child's caretaker is used. There are slightly more children aged under six months than aged 6-11 months, a pattern which is unexpected.

## **IV. Results**

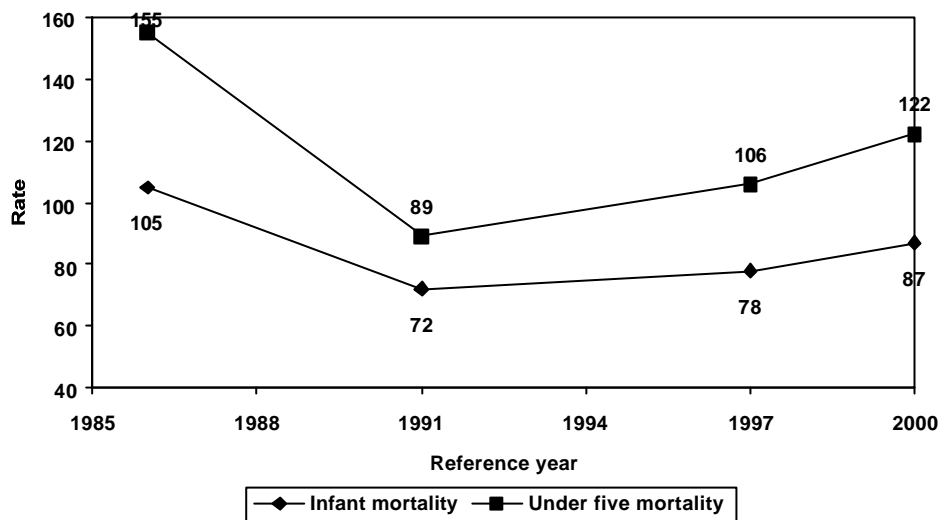
### ***A. Infant and Under-Five Mortality***

The *infant mortality rate* is the probability of dying before the first birthday. The *under five mortality rate* is the probability of dying before the fifth birthday. In MICS, infant and under five mortality rates are calculated based on an indirect estimation technique (the Brass method). The data used in the estimation are: the mean number of children ever born for five year age groups of women from age 15 to 49, and the proportion of these children who are dead, also for five year age groups of women. The technique converts these data into probabilities of dying by taking account of both the mortality risks to which children are exposed and their length of exposure to the risk of dying.

The data used for mortality estimation are shown in Table 7. The mean number of children ever born rises from 0.16 among 15-19 year olds to 4.18 among 45-49 year olds as expected. However, the proportion of children dead has an irregular pattern. In particular, the proportion of children dead among women aged 30-39 is low. This pattern may be affected by the age heaping noted in Figure 1 above. If some women in their twenties underreported their ages but reported the births and deaths of their children correctly then the deaths would effectively be moved downward toward age 25

Mortality estimates were obtained using the United Nations QFIVE program. Based on previous estimates of infant and child mortality for Swaziland, the South model life table was selected as most appropriate. Estimates of infant and under five mortality for several reference years are plotted in Figure 2. The figure indicates that childhood mortality in Swaziland has been declining up to the year 1991 where it was at its lowest. From this period it appears that mortality has taken another turn and is now rising.

**Figure 2: Estimates of infant and under five mortality based on indirect estimation, Swaziland, 2000**



## **B. Education**

Universal access to basic education and the achievement of primary education by the world’s children is one of the most important goals of the World Summit for Children. Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labor and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth.

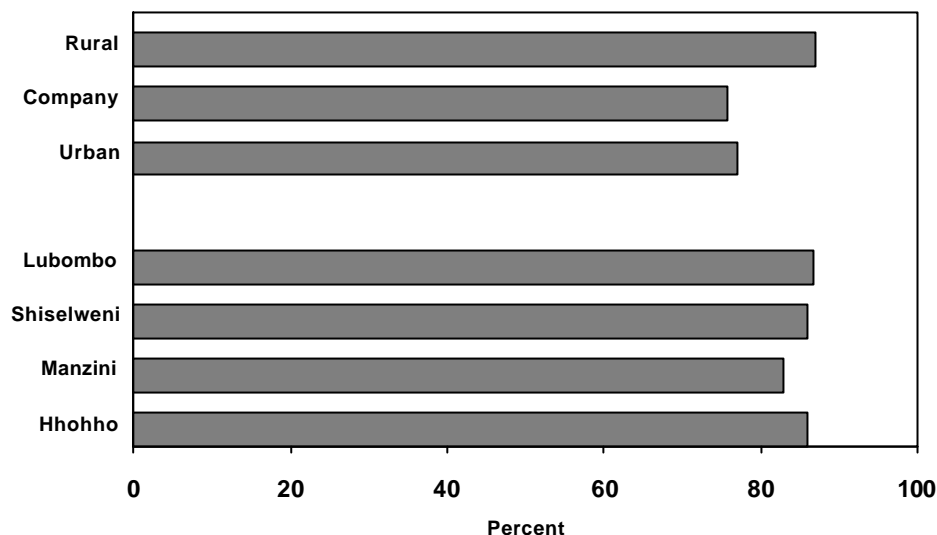
### **Early childhood education**

Twelve percent of the children aged 36-59 months are attending an organized early childhood education programmed, such as kindergarten or community childcare with organized learning activities (Table 9). There are more girls attending these programmes than boys. There are large variations according to region ranging from 10.5 percent of children in the Lubombo to 14.3 percent in the Manzini region. In addition, children in urban and company towns areas are over three times as likely to attend early learning activities as children in rural areas. Relatively few children attend at age three (36-47 months) while the majority of children attend at age four (48-59 months). Finally, the education of the mother is strongly related to the likelihood that a child will attend an early childhood education programmed.

### **Basic education**

Overall, 90.6 percent of children of primary school age in Swaziland are attending primary school (Table 10). In urban areas, 97 percent of children attend school while in rural areas 87 percent attend. School attendance in the Lubombo is significantly lower than in the rest of the country at 52 percent. At the national level, there is no significant differences between male and female primary school attendance.

**Figure 3: Percentage of children of primary school age attending primary school, Swaziland, 2000**



More than 93 percent of children who enter the first grade of primary school eventually reach grade five (Table 11). However, there are regional and urban-rural disparities in the achievement of grade five. Approximately 96.5 percent of urban children who enter grade one reach grade five compared to 93 percent of children in rural areas.

### **Literacy**

The vast majority of the population over age 15 years in Swaziland is literate (Table 12). The *literate* population includes those who are reported to read ‘easily or with difficulty’. Overall, females are slightly less likely than males to be literate (80.4 vs. 78.1 percent). The percentage literate is lower in the Lubombo and Shiselweni regions than in the Manzini and Hhohho regions. Literacy declines with increasing age. The percentage literate declines from 88.1 percent among those aged 15-24 to 35.5 percent among the population aged 65 and older.

## **C. Water and Sanitation**

### **Use of drinking water**

Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant carrier of diseases such as trachoma, cholera, typhoid, and schistosomiasis. Drinking water can also be tainted with chemical, physical and radiological contaminants with harmful effects on human health. In addition to its association with disease, access to drinking water may be particularly important for women and children, particularly in rural areas, who bear the primary responsibility for carrying water, often for long distances.

About 12.6 percent of the population uses drinking water from that is piped into their dwelling and 11.6 percent used water piped into their yard or plot. Rainwater collection and rivers and streams are also important sources of drinking water.



The source of drinking water for the population varies strongly by region (Table 13). In the Manzini region, 30.4 percent of the population uses drinking water that is piped into their dwelling or into their yard or plot. In the Hhohho and Lubombo, 29.3 and 23.7 percent respectively use piped water. In contrast, only about 10 percent of those residing in the Shiselweni piped water.

The population using *safe drinking water* sources are those who use any of the following types of supply: piped water, public tap, borehole/tubewell, protected well, protected spring or rainwater. Overall, 51 percent of the population has access to safe drinking water – 93 percent in urban areas and 41.2 percent in rural areas. The situation in the Shiselweni is considerably worse than in other regions, go in company towns, 85 percent in urban areas

### **Use of sanitation**

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrheal diseases and polio. *Sanitary means of excreta disposal* include: flush toilets connected to sewage systems or septic tanks, other flush toilets, improved pit latrines, and traditional pit latrines. Seventy two percent of the population of Swaziland is living in households with sanitary means of excreta disposal (Table 14). This percentage is 95.9 percent in company towns, 96.5 percent in urban areas and 65.7 percent in rural areas. Residents of the Hhohho and Manzini are much more likely than others to use sanitary means of excreta disposal.

## **D. Child Malnutrition**

### **Nutritional status**

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

In a well-nourished population, there is a standard distribution of height and weight for children under age five. Undernourishment in a population can be gauged by comparing children to this standard distribution. The standard or reference population used here is the NCHS standard, which is recommended for use by UNICEF and the World Health Organization. Each of the three nutritional status indicators are expressed in standard deviation units (z-scores) from the median of this reference population.

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

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

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

Almost one in ten children under age five in Swaziland are underweight and two percent are classified as severely underweight (Table 15). Thirty percent of children are stunted or too short for their age and three percent are wasted or too thin for their height.

Children in the Shiselweni are more likely to be underweight and stunted than other children. Those whose mothers have secondary or higher education are the least likely to be underweight and stunted compared to children of mothers with less education. Boys appear to be slightly more likely to be underweight, stunted, and wasted than girls. The age pattern shows that a higher percentage of children aged 12-23 months are undernourished according to all three indices in comparison to children who are younger and older (Figure 2). This pattern is expected and is related to the age at which many children cease to be breastfed and are exposed to contamination in water, food, and environment.

## **Breastfeeding**

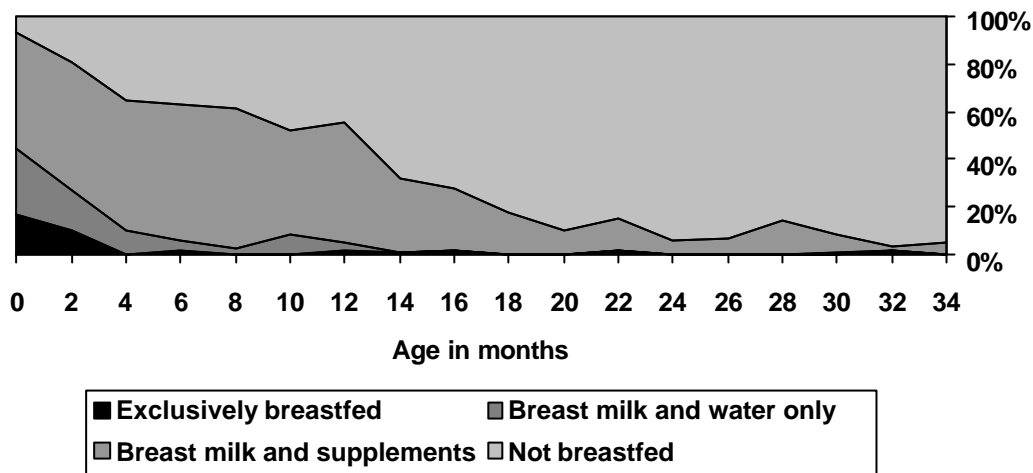
Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers stop breastfeeding too soon, and there are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and is unsafe if clean water is not readily available. The World Summit for Children goal states that children should be exclusively breastfed for four to six months, that breastfeeding should be complemented with appropriate foods from the age of around six months, and that children continue to be breastfed for two or more years.

In Table 16, breastfeeding status is based on women's reports of children's consumption in the 24 hours prior to the interview. *Exclusive breastfeeding* refers to children who receive only breast milk and vitamins, mineral supplements, or medicine. *Complementary feeding* refers to children who receive breast milk and solid or semi-solid food. The last two columns of the table include children who are continuing to be breastfed at one and at two years of age. Percentages according to region and mother's education are not shown due to small sample sizes. For the same reason, the sex and urban-rural residence breakdowns should be interpreted with caution.

Approximately 31.2 percent of children aged less than four months are exclusively breastfed, a level considerably lower than recommended. At age 6-9 months, 60.2 percent of children are receiving breast milk and solid or semi-solid foods. By age 12-15 months, 76.6 percent of children are still being breastfed and by age 20-23 months, 24.8 percent are still breastfed.

Figure 3 shows the detailed pattern of breastfeeding status by the child's age in months. Even at the earliest ages, the majority of children are receiving liquids or foods other than breast milk. The percentage of children exclusively breastfed diminishes rapidly to close to zero after three months. By the end of one year, fewer than half of children are still breastfed.

**Figure 4: Percent distribution of living children by breastfeeding status, Swaziland, 2000**



### Salt iodization

A deficiency of iodine in the diet causes goitre, an enlargement of the thyroid gland, and can cause brain damage due to such a deficiency before birth or during infancy or childhood. The iodization of salt is a low-cost way of preventing iodine deficiency disorders (IDD). In MICS, interviewers tested household salt for iodine levels by means of a testing kit. *Adequately iodized salt* contains 15 ppm (parts per million) of iodine or more.

Approximately 83.3 percent of households had salt that was tested during the MICS (Table 17). Among households in which salt was tested, 54.4 percent had adequately iodized salt. The percentage of households with adequately iodized salt ranges from 46.6 percent in the Shiselweni to 60.8 percent in the Hhohho. 63.6 percent of urban households had adequately iodized salt compared to 74 percent of rural households.

### Low birth weight

Infants who weigh less than 2500 grams (2.5 kg.) at birth are categorized as low birth weight babies. Since many infants are not weighed at birth and those who are weighed may be a biased sample of all births, reported birth weight cannot be used to estimate the prevalence of low birthweight among all children. Therefore, the percentage of births weighing below 2500 grams is estimated from two items in the questionnaire: the mother's assessment of the child's **size** at birth (i.e., very small, smaller than average, average, larger than average, very large) and the mother's recall of the child's **weight** or the weight as recorded on a health card if the child was weighed at birth. Sixty eight percent of births in the Swaziland MICS were weighed at birth.

First, the two items are cross-tabulated for those children who were weighed at birth to obtain the proportion of births in each category of **size** who weighed less than 2500 grams. This proportion is then multiplied by the total number of children falling in the size category to obtain the estimated number of children in each size category who were of low birth weight. The numbers

for each size category are summed to obtain the total number of low birth weight children. This number is divided by the total number of live births to obtain the percentage with low birth weight.

In Swaziland, approximately 5 percent of infants are estimated to weigh less than 2500 grams at birth (Table 20). The prevalence of low birth weight births varies slightly across regions, urban and rural areas and as well as by mother's education.

## ***E. Child Health***

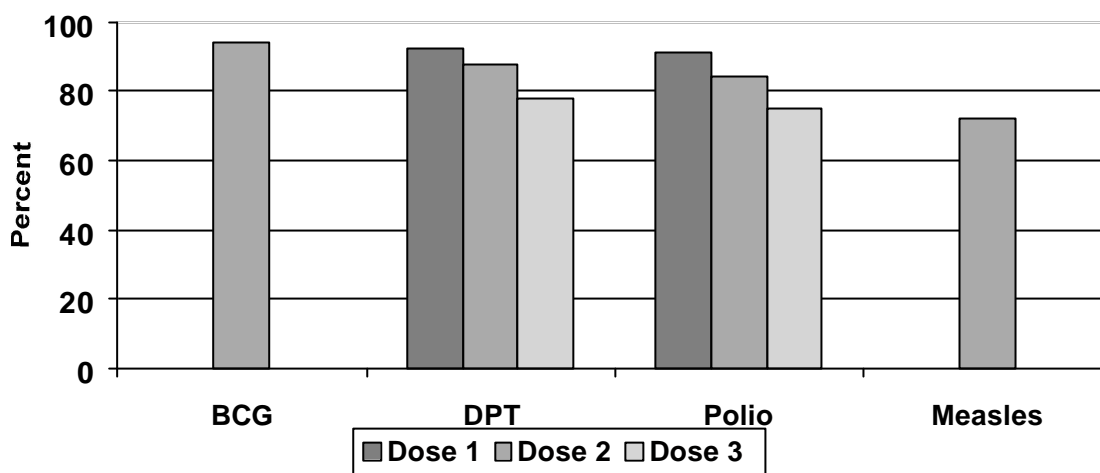
### **Immunization coverage**

According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination by the age of 12 months. In MICS, mothers were asked to provide vaccination cards for children under the age of five. Interviewers copied vaccination information from the cards onto the MICS questionnaire. Mothers were also probed to report any vaccinations the child received that did not appear on the card. Overall, 86 percent of children had health cards. If the child did not have a card, the mother was read a short description of each vaccine and asked to recall whether or not the child had received it and, for DPT and Polio, how many times.

Table 21 shows the percentage of children aged 12 to 23 months who received each of the vaccinations. The denominator for the table is comprised of children aged 12-23 months so that only children who are old enough to be fully vaccinated are counted. In the top panel, the numerator includes all children who were vaccinated at any time before the survey according to the vaccination card or the mother's report. In the bottom panel, only those who were vaccinated before their first birthday are included. For children without vaccination cards, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with vaccination cards.

Approximately 94 percent of children aged 12-23 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 92.6 percent. The percentage declines for subsequent doses of DPT to 87.8 percent for the second dose, and 77.7 percent for the third dose (Figure 4). Similarly, 91.4 percent of children received Polio 1 by age 12 months and this declines to 75.1 percent by the third dose. The coverage for measles vaccine by 12 months is lower than for the other vaccines at 72.3 percent. This is primarily because, although 61 percent of children received the vaccine, only around 40 percent received it by their first birthday. As a result, the percentage of children who had all eight recommended vaccinations by their first birthday is low at only 59.2 percent.

**Figure 5: Percentage of children aged 12-23 months who received immunizations by age 12 months, Swaziland 2000**



In Table 22, the percentage of children age 12-23 months currently vaccinated against childhood diseases is shown according to background characteristics. Unlike the previous table, the estimates in this table refer to children who received the vaccinations by the time of the survey, even if they did not occur prior to the age of 12 months.

Male and female children are vaccinated at roughly the same rate. Urban children are more likely to be vaccinated than rural children. Regional breakdowns are based on small numbers of cases and should be viewed with caution, but it appears that the Hhohho region has the highest coverage rates for most vaccinations and the highest percentage of children who have received all of the recommended vaccinations. The Hhohho also has the highest percentage of children with health cards at 83.3 percent. Vaccination coverage is highest among children whose mothers have secondary or higher education.

### **Diarrhea**

Dehydration caused by diarrhea is a major cause of mortality among children in Swaziland. Home management of diarrhea – either through oral rehydration salts (ORS) or a recommended home fluid (RHF) - can prevent many of these deaths. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhea.

In the MICS questionnaire, mothers (or caretakers) were asked to report whether their child had had diarrhea in the two weeks prior to the survey. If so, the mother was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the child usually ate and drank. Overall, 21 percent of under five children had diarrhea in the two weeks preceding the survey (Table 23). Diarrhea prevalence was significantly

higher in the Lubombo region at 23 percent than in other regions. The peak of diarrhea prevalence occurs in the weaning period, among children age 6-23 months.

Table 23 also shows the percentage of children receiving various types of recommended liquids during the episode of diarrhea. Since mothers were able to name more than one type of liquid, the percentages do not necessarily add to 100. Over 46 percent of the children received breast milk while they had diarrhea. Children under age 12 months are especially likely to have received breast milk. About 32.6 percent of children received gruel and 66.3 percent received ORS. Children of mothers with other post high appear to be less likely than other children to receive ORS and breast milk and gruel. Approximately 92 percent of the children with diarrhea received one or more of the recommended home treatments (i.e., were treated with ORS or RHF).

About 27 percent of under five children with diarrhea drank more than usual while 57.2 percent drank the same or less (Table 24). About 30 percent ate somewhat less, the same, or more than usual while 66 percent ate much less than usual or none. Overall, only 6.9 percent of children with diarrhea received increased fluids and continued eating as recommended.

### **Acute respiratory infection**

Acute lower respiratory infections, particularly pneumonia, are one of the leading causes of child deaths in Swaziland. In the MICS questionnaire, children with acute respiratory infection are defined as those who had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were due to a problem in the chest, or both a problem in the chest and a blocked nose, or whose mother did not know the source of the problem. Only ten percent of under five children had an acute respiratory infection in the two weeks prior to the survey according to these criteria (Table 25). Of these, 21.6 percent were taken to a hospital, 31 percent were taken to a Health Centre. Fewer than five percent were taken to any other type of health provider. Overall, almost 60.9 percent of children with ARI were taken to an appropriate health provider (i.e., doctor, specialist, nurse/health assistant, hospital).

### **IMCI initiative**

The Integrated Management of Childhood Illnesses (IMCI) is a programme developed by UNICEF and WHO that combines strategies for control and treatment of five major killers of children – acute lower respiratory tract infections, diarrheal dehydration, measles, malaria, and malnutrition. The programme focuses on the improvement of case management skills by health workers, improvement of the health system, and improvement of family and community practices in the prevention and early management of childhood illnesses. Appropriate home management of illness is one component of IMCI. The approach teaches mothers that appropriate home management of diarrhea or any other illness requires giving more fluids and continuing to feed sick children as they are normally fed.

Table 26 presents information on the drinking and eating behavior of sick children. Over 41 percent of children were reported to have had diarrhea or some other illness in the two weeks preceding the survey. Of these, 28.4 percent drank more liquids during the illness and 36.7 percent continued eating (i.e., ate somewhat less, the same, or more). Overall, only 9.4 percent of ill children received increased fluids and continued eating as recommended under the IMCI programmed.

Promoting knowledge among caretakers about when it is appropriate to seek care for ill children is another important component of the IMCI programmed. In the Swaziland MICS, mothers or caretakers of children were asked to name all of the symptoms that would cause them to take a

child to a health facility right away. The most common response, given by 45.6 percent of mothers, was that they would take their child to a health facility right away if he/she developed a fever (Table 27). Thirty nine percent said that the child becoming sicker would cause them to take the child to a health facility, 20 percent mentioned child failing to drink beer and 14.8 percent mentioned difficulty breathing. Between 7 and 13.8 percent of mothers cited a drinking poorly difficult in breathing, blood in stools, as reasons for taking a child to a health facility right away.

Among the regions, mothers in the Manzini and, to a lesser extent, in the Hhohhot are more likely than mothers in other regions to know the signs for seeking care immediately. Overall, 53.7 percent of mothers in the Manzini know at least two signs for seeking care compared to 40.8 percent in the Hhohho, 39 percent in the Lubombo region, and 32.8 percent in Shiselweni region. Differences are also reflected in the urban and rural areas; and as well as between educational levels. Mothers with no education were more likely to mention at least two signs for seeking care than other mothers.

## **F. HIV/AIDS**

### **AIDS knowledge**

One of the most important strategies for reducing the rate of HIV/AIDS infection is the promotion of accurate knowledge of how AIDS is transmitted and how to prevent transmission. Among women aged 15-49 in Swaziland, 97.3 percent have ever heard of AIDS (Table 30). This percentage is higher in urban areas (98.6 percent) and there are no differences between company town and rural areas

Women in the MICS were read several statements about means of HIV/AIDS transmission and asked to state whether they believed the statements were true. Sixty percent believe that having only one uninfected sex partner can prevent HIV transmission. Sixty two percent believe that using a condom every time one has sex can prevent HIV transmission. Overall, 49.5 percent knew both ways and 72.7 percent were aware of at least one of the means of preventing transmission.

Accurate knowledge of the means of HIV/AIDS transmission is substantially less among women in the Lubombo than among other women. Also, education is a very important factor in AIDS knowledge. The percentage who know both means of preventing transmission is among women with secondary or more education compared to women with no education. Differences across age groups are not particularly large; the percentage of women who know both means ranges from 38.4 percent among 45-49 year olds to 51.5 percent among 30-34 year olds.

Seventy one percent of women correctly stated that AIDS can't be transmitted by supernatural means whereas 51 percent stated that AIDS can't be spread by mosquito bites (Table 31). Eight in ten women correctly believe that a healthy looking person can be infected. Women in the Lubombo are more likely to believe misconceptions about AIDS transmission than other women. Women in the Manzini region are most likely to recognize all three misconceptions.

Seventy two percent of women in Swaziland know that AIDS can be transmitted from mother to child (Table 32). When asked specifically about the mechanisms through which mother to child transmission can take place, 68.8 percent said that transmission during pregnancy was possible, 61.3 percent said that transmission at delivery was possible, and only 55.7 percent agreed that

AIDS can be transmitted through breast milk. About 47 percent of the women knew all three modes of transmission. This percentage varies according background categories.

The MICS survey also attempted to measure discriminatory attitudes towards people living with HIV/AIDS. To this end, respondents were asked whether they agreed with two questions. The first asked whether a teacher who has the AIDS virus but is not sick should be allowed to continue teaching in school. The second question asked whether the respondent would buy food from a shopkeeper or food seller who the respondent knew to be infected with AIDS. The results are presented in Table 33.

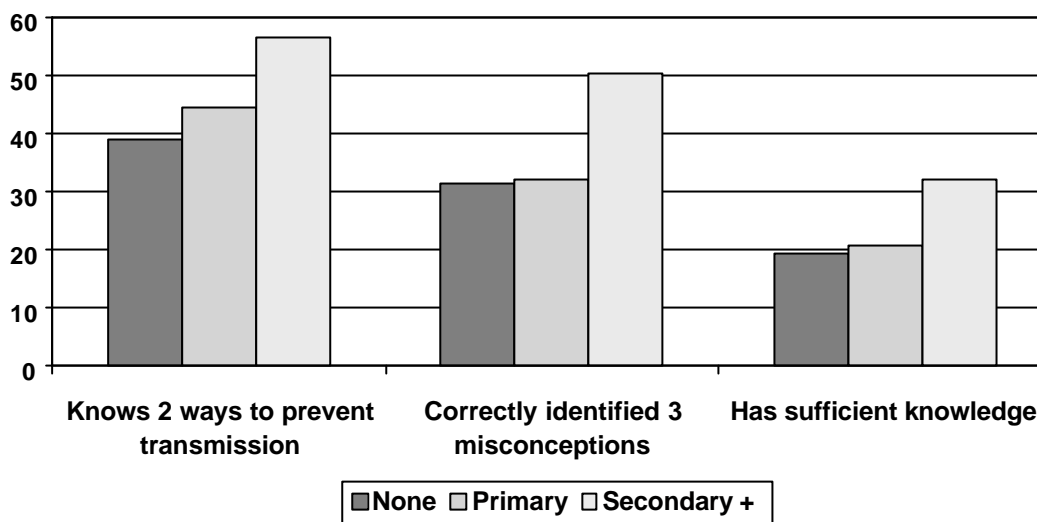
Over seventy percent of the respondents believe that a teacher with HIV/AIDS should not be allowed to work. This percentage is highest in the Manzini region at 79.5 percent and lowest in the Lubombo at 62.3 percent. Urban women and those with secondary or higher education are more likely to express this discriminatory attitude than rural women and those with no or primary education. Fifty seven percent of women would not buy food from a person infected with AIDS. Women in the Manzini are the most likely and women in the Hhohho region are the second most likely to express a discriminatory attitude on this question. Overall, 22.6 percent of women agree with at least one of the discriminatory statements.

Table 34 summarizes information from two previous tables on AIDS knowledge (Tables 30 and 31). The second column shows the percentage of women who know all two means of preventing HIV transmission – having one faithful uninfected partner and using a condom every time. Forty nine percent of women know all two ways. The third column of the table shows the percentage of women who correctly identified all three misconceptions about HIV transmission – that HIV can be transmitted through supernatural means, that it can be transmitted through mosquito bites, and that a healthy looking person cannot be infected. Forty one percent of women correctly identified these misconceptions. Finally, the fourth column of the table shows the percentage of women who have ‘sufficient knowledge’ of HIV/AIDS transmission. These are women who know all two ways of preventing HIV transmission and correctly identified all three misconceptions. Only 26 percent of women aged 15-49 fall into this category.

Knowledge of HIV/AIDS transmission varies dramatically by level of education (Figure 5). Women with secondary or higher education are almost eight times more likely to know all three ways to prevent transmission than women with no education. They are also seven times more likely to correctly identify all three misconceptions about AIDS and 14 times more likely to have sufficient knowledge of HIV/AIDS transmission



**Figure 6: Percentage of women aged 15-49 who have sufficient knowledge of HIV/AIDS transmission by level of education, Swaziland, 2000**



### AIDS testing

Voluntary testing for AIDS, accompanied by counseling, allows those infected to seek health care and to prevent the infection of others. Testing is particularly important for pregnant women who can then take steps to prevent infecting their babies. The indicators shown in Table 35 are designed to monitor whether women are aware of places to get tested for HIV/AIDS, the extent to which they have been tested, and the extent to which those tested have been told the result of the test. In some places, a relatively large proportion of people who are tested do not return to get their results due to fear of having the disease, fear that their privacy will be violated, or other reasons.

About sixty percent of women of reproductive age in Swaziland know a place to get tested for AIDS. Women living in Hhohho region are most likely to know a place, followed by those in the Manzini, Lubombo, and Shiselweni regions, respectively. Over 45 percent of women with no education know of a place to get tested compared to 52 percent of women with primary school education and 70 percent of women with secondary or higher education.

About 17.3 percent of women have been tested for AIDS. This percentage is highest in Manzini region at 14 percent, lowest in the South at 8 percent and 9-10 percent in the other regions. The vast majority of women who have been tested were told the result, however, there is some variation across regions, age groups, and education levels. Among the regions, women in the Lubombo are least likely to have been told their result. Adolescent women (age 15-19) are the least likely of any age group to have been tested and least likely to know the result. Finally, women with no education are less likely than women with more education to be tested and least likely to have been told the result of the test.

## **G. Reproductive Health**

### **Contraception**

Current use of contraception was reported by 27.9 percent of married or in union women (Table 36). The most popular method is the injection which is used by women in Swaziland. The next most popular method is which accounts for 6.0 percent of married women. Between one and 1.8 percent of women reported use of the IUD, and the condom. Fewer than one percent use periodic abstinence, withdrawal, male sterilization, vaginal methods, or the lactational amenorrhea method (LAM).

Contraceptive prevalence is highest in the Manzini region at 31.4 percent and the lowest is Shiselweni at 24.9 percent. Adolescents are far less likely to use contraception than older women. Only about 20 percent of married or in union women aged 15-19 currently use a method of contraception compared to 28 percent of 20-24 year olds and 28.4 percent of older women.

Women's education level is strongly associated with contraceptive prevalence. The percentage of women using any method of contraception rises from 19 percent among those with no education to 23 percent among women with primary education, and to 37 percent among women with secondary or higher education. In addition to differences in prevalence, the method mix varies by education.

### **Prenatal care**

Quality prenatal care can contribute to the prevention of maternal mortality by detecting and managing potential complications and risk factors, including pre-eclampsia, anemia, and sexually transmitted diseases. Antenatal care also provides opportunities for women to learn the danger signs of pregnancy and delivery, to be immunized against tetanus, to learn about infant care, and be treated for existing conditions, such as malaria and anemia.

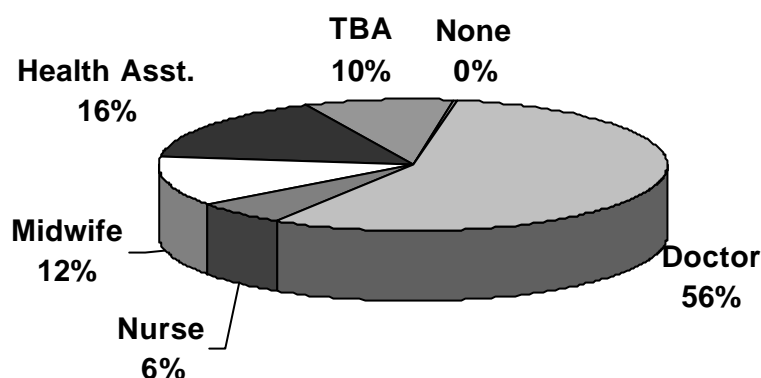
Tetanus toxoid injections are given to women during pregnancy to protect infants from neonatal tetanus, a major cause of infant death that is due primarily to unsanitary conditions during childbirth. Two doses of tetanus toxoid during pregnancy offer full protection. However, if a woman was vaccinated during a previous pregnancy, she may only need a booster to give full protection. Five doses are thought to provide lifetime protection.

Over seventy nine percent women with recent births in Swaziland are protected against neonatal tetanus (Table 37). The vast majority of these women received two or more doses of tetanus toxoid within the last three years. Among the regions, women living in the Lubombo are most likely to be protected (87 percent) while those living in the Hhohho are the least likely to be protected (73 percent). Note, however, that the regional estimates are based on small numbers of cases and should be interpreted with caution. Women with primary education are more likely to be protected against tetanus than those with either no education or secondary or higher education.

Female respondents who had had a birth in the year prior to the Swaziland MICS were asked whether they had received antenatal care for the birth and, if so, what type of person provided the care. If the woman saw more than one type of provider, all were recorded in the questionnaire. Table 38 presents the percent distribution of women with a birth in the year prior to the MICS by the type of personnel who delivered antenatal care. If more than one provider was mentioned by the respondent, she is categorized as having seen the most skilled person she mentioned.

Virtually all women in Swaziland receive some type of prenatal care and 87 percent receive antenatal care from skilled personnel (doctor, nurse, midwife). Over 70% of women with a birth in the year prior to the survey received antenatal care from a nurse, and 8 percent from a doctor (Figure 6). Traditional Birth Attendants provided prenatal care for 3.6 percent of women and for 10 percent. Relative/friends and Traditional Birth Attendants assisted 10.7 and 9.7 percent respectively. A majority of these come from the Shiselweni region.

**Figure 7: Percent distribution of women with a birth in the last year by type of personnel delivering antenatal care, Swaziland, 2000**



### **Assistance at delivery**

The provision of delivery assistance by trained attendants can greatly improve outcomes for mothers and children by the use of technically appropriate procedures, and accurate and speedy diagnosis and treatment of complications. *Skilled assistance at delivery* is defined as assistance provided by a doctor, nurse, or midwife. About 70 percent of births occurring in the year prior to the MICS survey were delivered by skilled personnel (Table 39). This percentage is highest in the Manzini region at 77 percent and lowest in the Sheselweni at 62 percent. The more educated a woman is, the more likely she is to have delivered with the assistance of a skilled person.

More than one half of the births in the year prior to the MICS survey were delivered with assistance by a midwife.

## **H. Child Rights**

### **Birth registration**

The International Convention on the Rights of the Child states that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. The births of 53.5 percent of children under five years in Swaziland have been registered (Table 40). There are no significant variations in birth registration across sex, age, or education categories. Children in the Sheselweni and Lubombo are somewhat less likely to have their births registered than other children but this appears to be due primarily to a relatively large proportion of mothers who indicated that the process cost too much.

## **Orphanhood and living arrangements of children**

Children who are orphaned or living away from their parents may be at increased risk of impoverishment, discrimination, denial of property rights and rights to inheritance, various forms of abuse, neglect, and exploitation of their labor or sexuality. Monitoring the level of orphanhood and the living arrangements of children assists in identifying those who may be at risk and in tracking changes over time.

In Swaziland, 38 percent of children aged 0-14 are living with both parents (Table 41). A substantial percentage - 29 percent – are living with their mother only although their father is alive. About 14 percent are living with neither parent although both parents are alive. Children who are not living with a biological parent comprise 19.7 percent and children who have one or both parents dead amount to 11 percent of all children aged 0-14. Older children are more likely to live away without their biological parents than younger children. While only eleven percent of children under age five are not living with a biological parent, 26 percent of children aged 10-14 do so.

The situation of children in the Shiselweni differs from that of other children in Swaziland. In the Shiselweni region, 34.6 percent of children live with both parents. Over 23 percent are not living with a biological parent. This pattern is most likely due to labour migration of men and, to some extent women, from this region to the other regions and South Africa.

## **Child labour**

It is important to monitor the extent to which children work and the type of work in which they participate for several reasons. Children who are working are less likely to attend school and more likely to drop out. This pattern can trap children in a cycle of poverty and disadvantage. Working conditions for children are often unregulated with few safeguards against potential abuse. In addition, many types of work are intrinsically hazardous and others present less obvious hazards to children, such as exposure to pesticides in agricultural work, carrying heavy weights and scavenging in garbage dumps.

In Swaziland, the MICS survey estimates that only about one percent of children aged 5-14 years engage in paid work (Table 42). About 1.5 – 4 percent – participate in unpaid work for someone other than a household member.

'Domestic work' is defined as cooking, shopping, cleaning, washing clothes, fetching water, and caring for children. Over 74 percent of children do these tasks for less than four hours a day while 3 percent spend more than four hours a day on such tasks. Overall, girls are somewhat more likely than boys and older children (aged 10-14) are more likely than younger children (aged 5-9 years) to do domestic work.

Children who have done any paid or unpaid work for someone who is not a member of the household or who did more than four hours of housekeeping chores in the household or who did other family work are considered to be 'currently working'. Overall, 11.8 percent of children are classified as currently working. There is virtually no difference between boys and girls (11.8 percent of boys and 11.9 percent of girls). Regionally, the percentage of children working is lowest in the Shiselweni region at 8.6 percent and highest in the Manzini at 13.3 percent. Urban children are more likely to work than rural children.

**Appendix A: Sample Design**

**Appendix B: List of Personnel Involved in the Swaziland MICS**

**Appendix C: Questionnaires**

**Table 1: Number of households and women, and response rates, Swaziland, 2000**

	Area			Total
	Rural	Urban	Company Town	
Sampled households	2735	1028	427	4190
Occupied households	2735	1028	427	4190
Completed households	2735	1028	427	4190
Household response rate	100.0	100.0	100.0	100.0
Eligible women	3802	1122	364	5288
Interviewed women	3559	1066	341	4966
Women response rate	93.6	95.0	93.7	93.9
Children under 5	2827	509	161	3497
Interviewed children under 5	2685	488	155	3328
Child response rate	95.0	95.9	96.3	95.2

**Table 2: Single year age distribution of household population by sex, Swaziland, 2000**

	Sex			
	Male		Female	
	Number	Percent	Number	Percent
Age 0	14276	3.1	14753	3.1
1	12803	2.8	12916	2.7
2	14200	3.1	14143	2.9
3	14903	3.2	13682	2.8
4	16497	3.6	13818	2.9
5	15091	3.3	13920	2.9
6	14750	3.2	15749	3.3
7	14005	3.0	13004	2.7
8	14216	3.1	13614	2.8
9	15084	3.3	12815	2.7
10	17002	3.7	15653	3.3
11	13499	2.9	12643	2.6
12	14130	3.1	14014	2.9
13	13199	2.9	13157	2.7

**Table 2: Single year age distribution of household population by sex, Swaziland, 2000**

		Sex			
		Male		Female	
		Number	Percent	Number	Percent
Age	14	12326	2.7	14356	3.0
	15	12989	2.8	9776	2.0
	16	13498	2.9	10407	2.2
	17	9666	2.1	10113	2.1
	18	11687	2.5	11508	2.4
	19	9046	2.0	9522	2.0
	20	9403	2.0	11096	2.3
	21	7605	1.6	9530	2.0
	22	5224	1.1	8800	1.8
	23	6145	1.3	8882	1.8
	24	5705	1.2	8233	1.7
	25	5503	1.2	8015	1.7
	26	5902	1.3	7499	1.6
	27	5055	1.1	7003	1.5
	28	6070	1.3	6903	1.4
	29	4730	1.0	4892	1.0
	30	5847	1.3	7771	1.6
	31	4117	.9	4987	1.0
	32	6559	1.4	7587	1.6
	33	3791	.8	4235	.9
	34	3726	.8	4563	.9
	35	5058	1.1	5685	1.2
	36	3809	.8	5972	1.2
	37	3726	.8	4085	.8
	38	3972	.9	5337	1.1
	39	4113	.9	3620	.8
	40	4971	1.1	5831	1.2
	41	2756	.6	3540	.7
	42	4943	1.1	4093	.9
	43	3299	.7	2732	.6
	44	2645	.6	2845	.6



**Table 2: Single year age distribution of household population by sex, Swaziland, 2000**

		Sex			
		Male		Female	
		Number	Percent	Number	Percent
Age	45	3580	.8	3581	.7
	46	2568	.6	2685	.6
	47	2283	.5	2456	.5
	48	3319	.7	2847	.6
	49	2027	.4	1863	.4
	50	4041	.9	5568	1.2
	51	2061	.4	3122	.6
	52	3124	.7	4404	.9
	53	2567	.6	3205	.7
	54	1874	.4	1795	.4
	55	2324	.5	2417	.5
	56	2185	.5	1792	.4
	57	1200	.3	1516	.3
	58	1909	.4	2223	.5
	59	1676	.4	1366	.3
	60	3198	.7	3192	.7
	61	1444	.3	859	.2
	62	1677	.4	1245	.3
	63	1401	.3	1676	.3
	64	1285	.3	1168	.2
	65	1436	.3	1132	.2
	66	623	.1	665	.1
	67	701	.2	893	.2
	68	1411	.3	1292	.3
	69	1092	.2	934	.2
	70+	7027	1.5	8444	1.8
	Missing/DK	6800	1.5	5487	1.1
Total		462376	100.0	481127	100.0

**Table 3: Percentage of cases missing information for selected questions, Swaziland, 2000**

	Percent missing	Number
Level of education	.0	620448
Year of education	.0	630788
Number of hours worked	.0	10594

**Table 3: Percentage of cases missing information for selected questions, Country, Year**

	Percent missing	Number
Complete birth date	.0	5642
Date of last tetanus toxoid injection	.0	76
Ever been tested for HIV	.0	5431

**Table 3: Percentage of cases missing information for selected questions, Country, Year**

	Percent missing	Number
Complete birth date	.0	3681
Diarrhoea in last 2 weeks	.0	3681
Weight	.8	3681
Height	.2	3681

**Table 4: Percent distribution of households by background characteristics, Swaziland, 2000**

		Percent	Number	Unweighted
Region	Hhohho	28.6	1199	1199
	Manzini	31.2	1309	1309
	Shiselweni	17.8	746	746
	Lubombo	22.3	936	936
Area	Rural	65.3	2735	2735
	Urban	24.5	1028	1028
	Company Town	10.2	427	427
Number of HH members	1	17.2	719	719
	2-3	20.7	867	867
	4-5	20.4	856	856
	6-7	16.5	690	690
	8-9	10.5	440	440
	10+	14.7	618	618
Total		100.0	4190	4190

**Table 4: Percent distribution of households by background characteristics, Swaziland, 2000**

	Percent	Number	Unweighted
At least one child age < 15	69.3	4189	4189
At least one child age < 5	48.1	4189	4189
At least one woman age 15-49	73.1	4190	4190

**Table 4a: Percent distribution of households by background characteristics, Swaziland, 2000**

		Area			Total
		Rural	Urban	Company Town	
Region	Hhohho	26.2	41.1	14.1	28.6
	Manzini	25.2	50.1	24.6	31.2
	Shiselweni	25.0	5.9	.0	17.8
	Lubombo	23.5	2.9	61.4	22.3
Number of HH members	1	8.9	28.6	42.6	17.2
	2-3	15.5	32.3	25.8	20.7
	4-5	20.7	20.7	17.8	20.4
	6-7	20.3	9.5	8.4	16.5
	8-9	13.9	4.8	2.3	10.5
	10+	20.6	4.1	3.0	14.7
	Total	100.0	100.0	100.0	100.0
	Number	2735	1028	427	4190
Unweighted	2735	1028	427	4190	

**Table 4a: Percent distribution of households by background characteristics, Country, Year**

		Area			Total
		Rural	Urban	Company Town	
At least one child age < 15		80.7	51.8	38.9	69.3
At least one child age < 5		57.3	32.3	26.9	48.1
At least one woman age 15-49		77.6	69.2	53.6	73.1
Number		2735	1028	427	4190
Unweighted		2735	1028	427	4190

**Table 5: Percent distribution of women 15-49 by background characteristics, Swaziland, 2000**

		Percent	Number	Unweighted
Region	Hhohho	28.1	1586	1476
	Manzini	31.2	1763	1683
	Shiselweni	20.6	1163	1037
	Lubombo	20.0	1130	1075
Area	Rural	72.8	4110	3801
	Urbain	20.3	1146	1104
	Company Town	6.8	386	366
Age	15-19	24.0	1355	1263
	20-24	20.9	1177	1102
	25-29	15.5	877	821
	30-34	13.0	735	686
	35-39	11.6	656	614
	40-44	8.8	496	462
	45-49	6.1	346	323
Marital status	Currently married	47.8	2696	2516
	Formerly married	8.3	469	440
	Never married	43.9	2478	2315
Ever given birth	Yes	71.0	4009	3745
	No	29.0	1634	1526
Woman's education level	None	18.0	1017	948
	Primary	.2	10	9
	Secondary +	78.0	4401	4113
	Non-standard curriculum	3.7	207	194
	Missing/DK	.1	7	7
Total		100.0	5642	5271

**Table 6: Percent distribution of children under 5 by background characteristics, Swaziland, 2000**

		Percent	Number	Unweighted
Sex	Male	51.4	1847	1760
	Female	48.6	1749	1668
Region	Hhohho	25.6	919	874
	Manzini	28.3	1019	998
	Shiselweni	24.7	890	813
	Lubombo	21.4	768	743
Area	Rural	82.0	2949	2793
	Urban	13.3	479	473
	Company Town	4.7	169	162
Age	< 6 months	9.4	338	323
	6-11 months	11.4	407	389
	12-23 months	19.9	712	678
	24-35 months	20.1	718	685
	36-47 months	20.4	728	694
	48-59 months	18.8	674	641
Mother's education level	None	.2	6	6
	Primary	46.8	1319	1252
	Secondary	51.7	1457	1396
	Non-standard curriculum	1.0	27	26
	Missing/DK	.2	6	6
Total		100.0	2816	2686

**Table 9: Percentage of children aged 36-59 months who are attending some form of organized early childhood education programme, Swaziland, 2000**

		Attending programme	Number of children
Wealth Index Quintiles	Poorest	4.7	321
	Second	5.9	369
	Middle	10.2	279
	Fourth	20.9	216
	Richest	41.0	143
Sex	Male	11.5	747
	Female	13.2	655
Region	Hhohho	12.6	371
	Manzini	14.2	381
	Shiselweni	11.4	353
	Lubombo	10.5	297
Area	Rural	8.6	1163
	Urban	29.9	183
	Company Town	31.7	56
Age	36-47 months	8.5	728
	48-59 months	16.3	674
Mother's education level	None	.0	2
	Primary	6.6	528
	Secondary	23.4	507
	Non-standard curriculum	.0	9
	Missing/DK	100.0	1
Total		14.7	1048

World Summit for Children Goal => Number 26

**Table 10b: Percentage of children entering first grade of primary school who eventually reach grade 5, Swaziland, 2000**

		Percent in grade 1 reaching grade 2	Percent in grade 2 reaching grade 3	Percent in grade 3 reaching grade 4	Percent in grade 4 reaching grade 5	Percent who reach grade 5 of those who enter grade 1
Wealth Index Quintiles	Poorest	78.1	79.7	81.2	81.0	40.9
	Second	84.7	81.0	85.7	85.9	50.5
	Middle	85.0	87.4	83.7	88.3	54.9
	Fourth	79.2	88.1	83.9	86.2	50.4
	Richest	81.1	89.4	84.3	91.8	56.1
Sex	Male	80.8	83.3	83.4	84.3	47.3
	Female	84.1	85.2	83.8	88.0	52.8
Region	Hhohho	83.6	86.4	87.0	89.1	56.0
	Manzini	78.5	81.2	80.1	81.9	41.8
	Shiselweni	89.0	89.3	82.6	90.1	59.1
	Lubombo	77.5	78.2	86.1	83.3	43.5
Area	Rural	82.9	84.6	84.2	86.6	51.1
	Urban	74.2	82.4	75.2	82.9	38.1
	Company Town	100.0	78.2	90.4	82.6	58.4
1.00		82.3	84.2	83.6	86.1	49.8

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**Table 11: Percentage of children of primary school age attending primary school, Swaziland, 2000**

		Sex				Total	
		Male		Female		Attending	Number
		Attending primary school		Attending primary school			
		Attending	Number	Attending	Number		
Wealth Index Quintiles	Poorest	3.5	28188	4.1	26718	3.8	54906
	Second	3.0	32541	4.8	29205	3.9	61746
	Middle	5.7	24498	5.5	23407	5.6	47905
	Fourth	4.6	16697	5.8	15298	5.2	31995
	Richest	12.4	10581	10.3	11305	11.3	21886
Region	Hhohho	4.0	30927	5.8	29063	4.9	59991
	Manzini	5.8	33530	7.1	31905	6.4	65435
	Shiselweni	3.8	29939	3.6	28649	3.7	58587
	Lubombo	6.0	23381	5.5	21795	5.7	45177
Area	Rural	3.9	102534	4.7	94373	4.3	196907
	Urban	11.6	11539	10.3	13022	10.9	24561
	Company Town	10.5	3703	8.7	4017	9.6	7720
Age	5	20.3	15091	20.2	13920	20.2	29011
	6	9.7	14750	14.6	15749	12.2	30498
	7	2.5	14005	3.0	13004	2.7	27009
	8	2.7	14216	1.7	13614	2.2	27829
	9	1.3	15084	.6	12815	1.0	27899
	10	.7	17002	1.3	15653	1.0	32655
	11	.3	13499	.6	12643	.5	26142
	12	.8	14130	.6	14014	.7	28144
Total		4.8	117777	5.5	111412	5.2	229189

World Summit for Children Goal => Number 6

**Table 12: Percentage of the population aged 15 years and older that is literate, Swaziland, 2000**

		Sex						Total		
		Male			Female			Literate	Not known	Number
		Literate	Not known	Number	Literate	Not known	Number			
Wealth Index Quintiles	Poorest	64.5	.9	45671	63.2	.4	52854	63.8	.6	98525
	Second	77.8	.5	53070	72.8	.3	61016	75.1	.4	114086
	Middle	82.8	.9	48377	81.6	.5	51856	82.2	.7	100233
	Fourth	87.7	.4	44932	85.8	.4	44276	86.8	.4	89208
	Richest	93.2	.2	37020	92.6	.3	42972	92.9	.2	79992
Region	Hhohho	85.2	.4	67444	79.4	.3	73279	82.2	.4	140724
	Manzini	83.5	.9	72619	82.7	.5	84518	83.1	.6	157137
	Shiselweni	75.2	.7	48486	77.5	.1	57662	76.5	.3	106148
	Lubombo	74.6	.4	51046	69.1	.5	51943	71.8	.4	102990
Area	Rural	78.1	.7	177443	75.1	.3	201328	76.5	.5	378771
	Urban	88.5	.3	43226	87.8	.3	50437	88.1	.3	93663
	Company Town	83.9	.0	18926	84.5	.8	15638	84.2	.3	34564
Age	15-24	86.7	.3	90970	89.4	.4	97867	88.1	.3	188836
	25-34	86.6	.4	51299	86.7	.2	63454	86.6	.3	114753
	35-44	83.1	.4	39293	78.9	.0	43740	80.9	.2	83033
	45-54	74.0	1.1	27444	60.8	.5	31527	66.9	.8	58971
	55-64	60.7	1.5	18300	49.9	.9	17455	55.4	1.2	35755
	65+	42.7	1.6	12290	28.9	.6	13360	35.5	1.1	25650
Total		80.4	.6	239595	78.1	.3	267403	79.2	.5	506998

World Summit for Children Goal => Number 7

**Table 13: Percentage of the population using improved drinking water sources, Swaziland, 2000**

		Main source of water								
		Piped into dwelling	Piped into yard or plot	Public tap	Tubewell/borehole with pump	Protected dug well	Protected spring	Rainwater collection	Unprotected dug well	Pond, river or stream
Region	Hhohho	16.3	13.0	16.8	4.5	5.9	.0	.1	17.2	25.3
	Manzini	12.5	17.9	12.7	3.0	2.7	.0	.0	10.2	37.6
	Shiselweni	4.7	5.3	23.2	2.6	10.3	.0	.1	19.0	30.8
	Lubombo	16.3	7.4	16.1	7.9	3.0	.2	1.5	8.5	37.8
Area	Rural	4.8	8.2	17.0	5.2	6.1	.0	.4	16.2	40.0
	Urban	34.9	26.6	19.3	1.2	3.3	.0	.0	4.6	4.6
	Company Town	62.8	18.7	8.8	.0	.0	.0	.0	3.7	6.0
Total		12.5	11.5	16.9	4.3	5.3	.0	.3	13.7	32.8

World Summit for Children Goal => Number 4

**Table 13: Percentage of the population using improved drinking water sources, Swaziland, 2000**

		Main source of water			Total	Total with safe drinking water	Number of persons
		Tanker truck vendor	Other	Missing/DK			
Region	Hhohho	.2	.7	.2	100.0	56.4	253305
	Manzini	2.3	.9	.2	100.0	48.7	280179
	Shiselweni	.3	1.6	2.2	100.0	46.0	216099
	Lubombo	1.0	.2	.1	100.0	50.9	193921
Area	Rural	.5	.8	.8	100.0	41.3	748773
	Urban	3.8	1.5	.3	100.0	84.9	143752
	Company Town	.1	.0	.0	100.0	90.3	50979
Total		1.0	.9	.7	100.0	50.6	943504

World Summit for Children Goal => Number 4

**Table 14: Percentage of the population using sanitary means of excreta disposal, Swaziland, 2000**

		Type of toilet facility						Total	Total with sanitary means of excreta disposal	Number of persons
		Flush to sewage system/septic tank	Pour flush latrine	Improved pit latrine	Traditional pit latrine	Other	No facilities/bush/field			
Region	Hhohho	15.0	1.5	14.2	42.2	.4	26.6	100.0	72.9	253305
	Manzini	13.5	1.1	13.3	54.5	1.5	16.0	100.0	81.7	280179
	Shiselweni	3.0	.7	27.8	33.3	5.7	29.5	100.0	64.7	216099
	Lubombo	18.0	1.1	8.8	37.4	1.0	33.7	100.0	64.9	193921
Area	Rural	3.5	.9	17.3	44.2	2.5	31.6	100.0	65.6	748773
	Urban	36.4	1.2	12.6	46.9	.7	2.3	100.0	96.6	143752
	Company Town	76.1	3.9	5.4	10.9	.0	3.6	100.0	96.0	50979
Total		12.4	1.1	16.0	42.8	2.1	25.6	100.0	72.0	943504

World Summit for Children Goal => Number 5

**Table 15: Percentage of under-five children with missing height or weight, Swaziland, 2000**

		Missing height or weight	Number of children
Wealth Index Quintiles	Poorest	.6	858
	Second	1.4	913
	Middle	.8	751
	Fourth	.4	542
	Richest	1.6	384
Sex	Male	1.0	1847
	Female	.9	1749
Region	Hhohho	1.0	919
	Manzini	.7	1019
	Shiselweni	.6	890
	Lubombo	1.5	768
Area	Rural	.9	2949
	Urban	.4	479
	Company Town	3.1	169
Age	< 6 months	.3	338
	6-11 months	.8	407
	12-23 months	2.0	712
	24-35 months	.6	718
	36-47 months	.4	728
	48-59 months	1.1	674
Mother's education level	None	.0	6
	Primary	.8	1319
	Secondary	1.1	1457
	Non-standard curriculum	.0	27
	Missing/DK	.0	6
Total		.9	2816

World Summit for Children Goal => Number 3, 9, 26

**Table 15: Percentage of under-five children who are severely or moderately undernourished, Swaziland, 2000**

		Weight for age: -2 SD	Weight for age: -3 SD	Height for age: -2 SD	Height for age: -3 SD	Weight for height: -2 SD	Weight for height: -3 SD	Number of children
Wealth Index Quintiles	Poorest	15.5	3.0	38.2	15.7	1.6	.1	761
	Second	9.2	1.8	32.4	11.9	1.4	.1	840
	Middle	10.4	2.8	31.7	12.7	1.5	.3	692
	Fourth	7.8	1.4	22.8	9.1	.6	.2	508
	Richest	3.0	.3	13.6	3.0	1.2	.3	346
Sex	Male	10.5	2.5	31.8	12.2	1.6	.3	1714
	Female	9.9	1.7	28.2	11.0	1.0	.1	1594
Region	Hhohho	10.1	2.3	28.1	9.3	2.2	.4	871
	Manzini	8.9	1.6	26.8	10.7	.7	.1	940
	Shiselweni	12.4	2.5	38.3	15.7	1.5	.1	793
	Lubombo	9.5	2.2	27.8	11.1	.9	.2	703
Area	Rural	10.8	2.4	31.9	12.3	1.4	.2	2706
	Urban	7.4	1.2	23.9	9.1	.7	.0	444
	Company Town	8.1	1.4	17.5	5.9	1.4	.7	157
Age	< 6 months	2.3	.0	9.0	2.3	.8	.4	282
	6-11 months	12.7	4.7	26.1	11.9	1.4	.3	385
	12-23 months	13.6	3.9	39.9	14.3	2.5	.3	653
	24-35 months	12.3	2.7	30.3	13.5	2.1	.3	674
	36-47 months	9.3	.8	32.8	11.1	.3	.0	680
	48-59 months	7.5	.7	28.9	11.4	.5	.0	620
Mother's education level	None	50.5	16.5	67.0	33.0	.0	.0	6
	Primary	12.1	2.8	33.2	13.6	1.3	.4	1193
	Secondary	7.3	1.3	24.6	8.8	1.3	.2	1343
	Non-standard curriculum	.0	.0	22.8	4.4	.0	.0	23
	Missing/DK	.0	.0	33.5	33.5	.0	.0	6
Total		9.6	2.0	28.7	11.1	1.2	.2	2572

World Summit for Children Goal => Number 3, 9, 26

**Table 16: Percent of living children by breastfeeding status, Swaziland, 2000**

		Exclusive breastfeeding		Complementary feeding rate		Continued breastfeeding rate	
		Children 0-3 months	Number of children	Children 6-9 months	Number of children	Children 12-15 months	Number of children
Sex	Male	34.8	115	62.0	145	78.8	138
	Female	29.6	106	56.8	123	75.8	122
Region	Hhohho	20.3	57	70.7	71	78.3	63
	Manzini	32.3	66	63.4	72	71.0	78
	Shiselweni	42.0	54	49.1	58	81.4	65
	Lubombo	35.8	43	53.0	66	80.8	54
Area	Rural	32.2	171	59.5	209	78.8	213
	Urban	34.3	38	69.3	40	70.9	32
	Company Town	27.6	11	42.1	20	71.5	15
Mother's education level	None	.	0	.	0	100.0	1
	Primary	29.9	75	55.2	78	79.3	92
	Secondary	36.2	101	66.3	140	78.3	105
	Non-standard curriculum	.0	3	.0	1	100.0	1
	Missing/DK	50.0	2	100.0	1	.	0
Total		33.1	181	62.2	220	79.0	199

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**Table 16: Percent of living children by breastfeeding status, Swaziland, 2000**

		Continued breastfeeding rate	
		Children 20-23 months	Number of children
Sex	Male	20.4	98
	Female	27.8	155
Region	Hhohho	31.8	69
	Manzini	20.0	61
	Shiselweni	21.4	67
	Lubombo	26.0	56
Area	Rural	22.7	210
	Urban	41.9	29
	Company Town	23.2	13
Mother's education level	None	.0	2
	Primary	29.7	100
	Secondary	24.9	97
	Non-standard curriculum	.0	2
	Missing/DK	.	0
Total		26.8	201

World Summit for Children Goal => Number 16



**Table 16w: Percent distribution of children by breastfeeding status, Swaziland, 2000**

	Breastfeeding status					Total	
	Not breastfeeding	Exclusively breastfed	Breast milk and water only	Breast milk and liquids only	Breast milk and solid/mushy food	Total	Number of children
Age 0-1	1.1	42.2	1.1	47.5	8.1	100.0	90
2-3	3.6	22.4	.9	38.9	34.1	100.0	116
4-5	4.7	7.8	3.8	27.1	56.6	100.0	109
6-7	7.0	4.1	.8	27.4	60.8	100.0	134
8-9	9.5	2.7	2.6	20.3	65.0	100.0	121
10-11	12.8	3.0	2.4	17.4	64.4	100.0	133
12-13	16.2	1.7	9.4	15.4	57.3	100.0	123
14-15	20.6	4.6	6.4	17.2	51.2	100.0	117
16-17	34.2	1.2	1.1	21.7	41.8	100.0	92
18-19	51.2	.0	2.3	15.3	31.2	100.0	90
20-21	63.2	2.0	3.1	6.0	25.7	100.0	106
22-23	84.4	.0	.8	4.1	10.7	100.0	127
24-25	89.5	.0	.8	1.5	8.2	100.0	140
26-27	95.3	.0	.9	.9	2.8	100.0	111
28-29	91.5	1.0	.0	.0	7.5	100.0	100
30-31	95.6	1.2	.0	1.1	2.2	100.0	95
32-33	99.0	.0	.0	.0	1.0	100.0	105
34-35	97.1	.0	.0	.0	2.9	100.0	110

Exclusively breastfed includes vitamin, mineral supplements and medicine

**Table 17: Percentage of households consuming adequately iodized salt, Swaziland, 2000**

		Percent of households with no salt	Percent of households in which salt was tested	Result of test		Number of households interviewed
				< 15 PPM	15+ PPM	Total
Wealth Index Quintiles	Poorest	11.0	80.4	43.1	56.9	837
	Second	8.8	82.5	41.5	58.5	838
	Middle	5.4	84.6	38.4	61.6	838
	Fourth	6.8	83.9	40.5	59.5	838
	Richest	5.2	85.0	40.0	60.0	839
Region	Hhohho	5.3	87.1	35.3	64.7	1199
	Manzini	9.0	82.8	37.7	62.3	1309
	Shiselweni	8.8	74.8	43.4	56.6	746
	Lubombo	6.8	85.8	49.7	50.3	936
Area	Rural	8.1	82.7	43.3	56.7	2735
	Urban	5.8	85.7	32.0	68.0	1028
	Company Town	7.3	81.3	45.5	54.5	427
Total		7.4	83.3	40.7	59.3	4190

World Summit for Children Goal => Number 14

**Table 17a: Percentage of population consuming adequately iodized salt, Swaziland, 2000**

		Percent of population with no salt	Percent of population in which salt was tested	Result of test		Number of persons
				< 15 PPM	15+ PPM	Total
Wealth Index Quintiles	Poorest	8.0	83.1	46.1	53.9	202282
	Second	6.6	85.1	40.5	59.5	228921
	Middle	5.0	86.3	41.5	58.5	190588
	Fourth	3.4	90.1	44.2	55.8	152554
	Richest	3.2	88.8	41.8	58.2	122295
Region	Hhohho	3.2	89.5	37.0	63.0	253305
	Manzini	7.9	85.1	40.1	59.9	280179
	Shiselweni	6.9	79.3	45.7	54.3	216099
	Lubombo	5.0	89.7	51.3	48.7	193921
Area	Rural	6.3	85.2	44.1	55.9	748773
	Urban	4.0	88.8	34.2	65.8	143752
	Company Town	4.2	88.0	50.3	49.7	50979
Total		5.8	85.9	42.8	57.2	943504

World Summit for Children Goal => Number 14

**Table 18: Percent distribution of children aged 6-59 months by whether they received a high dose of Vitamin A supplement in the last 6 months, Swaziland, 2000**

		Vitamin A					Total	
		Received: within last 6 months	Received: prior to last 6 months	Received: not sure when	Not sure if received	Not received	Total	Number of children
Wealth Index Quintiles	Poorest	3.6	2.9	1.8	14.2	77.5	100.0	769
	Second	2.7	3.8	2.0	16.4	75.1	100.0	829
	Middle	4.9	4.2	3.5	16.9	70.6	100.0	669
	Fourth	4.8	5.0	1.1	17.5	71.6	100.0	478
	Richest	7.4	3.3	2.4	14.6	72.4	100.0	345
Sex	Male	3.6	4.0	2.6	16.5	73.4	100.0	1678
	Female	4.7	3.6	2.0	15.5	74.2	100.0	1577
Region	Hhohho	5.7	3.3	2.9	14.0	74.1	100.0	830
	Manzini	4.6	4.5	2.0	14.1	74.7	100.0	924
	Shiselweni	4.2	4.0	2.1	24.8	64.9	100.0	804
	Lubombo	1.5	3.3	2.2	10.7	82.4	100.0	696
Area	Rural	3.8	3.9	2.3	16.4	73.6	100.0	2680
	Urban	5.3	3.9	2.4	14.9	73.6	100.0	422
	Company Town	6.0	2.1	2.7	12.5	76.7	100.0	152
Age	6-11 months	8.2	1.1	.3	10.1	80.4	100.0	407
	12-23 months	4.0	2.9	1.8	16.2	75.1	100.0	712
	24-35 months	3.7	5.3	2.3	14.1	74.6	100.0	718
	36-47 months	3.6	4.4	3.3	18.5	70.2	100.0	728
	48-59 months	2.9	4.1	2.8	18.7	71.5	100.0	674
Mother's education level	None	.0	32.9	.0	16.5	50.6	100.0	6
	Primary	3.3	4.6	1.6	16.4	74.2	100.0	1196
	Secondary	5.1	3.7	2.3	14.5	74.4	100.0	1279
	Non-standard curriculum	4.4	9.2	13.8	13.6	58.9	100.0	23
	Missing/DK	.0	.0	.0	25.7	74.3	100.0	4
Total		4.2	4.2	2.0	15.4	74.1	100.0	2508

World Summit for Children Goal => Number 15

**Table 19: Percentage of women with a birth in the last 12 months by whether they received a high dose of Vitamin A supplement before the infant was 8 weeks old, Swaziland, 2000**

		Received Vitamin A supplement	Not sure if received	Number of women
Wealth Index Quintiles	Poorest	19.2	7.5	203
	Second	15.4	9.2	209
	Middle	19.2	5.1	169
	Fourth	17.6	8.5	126
	Richest	17.7	10.7	107
Region	Hhohho	20.8	9.1	212
	Manzini	14.3	7.5	279
	Shiselweni	17.5	5.7	199
	Lubombo	22.2	9.0	176
Area	Rural	18.9	7.3	668
	Urbain	16.1	10.5	149
	Company Town	15.8	6.9	47
Woman's education level	None	19.8	6.1	174
	Secondary +	17.7	8.5	668
	Non-standard curriculum	20.2	.0	21
	Missing/DK	50.0	.0	2
Total		18.2	7.8	865

World Summit for Children Goal => Number 15

Working table for table 20

		Number of weighed births	Number of weighed births below 2500 grams	Proportion of live births below 2500 grams	Total number of births	Estimated percent of live births below 2500 grams
Size of child	Very large	50.5	1.1	.02	88.3	2.0
	Larger than average	111.9	2.1	.02	178.8	3.4
	Average	289.1	8.5	.03	433.0	12.8
	Smaller than average	58.8	13.9	.24	90.9	21.4
	Very small	20.6	13.0	.63	31.4	19.7
	Missing	.0	.0	.00	24.5	.0
	Don't know	2.1	.0	.00	8.5	.0

**Table 20: Percentage of live births in the last 12 months that weighed below 2500 grams at birth, Swaziland, 2000**

		Percent of live births below 2500 grams	Percent of live births weighed at birth	Number of live births
Wealth Index Quintiles	Poorest	7.6	49.1	203
	Second	8.2	62.2	209
	Middle	8.7	63.1	169
	Fourth	8.8	68.0	126
	Richest	6.5	81.4	107
Region	Hhohho	6.5	64.5	212
	Manzini	8.4	67.9	279
	Shiselweni	9.0	53.0	199
	Lubombo	7.9	58.5	176
Area	Rural	8.0	58.6	668
	Urban	8.0	73.5	149
	Company Town	7.3	68.7	47
Woman's education level	None	9.4	56.8	174
	Secondary +	7.7	62.2	668
	Non-standard curriculum	2.6	84.9	21
	Missing/DK	13.3	100.0	2
Total		8.0	61.8	865

World Summit for Children Goal => Number 12

**Table 20a. Birth weight and size at birth**

		Birth weight			
		<2500	2500+	DK/Missing	Not weighted at birth
Wealth Index Quintiles	Poorest	4.3	56.0	6.5	33.3
	Second	2.6	67.4	6.8	23.3
	Middle	7.1	65.4	4.4	23.1
	Fourth	9.2	75.5	3.5	11.8
	Richest	3.9	87.3	2.9	5.8
Region	Hhohho	4.6	74.1	4.1	17.3
	Manzini	6.0	73.5	4.2	16.3
	Shiselweni	5.1	52.5	10.2	32.2
	Lubombo	4.2	66.3	4.2	25.2
Area	Rural	4.9	63.1	6.2	25.8
	Urban	6.3	84.0	3.5	6.3
	Company Town	4.5	75.6	2.2	17.6
Woman's education level	None	5.5	63.6	3.7	27.3
	Secondary +	5.2	67.4	6.0	21.4
	Non-standard curriculum	.0	94.9	5.1	.0
	Missing/DK	.0	100.0	.0	.0
Total		5.1	67.4	5.5	22.0



**Table 20a. Birth weight and size at birth**

		Size of child						Total	Number
		Very large	Larger than average	Average	Smaller than average	Very small	Don't know		
Wealth Index Quintiles	Poorest	11.5	25.3	47.6	10.2	3.3	2.1	100.0	200
	Second	12.1	17.6	50.0	10.9	4.2	5.2	100.0	207
	Middle	7.7	18.6	54.5	11.4	5.2	2.5	100.0	168
	Fourth	7.6	21.5	51.0	11.2	2.7	6.0	100.0	123
	Richest	10.6	21.5	51.3	7.8	3.9	4.9	100.0	107
Region	Hhohho	5.2	23.8	53.6	8.2	1.5	7.7	100.0	209
	Manzini	6.8	19.7	52.6	14.1	3.1	3.8	100.0	276
	Shiselweni	17.6	15.9	50.0	10.2	6.2	.0	100.0	197
	Lubombo	13.9	24.9	44.7	8.5	4.3	3.6	100.0	174
Area	Rural	10.5	21.2	51.2	10.1	4.1	2.9	100.0	662
	Urban	8.4	15.5	52.1	14.1	2.1	7.9	100.0	147
	Company Town	13.4	34.3	38.4	6.9	2.3	4.8	100.0	46
Woman's education level	None	7.8	25.5	50.4	11.9	2.6	1.9	100.0	169
	Secondary +	11.2	19.5	50.2	10.5	4.1	4.5	100.0	664
	Non-standard curriculum	4.9	30.2	64.9	.0	.0	.0	100.0	21
	Missing/DK	.0	.0	50.0	50.0	.0	.0	100.0	2
Total		10.3	20.9	50.6	10.6	3.7	3.9	100.0	855

**Table 21 Percentage of children 12-23 months immunized against childhood diseases at any time before the survey, Swaziland, 2000**

BCG	Vaccination Card	65.4
	Mother's Report	28.9
	Not vaccinated	5.7
DPT1	Vaccination Card	65.6
	Mother's Report	27.3
	Not vaccinated	7.1
DPT2	Vaccination Card	64.8
	Mother's Report	23.6
	Not vaccinated	11.6
DPT3	Vaccination Card	71.7
	Mother's Report	6.7
	Not vaccinated	21.7
Polio 0	Vaccination Card	69.3
	Mother's Report	20.3
	Not vaccinated	10.4
Polio 1	Vaccination Card	66.4
	Mother's Report	25.3
	Not vaccinated	8.2
Polio 2	Vaccination Card	66.6
	Mother's Report	18.2
	Not vaccinated	15.2
Polio 3	Vaccination Card	66.3
	Mother's Report	9.4
	Not vaccinated	24.3
Measles	Vaccination Card	52.8
	Mother's Report	25.3
	Not vaccinated	21.9
All vaccinations	Vaccination Card	48.7
	Mother's Report	16.2
	Doesn't have all vaccinations	35.1
No vaccinations	Mother's Report	3.1
	Has some vaccinations	96.9
Number of children		712.0

World Summit for Children Goal => Number 22

**Table 21 Percentage of children 12-23 months immunized against childhood diseases before the first birthday, for children who had a complete date on their vaccination card, Country, Year**

BCG	99.6
DPT 1	99.3
DPT 2	99.0
DPT 3	98.8
Polio 0	99.6
Polio 1	99.3
Polio 2	99.0
Polio 3	98.8
Measles	92.0
All vaccinations	90.5
No vaccinations	.0

World Summit for Children Goal => Number 22

**Table 21 Percentage of children 12-23 months immunized against childhood diseases at any time before the survey, Country, Year**

BCG	Vaccination Card	65.4
	Mother's Report	28.9
	Not vaccinated	5.7
DPT1	Vaccination Card	65.6
	Mother's Report	27.3
	Not vaccinated	7.1
DPT2	Vaccination Card	64.8
	Mother's Report	23.6
	Not vaccinated	11.6
DPT3	Vaccination Card	71.7
	Mother's Report	6.7
	Not vaccinated	21.7
Polio 0	Vaccination Card	69.3
	Mother's Report	20.3
	Not vaccinated	10.4
Polio 1	Vaccination Card	66.4
	Mother's Report	25.3
	Not vaccinated	8.2
Polio 2	Vaccination Card	66.6
	Mother's Report	18.2
	Not vaccinated	15.2
Polio 3	Vaccination Card	66.3
	Mother's Report	9.4
	Not vaccinated	24.3
Measles	Vaccination Card	52.8
	Mother's Report	25.3
	Not vaccinated	21.9
All vaccinations	Vaccination Card	48.7
	Mother's Report	16.2
	Doesn't have all vaccinations	35.1
No vaccinations	Mother's Report	3.1
	Has some vaccinations	96.9
Number of children		712.0

World Summit for Children Goal => Number 22

**Table 21 Percentage of children 12-23 months immunized against childhood diseases before the first birthday, for children who had a complete date on their vaccination card, Country, Year**

BCG	99.6
DPT 1	99.3
DPT 2	99.0
DPT 3	98.8
Polio 0	99.6
Polio 1	99.3
Polio 2	99.0
Polio 3	98.8
Measles	92.0
All vaccinations	90.5
No vaccinations	.0

World Summit for Children Goal => Number 22

**Table 21 Percentage of children 12-23 months immunized against childhood diseases at any time before the survey and before the first birthday, Cote d'Ivoire, 2000**

	BCG	DPT 1	DPT 2	DPT 3	Polio 0	Polio 1	Polio 2	Polio 3	Measles	All
Vaccination card	65.4	65.6	64.8	71.7	69.3	66.4	66.6	66.3	52.8	48.7
Mother's report	28.9	27.3	23.6	6.7	20.3	25.3	18.2	9.4	25.3	16.2
Either	94.3	92.9	88.4	78.3	89.6	91.8	84.8	75.7	78.1	64.9
Vaccinated by 12 months of age	93.9	92.2	87.6	77.4	99.6	91.1	84.0	74.7	71.9	58.7

World Summit for Children Goal => Number 22

**Table 21 Percentage of children 12-23 months immunized against childhood diseases at any time before the survey and before the first birthday, Cote d'Ivoire, 2000**

	None	Number of children
Vaccination card	.0	712.0
Mother's report	3.1	712.0
Either	3.1	712.0
Vaccinated by 12 months of age	3.1	712.0

World Summit for Children Goal => Number 22

**Table 22: Percentage of children age 12-23 months currently vaccinated against childhood diseases, Cote d'Ivoire, 2000**

		BCG	DPT 1	DPT 2	DPT 3	Polio 0	Polio 1	Polio 2	Polio 3	Measles
Wealth Index Quintiles	Poorest	93.6	92.6	88.4	73.7	88.4	91.9	86.0	71.4	70.1
	Second	95.6	92.5	87.5	76.8	90.0	91.9	83.1	74.3	78.0
	Middle	92.6	91.9	89.2	79.7	89.8	91.2	85.8	79.0	79.6
	Fourth	95.6	92.3	85.7	82.3	92.2	90.0	82.3	79.0	79.0
	Richest	97.3	96.1	94.8	86.5	94.7	93.3	89.2	83.7	91.8
Sex	Male	94.4	92.0	86.7	77.2	89.5	92.3	84.8	75.4	77.2
	Female	94.1	93.6	89.9	79.3	89.6	91.3	84.8	75.9	79.0
Region	Hhohho	96.4	95.8	92.9	82.1	93.5	91.7	87.5	79.2	81.0
	Manzini	91.0	90.5	85.6	77.1	87.1	90.5	83.6	76.6	76.1
	Shiselweni	94.6	94.7	88.7	76.7	88.1	92.9	84.5	74.3	73.6
	Lubombo	95.8	90.2	86.6	77.5	90.1	92.2	83.8	71.8	83.1
Area	Rural	94.6	92.9	88.9	77.5	89.4	92.3	85.7	75.5	77.4
	Urban	90.3	90.4	83.9	81.8	88.2	89.3	80.7	77.4	78.4
	Company Town	100.0	100.0	93.7	84.0	96.7	90.3	80.5	74.1	90.4
Mother's education level	None	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	65.2
	Primary	92.6	91.2	83.8	70.9	88.0	90.7	82.2	68.6	75.5
	Secondary	96.2	96.2	94.7	87.4	92.8	94.3	88.5	84.0	85.2
	Non-standard curriculum	100.0	80.3	80.3	40.5	100.0	40.5	40.5	40.5	100.0
	Missing/DK	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total		94.5	93.6	89.3	79.0	90.6	92.1	85.0	76.2	80.5

**Table 22: Percentage of children age 12-23 months currently vaccinated against childhood diseases, Cote d'Ivoire, 2000**

		All	None	% with health card	Number of children
Wealth Index Quintiles	Poorest	56.7	2.9	82.0	181
	Second	64.3	1.9	80.6	168
	Middle	67.4	5.4	78.9	154
	Fourth	66.8	1.1	83.3	94
	Richest	80.9	2.7	80.9	75
Sex	Male	64.5	3.1	81.1	337
	Female	65.2	3.1	79.2	375
Region	Hhohho	69.0	3.6	83.3	177
	Manzini	64.2	4.0	79.6	205
	Shiselweni	61.7	2.4	80.9	183
	Lubombo	64.8	2.1	76.0	147
Area	Rural	64.1	2.7	80.0	585
	Urban	67.7	6.5	82.8	95
	Company Town	70.9	.0	74.0	32
Mother's education level	None	65.2	.0	100.0	3
	Primary	58.8	3.9	76.8	271
	Secondary	73.7	1.9	83.2	275
	Non-standard curriculum	40.5	.0	60.2	5
	Missing/DK	100.0	.0	100.0	1
Total		66.1	2.8	80.0	555

**Table 23: Percentage of under-five children with diarrhea in the last two weeks and treatment with ORS or ORT, Swaziland, 2000**

		Had diarrhea in last two weeks	Number of children under 5	Breast milk	Gruel	Local acceptable	ORS packet	Other milk or infant formula
Wealth	Poorest	24.8	858	48.8	30.8	30.9	66.5	24.9
Index Quintiles	Second	21.4	913	48.0	36.0	34.5	72.6	23.7
	Middle	19.7	751	44.1	29.9	31.1	60.7	25.5
	Fourth	18.2	542	44.3	32.7	26.3	62.1	34.5
	Richest	18.1	384	49.4	34.3	26.8	73.2	26.6
	Sex	Male	21.7	1847	48.8	32.2	32.1	65.8
	Female	20.4	1749	43.3	33.8	29.3	67.9	28.4
Region	Hhohho	21.7	919	47.1	31.2	34.0	68.9	22.7
	Manzini	19.4	1019	42.3	38.2	24.2	68.6	27.8
	Shiselweni	20.5	890	50.4	34.2	24.1	59.6	24.7
	Lubombo	23.2	768	45.4	27.8	41.3	69.8	31.3
Area	Rural	21.1	2949	47.0	34.8	32.2	67.3	26.9
	Urban	18.8	479	45.1	16.7	20.3	61.5	22.4
	Company Town	27.3	169	38.6	40.2	32.2	70.5	29.4
Age	< 6 months	18.7	338	77.0	13.1	18.4	58.5	30.3
	6-11 months	40.2	407	80.0	31.9	24.9	70.4	33.2
	12-23 months	34.3	712	56.6	36.3	32.3	66.3	28.3
	24-35 months	19.1	718	13.0	35.2	38.9	68.8	21.2
	36-47 months	10.4	728	8.5	36.3	46.2	73.3	19.6
	48-59 months	10.6	674	9.0	33.7	17.7	58.5	19.1
Mother's education level	None	65.9	6	50.0	.0	25.0	50.0	25.0
	Primary	21.2	1319	45.8	35.5	37.2	68.8	27.5
	Secondary	20.1	1457	53.7	29.5	27.9	65.0	27.5
	Non-standard curriculum	22.8	27	33.7	.0	34.1	65.9	33.7
	Missing/DK	.0	6	.	.	.	.	.
Total		20.7	2816	49.7	31.9	32.4	66.7	27.5

World Summit for Children Goal => Number 23



**Table 23: Percentage of under-five children with diarrhea in the last two weeks and treatment with ORS or ORT, Swaziland, 2000**

		Water with feeding	Any recommended treatment	No treatment	Number of children with diarrhea 1.00
Wealth Index Quintiles	Poorest	24.8	91.0	9.0	213
	Second	34.3	94.1	5.9	195
	Middle	34.6	91.5	8.5	148
	Fourth	32.6	94.7	5.3	99
	Richest	43.3	94.1	5.9	70
Sex	Male	32.6	93.2	6.8	401
	Female	31.9	91.7	8.3	357
Region	Hhohho	33.8	95.3	4.7	199
	Manzini	38.2	92.3	7.7	198
	Shiselweni	19.9	87.9	12.1	183
	Lubombo	36.7	94.2	5.8	178
Area	Rural	31.4	92.5	7.5	622
	Urban	29.6	88.6	11.4	90
	Company Town	49.7	100.0	.0	46
Age	< 6 months	18.4	93.4	6.6	63
	6-11 months	27.3	95.4	4.6	164
	12-23 months	33.8	93.5	6.5	244
	24-35 months	37.4	90.9	9.1	137
	36-47 months	34.9	93.0	7.0	75
	48-59 months	37.9	83.7	16.3	71
Mother's education level	None	50.0	100.0	.0	4
	Primary	31.5	93.9	6.1	279
	Secondary	36.4	93.2	6.8	293
	Non-standard curriculum	33.0	100.0	.0	6
	Missing/DK	.	.	.	0
Total		34.1	93.6	6.4	583

World Summit for Children Goal => Number 23

**Table 24: Percentage of under-five children with diarrhea in the last two weeks who took increased fluids and continued to feed during the episode, Swaziland, 2000**

		Had diarrhea in last two weeks	Number of children under 5	Drinking during diarrhea			Total
				More	Same/Less	Missing/DK	
Wealth Index Quintiles	Poorest	24.8	858	8.5	16.3	4.6	29.4
	Second	21.4	913	7.0	16.4	3.6	27.0
	Middle	19.7	751	5.2	10.4	4.8	20.4
	Fourth	18.2	542	4.1	7.9	1.6	13.6
	Richest	18.1	384	2.4	6.2	1.0	9.6
Sex	Male	21.7	1847	29.4	53.6	17.0	100.0
	Female	20.4	1749	25.2	61.2	13.6	100.0
Region	Hhohho	21.7	919	31.8	56.6	11.6	100.0
	Manzini	19.4	1019	25.8	57.7	16.5	100.0
	Shiselweni	20.5	890	19.0	61.3	19.8	100.0
	Lubombo	23.2	768	33.0	53.0	13.9	100.0
Area	Rural	21.1	2949	27.0	58.1	14.8	100.0
	Urban	18.8	479	27.8	49.7	22.5	100.0
	Company Town	27.3	169	31.9	59.1	9.0	100.0
Age	< 6 months	18.7	338	16.7	56.5	26.8	100.0
	6-11 months	40.2	407	25.4	59.9	14.7	100.0
	12-23 months	34.3	712	25.8	60.9	13.4	100.0
	24-35 months	19.1	718	34.2	52.1	13.8	100.0
	36-47 months	10.4	728	35.8	57.2	7.0	100.0
	48-59 months	10.6	674	26.4	47.1	26.5	100.0
Mother's education level	None	65.9	6	.0	75.0	25.0	100.0
	Primary	21.2	1319	27.0	58.2	14.8	100.0
	Secondary	20.1	1457	25.5	59.1	15.4	100.0
	Non-standard curriculum	22.8	27	.0	82.9	17.1	100.0
	Missing/DK	.0	6	.0	.0	.0	.0
Total		20.7	2816	25.8	59.0	15.2	100.0

World Summit for Children Goal => Number 23

**Table 24: Percentage of under-five children with diarrhea in the last two weeks who took increased fluids and continued to feed during the episode, Swaziland, 2000**

		Eating during diarrhea			Total	Received increased fluids and continued eating	Number of children with diarrhea
		somewhat less/same/more	Much less/none	Missing/DK			1.00
Wealth Index Quintiles	Poorest	7.1	21.3	1.0	29.4	4.5	213
	Second	10.1	16.1	.7	27.0	6.4	195
	Middle	5.8	13.3	1.3	20.4	7.8	148
	Fourth	4.3	8.8	.6	13.6	9.5	99
	Richest	3.1	6.2	.3	9.6	10.3	70
Sex	Male	29.3	67.4	3.4	100.0	7.8	401
	Female	30.4	64.6	5.0	100.0	5.8	357
Region	Hhohho	33.4	63.5	3.2	100.0	9.0	199
	Manzini	29.9	67.0	3.1	100.0	7.2	198
	Shiselweni	29.3	64.8	5.9	100.0	3.6	183
	Lubombo	26.2	69.2	4.6	100.0	7.5	178
Area	Rural	29.6	66.5	3.9	100.0	5.8	622
	Urban	28.0	64.2	7.8	100.0	12.4	90
	Company Town	36.3	63.7	.0	100.0	11.4	46
Age	< 6 months	38.1	53.5	8.4	100.0	4.9	63
	6-11 months	23.6	72.6	3.8	100.0	6.3	164
	12-23 months	28.1	68.5	3.4	100.0	4.3	244
	24-35 months	41.2	55.0	3.8	100.0	15.2	137
	36-47 months	22.2	74.9	2.9	100.0	2.8	75
	48-59 months	28.2	65.9	6.0	100.0	7.5	71
Mother's education level	None	50.0	50.0	.0	100.0	.0	4
	Primary	32.2	66.7	1.1	100.0	6.0	279
	Secondary	26.0	69.4	4.7	100.0	6.4	293
	Non-standard curriculum	66.3	16.6	17.1	100.0	.0	6
	Missing/DK	.0	.0	.0	.0	.	0
Total		29.6	67.4	3.1	100.0	6.1	583

World Summit for Children Goal => Number 23

**Table 25: Percentage of under-five children with acute respiratory infection in the last two weeks and treatment by health providers, Swaziland, 2000**

		Had acute respiratory infection	Number of children under 5	Hospital	Health centre	Dispensary	Village health worker	MCH clinic	Private physician
Wealth Index Quintiles	Poorest	9.9	858	22.3	28.3	.0	1.3	12.5	1.2
	Second	9.7	913	15.3	42.5	2.4	3.5	1.2	1.2
	Middle	10.8	751	27.0	32.3	1.3	2.6	3.9	.0
	Fourth	10.4	542	22.3	32.0	3.6	.0	3.7	3.6
	Richest	9.4	384	28.6	19.7	2.8	.0	11.7	8.5
Sex	Male	10.0	1847	21.5	28.8	2.8	1.7	6.9	3.3
	Female	10.2	1749	22.2	34.7	1.7	1.8	5.9	.6
Region	Hhohho	9.7	919	24.6	24.8	1.2	1.2	4.7	1.2
	Manzini	9.2	1019	22.8	38.0	4.3	3.3	3.3	6.5
	Shiselweni	12.0	890	17.1	23.4	1.0	2.1	7.2	.0
	Lubombo	9.4	768	24.3	44.3	2.8	.0	11.4	.0
Area	Rural	10.0	2949	20.5	32.6	2.5	2.2	7.2	1.4
	Urban	11.4	479	27.6	23.9	1.9	.0	.0	5.6
	Company Town	8.7	169	28.4	43.0	.0	.0	14.3	.0
Age	< 6 months	9.0	338	24.0	51.5	6.9	.0	7.2	.0
	6-11 months	12.7	407	20.3	36.4	.0	.0	6.0	2.0
	12-23 months	12.5	712	25.6	26.9	2.3	2.4	10.7	1.1
	24-35 months	10.1	718	21.8	38.9	1.4	1.4	5.8	2.8
	36-47 months	9.4	728	18.2	27.5	.0	1.5	3.2	1.5
	48-59 months	7.3	674	18.9	19.2	6.2	4.3	4.2	4.2
Mother's education level	None	32.9	6	.0	.0	.0	.0	.0	.0
	Primary	10.4	1319	21.5	31.6	1.6	3.9	3.9	.7
	Secondary	10.0	1457	25.1	30.1	2.1	.7	7.3	4.2
	Non-standard curriculum	.0	27	.	.	.	.	.	.
	Missing/DK	.0	6	.	.	.	.	.	.
Total		10.1	2816	23.2	30.6	1.8	2.2	5.6	2.5

World Summit for Children Goal => Number 24

**Table 25: Percentage of under-five children with acute respiratory infection in the last two weeks and treatment by health providers, Swaziland, 2000**

		Traditional healer	Other	Any appropriate provider	Number of children with ARI 1.00
Wealth Index Quintiles	Poorest	5.0	5.0	63.2	85
	Second	6.2	1.2	61.2	89
	Middle	3.8	10.4	60.7	81
	Fourth	1.8	9.3	61.5	56
	Richest	.0	8.6	65.6	36
Sex	Male	1.7	7.4	58.3	185
	Female	6.6	5.3	63.5	178
Region	Hhohho	4.7	9.3	54.1	89
	Manzini	2.2	5.4	70.7	94
	Shiselweni	6.2	5.1	47.7	107
	Lubombo	2.8	5.7	75.7	73
Area	Rural	4.4	4.7	60.6	294
	Urban	3.7	15.0	57.1	55
	Company Town	.0	7.3	78.4	15
Age	< 6 months	3.5	3.6	78.8	31
	6-11 months	4.0	4.0	62.7	52
	12-23 months	6.0	3.5	64.4	89
	24-35 months	3.0	8.6	67.9	73
	36-47 months	4.7	6.3	48.7	68
	48-59 months	2.1	12.6	46.5	49
Mother's education level	None	.0	100.0	.0	2
	Primary	5.5	3.1	57.7	137
	Secondary	.7	8.0	64.5	145
	Non-standard curriculum	.	.	.	0
	Missing/DK	.	.	.	0
Total		3.0	6.3	60.8	284

World Summit for Children Goal => Number 24

**Table 26: Percentage of children 0-59 months of age reported ill during the last two weeks who received increased fluids and continued feeding, Swaziland, 2000**

		Reported illness in last two weeks	Number of children under 5	Drinking during illness			Total
				More	Same/Less	Missing/DK	
Wealth Index Quintiles	Poorest	43.3	858	7.9	15.2	2.8	25.9
	Second	42.4	913	7.1	17.4	2.5	27.0
	Middle	38.6	751	5.3	12.4	2.4	20.1
	Fourth	40.7	542	5.0	9.5	.9	15.4
	Richest	43.6	384	3.1	7.7	.8	11.7
Sex	Male	41.2	1847	31.3	58.8	9.9	100.0
	Female	42.2	1749	25.2	66.1	8.7	100.0
Region	Hhohho	43.0	919	32.0	61.9	6.1	100.0
	Manzini	40.4	1019	25.1	65.3	9.7	100.0
	Shiselweni	40.2	890	24.5	63.2	12.3	100.0
	Lubombo	43.6	768	31.8	58.6	9.6	100.0
Area	Rural	40.9	2949	27.5	63.1	9.3	100.0
	Urban	43.5	479	32.9	56.4	10.7	100.0
	Company Town	50.1	169	27.3	66.5	6.2	100.0
Age	< 6 months	42.5	338	10.2	75.8	14.0	100.0
	6-11 months	59.5	407	23.2	65.6	11.2	100.0
	12-23 months	50.8	712	26.1	64.2	9.6	100.0
	24-35 months	40.0	718	34.3	58.1	7.7	100.0
	36-47 months	34.1	728	36.2	59.2	4.6	100.0
	48-59 months	30.8	674	33.3	55.1	11.6	100.0
Mother's education level	None	65.9	6	.0	75.0	25.0	100.0
	Primary	41.4	1319	26.8	63.5	9.7	100.0
	Secondary	41.5	1457	29.8	62.0	8.1	100.0
	Non-standard curriculum	38.3	27	.0	89.8	10.2	100.0
	Missing/DK	50.3	6	.0	100.0	.0	100.0
Total		41.5	2816	27.9	63.1	8.9	100.0

**Table 26: Percentage of children 0-59 months of age reported ill during the last two weeks who received increased fluids and continued feeding, Swaziland, 2000**

		Eating during illness			Total	Received increased fluids and continued eating	Number of sick children
		somewhat less/same/more	Much less/none	Missing/DK			1.00
Wealth Index Quintiles	Poorest	8.6	16.6	.7	25.9	8.9	372
	Second	11.8	14.7	.5	27.0	9.5	388
	Middle	7.0	12.4	.7	20.1	8.7	289
	Fourth	5.4	9.7	.3	15.4	9.9	221
	Richest	4.4	6.9	.4	11.7	11.5	168
Sex	Male	36.9	60.6	2.5	100.0	10.9	761
	Female	36.3	60.8	2.9	100.0	7.7	738
Region	Hhohho	43.0	55.1	1.9	100.0	12.0	395
	Manzini	35.5	62.8	1.7	100.0	8.4	411
	Shiselweni	34.0	61.8	4.3	100.0	7.9	358
	Lubombo	33.3	63.6	3.1	100.0	8.6	335
Area	Rural	37.5	60.0	2.6	100.0	8.8	1206
	Urban	31.6	65.0	3.4	100.0	13.1	209
	Company Town	36.9	60.6	2.5	100.0	7.5	85
Age	< 6 months	41.6	51.0	7.4	100.0	2.8	144
	6-11 months	27.2	70.2	2.6	100.0	6.4	242
	12-23 months	33.8	63.9	2.3	100.0	7.0	362
	24-35 months	42.8	55.4	1.8	100.0	15.3	287
	36-47 months	37.1	61.6	1.3	100.0	10.6	248
	48-59 months	39.5	57.4	3.1	100.0	11.2	207
Mother's education level	None	50.0	50.0	.0	100.0	.0	4
	Primary	38.1	60.3	1.6	100.0	8.5	546
	Secondary	34.7	62.7	2.6	100.0	10.9	605
	Non-standard curriculum	69.4	20.5	10.2	100.0	.0	10
	Missing/DK	34.6	65.4	.0	100.0	.0	3
Total		36.6	61.2	2.2	100.0	9.6	1168

**Table 27: Percentage of caretakers of children 0-59 months who know at least 2 signs for seeking care immediately, Swaziland, 2000**

		Not able to drink/breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficult breathing	Has blood in stool	Is drinking poorly
Wealth Index Quintiles	Poorest	24.9	39.5	49.9	14.6	12.0	12.8	7.3
	Second	23.0	38.8	45.3	12.7	10.4	14.5	6.0
	Middle	19.1	40.2	44.7	16.7	13.9	15.2	8.6
	Fourth	13.7	37.0	44.5	14.5	13.8	11.1	7.3
	Richest	14.2	39.6	42.5	17.7	19.5	17.4	6.7
Region	Hhohho	27.9	38.8	39.8	16.4	12.5	8.7	6.1
	Manzini	22.9	47.6	55.5	15.9	12.8	19.1	8.8
	Shiselweni	16.4	28.5	41.0	8.8	7.1	14.2	7.5
	Lubombo	12.4	40.5	45.8	18.3	19.4	12.3	5.5
Area	Rural	20.9	37.9	47.0	13.1	11.1	13.2	7.2
	Urban	20.3	48.3	43.2	24.7	18.5	19.8	6.0
	Company Town	10.5	34.4	33.0	15.4	24.8	7.5	7.9
Mother's education level	None	17.6	82.4	49.5	33.0	.0	33.0	.0
	Primary	20.5	39.0	47.4	13.5	11.6	14.3	8.2
	Secondary	20.2	41.0	44.1	15.7	14.3	14.2	6.6
	Non-standard curriculum	30.6	64.9	57.6	26.7	19.0	22.8	18.9
	Missing/DK	.0	48.3	32.2	.0	.0	17.4	.0
Total		20.4	40.4	45.8	14.8	13.0	14.3	7.4

Monitoring IMCI and Malaria Indicator



**Table 27: Percentage of caretakers of children 0-59 months who know at least 2 signs for seeking care immediately, Swaziland, 2000**

		Knows at least two signs	Number of caretakers
Wealth Index Quintiles	Poorest	46.1	858
	Second	42.6	913
	Middle	43.3	751
	Fourth	38.6	542
	Richest	38.6	384
Region	Hhohho	40.9	919
	Manzini	53.5	1019
	Shiselweni	33.3	890
	Lubombo	39.0	768
Area	Rural	42.0	2949
	Urban	46.5	479
	Company Town	33.9	169
Mother's education level	None	49.5	6
	Primary	43.4	1319
	Secondary	41.8	1457
	Non-standard curriculum	53.4	27
	Missing/DK	32.2	6
Total		42.7	2816

Monitoring IMCI and Malaria Indicator

**Table 28: Percentage of children 0-59 months of age who slept under an insecticide-impregnated bednet during the previous night, Swaziland, 2000**

		Slept under a bednet			Number of children	Bednet treated		Children who slept under a bednet
		Yes	No	DK/missing		Yes	No	
Wealth Index Quintiles	Poorest	.2	98.7	1.0	857	51.6	48.4	2
	Second	.1	97.4	2.5	913	100.0	.0	1
	Middle	.1	97.2	2.6	751	.0	100.0	1
	Fourth	.0	98.4	1.6	542	.0	.0	0
	Richest	.5	98.7	.8	384	47.0	53.0	2
Sex	Male	.2	97.9	1.9	1846	68.3	31.7	3
	Female	.2	98.3	1.6	1749	29.8	70.2	3
Region	Hhohho	.0	99.7	.3	919	.0	.0	0
	Manzini	.1	99.6	.3	1019	.0	100.0	1
	Shiselweni	.5	93.5	6.1	889	73.8	26.2	4
	Lubombo	.1	99.5	.4	768	.0	100.0	1
Area	Rural	.2	97.7	2.1	2947	41.1	58.9	5
	Urban	.2	99.4	.4	479	100.0	.0	1
	Company Town	.0	100.0	.0	169	.0	.0	0
Age	< 6 months	.0	97.7	2.3	338	.0	.0	0
	6-11 months	.5	97.9	1.6	406	47.0	53.0	2
	12-23 months	.2	98.6	1.2	712	100.0	.0	1
	24-35 months	.3	97.1	2.6	718	51.6	48.4	2
	36-47 months	.2	98.5	1.3	728	.0	100.0	1
	48-59 months	.0	98.2	1.8	674	.0	.0	0
Total		.2	98.1	1.8	3577	49.6	50.4	6

Monitoring IMCI and Malaria Indicator

**Table 29: Percentage of children 0-59 months of age who were ill with fever in the last two weeks who received anti-malarial drugs, Swaziland, 2000**

		Had a fever in last two weeks	Number of children under 5	Paracetamol	Chloroquine	Fansidar	Other	Don't know
Wealth	Poorest	2.5	858	55.0	30.1	25.2	.0	5.1
Index Quintiles	Second	2.8	913	36.8	12.0	4.3	.0	4.0
	Middle	3.2	751	43.5	25.8	4.3	.0	8.9
	Fourth	6.1	542	62.9	28.1	.0	.0	3.1
	Richest	8.6	384	87.5	18.8	.0	.0	3.1
	Sex	Male	3.8	1847	62.6	25.4	7.7	.0
	Female	4.1	1749	57.0	18.9	4.5	.0	6.0
Region	Hhohho	3.5	919	84.0	19.3	.0	.0	.0
	Manzini	5.8	1019	63.8	25.8	1.7	.0	6.9
	Shiselweni	4.3	890	42.6	20.1	17.2	.0	5.7
	Lubombo	1.5	768	27.4	18.1	9.0	.0	.0
Area	Rural	3.0	2949	54.7	21.8	9.9	.0	6.0
	Urban	9.1	479	62.7	28.0	.0	.0	2.3
	Company Town	6.1	169	89.7	.0	.0	.0	.0
Age	< 6 months	3.1	338	50.1	.0	.0	.0	.0
	6-11 months	5.9	407	47.7	12.7	4.6	.0	8.4
	12-23 months	5.5	712	58.9	21.6	11.1	.0	5.4
	24-35 months	3.2	718	49.7	31.7	4.8	.0	4.4
	36-47 months	3.6	728	87.7	24.4	4.2	.0	.0
	48-59 months	2.5	674	56.3	30.8	6.2	.0	6.6
Mother's education level	None	.0	6	.	.	.	.	.
	Primary	3.8	1319	44.3	23.5	13.2	.0	4.2
	Secondary	5.0	1457	68.7	19.9	.0	.0	5.7
	Non-standard curriculum	.0	27	.	.	.	.	.
	Missing/DK	.0	6	.	.	.	.	.
Total		4.4	2816	58.7	21.4	5.4	.0	5.1

Monitoring IMCI and Malaria Indicator

**Table 29: Percentage of children 0-59 months of age who were ill with fever in the last two weeks who received anti-malarial drugs, Swaziland, 2000**

		Any appropriate anti-malarial drug	Number of children with fever
			1.00
Wealth Index Quintiles	Poorest	35.2	22
	Second	16.3	26
	Middle	30.1	24
	Fourth	28.1	33
	Richest	18.8	33
Sex	Male	27.0	70
	Female	23.5	71
Region	Hhohho	19.3	33
	Manzini	25.8	59
	Shiselweni	28.7	38
	Lubombo	27.1	11
Area	Rural	26.8	87
	Urban	28.0	44
	Company Town	.0	10
Age	< 6 months	.0	10
	6-11 months	17.2	24
	12-23 months	27.1	39
	24-35 months	31.7	23
	36-47 months	28.6	26
	48-59 months	30.8	17
Mother's education level	None	.	0
	Primary	30.0	50
	Secondary	19.9	73
	Non-standard curriculum	.	0
	Missing/DK	.	0
Total		24.0	123

Monitoring IMCI and Malaria Indicator

**Table 30: Percentage of women aged 15-49 who know the main ways of preventing HIV transmission, Cote d'Ivoire, 2000**

		Heard of AIDS	Have only one faithful uninfected sex partner	Using a condom every time	Knows both (two) ways	Knows at least one way	Doesn't know any way	Number of women
								1.00
Wealth Index Quintiles	Poorest	96.1	50.0	51.5	41.5	59.9	40.1	1027
	Second	96.3	56.3	62.1	47.6	70.7	29.3	1208
	Middle	97.9	61.9	63.3	50.7	74.6	25.4	1073
	Fourth	98.3	66.7	68.2	55.8	79.2	20.8	987
	Richest	98.3	69.6	66.4	53.7	82.3	17.7	998
Region	Hhohho	98.0	65.8	64.1	53.3	76.6	23.4	1586
	Manzini	97.3	65.1	64.8	53.7	76.1	23.9	1763
	Shiselweni	97.2	57.1	64.0	49.6	71.5	28.5	1163
Area	Lubombo	96.5	48.0	52.2	37.3	62.8	37.2	1130
	Rural	97.0	58.2	61.3	49.0	70.5	29.5	4110
	Urbain	98.6	68.5	65.5	52.5	81.5	18.5	1146
Age	Company Town	97.3	57.2	58.0	45.4	69.8	30.2	386
	15-19	96.5	58.8	60.6	48.8	70.6	29.4	1355
	20-24	97.5	64.2	66.1	52.7	77.5	22.5	1177
	25-29	97.6	61.9	64.1	50.6	75.4	24.6	877
	30-34	98.0	62.3	64.8	51.4	75.7	24.3	735
	35-39	98.4	59.0	60.5	49.8	69.7	30.3	656
	40-44	97.9	58.6	57.4	45.9	70.1	29.9	496
Woman's education level	45-49	95.1	47.8	50.4	38.3	59.9	40.1	346
	None	94.5	49.7	49.4	39.3	59.8	40.2	1017
	Primary	88.6	33.1	44.5	33.1	44.5	55.5	10
	Secondary +	97.9	62.0	64.1	51.2	74.8	25.2	4401
	Non-standard curriculum	99.5	77.4	77.8	63.4	91.7	8.3	207
	Missing/DK	100.0	15.1	56.8	15.1	56.8	43.2	7
Total		97.3	60.2	61.9	49.4	72.7	27.3	5642

Monitoring HIV/AIDS Indicator

**Table 30a: Percentage of women aged 15-19 who know the main ways of preventing HIV transmission, Swaziland, 2000**

		Heard of AIDS	Have only one faithful uninfected sex partner	Using a condom every time	Abstaining from sex	Knows all three ways	Knows at least one way
Wealth Index Quintiles	Poorest	94.1	49.3	51.6	56.6	40.4	64.1
	Second	95.5	56.0	61.3	60.5	42.5	74.3
	Middle	98.0	61.5	64.4	67.1	45.0	80.0
	Fourth	96.4	63.5	63.8	64.8	45.0	78.4
	Richest	98.6	66.2	60.3	68.0	40.5	86.4
Region	Hhohho	97.1	62.2	61.9	64.8	45.3	78.2
	Manzini	96.4	63.6	60.6	65.5	46.7	77.9
	Shiselweni	95.7	56.2	66.3	65.9	43.5	77.2
	Lubombo	96.7	49.6	51.5	53.9	33.7	68.2
Area	Rural	95.8	57.7	60.8	62.4	44.3	74.3
	Urban	99.1	66.2	61.8	67.0	41.4	84.4
	Company Town	97.4	52.4	53.8	63.0	33.5	72.8
Age	15-19	96.5	58.8	60.6	63.2	43.1	76.0
Woman's education level	None	93.5	47.6	51.9	59.1	37.6	66.3
	Primary	100.0	.0	34.0	34.0	.0	34.0
	Secondary + Non-standard curriculum	96.8	60.2	61.5	63.7	43.9	77.1
Total		96.5	58.8	60.6	63.2	43.1	76.0

Monitoring HIV/AIDS Indicator

**Table 30a: Percentage of women aged 15-19 who know the main ways of preventing HIV transmission, Swaziland, 2000**

		Doesn't know any way	Number of women
			1.00
Wealth Index Quintiles	Poorest	35.9	242
	Second	25.7	305
	Middle	20.0	269
	Fourth	21.6	211
	Richest	13.6	232
Region	Hhohho	21.8	375
	Manzini	22.1	412
	Shiselweni	22.8	310
	Lubombo	31.8	258
Area	Rural	25.7	1033
	Urban	15.6	239
	Company Town	27.2	83
Age	15-19	24.0	1355
Woman's education level	None	33.7	148
	Primary	66.0	3
	Secondary +	22.9	1196
	Non-standard curriculum	.0	7
Total		24.0	1355

Monitoring HIV/AIDS Indicator

**Table 31: Percentage of women aged 15-49 who correctly identify misconceptions about HIV/AIDS, Swaziland, 2000**

		Heard of AIDS	AIDS can't be transmitted by supernatural means	AIDS can't be transmitted by mosquito bites	A healthy looking person can be infected	Knows all three misconceptions	Knows at least one misconception
Wealth Index Quintiles	Poorest	96.1	60.3	39.1	72.4	29.9	83.8
	Second	96.3	67.3	46.6	77.5	36.1	88.8
	Middle	97.9	73.5	49.7	79.3	37.6	92.3
	Fourth	98.3	75.5	54.5	83.8	44.2	93.3
	Richest	98.3	83.1	68.2	89.0	58.3	95.4
Region	Hhohho	98.0	76.5	56.2	75.2	42.0	91.4
	Manzini	97.3	73.0	55.8	86.4	47.8	93.1
	Shiselweni	97.2	63.2	43.8	80.7	33.2	88.6
	Lubombo	96.5	69.0	45.0	75.9	36.5	86.7
Area	Rural	97.0	68.7	48.2	77.8	37.7	89.0
	Urban	98.6	78.1	61.0	87.2	50.2	95.5
	Company Town	97.3	77.0	55.2	81.4	48.0	90.2
Age	15-19	96.5	73.5	56.1	77.8	43.1	91.0
	20-24	97.5	76.0	53.1	83.6	43.6	93.1
	25-29	97.6	73.8	53.6	81.6	43.1	91.3
	30-34	98.0	71.9	51.5	81.3	42.6	90.9
	35-39	98.4	64.7	46.1	79.7	35.9	89.1
	40-44	97.9	64.6	45.3	79.6	37.0	87.4
	45-49	95.1	59.3	37.8	69.9	29.2	82.0
Woman's education level	None	94.5	59.3	39.0	70.3	31.6	81.2
	Primary	88.6	44.5	22.3	88.6	22.3	88.6
	Secondary +	97.9	73.3	52.9	81.6	42.0	92.2
	Non-standard curriculum	99.5	87.1	78.3	91.3	65.5	98.5
	Missing/DK	100.0	56.8	27.4	84.9	27.4	84.9
Total		97.3	71.2	51.3	80.0	40.9	90.4

Monitoring HIV/AIDS Indicator



**Table 31: Percentage of women aged 15-49 who correctly identify misconceptions about HIV/AIDS, Swaziland, 2000**

		Doesn't correctly identify any misconception	Number of women
			1.00
Wealth Index Quintiles	Poorest	16.2	1027
	Second	11.2	1208
	Middle	7.7	1073
	Fourth	6.7	987
	Richest	4.6	998
Region	Hhohho	8.6	1586
	Manzini	6.9	1763
	Shiselweni	11.4	1163
	Lubombo	13.3	1130
Area	Rural	11.0	4110
	Urban	4.5	1146
	Company Town	9.8	386
Age	15-19	9.0	1355
	20-24	6.9	1177
	25-29	8.7	877
	30-34	9.1	735
	35-39	10.9	656
	40-44	12.6	496
	45-49	18.0	346
Woman's education level	None	18.8	1017
	Primary	11.4	10
	Secondary +	7.8	4401
	Non-standard curriculum	1.5	207
	Missing/DK	15.1	7
Total		9.6	5642

Monitoring HIV/AIDS Indicator

**Table 32: Percentage of women aged 15-49 who correctly identify means of HIV transmission from mother to child, Swaziland, 2000**

		Know AIDS can be transmitted from mother to child	Transmission during pregnancy possible	Transmission at delivery possible	Transmission through breastmilk possible	Knows all three	Did not know any specific way	Number of women 1.00
Wealth Index Quintiles	Poorest	64.4	61.6	52.2	51.8	42.5	36.2	1027
	Second	68.5	66.4	57.8	52.8	45.3	31.6	1208
	Middle	71.0	68.3	60.9	54.5	47.5	29.0	1073
	Fourth	76.7	72.6	64.1	58.5	48.0	23.4	987
	Richest	80.6	74.8	70.2	60.8	50.7	19.5	998
Region	Hhohho	70.7	67.2	63.8	52.7	47.3	29.6	1586
	Manzini	73.8	71.1	63.4	57.3	49.1	26.0	1763
	Shiselweni	70.9	67.5	54.3	55.5	42.9	29.1	1163
	Lubombo	73.1	68.3	61.2	57.8	47.4	27.5	1130
Area	Rural	68.6	65.6	57.4	52.9	44.5	31.7	4110
	Urban	84.7	80.5	74.6	65.3	55.9	15.3	1146
	Company Town	73.8	67.4	61.9	57.4	46.5	26.2	386
Age	15-19	72.0	67.5	59.5	56.8	46.5	28.3	1355
	20-24	75.8	72.4	63.3	59.2	49.3	24.2	1177
	25-29	76.0	73.1	64.2	57.2	47.8	24.2	877
	30-34	72.0	68.0	62.1	55.0	46.0	27.7	735
	35-39	71.0	67.4	60.6	53.1	45.5	29.1	656
	40-44	67.7	66.0	60.4	52.3	48.1	32.9	496
	45-49	60.0	57.5	53.5	46.8	42.4	40.3	346
Woman's education level	None	65.5	63.3	56.5	51.2	44.8	34.8	1017
	Primary	55.5	55.5	44.1	33.7	22.3	44.5	10
	Secondary +	73.2	69.6	61.5	56.6	47.4	27.0	4401
	Non-standard curriculum	85.1	76.7	78.5	60.0	49.5	14.9	207
	Missing/DK	71.2	71.2	71.2	57.5	57.5	28.8	7
Total		72.2	68.7	61.2	55.7	47.0	28.0	5642

Monitoring HIV/AIDS Indicator

**Table 33: Percentage of women aged 15-49 who express a discriminatory attitude towards people with HIV/AIDS, Swaziland, 2000**

		Believe that a teacher with HIV should not be allowed to work	Would not buy food from a person with HIV/AIDS	Agree with at least one discriminatory statement	Agree with neither discriminatory statement	Number of women
						1.00
Wealth Index Quintiles	Poorest	56.9	44.7	63.3	36.7	1027
	Second	64.2	51.4	71.2	28.8	1208
	Middle	73.3	57.5	78.1	21.9	1073
	Fourth	80.2	64.2	84.8	15.2	987
	Richest	89.0	70.2	92.0	8.0	998
Region	Hhohho	74.1	60.1	78.8	21.2	1586
	Manzini	79.5	62.0	83.8	16.2	1763
	Shiselweni	67.3	48.4	71.2	28.8	1163
	Lubombo	62.3	52.3	71.2	28.8	1130
Area	Rural	67.9	53.4	73.7	26.3	4110
	Urban	85.2	65.8	88.2	11.8	1146
	Company Town	76.5	65.0	82.8	17.2	386
Age	15-19	71.5	56.4	77.9	22.1	1355
	20-24	77.5	61.6	82.1	17.9	1177
	25-29	77.7	62.0	82.0	18.0	877
	30-34	72.1	55.4	77.1	22.9	735
	35-39	68.3	53.8	74.1	25.9	656
	40-44	65.7	51.4	70.8	29.2	496
	45-49	57.0	44.1	62.0	38.0	346
Woman's education level	None	55.8	42.4	61.8	38.2	1017
	Primary	77.7	55.5	77.7	22.3	10
	Secondary +	74.8	59.2	79.9	20.1	4401
	Non-standard curriculum	92.9	75.7	96.9	3.1	207
	Missing/DK	41.7	42.5	56.1	43.9	7
Total		72.0	56.7	77.3	22.7	5642

Monitoring HIV/AIDS Indicator

**Table 34: Percentage of women aged 15-49 who have sufficient knowledge of HIV/AIDS transmission, Swaziland, 2000**

		Heard of AIDS	Know 3 ways to prevent HIV transmission	Correctly identify 3 misconceptions about HIV transmission	Have sufficient knowledge	Number of women
						1.00
Wealth Index Quintiles	Poorest	96.1	37.7	29.9	17.1	1027
	Second	96.3	40.1	36.1	19.9	1208
	Middle	97.9	43.7	37.6	20.2	1073
	Fourth	98.3	46.7	44.2	25.4	987
	Richest	98.3	44.9	58.3	30.5	998
Region	Hhohho	98.0	45.4	42.0	23.2	1586
	Manzini	97.3	46.4	47.8	27.6	1763
	Shiselweni	97.2	42.3	33.2	19.0	1163
	Lubombo	96.5	31.8	36.5	17.5	1130
Area	Rural	97.0	42.0	37.7	21.6	4110
	Urban	98.6	44.3	50.2	24.3	1146
	Company Town	97.3	39.8	48.0	27.8	386
Age	15-19	96.5	43.1	43.1	23.6	1355
	20-24	97.5	46.5	43.6	24.4	1177
	25-29	97.6	43.3	43.1	23.4	877
	30-34	98.0	42.3	42.6	23.7	735
	35-39	98.4	40.0	35.9	19.8	656
	40-44	97.9	38.5	37.0	20.9	496
	45-49	95.1	32.8	29.2	15.4	346
Woman's education level	None	94.5	33.9	31.6	17.1	1017
	Primary	88.6	33.1	22.3	10.8	10
	Secondary +	97.9	44.0	42.0	23.2	4401
	Non-standard curriculum	99.5	50.0	65.5	38.0	207
	Missing/DK	100.0	15.1	27.4	.0	7
Total		97.3	42.3	40.9	22.6	5642

Monitoring HIV/AIDS Indicator

**Table 35: Percentage of women aged 15-49 who know where to get an AIDS test and who have been tested, Swaziland, 2000**

		Know a place to get tested	Have been tested	If tested, have been told result	Number of women 1.00
Wealth Index Quintiles	Poorest	45.7	12.8	74.4	1027
	Second	52.9	14.8	74.6	1208
	Middle	60.5	17.0	75.2	1073
	Fourth	66.5	19.6	76.5	987
	Richest	75.9	23.4	84.3	998
Region	Hhohho	66.6	18.3	76.6	1586
	Manzini	61.5	19.8	80.8	1763
	Shiselweni	51.4	15.7	76.0	1163
	Lubombo	55.1	13.4	72.3	1130
Area	Rural	54.1	15.1	74.9	4110
	Urban	76.8	25.5	83.6	1146
	Company Town	65.9	15.1	71.0	386
Age	15-19	51.4	8.9	63.3	1355
	20-24	63.9	20.3	75.0	1177
	25-29	67.6	23.0	78.9	877
	30-34	62.8	21.1	84.1	735
	35-39	59.9	17.5	80.6	656
	40-44	57.9	18.2	80.9	496
	45-49	51.2	14.5	80.8	346
Woman's education level	None	46.5	14.0	75.0	1017
	Primary	44.1	.0	.	10
	Secondary +	61.4	17.2	76.9	4401
	Non-standard curriculum	85.2	33.1	87.5	207
	Missing/DK	43.1	42.5	66.0	7
Total		59.5	17.2	77.3	5642

Monitoring HIV/AIDS Indicator

**Table 36: Percentage of married or in union women aged 15-49 who are using (or whose partner is using) a contraceptive method, Swaziland, 2000**

		Current method							
		No method	Female sterilization	Male sterilization	Pill	IUD	Injections	Condom	LAM
Wealth Index Quintiles	Poorest	86.4	3.0	.0	3.7	.2	5.6	.2	.2
	Second	75.3	6.5	.0	4.0	1.0	11.3	.3	.0
	Middle	69.7	8.1	.0	4.3	.6	13.0	1.1	.0
	Fourth	66.2	5.5	.0	4.8	1.0	17.0	3.5	.5
	Richest	57.3	8.3	.3	12.3	3.6	11.9	5.1	.0
Region	Hhohho	72.4	5.7	.1	4.8	1.5	10.8	2.8	.1
	Manzini	68.7	5.2	.0	6.9	1.5	13.1	2.2	.0
	Shiselweni	75.3	7.9	.0	4.7	1.0	10.1	.4	.0
	Lubombo	74.3	5.4	.0	5.0	.4	12.2	1.1	.4
Area	Rural	76.0	6.0	.1	4.0	.8	10.4	.8	.2
	Urban	59.5	6.1	.0	9.4	2.8	15.3	5.8	.0
	Company Town	65.3	5.1	.0	11.6	.0	15.3	2.0	.0
Woman's education level	None	81.0	3.6	.2	3.2	.8	8.1	1.2	.2
	Primary	67.4	32.6	.0	.0	.0	.0	.0	.0
	Secondary +	70.3	6.6	.0	5.5	1.2	13.2	1.7	.1
	Non-standard curriculum	58.7	7.5	.0	16.8	2.8	5.7	6.6	.0
	Missing/DK	100.0	.0	.0	.0	.0	.0	.0	.0
Total		72.4	6.0	.0	5.4	1.1	11.6	1.8	.1

World Summit for Children Goal => Number 10

**Table 36: Percentage of married or in union women aged 15-49 who are using (or whose partner is using) a contraceptive method, Swaziland, 2000**

		Current method			Total	Any modern method	Any traditional method	Any method	Number of currently married women
		Periodic abstinence	Withdrawal	Other					1.00
Wealth Index Quintiles	Poorest	.0	.4	.4	100.0	12.7	1.0	13.6	561
	Second	.2	.9	.4	100.0	23.3	1.4	24.7	616
	Middle	.9	1.3	1.1	100.0	27.1	3.2	30.3	498
	Fourth	.7	.7	.0	100.0	31.8	1.9	33.8	443
	Richest	.3	.5	.5	100.0	41.5	1.3	42.7	416
Region	Hhohho	.4	1.1	.3	100.0	25.8	1.9	27.6	804
	Manzini	.6	1.2	.6	100.0	28.9	2.4	31.3	767
	Shiselweni	.0	.2	.4	100.0	24.1	.6	24.7	554
	Lubombo	.6	.2	.6	100.0	24.0	1.7	25.7	571
Area	Rural	.5	.8	.5	100.0	22.1	1.9	24.0	2046
	Urban	.2	.6	.2	100.0	39.5	1.1	40.5	486
	Company Town	.0	.6	.0	100.0	34.0	.6	34.7	164
Woman's education level	None	.7	1.0	.2	100.0	17.0	2.0	19.0	638
	Primary	.0	.0	.0	100.0	32.6	.0	32.6	3
	Secondary +	.3	.7	.5	100.0	28.1	1.6	29.7	1936
	Non-standard curriculum	.0	.9	.9	100.0	39.4	1.9	41.3	114
	Missing/DK	.0	.0	.0	100.0	.0	.0	.0	4
Total		.4	.8	.4	100.0	25.9	1.7	27.6	2696

World Summit for Children Goal => Number 10

**Table 37: Percentage of mothers with a birth in the last 12 months protected against neonatal tetanus, Swaziland, 2000**

		Received at least 2 doses, last within 3 years	Received at least 3 doses, last within 10 years	Received at least 5 doses during lifetime	Protected against tetanus	Number of mothers 1.00
Wealth Index Quintiles	Poorest	81.2	.5	.0	81.8	203
	Second	85.5	.0	.0	85.5	209
	Middle	79.1	.0	.0	79.1	169
	Fourth	78.9	.8	.0	79.7	126
	Richest	82.4	.0	.0	82.4	107
Region	Hhohho	74.1	.5	.5	75.1	212
	Manzini	83.6	.4	.0	83.9	279
	Shiselweni	79.7	.6	.0	80.2	199
	Lubombo	87.4	.0	.0	87.4	176
Area	Rural	82.6	.5	.2	83.3	668
	Urban	70.7	.0	.0	70.7	149
	Company Town	93.0	.0	.0	93.0	47
Woman's education level	None	80.2	.0	.0	80.2	174
	Secondary +	81.5	.5	.2	82.2	668
	Non-standard curriculum	74.4	.0	.0	74.4	21
	Missing/DK	100.0	.0	.0	100.0	2
Total		81.1	.4	.1	81.6	865

World Summit for Children Goal => Number 22



**Table 38: Percent distribution of women aged 15-49 with a birth in the last year by type of personnel delivering antenatal care, Swaziland, 2000**

		Person delivering antenatal care						Total
		No antenatal care received	Doctor	Nurse/mid wife	Auxiliary midwife	Traditional birth attendant	Other/missing	
Wealth Index Quintiles	Poorest	3.7	6.9	80.8	1.6	4.8	2.1	100.0
	Second	5.2	5.2	78.2	1.6	6.2	3.6	100.0
	Middle	5.1	3.8	85.3	1.9	1.9	1.9	100.0
	Fourth	5.0	11.7	75.6	.0	1.7	5.9	100.0
	Richest	3.9	20.2	68.1	3.9	.0	3.9	100.0
Region	Hhohho	1.0	7.6	81.7	.0	3.1	6.6	100.0
	Manzini	5.2	13.1	76.0	2.3	1.1	2.3	100.0
	Shiselweni	7.9	5.1	75.7	5.1	6.2	.0	100.0
	Lubombo	4.2	4.2	82.0	.6	4.8	4.2	100.0
Area	Rural	4.6	6.9	79.9	2.1	4.1	2.4	100.0
	Urban	5.5	11.1	74.2	1.5	1.4	6.4	100.0
	Company Town	2.2	15.0	73.7	2.1	2.3	4.7	100.0
Woman's education level	None	3.1	7.5	81.3	1.9	4.4	1.8	100.0
	Secondary +	5.0	7.4	78.4	2.1	3.4	3.7	100.0
	Non-standard curriculum	5.4	35.1	59.6	.0	.0	.0	100.0
	Missing/DK	.0	.0	100.0	.0	.0	.0	100.0
Total		4.6	8.1	78.6	2.0	3.5	3.2	100.0

World Summit for Children Goals => Numbers 9, 11

**Table 38: Percent distribution of women aged 15-49 with a birth in the last year by type of personnel delivering antenatal care, Swaziland, 2000**

		Any skilled personnel	Number of women
			1.00
Wealth Index Quintiles	Poorest	89.4	203
	Second	85.0	209
	Middle	91.1	169
	Fourth	87.3	126
	Richest	92.2	107
Region	Hhohho	89.3	212
	Manzini	91.4	279
	Shiselweni	85.9	199
	Lubombo	86.8	176
Area	Rural	89.0	668
	Urban	86.8	149
	Company Town	90.8	47
Woman's education level	None	90.8	174
	Secondary +	87.9	668
	Non-standard curriculum	94.6	21
	Missing/DK	100.0	2
Total		88.7	865

World Summit for Children Goals => Numbers 9, 11

**Table 39: Percent distribution of women aged 15-49 with a birth in the last year by type of personnel assisting at delivery Swaziland, 2000**

		Person assisting at delivery						
		Doctor	Nurse/mid wife	Auxiliary midwife	Traditional birth attendant	Relative/friend	Other/missing	No assistance received
Wealth Index Quintiles	Poorest	3.2	47.5	3.2	15.6	20.9	2.6	6.9
	Second	5.8	59.7	5.2	11.3	10.8	4.1	3.2
	Middle	3.8	67.3	5.1	8.5	9.6	1.9	3.8
	Fourth	9.3	67.0	2.5	6.0	5.1	5.9	4.2
	Richest	16.6	70.7	3.8	2.0	2.0	3.9	.9
Region	Hhohho	6.1	63.4	2.5	9.2	9.1	6.6	3.0
	Manzini	6.7	67.6	5.7	5.3	8.7	2.3	3.8
	Shiselweni	8.4	48.0	7.3	15.8	14.2	1.1	5.1
	Lubombo	6.6	56.7	3.0	12.0	12.6	4.8	4.2
Area	Rural	5.8	57.5	5.0	11.6	13.0	2.7	4.4
	Urban	9.9	71.9	2.8	1.4	3.4	7.1	3.4
	Company Town	13.3	55.3	6.5	15.8	4.4	4.7	.0
Woman's education level	None	9.2	54.7	3.7	11.3	15.0	3.0	3.1
	Secondary +	5.9	60.6	5.2	10.1	10.0	3.8	4.4
	Non-standard curriculum	20.1	79.9	.0	.0	.0	.0	.0
	Missing/DK	.0	50.0	.0	.0	50.0	.0	.0
Total		6.9	59.9	4.7	10.0	10.9	3.6	4.0

World Summit for Children Goal => Numbers 11

**Table 39: Percent distribution of women aged 15-49 with a birth in the last year by type of personnel assisting at delivery Swaziland, 2000**

		Total	Any skilled personnel	Number of women
				1.00
Wealth Index Quintiles	Poorest	100.0	53.9	203
	Second	100.0	70.6	209
	Middle	100.0	76.3	169
	Fourth	100.0	78.9	126
	Richest	100.0	91.2	107
Region	Hhohho	100.0	72.0	212
	Manzini	100.0	80.0	279
	Shiselweni	100.0	63.8	199
	Lubombo	100.0	66.3	176
Area	Rural	100.0	68.4	668
	Urban	100.0	84.6	149
	Company Town	100.0	75.1	47
Woman's education level	None	100.0	67.7	174
	Secondary +	100.0	71.7	668
	Non-standard curriculum	100.0	100.0	21
	Missing/DK	100.0	50.0	2
Total		100.0	71.5	865

World Summit for Children Goal => Numbers 11

**Table 40: Percent distribution of children aged 0-59 months by whether birth is registered and reasons for non-registration, Swaziland, 2000**

		Registration status							
		Birth registered	DK if birth registered	Costs too much	Must travel too far	Didn't know it should be registered	Late & didn't want to pay fine	Doesn't know where to register	Other
Wealth Index Quintiles	Poorest	43.4	3.8	14.2	5.8	2.8	.6	2.3	15.9
	Second	48.2	4.2	9.3	6.5	3.3	.9	1.5	12.6
	Middle	55.8	4.2	8.0	3.5	3.3	.3	1.7	14.2
	Fourth	57.4	4.8	5.7	3.7	4.8	.2	2.3	13.7
	Richest	74.6	3.1	1.1	1.9	2.7	.8	1.0	6.2
Sex	Male	54.2	3.5	8.2	4.8	3.7	.6	1.8	13.1
	Female	52.1	4.7	9.1	4.8	3.0	.7	1.7	13.7
Region	Hhohho	52.8	3.2	6.1	4.6	2.9	.2	1.1	11.8
	Manzini	63.1	4.7	4.9	5.5	3.3	.2	1.3	8.3
	Shiselweni	46.7	3.4	13.9	4.2	1.4	.7	1.6	22.5
	Lubombo	47.9	5.0	10.5	4.9	6.3	1.5	3.2	11.6
Area	Rural	49.7	4.1	10.0	5.1	3.3	.6	1.7	14.5
	Urban	71.6	4.0	2.3	3.2	3.6	.6	1.7	6.5
	Company Town	61.8	3.7	3.1	3.7	3.8	.6	2.5	14.0
Age	< 6 months	47.4	1.3	7.2	5.6	4.3	.6	2.8	20.6
	6-11 months	46.5	2.6	8.6	5.4	3.6	1.3	1.3	17.9
	12-23 months	48.7	3.8	9.8	5.0	2.9	.4	1.9	16.0
	24-35 months	58.3	4.4	6.5	5.7	3.3	.4	2.5	10.9
	36-47 months	52.6	6.2	9.9	3.7	3.6	.6	1.0	11.5
	48-59 months	59.7	4.2	9.3	4.2	2.9	.6	1.4	8.8
Mother's education level	None	67.0	.0	33.0	.0	.0	.0	.0	.0
	Primary	50.6	4.2	10.4	5.2	2.7	.3	2.6	13.6
	Secondary	60.4	3.1	5.3	4.5	3.3	1.0	1.1	12.4
	Non-standard curriculum	31.1	11.5	11.4	3.9	.0	.0	3.8	19.2
	Missing/DK	34.9	.0	.0	.0	32.2	.0	16.1	16.8
Total		55.5	3.7	7.8	4.8	3.0	.7	1.9	13.0

**Table 40: Percent distribution of children aged 0-59 months by whether birth is registered and reasons for non-registration, Swaziland, 2000**

		Registration status		Total	Number of children
		Reason DK or Missing	9.00		1.00
Wealth Index Quintiles	Poorest	6.5	4.6	100.0	858
	Second	8.4	5.1	100.0	913
	Middle	3.7	5.3	100.0	751
	Fourth	4.0	3.5	100.0	542
	Richest	4.0	4.5	100.0	384
Sex	Male	5.8	4.4	100.0	1847
	Female	5.3	4.8	100.0	1749
Region	Hhohho	8.4	8.9	100.0	919
	Manzini	4.9	3.7	100.0	1019
	Shiselweni	2.8	2.7	100.0	890
	Lubombo	6.2	3.0	100.0	768
Area	Rural	6.3	4.6	100.0	2949
	Urban	1.0	5.5	100.0	479
	Company Town	4.9	1.9	100.0	169
Age	< 6 months	4.3	5.9	100.0	338
	6-11 months	7.9	4.9	100.0	407
	12-23 months	6.3	5.0	100.0	712
	24-35 months	5.1	2.9	100.0	718
	36-47 months	5.6	5.3	100.0	728
	48-59 months	4.3	4.5	100.0	674
Mother's education level	None	.0	.0	100.0	6
	Primary	6.0	4.5	100.0	1319
	Secondary	4.2	4.6	100.0	1457
	Non-standard curriculum	11.4	7.8	100.0	27
	Missing/DK	.0	.0	100.0	6
Total		5.1	4.5	100.0	2816

Monitoring Children's Rights Indicator

**Table 40: Percent distribution of children aged 0-59 months by whether birth is registered and reasons for non-registration, Swaziland, 2000**

		Birth registered	DK if birth registered
Wealth Index Quintiles	Poorest	43.4	3.8
	Second	48.2	4.2
	Middle	55.8	4.2
	Fourth	57.4	4.8
	Richest	74.6	3.1
Sex	Male	54.2	3.5
	Female	52.1	4.7
Region	Hhohho	52.8	3.2
	Manzini	63.1	4.7
	Shiselweni	46.7	3.4
	Lubombo	47.9	5.0
Area	Rural	49.7	4.1
	Urban	71.6	4.0
	Company Town	61.8	3.7
Age	< 6 months	47.4	1.3
	6-11 months	46.5	2.6
	12-23 months	48.7	3.8
	24-35 months	58.3	4.4
	36-47 months	52.6	6.2
	48-59 months	59.7	4.2
Mother's education level	None	67.0	.0
	Primary	50.6	4.2
	Secondary	60.4	3.1
	Non-standard curriculum	31.1	11.5
	Missing/DK	34.9	.0
Total		55.5	3.7

Monitoring Children's Rights Indicator

**Table 40: Percent distribution of children aged 0-59 months by whether birth is registered and reasons for non-registration, Swaziland, 2000**

		Registration status					
		Costs too much	Must travel too far	Didn't know it should be registered	Late & didn't want to pay fine	Doesn't know where to register	Other
Wealth Index Quintiles	Poorest	29.5	12.0	5.9	1.3	4.8	33.0
	Second	21.8	15.3	7.8	2.1	3.5	29.7
	Middle	23.2	10.0	9.6	.8	4.8	41.0
	Fourth	16.4	10.6	13.8	.5	6.7	39.8
	Richest	6.0	10.6	15.1	4.2	5.8	35.9
Sex	Male	21.5	12.6	9.7	1.5	4.7	34.7
	Female	23.7	12.5	7.9	1.7	4.5	35.6
Region	Hhohho	17.3	13.0	8.2	.6	3.2	33.8
	Manzini	17.3	19.4	11.6	.7	4.6	29.2
	Shiselweni	29.5	8.9	2.9	1.6	3.4	47.7
	Lubombo	23.7	11.0	14.3	3.3	7.3	26.2
Area	Rural	24.0	12.3	7.9	1.5	4.1	34.8
	Urban	12.0	16.6	18.8	3.2	8.8	35.1
	Company Town	9.5	11.4	11.6	1.8	7.6	42.9
Age	< 6 months	15.8	12.3	9.5	1.3	6.1	45.4
	6-11 months	18.6	11.8	7.8	2.9	2.8	38.9
	12-23 months	23.1	11.8	6.9	1.0	4.5	37.9
	24-35 months	18.9	16.5	9.7	1.3	7.1	31.6
	36-47 months	27.6	10.4	10.0	1.5	2.8	32.1
	48-59 months	29.2	13.2	9.2	1.9	4.5	27.9
Mother's education level	None	100.0	.0	.0	.0	.0	.0
	Primary	25.5	12.7	6.6	.8	6.4	33.3
	Secondary	16.6	14.1	10.3	3.1	3.6	38.9
	Non-standard curriculum	22.9	7.8	.0	.0	7.6	38.6
	Missing/DK	.0	.0	49.5	.0	24.7	25.8
Total		21.5	13.2	8.3	1.8	5.2	35.9

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**Table 40: Percent distribution of children aged 0-59 months by whether birth is registered and reasons for non-registration, Swaziland, 2000**

		Registration status	Total	Number of children
		Reason DK or Missing		
Wealth Index Quintiles	Poorest	13.4	100.0	858
	Second	19.7	100.0	913
	Middle	10.5	100.0	751
	Fourth	12.1	100.0	542
	Richest	22.4	100.0	384
Sex	Male	15.3	100.0	1847
	Female	14.0	100.0	1749
Region	Hhohho	23.8	100.0	919
	Manzini	17.3	100.0	1019
	Shiselweni	6.0	100.0	890
	Lubombo	14.3	100.0	768
Area	Rural	15.3	100.0	2949
	Urban	5.4	100.0	479
	Company Town	15.1	100.0	169
Age	< 6 months	9.6	100.0	338
	6-11 months	17.2	100.0	407
	12-23 months	14.9	100.0	712
	24-35 months	14.9	100.0	718
	36-47 months	15.6	100.0	728
	48-59 months	14.1	100.0	674
Mother's education level	None	.0	100.0	6
	Primary	14.6	100.0	1319
	Secondary	13.3	100.0	1457
	Non-standard curriculum	23.0	100.0	27
	Missing/DK	.0	100.0	6
Total		14.1	100.0	2816

Monitoring Children's Rights Indicator

**Table 41: Percentage of children 0-14 years of age in households not living with a biological parent, Swaziland, 2000**

		Living arrangement							
		Living with both parents	Living with neither: only father alive	Living with neither: only mother alive	Living with neither: both are alive	Living with neither: both are dead	Living with mother only: father alive	Living with mother only: father dead	Living with father only: mother alive
Wealth Index Quintiles	Poorest	42.0	.9	2.1	12.8	1.7	30.6	5.8	2.4
	Second	38.4	.8	2.8	18.0	1.6	28.9	5.8	2.6
	Middle	39.7	1.2	2.7	15.2	2.1	30.6	4.5	3.3
	Fourth	42.7	.6	2.6	14.1	3.4	27.8	4.0	3.3
	Richest	56.6	.4	2.7	8.4	1.6	22.4	3.6	3.3
Sex	Male	42.6	.8	2.5	14.7	2.0	28.7	4.7	2.7
	Female	42.0	.9	2.7	13.9	2.1	29.1	5.4	3.1
Region	Hhohho	46.3	1.2	1.9	10.5	1.9	29.4	4.6	3.4
	Manzini	41.4	1.1	2.9	16.2	1.6	27.5	4.7	3.1
	Shiselweni	38.1	.4	3.0	17.8	2.5	29.1	5.7	1.8
	Lubombo	43.7	.5	2.4	12.1	2.1	29.8	5.3	3.2
Area	Rural	39.8	.9	2.6	15.3	2.1	30.2	5.1	2.7
	Urban	56.2	.6	2.4	8.5	1.7	21.1	5.2	3.1
	Company Town	55.3	.2	2.4	8.3	1.5	22.5	2.9	6.1
Age	0-4 years	46.3	.3	.9	9.4	.7	36.2	3.7	1.9
	5-9 years	40.4	.8	2.5	16.6	1.8	27.6	5.6	3.5
	10-14 years	40.3	1.3	4.4	16.9	3.5	22.8	5.9	3.2
Total		42.3	.8	2.6	14.3	2.0	28.9	5.1	2.9

Monitoring Children's Rights Indicator

**Table 41: Percentage of children 0-14 years of age in households not living with a biological parent, Swaziland, 2000**

		Living arrangement		Total	Not living with a biological parent	One or both parents dead	Number of children
		Living with father only: mother dead	Impossible to determine				
Wealth Index Quintiles	Poorest	.7	.9	100.0	17.5	11.3	99134
	Second	.6	.5	100.0	23.2	11.6	112147
	Middle	.4	.3	100.0	21.3	10.9	88355
	Fourth	.6	.8	100.0	20.7	11.2	61713
	Richest	.7	.2	100.0	13.1	9.0	41506
Sex	Male	.6	.8	100.0	19.9	10.6	215982
	Female	.5	.5	100.0	19.5	11.5	208237
Region	Hhohho	.6	.1	100.0	15.6	10.2	110932
	Manzini	.6	.8	100.0	21.8	10.9	120174
	Shiselweni	.5	1.2	100.0	23.6	12.1	107731
	Lubombo	.6	.3	100.0	17.0	10.9	85382
Area	Rural	.5	.7	100.0	20.9	11.2	359638
	Urban	1.1	.2	100.0	13.1	10.9	48634
	Company Town	.7	.0	100.0	12.5	7.8	15946
Age	0-4 years	.2	.4	100.0	11.3	5.8	141992
	5-9 years	.8	.5	100.0	21.7	11.5	142247
	10-14 years	.7	1.0	100.0	26.1	15.8	139980
Total		.6	.6	100.0	19.7	11.0	424219

Monitoring Children's Rights Indicator

**Table 42: Percentage of children 5-14 years of age who are currently working, Swaziland, 2000**

		Paid work	Unpaid work	Domestic work: < 4 hours/day	Domestic work: 4 or more hours/day	Family work (farm or business)	Currently working	Number of children
Wealth Index Quintiles	Poorest	1.5	.7	74.2	4.3	5.54	11.3	65869
	Second	.7	.8	75.7	3.0	5.85	9.4	76487
	Middle	.9	.8	79.2	3.2	8.20	11.6	58978
	Fourth	1.2	3.1	75.2	2.1	8.83	14.1	40572
	Richest	.7	4.7	61.4	1.4	7.33	12.9	26475
Sex	Male	1.1	1.3	73.2	3.0	7.57	11.8	143302
	Female	1.1	1.7	75.3	3.0	7.18	11.9	138925
Region	Hhohho	1.0	1.3	69.5	3.4	7.07	11.2	74118
	Manzini	1.0	2.7	73.9	4.0	7.07	13.3	79506
	Shiselweni	1.0	1.0	79.2	1.0	5.89	8.7	73313
	Lubombo	1.5	.7	74.5	3.6	10.21	14.9	55291
Area	Rural	1.1	.7	76.5	3.1	7.16	11.1	243449
	Urban	1.0	8.0	59.3	2.6	7.52	17.4	29537
	Company Town	.8	1.3	63.7	.8	12.69	13.5	9241
Age	5-9 years	.5	1.5	65.4	1.7	4.85	8.0	142247
	10-14 years	1.6	1.4	83.2	4.3	9.96	15.7	139980
Woman's education level	None	1.4	1.3	72.1	3.8	6.66	11.9	82161
	Primary	1.0	.6	77.1	3.3	6.29	10.1	107853
	Secondary +	.9	2.8	73.4	2.0	9.14	13.8	86619
	Non-standard curriculum	.0	.0	70.0	1.4	9.98	11.4	2752
	Missing/DK	.0	4.7	67.1	.0	.00	4.7	818
Total		1.1	1.5	74.4	3.0	7.30	11.8	280203

Monitoring Children's Rights Indicator

**Table 42a: Percentage of children 5-14 years of age who are currently working, Swaziland, 2000**

		Paid work	Unpaid work	Domestic work: < 4 hours/day	Domestic work: 4 or more hours/day	Family work (farm or business)	Currently working	Number of children
Wealth Index Quintiles	Poorest	1.5	.7	74.2	4.3	5.54	11.3	65869
	Second	.7	.8	75.7	3.0	5.85	9.4	76487
	Middle	.9	.8	79.2	3.2	8.20	11.6	58978
	Fourth	1.2	3.1	75.2	2.1	8.83	14.1	40572
	Richest	.7	4.7	61.4	1.4	7.33	12.9	26475
Sex	Male	1.1	1.3	73.2	3.0	7.57	11.8	143302
	Female	1.1	1.7	75.3	3.0	7.18	11.9	138925
Region	Hhohho	1.0	1.3	69.5	3.4	7.07	11.2	74118
	Manzini	1.0	2.7	73.9	4.0	7.07	13.3	79506
	Shiselweni	1.0	1.0	79.2	1.0	5.89	8.7	73313
	Lubombo	1.5	.7	74.5	3.6	10.21	14.9	55291
Area	Rural	1.1	.7	76.5	3.1	7.16	11.1	243449
	Urban	1.0	8.0	59.3	2.6	7.52	17.4	29537
	Company Town	.8	1.3	63.7	.8	12.69	13.5	9241
Age	5-9 years	.5	1.5	65.4	1.7	4.85	8.0	142247
	10-14 years	1.6	1.4	83.2	4.3	9.96	15.7	139980
Woman's education level	None	1.4	1.3	72.1	3.8	6.66	11.9	82161
	Primary	1.0	.6	77.1	3.3	6.29	10.1	107853
	Secondary +	.9	2.8	73.4	2.0	9.14	13.8	86619
	Non-standard curriculum	.0	.0	70.0	1.4	9.98	11.4	2752
	Missing/DK	.0	4.7	67.1	.0	.00	4.7	818
Total		1.1	1.5	74.4	3.0	7.30	11.8	280203

Monitoring Children's Rights Indicator