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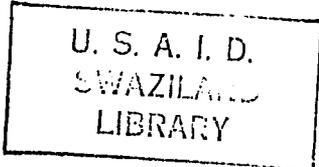
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FINAL REPORT
NATIONAL SEMINAR
FAMILY HEALTH SURVEY

Tavern Hotel
June 28-29, 1989

Reported by:

Robert Shongwe
Assistant Health Planner
Health Planning & Statistics Unit
Ministry of Health



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INTRODUCTION

The 1988 Swaziland Family Health Survey (FHS) was conducted by the Swaziland Ministry of Health. Financial, administrative, and logistical support for the survey was provided by the Primary Health Care Project, the Ministry of Health in agreement with the United States Agency for International Development (USAID). Technical assistance for the survey was provided by the Division of Reproductive Health of the Centers for Disease Control (CDC). This report presents findings for each topic included in the study.

The FHS was designed to assess specific health conditions throughout Swaziland related to: reproduction, family planning, infant/child health, maternal morbidity, behavioral risk factors, selected chronic and infectious disease conditions, and health service utilization. Both estimates of prevalence and general attitudes toward most of these factors were included. The survey population included females (aged 15 to 49) and males (aged 15 to 59). The sample size is sufficient to allow estimates for each of the four regions and also to permit urban-rural comparisons. This is the first time a national health status and health service information. Results from this survey will provide baseline data for many of the primary health and other major program activities conducted by the Ministry of Health in years to come.

Objectives of the Survey

The main purpose of the FHS was to meet the needs expressed by the Primary Health Care Project for a statistically valid assessment of the general reproductive and maternal-child health conditions of families in Swaziland. The following guiding objectives were stated at the outset:

1. To provide decision-makers in the Ministry of Health with data for informed policy choices related to:
 - (a) Fertility and infant-child mortality. Estimates of current fertility, levels of unintended fertility and estimates of current infant and child mortality will be obtained.
 - (b) Maternal-child health. Estimates of current breast-feeding practices, diarrhoea among children and child immunization for BCG, DPT, Polio, and measles will be made.
 - (c) Family Planning. Knowledge of contraception and the level of current contraceptive use will be estimated. Differentials in contraceptive use across regions and by the other social/demographic characteristics will be identified in order to assess program impact and indicate who might benefit from special program efforts.
 - (d) Communicable disease. Knowledge and attitudes towards STDs and AIDS will be assessed and the probable prevalence of TB and acute respiratory illness will be estimated.
 - (e) Behavioral risks. Estimates will be made of alcohol use (and abuse), hypertension (high blood pressure), diabetes, and smoking.

- (f) Attitudes toward reproduction. General attitudes toward desired family size, birth spacing, breast-feeding and contraceptive use will be assessed and differences in attitudes between males and females will be examined.
- (g) Health Service Utilization. The use of various types of health services and facilities will be determined, so that those lacking adequate services can be identified and programs for their benefit established.
2. To develop the skills and resources necessary to conduct high quality homestead/household surveys in the Government of Swaziland.
 3. To increase the capability of agencies in the Government of Swaziland to carry out health research, especially the analysis of survey data.

Questionnaires

Three questionnaires were used in the FHS, the Homestead/Household Questionnaires, the Female Questionnaire and the Male Questionnaires. All three of these questionnaires were designed to provide the information needed by the health and family planning program managers and policy-makers.

The Homestead/Household Questionnaire consisted of a cover sheet and a form for listing all members of the homestead along with certain key items of information about each member, such as name, sex and age. The purpose of the Homestead/Household Questionnaire was to identify all women (15 to 49 years of age) and all men (15 to 59 years of age) who were eligible to be interviewed. One man aged 15 - 59 was randomly selected for interview from among all eligible men in each homestead/household.

The Female and Male Questionnaires are the heart of the FHS. The following information was collected in each:

TOPICS INCLUDED IN 1988 SWAZILAND FHS

<u>TOPIC</u>	<u>Included in Questionnaire</u>	
	<u>Female</u>	<u>Male</u>
I. Homestead Features		
-Water	x	x
-Toilet Facilities	x	x
-Transportation	x	x
II. Respondent's Background		
-Age	x	x
-Education	x	x
-Marital Status	x	x
III. Behavioral Risks		
-Alcohol Use	x	x
-Hypertension	x	x
-Diabetes	x	x
-Smoking	x	x

TOPICS FOR 1988 SWAZILAND FHS (CONTINUED)

TOPIC	Included in the Questionnaire		
	Female	Male	
IV	Fertility		
	-5 year Birth History	x	
	-Planning Status	x	
	-Attitudes Toward Reproduction		
	*Desired Family Size	x	x
	*Birth Interval	x	x
	*Breastfeeding	x	x
	*Cotraceptive Use	x	x
V.	Maternal-Child Health		
	Breastfeeding/Supplemental Feeding	x	
	-Diarrhoea	x	
	-Child Immunization (BCG,DPT, Polio, Measles)	x	
	-Growth Monitoring	x	
	-Tetanus Injection During Last Pregnancy	x	
	-Assistance during last Birth	x	
	-Antenal Care	x	
	-Child Disease (TB, Acute Respiratory, Ear Discharge, Malaria, Epilepsy, Bilharzia, Roundworm)	x	
VI.	Family Planning		
	-Knowledge of methods	x	x
	-Current Use	x	x
	-Reasons for Non-use	x	
	-Demand for Services	x	x
VII.	Specific Infectious Diseases		
	-STDs	x	x
	-AIDS (Knowledge and behavior)	x	x
	-TB	x	x
	-Acute Respiratory Infections	x	x
VIII.	Health Service Utilization		
	-Have They Been Sick?	x	x
	-Where They Go For Services?	x	x
	-Accessibility and Cost	x	x

II. SURVEY METHODOLOGY

The 1988 FHS included representative samples of females and males selected throughout Swaziland. The female sample was a self-weighting two-stage cluster sample scheme based on data from the 1986 Census. The males sample consisted of the random selection of one male (15 to 59 years of age) from each homestead included in the female sample. Each male record is, therefore, assigned a weight proportional to the number of eligible males in the homestead.

Stage 2

For each selected EA, field checking was done to locate all homesteads. In urban Mbabane and urban Manzini households living rather than homesteads in EAs where the traditional homestead living arrangement does not exist. Where traditional homesteads were found they were used for both urban and rural EAs. Our definitions of homesteads and households followed the 1989 Census definitions, in which a homestead "...refers to family units (sharing of meals being paramount criteria...). There could be more than one household in a homestead, but the reverse cannot be true." Maps and aerial photos obtained from the 1986 Census, through the Central Statistical Office, were used as guides. Once field checking and homestead/household listings were completed, a random start was selected as the beginning of a sequential cluster of 25 homesteads/households. A homestead/household questionnaire was completed, initially, in which the eligible females were identified. ALL females 15 to 49 in the selected homesteads/households were interviewed.

Male Selection

For each selected cluster of homesteads in the chosen EAs, the Homestead/Household Questionnaire listed all males by age. Of those males aged 15 to 59, only one was chosen for interview, with probability of selection inversely proportional to the number of males in the homestead/household.

Fieldwork

The three questionnaires were pretested from August 6 - 23, 1988. Prior to pretesting, the questionnaires were translated into Siswati and then independently back into English to check the accuracy of the translation. Six interviewers (three female and three male) were used. Over 50 female and male interviews were completed in a rural and an urban Enumeration Area not included in the selected sample. After the pretest the Siswati versions were then revised accordingly, to reflect required modifications.

For the full survey training, 6 team leaders and 45 interviewers (23 females and 22 males) were trained for 5 days, September 26-30, 1988. At the end of the week, six teams were named. Each team included three female and two male interviewed, in addition to a team leader and driver. Two of the remaining trainees were retained as coders. The fieldwork started on October 1, 1988 and was completed January 6, 1989. Two survey coordinators and an administrative assistant coordinated field and headquarters office activities.

Data Processing

Completed questionnaires were collected every week from the six teams by the field coordinator. Coding, data entry, and machine editing with the use of microcomputers went on concurrently at the Ministry of Health in Mbabane as the field work progressed. The CDC data entry/edit software entitled "Survey" was used for this purpose. Both coding and data entry, which were started in October 1988, were completed by mid-January 1989.

Response rates

Of the 4,350 homesteads sampled (174 Enumeration Areas with 25 Homesteads selected in each EA) 4,312 (99.9 Percent) were found. Those not found were due to the poor quality of census maps in 3 EAs, plus some movement of homesteads from the selected EAs. Of the 4,312 homesteads contacted, interviews were completed for 91.9 per cent. Refusals were very low, at 1.2 percent, while 5.4 percent were vacant units.

All eligible females (15 to 49) in each homestead were interviewed. A total of 4,341 eligible females were identified and 98.2 percent had completed interviews. The female refusal rate was less than 1 percent. Only 1 eligible male (15 to 59 years of age) was selected from each homestead for interviewing. A total of 2,393 homesteads had at least 1 eligible male and 94.9 percent of these males had completed interviews. Only 1.2 percent of the males refused to be interviewed.

SMALL GROUP RECOMMENDATION

**FAMILY HEALTH SURVEY
NATIONAL SEMINAR**

HEALTH PLANNING AND STATISTICS UNIT.

01. Who is responsible for exploring/implementing recommendations.
02. central level statistics capacity is at a crisis point that is no data output for past 2 years.
strengthening and decentralisation of HIS, some of the new information from Family Health Survey should have been available all along from Statistics Unit.
03. Input from the regions - central level statistics Unit should involve RHMT's in consultations about the HIS; system should be uniform among regions.
04. Protocols should be developed for standard case definitions.
05. regional clinic level personnel should be taught to collect data effectively and use/interpret it.
06. Examine question of medical records - duplicate for clinic nurse use.
07. Pool data from PHU's & Clinics and Hospitals to create more comprehensive information systems.
08. Information about health education topics, attendance and impact.
- 09 Computerised HIS is expensive. If MOH and Statistics Unit are tending towards computerisation - recurrent budgets should be adjusted accordingly.
10. Non-automated system at clinic level.

TEAM MEMBERS

Thoko Maseko
Mary Kroeger
Kara Hansen
Elizabeth Mndzebele
Nhlanhla Nhlabatsi
Paul Thompson
Yvonne Swart
Robert Shongwe
Trusty Masuku

REGIONAL HEALTH MANAGEMENT TEAMS.

01. That regional analysis of the report be carried out by the survey team with the RHMTs.
 02. Each RHMT to carefully study the national survey report in order to compare with their current programme activities and plans.
 03. RHMTs should indicate to the survey team the type of information requiring urgent attention.
 04. Each RHMT to develop a regional information system and to ensure that the necessary transport is provided for data collection and verification using clinic supervisors.
 05. A member of the Planning Unit 1 attend RHMT meetings.
- Based on the two days presentation the national Family Health Survey report, the group felt that a good and useful document.
 - even though the survey was looking at national level there are many good areas it covered that are of importance to the RHMTs at regional level who are involved in the planning, implementation, monitoring and evaluation of the plans.
 - Based on how the survey was carried out it is now possible to carry out analysis for each region and we feel this could be an additional source of getting specific information for each region so that we can assess current plans.

TEAM MEMBERS.

Mr A. Foose
Dr R. Mwaikambo
Ms N. Ntiwane
Ms A. Dlamini (Matron 1)
Ms N. Mohammed
Mr E. Mdluli

NEEDS FOR FURTHER ANALYSIS

01. IMR figures obtained from survey need to be analysed as is and not to be discarded. The authors can write a note on problems encountered.
02. Maternal Health:
 - Relationships between ANC attendance and hospital/clinic delivery.
 - FP usage prior to pregnancy.
 - Mistimed pregnancy with type of family planning method.
 - Analysis of prenatal and postnatal visits.
03. Consider data analysis for individual survey areas at regional level particularly where gross health problems are identified.
04. Estimate of prevalence of teenage pregnancy from data on age at first pregnancy.
05. Analysis on STDs by age and sex.
06. Presentation of information relating the level of education with a variety of risk factors or health problems be presented on one table
07. Family planning knowledge is 83% and current usage is 16%. Further analysis on why usage is low. Analysis of male attitudes toward family planning . Relate knowledge of FP methods with usage.

TEAM MEMBERS.

Mrs Kraushaar
 Ms. Alexis Masuku
 Ms. Sophie Makhubu
 Ms. Nomcebo Manzini
 Ms. Lonisa Dlamini
 Ms. Gladys Matsebula
 Dr. Tim Johnson
 Mr. Duma Mamba
 Ms. Nonhlanhla Sukati (leader)

IMPLICATION FOR OTHER MINISTRIES.MINISTRY OF EDUCATION.

01. Need for policy from MOE on Health Education. FLAS has incorporated the programme in all institution but not implemented.
02. Motivate and educate parents and teachers association to disseminate information since they are influential on health education and also strengthening of curriculum on health education.
03. Priority from MOH on health education.

11. MINISTRY OF AGRICULTURE.

Use Extension Officers (home economics) to coordinate information since they go beyond reach of health educators e.g. meetings with rural people that is on Diarrhoea, Breast feeding and coordination of MOE with MO Agriculture. e.g.2. introduce health education during farmers short courses.

111P.Ms' Office

01. Monitoring and evaluation on implemented programmes (economic planning and statistics)
02. High political involvements (commitment) by Prime Minister e.g. Parliamentary Sessions.
03. Introduce health education for soldiers.

1V. MINISTRY OF JUSTICE.

Health education for prisoners and wardens officers.

V. MINISTRY OF LABOUR AND PUBLIC SERVICES.

Manpower training, emphasize Health Education.

VI. MINISTRY OF NATURAL RESOURCES.

availability of sanitated water that is Resettlement

VII MINISTRY OF INTERIOR.

Especially with Tinkhundla _____ strengthen the motivation of chiefs > coordination of MOE with MOI at all levels eg NGO, YOUTH, SOCIAL WELFARE , REFUGEE SECTION.

TEAM MEMBERS.

ALFRED MNDZEBELE
 JULIET APANE
 PRECIOUS DLAMINI
 HILDA MDLULI
 NOMSA HLOPHE
 ETHEL NHLEKO
 AFRICA MAGONGO
 DOMINIC MAYIGA

ROLE OF PUBLIC HEALTH UNIT.

SEPI - Maintain coverage rates and focus on regions with lower coverage especially Hhohho.

- Mobilisation of training institutions for EPI.
- New EPI schedule -training of staff
- Supervision - strengthening for example cold chain poor and therefore
- failure of antigen activity
- Transport

CDD Update information/education/communication for health cadre from RHM up.

- Encourage home based remedies for mild diarrhoea eg SSS since ORS is not universally available.
- Mass Media campaign.
- Sustainability - continuity in providing ORS packets is independent on UNICEF.
- Exclusive breast feeding and weaning foods.
- Research on locally available fluids
- ORT corners - Maintenance
- Seminars for influentials
- Doctors - Anti-diarrhoea and Antibiotics.

ARI - ? No program manager

- ? Incorporate CDD manager into the ARI program
- ARI, Manual in place
- Training of Health staff and communities on MX of ARI

GROWTH MONITORING & NUTRITION PROGRAMME

- Nutritionist to coordinate activities.
- RHM strengthening on weighing scales to charting. (Demonstration for Mothers in PHUs)
- Supplies -stationery and cards should be inventoried preferably at the storeroom.
- Numerous cards - urgent solution from centre.

COMMUNICABLE DISEASE CONTROL (TB,LEP,MAL,BILHA, AIDS)

- Staffing and training
- Water and Sanitation
- Spraying in suspected areas
- Study on incidence, prevalence, defaulters etc
- In TB and LEPROSY the age 6 - 14 and the elderly, plan for these groups.
- Mentally Disabled - community need a psychiatric course.

HEALTH EDUCATION

- Inadequate Media, IEC on all programmes.
- Equitable distribution over radio -Priorities.
- Decentralisation in health education - Regional.

MCH/FP - Update information in manual due to high turn over of clinic staff -include ANC, Training in FP for the nurses'preservice and inservice training -Tutors themselves need FP training. TBAs (50% deliveries) urgent need for training. Traditional contraception -what is used?. CBD -FLAS - should be encouraged(of course pending evaluation by MOH).

Extend hours of service for FP services for example Open on Saturday
Staffing Again. Rural Maternities Revival.

AIDS TASK FORCE

- Workshops to disseminate results of this survey
- Cohesion a must in all these programme.
- Empowerment of the people
- Commitment to provision of these services by government
- Bacon and Egg Breakfast

CONTRIBUTIONS BY:

Thandi Mndzebele
Prisca Khumalo
Anita Henwood
Lindiwe Mokgokong
Mary Magwaza
Lahla Ngubeni Dr.

RESEARCH

BASIC RESEARCH -CURRENT PROGRAMS

01. Infant child & Maternal Mortality Rates

NEW INITIATIVES

02. Leading causes of morbidity/mortality in adults, adolescents.

OTHER AREAS

03. The IHS graduates trained to do the jobs they are asked to do?

04. Are the jobs of programmes to address priority area that is needs of the programmes.

05. Vital events registration.

06. Assess role and capacity of GOS/MOH to carry out research.

07. Staffing of MOH - Allocation of staff to priority program
- Retention/attraction of staff

FURTHER RESEARCH

01. Mental health

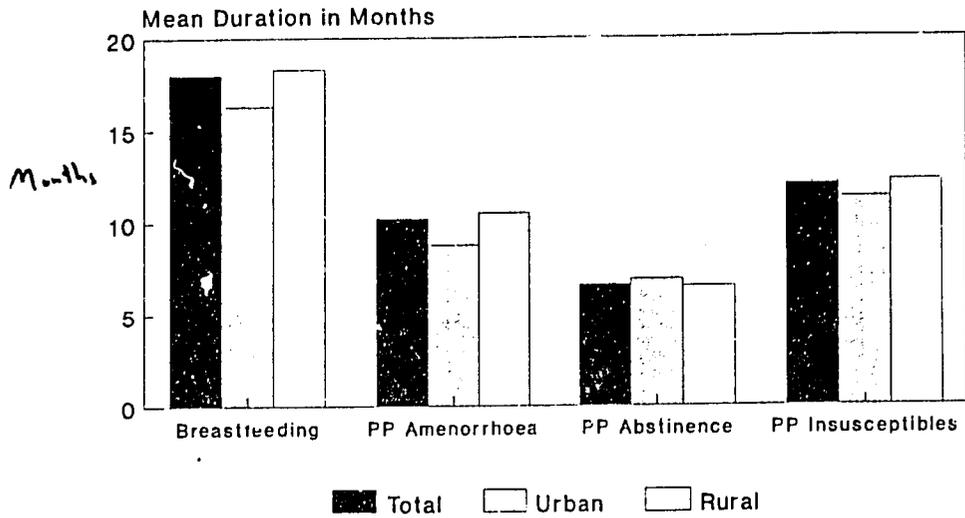
02. Why females have higher incidence of hypertension than males.

03. Utilisation of health services - distinction between Traditional healers and faith healers.

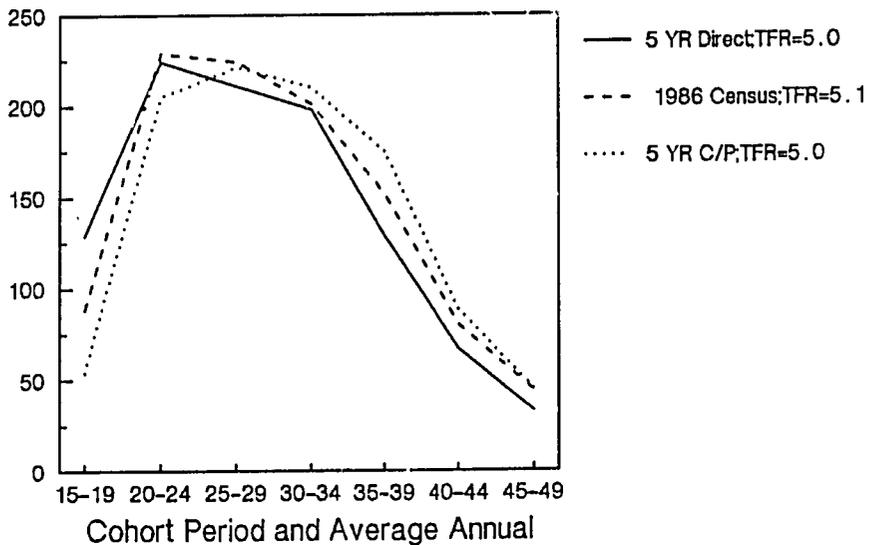
04. Abortions

05. Further study on perception of health providers about the health of the population

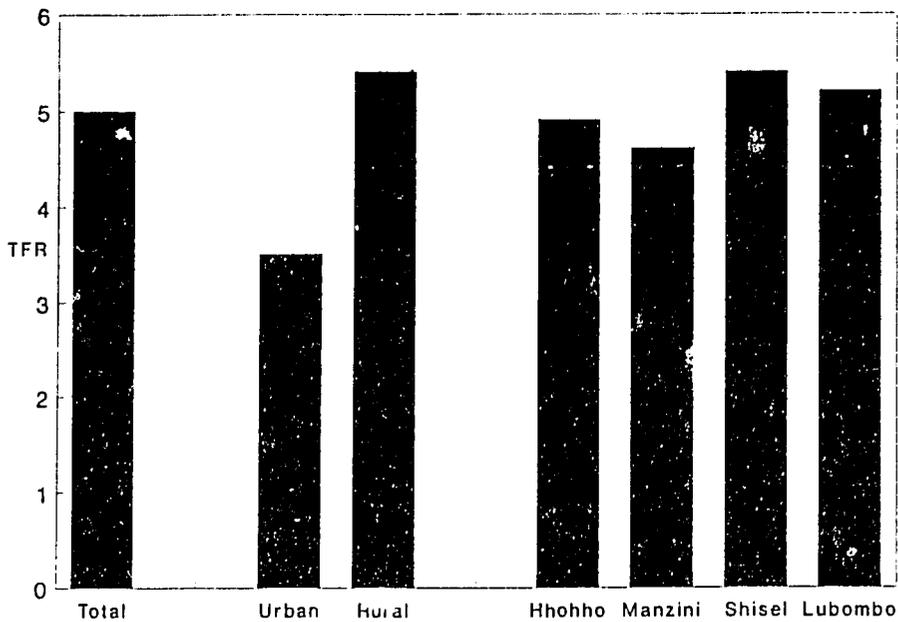
Duration of Breastfeeding, Post-Partum Amenorrhoea, Abstinence, and Insusceptibility by Residence



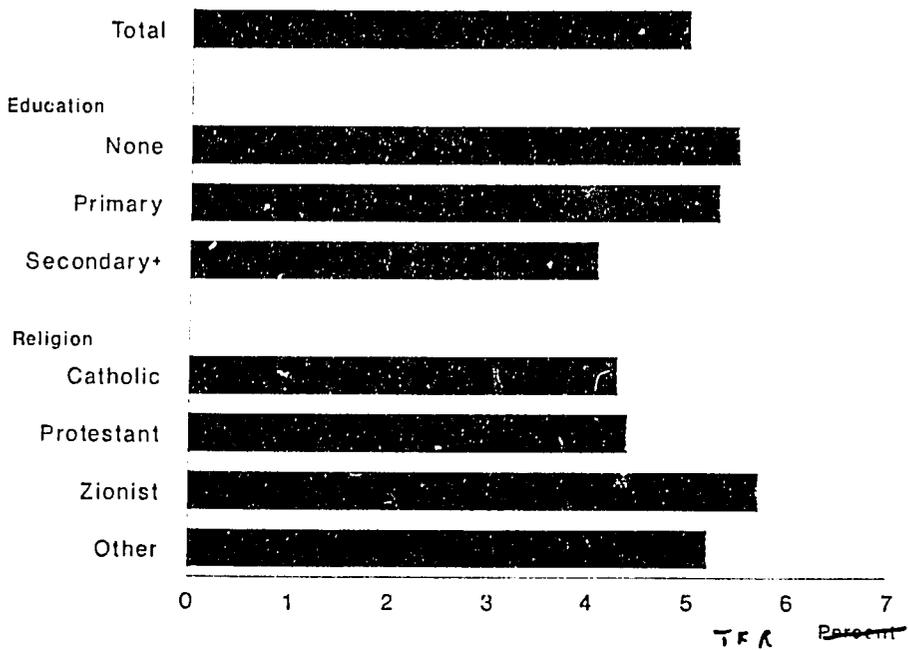
SWAZILAND Age-Specific Fertility Rates 1986 Census, 1989 FHS



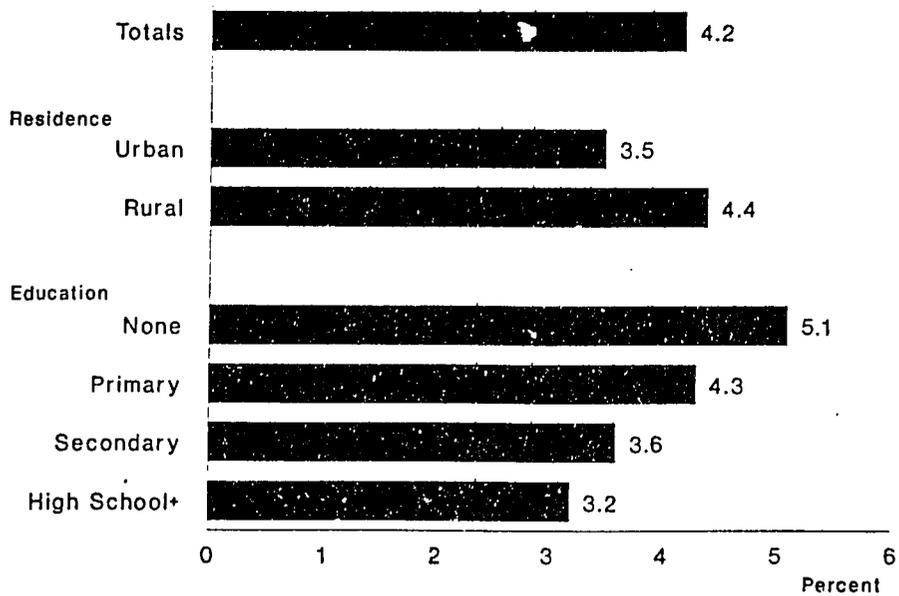
TFR Levels by Residence and Region



TFR Levels by Education and Religion



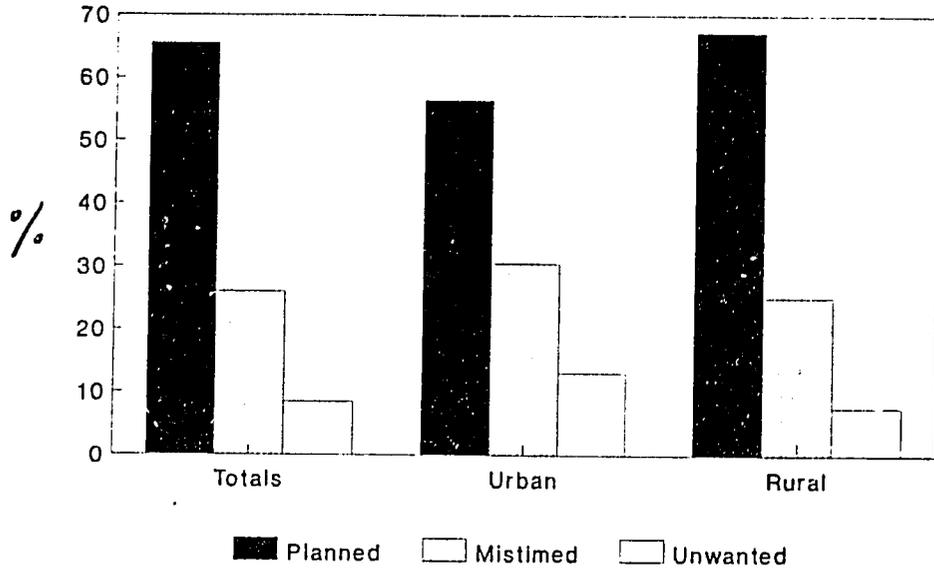
Desired Family Size by Females By Residence and Education



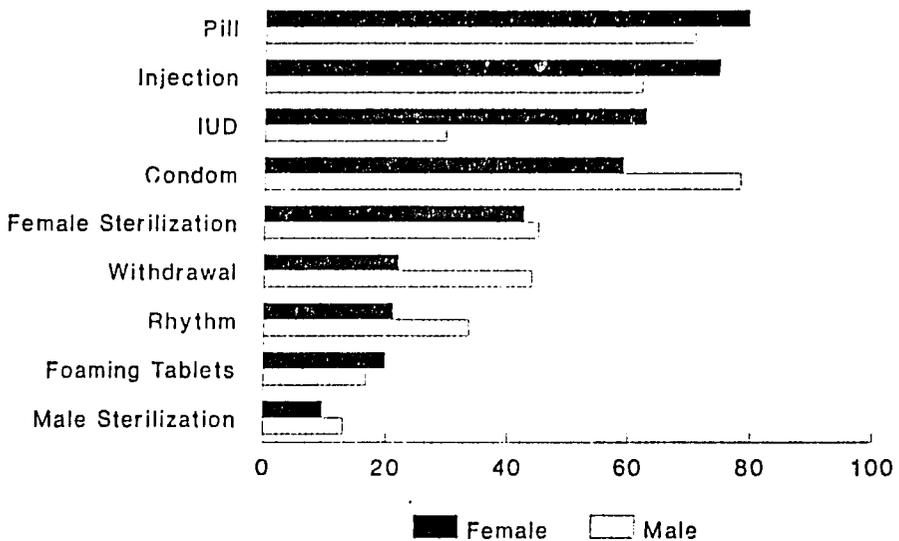
Desired Birth Interval in Months for Females Aged 15-49 by Selected Characteristics



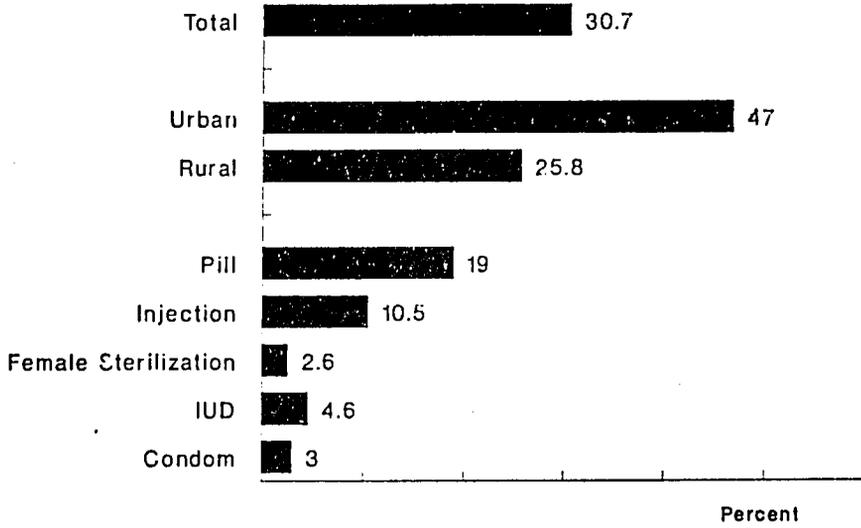
Planning Status by Place of Residence For All Live Births in Prior 5 Years



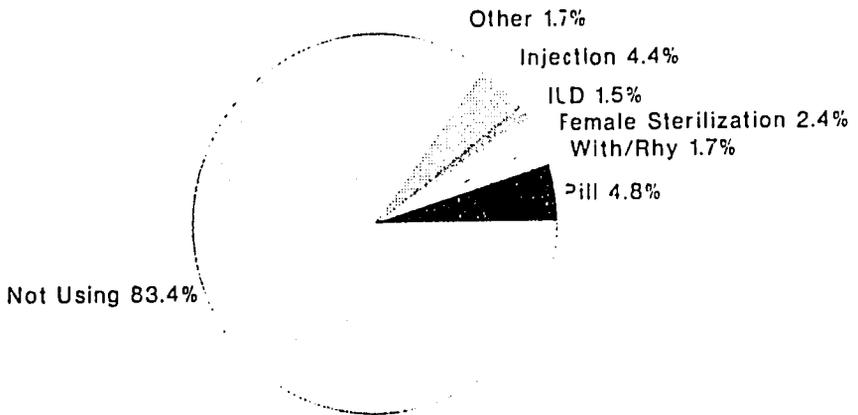
Female vs Male Knowledge of Contraceptive Methods



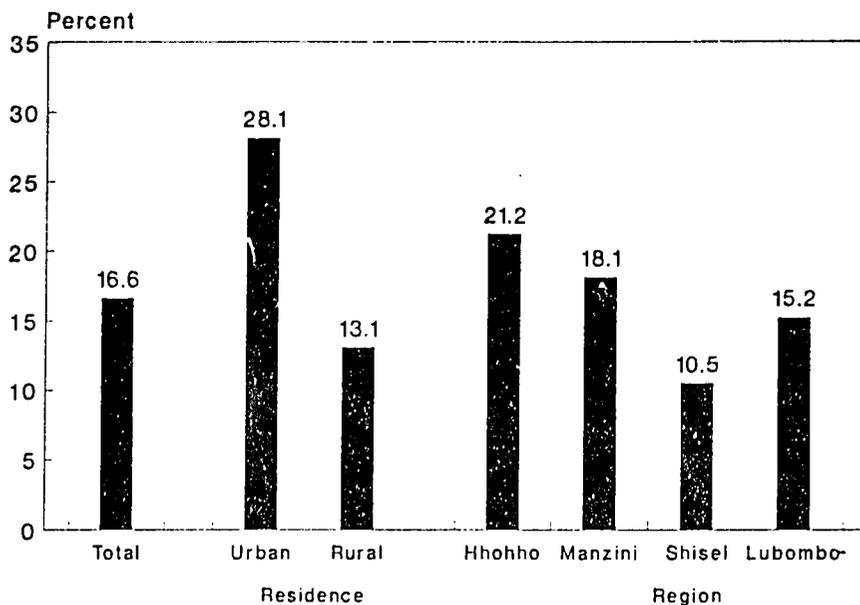
Ever Use of Any Contraceptive Method By Women Aged 15-49 by Selected Characteristics



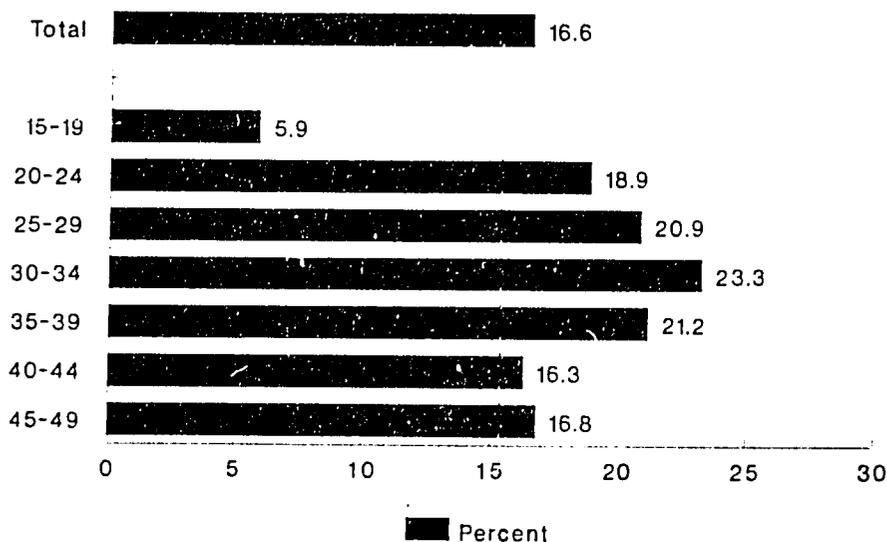
SWAZILAND Current Contraceptive Use by Method All Females Age 15-49 Years



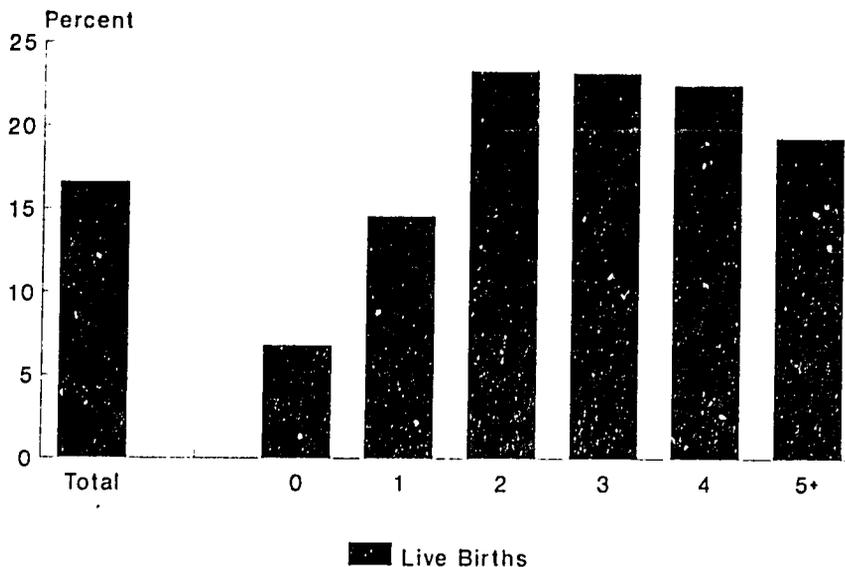
Current Contraceptive Use
By Residence and Region
All Females 15-49 Years of Age



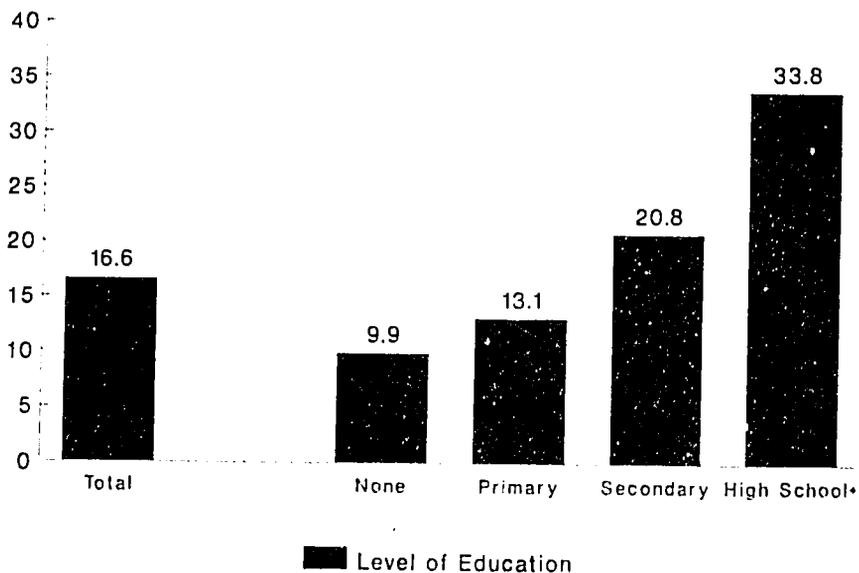
Current Use of Any Contraceptive
By Age Group In Years



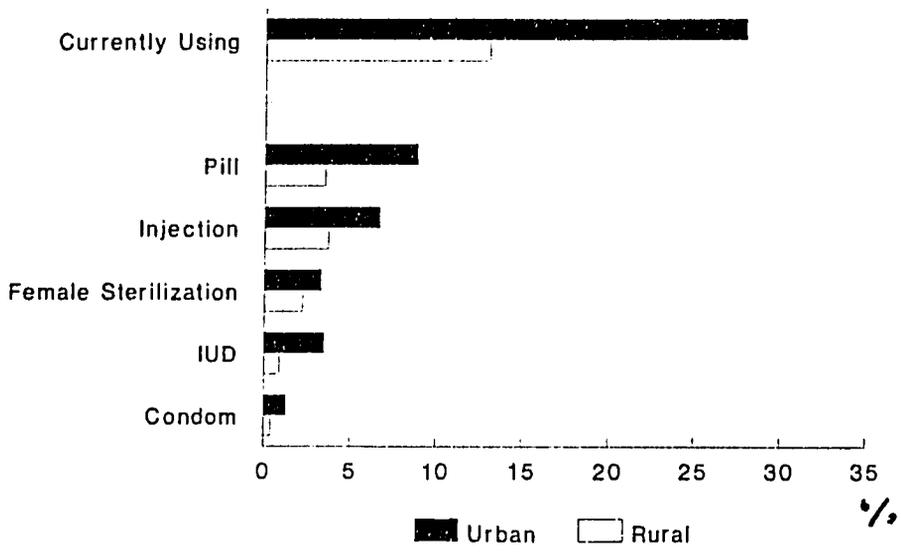
Current Contraceptive Use by Number of Live Births for Females Aged 15-49



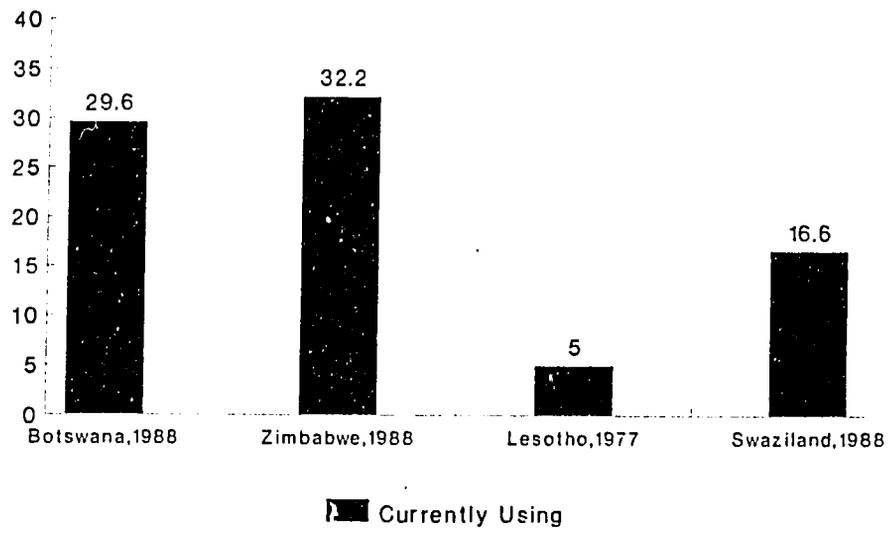
Current Contraceptive Use by Education Females Aged 15-49



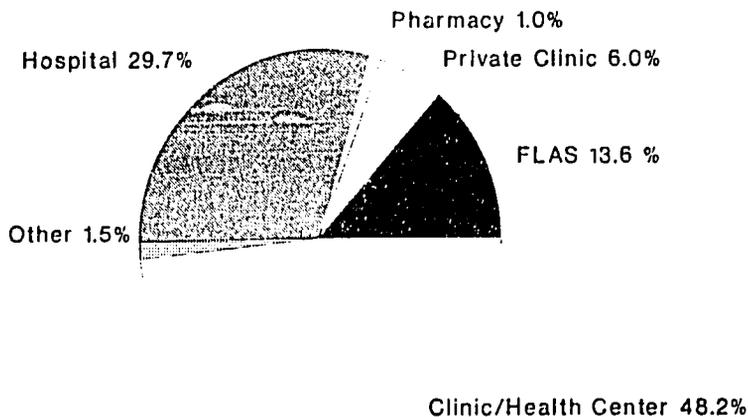
Females Aged 15-49 Currently Using Selected Contraceptives By Residence



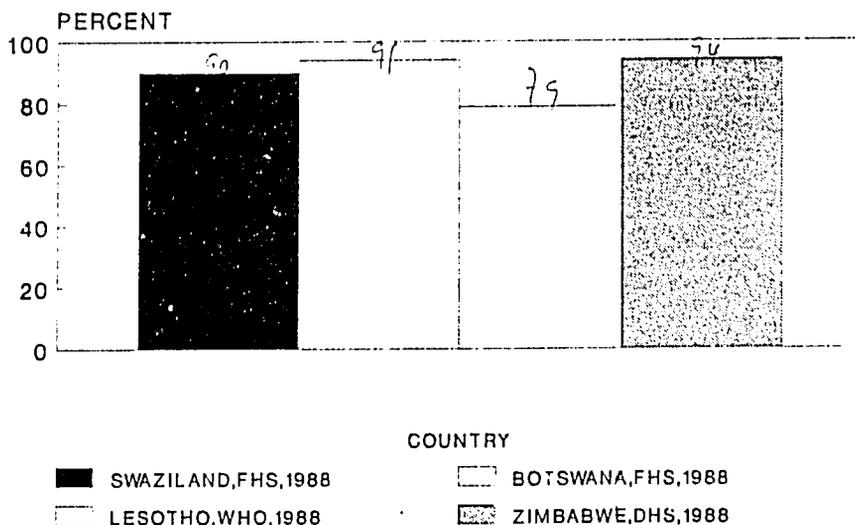
Percentage of Women Currently Using Contraception in Botswana, Zimbabwe, Lesotho, and Swaziland



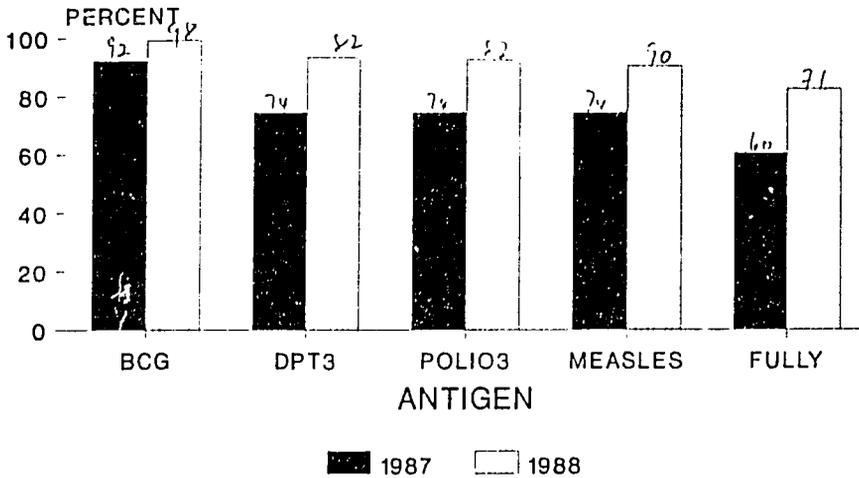
Swaziland Source of Family Planning Supply Current Users



MEASLES IMMUNIZATION COVERAGE IN EAST AND SOUTHERN AFRICA REGION, 1988

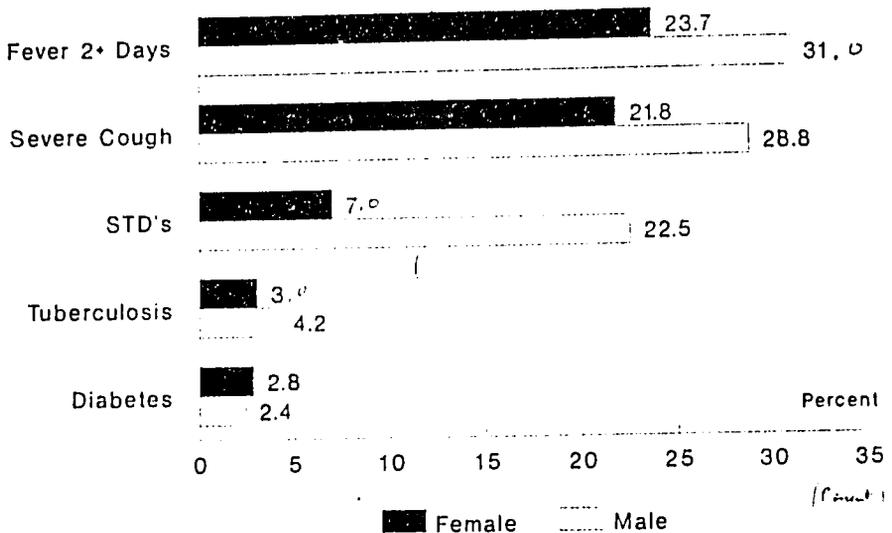


IMMUNIZATION COVERAGE SURVEYS CHILDREN 12-23 MONTHS OF AGE SWAZILAND

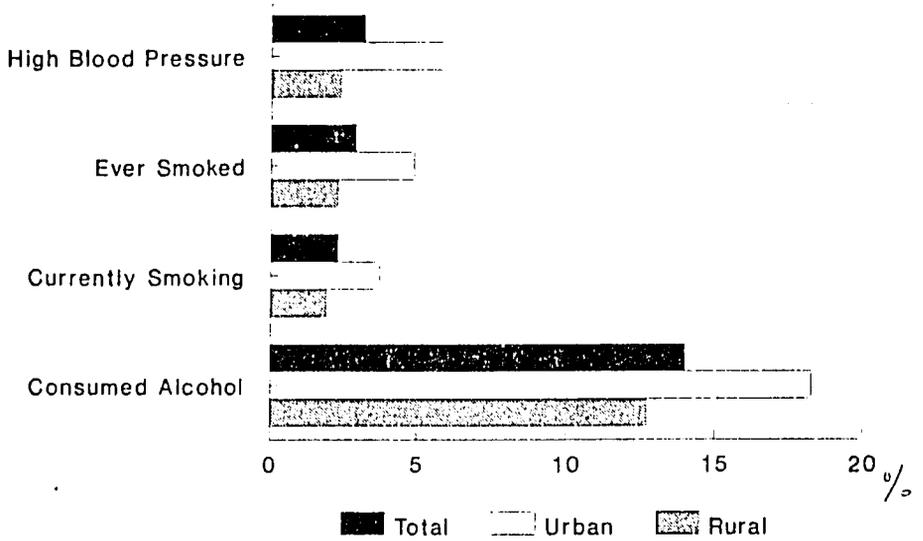


W.H.O. 30-Cluster Survey, 1987
Swaziland Family Health Survey, 1988
(Both Surveys Used Card Verification)

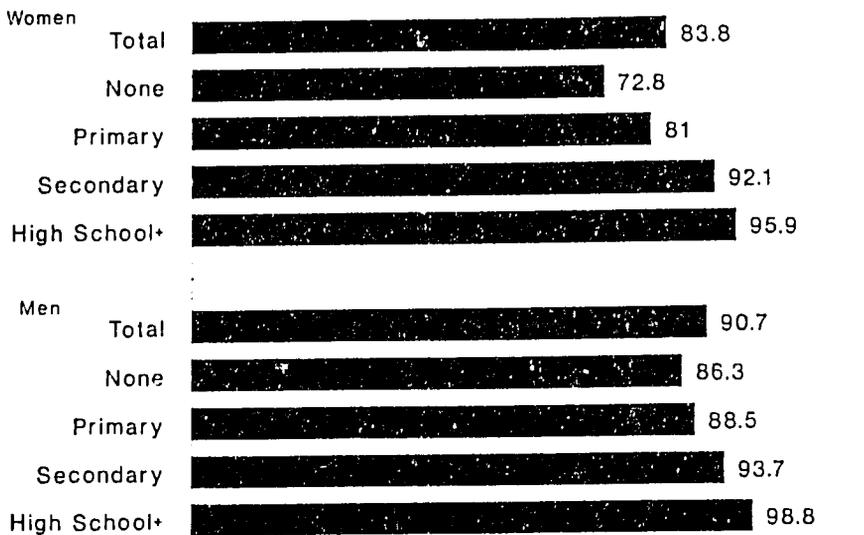
Females vs Males With Selected Health Conditions



Percentage of Women With Selected Behavioral Risks by Residence



Percentage of Women and Men Who Ever Heard of AIDS by Education Level



ANALYSIS OF ADULT HEALTH IN SWAZILAND DRAWN FROM THE FAMILY HEALTH SURVEY
REPORT 1988 BY E.M. HILOPIE.

This paper addresses key findings on selected health conditions, including infectious diseases of the adult female and male populations.

All male and female respondents were asked a series of questions concerning their experience regarding a select number of adverse health conditions. The results are shown in table 13 of the Family Health Survey preliminary Report, other tables are found in the draft final Report not yet circulated.

(1) HIGH BLOOD PRESSURE

OVERALL, 16.6% of women had had their blood pressure taken within the past year. The urban proportion was higher than rural (24.1 versus 14.3 percent) 9.2% of urban as opposed to 4.4% rural women report having been told by a health worker that they had high blood pressure, with 2.9% of urban and 2.1% of rural women having medicine prescribed for this condition. Most followed health workers prescription 55% compared against 33% who used the medicine but did not use instructions as prescribed.

(2) DIABETES

Less than 3% women reported having diabetes while 17% responded that they were not sure or did not know whether they had diabetes. The percentages for males were very similar.

(3) SMOKING

Smoking is much less prevalent among women than men in Swaziland. Among women, under 3% had ever smoked. This included 5% urban and 2% of rural women. Almost four fifths of "ever smoked" women were reported current smokers. However, half of these women report smoking five or fewer cigarettes per day. In contrast, about 25% of male respondents had ever smoked, of whom 91% remained as current smokers. About 50% of these men smoked less than ten cigarettes per day.

(4) ALCOHOL CONSUMPTION

Females were much less likely than males to have ever or recently consumed alcohol, and drinking was not as heavy. (Table VII-2). Fourteen percent of women had ever consumed alcohol. Consumption was higher in urban than in rural areas (18 versus 12 %). Among current and past drinkers, 30% self reported "usually" drinking excessively. Only 1.4% of ever drinkers (and less than 0.2% of all women) reported having driven under the influence of alcohol in the past month, 7.2% of these women reported having been driven by someone else who had consumed too much alcohol in the past month. This proportion was higher in the urban than rural responses (12.4% versus 5.2 %) Among in comparison, the reported proportion of ever drinkers was 33% of whom 81% had had a drink in the last week. Among all current drinkers, about 28% reported being heavy drinkers. Among current drinkers, almost 4% reported that they had driven while possible under the influence of alcohol, and 7% reported driving with someone else in this condition.

(5) "SPECIFIC DISEASES" SELECTED DISEASES FEVER, COUGH, TB, AND STDs

Reported incidence of sexually transmitted diseases (STDs) was much lower among females than males overall, 7% of females, compared with 26% (22.5% unweighted) of males, reported past experience with having STDs. Among both males and females gonorrhoea (drop) was the most frequently cited STD accounting for 2/3 of all females and 5/6 of all males cases, second was syphilis (cornflower) accounting for 14% of females and 6% of male STDs. Among both males and females STDs were reported by only 3% of 15-19 years old respondents followed by a rapid rise with increasing age particularly among males, among whom 38% of 25 - 29 year olds reported past STD. episodes.

(6) FEVER

Above 24% of women compared with 31% of men, had experienced a fever of two or more days duration in the past month. Similarly, men reported a higher incidence of severe cough in the past month than women (29 versus 22%) for both sexes and both sets of symptoms, the reported incidence was higher among rural than urban residents.

(7) TREATMENT OF T.B.

The treatment of tuberculosis was reported higher among males than females (4.2 versus 2.9%) with part of this difference accounted for by the inclusion in the sample of males aged 50 - 59

years. Among females, there was no clear relationship between age and treatment of T.B., whereas for males increasing age (and therefore exposure) was strongly associated with increase in Treatment, so that men age over 40 years were more than twice likely as men under 30 years to have undergone such treatment (Table VII-7).

(7) KNOWLEDGE OF AIDS

Knowledge about AIDS was high among all groups of respondents. Table VII-8 shows that 84% of women and 91% of men knew of AIDS, with urban levels of knowledge somewhat higher than rural. Knowledge of AIDS was quite strongly related to educational levels, reaching 96% and 99% respectively among women and men having a high school education or higher.

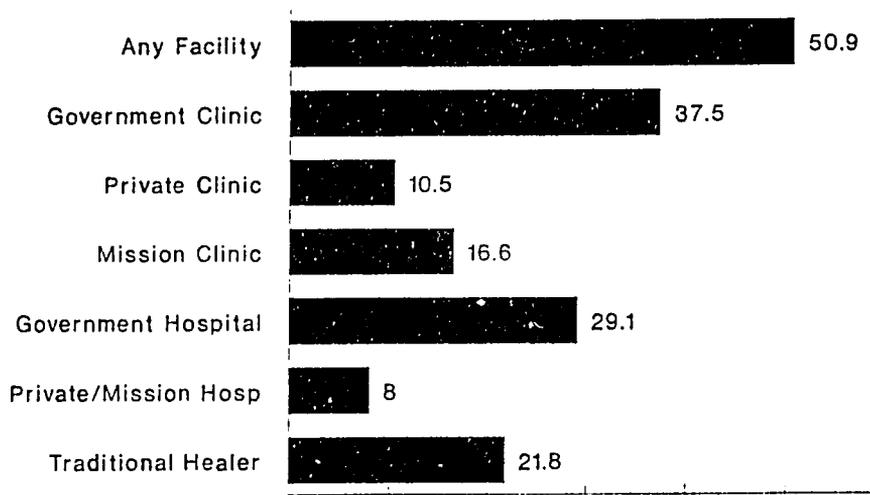
More important than mere knowledge or awareness of AIDS is knowledge on transmission of the disease, and behavioral changes to minimize risk of transmission. Table VII-9 gives the distribution of responses to questions on various ways some people believe AIDS may be transmitted. These responses, asked only of people who knew of AIDS, show that considerable misinformation on modes of transmission exists. For example, 28% of females and 23% of males incorrectly believe that handshaking or hugging can transmit the disease, and 55% of females and 72% of males believe that insect bites

can transmit it. On the more positive side, 87% of males are aware that male homosexual intercourse can spread the disease, and 94% of females and 96% of males recognize that heterosexual intercourse with an infected partner can transmit it.

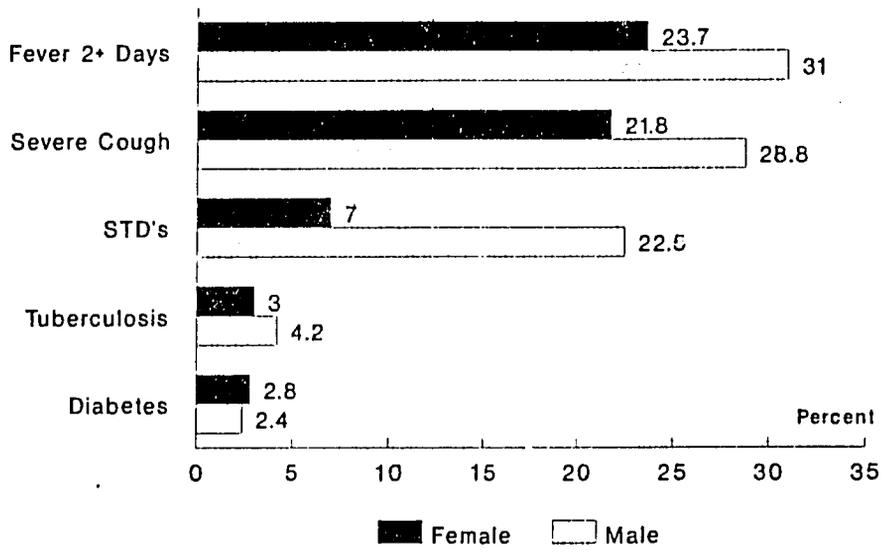
Percentage of Women vs Men with Selected Behavioral Risks



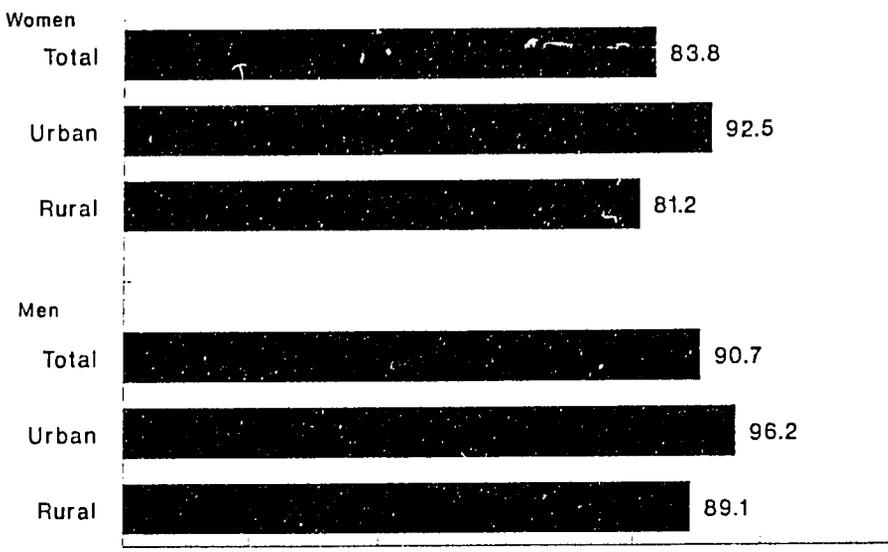
Percentage of Women Visiting Type of Health Facility at least Once In Past Year



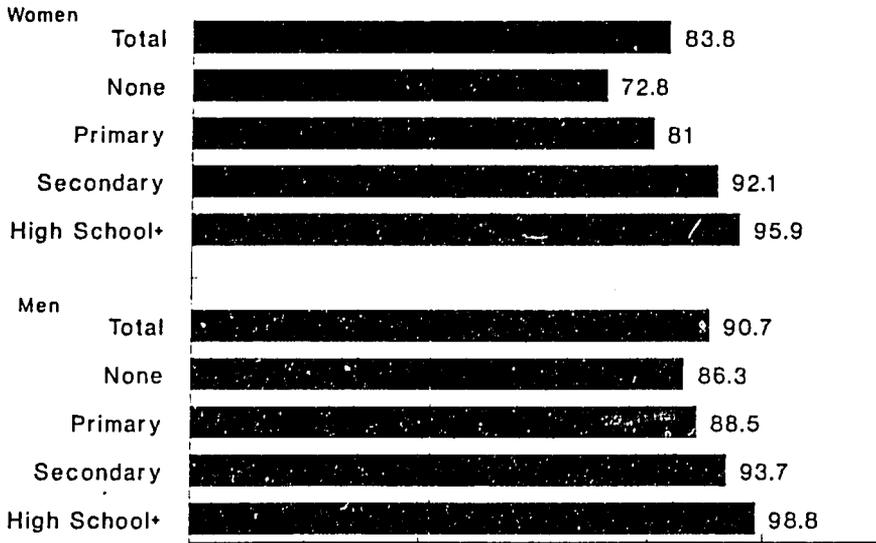
Females vs Males With Selected Health Conditions



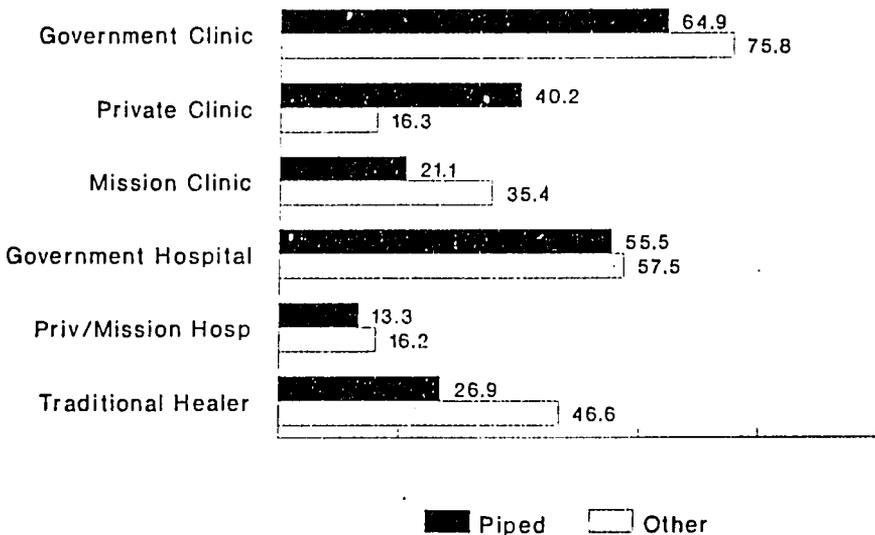
Percentage of Women and Men Who Ever Heard of AIDS by Residence



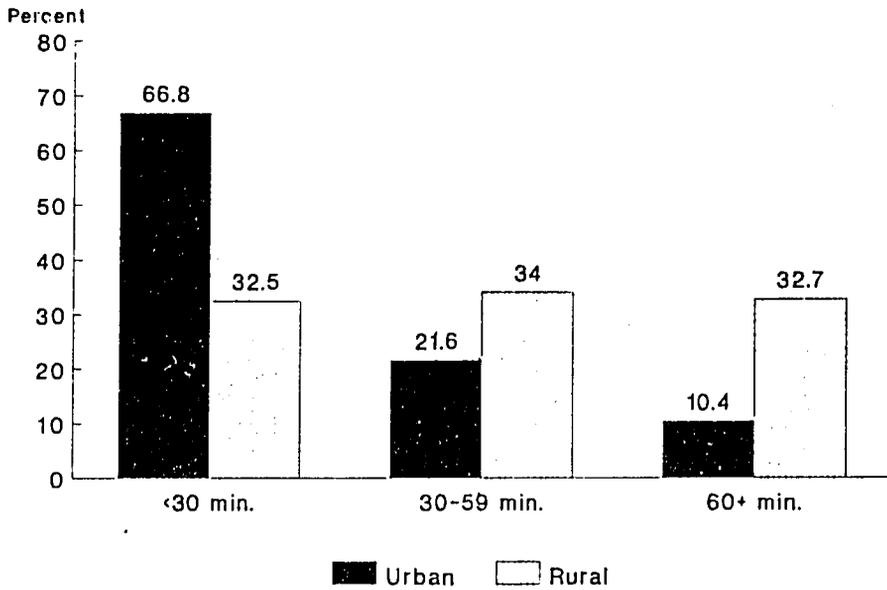
Percentage of Women and Men Who Ever Heard of AIDS by Education Level



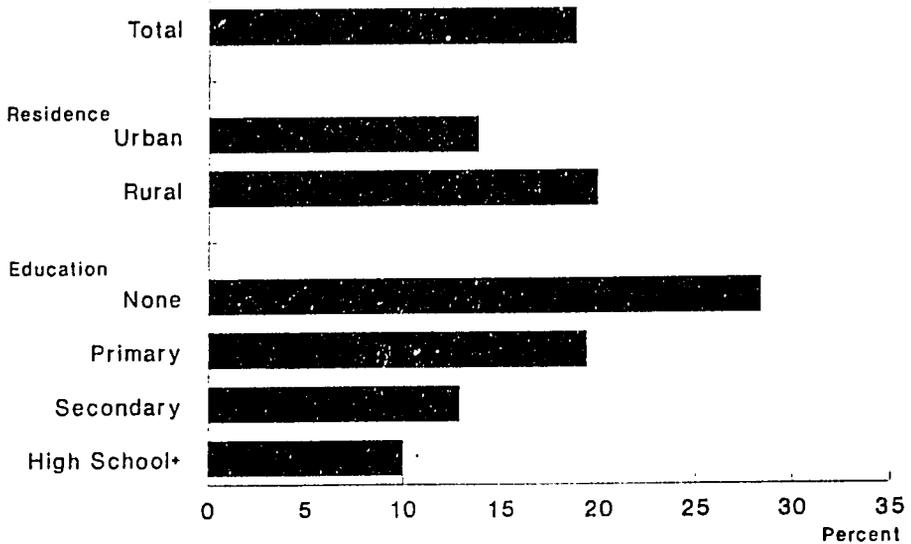
Percentage Attending Different Types of Health Facilities By Source of Water



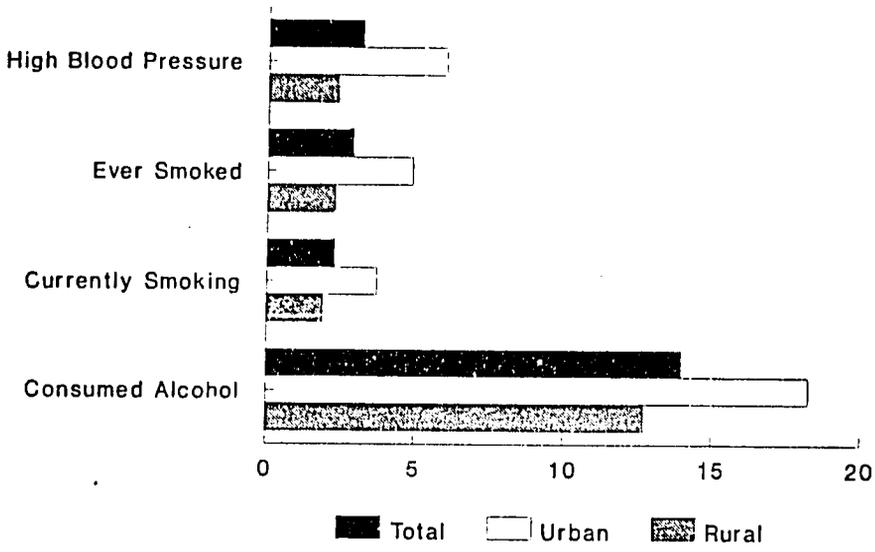
Time Required to Reach Government Clinic By Residence



Female Respondents With Children Under Five Years Who Ever Used a Traditional Healer by Residence and Education



Percentage of Women With Selected Behavioral Risks by Residence



Percentage of Women and Men Who Ever Heard of AIDS by Residence

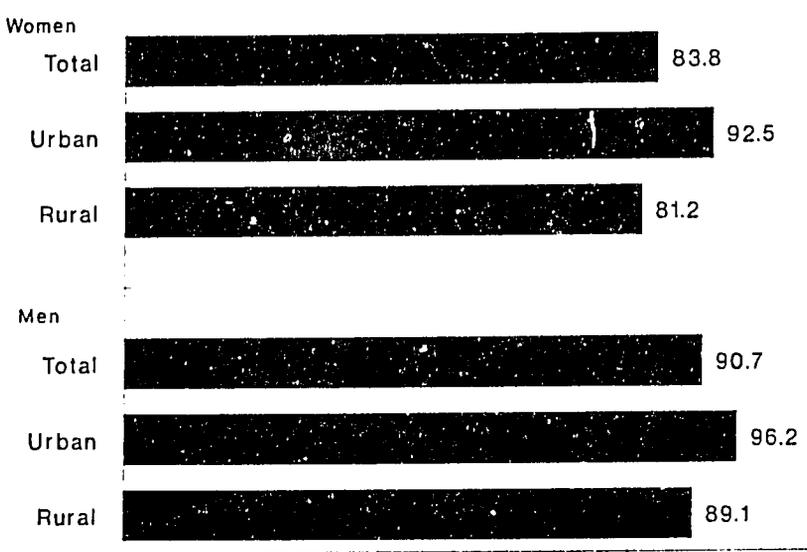


TABLE II-1

Interview Results
1988 Swaziland Family Health Survey

1. Homestead Assignment (4350)

	<u>Percent</u>
-Address not a homestead	0.9
-Homesteads found	<u>99.1</u>
	100.0

2. Homesteads (4312)

	<u>Percent</u>
A. No Interview	<u>6.9</u>
-Not at home	1.5
-Vacant	5.4
B. Interviews	<u>93.1</u>
-Completed	91.9
-Refused	<u>1.2</u>
	100.0

3. Eligible Females (4341)

	<u>Percent</u>
A. No Interview	<u>1.8</u>
-Not at home	0.9
-Refusal	0.6
-Other	0.3
B. Interview	<u>98.2</u>
	100.0

4. Eligible Males (2393)

	<u>Percent</u>
A. No Interview	<u>5.1</u>
-Not at Home	3.1
-Refusal	1.2
-Other	0.8
B. Interview	<u>94.9</u>
	100.0

TABLE III-1

General Population Characteristics by Sex
1988 Swaziland Family Health Survey
(Percent Distribution)

<u>Characteristic</u>	<u>Female</u>	<u>Male</u>
<u>Residence</u>		
Urban	23.0	21.9
Rural	<u>77.0</u>	<u>78.1</u>
	100.0	100.0
<u>Religion</u>		
Protestant	42.1	37.8
Zionist	40.3	38.6
Catholic	9.6	9.3
Other	<u>8.0</u>	<u>14.3</u>
	100.0	100.0
<u>Main Source of Drinking Water</u>		
River, Spring	48.8	52.9
Piped	20.7	18.3
Public Tap	19.5	19.7
Well	8.6	7.6
Other	<u>2.4</u>	<u>1.5</u>
	100.0	100.0
<u>Toilet Facility in Homestead</u>		
Pit Latrine	44.8	49.1
Bush	42.0	37.4
Flush	<u>13.2</u>	<u>13.5</u>
	100.0	100.0
No. of Cases	(4261)	(2273)

TABLE III-3

Regional Population Comparisons by Sex,
1988 Swaziland Family Health Survey and 1986 Swaziland Census
(Percent Distribution)

Region	Female (15-49)		Male (15-59)	
	FHS	Census	FHS	Census
Hhohho	29.2	26.8	28.5	26.0
Manzini	26.0	28.9	25.5	29.2
Shiselweni	24.1	22.1	25.3	18.8
Lubombo	<u>20.7</u>	<u>22.2</u>	<u>20.7</u>	<u>26.0</u>
TOTAL	100.0	100.0	100.0	100.0
	(4261)		(2273)	

TABLE III-6

Highest Educational Level Attained by Sex and Religious Group
1988 Swaziland Family Health Survey
(Percent Distribution)

Female

<u>Education</u>	<u>Total</u>	<u>Catholic</u>	<u>Protestant</u>	<u>Zionist</u>	<u>Other</u>
None	21.6	11.2	13.0	27.7	49.1
Primary	40.5	36.7	36.4	47.3	32.4
Secondary	28.1	35.0	36.2	21.0	12.4
High School+	<u>9.8</u>	<u>17.1</u>	<u>14.3</u>	<u>4.0</u>	<u>6.2</u>
	100.0	100.0	100.0	100.0	100.0
No. of Cases	(4261)	(409)	(1794)	(1718)	(340)

Males

<u>Education</u>	<u>Total</u>	<u>Catholic</u>	<u>Protestant</u>	<u>Zionist</u>	<u>Other</u>
None	23.0	8.8	13.9	27.3	44.6
Primary	37.7	30.8	33.5	45.2	33.0
Secondary	27.3	40.5	33.6	22.9	14.3
High School+	<u>12.0</u>	<u>19.9</u>	<u>19.0</u>	<u>4.6</u>	<u>8.2</u>
	100.0	100.0	100.0	100.0	100.0
No. of Cases	(2273)	(235)	(845)	(812)	(381)

TABLE III-8

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Marital Status Distribution for Females Aged 15-49
by Selected Characteristics
1988 Swaziland Family Health Survey
(Percent Distribution)

Selected Characteristics	Married		Sep, Wid, Divorced	Never Married		Total	No. of Cases
	Swazi Custom	Civil Rite		With Child	No Children		
Total	34.5	6.8	1.8	33.2	23.7	100.0	4261
<u>Residence</u>							
Urban	20.2	10.9	1.7	39.2	28.0	100.0	982
Rural	38.8	5.6	1.8	31.4	22.4	100.0	3279
<u>Region</u>							
Ukhohho	36.8	7.2	1.8	32.2	22.1	100.0	1245
Manzini	31.3	6.3	1.8	33.5	27.1	100.0	1108
Musiselweni	32.5	7.8	2.3	33.7	23.7	100.0	1027
Umbombo	37.6	5.7	1.2	33.8	21.7	100.0	881
<u>Education</u>							
None	50.4	3.2	4.4	31.2	10.6	100.0	922
Primary	38.7	5.2	1.4	34.1	20.7	100.0	1726
Secondary	23.2	8.4	0.7	33.4	34.4	100.0	1196
High School+	14.4	16.6	1.0	33.8	34.3	100.0	417
<u>Religion</u>							
Catholic	28.1	7.8	2.2	35.9	25.9	100.0	409
Protestant	29.8	9.2	1.5	32.7	26.8	100.0	1794
Muslim	39.0	4.1	2.0	33.8	21.1	100.0	1718
Other	44.4	6.2	1.8	30.3	17.4	100.0	340

TABLE IV-1

Percentage That Ever Had Sexual Intercourse
and Average Age at First Sex
by Sex, Age, and Residence
1988 Swaziland Family Health Survey

Age	Female			Male		
	Total	Urban	Rural	Total	Urban	Rural
15-19	51.5	55.2	50.3	35.1	37.8	34.7
20-24	96.5	95.5	96.8	87.4	79.2	89.3
25-29	99.6	99.5	99.6	98.1	99.5	97.5
30-34	99.6	98.4	100.0	99.6	99.5	99.6
35-39	100.0	100.0	100.0	98.8	98.2	99.1
40-44	99.7	100.0	99.7	99.8	99.4	100.0
45-49	100.0	100.0	100.0	99.4	100.0	99.2
50-54	-	-	-	99.4	100.0	99.2
55-59	-	-	-	99.4	98.0	99.6
Average Age First Sex*	17.3	17.5	17.2	19.0	19.0	19.0

*Calculated using standard life table techniques

TABLE IV-4

Percentage of All Live Births in the 5 Years Prior to the Survey
Who Were Ever Breastfed, by Selected Characteristics
1988 Swaziland Family Health Survey

<u>Selected Characteristic</u>	<u>Ever Breastfed</u>	<u>No. of Cases</u>
Total	94.8	3207
<u>Age</u>		
15-19	94.6	276
20-24	94.7	973
25-29	95.1	814
30-34	95.6	545
35-39	94.1	387
40-44	92.4	158
45-49	100.0	54
<u>Residence</u>		
Urban	93.1	537
Rural	95.2	2670
<u>Region</u>		
Hhohho	93.0	912
Manzini	95.1	760
Shiselweni	95.6	831
Lubombo	96.0	704
<u>Education</u>		
None	96.0	766
Primary	94.5	1407
Secondary	94.7	793
High School+	93.8	241

TABLE IV-6

Mean* Number of Months of Breastfeeding, Postpartum Amenorrhoea,
Postpartum Abstinence and Postpartum Insusceptibility
by Selected Characteristics
1988 Swaziland Family Health Survey

<u>Selected Characteristic</u>	<u>Duration in Months</u>			
	<u>Breastfeeding</u>	<u>Post Partum Amenorrhoea</u>	<u>Post Partum Abstinence</u>	<u>Post Partum Insusceptibility**</u>
Total	18.0	10.2	6.6	12.0
<u>Residence</u>				
Urban	16.3	8.8	6.9	11.3
Rural	18.3	10.5	6.5	12.2
<u>Region</u>				
Hhohho	18.2	9.5	6.9	11.9
Manzini	17.6	9.7	7.4	12.1
Shiselweni	18.0	11.5	5.7	12.6
Lubombo	18.0	10.1	6.2	11.5
<u>Education</u>				
None	19.4	11.0	6.0	12.7
Primary	18.2	10.1	6.3	11.6
Secondary	16.8	9.7	6.9	11.8
High School+	16.4	10.2	8.3	13.3

*Calculated using prevalence/incidence method for births in the 24 months prior to the survey.

**Either amenorrhoeic or abstaining at the time of the survey

TABLE IV-7

Desired Breastfeeding Length (in months) for Females Age 15-49 by Selected Characteristics
1988 Swaziland Family Health Survey
(Percent Distribution)

Desired BF Length (Mths)	Residence			Region				Education			
	Total	Urban	Rural	Hhophho	Manini	Shil	Lubombo	None	Prims.	Secs.	HSs.
<12	1.2	2.0	1.0	1.6	1.0	0.6	1.8	1.0	0.8	1.2	3.6
12-23	29.7	23.6	31.5	20.6	27.4	39.5	33.8	31.2	29.7	29.4	26.9
24-35	64.0	67.3	63.1	71.3	67.3	55.6	59.4	63.3	64.4	64.2	63.3
36+	4.2	5.6	3.8	4.7	3.6	4.2	4.3	3.2	4.2	4.7	5.3
As long as possible	0.8	1.4	0.6	1.7	0.6	0.1	0.7	1.2	0.8	0.5	1.0
Don't know	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(4261)	(982)	(3279)	(1245)	(1108)	(1027)	(951)	(922)	(1726)	(1196)	(417)
Mean	21.6	22.3	21.4	22.6	21.9	20.5	21.2	21.3	21.7	21.8	21.6

TABLE IV-8

Population Comparisons, Mean Number of Children Ever Born, Age-Specific Fertility Rates, and Total Fertility Rate* (TFR) by Age and Residence
1988 Swaziland Family Health Survey and 1986 Swaziland Census

Age	Mean Children Ever Born				Age-Specific Fertility Rates				
	Census	Family Health Survey			Census	Family Health Survey			
		Total	Urban	Rural	Total*	Urban*	Rural*	Total**	
15-19	0.3	0.3	0.2	0.3	0.088	0.054	0.042	0.058	.129
20-24	1.6	1.5	1.3	1.6	0.229	0.205	0.169	0.215	.224
25-29	3.1	2.9	2.5	3.1	0.224	0.221	0.142	0.248	.211
30-34	4.6	4.0	3.2	4.2	0.201	0.210	0.148	0.230	.196
35-39	5.6	5.0	4.4	5.2	0.152	0.175	0.121	0.189	.129
40-44	6.4	5.5	4.5	5.8	0.088	0.075	0.070	0.067	
45-49	6.7	5.4	4.5	5.6	0.044	0.035	0.025	0.033	
TFR	5.1	5.0	3.5	5.4	5.0				

*Family Health Survey TFR calculated using cohort-period technique for 5 years prior to date of interview (Goldman and Hobcraft, 1982)

**Family Health Survey TFR calculated directly for births in each age group by individual years 1984-1988.

TABLE IV-9

Age-Specific and Total Fertility Rates* (TFR) by Region, Education, and Religion
1988 Swaziland Family Health Survey

Age Group	Region				Education			Religion			
	Hhophho	Manini	Shil	Lubombo	None	Primers	Secondaries	Catholic	Protestants	Zionists	Other
15-19	.069	.045	.051	.051	.090	.063	.042	.046	.047	.064	.049
20-24	.202	.183	.218	.222	.197	.234	.183	.205	.187	.226	.181
25-29	.217	.201	.253	.214	.235	.242	.187	.171	.205	.247	.216
30-34	.193	.207	.243	.202	.220	.212	.205	.176	.191	.243	.204
35-39	.182	.172	.167	.175	.196	.179	.133	.159	.140	.212	.192
40-44	.062	.092	.093	.119	.081	.102	.059	.069	.075	.101	.105
45-49	.052	.028	.049	.056	.071	.030	.024	.020	.040	.046	.091
Total Fertility Rate	4.9	4.6	5.4	5.2	5.5	5.3	4.1	4.3	4.4	5.7	5.2

*TFR calculated using cohort-period technique for 5 years prior to date of interview (Goldman and Hobcraft, 1982)

TABLE IV-10

Average Desired Family Size Reported by Females Aged 15-49 and
Males Aged 15-59 by Selected Characteristics
1988 Swaziland Family Health Survey

	<u>Female*</u>	<u>No. of Cases</u>	<u>Male*</u>	<u>No. of Cases</u>
Total	4.2	4193	5.1	1767
<u>Age</u>				
15-19	3.7	971	4.4	444
20-24	3.9	937	4.3	284
25-29	4.1	734	4.6	233
30-34	4.4	516	5.2	216
35-39	4.5	442	5.4	172
40-44	5.1	357	5.9	155
45-49	5.1	236	6.9	117
50-54	-	-	7.1	86
55-59	-	-	7.2	60
<u>Residence</u>				
Urban	3.5	963	4.5	601
Rural	4.4	3230	5.2	1166
<u>Region</u>				
Hhohho	4.0	1213	5.2	527
Manzini	3.8	1093	4.6	475
Shiselweni	4.6	1022	5.3	397
Lubombo	4.5	865	5.0	368
<u>Religion</u>				
Catholic	3.8	404	4.6	196
Protestant	4.0	1766	4.7	693
Zionist	4.4	1691	5.4	613
Other	4.8	332	5.4	265
<u>Education</u>				
None	5.1	906	6.6	350
Primary	4.3	1691	5.2	614
Secondary	3.6	1182	4.5	511
High School+	3.2	414	3.8	292

*Excluded 68 women and 506 men who stated that family size was "up to God".

TABLE IV-11

Percentage Distribution of Who Makes the Decision About the
Number of Children Couples Should Have by Sex and Selected Characteristics
1988 Swaziland Family Health Survey

	Female				Total	No. of Cases	Male				Total	No. of Cases
	Who Makes Decision						Who Makes Decision					
	Husband	Wife	Both	Other			Husband	Wife	Both	Other		
Total	37.1	11.0	43.1	8.8	100.0	4261	53.1	4.3	33.0	9.6	100.0	2273
<u>Age</u>												
15-19	33.4	12.5	43.9	10.2	100.0	1014	62.2	5.6	26.1	6.1	100.0	510
20-24	38.2	9.6	45.4	6.7	100.0	949	49.4	5.5	37.3	7.8	100.0	338
25-29	40.7	11.1	40.8	7.3	100.0	737	50.0	3.3	38.5	8.2	100.0	281
30-34	37.6	8.7	45.5	8.3	100.0	519	49.0	3.1	37.1	10.8	100.0	270
35-39	37.2	13.1	42.0	7.7	100.0	443	54.5	4.1	28.3	13.0	100.0	228
40-44	38.8	9.1	38.5	13.6	100.0	361	52.4	3.1	36.3	8.3	100.0	211
45-49	33.6	14.3	41.2	10.9	100.0	238	51.0	4.4	27.0	17.7	100.0	200
50-54	-	-	-	-	-	-	47.6	1.3	37.1	14.0	100.0	132
55-59	-	-	-	-	-	-	32.3	3.5	49.2	15.0	100.0	103
<u>Residence</u>												
Urban	25.1	12.3	54.9	7.7	100.0	982	47.6	3.6	39.6	9.2	100.0	770
Rural	40.7	10.6	39.6	9.1	100.0	3279	54.6	4.5	31.2	9.6	100.0	1503
<u>Region</u>												
Hhohho	30.6	12.1	46.4	10.8	100.0	1245	50.5	5.0	30.1	14.4	100.0	689
Manzini	33.7	12.4	45.6	8.4	100.0	1108	46.6	4.6	39.7	9.2	100.0	569
Shiselweni	48.1	9.6	33.6	8.7	100.0	1027	66.2	3.7	27.9	2.2	100.0	474
Lubombo	37.9	9.4	46.3	6.4	100.0	881	48.7	3.8	35.2	12.3	100.0	541
<u>Religion</u>												
Catholic	31.3	10.8	47.9	10.0	100.0	409	46.1	5.2	39.9	8.8	100.0	235
Protestant	33.1	11.9	48.2	6.8	100.0	1794	52.5	3.8	37.0	6.7	100.0	845
Zionist	41.8	10.6	37.4	10.1	100.0	1718	54.4	4.7	30.8	10.1	100.0	812
Other	41.8	8.5	38.8	10.8	100.0	340	55.4	4.2	24.4	16.0	100.0	351
<u>Education</u>												
None	47.9	8.4	32.1	11.6	100.0	922	52.9	4.5	26.3	16.4	100.0	546
Primary	39.7	11.6	39.5	9.3	100.0	1726	60.3	4.6	26.5	8.6	100.0	812
Secondary	32.3	12.6	47.7	7.4	100.0	1196	51.3	3.6	38.0	7.1	100.0	595
High School+	16.6	10.1	69.1	4.3	100.0	417	34.7	4.9	55.3	5.1	100.0	320

TABLE IV-12

Desired Birth Interval (in months) for Females Age 15-49 by Selected Characteristics
1988 Swaziland Family Health Survey
(Percent Distribution)

Desired Birth Interval (Mths)	Total	Residence		Region				Education			
		Urban	Rural	Hhohho	Manzini	SheI	Lubombo	None	Prim.	Sec.	HS+
12-23	2.4	2.8	1.2	2.6	2.6	1.7	2.5	3.2	2.1	2.1	2.2
24-35	34.9	27.0	43.3	29.9	27.7	43.6	41.0	39.6	37.2	31.8	24.2
36-47	38.4	37.3	38.7	42.2	36.9	37.2	36.2	39.3	38.9	37.7	36.0
48+	24.2	32.5	21.7	25.1	32.8	17.4	20.1	17.9	21.6	28.2	37.6
Don't know	0.1	0.5	0.0	0.2	0.0	0.1	0.2	0.0	0.2	0.2	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(4261)	(982)	(3279)	(1245)	(1108)	(1027)	(881)	(522)	(1726)	(1196)	(417)
Mean	35.5	38.1	34.7	36.5	37.5	33.6	33.8	33.5	34.8	36.8	39.2

TABLE IV-13

Percentage Distribution of Planning Status of All Live Births
in the 5 Years Prior to the Date of Survey by
Residence, Region, and Education
1988 Swaziland Family Health Survey

Selected Characteristics	Planned	Mistimed	Unwanted	Total	No. of Cases
Total	65.5	26.0	8.5	100.0	3207
<u>Residence</u>					
Urban	56.4	30.5	13.1	100.0	537
Rural	67.3	25.1	7.6	100.0	2670
<u>Region</u>					
Hhohho	56.1	32.7	11.2	100.0	912
Manzini	63.3	26.4	10.3	100.0	760
Shiselweni	75.2	20.6	4.2	100.0	831
Lubombo	68.5	23.3	8.2	100.0	704
<u>Education</u>					
None	67.0	23.2	9.8	100.0	766
Primary	67.9	23.9	8.2	100.0	1407
Secondary	62.2	30.6	7.2	100.0	793
High School+	57.7	32.0	10.4	100.0	241

TABLE V-2

Percentage of All Females Aged 15-49 and All Males Aged 15-59
With Knowledge of Contraceptive Methods, by Method and Residence
1988 Swaziland Family Health Survey

Contraceptive Method	Female			Male		
	Total	Residence		Total	Residence	
		Urban	Rural		Urban	Rural
Pill	79.8	88.7	77.1	70.9	83.1	67.5
Injection	75.1	84.8	72.2	62.3	75.2	58.7
IUD	63.0	78.2	58.4	29.6	53.3	23.0
Condom	59.2	76.1	54.1	78.4	90.2	75.1
Female Sterilization	42.7	59.3	37.8	45.1	55.8	42.1
Withdrawal	22.0	33.4	18.6	44.0	52.9	41.5
Rhythm	21.1	34.8	17.0	33.6	43.6	30.7
Foaming Tablets	19.9	33.5	15.9	16.8	23.5	14.9
Male Sterilization	9.6	17.2	7.3	13.0	20.6	10.9
No. of Cases	(4261)	(982)	(3279)	(2273)	(770)	(1503)

TABLE V-7

Percentage of All Females Aged 15-49 With Knowledge
of Contraceptive Methods, by Method and Education
1988 Swaziland Family Health Survey

Contraceptive Method	Total	Education			
		None	Primary	Secondary	High School+
Pill	79.8	66.2	76.5	88.6	97.8
Injection	75.1	59.4	72.0	84.7	95.2
IUD	63.0	41.6	58.2	76.2	92.3
Condom	59.2	36.6	52.1	75.1	92.8
Female Sterilization	42.7	28.6	38.2	50.5	70.3
Withdrawal	22.0	16.4	19.0	23.6	42.4
Rhythm	21.1	7.8	14.2	27.8	60.0
Foaming Tablets	19.9	9.8	16.5	23.7	46.3
Male Sterilization	9.6	4.7	6.0	11.0	31.2
No. of Cases	(4261)	(922)	(1726)	(1196)	(417)

TABLE V-11

Percentage of All Females Aged 15-49 With Knowledge
of Contraceptive Methods, by Method and Religion
1988 Swaziland Family Health Survey

<u>Contraceptive Method</u>	<u>Total</u>	<u>Religion</u>			
		<u>Catholic</u>	<u>Protestant</u>	<u>Zionist</u>	<u>Other</u>
Pill	79.8	83.6	84.5	77.3	62.6
Injection	75.1	79.2	79.6	73.0	57.1
IUD	63.0	67.7	71.3	57.4	41.5
Condom	59.2	63.1	68.4	52.3	40.3
Female Sterilization	42.7	48.7	49.7	36.5	30.3
Withdrawal	22.0	21.3	27.6	17.0	18.5
Rhythm	21.1	29.3	27.7	13.4	15.3
Foaming Tablets	19.9	25.7	24.4	14.7	16.2
Male Sterilization	9.6	14.1	13.4	5.4	5.3
No. of Cases	(4261)	(409)	(1794)	(1718)	(340)

TABLE V-13

Percentage of All Females Aged 15-49 and All Males Aged 15-59
Who Ever Used Contraception, by Method and Residence
1988 Swaziland Family Health Survey

<u>Ever Used</u>	<u>Female</u>			<u>Male</u>		
	<u>Total</u>	<u>Urban</u>	<u>Rural</u>	<u>Total</u>	<u>Urban</u>	<u>Rural</u>
<u>Ever Used</u>	30.7	47.0	25.8	27.6	38.3	24.7
Pill	19.0	31.7	15.2	5.5	10.1	4.2
Injection	10.5	17.1	8.6	2.7	5.1	2.0
Female Sterilization	2.6	3.4	2.3	1.7	2.7	1.4
IUD	4.6	10.2	2.9	1.2	3.5	0.6
Withdrawal	2.5	5.0	1.8	9.7	8.9	9.9
Rhythm	2.2	5.6	1.1	7.8	9.9	7.2
Condom	3.0	8.2	1.4	12.9	21.7	10.4
Foaming Tablets	1.4	3.2	0.9	0.7	1.0	0.6
Male Sterilization	0.1	0.4	0.1	0.1	0.0	0.1
No. of Cases	(4261)	(982)	(3279)	(2273)	(770)	(1503)

TABLE V-14

Percentage of All Females Aged 15-49 and All Males Aged 15-59
Currently Using Contraception by Method and Residence
1988 Swaziland Family Health Survey
(Percent Distribution)

Current Use and Method	Female			Male		
	Total	Residence		Total	Residence	
		Urban	Rural		Urban	Rural
<u>Currently Using</u>	<u>16.6</u>	<u>28.1</u>	<u>13.1</u>	<u>19.1</u>	<u>26.4</u>	<u>17.1</u>
Pill	4.8	8.9	3.5	1.3	1.9	1.1
Injection	4.4	6.7	3.7	1.1	1.7	0.9
Female Sterilization	2.4	3.3	2.2	1.2	2.1	1.0
IUD	1.5	3.5	0.9	0.2	0.7	0.1
Withdrawal	0.9	1.6	0.7	3.8	3.1	4.0
Rhythm	0.8	1.5	0.6	3.4	3.5	3.4
Condom	0.6	1.3	0.4	7.3	12.1	5.9
Foaming Tablets	0.1	0.1	0.2	0.2	0.2	0.1
Male Sterilization	0.1	0.4	0.1	0.0	0.0	0.0
Other	0.9	0.8	0.9	0.7	1.1	0.6
<u>Not Currently Using</u>	<u>83.4</u>	<u>71.9</u>	<u>86.9</u>	<u>80.9</u>	<u>73.6</u>	<u>82.9</u>
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(4261)	(982)	(3279)	(2273)	(770)	(1503)

TABLE V-15

Percentage of All Females Aged 15-49
Currently Using Contraceptives by Method and Region
1988 Swaziland Family Health Survey
(Percent Distribution)

Current Use and Method	Total	Region			
		Hhohho	Manzini	Shisel	Lubombo
<u>Currently Using</u>	<u>16.6</u>	<u>21.2</u>	<u>18.1</u>	<u>10.5</u>	<u>15.2</u>
Pill	4.8	5.5	4.7	3.0	5.9
Injection	4.4	5.8	4.3	3.4	3.7
Female Sterilization	2.4	2.6	3.8	1.7	1.5
IUD	1.5	2.2	1.4	0.9	1.2
Withdrawal	0.9	2.1	0.8	0.0	0.5
Rhythm	0.8	1.0	1.2	0.4	0.5
Condom	0.6	0.9	0.7	0.5	0.2
Foaming Tablets	0.1	0.2	0.3	0.1	0.0
Male Sterilization	0.1	0.1	0.0	0.1	0.5
Other	0.9	0.8	1.0	0.5	1.3
<u>Not Currently Using</u>	<u>83.4</u>	<u>78.8</u>	<u>81.9</u>	<u>89.5</u>	<u>84.8</u>
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	(4261)	(1245)	(1108)	(1027)	(881)

TABLE V-16

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Percentage of All Females Aged 15-49 Currently Using
Contraceptives, by Method and Age Group
1988 Swaziland Family Health Survey
(Percent Distribution)

Contraceptive Method	Total	Age Groups						
		15-19	20-24	25-29	30-34	35-39	40-44	45-49
<u>Currently Using</u>	<u>16.6</u>	<u>5.9</u>	<u>18.9</u>	<u>20.9</u>	<u>23.3</u>	<u>21.2</u>	<u>16.3</u>	<u>16.8</u>
Pill	4.8	2.2	6.3	7.5	7.3	4.7	1.1	1.3
Injection	4.4	1.1	7.8	5.7	6.0	5.2	1.1	1.3
Female Sterilization	2.4	0.0	0.1	1.6	2.3	5.9	8.3	9.7
IUD	1.5	0.2	1.2	2.4	3.1	2.3	1.7	0.0
Withdrawal	0.9	0.3	0.5	0.8	1.2	0.9	2.5	2.5
Rhythm	0.8	1.3	1.1	0.7	0.4	0.5	0.3	0.4
Condom	0.6	0.3	0.7	0.7	1.5	0.5	0.3	0.0
Foaming Tablets	0.1	0.0	0.2	0.3	0.0	0.2	0.3	0.0
Male Sterilization	0.1	0.0	0.0	0.1	0.6	0.2	0.3	0.0
Other	0.9	0.6	0.9	1.1	1.0	1.0	0.6	1.7
<u>Not Currently Using</u>	<u>83.4</u>	<u>94.1</u>	<u>81.1</u>	<u>79.1</u>	<u>76.7</u>	<u>78.8</u>	<u>83.7</u>	<u>83.2</u>
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(4261)	(1014)	(949)	(737)	(519)	(443)	(361)	(238)

TABLE V-17

Percentage of All Females Aged 15-49 Currently Using
Contraceptives, by Method and Marital Status
1988 Swaziland Family Health Survey
(Percent Distribution)

Contraceptive Method	Total	Marital Status				
		MSC	MCR	SWD	NMWC	NMNC
<u>Currently Using</u>	<u>16.6</u>	<u>17.9</u>	<u>35.6</u>	<u>14.3</u>	<u>18.8</u>	<u>6.4</u>
Pill	4.8	4.6	9.3	1.3	5.9	2.4
Injection	4.4	4.0	4.8	0.0	7.4	1.0
Female Sterilization	2.4	3.8	9.0	7.8	1.1	0.1
IUD	1.5	1.3	4.8	1.3	1.8	0.3
Withdrawal	0.9	1.7	1.7	1.3	0.5	0.1
Rhythm	0.8	0.4	1.7	0.0	0.3	1.9
Condom	0.6	0.4	1.7	0.0	0.8	0.3
Foaming Tablets	0.1	0.2	0.0	0.0	0.2	0.0
Male Sterilization	0.1	0.1	1.4	1.3	0.0	0.0
Other	0.9	1.4	1.1	1.3	0.7	0.3
<u>Not Currently Using</u>	<u>83.4</u>	<u>82.1</u>	<u>64.4</u>	<u>85.7</u>	<u>81.2</u>	<u>93.6</u>
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(4261)	(1470)	(289)	(77)	(1416)	(1009)

Codes:

MSC -- Married Swazi Custom
MCR -- Married Civil Rite
SWD -- Separated, Widowed, Divorced
NMWC -- Never Married, With Child
NMNC -- Never Married, No Children

TABLE V-18

Percentage of All Females Aged 15-49 Currently Using
Contraception by Method and Number of Live Births
1988 Swaziland Family Health Survey
(Percent Distribution)

<u>Current Use and Method</u>	<u>Total</u>	<u>Number of Live Births</u>					
		<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5+</u>
<u>Currently Using</u>	<u>16.6</u>	<u>6.8</u>	<u>14.6</u>	<u>23.3</u>	<u>23.2</u>	<u>22.5</u>	<u>19.3</u>
Pill	4.8	2.5	5.5	8.6	5.7	6.8	3.3
Injection	4.4	0.9	4.9	7.3	7.3	6.5	3.9
Female Sterilization	2.4	0.3	0.3	1.3	3.1	4.2	6.0
IUD	1.5	0.5	1.6	2.0	2.8	2.1	1.3
Withdrawal	0.9	0.1	0.4	1.3	1.0	0.5	2.1
Rhythm	0.8	1.9	0.7	0.4	0.4	0.8	0.2
Condom	0.6	0.4	0.5	1.3	0.6	0.0	0.8
Foaming Tablets	0.1	0.0	0.1	0.2	0.2	0.0	0.3
Male Sterilization	0.1	0.0	0.0	0.2	0.8	0.0	0.1
Other	0.9	0.3	0.5	0.9	1.4	1.6	1.3
<u>Not Currently Using</u>	<u>83.4</u>	<u>93.2</u>	<u>85.4</u>	<u>76.7</u>	<u>76.8</u>	<u>77.5</u>	<u>80.7</u>
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(4261)	(1073)	(749)	(549)	(509)	(382)	(999)

TABLE V-19

Percentage of All Females Aged 15-49 Currently
Using Contraceptives, by Method and Education
1988 Swaziland Family Health Survey
(Percent Distribution)

<u>Contraceptive Method</u>	<u>Total</u>	<u>Education</u>			
		<u>None</u>	<u>Primary</u>	<u>Secondary</u>	<u>High School+</u>
<u>Currently Using</u>	<u>16.6</u>	<u>9.9</u>	<u>13.1</u>	<u>20.8</u>	<u>33.8</u>
Pill	4.8	1.7	3.3	6.0	13.9
Injection	4.4	2.6	4.0	5.3	7.7
Female Sterilization	2.4	2.4	2.5	2.4	2.4
IUD	1.5	0.2	0.8	2.8	3.6
Withdrawal	0.9	0.9	1.2	0.8	0.2
Rhythm	0.8	0.3	0.3	1.3	2.6
Condom	0.6	0.3	0.3	0.8	2.2
Foaming Tablets	0.1	0.0	0.2	0.1	0.2
Male Sterilization	0.1	0.1	0.1	0.2	0.5
Other	0.9	1.3	0.5	1.2	0.5
<u>Not Currently Using</u>	<u>83.4</u>	<u>90.1</u>	<u>86.9</u>	<u>79.2</u>	<u>66.2</u>
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	(4261)	(922)	(1726)	(1196)	(417)

TABLE V-20

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Percentage of All Females Aged 15-49 Currently Using
Contraception by Method and Religion
1988 Swaziland Family Health Survey
(Percent Distribution)

<u>Current Use and Method</u>	<u>Total</u>	<u>Religion</u>			
		<u>Catholic</u>	<u>Protestant</u>	<u>Zionist</u>	<u>Other</u>
<u>Currently Using</u>	<u>16.6</u>	<u>21.8</u>	<u>20.0</u>	<u>12.4</u>	<u>13.8</u>
Pill	4.8	5.9	5.8	3.6	3.8
Inject'ion	4.4	5.1	5.2	3.6	3.8
Female Sterilization	2.4	3.2	3.2	1.5	2.4
IUD	1.5	3.2	1.8	0.8	1.2
Withdrawal	0.9	0.7	0.8	1.0	1.2
Rhythm	0.8	1.5	1.3	0.2	0.3
Condom	0.6	0.5	0.7	0.5	0.6
Foaming Tablets	0.1	0.2	0.1	0.2	0.3
Male Sterilization	0.1	0.5	0.2	0.1	0.0
Other	0.9	1.0	1.0	0.9	0.3
<u>Not Currently Using</u>	<u>83.4</u>	<u>78.2</u>	<u>80.0</u>	<u>87.6</u>	<u>86.2</u>
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	(4261)	(409)	(1794)	(1718)	(340)

TABLE V-21

Percentage of All Females Aged 15-49 Currently Using Contraception,
by Selected Characteristics and Residence
1988 Swaziland Family Health Survey

<u>Selected Characteristics</u>	<u>Residence</u>			<u>No. of Cases</u>		
	<u>Total</u>	<u>Urban</u>	<u>Rural</u>	<u>Total</u>	<u>Urban</u>	<u>Rural</u>
Total	16.6	28.1	13.1	4261	982	3279
<u>Age</u>						
15-19	5.9	10.8	4.3	1014	250	764
20-24	18.9	29.2	16.1	949	202	747
25-29	20.9	35.8	15.8	737	187	550
30-34	23.3	40.6	17.6	519	128	391
35-39	21.2	38.3	16.6	443	94	349
40-44	16.3	29.0	13.4	361	69	292
45-49	16.8	28.8	13.4	238	52	186
<u>Education</u>						
None	9.9	14.7	9.2	922	116	806
Primary	13.1	20.2	11.4	1726	327	1399
Secondary	20.8	30.1	17.3	1196	329	867
High School+	33.8	44.8	22.7	417	210	207
<u>Region</u>						
Hhohho	21.2	36.7	15.0	1245	357	888
Manzini	18.1	25.4	15.2	1108	319	789
Shiselweni	10.5	20.0	9.9	1027	60	967
Lubombo	15.2	21.1	12.9	881	246	635

TABLE V-22
 Percentage of Women Aged 15-49 Currently Using Contraception
 by Method and Union Status
 for Botswana, Lesotho, Swaziland, and Zimbabwe

Contraceptive Method	Botswana	Zimbabwe	Lesotho	Swaziland
	1988 All	1988 All	1977 WU	1988 All
Current Use	29.6	32.2	5.0	16.6
Pill	17.6	23.5	1.0	4.8
IUD	4.4	0.7	0.0	1.5
Injection	3.2	0.2	0.0	4.4
Foam	0.0	0.0	0.0	0.1
Condom	1.3	0.9	0.0	0.6
Female St.	2.2	1.7	1.0	2.4
Male St.	0.1	0.1	0.0	0.1
Traditional	0.8	5.0	3.0	2.7
Non-Use	70.4	67.8	95.0	83.4
Total	100.0	100.0	100.0	100.0

Figures of the 1988 Surveys for Botswana, Swaziland, and Zimbabwe refer to all women, while the 1977 Lesotho results refer to "Women in Union".

TABLE V-23
 Percent Distribution of Current Users of Contraception,
 by Method and Residence, According to Source of Method
 1988 Swaziland Family Health Survey

TOTAL						All Modern Methods
	Pill	Injection	Female Sterili- zation	IUD	Condom	
Source						48.2
Clinic/Health Center	63.6	56.4	0.0	54.0	50.0	29.7
Hospital	6.9	20.7	98.1	20.6	11.5	13.6
FLAS	19.2	14.4	0.0	15.9	19.2	6.0
Private Clinic	6.9	8.0	0.0	7.9	7.7	1.0
Pharmacy	1.5	0.0	0.0	0.0	7.7	1.5
Other	2.0	0.5	1.2	1.6	3.8	100.0
Total	100.0	100.0	100.0	100.0	100.0	(596)
No. of Cases	(203)	(188)	(104)	(63)	(26)	
URBAN						
Source						
Clinic/Health Center	48.3	39.4	0.0	50.0	*	38.4
Hospital	9.2	24.2	93.8	17.6	*	27.0
FLAS	26.4	21.2	0.0	17.6	*	19.4
Private Clinic	10.3	13.6	0.0	11.8	*	10.1
Pharmacy	1.2	0.0	0.0	0.0	*	1.7
Other	4.6	1.5	6.2	2.2	*	1.4
Total	100.0	100.0	100.0	100.0	*	100.0
No. of Cases	(87)	(66)	(32)	(34)	(13)	(237)
RURAL						
Source						
Clinic/Health Center	75.0	65.6	0.0	58.6	*	54.6
Hospital	5.2	18.8	100.0	24.1	*	31.5
FLAS	13.8	10.7	0.0	13.8	*	9.8
Private Clinic	4.3	4.9	0.0	3.4	*	3.3
Pharmacy	1.7	0.0	0.0	0.0	*	0.6
Other	0.0	0.0	0.0	0.0	*	0.3
Total	100.0	100.0	100.0	100.0	*	100.0
No. of Cases	(116)	(122)	(72)	(29)	(13)	(359)

*c 25 Cases.

TABLE V-27

Percent of Nonusers That Desire to Use Contraceptives
Now or In the Future, and Knowledge of Availability
by Selected Characteristics
1988 Swaziland Family Health Survey

<u>Selected Characteristics</u>	<u>Percent Who Desire to Use Contraceptives</u>	<u>No. of Cases</u>	<u>Percent of Those Who Desire Who Know Where To Obtain Method</u>	<u>No. of Cases</u>
Total	45.1	(3554)	73.4	(1602)
<u>Residence</u>				
Urban	49.0	(706)	76.6	(346)
Rural	44.1	(2848)	72.5	(1256)
<u>Region</u>				
Hhohho	45.5	(981)	69.5	(446)
Manzini	47.6	(907)	75.2	(432)
Shiselweni	41.1	(919)	77.0	(378)
Lubombo	46.3	(747)	72.2	(346)
<u>Age</u>				
15-19	54.4	(954)	60.9	(519)
20-24	58.3	(770)	78.0	(449)
25-29	54.9	(583)	82.5	(320)
30-34	37.9	(398)	76.8	(151)
35-39	31.5	(349)	80.0	(110)
40-44	15.9	(302)	81.2	(48)
45-49	2.5	(198)	*	(5)
<u>Education</u>				
None	32.6	(831)	66.8	(271)
Primary	45.2	(1500)	72.4	(678)
Secondary	50.8	(947)	73.8	(481)
High School+	62.3	(276)	86.6	(172)

* <25 cases

TABLE VI-1
 Percentage of Children Less Than 5 Years of Age
 Who Received Immunizations by Selected Characteristics
 1988 Swaziland Family Health Survey

	<u>BCG</u>	<u>DTP1</u>	<u>Polio3</u>	<u>Measles</u>	<u>No. of Cases</u>
TOTAL	91.8	71.2	67.2	58.1	(3092)*
<u>Age in Months</u>					
<12	94.6	36.8	29.3	11.7	726
12-23	94.3	83.8	78.0	65.4	686
24-35	93.0	84.4	82.9	77.1	628
36-47	91.6	80.4	79.2	74.7	541
48-59	88.8	78.3	75.7	73.2	526
<u>Residence</u>					
Urban	93.8	70.2	64.9	50.6	522
Rural	92.5	71.3	67.6	59.6	2570
<u>Region</u>					
Hhohho	88.9	64.4	59.9	47.9	879
Manzini	94.9	72.9	71.3	60.9	732
Shiselweni	96.2	77.1	75.5	68.6	812
Lubombo	91.2	70.3	62.0	55.6	669
<u>Education</u>					
None	87.4	66.5	63.6	57.4	732
Primary	93.8	72.6	68.4	58.5	1353
Secondary	95.7	72.7	69.2	60.5	770
High School+	93.3	70.5	64.4	50.0	237

*Excludes missing data for: 1 record DTP3, 3 records Polio3, and 4 records measles.

TABLE VI-6
 Immunization Coverage in Children Aged 12-23 Months
 Compared to Previous EPI National Coverage Survey
 1988 Swaziland Family Health Survey

<u>Antigen</u>	<u>October 1988</u>		<u>October 1987</u>	
	<u>Swaziland Family Health Survey</u>		<u>1987 W.H.D./E.P.I. 30 Cluster Survey</u>	
	<u>Vaccination Coverage</u>	<u>No. of</u>	<u>Vaccination Coverage</u>	<u>No. of</u>
	<u>12-23 months</u>	<u>Cases</u>	<u>12-23 months</u>	<u>Cases</u>
	<u>with card</u>		<u>with card</u>	
BCG	98.3	476	92.0	214
DPT1	99.7	476	89.0	214
DPT2	97.2	476	85.0	214
DPT3	81.5	476	74.0	214
Booster	11.3	476	N/A	-
Polio1	99.7	476	89.0	214
Polio2	97.0	476	85.0	214
Polio3	81.9	476	74.0	214
Booster	9.9	476	N/A	-
Measles	90.3	476	74.0	214
FULLY	71.0	476	60.0	214

TABLE VI-8

Percent of Children Less Than 5 Years of Age Reported
To Have Had Diarrhea During The 2 Weeks Prior to Interview,
by Selected Characteristics of the Homestead
1988 Swaziland Family Health Survey

<u>Selected Characteristics of the Homestead</u>	<u>Percent with Diarrhea</u>	<u>No. of Cases</u>
Total	23.8	3096
<u>Number of Children*</u>		
<u>Living in Household/<u>Number of</u> of Given Size</u>		
1-2	20.3	(69)
3-4	21.6	(348)
5-6	24.5	(616)
7-8	22.6	(611)
9+	24.8	(1286)
<u>Household Features</u>		
Electricity	16.0	(250)
Radio	23.2	(2682)
Television	14.4	(118)
<u>Transportation</u>		
Bicycle	24.7	(578)
Motorcycle	15.6	(45)
Car/Van	21.0	(523)
Tractor	25.5	(94)
Truck	19.1	(21)

TABLE VI-9

Reported Prevalence of Diarrhea in Children Under 5 Years of Age
Within Previous 2 Weeks of Interview by Selected Characteristics
1988 Swaziland Family Health Survey

	<u>Age in Months</u>			<u>Total</u>	<u>No. of Cases</u>
	<u>0-12</u>	<u>13-36</u>	<u>37+</u>		
<u>TOTAL</u>	25.6	28.0	15.6	23.4	(3096)*
<u>Region</u>					
Hhohho	28.2	30.5	18.9	26.2	(882)
Manzini	21.3	22.1	9.3	17.7	(733)
Shiselweni	25.4	32.4	19.1	26.1	(812)
Lubombo	27.6	25.8	13.5	22.4	(669)
<u>Residence</u>					
Urban	22.7	25.2	14.5	21.5	(522)
Rural	26.2	28.6	15.8	23.7	(2574)

TABLE VI-11

Rates of Reported Prevalence of Diarrhea in Children
Under 5 Years of Age
In Relation to Type of Homestead Toilet Facility
1988 Swaziland Family Health Survey

	<u>Toilet Facility</u>			<u>No. of Cases</u>
	<u>Flush</u>	<u>Latrine</u>	<u>Other</u>	
<u>TOTAL</u>	18.0	23.5	24.0	(3090)
<u>Region</u>				
Hhohho	18.2	25.3	29.7	(880)
Manzini	7.7	18.4	18.9	(731)
Shiselweni	2.4	26.5	25.4	(811)
Lubombo	22.8	23.8	21.7	(168)
<u>Residence</u>				
Urban	18.1	24.0	25.0	(520)
Rural	16.7	23.3	24.0	(2570)

TABLE VI-12

Rates of Reported Prevalence of Diarrhea in Children
Under 5 Years of Age
In Relation to Homestead Water Source
1988 Swaziland Family Health Survey

	<u>Water Source</u>				<u>No. of Cases</u>
	<u>Piped</u>	<u>Well</u>	<u>Other</u>	<u>Total</u>	
<u>TOTAL</u>	21.8	26.8	23.8	23.4	(3096)
<u>Region</u>					
Hhohho	24.4	30.6	26.8	26.2	(882)
Manzini	15.9	17.7	18.9	17.7	(733)
Shiselweni	26.0	28.0	26.0	26.1	(812)
Lubombo	20.1	26.6	22.1	22.4	(669)
<u>Residence</u>					
Urban	21.4	27.3	20.2	21.5	(522)
Rural	22.0	26.7	23.9	23.7	(2574)

TABLE VI-14

Children <5 Years of Age Who Had Fever Lasting Two Days
and Difficulty Breathing in Past Month
1988 Swaziland Family Health Survey

<u>Region</u>	<u>Percent</u>	<u>No. of Cases</u>
Hhohho	13.1	896
Manzini	13.4	747
Shiselweni	9.5	814
Lubombo	9.9	678
<u>Residence</u>		
Urban	11.6	526
Rural	11.5	2609
TOTAL	11.5	3135

TABLE VI-16

Percent of Children Reported Not Walking
by Selected Characteristics
1988 Swaziland Family Health Survey

<u>Region</u>	<u>Age In Months</u>			<u>No. of Cases</u>
	<u>0-12</u>	<u>13-24</u>	<u>25+</u>	
Hhohho	88.1	20.9	7.1	(882)
Manzini	93.6	15.7	4.3	(733)
Shiselweni	92.2	16.9	1.8	(812)
Lubombo	95.1	18.4	2.5	(669)
<u>Residence</u>				
Urban	94.7	20.5	6.1	(522)
Rural	91.4	17.6	3.6	(2574)

TABLE VI-17

Percent of Children Reported Not Talking by
Selected Characteristics
1988 Swaziland Family Health Survey

<u>Region</u>	<u>Age In Months</u>			<u>No. of Cases</u>
	<u>0-12</u>	<u>13-24</u>	<u>25+</u>	
Hhohho	93.4	47.1	4.7	(882)
Manzini	94.1	48.4	6.2	(733)
Shiselweni	93.2	51.2	4.1	(812)
Lubombo	96.3	57.9	5.4	(669)
<u>Residence</u>				
Urban	93.9	50.0	4.3	(522)
Rural	94.1	51.1	5.2	(2574)

TABLE VI-19

Percent of Children Less Than 5 Years of Age Reported To Have Passed Roundworms in Past Month by Selected Characteristics
1988 Swaziland Family Health Survey

<u>Age</u>	<u>Region</u>				<u>Residence</u>		<u>Total</u>
	<u>Hhohho</u>	<u>Manzini</u>	<u>Shiselweni</u>	<u>Lubombo</u>	<u>Urban</u>	<u>Rural</u>	
<1 year	2.9	0.6	0.0	0.7	0.8	1.2	1.1
1	12.9	10.6	5.3	5.2	17.5	7.0	8.7
2	14.9	12.2	5.9	10.3	15.4	9.7	10.8
3	11.4	11.9	8.3	14.4	16.8	10.1	11.2
4	17.9	12.6	6.4	12.5	12.0	12.4	12.4
TOTAL	11.5	9.0	4.9	7.9	12.3	7.6	8.4
No. of Cases	(881)	(733)	(812)	(669)	(521)	(2574)	(3095)

TABLE VII-1

Percentage of Women Aged 15-49 and Men Aged 15-59 With Selected Behavioral Risks, by Residence
1988 Swaziland Family Health Survey

<u>Percentage of Adults Who...</u>	<u>Women</u>			<u>Men</u>		
	<u>Total</u>	<u>Urban</u>	<u>Rural</u>	<u>Total</u>	<u>Urban</u>	<u>Rural</u>
Have been told more than once they have high blood pressure	3.2	6.0	2.4	1.6	2.9	1.2
Have ever smoked cigarettes	2.9	4.9	2.3	25.2	28.8	24.2
Are currently smoking cigarettes	2.3	3.7	1.9	23.0	23.0	22.9
Have ever consumed alcohol	14.0	18.3	12.7	33.1	38.5	31.6
Have driven in past month when had perhaps too much to drink	0.2	0.5	0.1	1.1	2.1	0.9

TABLE VII-2

Alcohol Consumption
Males Versus Female
Swaziland Family Health Survey, 1988

		<u>Female</u> <u>(N=4261)</u>	<u>Male</u> <u>(N=2273)</u>
Ever Consumed Alcohol	Number %	596 14.0	756 33.1
Median Age for First Drink		21	20
Had Drink Today	(% of drinkers)	33.2	45.7
Driven under Influence	(% of drinkers)	1.4	3.8
Driven with other Under Influence	(% of drinkers)	7.2	7.4

TABLE VII-3

Percentage of Women Aged 15-49 and
Men Aged 15-59 with Selected Health Conditions, by Residence
1988 Swaziland Family Health Survey

<u>Percentage of</u> <u>Adults Who Have Had...</u>	<u>Women</u>			<u>Men</u>		
	<u>Total</u>	<u>Urban</u>	<u>Rural</u>	<u>Total</u>	<u>Urban</u>	<u>Rural</u>
More than 2 days of Fever in past month	23.7	23.0	23.9	31.0	25.6	32.5
Severe Cough in past month	21.8	20.0	22.4	28.8	21.4	30.9
STDs	7.0	7.1	7.0	22.5	29.1	20.7
Treatment for TB	3.0	4.0	2.6	4.2	4.8	4.1
Diabetes	2.8	2.4	2.9	2.4	2.7	2.4
No. of Cases	(4261)	(982)	(3279)	(2273)	(770)	(1503)

TABLE VII-4

Percentage of Female Respondents Reporting Specific Diseases,
by Residence and Region
Swaziland Family Health Survey, 1988

	<u>Region</u>				<u>Residence</u>		<u>Total</u>
	<u>Hhohho</u>	<u>Manzini</u>	<u>Shiselweni</u>	<u>Lubombo</u>	<u>Urban</u>	<u>Rural</u>	
STDs	9.2	5.1	6.9	6.7	7.1	7.0	7.0
Fever	31.8	20.1	18.9	22.5	23.0	23.9	23.7
Cough/ARI	28.9	17.4	21.9	17.3	20.0	22.4	21.8
Treated for TB	4.2	2.9	2.3	2.0	4.0	2.7	3.0

TABLE VII-5

Female Versus Male Reported Incidence
of Sexually Transmitted Diseases
Swaziland Family Health Survey, 1988

		<u>Female</u> <u>N=4,261</u>	<u>Male</u> <u>N=2,273</u>
Ever had STD/VD	#	300	512
	%	7.0	22.5
If yes, what type? (%)			
"Cauliflower"; Syphilis		13.7	5.7
Drop; Gonorrhoea		66.7	84.4
Pubic Lice		9.0	3.4
Likhubalo or "other"		10.6	3.1
Combination of above		0.0	3.2

TABLE VII-6

Percentage Reported Ever Had STDs,
by Age Group for Females Aged 15-49 and Males Aged 15-59
Swaziland Family Health Survey, 1988

<u>Age</u>	<u>Female</u>	<u>Male</u>
15-19	3.0	3.0
20-24	7.2	21.7
25-29	11.6	38.3
30-34	9.1	38.4
35-39	8.8	29.2
40-44	6.1	31.6
45-49	3.8	28.3
50-54	--	34.9
55-59	--	23.6
TOTAL %	7.1	26.1*
TOTAL N	4257	2273

* Unweighted percentage was 22.5%

TABLE VII-7

Age, by Whether Treated for TB, For
Females Aged 15-49 and Males Aged 15-59
Swaziland Family Health Survey, 1988

	<u>Percent Treated</u>	
<u>Age</u>	<u>Female</u>	<u>Male</u>
15-19	3.6	2.3
20-24	2.3	3.7
25-29	3.5	2.6
30-34	2.7	4.0
35-39	2.5	4.8
40-44	3.1	7.3
45-49	2.1	7.0
50-54	--	6.4
55-59	--	8.9
TOTAL	2.9	4.2
N	4257	2273

TABLE VII-8

Percentage of All Women Aged 15-49 and All Men Aged 15-59 Who Have
Ever Heard of AIDS, by Selected Characteristics and Residence
1988 Swaziland Family Health Survey

Selected Characteristics							No. of Cases					
	Women			Men			Women			Men		
	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
Total	83.8	92.5	81.2	90.7	96.2	89.1	4261	982	3279	2273	770	1503
<u>Age</u>												
15-19	85.3	90.8	83.5	90.8	99.2	89.6	1014	250	764	510	85	425
20-24	84.2	91.6	82.2	93.4	97.1	92.6	949	202	747	338	106	232
25-29	84.7	91.4	82.4	90.0	96.1	87.6	737	187	550	281	119	162
30-34	84.6	96.9	80.6	95.8	98.6	94.4	519	128	391	270	122	148
35-39	83.1	96.8	79.4	87.8	94.0	85.4	443	94	349	228	88	140
40-44	79.8	89.5	77.4	93.0	93.9	92.7	361	69	292	211	90	121
45-49	79.4	92.3	75.8	84.2	95.5	79.4	238	52	186	200	89	111
50-54	-	-	-	87.9	95.4	86.0	-	-	-	132	43	89
55-59	-	-	-	85.0	88.0	84.4	-	-	-	103	28	75
<u>Education</u>												
None	72.8	84.5	71.1	86.3	91.5	85.4	922	116	806	546	147	399
Primary	81.0	91.1	78.7	88.5	96.1	87.1	1726	327	1399	812	220	592
Secondary	92.1	94.5	91.2	93.7	96.4	92.7	1196	329	867	595	227	368
High School+	95.9	95.7	96.1	98.8	99.7	98.1	417	210	207	320	176	144
<u>Region</u>												
Hhohho	82.8	93.3	78.6	88.4	94.6	85.8	1245	357	888	689	276	413
Manzini	87.0	94.7	83.9	93.8	98.2	92.2	1108	319	789	569	216	353
Shiselweni	92.4	96.7	92.1	88.2	97.4	87.8	1027	60	967	474	44	430
Lubombo	71.3	87.4	65.0	92.9	96.1	91.6	881	246	635	541	234	307

TABLE VII-9

Female Versus Male Comparison of Knowledge of How AIDS May be Transmitted (Among Respondents Who Have Heard of AIDS) Swaziland Family Health Survey, 1988

Percent Responding "Yes or "No"

	<u>Female (N=3572)</u>		<u>Male(N=2061)</u>		Correct Response*
	Yes	No	Yes	No	
Handshake or hugging	27.5	72.5	22.5	77.5	No
Sharing hypodermic needle	69.2	30.8	81.6	18.4	Yes
Sharing classroom, office or apartment	31.2	68.8	20.9	79.1	No
Receiving blood transfusion	71.4	28.6	81.4	18.6	Yes
Male homosexual intercourse	78.9	21.1	86.8	13.2	Yes
Heterosexual intercourse	93.5	6.5	96.2	3.8	Yes
Giving blood	52.0	48.0	49.7	50.3	No
Being bitten by insect	54.6	45.4	72.1	27.9	No
Sharing personal items (dishes, toilet, etc.)	33.9	66.1	37.0	63.0	No

*For some items, the "correct responses" are not as clearcut as this column implies. For example, donating blood will not put the donor at risk, unless unsterilized needles are used. Receiving blood donations, conversely, will not result in transmission if blood supplies have been screened adequately.

TABLE VII-10

Female Versus Male Perceptions of Own Chances of Contracting AIDS (Among Respondents Who Have Heard of AIDS) Swaziland Family Health Survey, 1988

Chance of getting AIDS	<u>Females</u>	<u>Males</u>
	<u>N=3572</u>	<u>N=2061</u>
	%	%
Very strong chance	8.0	4.5
Strong chance	15.9	8.1
Some chance	21.0	20.5
Not much chance	22.8	26.9
No chance	34.6	49.7
Total	<hr/> 102.3	<hr/> 109.7

Note: Columns add up to over 100 percent, because some respondents checked two response categories.

TABLE VIII-1

Percent Distribution of Sources Women Aged 15-49 and Men Aged 15-59 Report They First Contact for Care of Common Perinatal and Child Health Problems, by Sex of Respondent
1988 Swaziland Family Health Survey

Health Problem	Women					Men				
	Clinic	Hospital	Traditional Healer	Don't know	Total	Clinic	Hospital	Traditional Healer	Don't know	Total
Child immunization	65.3	34.2	0.2	0.3	100.0	68.4	30.6	0.7	0.3	100.0
Child diarrhea	46.8	52.8	0.2	0.2	100.0	65.2	31.9	0.6	0.2	100.0
Child's high fever	42.8	56.9	0.1	0.2	100.0	56.2	43.0	0.6	0.3	100.0
Child's prolonged cough	38.0	61.5	0.2	0.3	100.0	47.9	53.0	0.8	0.3	100.0
Antenatal care	64.5	34.7	0.3	0.5	100.0	50.1	48.7	0.5	0.6	100.0
Delivery of baby	13.5	85.8	0.1	0.6	100.0	8.5	89.4	0.6	1.6	100.0
Difficulty getting pregnant	11.5	65.1	20.2	3.2	100.0	9.0	58.0	30.0	3.1	100.0

TABLE VIII-2

Reported Visits by Any Homestead Member to Different Types of Health Facilities Visited at Least Once in Past Year, by Whether Respondent was Female or Male
Swaziland Family Health Survey, 1988

Respondent		Visited Any Health facilities	Visited Government Clinic	Visited Private Clinic	Visited Mission Clinic	Visited Government Hospital	Visited Private or Mission Hospital	Visited Traditional Healer
Female	% of all respondents (N=4257)	50.9	37.5	10.5	16.6	29.1	8.0	21.8
	% of all who visited any provider (n=2167)	100.00	73.7	20.8	32.7	57.1	15.7	42.8
	Percent hh making more than 3 visits in year, among all "visited at least once" (n=1054)	NA	47.9	38.3	50.0	39.9	30.1	37.6
Male Unweighted	% of all respondents (n=2273)	46.4	32.2	9.8	14.6	24.3	10.8	20.2
	% of all who visited any provider (n=1054)	100.0	69.4	21.1	31.4	52.4	23.3	43.5
	% of all Respondents (N=2273)	48.5	35.3	10.7	16.9	27.8	12.1	23.2
Male Weighted	% of all who visited any provider (N=1102)	100.0	72.7	22.1	34.8	57.2	24.9	47.8

TABLE VIII-3

Attendance by Household/Homestead Members at
Different Types of Facilities, by
Whether They were Satisfied with the
Services They Received
(Percent: Based on Female Responses)
Swaziland Family Health Survey, 1988

<u>Type of Facility or Provider</u>	<u>Whether Satisfied?</u>			<u>Total</u>
	<u>No</u>	<u>Yes, Fairly</u>	<u>Yes, Very</u>	
Government Clinic	6.1	17.8	76.1	100.0
Private Clinic	7.0	18.0	75.0	100.0
Mission Clinic	5.1	15.8	79.1	100.0
Government Hospital	8.1	17.6	74.7	100.0
Private or Mission Hospital	7.5	20.0	72.2	100.0
Traditional Healer	16.4	24.2	59.4	100.0

TABLE VIII-4

Whether Any Member of Household Attended at Least One Health
Facility Within The Past Year, by Residence and Region
Swaziland Family Health Survey, 1988

	<u>Yes</u>		<u>No</u>		<u>Total</u>	
	<u>#</u>	<u>%</u>	<u>#</u>	<u>%</u>	<u>#</u>	<u>%</u>
A. Residence						
Urban	429	43.7	553	56.3	989	100.0
Rural	<u>1738</u>	<u>53.0</u>	<u>1541</u>	<u>47.0</u>	<u>3279</u>	<u>100.0</u>
	2167	50.9	2094	49.1	4261	100.0
B. Region						
Hhohho	568	45.7	674	54.3	1242	100.0
Manzini	507	45.8	601	54.2	1108	100.0
Shiselweni	653	63.6	374	36.4	1027	100.0
Lubombo	<u>437</u>	<u>49.7</u>	<u>443</u>	<u>50.3</u>	<u>880</u>	<u>100.0</u>
	2165	50.9	2092	49.1	4257	100.0

TABLE VIII-6

Percentage of Households in Which Any Member of Household Visited Any Type of Health Facility in Past Year, by Urban Versus Rural Residence, and Whether Household Owned a Car or Van
Swaziland Family Health Survey, 1988

<u>Whether Have Car or Van</u>	<u>Urban (N=982)</u>		<u>Rural (N=3275)</u>		<u>Total (N=4267)</u>	
	<u>Percent Visited</u>	<u>Percent Visited</u>	<u>Percent Visited</u>	<u>Percent Visited</u>	<u>Yes</u>	<u>No</u>
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>		
Yes	51.9	48.1	55.9	44.1	55.6	44.4
No	<u>40.8</u>	<u>59.2</u>	<u>52.5</u>	<u>47.5</u>	<u>50.0</u>	<u>50.0</u>
Total	43.7	56.3	53.0	47.0	50.9	49.1

TABLE VIII-7

Percentage of Households Having Any Visits to a Government Clinic, Among Households Visiting Any Health Facility, by Urban Versus Rural Residence, and Whether They Had a Car
Swaziland Family Health Survey, 1988

<u>Have Car</u>	<u>Urban (N=429)</u>		<u>Rural (N=1736)</u>		<u>Total (N=2165)</u>	
	<u>Percent Visited</u>	<u>Percent Visited</u>	<u>Percent Visited</u>	<u>Percent Visited</u>	<u>Yes</u>	<u>No</u>
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>		
Yes	56.7	43.2	74.7	25.3	69.1	30.9
No	<u>62.0</u>	<u>38.0</u>	<u>77.5</u>	<u>22.5</u>	<u>74.9</u>	<u>25.1</u>
Total	60.4	39.6	77.0	23.0	73.7	26.3

TABLE VIII-9

Percentage Attending Different Types of Health Facilities, by Source of Drinking Water, Among Households Attending at Least One Type of Facility
Swaziland Family Health Survey, 1988

	<u>Source of Water</u>		<u>Total</u>
	<u>Piped</u>	<u>Other</u>	
Government Clinic	64.9	75.8	73.7
Private Clinic	40.2	16.3	20.8
Mission Clinic	21.1	35.4	32.7
Government Hospital	55.5	57.5	57.1
Private or Mission Hospital	13.3	16.2	15.7
Traditional Healer	26.9	46.6	42.8

TABLE VIII-12

Percentage of Households Making Any Visit to Any Health Provider in Past Year, Who Visited a Traditional Healer, by Urban Versus Rural Residence, and by Region; by Source of Drinking Water
Swaziland Family Health Survey, 1988

	<u>Percentage Visiting Traditional Healer</u>		
	<u>Piped Water</u>	<u>Other Source</u>	<u>Total</u>
A. Residence			
Urban	19.2	35.4	24.7
Rural	43.5	47.6	47.3
B. Region			
Hhohho	26.6	42.0	37.9
Manzini	24.6	35.6	33.1
Shiselweni	38.8	58.4	56.4
Lubombo	20.5	44.6	40.3
Total	26.9	46.6	42.8

TABLE VIII-13

Distance to Health Care Facilities Measured By
Time Spent Travelling
1988 Swaziland Family Health Survey

	<u>Less Than</u> 30 <u>minutes</u>	30-59 <u>minutes</u>	60+ <u>minutes</u>	Don't <u>know</u>	<u>Total</u>	
					<u>Percent</u>	<u>No. of cases</u>
<u>Government Clinic</u>						
<u>Region</u>						
Hhohho	45.1	27.3	24.6	2.9	100.0	410
Manzini	39.9	35.1	24.7	0.4	100.0	287
Shiselweni	35.8	30.5	33.6	0.2	100.0	581
Lubombo	31.6	37.9	30.6	0.0	100.0	317
Total	38.1	32.0	29.1	0.9	100.0	1596
<u>Residence</u>						
Urban	66.8	21.6	10.4	1.2	100.0	259
Rural	32.5	34.0	32.7	0.8	100.0	1337
<u>Private Clinic</u>						
<u>Region</u>						
Hhohho	58.7	18.5	18.5	4.4	100.0	92
Manzini	40.4	33.3	24.6	1.8	100.0	57
Shiselweni	44.9	21.2	33.1	0.9	100.0	118
Lumbombo	46.2	38.5	15.4	0.0	100.0	15
Total	48.6	23.6	25.7	2.1	100.0	280
<u>Residence</u>						
Urban	72.3	16.9	7.2	3.6	100.0	83
Rural	38.6	26.4	33.5	1.5	100.0	197
<u>Mission Clinic</u>						
<u>Region</u>						
Hhohho	33.0	27.5	36.3	3.3	100.0	91
Manzini	26.4	48.6	23.6	1.4	100.0	72
Shiselweni	25.7	42.5	31.9	0.0	100.0	226
Lumbombo	21.8	52.7	25.5	0.0	100.0	55
Total						
<u>Residence</u>						
Urban	61.0	24.4	12.2	2.4	100.0	41
Rural	23.3	43.4	32.5	0.7	100.0	403

TABLE VIII-15

Percent of Female Respondents With Children
Under 5 Years of Age Who Ever Used Traditional Healers
And Would Use Traditional Healer as First Resort
by Selected Characteristics
1988 Swaziland Family Health Survey

	<u>Ever Used</u>	<u>As First Resort</u>	<u>No. of Cases</u>
TOTAL	18.9	4.1	(2157)
<u>Region</u>			
Hhohho	27.4	6.3	(623)
Manzini	15.2	4.2	(528)
Shiselweni	15.5	2.7	(554)
Lubombo	15.5	2.6	(452)
<u>Residence</u>			
Urban	13.9	2.8	(389)
Rural	20.0	4.4	(1768)
<u>Education</u>			
None	28.4	7.0	(471)
Primary	19.4	7.0	(471)
Secondary	12.9	2.2	(557)
High School+	10.0	3.7	(191)

TABLE VIII-17

Why Respondent Did Not Use A Health Care
Provider in the Previous 12 Months Before the Interview
1988 Swaziland Family Health Survey

	<u>Females</u>	<u>*Males</u>
<u>Total</u>	n=4257	n=2273
No sickness in family	94.7	95.4
Scared	1.9	1.1
Did not know where to go	1.1	0.9
Don't know	2.0	2.2
Refused to answer	0.3	0.3

*Males weighted

TABLE VIII-18

Women With Children less than 5 Years of Age by Type of Assistance
With Birth Delivery and by Selected Characteristics
1988 Swaziland Family Health Survey

	<u>Type of Assistance</u>					<u>Total</u>	<u>No. of Cases</u>
	<u>Doctor</u>	<u>Trained Nurse/Midwife</u>	<u>RHM</u>	<u>Traditional Other</u>	<u>No One</u>		
<u>Total</u>	5.7	49.7	1.9	35.7	7.0	100.0	3099
<u>Region</u>							
Hhohho	8.9	54.2	2.5	29.2	5.2	100.0	885
Manzini	4.8	56.2	1.4	32.9	4.8	100.0	733
Shiselweni	2.8	40.0	1.2	46.9	9.0	100.0	812
Lubombo	5.8	48.4	2.4	33.9	9.4	100.0	669
<u>Residence</u>							
Urban	13.0	67.8	0.4	14.0	4.8	100.0	522
Rural	4.2	46.1	2.2	40.1	7.5	100.0	2577

TABLE VIII-19

Place of Delivery Reported by Women With Children
less than 5 Years of Age by Region and Residence
1988 Swaziland Family Health Survey

	<u>Place of Delivery</u>						<u>Total</u>	<u>No. of Cases</u>
	<u>Hospital</u>	<u>Health Center/Clinic</u>	<u>Home of TBA</u>	<u>Own Home</u>	<u>Home of Friend/Relative</u>	<u>Other</u>		
<u>Total</u>	52.7	2.9	0.3	43.4	0.1	0.8	100.0	(3099)
<u>Region</u>								
Hhohho	61.2	2.2	0.3	34.8	0.1	1.4	100.0	(885)
Manzini	58.5	2.9	0.1	37.4	0.0	1.1	100.0	(733)
Shiselweni	42.6	0.7	0.1	57.0	0.0	0.0	100.0	(812)
Lubombo	48.6	5.8	0.5	44.4	0.2	0.6	100.0	(669)
<u>Residence</u>								
Urban	76.7	3.6	0.8	16.9	0.0	2.1	100.0	(522)
Rural	48.2	2.7	0.2	48.5	0.1	0.5	100.0	(2577)

Memorandum

Form No. P72

From: PRINCIPAL SECRETARY,
MINISTRY OF HEALTH.

To: See Distribution list:

Date 16th June 1989

Our Ref. MH/1156

Your Ref.

SUBJECT: PRESENTATIONS SWAZILAND NATIONAL FAMILY HEALTH SURVEY

As you can see on the attached Agenda, you will be requested to do a presentation as indicated next to your name.

We are requesting that you prepare your presentation beforehand and it should not take longer than 15 minutes. We are also sending you a copy of the 'Family Health Survey Report', for you to use as reference material.

Should you need any reproductions to be done or need more information regarding your topic please feel free to contact any one of the following people at Ministry of Health Headquarters, Mr. Ngwebendze Nhlabatsi, SHA, Mr Robert Shongwe, HPSU, and Dr. Q.Q Dlamini, DDHS.

FOR:


E.M. HLOPHE
PRINCIPAL SECRETARY

Distribution List:

Dr. Q.Q. Dlamini	DDHS
Mr. M. Hlophe	HP
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Mr. S. Hlophe	PPO
R. Brown	UNISWA
K. Hanson	SHPA
Ms. C. Mabuza	Economic Planning

BEST AVAILABLE DOCUMENT

Memorandum

ANNEX 1 11

FORM No P. 73

From: PRINCIPAL SECRETARY,
Ministry of Health

To: See Distribution List

Date 19th June, 1989

Our Ref. MH/1156

Your Ref.

SUBJECT: NATIONAL FAMILY HEALTH SURVEY SEMINAR

You are cordially invited to attend a 1½ day seminar to discuss the findings of the 'Swaziland Family Planning Survey', which was conducted last year, beginning of October 1988 and ending June, 1989.

The seminar will be held at the Tavern Hotel in Mbabane on June 28th and 29th, 1989. It will go for the whole day on Wednesday 28th June 1989 and end immediately after lunch on Thursday 29th June, 1989.

The seminar will open with a introduction by the Hon. Minister for Health Dr. F. Friedman, at 9.00am (see attached agenda). You are therefore requested to be at the Tavern Hotel conference room not later than 8.30am.

The regions are requested to send two (2) representatives it could be the RHA, Public Health Matron or M.D Public Health.

We look forward to your participation to this seminar.

Thank You.

FOR:


E.M. HLOPHE
PRINCIPAL SECRETARY

Distribution List:

Mr. C.M. Mkhonza	Principal Secretary
Dr. J.J. Mbambo	DHS
Dr. Q.Q. Dlamini	DDHS
DR. M.P. Makhubu	CNO
Dr. J. Ngubeni	M.D. Public Health
Dr. R. Mwaikambo	UNFPA
Mr. N. Ngwebendze	SHA
Mr. M. Hlophe	HP
Mr S. Hlophe	PPO
Mrs T. Masuku	TO
Ms S. Motha	Lubombo RHA

2.

Representative	UNDP
R. Phillips	UNICEF
L. Nxumalo	UNICEF
Dr Qhobela	WHO
E. Ntiwane	WHO
A. Foose	USAID
D. Kraushuar	USAID
MP Salvaggio	USAID
M. Price	PHC
M. Kroeger	PHC
L. Brown	CCCD
V. Joret	PHC
Dr Schoeman	S.A. Trade Mission
Principal Secretary	Ministry of Education
Principal Secretary	Ministry of Finance
Principal Secretary	Ministry of Economic Planning
Director	Red Cross
Principal Secretary	Ministry of Labour
Director	FLAS
NGO	Coordinator
Head	Statistics Department
Dr Brown	UNISWA
UNISWA	Demographic Department
C. Mabuza	Economic Planning
Mr E. Mdluli	Manzini RHA
Mrs L. Mokgokong	Hhohho ARHA
Ms T. Maseko	Shiselweni HA
Mrs A. Dlamini	Senior PH Matron
Mr P. Thompson	Financial Controller
Mrs E.T. Dlamini	Matron- 1, Mbabane Hospital
Mrs P. Nthembu	HEU
Mrs N. Shongwe	Principal IHS
Mrs N. Sukati	IHS
P. Khumalo	MH/FP Coordinator
H. Mdluli	EPI Coordinator
T. Mndzebele	CDD Coordinator
E. Mndzebele	RHM Coordinator
F. Mocha	IHS
Mr Farrah	UNHCR
N. Mohammed	UNFPA

PARTICIPANTS - PRESENT DAY ONE

<u>NAME</u>	<u>ORGANIZATION</u>
1. Larry Brown	CCCD
2. P M Matthews	CCCD
3. Ethel Nhleko	UNHCR
4. Hilda Mdluli	EPI. PHUMS
5. P G Dlamini	MOE
6. Thandie B Mndzebele	CDD (MOH)
7. Mary Kroeger	PHC PROJECT
8. Vincent Joret	PHC PROJECT
9. Lalit Kraushaar	USAID
10. Juliet Aphane	AGRICULTURE
11. Nomcebo Simelane	UNISWA-KWALUSENI
12. Nancy BenderCahola	CARE INTERNATIONAL
13. Tim Johnson	CENTRES FOR DISEASE CONTROL (USA)
14. Qhing Qhing Dlamini	MINISTRY OF HEALTH
15. John Mbambo	MINISTRY OF HEALTH
16. Ephraim Hlophe	MINISTRY OF HEALTH
17. C M Mkhonza	MINISTRY OF HEALTH
18. C M Sifungo	MII
19. N T Shongwe	S.I.H.S
20. T J Masuku	MINISTRY OF HEALTH
21. Mary Magwaza	KING SOBHUZ II (PHU)
22. Abegail J Dlamini	P H U (MBABANE)
23. Gladys N Matsebula	MBABANE P.H.U
24. Edith N Ntiwane	WORLD HEALTH ORGANIZATION
25. Robert Shongwe	MINISTRY OF HEALTH (PLANNING UNIT)
26. Lindiwe Mokgokong	MBABANE GOVERNMENT HOSPITAL
27. Nonhlanhla Sukati	SIHS
28. Kara Hanson	MINISTRY OF HEALTH
29. Louisa Dlamini	MINISTRY OF HEALTH
30. Thoko Maseko	HLATHIKHULU GOVERNMENT HOSPITAL
31. Levy D Mamba	CENTRAL STATISTICAL OFFICE
32. Nosisa M Mohammed	UNFPA
33. Rhodes C Mwaikambo	PHU - MINISTRY OF HEALTH
34. Lenni W Kangas	UNFPA (CONSULTANT)
35. Lahla Ngubeni	MO PHU
36. Prisca Khumalo	KING SOBHUZA II
37. Elizabeth T Mndebele	KING SOBHUZA II
38. Dominic Mayiga	FLAS
39. Jean Rutabanzibwa-Ngaya	EPC/LONDON SCHOOL OF HYGIENE AND TROP. MED.
40. Africa S Magongo	HEALTH EDUCATION UNIT
41. Duma Mamba	HEALTH EDUCATION UNIT
42. Phumelele Mthembu	HEALTH EDUCATION UNIT
43. Phyllis Mamba	SIHS-MIDWIFERY
44. Sophie Makhubu	SIHS-MIDWIFERY
45. Jay Anderson	USAID
46. Alan Foose	USAID/SWAZILAND
47. Dorah Simelane	PUBLIC HEALTH UNIT (MANKAYANE)
48. Paul Thompson	FINANCIAL CONTROLLER (MINISTRY OF HEALTH)
49. Elisha M Mdluli	MANZINI REGIONAL HEALTH ADMINISTRATOR
50. Nomsa Hlophe	MANZINI TOWN COUNCIL
51. Zodwa Zwane	SIMUNYE PRIVATE CLINIC
52. Magdeline Maziya	NAZARENE NURSING COLLEGE
53. Marjone Mavuso	NAZARENE NURSING COLLEGE
54. Agatha Lowe	PROJECT HOPE (NNC)
55. Yvonne Simelane	RED CROSS
56. Faith Motsa	I H S

PARTICIPANTS - PRESENT DAY TWO

<u>NAME</u>	<u>ORGANIZATION</u>
1. Dan Kraushaar	PRIMARY HEALTH CARE PROJECT
2. Jay Anderson	USAID
3. Lalit Kraushaar	USAID
4. Qhing Qhing Dlamini	MINISTRY OF HEALTH
5. Tim Johnson	CDC
6. Nancy Benoer Carola	CARE
7. Pane Thompson	MINISTRY OF HEALTH
8. Vincent Joret	PRIMARY HEALTH CARE PROJECT
9. P. P. Mthembu	HEALTH EDUCATION UNIT
10. Duma Mamba	HEALTH EDUCATION UNIT
11. Africa S Magongo	HEALTH EDUCATION UNIT
12. Nonhlanhla Nhlabatsi	HEALTH EDUCATION UNIT
13. Thandie Mndebele	MINISTRY OF HEALTH (CDD PROGRAMME)
14. Larry Brown	CCCD
15. Alan Foose	USAID (SWAZILAND)
16. Alexias Masuku	HLATHIKULU PUBLIC HEALTH UNIT
17. Alfred B J Mndebele	HEALTH EDUCATION UNIT
18. Mary Kroeger	PRIMARY HEALTH CARE PROJECT
19. Anita Henwood	USAID
20. S'bongile Mthupha	B.C.U. MINISTRY OF HEALTH (MANZINI)
21. Precious G Dlamini	MOE
22. Sophie Makhubu	SIHS MIDWIFERY
23. Nomsa Hlophe	TOWN COUNCIL (MANZINI)
24. Yvonne Simelane	BAPHALALI RED CROSS
25. Faith B Motsa	S.I.H_S
26. Elisha Mdluli	MRHA
27. Jean Rutabanzibwa - Ngiza	EPC/LONDONE SCHOOL OF HYGIENE AND TROP.
28. Nomcebo Manzini	FLAS
29. Dominic Mayiga	FLAS
30. Elizabeth T Mndebele	KING SOBHUZA II
31. Prisca Khumalo	KING SOBHUZA II
32. Lahla Ngubeni	MOPHU
33. Rhodes Mwaikambo	PHU - MINISTRY OF HEALTH
34. Louisa Dlamini	MINISTRY OF HEALTH
35. Kara Hanson	MINISTRY OF HEALTH
36. Lindiwe Mokgokong	MBABANE GOVERNMENT HOSPITAL
37. Thoko Maseko	MBABANE GOVERNMENT HOSPITAL
38. Nonhlanhla Sukati	INSTITUTE OF HEALTH SCIENCES
39. Edith N Ntiwant	WORLD HEALTH ORGANIZATION
40. Gladys N Matsebula	MBABANE PUBLIC HEALTH UNIT
41. Abegail J Dlamini	MBABANE PUBLIC HEALTH UNIT
42. Trusty Masuku	MINISTRY OF HEALTH
43. Mary Magwaza	KING SOBHUZA II (PUBLIC HEALTH UNIT)
44. N. T. Shongwe	S.I.H.S.
45. C. Mabuza	TB PROGRAMME
46. E. M. Hlophe	MINISTRY OF HEALTH
47. Ethel Nhleko	UNHCR
48. Juliet Aphane	MOAC
49. Hildah Mdluli	EPI