A different kind of family

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CHAPTER 6

Health

Article 26

Swazi female nurses from Swaziland. *Photo: Ncane Maziya*

KEY POINTS

- The SGDI score of 63% places the country at number six in the SADC region. The country is performing relatively well.
- For every 100,000 live births, 589 women die.
- About 19.6% of women still give birth at home with assistance of only relatives or traditional birth attendants.
- Only 42.9% of sexually active women aged 20-24 years use contraception.
- Modern contraceptive prevalence among married women stands at 51%.
- Abortion is illegal except in certain medical reasons.

Table 6.1: CSC scores on health		
	SGDI	*CSC*
Score	63%	57%
Rank	6	11

Table 6.1 shows with an SGDI score of 63%, this shows that country is making encouraging progress towards meeting the SADC gender protocol targets on health. Citizens scored the country lower based on their perceptions of government's performance in this area.

The SGDI is an empirical score which is a composite index of:

- *Women using contraception:* The percentage of women aged 15 to 49 years reporting that they use a modern form of contraception.
- *Maternal mortality ratio:* The number of women who die while pregnant or within 42 days of termination of pregnancy for every 100,000 live births of babies.
- *Births attended by skilled personnel:* The percentage of births in a given year in which the women is assisted by trained staff such as midwives or nurses.

Background

The World Health Organisation (WHO) has defined sexual health as: "a state of physical, emotional, mental, and social well-being related to sexuality. It is not merely the absence of disease, dysfunction or infirmity.

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained the sexual rights of all persons must be respected, protected and fulfilled."[1]

Sexual and reproductive health

The Protocol provides for state parties to by 2015, adopt and implement legislative frameworks, policies, programmes and services to enhance gender sensitive, appropriate and affordable quality health care; reduce the maternal mortality ratio by 75% and ensure the provision of hygiene and sanitary facilities.

Table 6.2: Key sexual, reproductive and health indicators		
Indicators	**Country statistic/policy**	**Comment**
Current maternal mortality rate	589 per 100,000[2] live births	The number of women dying due to childbirth is high; more births need to be attended by trained personnel.
% Births attended by skilled personnel	82%	Whilst this is a marked improvement from the DHS 74% in 2007, more births need to take place in hospital. About 19.6% of women still give birth at home, with assistance of relatives and traditional birth attendants (TBAs), which is risky if there are complications. Continuous training, particularly on timely referrals and equipping TBAs with basic supplies is key.
% Contraceptive use among married women	51% of married women use contraceptives, 65% of whom use injectables.	The figure is low and increases the risk of unwanted pregnancies and HIV infection.
Country policy on abortion	Legal on certain medical grounds in the Constitution Section 15(a)	Procedures for access are not clear. There is a need for abortion in other circumstances.
Total Coverage of sanitation facilities		
Urban coverage	44%	
Rural Coverage	52%	

Source: DHS of 2007.

1 World Health Organisation (2002). The world health report 2002 Reducing risks, promoting healthy life.
2 This figure is based on country estimates in WHO 2012 but differs from the figure used in the 2012 SADC Gender Protocol Barometer of 736 per 100,000 live births.

Table 6.2 shows that maternal mortality ratio is 589 per 100,000 live births according to WHO 2012 report. Sanitation coverage is 44% in urban areas and 52% in rural areas.

Family planning /contraceptive usage

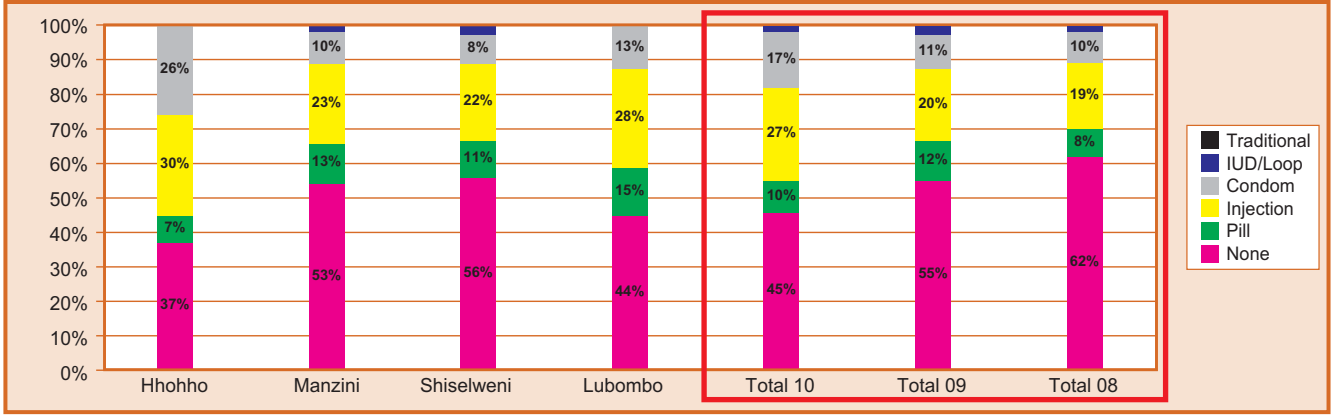
Although the government remains the primary provider of free contraception at public and private health facilities, uptake is low. Health practitioners explain that women are still not empowered to make decisions on their sexual health care. Many women fear their husbands' reaction to their taking contraceptives. There is need to involve men in family planning.

The country does not have a family planning policy but has family planning guidelines. In addition as part of the HIV response, a programme for men known as 'sidle inhloko' is facilitated by men and targets men in traditional communities with the aim of educating them about HIV and reproductive health as well as giving them support.

Modern contraceptive prevalence in Swaziland among women currently stands at 55%.

Male involvement ensures better health outcomes for the family. Bheki Maseko with his son - Mbabane, August 2007. *Photo: Trevor Davies*

Table 6.3: Contraception use in Swaziland



Source: Swaziland Vulnerability Assessment and Analysis Report July2010.

Table 6.3 shows that the most popular contraceptive methods are the male condom, injectables and pills, according to the 2010 Swaziland Vulnerability Assessment Report and Analysis.

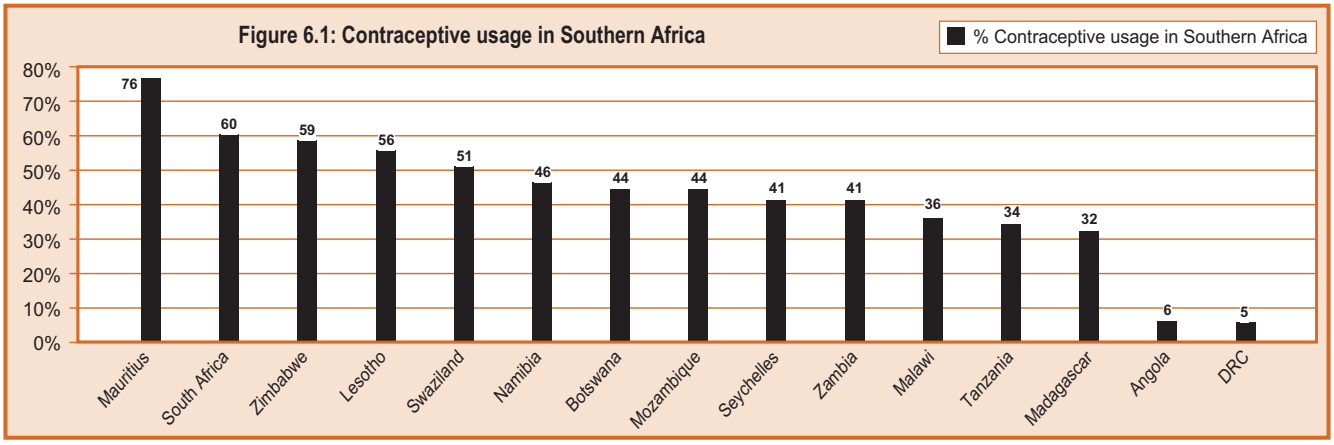
Use of contraceptive by educational level

- Women with least education are least likely to use a contraceptive (29%).
- Women with higher education levels are most likely to use contraceptives (74%).

Use of contraceptives by rural urban divide

- Contraceptive use among urban women is the highest at 53%.
- Popular methods amongst urban women include male condom at 20%; injectables at 18%; and the pill at 10%.
- Contraceptive use amongst rural women is 48%. Popular methods amongst rural women include injectables at 18%, the pill at 10%, and male condom at 9%.

Even with sensitisation and awareness campaigns on the female condom, usage was reported as very low at only 5.5%.



Source: SADC Gender Protocol Barometer, 2012.

Termination of Pregnancy

Abortion is not provided for in the Protocol. In Swaziland, like in other countries in SADC, abortion is an emotive issue. There was much debate about abortion in 2008 when the media reported the arrest of some girls following the discovery of 100 foetuses in the peri-urban area of Matsapha, the largest industrial area in Swaziland.

Unsafe abortion contributes to about 19% of the mater-nal mortality rate (MOHSW - SRH Needs/Audit 2002). Findings from the assessments show that across all regions, respondents were aware of abortion-related deaths: Hhohho (4%), Manzini (5%), Shiselweni (3%) and Lubombo (9%).

Graduation ceremony in Swaziland. *Photo: Gender Links*

Next steps

Also Pro-abortionists argue that access to abortion depends on wealth. Wealthier women can travel to neighbouring South Africa which allows for termination of pregnancy.

- Advocacy to reduce the high maternal mortality rate and campaigns are needed to encourage women to give birth in hospitals.
- Involvement of men to ensure good health outcomes for the family.
- Review the position on abortion.

Poor coverage of sanitation facilities increases health risks. *Photo: Samkelo Ngwenya*