



ESWATINI RAPID ASSESSMENT OF ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH (ASRHR)

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Lavumisa Town Board menstrual health campaign.

Photo: Thandokuhle Dlamini

Eswatini is making progress in delivering Adolescent Sexual and Reproductive Health Services (ASRHR) services to its youth but there are still gaps to be addressed. Over two thirds (87%) of young people said they received services without their parent's present. The government and private hospitals provide these services at an average fee of \$2 per visit similar to other countries in the survey. Youth rate confidentiality and quality of service in Eswatini high. Health services do not provide free sanitary ware, though the few that requested received sanitary pads. Youth in bigger towns and cities are better served than those in smaller towns with fewer health care centres that are less equipped.

These are among the findings of the ASRHR Rapid assessment undertaken in Botswana,

Eswatini, Lesotho, Madagascar, Mauritius, South Africa, Zambia and Zimbabwe from November 2019 to December 2020. The research aims to strengthen youth-led and focused efforts to promote ASRHR through gender and youth responsive local governance. Overall, the study included 13,395 young people between ages 10 and 19 (52% female and 48% male). In Eswatini, 734 youth participated in the survey (57% female and 43% male). Gender Links Eswatini conducted the study in 11 Centres of Excellence for Gender in Local Government - Ezulwini, Lavumisa, Malkerns, Mankayane, Manzini, Matsapha, Mbabane, Ngwenya, Nhlanguano, Piggs Peak, Siteki. This pamphlet should be read together with the detailed report of the eight-country study that includes the objectives, methodology and recommendations.

KEY DATA FROM THE RAPID ASSESSMENT OF ASRHR SERVICES IN ESWATINI

Indicator	Region	Eswatini	Ezulwini	Lavumisa	Malkerns	Mankayane	Manzini	Matsapha	Mbabane	Ngwenya	Nhlangano	Piggs Peak	Siteki
Total sample	13 395	743	82	42	94	22	126	104	87	64	31	31	60
% female	52%	57%	44%	45%	73%	77%	45%	63%	57%	53%	68%	52%	65%
% gender non-conforming	0.3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% male	48%	43%	56%	55%	27%	23%	55%	38%	43%	47%	32%	48%	35%
Logistic information on health facilities													
Health facility 10km from your home %	71%	30%	13%	45%	19%	18%	3%	25%	50%	49%	74%	57%	40%
The facility opens after school? %	57%	30%	9%	8%	9%	82%	52%	40%	4%	2%	19%	97%	58%
The facility opens on weekends? %	62%	47%	46%	17%	8%	81%	70%	72%	27%	51%	19%	100%	48%
Comfortable waiting and consultation area? %	82%	93%	98%	98%	87%	95%	99%	95%	92%	85%	87%	83%	95%
Does the facility charge a fee? %	29%	29%	94%	95%	97%	0%	97%	66%	92%	48%	100%	85%	100%
Average fee in USD	\$2	\$2	\$2	\$1	\$2	None	\$2	\$2	\$3	\$1	\$1	\$2	\$1
Quality of care													
Peer counsellors available %	53%	16%	1%	0%	4%	0%	25%	35%	51%	2%	0%	7%	0%
Young people treated with respect %	89%	96%	98%	100%	97%	100%	99%	95%	99%	90%	87%	97%	93%
Young people treated without parent present %	58%	87%	99%	44%	90%	100%	98%	98%	95%	97%	16%	87%	57%
Young people have privacy %	85%	98%	100%	98%	100%	95%	99%	100%	99%	95%	94%	100%	92%
Young people have confidentiality %	89%	98%	100%	100%	100%	95%	100%	99%	100%	89%	97%	96%	96%
Sufficient time with young people %	75%	96%	99%	95%	100%	91%	99%	100%	99%	85%	87%	97%	87%
Appropriate information %	74%	93%	99%	98%	97%	77%	91%	99%	98%	79%	84%	96%	88%
Sexual and reproductive health services (%)													
Maternal health													
% young people who requested contraceptives	31%	17%	8%	14%	6%	5%	1%	32%	28%	42%	13%	31%	17%
% requested contraceptives that received contraceptives	79%	99%	100%	100%	100%	100%	100%	100%	100%	95%	100%	100%	100%
% young women requested a pregnancy test	29%	24%	14%	26%	12%	24%	39%	29%	30%	38%	0%	14%	15%
% young women who received a pregnancy test	70%	86%	100%	100%	100%	100%	58%	100%	100%	70%		100%	100%
% young women who were pregnant	9%	22%	14%	47%	22%	12%	35%	13%	30%	3%	52%	19%	8%
Menstrual health													
% young women who requested pads	14%	10%	0%	0%	0%	0%	17%	18%	7%	35%		8%	6%
% of those who requested pads that received pads	64%	92%					100%	100%	67%	100%	0%	100%	0%
HIV and AIDS and STI													
% young men who requested male circumcision	40%	25%	13%	30%	8%	20%	32%	36%	22%	16%	22%	50%	19%
% of those who requested male circumcision received	87%	75%	100%	43%	0%	100%	100%	83%	88%	0%	0%	100%	0%
% who requested HIV test	45%	82%	98%	53%	90%	77%	83%	89%	92%	79%	29%	85%	73%
% of who received HIV test	83%	99%	100%	95%	100%	100%	100%	100%	99%	100%	89%	100%	86%
% who requested STI test	17%	4%	5%	0%	4%	5%	5%	4%	5%	0%	3%	3%	5%
% who requested who received STI test	83%	94%	100%		100%	100%	100%	100%	75%		100%	0%	100%
% who requested anti-retrovirals (ARVs)	6%	2%	0%	2%	1%	0%	3%	0%	0%	4%	0%	0%	10%
% who requested who received ARVs	64%	26%		0%	0%		23%			100%			17%

BACKGROUND AND CONTEXT



Young people constitute 60% of the population of the Southern African Development Community (SADC), yet face the most challenges in accessing SRHR services particularly outside capital cities. Cultural, religious and other barriers to ASRHR services is reflected in high levels of teenage pregnancies; unsafe abortion; early marriages; GBV; and the resurgence of HIV and Aids, especially among young women. Youth led advocacy to challenge social and gender norms on ASRHR needs to be strengthened. Despite considerable progress, youth and mostly the disadvantaged youth and adolescents still lack access to ASRH information and services. Eswatini has a *National policy on sexual reproductive health of 2013*. This policy has been updated through the RMNCAH (reproductive maternal neonatal child adolescent health) strategy.

FINDINGS

Logistic information on health facilities

The study found that 30% of youth can access a health facility within 10 km of their home, compared to 71% in the study overall. In Eswatini only 30% of youth (compared to 57% in the study overall) said they could access the facilities after school and 47%

said they were able to access the facilities at weekends (compared to 61% in overall study). Access to ASRHR services after-hours varied between councils.

Quality of care

Overall, Eswatini scored well on quality of care. Eighty-seven percent of the youth said they received services without a third party present compared to 58% in the study overall. Almost all the youth (96%) reported being treated with respect, compared to 89% in the study overall. Similarly, 98% of young people said they were treated confidentially, compared to 89% in the study overall. Only 16% percent reported the presence of peer counsellors compared to 53% in the study overall. A good number (96%) of youth said that the health worker spent sufficient time with them (compared to 75% in the study) and 93% said they received appropriate information (compared to 74% in the study). These figures also vary widely across councils. For example, in Mbabane, 51% of the respondents said they met with peer counsellors compared to 0% for other councils like Mankayane, Nlhangano and Siteki. This clearly suggests that there is still much to be done in standardising the quality of services across the councils.

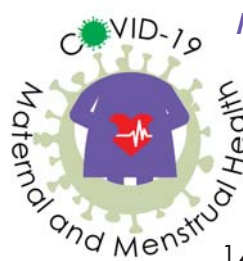
Sexual and reproductive health services

Access to contraception: In Eswatini and in the eight countries where this study took place substantially less than one third (36% and 31% respectively) of the youth requested contraceptives. In Manzini, (1%) and Mankayane (5%) hardly any of the youth sought contraceptive services. This is a concern, since access to contraception is a key objective of ASRHR services. Where these are not being accessed, the risk of teenage pregnancy, unsafe abortion as well as HIV and AIDS is higher. In Eswatini (99% compared to 87% in the region) the youth who sought contraceptives received them. All councils but one (Ngwenya) registered a 100% positive response rate to requests by youth for contraceptives.



Teenage pregnancies: Less than (24%) of the young women surveyed in Eswatini requested a pregnancy test compared to 29% overall.

Eighty-six percent of those who asked in Eswatini received a pregnancy test compared to 70% in the study overall. Pregnancy testing is a critical component of SRHR services, especially in countries where this can be linked to safe abortion services. Twenty-two percent of all the young women surveyed in Eswatini reported being pregnant, compared to 9% in the study overall.



Menstrual health: Eswatini is yet to remove VAT on sanitary pads and make these freely accessible in schools. Ten percent of the sample (compared to 14% in the study overall)

asked for pads and only 92% (compared to 64% in the study overall) received pads. Providing free pads through clinics would be another route to ending period poverty.

HIV and AIDS and Sexually Transmitted Diseases (STI's)

Eighty-two percent of the sample in Eswatini requested an HIV test, compared to 45% in the survey overall. With very high prevalence of HIV in Eswatini, this is a positive.



The 99% positive response rate to requests for HIV tests in Eswatini (compared to 83% in the survey overall) shows that the health system is well geared for HIV testing.

Although only 4% of the youth requested STI tests in Eswatini (compared to 17% in the study overall), 94% of those who asked for the tests got them (compared to 83% in the study overall). A 25% request for male circumcision which has been shown to significantly reduce HIV and AIDS transmission is a low for Eswatini and the study overall (40%) with major variations between the localities. More awareness raising and work with men is required.

FOR MORE INFORMATION go to:

<https://genderlinks.org.za/what-we-do/governance/local-action-for-voice-and-choice/>

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