Swaziland MICS 4 (2010):
Children’s Care and Living Arrangements
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This series of country briefs aim to provide an analysis of children’s living and care arrangements according to the latest available data from Demographic and Health Surveys (DHS) or Multiple Indicators Cluster Surveys (MICS) at the time of publication.

Better Care Network is working with partner organizations to support more systematic use of existing household level data sets, particularly Demographic and Health Surveys (DHS) and Multiple Indicators Cluster Surveys (MICS), to provide a better picture of the patterns and trends relating to children in households and their living and care arrangements. It does not seek at this stage to show how these various arrangements relate to particular outcomes for child well-being, although work is being carried out, to be able to do so as part of the Technical Working Group on Children and Care under the Child Protection Monitoring and Evaluation Reference Group (CP MERG). The content of these papers will evolve as a result, and feedback and suggestions are welcome on the content of the briefs as well as how they can be improved. Communications should be sent to Florence.martin@bettercarenetwork.org

The briefs are targeted to policy makers, researchers, and practitioners working to inform policy and programs for children’s care and protection at country and international levels. In order to enable researchers and policy makers in the countries and regions to conduct further analysis, tables with the data extracted for the purpose of this brief have been included at the end of this report.


Front cover map from Central Statistical Office (CSO) [Swaziland], and Macro International Inc. 2008. Swaziland Demographic and Health Survey 2006-07. Mbabane, Swaziland: Central Statistical Office and Macro International Inc.


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EXECUTIVE SUMMARY:

Children’s Living Arrangements:

- In Swaziland, only 22% of children aged 0-17 and 23% of children aged 0-14 are living with both biological parents. Another 36% are living with their biological mother and 6% are living with their father. The largest ground of children under the age of 18 do not live with either biological parent (33%).
  - Swaziland has the lowest percentage of children under 18 living with both biological parents regionally. This is in part due to the high prevalence of HIV/AIDS in the country at 26%. Bordering Mozambique has 55% of children 0-14 living with both biological parents.
- Large variations in living arrangement are seen according to regional, rural-urban, and age group background characteristics. Little to no variation in living arrangements is seen due to gender.
  - At an early age nearly twice as many children live with both biological parents (30% vs. 17%).
  - Living with a mother only becomes less common as children age (60% to 28%) while living with neither biological parent becomes more common as children get older (9% to 42%).
  - The Shiselweni province has the highest prevalence of children living with neither biological parent at 41%.
  - Children living in urban households have a markedly higher likelihood of living in households with both biological parents (35% vs. 19% in rural households) and a lower likelihood of living in households where neither biological parent is present (20% vs 36% in rural areas). This may be partially explained by the migration of children to urban settings to better access education or employment, in effect more often leaving rural households.
- Thirty-three percent of all children 0-14 in Swaziland live with a single biological parent when both parents are alive – the highest rate in both the Southern Africa and East Africa regional contexts.
Parent Survivorship:

- Loss of both biological parents happens early for many children in Swaziland, with 3.6% of children losing both parents before the age of 15 and 16.6% losing one parent; before the age of 18, 4.6% of children have lost both parents and 18.4% have lost either their mother or their father.
  - The highest rates of parental death are observed in the Shiselweni province with 5.7% of kids 0-17 having no surviving biological parent and one in five (20%) having lost one parent.
  - Wealth quintile appears to be associated with parent survivorship with lower rates of parent loss reported among children living in households of higher wealth quintiles.
- Regionally, only Lesotho sees a higher orphaning among eastern African countries (5.4% vs 3.7% in Swaziland).

- The high rates of orphaning seen in the region are largely attributable to the HIV/AIDS epidemic. One in every four individuals in Swaziland suffers from HIV/AIDS.

Living Arrangements of Children Living with Neither Biological Parent:

- One in three children age 0-17 in Swaziland live with neither biological parent (33%). Of these, 53% have two living biological parents and 33% have one, highlighting the reality that most children living out of parental care in Swaziland have at least one parent alive (86%).
  - The overwhelming majority of these children 0-17 - 95% - live in households headed by a relative.
  - Swaziland is seeing a rise in children who are living with neither biological parent when their mother is still alive (23% up from 17% in 2006). This has been accompanied by a decrease in the overall proportion of female headed households.
  - Regionally, among children age 0-14, Swaziland has one of the highest proportions of children living with neither living biological parent (31%) compared to countries in both Southern and East Africa. Only Namibia sees a higher rate of children living with neither biological parent at 35%.

- Among children living with neither biological parent, age is a clear determinant of who children are most likely to live with. In the youngest age groups the prevalence of living in households headed by a grandparent is high at
86% for children aged 0-1 and 82% for children aged 2-4, but only 47% for the oldest age group of 15-17. Conversely these younger age groups have very low rates of living with aunts and uncles (<1%), while in the highest age group the likelihood of living with an aunt or uncle significantly increases to 14%.

- Similarly, wealth quintile affects which family member children live with. The prevalence of living with grandparents is much higher for children living in households in the poorest quintile (79%) when compared to children living in households positioned in the highest quintile (39%); the prevalence of living with aunts and uncles rises as household wealth increases with 7% of children living in the poorest wealth quintile living in households headed by aunts and uncles compared to 18% in the highest wealth quintile.

- Only 3% of surveyed households report hosting a child 0-17 unrelated to the head of the household. The prevalence is 2.5% among children 0-14.
  - Urban households and households in wealthier quintiles have a higher likelihood of hosting unrelated children and these children are generally older.
“The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members.”


Over the last 30 years there has been a growing understanding of the critical importance of the family and a family environment for children in terms of their development and well-being. This realization is at the core of the United Nations Convention on the Rights of the Child adopted in 1989, and more recently, of the Guidelines for the Alternative Care of Children welcomed by the United Nations General Assembly in 2009.¹

A major body of empirical research in psychology, neuroscience, social work, and other disciplines has demonstrated the importance of investing in children’s early years to support this critical period of child development.² Findings about the negative impact of emotional deprivation and institutionalization for younger children have further reinforced the critical importance of parental care and a family environment.³ As a result, reforms of child protection and alternative care systems for children deprived of parental care, or at risk of being so, have been ongoing in virtually all regions of the world, with a particular focus on moving away from the use of residential care and strengthening the capacity of parents and families to care for their children.⁴

These reforms have also been informed by research that has shown that the vast majority of children in residential care are not placed there because care is genuinely needed or that they are without parental or family care, but rather because their families are facing a range of challenges in their capacity to care, including poverty, lack of access to social services, discrimination and social exclusion, as well as a result of personal or social crises and emergencies.⁵ As a result, governments and other stakeholders in these reform processes have recognized that a major focus of this shift away from the use of residential care for children is not simply about reducing the numbers of institutions and removing children from there, but also about establishing better preventive and family support services to reduce child-family separation and stop children going into alternative care in the first place.

Understanding better the situation of children in ‘care vulnerable situations’, including those outside of parental care, has become crucial not only for HIV prevalent countries but for all countries seeking to strengthen their responses and systems for children facing a range of care and protection risks. A number of organizations and initiatives have drawn attention to the need for more systematic data on

⁴ For documentation of these reforms, go to Better Care Network online Library of Documents at: www.bettercarenetwork.org
children’s care situations, including family arrangements, parental status, care practices, and their impact on child well-being.⁶

National household surveys provide critical data to monitor population-level patterns and trends in relation to key socio-demographic indicators at national and sub-national levels that can also be used to draw important comparisons between countries at both regional and international levels. These surveys provide particularly rich data sets through which changing household compositions and living arrangements, fertility and marriage, health and nutrition, literacy and access to education, poverty and deprivation, and other key indicators of child and family well-being are being gathered on a five yearly basis for a nationally representative sample of households. Initial analysis of this data for a small number of countries has shown how critical this data can be to understand the care situations of these children but also to highlight potential indicators of vulnerability associated with different care and living arrangements.⁷

Demographic and Health Surveys (DHS) have been conducted in middle to low income countries by national statistical agencies with support from USAID since the mid-1980s in over 90 countries. The DHS has now entered its Phase 7 (2013-2018). The survey includes 3 main questionnaires (Household, woman and man’s questionnaires) and provides nationally representative data on health and population, including fertility, maternal and child survival, immunization, water and sanitation, education, living arrangements among others. In addition, the DHS has included questionnaire modules on a range of topics such as domestic violence, Female Genital Mutilation, Fistula, out of pocket expenditures.

Multiple Indicators Cluster Surveys (MICS) have been conducted with support from UNICEF since the mid-1990s in more than 100 countries, tracking progress and trends on more than 20 indicators relating to the Millennium Development Goals (MDGs) and other major international commitments relevant to the situation of women and children. MICS has entered in its fifth phase, MICS 5 (2012-2014). The survey includes a household questionnaire, a questionnaire for women 15-49 years of age with or without birth history, a questionnaire on children under 5 years of age administered to the mothers or caretaker of these children and a questionnaire for men 15-49 years of age. The questionnaires cover a wide range of issues, including education, child labor, child discipline, water and sanitation, maternal and new born health, marriage and union, FGM, birth registration, early childhood development, breastfeeding, sexual behavior, fertility and Tobacco and alcohol use among others.

Both DHS and MICs have also increasingly gathered data on attitudes and beliefs on some critical social issues such as child care practices, attitudes towards HIV AIDS, domestic violence and child discipline.

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The DHS and MICS core questionnaires contain a number of indicators in relation to children’s living arrangements, survivorship of parents, and relationship to the head of the household. This data in some countries is collected for all children under 15 years of age in a household and in others for children under 18 years of age. The data on survival status of parents is collected under the HIV AIDS section of the questionnaire and whilst it is collected systematically in countries with high HIV prevalence, other countries do not always collect it. This data is key to understanding the extent of parental loss (single/double orphans) but also the extent to which parental loss is a significant factor in children’s living arrangements as well as a number of outcome indicators.

A core question asked by all DHS/MICS questionnaires relates to the relationship between children in a particular household to the head of the household. Although there are slight variations in the range of possible relationships provided, there is general consistency as far as the key categories are concerned (grandchild, niece and nephews, foster child, unrelated, for example). This data is systematically collected but rarely extracted and analyzed in the national reports, despite its clear relevance to children’s care situations. Although that data is not a perfect proxy indicator for caregiving arrangements, as it does not provide actual information as to who the legal or de facto caregiver for a particular child is in that household, it is nonetheless a clear indicator of whether a child is living within or outside of family care. This information is key to understanding the extent and patterns of informal alternative care, particularly kinship care, in a given country and this, in turn is critical to inform policies seeking to strengthen parental care, prevent harmful separation but also support adequate family care and family based alternative care.

The DHS and MICS data has huge potential to inform child protection policy and programming, however currently this potential is not being realized. A key barrier is that in most cases the data that would be useful, such as on children’s care and different living arrangements, is not extracted and presented in national reports. Furthermore, awareness of this potentially useful DHS and MICS data amongst child protection practitioners is very low. Given the scarcity of national monitoring data on child protection issues in many contexts, it is important that the sector explores the potential of the DHS and MICS data and also is better informed of what it could offer and how it could be used to support better policies and interventions targeting at risk children and families. It is hoped that these country briefs can contribute to this.
SWAZILAND MICS 4 (2010):

The data presented in this report come from the 2010 Swaziland MICS4 that was carried out by Central Statistical Office of Swaziland in collaboration with UNICEF and other partners. MICS is one of the largest nationally representative surveys that collects information on a range of indicators. The child well-being measures reported here come from the household questionnaire. All figures reported here have accounted for sample weights, none are unweighted. Data were analyzed using the statistical software package SAS 9.4. To measure significant levels of association chi-squared tests and t-tests were run using a 5% alpha level.

During the Swaziland 2010 MICS 4 data collection effort, a total of 4,834 households were interviewed and 20,600 household members were listed. Of these, 10,234 individuals were under the age of 18 and 8,745 children were under the age of 15. The household questionnaire retained a response rate of 95.3%.

To understand Swaziland in its regional context and compare across other southern African states, data was pulled from nationally representative Demographic and Health Surveys (DHS) that were most recently run in these neighboring countries. The Southern Africa Region is defined by the DHS as including the following countries: Botswana, Lesotho, Namibia, South Africa, and Swaziland. Data was also compared to the neighboring East African Region, defined by the DHS as including the following countries: Burundi, Comoros, Eritrea, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Rwanda, Tanzania, Uganda, Zambia, and Zimbabwe.

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9 No recent DHS data available.
11 The Nambia Ministry of Health and Social Services (MoHSS) and ICF International. 2014. The Nambia Demographic and Health Survey 2013. Windhoek, Namibia, and Rockville, Maryland, USA: MoHSS and ICF International.
19 Ministério da Saúde (MISAU), Instituto Nacional de Estatística (INE) e ICF International (ICFI). *Mozambique Inquérito Demográfico e de Saúde 2011*. Calverton, Maryland, USA: MISAU, INE e ICFI.
20 National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF International. 2012. *Rwanda Demographic and Health Survey 2010*. Calverton, Maryland, USA: NISR, MOH, and ICF International.
23 Central Statistical Office (CSO), Ministry of Health (MOH), Tropical Diseases Research Centre (TDRC), University of Zambia, and Macro International Inc. 2009. *Zambia Demographic and Health Survey 2007*. Calverton, Maryland, USA: CSO and Macro International Inc.
Given that many of these countries collected data for the 0-14 age range until recently, for cross-country comparisons under 15 age groups will be used. The 2006 DHS survey conducted in Swaziland is also represented in this report to look at any significant changes that have occurred within country over the 4 years between the two surveys. Lastly, all country level development statistics were pulled from the Human Development Report 2014.  

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BASIC STATISTICS:25,26

Country
- Total population (2012): 1,250,000
- Gross Domestic Product per capita: $5,912.33
- Human Development Index: .53 (Rank – 148)
- Population living below $1.25 a day: 41%
- Life expectancy at birth: 49 years
- Median age: 20.5 years
- Urban vs. rural distribution: 21% of the population is urban, 79% rural
- Under-5 mortality rate: 104 per 1,000 live births. One in every 10 children die prior to reaching their fifth birthday.
  - These rates seem to be on the rise since the mid-1990s.
- HIV/AIDS prevalence: 26%
- Birth registration of children: 49.5%
- Child labor (age 5-14): 7.3%

Households
- Mean household composition: 4.3 members
- Households with at least one child age 0-17: 67%
- Female headed households: 47%
- Urban vs. rural distribution: 35% of sampled households were urban; 65% rural
- Dependency composition per age group as a percent of the population:
  - 42% age 0-14; 53% age 15-64; 5% age 65+
- Polygamy: 13% of women report their husband having other wives. Polygamy is positively associated with age, with women over 40 reporting nearly four times as many instances of polygamous relationships as women under 30.
  - A higher frequency is reported in rural areas (15%) than in urban areas (8%).

Marriage
- Median age at first marriage: 23.1 years for women; 28.2 years for men
  - Women in the poorest households marry on average 4 years earlier at 19.4 years
  - Early marriage: 4.3% of all young women 15-19 are married or in a union. Females are far more likely to marry young than males.

Fertility
- Total Fertility Rate: 3.7 children
  - Fertility is higher in rural areas, among poorer households, and among women with lower levels of education.
  - Adolescent fertility: 89 girls per 1,000 girls age 15-19. Girls with lower levels of education have higher fertility than girls completing higher levels of education: 5.2 for girls with no education; 2.4 for girls completing tertiary education.
  - 28% of all Swazi women report having a live birth prior to age 18.
  - 3% of all Swazi women report having a live birth before age 15.

CHILDREN’S LIVING ARRANGEMENTS:

Unlike most countries in which the vast majority of children live with both biological parents, in Swaziland fewer than a quarter of children 0-17 live in households with both biological parents. As shown below only 22% of children live with both parents, while 36% live with their mother only, 6% live with their father only, and 33% live with neither biological parent.

Variations in living arrangements across age group are highly evident in Swaziland. At an early age the large majority of children still live with at least one biological parent; this proportion declines in a linear fashion with age. The likelihood that a child will live with neither biological parent increases with age. While fewer than 9% of children under 2 live with neither biological parent by the time children reach the 10-14 age group, 39% of all children are living with neither their mother nor their father. The prevalence of living with neither biological parent is 42% for children 15-17 (as seen in Figure 3 below). Gender does not seem to play a large role regarding whether or not a child lives with both of his or her parents, a single parent, or neither parent.

When disaggregated by rural vs. urban and region, the results show that these background characteristics strongly influence living arrangements among children in the country. Thirty-five percent of children living in households located urban areas live with both biological parents, significantly more than the proportion of children 0-17 living in rural households (19%). Conversely, 36% of children in rural areas are living without either biological parent, markedly more than the 20% found in urban centers. To note, many more children are found living with neither parent when both parents are still alive in rural areas (20%) when compared to urban centers (11%).

While smaller than its neighbors in relative landmass, Swaziland shows significant regional variations in living arrangements between its four provinces. Regional data is presented here to understand the regional diversity found within the country. As Figure 4 shows in Hhohho, the northernmost province
and home of the nation’s capital, nearly twice as many children are living with both biological parents compared to Shiselweni, the southernmost province. Interestingly, while Shiselweni also has the highest percentage of children who have lost both biological parents (5.7%), it has a markedly higher percent of children living with neither biological parent even though both parents are alive (24%) compared to its northern neighbors: Lubombo 18%, Manzini 16%, and Hhohho 15%. Not aggregated in the graph below, Shiselweni has the highest prevalence rate of children living with neither biological parent in the country at 41%, followed by Lubombo at 34% of children living with neither biological parent.

**FIGURE 4: PERCENT OF CHILDREN 0-14 LIVING WITH BOTH BIOLOGICAL PARENTS BY REGION**

![Map of Swaziland showing percent of children living with both biological parents by region.](image)

Wealth quintiles appear to have limited influence in the living arrangement of children in Swaziland. Markedly different results are only found in the richest quintile which boasts the highest percent of children living with both biological parents (38.8%), the lowest percent of children living with neither biological parent (22.2%) and lowest percent of children living with a single biological parent (36.5%). The results are mixed for the other four wealth quintiles.

Regionally, Swaziland often stands as an outlier amongst its neighbors. With only 23% of children aged 0-14 living with both biological parents, Swaziland has the fewest children in two parent households compared to its neighbors. In Mozambique, 55% of children live with both biological parents, in Lesotho

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28 The more recent MICS4 Data puts these figures at 27% for Hhohho and 14% for Shiselweni. The DHS Statcompiler map represents figures from an early year (2003), however the relative distribution has largely stayed the same (27% vs 17.5%).
47% and in Zimbabwe 45%. Only Namibia has a comparably low rate of children living with both biological parents at 27%.

This varied regional landscape seen across Swaziland is less prominent when it comes to living with a single biological parent. Where 44% of children live with only one biological parent in Shiselwani, the lowest rates of single parent living arrangement are found in Manzini at 40%. Similarly, both in urban (42%) and rural (41%) households approximately equal number of children live with only one biological parent.

**FIGURE 5: REGIONAL VARIATIONS IN LIVING ARRANGEMENTS AMONG CHILDREN 0-17 LIVING WITH A SINGLE BIOLOGICAL PARENT IN SWAZILAND**
As seen in Figure 6, Namibia and Swaziland have the highest rate of children living with neither biological parent when both parents are still living at 23.6% and 19.2% respectively, while both Lesotho and Zimbabwe are under 13% for children under 15 and Mozambique is under 10%. Swaziland also maintains the highest percentage of children living with a single parent when the other parent is alive, both in households with only fathers and, separately, with only mothers: 30% of children in Swaziland live with their mother alone although their father is alive, and 5% live with their father only even though their mother is alive.

**FIGURE 6:** PERCENT OF CHILDREN 0-14 LIVING WITH NEITHER BIOLOGICAL PARENT WHEN BOTH ARE ALIVE BY COUNTRY
DEATH OF A PARENT (SINGLE AND DOUBLE “ORPHANHOOD”):

Swaziland carries one of the largest orphanhood burdens in the world. Fueled, in part, by its significant HIV/AIDS epidemic that affects one in every five adults, children are losing their parents at a staggering speed. By the time children reach 15 in Swaziland, 3.6% of them have lost both biological parent and an additional 16.6% have lost one biological parent. By the time children reach 18 years of age, nationwide 4.6% of children have lost both biological parents and another 18.4% have lost one. Orphaning is positively associated with age: nearly all children under the age of one having two living parents, while 10% of children aged 15-17 have lost both biological parents as seen in Figure 7.

These figures are nearly identical to the prevalence of parental loss reported in 2006-2007 by the Demographic and Health Survey conducted in Swaziland29. This nationwide survey captured 4.4% of children under the age of 18 who had lost both biological parents and an additional 18.4% who had lost either their father or their mother.

Similar patterns are seen after disaggregating by background characteristics as found with overall living arrangements: males and females have experienced the loss of one or both parents at similar rates. Wealth quintile of the household seems to be related to the likelihood of having lost a parent for children in Swaziland, although this relationship is not very pronounced. Children 0-17 living in households in wealthier quintiles less commonly experience the death of a parent as compared to children living in households belonging to poorer quintiles. Where 4.8% of children 0-17 living in households in the poorest quintile and 5.5% of children in the second poorest quintile have lost both biological parents and approximately 20% have lost one before the age of 17, 3.4% of children in the richest quintile have lost both biological parents and 14% have lost one. This may partially explain the regional differences in parental survival found across Swaziland. Regional and rural-urban variation is also seen across the country. Significantly more children living in rural areas are orphaned (5%) when compared to children living in urban areas (3%). The Shiselweni and Hhohho provinces have significantly higher prevalence rates of double parent loss (5.7% and 4.7% respectively) than the Manzini province (3.6%).

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29 Central Statistical Office (CSO) [Swaziland], and Macro International Inc. 2008. Swaziland Demographic and Health Survey 2006-07. Mbabane, Swaziland: Central Statistical Office and Macro International Inc.
Interestingly, even with Swaziland’s high rate of parental death – 3.6% of all children have no surviving biological parent – Lesotho (5.4%) and Zimbabwe (4.7%) have higher rates of orphanhood in the Southern and East Africa region as seen below in Figure 9.30

The map presented in Figure 7 was pulled from the Demographic and Health Survey STATcompiler. It reflects data pulled from DHS surveys in Lesotho (2009), Mozambique (2011), South Africa (1998), Zimbabwe (2010) and Swaziland (2006). Nonetheless, Swaziland’s 2006 prevalence of double orphanhood of 3.7 is similar to the MICS 4 reported 3.6 in 2010. Also to note, data on South Africa is out of date.

FIGURE 8: REGIONAL PERCENT DISTRIBUTION OF PARENTAL SURVIVAL AMONG CHILDREN 0-17 IN SWAZILAND

FIGURE 9: PERCENT OF ORPHANED CHILDREN AGE 0-15, BY COUNTY

30 The map presented in Figure 7 was pulled from the Demographic and Health Survey STATcompiler. It reflects data pulled from DHS surveys in Lesotho (2009), Mozambique (2011), South Africa (1998), Zimbabwe (2010) and Swaziland (2006). Nonetheless, Swaziland’s 2006 prevalence of double orphanhood of 3.7 is similar to the MICS 4 reported 3.6 in 2010. Also to note, data on South Africa is out of date.
FIGURE 10: PERCENT OF PARENT LOSS AMONG CHILDREN AGE 0-14 BY COUNTRY, DHS SOUTHERN AND EAST AFRICA REGIONS

Burundi  Comoros  Eritrea  Ethiopia  Kenya
Madagascar  Malawi  Mozambique  Rwanda  Tanzania
Uganda  Zambia  Zimbabwe  Lesotho  Namibia
South Africa  Swaziland
CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT:

While 13% of children living with neither biological parent in Swaziland do not have a living biological parent to live with, 10% have a biological father who is alive, 23% have a living mother, and over half— a 53%— have both living biological parents, as shown in Figure 11. To put it in other terms, while one in twenty children have neither biological parent living, approximately 1 in 3 live in households without their biological parents even though their parents are still alive. This reality supports the idea that orphanhood is not the primary reason for family separation and begs the question— who are these children living with?

In the four years between the 2006 DHS and 2010 MICS some notable shifts have occurred. There seems to be a slight rise in the proportion of children living with neither biological parent from 32.6% in 2006 to 33.3% in 2010 although statistically insignificant. The distribution of the children’s parental survival has also shifted slightly and we see a significant drop in children who have two living parents from 56% in 2006 to 53% in 2010. There has also been a marked increase in the overall proportion of children living with neither biological parent who have a living mother from 17% in 2006 to 23% in 2010.

While these children do not live with their biological parent, the vast majority of them do live in family care, residing instead in households with their grandparents, aunts, uncles, siblings, and other relatives. Nationwide, 95% of children aged 0-17 live in family care, with only 3% of surveyed households reporting hosting a child who is unrelated to the head of the household. The likelihood of living in family care is equally likely for female children as it is for male children. Living in family care seems to be negatively associated with age, with the oldest age group having a higher likelihood of living in non-related care; however, given the small sample size in the youngest age categories, caution must be employed. Rural households also have a slightly higher prevalence of family care (95% vs 93%), although the relationship is not significant at an alpha level of 5%. Regional variation is also limited, with a marginally higher prevalence of family care among Shiselweni households (97%) when compared to the rest of the country.

Family care also appears to be negatively associated with wealth. Wealthier quintiles are more likely to host unrelated children. Possible explanations might include scenarios in which older children have a higher likelihood of working as domestic workers in households with more resources, or children may migrate for education or work opportunities into areas with a higher wealth concentration.

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31 According to the World Bank, in 2010 39% of the total population in Swaziland was between the ages of 0-14. Therefore, over 88,000 children under the age of 15 live with neither biological parent, of which approximately 16,750 children have lost both biological parents.
In Swaziland, 68% of children 0-17 living with neither biological parent live with their grandparents. This number is larger for children 0-15 at 72%. In fact, this relationship seems to be negatively associated with age of the child. Children under the age of two have the highest likelihood of living with their grandparents, with 86% of all children under 2 who live with neither biological parent living in households headed by their grandmother or grandfather. An incremental decrease is seen in this proportion as children age – the high prevalence of 86% drops to 82% for children age 2-4, 75% for children age 5-9, 64% for children age 10-14, and 47% for children 15-17. Nonetheless, in Swaziland among children living with neither biological parent, in all age cohorts more live with their grandparents than with any other relative.
Gender seems to not play a significant role in determining who children live with when living outside of the care of their biological parents. While males and females have more or less the same likelihood of being hosted by relatives, females are more likely to live with their aunt or uncle than males (11% vs 8%). Older age groups also have a higher likelihood of living with aunts and uncles compared to younger age groups: 14% of children aged 15-17 live with these relatives while fewer than 1% of children 0-1 do the same. Older children also live more frequently with their siblings: 9% of children aged 15-17 live with a brother or sister while less than 1% of children 0-1 do the same.

Proportionally fewer children living in households in the more affluent wealth quintiles live with their grandparents compared to children living in lower wealth quintiles. Prevalence rates for living with grandparents in the poorest quintile are 79%, dropping incrementally between each quintile until reaching a low in the richest wealth quintile of 39%. It appears that this association is the opposite for living with aunts and uncles. A steady increase in prevalence is seen as households jump wealth quintiles. While only 7% of children in the poorest wealth quintile live with aunts and uncles, 18% of children living in households positioned in the highest wealth quintile live with their aunt or uncle.

When disaggregated by geographical characteristics, it appears that significantly more children 0-17 in rural areas live in households headed by their grandparents than among children living in urban centers (69% vs 53%). The opposite is true for children living with their aunts and uncles whereby 15% of children in urban areas live in households headed by these family members versus 9% of children in rural areas. Similar but smaller differences are also true for children living in households headed by “other relatives” and siblings.

Slight differences are seen between any two regions of the country. As seen in Figure 14, Manzini maintains the lowest proportion of children living with neither biological parent in households headed by that child’s grandparents at 64% and highest proportion of children living in households with their aunts and uncles, while the Lubombo region has the highest prevalence of children 0-17 living in grandparent headed households at 71% and the highest proportion of children living in unrelated households (4%). The Hhohho region has the highest prevalence of children who are adopted or fostered at [3.6%].
Since the 2006 DHS, there has been a significantly decline in children living with a single parent in the household from 43% in 2006 to 41% in 2010. This change has mostly been seen in households where children are living with their mother only. To explain, in 2006 38% of all children ages 0-17 lived with only their biological mother, while in 2010 the prevalence dropped to 36%. Meanwhile, the proportion of children living solely with their biological father has stayed relatively stable at just under 6%.

The percentage of total households headed by females has also seen a slight decline from 48% in 2006 to 47% in 2010. These changes, although still relatively small, may reflect emerging patterns due to shifting labor forces, and migration patterns, or may be tied...
to the continued rise of the HIV/AIDS epidemic and the increased access to ARV treatment. Further research is needed to better understand and explain the drivers at play. Nonetheless, even with a small decline in female headed households, Swaziland has the highest prevalence of such households in the region at 47%. It’s followed by 45% in Zimbabwe, 44% in Namibia, and 36% in Lesotho and Mozambique.

Additionally, age seems to be positively associated with living arrangements among children who are adopted and fostered\textsuperscript{32}. Similarly more children at older ages live in households where they are unrelated to the household head. However, in these two categories sample sizes are too small for results to be conclusive. While it appears that urban households more frequently host unrelated children aged 0-17, sample size limitations do not allow for any significant findings in this area. Additionally, caution must be employed when analyzing figures in these categories given the ambiguous definition around fostering within the DHS program. The DHS program defines fostering as “children under age 18 living in households with neither their mother nor their father present.” However, as seen throughout this report, most children living with neither biological parent are not categorized as “fostered.” Therefore, it is difficult to ascertain which children would be classified as “fostered” in the field. Additionally, in many of these settings formal adoption is quite limited. As a result, the data might be a significant underestimate of the total population of children being fostered and adopted.

Regionally, among children age 0-14, Swaziland has one of the highest proportions of children living with neither living biological parent (31%) compared to countries in both Southern and East Africa. Only Namibia sees a higher rate of children living with neither biological parent at 35%.

\textbf{FIGURE 16: PERCENT OF CHILDREN 0-15 LIVING WITH NEITHER BIOLOGICAL PARENT, EAST AND SOUTHERN AFRICA REGION}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure16.png}
\caption{Percent of children 0-15 living with neither biological parent, East and Southern Africa region.}
\end{figure}

\textsuperscript{32} Percentages in brackets reflect 25-49 unweighted cases. Caution should be employed when generalizing to the entire population given the small sample found in these sub-cohorts. Additionally, sub-cohorts with fewer than 24 unweighted cases are identified in the report with an asterisk (*). These percentages are not reported.
LIMITATIONS:

The data presented here represent children who were residing in households at the time of data collection. It does not include the most vulnerable cohort of children ages 0-17 who are not living in households. These data look at the relationship between the child and the head of the household. They do not provide information on the primary caregiver of the child. Moreover, it does not capture multigenerational households; therefore, it is possible that a child who is reported as the grandchild of the household head is also cohabitating with an aunt or uncle, sibling, or other relative. Also to note, the available questionnaire categories that capture relationships to household head do not distinguish between maternal and paternal relatives, an area that may warrant closer attention in further data collection efforts.

Another limitation found in this report is the inflexibility of the structured household. Flows of communication, individuals, and funding that build the networks of each individual household remain hidden. The data cannot uncover whether children living with neither biological parent who have living biological parents communicate with them, are visited by them, or are supported financially by them. It does not capture the stability of the household composition, leaving unknown the timing of when a parent left or whether the parent comes and goes routinely. These limitations highlight areas of study that require additional data in order to uncover children’s care structures in Swaziland.