

Survey of HIV and AIDS related knowledge, attitudes & practice

Swaziland 2007

Summary of key findings

CIETtrust
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Summary of key findings

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This summary presents key findings for Swaziland from the national survey undertaken by CIET in 2007, examining HIV and AIDS related knowledge, attitudes, and practices. It compares these with findings from nine other countries in the SADC region in 2007 and with findings from Swaziland and the region in 2002-2003.

These findings emanate from the “Soul City regional programme audience reception and impact evaluation”, for which CIET undertook surveys in eight countries in 2002-2003 and 2007.

The survey

- Follow-up of 2002-3 survey
- 10 SADC countries
- June to October 2007 (S Africa later)
- 2,000-3,000 households per country
- 5,500-16,500 school children per country
- Knowledge, attitudes & practices about:
 - HIV/AIDS prevention (condoms, multiple partners)
 - HIV testing
 - ART
 - gender & gender-based violence
 - exposure to media and other sources of information

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The 2007 survey was a follow-up to a similar survey undertaken by CIET in Swaziland in 2002-2003.

We undertook the same survey in nine other SADC countries in 2007: Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, Zambia, and Zimbabwe. In all except South Africa and Tanzania, we also conducted a baseline survey in 2002-2003.

Together with local colleagues in each country, we collected data between June and October 2007 (finishing in early 2008 in South Africa).

The surveys covered both adults (aged 16-60 years) in households and school-going youth (aged 8-17 plus years). A total of 24,069 adults and 96,375 youth across all ten countries participated in the survey in 2007.

Among both adults and youth, we asked about knowledge, attitudes and practices about:

- HIV and AIDS prevention (including questions about use of condoms and number of sexual partners)
- HIV testing
- Antiretroviral therapy
- Gender, sexuality, and gender-based violence
- Exposure to media and other sources of information

In this summary, we present some key findings. More details about findings are available from CIET.

Information base in Swaziland

	<u>2002-3</u>	<u>2007</u>
Household respondents (16-60 years)	1,972	1,975
School-going children (Standard 3 – Form 2)	10,946	11,128

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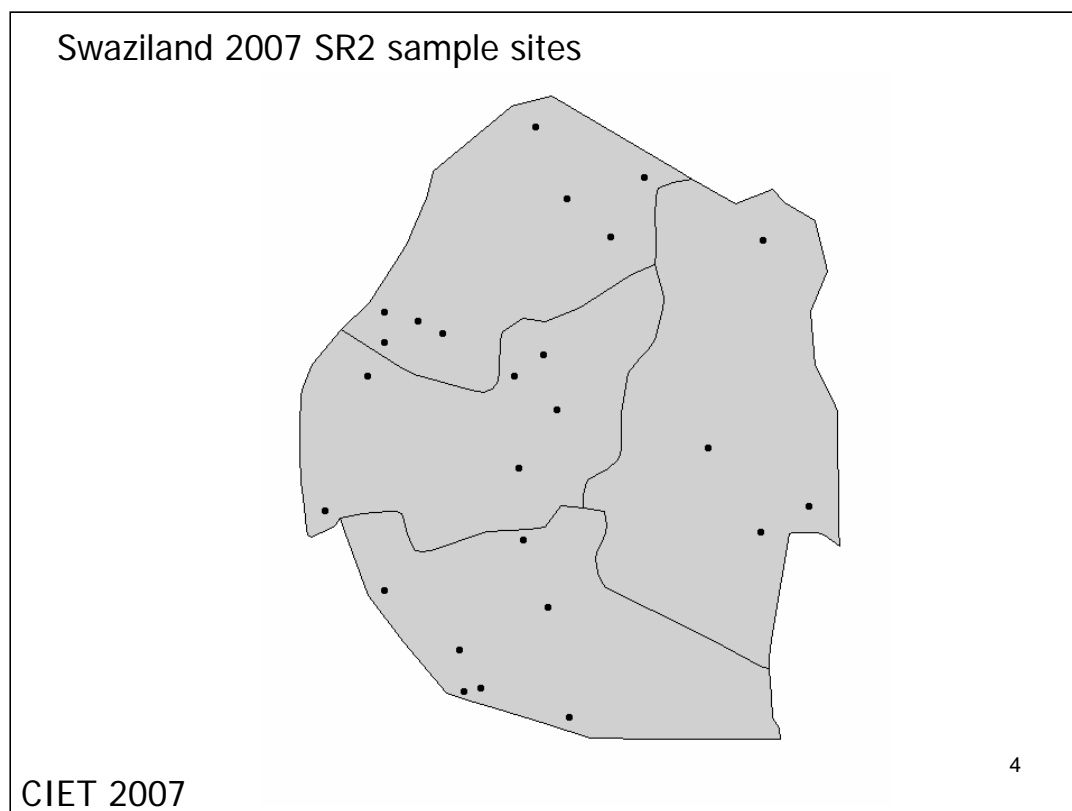
In Swaziland, we worked with local colleagues in both 2002-2003 and 2007.

We trained field teams in 2002-2003 and 2007 and they collected information from the number of adults and youth shown in the table.

We used the same questionnaires in 2002-2003 and 2007, with some added questions in 2007 about ART, multiple partners, and exposure to various media.

In 2003 and 2007 we conducted the schools survey inside classrooms, with the permission of the Ministry of Education and individual school heads.

The field teams conducted interviews with eligible household members in SiSwati and recorded their responses anonymously. In the schools facilitators read out the questions to classes of school pupils, in standard 1-5 and forms 1-2, and the pupils recorded their individual responses on anonymous response forms.

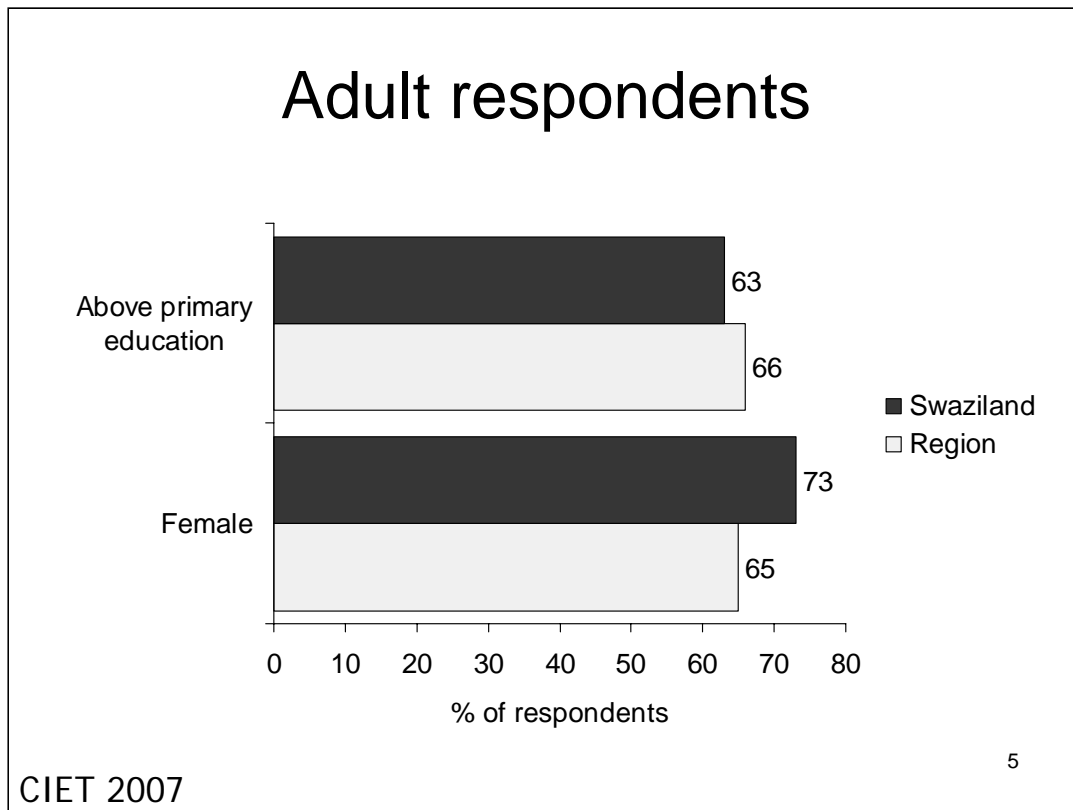


The map shows the location of the sample sites in 2007; they were the same sites as in the 2002-2003 survey.

We selected a national sample of 25 sites for the baseline survey in 2002 and collected information from the same sites (not necessarily the same individuals or households) in the follow up survey in 2007. The 2002 sample was a stratified random cluster sample of enumeration areas, based on the 1997 Population and Housing Census of Swaziland supplied by the Central Statistics Office. Before selection of the sample, we organised the rural and urban strata by district to obtain a geographic spread of sample sites. We chose sample EAs randomly from within each stratum, with the number of EAs proportional to the national population.

Of the 25 sites, 19 represent rural areas, four represent urban areas, and two represent the capital, Mbabane. The distribution of sample sites across the country reflects the population distribution, which is fairly even across the country.

Despite the efforts to select a sample reflecting the population distribution across rural, urban and capital locations, the sample population distribution did not exactly match the actual population distribution across these three strata. Population weights calculated for each site in the 2002 survey shifted the sample back into proportion with the national population. The sample distribution was in fact very close to the actual population distribution, with weights close to 1.0, except for some slight over-sampling of urban and capital sites. In the 2007 survey, teams collected information from approximately the same number of households in each site as in 2002, and we therefore used the same sample weights for the follow up survey. In this report, all national estimates are shown weighted.



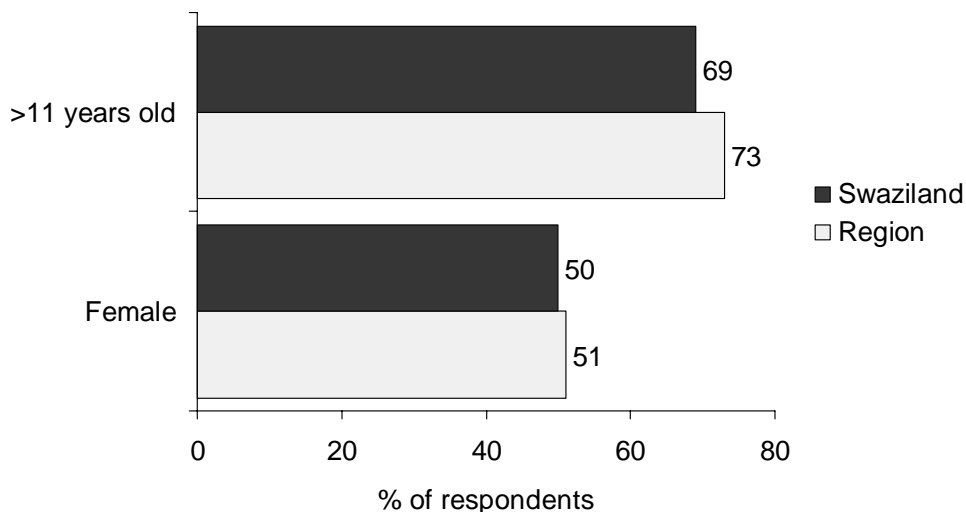
This chart shows characteristics of the adult population sample in Swaziland, compared with the whole adult sample population across the ten countries in the SDAC region in 2007.

Some 63% of the adults (aged 16-60 years) in Swaziland had above primary education; lower than the regional average of 66%. There were a number of important differences in knowledge, attitudes and practices between adults with above primary education and those with only primary education or less.

The majority of the household respondents were women: 73% in Swaziland and 65% on average across the region. This reflects the fact that the field teams are more likely to find women at home, while men may tend to be out at work.

When there are important differences between the responses of men and women, it is important to show the results for men and women separately. The “overall” figure will tend to be closer to that of the women, since they are over-represented in the sample.

School youth respondents



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This chart shows characteristics of the school-going youth population sample in Swaziland, compared with the whole youth sample population across the ten countries in the SDAC region in 2007.

We used a rather simpler questionnaire for the younger pupils, up to eleven years old. In Swaziland, two thirds of the youth in the sample were aged 11-17 plus years; across the region three quarters of the youth in the sample were aged 11-17 plus years. We found differences in knowledge and attitudes between younger and older school pupils.

In Swaziland, half the school-going youth in the sample were girls; about the same as the 51% average across the region. For some questions, boys and girls responded differently.

Knowledge

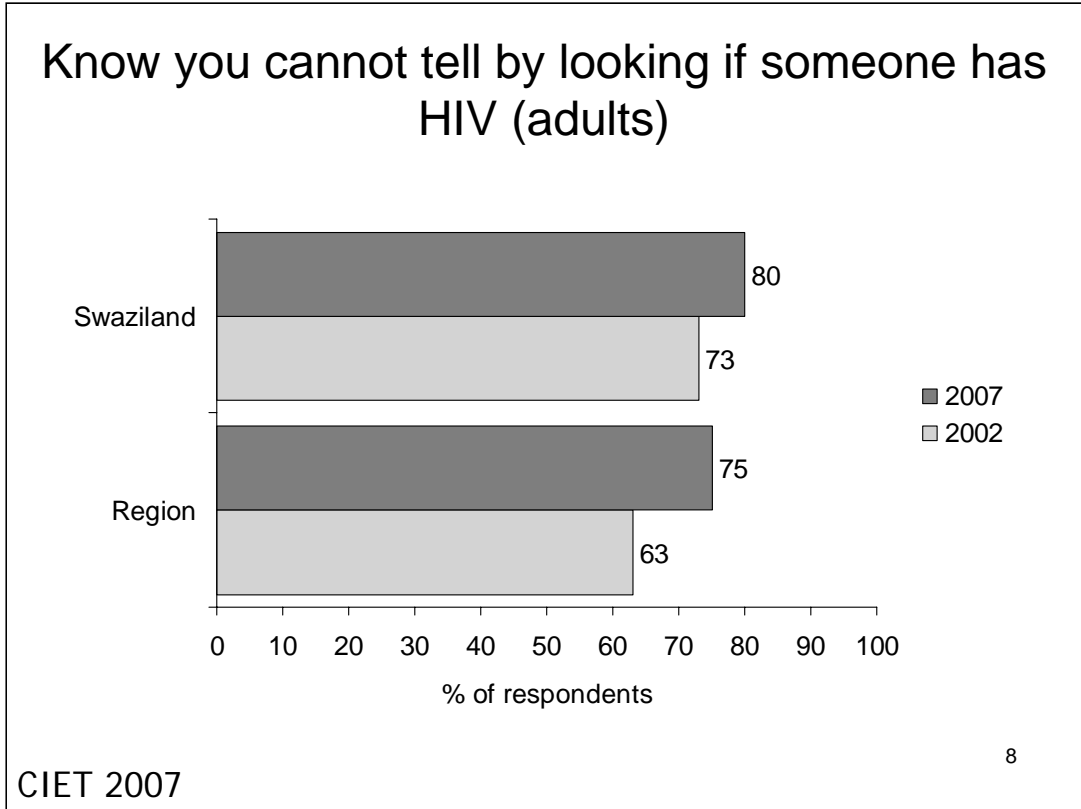
7

This section covers some examples of the findings on general knowledge of adults and youth about HIV and AIDS. We collected information about other aspects of knowledge and details are available through CIET.

In this and subsequent sections, we compare the findings for Swaziland with the regional average, and show changes between 2002-2003 and 2007.

We also show relevant findings separated by sex and educational status (for adults) and sex and age (for school-going youth).

We use maps to show how some of the key findings varied across Swaziland in 2002-2003 and 2007.

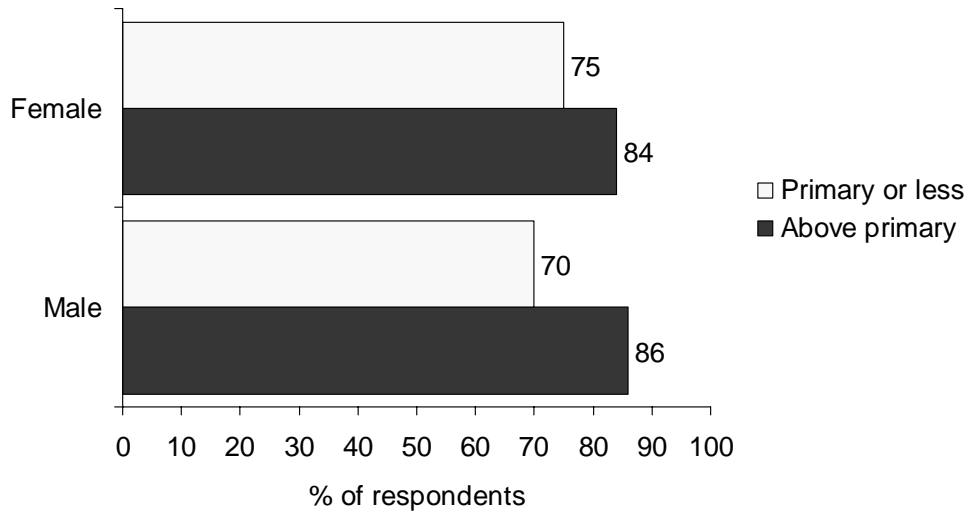


This chart shows the proportion of adults who knew that you cannot tell someone has HIV just by looking at them.

In Swaziland in 2007, 80% of adults knew this; an increase since 2002, when 73% knew this.

This aspect of knowledge is slightly better than the average across the 10 countries in the region, where on average three-quarters of adults in 2007 knew you cannot tell by looking that someone has HIV. The proportion of people with this item of knowledge ranged from 53% to 82% across the region in 2007. Knowledge across the region improved between 2002 and 2003.

Know you cannot tell by looking if someone has HIV (adults)



CIET, Swaziland 2007

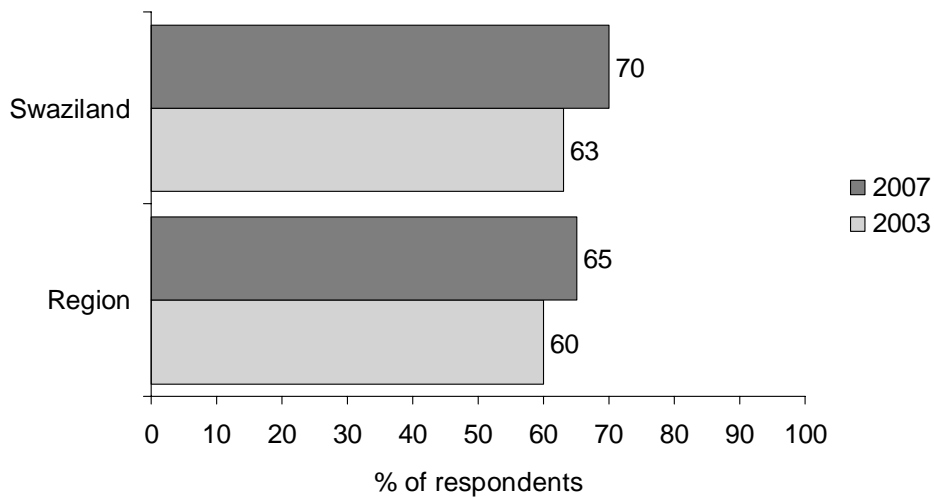
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This chart shows the same aspect of knowledge in Swaziland, in men and women separately, and in those with more education (above primary) and less education (primary or below).

The level of knowledge - that you cannot tell someone has HIV just by looking – was about the same in men and women.

But there was a difference by educational level. Those with more education, both men and women, were more likely to have the correct knowledge about this.

Know you cannot get HIV by eating with someone infected (youth)



CIET 2007

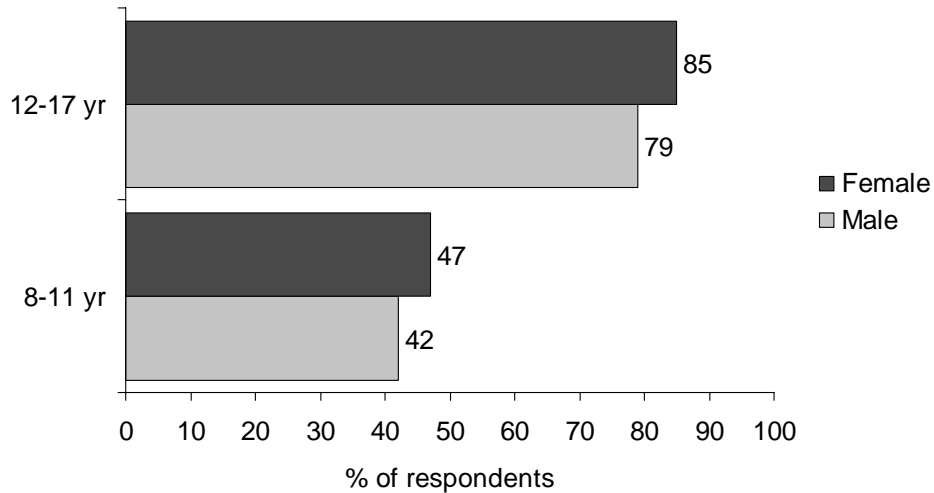
11

This chart shows a similar aspect of knowledge, among school-going youth: the knowledge that you cannot catch HIV by eating with someone infected.

In Swaziland in 2007, 70% of youth knew this, an increase since 2003, when 63% knew it.

This aspect of knowledge among youth was better than the average across the 10 countries in the region. Across the region, in 2003 60% knew you cannot catch HIV by eating with someone infected, and this increased to 65% in 2007. In 2007, the proportion of youth who knew you cannot catch HIV by eating with an infected person ranged from 81% down to 49% across the 10 countries.

Know you cannot get HIV by eating with someone infected (youth)



CIET, Swaziland 2007

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This chart looks at the knowledge you cannot catch HIV by eating with someone infected, in male and female youth of different ages in Swaziland in 2007.

This aspect of knowledge was better among older youth (aged 12-17 years) than among younger youth (aged 8-11 years). The improving knowledge with age is encouraging.

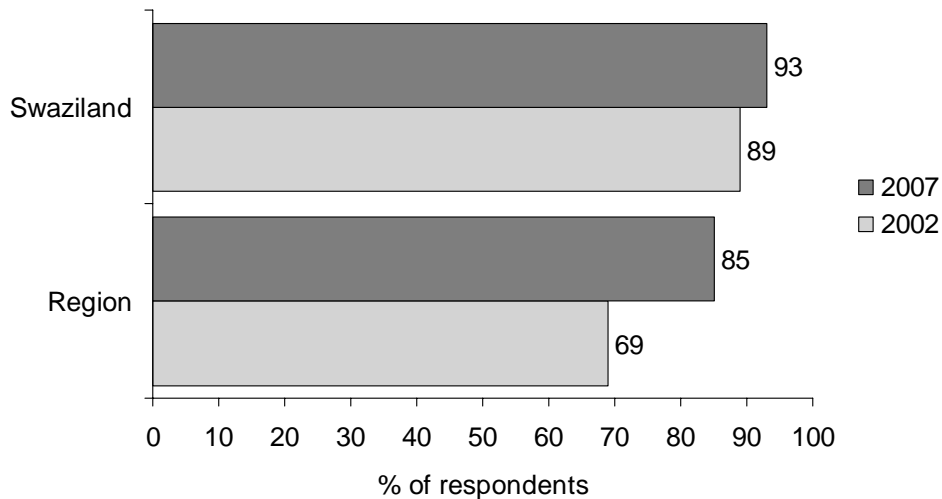
Among both older and younger youth, girls had rather better knowledge of this item than boys.

Stigma

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This section examines some aspects of stigma about HIV and AIDS.

Do not think people with HIV/AIDS must live apart (adults)



CIET 2007

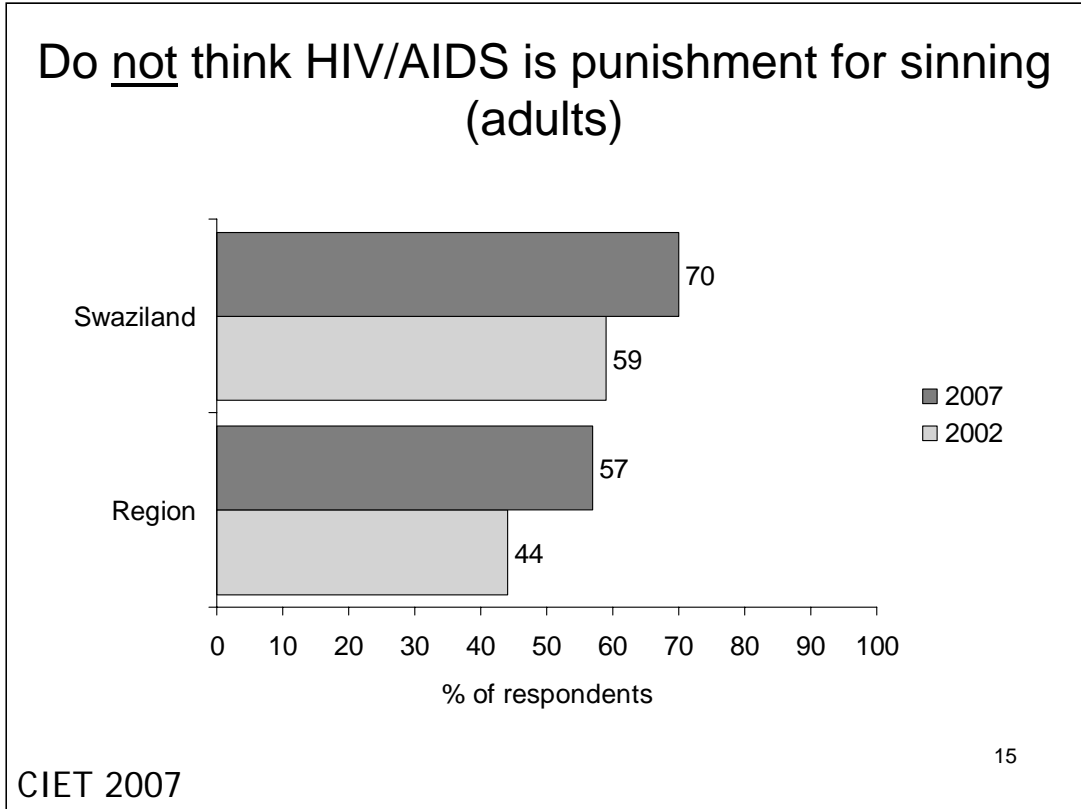
14

Nearly everyone in Swaziland did not think people with HIV or AIDS should live apart from other people in the community.

As shown in this chart, in 2007 nearly all adults (93%) said people with HIV or AIDS need not live apart; a small increase from 89% in 2002.

The attitude about people with HIV or AIDS living apart is more positive in Swaziland than the average across the 10 countries in the region. In 2007, 85% across the region did not think people with HIV or AIDS should live apart. This is an improvement since 2002, when just 69% across the region thought this.

In 2007, the proportion of adults thinking people with HIV or AIDS need not live apart ranged from 95% down to 77% across the 10 countries.



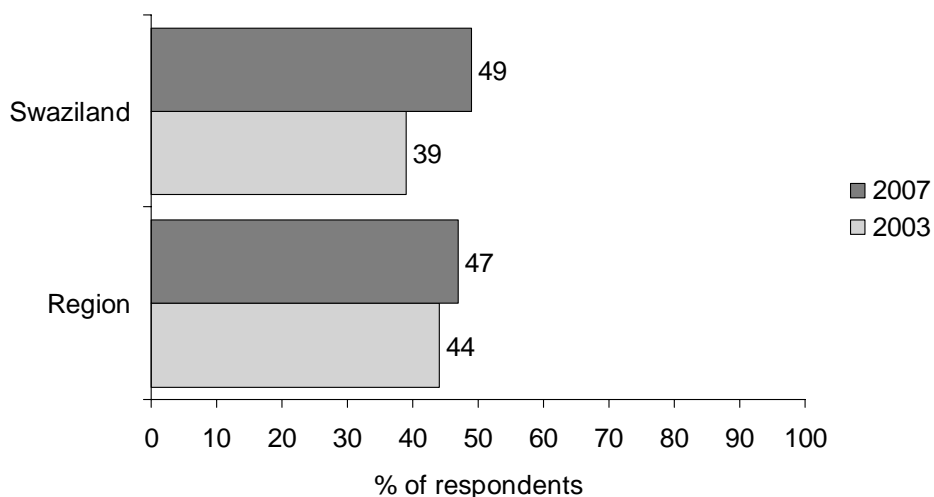
This chart shows another aspect of stigma: the belief that HIV/AIDS is punishment for sinning.

In 2007, 70% of the adults we interviewed in Swaziland did not think HIV/AIDS is punishment for sinning. This is an improvement since 2002, when only 59% held this positive attitude.

Swaziland is above the regional average for this attitude. In 2007, 57% across the region did not believe HIV/AIDS is punishment for sinning, also an improvement over the 44% in 2002.

In 2007, the proportion of adults who did not believe HIV/AIDS is punishment for sinning ranged from 79% down to 41% across the 10 countries.

Would befriend someone with HIV/AIDS (youth)



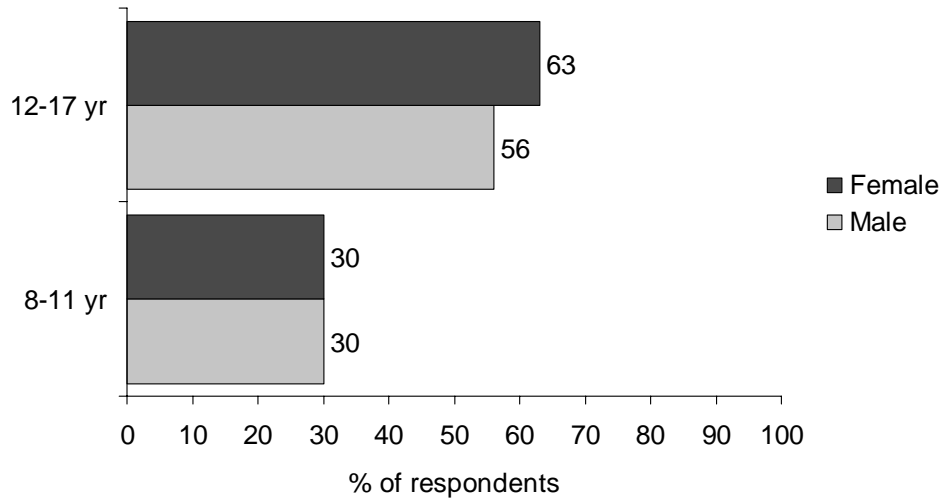
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Just under half of the youth in the sample in Swaziland in 2007 said they would be willing to befriend someone who had HIV or AIDS. This was an increase from 39% in 2003.

The regional figures for this were almost the same as the figures for Swaziland. In 2007, the proportion of youth who were willing to befriend someone with HIV or AIDS ranged from 67% down to 35% across the 10 countries in the region.

Would befriend someone with HIV/AIDS (youth)



CIET, Swaziland 2007

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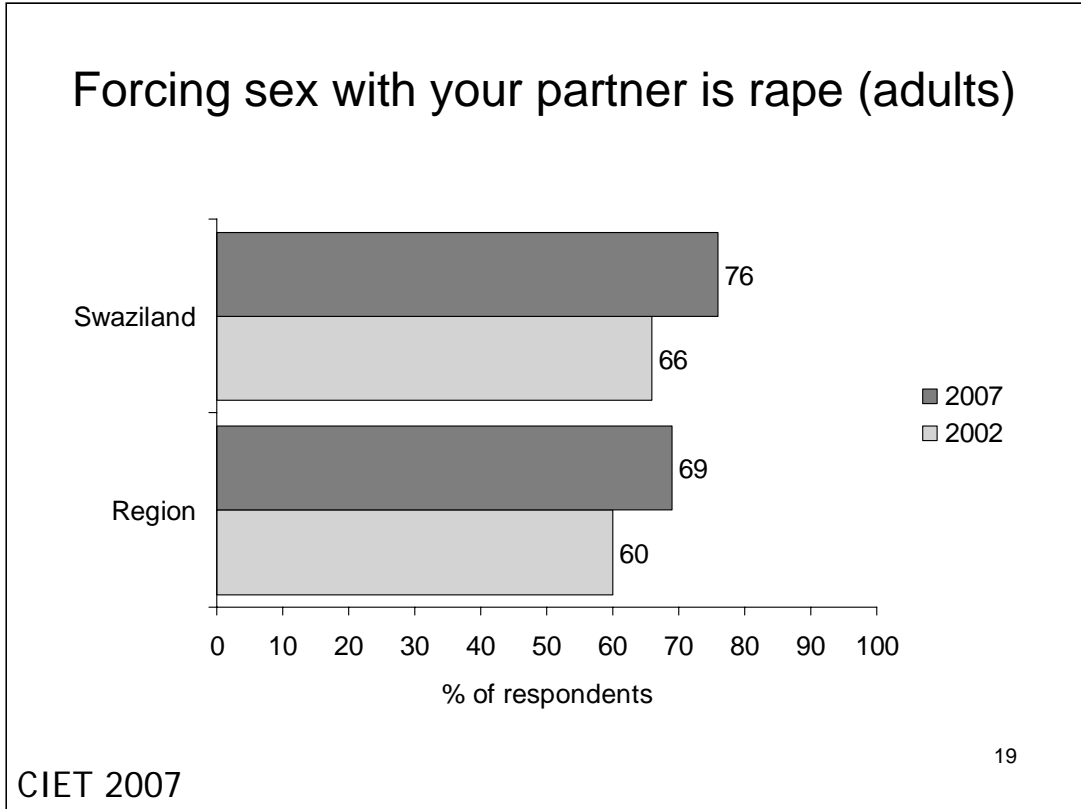
Looking at this attitude in more detail in Swaziland in 2007, the chart shows that older youth (12-17 years old) were twice as likely as younger youth (8-11 years) to be willing to befriend someone with HIV or AIDS. The increasing willingness in older youth is encouraging and suggests youth are learning to hold less stigmatising attitudes as they grow older.

Among older youth, girls were more likely than boys to be willing to befriend someone with HIV or AIDS.

Violence and sexual violence

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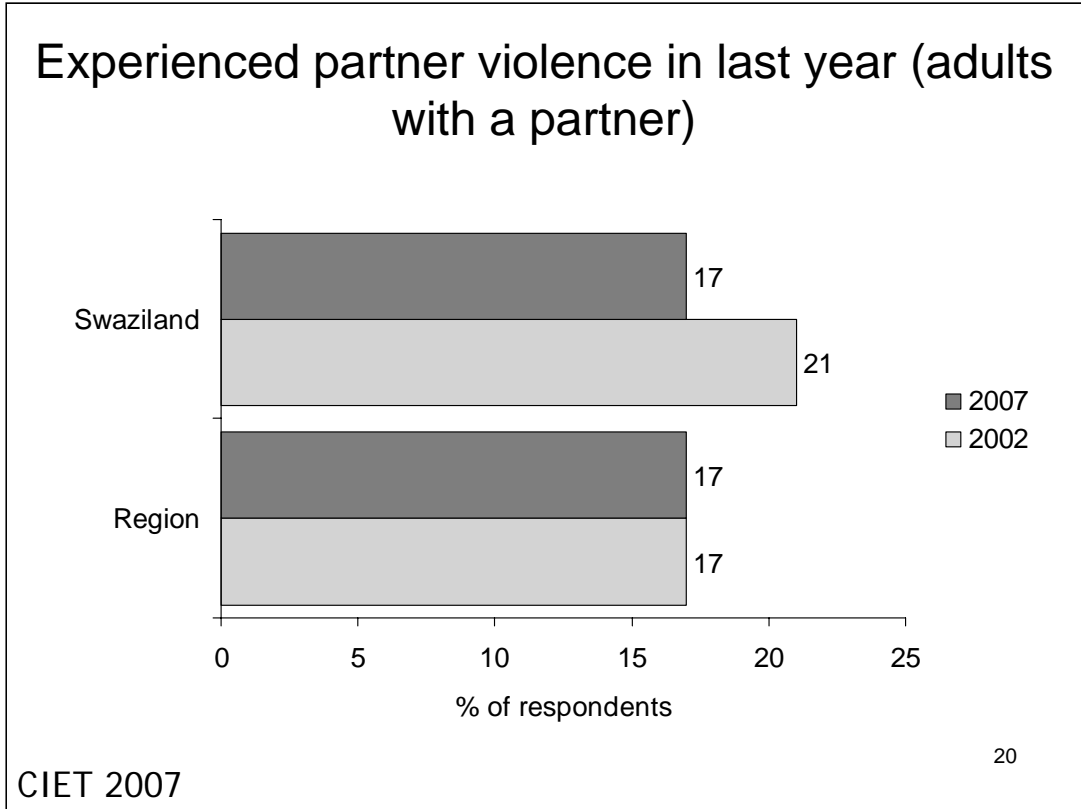
This section deal with attitudes and practice about violence and gender-based violence among adults and youth.



In Swaziland in 2007, three quarters of adults believed that forcing your partner to have sex is rape, with an increase from 66% in 2002.

The regional average for this belief is a bit lower: in 2007 seven out of ten adults believed forcing sex with your partner is rape, an increase from the six out of ten who believed this in 2002.

The proportion of adults who believed forcing sex with your partner is rape ranged from 83% down to 56% across the 10 countries in the region in 2007.



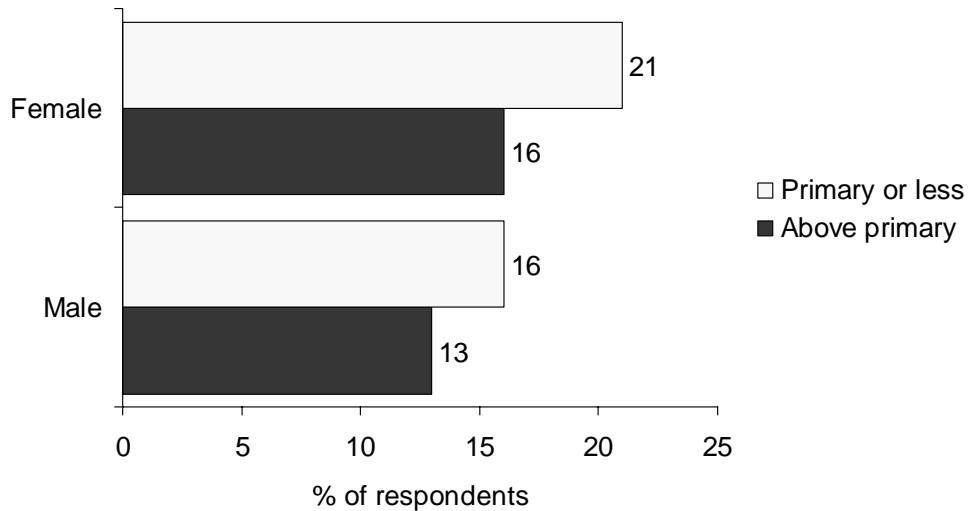
Some 17% of adults with a partner in Swaziland in 2007 reported they had experienced violent arguments where their partner beat, kicked or slapped them in the last 12 months.

This was a decrease from the 21% who reported partner violence in 2002.

The regional average for reporting partner violence in the last year was 17% in 2007 and the same in 2002.

The proportion of adults reporting partner violence in the last year ranged from 14% to 23% across the 10 countries in the region in 2007.

Experienced partner violence in last year (adults with a partner)



CIET, Swaziland 2007

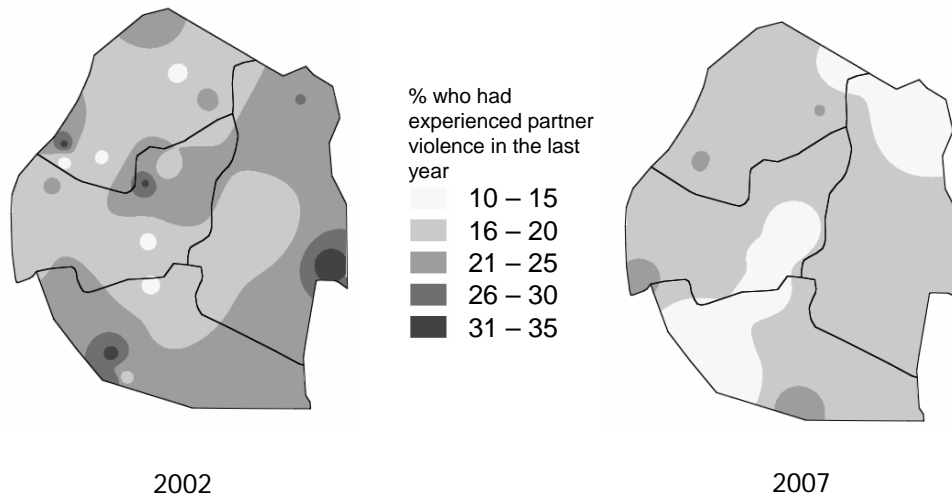
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Looking at the report of partner violence in more detail in Swaziland in 2007, the chart shows that men reported experiencing violence less than women.

Among both women and men, those with less education (primary or less) were more likely to report partner violence than those with more education.

We do not know if this relates to the actual experience of violence or to differences in willingness to reveal the experience to the interviewer.

Experienced partner violence in last year (adults with a partner)

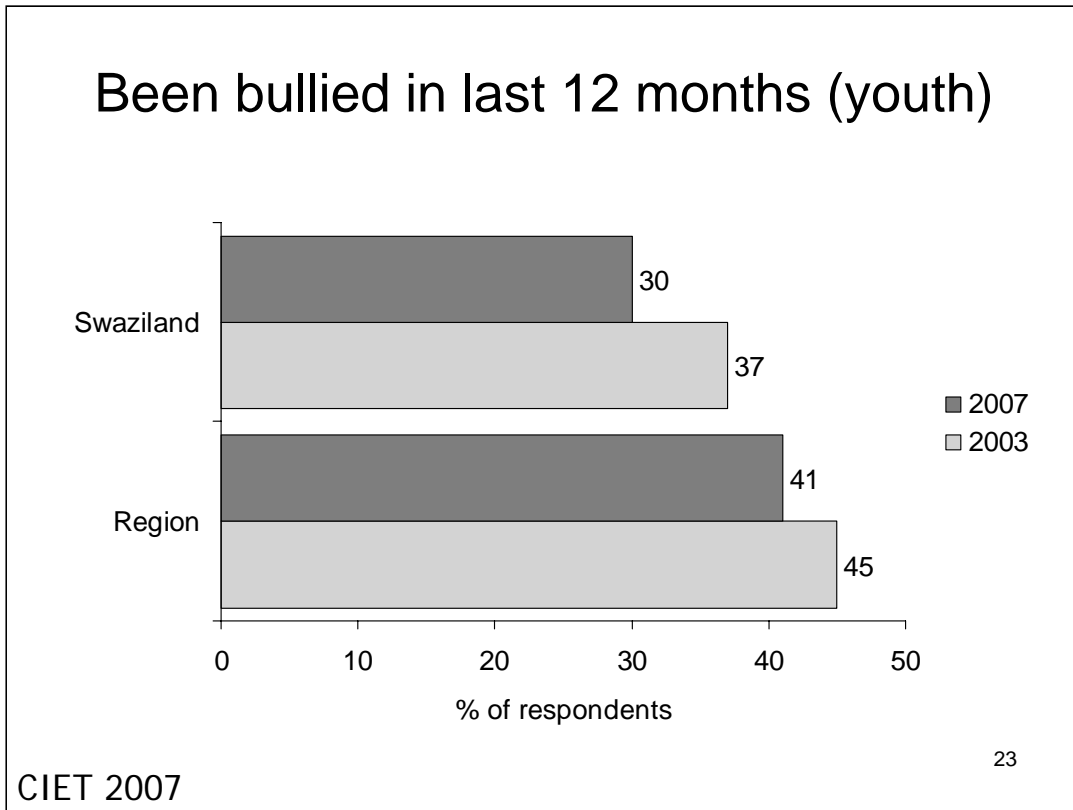


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CIET SR2-Swaziland 2007

There was a reduction in reported partner violence in Swaziland from 21% to 17% between 2002 and 2007.

These maps show the variation in reported partner violence across the country in 2002 and 2007. The maps show there was a decrease in reported partner violence in pretty much all areas of the country, as indicated by the paler colours on the 2007 map.



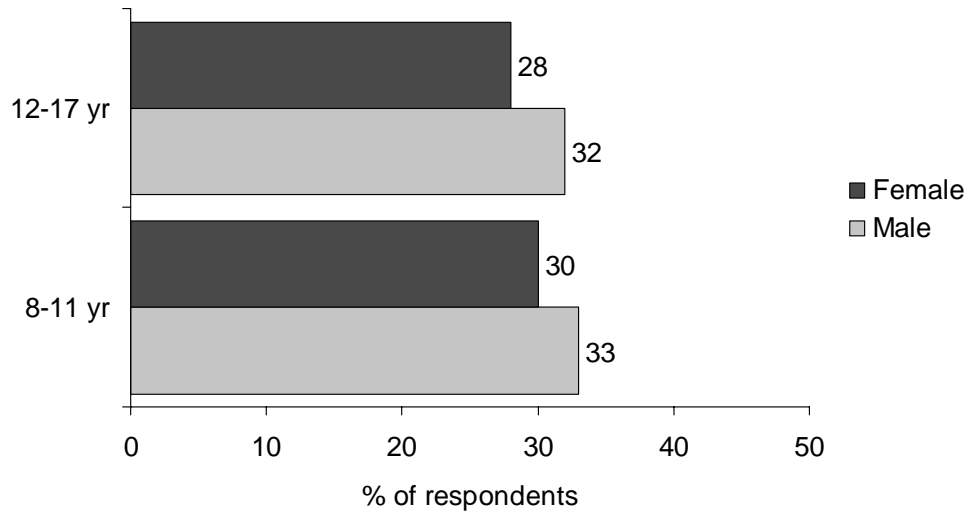
We asked school-going youth if they had been bullied in the last 12 months.

In Swaziland in 2007, three out of ten youth said they had been bullied, with a decrease between 2003 and 2007.

The regional average in 2007 was higher than for Swaziland, also with some decrease since 2003.

The proportion of youth in 2007 who reported being bullied in the last 12 months ranged from 30% up to 56% across the 10 countries in the region.

Been bullied in last 12 months (youth)

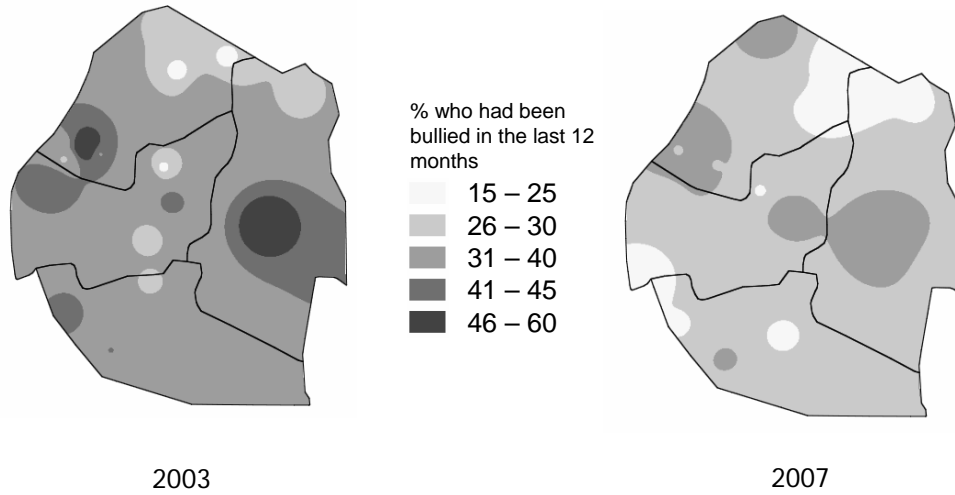


CIET, Swaziland 2007

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Looking at the experience of being bullied in more detail in Swaziland in 2007, the chart shows that there was little difference between older and younger youth in reporting being bullied. In both age groups, boys were slightly more likely to report being bullied.

Been bullied in last 12 months (youth)

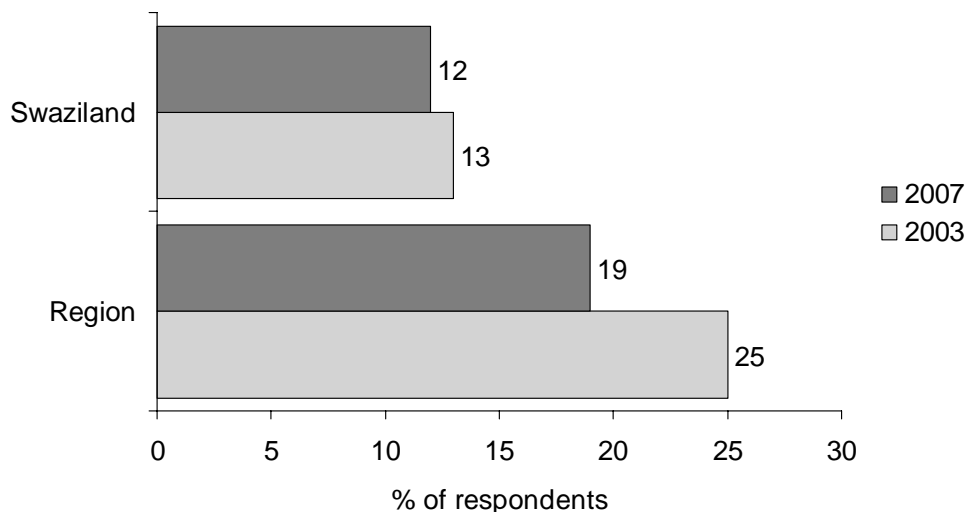


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CIET SR2-Swaziland 2007

There was an overall decrease in the proportion of youth who reported being bullied in Swaziland from 37% in 2003 to 30% in 2007. These maps of the situation in 2003 and 2007 show the change was quite uniform across the country. In all areas the proportion reporting being bullied decreased, as shown by the paler colours in 2007.

Ever been forced to have sex (youth 12-17)



CIET 2007

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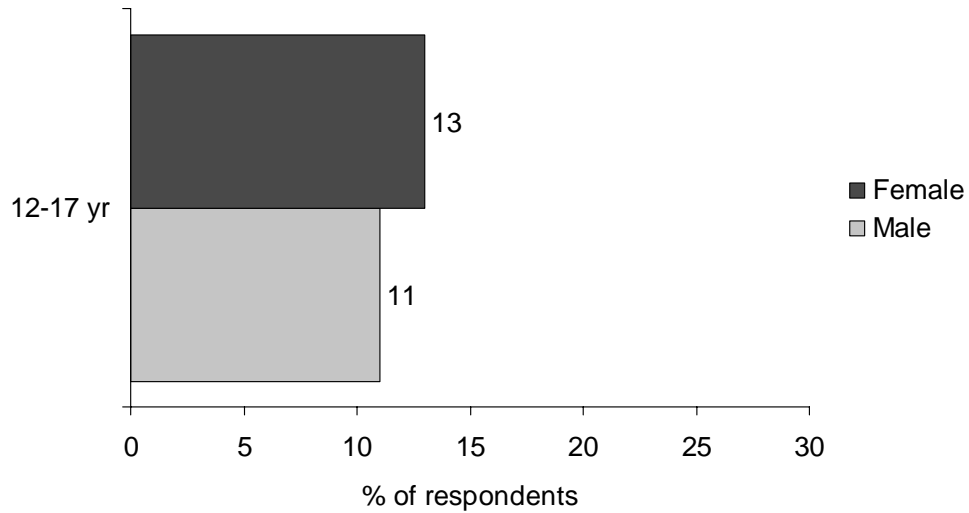
We asked older youth (aged 12-17 years) whether anyone had ever forced or persuaded them to have sex when they did not want to.

In Swaziland in 2007, 12% of youth said they had been forced to have sex against their will; in 2003 13% reported this.

These figures are a cause for concern. Yet the figures for Swaziland are below the regional average. In 2007, on average across the region two out of ten youth aged 12-17 reported they had been forced to have sex against their will. And a quarter reported this in 2003.

The proportion of youth who reported being forced to have sex ranged from 11% up to 31% across the 10 countries in the region in 2007.

Ever been forced to have sex (youth 12-17)



CIET, Swaziland 2007

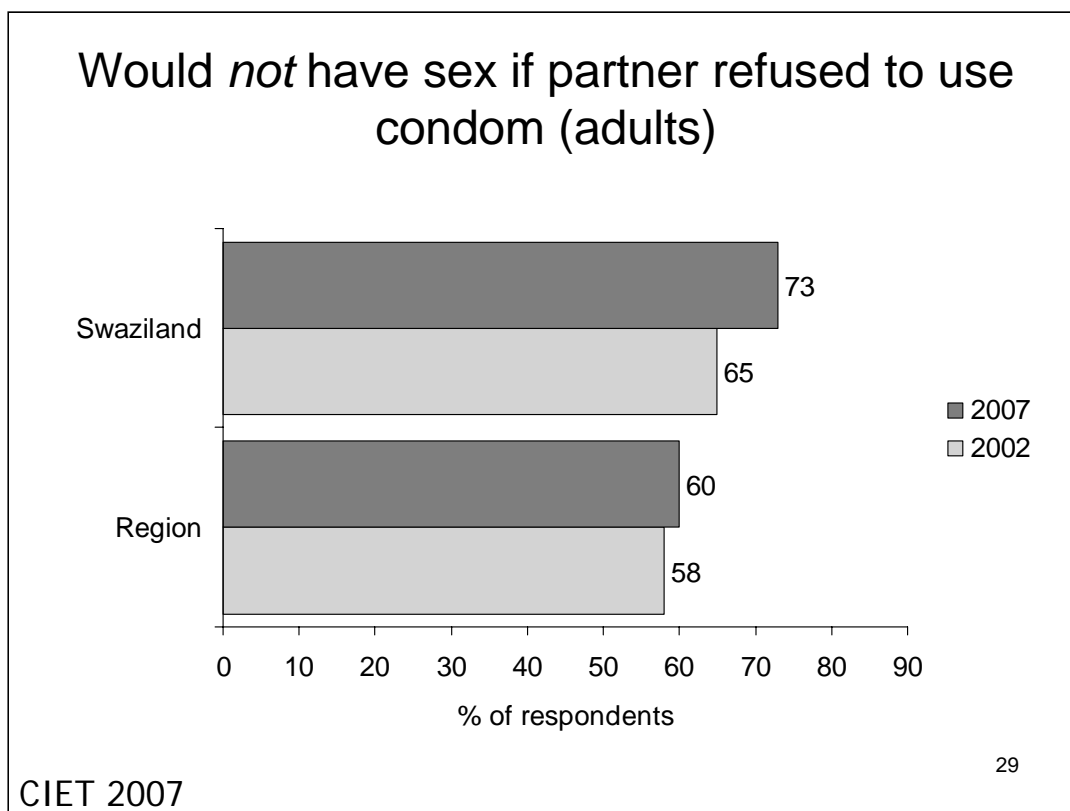
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Looking at Swaziland in 2007, the proportion of youth aged 12-17 years who reported being forced to have sex was nearly the same between male and female youth.

Condoms

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This section examines knowledge, attitudes and practices about condom use.

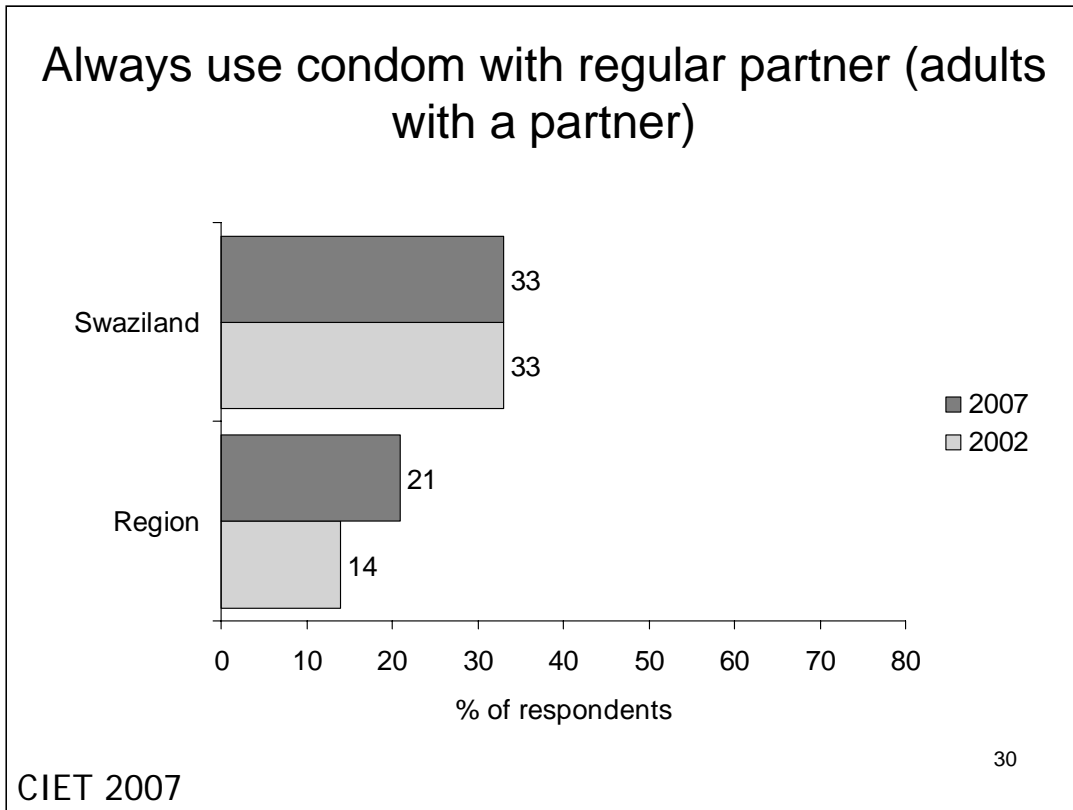


Ensuring one uses a condom when having sex requires that the person concerned, whether male or female, is able to make a decision about protecting themselves and to implement their decision. They need to be *choice-enabled*. But an important group of people are not able to choose to protect themselves: the *choice-disabled*.

As one way of examining choice-disablement, we asked adults if they would have sex with their partner if he or she refused to use a condom.

In Swaziland, three quarters of people said they would not have sex if their partner refused to use a condom. This figure was an increase from 65% in 2002.

In this regard, Swaziland is above the regional average of six out of ten who would not have sex if their partner refused to use a condom, little changed between 2002 and 2007.

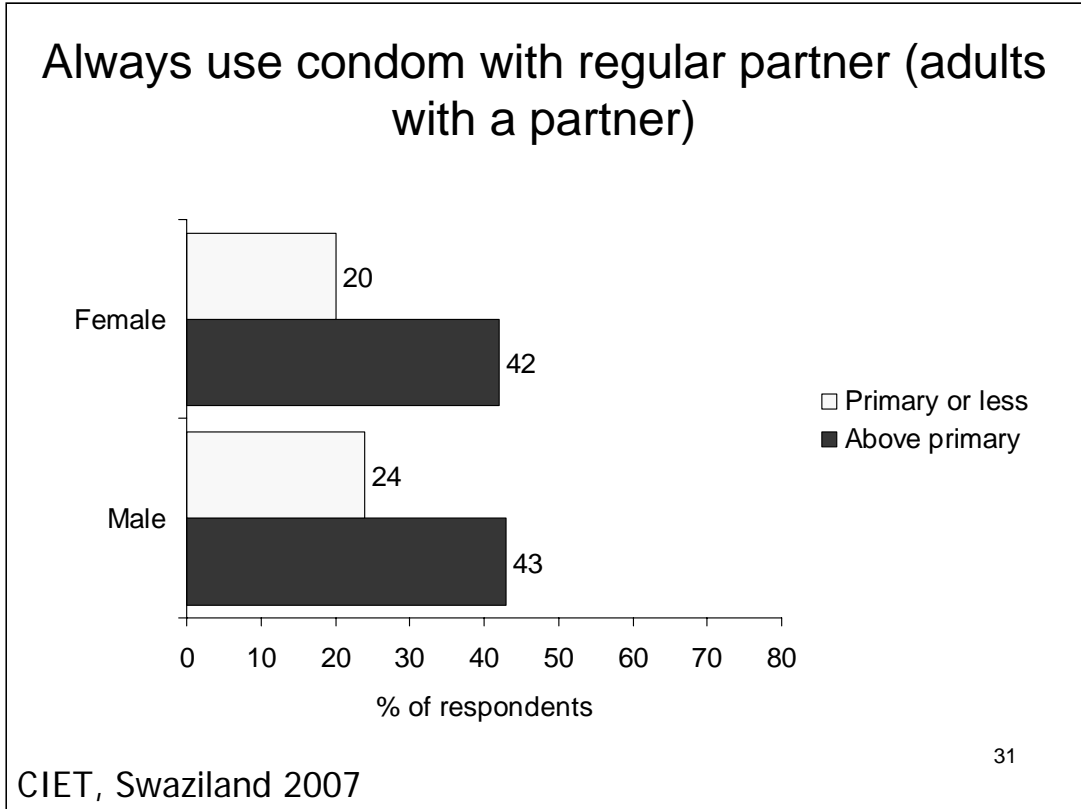


Coming to actual practice about condom use, there is a big variation across the region.

In Swaziland in 2007, 33% of the adults we interviewed (and who had a partner) said they always used a condom when having sex with their regular partner. This is unchanged since 2002.

The regional average for this protective practice was lower: just 21% said they always used a condom when having sex with their regular partner in 2007. Nevertheless, this is an increase from the 14% in 2002.

There was a very large range in the proportion of adults who reported always using a condom with a regular partner across the 10 countries in the region in 2007: from 65% down to as low as 7%. Condom use with a regular partner in Swaziland was higher than in a number of the other nine countries.

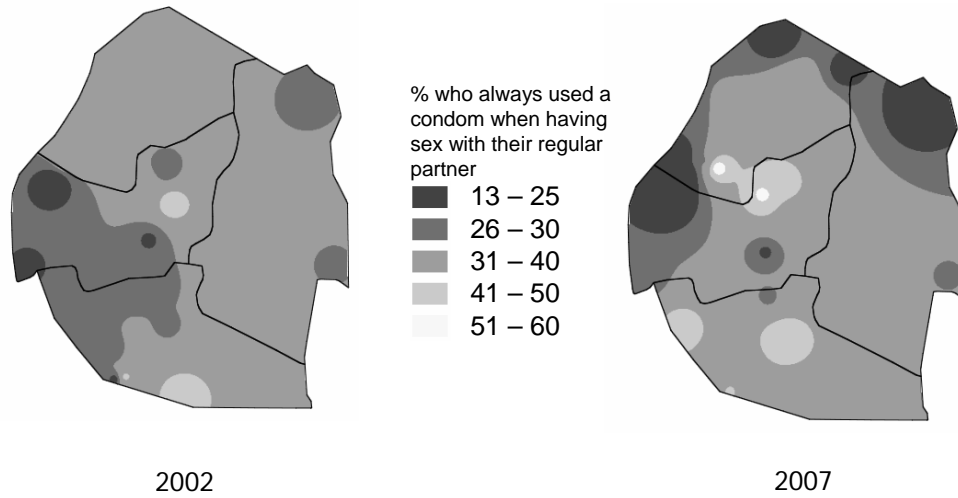


This chart examines condom use with a regular partner in Swaziland in 2007 in more detail.

There was a big difference by educational level: some four out of ten of more educated adults reported they always used a condom with their regular partner, compared with two out of ten of less educated adults.

Reported condom use with a regular partner was generally similar between men and women.

Always use condom with regular partner (adults with a partner)

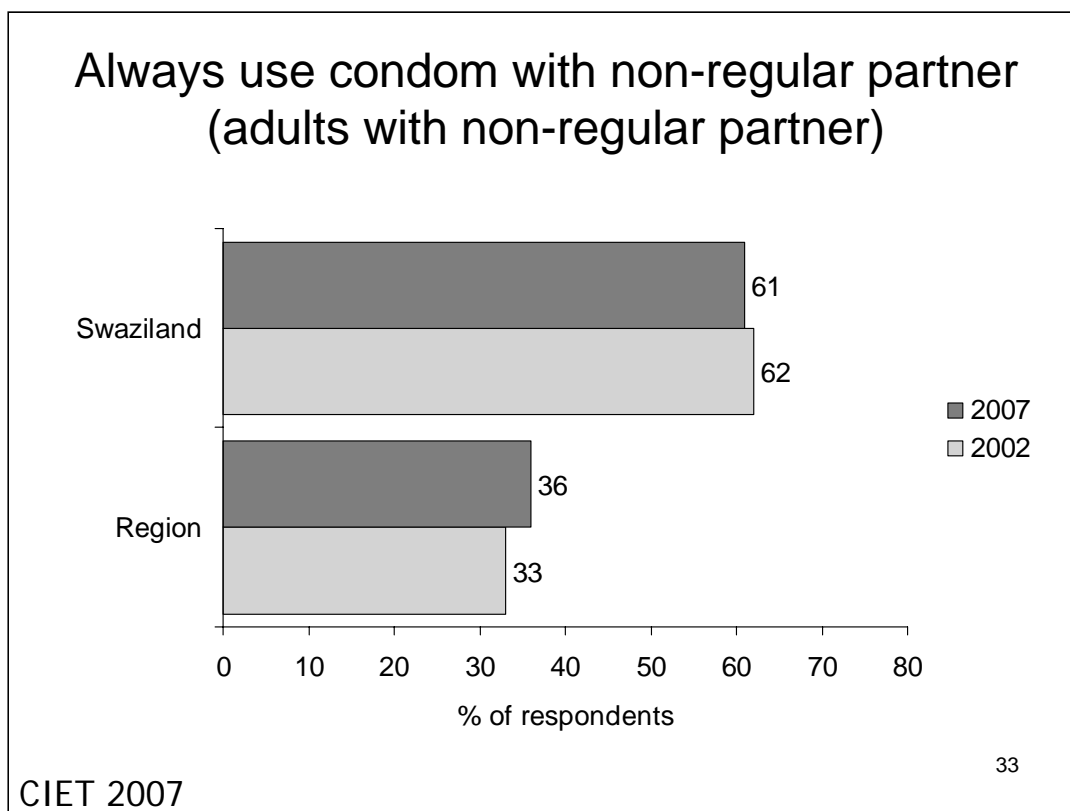


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CIET SR2-Swaziland 2007

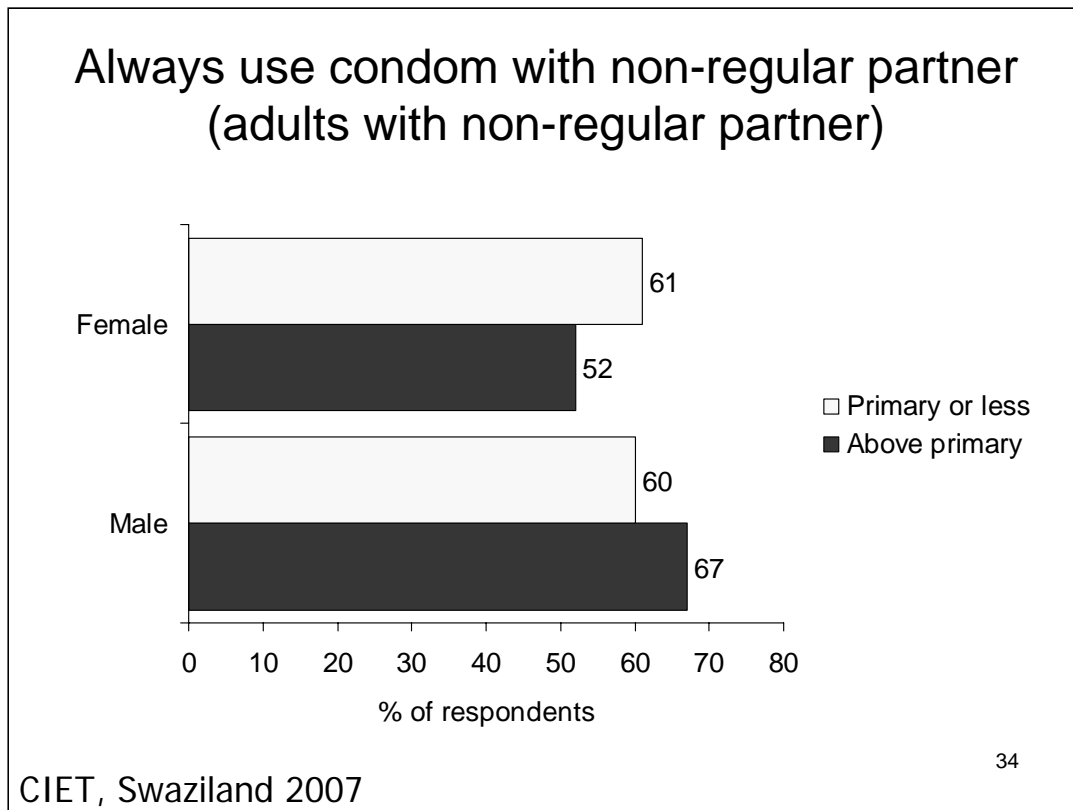
These maps show the variation in reported condom use with a regular partner across the country in 2002 and 2007.

Overall, there no change in the proportion who reported always using a condom with a regular partner: 33% in both 2002 and 2007. But these maps show that the picture was not the same everywhere. In some areas there was an increase in condom use (paler colours in 2007) but in others (for example in the north) there was apparent decrease in condom use (darker colours in 2007).



Coming to the use of condoms with a non-regular partner, Swaziland is well above the regional average. In 2007, six out of ten adults (who had a non-regular partner) reported they always used a condom with a non-regular partner. This was unchanged from the 62% in 2002.

The 2007 regional average for always using a condom with a non-regular partner was only 36%, slightly higher than the 33% in 2002. The regional range of reportedly always using a condom with a non-regular partner in 2007 was again very wide, from 79% down to 15%.



This chart examines condom use with a non-regular partner in Swaziland in 2007.

Among men, those with more than primary education were more likely to report always using a condom with a non-regular partner, but the opposite was true among women.

Overall, a slightly higher proportion of men than women reported they always used a condom with a non-regular partner.

Always use condom with non-regular partner (adults with non-regular partner)



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CIET SR2-Swaziland 2007

These maps show the variation in consistent condom use with a non-regular partner across the country in 2002 and 2007.

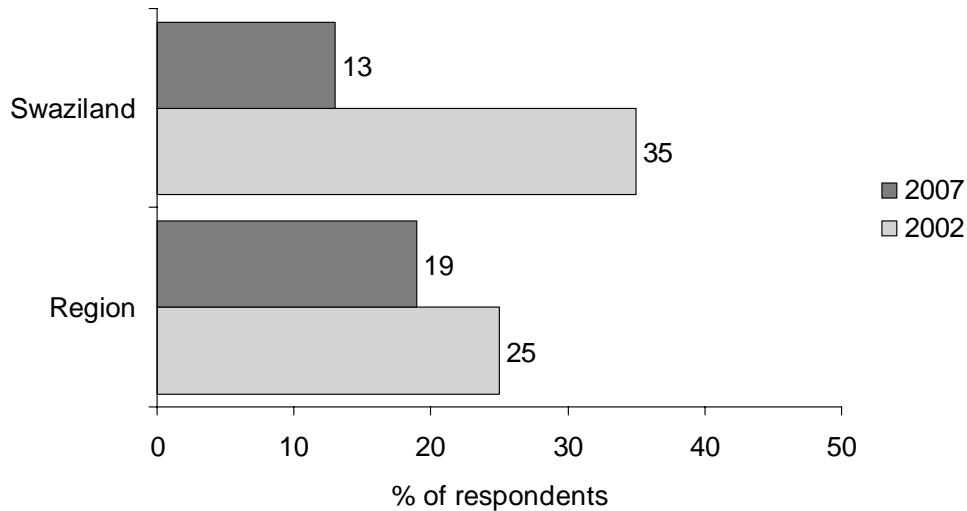
Overall, there was no change in always using a condom with a non-regular partner between 2002 and 2007, from 62% to 61%. But again, these maps show that the changes are not uniform across the country: in some areas there was an increase (paler colours in 2007) but in other areas there was a decrease (darker colours in 2007).

Multiple partners

36

This section examines practice about the number of sexual partners.

More than one sexual partner in last 12 months (adults with at least one)



CIET 2007

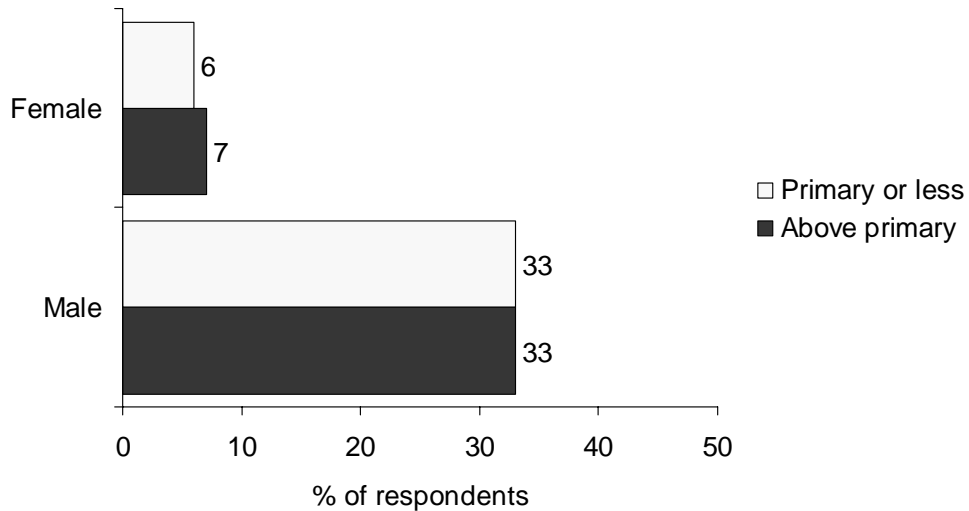
37

This chart shows that in 2007, just 13% of adults in Swaziland in 2007 reported they had more than one sexual partner in the last 12 months (among those who had at least one). This was a substantial reduction from the one third (35%) who reported more than one sexual partner in the last 12 months in 2002.

The proportion in Swaziland with more than one partner in the last 12 months was lower than the regional average of 19% in 2007; in 2002 the figure in Swaziland was higher than the regional average of 25%.

The proportion of adults who reported more than one sexual partner in the last 12 months ranged from 8% up to 29% in the 10 countries across the region in 2007.

More than one sexual partner in last 12 months (adults with at least one)



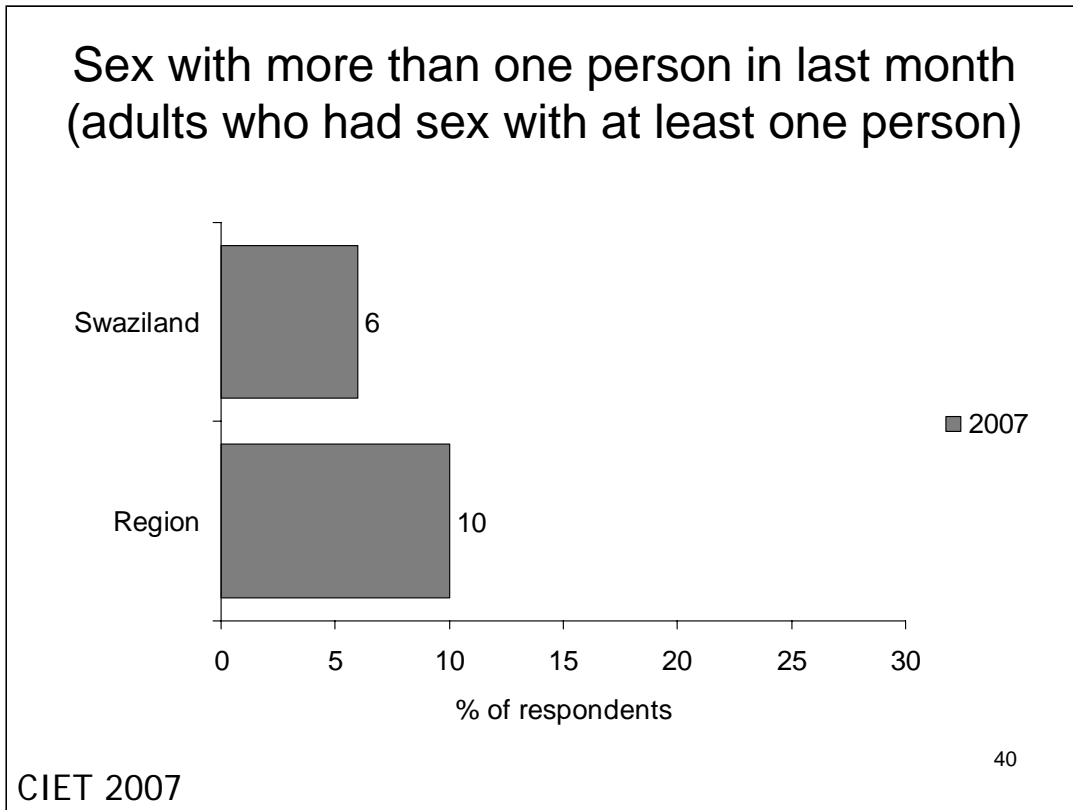
CIET, Swaziland 2007

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This chart shows more detail about the practice of having more than one sexual partner in the last 12 months in Swaziland in 2007.

The proportion reporting having more than one sexual partner in the last 12 months was much higher among men than women (this is the usual pattern for this behaviour report).

Among both men and women, there was no difference in the proportion reporting more than one sexual partner in the last 12 months by educational level.

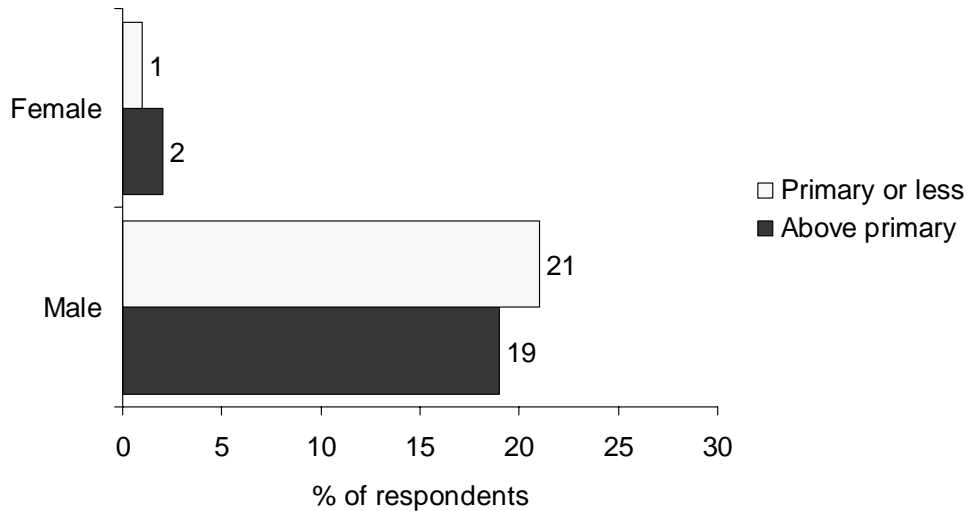


In 2007 we asked adults how many people they had sex with in the last one month. We did not ask this question in 2002.

In Swaziland in 2007, 6% of adults (who had sex with at least one person in the last one month) reported they had sex with more than one person. This is lower than the regional average for this reported behaviour.

The proportion of adults who reported sex with more than one person in the last one month ranged from 4% up to 16% across the 10 countries in the region in 2007.

Sex with more than one person in last month (adults who had sex with at least one person)



CIET, Swaziland 2007

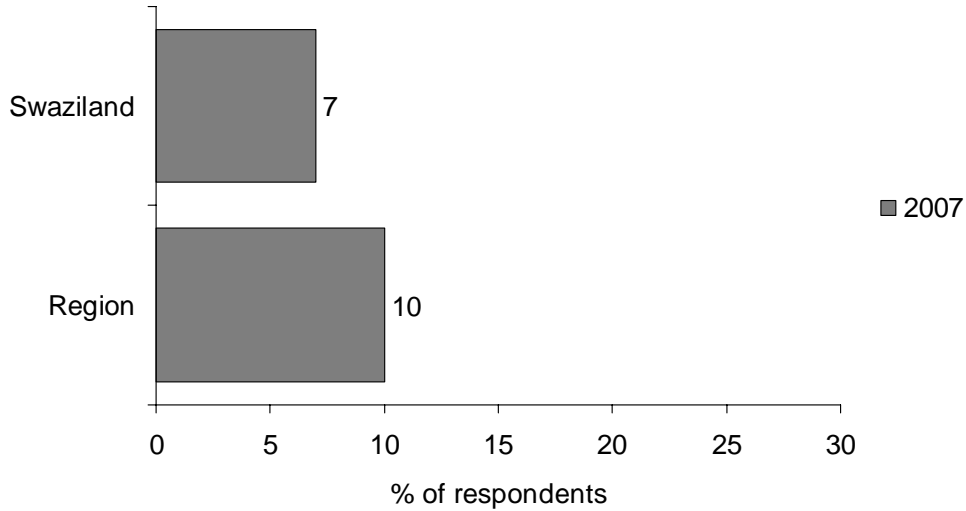
41

This chart shows details about the report of having sex with more than one person (among those who had sex with at least one person) in the last one month in Swaziland in 2007.

The proportion reporting sex with more than one person in the last one month is very much higher among men than women.

Among both men and women, there was little difference in the report of multiple partners in the last one month by educational level.

More than one current sexual partner (adults with a partner)



CIET 2007

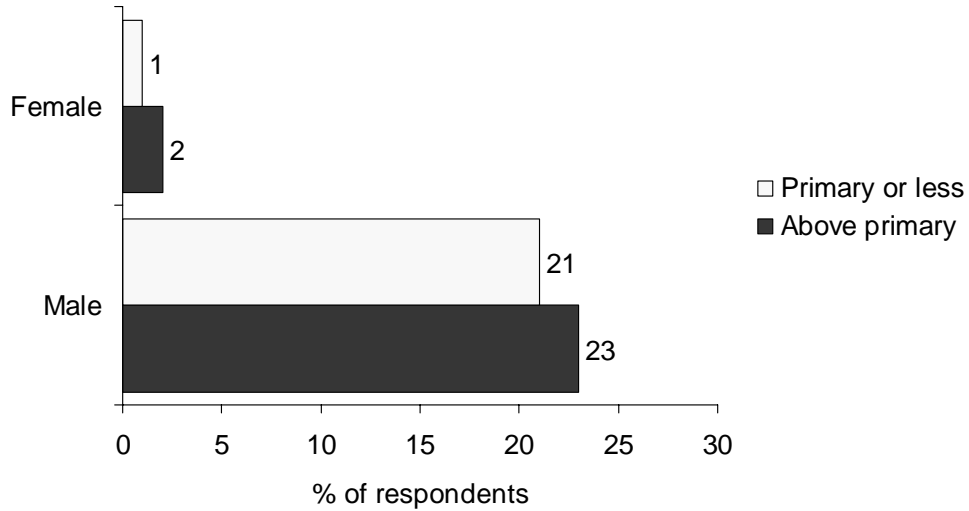
42

In 2007 we asked adults in the household interview about how many sexual partners they currently had. We did not ask this question in 2002.

In Swaziland in 2007, 7% reported having more than one current sexual partner (among those who had at least one partner). This was lower than the regional average of 10% for this reported practice.

The proportion of adults who reported having more than one current sexual partner ranged from 3% up to 23% across the 10 countries in the region in 2007.

More than one current sexual partner (adults with a partner)



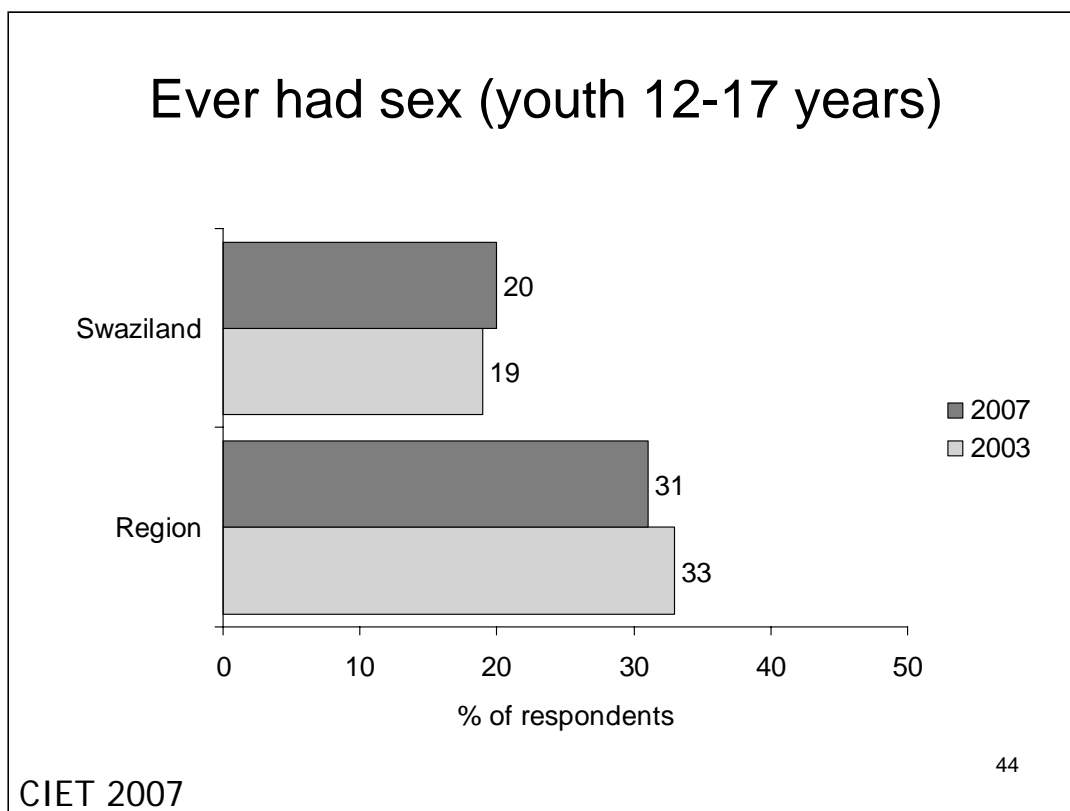
CIET, Swaziland 2007

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This chart shows details about the report of having more than one current sexual partner (among those who had at least one partner) in Swaziland in 2007.

The proportion reporting having more than one current sexual partner was very much higher among men than women.

Among both men and women, there was little difference in the report of multiple current partners by educational level.

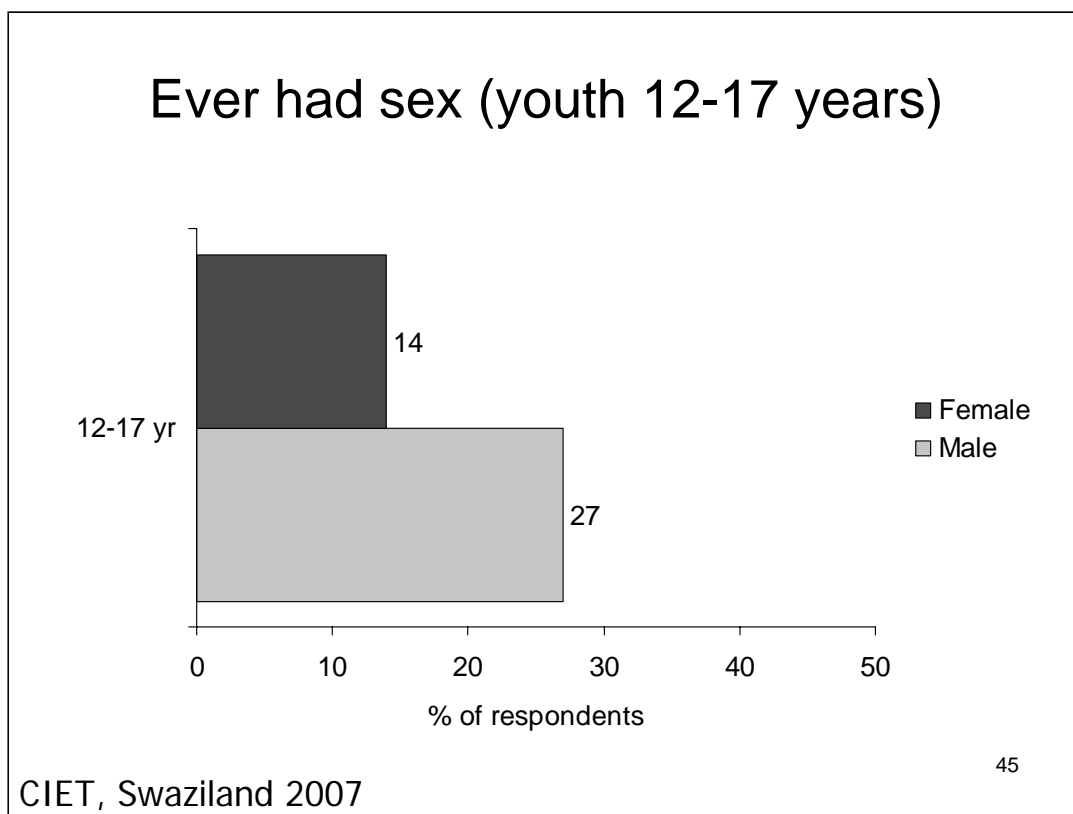


We asked older youth (12-17 years) if they had ever had sex.

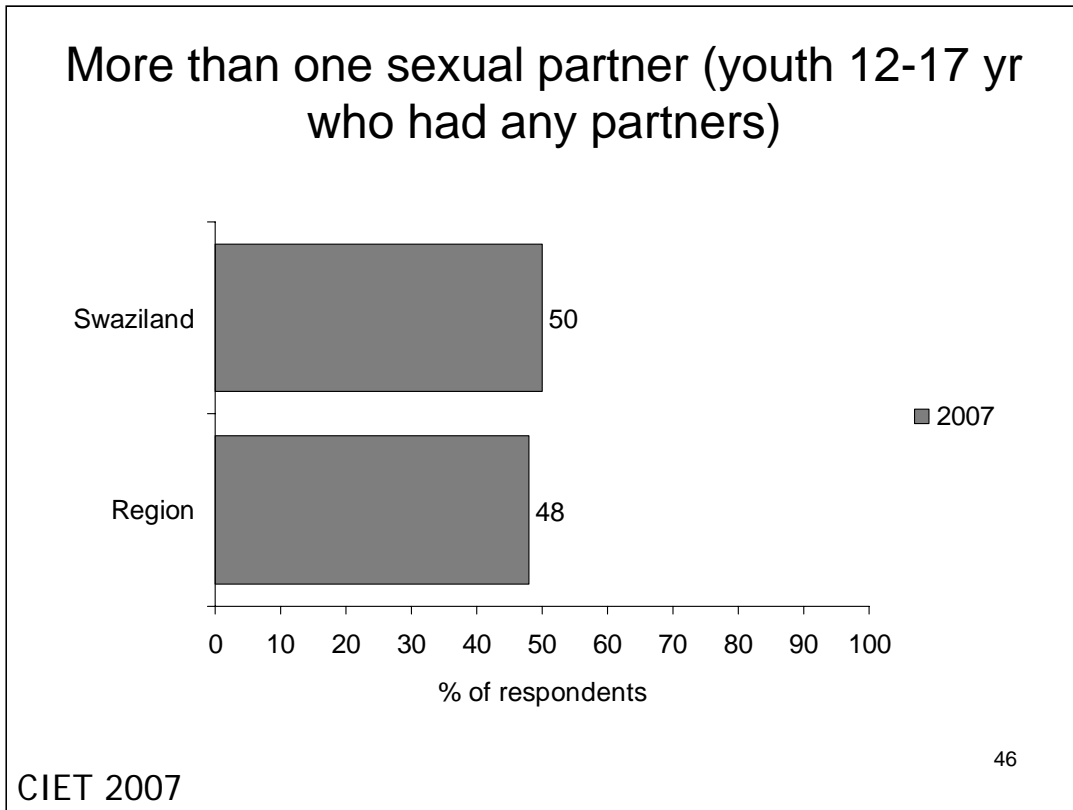
In Swaziland in 2007, 20% of school-going youth in this age group said they had had sex. This compares with 19% who reported they had had sex in 2003.

The proportion of youth who reported having had sex in Swaziland was lower than the regional average of 31% in 2007. The regional average figure in 2003 was 33%.

The proportion of youth aged 12-17 years who reported having had sex ranged from 16% to 52% across the 10 countries in the region in 2007.



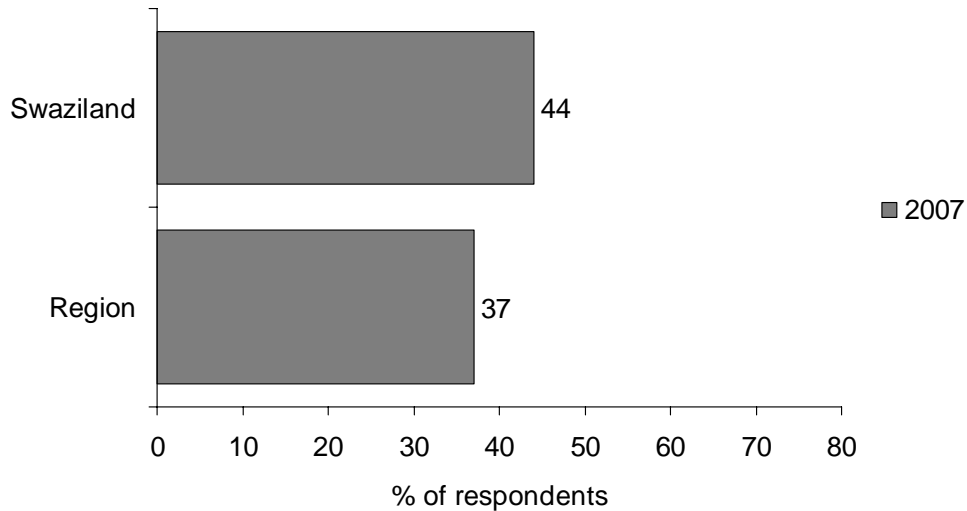
This chart shows that in 2007 in Swaziland, amongst school-going youth aged 12-17 years, a higher proportion of male youth (27%) than of female youth (14%) reported they had had sex.



In 2007, among the few youth who had any sexual partners, we asked about the number of partners.

In Swaziland, half of the minority of youth with at least one partner reported having more than one partner. This was nearly the same as the regional average figure. The proportion of sexually active youth reporting more than one sexual partner ranged from 23% up to 63% across the 10 countries in the region in 2007.

Always use a condom (youth 12-17 yr who had sex in last month)



CIET 2007

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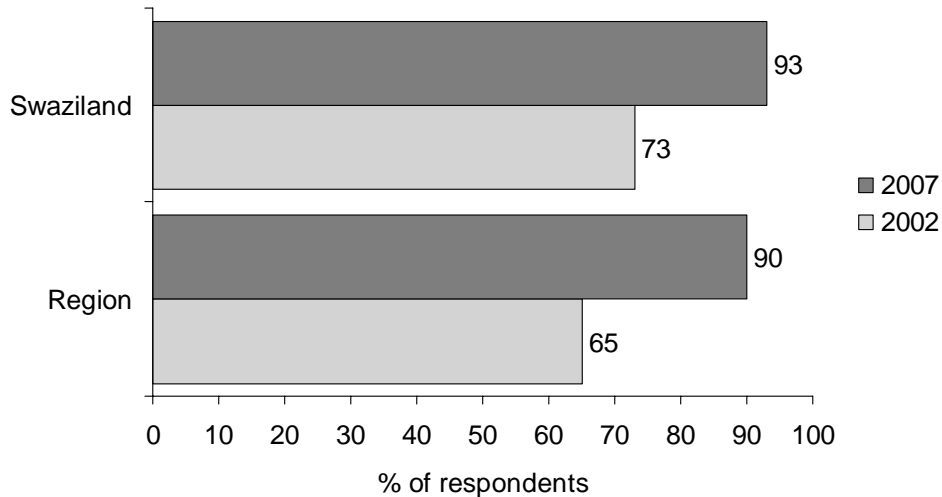
In 2007, among the few youth (age 12-17 years) who reported they had sex in the last month, we asked about how often they used a condom when having sex. In Swaziland, 44% of the minority of youth who were sexually active in the last month said they always used a condom. This was higher than the regional average figure of 37%. The proportion of sexually active youth in 2007 who reported they always used a condom ranged 48% down to 27% across the 10 countries in the region.

HIV testing

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This section considers knowledge, attitudes and practice about HIV testing.

Know where to get an HIV test (adults)



CIET 2007

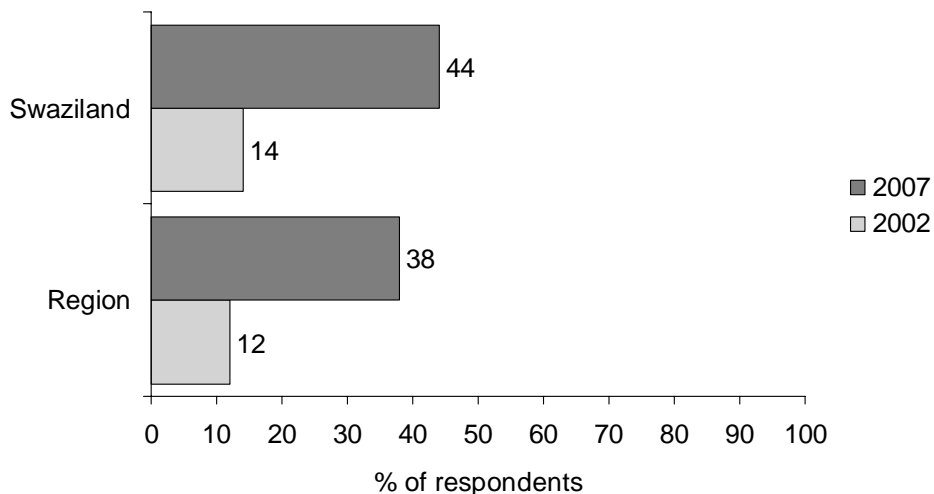
49

In Swaziland in 2007, almost all adults (93%) knew where to get an HIV test, an increase from 73% in 2002.

This knowledge was high across the whole region: on average 90% of adults in 2007 knew where to get an HIV test. This was a considerable increase across the region, from a figure of 65% in 2002.

The proportion of adults who knew where to get an HIV test in 2007 ranged from 97% down to 72% across the 10 countries in the region.

Had HIV test in last 12 months (adults)



CIET 2007

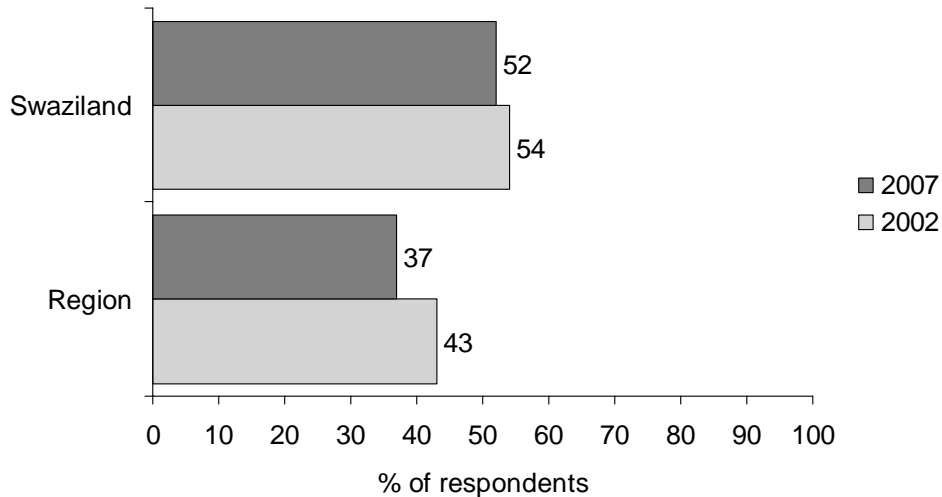
50

In Swaziland in 2007, 44% of the adults we interviewed had been tested for HIV in the last 12 months. This was a big increase from the 14% tested in the last 12 months in 2002.

The regional average for having an HIV test in the last 12 months was somewhat lower: 38% in 2007. This was an increase from the low figure of 12% in 2002.

The proportion of adults tested for HIV in the last 12 months in 2007 ranged from 64% down to 26% across the 10 countries in the region.

Think could be at risk of HIV (adults)



CIET 2007

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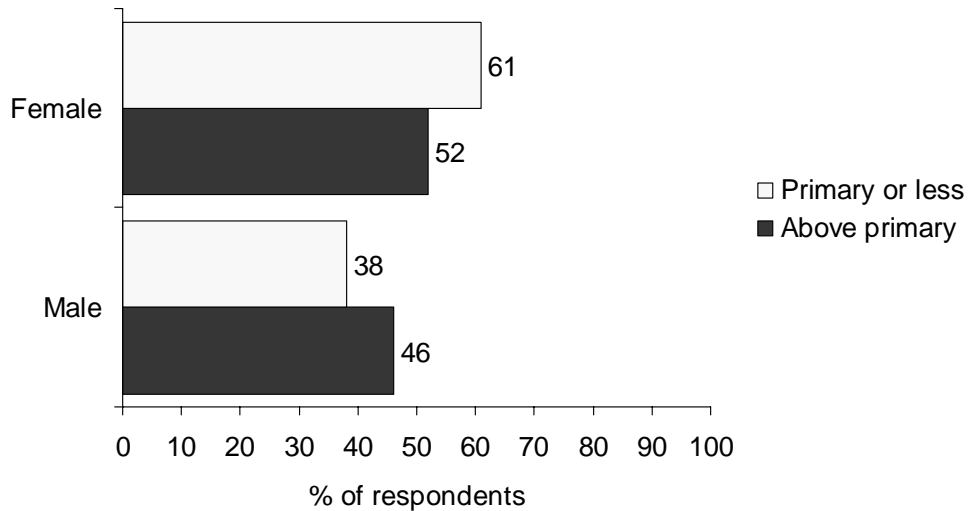
Related to HIV testing, we asked adults if they thought they were at risk of being infected with HIV.

In Swaziland in 2007, half (52%) thought they could be at risk of HIV. In 2002, 54% of adults thought they could be at risk of HIV.

The proportion of adults who thought they could be at risk of HIV in Swaziland was higher than the regional average of 37% in 2007. This too was a decrease from the regional average of 43% in 2002.

The proportion of adults in 2007 who thought they could be at risk of HIV ranged from 54% down to 31% across the 10 countries in the region.

Think could be at risk of HIV (adults)



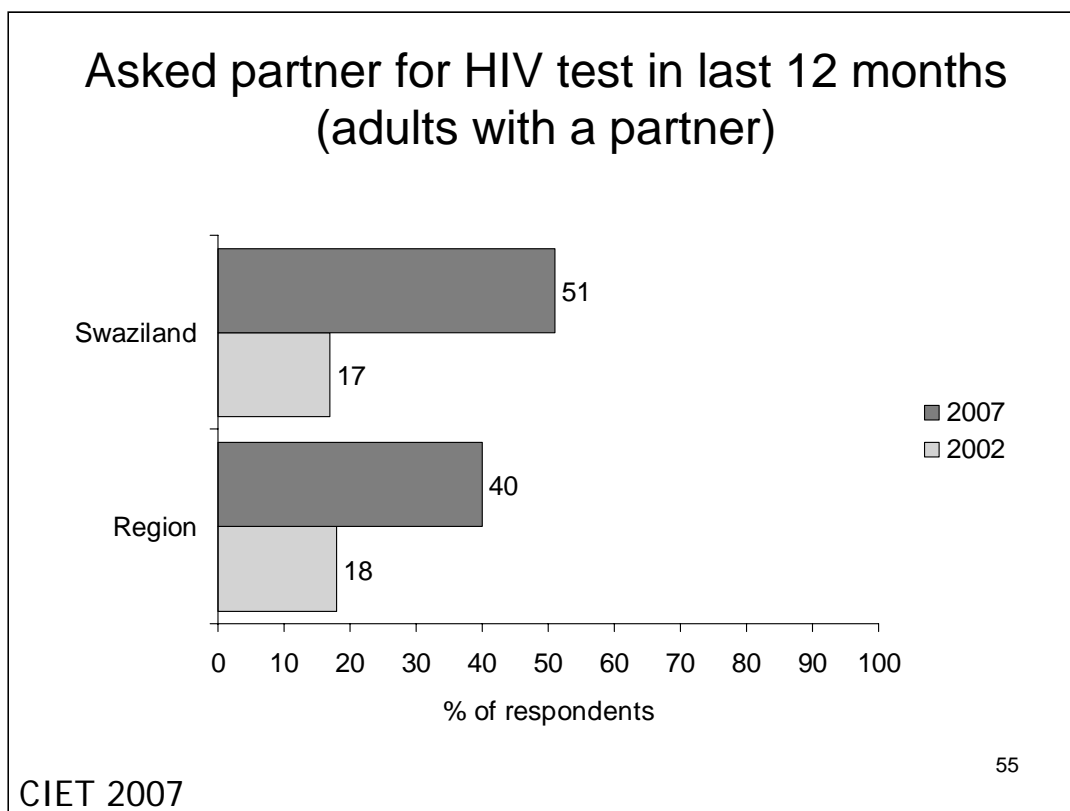
CIET, Swaziland 2007

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This chart examines the perception of being at risk of HIV among adults in Swaziland in 2007.

The proportion who thought they could be at risk of HIV was higher among women than men.

Among women, the proportion thinking they could be at risk of HIV was higher among those with less education, while the opposite was true among men.

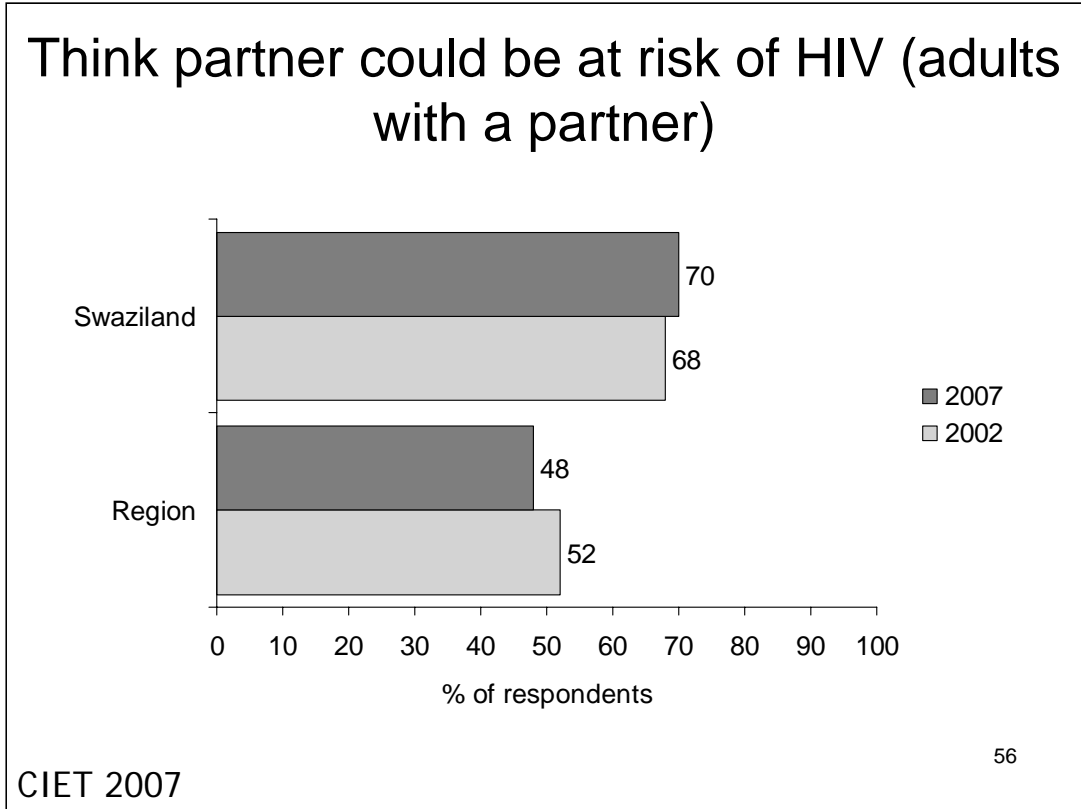


Related to choice-disablement, we asked several questions about HIV testing of partners. This chart shows the response to the question about having asked the partner to have an HIV test in the last 12 months.

Swaziland stands out with half of adults reporting they had asked their partner to have an HIV test in the last 12 months. This was a big increase from the figure of 17% who had asked their partner for an HIV test in the last 12 months in 2002.

The regional average for asking a partner to have an HIV test in the last 12 months was 40% in 2007, a big increase from just 18% in 2002.

The proportion of adults in 2007 who had asked their partner to be tested for HIV in the last 12 months ranged from 63% down to 23% across the 10 countries in the region.



Another relevant perception is of a partner being at risk of HIV.

In Swaziland in 2007, 70% of adults thought their partner could be at risk of HIV, the same figure as in 2002.

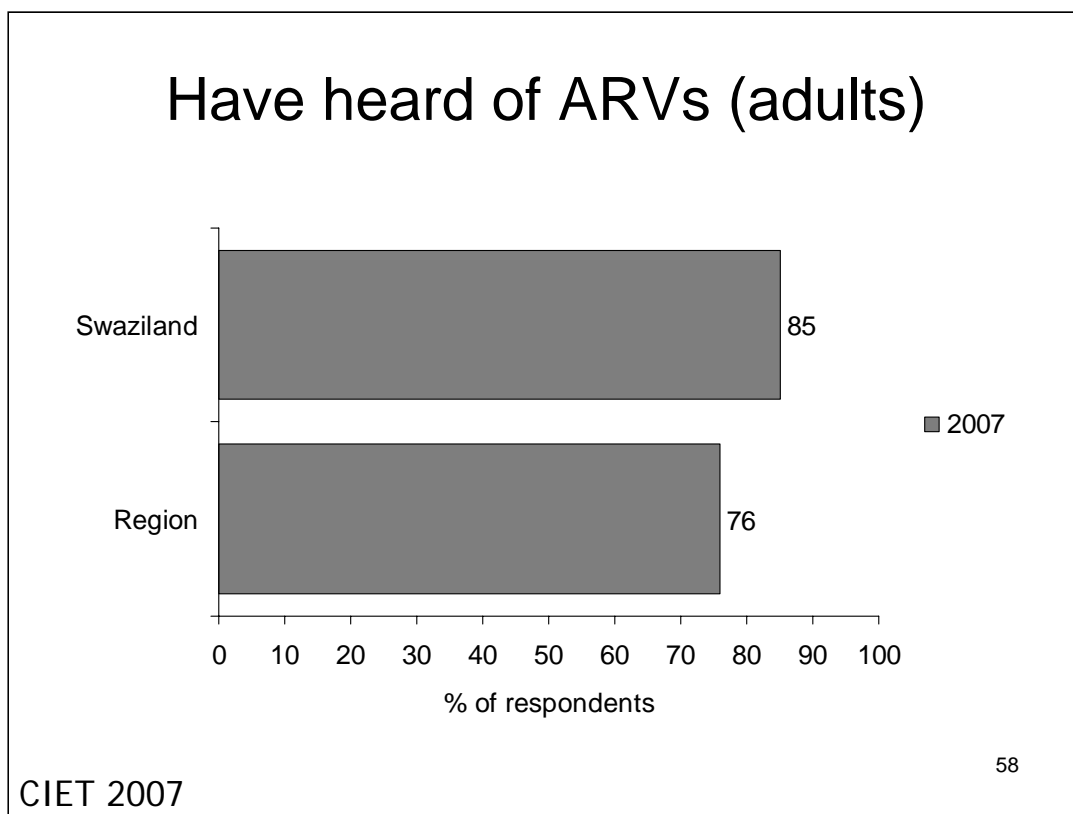
The Swaziland figure was substantially higher than the regional average of 48% of adults thinking their partner could be at risk of HIV. This was a slight decrease from the regional average of 52% in 2002.

The proportion of adults in 2007 who thought their partner could be at risk of HIV ranged from 70% down to 40% across the 10 countries in the region.

Anti-retroviral treatment

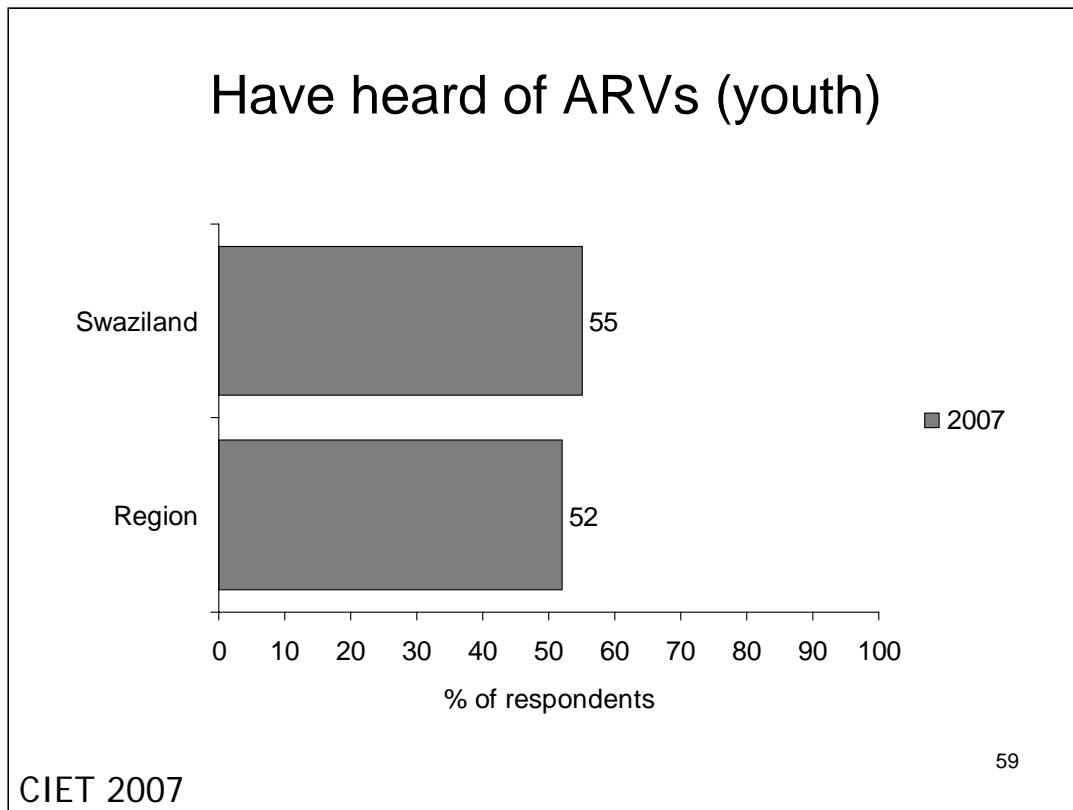
57

In 2007 we asked both adults and youth a number of questions about ARV treatment. We did not ask these questions in 2002, when ARV treatment was rare in the region. This section considers some of the responses in 2007.



In Swaziland, most adults (85%) had heard of ARVs, compared with a regional average of 76% for this knowledge.

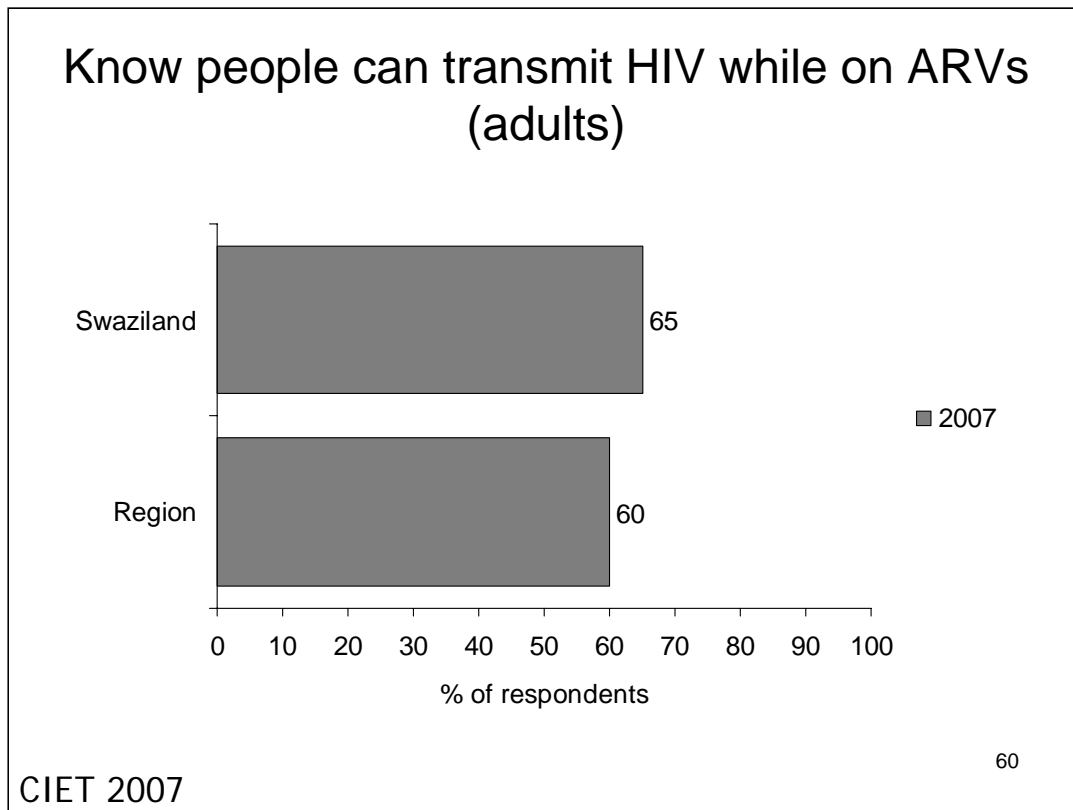
The proportion of adults in 2007 who had heard of ARVs ranged from 95% down to 41% across the 10 countries in the region.



In Swaziland in 2007, 55% of school-going youth (aged 8-17 years) had heard of ARVs.

Across the region, on average 52% had heard of ARVs.

The proportion of youth who had heard of ARVs ranged from 88% down to 32% across the 10 countries in the region.

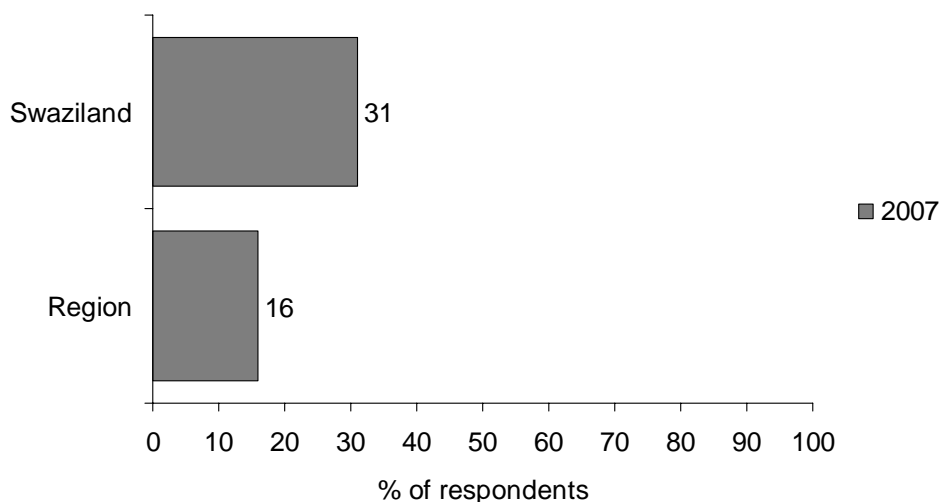


A more detailed piece of knowledge about ARVs is that people taking ARVs can still transmit HIV infection.

In Swaziland, 65% of adults knew this in 2007, compared with the regional average of 60%.

The proportion of adults who knew people taking ARVs can still transmit HIV infection ranged from 78% down to 31% across the 10 countries in the region.

Know when people need to start ARVs (adults)



CIET 2007

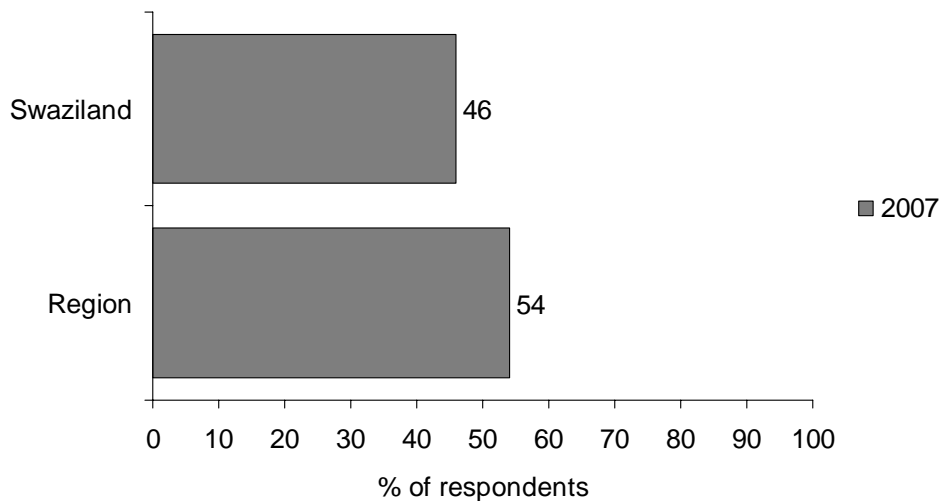
61

There is often misunderstanding about when ARV treatment needs to begin, with a common misconception that it should start as soon as someone tests HIV positive.

In 2007, 31% of adults in Swaziland had correct knowledge about when someone needs to start ARV treatment. This was substantially higher than the regional average of just 16%.

The proportion of adults with correct knowledge about when someone needs to start ARV treatment ranged from 40% down to 5% across the 10 countries in the region.

Know that ARVs can prevent MTCT (adults)



CIET 2007

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An important piece of knowledge is about the role of ARVs in preventing mother to child transmission (PMTCT) of HIV infection.

In Swaziland in 2007, less than half (46%) of adults knew that ARVs can be used for PMTCT. The regional average for this knowledge was 54%.

The proportion of adults who knew ARVs can be used for PMTCT ranged from 61% down to 25% across the 10 countries in the region.

Further details

Please contact CIET for:

- Information on other outcomes not covered in this summary
- Information about further analysis of factors related to the outcomes
- Support with interpretation of the findings

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This summary covers some of the main findings. There are findings about other related outcomes not included here.

The summary only gives the bare outline of the basic findings; there is much more to do to tease out relationships between different factors and the outcomes of knowledge, attitudes and practices across the region and within countries.

There is a need for ongoing discussion about the different findings and their implications for programme planning.