

Swaziland

GEOGRAPHY

Swaziland is a small, landlocked nation situated between Mozambique and the Republic of South Africa. The landscape includes scenic highlands (the high veld); hilly, well-watered farmland (the middle veld); and drier lowlands used for cattle-raising, sugar cane and citrus orchards. The climate is varied but generally pleasant. November to March can be hot, especially in the lowlands. Most rain falls in thunderstorms between October and April. There are occasional droughts.

PEOPLE

The vast majority of Swaziland's 1.1 million people live in rural areas. Mbabane is the capital with around 70,000 inhabitants. Siswati and English are both official languages.

The majority of people belong to Zionist (a blend of Christian and ancestral beliefs) and Catholic churches. Traditional beliefs and ceremonies are also important to many Swazis. The king, head of Swaziland's constitutional monarchy, is highly regarded by the people.

HISTORY

The early inhabitants of this region were conquered late in the 16th century by Bantu-speaking people from the east coast. Boer trekkers (Dutch farmers) and British settlers arrived in the 1700s and 1800s. Initially, the local people welcomed them, but soon conflicts arose over land. A strong leader, Mswati, resisted the Europeans by uniting several different groups into the Swazi nation. However, after the discovery of gold, the Boers and the British signed a convention in 1894, giving the Boer Republic of Transvaal control over Swaziland—without consulting the Swazis themselves. In 1902, after the Boer War, Britain made Swaziland a protectorate, but then took little interest in its development.

The Swazis' king, Sobhuza II, regained control over the land. He became very popular in rural areas, and his new political



Map courtesy of The General Libraries, University of Texas at Austin.

party easily won elections held in 1964. Swaziland became an independent nation in 1968.

Sobhuza's 18-year-old son became King Mswati III in 1986. He resisted increasingly forceful demands for the creation of a multi-party democracy. Strikes in 1996 led to some political reforms but the monarchy remains powerful and exerts significant influence over this small country.

ECONOMY

Most Swazis are farmers, but with the rapidly increasing population, there is a serious land shortage. Almost all households need at least one person working for wages. Farmers grow maize, beans, groundnuts and sorghum to feed their families, while crops such as sugar cane, citrus fruits, pineapples and cotton are grown for export. In spite of some increase in irrigation, droughts severely affect agricultural production and Swaziland has to import food from South Africa. The Usutu pine forest and pulp mill employ a significant number of people. However, deforestation and soil erosion are already problems, made worse by torrential rains.

Mineral resources appear to be limited, with the country's diamond reserves almost worked out. Many Swazi men migrate every year to work in South Africa's goldmines, sending their earnings home to their families.

HIV and AIDS is having an impact on the economy and it is estimated that economic growth has slowed by 2–4 percent as a result.



Sponsorship programs are supporting families and helping to keep children in school.

Swaziland faces the problem of dwindling foreign investment since the end of economic sanctions against South Africa. Coca Cola syrup, made in a factory relocated from South Africa, is one important export.

Swaziland's scenery and ceremonies attract tourists and business visitors.

LIVING CONDITIONS

Nearly 35 percent of Swazis are living with HIV and AIDS. This has a huge impact on all aspects of life. The healthcare system is struggling to cope and there is a lack of health care workers. It is estimated that people living with HIV and AIDS occupy half the beds in hospitals. Approximately 100,000 children are now orphans and many children have dropped out from school, to care for affected family members and supplement household income. The HIV pandemic is the major cause of poverty in the country.

Swazis prefer to live in scattered homes rather than in compact villages. Typical rural houses are built from mud and sticks, or sometimes sun-dried bricks. Migration from the countryside to the towns is increasing, leading to the growth of housing without adequate services.

The pattern of rural life matches the seasons. With the spring rains, the women plant small gardens on the riverbanks. Then, when the heavy summer rains come, men, women and children are busy hoeing the large communal fields and sowing maize and millet.

In times of unemployment or drought, some families are not able to afford enough food. Historically the Swazi have been meat-eaters, but for many the staple diet now consists of porridge made from corn, eaten with vegetables or sometimes a fatty stew. Home-made beer brewed from sorghum or maize is popular.

Many rural women have to walk several kilometres to fetch water. Lack of safe water contributes to many kinds of ill-health. Malaria, bilharzia and tuberculosis are among the serious health problems. Pneumonia and diarrhoea are also common, especially among young children. Mothers often consult traditional healers first if their children are sick. Community health education and accessible rural health services could help to save children's lives.



World Vision is supporting programs to teach people small business skills and benefit the whole community.

Comparatively speaking...

CATEGORY	SWAZILAND	AUSTRALIA
Population in millions	1.1	20.3
Urban population (as % of total)	24.1%	88.2 %
GDP per capita (PPP US\$)	\$4,824	\$31,794
Population living on less than \$2 a day (PPP US\$)	77.8%	0
Population with sustainable access to an improved water source	62%	100%
Adult literacy rate (% age 15 and above)	male – 80.9.0% female – 78.3%	male – 99.0% female – 99.0%
Grade 1 children reaching Grade 5	77%	100%
Life expectancy at birth	40.9 years	80.9 years
Under-five mortality rate (per 1000 live births)	160	6
Physicians per 100,000 people	16	247
Adults living with HIV/AIDS (% age 15-49)	33.4%	0.1%
Tuberculosis cases (per 100,000 people)	1,211	6

United Nations Development Programme. Human Development Report 2008, Oxford University Press, New York.

EDUCATION

Most children enrol at primary school, though only about half of both boys and girls continue to secondary school. Some children learn in Siswati in the lower primary grades, then begin to use English later in their education. Other schools teach all grades in English and Siswati is taught as one of the subjects. Three-quarters of adult Swazis are able to read and write. Future challenges for Swaziland will include providing adequate support for the children affected and orphaned by HIV and AIDS; meeting the cost of schooling for a rapidly growing younger population; and resolving differences between younger, educated urban dwellers calling for social change, and traditionalists who support the king.

WORLD VISION AUSTRALIA IN SWAZILAND

- assists children, their families and communities through child sponsorship to improve their access to clean water and improved sanitation
- provides agricultural training and support to improve reliable food supplies and to generate income
- supports micro-enterprise (small business) initiatives and savings groups to enable communities to support children's education
- provides nutrition programs for children
- assists in HIV and AIDS prevention, advocacy, treatment and support programs.

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