



Permanent Mission of the Kingdom of Swaziland
to the United Nations

**STATEMENT BY
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**AT THE 45TH SESSION OF THE
COMMISSION ON POPULATION AND DEVELOPMENT**

**ON AGENDA ITEM 4: NATIONAL EXPERIENCE IN POPULATION
MATTERS: ADOLESCENTS AND YOUTH**

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Chairperson,

May I start by congratulating you and the other members of Bureau on your election and state that my delegation and I look forward to a very fruitful session under your able guidance.

May I thank the Secretary General for his inspiring remarks and commitment towards the health and welfare of the adolescents and young people.

We align ourselves with statements delivered by Angola on behalf of SADC and Algeria on behalf of the African Group.

Chairperson,

According to the 2007 population census, Swaziland's total population is 1.02 million of which 36.7 percent are young people aged 10-24 years. The challenges faced by our young people are similar to those encountered in many other countries including: early sexual debut, HIV infection, sexual abuse, substance abuse, high unemployment and teenage pregnancy. The latest census results indicate that teenagers contribute about seven percent to the observed Total Fertility Rate which stood at close to four children per woman. However indications are that the incidence of teenage pregnancy is gradually declining as the trends in the age specific fertility rates reflect. Empirical evidence also points to an increasing age at sexual debut.

Chairperson,

HIV and AIDS remain one of the major challenges our nation faces which has resulted in an unprecedented rise in child and maternal mortality levels and decline in life expectancy. According to the Demographic and Health Survey, HIV prevalence is 26 percent among the population aged 15-49 years with women being disproportionately affected at 31 percent compared with 20 percent for men. Young people are also being adversely affected by HIV and AIDS especially young girls. For example, the HIV prevalence for young girls in the 15-19 and 20-24 age groups is 10 and 39 percent, respectively compared with 5.8 and 27 percent, respectively for males. However the latest National HIV Ante Natal Serosurveillance Survey results indicate that HIV prevalence amongst the age group 15-19 had declined to 20.4 percent by year 2010 down from 26.3 in 2008 giving a glimmer of hope that the epidemic could be controlled.

This observed decline comes as a result of ongoing mix of interventions that include both biomedical and socio –culturally based adolescent and youth programs, such as cultural rites. Hence if the current interventions are scaled up towards universal access for adolescents and youth, the goal of an HIV free generation is possible.

Chairperson,

The Government of Swaziland is fully cognizant of the critical importance of investing in young people especially in the areas of education, health and employment creation. We recognize that young people who constitute the largest proportion of our population hold the potential to turn the development prospects of our country around. I am happy to underscore that as a country we have made major strides since Cairo in terms of putting in place the institutional, policy and legal frameworks in an endeavour to effectively address the challenges faced by adolescents and youth. A fully fledged ministry dedicated to youth affairs, National Youth Council and a National Coordination Children's Unit (NCCU) have been created. The NCCU and the Welfare Department where the Orphaned and Vulnerable Children's Fund is housed fall under the responsibility of the Deputy Prime Minister's Office which clearly demonstrates the importance the state attaches to these issues.

The policies and strategy documents that we have developed and are implementing include the; National Development Strategy, National Youth Policy, National Population Policy, National Health Policy, National integrated Sexual and Reproductive Health (SRH) Strategy 2008-2015 and Poverty Reduction Strategy and Action Plan. For the first time in the history of the country, a National Policy on Sexual and Reproductive Health is being developed. The SRH policy which is being finalized incorporates the provision of comprehensive information and integrated SRH services to all adolescents and young people at all levels of the health care delivery system. The policy frameworks are anchored on the principle that every citizen is entitled to fundamental human rights and freedoms, including the right to health which incorporates the right to sexual and reproductive health, irrespective of gender, culture, religion, age, race and economic status as articulated in our constitution.

On the legislative front, Parliament has just passed the Children's Protection and Welfare Bill whilst the Domestic Violence and Sexual Offences Bill is awaiting parliament's approval. The state has established the Domestic and Violence, Sexual Offences and Child Protection Unit under the wing of the Department of Police and State Security.

Chairperson,

Let me at this juncture highlight some of the major interventions that the Swaziland Government has put in place in partnership with our development partners and Non-Governmental Organisations. In recognition of the critical importance of education government has introduced Free Primary Education as well as the Orphaned and Vulnerable Children's Fund to cater for the education of children in difficult circumstances up to high school level. This is in view of the fact that the 2007 population census indicated that twenty three percent of young people below the age of 18 years had lost one parent and four percent had lost both, largely due to HIV and

AIDS. As a result of these initiatives, the country has realized an increase in enrollment rates from 79 percent in 2004 to 85 percent in 2007, inspite of the threat posed by the HIV scourge. Taking due cognizance of the fact that the education of girls is one of the most important development initiatives which results in profound demographic, social and economic benefits for families, communities and nations, government has put in place measures to ensure that girls stay in school for as long as possible. Hence enrollment and completion rates at primary and secondary school level for males and females are more or less the same and differ only slightly at tertiary level.

Let me underscore that youth are the most affected by unemployment with the unemployment rate being as high as 60 percent for those below 20 years. In response government has created a Youth Development Fund in an endeavour to develop their entrepreneurship skills and inculcate a culture of self employment.

In recognition of the right of adolescents and young people to information and services that are age appropriate and culturally sensitive, Youth Friendly Corners have been established to promote positive healthy behaviours. The Government of Swaziland is fully committed towards ensuring that adolescents and young people aged 10-24 years have full access to quality and comprehensive youth friendly reproductive health information and services, within our national context. However, only 31 percent of health facilities offer Youth Friendly Services, due to resource constraints. Other initiatives include a programme referred to as the Youth Menu under which an array of activity are being undertaking by the National Youth Council. These include health interventions, with the aim of promoting positive behavior change, including in the area of HIV prevention. The Ministry of Education and Training has also developed a syllabus for Guidance and Counseling for Secondary schools which includes age appropriate, culturally sensitive sexuality education. Teacher's Manuals are currently being developed in readiness for piloting in 2013 in secondary and high schools.

Chairperson,

Let me conclude by re-affirming the full commitment of the Government of Swaziland to the International Conference on Population and Development, Programme of Action (ICPD-PoA) which is as relevant today as it was when it came into being close to twenty years ago. His Majesty's Government is working tirelessly within our legal, social and cultural context to ensure that adolescents and youth have universal access to information and services that are age appropriate to enable them to realize optimum reproductive health and exercise their rights responsibly. However the realization of this noble cause is hindered by resource constraints. The services we are offering are fragmented, not comprehensive, not well coordinated and the coverage is limited.

The adverse impact of the world financial and economic crisis, the volatile food and energy prices, food insecurity, as well as the challenges posed by climate change, have

negative implications for social development and prosperity of young people including Swaziland.

I therefore would like to take this opportunity to make a plea to our development partners on behalf of the Swaziland Government to honour the pledges they made towards the implementation of the ICPD-PoA. We need such support to ensure that our underserved adolescents and youth particularly in the rural areas are able to access the information and services they need. I am confident that if investment in the reproductive health of our young people is upscaled we will reap a bountiful harvest in the form of delayed sexual debut and reduced incidence of teenage pregnancy and HIV infection that we are beginning to observe. Let me re-iterate that we need the support of our development partners to achieve this noble goal, especially during these tough economic times that our nation is facing.