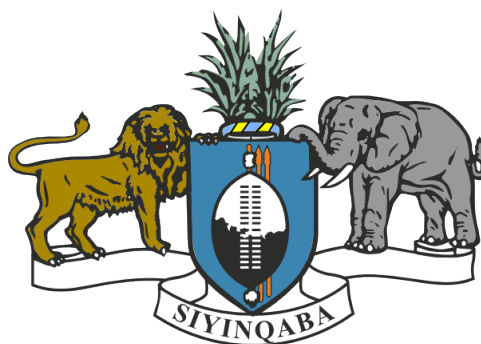




The Kingdom of Eswatini

The 2017 Population and Housing Census Volume 6

DISABILITY

ALBINISM

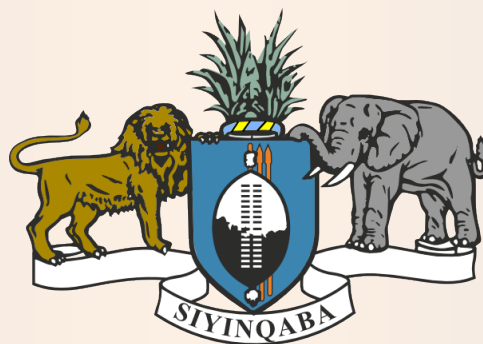
EPILEPSY



UNFPA



December 2019
Central Statistical Office



The Kingdom of Eswatini

The 2017 Population and Housing Census Volume 6

**Central Statistical Office
December, 2019**



PREFACE

The Disability, Albinism and Epilepsy report is one publication in a series of reports that have been produced from the 2017 Population and Housing Census results. The Census results are presented at national, regional and urban/rural level.

On behalf of the Government, the Central Statistical Office (CSO) would like to express its sincere gratitude to all organizations and individuals who have made contributions towards the success of the Census. Special thanks go to the authors who have contributed in the thematic analysis of the various reports; Amos Zwane , Phumlile Dlamini, Nolwazi Dlamini, Mcebo Bhiya, Hanson Dlamini, Nelisiwe Dlamini, Rachel Masuku, Sabelo Simelane, Nombulelo Dlamini, Tsembayena Phakathi, Gcina Gumedze, Colisile Masilela and Malungisa Mkhathshwa.

We thank the United Nations Population Fund (UNFPA) for her continued financial and technical support in all stages of the Census. We are also grateful to UNICEF, UNDP, WFP AND UNAIDS for their contributions.

Our sincere appreciation goes to the enumerators and supervisors who worked tirelessly during the main census enumeration. We are also grateful to the Data processing staff; Choice Ginindza, Qhawe Tfwala, Ronald Malangwane and Robert Fakudze, with the assistance of Mathew Msibi, Alfred Magagula, Napoleon Hlophe and Glenrose Malindzisa who produced the tables needed by the different authors. Last but not least, we would like to acknowledge the support and cooperation of the general public, especially during the enumeration period.

Finally, I wish to thank everyone that contributed directly or indirectly to the success of the census and in the publication of this report, but not mentioned above. The statistical data obtained from the 2017 census is massive and rich allowing for extensive use and application. As such, what is contained in the report is not the whole but only a very small portion. I urge all of the census data users to feel free and request CSO for any data not found in this publication but was collected in the Census.



Amos M. Zwane
Director of Statistics
Central Statistical Office

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CHAPTER 1: DISABILITY

1.1 Introduction

1.1.1 General relevance of disability studies

The World Health Organization defines disability as an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. It might occur from birth or may be brought about by diseases, injury or as a result of old age.

Inclusion of disability questions in a census serves an important role in identification of persons living with disability in terms of their physical location and characteristics. Disabled people are one of the most disadvantaged groups in our societies. They have challenges in accessing resources and basic needs such as education, health, etc. which can help improve their livelihoods.

1.1.2 Brief overview of contents of the chapter

Two aspects of disability were considered here which is the type and cause of disability. The chapter shows the results for the whole population disaggregated by age, sex, type of residence and region. The proportion of people with multiple disabilities is also singled out in this report. Some characteristics of the disabled population like education and economic activity are also presented

1.1.3 Census as a source of data on disability

Questions on disability were included as per UN recommendations for Population and Housing Censuses. In addition, Sustainable Development Goal number 17 also underlines the importance of data collection and monitoring of the SDGs with emphasis on disability disaggregated data. The 2017 Population and Housing Census adopted a new set of questions that were developed by the Washington Group to determine disability. These questions are different to those from the 2007 PHC and were adopted by the UN for consistency and comparability. It should be noted that the data presented excluded children below 5 years of age.

The following questions were asked to determine disability and the type of disability:

P20.1-How much difficulty does [NAME] have in?			Codes of difficulty	Codes for cause of disability
	Difficulty	Cause		
1. Walking, climbing steps, carrying items				
2. Seeing, even if wearing glasses				
3. Hearing, even if using hearing aid				
4. Cognition				
5. Self-care				
6. Communication				

As a result of the change in the approach of asking disability questions, the 2017 disability census findings cannot be compared with the previous censuses. This is mainly because the current census was asking if an individual has difficulty in functioning with or without the use of assistive devices while all previous censuses did not include this aspect.

1.1.4 Definitions and other concepts

- **Disability (2017 PHC Context):** Difficulties or problems in one or all of the following areas; seeing, hearing, speaking, walking/climbing, remembering/concentrating, self-care.
- **Congenital disability:** A difficulty or problem in one or all of the following areas; seeing, hearing, speaking, walking/climbing, remembering/concentrating, since birth.
- **Walking difficulty:** Difficulty in walking (or using wheel chairs, crutches, limping, climbing steps)
- **Seeing difficulty:** low vision, blind. (If the person is using glasses and does not have a problem when wearing glasses and have glasses, then he does not have a problem).
- **Hearing difficulty:** partially and deaf. (If a person does not have a problem after using a hearing aid then she/he has no hearing problem).
- **Cognition:** difficulty in remembering, concentrating, decision-making, understanding spoken and written language, finding one's way or following a map, doing basic mathematical calculations, reading and thinking.
- **Self-Care:** difficulty in taking care of oneself independently, like washing and dressing.
- **Communicating:** problems with talking, listening or understanding speech such that it contributes to difficulty in doing daily activities of a person.

1.2 Observed levels of disability

According to the 2017 Population and Housing Census a total of 146554 people of Eswatini had difficulty or limitation in performing certain functions at the time of the Census and that represents about 13 percent of the whole population as seen in Table 1.2.1.

It is observed that females have more difficulties than males as they account for 16 percent of the population with difficulty compared to the 11 percent for males. Rural population are

also observed to have a high percentage of people with disability (15.1 percent) compared to 8 percent from urban population. Amongst all the geographic regions of the country the Lubombo region is seen to be having the highest percentage of people with difficulty (17.6 percent) whilst the Shiselweni region has the least as it has 9.1 percent of people with difficulty in performing certain basic functions. Manzini and Hhohho regions both have about 12 percent of people who have difficulty respectively.

Table 1.2.1: Disabled population by residence and sex, Eswatini, 2017

AREA	DISABLED			PERCENT DISABLED		
	BOTH	MALE	FEMALE	BOTH	MALE	FEMALE
TOTAL	146554	59296	87258	13.4	11.2	15.5
URBAN	21009	8708	12301	8.1	6.8	9.4
RURAL	125545	50588	74957	15.1	12.6	17.4
HHOHHO	38737	15866	22871	12.1	10.0	14.1
MANZINI	44027	17757	26270	12.4	10.3	14.3
SHISELWENI	32532	13224	19308	9.1	7.7	10.5
LUBOMBO	31258	12449	18809	14.7	11.9	17.4

Figure 1.2.1 below shows that nationally 9 percent of the disabled population cannot perform the basic functions at all. Rural areas have the highest proportion of disabled people who cannot perform the functions at all (3.1 percent) compared to the urban population (2.4 percent). Looking across regions there is not much difference in the proportion of disabled population who could not perform tasks at all as Hhohho has the highest (3.3 percent) while Shiselweni has the lowest 2.7 percent.

Figure 1.2.1: Percentage of completely disabled people by residence, Eswatini

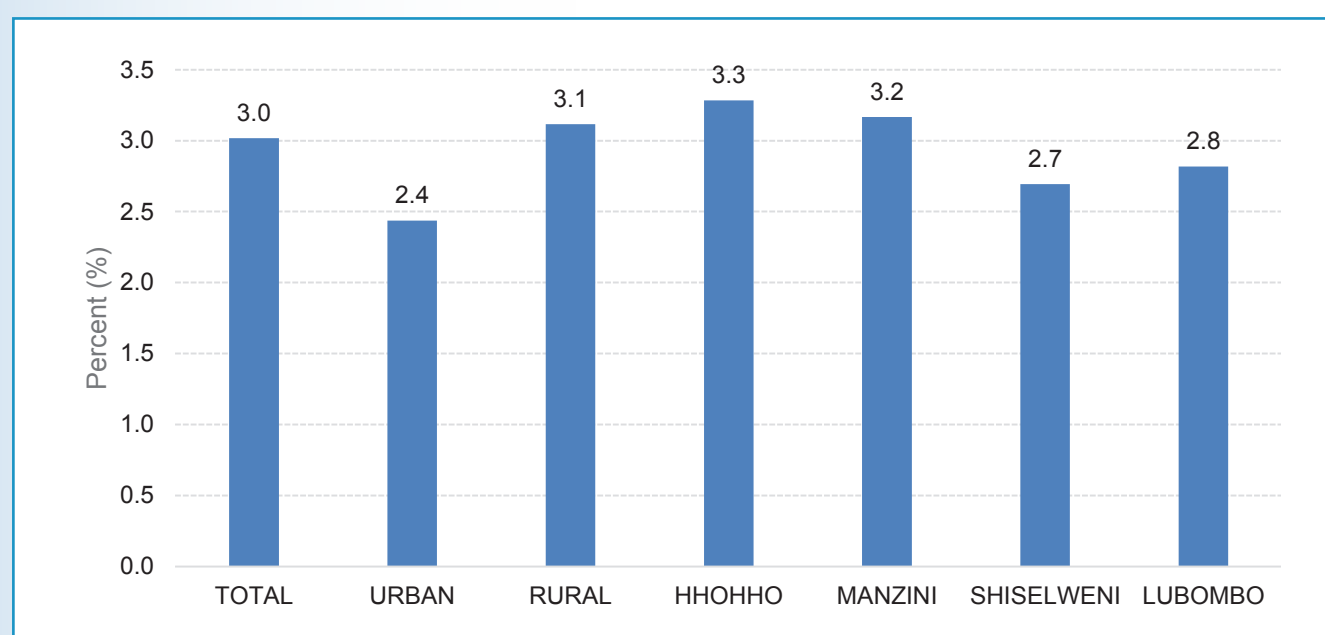
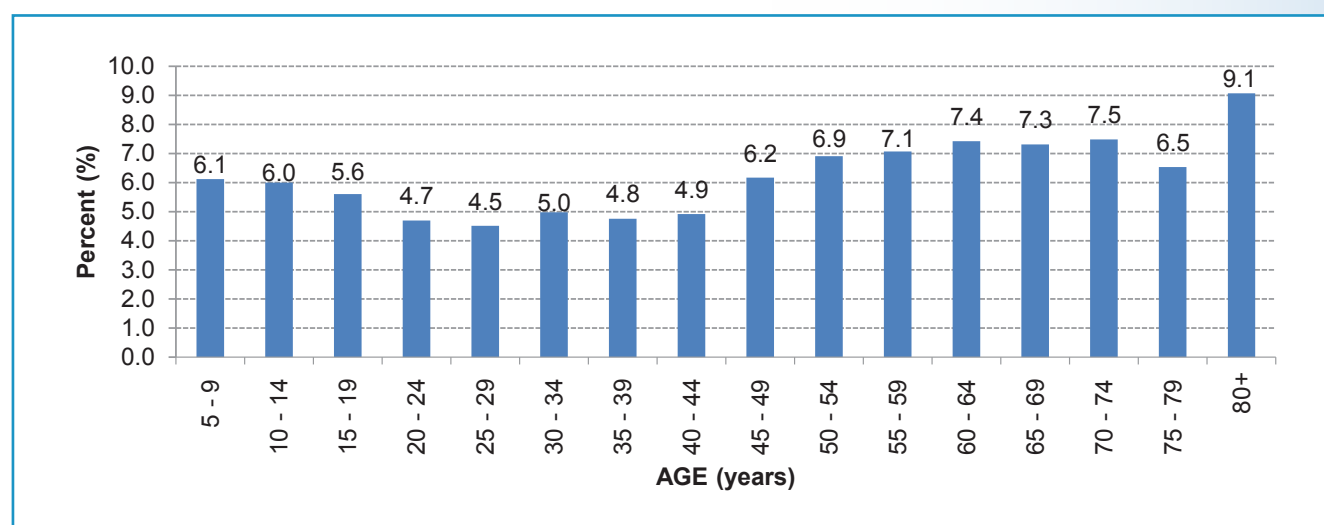


Figure 1.2.2 below shows that the highest percentage of difficulties were observed among adults aged above 80 years as they accounted for 9.1 percent of the population with difficulties. About 4.5 percent of all difficulties were observed from population aged 25-29 years which was the lowest among all the other groups. High percentages of difficulties are also seen from ages of 45 as it starts reaching 6 percent and going up to 7.5 percent in population aged 70-74 years.

Figure 1.2.2: Population with difficulty by age, Eswatini



1.3 Disabilities by type of difficulty

Table 1.3.1 below shows that the most common type of difficulty is seeing (47812) followed by walking (38905) difficulties. Together they account for 59.2 percent of difficulties in the country. Self-care and hearing difficulties account for 9.1 and 15 percent of difficulties in the country respectively. The least common type is difficulty is communication which accounts for only 4.7 percent of difficulties.

Table 1.3.1: Disabled population by type of difficulty, Eswatini

TYPE	WALKING	SEEING	HEARING	COGNITION	SELF CARE	COMMUNICATION
TOTAL	38905	47812	22054	17591	13268	6924
PERCENTAGE	26.5	32.6	15.0	12.0	9.1	4.7

Figure 1.3.1 illustrates that in all the forms of disabilities (difficulties) except for communication difficulty, more females have difficulty than males. Of those having walking difficulty 63.5 percent are female and the remaining 36.5 percent are males. Females account for 63.3 percent under the difficulty in seeing category and males account for the remaining 36.7 percent. About 58 percent of those having hearing difficulty are females while males account for the 42 percent. Under Cognition and self-care difficulties females account for 52.7 and 52.9 percent respectively. Communication difficulty is the only type whereby males have higher proportion of 53.2 percent.

Figure 1.3.1: Percentage population with difficulty by type and sex, Eswatini

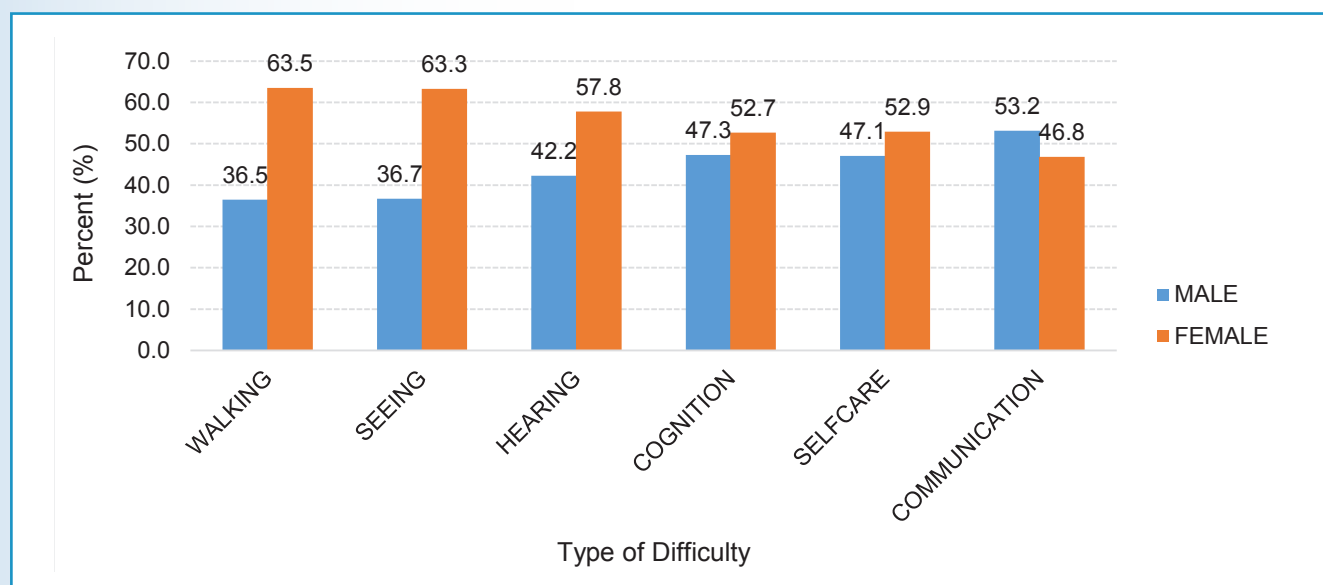


Table 1.3.2 below depicts the distribution of people with disabilities (difficulties) by type of disability and according to urban rural residence and regions location during the time of the census. Of the 38905 who have difficulty in walking, (87 percent) of them reside in rural areas with the remaining 13.6 percent in urban areas. This shows that walking difficulties are more prevalent in the rural areas. Looking at the figures by region it is evident that a majority of those with walking difficulty come from the Manzini region (31 percent) followed by Hhohho (26.6 percent).

People with seeing difficulty also follow a similar pattern as 82.6 percent of them were observed from rural areas. Manzini and Hhohho regions account for the highest proportions of people with seeing disability, 29.3 percent while the Lubombo region accounts for the least 19.6 percent of this population. A similar pattern is observed in population with hearing, cognition, self-care and communicating difficulties when looking at it by regions.

Table 1.3.2: Distribution of disabled population by type of difficulty according to residence, Eswatini

	WALKING	SEEING	HEARING	COGNITION	SELF CARE	COMMUNICATION
NATIONAL	26.5	32.6	15.0	12.0	9.1	4.7
URBAN	13.0	17.4	12.6	12.4	12.2	15.3
RURAL	87.0	82.6	87.4	87.6	87.8	84.7
HHOHHO	26.6	29.3	26.2	23.0	21.3	25.2
MANZINI	31.0	29.3	27.7	33.5	29.2	30.3
SHISELWENI	21.4	19.6	23.1	25.2	28.3	22.2
LUBOMBO	21.0	21.8	23.1	18.3	21.2	22.2

1.4 Disability by cause

Table 1.4.1 below displays the distribution of disabled people by type and cause of their difficulty. It shows that the most prevalent cause of disability is injury and accidents. This is evident as it accounts for about 52 percent of all difficulties in the country and it accounts for higher proportions across all the types of difficulties except for self-care and communication difficulties. About one percent of all difficulties are due to domestic violence and this cause seems to be the least prevalent one in the country across all the types of difficulties.

Table 1.4.1: Disabled population by cause of disability, Eswatini, 2017

TYPE OF DIFFICULTY	CONGENITAL/ PRE-NATAL	INJURY/ ACCIDENT	DISEASE/ ILLNESS	DOMESTIC VIOLENCE	OTHER
Walking	8.4	54.3	20.1	0.9	16.4
Seeing	10.7	59.7	6.2	0.8	22.6
Hearing	15.5	55.5	7.1	1.4	20.6
Cognition	28.1	39.4	4.5	2.9	25.1
Self-care	18.6	36.0	5.6	1.7	38.1
Communication	39.9	32.9	3.2	3.3	20.7
Total	15.0	51.8	9.6	1.3	22.3

1.5 Characteristics of the disabled population

1.5.1 Disabled population by educational attainment

Sustainable Development Goal number 4 guarantees equal and accessible education by building inclusive learning environments and providing the needed assistance for persons with disabilities. Table 1.5.1 shows the population with disability disaggregated by highest qualification attained. About 52 percent of people with disability (difficulty) in Eswatini have no education. Of those that did attend school, 22.3 percent have primary school certificate while 9.6 have junior certificate. Of note is that a majority of people having difficulty have no qualification and the proportions decreases as the level of education increases as we can see that only 0.1 percent have a PhD certificate.

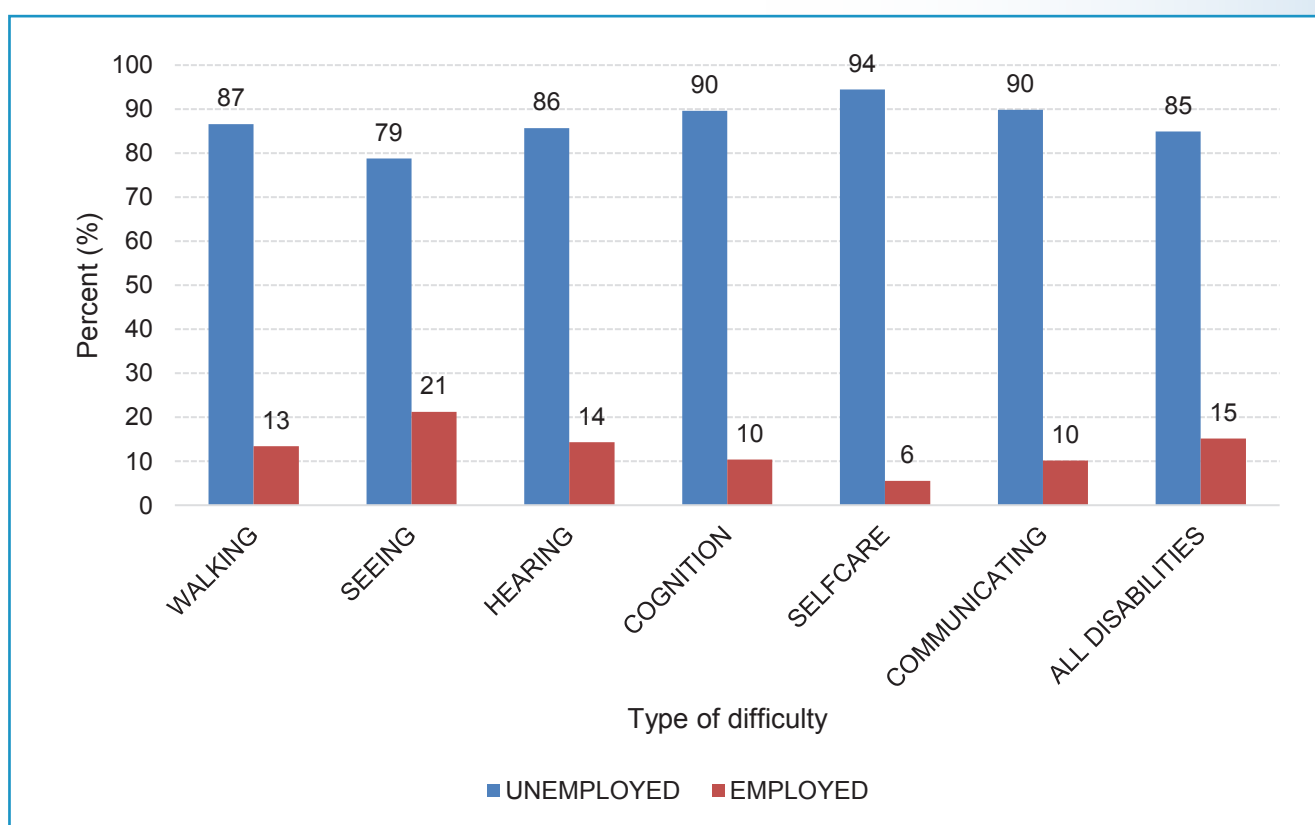
Table 1.5.1: Population with difficulty by highest qualification, Eswatini, 2017

HIGHEST QUALIFICATION	WALKING	SEEING	HEARING	COGNITION	SELF CARE	COMMUNICATING	TOTAL	PERCENT
None	12482	14971	8956	7049	5851	2625	51934	51.7
Primary certificate	6262	8941	3370	2185	1095	568	22421	22.3
Junior certificate	2680	4268	1221	842	458	203	9672	9.6
O level/ GCSE	2306	4317	1146	811	382	257	9219	9.2
A level / IB certificate	74	155	29	15	15	8	296	0.3
Tertiary Certificate	401	639	134	110	67	32	1383	1.4
Diploma	918	1739	305	182	133	61	3338	3.3
Bachelor Degree	354	988	133	73	62	29	1639	1.6
Master Degree	100	270	34	14	13	7	438	0.4
PhD Degree	16	26	5	4	5	3	59	0.1
Total	25593	36314	15333	11285	8081	3793	100399	100.0

1.5.2 Disabled population by employment

Sustainable Development Goal number 8 aims at promoting inclusive economic growth, full and productive employment allowing persons with disabilities to fully access the job market. According to Figure 1.5.1 below a lot still has to be done to achieve this goal as only 28 percent of the population with disabilities (difficulties) is employed. The 2017 census data reveals that 85 percent of the disabled population unemployed. People with self-care difficulty have the lowest proportion of employed people (6 percent) followed by cognition and communicating difficulties which tie at 10 percent. People with seeing difficulties seem to have better chances of being employed as they have 21 percent of their population employed followed by walking difficulty (13 percent).

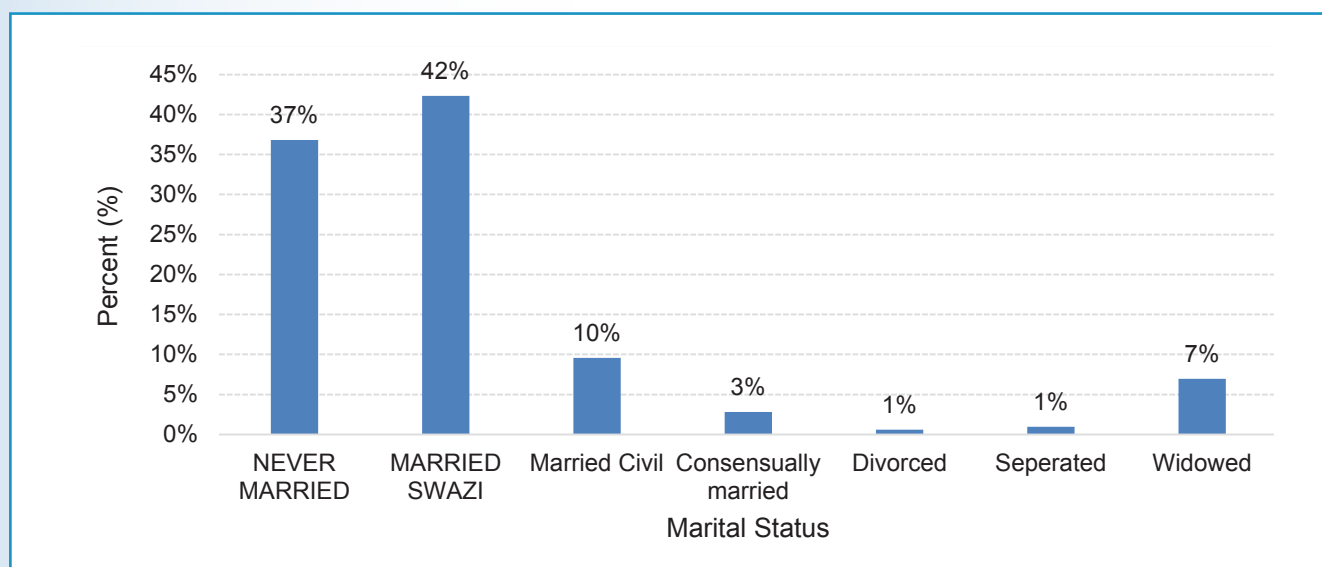
Figure 1.5.1: Population with difficulties by employment status, Eswatini, 2017



1.5.3 Disabled population by marital status

Thirty-seven percent of the disabled population had never been married at the time of the 2017 PHC data collection. Worth noting is that 42.3 percent of this population is married according to Swati law and custom while only 9.6 percent is married by civil rights. Disabled people in Eswatini have 2.8 percent of their population being consensually married. This is seen in Figure 1.5.2.

Figure 1.5.2 Disabled people by marital status, Eswatini, 2017



1.5.4 Disabled people with difficulties in engaging in education and economic activities

During the census data collection period, disabled people were also asked if they were experiencing any difficulty in engaging in education and economic activities. It should however be noted that these figures also include those who are actually involved in education and economic activities but are having some limitations due to their disability.

The data in Table 1.5.2 below cannot be directly compared with figures on employment and highest qualification presented earlier. In this table it is evident that 39.5 percent of people with disability have difficulty in engaging in learning activities. Those having communication and self-care difficulties are most likely to have difficulty in engaging in learning activities as they are 66.8 percent and 61.6 percent respectively.

About 25 percent of disabled people have difficulty in engaging in economic activities. Those suffering from cognition and walking difficulties are most likely to have difficulty in engaging in economic activities as they are 31.8 and 28.1 percent respectively.

Table 1.5.2 Disabled people with difficulty in engaging in educational and economic activities, Eswatini, 2017

DIFFICULTY	WALKING	SEEING	HEARING	COGNITION	SELF CARE	COMMUNICATION	TOTAL
Learning activity	15960	12205	7525	9872	15109	8834	69505
Percent	35.7	24.5	31.8	48.6	61.6	66.8	39.5
Economic activity	12534	10707	5833	6457	5859	2752	44142
Percent	28.1	21.5	24.7	31.8	23.9	20.8	25.1

1.6 Conclusion and Recommendations for the next Census

The 2017 Population and Housing Census revealed that 16.1 percent of the total population has some form of disability.

The most common type of disability is seeing difficulty which accounts for 28.3 percent of the disabled population.

Across all types of difficulties there is a significantly high number of females compared to males. The most common cause of difficulty for all the types of difficulties is injuries and accidents which has 43 percent prevalence

The proportion of people with difficulty who have no qualification is more than half (51.7 percent).

In all difficulty types more than 50 percent of the population is not employed except for those with communication difficulty.

There are so many aspects that can be identified in the 2017 PHC data and therefore a detailed analysis and research is recommended. It is also recommended that based on Census data another disability specific study be undertaken which will have all necessary equipment to investigate extent of disability since data from such studies can help in formulating effective plans and programs for different types of disabled population. A recommendation is also made to specify the “other” in the cause of disability. We also recommend that the next census use questions developed by the Washington Group to ascertain disability in children under 5 years.

CHAPTER 2: ALBINISM

2.1 Introduction

2.1.1 General relevance of the study of albinism

The Government of the Kingdom of Eswatini and other stakeholders have realized the significance of collecting data on persons living with Albinism. The baseline data collected in the 2017 Population and Housing Census will facilitate putting in place policies that will support persons living with Albinism in the country. The data will be the basis for policy development and is key for putting in place services and programmes, amongst others will include advocacy and raising awareness for human rights for persons living with Albinism.

2.1.2 Brief overview of the contents of the chapter

This chapter provides results for the whole population disaggregated by age, sex, type of residence and region. Some characteristics of the population living with Albinism like education, marital status, disability and economic activity are also presented.

2.1.3 Census as source of data on Albinism

Inclusion of Albinism questions in the census serves an important role in identification of persons living with this kind of disability by physical location, and their socio-economic characteristics. The 2017 PHC is the first ever primary source in the country for data on persons living with Albinism. The data on Albinism was collected through question P21 of the 2017 PHC Questionnaire as shown below.

P21 - Does [NAME] have Albinism?
1. Yes
2. No

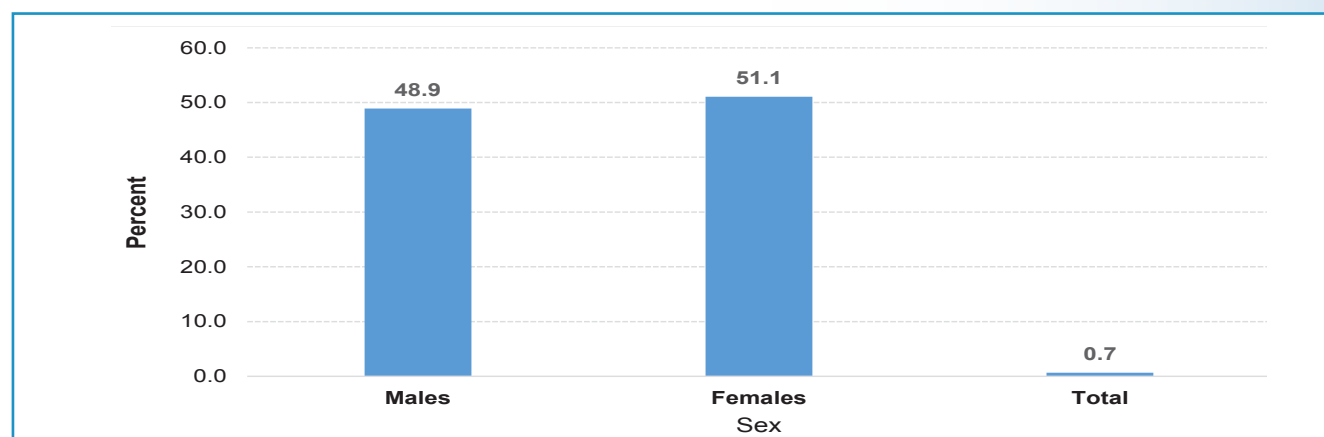
2.1.4 Definitions and other concepts

- **Albinism:** a rare, non-contagious, genetically inherited condition that affects people regardless of ethnicity or gender. It results from a significant deficit in the production of melanin and is characterized by the partial or complete absence of pigment in the skin, hair and eyes.

2.2 Distribution of people living with Albinism

According to the 2017 Population and Housing Census a total of 7332 people of Eswatini were living with albinism and that represents 0.7 percent of the whole population. Females account for 51 percent of the people living with albinism while males stand at 49 percent as shown in Figure 2.2.1.

Figure 2.2.1: Distribution of persons living with Albinism by sex, Eswatini, 2017



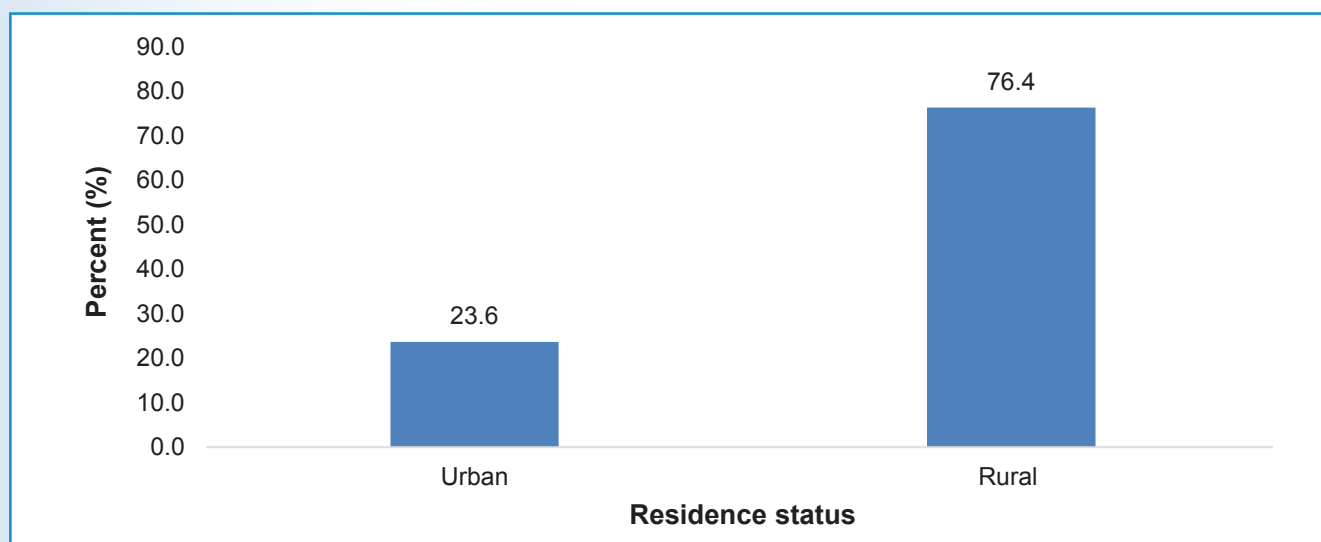
Albinism is more prevalent in the age group 0 - 4 years as it accounts for 1 percent of the total albinism population. The report shows a decreasing prevalence as the age increases as represented by Table 2.2.1 below.

Table 2.2.1: Distribution of persons living with Albinism by age group and sex, Eswatini, 2017

Age group (Years)	People living with Albinism			Percent		
	Males	Females	Both sexes	Males	Females	Both sexes
0 - 4	607	672	1279	16.9	17.9	17.4
5 - 9	522	557	1079	14.6	14.9	14.7
10 - 14	479	535	1014	13.4	14.3	13.8
15 - 19	421	398	819	11.7	10.6	11.2
20 - 24	300	277	577	8.4	7.4	7.9
25 - 29	243	280	523	6.8	7.5	7.1
30 - 34	235	227	462	6.6	6.1	6.3
35 - 39	190	181	371	5.3	4.8	5.1
40 - 44	150	136	286	4.2	3.6	3.9
45 - 49	127	123	250	3.5	3.3	3.4
50 - 54	101	92	193	2.8	2.5	2.6
55 - 59	61	77	138	1.7	2.1	1.9
60 - 64	51	58	109	1.4	1.5	1.5
65 - 69	47	38	85	1.3	1.0	1.2
70 - 74	25	36	61	0.7	1.0	0.8
75 - 79	7	23	30	0.2	0.6	0.4
80+	14	29	43	0.4	0.8	0.6
Not stated	7	6	13	0.2	0.2	0.2
Total	3587	3745	7332	100.0	100.0	100.0

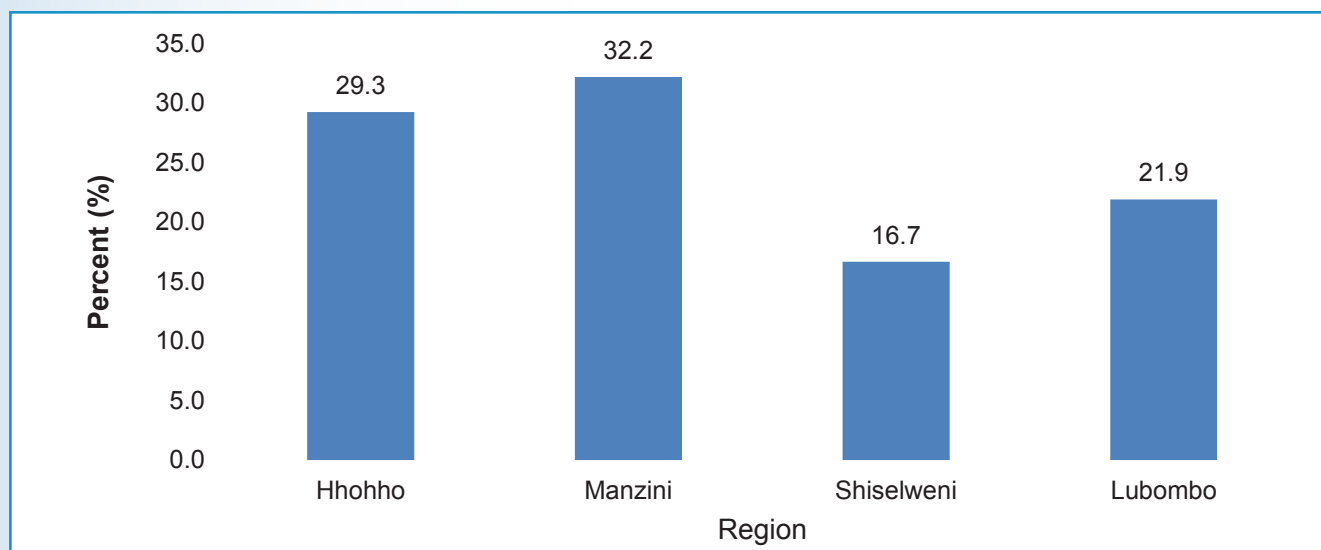
Figure 2.2.2 shows that 76.4 percent of the people living with albinism in the country are from the rural areas whilst a minority (23.6 percent) are from the urban areas.

Figure 2.2.2: Distribution of Albinism population by residence status, Eswatini, 2017



Manzini is the leading region standing at 32.2 percent of the population of people living with Albinism, followed by Hhohho at 29.3 percent, Lubombo at 21.9 percent and Shiselweni has the least at 16.7 percent as illustrated by Figure 2.2.3 below.

Figure 2.2.3: Distribution of Albinism population by region, Eswatini, 2017



2.3 Conclusion and Recommendations for the next Census

The prevalence of people living with albinism in the country is 0.7 percent with a large proportion being females (51 percent) and the youth (15-34 years) accounting for 33.5 percent of the population. People with albinism tends not to be affected by other disabilities, the proportion of disabilities is relatively low with the highest being seeing disability at 4.1 percent and the lowest being communication disability at 0.6 percent.

In the next Censuses, it is recommended that the question on albinism be rephrased to “Is name living with albinism”.

CHAPTER 3: EPILEPSY

3.1 Introduction

3.1.1 General relevance of Epilepsy studies

The inclusion of questions on Epilepsy in the Census serves an important role in the identification of persons living with Epilepsy by physical location and socio-economic characteristics. Interventions aimed at providing services to people suffering from Epilepsy have all along been limited by the unavailability of data for informed decision making thus government not being able to allocate resources to meet this disadvantaged group in our society.

3.1.2 Brief overview of the contents of the chapter

The chapter shows results for the population with Epilepsy, disaggregated by age, sex, type of residence and region. Some characteristics this population living such as educational status, marital status and economic activity are also presented here.

3.1.3 Census as source of data on Epilepsy

The 2017 Population and Housing Census is the first ever primary source of data in the country on people living with Epilepsy. The Government of the Kingdom of Eswatini and other stakeholders realized the significance of collecting data on people with Epilepsy, and therefore questions on epilepsy were included in the 2017 Population and Housing Census Questionnaire.

The baseline data will facilitate putting in place the policies that will support people with Epilepsy in the country. The data will be the basis for policy development and will play a key role in putting in place the services and programmes, including advocacy and raising awareness for human rights for persons with Epilepsy.

Information on Epilepsy was collected through questions P22.1 and P22.2 of the 2017 PHC Questionnaire as shown in the table below.

P22.1 - Does [NAME] suffer from Epilepsy?	P22.2 - How frequently has [NAME] had seizures/collapse in the past three months (Jan 29 th , 2017 to April 28 th 2017)?
1. Yes, card seen	
2. Yes, card not seen	
3. Yes, no card	
4. No (go to P23)	
2. Don't know (go to P23)	

3.1.4 Definitions and other concepts

- **Epilepsy:** is defined as a central nervous system (neurological) disorder in which the brain activity becomes abnormal, causing seizures or periods of unusual behaviour, sensations and sometimes loss of awareness.
- **Seizure:** is an abnormal, disorderly discharging of the brains nerve cells, resulting in a temporary disturbance of motor sensory or mental function¹. However, not all seizures are epilepsy.

3.1.5 Causes of Epilepsy

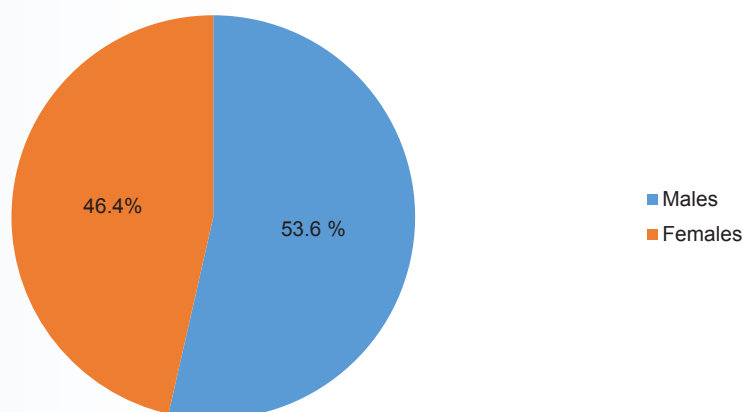
Healthy people may have seizures under certain circumstances. If the seizures have a known cause, the condition is referred to as secondary or symptomatic epilepsy. Some of the more common causes include, but not limited to the following:

- **Genetic influence:** this refers to a situation whereby the condition can be traced to be passed on from family generation to the next.
- **Head trauma:** as a result of an accident or traumatic injury can cause epilepsy
- **Brain conditions:** brain conditions that cause damage to the brain (i.e. brain tumour, stroke)
- **Infectious diseases:** such as meningitis, viral encephalitis and AIDS
- **Prenatal injury:** before birth, babies are sensitive to brain damage that could be caused by several factors such as an infection in the mother, poor nutrition or oxygen deficiency.
- **Developmental disorders:** epilepsy can sometimes be associated with developmental disorders such as autism and neurofibromatosis.
- **Certain toxic chemicals:** such a low blood sugar or sodium
- **Alcohol withdrawal**

3.2 Distribution of people with epilepsy

The total number of people living with epilepsy in the country is 7102 which is 0.6 percent of the total population. Amongst the population living with epilepsy, males account for 53.6 percent and females account for 46.4 percent as illustrated by Figure 3.2.1 below.

Figure 3.2.1 Distribution of people living with Epilepsy by sex, Eswatini, 2017



¹<http://www@medicinehealth/epilepsy/articleem.htm>

According to Table 3.2.1, 83.2% of the people living with Epilepsy are in the rural areas whilst 16.8% are in the urban areas. Hhohho is the leading region accounting for 28.7 percent of the population living with Epilepsy, followed by Manzini at 28.5 percent, Shiselweni is at 22.2 percent and Lubombo has the least at 20.6 percent

Table 3.2.1: Distribution of people with Epilepsy by residence and region, Eswatini, 2017

Area	Male	Female	Total	Percent
Total	3804	3298	7102	0.6
Urban	641	550	1191	16.8
Rural	3163	2748	5911	83.2
Hhohho	1122	918	2040	28.7
Manzini	1066	960	2026	28.5
Shiselweni	839	735	1574	22.2
Lubombo	777	685	1462	20.6

Epilepsy is more prevalent in the age group 15-19 years as it accounts for 11.2 percent of the total epileptic population followed by age group 20 -24 years at 10.4 percent. The report shows a decreasing prevalence as the age increases as represented by Table 3.2.2 below.

Table 3.2.2: Distribution of persons with Epilepsy by age group and sex, Eswatini, 2017

Age group	Number			Percent		
	Males	Females	Both sexes	Males	Females	Both sexes
0 - 4	211	163	374	5.5	4.9	5.3
5 - 9	352	284	636	9.3	8.6	9.0
10 - 14	365	324	689	9.6	9.8	9.7
15 - 19	422	375	797	11.1	11.4	11.2
20 - 24	361	381	742	9.5	11.6	10.4
25 - 29	321	287	608	8.4	8.7	8.6
30 - 34	366	286	652	9.6	8.7	9.2
35 - 39	306	255	561	8.0	7.7	7.9
40 - 44	247	183	430	6.5	5.5	6.1
45 - 49	186	165	351	4.9	5.0	4.9
50 - 54	161	124	285	4.2	3.8	4.0
55 - 59	126	139	265	3.3	4.2	3.7
60 - 64	103	82	185	2.7	2.5	2.6
65 - 69	109	86	195	2.9	2.6	2.7
70 - 74	66	55	121	1.7	1.7	1.7
75 - 79	44	48	92	1.2	1.5	1.3
80 +	46	55	101	1.2	1.7	1.4
Not stated	12	6	18	0.3	0.2	0.3
Total	3804	3298	7102	100	100	100

3.3 Conclusion and Recommendations for the next Census

Epilepsy prevalence in the country is 0.6 percent of the total population with males accounting for 54 percent and females 46 percent, with a larger proportion staying in the rural areas (83.2 percent). The epileptic population consists mainly of the youth (41.3 percent).

It is recommended that follow up questions be made on epilepsy as to ascertain the cause of epilepsy from those living with it. This can help the country properly plan for health services and assistance to the people affected.

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NOTES

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CENTRAL STATISTICAL OFFICE

P.O. BOX 456

MBABANE

TEL: (+268) 2404 2151/2

FAX: (+268) 2404 3600

EMAIL: statistics@gov.sz