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The Influences of the Public Health Care System and Education System on the Economic
Growth of Swaziland

An Honors Thesis submitted in partial fulfillment of the requirement for Honors Studies in
International Studies

By
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International Studies
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Abstract

The Kingdom of Eswatini, also known as Swaziland, has one of the youngest populations in the world with over 70% of citizens being under the age of 18 years old. This creates a substantial opportunity for economic, social, and educational growth in a country previously plagued with diseases such as HIV/AIDS, poor health care infrastructure cutting off thousands from basic care, and an educational system with a very low attendance rate and an even lower graduation rate. By evaluating the root causes of such issues dating back to the colonial era there is an opportunity to reprioritize health care and education as they can be the driving factors enabling economic and social growth for a country that has suffered major setbacks in the past two decades. Providing the population of the Kingdom of Eswatini with access to dependable health care, both in resources and providers, and giving children the opportunity to safely attend primary school are arguably the most pivotal factors that will drive economic growth in the next century. The economy and workforce of the small African nation of the Kingdom of Eswatini will continue to struggle and depend on international investments unless attention is brought to the health care and education of children in both traditional skills and classroom skills.

Acknowledgments

I would like to express my gratitude to those who have supported me and encouraged me throughout this project. My family, who has given me unconditional love and encouragement throughout all my years. My professors who put their heart into teaching us all they know about the world around us and our role in it.

I would like most of all to thank my friends and colleagues in Swaziland who welcomed me into their communities and allowed me to live and learn alongside them for a season of my life. My work is dedicated to the woman and children of Nsoko, Swaziland who taught me new ways of life and the beauty in family and community. The people of the Kingdom of Eswatini created a passion in me to seek solutions to challenges and that is the driving factor to my work to this day.

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Introduction:

The small African country of Eswatini was formed in 1968 and is home to 1.4 million citizens, the majority of whom live in the rural countryside. The Kingdom of Eswatini is a land-locked country surrounded by South Africa and Mozambique. The country is divided into four administrative regions including Hhohho, Manzini, Shiselweno, and Lubombo. Over 77% of the country's population resides in rural settings which is a vital component to challenges citizens face with access to health care and education.

Kingdom of Eswatini found itself in international headlines at the turn of the 21st century because of its high HIV, AIDS, and TB. The country has one of the highest prevalence rates in the world with an estimated 26% HIV prevalence rate amongst 15-29 year old's, with the diseases burdening women at a significantly higher rate of 32% compared to that of men at 15%.¹ The nation has also maintained the highest TB burden per capita than any other country in the world since 1995.² The burden of disease falls heavily on the shoulders of the younger generation, the children who step in to care for their parents and other family members as they struggle to balance life with diseases. This demonstrates just one of the correlations between disease and the public access to health care with the roles of children in the home and society. The challenges in the public health care system and the education system are interwoven throughout the history of the nation; neither stands alone, and they continue to feed problematic patterns and practices in the country.

¹ "Masterplan towards the Elimination of Neglected...-Espan."

² Elisabeth Sanchez-Padilla et al., "High Prevalence of Multidrug-Resistant Tuberculosis, Swaziland, 2009-2010," Emerging infectious diseases (Centers for Disease Control and Prevention, January 2012),

This study works to display the connections between the challenges in the public health care system, the education system, especially with elementary education, and the economic growth and development of the workforce in Kingdom of Eswatini. The high relevance of disease combined with the lack of access to dependable health care and medications places excessive stress on the role of children in the house. This hinders their ability to participate in school and lowers citizens' ability to participate in the workforce, which is shown in the continually rising rates of unemployment and contributes to the economic growth of their communities.

An additional influential factor to consider when evaluating the social position of families in the Kingdom of Eswatini is that many children have suffered the loss of one or both of their parents due to disease and other external factors. "Prevalence of orphanhood increases with age, with 7% of children under the age of 5 orphaned compared to 37% of 15–17-year-old."³ This contributed to the cycle of poverty and creates further obstacles for children who have lost their parents, who would traditionally be their caregivers and over sees their schooling and social growth. This subsequently puts more pressure on the women to fill in as caregivers for their household as their parent's generations suffer health issues that prevent them from earning a livable living for the family, providing food, and conducting household chores.

³ "Swaziland United Nations Development Assistance Framework," UNICEF.

Sources

Given that Eswatini is a relatively small nation that draws minimal attention from the international community outside of the AIDs epidemic during the late 21st century, finding reliable primary sources that covered the numerous areas I was exploring proved difficult. As my primary sources I used international agencies such as: The United Nations, International Monetary Fund, The World Bank, The Center for Disease Control. These sources provided the most recent data available and surveyed the largest group of people. I found that data surrounding the economy and government was more readily available than data on health care and education. I also found that the data available on the public health care system was centered around the transmission of HIV/AIDS and coinfections such as tuberculosis and was heavily concentrated on the years from 2000-2015. Data evaluating the public health care system and the rate of disease, malnutrition, and other medical diagnoses from the past five years was largely inaccessible. The majority of literature and studies that are available at this time are from before 2015.

I also referenced a variety of secondary sources throughout my analyze such as the NACTA journal and the Canada Public Health Journal. I found these sources useful in analyzing the cultural and social structures surrounding the public health care system and education system. These also widened my perspective on the role of education and health care on household traditions and social roles. The secondary sources were collected by conducting a literature search for background information and secondary analysis of Eswatini's economic system, public health care system, and educational system. The initial findings displayed the ambiguous of how Eswatini is studied in relation to its neighbors. For example, in early works Eswatini is

referred to as Swaziland and it is also often included in the study of South Africa. A variety of sources faced South Africa, Swaziland, and Lesotho as one unit due to their geographical positions. This discovery led me to widen my research to surrounding nations to use as points of comparison and to help contextualize the problems facing the Kingdom of Eswatini's health care and education systems.

Chapter 1: Public Health Care

1.1 Constraints on the System

The Kingdom of Eswatini faces challenges across the board in health care ranging from the infrastructure of the health care system, constraints on the Health Management Information Systems, procurement and supply management for drugs, a lack of trained professionals as determined by the WHO, and lack of equipment and commodities. Arguably the primary challenges for those seeking medical attention and medical professionals treating the community are the infrastructure of hospitals, clinics, and stocked pharmacies concerning the distribution of the population throughout the country. “The World Health Organization (WHO) recommendation on the ratio of doctors and nurses and midwives to population are 0.55/1,000 and 1.73/1,000 respectively, while in the Kingdom of Eswatini the ratio falls below this at 0.126/1,000 for doctors and 1.5/1,000 for nurses and midwives.”⁴ The Kingdom of Eswatini has been experiencing a 'brain drain' in the medical field at a concerning rate and this has left the country with minimal health care workers and trained medical professionals. The deprivation of human capital caused by the international migration of trained workers, coined as brain drain. This problem is further exacerbated by the poor health care infrastructure in the country, specifically in rural areas. The problematic distribution of medical professionals across the 260 medical centers in the country leaves many communities nearly completely cut off from medical care and emergency services. There is also the concern of equipment and supply chain management concerning the pre-existing medical centers. For example, in rural communities, it

⁴“Swaziland United Nations Development Assistance Framework,” UNICEF.

is common for the community medical center to possibly have a doctor on rotation, but not have the necessary equipment or medication available at that center to conduct the necessary testing and evolutions. This issue also contributes to a distorted representation of data, of the 260 reported medical centers there are no official evaluations of their capabilities or capacity to treat patients. It is also common for communities to have a medical center in reach that has some basic medications for common sickness but has no medical professionals at the faculty or on rotation. Putting doctors on a rotational system allows them to reach more communities and get better use out of the few doctors who do work in the country, but this also leaves clinics sitting empty for most of the week or month. This system also puts increased pressure on the medical center when there is a doctor present. It is not uncommon for community members to arrive at clinics well before they open to guarantee their place in line and wait the majority of the day in the hopes of being seen before the doctor's shift comes to an end. This system inevitably puts tension on the social connections within a community which is desperate for resources and medical care which is necessary to their survival and to maintaining a quality of life that allows them to participate in the workforce and the household economy.

1.2 Women and Children's Health Care

The lack of health care services accessible to rural communities has a particularly devastating effect on children and women. In urban areas, like the capital city of Mbabane, citizens have more options when it comes to health care due to their proximity to clinics and the improvements of local transformation systems and road infrastructures. In these urban areas,

there are: bus systems; kombi taxis, which are faster minibuses; and road systems that connect outlying neighborhoods with the center of the town. As with many rural areas, as you travel away from the capital city of Manzini the number of accessible roads decreases.

“Stunting prevalence levels are higher in rural areas (33%) compared to urban areas (23%).

Orphans and Vulnerable Children (OVC) tend to be more affected by malnutrition with 39% of OVC’s under five stunted compared to 28% for children who are not orphaned or vulnerable.”⁵

Children face challenges with health care before they are even born when their mothers do not have access to prenatal care or appropriate care during childbirth. This is a universal issue that brings attention to the challenges mothers face with raising children without proper health care support or information about issues like the transmission of HIV/AIDS between mother and child. In urban areas of the country, one in three mothers gives birth at home, which is an important factor considering more than 75% of mothers do not have post-natal care or receive a doctor’s examination 48 hours after giving birth.⁶ This puts both the mother and the baby in a dangerous situation considering their distance from a medical facility prepared to handle complications arising with childbirth. A study conducted by the Demographic of Health surveys found that 78% of women reported barriers to health care and the most prevalent of barriers was the lack of medication, which was reported by 7 in 10 women.⁷ Other reported barriers included lack of medical care providers, issues concerning transportation, women not wanting to travel alone, and women needing to obtain permission to seek medical attention.

⁵ “Swaziland United Nations Development Assistance Framework,” UNICEF.

⁶ “Swaziland Demographic and Health Survey 2006-07.”

⁷ “Swaziland Demographic and Health Survey 2006-07.”

The issue of access to health care continues as children age while children also face elevated health care risks in their first years of life compared to the rest of the population. “One in seven children born in the Kingdom of Eswatini dies before reaching his or her fifth birthday, and 70 percent of these deaths take place during the child's first year.”⁸ While this is concerning as it stands alone, coupled with the data on the effects of children’s health on their ability to attend elementary school, this information becomes alarming. “At a national level, 31% of children under the age of five are stunted, while 1% are wasted and 6% are underweight.”⁹ The prevention of disease and treatment of medical conditions for children in their first years of life play a substantial role in a child's long-term ability to function in society because it, in part, dictates where the child can attend school for educational purposes, but also social development. Issues concerning children’s health also cross economic lines, although families in rural areas living with higher poverty rates also have higher complication rates concerning childbirth, they are not exclusive and do affect the middle and upper class even in urban settings. The transcendence of socio-economical borders helps unite the public and the international community as the nation works to lower maternal mortality rates, childhood malnutrition and disease, and access to health care for women and children.

⁸ “Swaziland United Nations Development Assistance Framework,” UNICEF.

⁹ “Swaziland United Nations Development Assistance Framework,” UNICEF.

1.3 HIV, AIDS, and TB

For over 20 years, the fight to end the transmission of HIV/AIDS has been a priority for the Kingdom of Eswatini. The first case of AIDS in Kingdom of Eswatini was diagnosed in 1996 and this marks the beginning of a generation-long battle to prevent and manage a difficult disease that substantially affected the nation's socially and economically active population.¹⁰ This issue is not only one of health care, but also one that affects the traditional social system, education system, and economic system of a nation suffering the loss of individuals in their prime years of life. The premature death of adults has also left a generation of youth that was forced to mature much quickly than normal, often forcing children to become caregivers to those who fall sick or to their siblings. "One generation will lose many to the ravages of AIDS, and the next generation will lose its childhood far too quickly, only perhaps to meet the same fate as their parents."¹¹ The HIV/AIDS epidemic has also caused a sharp increase in the number of orphans and vulnerable, also known as OVCs. Considering that over 72% of the nation's population is under the age of 17 years old, the lack of parental figures poses a significant threat to the development of the next generation. "This threatens intergenerational transfers of knowledge surrounding work and family values and increases vulnerability to external shocks."¹² Children who do not have parental figures in their lives are also at higher risk of abuse and neglect, which disproportionately harms young girls. "In 2018, more than 90 percent of new HIV infections

¹⁰ Naysmith, Scott, Alan Whiteside, and Amy Whalley. "Rethinking Swaziland's HIV/AIDS Epidemic: The Need for Urgent Interventions." *Canadian Journal of Public Health / Revue Canadienne de Sante'e Publique* 99 (2008)

¹¹ Daly, John L. "AIDS in Swaziland: The Battle from Within." *African Studies Review* 44, no. 1 (2001)

¹² Daly, John L. "AIDS in Swaziland: The Battle from Within." *African Studies Review* 44, no. 1 (2001)

among adolescents 10 to 19 years of age were among adolescent girls."¹³ Despite years of efforts to educate the public about the transmission of HIV/AIDS there continues to be a steady transmission from generation to generation. There has been significant progress in the fight since 1999 when the country gained international attention for its high prevalence rates. For example, the average life expectancy today is 60.2 years, which is a considerable increase from the life expectancy during the peak of the epidemic in 2004, which was determined to be just 30.3 years.¹⁴ The population has also decreased the overall prevalence rate of the diseases from 42% in 2004 down to 26% today.¹⁵ The nation went from having the lowest life expectancy rate in the world to nearly doubling its life expectancy across the board. This is partly a result of the influx of international aid programs that worked to prevent the spread of the disease and worked to help those with the condition manage their health as best they could. A major obstacle to fighting the spread of HIV/AIDS in both urban and rural areas of the country was the social stigma and label that came with a positive diagnosis. This problem continues today as in many communities there is an unspoken rule to not discuss HIV/AIDS or the status of other community members or family members. These lasting social stigmas and avoidance of the topic have devastating effects for some individuals who then are not able to receive the information they need to maintain their health and care for their loved ones. In rural communities, this problem seems to be exacerbated due to several issues, one being misinformation. For example, there are two articles published by

¹³ "Swaziland United Nations Development Assistance Framework." UNICEF

¹⁴ Naysmith, Scott, Alan Whiteside, and Amy Whalley. "Rethinking Swaziland's HIV/AIDS Epidemic: The Need for Urgent Interventions." *Canadian Journal of Public Health / Revue Canadienne de Sante'e Publique* 99 (2008)

¹⁵ Naysmith, Scott, Alan Whiteside, and Amy Whalley. "Rethinking Swaziland's HIV/AIDS Epidemic: The Need for Urgent Interventions." *Canadian Journal of Public Health / Revue Canadienne de Sante'e Publique* 99 (2008)

daily newspapers in the Kingdom of Eswatini which insist that AIDS is caused by “multi” (magic) or witchcraft.¹⁶ This displays the constant struggle to balance tradition with westernized practices and medical innovations, respecting local traditions and cultures while also protecting the public from transmittable disease through education initiatives. This way of thinking also further contributes to gender inequality and the heavy burden put on young women in the household. "The burden of HIV acquisition, caring for the sick and orphaned falls primarily on women, further entrenching gender stereotypes and economic reliance on men."¹⁷

Chapter 2: The Education System

2.1 Accessibility of Schools

Children's access to primary school is arguably one of the most pivotal resources in a child's life and this has been seen across national borders and cultures. The ability of a child to learn both inside and outside of the classroom strongly influences how they understand the world around them and what their role in it becomes. To this day the Kingdom of Eswatini is battling to find stability in their education system which is the remanence of westernized institutions left behind from British colonization in the country. “Swaziland, a small southern African country is an excellent example of a country where a dichotomy of cultures exists between institutions, including the schools and the tradition.”¹⁸ Students learn about their families’ traditions and

¹⁶ Naysmith, Scott, Alan Whiteside, and Amy Whalley. “Rethinking Swaziland’s HIV/AIDS Epidemic: The Need for Urgent Interventions.” *Canadian Journal of Public Health / Revue Canadienne de Sante’e Publique* 99 (2008)

¹⁷ “E Economic and Social Council - UNICEF,”

¹⁸ Booth, Margaret Zoller. “Western Schooling and Traditional Society in Swaziland.” *Comparative Education* 33, no. 3 (1997):

cultures at home and in their community and then commute to school where they are faced with a starkly different curriculum that does not fit their cultural or daily educational needs.

The education system in the Kingdom of Eswatini has a variety of problematic practices that prevent children's ability to gain an education, but the first of these begins at birth. "Low birth registration (54 percent of children under 5 are registered) has affected evidence-informed planning for services, thereby restricting children's access to basic services."¹⁹ Nearly every public elementary school requires government ID or birth registration to attend school. For children who are not registered at birth, this can be a life-altering complication.

Attending school also becomes an issue of accessibility due to the rural landscape in which the overwhelming majority of the population lives. It is common for children to travel multiple miles to and from school each day. This requires children to wake up early enough to make the journey before school and leave school early enough to make it home before the sun sets. This is even more difficult for children who do not have siblings or whose siblings attend a different school, like the high school for example. This puts children alone on the roads for multiple hours a day and if they are not receiving enough nutritious food to begin with, the amount of extensive physical exercise needed to get them to school is simply, not possible. Due to the poor transportation infrastructure, school bus systems are rarely an option and for children who live close enough to the main road where they could catch a Kombi, it is often too much of a financial burden on the family to pay for bus fare twice a day for the whole school year.

¹⁹ "E Economic and Social Council - UNICEF,"

Enrolling children in school also poses a problem due to the number of children who have lost parents to HIV/AIDs and due to the illiteracy rates among the general population. If a child does not have a parent or a guardian to help find a school that is an opening, enroll the child, and buy the necessary books and uniform, then the task of attending school becomes merely a dream. When parents are not present or unable to perform these tasks for the child, the responsibility often falls to the oldest sibling, an aunt, or possibly a grandmother. This contributes to the dropout rates amongst girls in secondary school because as the household tasks begin to stack up it is common that the older girls in the home leave school to help maintain the home and provide for the needs of the family. “Many families with marginal incomes will be forced to take their children out of school as the family's earnings dwindle and are increasingly diverted toward medical and health-related costs.”²⁰ This highlight how children who do live within a reasonable distance from a school could be prevented by outside factors from enrolling in school or attending school in full.

2.2 Resources and Instructors

For the schools that the Kingdom of Eswatini does have, there are significant tensions on resources ranging from the number of teachers with proper training to supplies such as school desks and chairs. This problem has been exacerbated by the country’s deaths due to HIV/AIDS which has most strongly affected the working-age group. During the height of the epidemic, a government report stated, “Swaziland's Ministry of Education currently estimates that the

²⁰Daly, John L. “AIDS in Swaziland: The Battle from Within.” *African Studies Review* 44, no. 1 (2001)

country is losing four teachers a week”²¹ The public health care issues of the HIV/AIDS epidemic throughout the country strongly influenced the education system and the opportunities that the younger generations were given. “Teachers are often poorly paid, lack necessary instructional materials, work with large numbers of students in crowded classrooms, teach in dilapidated buildings, and have poor living conditions”²² Conditions like this prevent a student who does attend school from getting the most out of their education, which comes at a high price for many families. These conditions also contribute to the modern concept of brain drain and lead teachers to reject positions in rural areas with fewer resources and lower conditions of living, which further contributes to the tensions of the limited resources available. For example, a study conducted by the UN found that, on average, in Sub-Saharan Africa only 52% of schools have electricity, 55% have running water safe to drink, and 43% have hand washing stations and bathrooms.²³ Studies have also found that a contributing factor to teacher burnout and turnover rates are the barriers in place that prevent teachers from continuing their education.²⁴ This poses additional questions about access to education for students at the university and graduate level.

²¹Baine, David, and Tuntufye Mwamwenda. “Education in Southern Africa: Current Conditions and Future Directions.” *International Review of Education*

²² Baine, David, and Tuntufye Mwamwenda. “Education in Southern Africa: Current Conditions and Future Directions.” *International Review of Education*

²³ “- SDG Indicators,” United Nations (United Nations)

²⁴ Dlamini, Barnabas M., and Judith V. Vilane. “Motivating Factors Related To The Retention Of Agriculture Teachers In Swaziland.” *NACTA Journal* 42, no. 4 (1998): 28–33.

2.3 Drop-Out Rates and Testing Scores

For the children who do begin primary schooling in the Kingdom of Eswatini, the risk of failing a grade level or dropping out for personal reasons is significant. "Less than 50% of those who enter grade one reach grade seven at the right time or all." While access to education has been an outstanding issue in developing countries for many years, the Kingdom of Eswatini has dramatically lower attendees' rates than other countries on the continent. According to UNESCO, 81% of students in Arica complete primary school, and overall, in the world 92% complete primary school.²⁵ Outside from the high drop-out rates, many students in both primary and secondary school are considered over-age. This means that they had delayed enrollment in school or repeated a level due to incompleteness or failing grades on standardized examinations. Up to 90% of male students are over-age compared to 81% of their female counterparts.²⁶ This adds further complications to the classrooms as students in one grade may be not only at different academic levels, but also have a wide variety of maturity levels. This gives teachers the difficult task of serving a classroom with students that have a wide age disparity and of different maturity levels. This also poses a social obstacle in schooling that may not be thoroughly represented by the data: students in secondary school have a difficult time sitting in a classroom with peers much younger than them and this can further influence students who are behind to drop out of schools and shift into the workforce before graduating from school. This also puts additional social stress on the younger students, exposing them to a social scene they're not yet

²⁵ "Combining Data out of School Children ... - UNESCO UIS,"

²⁶ "Education Policy Data Center: Making Sense of Data to Improve Education," Education Policy Data Center.

prepared for and could lead to bullying and negative social experiences, which also contribute to students not wanting to attend school. If a classroom is not a safe place to learn, then it is difficult to get students to attend.

The core reasons cited for students leaving school are the cost of secondary school education, social problems, the need to support their family, and teenage pregnancy.²⁷ Both girls and boys have significant care-taking roles in the home as they reach secondary school and these fall more heavily on the shoulders of students who have lost a parent or are orphaned. For a teenager who is dependent on an extended family member, older sibling, or friend for their daily necessity, attending secondary school can be seen as more of a luxury than a necessity.

Chapter 3: Economics and Equality

3.1 Unemployment and the Work Force

An ongoing economic issue facing the Kingdom of Eswatini are the consistently elevated rates of unemployment spanning across both urban and rural areas of the country. This is concerning considering that the majority of the population today is under the age of 17 and in the next decade will put even more weight on the economic system and workforce than today.

According to the World Bank, the Kingdom of Eswatini had an unemployment rate of 25.51% in 2020, which is more than triple the world average of 6.57% and the Sub-Saharan Africa average which is 7.28%.²⁸ This number is predicted to rise as the current generation of youth, which

²⁷ “Swaziland United Nations Development Assistance Framework.” UNICEF

²⁸ “Unemployment, Total (% of Total Labor Force) (Modeled ILO Estimate) - Sub-Saharan Africa,” Data, accessed March 1, 2022,

greatly outnumbers their predecessors, enters the world force. While the size of the Kingdom of Eswatini youth can be a possible constraint on the economic system, it could also create a large opportunity for growth if children are given resources like health care and education, which will allow them to become active members in the workforce and economic contributors for their communities. “Eswatini should be able to benefit from its youth-based demographic dividend until at least 2050 if the skills which are taught in school align with the skills required by the labor market.”²⁹ Economic growth can create opportunities for the countries youth to benefit from an increase in the capabilities of the workforce which can help lift the poorer rural communities.

3.2 Agriculture

One of the strongest economic fields in the country is the agricultural industry. Of all the cropland, 84% is Maize crop, which is dependent on the rain supply for a bountiful harvest. This creates potential instability and weakness in the industry due to the country's risk for drought and other natural disasters, which have the potential to heavily affect the agricultural sector and therefore the national economic system. In recent years, the country has experienced a boom in outside investors in the agricultural industry which has brought about new farming practices and created additional jobs in rural communities, but a large stake of the land is still owned by small farmers that use more traditional agricultural practices. Due to the poor infrastructure, strains on the supply chain, and a variety of other factors, of all food produced over 30% was estimated to

²⁹ Alexis Ditkowsky, “Brief: The Role of Data Protection in the Digital Economy,” UNCDF Policy Accelerator (UNCDF Policy Accelerator, February 2, 2022)

be lost during 2020.³⁰ The Kingdom of Eswatini is home to a land that has been produced in abundance in the past, but due to a lack of development of technology systems and economic inputs, there continues to be a misuse of both land and resources in the agricultural industry, which prevents economic growth from reaching its fullest potential. The Kingdom of Eswatini is also closely tied to the economic state of its neighbor South Africa, and in turn, is heavily affected by economic changes they experience. For example, the depreciation of the South African Rand currency in 2015 dramatically affected the Kingdom of Eswatini's external debt, which rose to 13.35% of GDP from formally only .02%.³¹ The future of the agricultural industry in the country is also vulnerable to climate change. The UN predicts the country could experience up to a 40% reduction in river flow, which would alter how farming can be conducted due to the traditional dependence on natural water sources and rainwater.³²

3.3 International Aid

Through the eyes of the international community, the Kingdom of Eswatini is categorized as a lower middle-income country and scored a 0.611 on the Human Development Index as of 2021.³³ Actors in the private sector have been reluctant to invest heavily in the country due to the

³⁰“United Nations Common Country Analysis of the Kingdom of Eswatini,” April 2020.

³¹ “United Nations Common Country Analysis of the Kingdom of Eswatini,” April 2020.

³² “United Nations Common Country Analysis of the Kingdom of Eswatini,” April 2020.

³³ “United Nations Common Country Analysis of the Kingdom of Eswatini,” April 2020.

lack of development in rural areas, a lack of diversification and commercialization of the agricultural industry, which is the primary economic driver, as well as political and legal concerns. Some international actors who have worked in the Kingdom of Eswatini in recent years include the divisions of the US government (CDC, USAID & PEPFAR), The European Union, the World Bank, the African Development Bank, and the Global Fund for HIV, TB, and Malaria. While there have been other investors and international actors in the country in the past, they have not had a large enough presence or time commitment to make a noticeable impact. One area that international aid has succeeded is regarding the prevention of malaria which has led the Kingdom of Eswatini to be included in the 21 countries globally with the possibility of eliminating Malaria by 2020. While total elimination was not achieved, there has been a 92% reduction in cases of malaria in the country since 2002.³⁴

3.3 Gender Equality

A prevailing challenge for women in the Kingdom of Eswatini is the inequality women face at home, in school, in the work force, and in the government. This issue ranges from a social problem to a political one. Under section 92 of the constitution enacted in 2006, women should hold at least half of the position in the House of Assemble whose members are nominated by the king.³⁵ This policy is not being implemented, women only hold 4 of the 65 spots, a mere 6%.³⁶

³⁴ “Swaziland United Nations Development Assistance Framework.” UNICEF

³⁵ “Women’s Rights in Swaziland - ACTSA.” Accessed March 17, 2022. https://actsa.org/wp-content/uploads/2017/12/ACTSA_WR_Brief_-9-June_Final.pdf.

³⁶ “Women’s Rights in Swaziland - ACTSA. “

Politics and government also govern how women and young girls are treated in marriage and the rights they are given as independent individual's.

Under national law girls as young as 13 are allowed to be married for teenagers under 18 years old, 10.9% of girls are married compared to 1.7% of boys.³⁷ Girls who enter marriage at this age are at a high disadvantage to their peer's as married women do not hold the same legal rights as their spouse. Married women must be granted permission by their spouse to buy or sell land, sign contracts, or participate in any legal proceedings.³⁸ Girls who are married young also face higher pressure to drop out of school and take a larger role in the household filling a more traditional role in the relationship like caring for children or extended family members, cooking, and maintaining a homestead. "The lack of equal rights for women in Swaziland has also placed women in a condition of dependency in their society."³⁹ When women are not allowed to have legal control over the land, they lose a large degree of their freedom and become reliant on their spouse and the decisions they make on behalf of the family. Women's inequality has an economic impact as well. Despite policies and laws that give women equal rights to men in theory they are still less likely to be employed than men according to the United Nations. Women are not allowed to own land or access loans or lines of credit which actively prevents them from becoming contributing members to the country's economic system. Women make up

³⁷ "Women's Rights in Swaziland - ACTSA."

³⁸ "Women's Rights in Swaziland - ACTSA."

³⁹Daly, John L. "AIDS in Swaziland: The Battle from Within." *African Studies Review* 44, no. 1 (2001)

more than half of the population, 50.85% in 2020, and they are being excluded from the economic and political system.

Women in Eswatini also face a high risk of sexual violence beginning at a very young age. According to Amnesty International 1 in 3 girls under the age of 18 have reported at least one incident of sexual violence. This risk continues into adulthood as of all the women in the nation, 48.2% of them will experience some form of sexual violence in their lifetime.⁴⁰ Sexual violence is particularly an alarming issue in the Kingdom of Eswatini due to the prevalence of HIV/AIDS and the transmission of the disease from generation to generation. Sexual assault has a lifetime of effects on young girls which effect everything from their health to education.

Chapter 4: Government

4.1 Structure and Legacy

The Kingdom of Eswatini has an absolute monarchy that has been ruled by King Mswati III who has ultimate authority over the cabinet, legislator, and judiciary. The first Constitution was passed in 1968 after gaining its independence from Britain. Since its first Constitution, it has been repealed and revised twice, in April of 1973 and 2006.⁴¹ The United Nations views the central government in the Kingdom of Eswatini as a core influence on the development of its people. In the United Nations Development Assistance Framework published in 2019, it was

⁴⁰ “Swaziland - United States Department of State,”

⁴¹ “We Must Take Urgent Action to Reduce Inequalities in Eswatini,” United Nations (United Nations).

said, "The quality of governance determines the pace and direction of growth and prosperity of both the economy and the people." The government of the Kingdom of Eswatini has made significant progress since 2006 in addressing core problems affecting the development of central government and implementation of the framework and governmental policies. Some of these problems include corruption, limited resources, and infrastructure, lack of human resources to implement policies. One significant area of development in recent years concerns corruption. In just two years the Kingdom of Eswatini moved up 13 places on the Mo Ibrahim corruption index placing them among the top 10 least corrupt countries in Africa in 2014.⁴² This was in part a result of the implementation of the National Anticorruption Policy, Anticorruption Commission, and Commission for Human Rights which was established in 2012.⁴³ There was also an increase in corruption cases brought to court and tried which was decisive because it helped put policy and legal framework into practice.

4.2 Policy and the Justice System

A significant issue recognized by the United Nations is the gap between policy and implementation of policy in areas concerning health, education, law enforcement, and poverty eradication. This issue is largely due to the lack of resources such as the collection of data and analysis of that data which has caused delays in the development and implementation of programs. With the constraints on resources has come a prioritization of certain fields over

⁴² "We Must Take Urgent Action to Reduce Inequalities in Eswatini," United Nations (United Nations).

⁴³ "We Must Take Urgent Action to Reduce Inequalities in Eswatini," United Nations (United Nations).

others. For example, fields that the government has deemed central and have received funding and resources for include agriculture, water and sanitation, education, and health.⁴⁴ One area that has been overlooked is the justice system which has faced issues since 2016 in managing the cause of the nation's caseload. The justice system is vital to the strength of the nation's central government because it is responsible for implementing the legal framework and policies development to work to improve the nation and serve its people. There is a division in the legal system between traditional courts and criminal courts. There are 22 criminal courts throughout the country consisting of 17 judges and 18 magistrates.⁴⁵ Of the cases brought to criminal court in 2013, over half of the individuals charged have no legal representation.⁴⁶ There has also been a growing concern in recent years over the allocation of cases, especially criminal cases, to traditional courses. With the lack of resources and limited capacity to carry out policy and procedure, some international agencies have expressed concern over the number of cases remaining in traditional courts. For example, in 2013 only 3,229 cases were tried in criminal courts compared to the 4,576 tried by traditional courts.⁴⁷ This is an area that the United Nation deemed vital in their UNDAF evaluation in 2016 saying, “The UN system will assist the Government to strengthen its capacity to translate policies into practice, paying special attention

⁴⁴ “We Must Take Urgent Action to Reduce Inequalities in Eswatini,” United Nations (United Nations).

⁴⁵ “Swaziland - United States Department of State,” accessed March 17, 2022, <https://2009-2017.state.gov/documents/organization/160146.pdf>.

⁴⁶ “We Must Take Urgent Action to Reduce Inequalities in Eswatini,” United Nations (United Nations).

⁴⁷ “We Must Take Urgent Action to Reduce Inequalities in Eswatini,” United Nations (United Nations).

to key cross-cutting principles.”⁴⁸ This includes the judicial system and law enforcement which is tasked with service delivery which directly affects the implementation of many of the development frameworks established on paper. Law enforcement is separated into two categories, the Royal Swaziland Police Service (RSPS) which is in charge of internal security, and the Umbutfo Swaziland Defense Force (USDF) which handles external security.⁴⁹

Though there are many concerns surrounding the central government and its policies in the Kingdom of Eswatini, there has been significant progress shown in their commitment to establishing new frameworks and willingness to work with development organizations in creating solutions to issues. One recent success was the establishment of an e-Governance unit meant to increase citizens' access to information.⁵⁰ The government in the Kingdom of Eswatini has shown its commitment to addressing core issues negatively affecting many of its citizens but the actualization of these policies has yet to be realized.

Conclusion

The Kingdom of Eswatini has endured substantial obstacles in the public health care industry, the public school system, and economically since gaining its independence from Britain in 1968. The legacy of colonialization is still seen in many systems, ranging from the agricultural sector to school systems and infrastructure of communities. The country's economic system has seen little growth due to a variety of reasons, but there is potential to change the circumstances

⁴⁸ “We Must Take Urgent Action to Reduce Inequalities in Eswatini,” United Nations (United Nations).

⁴⁹ “Swaziland - United States Department of State,”

⁵⁰ “We Must Take Urgent Action to Reduce Inequalities in Eswatini,” United Nations (United Nations).

that have led to the current social and economic climate in the country. With such a strong youth population, there is a great opportunity for growth and development given they are provided with the building blocks to create a prosperous future for themselves and their families. The Kingdom of Eswatini is not doomed to suffer the same challenges of its past; they have the opportunity to create a lasting difference by caring for the youth's education and health care now. This can ensure that today's youth are provided the fundamental elements needed to withstand the environment they find themselves in and gives children a better chance of becoming active members in the workforce and economy. Increasing access to primary and secondary education for children and giving adults opportunities to continue their learning can help create a workforce that is well educated and prepared to take on the growing economic industries in the country such as agriculture and technologies while increasing access to suitable health care will help children maintain the necessary health to continue their education and become active members in society. If children are physically stunted before they reach the age of five they will face an uphill battle in their education and later in their life the workforce. We must provide children with the resources needed to build a healthy and meaningful life of their choosing using their traditional knowledge and education. As displayed throughout this argument, the public health care and education systems in the Kingdom of Eswatini heavily influence the economic state of the nation and have the power to create economic growth the nation has not seen in decades.

Photos



Taken by Grace Greer, Nsoko, Swaziland, 2019.

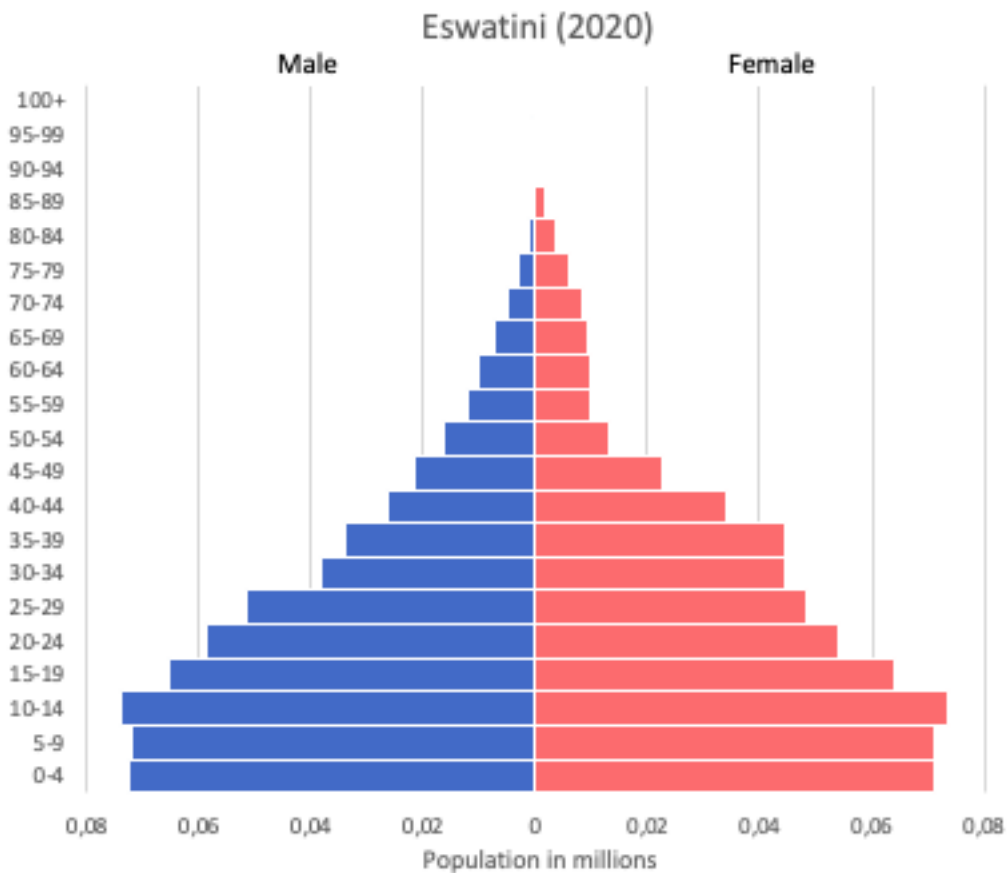
Primary school students playing on the soccer field while on their lunch break during school. This photo represents the importance of children health and how physical health is crucial to giving children opportunities to grow in the classroom and outside of the classroom.



Taken by Grace Greer, Nsoko, Swaziland, 2019.

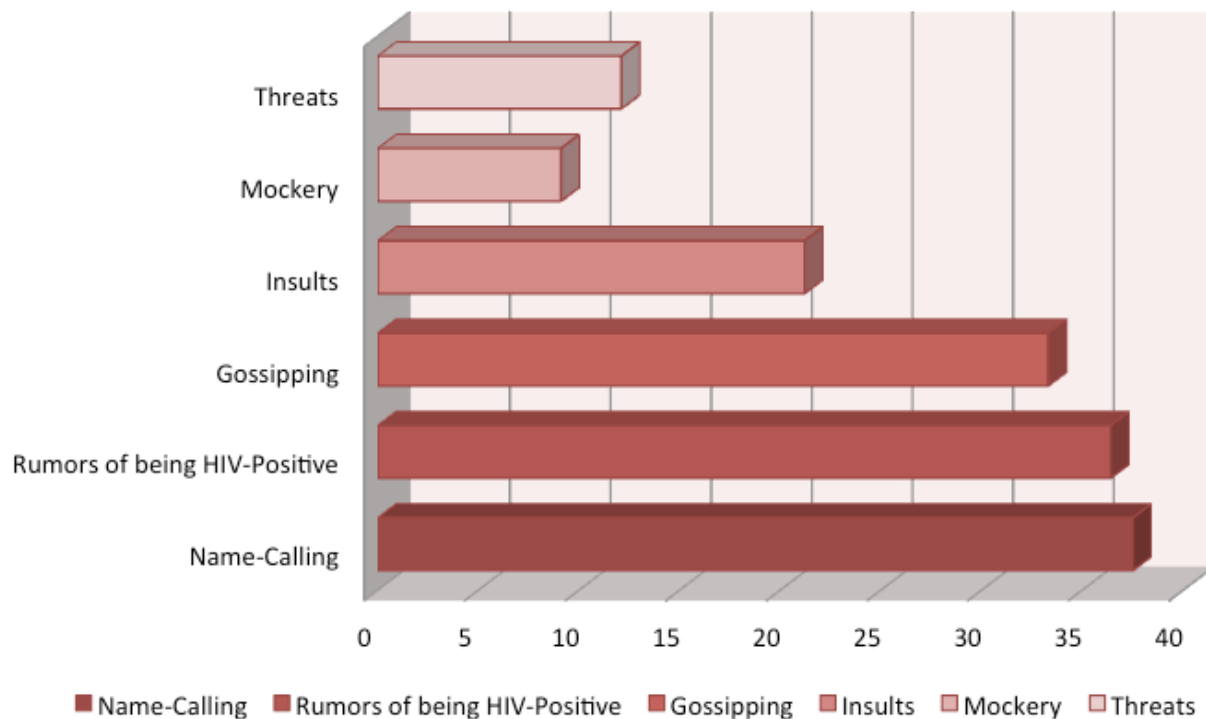
A schoolgirl washing her hands in under the water faucet outside of her schoolhouse as she goes to sit-down with her friends for lunch. Having safe and dependable access to running water at school is vital for maintaining children's health and hygiene.

Figures



Source: “Eswatini (Swaziland) Data and Statistics.” World in maps.

This figure gives a visual representation of the population breakdown in Swaziland showing how much of the population falls under the age of 18 years old.



Source: Ahmad, Ahsan. "HIV-Positive Youth Empowerment in Swaziland: An Evaluation of the Social Stigma Surrounding HIV." *Inquiries Journal*.

Children living with HIV/AIDS face additional social challenges at school and in the community which inhibit their ability to become active members in society. It can affect everything from their environment at school to their ability to participate in their workforce. This model represents a few of the challenges youth with HIV/AIDS face daily which can play a role in their social development.

Bibliography

- “Recent Patterns in Population-Based HIV Prevalence in Swaziland.” PLOS ONE. Public Library of Science. Accessed March 1, 2022.
<https://journals.plos.org/plosone/article/figure?id=10.1371%2Fjournal.pone.0077101.g001>.
- “Unemployment, Total (% of Total Labor Force) (Modeled ILO Estimate) - Sub-Saharan Africa.” Data. Accessed March 1, 2022.
<https://data.worldbank.org/indicator/SL.UEM.TOTL.ZS?locations=ZG>.
- Ditkowsky, Alexis. “Brief: The Role of Data Protection in the Digital Economy.” UNCDF Policy Accelerator. UNCDF Policy Accelerator, February 2, 2022.
<https://policyaccelerator.uncdf.org/policy-tools/brief-data-protection-digital-economy>.
- “Eswatini 2019 Human Rights Report - Preview.state.gov.” Accessed March 1, 2022.
<https://preview.state.gov/wp-content/uploads/2020/02/ESWATINI-2019-HUMAN-RIGHTS-REPORT.pdf>.
- Docquier, Frédéric, Olivier Lohest, and Abdeslam Marfouk. “Brain Drain in Developing Countries.” *The World Bank Economic Review* 21, no. 2 (2007): 193–218.
<http://www.jstor.org/stable/40282242>.
- Daly, John L. “AIDS in Swaziland: The Battle from Within.” *African Studies Review* 44, no. 1

(2001): 21–35. <https://doi.org/10.2307/525390>.

Booth, Margaret Zoller. “Western Schooling and Traditional Society in Swaziland.” *Comparative Education* 33, no. 3 (1997): 433–51. <http://www.jstor.org/stable/3099500>.

“Swaziland United Nations Development Assistance Framework.” UNICEF. Accessed March 2, 2022. https://sites.unicef.org/about/execboard/files/Swaziland_DPDCPSWZ3_UNDAF_2016-2020_March_5_2015.pdf.

Naysmith, Scott, Alan Whiteside, and Amy Whalley. “Rethinking Swaziland’s HIV/AIDS Epidemic: The Need for Urgent Interventions.” *Canadian Journal of Public Health / Revue Canadienne de Sante’e Publique* 99 (2008): S8–10. <http://www.jstor.org/stable/41995000>.

Baine, David, and Tuntufye Mwamwenda. “Education in Southern Africa: Current Conditions and Future Directions.” *International Review of Education / Internationale Zeitschrift Für Erziehungswissenschaft / Revue Internationale de l’Education* 40, no. 2 (1994): 113–34. <http://www.jstor.org/stable/3444065>.

Dlamini, Barnabas M., and Judith V. Vilane. “Motivating Factors Related To The Retention Of Agriculture Teachers In Swaziland.” *NACTA Journal* 42, no. 4 (1998): 28–33. <http://www.jstor.org/stable/43765289>.

“- SDG Indicators.” United Nations. United Nations. Accessed March 1, 2022.

<https://unstats.un.org/sdgs/report/2020/goal-04/>.

“The Kingdom of Eswatini Has a Network of 15 Public ...” Accessed March 1, 2022.

https://cdn.ifla.org/wp-content/uploads/files/assets/hq/ifla-eswala_-_submission_for_the_third_cycle_of_the_universal_periodic_review_in_eswatini.pdf.

"World Report 2020: Rights Trends in Eswatini (formerly Swaziland)." Human Rights Watch,

January 14, 2020. <https://www.hrw.org/world-report/2020/country-chapters/eswatini-formerly-swaziland>.

“Education Policy Data Center: Making Sense of Data to Improve Education.” Education Policy

Data Center | Making sense of data to improve education. Accessed March 2, 2022.

<https://www.epdc.org/>.

“Combining Data out of School Children ... - UNESCO Uis.” Accessed March 2, 2022.

<http://uis.unesco.org/sites/default/files/documents/ip61-combining-data-out-of-school-children-completion-learning-offer-more-comprehensive-view-sdg4.pdf>.

Booth, Margaret Zoller. “Western Schooling and Traditional Society in

Swaziland.” *Comparative Education* 33, no. 3 (1997): 433–51.

<http://www.jstor.org/stable/3099500>.

Sanchez-Padilla, Elisabeth, Themba Dlamini, Alexandra Ascorra, Sabine Rüsç-Gerdes, Zerihun

Demissie Tefera, Philippe Calain, Roberto de la Tour, Frauke Jochims, Elvira Richter, and

Maryline Bonnet. "High Prevalence of Multidrug-Resistant Tuberculosis, Swaziland, 2009-2010." *Emerging infectious diseases*. Centers for Disease Control and Prevention, January 2012. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3310109/>.

Docquier, Frédéric, Olivier Lohest, and Abdeslam Marfouk. "Brain Drain in Developing Countries." *The World Bank Economic Review* 21, no. 2 (2007): 193–218. <http://www.jstor.org/stable/40282242>.

"We Must Take Urgent Action to Reduce Inequalities in Eswatini." United Nations. United Nations. Accessed March 16, 2022. <https://eswatini.un.org/index.php/en/91362-we-must-take-urgent-action-reduce-inequalities>.

"Swaziland - United States Department of State." Accessed March 17, 2022. <https://2009-2017.state.gov/documents/organization/160146.pdf>.

"Women's Rights in Swaziland - ACTSA." Accessed March 17, 2022. https://actsa.org/wp-content/uploads/2017/12/ACTSA_WR_Brief_-9-June_Final.pdf.

"Swaziland: One in Three Girls in Swaziland Experience Sexual Violence, New Report Reveals." allAfrica.com, October 5, 2020. <https://allafrica.com/stories/202010050132.html#:~:text=Almost%20half%20of%20Swazi%20women,often%20a%20very%20dangerous%20place>.