

# ESWATINI

## Capital

Mbabane

## Ethnic Groups

predominantly Swazi; smaller populations of other African ethnic groups, including the Zulu, as well as people of European ancestry

## Languages

English (official, used for government business), siSwati (official)

## Religions

Christian 90% (Zionist - a blend of Christianity and indigenous ancestral worship - 40%, Roman Catholic 20%, other 30% - includes Anglican, Methodist, Church of Jesus Christ, Jehovah's Witness), Muslim 2%, other 8% (includes Baha'i, Buddhist, Hindu, indigenous, Jewish)

## Population

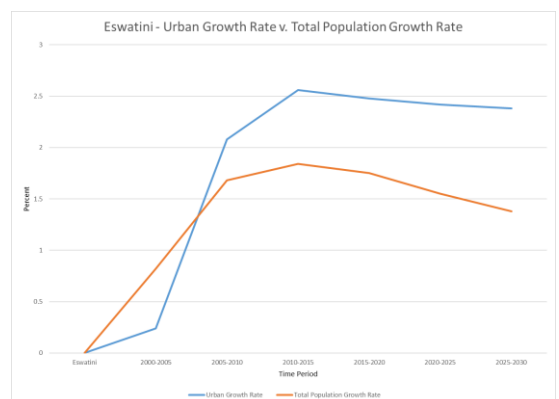
Total: 1.1 million  
Median age: 23.7 years  
Population growth rate: 0.72%  
Urban: 24.8%  
Rural 75.2%

## Fertility

Birth rate: 22.83 births/1,000 population  
Total fertility rate: 2.41 children born/woman  
Sex ratio of population: 0.9 male(s)/female

## Mortality

Death rate: 9.53 deaths/1,000 population  
Life expectancy at birth: 60.22 years  
Maternal mortality rate: 437 deaths/100,000 live births  
Infant mortality rate: 38.12 deaths/1,000 live births



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## Migration

Net migration rate: -6.07 migrants/1,000 population

## Health

Current health expenditure: 6.5%

Physician density: 0.14 physicians/1,000 population

Adult obesity: 16.5%

Alcohol consumption per capita: 7.68 liters of pure alcohol

## Education

Education expenditures: 5% of GDP

Literacy: 88.4%

## Population Distribution

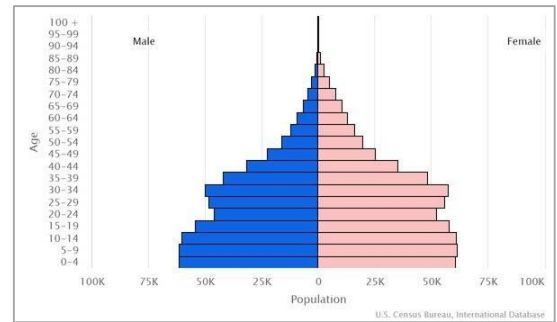
because of its mountainous terrain, the population distribution is uneven throughout the country, concentrating primarily in valleys and plains

## Demographic Profile

Eswatini, a small, predominantly rural, landlocked country surrounded by South Africa and Mozambique, suffers from severe poverty and the world's highest HIV/AIDS prevalence rate. A weak and deteriorating economy, high unemployment, rapid population growth, and an uneven distribution of resources all combine to worsen already persistent poverty and food insecurity, especially in rural areas. Erratic weather (frequent droughts and intermittent heavy rains and flooding), overuse of small plots, the overgrazing of cattle, and outdated agricultural practices reduce crop yields and further degrade the environment, exacerbating Eswatini's poverty and subsistence problems. Eswatini's extremely high HIV/AIDS prevalence rate – nearly 28% of adults have the disease – compounds these issues. Agricultural production has declined due to HIV/AIDS, as the illness causes households to lose manpower and to sell livestock and other assets to pay for medicine and funerals.

Swazis, mainly men from the country's rural south, have been migrating to South Africa to work in coal, and later gold, mines since the late 19th century. Although the number of miners abroad has never been high in absolute terms because of Eswatini's small population, the outflow has had important social and economic repercussions. The peak of mining employment in South Africa occurred during the 1980s. Cross-border movement has accelerated since the 1990s, as increasing unemployment has pushed more Swazis to look for work in South Africa (creating a "brain drain" in the health and educational sectors); southern Swazi men have continued to pursue mining, although the industry has downsized. Women now make up an increasing share of migrants and dominate cross-border trading in handicrafts, using the proceeds to purchase goods back in Eswatini. Much of today's migration, however, is not work-related but focuses on visits to family and friends, tourism, and shopping.

Age Structure



Population Distribution

