

2007 Swaziland VACS Data File

SUMMARY

The Violence Against Children Survey (VACS) is a national population-based household survey of 13-24 year old males and females. It is designed to measure emotional, physical and sexual violence as well as risk and protective factors and consequences of violence. VACS also includes a short household survey administered to an adult in the selected households to collect socioeconomic information. The VACS, designed by the U.S. Centers for Disease Control and Prevention (CDC) and implemented under the leadership of country governments with participation from in-country partners, is used to inform development and implementation of a country-led multi-sector policy and programmatic response to violence against children. Because females are the most common victims of sexual violence, the Swaziland VACS survey focused primarily on sexual violence against female children. This should not be taken to mean that male children do not also suffer from sexual violence. The impact of sexual violence as well as other forms of violence on male children should be closely examined in subsequent studies in Swaziland.

The 2007 Swaziland VACS was guided by a Technical Working Group (TWG) consisting of government ministries and partners from social welfare, the police and legal system, education and health care sectors, and civil society. The study was coordinated by the Swaziland United Nations Children's Fund (UNICEF) with technical guidance and assistance provided by the CDC's Division of Violence Prevention, and the Central Statistics Office (CSO) of Swaziland. This survey was funded by the Swaziland United Nations Children's Fund. Operational support necessary to implement the survey was provided by the Swaziland Action Group Against Abuse (SWAGAA) and the Swaziland United Nations Children's Fund.

The 2007 Swaziland VACS survey was designed to: (1) describe the epidemiologic patterns of sexual violence and other forms of violence; (2) identify potential risk and protective factors for sexual violence; (3) assess the knowledge and utilization of health services available for victims of sexual violence and other forms of violence; (4) identify areas for further research; (5) raise awareness about violence as an important health problem; and (6) make recommendations on improving and enhancing interventions to better identify, treat and prevent sexual violence against children and its health-related consequences. The Swaziland VACS questionnaire included questions on background characteristics, sexual experiences, knowledge and attitudes towards HIV and HIV testing, general connectedness to family, friends, and community, experiences of sexual violence, physical violence, and emotional violence, health consequences of violence, and service-seeking behaviors. The TWG reviewed and adapted the VACS core questionnaire. The questionnaire was administered in SiSwati, the local language, during private face to face interviews using paper and pencil. No personally-identifying information was collected for the study.

A two-stage cluster sample survey design was used for the Swaziland VACS. In the first stage, 40 enumeration areas (EA) in four regions were selected with probability of selection proportional to size. In the second stage, a systematic sample of 48 households with a random start in each EA was selected, yielding a total of 1,920 households nationally. In each household, one female aged 13-24 years was selected. When there was more than one eligible female, the interviewers listed all eligible females and

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then randomly selected one participant using the Kish method. The following assumptions were used to estimate the sample size: 95% confidence interval (CI), +/-1.9% margin of error, estimated prevalence of forced sexual violence against female youth of 5.0%, and a design effect of 2.0.

Data Collection was conducted from 15 May 2007 to 16 June 2007. The total number of households visited was 1,900 and of these, 68% (n = 1,292) had an eligible female. Information was collected from 1,244 of the 1,292 eligible females, for an overall response rate of 96.3%. Non-response was due to unavailability and refusals. Only 1.1% (n=14) of the selected females refused to participate in the survey.

Due to the complex sample design, clustering, stratification and sample weights should be taken into account in the data analysis in order to obtain proper point estimates and variances. Users of the Swaziland VACS Data File should use statistical software packages such as SAS, SPSS, SUDAAN, or Stata that have specific analytic procedures for complex survey designs. VACS uses a three step weighting procedure: (Step 1) computation of base weight for each sample respondent; (Step 2) adjustment of the base weights for non-response and numbers for eligible subjects per household; and (Step 3) post-stratification calibration adjustment of weights to known population. Base weights were calculated that are inversely proportional to the overall selection probabilities for each sample respondent (Step 1). In Step 2, base weights were adjusted to compensate for the losses in the sample outcome due to non-response. In this step, household-level non-response adjustment was performed by using weighted data by region. In the final stage of the weighting process (Step 3), calibration adjustment was done to adjust weights to conform with the 2007 Census population projection distribution by region, and age group (13-17 or 18-24). The final weights assigned to each responding unit were computed as the product of the base weights, the nonresponse adjustment factors and post-stratification calibration adjustment factors. The final weights were used in all analysis to produce estimates of population parameters. Further details on the weighting procedure can be found in the country report, '*A National Study on Violence Against Children and Young Women in Swaziland*'. Because this survey included complex skip patterns, users should keep track of the multiple skip patterns to ensure the correct denominator is being used for analysis. To access the 2007 Swaziland VACS fact sheet and country report, please visit: <http://www.togetherforgirls.org/dataresources.php>.